Economic support of a national health system during martial law: experience of Ukraine and key areas of concern

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Introduction

The health system of Ukraine has been undergoing complex reforms since 1991, gradually moving away from Soviet managerial practices and adapting to the realities of market economy. The latest challenge to the national healthcare has emerged with dramatic escalation of the Russo-Ukrainian war in 2022, putting preparedness of the national healthcare to the test.

This development created unprecedented adverse conditions for healthcare of Ukraine, particularly due to ongoing attacks on medical infrastructure and human resources. In such conditions, stable economic support of the health system is critical.

In this context, it is important to identify vital but under-researched directions of economic support of the health system.

Goal and Methodology

The **goal** of the research was to identify gaps between practical approaches to priority directions of economic support of health system development, on one hand, and coverage of these directions in the existing body of scientific literature.

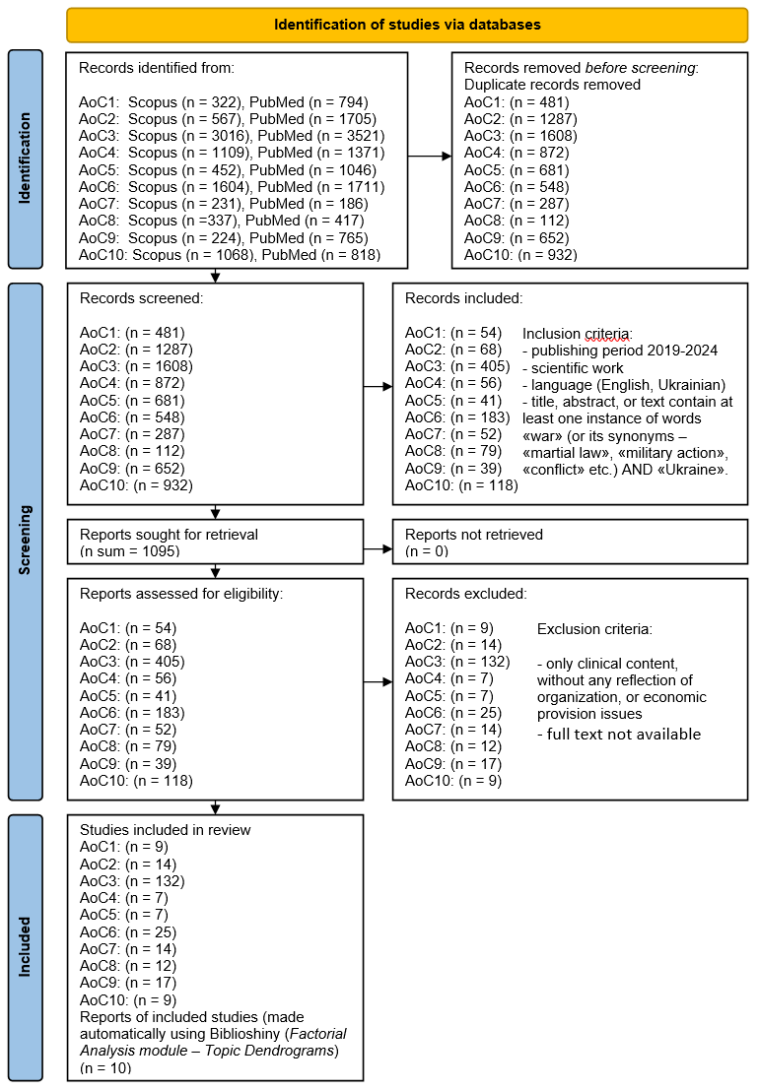
Methodology. The analysis centered on papers released by international and Ukrainian organizations, and systematization of the 10 identified priority areas of concern (AoC) related to economic support of the health system in context of martial law.

Also, for each AoC, scientific articles were sought through Scopus and PubMed databases, and the articles retrieved were analyzed to determine their specific relevance in context of the identified AoCs. Based on that analysis, topical clusters were formed.

Sources of information and the AoCs

Priority areas of concern (AoCs) for healthcare development in Ukraine under martial law / Papers or other releases published by international or government organizations	Health needs assessment of the adult population in Ukraine	WHO 2024 Emergency Appeal: Ukraine	Health financing in Ukraine: reform, resilience and recovery	Priorities for health system recovery in Ukraine	Public Health situation analysis	Accessing healthcare in rural areas during the war in Ukraine	Results of initial health labour market analysis in healthcare
Emergency and trauma healthcare (AoC 1)	+				+		
Primary care (AoC 2)	+	+	+	+	+	+	
Mental health (AoC 3)				+			
Infectious disease detection and outbreak prevention (AoC 4)		+					
Access to medicines (AoC 5)	+	+			+		
Human capital (AoC 6)			+	+	+	+	+
Medical logistics and equipment (AoC 7)		+			+		
Volunteer, community, and stakeholder engagement (AoC 8)		+			+	+	
Digitalization of healthcare (AoC 9)					+		
Health system preparedness and resilience (AoC 10)		+	+	+	+	+	

Search strategy (PRISMA 2020)

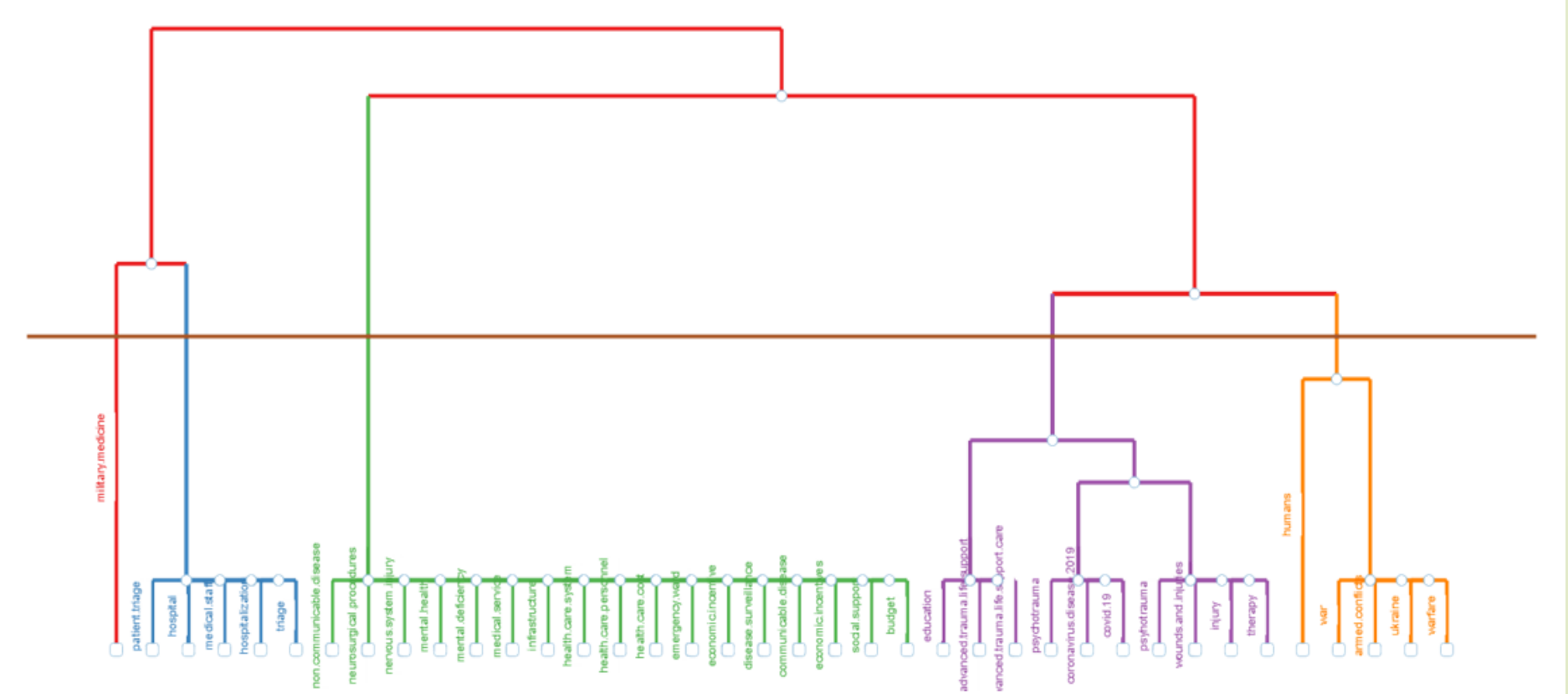


Articles were sought in Scopus and PubMed databases, by relevant keywords for each AoC.

Articles containing only clinical content, without any mention of organizational or economic aspects of healthcare, as well as articles the full text of which was unavailable, were excluded.

Resulting number of articles for each AoC is specified on the figure to the left.

Example of a topical dendrogram with topical clusters (AoC 1)



Conclusions

According to the results of thematic cluster analysis, only in the arrays pertaining to AoCs 1 (“Emergency and trauma healthcare”), 2 (“Primary care”), 5 (“Access to medicines”), 8 (“Volunteer, community, and stakeholder engagement”), and 10 (“Health system preparedness and resilience”), the subtopics of economic support were covered in some measure. For the remainder of AoCs, such thematic clusters were not identified.

Consequently, the AoCs 3 (“Mental health”), 4 (“Infectious disease detection and outbreak prevention”), 6 (“Human capital”), 7 (“Medical logistics and equipment”), and 9 (“Digitalization of healthcare”) represent essential gaps in research of economic support for healthcare during martial law, and should be the focus of future studies in the field.

Thank you for your attention!