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DRC's Legal Alert Special on Access to Healthcare System in Ukraine: Issue #119| October 2025

Introduction

This Legal Alert will focus on the functioning of Ukraine's healthcare system, with particular emphasis on the Medical Guarantees Programme as the state's key instrument for ensuring access to essential medical services. Unlike countries that rely on mandatory health insurance, Ukraine provides healthcare through this programme, introduced as part of the broader reform initiated in 2016. It establishes a guaranteed package of services and medicines that are fully funded by the state and delivered free of charge through participating hospitals, with the National Health Service of Ukraine acting as the purchaser of services.

The intention of this Legal Alert is to provide humanitarian organisations and other stakeholders with an accessible overview of the legal and institutional framework behind the programme. By understanding how the system operates in practice, humanitarian actors can better align their health-related interventions, avoid duplication of services, and strengthen programmes in support of war-affected populations. This alert is therefore designed not only to explain the regulatory landscape but also to serve as a practical tool to guide programming, advocacy, and coordination efforts in the healthcare sector.

Glossary

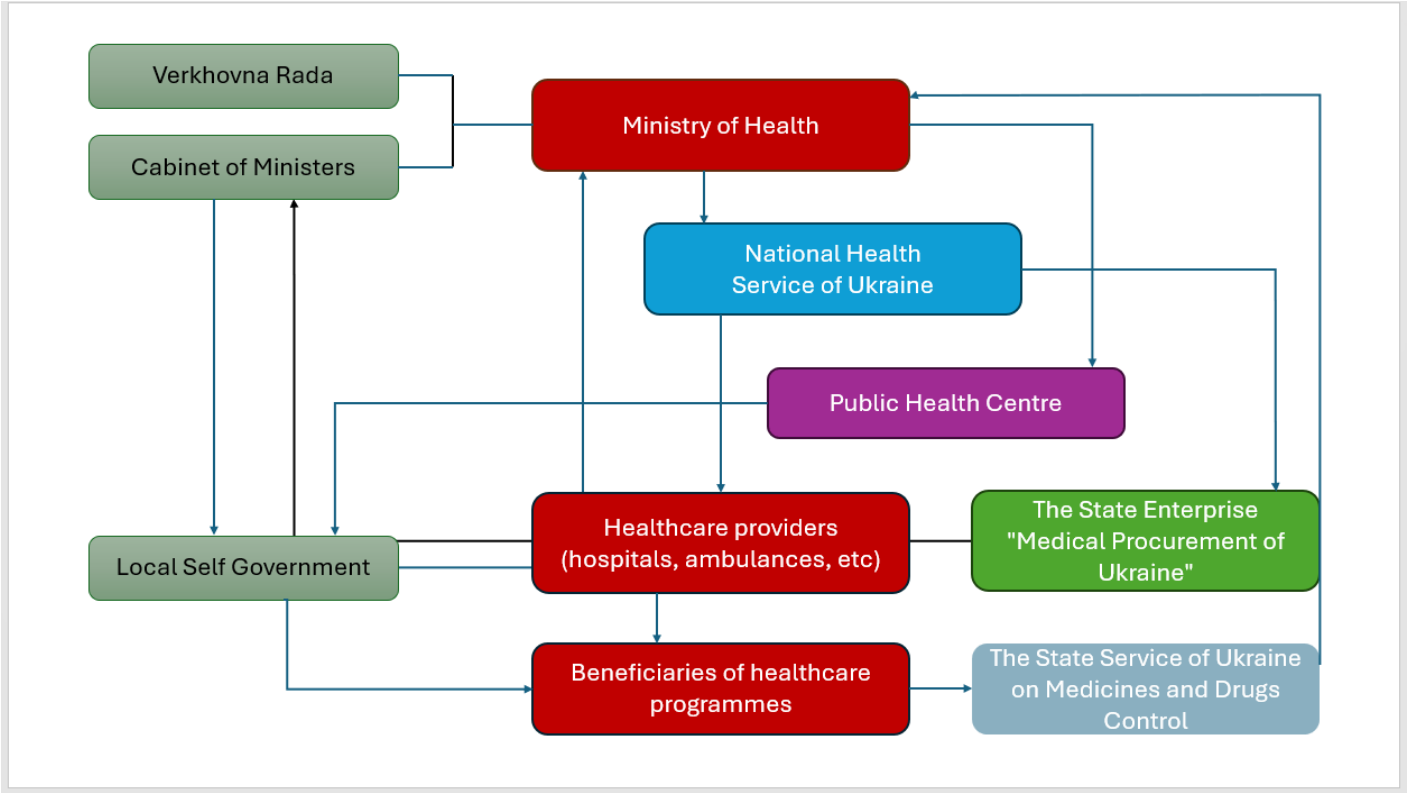
The Medical Guarantees Programme (MGP)	A list of medical services and medicines that the state guarantees to Ukrainians free of charge.
The National Health Service of Ukraine (NHSU)	Central executive body which pays for the medical services directly to hospitals by entering into contracts with them.

Legal basis

- The Law on Fundamentals of Ukrainian healthcare legislation, №2801, 1992[i]
- The Law On state financial guarantees of medical care for the population, №2168, 2017[ii]
- The Decree of the Cabinet of Ministers On some issues of the electronic healthcare system, №411, 2018[iii]
- The Decree of the Cabinet of Ministers On the establishment of the National Health Service of Ukraine, №1101, 2017[iv]
- The Decree of the Cabinet of Ministers On some issues of implementation of the programme of state guarantees of medical care for the population in 2025, №1503, 2024[v]

- The Order of the Ministry of Health of Ukraine On Approval of the Procedure for Choosing a Primary Care Physician and the Declaration Form for Choosing a Primary Care Physician, №503, 2018[vi]
- The Decree of the Cabinet of Ministers On Approval of the Procedure for Providing Citizens Suffering from Rare (Orphan) Diseases with Medicines and Appropriate Food Products for Special Dietary Consumption, №160, 2015[vii]
- The Decree of the Cabinet of Ministers on Some Issues of Reimbursement of Medicinal Products and Medical Devices under the State Guarantees of Medical Care Programme, №854, 2021[viii]
- The Decree of the Cabinet of Ministers On Some issues of using funds provided for in the state budget for the provision of certain medical services to certain categories of persons who defend/defended the independence, sovereignty and territorial integrity of Ukraine, №156, 2025[ix]
- The Order of the Ministry of Health of Ukraine on Lists of medicinal products and medical devices subject to reimbursement under the programme of state guarantees of medical care for the population were approved, №1537, 2024[x]

Stakeholders involved in healthcare



- **The Ministry of Health (MoH**) is a central executive body that forms and implements state policy in the healthcare sector, including sanitary and epidemiological safety, licensing, quality control of medical devices and medicines. Its activities are coordinated through the Cabinet of Ministers of Ukraine.[xi]
- **The National Health Service of Ukraine** is a special central executive body subordinated to the Ministry of Health that implements the state policy of financial guarantees for healthcare services. It acts as a "customer" of medical services under the medical guarantees programme, concludes contracts with

medical institutions, makes payments, monitors performance and forecasts the needs of the population.[xii]

- **The Public Health Centre** is a state institution in the field of public health that operates under the guidance of the Ministry of Health and interacts with other bodies—regional state administrations, local self-government, executive structures—to respond to epidemics, organise infectious disease prevention, data analysis and rapid response.[xiii]
- **The State Enterprise "Medical Procurement of Ukraine"** is an enterprise established by the Ministry of Health responsible for centralised procurement (of medicines, medical devices and services), operating with the consent and under the control of the Ministry of Health.[xiv]
- **The State Service of Ukraine on Medicines and Drugs Control** is a central executive body, directed and coordinated by the Cabinet of Ministers of Ukraine through the Minister of Health, that implements the state policy in the sphere of quality control and safety of medicines, including medical immunobiological products, medical equipment and medical devices, etc.[xv]

Prerequisites

The prerequisites for the medical reform launched in Ukraine in 2016 were rooted in long-standing systemic problems of the healthcare system inherited from the Soviet model.

The Soviet model of healthcare system, also known as the Semashko System[xvi], is a compulsory health insurance system where healthcare is free for all and financed directly from the state budget. Unlike the popular Beveridge model in Europe, where national healthcare is financed by special taxation of the population[xvii]. While the Soviet system was quite successful and effective in the post-war decades, in the early 90th it showed its weakness, compared to the European system. As a consequence, the development of medicine was exclusively extensive. Increasing the number of doctors, nurses and hospital beds was considered an effective measure. A doctor's salary depended on specialisation, qualification, and degree, but not on performance. The territorial principle of patient care based on the place of residence or work deprived patients of the opportunity to choose a doctor freely. And as a result, doctors used to take bribes for treatment.[xviii]

Since 1990th, when the weakness of the healthcare system in post-Soviet states became obvious, Ukraine has faced chronic underfunding of medical institutions, inefficient allocation of resources, outdated infrastructure, corruption in procurement, and a lack of patient-centred care. Access to services was formally free but in practice required informal payments, leading to inequality and mistrust. Hospitals were systematically overburdened and financed by “bed occupancy” standards rather than actual services provided.

These challenges, combined with pressing demands for transparency, European integration, and fiscal sustainability, created the need for a comprehensive reform aimed at shifting the focus toward primary healthcare, introducing the principle of “money follows the patient,” and ensuring more efficient and accountable use of public funds.

As of 2015, the healthcare sector of Ukraine needed to address the following issues:

- Provision of free medical care, including free medicines;
- More efficient allocation of resources in the healthcare sector and transition to the principle of "money follows the patient";
- Increasing transparency in the procurement of medicines and medical services, etc.[xix]

Healthcare system reform

The healthcare reform in Ukraine since 2016 is the measures taken by the Ministry of Health to ensure equal access to quality healthcare services for all Ukrainian citizens and to restructure the healthcare system to put the patient at its centre.

In January 2025, the Government of Ukraine approved the Healthcare System Development Strategy for the period up to 2030.[xx] The 2030 Strategy is a comprehensive framework document that identifies the key challenges in accessing healthcare services and proposes solutions that will help solve them both during the war and in the post-war recovery period. The Healthcare Strategy of Ukraine until 2030 envisages the development of comprehensive coping mechanisms to address both current and future challenges to public health. In light of the COVID-19 pandemic and the ongoing war, the strategy highlights the urgent need to strengthen public health system capacities for emergency preparedness and risk management. It also anticipates potential threats from emerging infectious diseases with high pandemic potential, natural disasters, climate change, migration processes, and chemical or radio-nuclear incidents. A central focus is placed on preventing the spread of these threats beyond Ukraine's borders while ensuring that response measures are inclusive and sensitive to the differential and gendered impacts of emergencies, particularly on women, girls, and other vulnerable groups.[xxi]

Electronic healthcare system

The electronic healthcare system (eHealth) in Ukraine was launched[xxii] in 2017 as a key element of the healthcare reform. The main tasks of eHealth are as follows:

- Creation of a unified register of patients and medical institutions;
- Introduction of electronic declarations with family doctors;
- Introduction of electronic prescriptions (in particular for the Affordable Medicines programme);
- Control over the use of budget funds;
- Reduction of corruption risks in the healthcare sector.

Under the eHealth, electronic medical records store the entire history of a patient's visits, diagnoses and test results in a digital format, which significantly speeds up the exchange of medical information between institutions and doctors. This, among others, simplifies the process of obtaining special statuses, including the status of a person with a disability.

In addition, the system has enabled the introduction of electronic referrals, prescriptions, sick leaves and the Affordable Medicines programme in Ukraine, making the process of obtaining medical services and medicines much more convenient and transparent. Patients can receive prescriptions and referrals online, check the availability of medicines in pharmacies, and doctors can quickly complete documents without unnecessary paperwork. This increases the efficiency of healthcare and improves access to necessary treatment for citizens.

The introduction of eHealth has proven highly beneficial for employers, particularly through the implementation of electronic sick leaves[xxiii]. This system streamlined the process of confirming temporary disability, as data is automatically shared with the Pension Fund of Ukraine, making payments to employees faster and more transparent. It has also significantly reduced the risks of fraudulence, since electronic records eliminate the possibility of falsified or duplicated paper-based medical certificates, ensuring that employers and the state alike have greater trust in the accuracy and legitimacy of sick leave documentation.

Medical guarantees programme

The Programme of state guarantees of medical care for the population (medical guarantees programme) is a programme that defines the list and scope of medical services, including medical devices and medicines. The full payment for the provision of medical services to patients is guaranteed by the state at the expense of the State Budget of Ukraine. The tariffs, for the prevention, diagnosis, treatment and rehabilitation in connection with diseases, injuries, poisoning and pathological conditions, as well as in connection with pregnancy and childbirth are considered by the Government of Ukraine.[xxiv]

The amount of funds of the State Budget of Ukraine allocated for the implementation of the medical guarantees programme is determined annually in the Law of Ukraine on the State Budget of Ukraine as a share of the gross domestic product (in percentage terms) in the amount of not less than 5% of the gross domestic product of Ukraine.

	2023	**2024**	**2025**
Medical Guarantees Programme	UAH 142 billion[xxv]	UAH 159 billion[xxvi]	UAH 175.5 billion[xxvii]

Within the framework of the medical guarantees programme, **the state guarantees citizens, foreigners, stateless persons permanently residing in Ukraine and persons recognised as refugees or persons in need of additional protection full payment from the State Budget of Ukraine for the medical services and medicines they need.**[xxviii]

The programme is also applicable to citizens of the Republic of Poland residing in the territory of Ukraine and is implemented in accordance with the provisions of this Law, taking into account the provisions of the Law of Ukraine "On the Establishment of Additional Legal and Social Guarantees for Citizens of the Republic of Poland Residing in the Territory of Ukraine".[xxix] The Government of Ukraine decided to extend the Medical Guarantees Programme to citizens of the Republic of Poland residing in Ukraine as part of a broader policy of mutual solidarity and reciprocity between the two countries, especially in the context of the full-scale invasion.

The Medical Guarantees Programme for 2025 consists of 44 packages of medical services covering all types and levels of medical care. The National Health Service of Ukraine prepared a "Guide to the Patient's Medical Guarantee Programme" to familiarise patients with the basic concepts and features of the Medical Guarantees Programme for 2025.[xxx]

Emergency medical care

The emergency medical care includes:

- Round-the-clock reception of appeals and consultations by calling 103;
- Provision of emergency medical care;
- Assessment of the patient's condition and establishment of preliminary diagnosis, determination of the need for hospitalisation;
- Transport and medical support to healthcare facilities (if hospitalisation is required);
- Transportation between hospitals if the availability of medical indications and for the need for medical support in accordance with the approved clinical route (in particular, outside the region).

Primary medical care

At the primary level (family doctor, general practitioner and/or paediatrician), patients can receive medical services for the diagnosis and prevention of the most common diseases, consultations on healthy lifestyle, prescriptions for medicines for many chronic diseases. The package also includes vaccination according to the preventive vaccination calendar, emergency immunoprophylaxis (except for rabies).

Outpatient services

Outpatient care is medical care without hospitalisation. It includes consultations with doctors, diagnostics, tests, treatment and monitoring of health. There are no limitations on the provision of outpatient care.

Inpatient services

Inpatient care covers the treatment of patients who require observation and medical intervention in a hospital. This can be either conservative treatment without surgery or surgical interventions — planned or urgent. These packages cover the full range of therapeutic and surgical inpatient stays.

The packages include:

- intensive care;
- provision of rehabilitation services when indicated;
- inpatient nutrition;
- carrying out the necessary laboratory and instrumental examinations;
- timely pain relief and anaesthesia.

Priority inpatient services

The Medical Guarantee Programme provides for several priority packages of medical coverage for critical conditions and life-saving diagnoses. These include treatment of strokes and heart attacks, assistance to newborns in difficult neonatal cases and medical care during childbirth.

Rehabilitation care

The 2025 Medical Guarantees Programme includes three main areas of rehabilitation:

1. Rehabilitation of infants born prematurely or with health problems in the first three years of life.
2. Rehabilitation for children and adults in inpatient settings.
3. Rehabilitation for children and adults in outpatient settings.

Palliative care (inpatient and mobile)

Palliative care helps to improve the quality of life of patients with terminal illnesses. This care provides support not only for patients (adults and children), but also their families, including:

- Assessment, prevention and treatment of chronic pain syndrome using non-narcotic and narcotic painkillers (psychotropic substances and precursors);
- Laboratory and instrumental examinations;
- Oxygen and respiratory support;
- Nutrition, including therapeutic nutrition;
- Provision of assistive devices for mobility for the entire period of stay in the facility;
- Training in skills for caring for seriously ill family members or other persons who provide care for the patient.

Infertility treatment

A new package, "Treatment of infertility using assisted reproductive technologies (in vitro fertilisation)", was introduced to increase the chances of parenthood. This means better access to reproductive health services, because payment for such services will be made at public expense, under the medical guarantees programme.

Transplantation

The package consists of three stages of medical services: pre-transplantation period, the transplant itself and the post-transplant period. Each of these stages has a specific scope of services.[xxxi]

Fee-based services in public hospitals

If the hospital has a contract with the National Health Service for a certain programme, the patient can be sure that the National Health Service pays for this service. At the same time, there are cases when the medical institution can demand money from persons:

Legal demands:

- services provided without a doctor's referral;
- services provided under contracts with private companies (e.g. private laboratories);
- services not covered by the medical guarantee programme.

- additional paid services (e.g. treatment in superior wards, right to choose a doctor in an inpatient unit, etc.).

Illegal demands:

- unlawful extortion of money for medicines or services that are covered by the National Health Service.

How to find out if the demand was lawful?

- Complete lists of fee-based services with current prices should be available on the official website of the medical institution and in visible places in the institution.
- Healthcare institutions should approve the procedure for providing paid services, determine their cost, and develop contracts with patients and forms of services received.
- Fee-based services can be paid exclusively by bank transfer.

What are the internal mechanisms for grievance redress?

If the healthcare facility asks to pay for a service, medicines, or provides a list of medicines to be purchased:

Step 1. Contact the hospital administration to get an explanation of why the service is not provided free of charge.

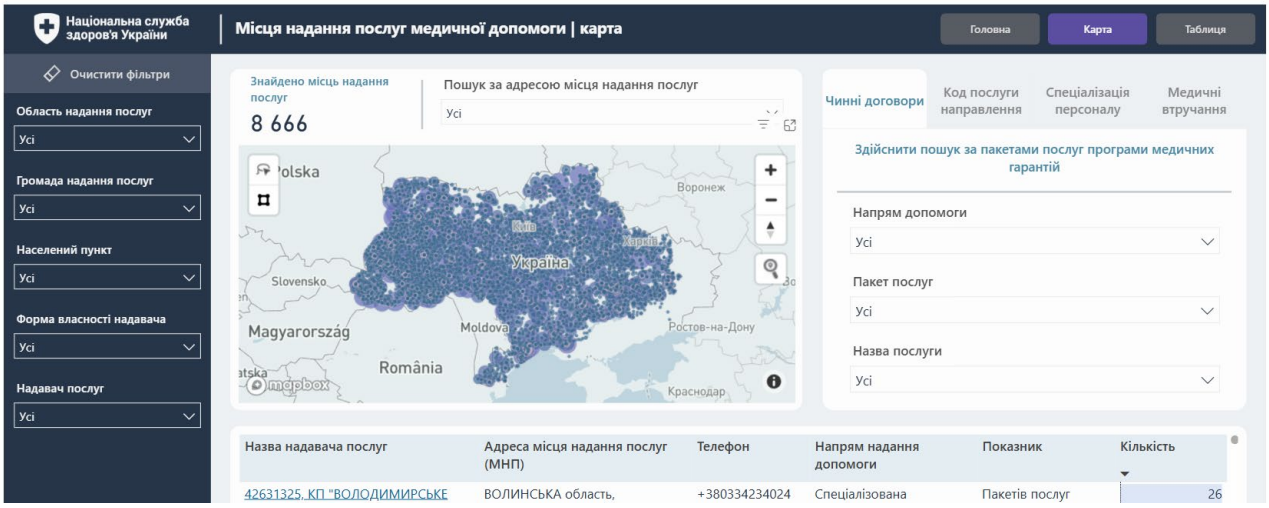
Step 2. To file a formal complaint with the National Health Service via:

- Contact Centre at 16-77.
- Email to: info@nszu.gov.ua.
- By post to the address: 19 Stepan Bandera Avenue, Kyiv, 04073.

For each detected fact of patient payment for a service, the hospital returns 0.1% of the contract amount for the relevant programme to the National Health Service. So, because of misconduct, the healthcare institution will lose funding for the Medical Guarantees Programme.

The National Healthcare Service of Ukraine dashboard gives an overview of the services provided under the Medical Guarantees Programme in different locations of Ukraine.[xxxii] It includes information such as the number of contracts signed with healthcare facilities, the scope of services delivered, financial expenditures, and the availability of certain types of care (e.g., primary, specialised, emergency, or rehabilitation). By providing open access to real-time statistics, the dashboard empowers citizens to better understand which services are guaranteed and where they can receive them. It also helps monitor how state healthcare funds are allocated and used, thereby strengthening accountability and ensuring that public resources are directed toward the actual needs of the population.

Електронна карта місць надання послуг за програмою медичних гарантій



Access to the healthcare system

Every citizen, regardless of income level, social status, place of registration, can receive the same number of medical services free of charge in any hospital in the country that has an agreement with the NHSU. These are the main principles of the Medical Guarantee Programme: universality and extraterritoriality.[xxxiii]

> **NB!** In Ukraine, access to healthcare depends on a person's **residency status**. Foreigners who hold **permanent residence permits** enjoy the same rights as Ukrainian citizens: they are fully covered by the state-funded Medical Guarantees Programme and can receive healthcare services free of charge in participating hospitals.
> In contrast, foreigners with **temporary residence permits** are not entitled to free healthcare under this programme. Instead, the cost of medical services for temporary residents is determined directly by the healthcare facility that provides the treatment.
> This means that while permanent residents are integrated into the public healthcare system on equal terms with citizens, temporary residents must rely on individual payments or private insurance to cover their medical expenses.

Medical services and medicines related to the provision of medical care to people with tuberculosis are provided to citizens of Ukraine, foreigners and stateless persons, regardless of the grounds for their stay in Ukraine and the availability of identity documents, in accordance with the procedure established by the central executive body responsible for the formation and implementation of state policy in the field of healthcare.[xxxiv]

The Family Doctor. As part of Ukraine's healthcare reform, family doctors have become the central entry point to the medical system, ensuring continuity of care and serving as gatekeepers to specialised services. Typically, family doctors are physicians trained as general practitioners or therapists, and under the reform, they are expected to provide care to a patient list of up to 2,000 individuals. The state finances its services by paying a fixed amount per patient per year, which guarantees stable funding for providers and predictable access for patients.

Unfortunately, the system appeared not to be overly effective and, according to the National Healthcare Service, more than 27% of patients have not visited their doctors in the last three years, which is an alarming signal for the healthcare system.[xxxv] To regulate this issue, in 2025, the Cabinet of Ministers introduced[xxxvi] an adjustment coefficient for the cost of the declaration and an individual coefficient for primary healthcare providers' visits.

The **adjustment coefficient** is determined as 0.8 for 2025. The adjustment coefficient for the cost of the declaration is applied to reduce the rate for the provision of medical care to one patient for a certain period, in case:

- When a medical institution has certain risks of cost increase in providing medical care (for example, serving a large number of patients with chronic diseases or those requiring expensive treatment).
- Healthcare facilities located in areas with a low level of income of the population, which means that the cost of medical services is lower.

The **individual coefficient** implies an actual decrease in the planned cost of services by the share of patients who have not sought services in the last three years, which aims to increase the efficiency of institutions in preventing diseases among patients.[xxxvii]

One of the key innovations is the **principle of exterritoriality**, which means that a person can freely choose their family doctor regardless of place of residence or registration, thereby promoting patient autonomy and competition among providers. Once a patient signs a declaration with a chosen doctor, they gain access to a package of free services, including appointments, referrals for laboratory and instrumental tests, prescriptions for certain essential medicines (such as those under the reimbursement program “Available Medicines”), and referrals to specialists when needed. This system aims to eliminate informal payments for primary care, ensure transparency in healthcare financing, and make basic medical services universally accessible to the population.

Step 1. A person feels sick. Having a declaration with a family doctor, a person can make an appointment:

- in-person, through registration in the hospital;
- by phone;
- online through mobile app.

The consultation with the doctor can be:

- in-person;
- online.

Step 2. The family doctor, upon the visit, depending on the issue, can:

- Appoint treatment – provide medical advice, prescribe medicines (including those covered by the reimbursement program “Available Medicines”), and monitor the course of treatment for both acute and chronic illnesses.
- Give sick leave – issue and manage electronic medical certificates for temporary incapacity (sick leave), which are automatically registered in the eHealth system and linked to the social insurance mechanism.
- Appoint analyses and examinations – refer patients to laboratory and instrumental diagnostics (such as blood and urine tests, ECG, X-ray, or ultrasound) included in the Programme of Medical Guarantees.

- Refer to specialists – when necessary, issue referrals to narrow-profile doctors (cardiologist, endocrinologist, surgeon, etc.) to ensure continuity of care.
- Provide preventive care – conduct check-ups, vaccinations, and health education to prevent diseases and promote healthy lifestyles.

NB! The family doctor provides an electronic referral, and the person can choose the laboratory or specialists to visit. The appointment can be done:

- In-person
- By phone
- Via mobile app

Step 3. Laboratory and instrumental diagnostics. If a person is appointed for analysis and examinations, some analysis can be done free of charge[xxxviii]. The majority of free-of-charge laboratory and instrumental diagnostics are provided in public hospitals. At the same time, the private laboratories such as Synevo[xxxix] also provide free laboratory diagnostics under the programme of state guarantees of medical care for the population.

Step 4. Referral to specialists. When a patient requires more specialised treatment, the family doctor issues a referral to a narrow-profile specialist, such as a cardiologist, endocrinologist, or surgeon. This referral mechanism ensures continuity of care, prevents unnecessary use of specialised services, and allows the National Health Service of Ukraine (NHSU) to finance the treatment within the Medical Guarantees Programme. Without such a referral (except in emergencies), patients may be required to cover the cost of specialised services themselves.

The specialists can:

- appoint additional laboratory and instrumental diagnostics if needed
- appoint treatment
- provide sick leave
- issue referrals for hospitalisation if, based on examination and test results, the patient requires inpatient treatment.

NB! In urgent or life-threatening cases, hospitalisation can also be arranged without referral, through:

- the emergency medical service (ambulance)
- self-referral.

Step 5. When in a hospital, inpatient care covers the treatment of patients who require observation and medical intervention in a hospital. This can be:

- conservative treatment without surgery;
- surgical interventions
  - planned;
  - urgent.

The healthcare system covers the full range of therapeutic and surgical inpatient hospitalisations, including:

- intensive care;
- rehabilitation services when indicated;
- necessary laboratory and instrumental examinations;
- timely pain relief and anaesthesia;
- inpatient meals.

Affordable Medicines Programme

Starting from 2017, the programme of medical guarantees for healthcare services for the population provides full or partial reimbursement of the cost of medicines for outpatient treatment of chronic patients. The programme reduces the financial burden on patients by providing medicines free of charge or with a small co-payment.[xl]

The List of medicinal products subject to reimbursement includes 544 medicinal products, including 63 insulin products and 9 items of combined medicinal products. At the same time, 205 drugs from the List are free of charge. The state compensates for the cost of the cheapest drug that has been approved to participate in the Affordable Medicines Programme. The availability of a drug in the program also depends on the manufacturer's decision to participate — they must apply to include their drug in the Register of Medicines Subject to Reimbursement. All drugs participating in the program are registered in Ukraine and have undergone the necessary examination procedures before their state registration. The Register contains both domestic and foreign-made drugs. Participation in the program by pharmaceutical manufacturers is voluntary. The manufacturer independently submits an application to the National Health Service of Ukraine for inclusion of its own drug in the Reimbursement Register.

The programme covers the following diseases:

- Cardiovascular diseases
- Type II diabetes (as well as diabetes insipidus and type I)
- Bronchial asthma
- Chronic diseases of the lower respiratory tract
- Mental and behavioural disorders, epilepsy
- Parkinson's disease
- Post-transplantation period, etc.

In order to get medicines via the Affordable Medicines Programme, it is necessary to apply to the family doctor and get an electronic receipt in the mobile app or via SMS. With the electronic receipt and the confirmation code, any pharmacy that participates in the programme can provide medicines free of charge or with a partial surcharge. The receipt is usually valid for 10-30 days. The programme automatically calculates the period of use of the medicines, and the family doctor can provide the following receipt as soon as the term of use of previously prescribed medicines is over.

Providing citizens suffering from rare (orphan) diseases with medicines and appropriate food products for special dietary consumption[xli]

State assistance to people with orphan diseases is vital, as medicines for such diagnoses are usually extremely expensive and not readily available on the market. For example:

1. In Ukraine, 1902 persons were diagnosed with Haemophilia. The cost of supportive treatment[xlii] for an average person (weight 65 kg) is about UAH 2,175,300.00 (USD 53,000).
2. Another example is spinal muscular atrophy (SMA). There is no register of people with SMA in Ukraine, but up to 15 babies are born annually with SMA. One of the newest medicines used in SMA treatment is the gene therapy Zolgensma; the cost of the injection is approximately USD 2.5 million.[xliii]

Such diseases often require medicines that are in limited production, which further increases their cost and makes purchasing them at their own expense completely unrealistic for most families. That is why the provision

of medicines at the expense of the state and local budgets is the only chance for most patients to receive the necessary treatment, save their lives and improve their quality of life.

On 1 April 2015, the Cabinet of Ministers adopted Decree №160, which defines the procedure for providing and the principle of uninterrupted and free provision of medicines to citizens with orphan diseases.[xliv] A significant drawback of the programme for providing citizens suffering from rare (orphan) diseases with medicines and food products was that the provision was carried out by healthcare facilities at the place of residence or treatment of such citizens. Due to the full-scale invasion, which resulted in the forced displacement of more than 7 million people, the issue of medicines has become particularly challenging. This is because the provision of orphan drugs and other essential medicines to patients is traditionally carried out at the place of residence or treatment, and displacement has made it difficult to record the needs, timely supply and accessibility of therapy for displaced persons.

Pilot project on dental prosthetics and dental treatment for defenders

The pilot project "Dental Prosthetics for Certain Categories of Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine" was launched in April 2024[xlv] at the initiative of the Ministry of Health and the National Health Service of Ukraine. Given the cost of dental services, this project significantly reduces the financial burden on certain categories of the population. In particular, dental prosthetics are provided free of charge to:

- combatants;
- persons with disabilities caused by war;
- military personnel, including foreigners and stateless persons performing military service under contract;
- persons deprived of their personal liberty as a result of war.

As part of the dental care project, the maximum cost of dental prosthetic services for 2025 cannot exceed UAH 34,966, and the maximum cost of dental treatment services cannot exceed UAH 24,952.[xlvi]

Please note: in addition to the dental prosthetics programme, the state also guarantees the provision of high-quality modern prostheses and other rehabilitation equipment.[xlvii] This programme applies to all civilians and military personnel without exception and provides not only for free prosthetics, but also for repair, replacement and maintenance services. This programme operates under the auspices of the Ministry of Social Policy, Family and Unity and is therefore not analysed in this legal bulletin.

Voluntary health insurance

Unlike other European countries, in Ukraine, healthcare insurance can be voluntarily accessed by people at their own expense[xlviii].

> **NB!** The expenditures on the purchase of healthcare insurance can be partially compensated through the social tax rebate. According to the Tax Code of Ukraine, a taxpayer can include in the tax deduction the amount of expenses for insurance payments paid by the taxpayer to a resident insurer.[xlix]

At the same time, there are certain categories of citizens for whom insurance is a mandatory step to stay in Ukraine. In particular, this applies to

- foreigners entering Ukraine on a visa;

- foreigners/stateless persons who have obtained a residence permit in Ukraine;
- as well as those who are legally obliged to have insurance, such as journalists.[l]

1. **Despite its many advantages, a voluntary health insurance policy also has some limitations.** Age restrictions: the insurance programme is not available to persons over 60 years of age.
2. The programme does not cover the treatment of chronic diseases.

In Ukraine, due to the existence of a compulsory health insurance system, voluntary health insurance functions are not necessary, as the state provides a basic level of healthcare coverage for all citizens. At the same time, public services are currently much broader in coverage, as they guarantee access to state healthcare programmes, electronic prescriptions, referrals, free treatment for certain categories of patients and preventive services. This helps to ensure social justice and minimise the risk that people will be left without the necessary medical care due to a lack of funds.

Summary:

The healthcare system in Ukraine is undergoing significant reforms aimed at improving accessibility, efficiency, and quality of care. The ongoing reform efforts are crucial for strengthening the resilience of the system, particularly in the context of the ongoing war and large-scale population displacement. These reforms focus on decentralisation, the introduction of digital health technologies, and expanding primary healthcare coverage.

Despite progress, access to healthcare remains uneven. Elderly populations and people with limited digital literacy face particular challenges, especially in navigating mobile applications for scheduling appointments or accessing e-health services. This digital gap creates barriers for vulnerable groups, limiting timely access to essential services.

Physical access to healthcare institutions remains another critical challenge, especially in rural and frontline areas. Patients often face long-distance travel to reach hospitals or specialised clinics, while local ambulance services are frequently understaffed and lack the necessary range of specialists. The situation is further aggravated by power outages and frequent air alerts, which can delay or interrupt scheduled appointments and treatments. However, the growing use of telemedicine offers a positive development, providing an alternative pathway to consultations and follow-up care, particularly for patients with mobility constraints or those living far from major healthcare centres.

Overall, a more adaptive, inclusive, and responsive healthcare system is essential for ensuring equitable access to care, particularly in a context marked by ongoing war, displacement, and socio-economic challenges.

Recommendations for Humanitarian Organisations:

1. Strengthen the adaptability of health programming to meet the evolving needs of displaced and vulnerable populations.
2. Avoid duplication of state-provided services while maintaining the capacity to cover costs outside the scope of the national health system, such as specialised treatments or medications.
3. Integrate psychosocial support and mental health services into healthcare interventions to address the war's psychological impact.

4. Consider the possibility of facilitating physical access barriers via programming aimed at supporting both individuals and institutions, e.g. by covering the transport cost to access healthcare institutions, or by the construction of ramps for persons with disabilities.

Recommendations for the Government of Ukraine:

1. Continue enhancing the flexibility and responsiveness of the healthcare system to meet the needs of IDPs and other vulnerable groups.
2. Expand and formalise psychosocial support programs within the national healthcare framework.
3. Make state support programs, particularly for patients with rare diseases, more adaptable to ensure equitable access for displaced persons and those outside standard service areas.
4. Increase the attractiveness of work in the healthcare sphere in rural and frontline areas to attract specialists to work there.

This Legal Alert was produced under the project funded by the European Union through its Civil Protection and Humanitarian Aid Operations.

[i] Link to the source: https://zakon.rada.gov.ua/laws/show/2801-12#n270
[ii] Link to the source: https://zakon.rada.gov.ua/laws/show/2168-19#Text
[iii] Link to the source: https://zakon.rada.gov.ua/laws/show/411-2018-%D0%BF
[iv] Link to the source: https://zakon.rada.gov.ua/laws/show/1101-2017-%D0%BF#Text
[v] Link to the source: https://zakon.rada.gov.ua/laws/show/1503-2024-%D0%BF#Text
[vi] Link to the source: https://zakon.rada.gov.ua/laws/show/z0347-18#Text
[vii] Link to the source: https://zakon.rada.gov.ua/laws/show/160-2015-%D0%BF#Text
[viii] Link to the source: https://zakon.rada.gov.ua/rada/show/854-2021-%D0%BF#n146
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