

Ukraine Rural Healthcare in Eastern Ukraine: A Needs Assessment Analysis of the Izyum District

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According to Article 49 of Ukraine's Constitution, "Everyone has the right to health protection, medical care and medical insurance. Health protection is ensured through state funding of the relevant socio-economic, medical and sanitary, health improvement and prophylactic programs."

Since Ukraine's independence, it has been difficult to meet this constitutional mandate, especially for the rural clinics, commonly known as ambulatories. Although many reforms have been initiated, Ukraine's rural healthcare still suffers from the effects of a deep economic depression, a lack of physicians and inadequate salaries, increased pharmaceutical costs, and excessive control from local village councils.

In the spring of 2007, the Izyum District won participation in USAID's Strategic Economic Development Program. This report is a Needs Assessment Analysis of 12 ambulatories in the Izyum District. At the request of the EU's organization, Technical Assistance to the Commonwealth of Independent States (TACIS), this report is to help achieve Objective B 3.1, "Providing of urban population by accessible and high-quality medical services to rural and urban". The analysis also examines a program in the village of Korobochkino to see if a similar program can be implemented in the Izyum District. The objectives of this analysis are: (1) Report initial statistics in patient visits to ambulatories; (2) Identify common and severe illness occurring in the sub-districts; (3) Identify problems that hinder effective rural healthcare; (4) Identify healthcare resources and needs; (5) Discover if the conditions of Izyum District's rural healthcare are similar to Korobochkino; and (6) Identify options for closing ambulatories and consolidating services, should TACIS and the local government consider this reform.

The analysis reports on a survey of the 12 ambulatories I conducted in April and May of 2009. I find that the average ambulatory in Izyum has a staff of 9 people. The average ambulatory has been experiencing a declining population, an increased number of patient visits, an increased number of closed cases, and increase number of cases sent to Izyum hospitals. Three of twelve ambulatories lack a doctor and three lack a dentist. Common illnesses seen are Ischemic Heart Disease and Hypertension, though more serious diseases like trauma, stroke, cancer, and heart attacks were also treated at many of the ambulatories. Many ambulatories lack sufficient financial support, modern equipment, ambulances, and adequate pharmaceutical stocks. Some also lack running water and gas heat.

I find that the conditions in the Izyum region seem similar to those in Krobochkino, and recommend that a similar program be undertake in Izyum. If government policy makers decide that ambulatories must be consolidated (with some clinic closing), I suggest the Aleksandricka and Dovgenke ambulatories be closed. This recommendation is based on a multi-criteria evaluation of the distance from Izyum, number of population served, dispersion of population, and impact of its closing. I would not, however, recommend closing ambulatories, but rather administer more funding and staffing programs, such as done in Krobochkino.