HEALTH INDEX UKRAINE

2023

RESULTS OF THE NATIONAL STUDY

Kyiv, 2024

PROJECT PARTICIPANTS

Charitable foundation
"Health Solutions"

health solutions
for open society

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"Heal Ukraine", a joint project
of the Ministry of Health of Ukraine
and the World Bank

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ЗДОРОВ'Я
Києво-Могилянська Академія

sph.ukma.edu.ua

PROJECT SCIENTIFIC BOARD

Professor WIM GROOT
Maastricht University, Netherlands

Dr. MILENA PAVLOVA
Maastricht University, Netherlands

Dr. ERICA RICHARDSON
European Observatory on Health Systems and Policies

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The research report is available in electronic form at healthindex.com.ua

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FOREWORD

Dear colleagues, partners, and readers!

In 2024, we present the results of the new, sixth study "Health Index. Ukraine", which has become an important tool for analyzing changes in the healthcare sector of our country. This year's study takes place against the backdrop of unprecedented challenges caused by the war, which significantly affected the health of Ukrainians, their well-being, and behavioral patterns.

The war has caused significant losses, negative impacts on physical and mental health, damage and destruction of more than 1,500 healthcare facilities, and killed or injured more than 500 medics. At the same time, some patients have undergone complex high-tech treatment abroad, and many medical missions are currently offering medical care to wounded civilians and military personnel.

Ukraine receives and purchases modern equipment, and healthcare facilities are being reequipped after the reconstruction. International projects create opportunities for the exchange of experience between doctors and nurses, contributing to the development of human capital capacity in healthcare.

The study does not focus on these internal and external factors, but it allows us to understand how they influence people's knowledge and behavior in the event of illness, the availability of diagnostic and treatment methods, and the patient experience. This study does not include responses to the challenges faced by society and the healthcare system, but it guides us toward finding causes and developing potential effective solutions.

"Health Index. Ukraine" is a large-scale, empirical, and representative study conducted since 2016. Its data source is a sociological survey of the population, in which about 10,000 respondents – representatives of Ukrainian households – participate every year. This allows us to compare most indicators across regions, as well as track trends and changes in the population's health behavior. Until 2020, the study was conducted annually. It was renewed in 2023, providing an opportunity to reassess changes in key issues related to health and access to health services in the face of new challenges, including those associated with full-scale war.

This year, we also dwell on how changes in the behavior and health of citizens affect the demographic situation and the country's human capital. The study results are a source of analytics for the National Health Service of Ukraine, the Ministry of Health, and the Center for Public Health, as well as experts, researchers, public organizations, and international partners. They allow for informed decisions aimed at overcoming current problems in the healthcare system.

We are convinced that these studies are important for the development of policies and strategies in the field of healthcare at both the national and regional levels. We express our gratitude to all partners and colleagues who contributed to this study, and we hope that its results will become a valuable tool for all those working to improve the health of Ukrainians.

Best regards,
Viktoriia Tymoshevska
Executive Director of Health Solutions

ABOUT THE STUDY

The study of the Ukrainian population's health status and its satisfaction with the provision of medical services was conducted by the Kyiv International Institute of Sociology in cooperation with the Social Indicators Foundation and with the support of the "Health Solutions for an Open Society" charitable foundation, the Ministry of Health of Ukraine, and the World Health Organization from August to December 2023. The field phase of the study lasted from October 5 to November 20, 2023.

The sample designed for the study is random and representative of the adult population (18 years and older) of Ukraine as a whole and each of the 22 regions of Ukraine and the city of Kyiv.

The study was not conducted in the temporarily occupied and military-proximity zones of the Autonomous Republic of Crimea, the city of Sevastopol, Donetsk, and Luhansk regions. The study also does not cover temporarily occupied areas of the Zaporizhia and Kherson regions close to the combat zone, where Ukrainian mobile operators do not operate.

The 2023 survey questionnaire is based on the instrument used in previous waves of the survey in 2016–2020. The 2023 questionnaire was supplemented with a block of questions on mental health, as well as minor additions to other sections.

The target audience of the study is represented by the non-institutionalized population of Ukraine aged 18 and older, living in households in all regions of Ukraine, except for the Autonomous Republic of Crimea, Donetsk, and Luhansk regions. Internally displaced persons (IDPs) are a separate target group: these are people aged 18 and over who were forced to leave their homes due to Russian military aggression and moved within Ukraine to the regions included in the survey, regardless of the official IDP status they received.

The sample size is 400 respondents in each of 23 regions (a total of 9,200 respondents). In Zaporizhia, Sumy, Kherson, and Kharkiv regions, the survey method was a telephone interview, in other regions – a personal interview using tablets. The study uses stratified probability

sampling with random selection at all stages. As a result of the field stage, 9,250 interviews were conducted. The final sample included 9,241 interviews.

The study results were compared with the estimated data of the State Statistics Service on the share of individual sex and age groups as of January 1, 2021. To eliminate discrepancies associated with uniform sampling in the regions of Ukraine, as well as the combination of two research methods and the implementation of random sampling, weights were constructed for the survey data.

The sample design used in this study requires weighting to:

1) compensate for the uniform distribution of the sample size between regions;

2) eliminate differences between audiences reached in telephone and in-person interviews (data collected by telephone were weighted by education and level of material well-being; the basis for the weighting was the generalized results of the regions in which personal interviews were conducted);

3) compensate for biases by settlement type, age and sex structure caused by random sampling (according to official statistics data from January 2021).

4) equalization of the share of IDPs surveyed in each region (data collected through personal interviews, weighted by IDP status; the basis for weighting is the generalized results of the KIIS Omnibus telephone surveys conducted after February 2022 (over 20,000 respondents in total).

SECTION 1.
HEALTH & HEALTHY BEHAVIOR

Tetiana Yurochko, Head of the School of Public Health of Kyiv-Mohyla Academy, Candidate of Public Administration, Associate Professor

Key results:

The 2023 study found that almost half (49.7%) of the adult population of Ukraine assesses their health as "good" (40.2%) or "very good" (9.5%). Residents of the Kharkiv region are the most pessimistic about their health (only 32.8% of positive assessments), while residents of Rivne (60.1%), Ivano-Frankivsk (60%), Zhytomyr (56.7%), Chernivtsi (55.7%), and Lviv (55.5%) regions consider their health to be good.

Almost half of the respondents (45.7%) state that they take good care of their health. Compared to previous years, there is a positive trend among those who take a responsible approach to their health. However, the percentage of those who take poor and mediocre care of their health remains higher.

More than 95% of respondents (95.3%) answered the question, "What, in your opinion, negatively affects your health?" In 2023, the picture of health factors has changed significantly: psychological stress (59.5% in 2023 vs. 8.9% in 2017), bad habits (20.8% in 2023 vs. 2.1% in 2017), and self-neglect (20.3% vs. 9.3% in 2017) have the most negative impact. Only 4.3% of respondents named poor treatment in medical institutions as the cause of poor health.

As for unhealthy behavior, the 2023 survey showed an increase in the share of those who smoke tobacco products – almost 29.1% of respondents (daily – 25.9%, 3.2% – occasionally); another 7.6% (daily – 5.2%, occasionally – 2.4%) smoke any products with nicotine besides traditional cigarettes, for example, electronic cigarettes or nicotine pads. In general, compared to 2016-2018, this shows a slight trend toward an increase in the use of tobacco and nicotine products: in 2018, 23.7% smoked every day, 4.3% occasionally, and in total – 28%. As for alcohol, the results of the study showed that 40.4% of respondents drank beer, wine, or strong alcohol once a month or more during the last year; 68.8% drank beer, wine, or strong alcohol during the last 12 months. As for the respondents' intentions to stop smoking or drinking alcohol, the majority are convinced that they do not need professional help. Only 16.2% of respondents said they needed such help to quit smoking. At the same time, the study revealed that the healthcare system does not actively perform an advisory function to help people who want to stop smoking or drinking alcohol.

The 2023 study indicated that adults in Ukraine consumed an average of 2.0 kg of fresh fruits and berries and 2.3 kg of fresh vegetables per week, which is in line with WHO recommendations[1]. However, the survey was conducted in early autumn, so these volumes probably do not reflect the average annual picture of the consumption of fruits, berries, and vegetables in Ukraine. The daily diet of the population of Kherson (58.4%) and Zaporizhzhia (63.9%) regions has the least amount of fruit; the population of Kharkiv (68.5%), Mykolaiv (68.6%), and Sumy (69.5%) regions consumes the least amount of vegetables.

According to the survey, more than half of the respondents are overweight: 34.9% of Ukrainians are overweight, and 20.9% are obese. Compared to past surveys, no significant changes are observed: for example, in 2020, 42.9% were of normal weight (41.3% in 2023), 54.8% were overweight (55.8% in 2023), and 2.3% were underweight (2.8% in 2023). The average body mass index (BMI) by region in 2023 is at the lower limit of overweight, according to the WHO classification.

In 2023, the number of those who monitor their blood pressure and regularly take respective medication has increased. Respond-

1 At least 400 g of fruit or vegetables per day https://www.who.int/tools/elena/interventions/fruit-vegetables-ncds

ents in Zaporizhzhia (87.4%), Kharkiv (82.4%), Kherson (82.1%), and Dnipro (81.2%) regions demonstrated the highest level of awareness of their blood pressure.

The results of the study indicated an upward trend in the proportion of those who reported having a chronic or long-term disease (41.3% of respondents). The highest level of chronic diseases is recorded in Kherson (66.4%), Zaporizhzhia (66.2%), and Kharkiv (65.6%) regions, and the lowest – in Kirovohrad region (12.5%).

Almost half (48.5%) of respondents experienced some form of mental health problems during the 12 months preceding the survey. At the same time, this indicator differs significantly in the regional aspect. The greatest pressure on mental health was reported by respondents in regions where the war is felt particularly acutely, such as Kherson (78.7%), Zaporizhzhia (77.1%), Kharkiv (73.7%), as well as Sumy (67.6%) and Odesa (62.9%) regions. The lowest rates were recorded in Zhytomyr (27.6%) and Lviv (28%) regions. However, only 9.2% of respondents among those with mental health problems visited a medical professional. The lowest percentage of such visits is observed in the regions with the highest level of mental health problems.

According to the WHO, the state of health of both an individual and the population as a whole depends on a number of factors (determinants of health). These include the state of our environment, genetics, the level of socio-economic development, the availability and quality of medical services, as well as lifestyle. A number of studies show that lifestyle has the greatest (up to 50%) impact on the health of the population. Behavioral risk factors such as smoking, alcohol consumption, poor nutrition, and insufficient physical activity are considered the main behavioral determinants of many chronic non-communicable diseases in the modern world[2,3]. At the same time, it is important to understand that these factors can be changed both through a responsible attitude towards one's own health and, if necessary, by adjusting behavioral preferences, as well as through the influence of relevant government policies in the field of public health. To change (modify) lifestyle factors that negatively affect health, a person must be aware of the value of their own health and their own responsibility.

Understanding self-assessment of health and behavioral trends is also important for healthcare decision-makers. After all, such information makes it possible to track the latest social trends, identify new targets for interventions, identify target audiences for intervention, evaluate the effectiveness of existing or previous programs designed to counteract negative behavioral practices, etc[4].

Given the importance of knowing the behavioral and risk factors affecting the health of the population and understanding self-reported health, the study focused on a combination of several important aspects: a general subjective assessment of one's own health, awareness of the symptoms of various diseases, as well as the peculiarities of behavior regarding one's health.

1 Farhud DD. Impact of Lifestyle on Health. Iran J Public Health. 2015 Nov; 44(11):1442-4. PMID: 26744700; PMCID: PMC4703222.
2 Ezzati M. et al. Comparative Quantification of Mortality and Burden of Disease Attributable to Selected Risk Factors // Global Burden of Disease and Risk Factors /Lopez A.D. et al., eds. New York: Oxford University Press, 2006. P. 241-268.
3 Semygina, T. Analysis of health care policy. Kyiv, NaUKMA, 2012. P. 415.

1.1. Self-assessment of health

The study of the population's opinion on assessing their own health was carried out using the question, "How would you rate your health on a 5-point scale?" according to the following gradation: "very poor", "poor", "average", "good", "very good". The study found that almost half (49.7%) of the adult population in Ukraine assesses their health as "good" (40.2%) or "very good" (9.5%). Another 43.5% consider their health to be average, and only 6.8% – poor (of which 0.8% – very poor) (**Tab. 1.1**). As can be seen in Table 1.1, residents of Kharkiv region are the most pessimistic about their health (only 32.8% of positive assessments, 9% of negative assessments, and 58.3% of average ones). Residents of Rivne (60.1%), Ivano-Frankivsk (60%), Zhytomyr (56.7%), Chernivtsi (55.7%), and Lviv (55.5%) regions consider their health to be good. Overall, the retrospective analysis shows an annual slight increase in the percentage of those who consider their health "good" or "very good". In 2016, there were 44.5% of such respondents; in 2017 – 46.5%; in 2018 – 48.4%; in 2019 – 50.0%; in 2020 – 54.2%. The results of the 2023 survey show a slight decrease in this indicator (to 49.7%), but not due to "poor" or "very poor" ratings, but due to "average" answers. The average value of self-assessment, measured on a five-point scale, is also gradually increasing: in 2016, it was 3.34 points; in 2017 – 3.37; in 2018 – 3.41; in 2019 – 3.46; in 2020 and in 2023 – 3.52 points.

Region	N	Self-reported health				
		Very Poor	Poor	Average	Good	Very good
Ukraine	**9199**		**6,0**	**43,5**	**40,2**	**9,5**
Vinnytsia	400	0,6	6,0	43,0	42,4	8,0
Volyn	404	0,6	7,2	40,9	45,2	6,1
Dnipro	397	1,1	6,7	38,9	41,8	11,6
Donetsk	0	0,0	0,0	0,0	0,0	0,0
Zhytomyr	400	0,9	5,2	37,2	44,0	12,7
Zakarpattia	399	0,0	4,1	42,5	39,3	14,0
Zaporizhzhia	409	1,5	5,8	56,6	33,1	3,0
Ivano-Frankivsk	399	0,3	3,2	36,5	48,6	11,4
Kyiv	393	0,8	7,1	42,6	38,2	11,2
Kirovohrad	402	0,1	7,4	40,4	23,3	28,9
Lugansk	0	0,0	0,0	0,0	0,0	0,0
Lviv	401	0,0	8,6	36,0	48,6	6,9
Mykolaiv	398	0,2	4,1	45,6	40,2	9,9
Odesa	397	1,5	5,1	43,3	39,8	10,3
Poltava	398	2,8	5,7	40,0	43,2	8,4
Rivne	404	1,3	4,0	34,6	47,7	12,4
Sumy	399	0,6	5,0	55,7	32,6	6,0
Ternopil	400	0,7	6,2	46,6	40,7	5,8
Kharkiv	400	1,1	7,9	58,3	30,3	2,5
Kherson	402	1,2	6,7	52,2	34,8	5,1
Khmelnytskyi	396	0,6	5,0	45,2	37,2	11,9
Cherkasy	401	0,8	7,5	48,2	36,5	7,0
Chernivtsi	399	0,0	5,1	39,2	45,5	10,2
Chernihiv	402	1,0	6,0	46,5	40,2	6,3
The city of Kyiv	399	0,5	5,1	43,7	40,1	10,6

Table 1.1. Distribution of respondents by self-reported health by region, %

In terms of socio-demographic differences, the study shows that men traditionally rate their health somewhat better – 54.0% of positive assessments (42.1% describe their health as good and 11.9% – as very good), while for women, this indicator is 46.2% (38.6% describe their health as good and 7.6% – as very good). On the other hand, women are more likely to give average (46.2% vs. 40.2% among men) or negative (7.7% vs. 5.9% among men) ratings of their health.

It is quite expected that self-reported health is related to age. 13.1% of older respondents (60 years and older) assess their health as "poor" and "very poor", while these indicators are much lower among other age groups and directly depend on the age category: 7.0% among 45-59-year-olds, 3.2% among 30-44-year-olds, and 1.6% among 18-29-year-olds. Accordingly, the youngest respondents rate their health best: 55.1% as "good" and 23.2% as "very good" among 18-29-year-olds. In contrast, the corresponding estimates are 22.8% and 3.1% among respondents 60+.

Depending on the level of education, respondents with primary or incomplete secondary education rate their health the most pessimistic: 18.1% rate it as "very poor" and "poor", 49.4% – as "average", 32.5% – as "good" and "very good". At the same time, these indicators among people with complete higher education are the following: "very poor" and "poor" – 3.6%, "average" – 38.1%, "good" and "very good" – 58.3%.

There were no significant differences in views on health between urban and rural residents.

The results of the survey among IDP respondents showed a higher number of extreme estimates. Among IDPs, there are more of those who assess their health as "very poor" and "poor" – 7.9% compared to non-IDPs (6.7%). The situation is the same with "very good" and "good" assessments: 54.5% among IDPs, as opposed to 49.2% of persons who are not IDPs.

Taking care of your health

In the context of self-reported health, it is important to have a responsible attitude and awareness of one's own health needs. That is, not only "how do I assess the state of my own health" but also an assessment of "how much I care about my health". In order to find out the level of responsible self-assessment, the study asked the following questions: "How much do you care about your health?" and

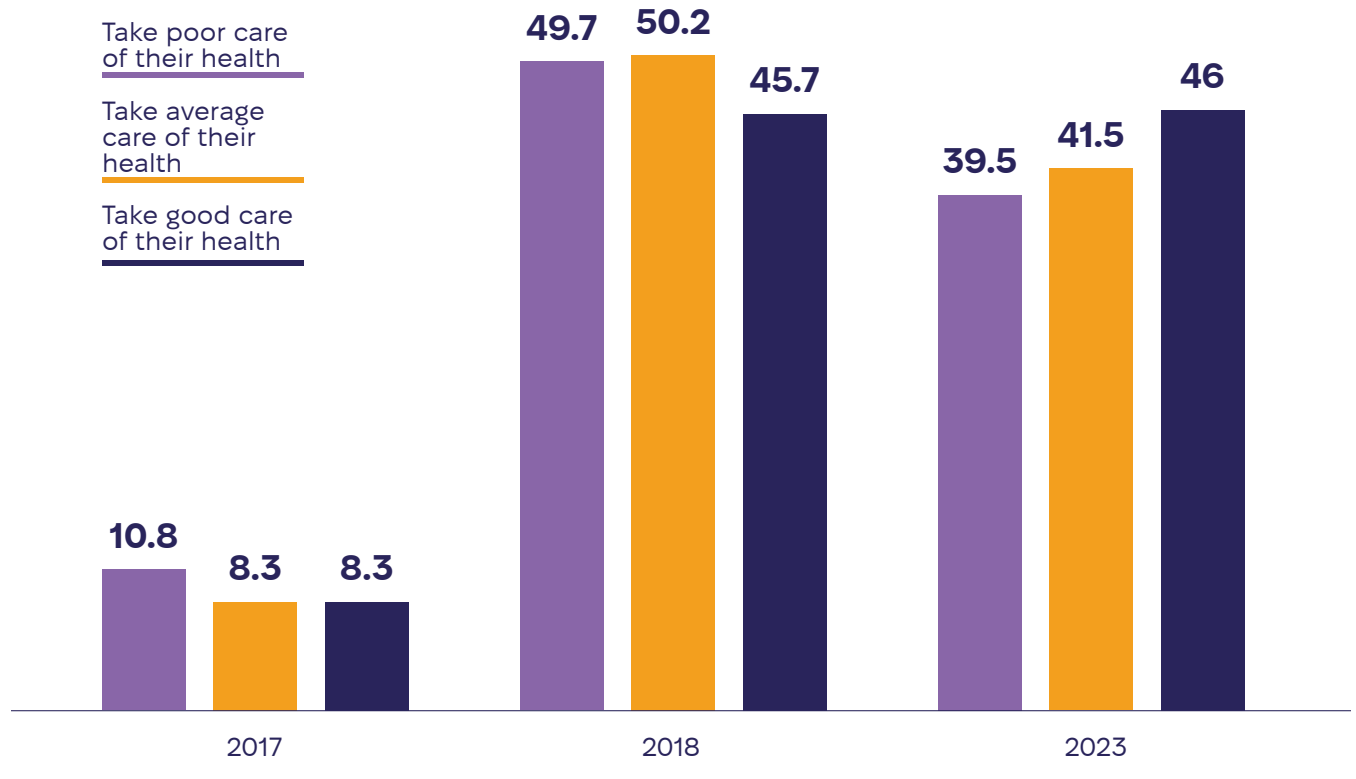


Figure 1.1. Level of care for one's health: comparison by year, %

"What do you think has a negative impact on your health?"

The results of the 2023 survey show that 46.0% of respondents believe that they take good care of their health, and only 8.3% said that they take poor care of their health. Compared to the results of previous years (**Fig. 1.1**), there is a positive trend among those who are responsible for their health and, accordingly, take care of it. However, the percentage of those who take poor and average care of their health remains steadily higher.

In the socio-demographic aspect (**Tab. 1.2**), men traditionally take somewhat worse care of their health compared to women. Over all years of the study, younger respondents more often state that they take good care of their health (65.0% of the age group 18-29 vs. 36.1% aged 60+ in 2023, 64.1% vs. 27.3% in 2018, 59.3% vs. 28.9% in 2017). As for the differences in the responses regarding taking care of one's health, no significant differences were found between IDPs and non-IDPs.

Ivano-Frankivsk, Rivne, Zhytomyr, and Chernivtsi regions showed positive dynamics in taking care of their health in 2023 (compared to 2017, 2018) (**Fig. 1.2**). Zakarpattia, Lviv, Poltava regions and the city of Kyiv demonstrate higher than the national average answers of respondents on this issue.

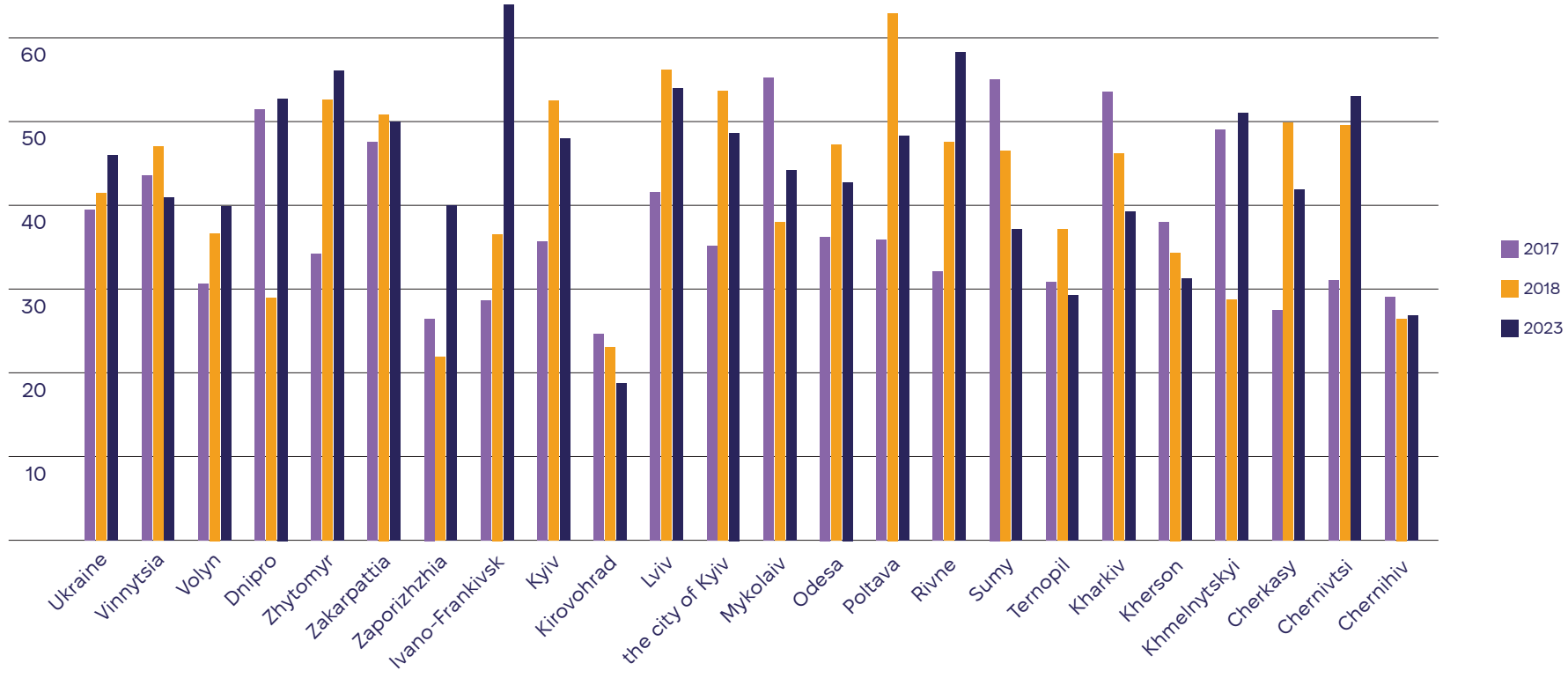


Figure 1.2. Dynamics of answers to the question "How much do you care about your health?" (the number of "good" and "very good" answers): distribution by region

Perceptions of negative health impacts

As already mentioned, the determining factors for a person's health are their lifestyle and the environment: smoking, alcohol consumption, unhealthy diet, overweight, lack of physical activity, as well as psychological stress. These are the factors that everyone can influence on their own to prevent the development of chronic non-communicable diseases, a certain proportion of premature deaths and disabilities. That is why respondents were asked: "What, in your opinion, negatively affects your health?"

More than 95% of respondents (95.3%) were able to answer this question (they could choose up to three options). Most often, respondents named psychological stress (59.5%), environmental conditions (31.4%), bad habits (20.8%), and self-neglect (20.3%) (Fig. 1.3). Only 4.3% of respondents named poor treatment in medical institutions as the cause of poor health. Almost 5% of respondents (4.7%) believed that nothing negatively affects their health.

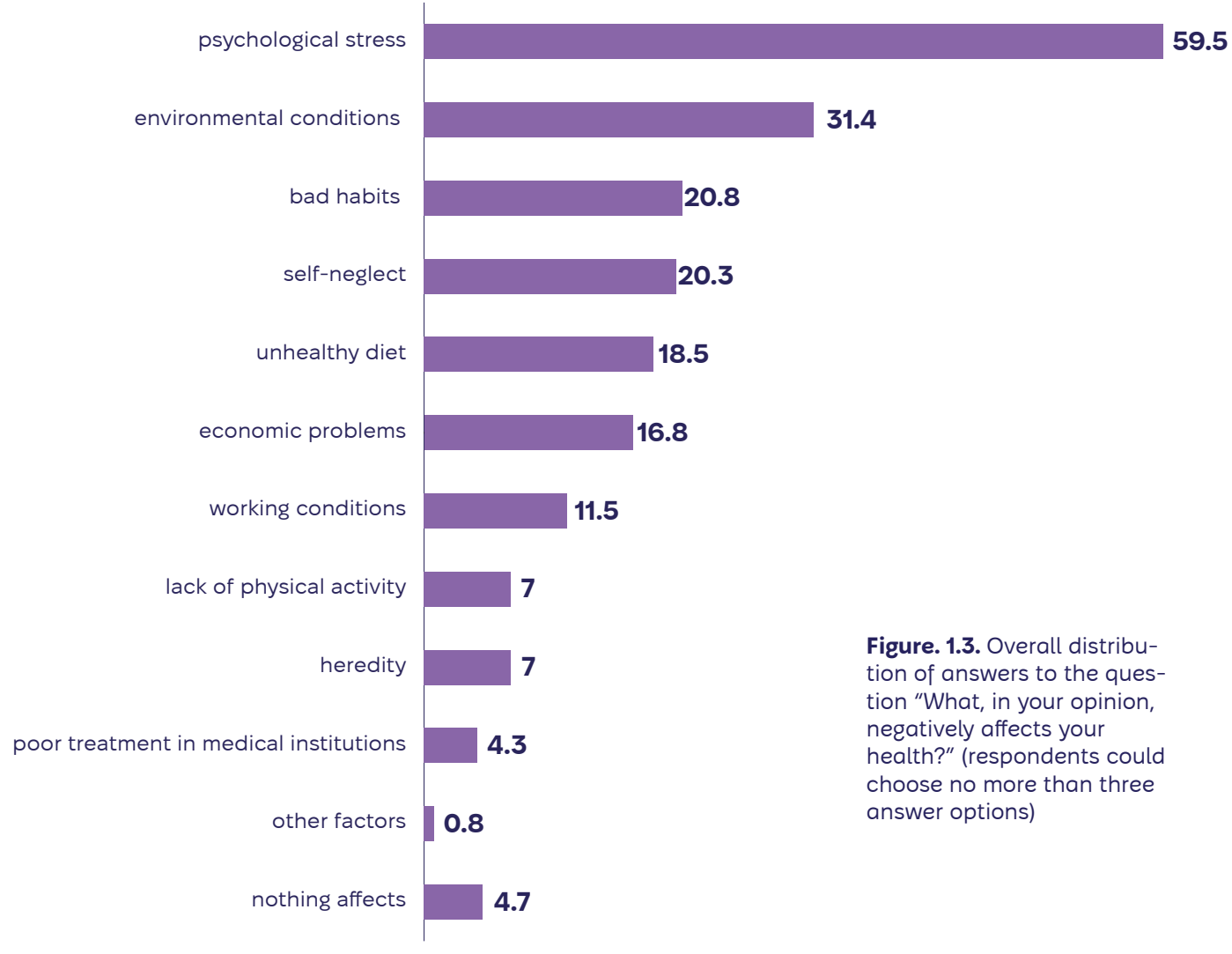


Figure. 1.3. Overall distribution of answers to the question "What, in your opinion, negatively affects your health?" (respondents could choose no more than three answer options)

Compared to 2017 (Fig. 1.4), in 2023, the picture of health factors has changed significantly: psychological stress (59.5% in 2023 vs. 8.9% in 2017), bad habits (20.8% in 2023 vs. 2.1% in 2017) and self-neglect (20.3% vs. 9.3% in 2017) have the greatest impact. At the same time, the situation regarding the impact of factors such as unhealthy diet (18.5% vs. 46.4% in 2017), lack of physical activity (7.0% vs. 36.8% in 2017), and poor quality treatment in medical institutions (4.3% vs. 17.1% in 2017) has significantly improved.

In the socio-demographic aspect (Tab. 1.3), it is noteworthy that respondents of all categories named psychological stress as the biggest factor influencing health. This impact is most important among respondents with IDP status (71.5% vs. 58.2% among non-IDPs) and women (66.3% vs. 51.1% among men). In terms of age, psychological stress affects older people the most (61.1% of 60 years and older) and people 30-44 years old (60.5%). This factor has a quite high level of influence on people living in cities (61.2% vs. 55.7% among rural residents). At the same time, awareness of the health effects of bad habits (and addictions) and self-neglect has increased. There was no significant difference among other factors.

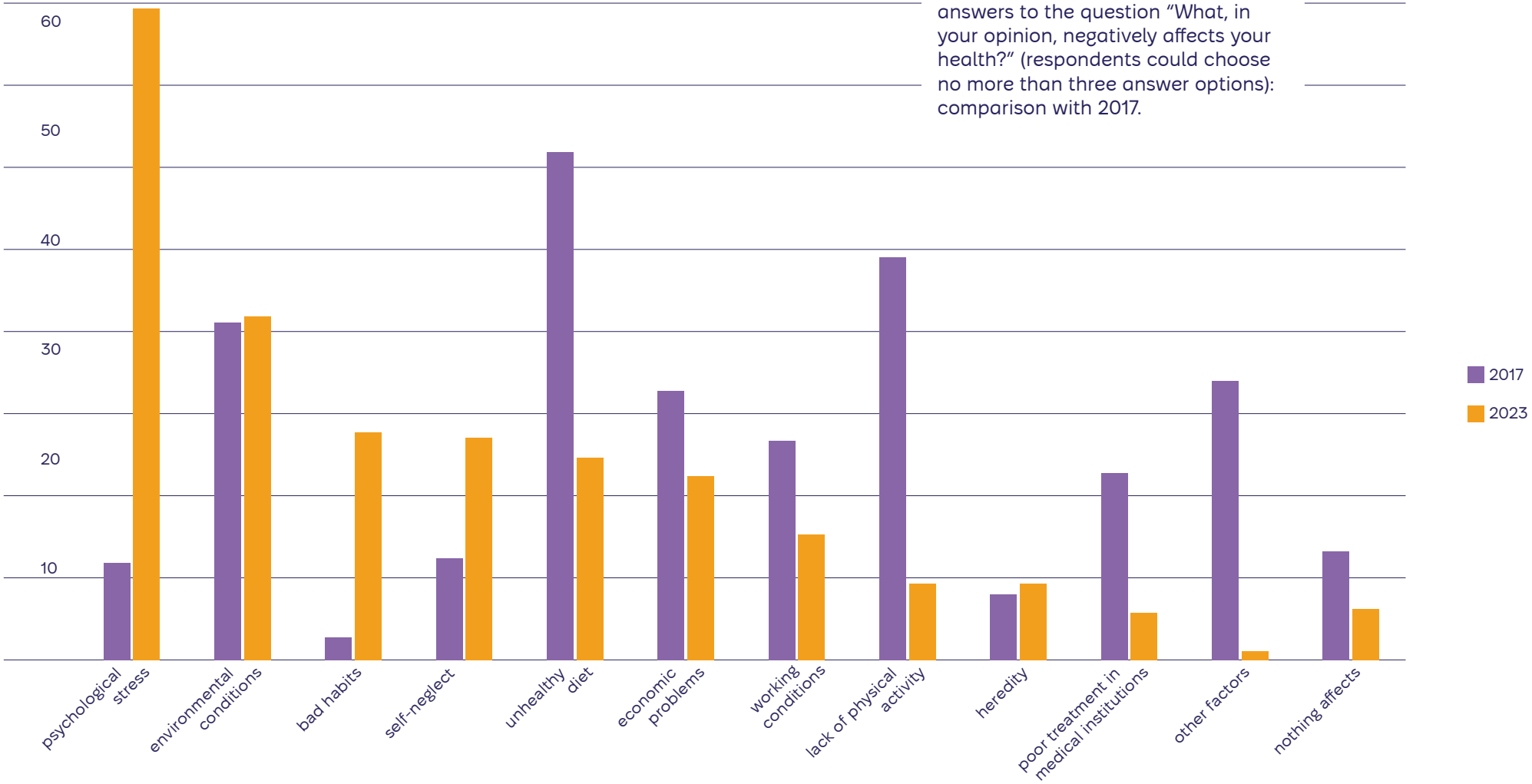


Figure 1.4. The overall distribution of answers to the question "What, in your opinion, negatively affects your health?" (respondents could choose no more than three answer options): comparison with 2017.

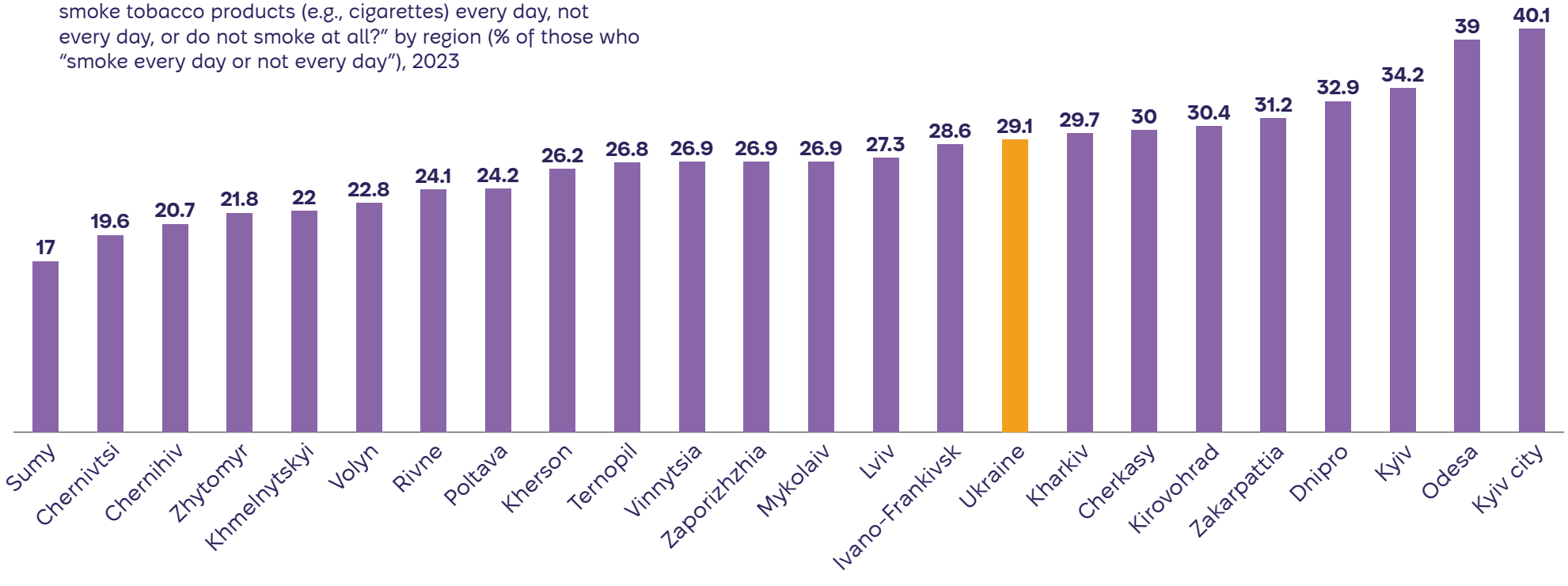
1.2. Healthy lifestyle

Healthy lifestyle is an important issue in the Health and Healthy Behavior section. After all, a healthy lifestyle is one of the key determinants of public health. Therefore, understanding the extent to which the population adheres to the rules of a healthy (or unhealthy) lifestyle will help to increase the level of promotion of a healthy lifestyle among the population. The study specifically asked questions about lifestyle aspects such as smoking, alcohol consumption, fruit and vegetable consumption, and physical activity.

Smoking

There is overwhelming evidence that exposure to cigarette smoke and/or nicotine causes a range of chronic noncommunicable diseases, such as diabetes, cardiovascular disease, cancer, stroke, chronic obstructive pulmonary disease, and others.

Figure 1.5. Distribution of answers to the question "Do you smoke tobacco products (*e.g.*, cigarettes) every day, not every day, or do not smoke at all?" by region (% of those who "smoke every day or not every day"), 2023



In the study, respondents' smoking behavior was determined by the questions "Do you smoke tobacco products, such as traditional cigarettes, hookah, or heated tobacco products (every day, not every day, or do not smoke at all)?" If yes, "How many cigarettes do you smoke on average per day, per week?", "Do you use any nicotine products besides traditional cigarettes, for example, e-cigarettes or nicotine pads (every day, not every day, or not at all)?"

According to the 2023 survey, 29.1% of respondents smoke tobacco products, such as traditional cigarettes, hookah, or heated tobacco products: 25.9% of them smoke daily, and another 3.2% smoke less regularly. In addition, 5.2% of respondents said that they use some nicotine products every day, besides traditional cigarettes, such as electronic cigarettes or nicotine pads, and another 2.4% use some nicotine products not every day. Compared to 2016-2018, this shows a slight trend towards the prevalence of tobacco use (in 2016, daily – 24.7%, occasionally – 3.5%, total – 28.2%; in 2017, daily – 21.5% occasionally – 2.8%, total 24.3%; in 2018, daily – 23.7%, occasionally – 4.3%, total – 28%).

The largest number of smokers is recorded among the respondents in Odesa (39.0%), Kyiv (34.2%), Dnipro (32.9%), Zakarpattia (31.2%) regions, and the city of Kyiv (40.1%); the least – in Sumy (17.0%) and Chernivtsi (19.6%) regions (**Fig. 1.5.**)

In the socio-demographic aspect (**Tab. 1.4**), there are significantly more smokers among men (45.6%) than among women (15.5%), especially those who smoke daily (41.6% vs. 12.9%) and smoke more than 25 cigarettes per day (7.5% vs. 0.7% among women). The largest number of daily smokers is among middle-aged people: 37.6% of them among 18-29 years old, 39.3% – among 30-44 years old, 29.4% – among 45-59 years old, and 14.1% – among 60 years and older. At the same time, there are more of those who smoke more than 25 cigarettes per day (7.6% vs. 4.8%) among rural residents compared to urban residents. As for the health state and the presence of this addiction, there is a certain, although not pronounced, pattern: those who assess their health worse smoke less – 15.5% of respondents with "very poor" health smoke daily against 33.2% with "very good" health.

A similar ratio of responses is typical for respondents who use any nicotine products on a daily basis, besides traditional cigarettes, such as electronic cigarettes or nicotine pads: men use them more (6.7%) than women (4.0%); young people more than older people (18-29 years old (12.2%), 30-44 years old (7.3%), 60 years and older (0.9%)); urban residents (5.9%) vs. rural residents (4.0%).

Among people with different levels of education, respondents with basic higher (bachelor's) education hold the lead: 10.5% against 4.9%-5.1% of people with secondary, vocational, incomplete higher and complete higher education. The lowest levels of use were recorded among respondents with primary or incomplete secondary education (2.8%).

Another group of questions asked of respondents in the 2023 survey concerned intentions and actions aimed at stopping smoking, as well as the need, availability, and accessibility of professional help in doing so.

Two-thirds of 67.8% of smokers stated their intention to quit: 33.0% thought about quitting smoking within the next 12 months, and 34.7% said they would someday quit but not within the next 12 months. At the same time, 32.2% of respondents are not going to stop smoking at all (**Fig. 1.6**).

Interestingly, the vast majority of smokers, both men and women, are convinced that they do not need professional help to quit smoking. Only 16.2% of respondents admitted they needed such help. Respondents from Kirovohrad (100.0%), Ivano-Frankivsk (90.9%), Khmelnytskyi (90.9%), and Chernivtsi (90.3%) regions expressed absolute confidence in their abilities to quit smoking. Significantly fewer surveyed smokers from Zaporizhzhia (36.2%), Sumy (26.8%), Ternopil (26.5%), Kharkiv (26.2%), and Kherson (23.4%) regions answered that they needed such help when asked: "Do you feel that you need professional help to quit smoking?" There is no difference in the need for professional help among the socio-demographic groups of respondents.

At the same time, the study showed that healthcare workers do not actively perform an advisory function in helping smokers to quit smoking: only 37.6% of smokers surveyed answered in the affirmative to both parts of the question "Have you been asked about whether you use tobacco or nicotine products during your visit to the doctor or other health care provider in the last 12 months, and whether you have been advised to stop using them?", while 14.2% of respondents answered "Yes, they asked but did not advise", and 48.2% said that they "Did not ask and did not advise" (**Fig. 1.7**). However, in some regions, such as in Ternopil (85.4% advised to quit smoking), Lviv (51.9%) and Rivne (51.8%) regions, the situation is much better than in Ukraine as a whole, and medical workers conducted active educational work.

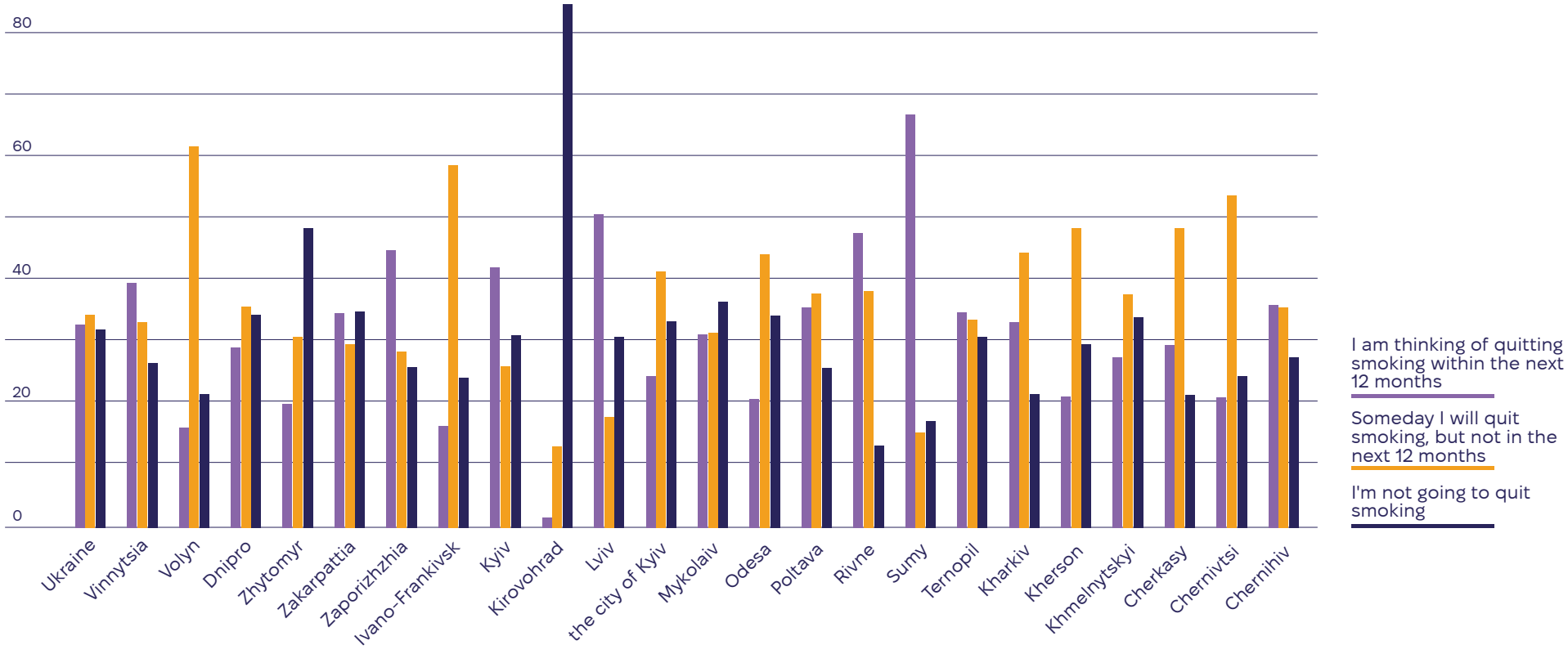


Figure 1.6. Distribution of answers to questions about intentions to quit smoking by region, 2023

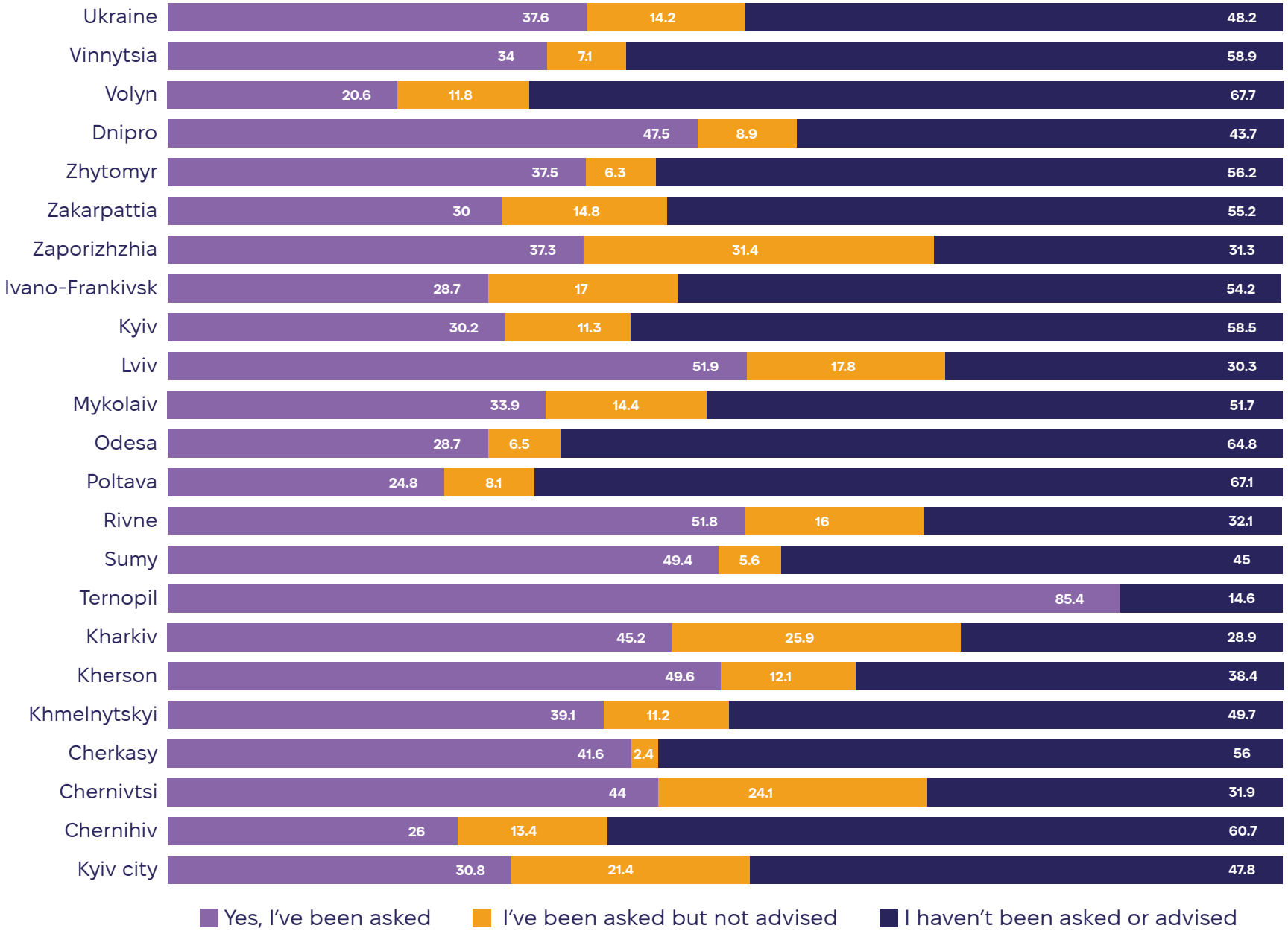


Figure 1.7. Have you been asked if you used tobacco or nicotine products during your visit to your doctor or other health care provider in the past 12 months and advised to stop using them?

Alcohol use

According to the WHO, there are no safe doses of alcohol. This is a factor that has a significant negative impact on the health of the population. Therefore, questions about alcohol consumption are traditionally asked in the "lifestyle" section of our study. In 2023, drinking behaviors were classified according to several questions. Initially, all respondents were asked the following questions: "How often have you consumed such alcoholic beverages like beer, wine, or spirits over the past 12 months?" (answer options: "never", "less than once a month", "1-3 times a month", "1-4 times a week", "5 times a week or more"). Then, those who drank alcohol at least once a month in the past year were asked, "How many milliliters of alcoholic beverages did you drink on a typical day?" (variants of alcoholic beverages: "beer", "wine", "spirits"). The results of the study showed that over the past 12 months, 40.4% of respondents drank alcoholic beverages (beer, wine, or strong alcohol) at least once a month. Of them, 46.6% of respondents drank beer, 40.4% – wine, and 39.2% – strong alcoholic beverages (**Fig. 1.8**).

In the context of the negative impact of alcohol, it is important to understand not only the frequency of alcohol consumption but the amount of alcohol consumed at one time, represented in grams of pure alcohol (**Table 1.5**). The study has established that the average volume of beer drunk at one time is the equivalent of 29.6 grams; wine – 21.7 grams, and spirits – 57.9 grams of pure alcohol. Men consumed significantly more alcoholic beverages of any kind: on average, 36.3 grams of alcohol; women – 20.2 grams of alcohol (beer), 25.7 grams of alcohol; women – 19.1 grams of alcohol (wine), 67.6 grams of alcohol; women – 39.4 grams of alcohol (strong drinks). With age, the volume of consumption decreased. A particularly negative factor in the impact of alcohol on health is binge drinking, or excessive episodic

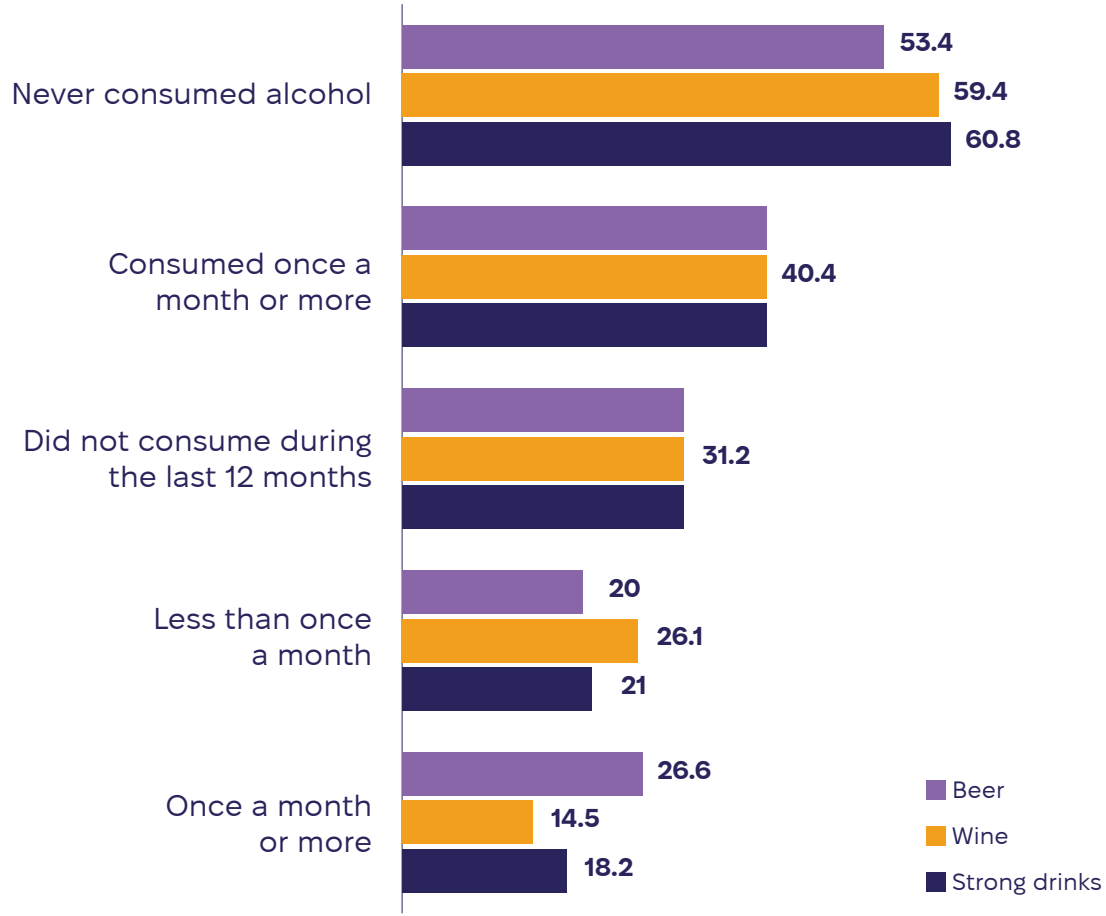


Fig. 1.8. Alcohol consumption: type of drink and frequency of use during the last year, Ukraine, %

drinking, which is measured as 60 or more g of alcohol for men and 40 or more g of alcohol for women per drinking episode. The prevalence of drunkenness cannot be determined from this study, but it can be argued that even the average values of pure alcohol consumption in the case of the consumption of strong drinks can be qualified as excessive alcohol consumption both among men (67.6 g) and among women (39.5 g).

The vast majority of respondents, both men and women, are convinced that they do not have problems with alcohol: on average in the country, 93.9% of respondents answered "normal" to the question "How would you characterize your consumption of alcoholic beverages". However, in some regions, respondents were relatively more likely to indicate excessive alcohol consumption, such as in Kharkiv (13.6%) and Zaporizhzhia (12.5%) regions. Interestingly, in the areas with the highest levels of alcohol consumption, respondents described their level of alcohol consumption as mostly "normal."

In the case of both smoking and alcohol consumption, the study shows that health professionals do not pay enough attention to the dangers of it: 78.5% of respondents reported that they were not informed about the dangers of drinking alcoholic beverages during a visit to a doctor or other health care professional. In the context of socio-demographic groups (Tab. 1.6), there are certain differences: men were given more counseling about the use of alcoholic beverages – 17.6% of men were asked whether they drank alcoholic beverages, and in 16.1% of cases, they were advised to reduce or stop drinking. Women were asked only in 8.4% of cases, and advisory assistance was provided only in 3.9% of cases. Medical professionals paid more attention to counseling respondents with very poor health regarding the harm of alcohol consumption: in 8.0% of cases, they asked but did not advise, and in 19.6%, they provided advice. No significant differences were found for other groups. Regionally, medical workers paid more attention to this issue, conducting appropriate counseling in Ternopil (37.2%), Kirovohrad (20.8%), Rivne (20.2%), and Dnipro (18.2%) regions. On the other hand, there were almost no consultations in Sumy (3.4%), Poltava (3.9%), and Zhytomyr (4.2%) regions.

Eating fruits and vegetables

According to the WHO Thematic Review on Nutrition and Food Safety[5], unhealthy diets and lack of physical activity are major global health risks. A healthy diet is also one of the important determinants of a healthy lifestyle. Fruit and vegetable consumption is an essential part of a healthy diet. According to the WHO, reduced fruit and vegetable intake is associated with poor health and an increased risk of developing non-communicable diseases. In 2017, an estimated 3.9 million deaths worldwide were attributable to inadequate fruit and vegetable intake.[6] That is why respondents of this study were asked questions about the consumption of fruits and vegetables, as well as about their physical activity.

The results of the study showed that on average in Ukraine, adults consumed 2.0 kg of fresh fruits and berries and 2.3 kg of fresh vegetables during the last week (**Fig. 1.9**). However, this volume fluctuated significantly by region. In the Kirovohrad region, the total amount of fruits and vegetables consumed over the past week reached more than seven kilograms (3.5 kg of vegetables and 3.6 kg of fruits), in Ternopil region – more than five kilograms (3 kg – of vegetables and 2.2 kg – fruits), while in Ivano-Frankivsk region – only 2.9 kg (1.5 kg – vegetables, 1.4 kg – fruits), and in Cherkasy and Mykolaiv regions – a little

5 Nutrition and Food Safety. https://www.who.int/publications/m/item/healthy-diet-factsheet394
6 https://www.who.int/tools/elena/interventions/fruit-vegetables-ncds

more than three kilograms (1.7 kg – vegetables and 1.9 kg – fruits). The World Health Organization recommends consuming a minimum of 400 grams of fresh vegetables and fruits per day[7], i.e., 2.8 kg per week. Although the volume of consumption of fruits and vegetables by Ukrainians was satisfactory within the framework of WHO recommendations, the survey was conducted in early autumn. Therefore, these volumes probably do not reflect the average annual pattern of consumption of fruits, berries, and vegetables by residents of Ukraine.

In the socio-demographic context, there is not much difference between different groups in terms of fruit and vegetable consumption.

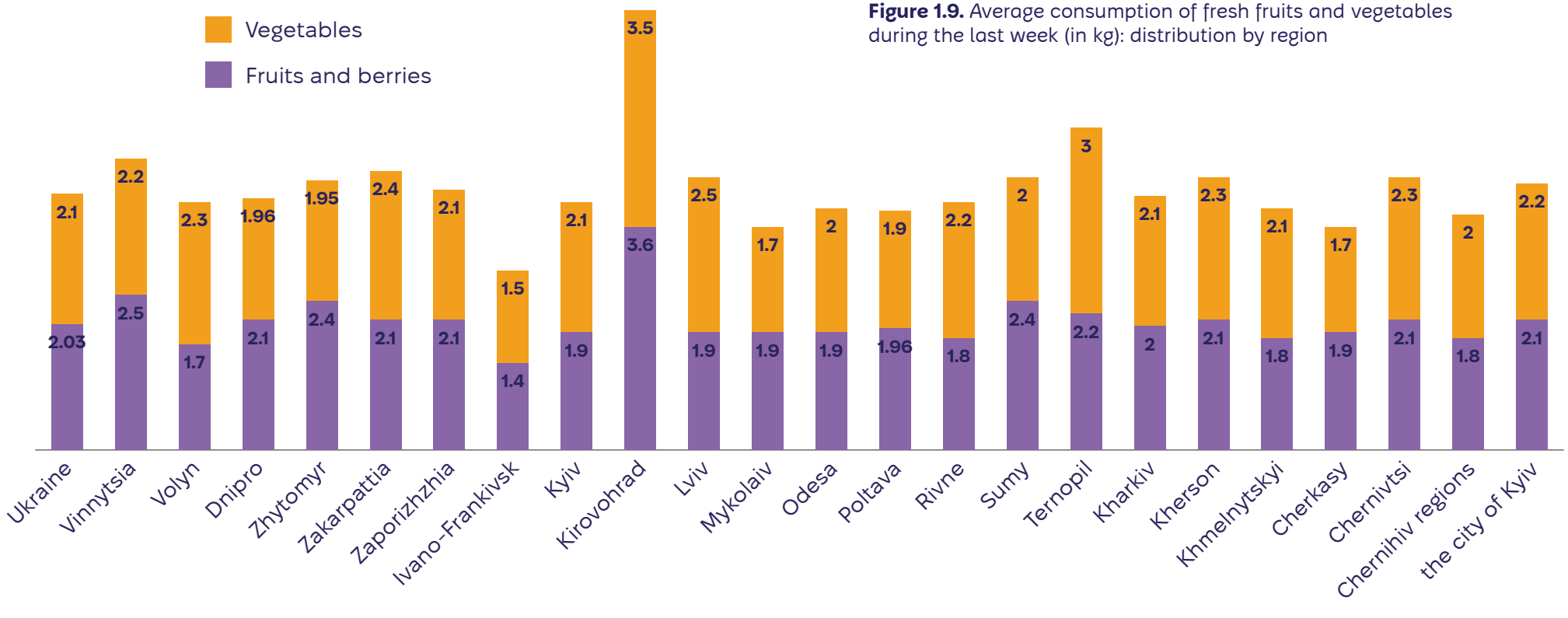


Figure 1.9. Average consumption of fresh fruits and vegetables during the last week (in kg): distribution by region

7 https://www.who.int/tools/elena/interventions/fruit-vegetables-ncds

Physical activity

The results of the study showed that almost all respondents (98.2%) had physical activity in the last 7 days. This trend can be observed in all regions, and in the Ternopil region, all respondents (100.0%) had moderate-intensity physical activity during the past week with an average duration of physical activity of 2581 minutes per week) (**Fig. 1.10**). The proportion of people who reported a lack of physical activity was 1.4%, which is significantly lower compared to 2017 (10.4%) and 2018 (10.0%).

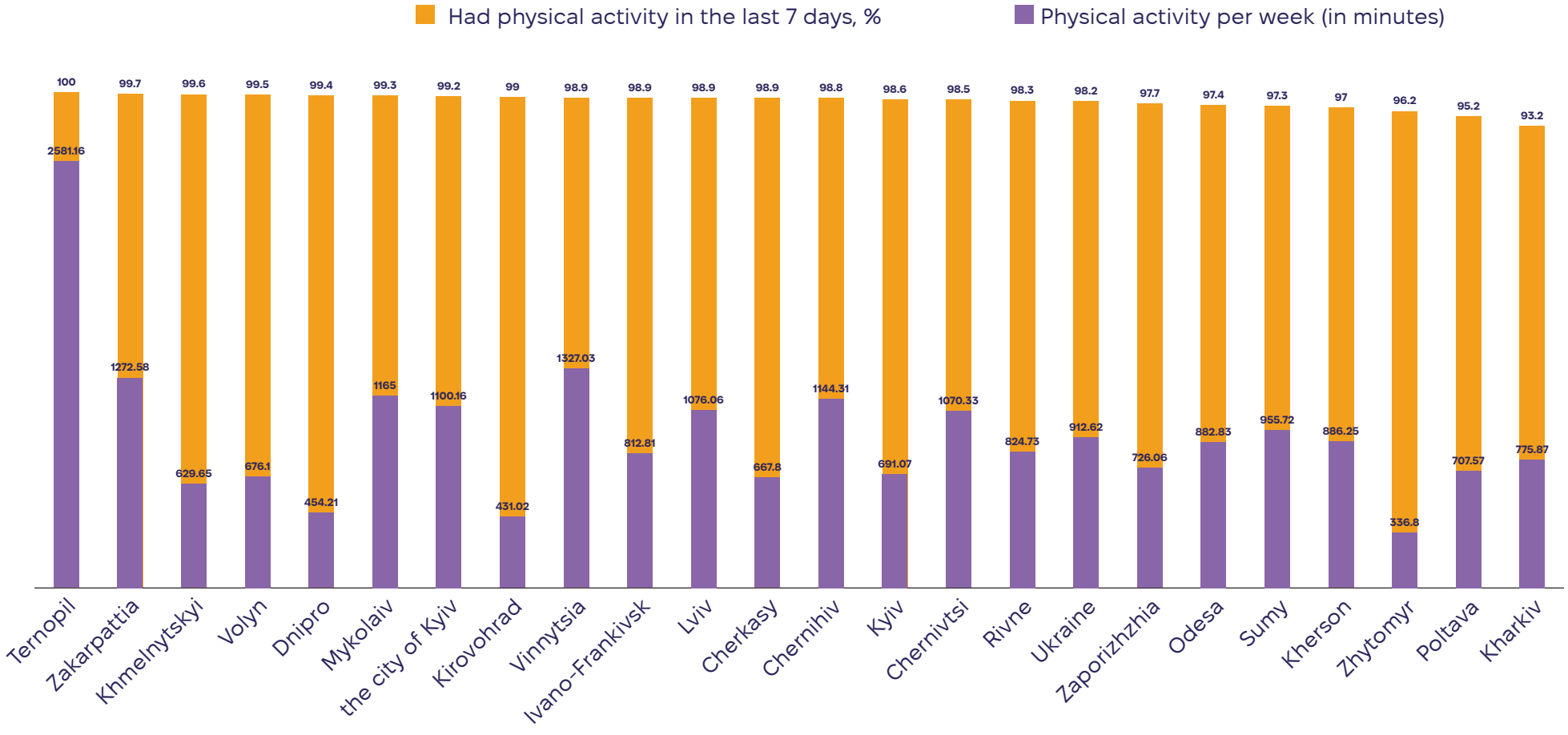


Figure 1.10. Physical activity of at least moderate intensity during the last week: distribution by region

The vast majority of respondents (98.1%) are aware of the need to get physical activity for at least half an hour to maintain physical fitness and health. Another 0.6% could not decide whether or how often it should be done. Answering the question, "How often do you exercise for at least half an hour so that at least you are barely out of breath or sweating?" 91.1% of respondents declared their physical exercises or housework comparable to such exercises (58.1% daily), 6.7% said they never had such physical activity, and another 2.4% never did it due to illness (Tab. 1.8). Probably due to the physical work associated with maintaining the household, rural residents were more likely to report their daily physical activity compared to urban residents (65.8% vs. 54.3%). Interestingly, in 2023, there were almost no differences in the daily physical activities of men (58.3%) and women (57.9%), while in 2016, the discrepancies were more noticeable: 55.6% were reported by men versus 46.6% among women. Respondents aged 45-59 were the most physically active in 2023 – 61% versus 57.3% among 18-29 years old, 58.4% among 30 - 44 years old, 55.6% among 60 years old or older. Interestingly, in 2016, the age group of 30-44 years was the most active (57.0%); other age categories also underwent changes: 53.2% among 18 – 29 years old, 52.5% among 45-59 years old, and 40.4% among 60 years and older. In terms of education, respondents with complete general education (64.4%) and vocational education (63.3%) most often had daily physical activity, and respondents with a scientific degree had the lowest level of physical activity – 23.7%, which is significantly lower than it was in 2016 (37.2%). Respondents with very poor health are less physically active – 41.1% vs. 66.9% among those who are in very good health. There was no significant difference between IDPs (54.5%) and non-IDPs (58.5%).

1.3. Body mass index (BMI)

According to the U.S. National Heart, Lung, and Blood Institute (NHLBI), which provides global scientific leadership in the prevention and treatment of heart, lung, and blood diseases, weight and health risk assessments involve the use of three key metrics: body mass index (BMI), waist circumference, and risk factors for obesity-related diseases and conditions.[8]

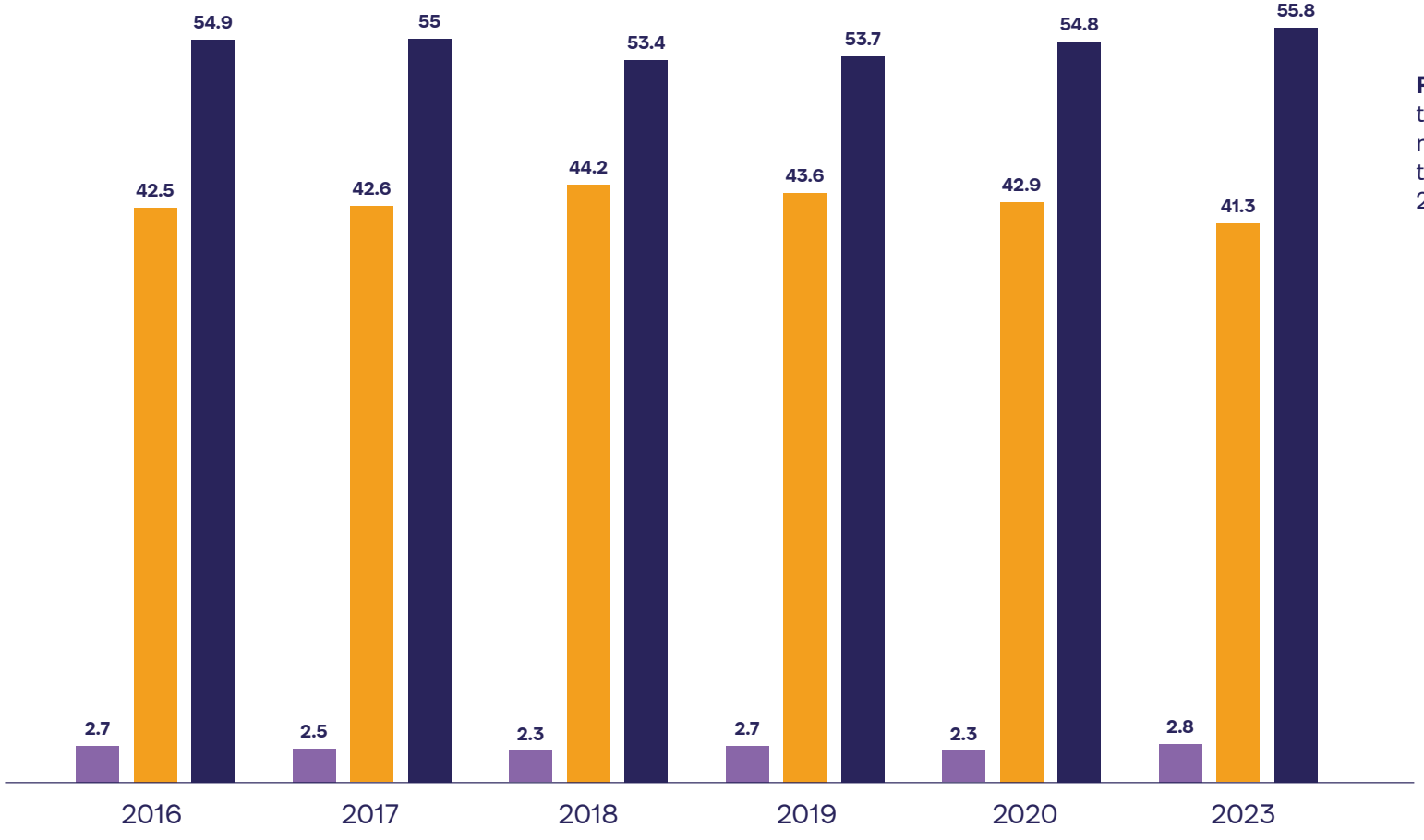


Figure 1.11. Distribution of the population by body mass index (BMI) based on the results of surveys 2016-2020, %

8 https://www.nhlbi.nih.gov/health/educational/lose_wt/risk.htm

BMI is a useful indicator of overweight and obesity. It is calculated according to the established formula: by dividing body weight (in kilograms) by height (in meters)[9] squared.

The higher the BMI, the higher the risk of developing certain diseases such as coronary heart disease, hypertension, type 2 diabetes, gallstones, and certain cancers, among others.

While BMI can be used for most men and women, it has some limitations:

- It can overestimate body fat in athletes and other people who have developed muscles.
- It may underestimate body fat in older adults and others who have lost muscle.

In our study, the Body Mass Index was calculated based on two questions: "How many kilograms do you weigh?" and "How tall are you in centimeters?". The body mass index was calculated using a standard formula. The resulting values were rounded to one decimal place. The BMI coefficient was then classified according to the reference values recommended by the WHO, namely: up to 18.5 – underweight, from 18.5 to 24.9 – normal weight, from 25.0 to 29.9 – overweight, from 30.0 – obesity (obesity did not differ in degrees).

According to the survey, 2.8% of adult Ukrainians are underweight, 41.3% are of normal weight, and 55.8% are above normal weight (34.9% are overweight and 20.9% are obese) (**Fig. 1.11**).

Compared to previous surveys, there are no significant changes in the prevalence structure of overweight and obesity. For example, in 2016, 42.5% were normal weight (41.3% in 2023), 54.9% were overweight (55.8% in 2023, and 2.7% were underweight (2.8% in 2023).

As for obesity in the socio-demographic aspect, the percentage of obese respondents is traditionally higher among women (25.0% vs. 16.1% among men). This pattern was also observed in previous years (from 2016 to 2020). The growth rate of obesity with age also persists: in 2023, 5.6% of respondents aged 18-29 years and 30.3% of people over 60 years old were obese. Every year, the prevalence of obesity among the rural population increases slightly compared to the urban population. The relationship between obesity indicators and levels of self-reported health is indicative. Thus, in 2023, obesity was recorded in 9.7% among respondents with very good health and almost 30% among people with very poor health (**Table 1.8**).

9 https://www.nhlbi.nih.gov/health/educational/lose_wt/risk.htm

1.4. High blood pressure and its monitoring

Cardiovascular diseases are the leading cause of death in Ukraine: they account for almost 65% of all deaths (as of 2023). And this is one of the highest rates in the world. Every year, we lose 450,000 of our citizens[10]. Most cardiovascular diseases can be prevented by addressing behavioral and environmental risk factors[11]. Among them, the main ones are tobacco smoking, alcohol consumption, unhealthy diet, physical inactivity, overweight, high blood pressure, elevated cholesterol, and blood sugar levels.

That is why special attention in our study is paid to the issue of determining how much the population of Ukraine knows about the level of their blood pressure and whether they control it on an ongoing basis. In particular, respondents were asked the questions "How often do you measure blood pressure?" and "What was your blood pressure last time you checked?"

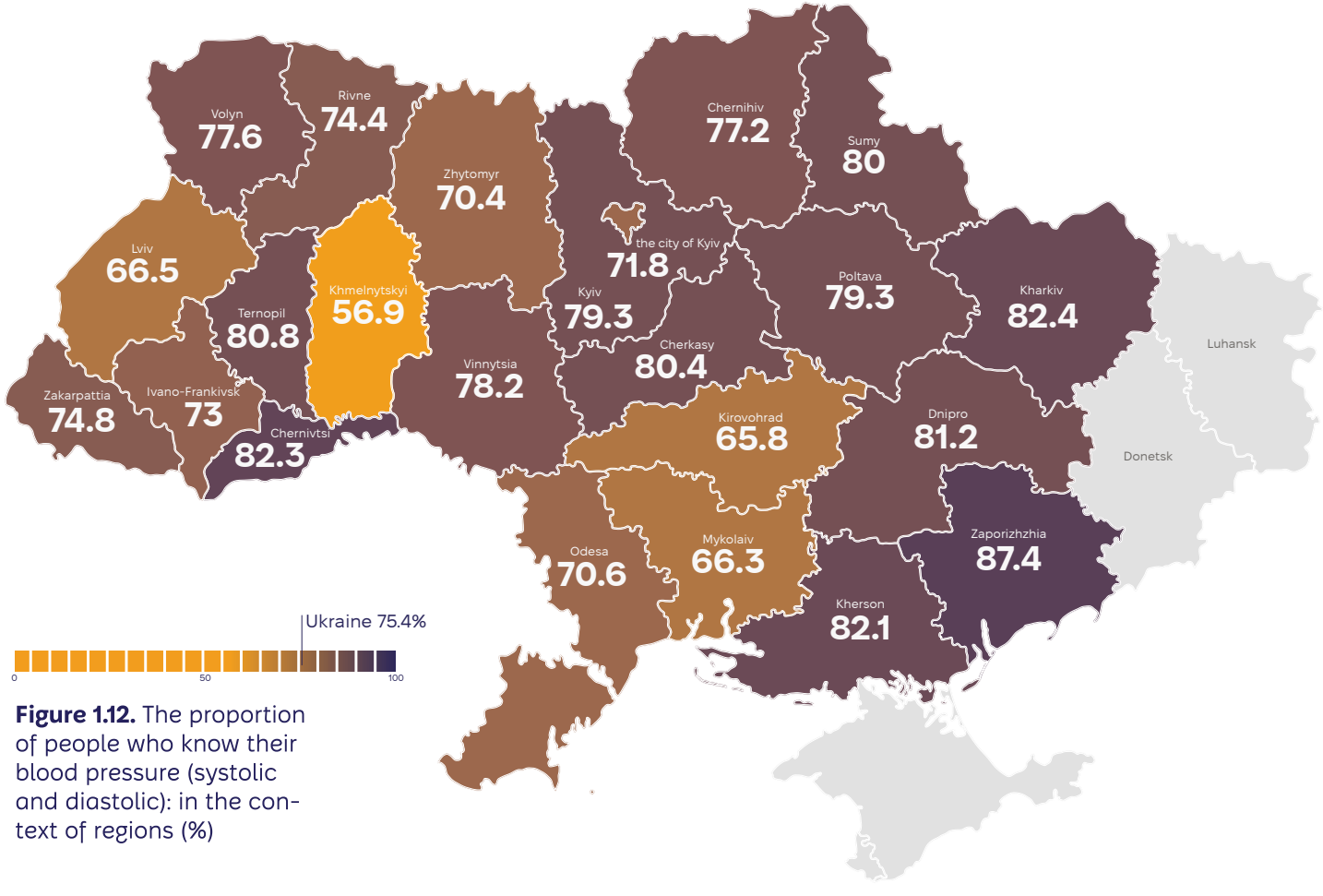


Figure 1.12. The proportion of people who know their blood pressure (systolic and diastolic): in the context of regions (%)

The results of the 2023 study showed that in Ukraine as a whole, a little more than 75% of respondents know their blood pressure level (**Fig. 1.12**). In the regional aspect, the smallest percentage of respondents who know their blood pressure figures are in Khmel-

10 https://www.rada.gov.ua/print/241863.html
11 https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds)

nytskyi (56.9%), Kirovohrad (65.8%), Mykolaiv (66.3%), and Lviv (66.5%) regions. The highest level of awareness was demonstrated by respondents in Zaporizhia (87.4%), Kharkiv (82.4%), Kherson (82.1%), and Dnipro (81, 2%) regions.

Moreover, these indicators almost do not change in dynamics (**Fig. 1.13**): in 2023, the proportion of people who know their blood pressure among the total population was 75.4%, and among those who measured their blood pressure – 84.3%; almost the same as in 2017 (78.4% and 84.3%, respectively).

At the same time, the trend towards blood pressure control has changed. The proportion of people who regularly measure their blood pressure remains constant: at least weekly (17.3% in 2018, 17.2% in 2023) or monthly (14.1% in 2018, 15% in 2023); in 2023, the proportion of respondents who measure their blood pressure several times a year has increased significantly (19.6% in 2023 versus 11.5% in 2018), and the proportion of those who never measured their blood pressure has decreased (10.8% in 2023 versus 17.5% in 2018) (**Fig. 1.14**).

In the socio-demographic aspect, no particular differences were found in the control of their blood pressure (**Tab. 1.10**). Traditionally, women are slightly more likely to control their blood pressure (92.2%) than men (85.5%); older people (over 60 years old) are more likely to measure blood pressure (94.2%) than young people (81.7%), however, compared to 2018, young people (18–29 years old) began to control their blood pressure more often (71.2% in 2018, 81.7% in 2023). Urban residents are more likely (89.9%) to control their blood pressure than those in rural areas (87.7%). Respondents with poor self-reported health (96.5%) are more likely to control their blood pressure, as opposed to those who assess their health as very good (74.3%). It is necessary to note the positive

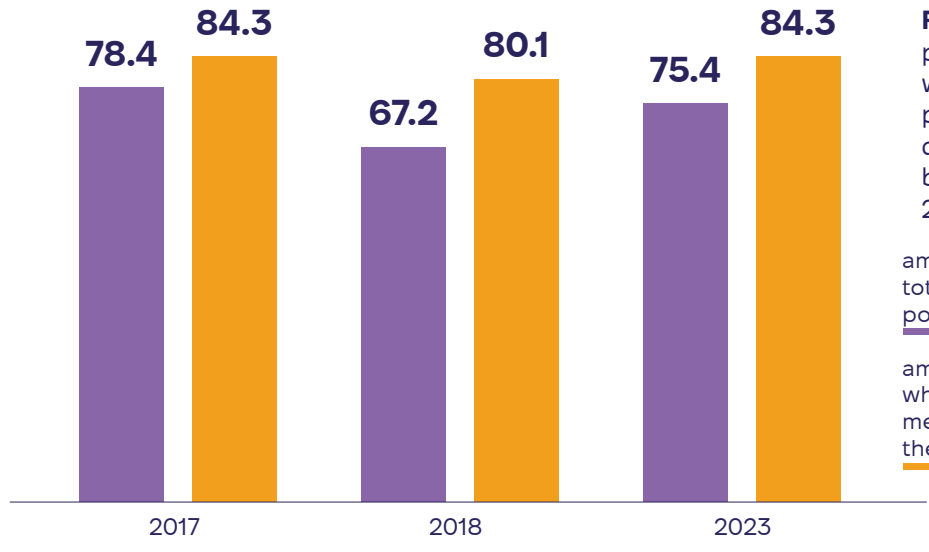


Figure 1.13. The proportion of people who know their blood pressure (systolic and diastolic): distribution by years (2017-2018, 2023), %

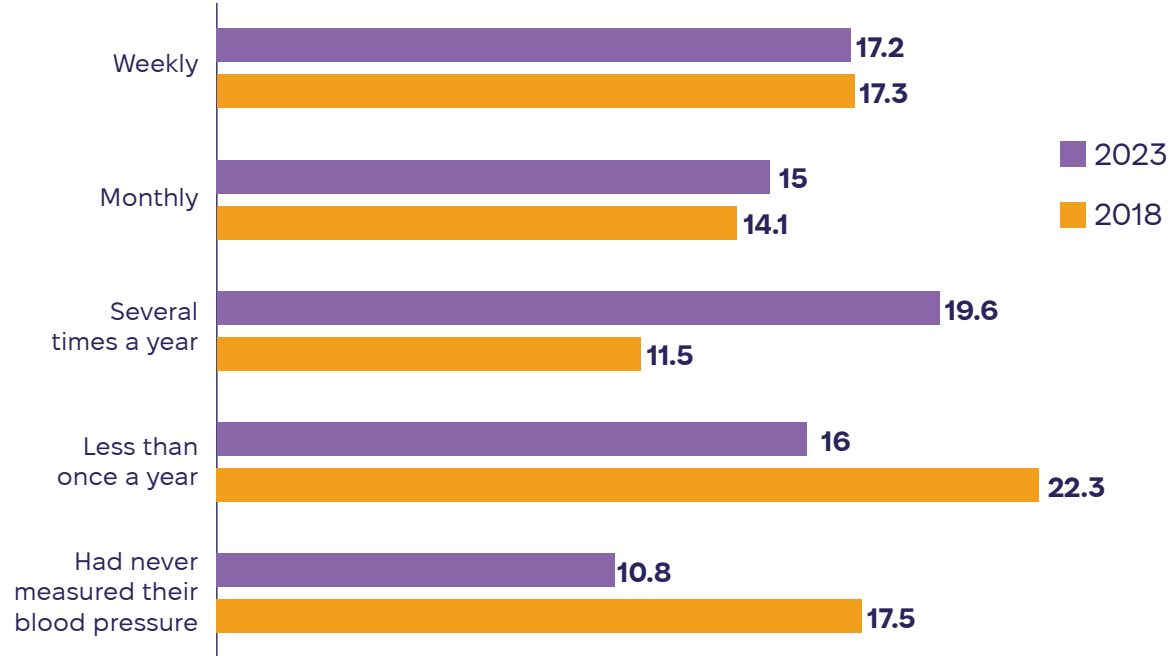


Figure 1.14. Frequency of blood pressure measurement by respondents in dynamics (2023, 2018), %

dynamics of a responsible attitude to pressure measurement among both men and women. In 2023, 85.5% of men measured their blood pressure (in 2018 – 76.7%, an increase of 8.8 percentage points), and 92.2% of women measured their pressure (in 2018 – 87.6%, an increase of 4.6 percentage points). Interestingly, this dynamic is observed in all age groups. IDP status has little to no effect on blood pressure control.

The results of the survey on taking medications to lower blood pressure are consistent across socio-demographics: in both 2018 and 2023, women are more willing to receive treatment than men (83.9% vs. 67.0%, respectively, among those who were told by a doctor that they had high blood pressure), people with poor health are more likely to take medication than people in good health. (**Tab. 1.11**).

Only 65.7% of patients taking medications to lower blood pressure do so on a regular daily basis (**Fig. 1.15**).

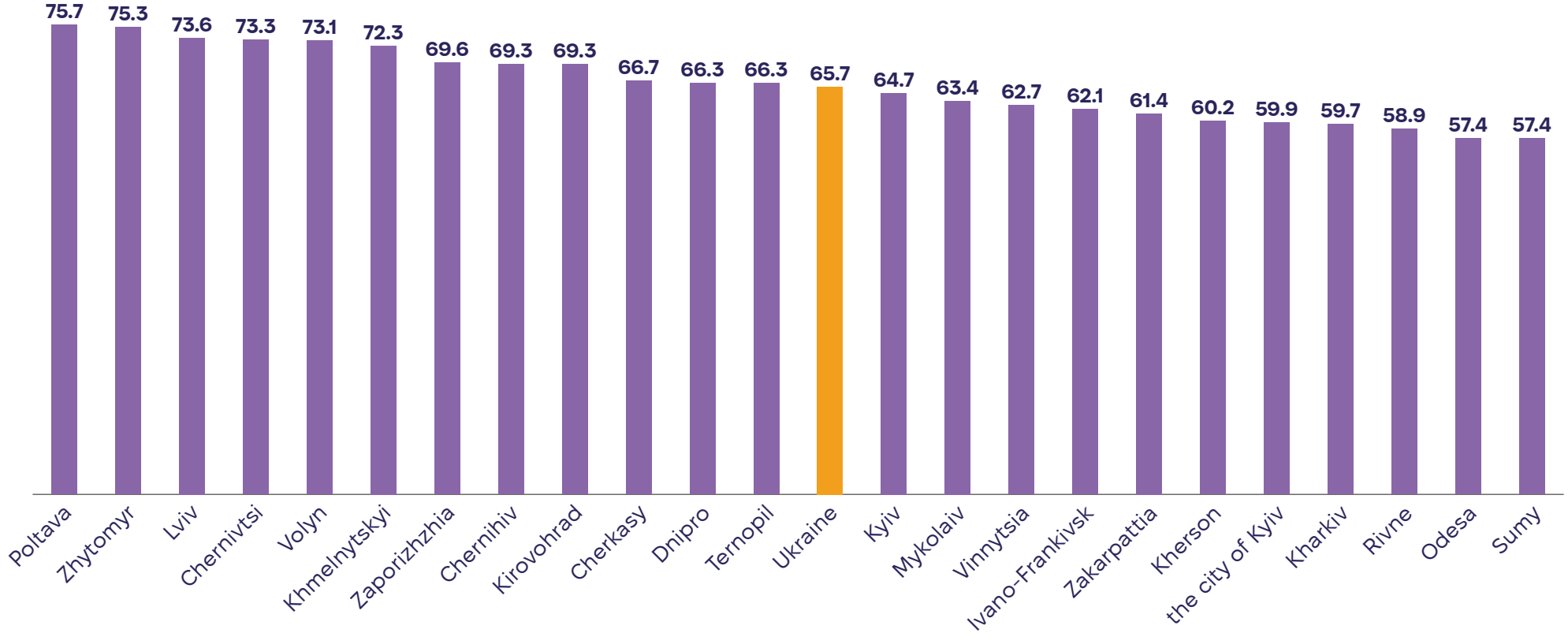


Figure 1.15. The proportion of all patients taking medications in the past month who reported taking them daily, %

1.5. Prevalence of some non-communicable diseases

Noncommunicable diseases (NCDs) are a serious problem in the modern world – every year they kill 41 million people, and 17 million of them die before the age of 70. Cardiovascular disease accounts for the majority of NCD deaths, or 17.9 million people annually, followed by cancer (9.3 million), chronic respiratory diseases (4.1 million), and diabetes (2.0 million, including deaths from kidney disease caused by diabetes). Of all NCD deaths, 77% occur in low- and middle-income countries.[12] These WHO facts on noncommunicable diseases are extremely relevant for Ukraine because they also have an impact on the mortality of our citizens. Understanding the prevalence of NCDs is an important step toward developing policies to counteract them. That is why the study "Health Index. Ukraine" contains a block of questions aimed at finding out the proportion of people with chronic or long-term diseases, in particular, hypertension, diabetes mellitus, and stroke (questions about oncological diseases were not asked in the study).

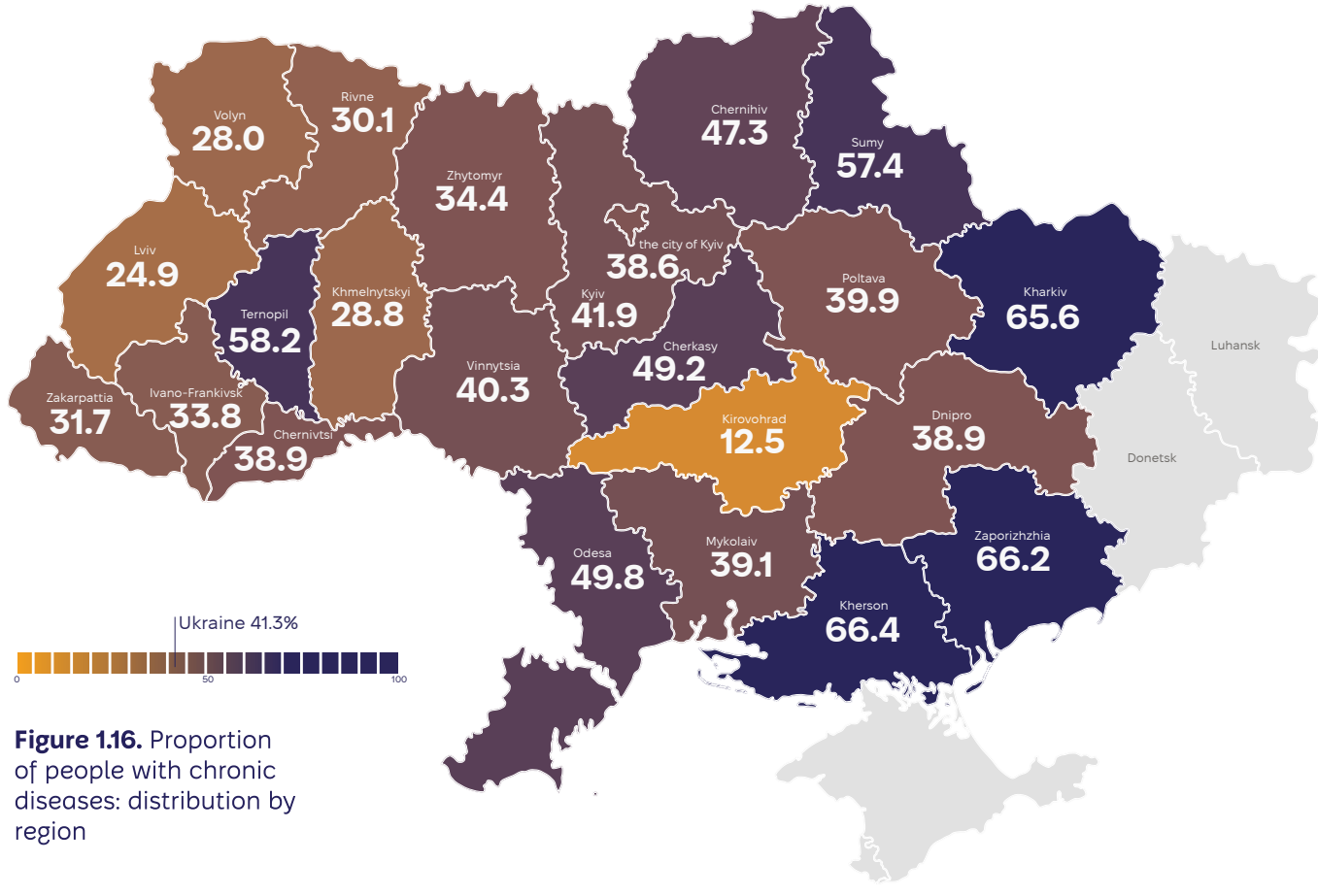


Figure 1.16. Proportion of people with chronic diseases: distribution by region

According to the survey, 41.3% of all respondents reported a chronic or long-term disease (**Fig. 1.16**). The largest percentage of respondents who answered affirmatively to the question about the presence of NCDs live in Kherson (66.4%), Zaporizhzhia (66.2%), and Kharkiv (65.6%) regions. At the same time, the Kirovohrad region showed the lowest percentage of NCD prevalence (12.5%) (**Fig. 1.16**).

12 https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases

If we look at the dynamics, we see a fairly high level of prevalence of NCDs with a slight decrease in 2017 and 2018, but with an increase in 2023 (**Fig. 1.17**).

Figure 1.17. Proportion of people with chronic diseases, according to the surveys in 2016, 2017, 2018 and 2023, Ukraine, %

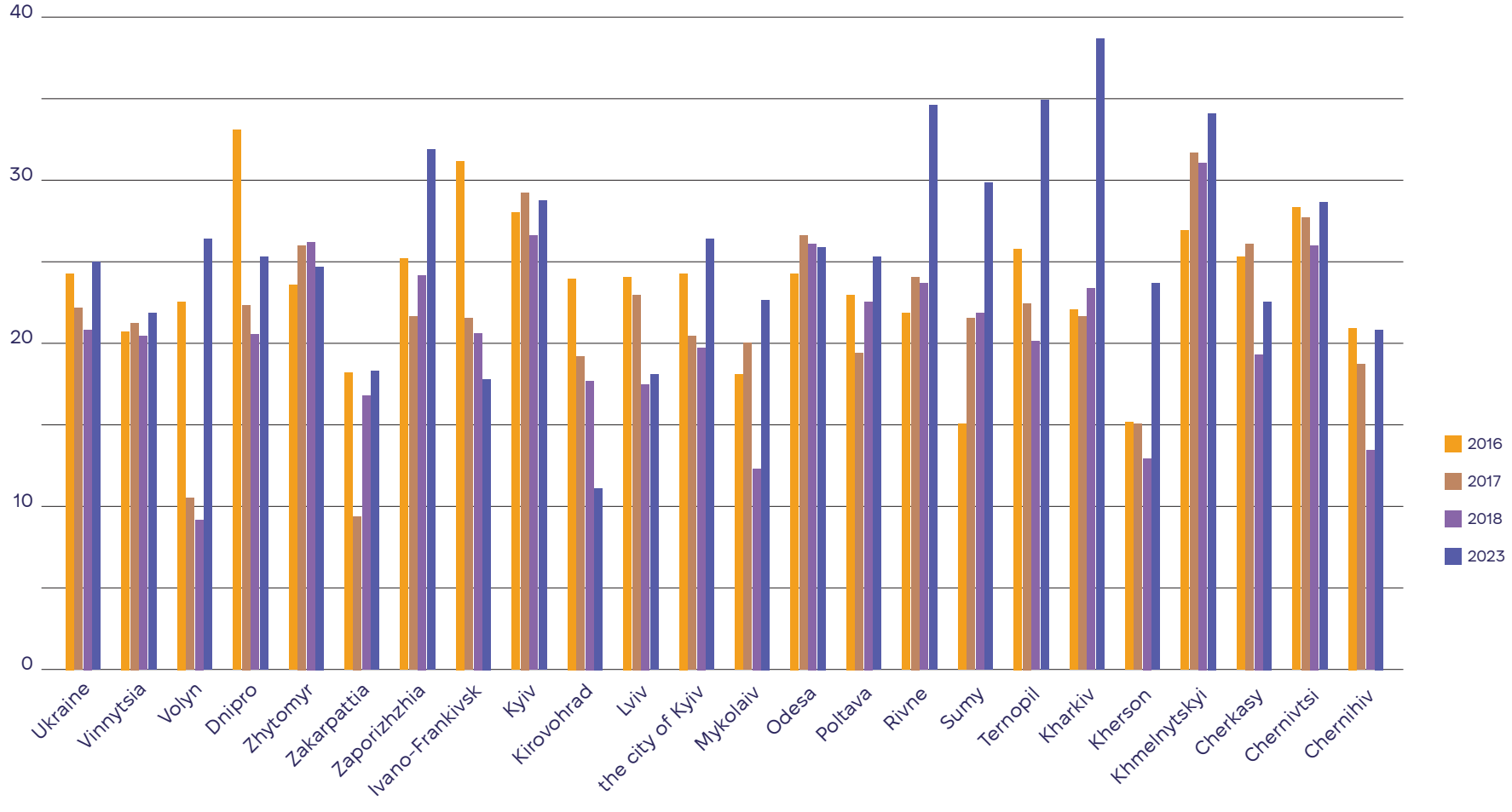


Figure 1.18. The proportion of people suffering from hypertension, %

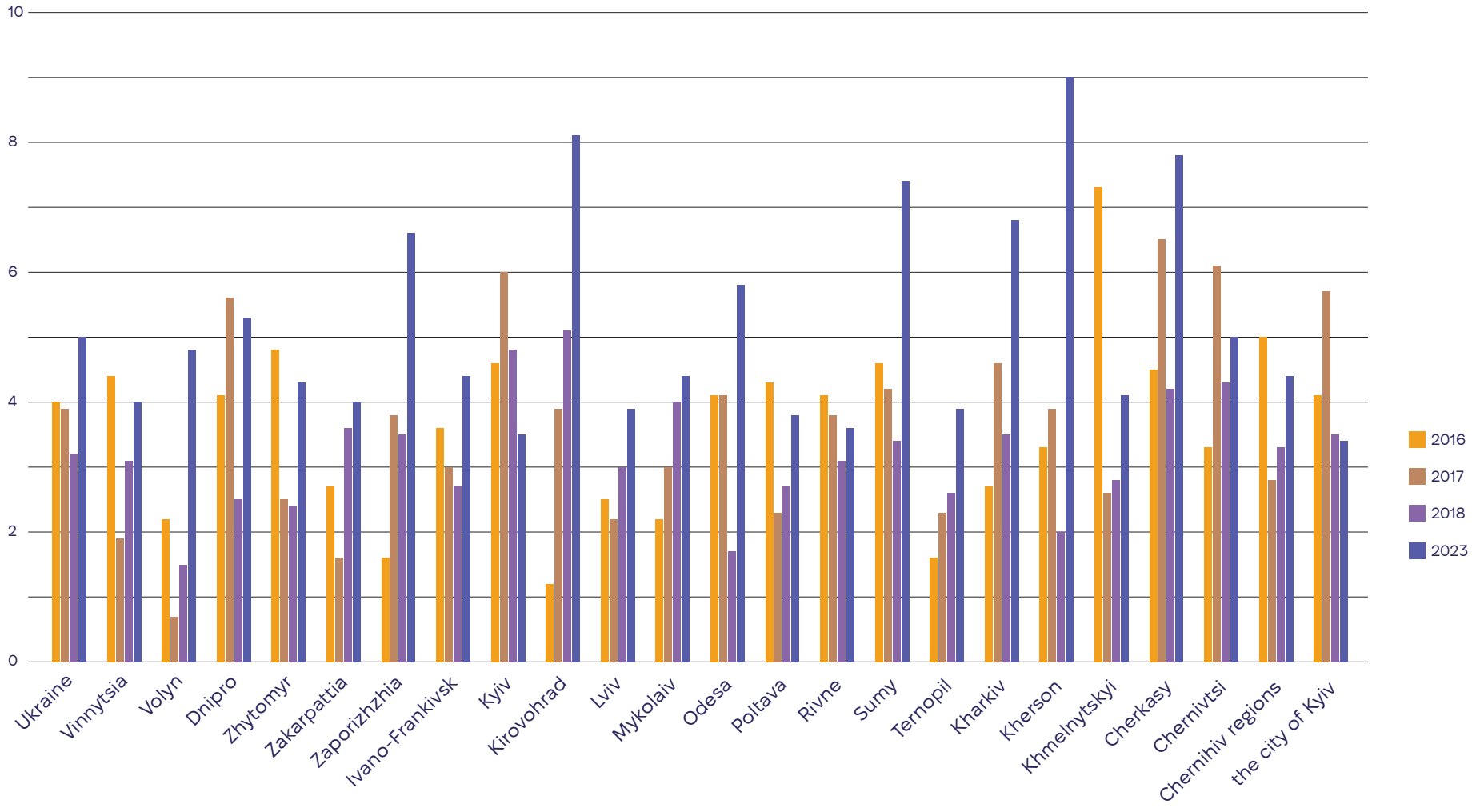


Figure 1.19. Proportion of people with diabetes, %

24.7% of respondents reported having hypertension, 5.0% of respondents said they had diabetes, and 3.7% had a stroke or were experiencing the consequences of a stroke (**Fig. 1.18–1.20**). These proportions ranged from 11.0% in the Kirovohrad region to 38.2% in the Kherson region for hypertension; from 3.4% in Kyiv to 9.0% in the Kherson region for diabetes mellitus; from 1.9% in the Volyn region to 8.7% in Kherson region for stroke. As we can see, in 2023, the Kherson region showed a significant increase in the main NCDs both compared to other regions and to other years. For hypertension: 2016 – 21.8%, 2017 – 21.4%, 2018 – 23.1%, 2023 – 38.2%. Diabetes mellitus: 2016 – 3.3%, 2017 – 3.9%, 2018 – 2.0%, 2023 – 9.0%. For stroke or its consequences: 2016 – 1.9%, 2017 – 2.6%, 2023 – 8.7%. Other regions also show an increase in the incidence of the main NCDs, according to the respondents' reports. Thus, the proportion of respondents with hypertension was 24.0% in 2016,

21.9% in 2017, 20.6% in 2018, and 24.7% in 2023. Only one Kirovohrad region showed a significant decrease in hypertension indicators: 23.7% in 2016, 19.0% in 2017, 17.5% in 2018, and 11.0% in 2023. The proportion of respondents with diabetes was: 4.0% in 2016, 3.9% in 2017, 3.2% in 2018, but 5.0% in 2023. The proportion of people with a stroke or its consequences was 3.2% in 2016, 2.3% in 2017, but 3.7% in 2023.

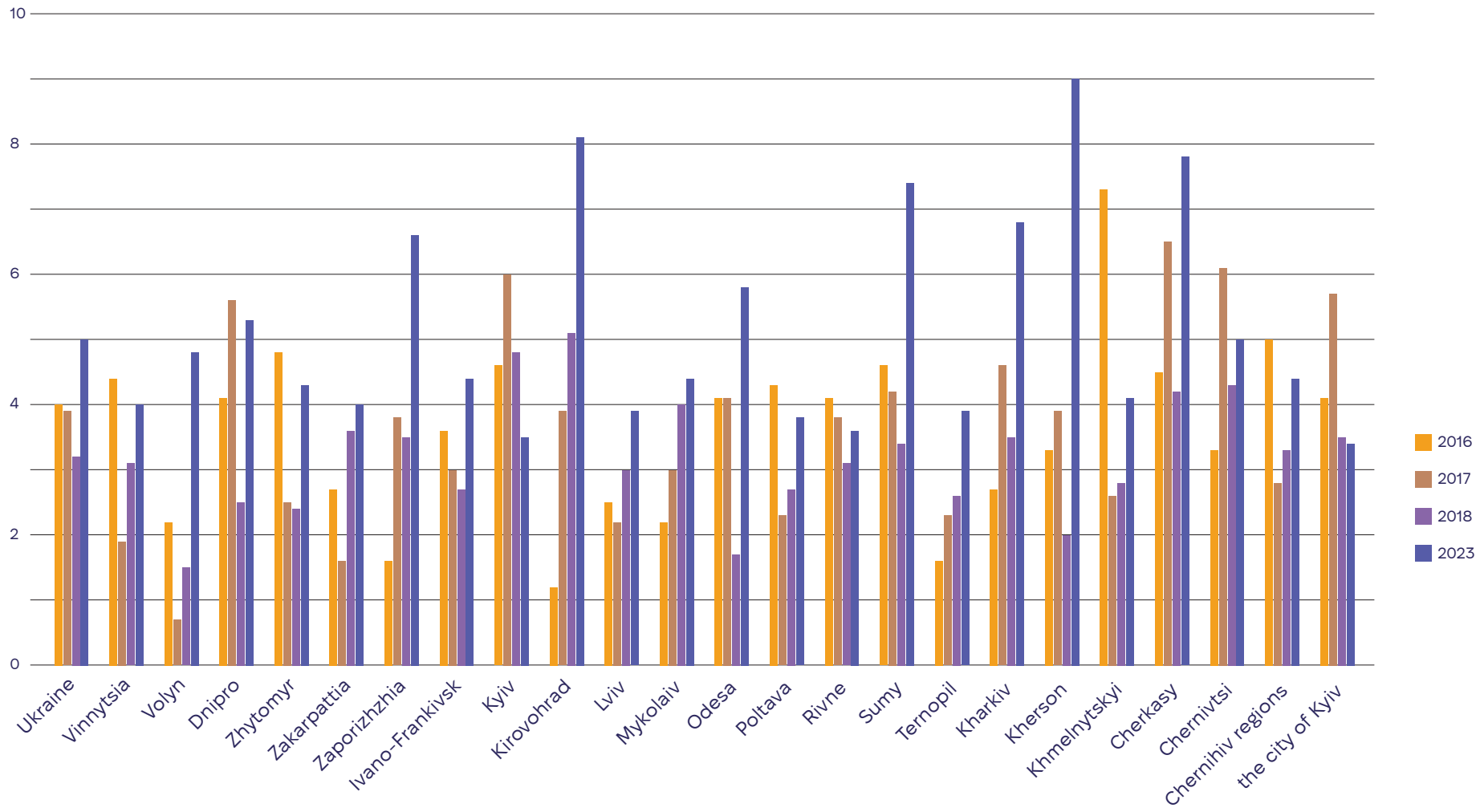


Figure 1.19. The proportion of people who have had a stroke (experiencing the consequences of a stroke)

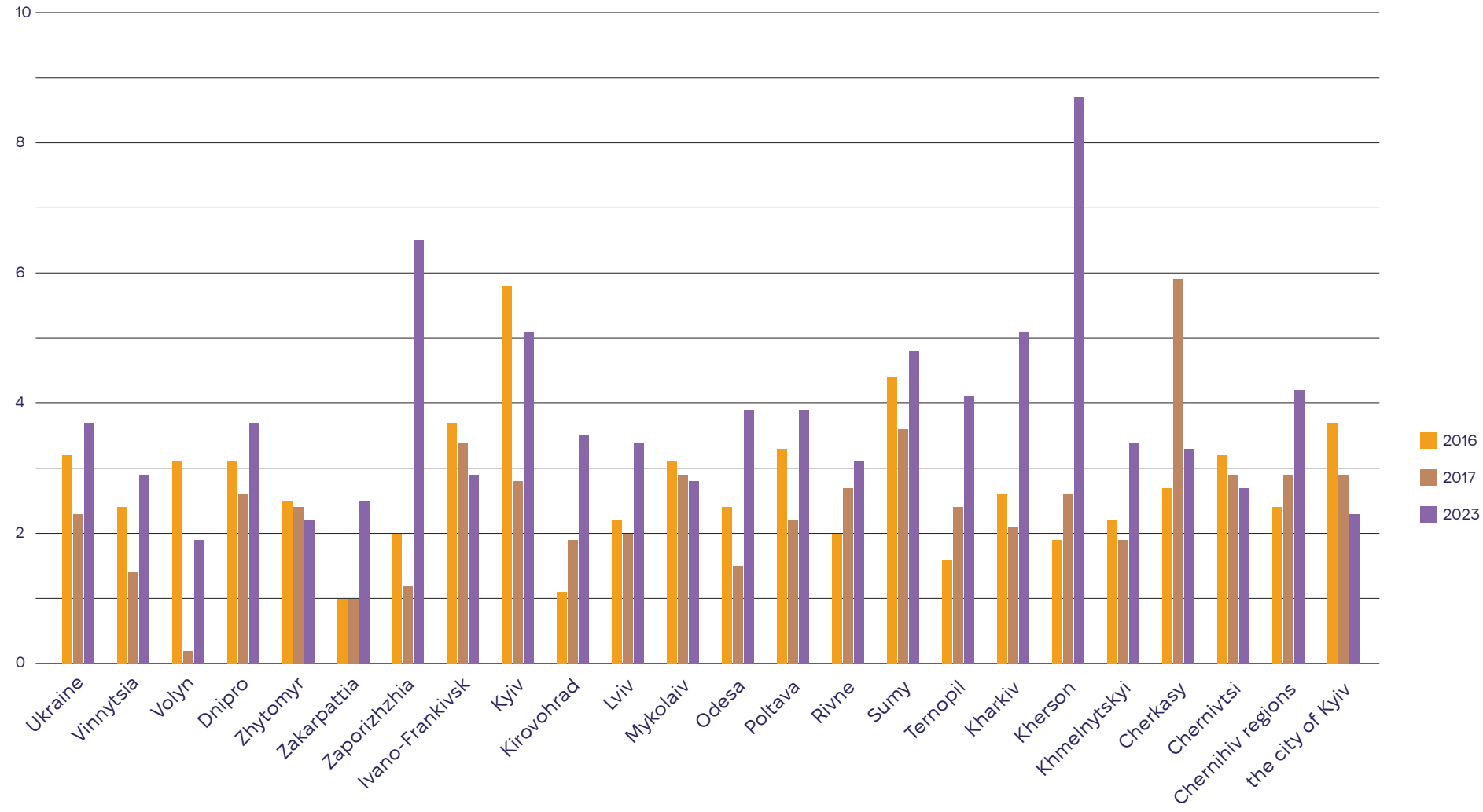


Figure 1.20. The proportion of people who have had a stroke (experiencing the consequences of a stroke)

1.6. Mental health

Mental health is more than the absence of mental disorders. It exists on a complex continuum that is experienced differently from one person to another, with varying degrees of difficulty and suffering and potentially very different social and clinical outcomes[13].

In the modern world, the problem of mental health is becoming more and more relevant because the burden of mental disorders, according to the WHO, is growing. For example, in 2019, 1 out of every 8 people, or 970 million people worldwide, were living with mental disorders, with anxiety and depressive disorders being the most common. In 2020, due to the COVID-19 pandemic, the number of people who live with anxiety and depressive disorders increased significantly. Initial estimates show increases of 26% and 28%, respectively, for anxiety and major depressive disorders in just one year[14] .

In Ukraine, this issue is especially acute because, according to the WHO, one in five (22%) people who have experienced war or other conflict in the last 10 years will have depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia. Applying these estimates to Ukraine, WHO estimates that approximately 9.6 million people in Ukraine may have a mental health disorder[15].

That is why there is a separate block of questions in the 2023 study "Health Index. Ukraine", the purpose of which is to find out the state of mental health of our citizens living in the daily stress of war, as well as the readiness of the health care system to provide appropriate assistance.

The survey asked questions that could be considered as a manifestation of mental disorders: "Have you experienced significant stress or other mental health problems – depressed mood, sleep problems, anxiety, etc. – in the last 2 months?" and "Have these problems made it difficult for you to maintain your usual activities at work or at home or to socialize with other people?" The results of the study (Fig. 1.27) showed that almost half (48.5%) of respondents experienced some manifestation of mental health problems. At the same time, this indicator differed significantly in the regional aspect. The greatest pressure on mental health was reported by respondents in the regions where the war is felt especially acutely, such as Kherson (78.7%), Zaporizhzhia (77.1%), Kharkiv (73.7%), as well as Sumy (67.6%), and Odesa (62.9%) regions. The lowest indicators, according to respondents, are in Zhytomyr (27.6%) and Lviv (28.0%) regions.

In the socio-demographic aspect (Tab. 1.12), women traditionally feel more pressure on mental health: 45.9% of women reported that they experienced significant stress (compared to men – 30.5%). Respondents with IDP status reported a worse state of mental health than those without IDP: they experienced significant stress (52.9% vs. 37.5%, respectively), had a depressed mood, sleep problems, poor appetite, difficulty concentrating (51.9% vs. 39.6%, respectively), were irritable, constantly worried, experienced excessive worries about various things, or had difficulty relaxing (53.8% vs. 40.2%, respectively).

In the context of understanding mental health problems, it is important to find out not only the health problems themselves (according to the respondents' self-assessment) but also

13 https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
14 https://www.who.int/news-room/fact-sheets/detail/mental-disorders
15 Scaling-up mental health and psychosocial services in war-affected regions: best practices from Ukraine. https://www.who.int/news-room/feature-stories/detail/scaling-up-mental-health-and-psychosocial-services-in-war-affected-regions--best-practices-from-ukraine

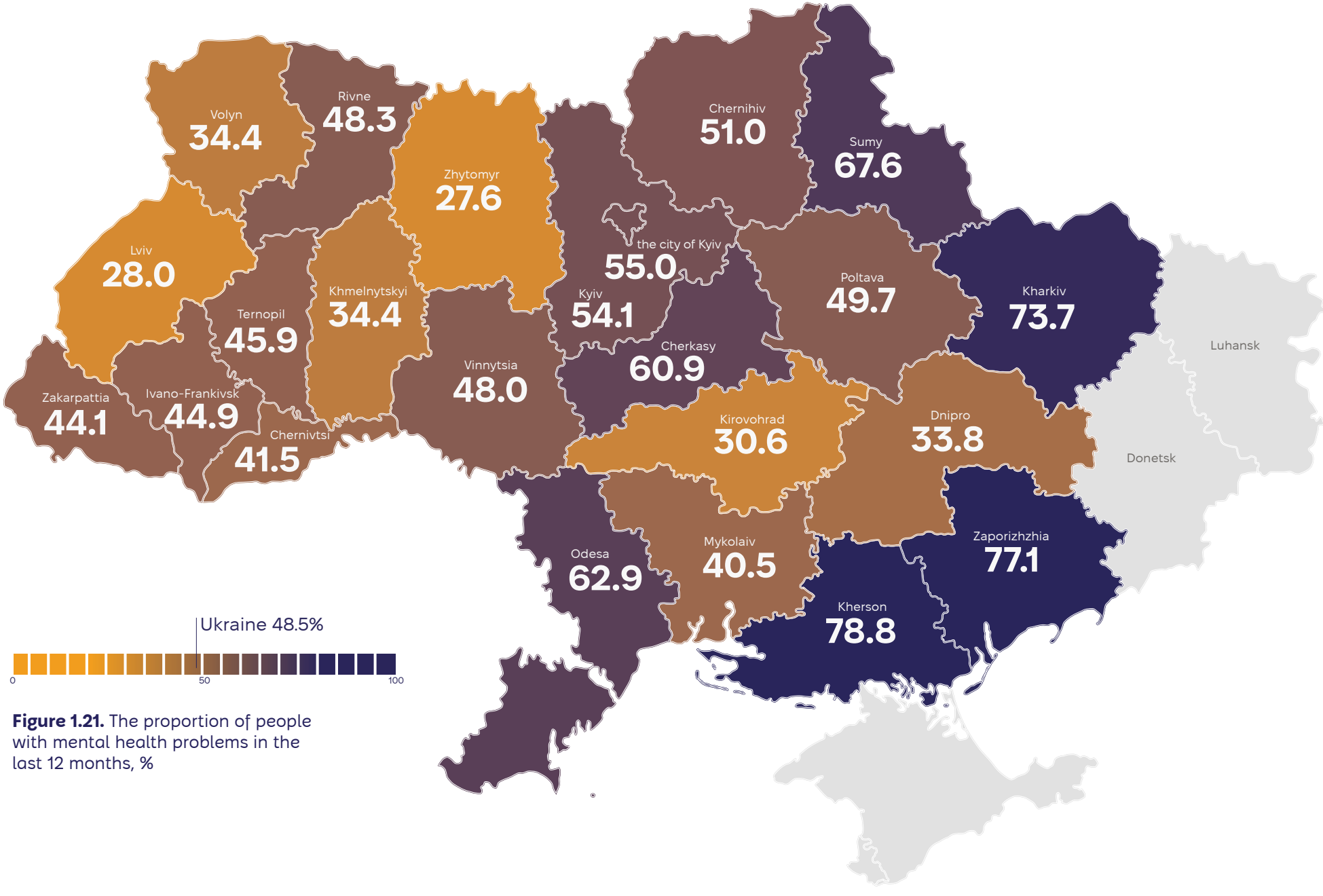


Figure 1.21. The proportion of people with mental health problems in the last 12 months, %

the extent to which the healthcare system is ready to assist people with relevant needs. Although effective prevention and treatment options exist, most people with mental disorders do not receive effective assistance. Many people also face stigma and discrimination. The results of the study show the problem of low culture of seeking help in case of mental health disorders. Moreover, the lowest percentage of visits is in the regions where, according to the respondents' answers, the level of mental health problems is the highest (**Fig. 1.21, 1.22**).

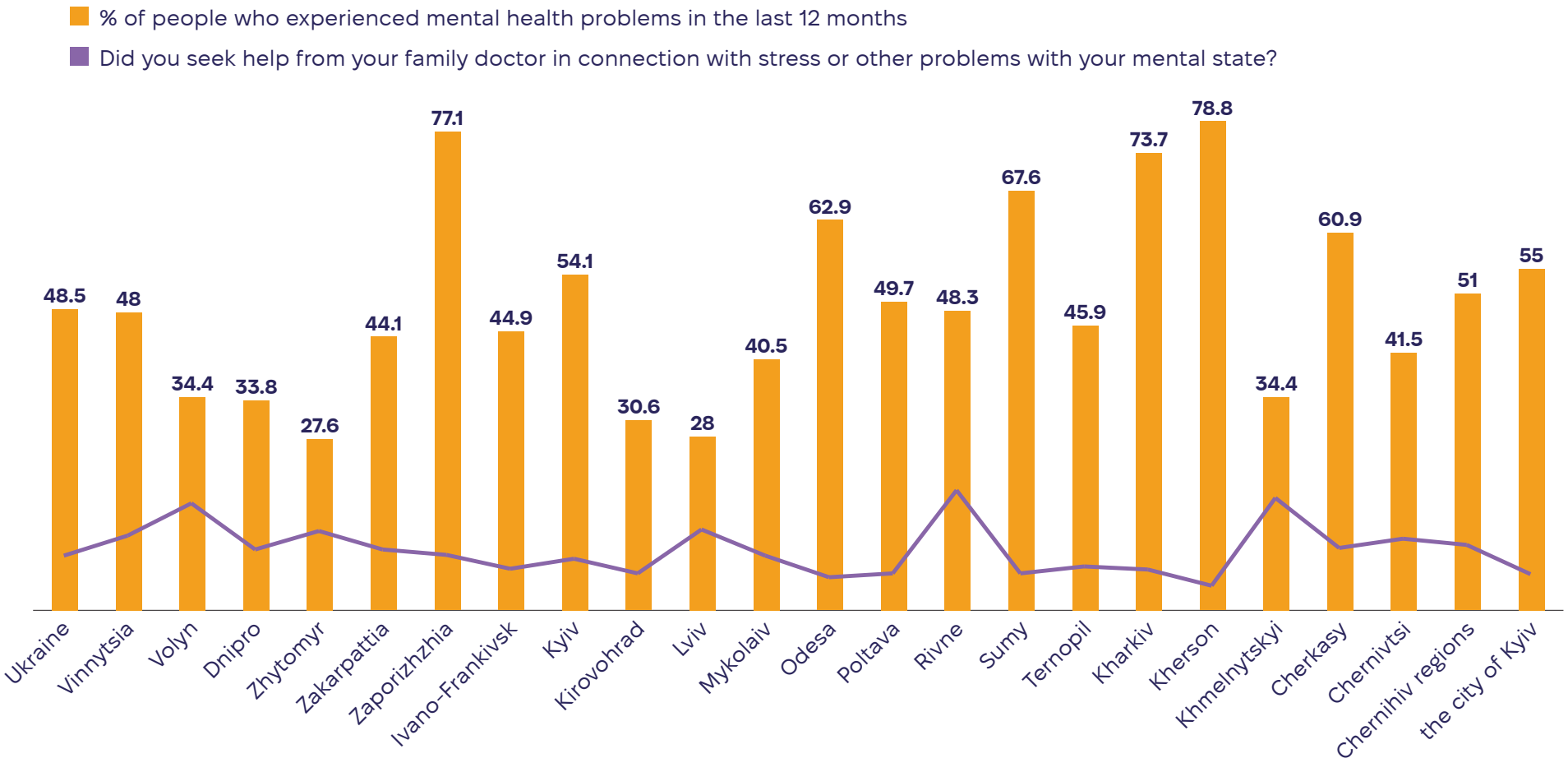


Figure 1.22. The proportion of people who experienced mental health problems in the last 12 months and the proportion of people who consulted a family doctor for these problems: distribution by region

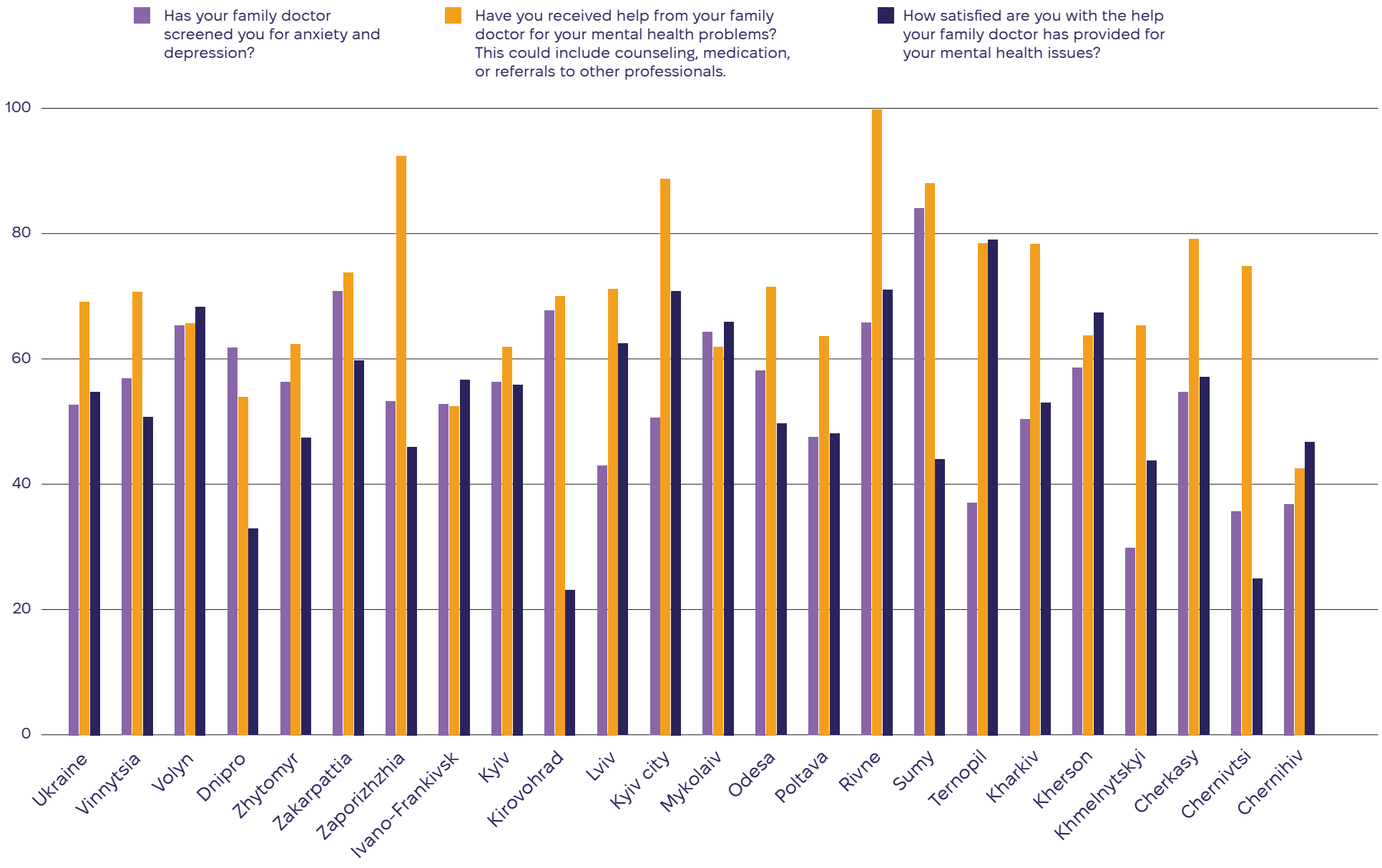


Figure 1.23. Visits to a family doctor due to mental health problems in the last 12 months and satisfaction with the service provided: distribution by region, %

Thus, the 2023 study "Health Index. Ukraine" showed not only an increase in the level of subjective self-assessment of health by the population of Ukraine but also an increase in the proportion of those who take good care of their health (45.7%). In 2023, the number of those who control their blood pressure and regularly take relevant medication has increased. At the same time, the study demonstrates significant differences in assessments and indicators of health, as well as in the behavior that affects it in regional and socio-demographic aspects.

In 2023, the picture in terms of health factors has changed significantly: psychological stress (59.5% in 2023 vs. 8.9% in 2017), bad habits (20.8% in 2023 vs. 2.1% in 2017), and self-neglect (20.3% vs. 9.3% in 2017) have the most negative impact. At the same time, the performance of the health care system is assessed much better by the respondents: only 4.3% of respondents named poor treatment in medical institutions as the cause of poor health. Although the proportion of those who reported the presence of chronic or long-term diseases is growing.

It is important to take this into account when developing and implementing national and regional programs aimed at preventing diseases and preserving public health.

SECTION 2

EARLY DETECTION OF DISEASES

Tetiana Yurochko,
Head of the School of Public Health of Kyiv-Mohyla Academy,
Candidate of Public Administration, Associate Professor

Key results

As in previous years, fluorography remains the most common examination among those related to prevention, which was reported by 52.3% of respondents.

48.0% of women visited a gynecologist for preventive purposes during the last 12 months, corresponding to previous study periods' data; 41.3% submitted a smear for cytological examination, and 21.8% had a mammogram. Among men, only one in five (19.0%) consulted a urologist, which is the lowest figure compared to previous study periods.

Almost half of the respondents reported undergoing electrocardiography to assess heart function and diagnose cardiovascular diseases (48.0%), especially among the oldest respondents (52.1% among 60 and older).

The proportion of respondents who visited the dentist for preventive purposes increased (42.2% vs. 38.0% in 2020), and this is more typical for women, young people, and urban residents.

In the past 12 months, the most mentioned interventions were the measurement of blood pressure (61.5%), blood glucose (sugar) (43.6%), blood cholesterol (35.9%), and height and/or weight (36.1%).

The awareness of stroke symptoms among the population remains quite low: only 7.8% were able to name the three main symptoms of stroke, although most respondents named at least one of its symptoms.

94.0% of parents with children under the age of 18 in their households are aware of their state of health.

Negative trends in attitudes towards vaccination were revealed compared to previous surveys: according to total estimates, the smallest proportion of respondents with a positive attitude towards vaccination was recorded in 2023 (64.7%, of which 36.3% are "very positive" and 28.4% are "rather positive") with a simultaneous increase in the proportion of its opponents (19.5%, of which 9.5% are "rather negative" and 10.0% are "very negative"), which is the highest figure compared to previous survey periods.

Self-medication, as in previous periods of the survey, remains the most common practice of behavior of the population in case of illness, which was reported by 39.7% of respondents. At the same time, 28.8% of respondents contacted a primary care physician in case of illness, and the proportion of such respondents increased.

Over the past 12 months, 41.5% of respondents had an illness or injury that affected their daily activities, while only 64.2% of them sought medical care, which is less than in 2020 but at the level of 2018-2019.

The main barrier to seeking medical care in case of illness is one's own experience with the symptoms and treatment of the disease (49.3%), and this was indicated by respondents throughout the observation period. The cost of treatment, queues in institutions, and distrust of medical personnel or their qualifications also remain significant barriers.

Cases of "not seeking" medical care or refusing a preventive examination due to war-related reasons over the past 12 months were reported by 10.7% of respondents.

2.1. Medical examination – early detection of diseases

The "Health Index. Ukraine" study continues to assess the coverage of the adult population through examinations related to the prevention and early detection of diseases. As for patients' visits to doctors for routine medical examinations (scheduled check-ups) during the 12 months preceding the survey, fluorography remains the most common of these examinations, as indicated by 52.3% of respondents. It is one of the lowest indicators compared to previous time intervals of the study (**Fig. 2.1. 2.2**). The need for fluorography is determined by a family doctor or other attending physician as a diagnostic method for certain diseases, in particular for diagnosing tuberculosis in risk groups (if a person has been in contact with a tuberculosis patient, with a weakened immune system, HIV-infected, etc.). This examination is also conducted for workers in certain professions or population categories.

In general, no significant differences were found in the context of socio-demographic groups, but respondents of the youngest age group more often reported undergoing a fluorographic examination compared to the oldest (60+) (54.9% in the age group of 18-29 years versus 48.1% among 60 years and older). Also, urban residents were more likely to undergo a fluorographic examination than rural residents (53.8% vs. 49.1%), as well as respondents who rated their health "very poor" (65.8% vs. 46.1% of those who rated "very good"). The experience of undergoing fluorography was also indicated by respondents who were not IDPs (52.7% vs. 48.8% of IDPs).

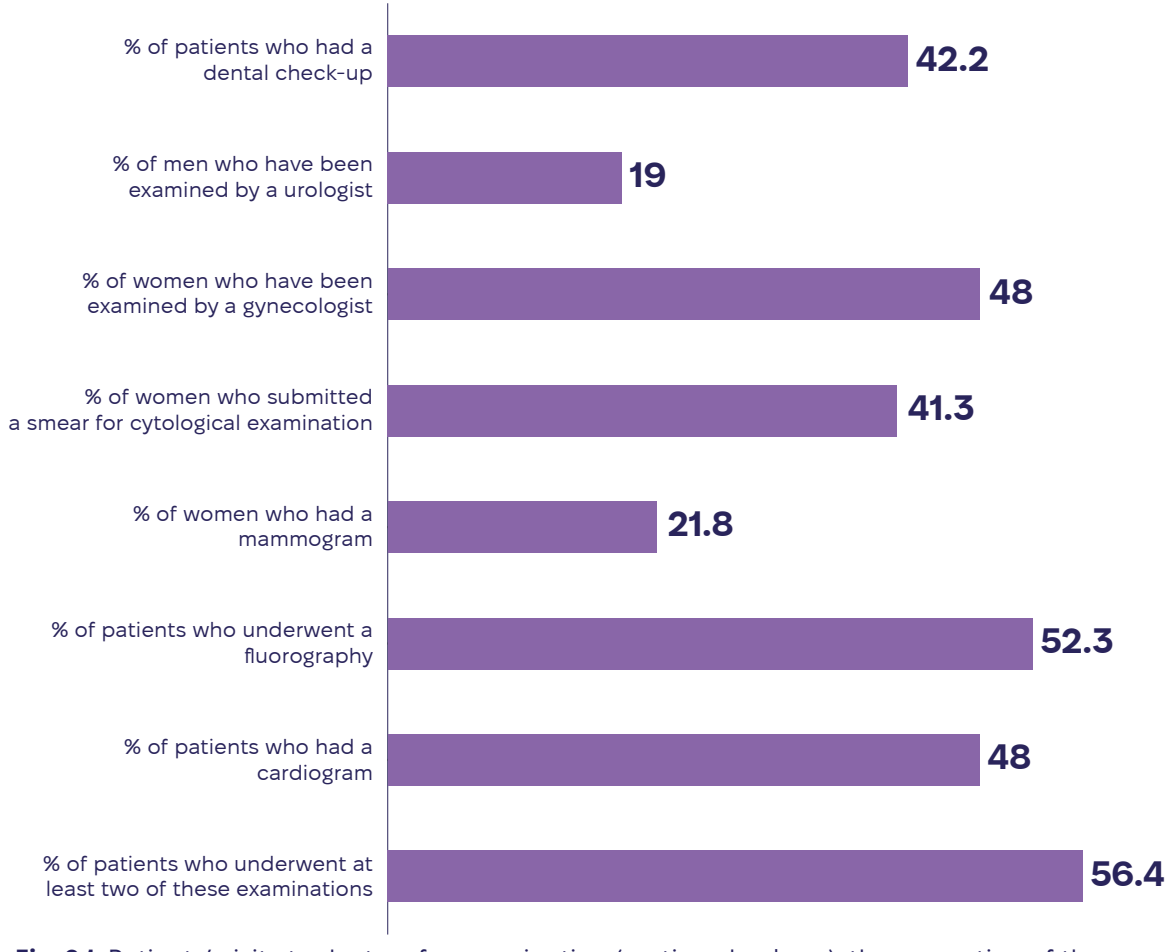


Fig. 2.1. Patients' visits to doctors for examination (routine check-up), the proportion of those who have undergone routine medical examinations during the last 12 months, %

1 List of medical interventions within the framework of primary health care for groups of patients with an increased risk of developing diseases: Order No. 504 "On Approval of the Procedure for the Provision of Primary Health Care" of the Ministry of Health of Ukraine dated 19.03.2018 (as amended). URL: https://moz.gov.ua/uploads/0/4207-dn_20180319_504.pdf

Instrumental and diagnostic services provided within the framework of primary health care (PHC) include electrocardiography to assess heart function and diagnose cardiovascular diseases. In 2023, almost every second respondent (48.0%) reported undergoing electrocardiography. Respondents in the oldest age group were more likely to undergo electrocardiography (52.1% among 60+). Compared to previous surveys, the share of people who had the experience of undergoing electrocardiography increased the most compared to 2020 (an increase of 7.1 percentage points), although this trend is also observed compared to 2016–2019. (**Fig. 2.2**).

There was a slight increase in the proportion of respondents who visited the dentist for preventive purposes: compared to previous periods of the study, 42.2% of respondents indicated such an experience, which is almost in line with the level of 2019 and higher by 2.3-5.8 percentage points compared to other years of the study. Women went to the dentist for preventive purposes more often than men (45.0% vs. 38.8%). More frequent visits are also typical for young people: almost every second respondent in this category had a preventive examination (56.6% versus 29.1% among the oldest, respectively). Also, urban residents (44.5% vs. 37.4% among rural residents) and people with a higher level of education (50.4% among people with basic and 52.4% with complete higher education vs. 24.2% with primary or incomplete general secondary education) were slightly more likely to visit the dentist. If we compare the visits depending on the self-reported health, the more frequent visits to the dentist were reported among those who rated their health as "good" and "very good" (45.0% and 46.5%, respectively, versus 30.3% among those who considered their health status "poor").

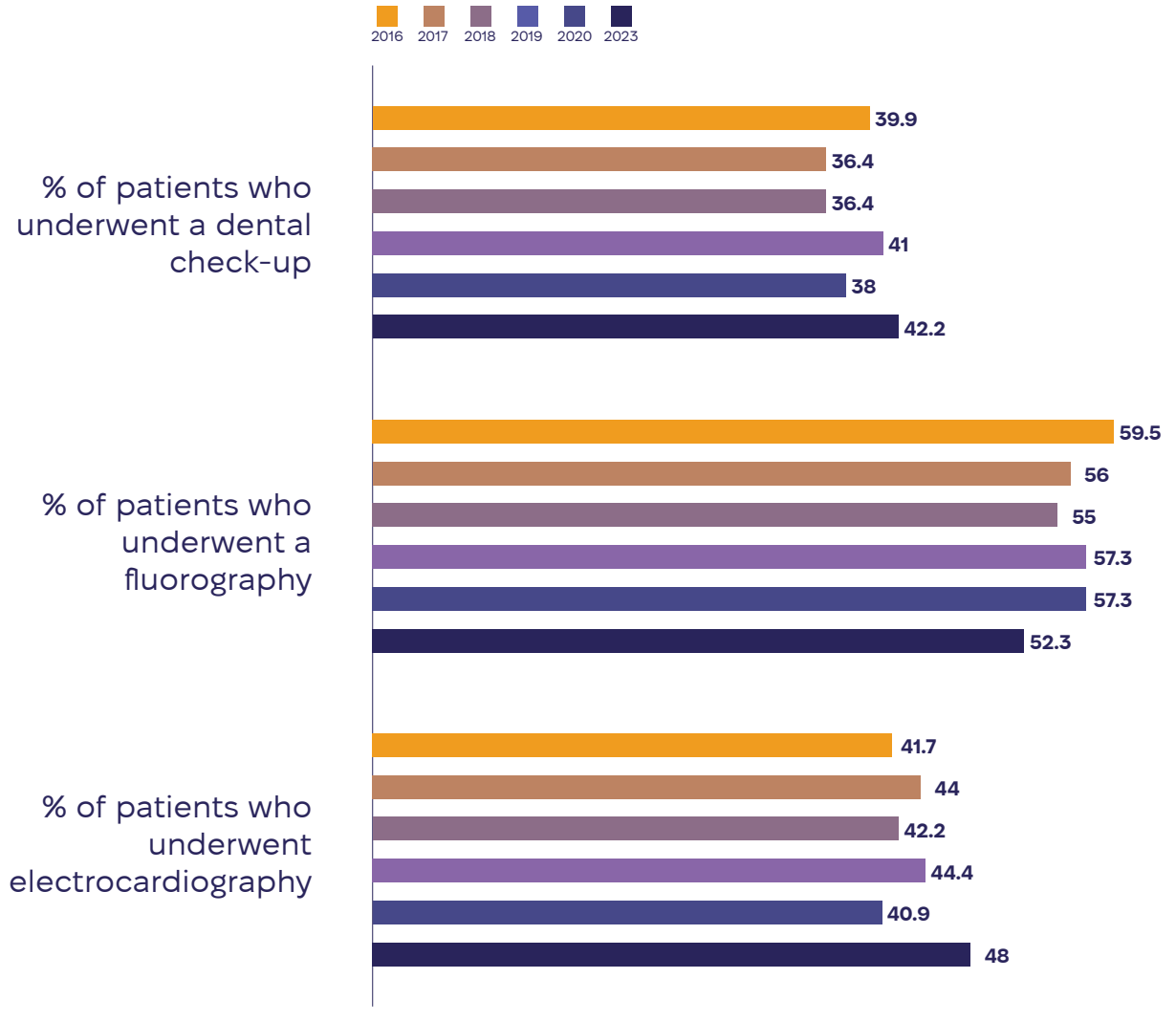


Figure. 2.2. Experience of fluorography, electrocardiography, and dental examination during the last 12 months (percentage of those who answered that they underwent an examination for preventive purposes): comparison by years, %

Preserving and maintaining reproductive health remains especially important for modern society, as it concerns the overall quality of life of both women and men. According to the survey results, only one in two women has been examined by a gynecologist in the last 12 months (48.0%). Cancer screening for cervical cancer has been performed by 41.3% of respondents, and mammography has been performed by only one in five (21.8%). Compared to previous years of the study, the proportion of women who underwent cancer screening for cervical cancer (cytological examination) has increased slightly this year, and as for breast cancer, the situation is practically unchanged (**Fig. 2.1, 2.3**).

As for visits to urologists, only 19.0% of respondents indicated that they had such experience, according to the results of the 2023 study, which is the lowest level compared to previous years of the survey (**Fig. 2.4**).

In the regional aspect, the highest rates of fluorography were recorded in Dnipro, Poltava, Cherkasy, Vinnytsia, and Chernivtsi regions; the lowest – in Kirovohrad (only 8.7% of respondents indicated fluorography) and Lviv (every third respondent underwent the examination) regions (**Tab. 2.1**).

As for electrocardiography, Dnipro, Poltava, Vinnytsia, Chernivtsi, and Ivano-Frankivsk regions have the highest rates of examinations. The lowest rates were recorded, as in previous years, in the Kirovohrad region (7.9% of respondents indicated that they had undergone this examination). Compared to previous years, the share of respondents from the Kherson and Ternopil regions who underwent electrocardiography decreased slightly.

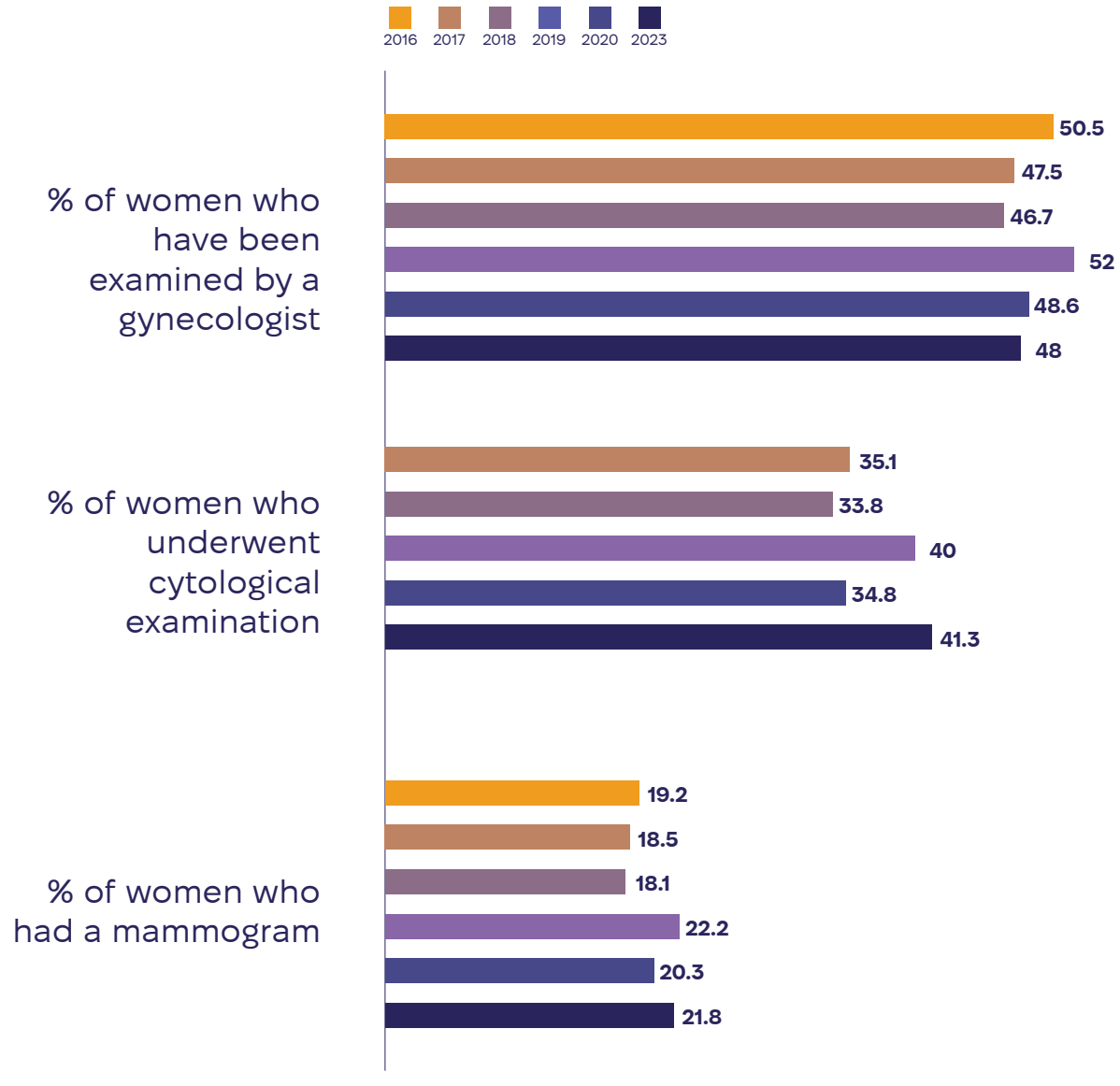


Figure. 2.3. Examination by a gynecologist, cytological examination, and mammography during the last 12 months (percentage of women who reported that they were examined): comparison by years, %

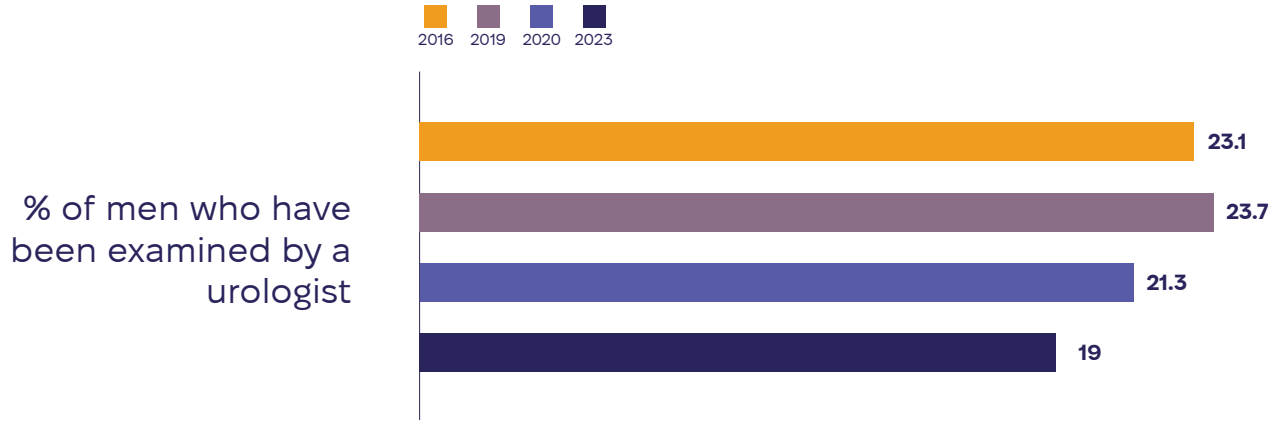


Figure 2.4. Undergoing an examination by a urologist during the last 12 months (percentage of men who answered that they had been examined): comparison by years, %

Almost every second respondent from Ivano-Frankivsk, Khmelnytskyi, Dnipro, Poltava, Kyiv regions, and the city of Kyiv has undergone a medical examination by a dentist over the past 12 months. The lowest percentage of respondents are from Kherson (30.7%), Mykolaiv (29.7%), and Kirovohrad (7.0%) regions.

According to the survey, the Kirovohrad region has the lowest position among other regions in passing examinations, as in all previous years of the study.

In socio-demographic terms, the survey showed that men consulted a urologist more often in Dnipro (almost every third respondent), Chernihiv, and Zakarpattia regions (23.6% and 23.1%, respectively), which is in line with the trends of previous years. The lowest rates were recorded in Kirovohrad and Mykolaiv regions – 5.8% and 4.5%, which is significantly less in both regions compared to previous years.

Female respondents most often consulted a gynecologist in Poltava, Ivano-Frankivsk, Dnipro, Cherkasy, Chernivtsi regions, and in the city of Kyiv (the indicator exceeds the average in Ukraine by 5-12 percentage points). The lowest rate of women's visits to a gynecologist was recorded in the Kirovohrad region (5.8% of respondents indicated such an experience).

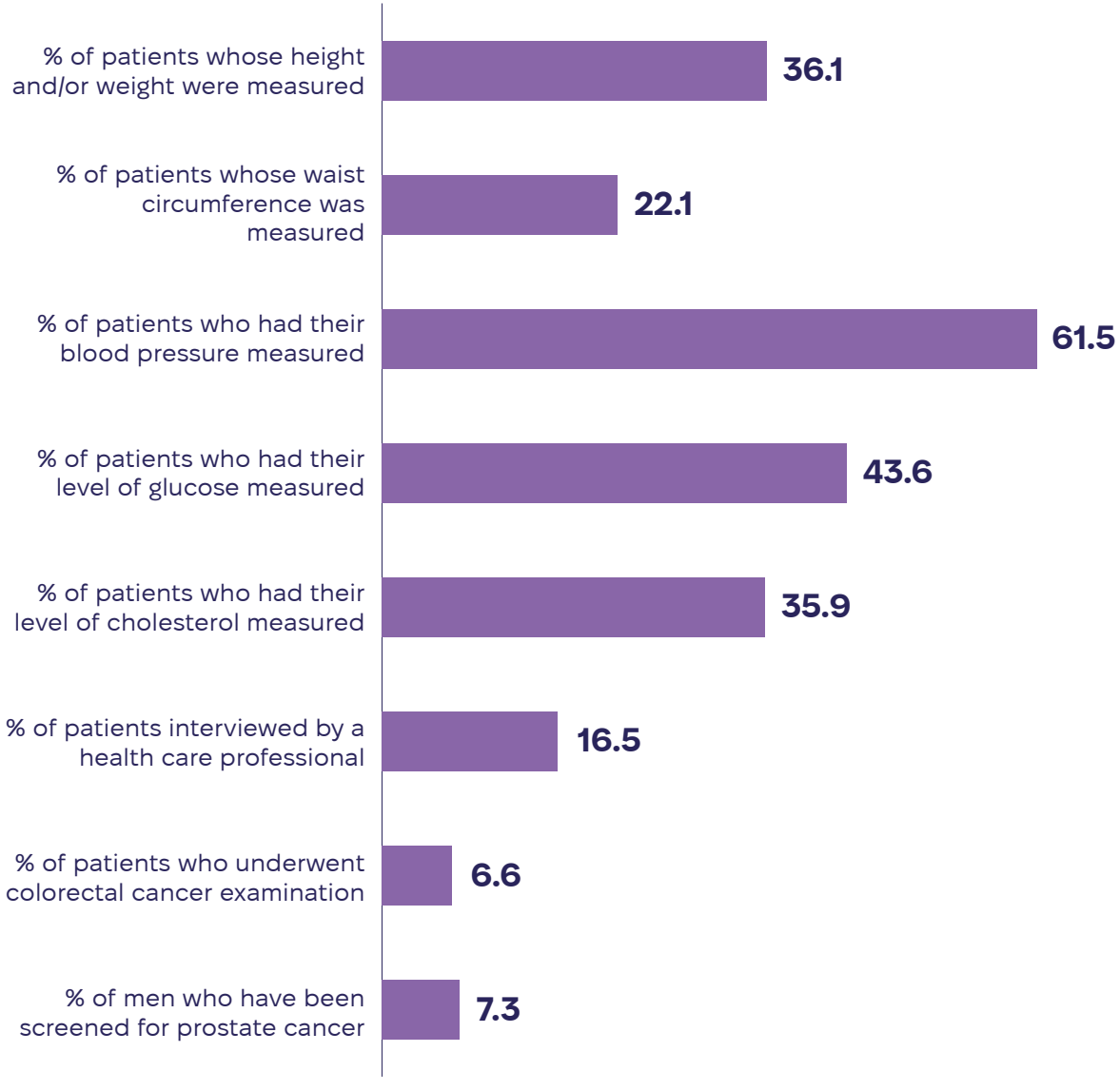


Figure 2.5. Undergoing individual measurements or preventive examinations when contacting medical professionals over the past 12 months, 2023 data, %

When examined by a gynecologist, 55.9% of women from Kyiv, 51.4% from Dnipro, 49.5% from Ivano-Frankivsk, and 49.0% from Chernivtsi regions underwent cytological examination; the lowest rate was recorded in Kirovohrad region (6.7%).

As for mammography, respondents from Kyiv (30.1%), Dnipro (35.9%), and Ivano-Frankivsk (29.2%) regions indicated such experience most often. In several regions, a decrease in the proportion of surveyed women who underwent mammography was recorded compared to 2020, while the proportion of such women in the Lviv region doubled (from 9.2% in 2020 to 17.5% in 2023) and increased in Zakarpattia (from 10.4% in 2020 to 20.1% in 2023) and Mykolaiv (from 12.3% in 2020 to 20.6% in 2023) regions. Also, compared to 2020, the proportion of respondents in the Poltava region has increased, but this figure is lower than in 2019 (**Tab. 2.2**).

More than half of the respondents measured their blood pressure (61.5%), 43.6% had their blood glucose (sugar) level measured, and every third one had their height and/or weight and blood cholesterol levels measured when contacting medical professionals over the past 12 months (**Fig. 2.5**).

In the socio-demographic aspect, the study found slight differences regard-

ing individual measurements by gender. Women were more likely to indicate measurements of blood pressure (65.3% vs. 56.8% among men), blood glucose (46.9% vs. 39.5% among men), blood cholesterol (38.4% vs. 32.8% in men), and waist circumference (24.6% vs. 19.1% among men).

As for differences based on the place of residence, urban residents more often underwent a risk assessment of cardiovascular diseases according to the SCORE scale (17.5% vs. 14.5% among rural residents), as well as measurements of glucose (sugar) levels (44.8% vs. 40.9% among rural residents), and blood cholesterol (37.6% vs. 32.4% among rural residents) when undergoing a preventive examination.

Respondents in older age groups were more likely than younger people to report experience of measuring blood pressure, blood glucose (sugar) and cholesterol levels, as well as a healthcare professional's assessment of the risk of cardiovascular disease using the SCORE scale. Respondents in younger age groups more often reported the experience of measuring waist circumference (33.0% among people aged 18-29 years old and 25.4% in the age group of 30-44 years old versus 15.3% among the oldest, respectively).

Among the oldest respondents, there is the largest proportion of men who underwent examinations for prostate cancer, for example, a prostate-specific antigen test: in particular, 11.2% of respondents aged 60+ and 8.1% of 45-59 years old versus 3.9% among the youngest.

As for the examination for colorectal cancer, for example, a fecal occult blood test, no significant differences in the context of socio-demographic characteristics were recorded.

Also, people who assessed their health status as "very poor" and "poor" more often reported the fact of undergoing appropriate screening tests since they are at increased risk of developing cardiovascular and oncological diseases (**Tab. 2.3**).

In the regional aspect, the results of the survey showed the highest percentage of measurement of individual indicators during the examination (height and/or weight, waist circumference, blood pressure, glucose, and cholesterol in the blood, detection of CVD risk factors, etc.) in Dnipro and Zakarpattia regions, and the lowest – in Kirovohrad region. As for colorectal cancer screening, in general, a small proportion of respondents indicated such experience. It was reported mostly by residents of the Dnipro, Zakarpattia, and Ivano-Frankivsk regions. The highest rates of prostate cancer (prostate) screening by prostate-specific antigen test were among respondents from Kyiv, Ivano-Frankivsk, and Vinnytsia regions (**Tab. 2.4**).

2.2. Awareness of stroke symptoms

It is estimated that about 130,000 people in Ukraine suffer a stroke each year, and the mortality rate from the disease is higher than in most European countries[2]. Medical care for stroke is one of the important priorities in Ukraine, and its effectiveness depends on timely detection and medical intervention in the first hours of the disease. Therefore, to develop and implement measures to combat stroke, it is necessary to understand how much the population is informed about the symptoms of such an emergency condition.

According to the results of the "Health Index. Ukraine" study, 94.1% of respondents named at least one of the symptoms of a stroke in 2023.

The proportion of respondents who correctly named at least one stroke symptom in the current study (94.1%) has slightly decreased compared to the survey data in 2018-2020 (2018 – 94.9% and 2020 – 94.9%) and slightly exceeds the results of 2016-2017 (**Tab. 2.5**).

Name	Years of study					
	2023	2020	2019	2018	2017	2016
% of people who named each of the symptoms	3,4	5,5	4,0	3,0	2,1	1,4
% of people who named at least one of the symptoms	94,1	94,9	93,6	94,9	92,7	93,9
% of people who named the first 3 symptoms at the same time*	7,8	9,5	9,4	8,8	7,9	4,6

*(1) Sudden numbness or loss of mobility in the face, arm, or leg, especially on one side of the body.

(2) Difficulties in articulating or perceiving speech, text that appeared unexpectedly.

(3) Sudden loss of coordination of movements, unsteady gait, dizziness, fainting.

Table 2.5. Awareness of stroke symptoms: comparison by years of study, %

According to the survey, women, young and older people, urban residents, and people with "poor" self-reported health were better informed about the first three symptoms of stroke (**Tab. 2.6**).

2 Building a Stroke Agenda in Ukraine: Analysis of the Situation as of 2021. Copenhagen: WHO Regional Office for Europe, 2022 License: CC BY-NC-SA 3.0 IGO. URL: https://www.who.int/publications/book-orders

2.3. Vaccinations

Control of infectious diseases is one of the components of the country's national security. The effectiveness of population vaccination depends on many factors. In particular, this concerns ensuring access to high-quality vaccination services and timely immunization, ensuring uninterrupted supplies of vaccines, temperature regimes for their transportation and storage, correct administration, compliance with the course of vaccination with all necessary doses in accordance with the Calendar of Preventive Vaccinations, and ensuring reliable statistics[3]. An equally important factor is the willingness of the population to participate in vaccination programs.

Attitudes towards vaccination in the study were assessed among respondents with children under the age of 18 in their households (N=3191), while 94.0% of them were aware of the health status of these children.

Overall, according to the current survey, 64.7% of respondents had a positive attitude towards vaccination (of which 36.3% are "very positive" and 28.4% are "rather positive"). 15.8% of respondents were neutral. 19.5% of respondents reported a negative attitude: 9.5% – "rather negative", and 10.0% – "very negative" (**Fig. 2.6**).

Women, residents of rural settlements, and people with "very good" self-reported health are more positive about vaccination (68.6%, 64.0%, and 70.7% are "very positive" and "positive") than other categories of respondents by socio-demographic characteristics (**Tab. 2.7**).

In the regional context, the most positive attitude towards vaccination was recorded in Vinnytsia and Kyiv regions (89.5% and 76.4% of total positive assessments, respectively). Zhytomyr, Rivne, Zaporizhzhia, Chernivtsi, Kharkiv, Zakarpattia, and Ivano-Frankivsk regions are also positive (in total, the positive attitude exceeds the average data in the country).

The largest number of respondents who indicated a negative attitude towards vaccination is in the Odesa region (a total of 32.4% of respondents indicated a negative attitude towards vaccination).

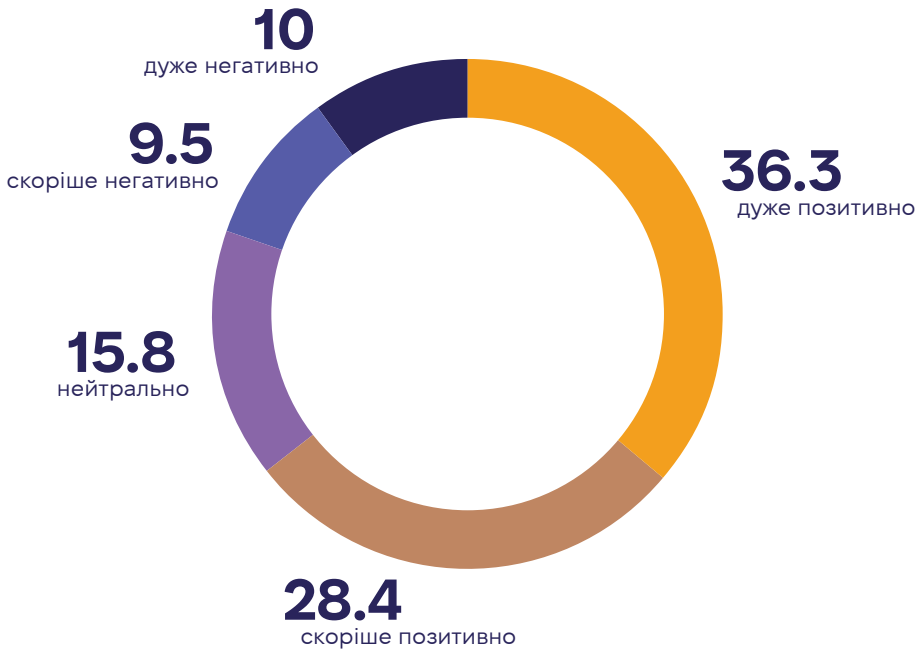


Figure 2.6. Attitudes towards vaccination, the percentage among those who are aware of their children's health status, in 2023, %

3 Ministry of Health: How the vaccine effectiveness is determined https://moz.gov.ua/uk/yak-vyznachaetsja-efektyvnist-vakciny

In almost half of the regions, there is still a significant proportion of respondents who are neutral about vaccination: most of them are in Volyn (23.4%), Chernivtsi (24.7%), and Vinnytsia (20.5%) regions (**Tab. 2.8)**.

Results of the survey indicate negative trends in attitudes towards vaccination compared to the data of previous studies. In 2023, 64.7% of respondents had a positive attitude towards vaccination ("Very positive" and "Rather positive" answers in total), which is the lowest figure in all the years of the study. At the same time, the share of those who have a negative attitude towards vaccination increased – 19.5% ("Very negative" and "Rather negative" answers in total), which is the highest figure compared to previous survey periods. Such changes occur while the trends towards "neutrality" persist (15.8% in 2023, 2020, and 2018).

As for refusal to vaccinate, the proportion of respondents whose families have ever refused to vaccinate a child continues to decrease compared to previous years of the study (from 21.1% in 2017 and 21.9% in 2018 to 18.3% in 2019, 13.8% in 2020 and 15.5% in 2023). This positive trend is the result of the purposeful activities of the healthcare system and the public, as well as the systemic information policy on immunoprophylaxis (**Fig. 2.8**).

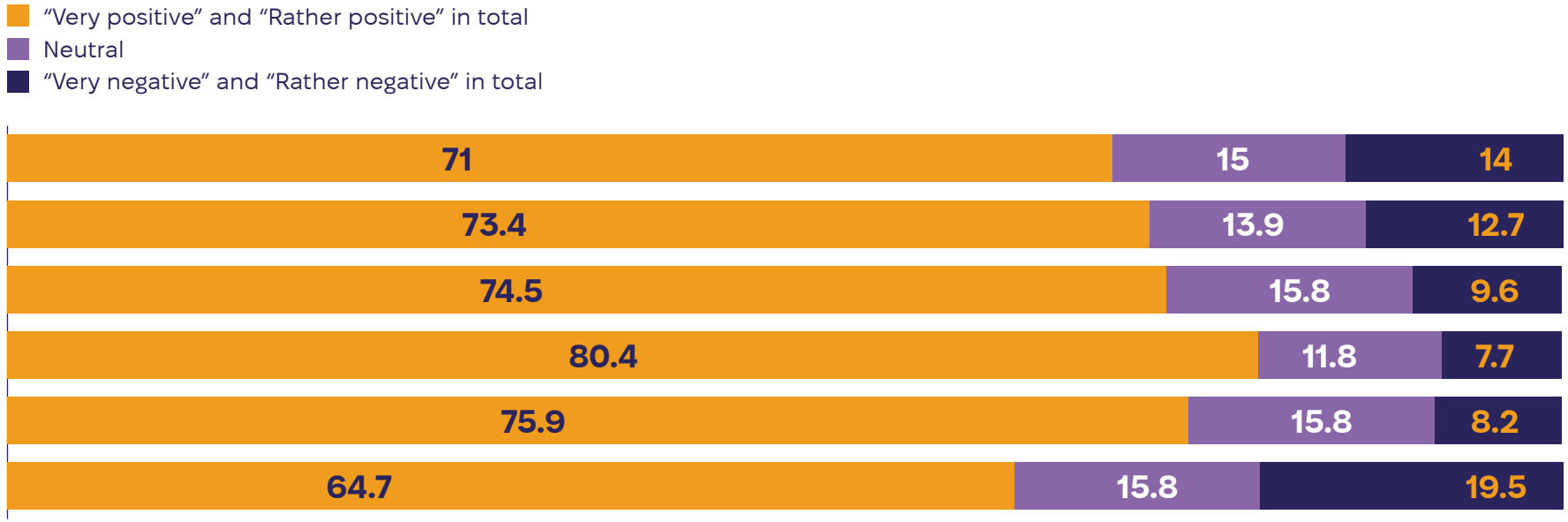


Figure 2.7. Attitudes towards vaccination, the percentage among those who are aware of their children's health status: comparison by years of study, %

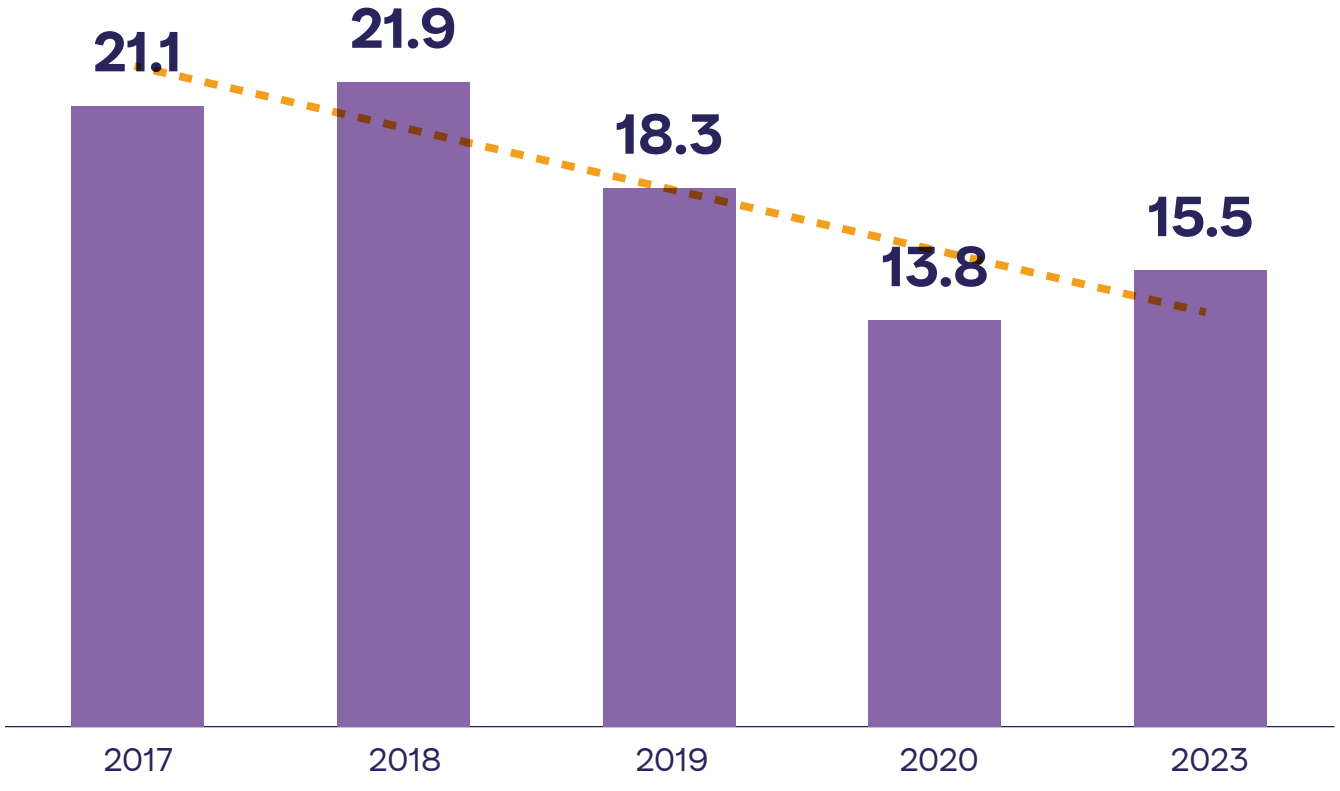


Figure 2.8. The share of people who refused vaccination for a child: comparison by years of study, %

The main reasons for refusing vaccination, as in previous periods of research, remain the fear of complications or negative consequences of vaccination; in second place is distrust of vaccine manufacturers, which was almost consistently indicated by every third respondent.

Every sixth respondent refused to vaccinate a child due to distrust in the procedure for transporting and storing the vaccine or believed that vaccination was not necessary. At the same time, the proportion of respondents who refused vaccination due to a child's illness almost halved (**Tab. 2.9**).

2.4. Behavior in case of illness

To find out the patterns of behavior in case of illness, respondents were asked: "What do you usually do first when you get sick? Think about the illnesses that prevented you from working or going about your daily routine for at least 7 days."

According to the survey, the largest share of respondents (39.7%) treated themselves with medicines, and 28.6% of respondents consulted a primary care doctor. Every fifth person engaged in self-treatment with the help of folk remedies in case of illness, without the use of medicines. A small proportion of respondents reported consulting other healthcare providers: 1.0% called emergency medical care, 0.8% went directly to the hospital, and 1.8% went to a specialized outpatient institution. Also, a small percentage of respondents indicated that they seek advice from doctors who are relatives, acquaintances, or friends (2.5%). Only 0.7% searched online for a way to treat similar symptoms or illnesses. And 3.8% asked for advice from a pharmacist at the pharmacy (**Tab. 2.10**).

Behavior in case of illness	Respondents	
	%	N
Self-treatment with folk remedies without medicines	18,5	1659
Self-treatment with the use of medicines	39,7	3738
Ask for advice from a pharmacist at the pharmacy	3,2	288
Call an ambulance	1,0	74
Contact their family doctor/district therapist	28,6	2602
Apply directly to a specialist in an outpatient clinic or polyclinic	1,8	172
Apply directly to a specialist in the hospital	0,8	73
Consult specialists in alternative medicine	0,2	13
Consult doctors who are their relatives, friends, acquaintances	2,5	243
Look for a way to treat similar symptoms and diseases on the Internet	0,7	74
Resort to other actions	0,1	9
Don't do anything	1,6	132

Table 2.10. Behavior in case of illness, % and number of respondents

In terms of socio-demographic aspects, preference for self-medication with folk remedies was more often reported by men (20.9% vs. 16.5% among women), respondents of older age categories (21.9% aged 45–59 and 19.2% aged 60+, respectively), rural residents (21.8% vs. 16.9% among urban residents), persons who assess their health status as "good" and "very good" (19.4% and 24.8%, respectively), and non-IDPs (18.7% vs. 15.8% with IDP status) (Tab. 2.11).

Conversely, self-medication with the use of medicines was more often reported by women (43.0% vs. 35.7% among men).

There were no significant differences in the context of socio-demographic characteristics regarding visits to a primary care doctor; almost a third of respondents in each of the groups indicated such a practice.

In the regional aspect, almost every fourth resident of Kyiv (28.3%), Vinnytsia (27.9%), Khmelnytskyi (26.4%), Zakarpattia (26.3%), Zhytomyr (26.2%), Lviv (24.6%) regions and the city of Kyiv (23.1%) is engaged in self-medication with folk remedies; the smallest proportion of such respondents is in Dnipro (6.9%), Mykolaiv (9.9%), and Sumy (11.0%) regions (**Table 2.12**).

Respondents from Chernihiv (60.1%), Kirovohrad (55.8%), Volyn (53.5%), and Poltava (50.0%) regions are more likely to self-treat with the use of medicines.

Residents of Zakarpattia (45.3%), Ternopil (40.8%), and Chernivtsi (39.9%) regions more often than in other regions consult a primary care doctor, and residents of Kirovohrad (12.3%), Chernihiv (18.4%), Zhytomyr (18.7%), and Odesa (20.5%) regions do this less often.

The largest proportion of respondents who seek advice from a pharmacist at the pharmacy was recorded in Kharkiv (5.3%), Sumy (5.3%), Mykolaiv (5.9%), and Khmelnytskyi (6.0%) regions.

In the last 12 months, 41.5% of respondents had an illness or injury that affected their daily life (N=3417). This figure is noticeably higher than in 2020 and almost corresponds to the 2019 data (44.1%). At the same time, the current study recorded a decrease in the proportion of respondents who sought professional medical help compared to 2020 (64.2% versus 73.2% in 2020). In fact, we can talk about a return to the 2018-2019 trends (**Tab. 2.13**).

Women (45.2% vs. 37.1% among men), urban residents (43.5% vs. 37.2%), as well as people who assess their health as unsatisfactory (70.3% as "very poor" and 61.8% as "poor", respectively) more often indicated the presence of health problems.

At the same time, respondents of older age categories (71.6% among 60+), rural residents (66.3%), people with worse health (84.7% with "very poor" and 72.9% with "poor" self-reported health, respectively) more often sought professional help in case of illness or injury, which corresponds to the data of previous studies (**Tab. 2.14**).

In the regional context, the presence of health problems over the past 12 months was most often reported by residents of Zaporizhzhia region (62.5% of respondents) and less often – by residents of Kirovohrad (only 3.1%) and Zakarpattia (17.9%) regions. At the same time, residents of Kirovohrad (74.0%) and Zakarpattia (87.4%) regions most often sought medical help (**Tab. 2.15**).

2.5. Barriers to access to healthcare

Previous experience with treatment (49.3%), the hope that the disease will pass without medical care (23.4%), the cost of treatment (13.9%), and queues in healthcare facilities (13.2%) were among the most common reasons for not seeing a doctor, which is generally in line with the trends of previous years. A new barrier has also appeared due to the full-scale war: 4.1% of respondents were unable to receive medical care for this reason (**Tab. 2.16**).

The main reason for not seeing a doctor remains unchanged, but its share has significantly decreased compared to the period of 2016-2019: 57.5% indicated familiar symptoms and experience of previous treatment in 2016, 55.5% in 2017, 54.8% in 2018, 47.7% in 2019, 48.4% in 2020, and 49.3% in 2023. The share of respondents who did not seek help due to distrust of medical workers also decreased (from 16.4% in 2020 to 8.5% in 2023).

Compared to 2020, the share of respondents who hoped that the disease would recede on its own has increased, although this figure is lower than in previous periods (25.3% in 2016, 22.7% in 2017, 29.2% in 2018, 29.3% in 2019, 19.0% in 2020, 23.4% in 2023).

Such a barrier to medical care as queues in hospitals remains relevant, but only 13.2% of respondents in 2023 indicated this. There was a decrease in this indicator compared to the 2019-2020 period (19.4% in 2020, 18.0% in 2019).

The cost of medical care is still a significant barrier, and the proportion of respondents who indicated this has increased (24.6% in 2016, 22.9% in 2017, 17.0% in 2018, 17.7% in 2019, 20.3% in 2020, and 23.4% in 2023), especially for older people and those who assess their health status as “very poor” and “poor”.

Certain differences in the context of socio-demographic characteristics have been identified. Women do not go to the doctor because they know how to be treated from previous experience (52.5% vs. 45.0% among men) (**Tab. 2.17, 2.18**).

Reasons	Respondents	
	%	N
Too expensive (services, medicines, transport)	13,9	207
I do not trust the medical staff and their qualifications	8,5	122
Poor attitude of staff, impoliteness, rudeness	2,4	41
Long queues at hospitals	13,2	199
No transport connection	3,6	72
I know how to treat myself from previous experience	49,3	886
I don't know who to consult	3,1	63
I expected that the disease would go away on its own; it didn't bother me much	23,4	386
I was afraid of contracting the coronavirus	2,8	44
I thought that non-coronavirus services were unavailable, of worse quality, more expensive, etc.	0,5	8
Due to the full-scale war	4,1	95
Other reasons	4,5	66

Table 2.16. Reasons for not seeing a doctor in case of illness or injury, % and number of respondents

For older respondents, the cost of services and distrust of medical staff and their qualifications remain significant barriers compared to other age groups (18.7% and 10.4% of respondents among 60+ who had health problems and did not seek help, respectively). But young people did not go to the doctor because they had previous experience with treatment (56.6% vs. 44.5% among the oldest) and expected that the disease would go away on its own (30.4% among 18-29 years old vs. 17.7% among 45-59 years old and 21.4% among 60+).

Urban residents are more likely to complain about queues at institutions (15.8% vs. 7.4% among rural residents), while rural residents point to problems or lack of transport as a barrier (7.3% vs. 2.0% among city dwellers).

Due to the insignificant fullness of the analyzed groups, the comparison of indicators in the regional context was not carried out.

The 2023 study included a separate question: "Have there been any cases in the last 12 months when you did not seek medical help or refused a preventive examination due to war-related reasons?" Women were more likely to indicate the presence of such cases (11.5% vs. 9.8% among men). Also, the fact of not seeking medical care for reasons related to the war was reported by respondents of older age groups (11.7% aged 60+ and 11.1% aged 45-59 versus 8.4% among the youngest) and urban residents (11.7% vs. 8.8% among rural residents).

The largest barriers related to the war were reported by respondents with unsatisfactory health status: every third respondent with "very poor" self-reported health (30.2%), and 17.7% among those who considered their health "poor".

A significant share of respondents who reported such barriers had IDP status (18.4% vs. 9.9% non-IDP).

In the regional context, the highest share of respondents who could not seek medical care due to war-related reasons was recorded mainly in the frontline regions or those that had been partially occupied: Kherson (43.1%), Kharkiv (24.2%), and Zaporizhzhia (18.3%) (**Tab. 2.19**).

Thus, the population of Ukraine continues to show a low level of care for their health in the context of early diagnosis of diseases. The most common tests related to prevention, as in previous years, remain fluorography, reported by 52.3% of respondents, measurement of blood pressure (61.5%), glucose (sugar) (43.6%), and blood cholesterol (35.9%), height and/or weight (36.1%). The proportion of respondents who visited the dentist for preventive purposes increased slightly (42.2%), and this is more typical for women, young people, and urban residents, which is probably due to the increased availability of these services.

The level of awareness of stroke symptoms among the population remains low: only 7.8% knew the three main stroke symptoms, although most respondents named at least one of the symptoms of this disease.

Negative trends in attitudes towards vaccination have been identified compared to previous studies: in 2023, according to total estimates, the smallest proportion of respondents with a positive attitude towards vaccination (64.7%) was recorded, while the share of their opponents increased (19.5%), which is the highest figure compared to previous survey periods.

The main barrier to not seeking medical care in case of illness, in most cases, is a person's own experience with the symptoms and treatment of the disease (49.3%); this was indicated by respondents throughout the whole observation period. The cost of treatment, queues at institutions, and distrust of medical personnel or their qualifications also remain significant barriers, with 4.1% of respondents pointing to the emergence of new barriers related to the war.

Therefore, measures to popularize health, to form a culture of visiting a doctor not only in case of illness but also for preventive purposes, remain ineffective. This requires an analysis of the interventions, appropriate policy adjustments, and the development and implementation of communication strategies at the state, regional, and local levels.

SECTION 3.
OUTPATIENT CARE

Yulia Sakhno,
junior researcher at the Kyiv International Institute of Sociology

Key results

The use of outpatient care among the adult population remains at approximately the same level as before the full-scale war. According to a 2023 survey, 39.7% of adults in the country sought outpatient care for an illness in the past 12 months. This rate is consistent with pre-COVID-19 levels in 2019 and higher than those recorded during the COVID-19 pandemic in 2020.

The main form of outpatient care is doctor's consultations: 88.9% of patients received such assistance during the last outpatient visit. In addition, 39.1% of outpatient care users received medications and other medical products for outpatient treatment as prescribed by a doctor during their last visit, 37.7% underwent laboratory diagnostics (tests), 23.1% underwent instrumental diagnostics, 6.1 % received outpatient medical rehabilitation services, and 5.7% had outpatient surgery.

According to the survey, 78.9% of those seeking outpatient care noted the presence of route signs in the medical institution to the shelter in case of an air raid.

Due to a decrease in the prevalence of charges for medical supplies, as well as charity and informal payments, the proportion of patients paying out-of-pocket for outpatient care at the last visit decreased from 62.6% in 2019 and 55.4% in 2020 to 40.8% in 2023. During their last outpatient visit, 18.3% of patients paid for medical supplies, 13.4% paid at the cash register according to official rules, 8.5% paid into a charity account, and 5.2% paid informally to a doctor or other medical personnel[1] .

Payments for outpatient care have increased over the years. In 2023, the median payment for outpatient care during the last visit was 200 UAH among those who paid.

Compared to previous years, the share of outpatient care users who passed tests (from 66.6% in 2020 to 71.3% in 2023) or underwent diagnostic examinations during the last 12 months increased (from 52.6% in 2020 to 57.4% in 2023).

According to 2023 data, 42.2% paid for tests in the last 12 months, and 45.4% of outpatients who received such services paid for diagnostic services. Compared to previous years, the share of those paying for laboratory services remained generally unchanged, while the share of those paying for diagnostic services decreased slightly. At the same time, the median amount of expenses for laboratory services, as well as the amount of expenses for diagnostics, among payers exceeds the value of previous years and, according to respondents' answers, is 750 UAH.

The prevalence of outpatient care refusal due to lack of funds continues to decrease gradually. According to 2023 data, 16.0% of adults had an episode in the past 12 months when they were sick but did not see a doctor due to lack of funds, compared to 24.5% and 19.3% in 2019 and 2020, respectively. The percentage of people who refused to seek outpatient care due to financial difficulties was higher among people with poor health (35.1%).

9.1% of all respondents had expenses for outpatient care during the 30 days preceding the survey. Total expenses for such services over the past 30 days (excluding medications) averaged approximately UAH 2,700 (median is UAH 1,300), which on average amounted to almost a quarter (23.5%) of monthly household income for those who had such expenses.

For patients, the most important aspect of providing outpatient care remains the effectiveness of treatment (74.4%), followed by the clarity of the doctor's explanations (39.0%) and the possibility of obtaining the necessary diagnostic examination free of charge (37.0%).

1 Differences in approaches to handling missing responses during analysis may slightly affect the results of calculations. The percentages given in the report are calculated for those respondents who answered the questions. When calculating the prevalence of payments for all outpatient care users, the corresponding percentage values are as follows: charitable contributions – 11.1% in 2020 and 7.9% in 2023; payment at the cash register – 13.4% in 2020 and 12.3% in 2023; informally to a doctor or other medical personnel – 7.8% in 2020 and 4.9% in 2023.

3.1. Seeking outpatient care

According to a 2023 survey, 39.7% of adults used outpatient care for health problems in the previous 12 months, while 60.3% did not use such services. After a slight decline in this indicator in 2020 amid the COVID-19 coronavirus disease pandemic, the level of use of outpatient medical care among the population returned to the level of 2019, which preceded the pandemic.

The average number of doctor visits among outpatient care users has increased slightly compared to previous years and, according to the current survey, is 2.7 visits per year (**Figure 3.1**). In general, one adult resident of Ukraine has an average of 1.1 visits to the doctor due to illness per year.

People seeking outpatient care may have different levels of need, resulting in different levels of use of these services. According to the survey, the vast majority of outpatient care recipients (45.4%) had only one doctor visit during the year, 35.9% had two or three visits, and 18.8% had four or more visits.

The practice and frequency of outpatient care use differ depending on the patient's gender, age, health status, or place of residence.

According to the survey, women are more likely to seek outpatient care than men. Among all women, 43.9% have sought outpatient medical care due to health problems over the past 12 months, while among men, this figure is 34.7%. At the same time, the average number of visits to outpatient medical institutions among recipients of such services is approximately the same, regardless of gender, and is 2.6 visits per year among women, 2.9 visits per year among men (the difference is not statistically significant) (**Table 3.1**).

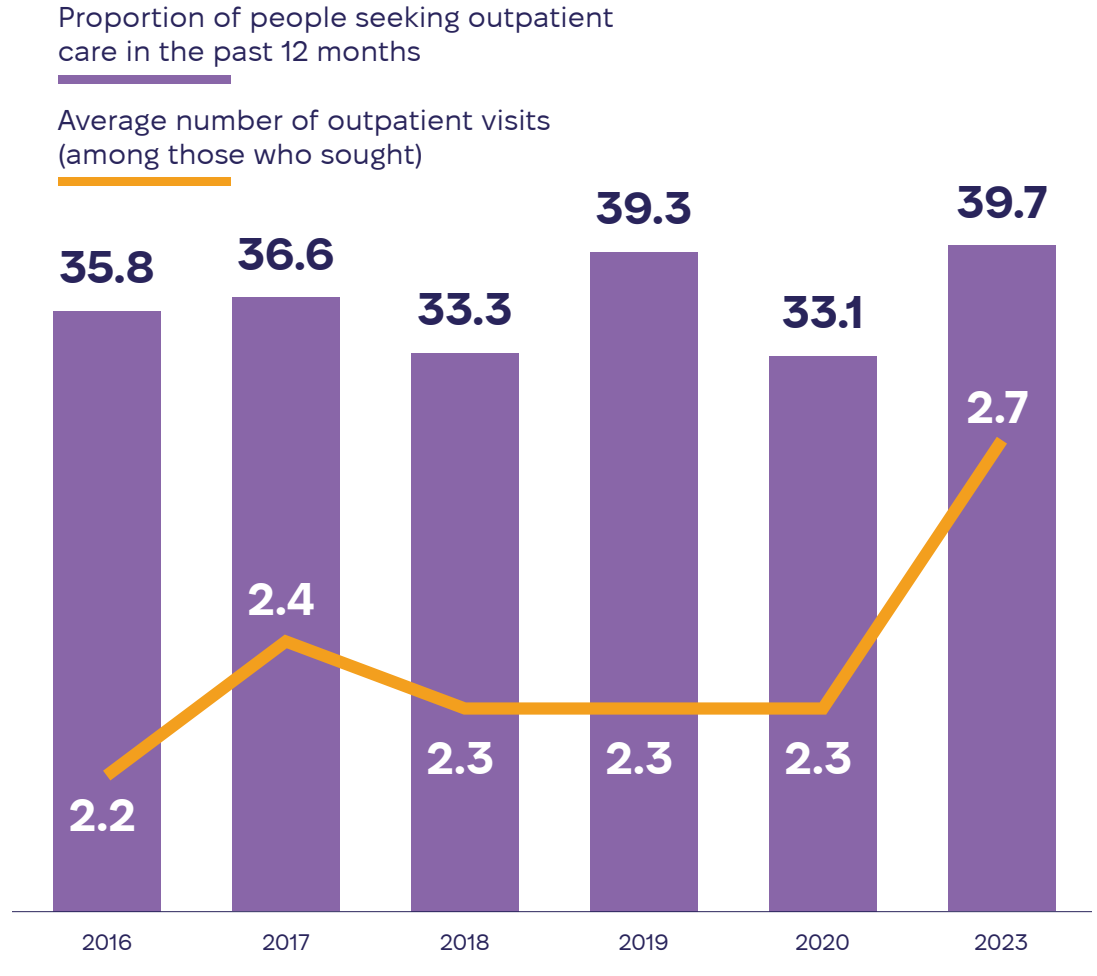


Fig. 3.1. Percentage of people seeking outpatient care in the past 12 months and average number of outpatient visits: comparison by survey year.

A greater tendency of women to seek outpatient care is observed in all age groups and in all health conditions. 40.9% of women and 36.6% of men aged 18-29, 43.5% of women and 31.0% of men aged 30-44, 42.8% of women and 34.1% of men aged 45-59, 46.2% of women and 39.1% aged 60 and older had an outpatient visit during the past year. Based on self-assessment of their health state, 57.5% of women and 54.3% of men had poor or very poor health, 49.2% of women and 41.5% of men assessed their health as average, and 36.3 % of women and 27.6% of men in good or very good health have sought outpatient medical care over the past year. This may indicate that men are slightly more likely to avoid visits to the doctor than women, even in the presence of health problems.

Age is another factor influencing the use of outpatient care because health often worsens with age, and the need for medical services increases. Survey data indicate that the proportion of people visiting doctors is higher among people aged 60 years and older compared to other age categories. Thus, among people aged 60 years and older, 43.6% sought outpatient care during the year, while the figure was about 38% in other age categories, namely 38.7% among people aged 18-29 years, 37.2% among those aged 30-44 years, and 38.8% among those aged 45-59 years. Although people aged 60 years and older are more likely to use health care, they make, on average, the same number of outpatient visits per year as outpatient care users of other ages. Thus, persons aged 18-29 years who sought outpatient care made an average of 2.4 visits to such institutions per year, persons aged 30-44 years made 2.7 visits, persons aged 45-59 years made 2.6 visits, 60 years and older made 2.9 visits per year (the difference is not statistically significant).

There is a clear connection between the health state and outpatient care use. The worse the health state, the greater both the proportion of people seeking medical help and the frequency of visits. Among those who assessed their health status as poor or very poor, 56.3% had experience of seeking outpatient care during the year, and the average number of visits to the doctor was 4.6 times during the year. Among people with average health, 46.0% sought outpatient care during the year (an average of 2.9 visits per year). Among people in good or very good health, 32.0% sought outpatient care during the year, and the average number of visits was about 2 times per year.

Availability of outpatient care varies by location. Survey data show that the proportion of those who sought outpatient care in the past year is higher in urban areas (41.7%) than in rural areas (35.6%). This may indirectly indicate a less developed network of medical infrastructure in rural areas and the absence or remoteness of outpatient facilities.

The use of outpatient care is also heterogeneous across regions (**Fig. 3.2**). The percentage of people who sought outpatient care is highest in Chernivtsi (56.7%), Vinnytsia (48.9%), Kyiv (48.8%), Cherkasy (48.7%) and Ivano-Frankivsk (48. 5%) regions. In the Kirovohrad and Ternopil regions, the level of use of outpatient care is significantly lower. According to the current survey, only 2.2% of respondents in the Kirovohrad region had an outpatient visit during the last year, and this figure was 12.1% in the Ternopil region. In previous years, these regions also showed below-average levels of outpatient care use by the population, which may indicate a need for a more careful examination of the situation regarding the availability or quality of care in these regions.

In regions affected by active hostilities (Dnipro, Zaporizhzhia, Kyiv, Mykolaiv, Odesa, Sumy, Kharkiv, Kherson, Chernihiv regions, and the city of Kyiv[2]), the level of requests for outpatient care is comparable to the national average. That is, in general, despite challenges such as damaged or destroyed medical infrastructure, there is access to outpatient care in these regions.

2 Communities of Donetsk and Luhansk regions also belong to the territories of active hostilities, but no survey was conducted in these regions in 2023.

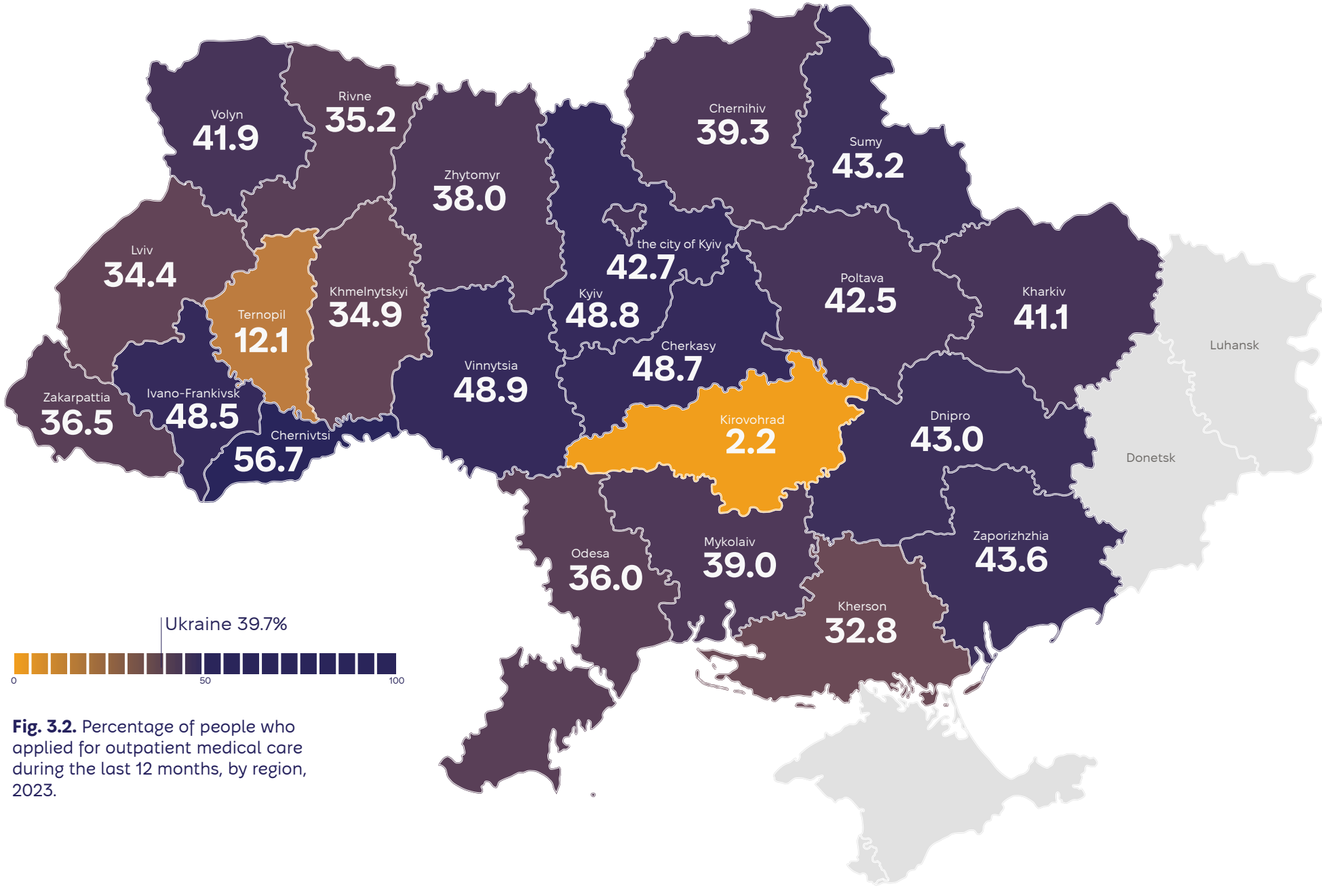


Fig. 3.2. Percentage of people who applied for outpatient medical care during the last 12 months, by region, 2023.

Also, the survey results do not indicate the presence of significant additional barriers to access to outpatient care for IDPs compared to the local population. 45.9% of IDPs sought outpatient medical care during the last year, which is more than among the rest of the population (39.1%).

According to the survey results, recipients of outpatient care visited a doctor at different times of the year, which indicates a relatively stable demand for such services among the population. Specifically, 28.0% of respondents reported that they had sought outpatient care in the past 30 days, 27.0% in the past 3 months, 27.5% in the past six months, and 17.5% last visited a doctor more than six months ago.

The main form of medical care during outpatient visits is a doctor's consultation: 88.9% of those who applied received such assistance during the last outpatient visit. More than a third of outpatient

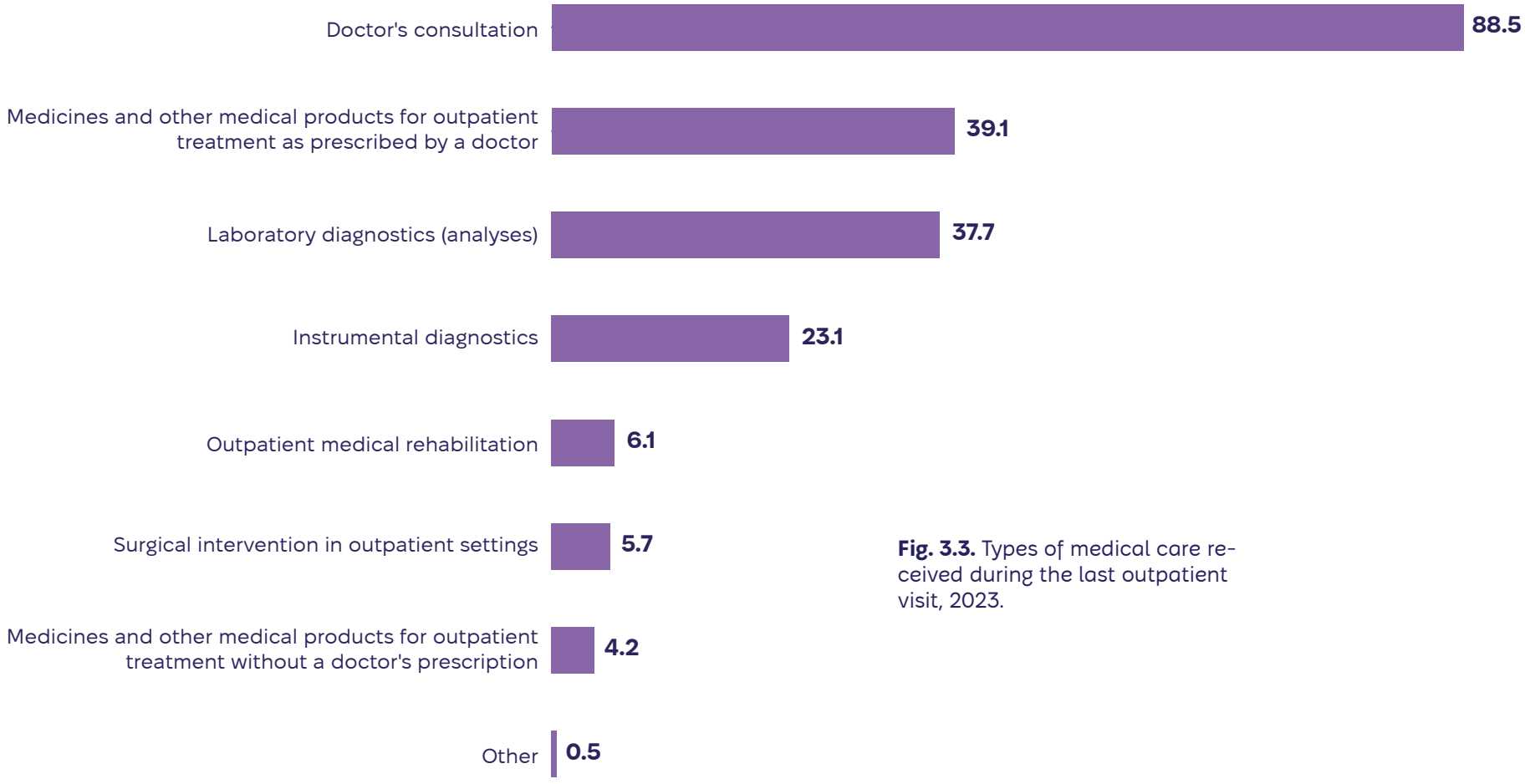


Fig. 3.3. Types of medical care received during the last outpatient visit, 2023.

care users (39.1%) received medications and other medical products for outpatient treatment as prescribed by their doctor at the time of their last visit. A significant proportion of patients received diagnostic services during outpatient visits: 37.7% underwent laboratory diagnostics (tests) during the last visit, and 23.1% underwent instrumental diagnostics (X-ray, ultrasound, mammography, gastroscopy, etc.). 6.1% received outpatient medical rehabilitation services during the last visit. 5.7% of patients had surgical intervention on an outpatient basis. 4.2% of patients received medicine and other medical products for outpatient treatment without a doctor's prescription (**Fig. 3.3**).

The survey showed that there are some differences in the types of care that patients receive during outpatient visits, depending on socio-demographic characteristics (gender, age), health status, and location.

Among men, there is a higher percentage of those whose last outpatient visit was related to medical rehabilitation (8.2%) than among women (4.7%).

Patients over 30 were slightly more likely to receive instrumental diagnostics during outpatient visits than those aged 18-29 years. According to the survey, 18.4% of patients aged 18-29 years and 23.9% of patients over 30 years old received this type of care during their last outpatient visit (namely 23.6% in the age group 30-44 years old, 24.0% – 45-59 years old, 24.2% – 60 years old and older).

People over 60 were also more likely to receive medications and other medical products for outpatient treatment as prescribed by a doctor (42.5%) than younger patients (36.4% in the age group 18-29, 37.2% in the age group 30-44, 38.2% - 45-59 years old).

People with poorer health have a greater need for different types of medical services during outpatient visits. Thus, among those who rated their health as poor or very poor, there are more of those who received medicines or other medical products for outpatient treatment as prescribed by a doctor (49.3%), as well as a higher percentage of those who underwent laboratory diagnosis (42.5%) during the last outpatient visit compared to patients who assessed their health as average or good.

In cities, compared to rural areas, a higher percentage of people undergo laboratory or instrumental diagnostics during outpatient visits. In particular, according to the answers of the respondents, 39.1% of outpatient care users living in cities and 34.1% in rural areas underwent laboratory diagnostics, and 24.1% and 20.8%, respectively, underwent instrumental diagnostics during the last visit to the doctor.

As for the presence of route signs to the shelter in medical institutions in case of an air raid, the absolute majority (78.9%) of those seeking outpatient care noted the presence of such signs. Thus, the survey data show that most outpatient facilities have provided sufficiently visible information to visitors in case of the threat of an air attack, but the situation varies somewhat in different regions. The largest share of people who noticed such signs was recorded in Lviv (92.7%), Zhytomyr (88.4%), Poltava (87.9%), Ternopil (86.1%), Chernivtsi (85.8%), Vinnytsia (85.6%) regions and the city of Kyiv (86.4%). On the other hand, none of the interviewed outpatient care users in the Kirovohrad region reported that they had seen such signs in a medical institution. However, due to the small number of respondents (12 people) from this region who sought outpatient care, these data may not reflect the true picture, and they should be interpreted with caution (**Fig. 3.4**).

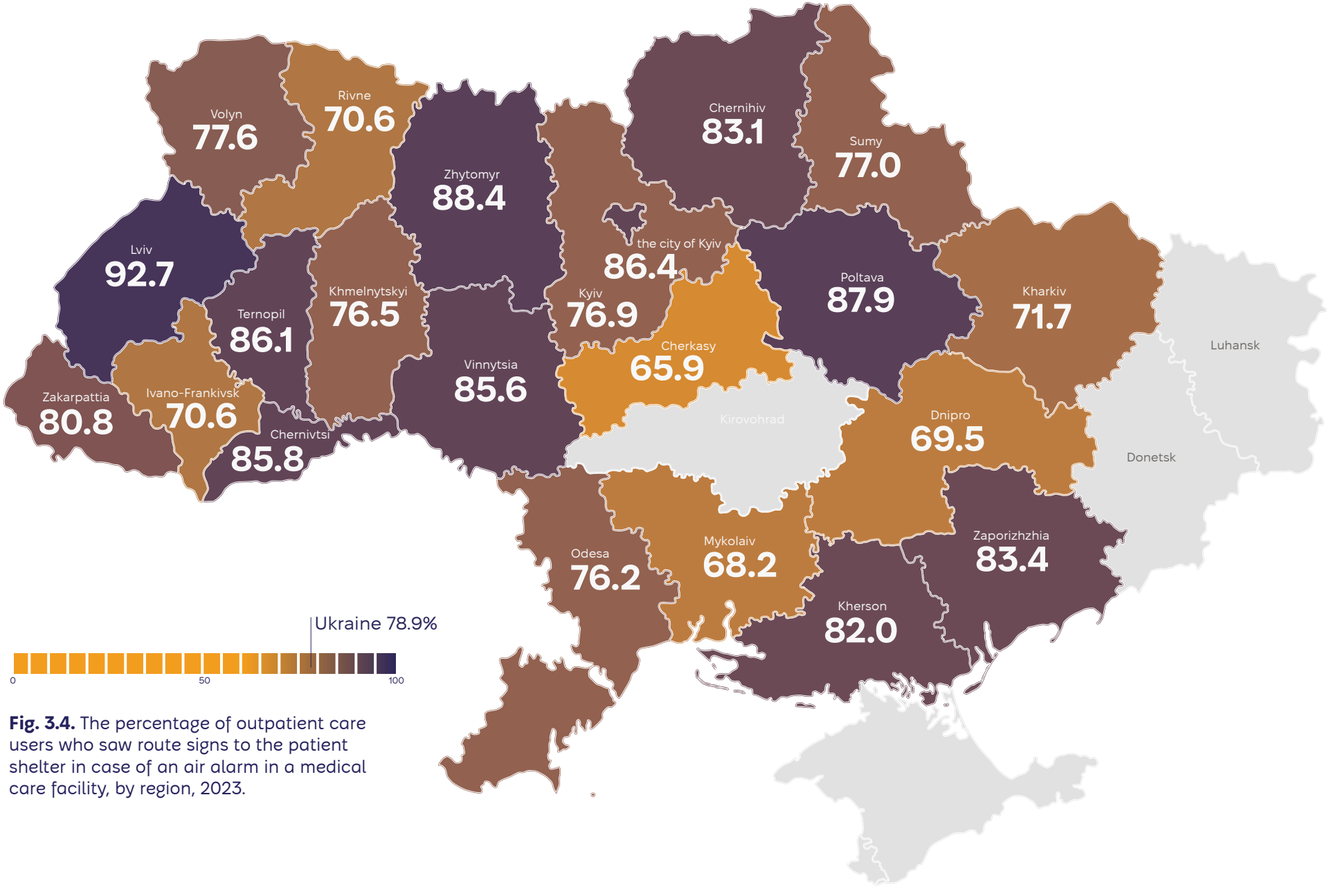


Fig. 3.4. The percentage of outpatient care users who saw route signs to the patient shelter in case of an air alarm in a medical care facility, by region, 2023.

3.2. Out-of-pocket costs for outpatient care

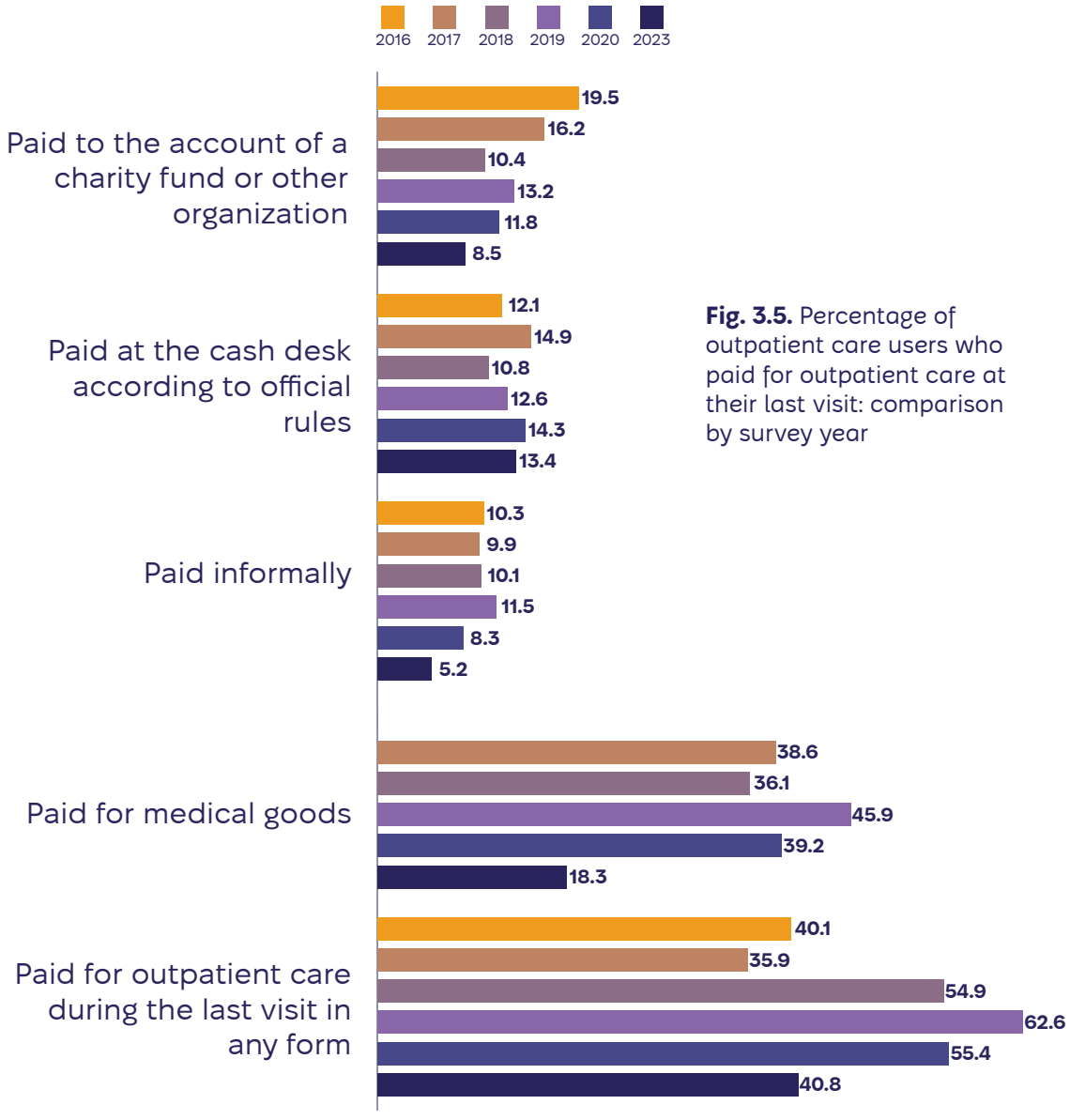


Fig. 3.5. Percentage of outpatient care users who paid for outpatient care at their last visit: comparison by survey year

According to the current survey, 18.3% of outpatient care recipients paid for medical supplies during their last visit, 13.4% paid at the cash register according to official rules, 8.5% paid into the account of a charitable fund, and 5.2% paid informally to a doctor or other medical staff. Overall, 40.8% of those seeking outpatient care had any of these costs during their last visit. A significant proportion of outpatient care recipients pay for such services out of their own pocket (apart from the costs of drugs, laboratory, and diagnostic tests), but the prevalence of this practice has decreased compared to previous years.

Compared to the previous waves of the survey, the share of those who paid for medical goods when receiving outpatient care decreased most noticeably (from 39.2% in 2020 to 18.3% in 2023). There is also a decrease in the prevalence of informal payments (from 8.3% in 2020 to 5.2% in 2023) and donations to a charity fund (from 11.8% in 2020 to 8.5% in 2023). Due to the decrease in the prevalence of charges for medical products, as well as charity and informal payments, the proportion of patients paying out-of-pocket for outpatient care during their last visit decreased from 62.6% in 2019 and 55.4% in 2020 to 40.8% in 2023 (**Fig. 3.5**).

At the same time, the costs associated with receiving outpatient care services have increased over the years. According to the survey, the median amount of the official payment for an outpatient visit in Ukraine in 2023 among those who had such expenses was UAH 600; the median amount of charitable contributions, as well as informal payment to a doctor, was UAH 300; the median amount of expenses for medical goods during an outpatient visit was 100 hryvnias. The total amount of payment for outpa-

tient care during the last visit among those who had such expenses was up to UAH 200 in half of the cases, and in the other half, it exceeded this amount (**Table 3.2**).

According to the survey, the vast majority of patients who paid charitable contributions or paid a doctor informally did so on their own initiative, while about a third did so on demand. Specifically, among those who paid to a charity fund or other organization during their last outpatient visit, 31.8% indicated that they were required to pay, while 68.2% were not required to do so. Among those who paid a doctor or other medical staff informally, 36.4% did so on demand, while 63.6% did so voluntarily.

As in previous years, some respondents indicated that they faced a demand for an unofficial fee during the last outpatient visit but refused to pay. In particular, among those who did not pay to the account of a charity fund or other organization, such payment was demanded from 2.4%; among those who did not pay a doctor or other medical staff informally, 1.3% were required to pay such a fee. In other words, both self-pay and provider-demand payments continue to exist when receiving outpatient care, although some patients refuse to pay out-of-pocket when faced with such a demand.

Out-of-pocket costs for outpatient care are uneven across population groups based on socio-demographic and regional characteristics.

The study shows that men are slightly more likely than women to pay out-of-pocket for outpatient care, and this pattern holds for all types of spending, including both formal and informal payments. 20.2% of men who applied for outpatient medical care paid for medical goods during their last visit, compared to 17.0% of women; 15.2% paid at the cash register officially compared to 12.2% of women; 10.1 % paid to the account of a charity fund compared to 7.5% of women; and 6.5% paid the doctor informally compared to 4.4% of women. Overall, 44.5% of men had any of these costs during their last visit, compared to 38.4% of women. The median fee for outpatient care during the last visit is the same for both men and women: UAH 200.

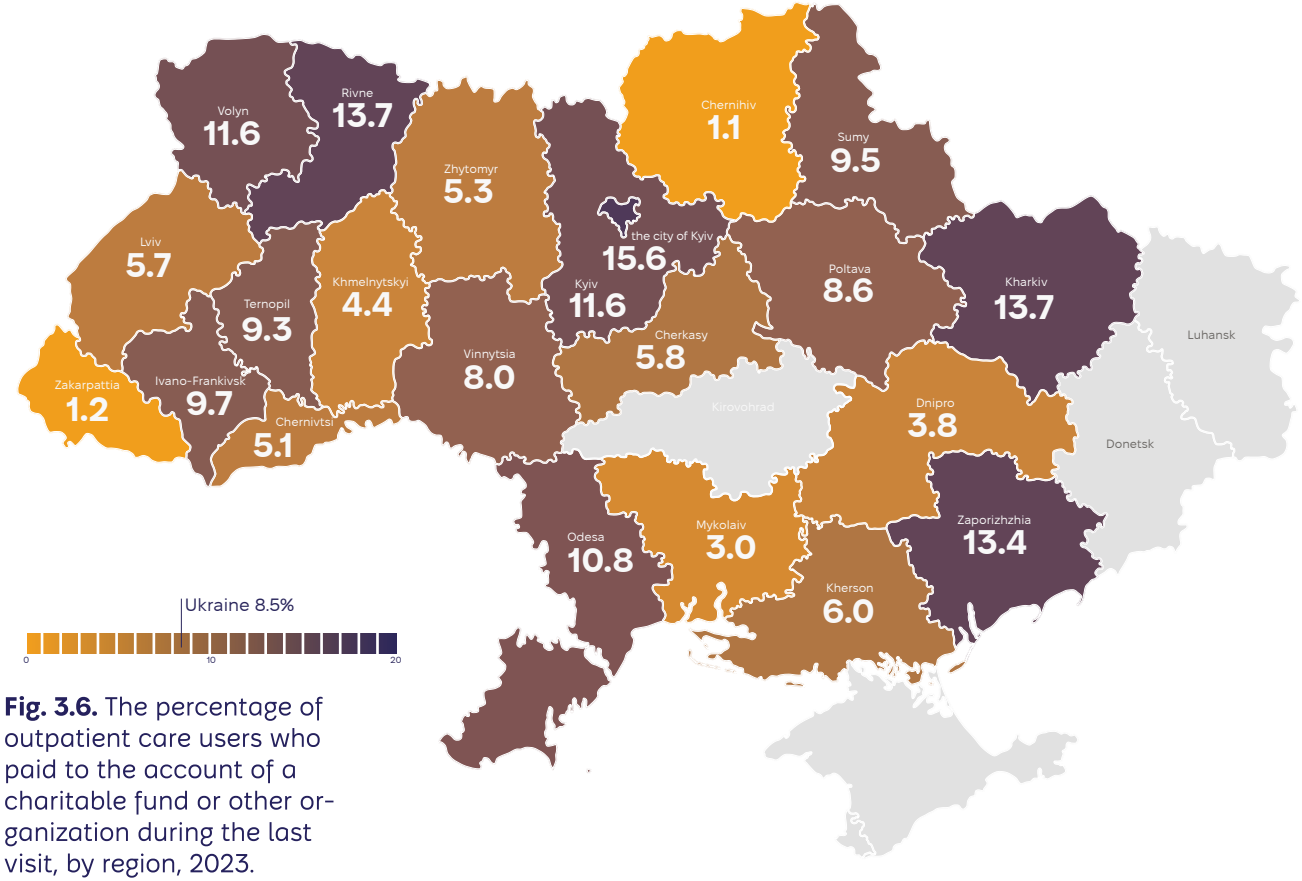


Fig. 3.6. The percentage of outpatient care users who paid to the account of a charitable fund or other organization during the last visit, by region, 2023.

There are also certain age differences. In particular, younger people pay for outpatient care officially at the cash register more often than older people. According to the survey, 15.7% of outpatient care users aged 18-29, 16.0% aged 30-44, 13.3% aged 45-59, and 10.1% aged 60 and older paid for outpatient services officially at the cash desk during their last visit. People aged 30-44 years old (7.2%) pay a doctor in an envelope more often than in other age categories (4.3% among outpatient care users aged 18–29 years, 4.8% among 45–59 years old, 4.3% among 60 years and older). Charitable contributions were also slightly more often paid by people over 30 years old (10.3% in the age category 30–44 years old, 9.6% among 45–59 years old, 7.3% among 60 years old and older) than young people aged 18–29 years (5.8%). The share of those who paid for outpatient care in any form is approximately the same in all age categories (39.0% among users aged 18–29 years, 39.9% among 30–44 years old, 43.2% among 45–59 years, 40.6% among 60 years and older; the difference is not statistically significant). At the same time, the amount of payment for outpatient care during the last visit (among those who had such expenses) is somewhat higher among people under the age of 60 (median is UAH 350) than among those over 60 (median is UAH 100).

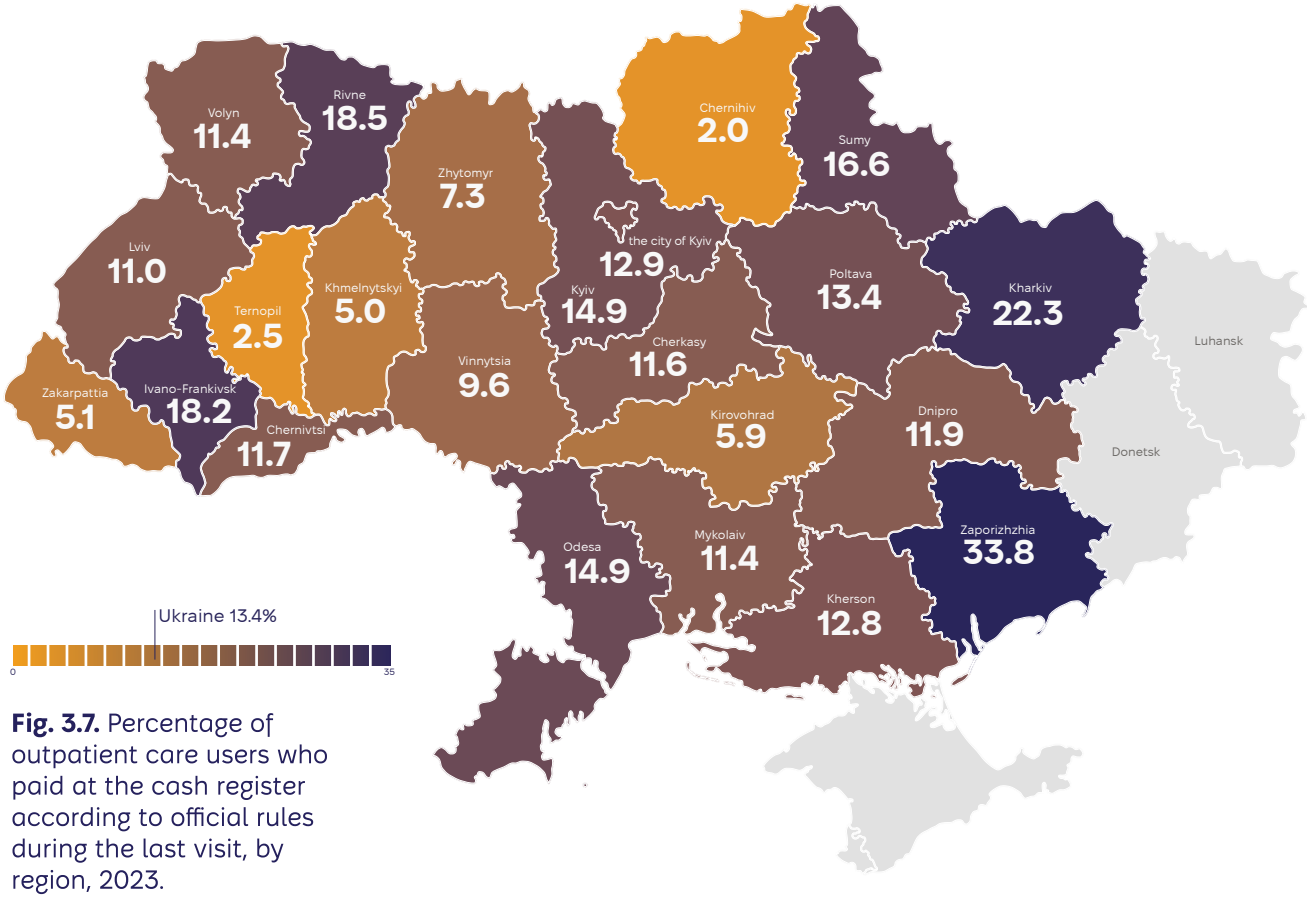


Fig. 3.7. Percentage of outpatient care users who paid at the cash register according to official rules during the last visit, by region, 2023.

Among IDPs who received outpatient care, there is a slightly higher share of those who officially paid for services at the cash register during the last outpatient visit (20.1%) than among the rest of the population (12.6%). The prevalence of other types of payment, as well as the overall share of those who paid for outpatient care in any form, among IDPs and the general population, is almost the same.

Residents of urban areas are more likely to pay for outpatient care services than residents of rural areas, and this is true for all types of expenditure assessed. The survey results indicate that 42.0% of users in cities paid for outpatient care in any form during their last visit, in

rural areas – 38.0%. In particular, in cities, 19.1% paid for medical supplies during the last outpatient visit, 14.5% paid at the cash register officially, 9.1% paid to a charitable foundation, and 5.8% of patients paid the doctor informally. In rural areas, all these types of expenses are somewhat less common: the share of outpatient care users who paid for medical goods during the last outpatient visit is 16.3%; 10.8% paid officially at the cash register; 6.9% paid to a charity fund; and 3.9% of outpatient care recipients paid informally to a doctor or other medical personnel. The amount of fees for outpatient care is also slightly higher in cities than in rural areas: the average fee for outpatient care (among those who paid) in cities is 200 UAH, while in rural areas it is 100 UAH.

The prevalence and amount of fees for outpatient care are also heterogeneous across regions.

The percentage of outpatient care users who made payments to a charity fund or other organization during the last outpatient visit is somewhat higher in Kyiv (15.6%), as well as in Rivne (13.7%), Kharkiv (13.7%) and Zaporizhzhia (13.4%) regions (**Fig. 3.6**).

The largest number of those who paid for outpatient services officially at the institution's cash desk is in the Zaporizhzhia region. According to the survey, one-third (33.8%) of those who sought

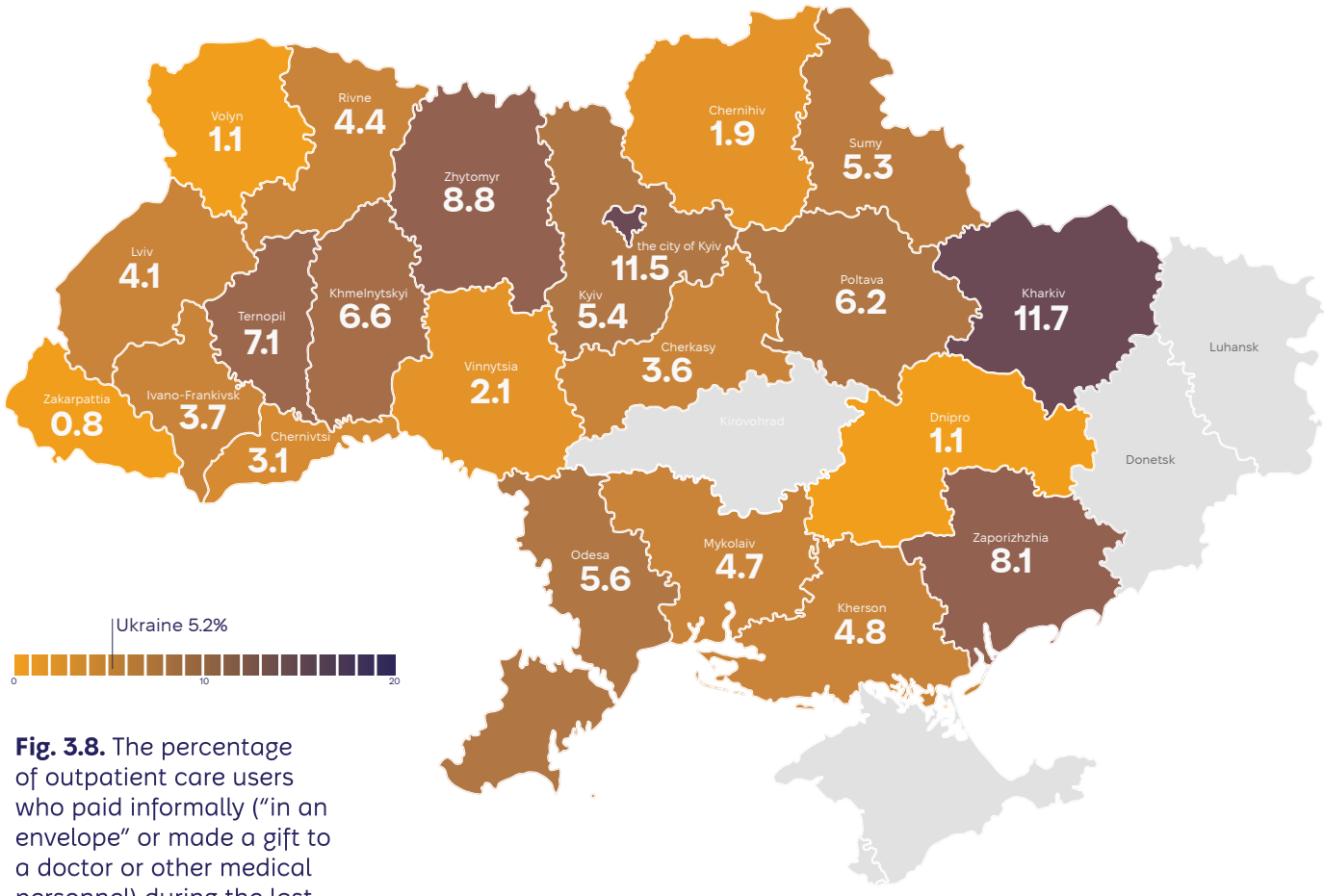


Fig. 3.8. The percentage of outpatient care users who paid informally ("in an envelope" or made a gift to a doctor or other medical personnel) during the last visit, by region, 2023.

outpatient care in this region made such payments during the last outpatient visit. Also, during the last outpatient visit, a significant share of outpatient care users paid officially for such services in the Kharkiv (22.3%), Rivne (18.5%), Ivano-Frankivsk (18.2%) regions (**Fig. 3.7**).

Informal payments are somewhat more common among outpatient care users in the Kharkiv region (11.7% paid informally to a doctor during the last outpatient visit) and Kyiv (11.5%) (**Fig. 3.8**).

Users in Odesa (25.9%), Zaporizhzhia (24.8%), Cherkasy (24.1%), Kharkiv (23.0%), Ivano-Frankivsk (22.7%), Dnipro (22.6%), Sumy (22.0%), Rivne (22.0%), Chernihiv (21.8%) regions paid relatively more often for medical supplies when receiving outpatient care (**Fig. 3.9**).

In general, the share of those who paid for outpatient care in any form during the last visit is the highest in Zaporizhzhia (58.6%) and Kharkiv (56.7%) regions, and the lowest in Zakarpattia (18.3%) (**Fig. 3.10**).

The total amount of payment for outpatient care among payers is generally higher in the front-line regions: Zaporizhzhia (median UAH 450), Kharkiv (UAH 300), Dnipro (UAH 300), Kherson (UAH 300), as well as in Kyiv (UAH 300) and Kyiv region (300 UAH) (**Fig. 3.11**).

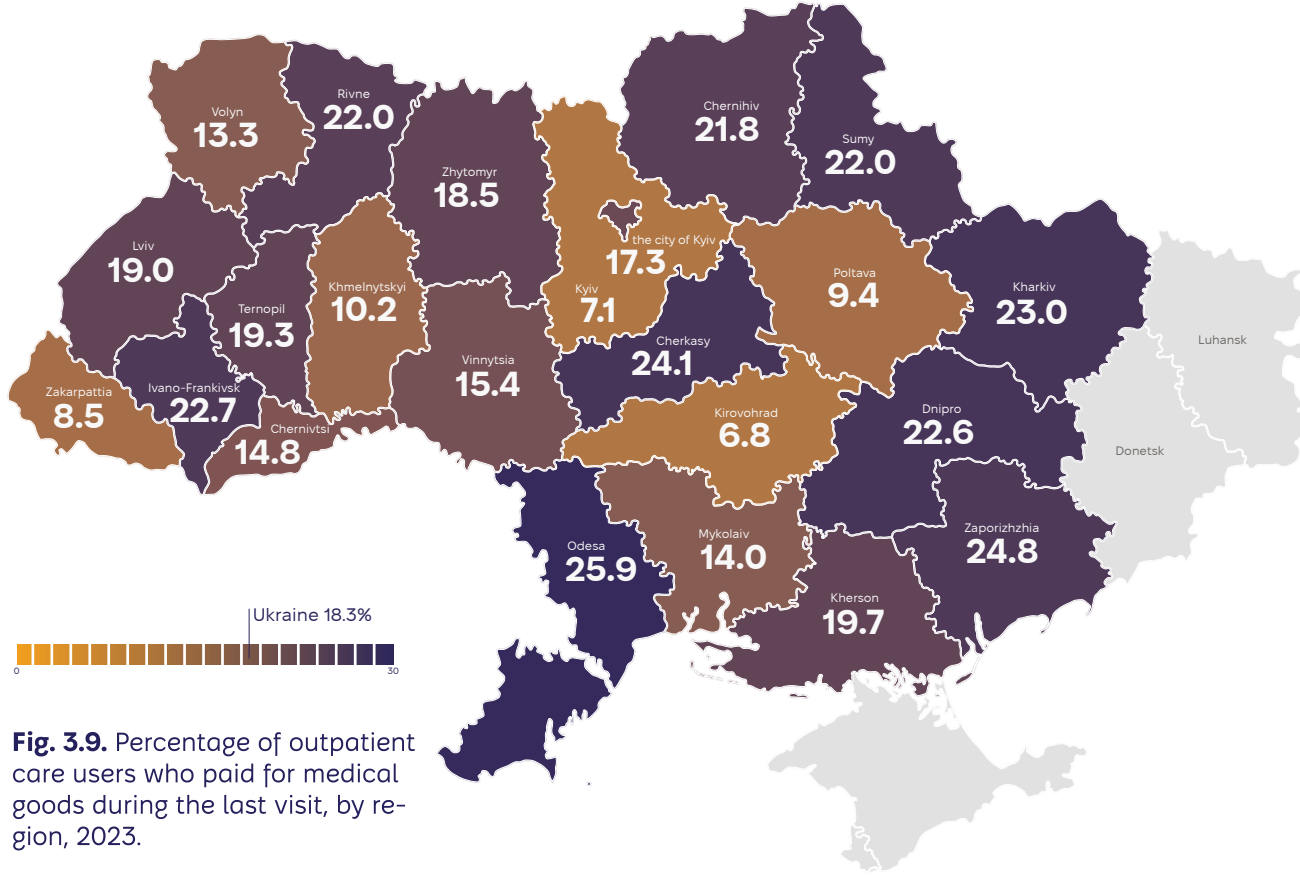


Fig. 3.9. Percentage of outpatient care users who paid for medical goods during the last visit, by region, 2023.

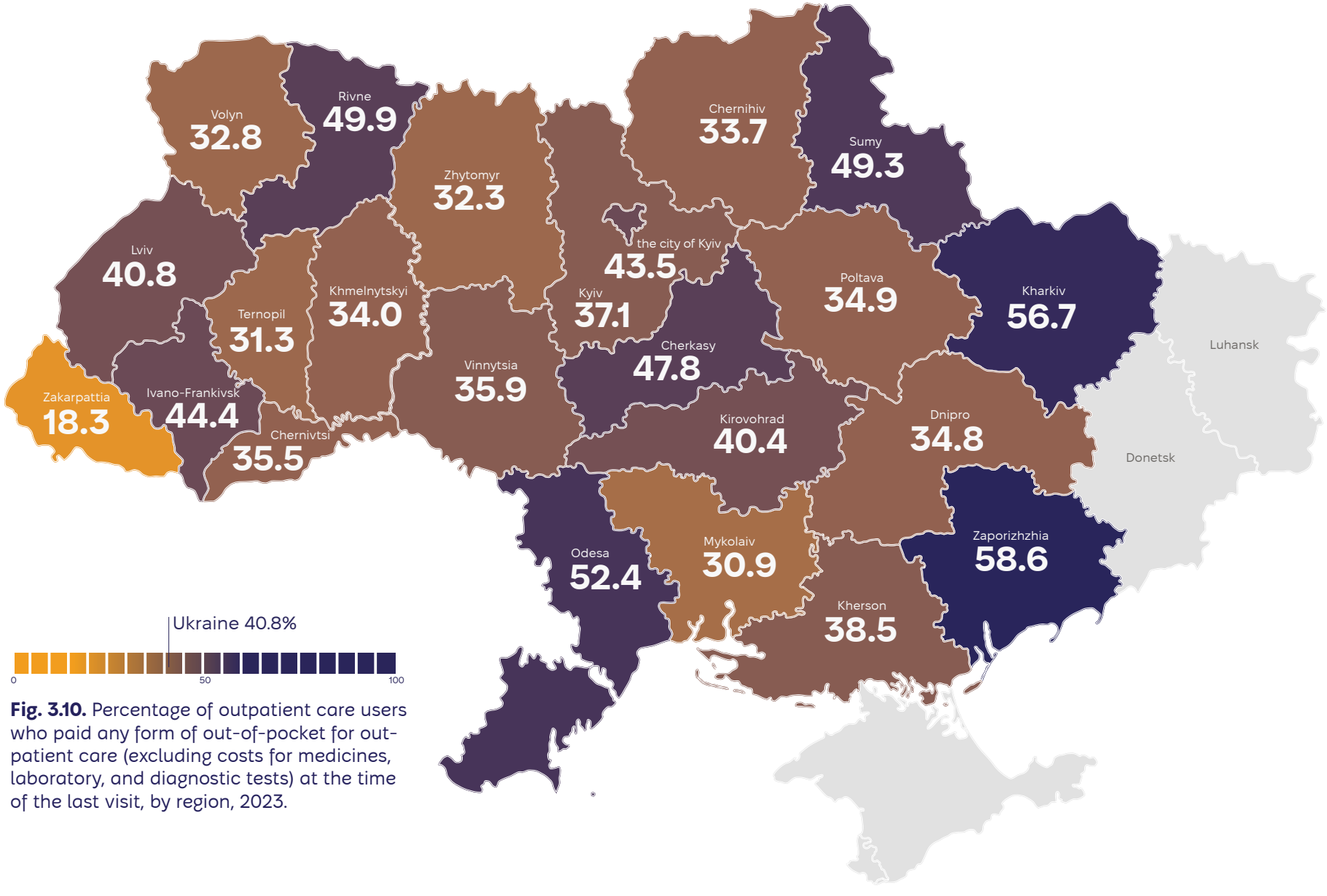


Fig. 3.10. Percentage of outpatient care users who paid any form of out-of-pocket for outpatient care (excluding costs for medicines, laboratory, and diagnostic tests) at the time of the last visit, by region, 2023.

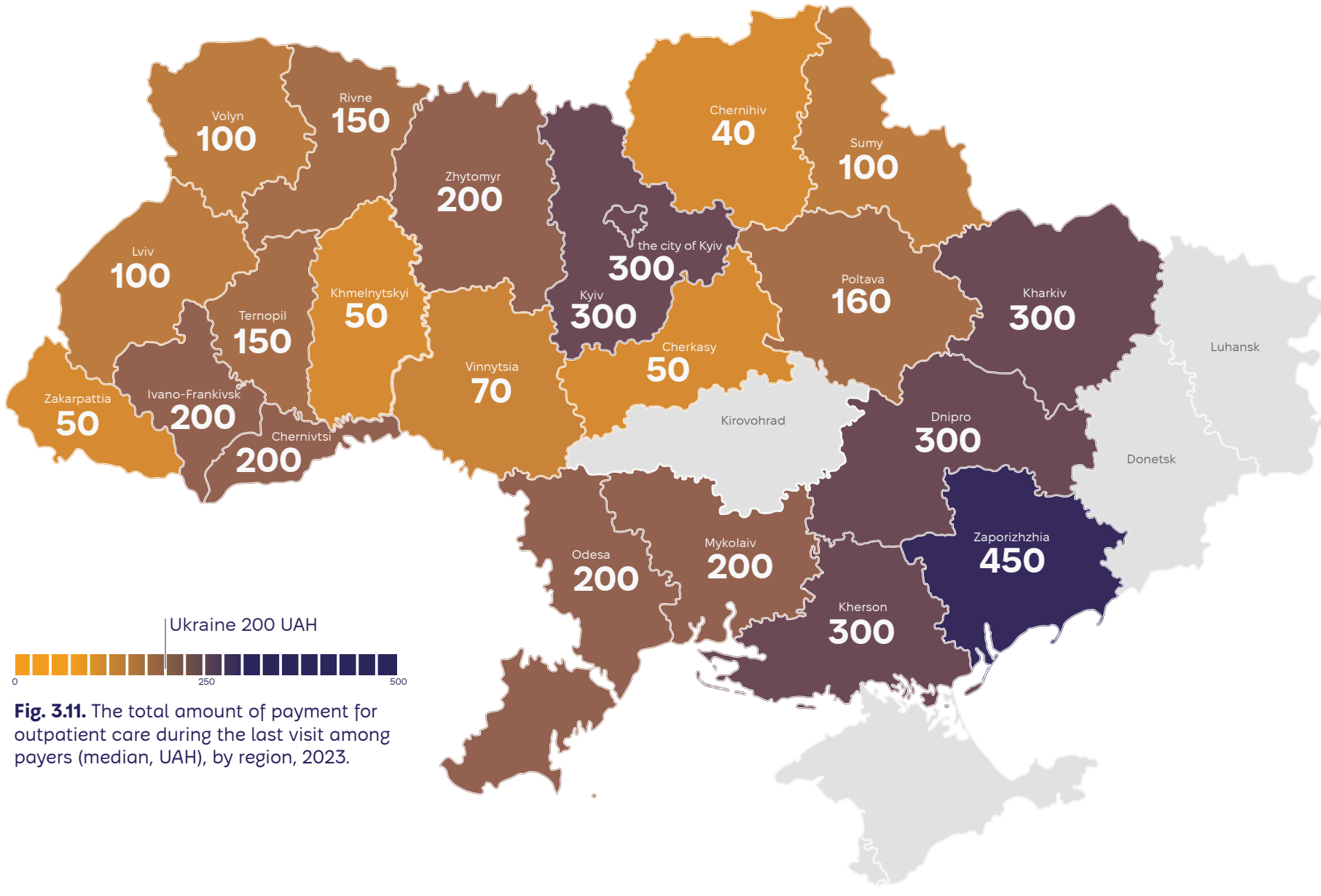


Fig. 3.11. The total amount of payment for outpatient care during the last visit among payers (median, UAH), by region, 2023.

3.3. Undergoing laboratory and diagnostic examinations

The study shows that outpatient care often involves laboratory or instrumental diagnostics. According to the 2023 survey, 71.3% of outpatient care users had been tested, and 57.4% underwent some form of diagnostic examination during the last 12 months (**Fig. 3.12**).

The level of use of laboratory and diagnostic tests among outpatient care users is generally the same, regardless of gender or age. At the same time, territorial variability is observed, which may be related to differences in the availability of such services in a certain area. Thus, in cities, 73.0% passed any tests during the past year, and 60.2% of outpatient care users underwent diagnostic examinations. In rural areas, 67.1% of those who sought outpatient care had laboratory examinations last year, and 50.6% had diagnostic examinations. By region, the largest share of outpatient care users who passed certain tests during the past year are in Ternopil (86.0%), Ivano-Frankivsk (82.0%) regions, Kyiv (81.4%), and Poltava region (79.2%), and the smallest – in Kirovohrad (47.6%) and Dnipro (61.5%) regions. The share of those who underwent diagnostic examinations during the past year is the highest in Ternopil (79.8%) and Poltava (78.4%) regions, and the lowest – in Kirovohrad (3.3%), Rivne (39.4%), Dnipro (40.1%) regions.

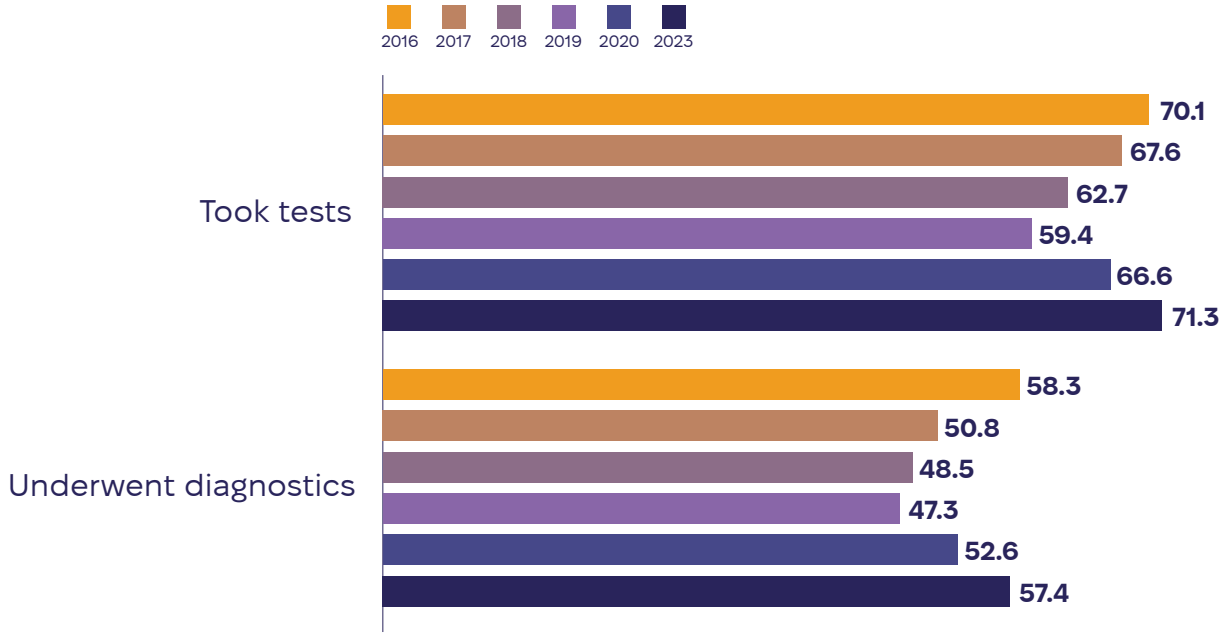


Fig. 3.12. Percentage of outpatient care users who had a test or diagnostic examination in the past 12 months: comparison by survey year

As in previous years, most patients receive laboratory or diagnostic services in public (communal) institutions, but at the same time, there is an increase in the share of those who visit private institutions. In 2023, 64.2% of outpatient care users took tests in public institutions, 21.5% in private ones, and 14.3% took tests in both types of institutions. 64.0% received diagnostic services in state institutions, 26.5% in private institutions, and 9.5% of outpatient care users who underwent diagnostic examinations received part of them in state institutions and part of them in private institutions (**Fig. 3.13**).

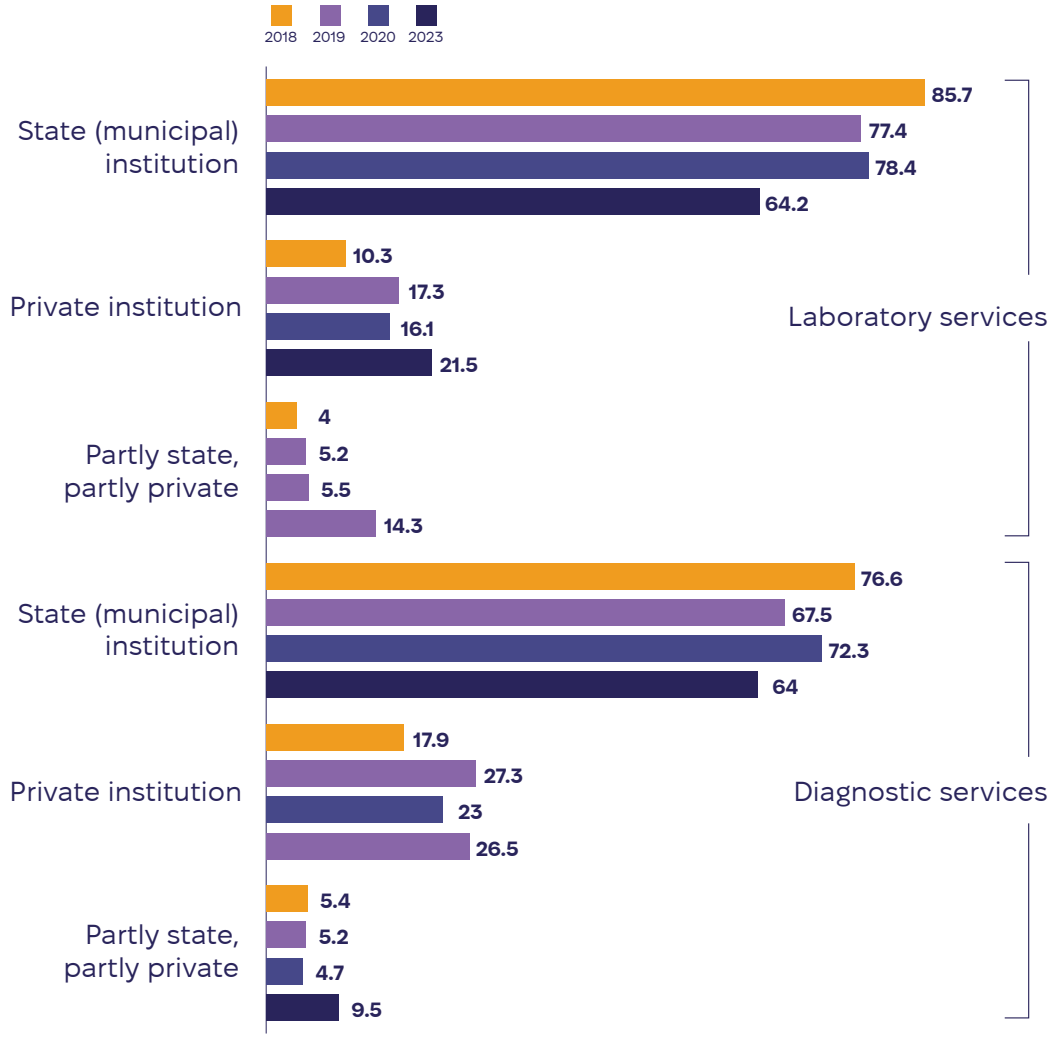


Fig. 3.13. Type of facility where outpatient care users received laboratory or diagnostic tests in the past 12 months: comparison by survey year

According to the 2023 survey, 42.2% of outpatient users who had tests paid for them, while 57.8% received the services for free. 45.4% of outpatient users paid for diagnostic services, and 54.6% of recipients of such services did not pay.

Compared to the previous year, the share of those who paid for laboratory services generally remained unchanged, while the share of those who paid for diagnostic services decreased slightly (**Fig. 3.14**).

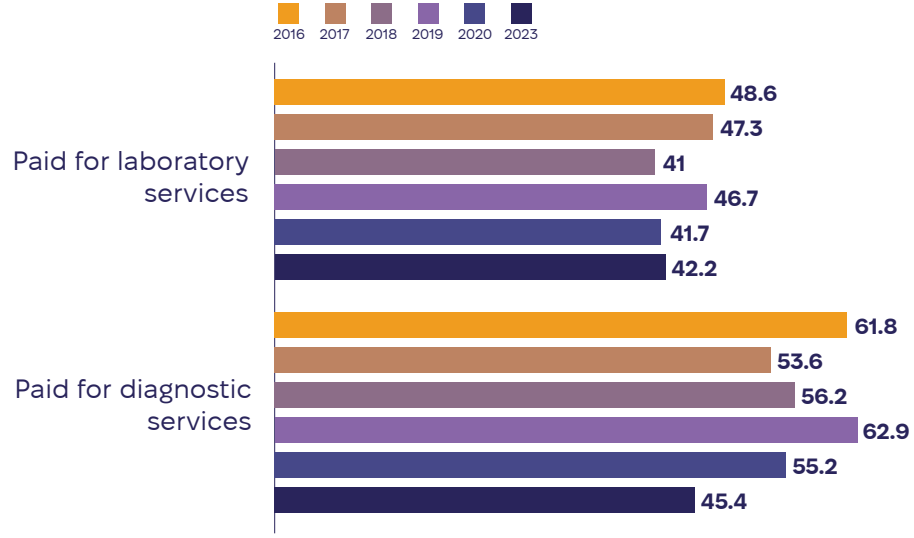


Fig. 3.14. Percentage of payers for laboratory and diagnostic services among users of relevant services: comparison by survey years

According to the 2023 survey, the median amount of expenses for laboratory services, as well as the amount of expenses for diagnostics, was UAH 750 (**Table 3.3**).

3.4. Financial burden

Accessibility of medical care, particularly the financial aspect, is an important indicator of the effectiveness of the healthcare system. Seeking outpatient care can be associated with various costs, both formal and informal, which create a financial burden on individuals or families. High out-of-pocket costs can be a significant financial burden, especially for people with chronic conditions that require frequent doctor visits, potentially leading to denial of needed health care.

According to the current survey, 16.0% of the adult population of Ukraine were sick in the last 12 months but did not seek outpatient care due to lack of funds. Compared to previous years, the percentage of forced refusals from outpatient care continues to decrease, which is a positive trend (**Fig. 3.15**).

Most of those 16.0% of respondents who did not seek help due to lack of funds had 1-2 such cases during the year (66.1%), and 33.9% had 3 or more such cases. The average number of refusals from outpatient visits among those who had such cases was 2.6 times per year.

The percentage of people who refuse to seek outpatient medical care due to financial difficulties is especially high among people with poor health. The survey indicates that the share of those who were sick but did not seek medical care due to lack of funds increased from 9.0% among those who rated their health as good or very good to 35.1% among people with poor or very poor health. Also, there were more cases of refusing outpatient care due to financial circumstances among people with poor or very poor health (4.1 per year) than people with average (2.5), good or very good health (2.0).

Women reported more often than men that they refused to visit a doctor due to lack of funds. Thus, such cases were 19.7% among women, with an average number of refusals to visit a doctor 2.6 times a year. Among men, 11.5% reported such cases, and the average number of such cases was 2.4 times a year.

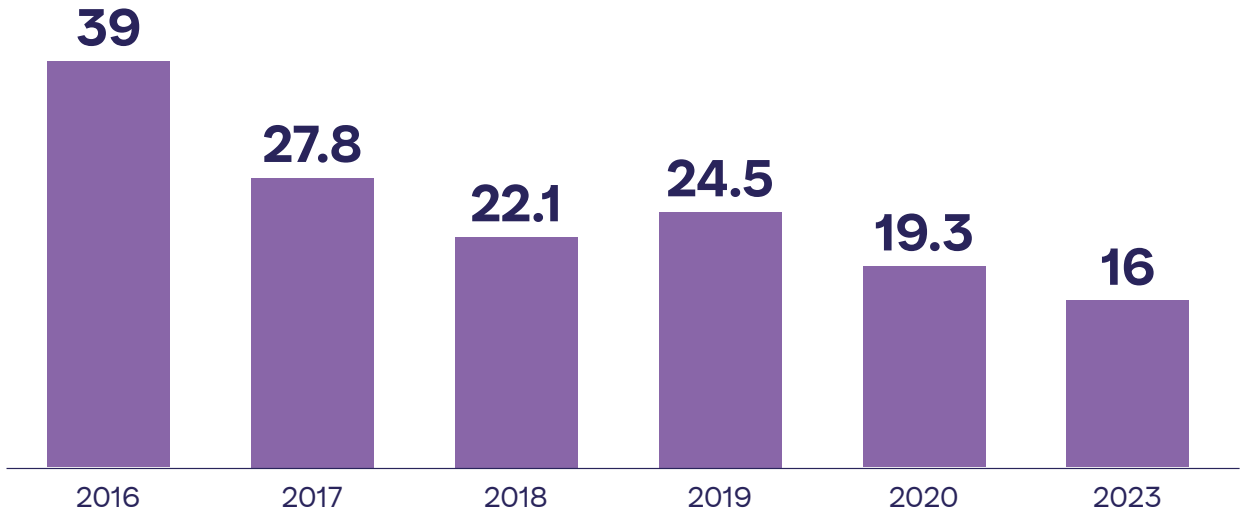


Fig. 3.15. Percentage of people who refused an outpatient visit due to lack of funds during the last 12 months: comparison by survey years

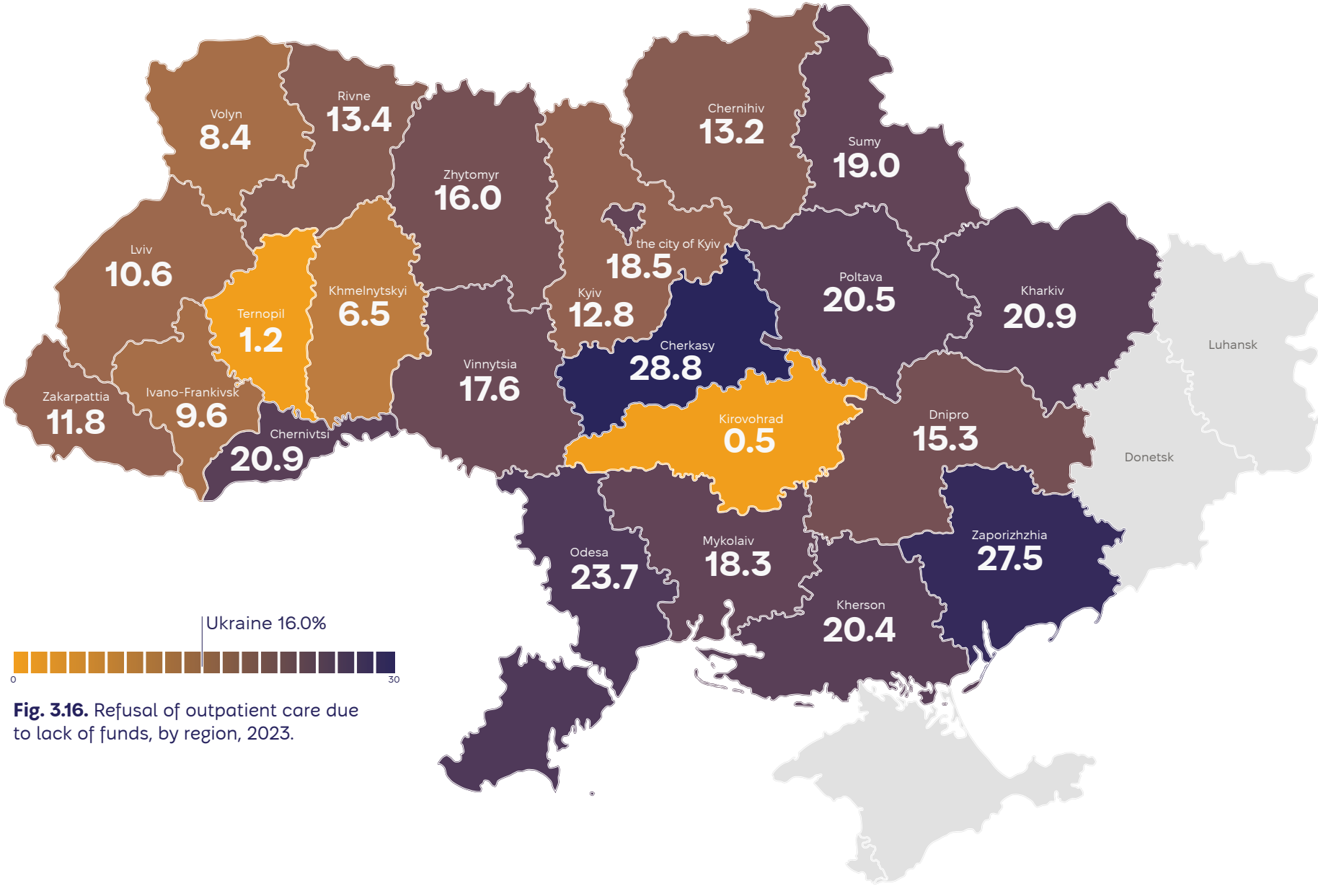


Fig. 3.16. Refusal of outpatient care due to lack of funds, by region, 2023.

Also, the rate of refusals from outpatient care increases with age, from 12.1% in the 18-29 age group (with an average number of forced refusals 2.3 times a year) to 20.0% among people aged 60 and older (2,8 times a year).

The percentage of the population that did not consult a doctor during illness due to lack of funds is generally higher in the southeastern part of Ukraine than in the western or north-central regions (**Fig. 3.16**).

To assess the total costs of outpatient care and the extent to which such costs are significant for the family budget, respondents were asked to recall how much they spent out of pocket on visits to a doctor or other health care provider (outpatient care) in the past 30 days. This included all types of formal and informal monetary payments, as well as gifts in kind, but not including travel, ambulance transportation, and medicines.

According to the survey data, 9.1% of all respondents had outpatient expenses during the 30 days preceding the survey. The average amount of total expenses for outpatient care among those who had such expenses in the last 30 days was about UAH 2,700 (median – UAH 1,300). Overall, among those who had such expenses, they averaged almost a quarter (23.5%) of household income per month.

The financial burden associated with receiving outpatient care is particularly tangible for people with poor health. Although the percentage of individuals with outpatient treatment expenses and the amount of expenses in this category are generally similar to the rest of the population, these expenses are a significantly greater financial burden for them relative to the income level of these households. The survey indicates that 10.4% of people in poor health had outpatient care expenses in the past 30 days. The average amount of such expenses among those who had them was UAH 3,200 (median – UAH 1,500), and on average, this constituted 47.1% of household income per month.

Given that people in poor health and over 60 years of age were more likely to report that they did not see a doctor due to financial difficulties, it can be concluded that lack of funds is a factor that significantly limits access to outpatient care for these populations.

3.5. Assessment of aspects of outpatient care

To assess which specific aspects of outpatient care are important to patients, respondents were asked a corresponding question and asked to select no more than three answers from a list.

As in previous years, the effectiveness of treatment is the most critical aspect for outpatient care recipients: three-quarters (74.4%) of those who sought outpatient care during the year considered this aspect important.

Understanding doctor's explanations has become increasingly important to patients over time, and more than a third (39.0%) of outpatients rated this aspect as important in 2023.

The top three most essential aspects also included the opportunity to receive the necessary diagnostic examination free of charge, chosen by 37.0% of surveyed outpatient care users. Compared to previous years, the relevance of this aspect has decreased somewhat, but it still remains one of the most important.

The importance of doctors being polite when communicating with patients and their relatives has also increased: this aspect was named one of the most important by 20.7% in 2020 and 27.1% in 2023.

For a fifth of patients (19.1%), the convenient location of the medical institution is one of the most important aspects of outpatient care.

About 15.3% named the sanitary and domestic conditions in which assistance is provided as one of the most important aspects for them, and the same number (15.3%) named the availability of the necessary equipment. The importance of these aspects remains relatively constant.

As in previous years, one-tenth (11.3%) of outpatient care users named compliance of the medical personnel with the hygiene of examinations and procedures as one of the most important aspects. Approximately the same number of patients (10.1%) named the work schedule among the most important aspects, and 8.1% named the clarity and transparency of payment for services (**Fig. 3.17**).

Users generally have similar perceptions of the importance of various aspects of outpatient care, regardless of socio-demographic characteristics, although there are some differences. In general, the effectiveness of treatment is of primary importance for everyone, regardless of gender, age, state of health, or place of residence. The clarity of doctor's explanations is important for patients of various ages but somewhat more relevant for younger people than for older people: this aspect was indicated as the most important by 47.7% of outpatient care recipients aged 18-29, 40.2% aged 30 -44 years, 36.5% aged 45-59, and 35.8% aged 60 and older. At the same time, the importance of free diagnostics increases with age, from 24.7% in the age category of 18–29 years to 43.2% in those aged 60 years and older.

Also, the opportunity to receive diagnostic examinations for free is more relevant for people with poor (42.8% chose among the most important aspects for them) or average (38.3%) health than for those who rated their health as good (29.1%).

In general, the system of outpatient care in Ukraine continues to function, despite the challenges caused by the war, and there are even signs of improvement in some areas.

The survey showed that the use of outpatient care, as well as the level of laboratory and diagnostic tests, did not decrease compared to the period before the full-scale war. Also, no significant barriers were found in accessing outpatient care for IDPs compared to the local population, particularly in terms of the frequency of outpatient visits and related costs.

Measures were taken to protect visitors in the event of an air-raid threat: the vast majority of surveyed outpatient care users confirmed that they had seen air-raid shelter signs in the outpatient facility.

The data indicate a decrease in the proportion of patients who pay for outpatient care. In particular, the share of those who paid for medical goods, as well as those who paid the doctor informally or made charitable

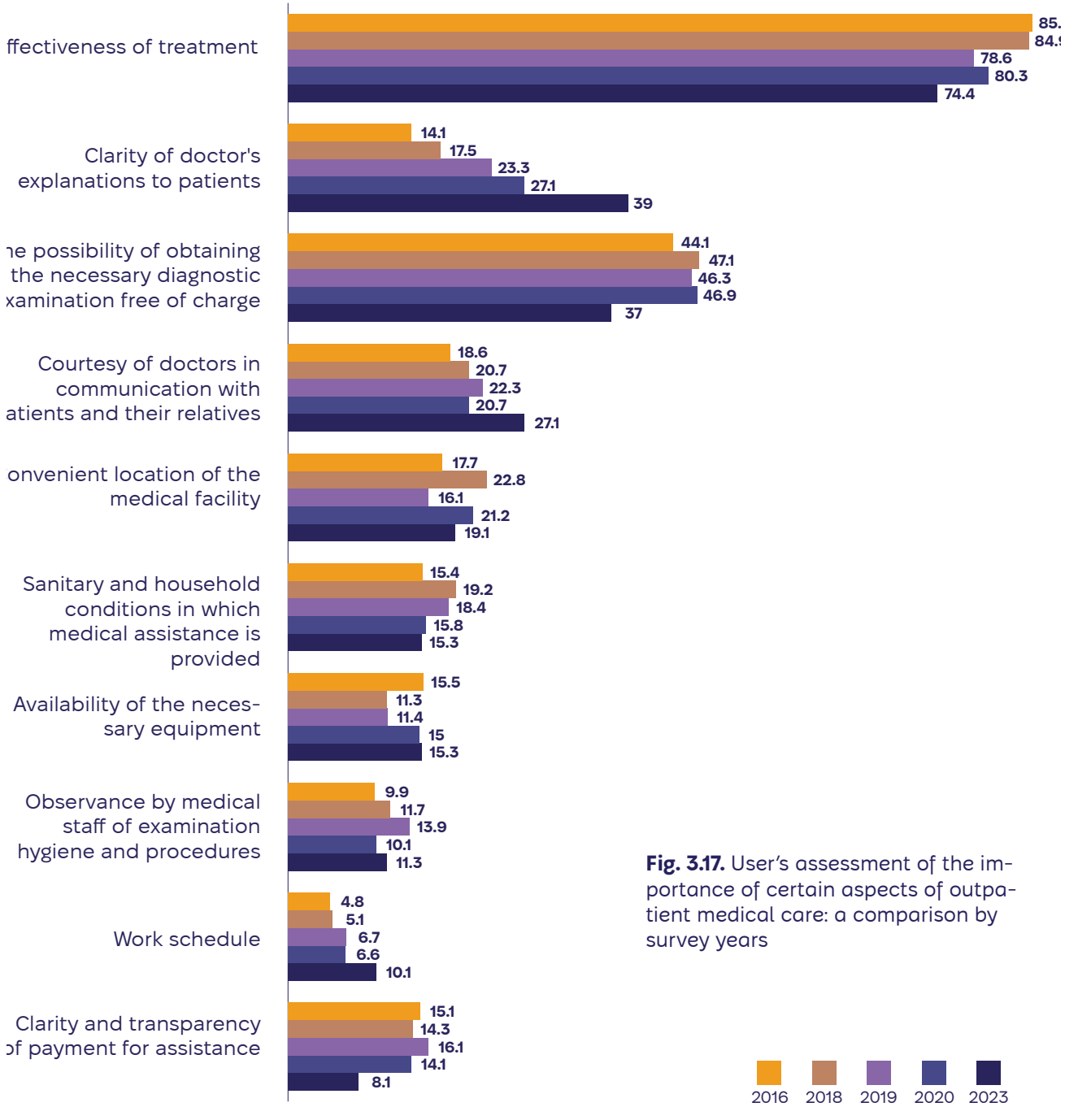


Fig. 3.17. User's assessment of the importance of certain aspects of outpatient medical care: a comparison by survey years

contributions during an outpatient visit, decreased compared to previous years. The share of the population who refused to seek outpatient care due to lack of funds also decreased. At the same time, the expenses of those who paid for outpatient care are increasing. Therefore, the financial accessibility of outpatient care remains a problem that needs further efforts to solve, especially for people with poor health.

In the frontline regions, the level of seeking outpatient care generally corresponds to the national average. However, the study shows that in this part of the territory (in particular, in the Kharkiv and Zaporizhzhia regions), a greater proportion of outpatients pay for such services. In addition, the total costs of outpatient care per visit among those who pay in Zaporizhzhia, Kharkiv, Dnipro, and Kherson regions are among the highest in Ukraine. The percentage of the population that did not consult a doctor during illness due to lack of funds is also higher in the southeastern part of Ukraine than in the western or north-central regions. All this may be due to the impact of war on both the medical infrastructure and the health of the population.

SECTION 4.
INPATIENT CARE

Maryna Shevchenko,
Doctor of Medical Sciences,
Professor at the School of Public Health of Kyiv-Mohyla Academy

Key results

The current study indicates that the use of inpatient care among adults increased slightly compared to the COVID-19 pandemic period (10.8% versus 9.2% in 2020) but decreased relative to the 2017-2019 period.

In 2023, the proportion of respondents who paid for any type of inpatient care during their last hospitalization was the lowest in all survey years (60.1% versus 83.1% in 2020, 86.1% in 2019, 87.8% in 2018, and 67.8% in 2017).

15.2% of those who had expenses during their last inpatient treatment paid to a charity fund; 17.8% paid to the cash desk of a medical institution according to official rules; 15.6% paid informally to a doctor or other medical personnel; and 26.7 % paid for medical supplies[1].

The experience of using inpatient care remains similar to that of previous years, but the costs associated with inpatient care are increasing every year. In particular, an increase was recorded in the median value of the total payment for inpatient care during the last hospitalization (up to 600 UAH versus 330 UAH in 2020 and 300 UAH in 2019)

Compared to previous years, the share of users of laboratory services during hospitalization practically remained the same (92.3% in 2020, 93.8% in 2023); however, the consumption of diagnostic services increased slightly (from 77.6% in 2020 to 82. 8% in 2023)

According to 2023 data, the median amount of payers' expenses for both laboratory services and diagnostics (without taking into account inflation) exceeds the values of previous years and, according to the respondents' answers, amounts to UAH 700 and UAH 1,000, respectively.

The prevalence of hospitalization refusal due to lack of funds continues to gradually decrease. According to 2023 data, 6.6% of the adult population refused hospitalization for this reason. Women (7.7%), people aged 60 years or older (10.7%), and respondents with IDP status (8.4%) refused hospitalization more often due to financial difficulties.

The level of doctor qualifications (53.6%), the effectiveness of treatment (42.2%), the supply of medicines (32.3%), and the availability of diagnostic and laboratory examinations (32.2%) remain the most important aspects of providing inpatient care for users.

1 Differences in approaches to handling missing responses during analysis may slightly affect the results of calculations. The percentages given in the report are calculated for those respondents who provided answers to the questions. The payment prevalence among all respondents hospitalized in the past 12 months was as follows: charitable contributions – 21.9% in 2020 and 13.5% in 2023; payment at the cash register – 27.3% in 2020 and 13.

4.1. Seeking inpatient care

Inpatient medical and rehabilitation care determines hospitals' main activity and therefore accounts for the majority of their costs. The inpatient sector as a whole remains the most resource-intensive in health care systems. In particular, measures provided in hospitals account for more than 30% of the financing structure of the health care system in OECD countries[2], in Ukraine – 34.8% (Satellite account of health care in Ukraine in 2020)[3].

The reform of the national health care system involves the optimization of the organization, provision, and financing of medical care, including inpatient care. Monitoring changes in the availability and quality of this type of care is an important task.

Also, the inpatient sector's activity and the use of this type of medical care were affected by the COVID-19 pandemic and its consequences, as well as by the full-scale invasion of Ukraine. In particular, the proportion of households reporting seeking health care due to injuries is increasing and indicating major barriers to accessing injury-related health services[4].

Understanding the needs and expectations, as well as the amount of expenses of inpatient care users, is important for the systematic monitoring of changes in the use of such care by the adult population of Ukraine and the assessment of the financial burden of hospitalization for households.

According to the results of the survey in 2023, 10.8% of respondents reported that they had been hospitalized in the past 12 months. Compared to the previous survey, the share of people who had such experience increased slightly (+1.6 percentage points by 2020) but decreased relative to the 2017–2019 period (**Fig. 4.1**)

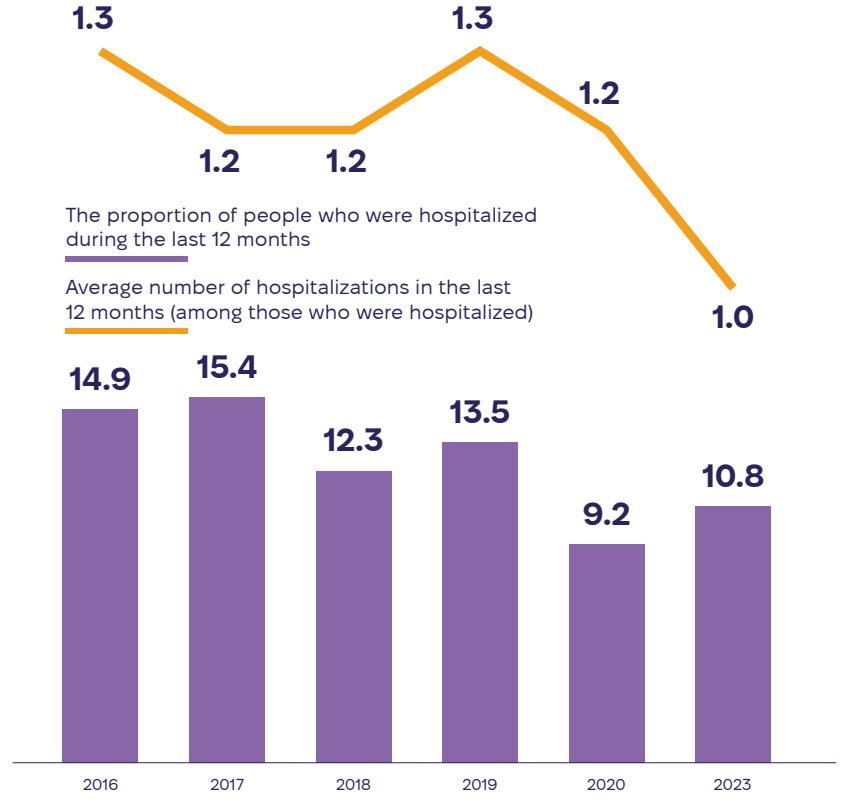


Fig. 4.1. Percentage of respondents who reported experience of hospitalization in the last 12 months: comparison by year

2 OECD (2023), Health at a Glance 2023: OECD Indicators, OECD Publishing, Paris, https://doi.org/10.1787/7a7afb35-en
3 Satellite health care account in Ukraine in 2020. URL: https://www.ukrstat.gov.ua
4 Health needs assessment of the adult population in Ukraine: survey report, October 2023. Copenhagen: WHO Regional Office for Europe; 2024. License: CC BY-NC-SA 3.0 IGO.

The frequency of hospitalizations differs depending on gender, age, and place of residence. According to the research, men (12.0% versus 9.8% among women), persons older than 60+ (13.2% versus 9.3% in the age group 18-29 years, 8.1% – 30-44 years old, 12.0% – 45-59 years old), and residents of cities (11.6% against 9.1% among rural residents) were hospitalized more often (**Table 4.1**).

As in previous years, the average number of hospitalizations among the recipients of inpatient services over the past 12 months remains approximately the same regardless of gender (1.6 hospitalizations among men, 1.4 – among women) and place of residence (1.5 hospitalizations in cities and rural settlements). However, the average number of hospitalizations in the last 12 months among respondents in the age group of 18–29 years is slightly higher than in the sample as a whole (1.9). There were no differences in the value of this indicator among IDPs and those who did not have this status – it corresponds to the average value in general.

In 2023, men were the largest users of inpatient medical care (12.0% against 9.8% for women), although, in previous periods of the study, women were in the lead (in particular, 10.1% of women against 7.6 % of men in 2020). This difference can be explained by mobilization processes in the country and the need for additional examinations in men's inpatient conditions. As for age, the main users are people in older age groups (45–59 years and 60+), as in previous periods. However, the share of respondents in younger age categories also increased in 2023 (in particular, from 6.6% in 2020 to 9.3% among people aged 18-29, from 6.4% in 2020 to 8.1% among people aged 30-44). Based on the data from previous periods of the study, the indicated categories of respondents were not among respondents with a high level of consumption of inpatient services. Such changes can also be explained by an increase in the consumption of inpatient services by men of mobilization age. Persons with IDP status applied for inpatient care more often than those who lived permanently in the territory (14.2% versus 10.4% among non-IDPs). (**Table 4.2**).

Among those who received inpatient care during the past 12 months, three-quarters (75.0%) of respondents reported one hospitalization, 15.5% were hospitalized twice, 4.9% three times, and 4.6% had 4 or more hospitalizations.

The share of people who indicated that they had two hospitalizations during the last year has increased compared to previous years.

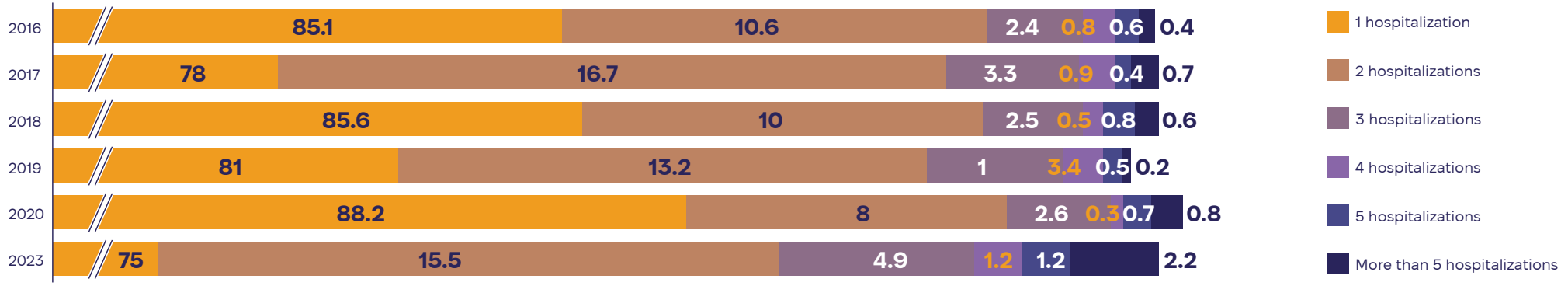


Fig. 4.2. Number of hospital admissions in the last 12 months: comparison by year

In 2020, 8.0% of respondents indicated two hospitalizations, while in 2023, this indicator increased to 15.5%, which is also higher than according to the data of 2019 (13.2%). Some growth was also recorded in the share of respondents who had three hospitalizations (4.9% in 2023 versus 2.6% in 2020 and 3.4% in 2019) (**Fig. 4.2**).

As for the differences in socio-demographic groups, women more often reported one hospitalization (77.4% women vs. 72.5% men in 2023; 88.6% women vs. 87.3% men in 2020; 82.6% women vs. 78.8% men in 2019; 86.1% women vs. 83.8% men in 2017), as in previous years. Compared to 2020, the share of respondents among both women and men who reported two hospitalizations increased: 7.4% of women in 2020 against 15.8% of men in 2023; and 9.5% of men in 2020 versus 15.2% of women in 2023.

72.5% of respondents aged 60+, 81.8% (30-44 years old), and 75.7% (45-59 years old) indicated that they had one hospitalization in 2023. At the same time, 18.9% of people aged 60 and older reported that they were hospitalized twice, and 5.1% had three hospitalizations, which can be explained by the presence of a greater number of chronic diseases in older people.

The share of respondents in all age groups who had two hospitalizations also increased, but the largest changes in indicators were observed in the age groups of 18–29 years and 60+ (respectively, 15.4% in 2023 against 5.4% in 2020 among the youngest; 18.9% in 2023 against 7.8% in 2020 among the oldest groups).

As for location, there were no significant differences regarding one hospitalization among residents of cities and villages (75.4% among urban and 73.7% of rural residents, respectively) in 2023. Compared to 2020, the share of people who had two hospitalizations increased (16.2% vs. 8.9% in 2020 among urban residents, 13.6% vs. 6.7% among rural residents).

The respondents stated that their stay in the hospital was, in most cases, accompanied by laboratory and instrumental diagnostics and treatment without surgical intervention. According to the survey, more than half (60.7%) of those hospitalized during the last hospitalization received laboratory diagnostics, every second (50.9%) received non-surgical services and instrumental diagnostics (50.6%), every third had surgical intervention (30, 4%), every sixth received rehabilitation services (13.2%). Also, a significant proportion of respondents reported receiving medications prescribed by a doctor during hospitalization (40.6%) (**Fig. 4.3**).

There has been a certain change in the medical services mentioned by respondents compared to 2020: in particular, the share of respondents who indicated receiving non-surgical services has practically not changed (59.7% in 2020), but the share of those who underwent surgical services has slightly increased (30.4% versus 25.5% in 2020).

During the last hospitalization, men more often indicated receiving therapeutic services (53.6% vs. 48.3% among women), instrumental diagnostics (53.6% vs. 47.7% among women), rehabilitation services (16.4% vs. 10, 2% among women), treatment of acute myocardial infarction (5.9% vs. 2.7% among women). The situation was similar in terms of the use of medicines prescribed by a doctor (43.4% of men versus 38.0% of women). Women more often reported cases of surgical intervention (32.3% versus 28.4% among men).

Persons of younger age (18–29 years and 30–44 years) reported the provision of therapeutic services, laboratory and instrumental diagnostics, assistance during childbirth, and rehabilitation during hospitalization; older age categories reported surgical interventions, treatment of acute heart attack and acute cerebral stroke, as well as the use of medicines prescribed by a doctor.

Residents of cities reported the provision of therapeutic services, laboratory and instrumental diagnostics, rehabilitation, and treatment of acute myocardial infarction; rural residents reported operative interventions (36.6% versus 28.8% among urban residents).

During hospitalization, respondents with IDP status reported the provision of laboratory and instrumental diagnostics, surgical interventions, and treatment of acute myocardial infarction more often than persons without

this status. On the other hand, treatment of acute cerebral stroke in a hospital was reported more often by persons without IDP status. There were no differences in the use of medicines prescribed by the doctor.

Thus, the survey results showed that certain differences exist in the types of care that patients receive during hospitalization, depending on gender, age, place of residence, and IDP status.

Due to the small number of respondents in individual regions (up to 60 people), survey data on the provision of certain types of medical services during the last hospitalization are not reliable.

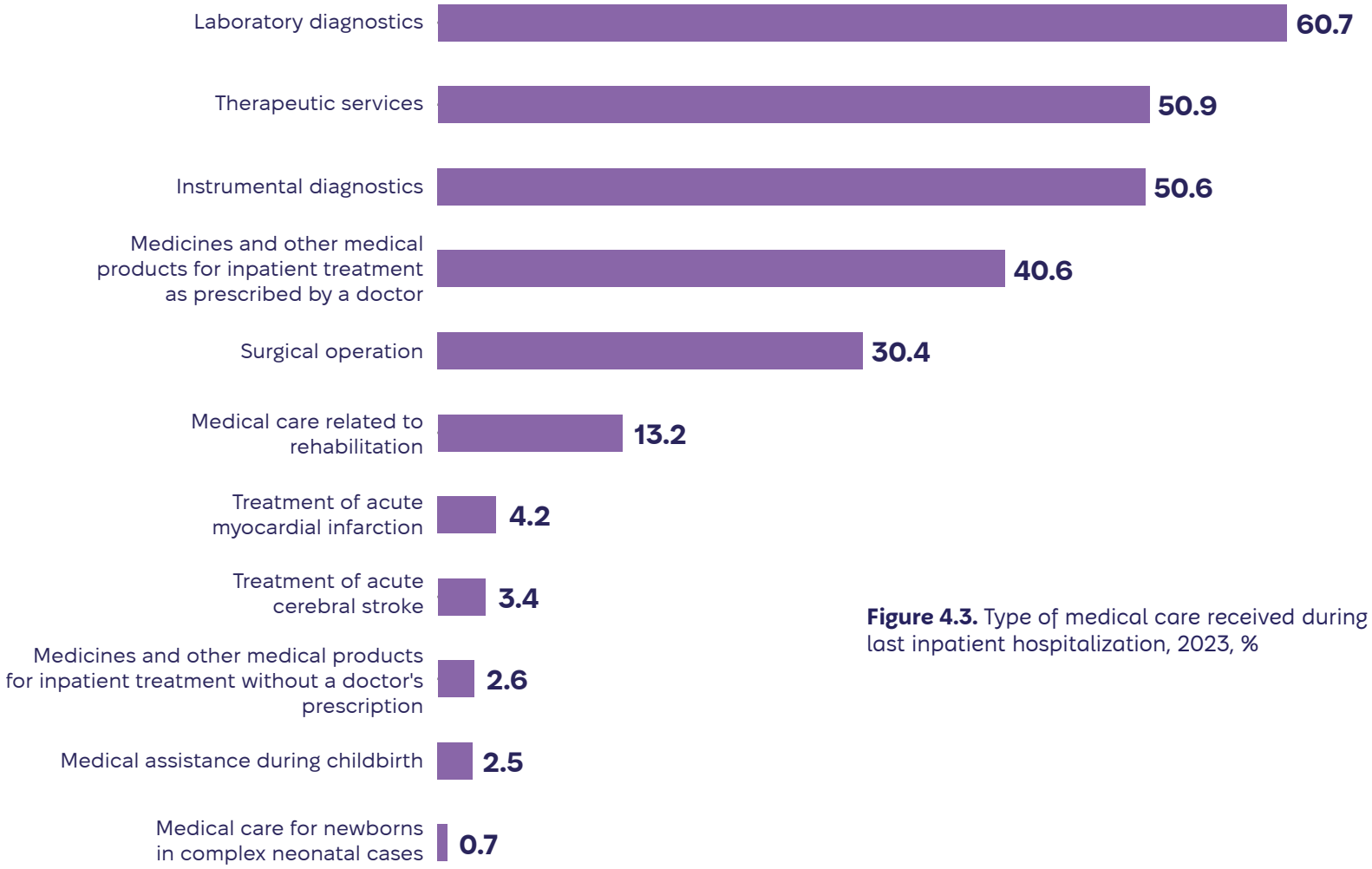


Figure 4.3. Type of medical care received during the last inpatient hospitalization, 2023, %

4.2. Out-of-pocket expenses for inpatient treatment

According to the current survey, every fourth respondent (26.7%) among those who received inpatient care reported paying for medicines and medical supplies during the last hospitalization; 15.2% paid for treatment at the expense of a charity fund or other organization, 17.8% paid at the cash register according to official rules, 15.6% paid informally to a doctor or other medical personnel.

In general, a significant share of inpatient care users (60.1%) paid for such services out of their own "pockets." However, compared to the previous time periods of the study, the prevalence of this practice is decreasing (Table 4.4). This may be related to the reform of the hospital sector and the introduction of both priority and general packages of medical care within the framework of the medical guarantee program. In 2023, the share of respondents who paid for inpatient care in any form during the last hospitalization was the lowest for all years of the study (60.1% vs. 83.1% in 2020, 86.1% in 2019, 87.8% in 2018, and 67.8% in 2017).

Compared to previous survey periods, the share of those who paid for medical supplies during hospitalization more than halved (from 59.6% in 2017 to 26.7% in 2023).

Respondents reported a decrease in the prevalence of informal payments (from 24.4% in 2017 to 15.6% in 2023) and charity funds (from 35.1% in 2017 to 15.2% in 2023).

There was also a decrease in the share of those who paid for paid medical services: from 28.6% in 2017 to 17.8% in 2023 (Table 4.4).

At the same time, the costs associated with receiving inpatient care have significantly increased compared to previous periods. According to the survey, the average amount of payment among those who had such expenses during hospitalization in 2023 was UAH 12,247.54 through the cash register of a medical institution, UAH 3,428.50 through a charitable contribution, UAH 5,273.30 through an informal payment to a doctor, and UAH 1780.80 for medical goods (Table 4.5).

The average payment amount significantly exceeds the data of previous years; the corresponding payments to the charity fund and for paid services at the institution's cash desk increased in particular. The size of informal payments to a doctor or other medical personnel has almost doubled.

Almost every second person among those who paid to the account of a charity fund or other organization faced a demand to pay such a fee (58.8%). Young people (68.4%), urban residents (64.1%), and IDPs (72.3%) reported the prevalence of this practice in particular. This is slightly lower than in 2017-2019 when more than two-thirds of respondents who paid to the account of a charitable fund or other organization reported such an experience, and in general, corresponds to the level of 2020 (58.6%).

Every third respondent among those who paid informally to the doctor reported that such payment was demanded from them. This is somewhat lower than in the previous time periods of the study (in particular, 49.7% of respondents reported such an experience in 2020, 53.8% – in 2018, and 54.6% – in 2017). In the current year, women (47.5% vs. 18.0% among men) and young people (43.8% vs. 32.8% among people 60+) reported this most often, although every third person in other age categories also emphasized this experience.

Women more often paid to the charity fund (17.3% vs. 13.2% among men), however, men paid significantly higher amounts compared to women (average UAH 6,500 vs. UAH 1,153.10, respectively; median value UAH 500 and UAH 200). The study shows that women are slightly more likely to pay for inpatient care than men, and this pat-

tern is also observed for informal payments. Almost the same share of women and men who were hospitalized paid for medical goods and officially at the cash register.

Certain differences were also spotted among individual age groups. Thus, 16.3% of respondents aged 18-29 paid an average of UAH 3,699.70 (standard error 2,244.40, median 250) to a charity fund or other organization during their last hospitalization; 14.2% in the 30-44 age group paid the largest sums compared to others – UAH 5740.80 (standard error 2244.0, median 500); somewhat smaller amounts were paid by persons in the older age groups: people aged 45–59 paid UAH 3166.90 (standard deviation 3166.9, median 400) and people aged 60+ paid UAH 1942.10 (standard deviation 573.60, median 120).

Urban residents (UAH 4,263.60 versus UAH 668.00 in rural areas) and persons with IDP status (UAH 7,503.60 versus UAH 2,729.80) also paid significantly more.

Those respondents who reported paying funds to the account of a charitable foundation or other organization during hospitalization were asked an additional question: "Was paying a charitable contribution a necessary condition for hospitalization or receiving some service?"

Women (51.2% vs. 31.4% among men), persons aged 45–59 (56.5% versus 42.3% in the younger age group and 30.8% in the oldest age group 60+), and urban residents (45.6% versus 32.6%) indicated more often that they paid a charity contribution as a necessary condition for hospitalization or receiving medical services during the last hospitalization.

The current survey indicates that 33.6% of those who paid money to a charitable fund or other organization made a charitable contribution before they were hospitalized.

Also, 75.2% of respondents reported that they were informed about the amount of charitable assistance at a healthcare institution:

91.2% of respondents paid a voluntary contribution in cash, and 8.8% paid by cashless transfer. Only every third respondent reported receiving a payment document for the payment of a charitable contribution (31.7%), and 68.3% of respondents were not issued such a document.

Every fifth respondent (20.1%) reported the possibility of paying by cashless transfer. Young people most often reported this experience (46.7% versus 13.7% among the oldest).

Respondents who indicated that they paid at the cash register according to the official rules or official prices of the medical institution during hospitalization were also asked what exactly they paid for. According to official rules, 10.9% of respondents paid for improved services, almost one in three paid for diagnostic services (27.7%), and 17.9% paid for services not covered by the medical guarantee program. In general, 61.9% of respondents paid officially at the cash desk for all services.

Women (14.1% vs. 7.7% among men), young people (18.0% vs. 13.2% among 60+), rural residents (24.3% vs. 6.8 % among townspeople), as well as non-IDPs (13.9% versus 1.7% among IDPs) more often reported payment for improved services.

However, the oldest respondents paid the most for diagnostic services (40.5% of the oldest respondents against 23.1% of the youngest).

Due to the small number of respondents (less than 25), it is impractical to note differences in terms of socio-demographic characteristics regarding the payment of services for medical services outside the medical guarantee program.

The vast majority (70.9%) of those who paid for services at the cash register of a medical institution in accordance with official rules believe that they would not have been able to receive services without such payment. Only one in five respondents (20.6%) believe that they could have received them in the same amount and quality without such payment; 8.5% indicated such a possibility but with worse quality.

More than half of the respondents (54.6%) who received officially paid assistance in-

dicated that they received official information about the price of medical services from the price list.

The majority of respondents (60.1%) paid for inpatient care in any form during their last hospitalization. Women (63.1% vs. 57.2% of men) and persons aged 60+ (63.5% vs. 58.0% among young people) reported such an experience. No significant differences were found in place of residence or IDP status.

The analysis by years indicates a decrease in the share of respondents who paid for inpatient care of any kind during the last hospitalization (60.1% against 83.1% in 2020, 86.1% in 2019, 87.8 % in 2018, and 67.8% in 2017).

The total amount of payment for inpatient care during the last hospitalization among those who paid for inpatient care in any form was UAH 6258.9 (standard error UAH 617.7, median 600). In general, larger amounts were paid by men (7356.60 UAH, standard error 1073.8 UAH, median 700), persons in the 30-44 age group (9 129.30 UAH, standard error 1705.30 UAH, median 1300), urban residents (6189.90 UAH, standard error 691.70 UAH, median 715), and IDPs (9612.50 UAH, standard error 1923.10 UAH, median 4000).

According to Ukrainians' reports about their last hospitalization, the total fee for inpatient care has increased significantly in the current year compared to previous periods.

During the last 30 days, only 1.9% of people among the adult population had personal expenses related to inpatient treatment (their own or others). At the same time, the average total costs for inpatient treatment amounted to UAH 8,309.00 (standard error UAH 1,900.80, median 2,500). The largest expenses were indicated by men (8098.60 UAH, standard error 3224.20 UAH, median 3000), respondents in the age groups 30-44 (9974.40, standard error 2511.80 UAH, median 4000) and 45-59 (12,450.00, standard error 5,457.50 UAH, median 4,000), as well as urban residents (6,923.00, standard error 1,164.50 UAH, median 3,500).

The share of inpatient treatment expenses from household income among those who paid in the last 30 days was 66.8%. Women (such expenses amounted to 81.3% of household income), people aged 18-29 and 45-59 years (76.3% and 92.9%, respectively), rural residents (83.6%), and non-IDPs (67.4%) reported the largest household expenses.

4.3. Laboratory and diagnostic tests during hospitalization

Inpatient treatment usually involves the use of laboratory, diagnostic, and instrumental examination methods. According to the results of the 2023 study, the majority of respondents who had cases of hospitalization during the last 12 months indicated that they underwent diagnostics or passed tests during the last hospitalization. 93.8% of respondents passed tests during the last hospitalization, 82.8% underwent diagnostics, and 96.9% underwent both laboratory and diagnostic examinations.

Compared to previous studies, the percentage of those who underwent diagnostic examinations increased (+5.2 percentage points compared to 2020), while the percentage of those who underwent laboratory tests or both remained practically unchanged (**Fig. 4.4**).

The level of use of laboratory and diagnostic services among recipients of inpatient care practically does not differ depending on gender, age, or place of residence (**Table 4.7**).

18.0% of inpatient care consumers paid for

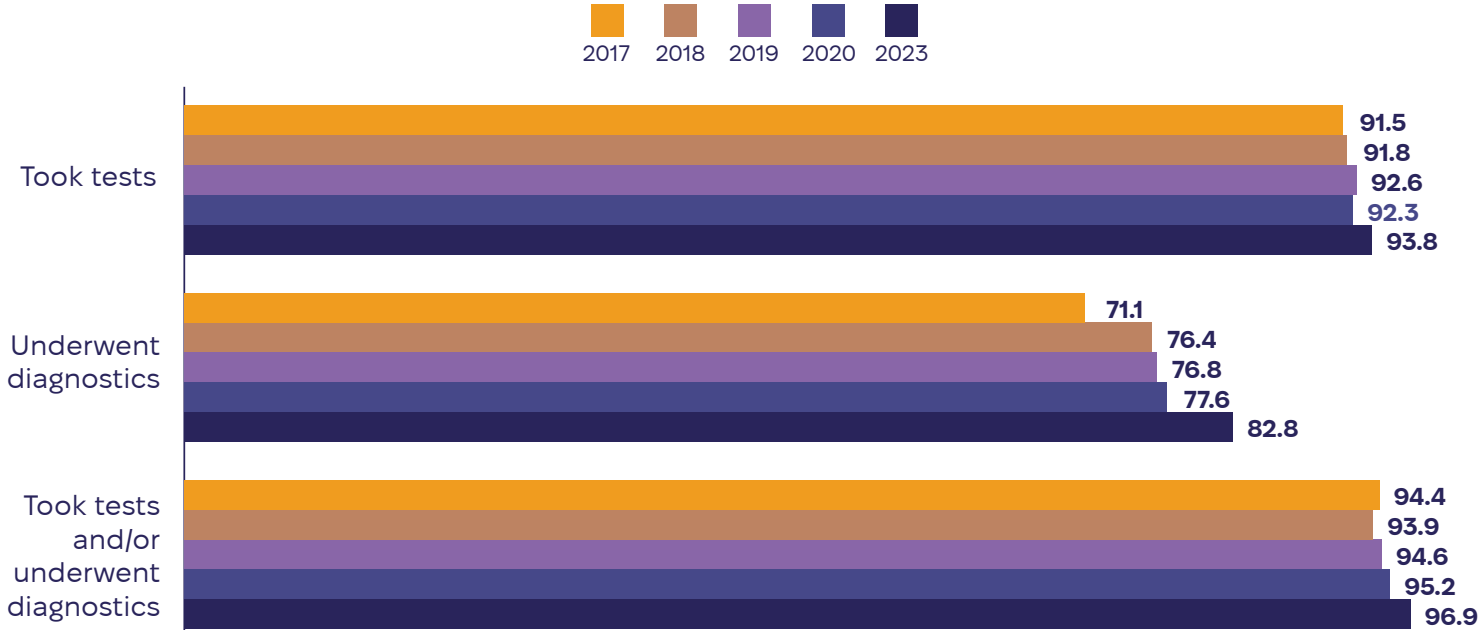


Fig. 4.4. The percentage of inpatient care users who had laboratory and diagnostic tests during hospitalization during the last 12 months: comparison by survey years

laboratory services among those who had the experience of receiving such services during the last hospitalization, 27.4% paid for diagnostic services, and 30.8% paid for laboratory and diagnostic services in general (**Table 4.8**).

Years of study	Measure	Proportion of payers for:		
		laboratory services	diagnostic services	laboratory and diagnostic services in general
2023	%	18,0	27,4	30,8
	N	129	161	226
2020	%	32,9	49,3	51,1
	N	218	268	357
2019	%	37,5	54,2	52,5
	N	381	452	583
2018	%	27,6	48,7	47,6
	N	288	403	507
2017	%	27,6	40,5	41,9
	N	353	413	577

Table 4.8. Proportion and number of those who paid for laboratory and diagnostic services during the last hospitalization: comparison by year, % among those who received the corresponding service during hospitalization

The study results on the experience of paying only for laboratory or diagnostic services indicate that 18.0% of inpatient care users paid for tests during hospitalization, the average amount was UAH 1119.50; 27.4% of respondents paid for diagnostics, and it cost them UAH 2,070.10 on average.

According to the 2023 survey, the median amount of expenses for laboratory services among payers was UAH 700 (Table 4.9), which is significantly higher than in the previous periods of the study. Similarly, nominal average amounts for such services also increased. The amount of payments for diagnostic services also increased more than threefold (median is UAH 1,000).

Respondents in the 45-59 age group (median 800, average 1022.20, standard deviation UAH 169.80) and persons with IDP status (median 1000, average 1455.40, standard deviation 1275.30) reported the largest financial burden for paying for laboratory services in 2023; diagnostic services: IDPs with median 5000, mean 3885.40, standard deviation 427.40. The amount of payments for laboratory and diagnostic services is generally much higher for persons with IDP status compared to other categories of the population (median 6,000, average 4,591.30, standard deviation 512.30 UAH).

4.4. Financial burden

The healthcare system should ensure not only the improvement of the population's health but also financial protection against the risks and catastrophic costs that the population may incur when seeking medical assistance.

The financial burden associated with inpatient care refers to the ratio of the household's total expenditure on this type of care to its income. Most often, people feel the financial burden when out-of-pocket health care costs make up 40% or more of household expenses. And in this case, households bear catastrophic costs[5].

A survey on respondent-reported financial burden provides qualitative information about the need to pay and the consequences of paying out-of-pocket for health services[6], while even small payments potentially cause financial burdens for poor households[7].

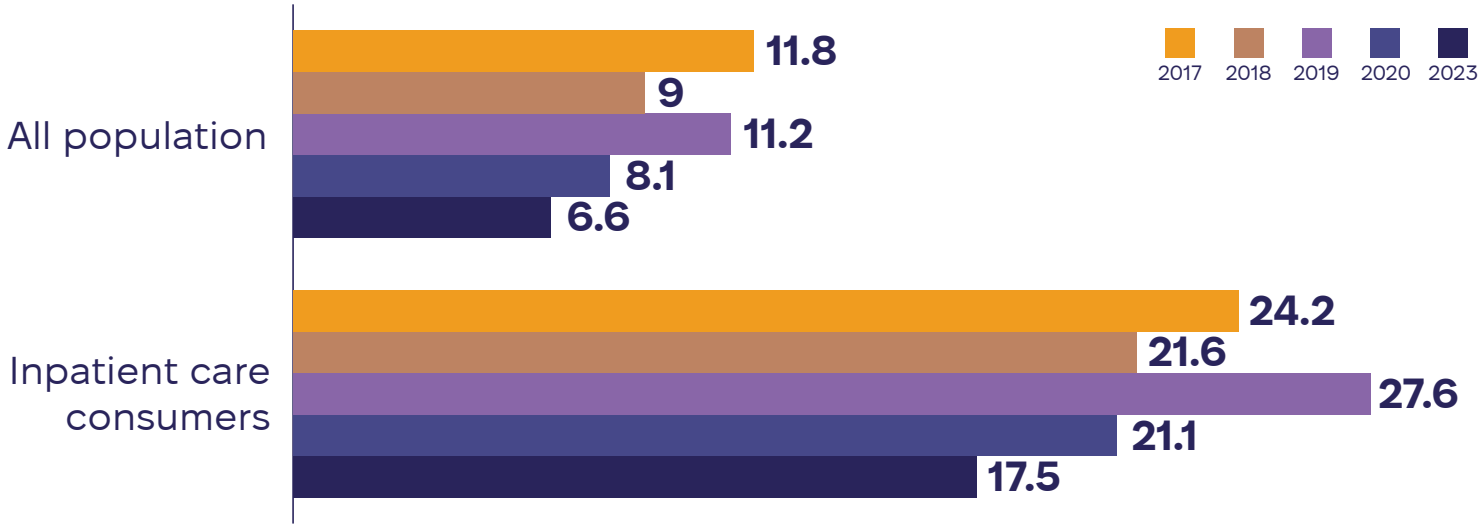


Fig. 4.5. Percentage of people refusing hospitalization due to lack of funds during 12 months, among the total population and in-patient care users: comparison by survey years

5 McIntyre D., Kutzin J. Health Financing Country Diagnostic: A Foundation for National Strategy Development, Health Financing Guidance No. 1. World Health Organization; Geneva, Switzerland: 2016. URL:. https://apps.who.int/iris/bitstream/handle/10665/204283/9789241510110_eng.pdf2
OECD (2023), Health at a Glance 2023: OECD Indicators, OECD Publishing, Paris, https://doi.org/10.1787/7a7afb35-en.

6 Eurostat EU Statistics on Income and Living Conditions (EU-SILC) Methodology. URL:. https://ec.europa.eu/eurostat/web/income-and-living-conditions/methodology

7 Thomson S., Cylus J., Evetovits T. Can People Afford to Pay for Health Care? New Evidence on Financial Protection in Europe. World Health Organization Regional Office for Europe; Copenhagen, Denmark: 2019.URL: https://www.euro.who.int/__data/assets/pdf_file/0003/421167/Can-people-afford-to-pay-for-health-care.pdf

According to the current survey, 6.6% of the adult population of Ukraine and 17.5% of consumers of inpatient care had cases of refusal of hospitalization due to a lack of financial resources in the last 12 months. The results indicate a gradual decrease in the share of respondents who refused hospitalization due to lack of funds: from 11.8% in 2017 to 6.6% in 2023 among the adult population; from 24.2% in 2017 to 17.5% in 2023 among inpatient care users (**Fig. 4.5**).

The highest share of those who refused hospitalization due to financial difficulties was recorded among women (7.7% versus 5.4% among men). The same applies to inpatient care users, as indicated by 19.5% of female respondents and 15.5% of male respondents.

As for differences in age, a refusal due to lack of funds was most often reported by persons 60+ (10.7% among the entire population, 24.4% among inpatient care users). Also, the level of refusals from hospitalization increases with age, from 3.2% in the youngest age group to 10.7% among the oldest population and from 14.0% to 24.4% among inpatient care users.

There are practically no differences by place of residence.

A somewhat larger share of respondents indicated refusal among IDPs (8.4% versus 6.5% among non-IDPs) and among consumers of inpatient care – 20.3% versus 17.1%, respectively (**Table 4.10**).

4.5. Assessment of inpatient care aspects

In order to assess which aspects of inpatient care are important for patients, respondents who had hospitalization experience were asked to choose no more than three answers to a relevant question from the list.

For inpatient care users, the level of doctor's qualifications is the most important aspect, which was indicated by every second respondent (53.6%) among those who were hospitalized during the last 12 months. In second place is the effectiveness of treatment, which was indicated by 42.2% of respondents. Every third respondent stated the supply of medicines (32.3%) and the availability of diagnostic and laboratory tests (32.2%) as the priority when receiving inpatient care.

Based on the answers of the respondents, sanitary and living conditions (22.8%), registration time in the reception department (23.6%), quality of food (15.4%), friendliness of doctors (13.7 %), comprehensibility and transparency of payment policy (6.1%) are relatively less important; the friendliness of nurses (5.2%) is the least important (**Fig. 4.6**).

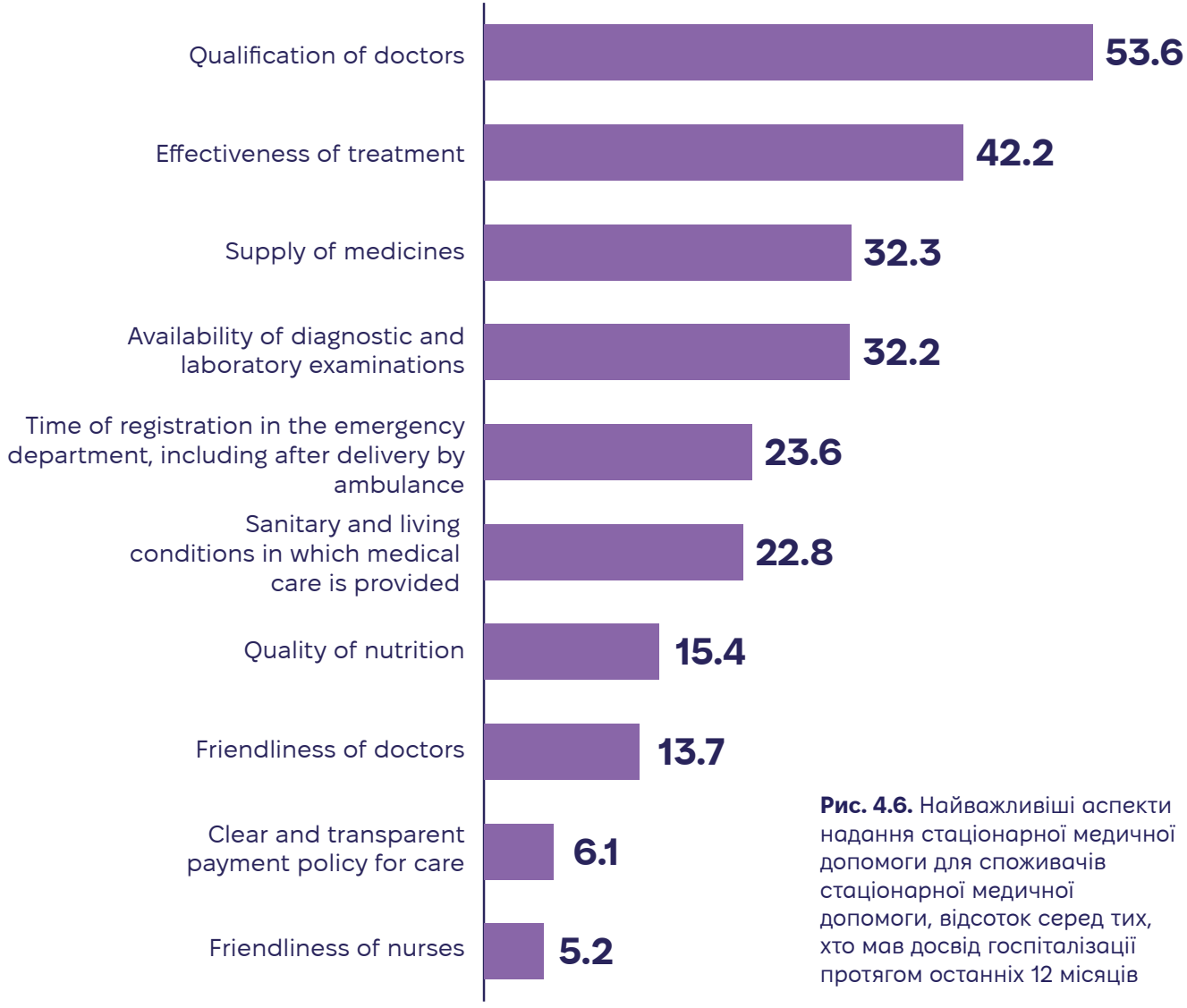


Рис. 4.6. Найважливіші аспекти надання стаціонарної медичної допомоги для споживачів стаціонарної медичної допомоги, відсоток серед тих, хто мав досвід госпіталізації протягом останніх 12 місяців

Regardless of age, gender, and place of residence, one of the most important aspects of the inpatient care provision in 2023 is the level of doctor's qualifications, which is especially important for users under the age of 60 (about 55%).

Treatment effectiveness is most important for every second respondent (49.2%) in the 45-59 age group. At the same time, no significant differences in this aspect were found among persons aged 30-44 years and 60+ years (38.6% and 38.4%, respectively).

Registration time in the reception department, incl. after delivery by the emergency medical care team, is an important aspect of hospitalization, especially in the age group of 30-44 years, as reported by 34.0% of respondents in this group. Almost one in four respondents emphasized its importance regardless of age, gender, and place of residence.

As for the availability of diagnostic and laboratory examinations, no significant differences were recorded: regardless of socio-demographic characteristics, this aspect is important for almost every third respondent.

Availability of medication is also important for all categories of respondents, although it is most relevant for people 60+ years old (35.6%). No differences were recorded by place of residence.

Respondents in younger age groups paid more attention to sanitary and household conditions while being treated in a hospital (respectively, 31.2% among the youngest and 33.6% aged 30-44).

The most important aspects of providing inpatient medical care	Year				
	2023	2020	2019	2018	2016
Registration time in the reception department, including after transportation by ambulance	23,6	18,8	16,1	16,1	16,0
Sanitary and household conditions in which medical assistance is provided	22,8	19,5	20,4	19,0	18,0
Food quality	15,4	9,2	8,4	8,2	8,9
Availability of diagnostic and laboratory examinations	32,2	40,8	38,2	39,1	36,8
Availability of medicines	32,3	40,4	41,0	43,0	38,4
Doctor's qualification	53,6	59,5	64,0	63,8	56,4
Doctor's attitude	13,7	16,4	15,1	12,2	13,7
Nurses' attitude	5,2	6,0	6,1	4,3	5,1
Treatment effectiveness	42,2	54,5	50,1	47,1	42,7
Clear and transparent payment policy	6,1	9,6	9,4	8,3	11,7

Table 4.12. The most important aspects of providing inpatient medical care: comparison by years

The quality of food is important for men (17.2% against 13.5% of women who indicated the importance of this aspect), as well as for persons of younger age categories (19.5% of respondents aged 18-29 and 18.5% - 30-44 years).

A clear and transparent payment policy is more important for young people (7.8% versus 5.0% of the oldest respondents).

No significant differences were found in the evaluation of aspects of inpatient care provision among IDPs compared to those who permanently live in a certain territory, with the exception of the effectiveness of treatment (important for 51.4% of IDPs vs. 40.9% of non-IDPs) and the quality of nutrition (important for 9.6% of IDPs against 16.2% of non-IDPs) (**Table 4.11**).

Compared to previous years, the share of respondents who considered the quality of food to be an important aspect of providing inpatient care increased, as indicated by 15.4%. This is the highest figure for the entire period of the study. On the other hand, the relevance of such aspects as the availability of medicines and doctor's qualification decreased somewhat, but they are still among the top 5 most important. The relevance of the doctor's attitude in communication with patients and relatives also decreased: this aspect was called one of the most important by 13.7% in 2023 against 16.4% in 2020 (**Table 4.12**).

Therefore, according to the data of the conducted research, the share of respondents who had hospitalization experience during the last 12 months increased slightly compared to the period of the COVID-19 pandemic (10.8% versus 9.2% in 2020) but decreased relative to the observation periods of 2017–2019. At the same time, there was a gradual decrease in the share of those who paid for hospitalization.

As in previous years, respondents in the older age category more often reported two or more hospitalizations. This can be explained by the fact that exacerbations and complications of chronic diseases are more often observed among older age groups, which form the corresponding needs for inpatient medical care.

Rural residents were hospitalized for surgical interventions more often than urban residents, which requires additional study and clarification of possible reasons.

Respondents with IDP status sought inpatient care more often than those who lived permanently in the territory. Such a difference can be explained by the fact that "every fifth (21.6%) is over 65 years old" among the registered IDPs and "26% of IDPs are unable to cover basic expenses"[8], as well as the negative impact on health "experiencing the stress of being forced to change their place of residence and adapting their lifestyle to new conditions" (International Organization for Migration (IOM), 2023)[9]. Other unfavorable factors, such as unsatisfactory living conditions, uncertainty, lack of prospects, anxiety about one's future and one's children, etc., can provoke a deterioration in health.

8 Report on internal displacement in Ukraine. Survey of the general population. Round 13. June 2023. IOM. URL: https://dtm.iom.int/reports/ukrai-na-zvit-pro-situaciyu-z-vnutrishnim-peremischennyam-zagalne-opituvannya-naselennya

9 Internally displaced persons/Ministry of Social Policy of Ukraine. URL: https://www.msp.gov.ua/timeline/Vnutrishno-peremishcheni-osobi.html

SECTION 5.

AFFORDABILITY OF MEDICINES

Maryna Shevchenko,
Doctor of Medical Sciences,
Professor at the School of Public Health of Kyiv-Mohyla Academy

Key results

In 2023, the share of respondents who reported the presence of users of the state Affordable Medicines Program in their households increased to 17.9%, and this is the highest figure in all previous periods.

21.6% of respondents among recipients of outpatient care had personal experience of using the state Affordable Medicines Program, which is three times higher than in the year of its introduction (2017).

As in previous years of the study, women (23.1% vs. 19.3% among men), people in the age groups of 45-59 years and 60+ (21.0% and 39.2%, respectively) are more likely to use the program among recipients of outpatient care. It should be noted that persons with IDP status used the Affordable Medicines Program less often (16.7% vs. 22.1% among persons who permanently resided in the relevant territory).

The Affordable Medicines Program was quite positively evaluated by its users. Overall, 3/4 of the surveyed users believe that medicines have become more affordable for them.

84.6% of respondents who sought outpatient medical care used the Affordable Medicines Program on the recommendation of a doctor. This percentage is lower among respondents with IDP status (69.9% vs. 85.8% among non-IDPs).

As in previous years, there is a trend towards an increase in the share of Program participants who received medicine with a surcharge and a decrease in those who received it exclusively free of charge (31.6% vs. 66.6% who bought medicines with a surcharge).

During respondents' last visit for outpatient care, doctors prescribed an average of 3.6 medicines, and in the hospital – 5.5, which is slightly lower than in previous observation periods.

Lack of financial resources remains one of the main reasons for not receiving the necessary medicines, as reported by every second consumer of both outpatient and inpatient care. People aged 60+ (47.9%) and IDPs (49.9%) are the most vulnerable groups of the population facing difficulties and more often pointed to the lack of funds as the reason for not buying all medicines or not purchasing medicines at all.

According to the results of the survey, during the last 30 days preceding the interview, 66.2% of respondents spent on medicines from the personal or family budget, and this share is higher than in previous periods of the survey (2020 – 53.6%, 2019 – 56.0%, 2018 – 54.8%).

The total cost of medicines over the past 30 days averaged UAH 1540.8 (median – UAH 1000, st. deviation – 34.1), and this is the highest figure for all time periods of the study.

5.1. User experience and attitude to the Affordable Medicines Program

This section presents the results of the analysis of the user experience and the attitude of Ukrainians to the state Affordable Medicines Program (hereinafter referred to as the Program), which was launched in 2017 as part of the health care system reform in Ukraine.

The Program provides full or partial reimbursement of the cost of essential medicines for the outpatient treatment of cardiovascular and cerebrovascular diseases, diabetes mellitus and diabetes insipidus, chronic diseases of the lower respiratory tract, mental and behavioral disorders, epilepsy, Parkinson's disease[1].

The data of the current study indicate an increase in the share of respondents in whose households there are users of the Program: from 12.7% in 2020 to 17.9% in 2023. The largest increase was recorded for respondents aged 18-29 and 30-44 (from 4.4% in 2020 to 9.0% in 2023, respectively; from 4.9% in 2020 to 10.3% in 2023), with basic and complete higher education (from 7.4% in 2020 to 13.4% in 2023, respectively; from 9.9% in 2020 to 16.4% in 2023), people who rated their health as "good" (from 6.2% in 2020 to 11.4% in 2023) and "very good" (from 4.6% in 2020 to 7.0% in 2023).

In the regional context, the largest changes occurred in Volyn (doubled from 11.4% in 2020 to 24.2% in 2023), Zhytomyr (from 15.1% in 2020 to 20.8% in 2023), Zaporizhzhia (almost doubled from 15.4% in 2020 to 25.5% in 2023), Kirovohrad (from 10.8% in 2020 to 16.4% in 2023), Mykolaiv (doubled from 7.9% in 2020 to 16.1% in 2023), Odesa (almost tripled from 6.6% in 2020 to 18.3% in 2023), Rivne (doubled from 7.8% in 2020 to 16.9% in 2023), Sumy (tripled from 7.2% in 2020 to 21.2% in 2023), Kherson (more than doubled from 9.8% in 2020 to 23.7% in 2023) regions and the city of Kyiv (doubled from 5.4% in 2020 to 13.2% in 2023).

In general, there is a positive trend in participation in the Program among recipients of outpatient care. The proportion of respondents who indicated their own experience of receiving medicines under the Program increased from 7.6% in 2017 to 21.6% in 2023. At the same time, it should be noted that in 2019 and 2020, this figure was identical among the surveyed consumers of outpatient medical care (20.6%) (Tab. 5.1).

In 2023, the trends of previous years are observed in terms of socio-demographic characteristics of the Program participants. In particular, as in previous years, women more often participated in the Program (23.1% vs. 19.3% among men), although the rate of change was higher among men (the rate of increase compared to 2017 was 251% vs. 148% among women). In 2018, 13.5% of men reported this experience, in 2019 – 16.5%, in 2020 – 18.2%.

Respondents in the age groups 45-59 years old and 60+ most often used the Program (21.0% and 39.2%, respectively). No significant differences were found in all other age categories according to the results of the survey (7-9% of respondents of younger age groups reported their experience).

Compared to 2020, the proportion of Program users among respondents aged 60+ has not changed much (41.2% in 2020, 39.2% in 2023). In previous years, the proportion of

1 Some issues of the implementation of the program of state guarantees of medical care for the population in 2023: Resolution No. 1464 of the Cabinet of Ministers of Ukraine dated December 27, 2022 . URL: https://zakon.rada.gov.ua/laws/show/1464-2022-%D0%BF#Text

respondents in this age group has gradually increased (35.5% in 2018, 36.8% in 2019 and 41.2% in 2020). This can be explained by the growing level of awareness of older respondents about the Program, which corresponds to the results of other surveys[2].

There were no significant differences in the current study among the users of the Program by place of residence (21.8% of urban and 21.0% of rural residents reported their experience). At the same time, there has been a decrease in the negative trends of previous years, when during 2018-2020 a gradual increase in the gap in participation in the Program between urban and rural residents was recorded (22.3% of urban residents against 16.9% of rural residents in 2020, 21.1% against 19.2% in 2019 and 18.1% against 19.1% in 2018, respectively).

The proportion of respondents with IDP status who reported their experience of using the Program was lower than among those who permanently resided in their territory (16.7% vs. 22.1%, respectively).

As for the level of education, in general, more users of the Program were recorded among respondents with a lower level of education, as in previous studies: 21.5% with complete general secondary, 24.4% with vocational and technical, 26.1% with incomplete higher/secondary specialized education against 17.9% with complete higher education. At the same time, in 2023, there was an increase in the proportion of respondents with complete higher education who took advantage of the Program (in particular, twice compared to 2017; and from 13.8% to 17.9% compared to 2020).

As in previous years, a larger proportion of those who rated their health worse (39.1% among those who rated "very poor", 33.3% – "poor" and 28.0% – "average") were users of the Affordable Medicines Program. Compared to 2020, the proportion of such respondents remained practically unchanged, although in previous years there were fluctuations in the proportions of Program participants (up to 10 percentage points): in 2019, 30.3% among those who considered their health to be "very poor", in 2018 – 40.4%; in 2018, 41.7% among those who assess their health as "poor" and 33.6% in 2019[3] (**Tab. 5.1**).

Regionally, the most users of the Program in 2023 were among respondents from Kirovohrad (44.2%), Kherson (30.9%), Zaporizhzhia (30.4%), Zhytomyr (30.2%), Volyn (28.5%) and Sumy (27.5%) regions, which exceeds the national average (21.6%, respectively); the smallest proportion was in Ivano-Frankivsk (9.5%), Chernihiv (12.3%), Kyiv (16.0%), Vinnytsia (17.9%) regions and the city of Kyiv (15.6%) (**Fig. 5.1**).

In the previous three years, fluctuations in the proportions of Program participants (up to 20 percentage points) were recorded in certain regions. In particular, the proportion of users has almost doubled in Kirovohrad (2018 – 28.1%, 2019 – 24.6%, 2020 – 21.8% vs. 44.2% in 2023), Kherson (2018 – 16.5%, 2019 – 9.3%, 2020 – 12.2% vs. 30.9% in 2023), Sumy (2018 – 25.7%, 2019 – 20.6%, 2020 – 11.7% vs. 27.5% in 2023), Odesa (2018 – 11.1%, 2019 – 14.2%, 2020 – 9.6% vs. 25.0% in 2023) regions. There was a decrease in the proportion of respondents compared to previous periods of the study in Ivano-Frankivsk (2018 – 17.2%, 2019 – 24.0%, 2020 – 12.8% vs. 9.5% in 2023), Chernihiv (2018 – 27.1%, 2019 – 21.3%, 2020 – 17.9% vs. 12.3% in 2023) regions and the city of Kyiv (2018 – 31.6%, 2019 – 23.4%, 2020 – 18.0% vs. 15.6% in 2023). It is not possible to track the dynamics of changes in the participation of respondents from Donetsk and Luhansk regions in the program (**Tab. 5.2**).

In 2023, 84.6% of respondents who sought outpatient medical care used the Program on the recommendation of a doctor, which indi-

2 Assessment of the medical sphere in Ukraine (May 21-29, 2019: Sociological group "Rating". URL: https://ratinggroup.ua/research/ukraine/ocenka_medicinskoy_sfery_v_ukraine_21-29_maya_2019_goda.html

3 Health Index. Ukraine-2020: Results of a nationwide survey. Kyiv, 2021

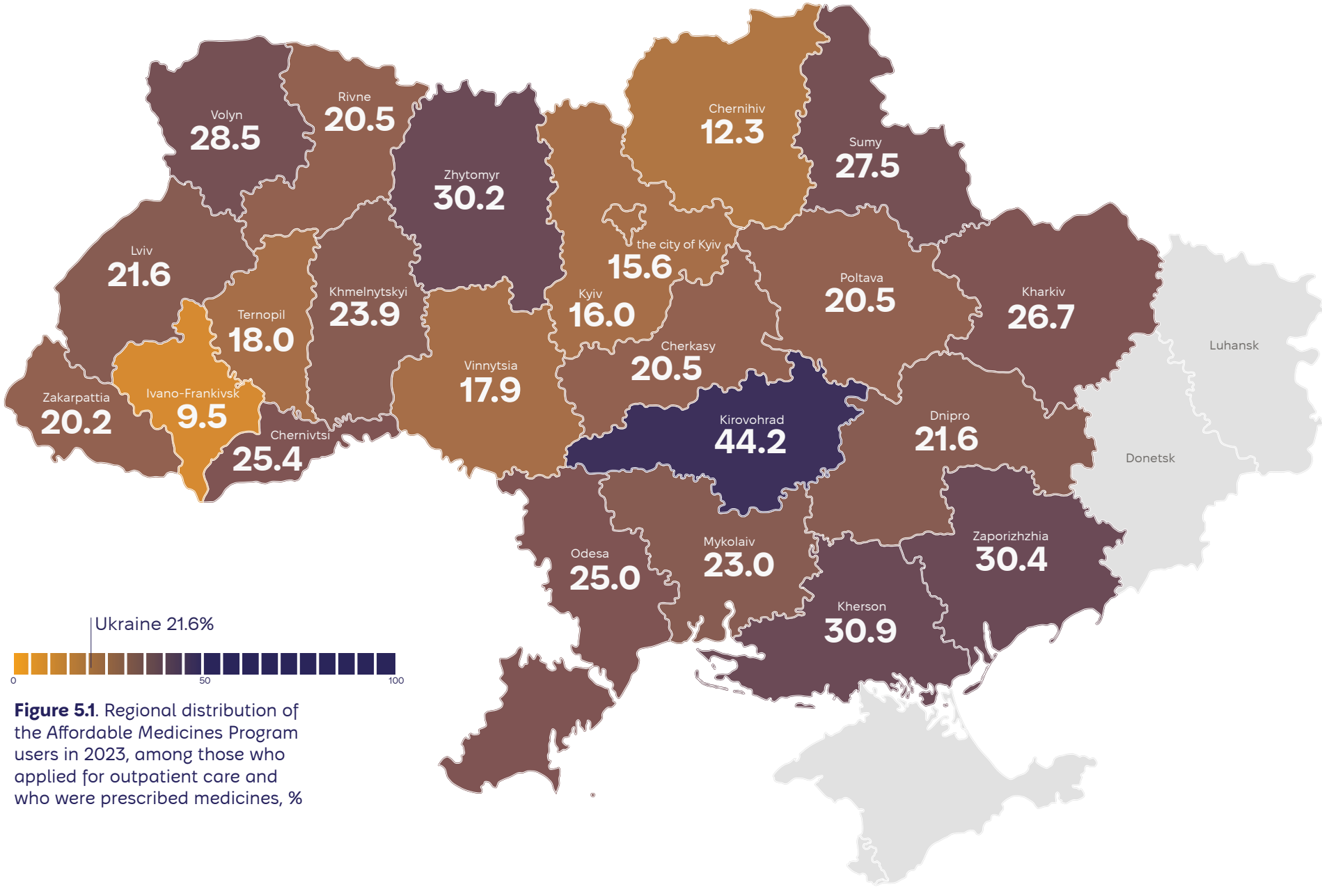


Figure 5.1. Regional distribution of the Affordable Medicines Program users in 2023, among those who applied for outpatient care and who were prescribed medicines, %

cates, on the one hand, a high level of patient trust in a doctor, and on the other hand, the availability of the reimbursement program (Tab. 5.3).

According to the results of the study, the proportion of men who used the Program on the recommendation of a doctor increased slightly in 2023 (86.0% versus 83.8% of women).

In terms of age, the number of users who were involved by doctors in the Program is higher among older respondents (86.5% among 60+ and 83.6% among 45-59 years old), but in 2023, the proportion of users among younger categories also increased (respectively, 84.3% among those aged 18-29, compared to 37.2% in 2020 and 53.9% in 2019; 76.3% among 30-44-year-olds against 47.2% in 2020 and 67.4% in 2019).

It was found that 69.9% of respondents with IDP status joined the Program on the recommendation of a doctor compared to 85.8% among persons who did not have such status. This indicates possible barriers and the importance of establishing contacts between IDPs and the medical system in their new place of residence. (Tab. 5.3).

In the regional context, in 2023, the largest number of users to whom the doctor suggested using the Program was recorded among respondents from Kirovohrad and Zakarpattia (100% each), Poltava (97.0%), Khmelnytskyi (95.7%) and Zhytomyr (90.0%) regions, which exceeds the national average (84.6%, respectively); the smallest proportion is in Ternopil (25.4%) and Chernihiv (58.0%).

Also, in the current study, certain differences in the level of the Program use were found compared to previous periods. The proportion of the Program users on the recommendation of a doctor is gradually increasing in Poltava, Vinnytsia, and Zhytomyr regions.

In the previous three years, fluctuations in the proportions of participants in the Program, who were invited by the doctor to join it, were recorded in some regions. In particular, the proportion of respondents in Ternopil region has almost tripled (2018 – 65.8%, 2019 – 83.1%, 2020 – 78.4% vs. 25.4% in 2023). At the same time, the proportion of such respondents has slightly increased in some western regions: Lviv (2023 – 83.2%, vs. 75.2% in 2020, 65.3% in 2019, 68.0% in 2018), Rivne (93.1% in 2023 vs. 69.4% in 2020, 72.8% in 2019, 85.8% in 2018), Chernivtsi (89.7% in 2023 vs.70.5% in 2020, 72.7% in 2019, 62.0% in 2018), which may be due to internal migration processes among both the population and medical workers since the beginning of the military invasion (Tab. 5.4).

It should be noted that during the study period, the proportion of respondents who received medicines under the Program increased (from 81.1% in 2018 to 88.4% in 2023, or an increase of 7.3 percentage points) (**Fig. 5.2**).

Compared to 2018-2019, most respondents answered in the affirmative to the question "Were you able to get all medicines at the pharmacy under the Affordable Medicines program?" (43.8% in 2018, 47.2% in 2019, and 62.9% in 2023, or an increase of 15-19 percentage points). Compared to 2020, the indi-

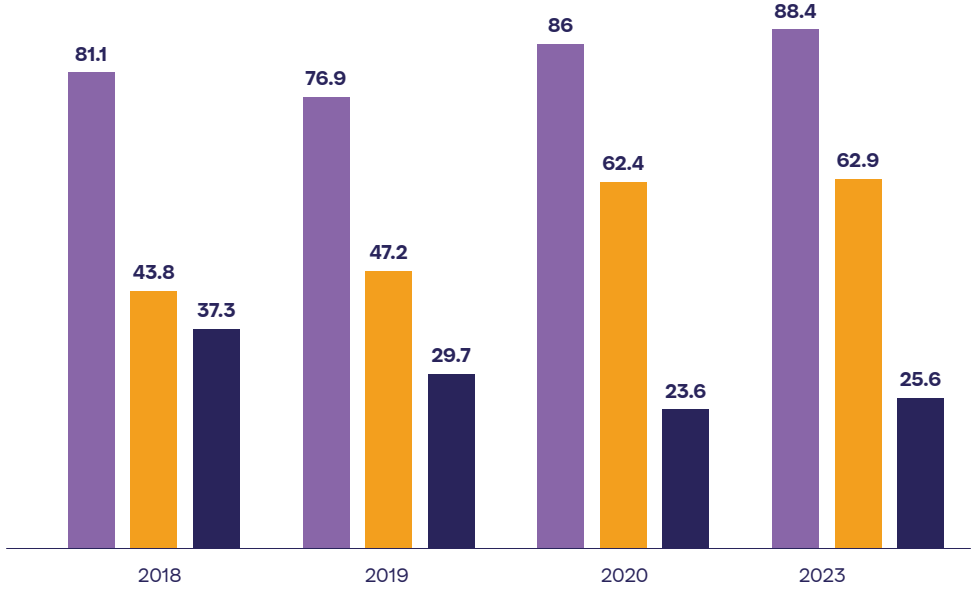


Figure 5.2. Share of respondents who were able to receive medicines under the Affordable Medicines Program: comparison by years of the study

cator remained practically unchanged (62.9% in 2023 versus 62.4% in 2020).

In 2023, 63.7% of women and 61.3% of men received the medicines in full. Among older people aged 60+, 67.4% indicated receiving all medications, and this is the highest rate among age groups. The proportion of such respondents in the 30-44 age group has almost doubled compared to previous years (from 31.1% in 2018 to 57.4% in 2023, respectively).

There was also an increase in the proportion of users who received all medicines among respondents with basic and complete higher education (from 25.3% in 2018 to 74.4% in 2023, respectively, and from 28.6% in 2018 to 66.8% in 2023), while the proportion of such respondents with primary or incomplete general secondary education decreased (from 50.3% in 2018 to 38.3% in 2023). Also, 63.3% of respondents with IDP status received all medicines.

In 2023, a larger proportion of those who rated their health worse (81.3% among those who rated their health as "very poor", 60.0% as "poor" and 64.2% as "average") received all medicines under the Program. The proportion of such users has increased compared to previous periods of the study.

In general, almost every fourth respondent among the users of the Program reported receiving only part of the medicines. This situation was most often indicated by respondents aged 18-29 (41.8% in 2023) and those with primary or incomplete general secondary education (54.4% in 2023) (**Tab. 5.5**).

As in previous years, there is a trend towards an increase in the share of Program participants who received medicines with a surcharge and a decrease in those who received medicines exclusively free of charge: in 2023, 31.6% received medicines free of charge and 66.6% with a surcharge, in 2020 – 37.3% free of charge and 60.8% with a surcharge, in 2019 – 44.5% free of charge and 55.5% with a surcharge, and in 2018 – 46.5% and 53.5%, respectively. Thus, the difference between 2023 and 2018 is almost 15 percentage points (**Fig. 5.3**)

In general, there are no significant differences between different socio-demographic groups according to the respondents' answers regarding full or partial reimbursement of the costs of medicines under the Program. At the same time, it should be noted that respond-

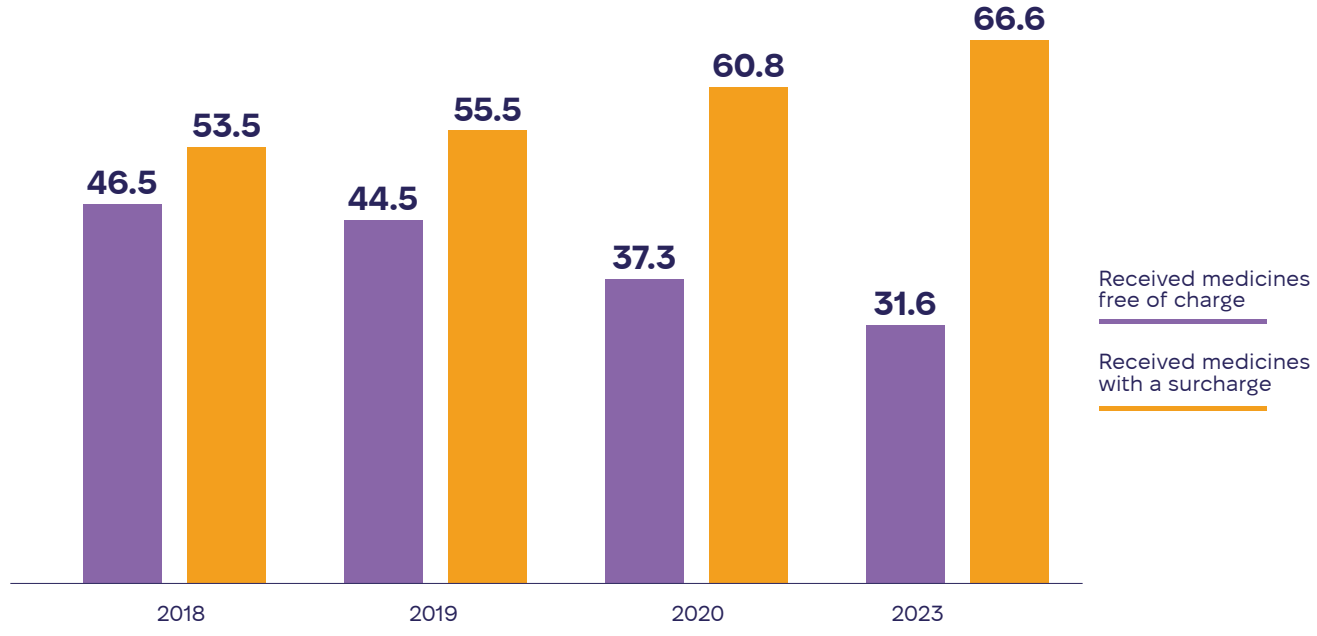


Fig. 5.3. Proportion of those who received medicines under the Affordable Medicines Program free of charge/with surcharge: comparison by years of study

ents in the age groups of 30-44 and 45-59 years old in 2023 preferred to receive medicines for free; compared to 2020, their proportion increased slightly (by 2-6 percentage points).

In the regional context, the results of the study indicate that respondents from some western and central regions preferred to receive medicines free of charge in 2023. For example, 68.0% of respondents from Kirovohrad and 58.4% from Ternopil regions indicated that they receive medicines free of charge, and the proportion of such respondents increased compared to 2020 (18.4% and 32.8%, respectively).

Those respondents who were not able to receive all the medicines under the Program were asked about the reasons. The main barriers for Program users, as in previous years, remain the lack of necessary medicines in the pharmacy, while it should be noted that the proportion of respondents who indicated other reasons has increased (40.8% in 2023 versus 18.9% in 2018).

The rest of the barriers are less common: respondents could not get to the pharmacy participating in the Program (6.4%), the doctor did not have the appropriate prescription forms (3.3%), the doctor refused to provide a prescription for another reason (3.2%) or the pharmacy refused to provide medicines (1.2%).

Men are more likely than women to mention the lack of necessary medicines in the pharmacy among the main barriers (35.1% vs. 14.4%). It was also a problem for people aged 60+ (28%), respondents from urban settlements (23.0% vs. 14.2%) and those with incomplete higher/secondary specialized education (35.2%), as well as respondents who considered their health to be "very good" (58.1%). Compared to previous periods of the study, the situation regarding the organizational aspects of prescribing and receiving medicines in the pharmacy has improved (**Tab. 5.6**).

As for the respondents' perception of the availability of medicines under the Program, the situation has not changed compared to 2020: 75.8% of respondents believe that medicines have become more available. Compared to the period of 2018-2019, this percentage has increased (2019 – 57.5%, 2018 – 62.5%).

In 2023, residents of rural areas were more likely to give positive assessments of the Program (78.1%), while in 2019 50.3% of those living in rural settlements assessed the Program positively, and in 2020 – 65.6% (**Tab. 5.7**).

5.2. Consumption of medicines without a doctor's prescription

As part of the Health Index study, respondents' experience of medicine consumption was measured, both based on seeking medical care and without a doctor's prescription. In 2023, 41.5% of respondents (N=3417) reported illness or injury in the last 12 months (Section 2.4). Of these, 64.2% sought professional medical help, and 35.8% (N = 1223) self-medicated.

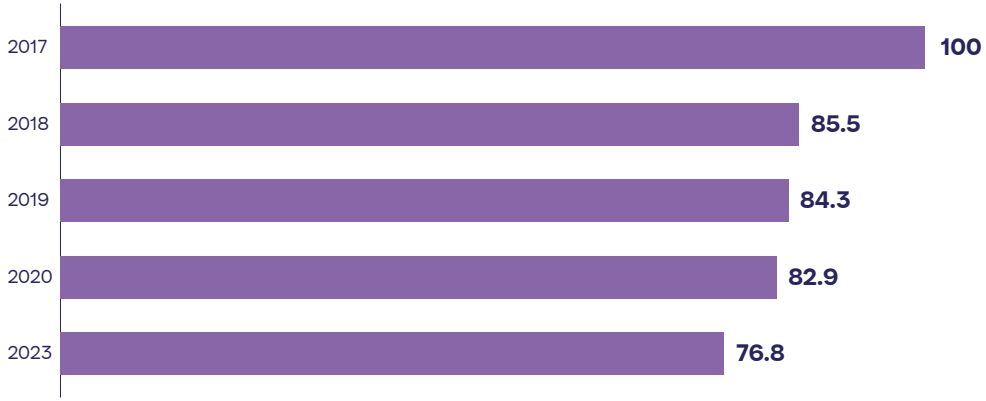


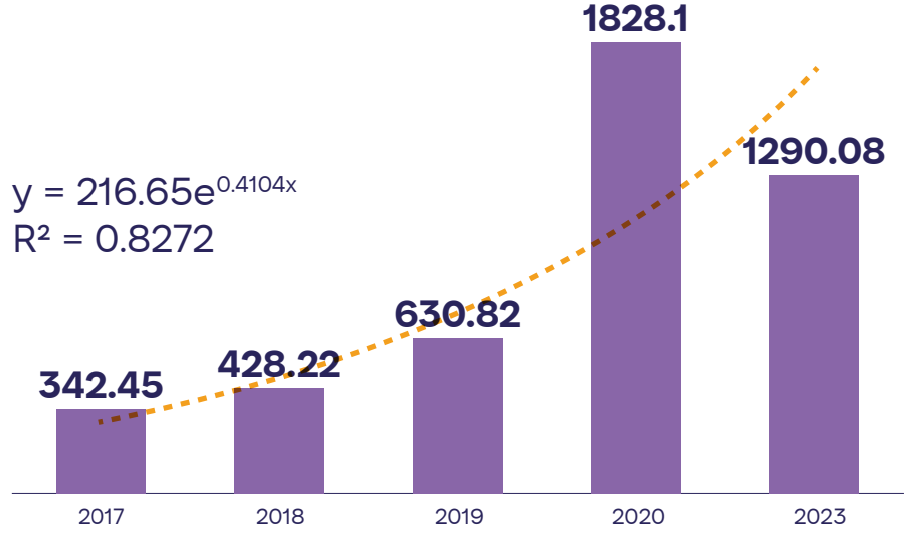
Figure 5.4. Proportion of persons who had expenses for medicines related to the last illness or injury among those who did not go to the doctor/paramedic for medical care: comparison by years

The majority of those who did not seek medical care during their last illness or injury in the last 12 months, namely 76.8%, bought medicines (Fig. 5.4). This percentage in 2023 is the lowest compared to previous periods of the study (in 2017 it was the highest at 100%).

As in previous periods of the study, there were no significant socio-demographic features in the consumption of medicines without a doctor's prescription (**Tab. 5.8**).

According to 2023 data, certain differences by gender persist; in particular, more women than men had spending on medicines, as in 2020, although the gap narrowed (from 11.5 percentage points in 2020 to 9.1% in 2023). The gap in data on the cost of medicines without a doctor's prescription between the youngest and older groups of respondents has also decreased, although respondents aged 60+ were less likely to buy medicines on their own. The proportion of such respondents also decreased from 87.9% in 2020 to 72.6% in 2023 in the 45-59 age group (-15.3 percentage points)

Also, respondents with IDP status were more likely to buy medicines on their own due to the last illness or injury (81.0% vs. 76.3% non-IDPs).



In 2023, respondents reported that they spent an average of UAH 1290.08 on self-treatment, which is less than in 2020 (UAH 1828.10), but this amount is twice or more higher than similar expenses in the study periods of 2017-2019 (UAH 342.45, UAH 428.22, UAH 650.82, respectively) (**Fig. 5.5.**).

In 2023, larger amounts for the purchase of medicines for self-medication were spent by men (UAH 1754.13 vs. UAH 993.74 for women), persons aged 30–44 (UAH 1703.21, which is the highest among other age groups), residents of rural settlements (UAH 1463.88 vs. UAH 1224.68 for urban residents), respondents with incomplete higher/secondary specialized education (UAH 2054.5, and this is the highest by level of education), persons with IDP status (UAH 1925.66 vs. UAH 1217.92 for non-IDPs) (Tab. 5.9).

An increase in the median value from 300 UAH in 2019-2020 up to 500 UAH was recorded. This indicates the presence of a significant variation in both data and large amounts (Tab. 5.9). The median value is slightly higher among respondents with incomplete higher/secondary specialized and basic higher education (550-600 UAH versus 500 UAH by other characteristics).

5.3. Use of medicines during outpatient treatment

In 2023, 89.7% of outpatient care users indicated that they had been prescribed medicines. This is slightly less than in previous periods of the study, when this percentage practically did not change and was fixed at the level of 90-93% (**Fig. 5.6**).

Compared to 2020, the proportion of respondents in Vinnytsia, Zakarpattia, Ivano-Frankivsk, Kyiv, Kirovohrad, Lviv, Khmelnytskyi, and Cherkasy regions who received a prescription for medicines during the last outpatient visit decreased (from 25 to 11 percentage points). Conversely, their proportion increased in Volyn (+8 percentage points), Zaporizhzhia (+5 percentage points), Chernihiv (+8.2 percentage points) regions and the city of Kyiv (+9.9 percentage points).

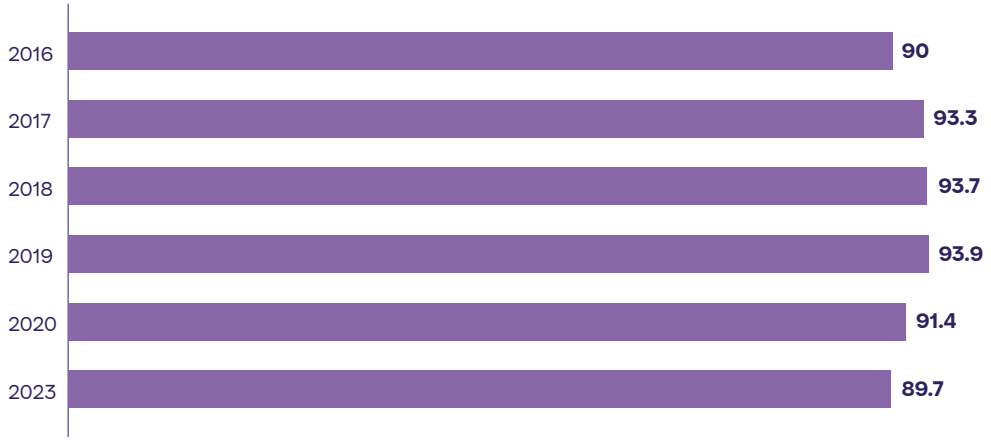


Figure 5.6. The share of respondents who received a prescription for medicines during the last outpatient visit

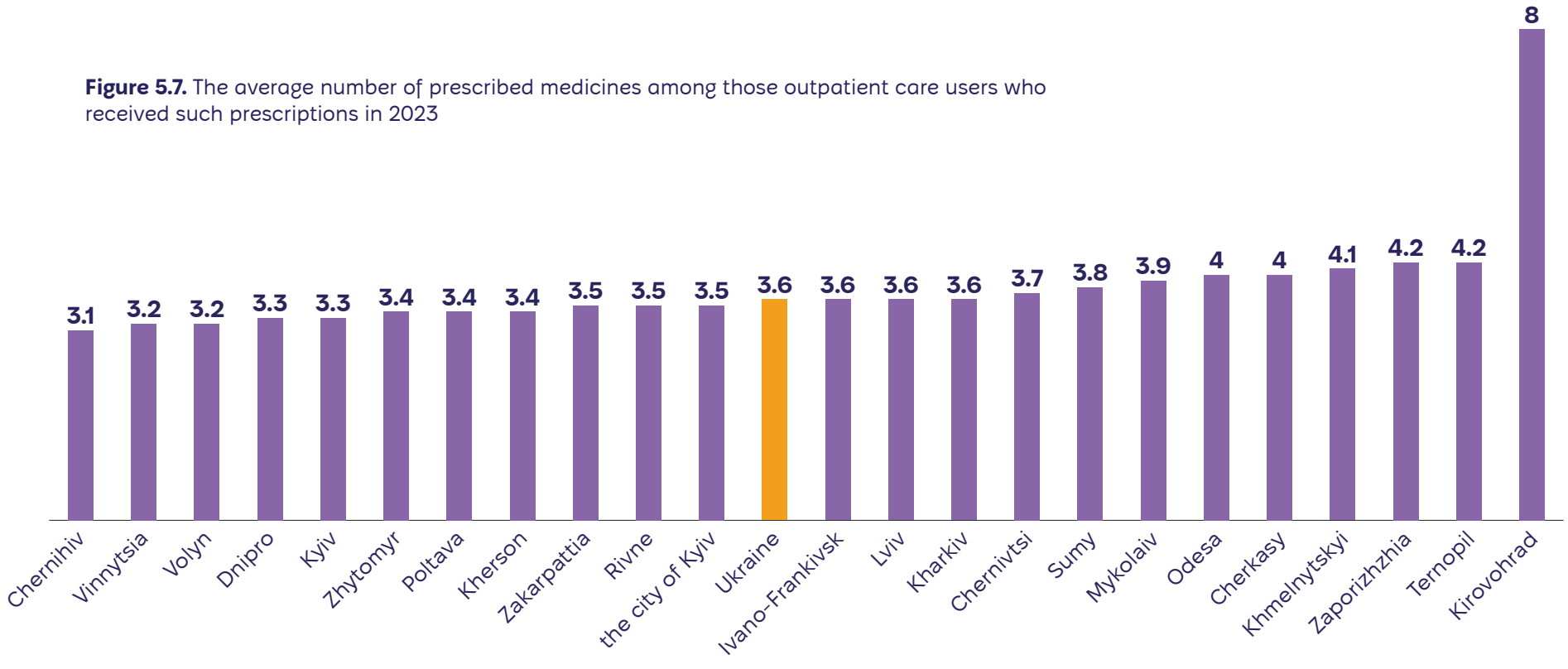
In the socio-demographic context, there were no changes in the prescription of medicines for outpatient treatment during the study period, except for a decrease in the proportion of respondents among people aged 60+, urban residents, respondents with vocational and incomplete higher/secondary specialized education (**Tab. 5.10**).

As for the number of prescribed medicines, the average value was 3.6 – almost like the value of previous years (3.8 – in 2020, 4.1 – in 2019, 3.6 – in 2018, 4.2 – in 2017).

According to 2023 data, doctors prescribed the largest number of medicines to respondents from Kirovohrad (8 items), Zaporizhzhia, and Ternopil regions (4.2 each). The Kirovohrad region remains leading in terms of the average number of prescribed medicines, as in previous years (**Fig. 5.7**).

Respondents answered the question "Have you been given a prescription without which it is impossible to purchase medicines or receive reimbursement?" in the same way as in 2020 (48.3% confirmed the availability of a prescription in 2023, 49.0% in 2020).

Figure 5.7. The average number of prescribed medicines among those outpatient care users who received such prescriptions in 2023



As for socio-demographic differences, in 2023, as in previous years, older people (60+) were slightly more likely to receive prescriptions. At the same time, there was a certain increase in the proportion of such respondents among young people aged 18-29 compared to 2020 (from 41.4% in 2020 to 49.4% in 2023). The trend towards prescribing medicines by gender and place of residence has changed: in previous time periods women received prescriptions more often, while in 2023 the proportion of men who reported such an experience increased (51.2% vs. 46.4% among women); rural residents also reported such an experience (51.4% vs. 47.0% among urban residents). Also, respondents with IDP status were more likely to go to the doctor for a prescription (51.7% vs. 47.9% among non-IDPs) (**Tab. 5.11**).

Figure 5.8 shows regional specifics. In 2023, those who lived in Zakarpattia (82.7%) and Dnipro (70.7%) regions reported receiving prescriptions the most; the least – in Cherkasy (21.1%) and Poltava (26.4%) regions. The trend of significant fluctuations of this indicator across regions persists throughout all the years of the study.

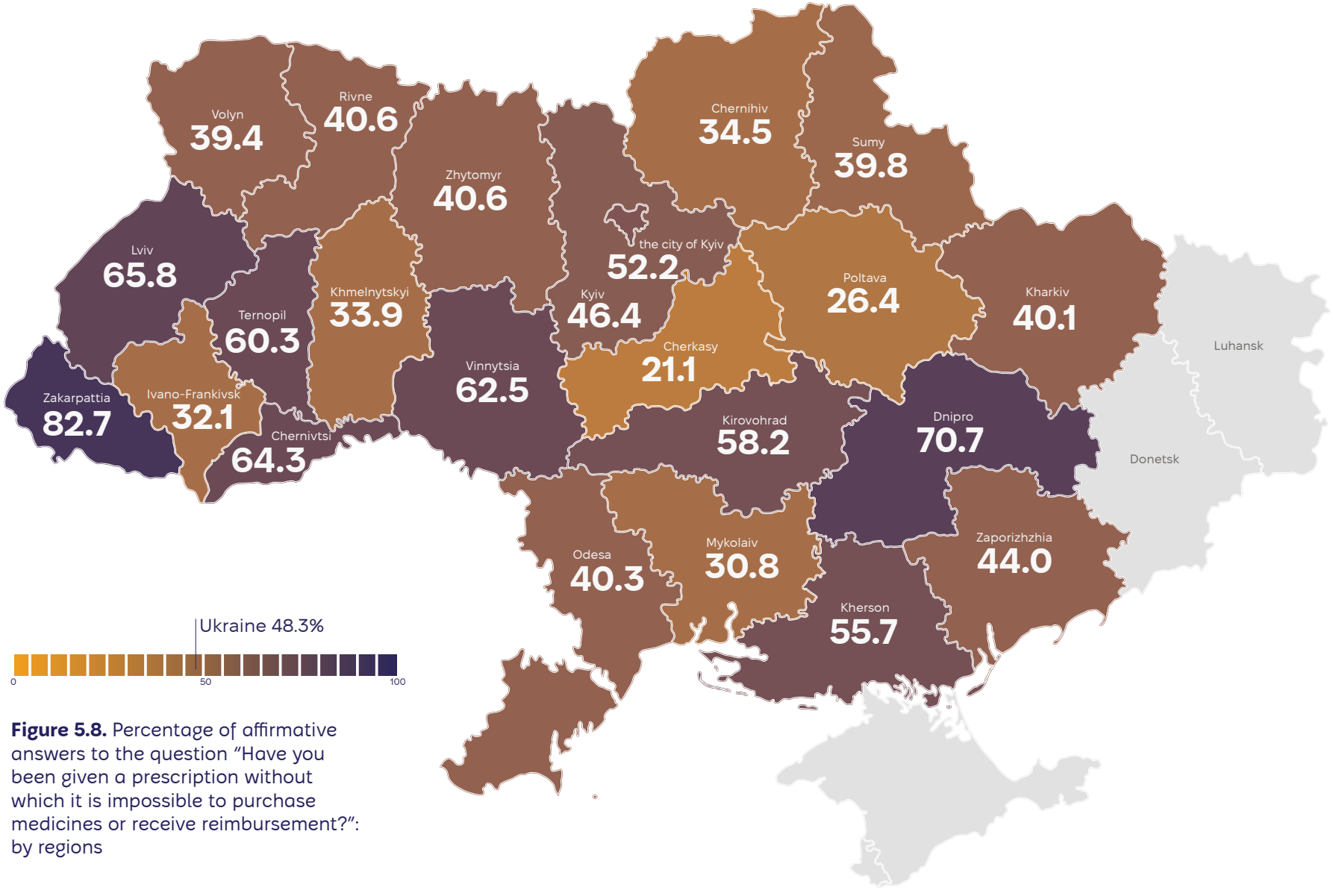


Figure 5.8. Percentage of affirmative answers to the question "Have you been given a prescription without which it is impossible to purchase medicines or receive reimbursement?": by regions

Financial protection of patients and the absence of barriers to access to medicines are important indicators of the health care system, so restrictions on the consumption of prescribed medicines need to be measured and analyzed. Most of the respondents indicated that they bought or received all the necessary medicines: 93.7% in 2023, 97.4% in 2020, 96.8% in 2019 and 93.7% in 2016 (Fig. 5.9). The proportion of those outpatients who were able to buy "almost all medicines" gradually decreases (9.7% in 2023, 10.4% in 2020, 13.9% in 2019, and 17.3% in 2016). There are also some fluctuations in the indicator between regions: the minimum value "purchased all medicines" is in Cherkasy region (80.6% of respondents), and the maximum – in Ternopil region (97.7%).

Respondents who did not buy or did not buy all medicines were asked the reasons for this. In 2023, 39.6% (N=152 people) did not consider it necessary to buy all medicines. Compared to previous years, there are no changes in the indicator: 40.3% in 2020, 42.5% in 2019. The proportion of respondents who could not buy medicine because they did not have enough funds slightly reduced: 40.2% in 2023, 45.7% in 2020, 44.3% in 2019.

The proportion of respondents who indicated reasons such as "were not available in the pharmacy, did not find it" and "other" almost did not change. (**Tab. 5.12**).

Compared to previous periods of the study, the proportion of respondents who indicated that they could not purchase medicines due to lack of funds decreased to the level of 2018: respectively, 40.2% in 2023, 45.7% in 2020, 44.3% in 2019, 40.6% in 2018, 47.2% in 2017. In the regional context, 63.0% of residents of Dnipro, 58.9% of Lviv, 57.4% of Volyn, as well as every second resident of Zhytomyr and Mykolaiv regions (respectively, 50.8% and 51.1%) had financial problems in purchasing medicines.

Respondents aged 60+ (47.9% vs. 28.3% among the youngest group), those with incomplete higher/secondary specialized education (48.2%), IDPs (49.9% vs. 38.5% of non-IDPs) also faced difficulties and more often indicated lack of funds as the reason for not buying all medicines or not purchasing medicines at all. These categories of respondents can be classified as the most vulnerable groups of the population who suffered from the financial burden of purchasing medicines (**Tab. 5.13**).

Most respondents paid for medicines, and their proportion is now slightly lower than in the 2017-2019 study period but 2.2 percentage points higher than in 2020: 94.6% in 2023 versus 92.8% in 2020, 97.6% in 2019, 96.5% in 2018, 96.2% in 2017.

Slightly higher median costs for medicines (UAH 800) were observed among men, young people aged 18–29 years old, urban residents, respondents with vocational and technical, incomplete higher/secondary specialized and basic higher education. The highest median values were observed among IDPs (1000 UAH).

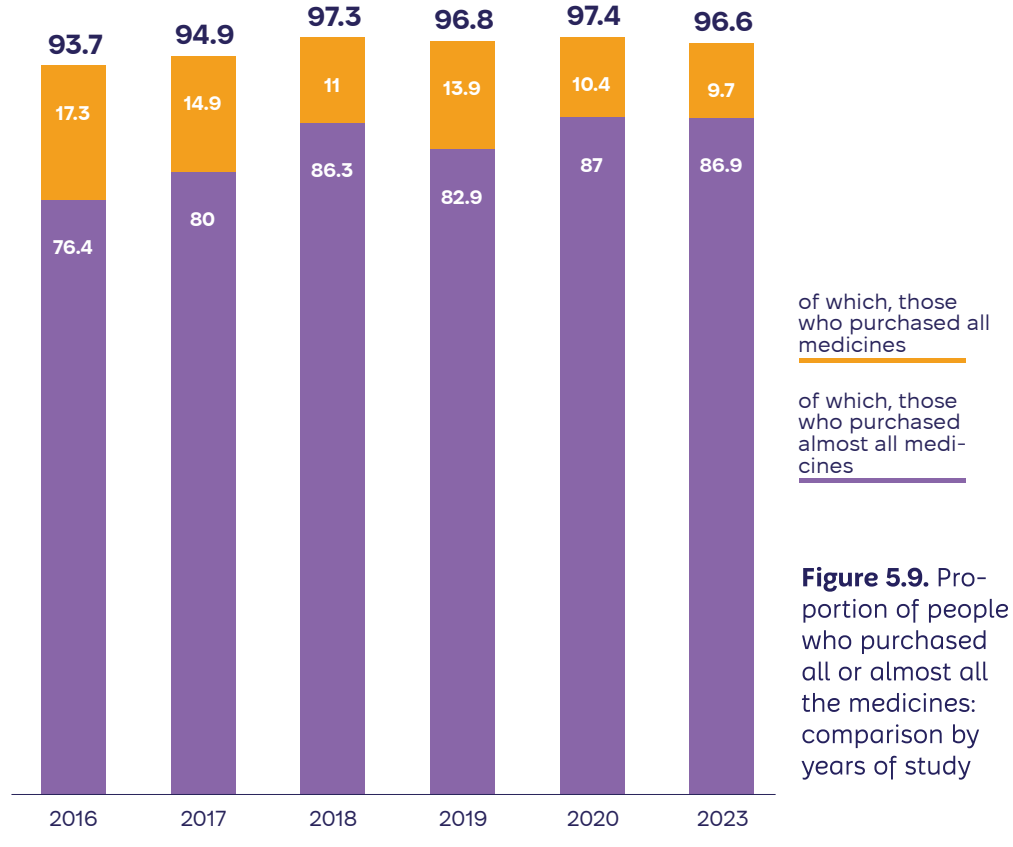


Figure 5.9. Proportion of people who purchased all or almost all the medicines: comparison by years of study

In the regional context, a slightly smaller proportion of respondents who paid for medicines "out of their pocket" was observed in Kirovohrad, Kherson, and Khmelnytskyi regions: 72.8%, 79.7%, and 88.5%, respectively, against 94.6% among the entire sample.

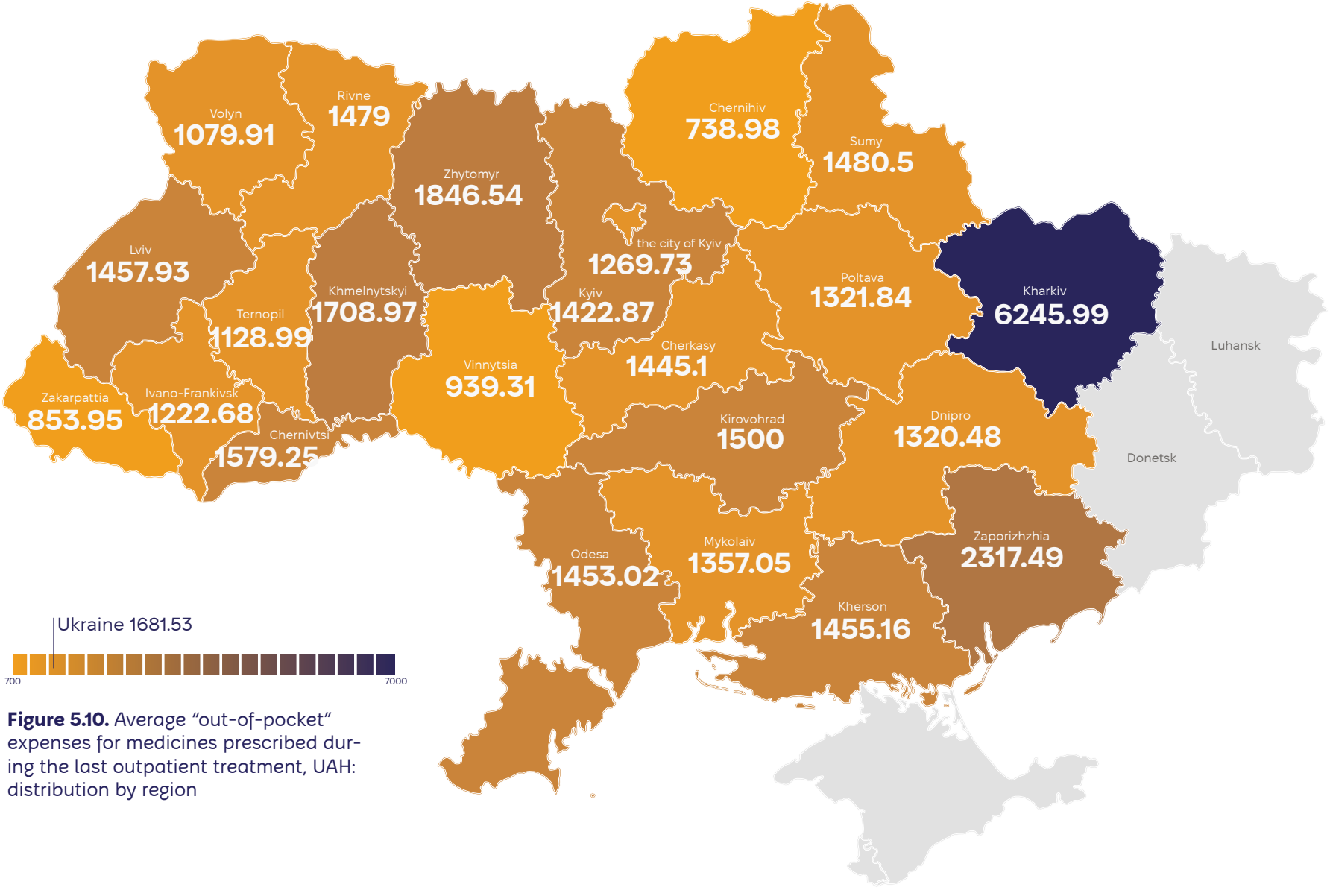


Figure 5.10. Average "out-of-pocket" expenses for medicines prescribed during the last outpatient treatment, UAH: distribution by region

The average amounts paid by respondents "out of their pockets" increased compared to previous periods (in particular, +UAH 403.3 compared to 2020 and more than doubled compared to 2017-2018). In 2019, an average of UAH 1039.99 was spent (45.25 – st. deviation, UAH 500 – median), 2018 – UAH 793.32 (25.96 – st. deviation, UAH 400 – median), 2017 – UAH 751.91 (37.54 – st. deviation, 350 UAH – median) (Tab. 5.13).

The largest amounts were paid by residents of the frontline Kharkiv and Zaporizhzhia regions (**Fig. 5.10**).

The state reimbursed all or part of the cost of medicines for some outpatient care users. In 2023, 12.2% of respondents reported this, which does not differ significantly from the results of the 2020 or 2019 surveys (10.9% and 10.2%, respectively) but is slightly higher than in previous periods (2018 – 7.6%, 2017 – 8.5%). Compared to 2016, this percentage has quadrupled: in 2016 – 3.3%.

As in previous years, respondents who were partially or fully reimbursed by the state for the cost of medicines were more often people aged 60+ (19.5% in 2023, 19.4% in 2020, 14.8% in 2019). The situation has also improved for rural residents: in 2020 8.4% of respondents reported the fact of full or partial reimbursement of costs, in 2023 – 12.8% (+4.4 percentage points).

Improvements in reimbursement of the cost of medicines were also indicated by respondents aged 30-44 (9.4% in 2023 vs. 4.0% in 2020), with complete general secondary education (14.6% in 2023 vs. 8.4% in 2020). The proportion of respondents without IDP status who have been reimbursed for the cost of medicines is higher than among IDPs (12.6% vs. 9.3%).

The practice of offering respondents to purchase a cheaper or more expensive option in a pharmacy chain also persists, although the proportion of such respondents in 2023 decreased compared to previous periods, especially since 2017 (a decrease of 14 percentage points) (**Fig. 5.11**)

Certain differences were observed in the context of socio-demographic categories: as in previous periods, respondents aged 18–29 years old were more likely to be offered different medicine options compared to representatives of other age categories (respectively, 30.4% versus 25.6% for people aged 30–44, 25.4% – 45–59 years, 25.6% – 60+) (Tab. 5.14). Given the small number of respondents in this category, it is not appropriate to compare regional differences.

Table 5.13 Average and median cost of medicines: distribution by year, UAH

Average Cost	Standard deviation	Median value
1681,53	2023 **176,83**	**731**
1278,22	2020 **77,20**	**500**
1039,99	2019 **45,25**	**500**
793,32	2018 **25,96**	**400**
751,91	2017 **37,54**	**350**

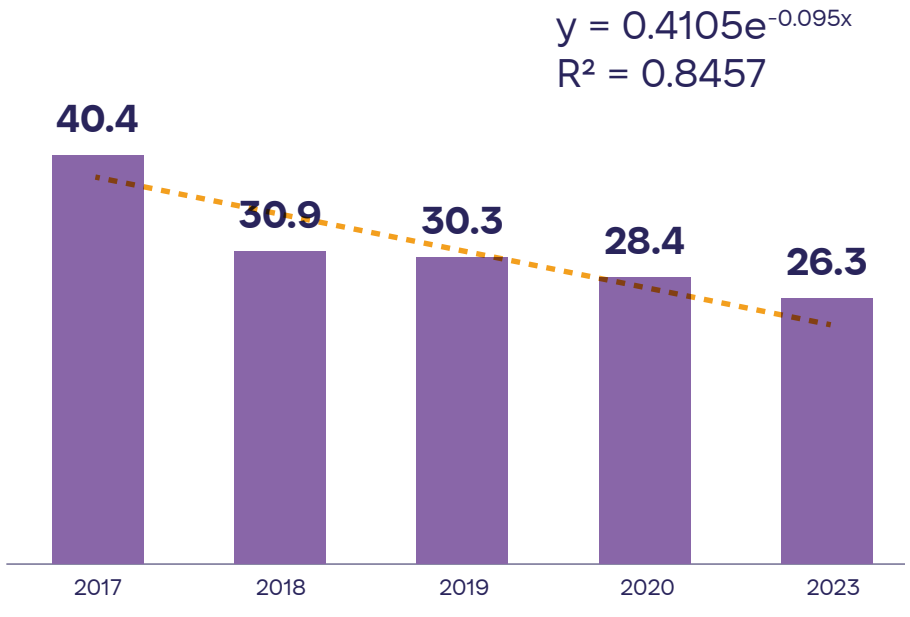


Figure 5.11. Proportion of people who were offered a cheaper or more expensive option by a doctor or pharmacist: comparison by years of study

5.4. Use of medicines during inpatient treatment

The prescription of medicines during the last hospitalization was reported by 94.6% of respondents, which is almost consistent with the data of previous periods of the study (**Fig. 5.12**). However, in 2023 and 2020, the number of respondents who reported the fact of hospitalization decreased.

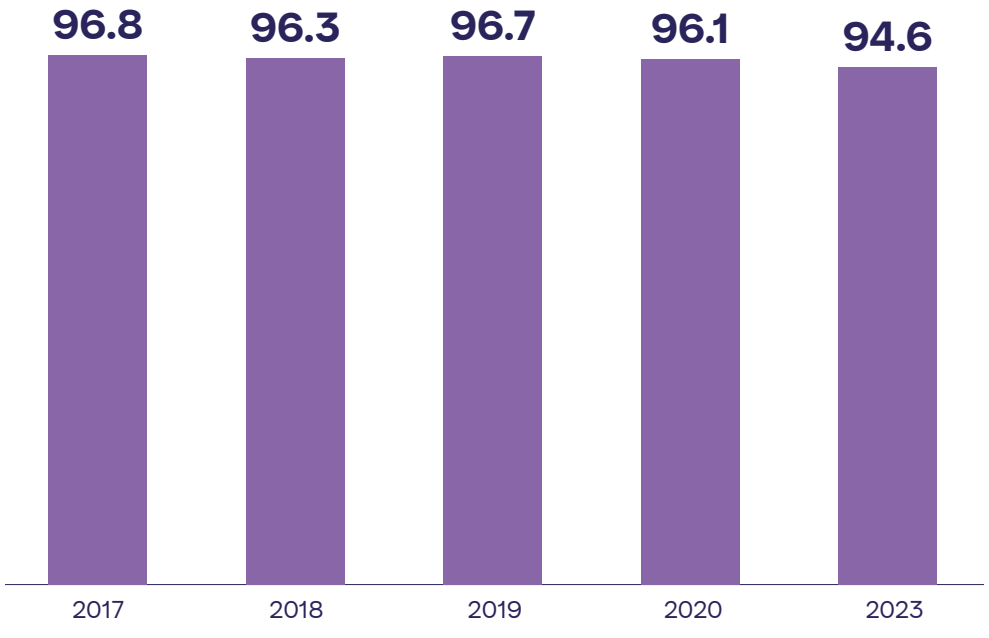


Figure 5.12. Proportion of patients who were prescribed medicines during the last hospitalization: comparison by year of study, %

As in previous years, the medication was prescribed more to people in the older age groups (45-59 and 60+ years old (96% each)), with primary or incomplete general secondary education (99.1%), respondents without IDP status (95.3%). There are no significant differentiations in the proportion of respondents by gender and place of residence, although in 2016-2018 the presence of such experience was indicated more by men and urban residents (Tab. 5.15).

On average, one respondent was prescribed 5.5 medicines (like the results of previous studies, except for 2019 – 6.4; 2017 – 6.3) (**Tab. 5.16**). At the same time, the median value was 5 medicines.

Table 5.16. Number of medications (average and median) prescribed at the time of last hospitalization, comparison by years of study

Year	Average number of items	Median number
2023	**5,5**	**5**
2020	**5,8**	**5**
2019	**6,4**	**6**
2018	**5,9**	**5**
2017	**6,3**	**5**
2016	**6,4**	**6**

When calculating the prevalence of payments among all respondents who were hospitalized in the past 12 months and who were prescribed medicines, the frequency of payment for medicines is 74.4% in 2023 and 90.6% in 2020.

In 2023, 89.5% of inpatients paid for medicines, which is slightly less than in 2020 (94.1%). At the same time, the proportion of patients who did not pay for medicines during hospitalization was gradually increasing, from 2.7% in 2018 to 10.5% in 2023. The largest proportion of

Table 5.18 Cost of medicines that were prescribed during the last hospitalization and paid "out of pocket", UAH

Year	Average cost	Standard deviation	Median cost value
2023	**6320,6**	**947,9**	**2500**
2020	**4550,3**	**312,9**	**2500**
2019	**3793,3**	**259,9**	**2000**
2018	**2971,3**	**188,9**	**2000**

respondents who indicated the fact of payment for medicines during the last hospitalization was recorded among persons with primary or incomplete general secondary and basic higher education (94.7% and 100%, respectively), as well as IDPs (96.5% vs. 88.5% of non-IDPs) (**Tab. 5.17**).

In general, the respondents spent UAH 6320.6 for medicines that were prescribed for the course of inpatient treatment in the hospital and had to pay for them "from their own pocket" (median – UAH 2500; st. deviation – 947.9). It should be emphasized that these costs have increased annually. Compared to 2018-2019, the median value of "out-of-pocket" payments has also increased (respectively, UAH 2500 in 2020-2023 versus UAH 2000 in 2018-2019). Besides, the average value increased significantly (2020 – UAH 4550.30 average, 312.90 – st. deviation; 2019 – UAH 3793.30 average, 259.90 – st. deviation; 2018 – UAH 2971.30 average and 189.90 – st. deviation) (**Tab. 5.18**).

The amount of expenses for medicines that were prescribed during the last hospitalization and issued in the hospital averaged UAH 6283.82 (median – 2000; st. deviation – 1378.42) and this is almost three times more than similar amounts in previous years (2020 – UAH 2500.95, median – 2000; st. deviation – 454.77; 2019 – UAH 1413.25, median – 720; st. deviation – 552.15; 2018 – UAH 602.3, median – 400; st. deviation – 205.2).

88.0% of respondents bought all prescribed medicines (89.8% in 2020, 79.6% in 2019, 94.5% in 2018). This is almost at the level of 2020, and lower than in 2018, which was the highest for this period (**Tab. 5.19**).

As for the reasons for not buying prescribed medicines, 42.2% of respondents indicated a lack of funds. Due to a lack of funds, mostly men (44.3%) and respondents aged 45-59 (54.9%), as well as urban residents (47.3% vs. 28.5% among those living in rural areas) did not buy prescribed medicines.

In fact, 39.3% of respondents ignored the prescription of medicines (the answer was "We did not consider it necessary to buy all of them"), and 6.4% did not find the prescribed medicines in the pharmacy.

In 2023, the smallest percentage of respondents was recorded who indicated the lack of medicines in the pharmacy chain as a reason for not buying prescribed medicines for inpatient treatment (6.4% vs. 23.3% in 2020, 17.5% in 2019, 7.7% in 2018) (**Fig. 5.13**).

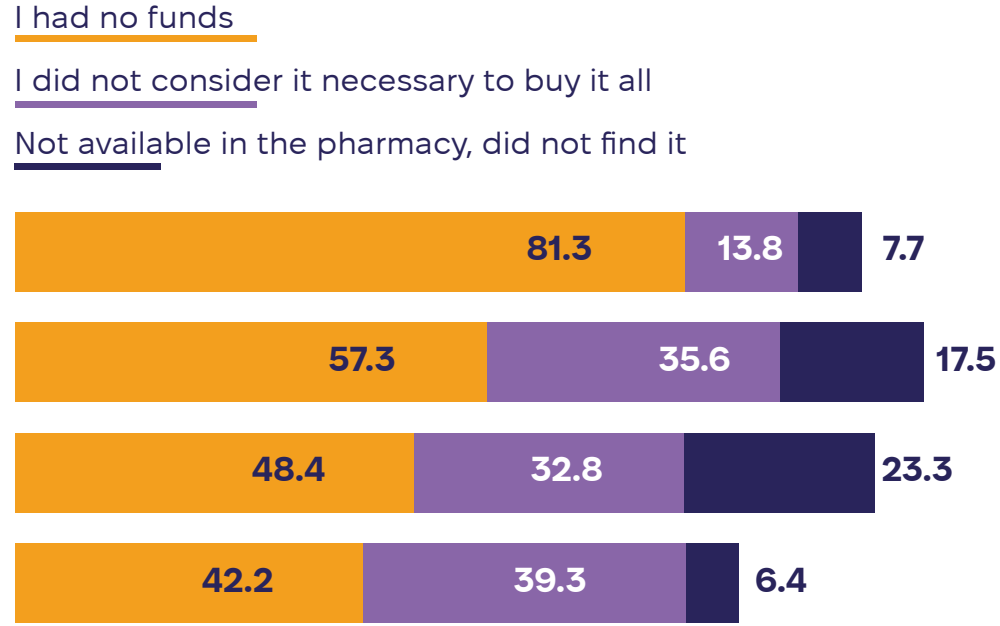


Figure 5.13. Distribution of the reasons why it was not possible to purchase all the medicines prescribed for inpatient treatment: comparison by years of the study, %

5.5. Total costs of medicines

According to the results of the 2023 survey, 66.2% of respondents have had expenses for medicines from the personal or family budget in the last 30 days. These costs were not directly related to respondents' consumption of outpatient and inpatient medical care. Relevant questions were asked to determine the amount of total expenses in the household, for example, the cost of medicines due to the illness of another family member.

In previous periods of the study, the proportion of respondents who reported spending on medicines from the personal or family budget over the past 30 days was slightly lower than in 2023 (66.2% in 2023 versus 53.6% in 2020, 56.0% in 2019, 54.8% in 2018).

As in previous years of the survey, differences in the socio-demographic context persist. A higher proportion of women indicated expenses on medicines: 72.4% versus 58.2% among men. This also applied to older respondents (60+ years old): 74.7% versus 64.2% among people aged 45-59, 63.3% in the group of 30-44-year-olds, 58.7% in the youngest group of respondents (18-29 years old). There is also a slight gap in the type of area: 68.1% of rural residents had medicine

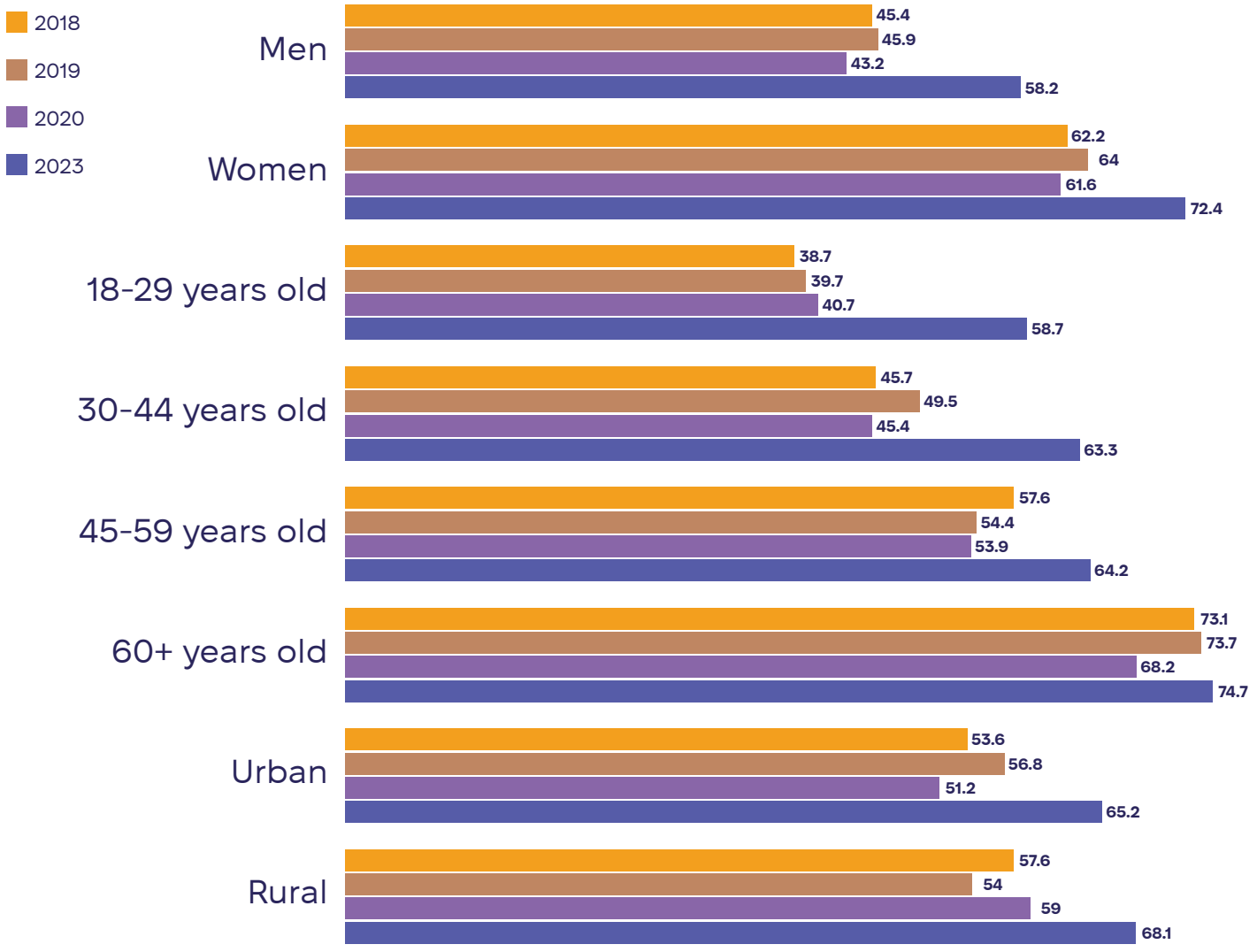


Figure 5.14. Proportion of people who paid for medicines in the last 30 days, according to the results of surveys in 2018, 2019, 2020, and 2023: socio-demographic context, %

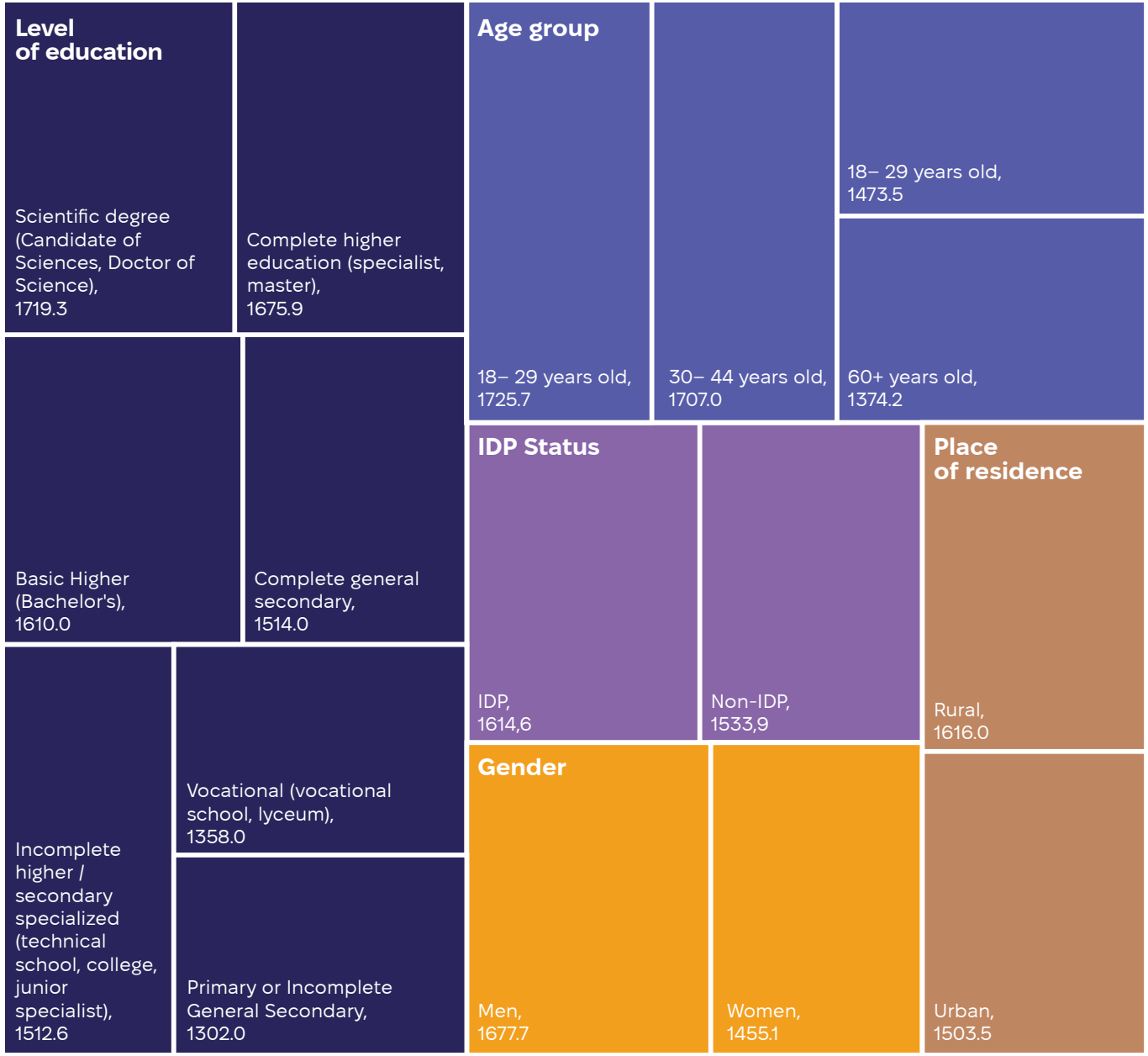


Figure 5.15. Medicine costs in the last 30 days in 2023: socio-demographic breakdown, UAH

expenses, compared to 65.2% in cities. In 2018-2019, other trends were observed: the proportion of urban residents who spent on medicines exceeded similar indicators in rural households.

The proportion of respondents who had expenses for medicines was also higher among respondents without IDP status compared to those who had such status (66.9% vs. 59.0%). (**Tab. 5.20; Fig. 5.14**).

The median value has increased significantly compared to 2020 and 2018: UAH 1000 versus UAH 300 in 2020, UAH 350 in 2018 (Tab. 5.21).

Men (1677.7 UAH vs. 1455.1 UAH among women), respondents in the age groups of 18–29 and 30–44 years old (respectively 1725.7 UAH and 1707.01 UAH), respondents with complete higher education (1675.9 UAH), residents of rural areas (1616 UAH vs. 1503.05 UAH for urban residents) spent a larger amount on medicines in 30 days. In 2020, these differences were also observed. Respondents with IDP status also indicated higher expenses on medicines than non-IDPs (1614.6 UAH vs. 1533.9 UAH) (**Fig. 5.15**).

In general, the results of the "Health Index. Ukraine" study in 2023 testifies to the positive assessment of the Affordable Medicines Program by its direct users – patients, especially at the level of outpatient

medical services. These data correspond to the assessments of international and domestic experts. In particular, the results of the National Sociological Survey to assess the level of user satisfaction with the state reimbursement Affordable Medicines Program (SAFEMed, 2023) indicate a significant level of trust in the Program: "two-thirds of users say that the program improves access to medicines."[5]

However, as in previous observation periods, there is an increase in the cost of medicines, which in turn negatively affects the financial capacity of households and lowers the satisfaction of their needs for health care services. The socio-economic situation in the country and the instability of incomes of the population due to the full-scale war, which may have a negative impact in the future, also remains a serious obstacle to ensure the physical and economic accessibility of medicines.

In 2023, it was found that 84.6% of respondents who sought outpatient medical care used the Program on the recommendation of a doctor. These data correspond to the results of another study conducted by the USAID Safe, Affordable, and Effective Medicines for Ukrainians (SAFEMed) project, which also showed that "80% of patients have been using the Affordable Medicines program for more than one year."[6]

As in previous years, the Program is used more by older respondents, but in 2023, the proportion of users among younger categories also increased. This may be due to the expansion of the list of trade names of medicines and medical means. In 2023, the Program includes painkillers for palliative patients, immunosuppressive drugs and test strips for determining blood glucose levels in type I diabetes, as well as diseases and conditions that are priority in Ukraine[7].

It was found that a smaller proportion of respondents with IDP status joined the Program on the recommendation of a doctor compared to non-IDPs (69.9% vs. 85.8%). This may indicate the need for adaptation of this category to a new place of residence and partial limited access to information on the provision of medical services.

The results of the study indicate an increase in the proportion of respondents who received medicines under the Program (from 81.1% in 2018 to 88.4% in 2023). This may indicate an improvement in physical accessibility within the framework of the Affordable Medicines Program. These data correspond to the results of a study conducted by the USAID Safe, Affordable, and Effective Medicines for Ukrainians (SAFEMed) project, which also showed that "Almost two-thirds of respondents said that the program has improved patients' access to medicines."[8]

There was an increase in the proportion of patients who received medicines with a surcharge (from 53.5% in 2018 to 66.6% in 2023). This may be due to the annual expansion of the Program[9] and updating of the Registers, which contain open information about the type of reimbursement (free of charge or with a surcharge indicating the amount of the surcharge).[10] In addition, the reimbursement mechanism proposed in the Program gives its participants the opportunity to choose medicines based on their own needs and preferences.

5 A national sociological survey to assess the level of user satisfaction with the state reimbursement Affordable Medicines Program. SAFEMed, 2023. URL: https://nszu.gov.ua/storage/editor/files/safemed-doslidzhennya-dlamp-study-prezentatsiya-ua-final-nov2023-1.pdf

6 A national sociological survey to assess the level of user satisfaction with the government reimbursement Affordable Medicines Program. SAFEMed, 2023. URL: https://nszu.gov.ua/storage/editor/files/safemed-doslidzhennya-dlamp-study-prezentatsiya-ua-final-nov2023-1.pdf

7 Affordable Medicines Program: Development Priorities in 2024. URL: https://www.kmu.gov.ua/news/prohrama-dostupni-liky-priorytety-rozvytku-u-2024-rotsi

8 A national sociological survey to assess the level of user satisfaction with the government reimbursement Affordable Medicines Program. SAFEMed, 2023. URL: https://nszu.gov.ua/storage/editor/files/safemed-doslidzhennya-dlamp-study-prezentatsiya-ua-final-nov2023-1.pdf

9 As of the beginning of 2024, the Affordable Medicines Program included 489 items of medicines

10 Affordable Medicines. URL: https://moz.gov.ua/dostupni-liki

The data of the study indicate an improvement in the situation regarding the organizational aspects of prescribing and receiving medicines in the pharmacy. This data is supported by the results of the SAFEMed study, which also showed that "83% of patients find the mechanism of obtaining a prescription from a doctor convenient", and the reasons for not using a prescription included "delay due to various reasons; lack of financial ability to buy the entire course of medicines"[11]

Respondents have a positive perception of the program and ¾ believe that medicines have become more affordable, especially compared to the period of 2018-2019 (2023–75.8%, 2019–57.5%, 2018–62.5%). This can be explained by the changes initiated in 2019 regarding the transfer of the Program administration to the National Health Service of Ukraine, the transition to electronic prescriptions, the expansion of the list of medicines included in the Program, as well as the expansion of the network of pharmacies involved in its implementation. After all, the number of pharmacies participating in the program has increased in 5 years from almost 8 thousand up to 14.7 thousand (NHSU, 2024). It was also found that rural residents, according to the current study, were more likely to give positive assessments of the Program (2023 – 78.1%, 2020 – 65.6%, 2019 – 50.3%). This may be due to the fact that the Government has allowed smaller pharmacies to open in villages, mobile pharmacies to operate, and the ability to order medicines through postal operators, in particular Ukrposhta.

In 2023, the proportion of respondents who lived in rural areas and to whom the state partially or fully reimbursed the cost of medicines increased (12.8% in 2023 versus 8.4% in 2020), although this is still one of the "largest challenges for the NHSU. The average distance to a pharmacy in the village is 7 km. There are cases when a patient needs to travel 17-25 km to the nearest pharmacy to redeem a prescription for "Affordable Medicines", which is why many people do not do this" (NHSU, 2024).[12]

Respondents spent an average of UAH 1540.8 on medicines (median – UAH 1000, st. deviation – 34.1), which is higher than in previous periods of the study. The increase in the proportion of health care expenditures is also evidenced by the data of household surveys on their socio-economic situation[13].

There was a slightly lower proportion of respondents with IDP status who had expenses for medicines compared to those who did not have such status (59.0% vs. 66.9%). This can be explained, on the one hand, by the receipt of humanitarian or charitable aid by IDPs, and on the other hand, by the financial capacity of such persons and their households. For them, "money remains the most acute problem", "74% of IDPs need money and financial assistance" (IOM), 2023).[14]

11 A national sociological survey to assess the level of user satisfaction with the government reimbursement Affordable Medicines Program. SAFEMed, 2023. URL: https://nszu.gov.ua/storage/editor/files/safemed-doslidzhennya-dlamp-study-prezentatsiya-ua-final-nov2023-1.pdf

12 Affordable Medicines Program: Development Priorities in 2024. URL: https://www.kmu.gov.ua/news/prohrama-dostupni-liky-priorytety-rozvytku-u-2024-rotsi

13 Socio-economic situation of households in Ukraine in 2021 (according to a sample survey of living conditions of households); State Statistics Service, Kyiv: 2021. URL: https://www.ukrstat.gov.ua/

14 Report on Internal Displacement in Ukraine – P14: October 2023. International Organization for Migration, 2023. URL:https://dtm.iom.int/sites/g/files/tmzbdl1461/files/reports/IOM_Gen Pop Report_R14_Displacement_ENG-UKR.pdf

SECTION 6

SATISFACTION WITH MEDICAL CARE AND PERCEPTION OF HEALTH CARE REFORMS

Victoria Zakhozha,
Deputy Director of the Kyiv International Institute of Sociology

Key results:

The 2023 survey shows a high level of population satisfaction with medical services: more than 75% of adult residents of Ukraine were rather satisfied or completely satisfied with them. The 2023 survey indicates the highest satisfaction rates with the services of pediatricians (82.6%), emergency care (82.4%), and dentists (81.5%); family doctors (79.4%), maternity hospitals (79.2%), narrow secondary specialists (77.3%), and hospitals (76.3%) follow with a small margin. These are the highest indicators for all years of the study.

In 2023, there was a significant increase in satisfaction with each type of service, with the largest increase in inpatient care (76.3% in 2023 vs. 51.1% in 2020), although the population remains the least satisfied with hospital care. Satisfaction with maternity hospital services also increased significantly (79.2% in 2023 versus 59.3% in 2020). The smallest increase in satisfaction is observed with the services of family doctors (+5.3 p.p.), dentists (+8.6 p.p.), and pediatricians (+10.4 p.p.); however, the population is traditionally most satisfied with these services.

Men, older respondents, urban dwellers, those who rate their own health as bad, and the local population who have not been displaced are less likely to report being satisfied with health care services. Regionally, residents of the front-line Kharkiv, Kherson, Zaporizhzhia, Kyiv, and Zhytomyr regions and the city of Kyiv are relatively less satisfied with services. On the contrary, more than 80% of the population in the Ivano-Frankivsk, Rivne, and Chernivtsi regions is satisfied with each of the examined healthcare system components.

The problems that most concern the population in the healthcare system remain unchanged: these are the high cost of medicines (56.9% of respondents named them among the three main problems) and treatment (37.7%). The main problems also include corruption in the Ministry of Health (35.5%) and lack of modern equipment (30.7%).

Two-thirds of the respondents (66.0%) place the primary responsibility for the work of healthcare institutions on the Minister of Health Care, and about a third (31.0%) consider the heads of medical institutions and chief doctors to be responsible. The National Health Service of Ukraine (NHSU) was named as responsible by a fifth (21.0%) of respondents. According to the study participants, the Verkhovna Rada (18.8%), the President (18.6%), and the heads of local communities (18.6%) are approximately equally responsible.

As of 2023, the absolute majority of the adult population (92.9%) already have signed declarations with a family doctor, and another 1.8% have not signed them so far. Currently, there are only 5.2% of people who have not yet tried to sign a declaration with a family doctor compared to 2018 (the year when declarations were introduced) when such people were half of adults (52.6%), according to the Health Index survey.

A higher proportion of those without a doctor's declaration are men, young people, IDPs, and people in good health. By region, the population covered by declarations is the least in Odesa (87.6%), Mykolaiv (89.4%) regions and the city of Kyiv (89.3%), the most – in Sumy (97.9%) and Khmelnytskyi (97.3 %).

The absolute majority of those who chose a family doctor (84.8%) have the opportunity to contact the doctor or nurse remotely if necessary, but 15.2% do not have this opportunity.

The views of patients on the functioning of the health care system are formed not only under the influence of their own experience. An important factor can be the general tone of the system coverage in the media, especially when it is under the pressure of extreme conditions – such as, for example, reform or war. Resonant stories of acquaintances also have significance. Subjective evaluations of the healthcare system can provide valuable information about the extent to which patients' and their families' experiences match their expectations of interactions with the system. Regardless of prior experience, this

subjective perception of the medical system can influence a person's subsequent health behavior. Loyalty of those who have experience of seeking medical care can be facilitated by high satisfaction with communication with the doctor. At the same time, low satisfaction can become an additional barrier to accessing professional medical care. Therefore, in this study, all respondents were asked questions about satisfaction with medical services and some aspects of the system as a whole, regardless of their experience in seeking help.

6.1. Satisfaction with medical care

To measure satisfaction with medical care, the following question was asked in this study: "How satisfied or dissatisfied are you with the medical care that is provided today by [the health care system entity] given your experience with private or public health care facilities or the experience you know of relatives or close friends?" The list of these entities includes family doctors, pediatricians, dentists, narrow specialists in the secondary link, emergency, inpatient care, and services in maternity homes. The response scale has four categories, from "1 – completely dissatisfied" to "4 – completely satisfied". Only meaningful answers of the respondents were taken into consideration; the percentage of those who could not rate certain services varies from 9.7% for family doctors to 50.9% for pediatricians and 70.1% for maternity hospitals. Although the question was asked to all interviewees and appealed not only to their own experience, the answers obviously still

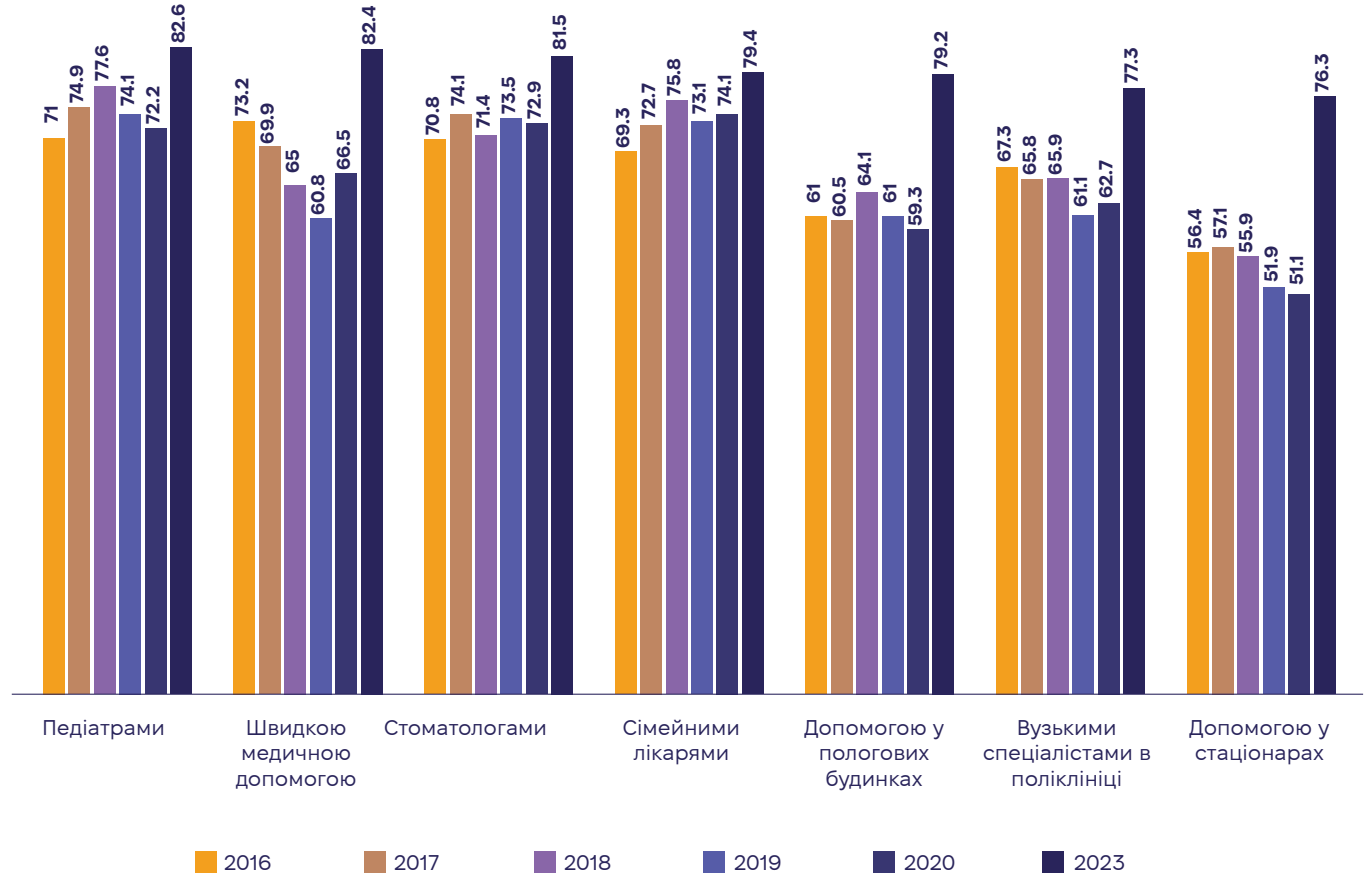


Fig. 6.1. Satisfaction with medical care among the population: comparison by year (% of responses "rather satisfied" or "completely satisfied")

depend on the respondents' personal use of services.

The results of the 2023 survey show a high level of population satisfaction with the work of all studied health care system components in Ukraine: more than ¾ of the respondents are rather or completely satisfied with the help provided by each entity mentioned in the study (Fig. 6.1). The highest level of satisfaction was recorded for pediatricians (82.6%), emergency care (82.4%) and dentists (81.5%); there is no statistically significant difference between these indicators. Family doctors (79.4%) take fourth place (79.4%) with a small but significant margin; satisfaction with their services in previous years was the highest among the mentioned entities. The remaining types of medical care are not much inferior to family doctors: 79.2% are satisfied with services in maternity hospitals, 77.3% – with services of narrow secondary specialists, and 76.3% – with services in hospitals.

The dynamics of satisfaction with any of the researched levels of assistance during the previous years of this monitoring were insignificant, however, the study of 2023 demonstrates a significant increase in the level of satisfaction with all of them without exception. The greatest increase in the level of satisfaction was recorded for inpatient treatment (76.3% in 2023 against 51.1% in 2020), despite the fact that service in hospitals is still the least satisfying to the population (although this indicator does not differ statistically from the services of narrow specialist ambulatory care (77.3%) in 2023). Satisfaction with maternity hospital services also increased significantly (79.2% in 2023 versus 59.3% in 2020). The smallest increase in satisfaction levels is observed for family doctors (+5.3 p.p.), dentists (+8.6 p.p.), and pediatricians (+10.4 p.p.); however, the population has traditionally been most satisfied with these services.

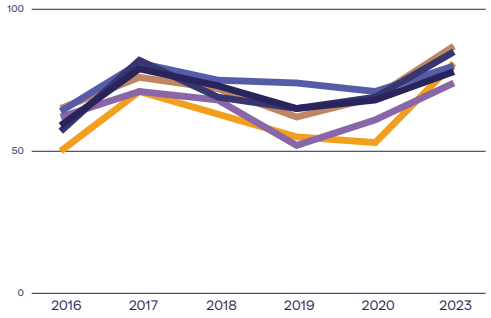
The level of satisfaction with medical care differs for different socio-demographic groups. Women express satisfaction more often compared to men (this applies to the services of pediatricians, dentists, hospitals, and maternity hospitals), and so do younger respondents (applies to all types of outpatient care) and those who rate their health better (applies to all types of medical services) (**Table 6.1**). Residents of rural areas report their satisfaction more often than residents of cities (in particular with regard to the services of family doctors, specialists in polyclinics, emergency care, and inpatient treatment), while in 2020, residents of cities showed a higher level of satisfaction compared to rural residents. IDPs are also more satisfied with medical services.

Most regions show a very high level of satisfaction with medical services. There is no area where any of the seven indicators studied is lower than 60%. In 15 of the 23 regions covered by the survey, the level of satisfaction with three or more medical services out of seven exceeds 80%, and in Ivano-Frankivsk, Rivne, and Chernivtsi, this applies to all seven types of services (**Table 6.2**). Residents of Zhytomyr and Zaporizhzhia regions are relatively least satisfied with services: none of the satisfaction indicators reach 80% in these regions, and the front-line Kharkiv, Kherson, as well as Kyiv and Kyiv regions, have only one such sector of medical services each.

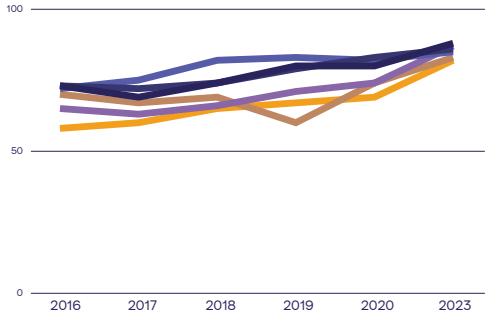
Hospital care and emergency care are the two types of healthcare services that did not show a decrease in satisfaction compared to 2020 in any area surveyed. Satisfaction with services of narrow specialists in polyclinics decreased only in two front-line regions – Kharkiv and Kherson; with pediatricians and maternity hospitals – in Volyn and Zhytomyr regions; with dentists – in Zhytomyr and Kherson regions; with family doctors – in Volyn, Zhytomyr, Kharkiv, and Kherson regions (**Fig. 6.2**).

Fig. 6.2. Dynamics of satisfaction with medical care by region, 2016-2023 (% of responses "rather satisfied" or "completely satisfied")

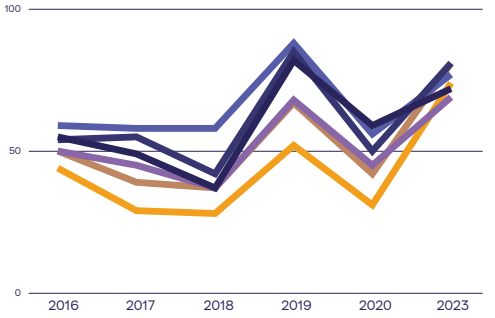
Poltava



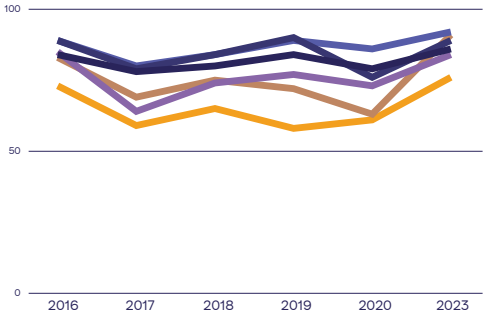
Rivne



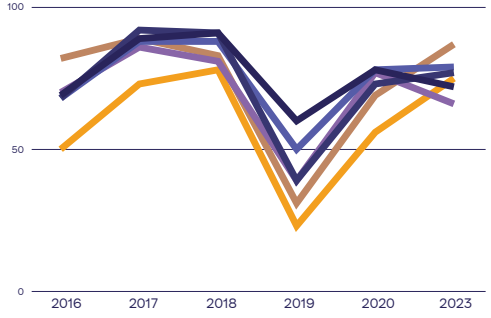
Sumy



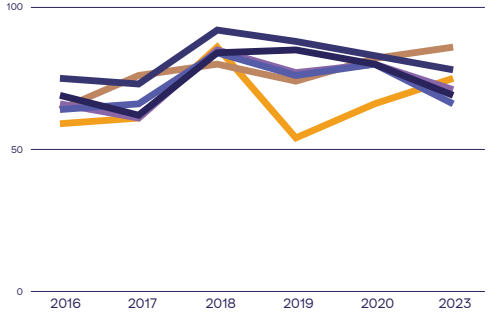
Ternopil



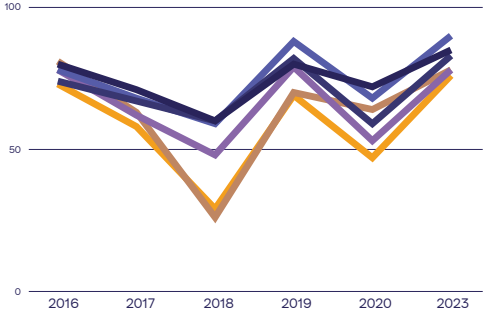
Kharkiv



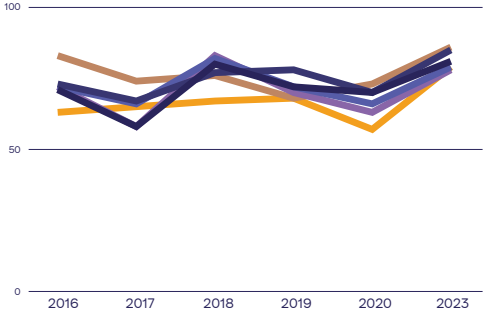
Kherson



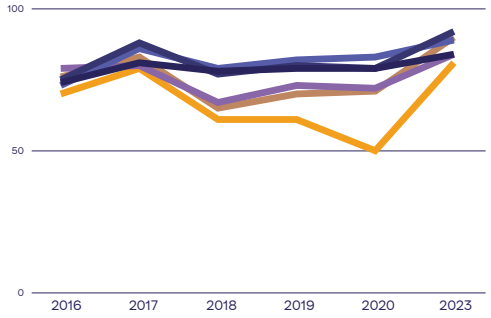
Khmelnytskyi



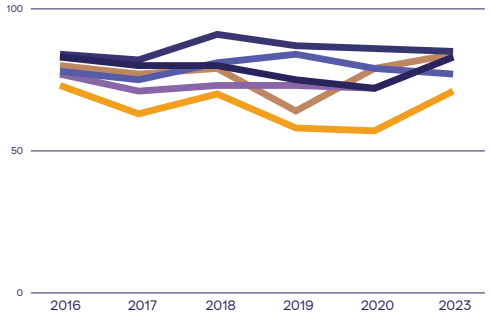
Cherkasy



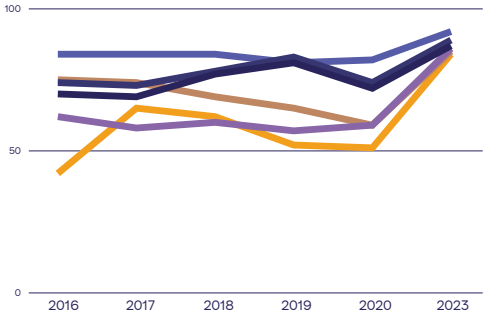
Chernivtsi



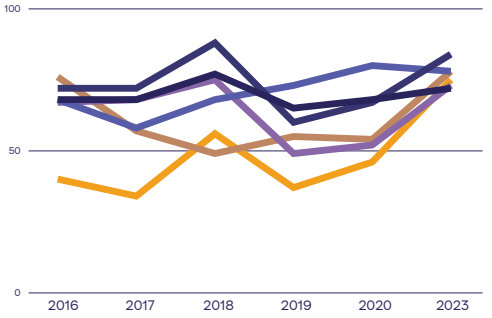
Chernihiv



Ivano-Frankivsk



The city of Kyiv



6.2. Perception of problems in the healthcare system

Citizens' subjective perception of the problems that hinder the functioning of the medical system in Ukraine was measured in the survey using the question, "What are the main problems in the health care system in your opinion? Name up to three problems, starting with the most important." The list of answers in 2023 was supplemented by one more response – "negative impact on the system caused by the war."

Two out of three main problems that were indicated most often are related to patients' financial costs for medicines and the treatment itself. In 2023, 56.9% of respondents named the cost of medicines among the three main problems, and 23.7% considered this problem the most important (shares the 1st place with the problem of corruption in the Ministry of Health). 37.7% complained about the high cost of treatment, and 7.0% called this problem the most important (Fig. 6.3). Two more problems worry about a third of the respondents: corruption at the level of the Ministry of Health (35.5% named it among the three main problems, 23.8% consider the problem the most important) and lack of modern equipment (30.7% and 10.5%, in accordance). The population is relatively less concerned about such problems as informal payments to medical personnel (27.2% named it among the three main problems), lack of professionalism (22.2%), negligence (16.6%), problems with the schedule and queues (14, 9%), lack of medical personnel (12.7%). Only 6.7% of respondents mentioned the negative impact of the war on the health care system among the top three problems. Only 2.4% of respondents believe that there are no problems in the health care system.

Compared to the 2020 survey, the top four issues most frequently mentioned by respondents remained the same, with more than 30% of respondents citing each of them as a top three issue. The high cost of medicines was named among the three main problems by more than half of the respondents in each stage of this monitoring. The high cost of treatment has always taken second place, although in 2023 there is a significant reduction in the share of those who mentioned it (from 50.9% to 37.7%). Corruption in the Ministry of Health not only kept its place among the top three problems, but the share of those who named it even increased (from 31.7% in 2020 to 35.5% in 2023). On the other hand, the lack of modern medical equipment has become somewhat less mentioned (34.9% in 2020 and 30.7% in 2023), although it remains among the leading problems.

The hierarchy of top problems differs little for different socio-demographic groups, although there are some peculiarities (Table 6.3). Among the proposed list of problems, women more often than men chose the high cost of medicines and treatment (59.1% and 39.2% vs. 54.2% and 35.9%, respectively), lack of staff (13.3% vs. 11.9%) and the unsatisfactory sanitary condition of medical facilities (5.8% versus 4.5%). Instead, men are more worried about corruption in the Ministry of Health (39.7% versus 32.1%), lack of equipment (31.7% versus 29.8%), and incompetence of medical personnel (23.7% versus 21.1%). As expected, respondents from the oldest age group (60 years and older) complained about the high cost of medicines and treatment more often than others, while they mentioned all other problems significantly less often than younger respondents. Similar behavior is characteristic of rural residents: they mentioned the problem of high prices for medicines (61.1% vs. 54.9%) and treatment (40.2% vs. 36.6%) more often than urban residents and less often than all other problems. IDP respondents more often pointed to the inconvenient schedule and queues when seeing doctors (19.9% versus 14.4% among non-IDPs), as well as the negative impact of the war on the health care system (9.3% versus 6. 5%). At the same time, they mentioned corruption in the Ministry of Health (31.7% vs. 35.9%) and informal payments to doctors (20.5% vs. 27.9%) less often.

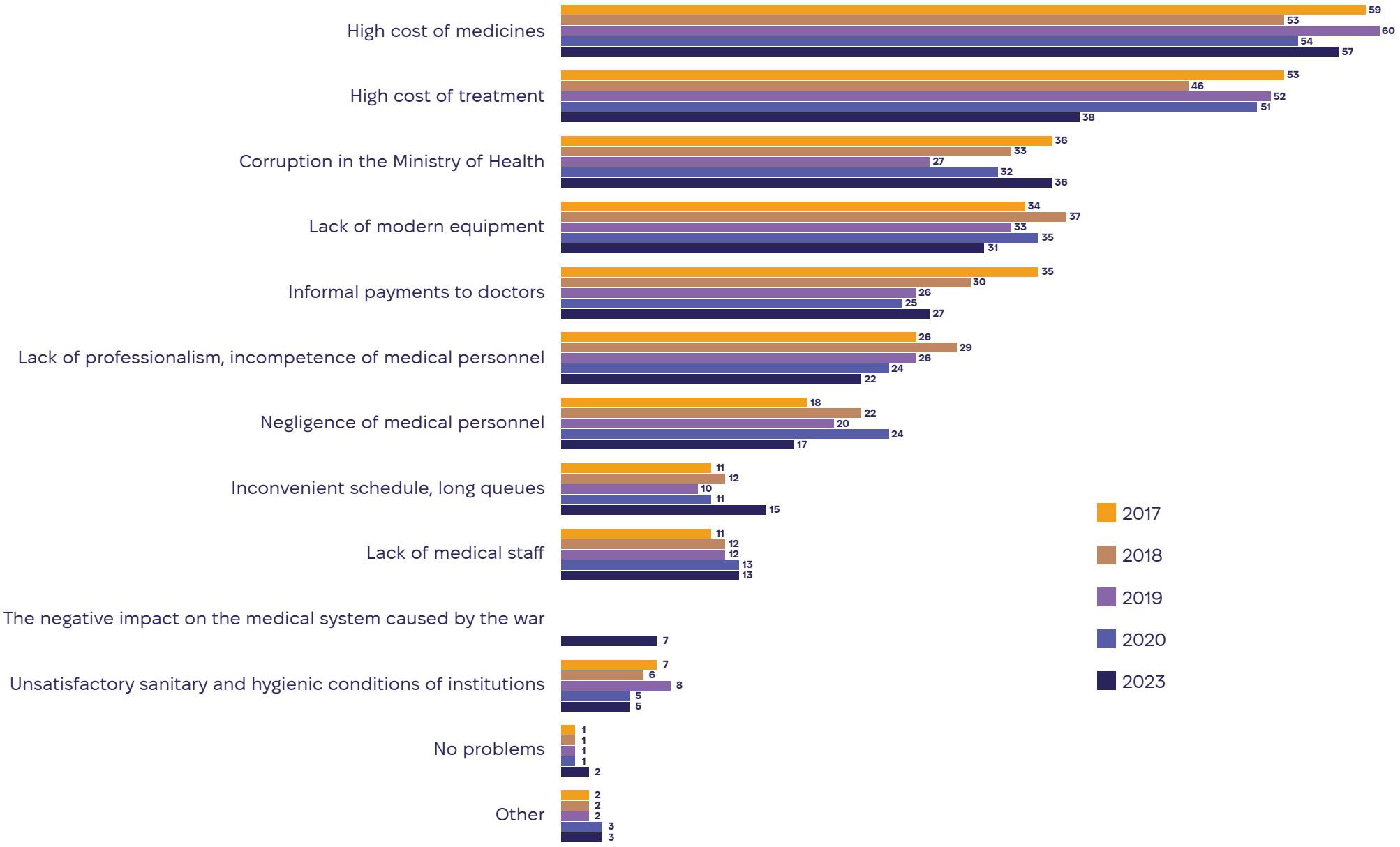


Fig. 6.3. Perception of the main problems in health care (1-of-3 choice): comparison by year

6.3. Responsibility for improving the system

Ukrainians place the greatest responsibility for the work of healthcare institutions on the Minister of Health Care. This is the opinion of two-thirds of respondents (66.0%), more than twice as high as the figures for any other potentially responsible entity. About a third (31.0%) consider the heads of medical institutions and chief doctors to be responsible. The National Health Service of Ukraine (NHSU) was named as responsible by a fifth (21.0%) of respondents. Approximately equal shares of research participants assign responsibility for the functioning of medical institutions to the Verkhovna Rada (18.8%), the President (18.6%), and heads of local communities (18.6%) (**Fig. 6.4**).

In 2023, respondents were offered a wider list of options to answer the question about those responsible for improving the functioning of medical institutions, so we consider it incorrect to compare the results with previous years directly. Despite this, certain trends persist. The population of Ukraine invariably assigns the main responsibility for the work of health care institutions to the relevant minister, placing the direct managers of the institutions as second with a noticeable lag (1.5 to 2 times). Heads of regional and district executive administrations are rarely considered to be responsible for this aspect.

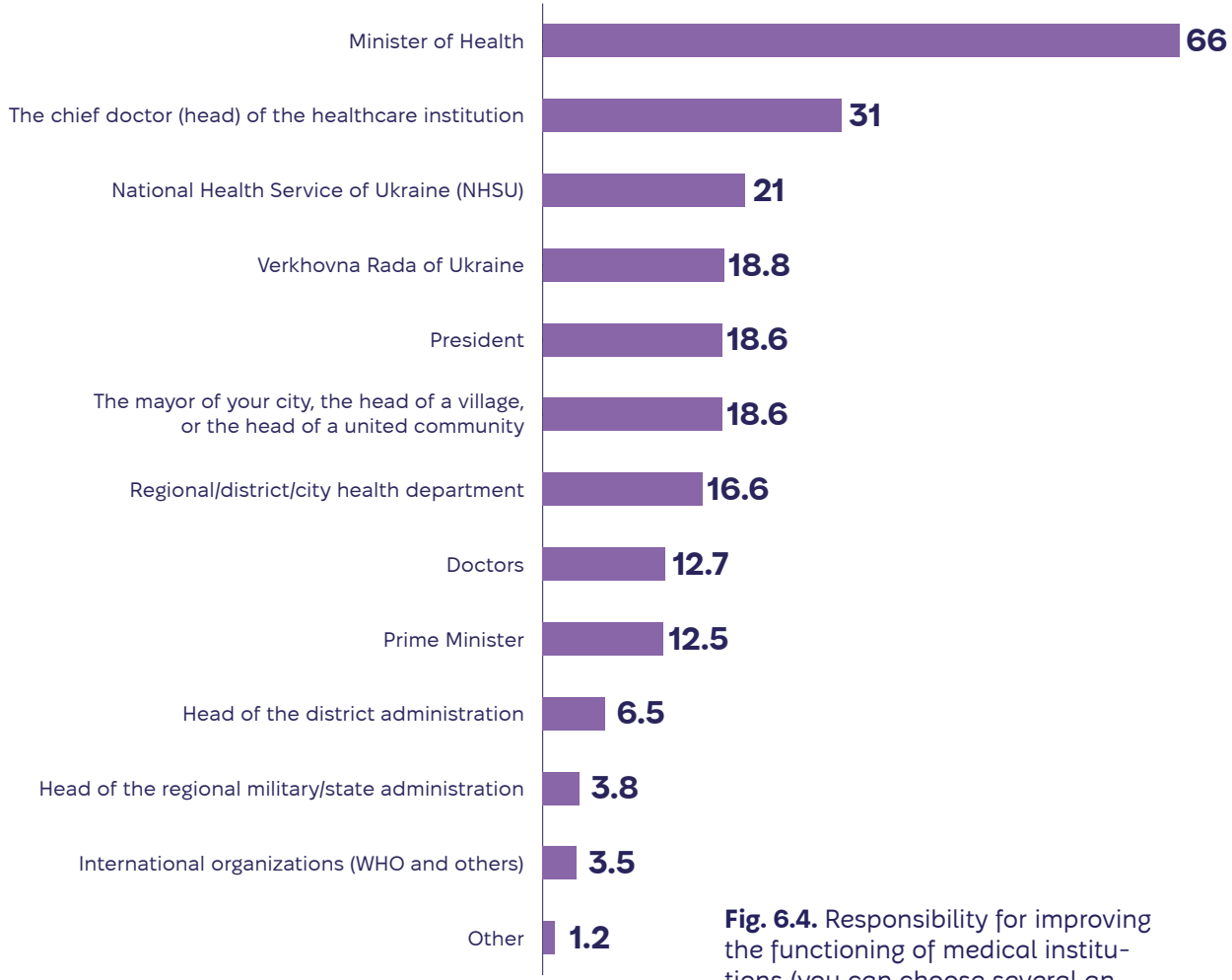


Fig. 6.4. Responsibility for improving the functioning of medical institutions (you can choose several answers)

In terms of socio-demographic groups, the biggest differences are observed between the responses of urban and rural residents (Table 6.4). Rural residents more often named the President (21.5% against 17.2%), the Prime Minister (13.2% against 12.1%), as well as district heads (9.7% against 5.0%), and regional administrations (4.5% vs. 3.4%) as responsible, and mentioned the Minister of Health (60.5% vs. 68.6%), chief doctors of medical institutions (29.0 % against 31.9%), and mayors or heads of communities (14.4% against 20.5%) less frequently.

Unlike women, men are more likely to assign responsibility for the work of health care institutions to the highest officials of the state: the Verkhovna Rada (20.7% versus 17.2%), the President (20.6% versus 16.9%), and the Prime Minister (14.3% against 11.0%). On the other hand, women more often called the chief doctors of institutions responsible (33.6% vs. 27.8%). The only age-related difference is that the youngest respondents mention the NHSU more often (25.5% among 18-29-year-olds vs. about 20.0% among other age groups), which may be an indicator of general awareness of relatively new authorities.

6.4. Family doctor and communication channels

Medical reform implies the free choice of a family doctor by all citizens of Ukraine. According to the results of the 2023 study, the vast majority of the adult population (92.9%) have signed declarations with a family doctor, and another 1.8% tried to sign them without success (**Fig. 6.5**). The survey conducted in 2018, the year when the declarations were introduced, showed that half of the adults (52.6%) had not yet tried to sign a declaration with a family doctor. A year later (in 2019), there were 13.5% of such people, and in 2023 – only 5.2%.

The study revealed some differences in the behavior of representatives of different socio-demographic groups regarding the execution of contracts with family doctors (**Table 6.5**). A higher percentage of women have signed declarations (95.3% vs. 90.0% among men), while men more often did not even make such attempts (7.9% vs. 3.1% among women). More than 94% of respondents aged 45 years and older have declarations with a family doctor (versus 90-91% in younger groups), while younger respondents more often have not yet tried to sign a declaration (7.5% in the age group 18-29 years, 6.5% in the age group of 30-44 years,

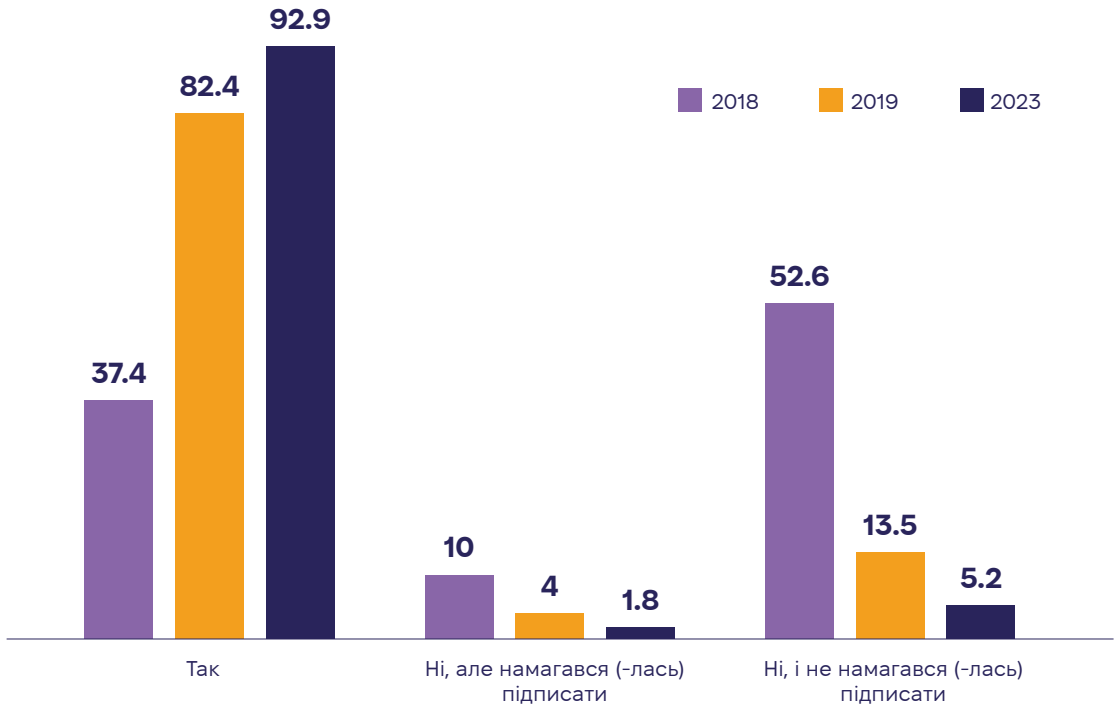


Fig. 6.5. Percentage of respondents who have signed declarations with a family doctor: comparison by year

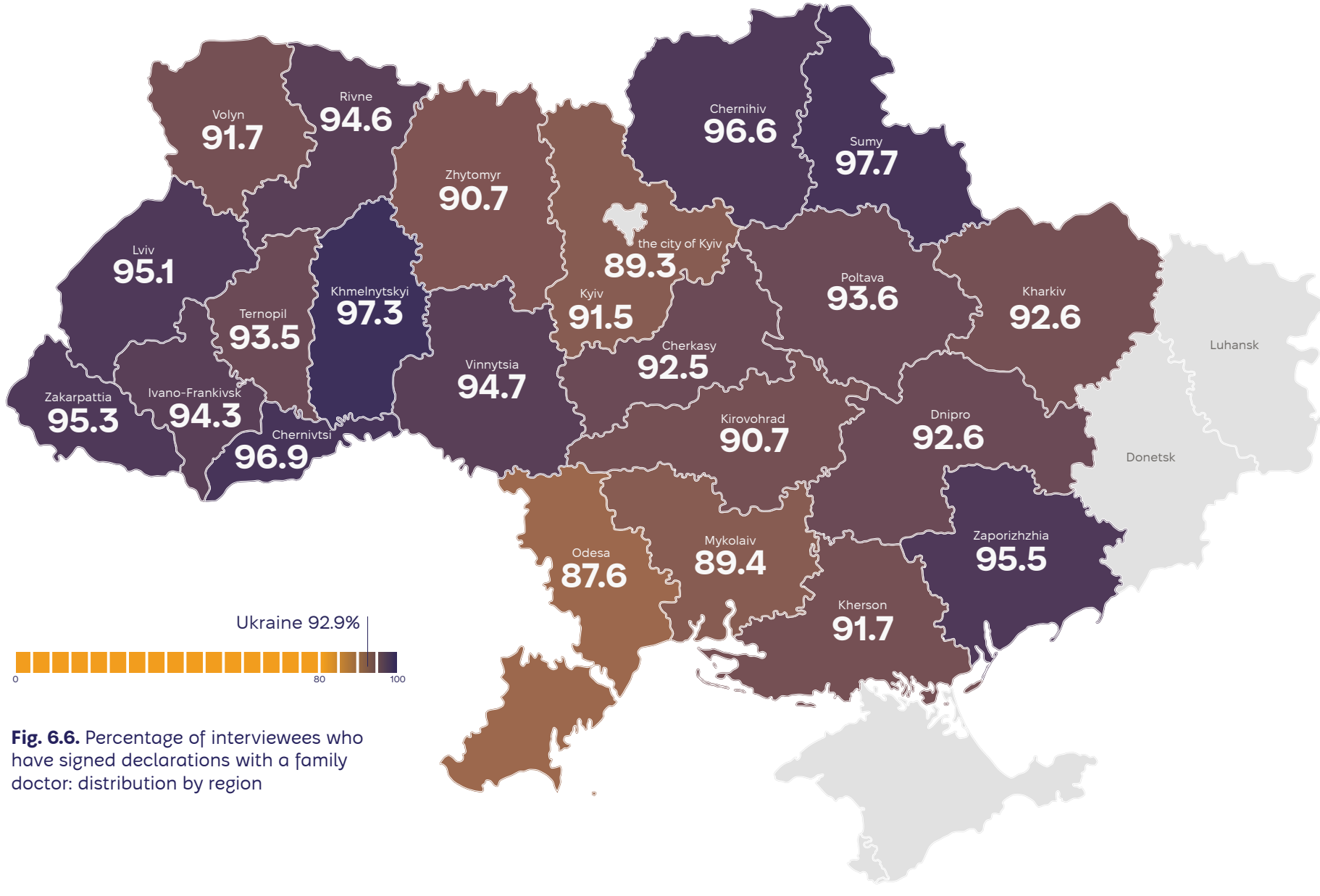


Fig. 6.6. Percentage of interviewees who have signed declarations with a family doctor: distribution by region

about 4% in the age groups of 45 years and older). The lowest share of those who signed the declaration (87.1% versus 92% and higher in other groups) and the highest share of those who did not try to sign it (10.9%) are among respondents who consider their health to be very good. There are fewer who signed the declaration among internally displaced persons (85.2% vs. 93.7% among other adults), but more who had an unsuccessful attempt to sign it (4.6% vs. 1.5%), as well as those who did not even try to sign it (10.2% versus 4.7%). The study found no differences in the behavior of urban and rural populations when signing declarations with a family doctor.

The highest percentage of adults who reported the presence of signed declarations is in Sumy (97.9%) and Khmelnytskyi (97.3%) regions, the lowest is in Odesa (87.6%) and Mykolaiv (89.4%) regions and the city of Kyiv (89.3%) (Fig. 6.6). In general, regional differences in this indicator are not significant.

The vast majority of those who chose a family doctor (88.3%) had the opportunity to visit them personally. As expected, internally displaced persons have relatively more problems with physical access to their doctor (26.0% of those who cannot visit their doctor, compared to 10.3% among the rest of the population). Also, the least educated citizens reported issues with access more often (23.3% among those with education no higher than secondary against 10.1%-13.3% among the remaining categories) and those who evaluate their health as poor (22.7% among persons with very poor health, 15.9% among persons with rather poor health, 10-12% among the remaining categories).

In addition, internally displaced persons were asked about the difficulties they might face when seeking primary medical care. Only 9.7% of IDPs reported such difficulties, with no differences between different socio-demographic groups within IDPs.

The absolute majority of those who chose a family doctor (84.8%) have the opportunity to contact the doctor or nurse remotely if necessary, while 15.2% do not have this opportunity (**Fig. 6.7**).

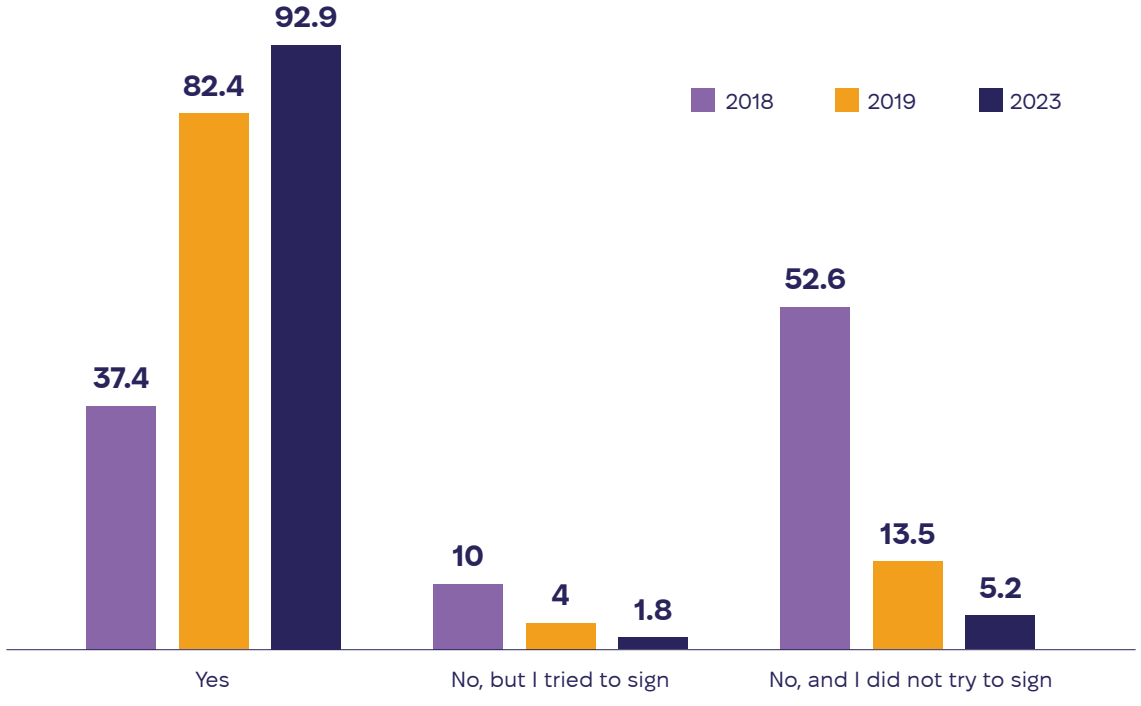


Рис. 6.7. Наявність домовленості про дистанційну консультацію із сімейним лікарем або медсестрою

The absolute majority of those who chose a family doctor (84.8%) have the opportunity to contact the doctor or nurse remotely if necessary, while 15.2% reported not having such an opportunity (**Fig. 6.7**).

The situation with remote consultation with a family doctor has significantly improved compared to the previous period because, in 2019, almost a third (31.7%) answered that they did not have such an opportunity. The share of those who are currently unable to contact their doctor remotely has halved compared to 2020, and the opportunities for such contact have increased significantly for all communication channels.

Men (16.1% vs. 14.5% among women), urban residents (16.6% vs. 12.2% among villagers), and the least educated patients (28.3% among people with incomplete secondary or lower education vs. 11, 9%-16.4% among other categories) reported a little more often about the impossibility of contacting their doctor remotely (Table 6.5). The channel for remote communication is the telephone (83.2%), much less often – various instant messengers (18.6%), and even less often – email (7.5%).

The largest number of those who cannot contact their doctor remotely are in the city of Kyiv (32.3%), Kherson (29.7%) and Mykolaiv (28.3%) regions, and the least – in Chernivtsi (4 .8%), Zakarpattia (5.4%), Rivne (5.5%), and Zhytomyr (5.9%) regions.

Thus, respondents to the 2023 Health Index survey expressed a fairly high level of satisfaction with all components of the health care system covered by the study, and the differences between them are not very large (from 76.3% for inpatient treatment to 82.6% for pediatricians). Moreover, there was a noticeable increase in satisfaction with all services evaluated, without exception, compared to previous waves of the survey. Satisfaction with the work of family doctors increased the least, but the assessment of their work in previous years was already at a very high level. The greatest growth in satisfaction with services is observed for hospitals, although users are still the least satisfied with this type of care.

Increasing satisfaction with medical care emphasizes the impact of the reform, which has already affected inpatient treatment. The response of the health care system to challenges during the COVID-19 pandemic and full-scale invasion and adaptation to work in new conditions attests to the existence of effective system management and the creation of the necessary mechanisms for regulating its activities. At the same time, the increase in satisfaction with medical care, among other things, may also be associated with a decrease in expectations from the health care system in conditions of war. In general, the correlation between the level of satisfaction with medical services of various types and the socio-demographic characteristics of the interviewees is similar to what was recorded in surveys of previous years.

As of 2023, the problem of the high cost of medicines remains very acute. This is the only problem cited by more than half of the participants in each wave of the survey among the main problems of the industry. At the same time, the share of those who named the high cost of treatment as a problem decreased, although this is still the second most frequently mentioned problem. Also, in 2023, public attention to the issue of corruption in the Ministry of Health increased (after a slight reduction, the indicator returned to the level at the beginning of monitoring), which still remains among the top three main health care problems. However, this does not prevent citizens from continuing to entrust the responsibility for improving the work of specific health care institutions to the relevant minister (the difference from direct managers of medical institutions is twofold).

Primary care reform is showing good results, with more than 90% of adults signing declarations with family doctors, and this percentage is even higher among those in poor health. Almost 80% of respondents are satisfied with the help provided by family doctors. A significant expansion of opportunities for remote consultations with a family doctor is also a positive result: more than 84% of those who have already chosen their doctor have the opportunity to receive consultations remotely. The development of telemedicine and remote communication channels with a doctor can be one of the ways to improve access to primary care for residents of remote villages, frontline areas and internally displaced persons who face certain difficulties.

APPENDIX

	How much do you care about your health?																	
	Take good care of their health		Take poor care of their health		Take average care of their health		Take good care of their health		Take poor care of their health		Take average care of their health		Take good care of their health		Take poor care of their health		Take average care of their health	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
	2023						2018						2017					
Overall	46,0	4082	8,3	786	45,7	4283	41,5	3892	8,3	951	50,2	5152	39,5	3607	10,8	1174	49,7	5147
GENDER																		
Men	45,1	1605	10,0	384	44,9	1712	42,4	1309	9,0%	327	48,6%	1684	40,4%	1251	11,0%	382	48,6	1701
Women	46,7	2477	7,0	402	46,3	2571	40,7	2583	7,8	624	51,4	3468	38,8	2356	10,7	792	50,6	3446
AGE GROUP																		
18-29 years old	65,0	873	4,8	58	30,2	417	64,1	811	4,6	59	31,3	396	59,3	811	6,4	72	34,3	480
30-44 years old	49,6	1315	6,8	170	43,6	1124	45,6	1140	6,5	173	47,9	1191	41,8	998	8,8	198	49,4	1176
45-59 years old	41,9	1107	9,7	281	48,4	1436	34,7	1002	9,2	279	56,0	1597	32,8	899	12,4	377	54,8	1626
60 years and older	36,1	787	10,4	277	53,4	1306	27,3	939	12,1	440	60,6	1968	28,9	899	14,8	527	56,3	1865
LEVEL OF EDUCATION																		
Primary/ Incomplete Secondary Education	37,5	69	9,2	21	53,4	84	19,7	87	12,9	69	67,4	267	16,7	83	24,1	125	59,1	256
Complete secondary education	39,7	621	10,0	175	50,3	854	36,4	725	11,0	268	52,7	1199	35,1	620	14,0	335	51,0	1144
Vocational education	38,8	580	10,0	172	51,3	830	32,8	652	12,6	271	54,6	1042	34,2	647	11,9	240	53,8	1087
Incomplete higher education	45,1	1035	8,8	196	46,1	1090	37,9	1064	7,3	235	54,8	1601	38,4	1046	9,9	294	51,7	1570
Basic higher education	55,6	265	5,0	22	39,4	187	54,7	237	4,0	20	41,3	214	55,4	212	7,0	34	37,6	164
Complete higher education	53,3	1500	6,6	198	40,2	1222	58,3	1114	4,1	87	37,7	819	49,4	988	6,9	145	43,7	924
Academic degree	47,3	12	8,9	2	43,9	16	53,1	13	5,1	1	41,8	10	78,8	11	5,5	1	15,7	2
IDP STATUS																		
IDP	47,3	394	9,3	72	43,5	384												
Non-IDP	45,9	3688	8,2	714	45,9	3899												

Table 1.2. The proportion of respondents who believe that they take good or bad care of their health, according to the results of 2023, 2018, and 2017 surveys: distribution by gender, age, place of residence, education, and IDP status

	State of the environment	Psychological stress	Bad habits	Unhealthy diet	Working conditions	Economic problems	Poor-quality treatment in medical institutions	Lack of physical activity	Self-neglect	Heredity	Other factors	Nothing affects
	%	%	%	%	%	%	%	%	%	%	%	%
OVERALL	31,4	59,5	20,8	18,5	11,5	16,8	4,3	7,0	20,3	7,0	0,8	4,7
GENDER												
Men	31,3	51,1	31,0	17,4	13,1	16,2	4,7	6,5	18,7	5,7	1,0	6,3
Women	31,4	66,3	12,4	19,5	10,1	17,2	3,9	7,5	21,7	8,1	0,7	3,3
AGE GROUP												
18 - 29 years old	35,1	54,5	33,1	28,3	16,1	12,6	3,8	7,5	17,8	6,0	0,3	5,5
30 - 44 years old	32,7	60,5	26,7	21,6	14,0	15,7	3,9	8,4	19,9	6,6	0,4	4,0
45 - 59 years old	32,7	59,4	18,1	15,3	12,3	16,9	4,0	6,6	21,2	7,2	1,2	4,0
60 years old and more	26,8	61,1	10,3	12,9	5,7	20,0	5,1	5,7	21,3	7,7	1,3	5,6
PLACE OF RESIDENCE												
Urban	32,6	61,2	21,7	19,4	11,1	17,2	4,6	8,5	21,0	7,3	1,0	3,7
Rural	28,7	55,7	18,7	16,6	12,3	15,9	3,5	3,9	18,8	6,4	0,5	6,8
IDP STATUS												
IDP	27,9	71,5	21,9	19,1	11,7	20,3	3,0	11,1	19,8	7,8	1,1	2,4
Non-IDP	31,7	58,2	20,6	18,5	11,5	16,4	4,4	6,6	20,4	6,9	0,8	4,9

Table 1.3. Answers to the question "What, in your opinion, has a negative impact on your health?" (respondents could choose no more than three answer options): distribution by gender, age, type of area, and IDP status, %

	Do you smoke tobacco products (e.g., cigarettes) every day, not every day, or do not smoke at all?								Smokers by the number of cigarettes smoked per day					
	Every day		Not every day		Smoke every day or not every day		Don't smoke at all		Up to 5 cigarettes		6 to 25 cigarettes		More than 25 cigarettes	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Overall	25,9	2163	3,2	285	29,1	2448	70,9	6757	13,3	295	81,1	1681	5,7	120
GENDER														
Men	41,6	1494	4,0	141	45,6	1635	54,4	2107	8,2	117	84,3	1226	7,5	114
Women	12,9	669	2,6	144	15,5	813	84,5	4650	27,0	178	72,3	455	0,7	6
PLACE OF RESIDENCE														
Urban	26,3	1410	3,7	215	30,0	1625	70,0	4292	14,8	221	80,4	1074	4,8	68
Rural	25,1	753	2,1	70	27,2	823	72,8	2465	9,8	74	82,5	607	7,6	52
AGE GROUP														
18 - 29 years old	32,0	393	5,6	82	37,6	475	62,4	876	21,6	93	74,6	268	3,8	18
30 - 44 years old	35,9	801	3,4	92	39,3	893	60,7	1724	11,2	100	83,7	646	5,1	33
45 - 59 years old	25,8	668	3,6	79	29,4	747	70,6	2099	12,1	74	80,0	525	7,9	48
60 years old and more	12,7	301	1,4	32	14,1	333	85,9	2058	10,4	28	84,1	242	5,5	21
HEALTH STATUS														
Very Poor	15,5	13	1,7	1	17,2	14	82,8	55	30,3	3	40,7	6	29,0	4
Poor	21,7	98	2,4	11	24,1	109	75,9	392	18,7	17	71,1	69	10,2	7
Average	23,4	889	2,7	110	26,1	999	73,9	3042	11,	104	84,4	709	4,3	48
Good	27,8	910	3,9	135	31,6	1045	68,4	2662	13,3	127	80,8	715	5,4	44
Very good	33,2	243	3,0	25	36,2	268	63,8	584	15,3	43	77,1	176	7,6	15
IDP STATUS														
IDP	29,3	216	3,8	30	33,0	246	67,0	607	17,3	34	78,3	168	4,3	9
Non-IDP	25,5	1947	3,1	255	28,7	2202	71,3	6150	12,8	261	81,4	1513	5,8	111

Table 1.4. The proportion of people who smoke daily or not daily, as well as by the number of cigarettes smoked per day: distribution by gender, age, place of residence, education, as well as by health and IDP status

	Beer consumed on a typical day (grams of 100% alcohol)	Wine consumed on a typical day (grams of 100% alcohol)	Strong drinks consumed on a typical day (grams of 100% alcohol)
Overall	29,6	21,7	57,9
GENDER			
Men	36,3	25,7	67,6
Women	20,2	19,1	39,4
PLACE OF RESIDENCE			
Urban	29,9	21,7	58,0
Rural	28,70	21,58	57,8
AGE GROUP			
18 - 29 years old	34,3	25,8	67,92
30 - 44 years old	32,8	24,0	64,3
45 - 59 years old	27,1	21,3	59,7
60 years old and more	20,3	15,8	43,4
HEALTH STATUS			
Very Poor	27,1	54,8	123,6
Poor	30,1	16,1	57,4
Average	27,8	20,1	54,3
Good	30,4	22,6	58,3
Very good	33,4	25,0	72,8
IDP STATUS			
IDP	35,5	20,5	55,8
Non-IDP	28,9	21,8	58,1

Table 1.5. The average volume of alcoholic beverages consumed at one time (among those who drank during the last 12 months) (in grams of pure alcohol): distribution by gender, age, health status, and IDP status

		Yes, they advised	Asked but did not advise	Neither asked nor advised
OVERALL	%	9,1%	12,4%	78,5%
	N	201	278	1967
GENDER				
Men	%	16,1%	17,6%	66,3%
	N	148	154	639
Women	%	3,9%	8,4%	87,7%
	N	53	124	1328
AGE GROUP				
18 - 29 years old	**%**	11,40%	11,7%	76,9%
	N	39	45	309
30 - 44 years old	%	7,2%	12,3%	80,5%
	N	50	87	636
45 - 59 years old	%	12,0%	13,2%	74,7%
	N	73	83	536
60 years old and more	%	7,4%	12,1%	80,5%
	N	39	63	486
PLACE OF RESIDENCE				
Urban	%	9,1%	13,0%	78,0%
	N	137	188	1336
Rural	%	9,3%	10,8%	79,8%
	N	64	90	631
HEALTH STATUS				
Very Poor	%	19,6%	8,0%	72,3%
	N	2	1	14
Poor	%	8,8%	16,6%	74,6%
	N	13	15	107
Average	%	7,7%	12,7%	79,5%
	N	95	142	970
Good	%	9,8%	12,1%	78,0%
	N	72	109	759
Very good	%	15,2%	6,0%	78,8%
	N	19	10	113
IDP STATUS				
IDP	%	11,3%	12,3%	76,40
	N	15	26	190
Non-IDP	%	8,9%	12,4%	78,7%
	N	186	252	1777

Table 1.6. Receiving advice from medical professionals on the use of alcoholic beverages: distribution by gender, age, health status, and IDP status

		Every day	2 to 5 times a week	Once a day	2 to 3 times a month	About once a month or less	Never	I never do it because of illness
Overall	%	58,1%	22,40%	6,70%	2,20%	1,70%	6,70%	2,40%
	N	5090	2008	600	181	152	555	184
GENDER								
Men	%	58,30%	24,10%	6,10%	2,30%	1,80%	5,40%	2,10%
	N	2070	898	231	71	62	184	69
Women	%	57,90%	20,90%	7,10%	2,10%	1,60%	7,70%	2,60%
	N	3020	1110	369	110	90	371	115
AGE GROUP								
18 - 29 years old	%	57,30%	29,20%	5,50%	2,20%	1,40%	3,90%	0,50%
	N	727	387	80	29	17	53	7
30 - 44 years old	%	58,40%	24,20%	6,40%	2,40%	2,30%	4,90%	1,40%
	N	1405	618	181	58	63	130	32
45 - 59 years old	%	61,00%	21,00%	7,00%	1,90%	1,10%	5,90%	2,10%
	N	1677	579	169	50	36	152	42
60 years old and more	%	55,60%	18,10%	7,20%	2,20%	1,80%	10,50%	4,60%
	N	1281	424	170	44	36	220	103
PLACE OF RESIDENCE								
Urban	%	54,30%	23,90%	7,50%	2,30%	1,90%	7,60%	2,50%
	N	3000	1400	436	123	113	410	128
Rural	%	65,80%	19,20%	5,00%	2,00%	1,20%	4,80%	2,00%
	N	2090	608	164	58	39	145	56
LEVEL OF EDUCATION								
Primary or Incomplete General Secondary	%	53,90%	18,00%	7,00%	1,60%	3,10%	12,00%	4,30%
	N	85	36	9	3	4	14	8
	%	64,40%	19,30%	5,10%	1,80%	1,30%	5,80%	2,30%

Complete general secondary	N	1029	301	72	26	16	87	35
	%	63,30%	20,10%	5,90%	1,80%	0,60%	5,80%	2,50%
Vocational (vocational school, lyceum)	N	971	310	88	24	11	92	35
	%	57,30%	22,30%	7,10%	2,10%	1,70%	6,70%	2,80%
Incomplete Higher / Secondary Specialized	N	1291	488	165	44	38	135	51
	%	54,30%	25,30%	7,00%	2,80%	5,80%	4,20%	0,60%
Basic Higher (Bachelor's)	N	241	122	37	13	19	17	5
	%	53,40%	25,10%	7,50%	2,50%	1,70%	7,70%	2,10%
Complete higher education (specialist, master)	N	1463	742	225	68	63	209	49
Scientific degree (Candidate of Sciences, Doctor of Science)	%	23,70%	30,20%	12,20%	18,90%	2,90%	1,70%	10,40%
	N	10	9	4	3	1	1	1
HEALTH STATUS								
Very Poor	%	41,10%	8,40%	1,00%	2,30%	0,40%	20,40%	26,30%
	N	32	5	1	1	1	10	12
Poor	%	53,20%	13,30%	4,90%	2,20%	2,30%	15,60%	8,50%
	N	259	64	20	9	11	65	43
Average	%	57,40%	21,60%	7,30%	2,10%	2,10%	6,80%	2,60%
	N	2234	836	276	79	76	254	93
Good	%	57,70%	25,60%	6,70%	2,50%	1,30%	5,20%	1,00%
	N	2009	920	255	82	56	186	28
Very good	%	66,90%	18,80%	5,30%	1,20%	1,30%	5,50%	0,90%
	N	538	177	45	10	7	38	7
IDP STATUS								
IDP	%	54,50%	25,30%	5,30%	2,00%	2,00%	9,40%	1,50%
	N	422	206	56	19	23	74	12
Non-IDP	%	58,50%	22,10%	6,80%	2,20%	1,70%	6,40%	2,40%
	N	4668	1802	544	162	129	481	172

Table 1.8. Frequency of physical activity: distribution by gender, age, place of residence, education, self-reported health, and IDP status (Answer to the question: How often do you exercise for at least half an hour, so that you are at least barely out of breath or sweating?)

		2023	2020	2019	2018	2017	2016
Overall	%	**20,9%**	**19,1%**	**18,5%**	**17,6%**	**18,9%**	***19,3%***
	N	**1790**	**1799**	**1801**	**1793**	**1908**	***2040***
GENDER							
Men	%	16,1%	14,0%	14,0%	11,4%	14,5%	*13,6%*
	N	610	467	456	381	477	*461*
Women	%	25,0%	23,4%	22,4%	22,8%	22,6%	*24,1%*
	N	1180	1332	1345	1412	1431	*1579*
AGE GROUP							
18 - 29 years old	%	5,6%	4,1%	5,1%	3,5%	4,4%	*4,2%*
	N	69	63	63	39	56	*62*
30 - 44 years old	%	15,3%	12,6%	11,3%	11,0%	12,8%	*14,2%*
	N	378	307	283	290	283	*343*
45 - 59 years old	%	26,6%	24,2%	24,7%	23,6%	26,2%	*26,2%*
	N	713	549	605	617	712	*745*
60 years old and more	%	30,3%	31,1%	29,9%	30,7%	30,7%	*30,4%*
	N	630	880	850	847	857	*890*
PLACE OF RESIDENCE							
Urban	%	20,2%	18,7%	18,3%	16,6%	18,0%	*18,3%*
	N	1111	1074	1098	1018	1168	*1217*
Rural	%	22,5%	20,2%	18,8%	19,8%	21,0%	*21,7%*
	N	679	725	703	775	740	*823*
HEALTH STATUS							
Very Poor	%	29,9%	27,5%	36,1%	48,2%	34,7%	*34,1%*
	N	24	45	68	76	96	*73*
Poor	%	30,7%	28,6%	33,1%	34,2%	36,6%	*33,5%*
	N	144	262	332	342	466	*448*
Average	%	28,0%	26,6%	24,6%	24,5%	23,1%	*23,7%*
	N	1021	883	896	972	928	*1059*
Good	%	14,4%	13,9%	11,5%	8,8%	10,9%	*11,7%*
	N	517	535	422	365	369	*409*
Very good	%	9,7%	7,7%	8,9%	6,1%	7,9%	*7,5%*
	N	75	63	78	32	38	*43*
IDP STATUS							
IDP	%	18,0%					
	N	157					
Non-IDP	%	21,2%					
	N	1633					

Table 1.9. Prevalence of obesity (% of persons with BMI >= 30) according to the results of surveys 2016-2020, 2023: distribution by gender, age, place of residence, education, self-reported health and IDP status

		2023							2018						
			those who measure their blood pressure:							those who measure their blood pressure:					
		Measured their blood pressure	Every day	Weekly	Monthly	Several times a year	Less than once a year	Never measured their blood pressure	Measured their blood pressure	Every day	Weekly	Monthly	Several times a year	Less than once a year	Never measured their blood pressure
Overall	%	89,2%	21,4%	17,2%	15,0%	19,6%	16,0%	10,8%	82,7%	17,3%	14,1%	11,5%	22,3%	17,5%	17,3%
	N	8042	1932	1601	1359	1835	1315	930	8360	2051	1559	1234	2018	1498	1231
GENDER															
Men	%	85,5%	13,7%	14,8%	13,0%	22,4%	21,5%	14,5%	76,7%	10,2%	10,1%	9,0%	25,0%	22,4%	23,3%
	N	3118	511	560	482	841	724	524	2550	397	361	351	765	676	620
Women	%	92,2%	27,7%	19,1%	16,6%	17,3%	11,4%	7,8%	87,6%	23,0%	17,5%	13,6%	20,2%	13,4%	12,4%
	N	4924	1421	1041	877	994	591	406	5810	1654	1198	883	1253	822	611
AGE GROUP															
18 - 29 years old	%	81,7%	3,9%	9,4%	15,1%	25,1%	28,1%	18,3%	71,2%	1,7%	5,2%	9,8%	28,1%	26,3%	28,8%
	N	1086	56	123	189	365	353	237	880	24	81	139	322	314	322
30 - 44 years old	%	86,4%	7,9%	12,1%	17,5%	26,6%	22,3%	13,6%	77,5%	4,4%	9,5%	12,2%	29,0%	22,5%	22,5%
	N	2241	202	329	463	725	522	320	1950	121	251	360	709	509	447
45 - 59 years old	%	91,1%	22,3%	20,6%	15,8%	19,7%	12,6%	8,9%	87,3%	18,5%	18,3%	12,8%	22,1%	15,6%	12,7%
	N	2529	678	598	430	519	304	239	2480	564	513	363	612	428	264
60 years old and more	%	94,2%	43,3%	23,3%	11,6%	9,7%	6,3%	5,8%	91,8%	40,3%	21,3%	10,8%	11,6%	7,8%	8,2%
	N	2186	996	551	277	226	136	134	3050	1342	714	372	375	247	198
PLACE OF RESIDENCE															
Urban	%	89,9%	20,7%	16,3%	15,3%	20,5%	17,0%	10,1%	81,5%	16,8%	13,8%	10,6%	22,6%	17,6%	18,5%
	N	5202	1185	962	881	1274	900	579	5003	1178	939	718	1256	912	792
Rural	%	87,7%	22,7%	19,0%	14,4%	17,7%	13,8%	12,3%	85,4%	18,2%	14,9%	13,5%	21,8%	17,1%	14,6%
	N	2840	747	639	478	561	415	351	3357	873	620	516	762	586	439
HEALTH STATUS															

Table 1.10. Frequency of blood pressure measurement based on the results of the 2018 and 2023 survey: distribution by gender, age, place of residence, education, self-reported health, and IDP status

Table 1.11. The proportion of people taking medication to lower blood pressure: distribution by gender, age, place of residence, health status, and IDP status, %

		Have you taken any steps to lower your blood pressure in the last three months: taking medication to lower your blood pressure?				Have you taken any steps to lower your blood pressure in the last three months: taking medication to lower your blood pressure?			
		2023				2018			
		The proportion of people among:				The proportion of people among:			
		total population	people who measured their blood pressure	people with blood pressure higher than 140/90	people who were told by their doctor that they had high blood pressure	total population	people who measured their blood pressure	people with blood pressure higher than 140/90	people who were told by their doctor that they had high blood pressure
Overall	**%**	**29,9%**	**33,3%**	**76,7%**	**77,3%**	**21,5%**	**27,4%**	**79,4%**	**86,1%**
	N	**2583**	**2506**	**1471**	**2370**	**2725**	**2667**	**1738**	**2725**
GENDER									
Men	%	22,5%	25,9%	69,0%	67,0%	13,6%	18,7%	68,1%	78,8%
	N	815	783	477	755	565	548	340	565
Women	%	35,9%	39,0%	81,4%	83,9%	28,1%	33,6%	84,7%	89,5%
	N	1768	1723	994	1615	2160	2119	1398	2160
AGE GROUP									
18 - 29 years old	**%**	7,6%	8,7%	47,3%	42,8%	2,2%	3,3%	38,2%	48,2%
	N	83	79	31	78	29	28	10	29
30 - 44 years old	%	13,1%	14,9%	61,5%	56,4%	6,2%	8,2%	61,7%	66,0%
	N	322	308	159	283	169	163	87	169
45 - 59 years old	%	34,5%	37,5%	77,2%	79,6%	24,6%	29,5%	78,1%	85,3%
	N	967	940	553	892	786	767	491	786
60 years old and more	%	54,1%	57,4%	83,3%	88,3%	48,9%	55,2%	84,3%	92,7%
	N	1211	1179	728	1117	1741	1709	1150	1741
PLACE OF RESIDENCE									
Urban	%	29,5%	32,6%	76,7%	74,6%	20,7%	26,8%	79,1%	86,1%
	N	1576	1529	853	1439	1568	1537	977	1568
Rural	%	30,6%	34,9%	76,8%	82,8%	23,5%	28,5%	80,1%	86,2%
	N	1007	977	618	931	1157	1130	761	1157
HEALTH STATUS									
Very Poor	%	60,9%	63,9%	78,8%	86,9%	60,6%	68,2%	86,5%	86,6%
	N	39	37	29	39	138	136	109	138
Poor	%	63,2%	65,1%	86,6%	88,5%	59,7%	65,6%	88,1%	93,2%
	N	293	285	197	272	746	740	547	746
Average	%	42,7%	45,5%	80,2%	81,1%	31,5%	38,1%	79,7%	87,8%
	N	1598	1550	909	1476	1556	1515	947	1556
Good	%	15,5%	17,4%	65,4%	64,5%	5,0%	6,7%	55,0%	67,0%

Table 1.11. The proportion of people taking medication to lower blood pressure: distribution by gender, age, place of residence, health status, and IDP status, %

		F1.1. Have you had a period of 2 weeks or more in the last 12 months when you experienced significant stress?		F1.2. Have you had a depressed mood, trouble sleeping, poor appetite, or difficulty concentrating?		F1.3. Have you been irritable, constantly worried, over-worried about things, or found it difficult to relax?	
		Yes	No	Yes	No	Yes	No
Overall	**%**	**38,9%**	**61,1%**	**40,8%**	**59,2%**	**41,5%**	**58,5%**
	N	**3584**	**5488**	**3805**	**5291**	**3898**	**5175**
GENDER							
Men	%	30,5%	69,5%	32,5%	67,5%	32,8%	67,2%
	N	1090	2587	1183	2513	1211	2473
Women	%	45,9%	54,1%	47,6%	52,4%	48,6%	51,4%
	N	2494	2901	2622	2778	2687	2702
AGE GROUP							
18 - 29 years old	**%**	40,6%	59,4%	41,8%	58,2%	41,8%	58,2%
	N	490	843	511	827	515	823
30 - 44 years old	%	39,6%	60,4%	39,9%	60,1%	41,5%	58,5%
	N	1072	1510	1100	1493	1166	1431
45 - 59 years old	%	38,0%	62,0%	39,7%	60,3%	41,7%	58,3%
	N	1107	1701	1146	1662	1199	1596
60 years old and more	%	38,2%	61,8%	42,1%	57,9%	41,1%	58,9%
	N	915	1434	1048	1309	1018	1325
PLACE OF RESIDENCE							
Urban	%	42,1%	57,9%	43,6%	56,4%	44,5%	55,5%
	N	2495	3335	2632	3209	2706	3130
Rural	%	32,3%	67,7%	34,9%	65,1%	35,2%	64,8%
	N	1089	2153	1173	2082	1192	2045
LEVEL OF EDUCATION							
Initial or incomplete general	%	24,2%	75,8%	26,1%	73,9%	30,5%	69,5%
	N	39	130	49	123	57	116
Complete general	%	35,0%	65,0%	37,3%	62,7%	38,1%	61,9%
	N	571	1073	621	1023	639	1003
Vocational	%	36,3%	63,7%	40,3%	59,7%	40,7%	59,3%
	N	592	987	654	934	649	931
Incomplete Higher / Secondary Specialized	%	39,3%	60,7%	41,2%	58,8%	41,7%	58,3%
	N	908	1395	949	1356	974	1321
Basic Higher (Bachelor's)	%	35,5%	64,5%	41,2%	58,8%	39,6%	60,4%
	N	185	277	204	259	202	264
Complete higher education (specialist, master)	%	43,8%	56,2%	43,6%	56,4%	44,7%	55,3%
	N	1277	1610	1316	1580	1360	1527
Academic degree	%	30,5%	69,5%	27,8%	72,2%	38,1%	61,9%
	N	12	16	12	16	17	13
HEALTH STATUS							
Very Poor	%	72,8%	27,2%	74,6%	25,4%	72,7%	27,3%
	N	52	17	56	13	53	14
Poor	%	54,9%	45,1%	59,3%	40,7%	57,2%	42,8%
	N	280	205	309	179	294	194
Average	%	44,3%	55,7%	48,3%	51,7%	48,3%	51,7%
	N	1799	2174	1962	2017	2001	1968
Good	%	33,2%	66,8%	32,9%	67,1%	34,4%	65,6%
	N	1218	2451	1239	2440	1290	2375
Very good	%	25,0%	75,0%	25,2%	74,8%	27,9%	72,1%
	N	220	624	227	620	249	602
IDP STATUS							
IDP	%	52,9%	47,1%	51,9%	48,1%	53,8%	46,2%
	N	446	389	452	390	455	378
Non-IDP	%	37,5%	62,5%	39,6%	60,4%	40,2%	59,8%
	N	3138	5099	3353	4901	3443	4797

Table 1.12. Proportion of persons with mental health problems in the last 12 months: distribution by gender, age, place of residence, education, and self-reported health, %

Name	% of patients who underwent a fluorography			% of patients who underwent electrocardiography			% of patients who underwent a dental check-up		
	2023	2020	2019	2023	2020	2019	2023	2020	2019
Ukraine	**52,3%**	**57,3%**	**57,3%**	**48,0%**	**40,9%**	**44,4%**	**42,2%**	**38,0%**	**41,0%**
Vinnytsia	58,1%	58,8%	56,6%	55,4%	48,6%	57,2%	39,4%	39,0%	47,9%
Volyn	40,8%	39,5%	44,6%	46,5%	36,4%	42,9%	43,1%	33,1%	39,6%
Dnipro	62,2%	71,3%	76,4%	56,5%	53,3%	56,0%	49,7%	51,8%	50,9%
Donetsk	0,0%	50,4%	62,0%	0,0%	36,4%	47,0%	0,0%	29,0%	37,0%
Zhytomyr	50,8%	71,5%	75,3%	45,5%	50,6%	52,1%	37,6%	47,2%	29,4%
Zakarpattia	43,3%	28,2%	35,7%	42,3%	26,0%	27,4%	41,3%	22,6%	22,7%
Zaporizhzhia	53,8%	58,9%	63,8%	46,2%	44,5%	43,8%	38,4%	31,1%	30,9%
Ivano-Frankivsk	53,4%	53,0%	54,9%	52,3%	40,6%	50,9%	53,1%	49,3%	51,7%
Kyiv	55,2%	56,2%	46,7%	50,5%	43,5%	44,0%	46,7%	51,7%	34,6%
Kirovohrad	8,7%	18,7%	14,9%	7,9%	15,5%	14,3%	7,0%	11,0%	7,7%
Lugansk	0,0%	88,1%	68,5%	0,0%	54,4%	51,2%	0,0%	23,0%	41,7%
Lviv	36,0%	35,3%	52,2%	41,5%	28,9%	47,2%	34,5%	39,8%	43,8%
The City of Kyiv	55,2%	54,8%	48,0%	49,0%	31,9%	39,1%	46,9%	39,6%	52,2%
Mykolaiv	53,9%	60,4%	50,8%	41,8%	34,3%	29,1%	29,7%	22,6%	18,9%
Odesa	56,2%	47,4%	42,4%	48,8%	34,7%	38,0%	42,4%	33,9%	39,2%
Poltava	66,1%	68,9%	66,9%	59,8%	54,3%	47,3%	49,3%	54,3%	52,8%
Rivne	43,3%	42,6%	42,4%	48,2%	40,0%	41,9%	45,7%	40,9%	46,9%
Sumy	57,8%	53,6%	49,3%	44,9%	25,7%	32,7%	44,7%	36,7%	45,9%
Ternopil	45,3%	62,2%	60,5%	39,6%	50,6%	48,3%	40,6%	46,6%	44,4%
Kharkiv	57,6%	71,7%	62,7%	47,2%	35,6%	27,9%	39,5%	39,1%	38,0%
Kherson	44,2%	78,2%	79,7%	38,0%	52,2%	54,1%	30,7%	31,2%	31,2%
Khmelnytskyi	55,9%	60,6%	55,3%	52,0%	51,2%	49,3%	50,3%	48,2%	51,9%
Cherkasy	58,1%	55,4%	61,6%	50,7%	42,3%	53,4%	45,6%	40,5%	47,1%
Chernivtsi	55,0%	50,2%	55,3%	60,7%	45,1%	48,3%	44,8%	39,5%	48,8%
Chernihiv	57,2%	68,2%	68,8%	45,5%	53,2%	53,9%	39,7%	45,8%	45,3%

Table 2.1. Undergoing fluorography, electrocardiography, and dental examination in the last 12 months (percentage of those who answered that they had been examined): comparison by region, %

Name	% of men who have been examined by a urologist			% of women who have been examined by a gynecologist			% of women who underwent cytological examination			% of women who underwent mammography		
	2023	2020	2019	2023	2020	2019	2023	2020	2019	2023	2020	2019
Ukraine	**19,0%**	**21,3%**	**23,7%**	**48,0%**	**48,6%**	**52,0%**	**41,3%**	**34,8%**	**40,0%**	**21,8%**	**20,3%**	**22,2%**
Vinnytsia	16,3%	23,0%	20,7%	50,3%	55,7%	50,4%	44,2%	25,3%	47,5%	18,5%	21,6%	25,8%
Volyn	15,0%	12,6%	27,2%	42,7%	47,0%	43,2%	34,0%	39,2%	35,7%	22,1%	24,3%	28,2%
Dnipro	36,8%	32,7%	33,8%	55,5%	59,0%	64,1%	51,4%	42,9%	55,4%	35,9%	11,8%	26,2%
Donetsk	0,0%	12,3%	17,7%	0,0%	39,6%	47,7%	0,0%	23,8%	28,9%	0,0%	18,5%	20,5%
Zhytomyr	19,6%	32,6%	34,6%	47,9%	62,1%	68,8%	40,1%	52,5%	51,4%	19,3%	27,2%	20,3%
Zakarpattia	23,1%	16,8%	23,6%	52,2%	28,3%	38,9%	48,3%	24,1%	33,3%	20,1%	10,4%	5,9%
Zaporizhzhia	18,1%	25,7%	23,7%	47,5%	41,7%	41,5%	40,7%	34,3%	38,9%	17,7%	11,8%	11,9%
Ivano-Frankivsk	17,7%	21,8%	28,4%	56,2%	54,4%	60,3%	49,5%	42,4%	55,9%	29,2%	16,2%	17,3%
Kyiv	17,3%	26,0%	14,0%	49,6%	54,7%	46,8%	42,2%	46,3%	34,8%	20,5%	26,4%	20,0%
Kirovohrad	5,8%	13,0%	4,5%	6,5%	20,4%	19,5%	6,7%	14,7%	5,5%	4,2%	12,9%	6,6%
Lugansk	0,0%	23,6%	32,2%	0,0%	57,6%	53,7%	0,0%	11,4%	41,0%	0,0%	30,9%	25,4%
Lviv	11,6%	18,9%	25,4%	37,4%	37,5%	50,1%	31,7%	32,3%	42,2%	17,5%	9,2%	21,8%
The City of Kyiv	20,7%	13,6%	22,9%	60,4%	52,7%	60,2%	55,9%	46,9%	39,6%	30,1%	34,8%	26,6%
Mykolaiv	4,5%	12,9%	8,1%	39,0%	49,0%	45,3%	27,6%	42,6%	38,0%	20,6%	12,3%	28,7%
Odesa	20,6%	17,4%	18,9%	47,2%	40,3%	39,5%	41,2%	27,0%	32,5%	18,6%	16,9%	22,8%
Poltava	15,2%	31,5%	32,2%	56,8%	53,2%	59,6%	48,9%	38,4%	36,4%	23,4%	18,4%	30,6%
Rivne	10,0%	14,2%	18,6%	38,4%	49,0%	48,1%	34,4%	33,6%	36,0%	16,6%	24,9%	23,1%
Sumy	21,5%	23,2%	26,0%	45,5%	46,0%	45,1%	33,9%	28,4%	37,2%	14,4%	18,4%	14,8%
Ternopil	15,1%	15,6%	19,8%	47,0%	54,7%	50,3%	35,2%	37,0%	43,8%	17,5%	22,8%	19,0%
Kharkiv	19,3%	30,3%	18,3%	51,3%	53,2%	57,4%	37,5%	36,8%	29,6%	19,4%	26,8%	20,5%
Kherson	13,4%	29,5%	31,5%	31,2%	57,0%	58,9%	20,9%	51,4%	54,8%	14,7%	30,6%	25,5%
Khmelnytskyi	19,1%	31,3%	28,3%	42,6%	44,1%	56,6%	31,5%	27,5%	39,9%	18,6%	19,6%	23,2%
Cherkasy	21,8%	15,4%	33,8%	53,6%	54,5%	62,7%	47,5%	49,9%	59,8%	23,0%	23,2%	33,8%
Chernivtsi	14,7%	16,3%	19,5%	52,8%	46,7%	56,6%	49,0%	43,7%	52,5%	23,5%	20,9%	18,7%
Chernihiv	23,6%	19,1%	26,1%	42,5%	54,4%	56,4%	38,6%	44,4%	50,0%	14,5%	13,3%	30,7%

Table 2.2. Medical examinations by urologist, gynecologist, cytological examinations, and mammography over the past 12 months (percentage of respondents of the corresponding gender who answered that they had undergone a check-up/examination): comparison by region and year of study, %

	% of patients who underwent:							
	height and/or weight measurements	**waist circumference measurement**	**blood pressure measurement**	**measuring glucose (blood sugar) levels**	**measuring blood cholesterol levels**	**questioning by a healthcare professional to identify CVD risk factors on the SCORE scale**	**colorectal cancer screening**	**prostate cancer screening** (among men)
Overall	**36,1%**	**22,1%**	**61,5%**	**43,6%**	**35,9%**	**16,5%**	**6,6%**	**7,3%**
GENDER								
Men	35,0%	19,1%	56,8%	39,5%	32,8%	16,7%	6,4%	7,3%
Women	37,1%	24,6%	65,3%	46,9%	38,4%	16,4%	6,7%	0,0%
AGE GROUP								
18 - 29 years old	50,2%	33,0%	56,7%	40,6%	33,2%	12,8%	6,2%	3,9%
30 - 44 years old	38,3%	25,4%	56,9%	39,8%	31,6%	15,2%	7,1%	5,4%
45 - 59 years old	34,6%	19,7%	63,2%	44,4%	37,9%	17,6%	7,2%	8,1%
60 years and older	28,0%	15,3%	67,0%	48,2%	39,9%	18,9%	5,7%	11,2%
PLACE OF RESIDENCE								
Urban	36,4%	22,0%	61,0%	44,8%	37,6%	17,5%	6,4%	7,1%
Rural	35,7%	22,3%	62,3%	40,9%	32,4%	14,5%	6,8%	7,6%
SELF-REPORTED HEALTH								
Very poor	56,0%	35,4%	80,3%	73,0%	66,4%	39,7%	19,7%	8,9%
Poor	27,0%	12,9%	72,6%	57,2%	43,9%	22,4%	5,9%	8,9%
Average – not good, but not bad either	34,0%	20,3%	65,4%	45,8%	38,4%	17,0%	6,7%	8,7%
Good	38,8%	24,4%	58,4%	40,3%	32,3%	15,4%	6,3%	6,2%
Very good	38,7%	25,6%	48,0%	36,1%	31,7%	12,4%	5,9%	5,6%
IDP STATUS								
IDP	36,4%	19,1%	57,4%	42,3%	34,6%	15,7%	5,8%	6,6%
Non-IDP	36,1%	22,5%	61,9%	43,7%	36,0%	16,6%	6,6%	7,3%

Table 2.3. Undergoing individual measurements or preventive examinations when contacting medical professionals over the past 12 months according to 2023 data: in the context of socio-demographic characteristics, %

Name	% of patients who underwent measurements							% of men who have been screened for prostate (prostate) cancer, such as a prostate-specific antigen test
	Height and/or weight	Waist circumference	Blood pressure	Blood glucose (sugar) levels	Blood cholesterol levels	Questioning by a healthcare professional to identify risk factors for cardiovascular disease on the SCORE scale	Screening for colorectal cancer, such as a fecal occult blood test	
Ukraine	**36,1**	**22,1**	**61,5**	**43,6**	**35,9**	**16,5**	**6,6**	**7,3**
Vinnytsia	47,8	29,1	72,2	44,4	33,7	16,4	7,6	12,4
Volyn	30,4	19,5	63,9	42,4	35,1	8,9	6,4	6,1
Dnipro	48,7	43,3	60,8	53,6	50,3	42,8	13,3	7,2
Donetsk	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Zhytomyr	36,8	20,2	56,5	41,4	31,8	16,7	4,9	7,8
Zakarpattia	48,7	43,3	60,8	53,6	50,3	42,8	13,3	7,2
Zaporizhzhia	24,7	8,0	57,6	41,2	38,1	17,1	4,3	9,6
Ivano-Frankivsk	50,1	39,0	73,9	48,2	37,5	19,7	17,4	12,3
Kyiv	36,1	21,2	65,2	48,5	38,5	16,0	9,5	11,3
Kirovohrad	4,3	1,9	4,1	4,4	4,3	1,3	0,1	0,0
Lugansk	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Lviv	30,0	20,2	61,0	37,3	26,7	5,3	2,5	5,7
The City of Kyiv	40,3	19,4	64,9	47,2	40,8	16,8	5,9	5,3
Mykolaiv	28,4	12,5	48,2	34,0	28,0	11,6	3,7	3,9
Odesa	41,4	21,3	68,9	45,9	35,8	11,6	5,0	7,0
Poltava	40,9	26,7	68,1	56,5	49,3	24,7	5,2	5,0
Rivne	49,8	28,9	71,1	38,2	31,0	18,2	8,1	8,9
Sumy	19,6	3,5	59,0	42,0	24,9	11,1	2,0	6,3
Ternopil	32,4	31,9	50,2	46,2	46,7	12,1	5,5	8,7
Kharkiv	18,3	6,9	53,4	34,9	27,2	12,3	8,0	7,8
Kherson	21,5	5,1	45,7	38,6	29,6	15,1	3,9	5,5
Khmelnytskyi	39,1	18,2	70,5	44,3	37,5	8,3	3,7	0,0
Cherkasy	37,9	15,3	70,5	49,6	37,5	12,7	5,9	7,6
Chernivtsi	51,4	33,4	76,2	53,5	42,4	16,9	6,4	9,8
Chernihiv	21,8	10,5	65,9	38,4	28,6	15,5	3,2	7,4

Table 2.4. Experience of undergoing individual measurements or preventive examinations when contacting medical professionals over the past 12 months according to 2023 data: in the regional context, %

	2023	2020	2019	2018	2017	2016
Overall	**7,8%**	**9,5%**	**9,4%**	**8,8%**	**7,9%**	**4,6%**
GENDER						
Men	6,6%	8,9%	6,9%	8,0%	7,8%	3,5%
Women	8,6%	10,0%	11,1%	9,4%	7,9%	5,5%
AGE GROUP						
18 - 29 years old	8,6%	10,0%	11,1%	9,4%	7,9%	5,5%
30 - 44 years old	6,5%	8,2%	8,0%	8,5%	7,7%	4,6%
45 - 59 years old	7,7%	11,2%	8,9%	7,7%	7,5%	4,3%
60 years and older	9,3%	10,0%	10,9%	11,1%	8,6%	6,0%
PLACE OF RESIDENCE						
Urban	8,0%	9,6%	9,9%	9,8%	8,1%	4,8%
Rural	7,3%	9,5%	8,2%	6,5%	7,2%	4,2%
SELF-REPORTED HEALTH						
Very poor	7,4%	12,2%	14,2%	11,2%	17,5%	11,4%
Poor	11,1%	8,4%	11,3%	10,9%	9,3%	5,9%
Average – not good, but not bad either	8,2%	9,7%	9,9%	9,5%	7,5%	4,9%
Good	7,7%	9,6%	7,8%	7,6%	6,9%	3,6%
Very good	3,9%	8,7%	11,4%	7,1%	9,2%	3,4%
IDP STATUS						
IDP	8,0%	X	X	X	X	X
Non-IDP	7,8%	X	X	X	X	X

*(1) Sudden numbness or loss of mobility in the face, arm, or leg, especially on one side of the body.
(2) Difficulties in articulating or perceiving speech, text that appeared unexpectedly.
(3) Sudden loss of coordination of movements, unsteady gait, dizziness, fainting.

Table 2.6. Awareness of the first three symptoms of stroke: in the context of socio-demographic characteristics and comparison by years of study, %

	Attitudes toward vaccination among those who are aware of their children's health status				
	Very positive	**Rather positive**	**Neutral**	**Rather negative**	**Very negative**
Overall	**36,3%**	**28,4%**	**15,8%**	**9,5%**	**10,0%**
GENDER					
Men	33,3%	25,3%	18,8%	11,0%	11,7%
Women	38,3%	30,3%	13,8%	8,6%	9,0%
AGE GROUP					
18 - 29 years old	34,2%	26,9%	20,2%	9,6%	9,1%
30 - 44 years old	37,2%	28,8%	15,3%	9,4%	9,4%
45 - 59 years old	37,0%	28,0%	13,1%	9,4%	12,5%
60 years and older	32,5%	29,7%	15,6%	10,7%	11,5%
PLACE OF RESIDENCE					
Urban	35,9%	29,1%	15,3%	9,8%	9,8%
Rural	37,1%	26,9%	16,7%	8,8%	10,4%
SELF-REPORTED HEALTH					
Very poor	9,8%	5,1%	48,9%	14,4%	21,9%
Poor	22,3%	31,8%	8,6%	18,6%	18,7%
Average – not good, but not bad either	32,7%	27,2%	17,3%	10,9%	11,9%
Good	36,4%	31,0%	15,9%	9,0%	7,7%
Very good	49,5%	21,2%	11,7%	5,5%	11,9%
IDP STATUS					
IDP	37,3%	28,2%	14,5%	9,7%	10,3%
Non-IDP	36,2%	28,4%	15,9%	9,5%	10,0%

Table 2.7. Attitude to vaccination, percentage among those who are aware of their children's health status: in the context of socio-demographic characteristics, %

Name	Attitudes toward vaccination among those who is aware of their children's health status, %				
	Very positive	Rather positive	Neutral	Rather negative	Very negative
Ukraine	**36,3%**	**28,4%**	**15,8%**	**9,5%**	**10,0%**
Vinnytsia	41,0%	18,2%	20,5%	2,9%	17,4%
Volyn	33,1%	25,0%	23,4%	10,6%	7,9%
Dnipro	28,0%	33,9%	16,3%	16,8%	5,0%
Zhytomyr	13,4%	51,7%	13,9%	10,8%	10,2%
Zakarpattia	42,3%	24,8%	10,7%	17,5%	4,7%
Zaporizhzhia	22,1%	37,9%	19,9%	8,0%	12,1%
Ivano-Frankivsk	47,0%	20,6%	18,0%	7,6%	6,9%
Kyiv	51,5%	24,9%	11,2%	2,6%	9,8%
Kirovohrad	69,2%	20,3%	5,0%	2,5%	3,0%
Lviv	40,7%	29,3%	13,8%	6,3%	9,9%
The City of Kyiv	40,0%	26,4%	14,2%	8,0%	11,3%
Mykolaiv	36,7%	24,1%	17,8%	12,3%	9,0%
Odesa	23,5%	25,5%	18,6%	14,5%	17,9%
Poltava	49,0%	19,0%	14,8%	9,5%	7,7%
Rivne	36,5%	36,2%	11,0%	7,5%	8,8%
Sumy	22,3%	42,4%	18,7%	11,5%	5,2%
Ternopil	39,2%	15,9%	19,2%	4,4%	21,2%
Kharkiv	26,5%	39,3%	10,1%	11,7%	12,4%
Kherson	19,1%	43,8%	19,2%	13,9%	3,9%
Khmelnytskyi	35,4%	29,6%	16,6%	9,7%	8,7%
Cherkasy	27,2%	29,0%	19,6%	12,9%	11,3%
Chernivtsi	34,4%	16,7%	24,7%	7,1%	17,2%
Chernihiv	52,2%	20,8%	17,1%	2,7%	7,1%

Table 2.8. Attitudes towards vaccination, the percentage among those who are aware of their children's health status: in the regional context, %

Years	Reasons for refusing to vaccinate a child					
	the child was sick	were afraid of complications or negative consequences of vaccination	believe that vaccination is not necessary	do not trust vaccine manufacturers	do not trust the procedure for transporting and storing vaccines	a health professional advised not to vaccinate
2023	24,2%	55,1%	15,9%	34,5%	15,5%	5,2%
2020	38,6%	45,5%	10,2%	35,1%	15,5%	6,3%
2019	40,3%	41,9%	8,0%	33,1%	14,1%	5,0%
2018	45,5%	40,9%	6,4%	30,9%	16,7%	4,4%
2017	31,9%	48,8%	11,5%	38,6%	13,5%	5,8%

Table 2.9. The share of people who refused vaccination for a child and reasons for refusal: comparison by years of the study, %

Behavior in case of illness	Respondents	
	%	N
Self-treatment with folk remedies without medicines	18,5	1659
Self-treatment with the use of medicines	39,7	3738
Ask for advice from a pharmacist at the pharmacy	3,2	288
Call an ambulance	1,0	74
Contact their family doctor/district therapist	28,6	2602
Apply directly to a specialist in an outpatient clinic or polyclinic	1,8	172
Apply directly to a specialist in the hospital	0,8	73
Consult specialists in alternative medicine	0,2	13
Consult doctors who are their relatives, friends, acquaintances	2,5	243
Look for a way to treat similar symptoms and diseases on the Internet	0,7	74
Resort to other actions	0,1	9
Don't do anything	1,6	132

Table 2.10. Behavior in case of illness, % and number of respondents

	What is the first thing you tend to do when you get sick?				
	Self-treatment with folk remedies without medication	**Self-treatment with the use of medicines**	**Contact their family doctor/district therapist**	**Ask for advice from a pharmacist at the pharmacy**	**Consult a narrow specialist**
Overall	**18,5%**	**39,7%**	**28,6%**	**3,2%**	**1,8%**
GENDER					
Men	20,9%	35,7%	27,5%	3,5%	2,1%
Women	16,5%	43,0%	29,6%	3,1%	1,6%
AGE GROUP					
18 - 29 years old	14,8%	41,5%	30,8%	3,5%	1,5%
30 - 44 years old	16,7%	44,2%	26,0%	3,2%	0,6%
45 - 59 years old	21,9%	36,3%	29,0%	3,2%	0,9%
60 years and older	19,2%	37,3%	30,0%	3,2%	0,5%
PLACE OF RESIDENCE					
Urban	16,9%	40,0%	29,0%	3,6%	0,8%
Rural	21,8%	39,2%	27,9%	2,5%	0,8%
SELF-REPORTED HEALTH					
Very Poor	7,1%	40,3%	38,2%	1,5%	1,7%
Poor	13,9%	35,4%	34,3%	3,5%	2,2%
Average – not good, but not bad either	17,0%	40,8%	28,0%	3,2%	2,5%
Good	19,4%	40,3%	29,2%	3,0%	1,1%
Very good	24,8%	35,5%	25,0%	4,2%	1,7%
IDP STATUS					
IDP	15,8%	42,7%	25,4%	4,8%	2,3%
Non-IDP	18,7%	39,4%	29,0%	3,1%	1,8%

Table 2.11. Behavior in case of illness based on the most common answers: in the context of socio-demographic characteristics, %

Name	What is the first thing you usually do when you get sick?			
	Self-treatment with folk remedies without medicines	Self-treatment with medicines	Ask for advice from a pharmacist at the pharmacy	Contact their family doctor/district therapist
Ukraine	**18,5%**	**39,7%**	**3,2%**	**28,6%**
Vinnytsia	27,9%	29,7%	4,9%	30,8%
Volyn	14,8%	53,5%	2,3%	22,0%
Dnipro	6,9%	49,2%	3,6%	34,3%
Zhytomyr	26,2%	40,7%	3,5%	18,7%
Zakarpattia	26,3%	19,3%	0,3%	45,3%
Zaporizhzhia	12,8%	30,9%	4,4%	31,1%
Ivano-Frankivsk	15,3%	47,6%	3,7%	28,5%
Kyiv	28,3%	39,0%	3,9%	22,3%
Kirovohrad	22,5%	55,8%	0,0%	12,3%
Lviv	24,6%	30,5%	2,8%	35,3%
The City of Kyiv	23,1%	36,9%	2,7%	24,6%
Mykolaiv	9,9%	46,6%	5,9%	29,4%
Odesa	17,5%	46,8%	1,7%	21,9%
Poltava	15,8%	50,0%	2,7%	20,5%
Rivne	20,0%	41,5%	4,2%	29,0%
Sumy	11,0%	32,5%	5,3%	36,4%
Ternopil	14,2%	35,6%	0,0%	40,8%
Kharkiv	13,6%	30,5%	5,3%	29,3%
Kherson	13,4%	37,2%	4,8%	23,7%
Khmelnytskyi	26,4%	34,4%	6,0%	25,8%
Cherkasy	17,8%	36,4%	1,4%	32,1%
Chernivtsi	21,0%	33,5%	1,9%	39,9%
Chernihiv	14,8%	60,1%	3,6%	18,4%

Table 2.12. Behavior in case of illness based on the most common responses: in the regional context, %

Year	Have had health problems in the last 12 months	of these, those who sought medical help from a doctor:	
		Yes	No
2023	41,5%	64,2%	35,8%
2020	30,4%	73,2%	26,8%
2019	44,1%	63,5%	36,5%
2018	36,1%	65,6%	34,4%
2017	36,2%	73,0%	27,0%

Table 2.13. Seeing a doctor in case of health problems: comparison by years of study, %

	Have had health problems in the last 12 months	of these, those who sought medical help from a doctor:	
		Yes	No
Overall	**41,5%**	**64,2%**	**35,8%**
GENDER			
Men	37,1%	63,6%	36,4%
Women	**45,2%**	**64,6%**	35,4%
AGE GROUP			
18 - 29 years old	**43,3%**	**56,0%**	44,0%
30 - 44 years old	40,8%	61,2%	38,8%
45 - 59 years old	40,9%	64,5%	35,5%
60 years and older	41,8%	71,6%	28,4%
PLACE OF RESIDENCE			
Urban	43,5%	63,4%	36,6%
Rural	37,2%	66,3%	33,7%
SELF-REPORTED HEALTH			
Very poor	70,3%	84,7%	15,3%
Poor	61,8%	72,9%	27,1%
Average – not good, but not bad either	37,0%	57,2%	42,8%
Good	23,1%	59,5%	40,5%
Very good	42,9%	63,9%	36,1%
IDP STATUS			
IDP	42,9%	63,9%	36,1%
Non-IDP	41,4%	64,2%	35,8%

Table 2.14. Seeing a doctor in case of a recent illness or injury: in the context of socio-demographic characteristics, %

Name	Have had health problems in the last 12 months	of these, those who sought medical help from a doctor:	
		So	No
Ukraine	**41,5%**	**64,2%**	**35,8%**
Vinnytsia	43,9%	73,5%	26,5%
Volyn	29,9%	67,6%	32,4%
Dnipro	25,1%	69,7%	30,3%
Zhytomyr	46,2%	69,8%	30,2%
Zakarpattia	17,9%	87,4%	12,6%
Zaporizhzhia	62,5%	63,5%	36,5%
Ivano-Frankivsk	55,6%	59,0%	41,0%
Kyiv	58,1%	71,7%	28,3%
Kirovohrad	3,1%	74,0%	26,0%
Lviv	44,4%	57,3%	42,7%
The City of Kyiv	47,4%	57,7%	42,3%
Mykolaiv	42,5%	62,2%	37,8%
Odesa	41,4%	63,7%	36,3%
Poltava	54,4%	66,2%	33,8%
Rivne	50,5%	56,2%	43,8%
Sumy	50,2%	61,7%	38,3%
Ternopil	15,3%	93,5%	6,5%
Kharkiv	53,9%	61,4%	38,6%
Kherson	50,5%	56,3%	43,7%
Khmelnytskyi	29,3%	67,4%	32,6%
Cherkasy	56,5%	52,1%	47,9%
Chernivtsi	44,1%	69,9%	30,1%
Chernihiv	34,5%	68,3%	31,7%

Table 2.15. Seeing a doctor in case of a recent illness or injury: in the regional context, %

Reasons for not seeing a doctor in case of illness or injury	Percentage and number of respondents who indicated the reasons for not seeing a doctor	
	%	N
Too expensive (services, medicines, transport)	13,9	207
I do not trust the medical staff and their qualifications	8,5	122
Poor attitude of staff, impoliteness, rudeness	2,4	41
Long queues at hospitals	13,2	199
No transport connection	3,6	72
I know how to treat myself from previous experience	49,3	886
I don't know who to consult	3,1	63
I expected that the disease would go away on its own; it didn't bother me much	23,4	386
I was afraid of contracting the coronavirus	2,8	44
I thought that non-coronavirus services were unavailable, of worse quality, more expensive, etc.	0,5	8
Due to the full-scale war	4,1	95
Other reasons	4,5	66

Table 2.16. Reasons for not seeing a doctor in case of illness or injury, % and number of respondents

	Reasons for not seeing a doctor in case of illness or injury											
	Too expensive (services, medicines, transport)	**I do not trust the medical staff and their qualifications**	**Poor attitude of staff, impolitenes s, rudeness**	**Long queues at hospitals**	**There is no transport**	**I know how to treat myself from previous experience**	**I don't know who to consult**	**I expected that the disease would go away on its own; it didn't bother me much**	**I was afraid of contracting the coronavirus**	**I thought that non-coronavirus services were unavailable, of worse quality, more expensive, etc.**	**Due to the full-scale war**	**Other causes**
Overall	**13,9%**	**8,5%**	**2,4%**	**13,2%**	**3,6%**	**49,3%**	**3,1%**	**23,4%**	**2,8%**	**0,5%**	**4,1%**	**4,5%**
GENDER												
Men	15,0%	11,6%	2,4%	12,5%	3,4%	45,0%	3,1%	23,4%	2,4%	0,7%	4,6%	5,1%
Women	13,1%	6,3%	2,4%	13,7%	3,8%	52,5%	3,1%	23,5%	3,1%	0,4%	3,6%	4,2%
AGE GROUP												
18 - 29 years	6,7%	6,8%	3,0%	14,8%	1,2%	56,6%	4,6%	30,4%	1,5%	0,4%	1,3%	3,2%
30 - 44 years	11,2%	8,3%	2,6%	12,8%	1,8%	51,9%	2,4%	26,2%	1,6%	0,1%	3,9%	4,5%
45 - 59 years old	17,0%	8,0%	1,6%	13,1%	4,8%	46,3%	2,4%	17,7%	4,8%	1,3%	5,3%	3,9%
60 years and older	18,7%	10,4%	2,6%	12,6%	6,1%	44,5%	3,6%	21,4%	3,2%	0,2%	4,8%	6,1%
PLACE OF RESIDENCE												
Urban	13,7%	9,1%	2,5%	15,8%	2,0%	49,4%	3,1%	24,3%	3,3%	0,4%	4,5%	5,6%
Rural	14,2%	7,3%	2,2%	7,4%	7,3%	48,9%	3,1%	21,5%	1,8%	0,6%	3,0%	2,0%
SELF-REPORTED HEALTH												
Very Poor	21,2%	13,8%	38,1%	45,8%	18,9%	27,8%	1,7%	7,5%	18,1%	0,0%	11,1%	0,0%
Poor	26,8%	11,0%	3,0%	17,7%	5,6%	34,8%	6,7%	20,8%	1,8%	0,6%	3,5%	11,1%
Average – not good, but not bad either	16,8%	9,8%	2,1%	14,3%	4,6%	48,0%	3,1%	22,1%	2,8%	0,5%	4,7%	5,3%
Good	9,5%	6,5%	2,3%	12,0%	2,4%	54,7%	2,0%	23,7%	2,7%	0,4%	3,4%	3,1%
Very good	9,6%	10,6%	0,8%	6,8%	1,4%	40,5%	7,1%	34,4%	3,4%	1,1%	1,3%	0,9%
IDP STATUS												
IDP	15,8%	3,0%	1,0%	12,7%	3,1%	46,5%	4,4%	29,6%	1,5%	0,0%	4,0%	4,0%
Non-IDP	13,7%	9,1%	2,5%	13,2%	3,7%	49,6%	3,0%	22,8%	3,0%	0,5%	4,1%	4,6%

Table 2.17. Reasons for not seeing a doctor in case of illness or injury: in the context of socio-demographic characteristics, %

	Were there any cases in the last 12 months when you did not seek medical help or refused a preventive examination due to war-related reasons?			
	Yes	**No**	**TOTAL**	**Difficult to say/refusal to answer**
Overall	**10,7%**	**89,3%**	**100,0%**	**1,1%**
GENDER				
Men	9,8%	90,2%	100,0%	1,1%
Women	11,5%	88,5%	100,0%	1,1%
AGE GROUP				
18 - 29 years old	8,4%	91,6%	100,0%	1,3%
30 - 44 years old	10,7%	89,3%	100,0%	1,2%
45 - 59 years old	11,1%	88,9%	100,0%	0,9%
60 years and older	11,7%	88,3%	100,0%	1,1%
PLACE OF RESIDENCE				
Urban	11,7%	88,3%	100,0%	1,1%
Rural	8,8%	91,2%	100,0%	1,1%
SELF-REPORTED HEALTH				
Very Poor	30,2%	69,8%	100,0%	0,0%
Poor	17,7%	82,3%	100,0%	0,0%
Average – not good, but not bad either	12,2%	87,8%	100,0%	0,0%
Good	8,4%	91,6%	100,0%	0,0%
Very good	7,3%	92,7%	100,0%	0,0%
IDP STATUS				
IDP	18,4%	81,6%	100,0%	0,0%
Non-IDP	9,9%	90,1%	100,0%	0,0%

Table 2.18. Distribution of respondents according to the answers to the question, "Were there any cases in the last 12 months when you did not seek medical help or refused a preventive examination due to war-related reasons?": in the context of socio-demographic characteristics, %

	Were there any cases in the last 12 months when you did not seek medical help or refused a preventive examination due to war-related reasons?	
	Yes	**No**
Ukraine	**10,7%**	**89,3%**
Vinnytsia	9,2%	90,8%
Volyn	2,3%	97,7%
Dnipro	6,8%	93,2%
Zhytomyr	12,3%	87,7%
Zakarpattia	4,0%	96,0%
Zaporizhzhia	18,3%	81,7%
Ivano-Frankivsk	4,4%	95,6%
Kyiv	11,8%	88,2%
Kirovohrad	2,5%	97,5%
Lviv	5,1%	94,9%
The City of Kyiv	15,6%	84,4%
Mykolaiv	15,3%	84,7%
Odesa	13,0%	87,0%
Poltava	10,9%	89,1%
Rivne	7,9%	92,1%
Sumy	13,2%	86,8%
Ternopil	0,0%	100,0%
Kharkiv	24,2%	75,8%
Kherson	43,1%	56,9%
Khmelnytskyi	5,1%	94,9%
Cherkasy	13,1%	86,9%
Chernivtsi	9,5%	90,5%
Chernihiv	11,3%	88,7%

Table 2.19. Distribution of respondents according to the answers to the question, "Were there any cases in the last 12 months when you did not seek medical help or refused a preventive examination due to war-related reasons?": in the regional context, %

	Percentage of people who sought outpatient care during the last 12 months	Average number of outpatient visits (among those who were seeking outpatient care)
OVERALL	39,7%	2,7
GENDER		
Men	34,7%	2,9
Women	43,9%	2,6
Age group		
18-29 years old	38,7%	2,4
30-44 years old	37,2%	2,7
45-59 old	38,8%	2,6
60 years old and more	43,6%	2,9
SELF-ASSESSMENT OF THE HEALTH STATUS		
Poor or very poor	56,3%	4,6
Average	46,0%	2,9
Good or very good	32,0%	2,0
LOCATION		
City	41,7%	2,6
Rural	35,6%	2,9
IDP STATUS		
IDPs	45,9%	2,5
Not IDPs	39,1%	2,7

Table 3.1 Seeking outpatient care in certain socio-demographic groups, 2023.

	Survey year			
	2018	**2019**	**2020**	**2023**
Payment to the account of a charitable foundation or other organization				
Median	50	100	100	300
Mean	320,1	351,9	395,8	1073,2
Standard error	240,7	67,0	83,2	142,4
Payment at the cash desk according to the official rules or official prices of the medical institution				
Median	150	200	200	600
Mean	1 012,6	1 159,5	1 757,3	2 499,2
Standard error	301,7	157,1	651,5	253,9
Payment informally to a doctor or other medical personnel				
Median	150	200	200	300
Mean	379,5	639,0	623,0	2 298,7
Standard error	90,7	121,8	125,6	780,5
Payment for medical goods				
Median	50	60	50	100
Mean	133,1	211,8	273,7	486,7
Standard error	15,4	20,3	35,1	58,2
The total amount of the fee for outpatient care during the last visit				
Median	50	70	100	200
Mean	394,4	531,5	766,5	1 474,3
Standard error	104,3	47,5	180,4	143,7

Table 3.2 Amount of payment for outpatient care during the last visit (among those who had such expenses): comparison by year (UAH)

	Survey year					
	2016	2017	2018	2019	2020	2023
How much did you pay for laboratory services?						
Median	60	60	100	200	250	750
Mean	182,5	244,7	269,2	471,5	529,1	1383,1
Standard error of the mean	12,5	18,7	24,0	31,6	31,6	71,6
How much did you pay for diagnostic services						
Median	120	150	170	250	300	750
Mean	273,8	327,4	379,9	620,3	603,8	1451,9
Standard error of the mean	15,2	18,4	28,9	34,2	34,8	74,6

Table 3.3 Amount of expenses for laboratory and diagnostic services (among outpatient care users who had such expenses during the last 12 months), by survey years (UAH)

	Were hospitalized in the last 12 months, %				Number of hospitalizations over the past 12 months
	Yes	No	Total	Difficult to say/refusal to answer	
OVERALL	**10,8**	**89,2**	**100,0**	**1,6**	**1,5**
GENDER					
Man	12,0	88,0	100,0	1,7	1,6
Woman	9,8	90,2	100,0	1,6	1,4
AGE GROUP					
18–29 years old	9,3	90,7	100,0	1,1	1,9
30–44 years old	8,1	91,9	100,0	2,0	1,4
45–59 years old	12,0	88,0	100,0	2,1	1,4
60 years and older	13,2	86,8	100	,0	1,5
TYPE OF LOCATION					
urban	11,6	88,4	100,0	1,3	1,5
rural	9,1	90,9	100,0	2,3	1,5
IDP STATUS					
IDPs	14,2	85,8	100,0	0,6	1,5
Not IDPs	10,4	89,6	100,0	1,8	1,5

Table 4.1 Use of inpatient medical care and number of hospitalizations over the past 12 months: distribution by gender, age, place of residence, household income per person, and IDP status

	2023	2020	2019	2018	2017	2016
OVERALL	**10,8**	**9,2**	**13,5**	**12,3**	**15,4**	**14,9**
GENDER						
Man	12,0	7,6	12,1	10,5	14,1	12,5
Woman	9,8	10,1	14,6	13,8	16,5	16,9
AGE GROUP						
18 - 29 years old	9,3	6,6	11,1	10,8	12,6	11,8
30 - 44 years old	8,1	6,4	10,2	8,8	13,5	12,8
45 - 59 years old	12,0	8,2	14,3	13,1	14,9	15,1
60 years and older	13,2	13,2	17,7	16,4	19,9	19,1
TYPE OF LOCATION						
urban	11,6	8,8	13,5	12,7	15,3	14,4
rural	9,1	9,8	13,5	11,6	15,7	16,1
IDP STATUS						
IDPs	14,2	X	X	X	X	X
Not IDPs	10,4	X	X	X	X	X

Table 4.2 Consumption of inpatient medical care: comparison by year, distribution by gender, age, location, household income per person and IDP status, %

	Therapeutic services	Laboratory diagnostics	Instrumental diagnostics	Surgery	Treatment of acute cerebral stroke	Treatment of acute myocardial infarction	Medical assistance during child birth	Medical care for newborns in complex neonatal cases	Medical care is related to rehabilitation	Medicines and other medical products for inpatient treatment as prescribed by a doctor	Medicines and other medical products for inpatient treatment without a doctor's prescription
OVERALL	**50,9%**	**60,7%**	**50,6%**	**30,4%**	**3,4%**	**4,2%**	**2,5%**	**0,7%**	**13,2%**	**40,6%**	**2,6%**
GENDER											
Man	53,6%	60,3%	53,6%	28,4%	3,4%	5,9%	0,0%	0,2%	16,4%	43,4%	2,4%
Woman	48,3%	61,1%	47,7%	32,3%	3,3%	2,7%	4,9%	1,2%	10,2%	38,0%	2,8%
AGE GROUP											
18–29 years old	58,1%	60,2%	57,7%	26,7%	0,0%	0,0%	8,1%	0,0%	20,2%	38,5%	5,4%
30–44 years old	45,5%	59,0%	50,0%	34,8%	0,0%	0,0%	6,9%	2,6%	11,3%	36,9%	2,0%
45–59 years old	54,1%	67,1%	50,7%	29,4%	5,1%	3,9%	0,0%	0,2%	13,5%	40,8%	2,9%
60 years and older	49%	56%	49%	30%	5%	8%	0%	0%	12%	43%	2%
TYPE OF LOCATION											
urban	52,6%	62,0%	52,2%	28,8%	3,4%	4,8%	2,4%	0,8%	14,6%	41,5%	2,7%
rural	45,2%	56,7%	45,5%	35,6%	3,4%	2,5%	2,7%	0,5%	8,8%	37,8%	2,3%
LEVEL OF EDUCATION											
Elementary or incomplete general secondary education	60,0%	36,2%	60,5%	5,8%	0,0%	0,0%	0,0%	0,0%	21,6%	34,4%	0,0%
Complete secondary education	51,4%	60,0%	55,9%	29,1%	4,0%	2,5%	1,3%	0,0%	9,5%	38,4%	4,4%

Table 4.3 Type of medical care received during the last hospitalization in 2023: distribution by gender, age, place of residence, education, household income per person and IDP status, %

	Therapeutic services	Laboratory diagnostics	Instrumental diagnostics	Surgery	Treatment of acute cerebral stroke	Treatment of acute myocardial infarction	Medical assistance during child birth	Medical care for newborns in complex neonatal cases	Medical care is related to rehabilitation	Medicines and other medical products for inpatient treatment as prescribed by a doctor	Medicines and other medical products for inpatient treatment without a doctor's prescription
Vocational and technical	49,0%	53,6%	43,2%	23,2%	7,6%	1,8%	0,2%	0,3%	14,0%	44,1%	1,4%
Undergraduate higher education / Secondary special education (technical school, college, junior specialist)	56,9%	64,2%	54,8%	32,3%	3,3%	6,4%	1,7%	0,6%	14,8%	41,8%	2,5%
Basic higher education (bachelor)	19,7%	69,4%	41,4%	30,0%	4,1%	0,0%	1,9%	0,0%	22,2%	41,4%	0,0%
Higher education (specialist, master)	51,1%	62,7%	49,8%	35,3%	0,7%	5,8%	5,2%	1,5%	11,7%	39,0%	2,9%
Academic degree (candidate of sciences, doctor of sciences)	30,8%	100,0%	100,0%	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%	30,8%	30,8%
IDP STATUS											
IDPs	50,8%	67,7%	61,5%	46,0%	0,0%	11,5%	2,1%	1,8%	8,0%	40,7%	0,6%
Not IDPs	50,9%	59,8%	49,2%	28,4%	3,8%	3,3%	2,6%	0,6%	13,9%	40,6%	2,9%

Table 4.3 Type of medical care received during the last hospitalization in 2023: distribution by gender, age, place of residence, education, household income per person and IDP status, %

Share of people who paid:	Survey year				
	2023	2020	2019	2018	2017
to the account of a charitable foundation or other organization	15,2	26,0	36,1	33,9	35,1
at the cash register according to official rules	17,8	32,8	31,3	32,0	28,6
informally to medical workers	15,6	21,1	25,5	24,4	24,4
for medical supplies	26,7	58,5	63,2	62,5	59,6

Table 4.4 Share of persons who paid for inpatient treatment during the last hospitalization: comparison by years of the study, %

	Survey year			
	2023	**2020**	**2019**	**2018**
To the account of a charitable foundation or other organization				
Median	250	200,00	200,00	100,00
Average	428,50	893,90	801,51	624,04
Standard error	700,6	187,60	122,28	255,47
At the cash desk, according to official rules				
Median	4000	700,00	500,00	400,00
Average	12247,50	553,40	5196,79	11276,24
Standard error	1575,80	695,00	1257,88	10772,86
Informally to a doctor or other medical personnel				
Median	1000	600,00	500,00	500,00
Average	5273,30	2942,40	2021,29	670,80
Standard error	842,2	566,20	298,90	2847,94
For medical goods				
Median	500	200	200	100
Average	1780,80	963,40	567,92	372,78
Standard error	255,40	294,90	66,06	32,92

Table 4.5 Amount of payment during the last inpatient admission (among those who had such expenses): comparison by year, UAH

	Survey year			
	2023	**2020**	**2019**	**2018**
Payment in any form during the last hospitalization				
Median	600	330	300	200
Average	6258,90	3369,30	2836,48	4812,90
Standard error	617,70	443,40	433,08	3573,24

Table 4.6 Amount of payment during the last inpatient admission (among those who paid for hospital care in any form): comparison by year, UAH

	The proportion of hospitalized patients who in the last 12 months:		
	took tests	underwent diagnostics	took tests and/or underwent diagnostics
OVERALL	**93,8**	**82,8**	**96,9**
GENDER	93,4	84,5	97,6
Man	94,2	81,1	96,2
Woman	91,3	85,6	95,4
AGE GROUP			
18–29 years old	93,3	81,6	97,0
30–44 years old	96,7	83,8	98,2
45–59 years old	92,6	81,8	96,4
60 years and older	92,6	81,8	96,4
TYPE OF LOCATION			
urban	94,2	85,2	97,2
rural	92,7	76,5	96,1
IDP STATUS			
IDPs	94,0	92,1	99,0
Not IDPs	93,8	81,5	96,6

Table 4.7 Use of laboratory and diagnostic services during hospitalization: distribution by gender, age, place of residence, and IDP status, %

	Survey year				
	2023	2020	2019	2018	2017
Amount paid for laboratory services					
Median	700	300	260	200	100
Average	1119,50	840,10	559,21	415,63	350,24
Standard error of the mean	111,8	138,30	43,58	62,48	49,15
Amount paid for diagnostic services					
Median	1000	300	400	180	200
Average	2544,00	1205,4	912,50	297,26	449,90
Standard error of the mean	598,80	441,10	142,84	31,26	51,10
Amount paid for laboratory and diagnostic services in general					
Median	1000	400	440	220	200
Average	2194,50	931,10	1026,76	611,70	523,39
Standard error of the mean	268,80	124,10	71,18	65,46	45,37

Table 4.9 Amount of expenses for laboratory and diagnostic services among inpatient care users who had such expenses during the last hospitalization, by survey years, UAH

	2023	2020	2019	2018	2017
OVERALL	**17,5**	**21,1**	**27,6**	**21,6**	**24,2**
GENDER					
Man	15,5	16,5	23,2	16,7	21,6
Woman	19,5	23,1	30,5	24,5	26,0
AGE GROUP					
18 - 29 years old	14,0	11,2	20,0	8,9	12,9
30 - 44 years old	11,7	11,4	19,1	16,9	21,6
45 - 59 years old	15,2	23,7	28,8	23,2	28,3
60 years and older	24,4	25,8	35,2	29,8	28,4
TYPE OF LOCATION					
urban	17,8	22,4	30,7	20,7	23,9
rural	16,5	19,1	19,9	23,8	24,9
IDP STATUS					
IDPs	20,3	X	X	X	X
Not IDPs	17,1	X	X	X	X

Table 4.10 The percentage of people who refused hospitalization due to lack of funds within 12 months among inpatient care users: comparison by year, distribution by gender, age, place of residence, IDP status, %

	Registration time in the reception department, including after transportation by ambulance	Sanitary and household conditions in which medical assistance is provided	Food quality	Availability of diagnostic and laboratory examinations	Availability of medicines	Qualification of doctors	Attitude of doctors	Attitude of nurses	Treatment effectiveness	Clear and transparent payment policy
OVERALL	**23,6**	**22,8**	**15,4**	**32,2**	**32,3**	**53,6**	**13,7**	**5,2**	**42,2**	**6,1**
GENDER										
Man	24,4	21,4	17,2	28,6	35,0	52,1	11,3	3,1	6,7	6,4
Woman	22,8	24,1	13,5	35,7	29,6	55,1	16,2	7,4	37,8	5,8
AGE GROUP										
18 - 29 years old	25,3	31,2	19,5	33,2	23,4	55,6	15,3	4,6	43,3	7,8
30 - 44 years old	34,0	33,6	18,5	29,4	32,1	55,1	9,2	3,4	38,6	7,1
45 - 59 years old	21,1	19,5	13,4	30,9	32,6	50,8	14,5	5,3	49,2	6,0
60 years and older	18,2	15,3	13,4	34,6	35,6	54,2	15,4	6,7	38,4	5,0
TYPE OF LOCATION										
urban	24,0	24,6	16,3	32,4	30,2	53,8	11,8	4,8	43,4	6,8
rural	22,6	18,1	12,9	31,6	38,0	53,1	19,0	6,4	39,0	4,4
IDP STATUS										
IDPs	28,2	20,0	9,6	27,9	33,3	53,1	12,0	2,8	51,4	2,7
Not IDPs	22,9	23,2	16,2	32,8	32,2	53,7	14,0	5,6	40,9	6,6

Table 4.11. The most important aspects of providing inpatient medical care: distribution by gender, age, place of residence, IDP status, %

	2023	2020	2019	2018	2017
OVERALL	**21,6**	**20,6**	**20,6**	**18,4**	**7,6**
GENDER					
Men	19,3	18,2	16,5	13,5	5,5
Women	23,1	22,1	23,0	21,4	9,3
AGE GROUP					
18 - 29 years old	7,0	2,4	7,0	3,	3,0
30 - 44 years old	8,6	5,3	8,7	5,4	3,1
45 - 59 years old	21,0	15,6	18,2	18,0	7,5
60 years old and more	39,2	41,2	36,8	35,5	15,9
PLACE OF RESIDENCE					
Urban	21,8	22,3	21,1	18,1	7,8
Rural	21,0	16,9	19,2	19,1	7,3
LEVEL OF EDUCATION					
Primary or incomplete general secondary	18,3	21,6	26,4	26,9	11,1
Complete general secondary	21,5	24,5	27,5	22,6	8,2
Vocational (vocational school, lyceum)	24,4	32,4	22,6	20,3	6,9
Incomplete Higher/Secondary specialized (technical school, college, junior specialist)	26,1	17,3	20,1	18,0	7,9
Basic higher (Bachelor's)	15,0	14,9	12,3	10,0	4,1
Complete higher education (specialist, master)	17,9	13,8	15,9	15,1	7,3
Scientific degree (Candidate of Sciences, Doctor of Science)	31,8	66,3	26,3	2,8	14,6
HEALTH STATUS					
Very poor	39,1	38,6	30,3	40,4	27,4
Poor	33,3	33,6	41,7	35,9	20,0
Average	28,0	27,8	22,1	19,4	8,3
Good	11,4	6,8	9,2	6,7	2,7
Very good	5,3	3,0	7,9	2,6	3,7
IDP STATUS					
IDP	16,7	X	X	X	X
Non-IDP	22,1	X	X	X	X

Table 5.1. Respondents' experience in obtaining medicines under the Affordable Medicines Program in the socio-demographic context according to the results of surveys in 2017, 2018, 2019, 2020 and 2023, percentage among those who applied for outpatient care and to whom medicines were prescribed, %

Name	2023	2020	2019	2018	2017
Ukraine	**21,6**	**20,6**	**20,6**	**18,4**	**7,6**
Vinnytsia	17,9	12,1	17,8	17,4	11,5
Volyn	28,5	18,8	22,1	12,2	5,3
Dnipro	21,6	22,7	20,8	9,1	12,3
Donetsk	n/a	26,3	25,6	19,3	7,2
Zhytomyr	30,2	23,8	18,6	16,5	3,3
Zakarpattia	20,2	23,6	27,8	22,0	7,3
Zaporizhzhia	30,4	21,8	30,7	12,4	4,5
Ivano-Frankivsk	9,5	12,8	24,0	17,2	7,6
Kyiv	16,0	13,3	10,7	30,3	3,4
Kirovohrad	44,2	21,8	24,6	28,1	8,6
Lugansk	n/a	52,6	25,8	26,4	4,0
Lviv	21,6	11,3	17,8	17,6	8,1
The City of Kyiv	15,6	18,0	23,4	31,6	6,9
Mykolaiv	23,0	13,1	14,4	24,5	2,0
Odesa	25,0	9,6	14,2	11,1	4,4
Poltava	20,5	20,7	21,6	14,6	6,0
Rivne	20,5	16,8	25,0	21,3	8,5
Sumy	27,5	11,7	20,6	25,7	4,4
Ternopil	18,0	18,9	18,6	11,7	7,8
Kharkiv	26,7	17,0	18,6	10,5	13,5
Kherson	30,9	12,2	9,3	16,5	9,6
Khmelnytskyi	23,9	21,0	19,7	18,2	9,1
Cherkasy	20,5	30,7	21,5	23,2	9,0
Chernivtsi	25,4	19,9	14,9	18,1	10,8
Chernihiv	12,3	17,9	21,3	27,1	10,6

Table 5.2 Respondents' experience in obtaining medicines under the Affordable Medicines Program based on the results of surveys in 2017, 2018, 2019, 2020, and 2023 in the regional context, percentage among those who sought outpatient care and to whom medicines were prescribed

	2023	2020	2019	2018
OVERALL	**84,6**	**83,7**	**81,6**	**86,0**
GENDER				
Men	86,0	83,5	82,2	83,7
Women	83,8	83,9	81,3	86,9
AGE GROUP				
18 - 29 years old	84,3	37,2	53,9	40,9
30 - 44 years old	76,3	47,2	67,4	74,0
45 - 59 years old	83,6	77,9	80,0	86,9
60 years old and more	86,5	89,5	86,8	88,8
PLACE OF RESIDENCE				
Urban	85,2	83,1	81,3	86,6
Rural	83,0	85,6	82,3	84,7
LEVEL OF EDUCATION				
Primary or incomplete general secondary	75,2	81,1	93,0	85,4
Complete general secondary	85,5	89,6	84,0	87,3
Vocational (vocational school, lyceum)	89,1	85,4	81,1	85,9
Incomplete higher/secondary specialized (technical school, college, junior specialist)	84,3	82,0	84,5	90,8
Basic higher (Bachelor's)	85,2	73,5	68,2	76,3
Complete higher education (specialist, master)	81,5	78,5	75,6	78,1
Scientific degree (Candidate of Sciences, Doctor of Science)	100,0	100,0	64,7	100,0
HEALTH STATUS				
Very Poor	72,5	82,4	89,7	86,3
Poor	83,7	88,7	87,0	89,0
Average	87,2	85,6	83,0	87,4
Good	78,7	62,5	63,6	69,7
Very good	60,7	63,6	60,6	100,0
IDP STATUS				
IDP	69,9	X	X	X
Non-IDP	85,8	X	X	X

Table 5.3 Proportion of respondents who were offered to use the Affordable Medicines Program by a doctor, according to the results of surveys in 2018, 2019, 2020 and 2023: socio-demographic breakdown, percentage among those who had experience of seeking outpatient medical care, %

	2023	2020	2019	2018
Ukraine	**84,6**	**83,7**	**81,6**	**86,0**
Vinnytsia	95,3	89,7	71,7	81,2
Volyn	87,8	80,7	72,3	100,0
Dnipro	89,9	89,7	88,7	80,8
Donetsk	n/a	74,0	76,1	100,0
Zhytomyr	90,0	92,6	95,9	98,1
Zakarpattia	100,0	75,4	91,7	89,0
Zaporizhzhia	87,2	84,4	83,9	80,9
Ivano-Frankivsk	78,2	87,7	95,3	74,5
Kyiv	60,3	66,2	67,7	72,2
Kirovohrad	100,0	87,2	93,2	94,1
Lugansk	n/a	97,7	92,3	97,5
Lviv	83,2	75,2	65,3	68,0
The City of Kyiv	85,4	92,9	81,8	91,0
Mykolaiv	79,2	74,4	94,5	86,8
Odesa	81,1	92,6	76,9	83,2
Poltava	97,0	95,2	85,4	88,3
Rivne	93,1	69,4	72,8	85,8
Sumy	82,8	81,3	62,7	91,1
Ternopil	25,4	78,4	83,1	65,8
Kharkiv	75,6	53,3	94,3	84,0
Kherson	79,0	95,7	73,3	88,7
Khmelnytskyi	95,7	79,0	66,9	90,4
Cherkasy	78,8	89,0	77,0	94,9
Chernivtsi	89,7	70,5	72,7	62,0
Chernihiv	58,0	92,9	83,3	84,7

Table 5.4 Proportion of those who were offered to use the Affordable Medicines Program by a doctor, according to the results of surveys in 2018, 2019, 2020 and 2023: regional breakdown, percentage among those who had experience of seeking outpatient medical care

	Received medicines under the Program	of which	
		Received all the medicines	Received part of the medicines
OVERALL	**88,4**	**62,9**	**25,6**
GENDER			
Men	90,1	61,3	28,8
Women	87,5	63,7	23,8
AGE GROUP			
18 - 29 years old	84,3	42,4	41,8
30 - 44 years old	78,8	57,4	21,4
45 - 59 years old	85,6	58,2	27,4
60 years old and older	91,7	67,4	24,3
PLACE OF RESIDENCE			
Urban	88,1	63,0	25,1
Rural	89,2	62,5	26,7
LEVEL OF EDUCATION			
Primary or incomplete general secondary	92,7	38,3	54,4
Complete general secondary	83,6	60,7	22,9
Vocational (vocational school, lyceum)	95,3	61,1	34,2
Incomplete higher/secondary specialized (technical school, college, junior specialist)	88,6	62,0	26,6
Basic higher (Bachelor's)	91,1	74,4	16,7
Complete higher education (specialist, master)	86,2	66,8	19,3
Scientific degree (Candidate of Sciences, Doctor of Science)	100,0	6,4	93,6
HEALTH STATUS			
Very poor	93,0	81,3	11,7
Poor	82,5	60,0	22,5
Average	90,9	64,2	26,7
Good	85,8	59,8	26,0
Very good	56,3	46,8	9,5
IDP STATUS			
IDP	85,0	63,3	21,7
Non-IDP	88,7	62,8	25,9

Table 5.5 Proportion of those who were able to receive medicines under the Program in 2023: socio-demographic breakdown and health status, percentage of Program users, %

Unit of measure	There were no necessary medicines in the pharmacy	Couldn't get to a participating pharmacy	The doctor did not have the appropriate prescription forms	The doctor refused to provide a prescription for another reason	The pharmacy refused to provide medicines	Other	Difficult to say	Refusal to answer
				2023				
%	20,6	6,4	3,3	3,2	1,2	40,8	24,0	1,7
N	15	6	3	4	1	33	21	3
				2020				
%	31,7	15,3	13,0	18,9	7,9	12,5	11,3	2,1
N	37	15	10	15	8	14	12	3
				2019				
%	39,1	13,5	8,7	13,9	9,6	13,2	17,2	1,1
N	74	31	17	25	19	35	32	3
				2018				
%	45,6	6,3	1,7	2,8	6,7	18,9	18,5	2,0
N	60	10	2	4	10	31	27	2

Table 5.6 The main reasons for not receiving medicines by users of the Affordable Medicines Program: comparison by years of the study

	2023	2020	2019	2018
OVERALL	**75,8**	**75,5**	**57,5**	**62,5**
GENDER				
Men	77,9	77,2	54,3	68,6
Women	74,6	74,7	58,9	60,2
AGE GROUP				
18 - 29 years old	84,1	59,3	47,8	32,4
30 - 44 years old	73,8	39,8	48,7	74,4
45 - 59 years old	69,1	76,5	58,6	65,4
60 years old and older	78,3	78,5	59,5	61,3
PLACE OF RESIDENCE				
Urban	74,8	78,8	60,1	62,2
Rural	78,1	65,6	50,3	63,2
LEVEL OF EDUCATION				
Primary or incomplete general secondary	83,4	86,0	68,7	64,9
Complete general secondary	72,4	75,3	59,9	66,9
Vocational (vocational school, lyceum)	79,5	79,0	52,4	60,4
Incomplete higher/secondary specialized (technical school, college, junior specialist)	75,0	73,1	66,2	63,9
Basic higher (Bachelor's)	85,5	64,2	57,4	52,6
Complete higher education (specialist, master)	74,6	76,0	46,5	58,8
Scientific degree (Candidate of Sciences, Doctor of Science)	93,6	49,8	45,2	0,0%
HEALTH STATUS				
Very Poor	57,1	62,1	58,8	42,1
Poor	68,7	69,7	60,1	69,6
Average	77,4	79,6	54,6	60,4
Good	6,5	72,5	61,9	61,3
Very good	81,6	44,6	55,5	100,0
IDP STATUS				
IDP	74,2	X	X	X
Non-IDP	75,9	X	X	X

Table 5.7 Perception of improvement in the availability of medicines due to the Affordable Medicines Program: comparison by years, %

	2023	2020	2019	2018	2017
OVERALL	**76,8**	**82,9**	**84,3**	**85,5**	**100,0**
GENDER					
Men	71,5	78,4	81,0	82,9	100,0
Women	80,6	86,3	86,9	87,0	100,0
AGE GROUP					
18 - 29 years old	80,3	89,2	88,6	82,1	100,0
30 - 44 years old	78,3	82,0	84,7	88,8	100,0
45 - 59 years old	72,6	87,9	84,8	87,1	100,0
60 years old and older	76,6	77,6	80,6	83,6	100,0
PLACE OF RESIDENCE					
Urban	78,1	82,1	85,8	86,7	100,0
Rural	73,6	84,7	79,9	82,1	100,0
LEVEL OF EDUCATION					
Primary or incomplete general secondary	59,3%	59,6%	53,0%	80,6%	100,0%
Complete general secondary	68,6	74,9	78,8	86,6	100,0
Vocational (vocational school, lyceum)	78,2	79,1	81,1	80,3	100,0
Incomplete higher/secondary specialized (technical school, college, junior specialist)	75,0	85,7	85,1	86,5	100,0
Basic higher (Bachelor's)	75,4	89,7	88,2	85,2	100,0
Complete higher education (specialist, master)	82,5	88,3	90,5	88,6	100,0
Scientific degree (Candidate of Sciences, Doctor of Science)	90,4	100,0	100,0	84,7	100,0
IDP STATUS					
IDP	81,0	X	X	X	X
Non-IDP	76,3	X	X	X	X

Table 5.8 Proportion of persons who had expenses for medicines related to the last illness or injury among those who did not go to the doctor/paramedic for medical care: breakdown by gender, age, place of residence, education, %

	Unit of measure	Average costs	Standard deviation	Median cost value
OVERALL	**UAH**	**1290,08**	**150,66**	**500**
GENDER				
Men	UAH	1754,13	365,47	500
Women	UAH	993,74	78,67	500
AGE GROUP				
18 - 29 years old	UAH	904,14	94,13	500
30 - 44 years old	UAH	1703,21	426,65	500
45 - 59 years old	UAH	1121,86	161,97	500
60 years old and older	UAH	1195,09	146,86	500
PLACE OF RESIDENCE				
Urban	UAH	1224,68	180,36	500
Rural	UAH	1463,88	272,57	500
LEVEL OF EDUCATION				
Primary or incomplete general secondary	UAH	1049,14	327,47	400
Complete general secondary	UAH	1331,96	266,43	500
Vocational (vocational school, lyceum)	UAH	1168,64	199,89	500
Incomplete higher/secondary specialized (technical school, college, junior specialist)	UAH	2054,50	557,69	550
Basic higher (Bachelor's)	UAH	1197,16	260,97	600
Complete higher education (specialist, master)	UAH	844,04	52,49	500
Scientific degree (Candidate of Sciences, Doctor of Science)	UAH	624,33	300,34	500
IDP STATUS				
IDP	UAH	1.925,66	627,77	500
Non-IDP	UAH	1.217,92	151,82	500

Table 5.9 Amount of expenses for medicines related to the last illness or injury in 2023 among those who did not go to the doctor/paramedic for medical help, UAH

	2023	2020	2019	2018	2017
OVERALL	**89,7**	**91,4**	**93,9**	**93,7**	**93,3**
GENDER					
Men	89,5	90,2	93,6	93,4	92,5
Women	89,8	92,1	94,1	93,9	93,7
AGE GROUP					
18 - 29 years old	86,3	87,9	92,7	91,3	89,9
30 - 44 years old	88,2	87,5	93,2	92,5	92,9
45 - 59 years old	91,4	92,9	94,2	94,2	93,5
60 years old and older	91,1	94,2	94,8	95,5	95,2
PLACE OF RESIDENCE					
Urban	88,9	91,3	94,0	93,6	94,0
Rural	91,6	91,8	93,7	94,0	91,6
LEVEL OF EDUCATION					
Primary or incomplete general secondary	91,3	93,4	98,0	89,8	94,5
Complete general secondary	92,0	90,5	92,1	93,4	93,5
Vocational (vocational school, lyceum)	90,2	93,2	94,2	94,2	93,0
Incomplete higher/secondary specialized (technical school, college, junior specialist)	89,5	91,9	93,9	95,0	92,8
Basic higher (Bachelor's)	89,4	87,2	94,7	97,2	90,6
Complete higher education (specialist, master)	88,4	91,4	94,5	91,4	94,3
Scientific degree (Candidate of Sciences, Doctor of Science)	84,6	100,0	86,9	100,0	100,0
IDP STATUS					
IDP	87,5	X	X	X	X
Non-IDP	89,9	X	X	X	X

Table 5.10 The share of patients who were prescribed medication during the last outpatient visit: socio-demographic breakdown by years of study, %

	2023	2020	2019	2018	2017
OVERALL	**48,3**	**49,0**	**43,9**	**41,8**	**44,9**
GENDER					
Men	51,2	45,7	43,9	40,4	44_6
Women	46,4	50,7	43,9	42,7	45,1
AGE GROUP					
18 - 29 years old	49,4	41,4	34,7	34,0	40,5
30 - 44 years old	40,5	36,9	36,9	33,6	39,6
45 - 59 years old	49,2	50,2	44,8	42,8	44,2
60 years old and older	53,5	58,1	52,1	50,5	51,6
PLACE OF RESIDENCE					
Urban	47,0	49,5	44,1	41,4	45,8
Rural	51,4	47,6	43,1	42,8	42,7
LEVEL OF EDUCATION					
Primary or incomplete general secondary	44,2	42,6	46,0	40,1	41,8
Complete general secondary	51,9	56,2	45,2	46,7	48,8
Vocational (vocational school, lyceum)	49,8	53,1	42,4	41,7	48,9
Incomplete higher/secondary specialized (technical school, college, junior specialist)	48,8	44,0	46,8	41,4	44,8
Basic higher (Bachelor's)	46,9	45,4	41,7	44,1	39,9
Complete higher education (specialist, master)	46,0	48,2	40,7	38,2	40,9
Scientific degree (Candidate of Sciences, Doctor of Science)	9,1	83,2	52,7	48,4	60,8
IDP STATUS					
IDP	51,7	X	X	X	X
Non-IDP	47,9	X	X	X	X

Table 5.11 Proportion of respondents who answered in the affirmative to the question "Have you been given a prescription without which it is impossible to purchase medicines or receive reimbursement?": socio-demographic breakdown, %

Unit of measure	Didn't have the funds	I didn't think it was necessary to buy all of them	Not available in the pharmacy, did not find it	Other	Difficult to say	Refusal to answer
			2023			
%	40,2	39,6	15,1	4,2	3,6	0,1
N	160	152	69	18	12	1
			2020			
%	45,7	40,3	14,8	4,4	1,7	0,0
N	172	158	65	18	7	0
			2019			
%	44,3	42,5	17,2	2,7	1,8	0,3
N	298	263	100	16	11	2
			2018			
%	40,6	41,5	15,8	5,9	3,0	0,0
N	195	166	66	28	10	0

Table 5.12 The main reasons for not purchasing medicines prescribed during outpatient treatment: distribution by year

	2023	2020	2019	2018	2017
OVERALL	**40,2**	**45,7**	**44,3**	**40,6**	**47,2**
GENDER					
Men	39,9	41,6	39,3	37,9	42,0
Women	40,4	47,6	46,8	42,5	49,8
AGE GROUP					
18 - 29 years old	28,3	26,3	40,1	22,4	42,9
30 - 44 years old	32,5	41,9	32,0	31,4	32,8
45 - 59 years old	47,4	46,1	34,0	51,1	49,2
60 years old and older	47,9	54,7	58,1	52,7	59,2
PLACE OF RESIDENCE					
Urban	42,3	45,6	44,3	42,2	46,6
Rural	32,9	45,8	44,3	36,2	49,2
LEVEL OF EDUCATION					
Primary or incomplete general secondary	41,8	79,6	74,2	81,1	69,6
Complete general secondary	46,4	57,9	51,3	50,9	54,7
Vocational (vocational school, lyceum)	38,5	47,9	62,4	39,8	49,7
Incomplete higher/secondary specialized (technical school, college, junior specialist)	48,2	40,2	44,4	41,8	44,5
Basic higher (Bachelor's)	44,3	41,6	16,8	32,9	43,8
Complete higher education (specialist, master)	32,3	37,0	26,4	27,0	40,0
Scientific degree (Candidate of Sciences, Doctor of Science)	20,9	0,0	0,0	100,0	100,0
IDP STATUS					
IDP	49,9	X	X	X	X
Non-IDP	38,5	X	X	X	X

Table 5.13 Share of people who did not purchase all medicines due to lack of funds: socio-demographic breakdown, %

Unit of measure	Average Cost	Standard deviation	Median value
		2023	
UAH	1681,53	176,83	731
		2020	
UAH	1278,22	77,20	500
		2019	
UAH	1039,99	45,25	500
		2018	
UAH	793,32	25,96	400
		2017	
UAH	751,91	37,54	350

Table 5.13 Average and median cost of medicines: distribution by year, UAH

	2023	2020	2019	2018	2017
OVERALL	**26,3**	**28,4**	**30,3**	**30,9**	**40,4**
GENDER					
Men	25,4	24,4	26,1	29,0	38,5
Women	26,7	30,4	32,6	31,9	41,4
AGE GROUP					
18 - 29 years old	30,4	34,3%	29,1%	26,6%	37,0%
30 - 44 years old	25,6	21,6%	29,3%	27,9%	38,9%
45 - 59 years old	25,4	27,9%	30,9%	32,4%	38,5%
60 years old and older	25,6	31,0%	31,2%	34,0%	45,1%
PLACE OF RESIDENCE					
Urban	26,1	29,2	30,4	30,1	41,2
Rural	26,6	26,6	30,0	32,7	38,4
LEVEL OF EDUCATION					
Primary or incomplete general secondary	29,9	17,8	36,5	21,6	34,6
Complete general secondary	28,4	26,4	28,9	32,1	38,9
Vocational (vocational school, lyceum)	24,3	37,3	32,6	26,6	35,7
Incomplete higher/secondary specialized (technical school, college, junior specialist)	26,5	25,7	29,6	28,0	40,0
Basic higher (Bachelor's)	26,3	25,6	37,7	35,1	34,8
Complete higher education (specialist, master)	25,9	29,0	28,1	37,2	45,7
Scientific degree (Candidate of Sciences, Doctor of Science)	24,4	41,7	34,5	46,2	66,7
IDP STATUS					
IDP	29,4	X	X	X	X
Non-IDP	25,9	X	X	X	X

Table 5.14 Proportion of persons who were offered a cheaper and more expensive option: socio-demographic breakdown, %

	2023	2020	2019	2018	2017
OVERALL	**94,6**	**96,1**	**96,7**	**96,3**	**96,8**
GENDER					
Men	95,7	98,0	96,0	98,6	98,2
Women	93,6	95,0	97,2	94,9	95,9
AGE GROUP					
18 - 29 years old	89,4	87,0	86,5	90,3	90,4
30 - 44 years old	92,4	95,2	95,7	92,9	95,1
45 - 59 years old	96,2	97,1	98,9	98,6	99,4
60 years old and more	96,6	98,8	99,5	99,	99,1
PLACE OF RESIDENCE					
Urban	94,8	96,5	96,3	96,3	97,2
Rural	94,1	95,5	97,6	96,4	96,0
LEVEL OF EDUCATION					
Primary or incomplete general secondary	99,1	97,4	100,0	94,5	99,1
Complete general secondary	97,2	98,9	98,5	95,9	97,7
Vocational (vocational school, lyceum)	93,1	96,9	97,9	97,2	98,3
Incomplete higher/secondary specialized (technical school, college, junior specialist)	96,6	96,2	97,8	96,3	96,4
Basic higher (Bachelor's)	86,5	93,9	100,0	100,0	98,8
Complete higher education (specialist, master)	93,7	92,9	92,0	95,2	94,5
Scientific degree (Candidate of Sciences, Doctor of Science)	100,0	100,0	100,0	100,0	85,6
IDP STATUS					
IDP	89,8	X	X	X	X
Non-IDP	95,3	X	X	X	X

Table 5.15 Proportion of patients who were prescribed medication during the last hospitalization: socio-demographic breakdown, %

		2023		2020		2019		2018	
		Paid	Didn't pay	Paid	Didn't pay	Paid	Didn't pay	Paid	Didn't pay
OVERALL	**%**	**89,5**	**10,5**	**94,1**	**5,9**	**88,8**	**11,2**	**97,3**	**2,7**
	N	**660**	**81**	**805**	**52**	**1175**	**134**	**1123**	**33**
GENDER									
Men	%	87,7	12,3	93,9	6,1	89,4	10,6	95,9	4,1
	N	275	42	241	17	365	38	302	13
Women	%	91,2	8,8	94,2	5,8	88,4	11,6	98,2	1,8
	N	385	39	564	35	810	96	821	20
AGE GROUP									
18 - 29 years old	%	91,5	8,5	96,9	3,1	85,1	14,9	96,8	3,2
	N	74	8	72	3	113	15	121	4
30 - 44 years old	%	85,4	14,6	93,6	6,4	84,3	15,7	95,9	4,1
	N	142	19	146	11	218	35	199	7
45 - 59 years old	%	88,9	11,1	93,6	6,4	91,5	8,5	97,8	2,2
	N	220	27	181	12	310	26	329	9
60 years old and more	%	91,7	8,3	93,8	6,2	90,6	9,4	98,	2,0
	N	224	27	406	26	534	58	474	13
PLACE OF RESIDENCE									
Urban	%	90,1	9,9	93,7	6,3	86,8	13,2	97,3	2,7
	N	454	51	477	35	716	99	703	20
Rural	%	87,9	12,1	94,7	5,3	93,3	6,7	97,3	2,7
	N	206	30	328	17	459	35	420	13
LEVEL OF EDUCATION									
Primary or incomplete general secondary	%	94,7	5,3	89,9	10,1	91,7	8,3	93,6	6,4
	N	13	2	31	3	65	6	45	3
Complete general secondary	%	88,5	11,5	96,0	4,0	87,1	12,9	96,8	3,2
	N	123	14	193	9	264	28	260	9
Vocational (vocational school, lyceum)	%	89,2	10,8	92,1	7,9	93,7	6,3	98,6	1,4
	N	130	19	135	9	204	16	208	4

Table 5.17 Proportion of respondents who paid/did not pay for medicines during the last hospitalization, according to the results of surveys in 2018, 2019, 2020, and 2023: distribution by gender, age, place of residence, education, and status of IDPs

Year	Average number of items	Median number
2023	5,5	5
2020	5,8	5
2019	6,4	6
2018	5,9	5
2017	6,3	5
2016	6,4	6

Table 5.16. Number of medications (average and median) prescribed at the time of last hospitalization, comparison by years of study

Year	Cost of medicines paid "out of pocket", UAH		
	Average cost	Standard deviation	Median cost value
2023	6320,6	947,9	2500
2020	4550,3	312,9	2500
2019	3793,3	259,9	2000
2018	2971,3	188,9	2000

Table 5.18 Cost of medicines that were prescribed during the last hospitalization and paid "out of pocket", UAH

	Unit of measure	Paid for medicines	Didn't pay for medicines	Total	Difficult to say/refusal to answer
OVERALL	**%**	**66,2**	**33,8**	**100,0**	**12,6**
	N	**5439**	**2663**	**8102**	**1137**
GENDER					
Men	%	58,2	41,8	100,0	15,3
	N	1895	1298	3193	560
Women	%	72,4	27,6	100,0	10,4
	N	3544	1365	4909	577
AGE GROUP					
18 - 29 years old	%	58,7	41,3	100,0	11,5
	N	684	512	1196	157
30 - 44 years old	%	63,3	36,	100,0%	12,5
	N	1506	829	2335	297
45 - 59 years old	%	64,2	35,8	100,0	13,9
	N	1673	813	2486	370
60 years old and more	%	74,7	25,3	100,0	12,0
	N	1576	509	2085	313
PLACE OF RESIDENCE					
Urban	%	65,2	34,8	100,0	12,4
	N	3458	1754	5212	722
Rural	%	68,1	31,9	100,0	13,0
	N	1981	909	2890	415
LEVEL OF EDUCATION					
Primary or incomplete general secondary	%	71,4	28,6	100,0	18,7
	N	94	45	139	38
Complete general secondary	%	61,9	38,1	100,0	13,9
	N	860	584	1444	229
Vocational (vocational school, lyceum)	%	65,1	34,9	100,0	14,6
	N	934	442	1376	224
Incomplete higher/secondary specialized (technical school, college, junior specialist)	%	69,8	30,2	100,0	11,8
	N	1447	620	2067	276
Basic higher (Bachelor's)	%	64,2	35,8	100,0	13,9
	N	290	117	407	67
Complete higher education (specialist, master)	%	66,1	33,9	100,0	10,8
	N	1792	848	2640	302
Scientific degree (Candidate of Sciences, Doctor of Science)	%	80,7	19,3	100,0	6,7
	N	22	7	29	1
IDP STATUS					
IDP	%	59,0	41,0	100,0	10,8
	N	486	275	761	95
Non-IDP	%	66,9	33,1	100,0	12,8
	N	4953	2388	7341	1042

Table 5.20 Proportion of people who paid for medicines in the last 30 days: socio-demographic breakdown in 2023, % and number

	2023: Amount of costs			2020: Amount of costs			2019: Amount of costs			2018: Amount of costs		
	Average costs	Standard deviation	Median Cost Value	Average costs	Standard deviation	Median Cost costs	Average costs	Standard deviation	Median Cost Value	Average costs	Standard deviation	Median Cost costs
OVERALL	**1540,8**	**34,1**	**1000**	**750,5**	**32,0**	**300**	**703,8**	**20,6**	**350**	**586,3**	**20**	**300**
GENDER												
Men	1677,7	63,0	1000	863,7	60,8	300	754,3	32,4	350	555,9	21,4	300
Women	1455,1	38,8	1000	689,5	36,8	300	675,1	26,5	350	603,8	29	300
AGE GROUP												
18 - 29 years old	1725,7	121,1	1000	754,6	71,5	300	578,5	36,7	300	579,6	46	250
30 - 44 years old	1707,0	70,9	1000	794,8	80,5	300	841,2	61,5	350	596,3	33,7	300
45 - 59 years old	1473,5	68,0	900	720,5	44,4	300	705,7	36,1	300	601,9	50,9	300
60 years old and more	1374,2	42,0	1000	740,7	55,1	400	647,7	22,5	400	570,5	29	300
PLACE OF RESIDENCE	1503,5	38,1	1000	678,7	34,9	300	702,0	22,9	350	573,2	24,9	300
Urban	1616,0	68,2	1000	891,9	65,6	350	708,2	44,0	350	614,4	33,2	300
Rural												
LEVEL OF EDUCATION												
Primary or Incomplete General Secondary	1302,0	166,4	600	652,4	67,3	450	738,4	95,5	400	539,4	58,8	300
Complete general secondary	1514,0	96,1	800	796,0	128,0	300	608,7	41,4	300	528,5	41,8	300
Vocational (vocational school, lyceum)	1358,0	57,8	800	734,2	54,7	310	682,6	43,2	300	524,9	30,8	300
Incomplete higher / secondary specialized (technical school, college, junior specialist)	1512,6	61,4	1000	760,0	47,5	300	729,0	37,6	360	556,9	43,9	300
Basic Higher (Bachelor's)	1610,0	243,1	1000	599,8	52,2	300	548,9	43,5	300	543,1	47	300
Complete higher education (specialist, master)	1675,9	60,0	1000	763,3	46,7	320	788,1	52,0	400	760,4	46,2	350
Scientific degree (Candidate of Sciences, Doctor of Science)	1719,3	750,4	400	1431,7	852,4	550	1154,2	274,9	800	401,1	98	300
IDP STATUS												
IDP	1614,6	118,2	1000	X	X	X	X	X	X	X	X	X
Non-IDP	1533,9	35,6	1000	X	X	X	X	X	X	X	X	X

Table 5.21 Medicine costs in the last 30 days, according to surveys in 2018, 2019, 2020, and 2023: socio-demographic breakdown in 2023, UAH

	Family doctors		Pediatricians		Dentists		Narrow specialists in the polyclinic		Emergency medical help		Medical care in hospitals		Medical care in maternity hospitals	
	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N
OVERALL	**79,4**	**6623**	**82,6**	**3751**	**81,5**	**5825**	**77,3**	**5354**	**82,4**	**5085**	**76,3**	**4367**	**79,2**	**2187**
GENDER														
Men	78,5	2886	79,8	1429	80,3	2513	76,2	2261	82,5	2269	74,4	1896	76,1	776
Women	80,1	3737	84,5	2322	82,4	3311	78,1	3093	82,4	2816	78,0	2470	81,0	1411
AGE GROUP														
18 - 29 years old	85,6	1117	87,6	762	89,7	1076	84,3	963	80,5	780	76,9	721	80,9	448
30 - 44 years old	80,1	1986	85,4	1598	84,1	1904	76,3	1603	81,1	1487	74,5	1272	80,7	956
45 - 59 years old	77,8	1672	79,3	843	79,5	1475	75,0	1324	83,3	1356	76,7	1139	78,4	461
60 years and older	76,7	1848	74,4	548	75,0	1370	76,3	1464	84,2	1461	77,7	1234	74,0	322
TYPE OF LOCATION														
Urban	78,2	4391	82,9	2533	81,0	3973	75,4	3543	80,1	3229	74,2	2856	78,2	1412
Rural	82,0	2232	82,2	1219	82,5	1852	81,3	1812	87,0	1856	80,8	1511	81,0	775
SELF-ASSESSMENT OF THE STATE OF HEALTH														
Very bad	57,1	39*	58,4	20	50,7	24	56,5	36	63,6	42	59,1	37	57,0	12
Bad	67,9	344	60,7	108	63,7	232	64,1	264	79,9	312	67,8	259	67,5	77
Average: not good, but not bad either	76,4	2768	79,6	1355	78,0	2344	74,2	2256	82,1	2217	75,8	1921	76,9	761
Good	83,7	2782	86,4	1787	86,1	2561	81,4	2212	83,4	2041	78,4	1732	81,4	1074
Very good	86,0	665	86,7	469	88,1	635	85,3	559	84,3	453	78,7	396	82,9	254
IDP STATUS														
IDPs	86,3	643	88,0	380	84,7	515	81,4	508	83,2	367	84,4	383	80,8	140
Non-IDPs	78,7	5980	82,1	3371	81,2	5310	76,9	4846	82,4	4718	75,6	3983	79,1	2047

*For the category with self-rated health "very poor" (N < 50), the results are not statistically reliable and are given as indicative.

Table 6.1. Satisfaction with medical care by socio-demographic characteristics, 2023 (% of responses "rather satisfied" or "completely satisfied")

	Family doctors		Pediatricians		Dentists		Narrow specialists in the polyclinic		Emergency medical help		Medical care in hospitals		Medical care in maternity hospitals	
	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N	% rather satisfied/completely satisfied	N
OVERALL	79,4	6623	82,6	3751	81,5	5825	77,3	5354	82,4	5085	76,3	4367	79,2	2187
Vinnytsia	83,8	314	82,8	122	81,6	249	80,3	231	82,6	222	74,2	172	75,6	75
Volyn	81,2	199	76,5	121	80,6	184	78,2	160	76,2	146	74,6	132	63,1	71
Dnipro	84,8	698	83,4	346	82,6	575	80,3	515	83,9	525	79,4	416	79,9	161
Zhytomyr	76,9	236	73,5	137	71,5	193	74,7	202	75,6	199	76,7	177	66,6	67
Zakarpattia	87,7	277	85,3	152	85,6	251	77,2	206	92,5	242	74,8	174	73,6	85
Zaporizhzhia	69,8	243	72,4	150	74,2	221	71,4	206	74,3	175	69,0	178	79,2	118
Ivano-Frankivsk	87,3	298	89,4	193	92,0	282	85,6	255	84,8	234	83,6	236	88,2	153
Kyiv	77,1	345	79,4	194	82,7	305	73,6	276	74,3	222	70,8	199	74,1	112
Kirovohr	87,0	166	88,9	51	82,1	80	79,3	71	61,4	47*	74,2	15	55,5	4
Lviv	81,6	517	85,6	322	88,6	415	82,4	419	85,6	336	74,2	276	83,9	161
Mykolaiv	79,7	187	86,2	125	76,0	149	79,7	160	85,6	146	81,9	150	86,0	64
Odesa	69,7	389	80,7	236	78,5	392	75,4	340	80,3	342	75,7	277	77,5	128
Poltava	77,7	293	84,5	166	79,6	269	73,6	230	87,3	251	80,9	215	85,0	87
Rivne	88,1	236	86,3	179	85,2	220	86,5	205	82,9	185	82,1	173	82,7	130
Sumy	71,5	185	81,2	137	77,0	183	68,5	146	81,3	175	73,5	148	82,7	91
Ternopil	86,4	221	88,6	77	91,6	188	84,2	199	90,8	190	76,2	181	69,1	46
Kharkiv	72,4	354	76,7	215	78,6	349	66,4	297	86,7	335	74,6	283	80,4	143
Kherson	69,4	67	78,0	44	65,5	54	70,8	59	85,5	69	75,3	54	76,2	28
Khmelnytskyi	84,9	257	83,0	119	89,9	243	78,4	189	78,1	161	76,2	140	79,5	63
Cherkasy	80,5	252	84,6	148	78,7	205	78,2	213	85,5	191	78,9	181	80,7	89
Chernivtsi	83,6	202	92,1	122	89,1	191	83,7	173	89,7	169	81,3	142	87,7	98
Chernihiv	83,1	200	85,4	108	76,7	154	83,1	162	83,6	132	71,2	105	79,6	46
the city of Kyiv	72,0	488	83,8	288	77,9	472	73,4	439	77,8	392	74,5	343	79,6	168

*For categories where N < 50, the results are not statistically reliable and are given as indicative.

Table 6.2. Satisfaction with medical care by region, 2023 (% of responses "rather satisfied" or "completely satisfied")

	Corruption in the Ministry of Health	Informal payments to doctors	Negligence of medical personnel	Lack of modern equipment	Lack of professionalism, incompetence of medical personnel	High cost of medicines	High cost of treatment	Unsatisfactory sanitary and hygienic condition of institutions	Lack of medical staff	Inconvenient schedule, long queues	The negative impact on the medical system caused by the war	No problems
OVERALL	**35,5**	**27,2**	**16,6**	**30,7**	**22,2**	**56,9**	**37,7**	**5,2**	**12,7**	**14,9**	**6,7**	**2,4**
GENDER												
men	39,7	27,1	17,0	31,7	23,7	54,2	35,9	4,5	11,9	14,6	6,6	2,2
women	32,1	27,3	16,3	29,8	21,1	59,1	39,2	5,8	13,3	15,2	6,9	2,6
AGE GROUP												
18–29 years old	43,9	27,2	21,5	35,8	20,5	41,7	28,2	8,9	15,1	21,7	7,2	3,0
30–44 years old	39,1	28,0	18,8	35,7	26,2	49,9	33,1	6,2	13,9	15,5	6,3	1,9
45–59 years old	34,8	28,9	15,7	30,2	23,0	58,8	40,2	4,6	12,6	14,1	6,8	2,0
60 years and older	27,9	24,9	12,6	23,1	18,3	70,6	45,4	2,6	10,3	11,4	6,8	3,0
TYPE OF LOCATION												
urban	36,0	27,1	17,4	31,3	23,5	54,9	36,6	5,9	13,3	16,0	7,3	1,8
rural	34,6	27,6	15,1	29,4	19,5	61,1	40,2	3,7	11,3	12,7	5,4	3,8
IDP STATUS												
IDPs	31,7	20,5	16,4	30,1	20,2	56,0	37,2	6,5	10,9	19,9	9,3	3,5
Not IDPs	35,9	27,9	16,6	30,7	22,5	57,0	37,8	5,0	12,9	14,4	6,5	2,3

Table 6.3. The three most important problems hindering the functioning of the health care system, by socio-demographic characteristics, 2023 (%)

	President	Prime Minister	Minister of Health	Verkhovna Rada of Ukraine	National Health Service of Ukraine	Head of the regional military / state administration	The mayor of your city, the head of a village or the head of a community	Head of the district administration	Regional / district / city health department	The chief doctor (head) of the health care institution	Doctors	International organizations (WHO and others)
OVERALL	**18,6**	**12,5**	**66,0**	**18,8**	**21,0**	**3,8**	**18,6**	**6,5**	**16,6**	**31,0**	**12,7**	**3,5**
GENDER												
men	20,6	14,3	64,1	20,7	21,1	3,9	18,1	7,0	16,3	27,8	12,2	3,7
women	16,9	11,0	67,6	17,2	20,9	3,7	19,0	6,1	16,9	33,6	13,1	3,3
AGE GROUP												
18–29 years old	17,3	10,4	67,3	17,3	25,5	4,6	20,3	7,5	17,6	30,1	13,5	3,2
30–44 years old	18,5	12,2	65,7	18,4	20,7	3,7	18,2	6,1	17,2	31,0	12,2	4,3
45–59 years old	18,6	13,1	66,9	18,5	20,0	3,8	17,3	5,7	15,7	31,4	12,1	3,3
60 years and older	19,3	13,4	64,8	20,4	19,9	3,4	19,1	7,1	16,3	31,1	13,3	3,1
TYPE OF LOCATION												
urban	17,2	12,1	68,6	18,6	21,9	3,4	20,5	5,0	17,5	31,9	13,3	3,8
rural	21,5	13,2	60,5	19,2	19,0	4,5	14,4	9,7	14,8	29,0	11,3	2,9
LEVEL OF EDUCATION												
primary/incomplete general secondary education	31,8	13,5	56,4	22,4	12,4	5,4	13,3	4,0	11,6	26,8	11,2	2,5
complete secondary education	20,5	11,6	66,4	18,3	21,3	3,7	16,7	7,9	17,5	25,0	12,8	2,8
vocational and technical education	21,2	11,6	62,9	15,9	17,6	3,3	16,6	6,0	14,1	31,0	12,0	2,1
incomplete higher/secondary special education	17,5	12,3	65,7	19,9	23,0	3,5	20,1	5,8	14,2	30,9	11,5	3,6
basic higher education (bachelor's degree)	13,7	12,4	68,8	15,9	21,6	2,0	17,6	5,7	17,4	28,6	11,2	2,5

Table 6.4. Responsibility for improving the functioning of medical institutions, by socio-demographic characteristics, 2023 (%)

	Have signed declarations	Can contact a family doctor or nurse remotely			
		by phone	by e-mail	by another communication channel (Viber, Skype, etc.)	No such possibility
OVERALL	**92,9**	**83,2**	**7,5**	**18,6**	**15,2**
GENDER					
men	90,0	82,2	7,1	17,3	16,1
women	95,3	83,9	7,8	19,6	14,5
AGE GROUP					
18–29 years old	90,3	82,4	12,0	25,3	14,7
30–44 years old	91,3	82,8	8,5	22,0	15,3
45–59 years old	94,3	84,7	7,1	19,1	14,4
60 years and older	94,7	82,6	4,5	11,4	16,0
TYPE OF LOCATION					
urban	92,8	81,3	7,1	20,5	16,6
rural	93,2	87,2	8,2	14,6	12,2
LEVEL OF EDUCATION					
primary or incomplete general secondary education	89,4	71,7	5,3	7,3	28,3
complete secondary education	91,0	84,7	6,4	14,8	13,6
vocational education	91,3	82,4	6,8	15,3	16,4
incomplete higher/secondary special education (technical school, college, junior specialist)	93,6	83,8	7,8	17,5	14,8
basic higher education (bachelor)	93,5	87,0	10,0	22,8	11,9
higher education (specialist, master)	94,5	82,3	7,9	23,2	15,5
scientific degree (candidate of science, doctor of science)	93,3	92,2	4,2	31,2	3,0
SELF-ASSESSMENT OF THE STATE OF HEALTH					
very poor	95,9	75,6	14,2	17,1	19,4
poor	93,3	80,9	5,2	10,8	17,3
average (neither good nor bad)	94,3	81,9	6,4	15,1	16,6
good	92,7	85,0	8,2	22,8	13,3
very good	87,1	84,0	10,0	21,9	14,4
IDP STATUS					
IDPs	85,2	80,0	10,0	25,8	16,2
Not IDPs	93,7	83,5	7,2	17,9	15,1

Table 6.5 The percentage of respondents who have signed declarations with family doctors and the possibility of remote communication with a family doctor or nurse, by individual socio-demographic characteristics, %

This report is based on the results of the sixth wave of "Health Index. Ukraine", the sociological study of the Ukrainian population's health status and satisfaction with the provision of medical services. The study was conducted by the Kyiv International Institute of Sociology in cooperation with the Social Indicators Foundation and with the support of "Healthy Solutions", the Ministry of Health of Ukraine, and the World Health Organization from August to December 2023. The field stage of the study lasted from October 5 to November 20, 2023. Data from previous survey waves conducted in 2016–2020 were used for comparison. The report was prepared by a team of researchers and is intended for a wide range of readers.

Compilers: V. Zakhozha, Yu. Sakhno, M. Shevchenko, T. Yurochko

Scientific editing: V. Odrynskyi, Candidate of Medical Sciences.

Literary editing: N. Melnyk

Recommended link to the report: Health Index. Ukraine–2023: Results of a national study.

Kyiv, 2024