



**MMS Bulletin #165**

*Die Welt in der Krise - Klimawandel, Pandemie und Krieg*

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***International health cooperation and relief in terms of crisis***  
**Switzerland's health support to Ukraine in  
view of the Russian invasion**

Von Stuart Vallis

*To what extent have health needs changed as a result of the Russian invasion of Ukraine and how has Switzerland's health support responded to this change? Prior to February 2022*

*Switzerland supported Ukraine in 4 domains: 1. Peace, Protection and Democratic Institutions, 2. Sustainable Cities, 3. Small and Medium Enterprises (SMEs) and competitiveness and 4. Health.*

*After the 24th of February following the Russian invasion, programs were re-orientated and humanitarian aid was expanded. Humanitarian work is aligned with the thematic priorities of the cooperation program and projects are designed to complement each other to facilitate effective joint outcomes. Throughout 2021 and 2022 the Swiss Agency for Development and Cooperation (SDC) and its Humanitarian Aid Unit have been undergoing a reorganization in order to bring humanitarian and development aid closer together. This combined “nexus” approach was used for SDC’s response to health in Ukraine. Using health as an example, programs combining humanitarian and development aid will be outlined.*

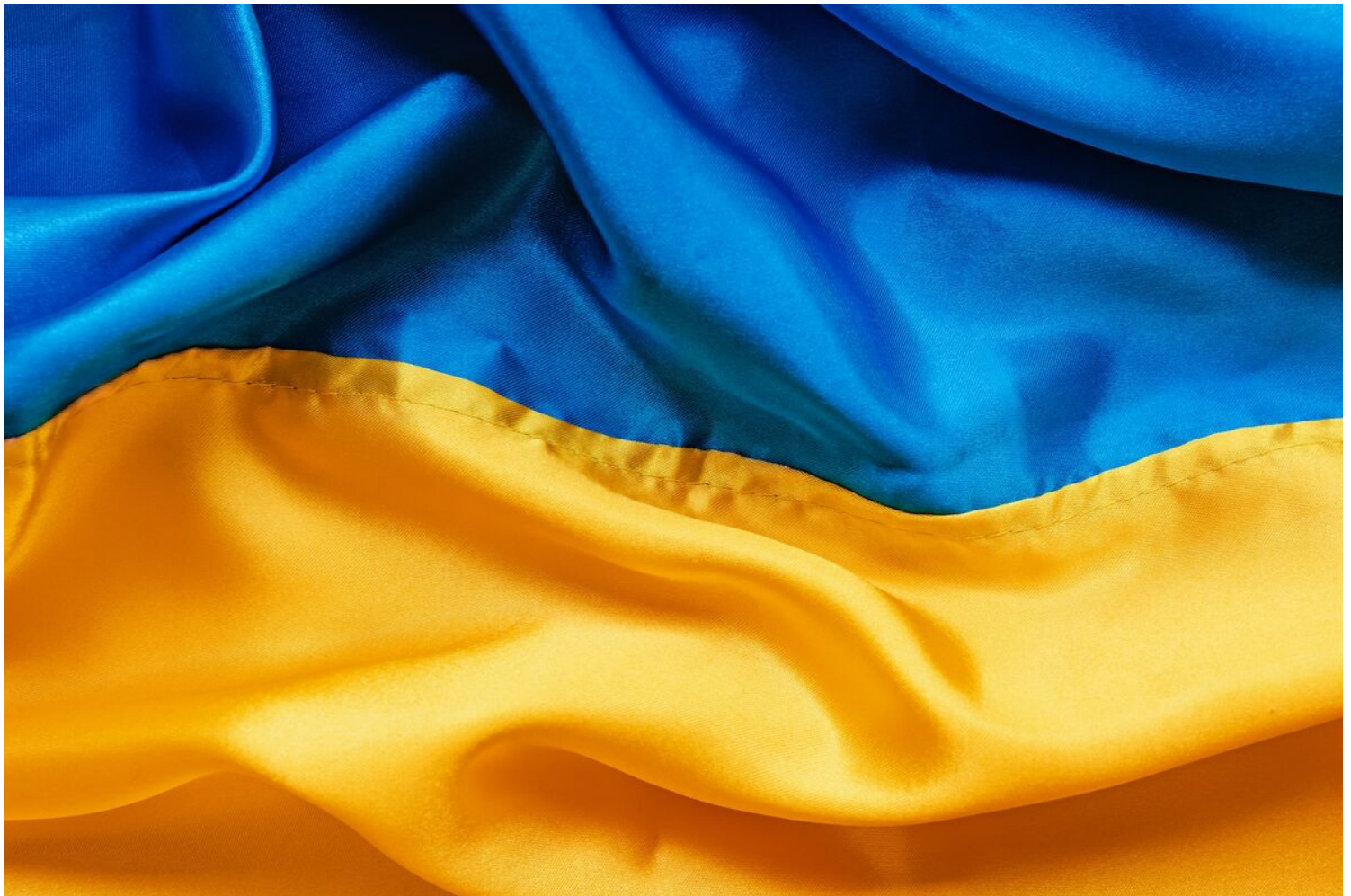


Foto von Diana Vyshniakova auf Unsplash

## ***SDC's health programming in Ukraine***

In the period 2020 until 2023 Switzerland defined the main objective of its support for health in Ukraine as: The Ukrainian Population, including people affected by the conflict, enjoys better health. The following two outcomes should be achieved:

- 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.

## ***Governance reform, digital innovation and its effect on services including health***

Public services, including health, are dependent on good governance and sufficient finance. For this reason, since 2014 Switzerland is supporting Ukraine's decentralization reforms. Ukraine's commitment to better governance and service provision facilitated the participatory elaboration of over 35 legal acts, which constitute the "decentralization reform package". Since

2015 several rounds of municipal amalgamation have led to the creation of 1469 merged territorial communities. Thanks to financial decentralization average local revenues tripled over three years and the share of local budgets in the consolidated state budget increased by 20% in four years. Significant progress was made, with the support of Switzerland, in introducing e-governance, e-democracy and open data. Since 2015, 620,000 citizens have influenced local decision-making via e-petitions and participatory budgeting platforms; 347,000 have taken advantage of efficient e-services. Women's effective participation in public life was promoted through the establishment of a network of local female leaders.

Health provision in Ukraine is divided according to needs and local decision making. Participatory and transparent budgeting is part of the system at all levels. Ukraine has 27 subdivisions, and of these 24 are Oblasts (regions). At the Oblast level highly specialized health-care is available. In each Oblast there are 6-7 Rayons/districts and at this level there is a hospital providing services such as deliveries and basic surgery. Subdivisions of the Rayons are communities/hromadas, at this level primary health care is provided. However, for some services a national system makes more sense, an example would be vaccination procurement and awareness raising campaigns.

## ***SDC supported health programs for Ukraine prior to February 2022***

Two SDC supported health programs implemented in the period before the invasion of February 2022 are given as examples below.

- **Mental Health:** This project supports the implementation of reforms in the mental health area by improving regulatory framework conditions, piloting integrated, community-based models of care and providing psychosocial support to communities affected by the ongoing conflict.
- **Non-Communicable Diseases Prevention and Health Promotion:** 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.



*The village of Novoselivka, near Chernihiv. Photo: Oleksandr Ratushniak / UNDP Ukraine/flickr.com; CC BY-ND 2.0*

## ***The Russian invasion of 24th February 2022***

It is important to note, that in the aftermath of the invasion the Ukrainian health care system was resilient and did not collapse, despite severe local damages in affected areas. When health care infrastructure was destroyed, health care personnel were partly redeployed towards the West of Ukraine. It was important then, that the humanitarian response should support the health service in Ukraine and not attempt to set up inefficient “parallel” structures to existing functioning services.

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## ***Three examples of Switzerland’s humanitarian health response and the adaptation of Swiss Health Programs after the Invasion of February 2022***

### ***Mental Health for Ukraine***

Mental health programs implemented by partners funded by SDC were already in place nationwide since 2014, including in the conflict affected areas in the East of the Country. Ministry of Health of Ukraine supported by the consortium of implementing partners including GFA Consulting [1] and the Hospital of Psychiatry Zürich, with a strong local Project Implementation Office, which has been functioning continuously, without interruption, since the conflict intensification. After February 2022 large numbers of internally displaced people (IDPs), and also IDPs with disabilities (IDPDs), began arriving in Lviv, which was receiving up to 65,000 IDPs per day. Partners reorientated services on their own initiative to address the needs of the IDPs, then following SDC's additional request, adapted activities in order to scale up project coverage. SDC increased financial support to partners working in mental health for IDPs and IDPDs with additional funding. The changes in mental health needs were noted, for example an increase in post-traumatic stress disorder (PTSD), stress, anxiety and depression treatments and adaptations were made to the program focus and thematic priorities. Future mental health needs are being carefully assessed, identifying an importance for developing community based mental health services for the war affected population. The Swiss supported Mental Health for Ukraine project, which activities were initially planned, having in mind the ongoing since 2014 war with Russia, was perfectly placed to support local authorities in coordinating, organizing and providing mental health and psychosocial support for vulnerable populations. The overall approach for the community based mental health service provision, has proved to be very effective in the current humanitarian crisis and for long term care provision.

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## ***Non-Communicable Diseases Prevention and Health Promotion in Ukraine (Act for Health)***

The "Act for Health" project was ongoing and the project team was asked to assess the possibility for reprogramming some of the available project funds for humanitarian response. When this was done 400,000 CHF were reallocated from the budget to set up Medical Mobile Teams. This mobile medical service was provided with essential equipment, transport and personnel. Mobile medical teams have used a, rapidly developed by the project leader Dr Juma Khudonazarov, digital monitoring tool to record consultations and collect statistical data, the data anonymized and compiled into a database, that was analyzed and conclusions were made available to humanitarian organizations.

The data were useful to understand the disease profiles and gaps in treatment and medication needs for the population, for example hypertension medication was a large demand. This is fundamentally important for the efficient and cost-effective reordering of supplies. With this approach there was less wastage compared to the «kit» type supply model, which humanitarian organizations often use in emergencies. During the response the medical team detected additional needs regarding the vulnerability of the population, for example elderly people and persons with disabilities required extra social “home care” support. These services were then added according to the findings and implemented in an Integrated Medical and Social Mobile Teams model. Experience and lessons learned from the mobile teams function,

and the use of the digital online monitoring tool, were shared with other humanitarian and development partners inviting them to use an effective model of service provision, and to step in and provide specific care, where necessary.

### ***A new program for the War Trauma Rehabilitation***

Every day of war increases number of injured and traumatized civilians and military personnel. These are physical and mental traumas, often accompanied by chronic health conditions, which makes the rehabilitation process even more complicated. Specific needs were identified for rehabilitation support to victims of trauma caused by the war and from accidents. Rehabilitation units were set up to providing essential trauma rehabilitation equipment and trainings of multi-disciplinary teams was started. Additional trainings on trauma rehabilitation were integrated into medical student teaching programs in order to strengthen rehabilitation education in Ukraine.

The need for qualified rehabilitation personnel is rapidly growing and hospitals experience a shortage in their workforce. Other donors were able to monitor the trauma and have provided funding to allow the expansion of project activities into other Oblasts/regions. Until now the trauma treatment and the overall rehabilitation provision was on a basic level, and it was reported, that in order to organise comprehensive rehabilitation process additional elements have to be incorporated, like for example wheelchair production and the provision of prosthetics. There has also been a request to add additional elements to the program, such as mental health support for people impacted by traumatic injuries. Finally, the program will need to be extended and rather transformed from humanitarian intervention into development one, in order to be able to provide the whole rehabilitation cycle including provision of services at community level.

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### ***The SDC's "triple Nexus" reorganization***

A note on Switzerland's SDC reorganization: Since two years SDC has been preparing a reorganization. On 1<sup>st</sup> September 2022 this took place, according to the "fit4purpose" plan. Outside SDC "fit4purpose" is better known as "triple nexus", bringing peace, development

and humanitarian responses to work together in a more coordinated way. When the invasion started in February 2022 many of these working practices, bringing SDC's development and humanitarian departments together, were already in place.

For example at this time one staff member was already working both for Section Health in the development department and in the Humanitarian Aid WASH section of SDC. This was being replicated in other departments, specifically in Protection and in DRR (Disaster Risk Reduction) /Environment. Another adaptation was the amalgamation of the geographic sections into one "nexus desk", with one program officer being responsible for one geographic region and including both humanitarian and development programming. In national offices, the staff have already been working on a portfolio of humanitarian and development projects.

The Nexus approach allows SDC's National Program Officers and headquarter staff to be adaptive to the context and to implement programs with a blend of humanitarian and development responses and programs, to best address the needs of the affected populations. This is very well demonstrated in the examples of SDC's health response in Ukraine where all interventions today are implemented on the boundary of humanitarian and development approaches.

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I. GFA Consulting Group is one of the leading European consulting firms active in the development cooperation sector (GFA is short for Gesellschaft für Agrarprojekte in Übersee).



**Dr. Stuart Vallis** has worked for the Swiss Agency for Development and Cooperation (SDC) since 2020 in Bern. He is employed 50% for SDC Humanitarian Operations as a thematic advisor in sanitation and hygiene and 50% for SDC Section Health as a Health Program Officer. From 2010-2020 he worked as part of SDC's expert group in field missions in all 3 types of SDC humanitarian deployment, SET (emergency team), direct actions and secondment to UN organisations (UNHCR, UNICEF and IOM), mostly working in field projects in South Sudan, Iraq, Ethiopia, DRC and Chad. Stuart was deployed to DRC and Liberia during the Ebola outbreaks, working on IPC and reopening essential health services. From 2000-2010 Stuart worked in field projects for MSF and other humanitarian organisations as technical support for rural hospitals with WASH services and renewable energy supply in Darfur, Northern Sri Lanka, Angola, DRC and the Brazilian Amazon.



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