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**Swiss Agency for Development
and Cooperation SDC**

International health cooperation and relief in terms of crisis: the example of Ukraine

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Prior to February 2022 Switzerland supported Ukraine in 4 domains:

- 1. Peace, Protection and Democratic Institutions,
- 2. Sustainable Cities,
- 3. SMEs and competitiveness
- 4. Health:

SWISS PORTFOLIO OUTCOMES:

Outcome 1: National and local institutions, including in conflict-affected areas, provide more equitable and sustainable access to qualitative and affordable primary healthcare services that are responsive to users' needs, with a focus on disease prevention and health promotion.

Outcome 2: Men and women of all ages in selected regions adopt healthier lifestyles and hold healthcare institutions accountable for delivering quality services.



Examples of SDC Projects in Ukraine (pre 24/2/22)

Mental health for Ukraine

- *This project supports the implementation of reforms in the mental healthcare sector by improving framework conditions, piloting integrated, community-based models of care and providing psychosocial support to communities affected by the ongoing conflict*

Sustaining health sector reform in Ukraine

- *The project will focus on strengthening health sector governance through supporting the development of the National Health Strategy 2030 and fostering increased citizen engagement.*

Non-Communicable Diseases Prevention and Health Promotion in Ukraine

- *The program aims at improving the health and wellbeing of the Ukrainian population through strengthening the governmental capacities to counteract and monitor Non-Communicable Diseases (NCDs), such as cardiovascular and respiratory disorders, cancer, and diabetes. The project also aims at strengthening the skills and capacities of family doctors and nurses to support the control, early detection, and prevention of these diseases.*

Governance reform in Ukraine

- 27 subdivisions with 24 Oblasts/regions (highly specialised care)
- In each Oblast 6-7 Raions/districts (hospital, deliveries, basic surgery)
- Below the Raions are Hromadas/municipalities (with primary health care and budgeting being developed at this level).
- Some services still centralised, where sensible eg Vaccination procurement

- With the invasion of 24th November the Ukrainian health care system did not collapse, despite severe local damages in areas affected by conflict
- Health care infrastructure destroyed on the front lines, health care personnel were redeployed towards the West, eg Lviv

Example of reprogramming:

Mobile medical teams

- NCD program was ongoing and was asked to check unspent budgets with a view to reprogramming for humanitarian response
- 400,000 CHF was found in the budget to set up mobile medical teams, teams were provided with equipment and personnel.
- Mobile medical teams used digital recording system to record consultations, this was then made into a database that was available to humanitarian organisations
- Data was useful to understand the needs and gaps in medication for the population, for example hypertension medication was a large demand, the reordering of medicines and supplies was informed by data, much less wastage compared to the «kit» type supply that humanitarians use in emergencies
- Medical team found that there were needs regarding the vulnerability of the population, for example, elderly, disabilities needs in social care and these services were then added according to the findings of the mobile teams and requests made to other humanitarian organisations to provide response.

Reprogramming example: Mental health

- Mental health programming partners funded by SDC were already working partly in conflict areas due to mental health needs of the population in the East since 2014
- Partners in program, including The Ukrainian MoH are supported by Hospital of Psychiatry Zürich
- Partners re-orientated services on a voluntary basis especially around Lviv, which was the main hub for IDP arrivals, settlement and forward transport to the rest of Europe in the first weeks of the invasion
- Lviv was receiving 65,000 IDPs per day
- SDC increased finance to partners working in mental health with additional funding.
- Change in mental health needs was noted, for example a large increase in mental health services for PTSD.
- Future needs are to develop community based support for sufferers of PTSD.

Humanitarian programming example: Rehabilitation for victims of trauma

- Needs identified for rehabilitation of victims of trauma caused by war and accidents
- Units were set up with basic trauma rehabilitation equipment and training of teams was started
- Training programs on trauma rehabilitation was integrated into medical student teaching programs
- Other donors observed the program and have expanded into other Oblasts/regions
- Additional equipment (eg wheelchairs, prosthetics) will be required
- Program needs to add additional elements, example mental health services for people disabled by traumatic injuries.
- Program needs to be extended to providing services at community level



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Thanks for your attention