

Supporting access to essential health services and COVID-19 vaccination among IDPs during the war in Ukraine

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Introduction. Russia’s invasion of Ukraine resulted in a massive number (7 million people according to the International Organization for Migration) of internally displaced persons (IDPs). The health system, including primary health care, screening, and immunization programs, is strained by large numbers of IDPs. In addition, the invasion in Ukraine came at the peak of the wave of COVID-19 caused by the Omicron strain. The war significantly impeded COVID-19 pandemic control.

Intervention. To ensure access to essential health services for IDPs, vaccination, and COVID-19 testing, PATH, as the implementer of the USAID-funded Support Tuberculosis Control Efforts in Ukraine (STBCEU) project, created multidisciplinary mobile teams (MDTs).

Methodology: PATH responded to these war-related challenges by organizing field visits to IDP shelters and dormitories to provide COVID-19 testing, vaccination, and other health services. The project created and piloted the MDTs consisting of epidemiologists, primary health care providers, and infectious diseases doctors. MDTs implemented risk assessments, provided on-spot services, referred to health specialists as needed, distributed information on infectious disease prevention, implemented COVID-19-specific prevention measures, and conducted vaccinations.

Results. During the first year of the war, MDTs conducted 419 visits, including in Poltava (161), Lviv (64), Rivne (44), Dnipro (41), Odesa (32), Vinnytsia (25), Kirovohrad (21), Zakarpattya (17), Chernivtsi (10), and Ternopil (4) regions. A total of 36,209 people received health-related information and services, 18,223 persons (50.3%) received COVID-19 vaccinations.

Specific services provided during these visits:



- vaccinations against COVID-19, tetanus, diphtheria;
- medical examinations, including measuring blood pressure and sugar levels;
- referral for further medical assistance as needed;
- other patient-specific services.

Conclusions. The MDT approach significantly increased access of IDPs to medical services in conditions of limited medical care. Considering the long period expected for the restoration of services in liberated territories and continuously reduced access to essential services in the regions with a high proportion of IDPs, extending this approach to de-occupied territories (where many medical facilities have been destroyed) could help ensure continued access to essential services.

