

# **OPERATION OF PHARMACIES IN THE REGIONS: AVAILABILITY, RANGE OF SERVICES AND FEATURES OF MOBILE PHARMACIES**



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The study was conducted within the framework of the Foundation's activities as an implementing partner of the **UN Refugee Agency in Ukraine**, which aims to support internally displaced persons, affected populations and other vulnerable categories of citizens. The views presented in this study belong to its authors and do not necessarily reflect the official policy of the **UN Refugee Agency in Ukraine**.

The analytical report examines the **problems of the functioning of pharmacy points**, in particular mobile pharmacy points, in remote communities of Chernihiv, Sumy, Kyiv, Chernivtsi and Lviv regions. The main task was to identify the main challenges and barriers that affect the accessibility and effectiveness of pharmaceutical services in these regions. The document contains conclusions and recommendations to national regional and local authorities, international and Ukrainian humanitarian organizations, as well as donors on **ways to improve access to pharmacy services**.

**The Rokada Charitable Foundation** is an implementing partner of the **UN Refugee Agency in Ukraine** and has been operating for over **20 years**. By February 2022, the Foundation's team consisted of twenty people who helped refugees from over forty countries to settle down in Ukraine: Afghanistan, Sudan, Syria, etc.

On February 24, 2022, everything changed: for Ukrainians, for refugees, for "Rokada". Since the beginning of the full-scale invasion, relying on 20 years of experience and support from international organizations, our Foundation has deployed a network of regional offices in 14 regions of the country. Today, hundreds of specialists help the affected population, internally displaced persons, and asylum seekers every day.



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This research examines the problems of pharmacies, particularly mobile pharmacies, in remote communities in Chernihiv, Sumy, Kyiv, Chernivtsi, and Lviv regions.

The **main objective** of the research is to identify the challenges and barriers affecting the accessibility and efficiency of pharmaceutical services in these regions.

The research analyzes the following **aspects**:

- territorial features of pharmacy locations and their compliance with the needs of the population;
- organizational and logistical challenges associated with the operation of mobile pharmacy units, including the supply of medicines and staffing;
- financial aspects of the operation of pharmacy units, including financing and economic feasibility;
- regulatory and normative barriers that affect the operation of pharmacy units;
- the needs of the population in pharmaceutical services and the degree to which they are met by available resources.

The research provides **recommendations** for improving the functioning of both stationary and mobile pharmacy outlets, including:

- increasing the accessibility of pharmaceutical services in remote and rural areas;
- optimizing logistics processes and ensuring reliable supply of medicines;
- increasing financial support and ensuring stable funding;
- improving the regulatory framework to simplify the operation of pharmacies.

The research emphasizes the importance of an integrated approach to the organization of pharmacy services aimed at meeting the needs of the population in remote communities.

This research aims to investigate the problem of access to medicines for people living in sparsely populated and remote areas, the consequences of the lack of pharmacies in these areas, and possible ways to solve this problem.

According to data published by the Ministry of Health of Ukraine on August 14, 2023, only 11% of Ukrainian villages currently have pharmacies. In total, there are 5,700 pharmacies operating in villages and towns. Meanwhile, there are still more than 20,000 villages and towns that do not have pharmacies. Such conditions significantly complicate the access of the population to medicines.<sup>1</sup> Consequently, the “Rokada” Charitable Foundation decided to conduct research on access to pharmacy services in rural and remote areas, where, unlike in cities, the local population is often forced to travel long distances to obtain the necessary medicines. In addition to the territorial factor, there are other aspects of living in these areas, including the demographic situation (a large proportion of elderly people) and economic circumstances (lower income), which affect the ability of the population to take care of their health in an appropriate manner.

Inadequate access to medicines has the greatest impact on the lives of such categories of the population as the elderly, people with disabilities, large families, people with limited mobility, pregnant women and children.<sup>2</sup>

Ukraine has been trying to partially solve this problem since 1998, when the Cabinet of Ministers of Ukraine adopted Resolution No. 1303 of August 17, 1998 “On the regulation of free and reduced-price supply of medicines on prescription in the case of outpatient treatment of certain groups of the population and for certain categories of diseases” (last amended by the Cabinet of Ministers of Ukraine No. 438 of April 28, 2023).<sup>3</sup>

According to the annex to this resolution, groups of people with the need of additional assistance were identified. However, despite all the state's efforts, access to medicines remains a problem.

Lack of access to medicines can lead to exacerbation of chronic diseases, increased incidence of complications from diseases that could be prevented or effectively treated in the early stages, as well as increased mortality.<sup>4</sup>

The armed conflict that has been ongoing in Ukraine since 2014, and since 2022 has escalated into a full-scale invasion, is undoubtedly a powerful factor affecting the health of Ukrainians.

According to Health Minister Viktor Lyashko, people who suffer from strokes in Ukraine are now 10-15 years younger than before the 2022 escalation of the armed conflict, which is an alarming signal for the health care system.<sup>5</sup>

And even before the full-scale invasion, according to the Ministry of Finance of Ukraine, mortality levels, in particular caused by strokes, significantly increased between 2015 and 2021. During this period, mortality increased by almost 7.9%: from 278,714 to 300,724 people.<sup>6</sup>

According to the Ministry of Health, in 2023, 87,114 patients were diagnosed with acute cerebral stroke. Overall, the number of strokes in Ukraine increased by 16%.<sup>7</sup>

In such circumstances, one of the ways to ensure access to medicines could be mobile pharmacies, which can operate in rural areas where there are no stationary pharmacies, thereby meeting the needs of the population for medicines and ancillary services usually provided in pharmacies (such as blood pressure, blood oxygen levels, etc.).

Such an initiative was launched in Ukraine in 2024, and the “Rokada” Charitable Foundation decided to include a review of mobile pharmacy units (MPUs) in the list of issues addressed by this research. Also, we additionally examined public awareness about the “Affordable Medicines” program, the NHSU program, barriers that impede people's access to medicines (including physical barriers and accessibility for patients with reduced mobility), and other factors that affect the ability of people to receive medicines in remote and rural areas. Thanks to the developed network of regional offices of the CF “Rokada” and the ability to organize data collection in a short time, we can state that this research is unique in terms of the amount of information collected. This information can be useful for identifying needs and implementing health care initiatives both by government agencies (at the level of the Ministry of Health, regional military administrations, local governments) and international humanitarian organizations and donor agencies seeking to improve the health of the population.

The **purpose** of the research is to examine the peculiarities of the population's access to medicines, with a special focus on the population living in remote or rural areas in Chernihiv, Sumy, Kyiv, Chernivtsi, and Lviv regions.

Accordingly, the **objectives** of the research include:

- to determine the impact of the lack of stationary pharmacies on the health and quality of life of people in rural and remote areas in these regions;
- identify effective strategies and innovative approaches that can improve access to medicines in remote areas and in frontline regions and in some of these areas where infrastructure has been destroyed or damaged by hostilities.

The research was conducted in five regions where the CF “Rokada” has its branches: two regions where mobile pharmacies operate – Chernihiv and Kyiv, and three regions where these services are not provided – Sumy, Chernivtsi, and Lviv.

In a more detailed form, the following research objectives can be **identified**:

- assessment of accessibility of pharmacy services (geographical remoteness, availability of transportation to visit pharmacies);
- the impact of the absence/availability of pharmacies on health and quality of life in remote areas, as well as the impact on vulnerable populations such as the elderly, people with disabilities, large families, and people with limited mobility;
- analysis of financial factors of the share of income that people spend on medicines; how financial expenditures on medicines affect the economic situation of households;
- public awareness of the activities of mobile pharmacies and the “Affordable Medicines” program;
- frequency of visits to pharmacies and the main difficulties faced by residents of rural and remote areas in obtaining pharmacy services.

## **Research methodology**

The following data collection **methods** were used for the research:

### **1. Analysis of secondary data:**

Sources: Statistical data from the Ministry of Health of Ukraine, regional state (currently military) administrations, the National Health Service of Ukraine, the State Service of Ukraine on Medicines and Drug Control, official responses from the Ministry of Health, the NHSU, and other structures that provided responses on requests from the CF “Rokada”, reports and studies published by international and national NGOs.

### **2. Survey:**

#### **2.1. Target group:**

Residents of rural and remote areas, especially representatives of the most vulnerable categories of the population (elderly people, people with disabilities, large families, people with limited mobility).

#### **Number of respondents:**

562 people were interviewed in five regions: Chernihiv, Sumy, Kyiv, Chernivtsi, and Lviv regions between June 18 and August 13, 2024.

**Instrument:** A questionnaire with structured questions covering the following aspects:

- access to medicines;
- need for medications that need to be taken on a regular basis;
- share of monthly income spent on medications;
- cases of health deterioration or mortality due to lack of access to necessary medicines;
- public awareness of the “Affordable Medicines” program;
- the distance to the nearest pharmacies that needs to be covered;
- frequency of need to visit a pharmacy;
- awareness about the functioning of mobile pharmacies (Mobile Pharmacy Units);
- level of satisfaction with the current state of affairs, and other issues that reveal the problem of lack of pharmacies.

#### **2.2. Target group:** Key informants.

An additional expert survey on the availability of pharmacy services was conducted on September 12-25, 2024. It involved **67 respondents** in 23 communities in Chernihiv, Sumy, Kyiv, Chernivtsi, and Lviv regions. Experts from Zhytomyr and Rivne regions, where mobile pharmacies have recently started operating, were also involved. 17 communities have stationary pharmacies, 4 communities do not have them, and 2 communities have pharmacies only in some settlements.

To analyze the data, we used statistical analysis of the survey results and secondary data. The main goal was to identify patterns, determine the scale of the problem, and assess the impact of the lack of pharmacies on public health.

Five branches of the CF “Rokada” were selected for the field survey: in two regions where mobile pharmacy units operate (Chernihiv and Kyiv regions), and three where this service has not yet been launched (Sumy, Chernivtsi, and Lviv regions). In each region, the survey was conducted in cities, villages, and towns. The list of settlements also includes remote settlements with limited access to medical services.

# Results of the monitoring research of the Rokada charitable foundation

## *Analysis of secondary data. Trends in the development of the pharmaceutical market*

In the past, the problems of pharmacies in Ukraine have already been the subject of certain studies. One of such studies was conducted as part of the analysis of the pharmacy market consolidation, which used **Axioma** data and data from **Proxima Research**.<sup>8</sup>

According to this research, as of 2018, there were about 20,600 outlets in the pharmacy segment in Ukraine.

According to its results, the density of pharmacies in Ukraine was **53 pharmacies per 100,000 people**, which is higher than in some European countries, such as Poland (39 pharmacies per 100,000 people) and Germany (24 pharmacies per 100,000 people). This indicated a high level of competition in the Ukrainian market. The leading regions of Ukraine in terms of the number of outlets were Dnipropetrovska, Odesa, Kharkiv, and Lviv regions.

The number of regional pharmacy chains covering more than 5 regions were gradually increasing. However, most pharmacy chains remain local (operating in one region). As of the end of November 2020, there were **4,100 local** and **1,500 regional** networks in Ukraine. There were 8 national pharmacy chains involving 15 regions, and 29 multiregional chains (covering more than 2 regions).

Pharmacies are mostly concentrated in urban areas, where the demand for pharmaceutical services is higher. Rural regions have a much lower density of pharmacies, which creates uneven access to medicines and services for the population in remote areas.

One of the important factors affecting the cooperation of the pharmacy market is regulatory changes. For example, in Poland, the introduction of an amendment to the Pharmacy for Pharmacist Act resulted in restrictions on opening new pharmacies within a certain distance from existing pharmacies, strengthening control over the quality of pharmaceutical services and providing better access to medicines in remote and rural areas. Similar regulatory measures may also affect the Ukrainian market, stimulating its consolidation.<sup>9</sup>

Due to Russia's full-scale invasion of Ukraine, the pharmacy market suffered significant losses. In March 2022, the number of retail outlets decreased by more than **20%**, to **16,500 units**, whereas before the escalation of the armed conflict, there were about **21,000** such units. The pharmacy segment has suffered the most in the regions where hostilities are taking place or have taken place, especially in the east, south, and north of Ukraine. Despite the continuation of hostilities, the pharmacy sector has begun to gradually recover, and as of November 30, 2023, the number of pharmacies reached **17,800**, which is **85%** of the pre-war level. At the same time, the situation in the combat zones and the temporarily occupied territories remains difficult (data from the Axioma syndicated database and Proxima Research).<sup>10</sup>

In many Ukrainian cities, the density of pharmacies and pharmacy outlets is quite high. In such areas, competition between pharmacies is substantial, which should lead to lower margins. However, this density makes it difficult for small pharmacy chains and pharmacies owned by private entrepreneurs to operate. In some cases, they choose the strategy of uniting into associations or becoming targets of acquisition by large pharmaceutical chains.

"APTEKA-MAGNOLIA", "PODROZHOZHNY"K, "9-1-1", "Sirius-95", and "Pharmastor" were the largest pharmacy chains in terms of sales in 2023. Their total turnover amounted to **58%** of the market.

The research, presented in the "Lviv Polytechnic National University Bulletin" scientific journal, highlights the organizational and economic problems of pharmacies, as well as the quality of pharmaceutical services provided to the population.<sup>11</sup>

Although the data analyzed in the research relates to the period of time before the full-scale invasion, the authors O. Shandrivska and A. Tsvetkovska identified several key aspects of competition in the



pharmaceutical market that remain relevant to this day. In particular, among the main **trends** they noted the following:

- competition between manufacturers, when domestic pharmaceutical companies face strong competition from foreign companies and global leaders in the pharmaceutical industry that may potentially enter the Ukrainian market. In addition, the development of related industries, such as biotechnology and food industry, development strategies of which include the potential entry into the pharmaceutical market. This creates additional pressure on pharmaceutical manufacturers;
- competition from substitute products on the market, including dietary supplements and generic drugs, forces companies to constantly innovate;
- competition in the logistics supply chain of pharmaceutical products, as well as in the distribution channels (doctors, wholesalers, pharmacists);
- wholesale and retail trade, where there is competition between pharmacy chains owned by wholesale warehouses and local pharmacy chains united in wholesale organizations, which expands and complicates competition in the market;
- pressure from consumers, where with the development of electronic healthcare systems such as Helsi, consumers have become more aware of the characteristics of pharmaceuticals and have access to a wide range of consulting services. This changes the market dynamics as consumers can make more informed choices;
- further unification of the pharmaceutical market will lead to the exit of weak counterparties due to their low solvency and limited access to resources.

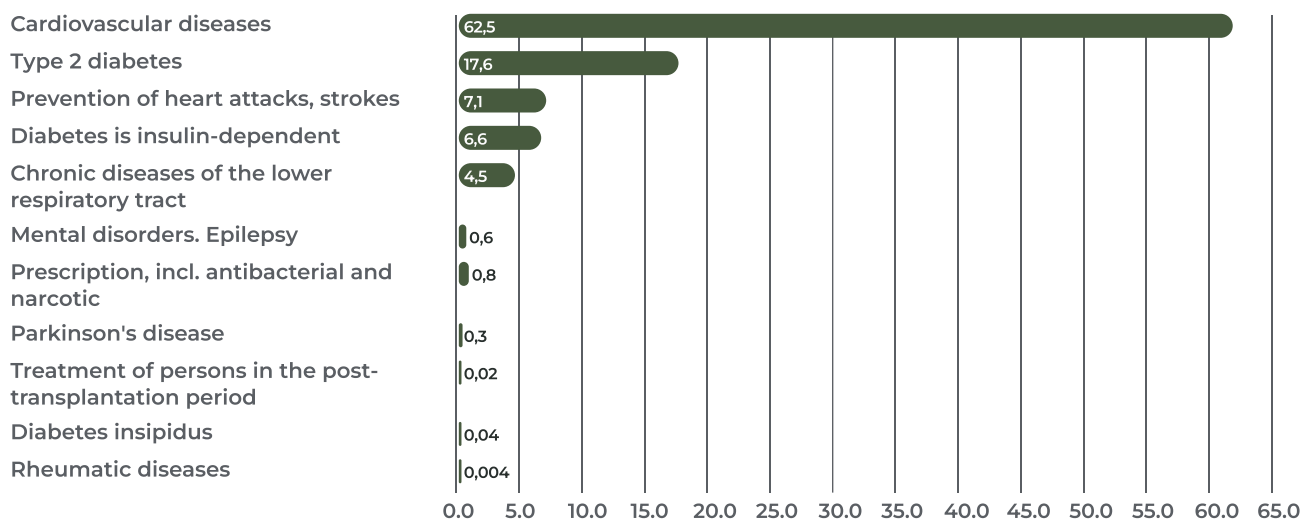
### Repayment of electronic prescriptions by disease groups

The armed conflict in Ukraine has led to the worsening of the morbidity situation among the population due to limited access to medical care and medicines.<sup>12</sup>

The **“Affordable Medicines”** reimbursement program plays an important role in providing the population with the necessary medicines to treat chronic diseases. Constant stress and anxiety due to the hostilities, uncertainty about the future, and loss of housing cause an exacerbation of mental disorders such as depression, anxiety disorders, and post-traumatic stress disorder, which in turn aggravate physical diseases, including cardiovascular diseases. “There is a clear link between psychological health and the risk of cardiovascular disease,” said Glenn N. Levine, MD, FAHA, writing committee chair of the American Heart Association.<sup>13</sup>

The National Health Service of Ukraine constantly updates data in the “Electronic Prescription for Medicines: Details of Repayment” section. As part of this research, the “Rokada” Charitable Foundation studied trends using the NHSU<sup>14</sup> dashboard and found that since the introduction of the reimbursement program, as of July 31, 2024, about **11,800,000 electronic prescriptions** have been reimbursed. The largest share was for cardiovascular diseases, diabetes, heart attacks, strokes, upper and respiratory diseases.

### The number of redeemed electronic prescriptions by disease groups:



Among all the regions studied, Lviv region is the leader in the percentage of filled prescriptions in most disease groups. The highest rates were recorded in the category of post-transplantation treatment – **59.3%**, mental disorders/epilepsy – **44.5%**, and Parkinson's disease – **46.9%**.

Chernihiv and Sumy regions, as border regions affected by the hostilities, demonstrate an increased demand for medical services, particularly in the categories of cardiovascular diseases, antibacterial, and painkillers.

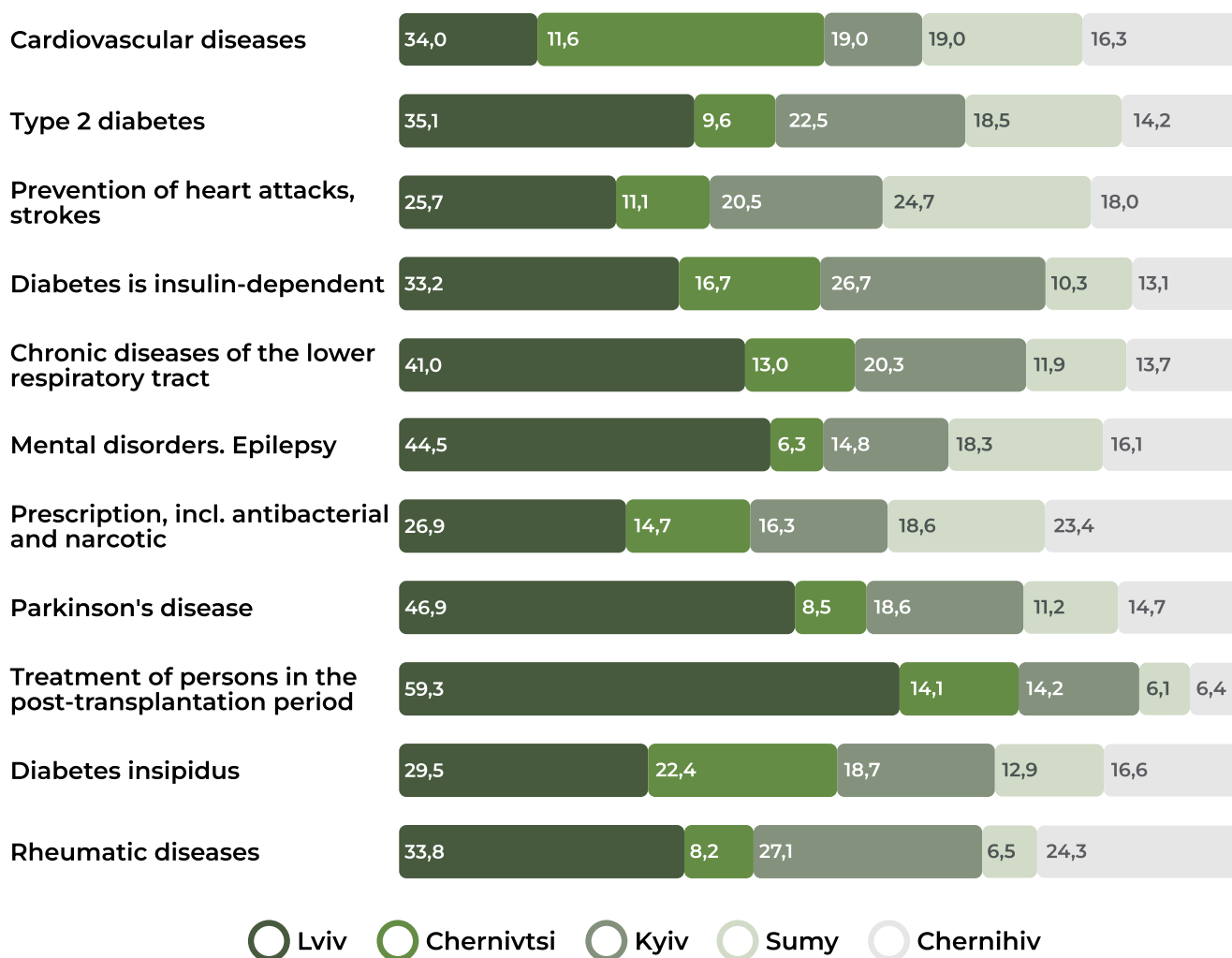
Chernihiv region has the highest rate among other regions in the category of cardiovascular disease treatment – **16.3%**, Sumy region stands out with the highest rate in the prevention of heart attacks and strokes – **24.7%** of all filled prescriptions in this group of drugs.

There is also a high demand in border communities for prescription of drugs to treat infections or other serious conditions that require antibacterial therapy or pain relief: Chernihiv – **23.4%** and Sumy – **18.6%**.

Kyiv region has an average number of filled prescriptions distributed across all disease groups, although it does not stand out as a leader in any of them. The highest rate is in the category of rheumatic diseases (**27.1%**) and insulin-dependent diabetes (**26.7%**).

Chernivtsi region demonstrates the highest rate among the regions in the treatment of diabetes mellitus – **22.4%**.

#### The number of redeemed electronic prescriptions by disease group:



Since the beginning of 2024 alone, **1,5 million e-prescriptions** have been filled in the surveyed regions, with the largest share of medicines (**50.2%**) being related to cardiovascular diseases, **16.7%** to diabetes, **13.1%** to the prevention of heart attacks and strokes, **9.6%** to insulin-dependent diabetes, and **8.2%** to upper respiratory diseases. About **35%** of e-prescriptions were used in Chernihiv and Sumy regions, the regions with the smallest number of pharmacies and a worsening security situation.

According to the official data of the **Ministry of Health**, since 2019, almost 4.5 million patients have already used the **Affordable Medicines** program administered by the **NHSU**, including more than **2.2 million** in 2023.<sup>15</sup> The greatest demand among patients was for medicines for the treatment of cardiovascular diseases, prevention of heart attacks and strokes, type II diabetes, chronic lower respiratory diseases, and for the treatment of insulin-dependent diabetes.

Thus, the “Affordable Medicines” program is important for ensuring affordable and high-quality medical care for the population. It reduces the financial burden on patients, promotes equal access to treatment for all segments of the population, including low-income, elderly, people with disabilities, and residents of remote areas, and facilitates regular receipt of vital medicines.

Due to the constant threat of hostilities, high levels of stress and limited access to medical services in border communities, this program provides vital medicines, supporting the health of the population in difficult conditions, which helps to control and prevent the exacerbation of chronic diseases.

### **Availability of pharmacies and distribution of reimbursement contracts**

The availability of pharmacies, especially in rural areas, has several key benefits for local residents:

- quick access to necessary medicines and first aid supplies without the need to travel to the city;
- the ability to receive prescription and over-the-counter medicines in a timely manner, including free of charge or with a certain surcharge under the state “Affordable Medicines” program;
- improving the quality of life of people with limited mobility;
- reducing time and money spent on traveling to another community, district or city;
- receiving consultations on the use of medicines, disease prevention, and proper use of medicines;
- quality control of medicines;
- reducing the risk of self-medication.

On December 22, 2023, the Government obliged pharmacies at medical institutions to join the reimbursement program and conclude an agreement with the NHSU.<sup>16</sup>

The amendments do not apply to other pharmacies and pharmacy kiosks, which retain the right to choose. The conclusion of such an agreement, on the one hand, helps to attract more patients and financial support from the NHSU, which provides a constant stream of income. However, small pharmacies located in both urban and rural areas may face additional burdens:

- maintaining additional documentation and reporting;
- ensuring an electronic prescription management system, which can be complex and expensive to implement;
- legal obligations, failure to comply with which may result in fines or other sanctions;
- audits and inspections by regulatory authorities;
- ensuring a certain list of medicines included in the reimbursement program requires additional procurement and storage costs.

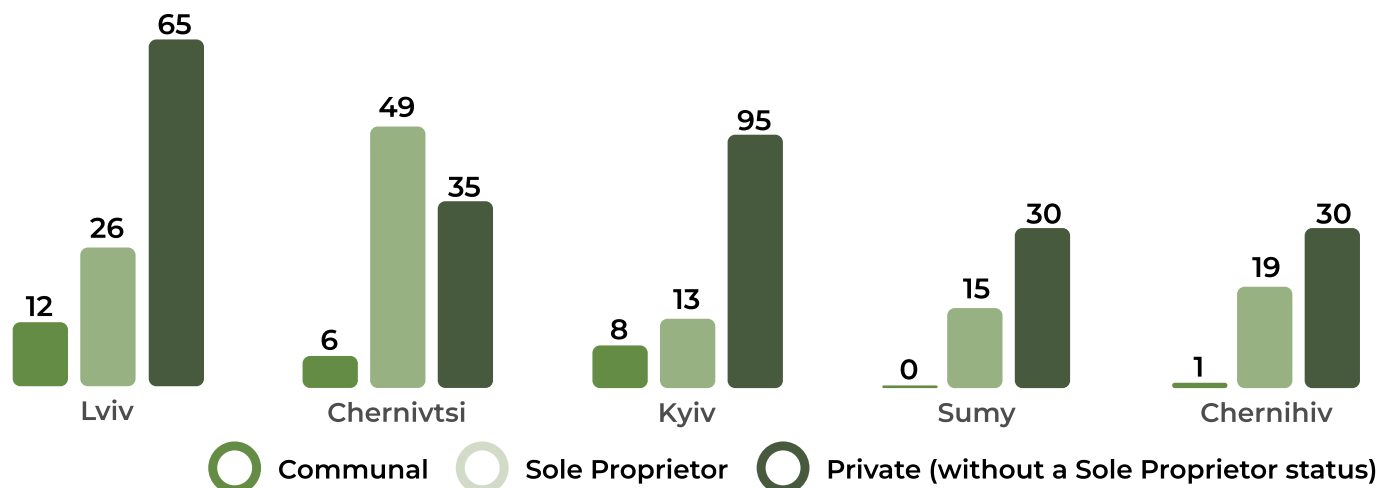
Such factors may significantly influence the decision to participate in the “Affordable Medicines” program.

As of July 25, 2024, there are **1,337** pharmacies in Ukraine with a contract under the reimbursement program and **15,111** places of dispensing medicines by electronic prescriptions. This is almost **85%** of the total number of pharmacies and pharmacy outlets in Ukraine (**17,800**).

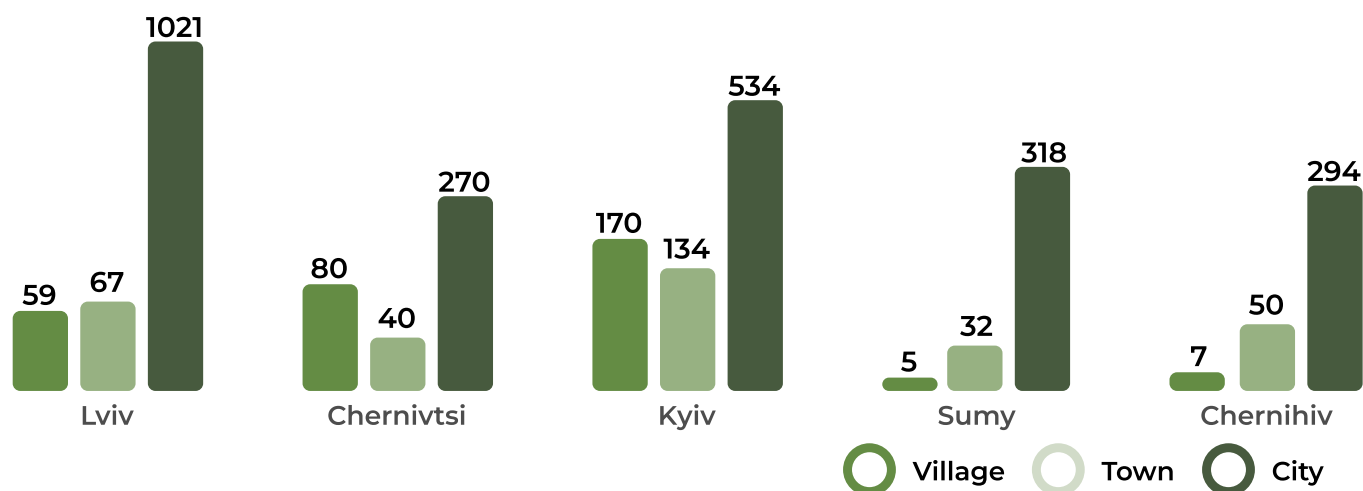


However, the largest number of dispensing sites in Ukraine is concentrated in cities – **81.3%**, in urban-type settlements – **11.2%**, and only **7.5%** operate in rural areas.

**The number of pharmacies with a contract under the reimbursement program:**



**The number of places where medicines are dispensed using e-prescriptions:**



**In Kyiv region, 1,299 business** entities of all forms of ownership are engaged in the retail sale of medicines.

**116** pharmacies, of which **95** are private, **8** are municipal, and **13** are owned by private entrepreneurs, have signed an agreement under the reimbursement program and **838** points of sale of medicines by electronic prescriptions have been opened. **64%** of the dispensing points are concentrated in cities, **16%** in urban-type settlements, and **20%** in villages of the region. At the same time, the region has **1,156** rural settlements and towns.

The situation is similar **in Lviv region**, where there are **103** pharmacies with a reimbursement agreement from the NHSU, **63%** of which are privately owned, **12%** are municipally owned, and **25%** are registered as private entrepreneurs. The region is the largest in Ukraine in terms of the number of villages – **1,850**, with only **59** places of dispensing medicines under the NHSU program. There is a need to establish mobile pharmacy units. This is due to a number of factors, such as the large number of villages and the lack of stationary pharmacies.

In Lviv region, joint meetings were held under the chairmanship of the Deputy Head of the region State Administration, the State Service for Medicines and Drugs Control in Lviv region, and representatives of the largest pharmacy chains in the region to establish mobile pharmacy units and develop routes. Preliminary negotiations are underway with the “Decada” pharmacy chain to develop an optimal route for the mobile pharmacies.

**Chernivtsi region** has **11 cities, 8 urban-type settlements, and 397 villages**. This is the smallest number of settlements among the researched regions. **90** pharmacies operate under a contract under the reimbursement program and have **390** e-prescription drug outlets, of which about **54%** are registered as private entrepreneurs, **39%** as private companies, and **7%** as municipal enterprises. About **31%** of pharmacies are concentrated in rural and urban areas. This figure is extremely low. The mountainous terrain and remoteness of settlements lead to difficulties in providing quality transportation. This complicates the delivery of medicines and access to medical services, especially for remote villages.

The situation in the border communities of **Sumy and Chernihiv regions is critical**.

Due to constant shelling and hostilities in the border communities of Sumy and Chernihiv regions, many medical facilities have been damaged or destroyed, which complicates the provision of medical care, destroyed roads and bridges impede the delivery of medicines and medical supplies, and logistical difficulties have arisen due to the danger of transportation and the blocking of transport routes to remote settlements.

**Sumy region** has **1677 villages, 77 urban-type settlements, and 15 cities**. **45** pharmacies operate under a contract under the reimbursement program and have **355** sites for the dispensing of medicines by electronic prescriptions. The business entities are private companies (**66.7%**), and there are no municipally owned pharmacies. **89.5%** are located in cities, **9%** in urban-type settlements, and **1.5%** in villages.

**In Chernihiv region**, **50** pharmacies operate under the NHSU program, with **351** drug outlets. In rural areas – **2%** of the total number of villages is **1,466, 14.2%** – in **29** urban-type settlements, the remaining **83.8%** are concentrated in **16** cities. In the region, one municipal enterprise, “Liky Chernihivshchyny”, **30** private companies, and **19** private entrepreneurs operate under the reimbursement program.

Residents of rural areas have limited access to pharmacies and medicines, as most pharmacies are concentrated in urban areas. Many pharmacies have not signed contracts under the “Affordable Medicines” program, limiting the ability of the population to receive medicines at a discount or free of charge.

The destruction of infrastructure and logistical difficulties due to hostilities complicate access to medical services in remote communities in the border regions (Chernihiv and Sumy).

### **Operation of mobile pharmacy outlets**

On August 4, 2023, the Government adopted a resolution allowing licensees of retail trade in medicinal products to establish mobile pharmacy outlets.<sup>18</sup>

The sale of medicinal products through mobile pharmacies is allowed only if there is no pharmacy or pharmacy outlet in the settlement located in rural areas.

For a long time in Ukraine, the rate of dispensing medicines in rural areas was no more than 20%. In Chernihiv, Zaporizhzhia, and Kharkiv regions, this figure was less than 4%, and in some communities, it was about 0%.<sup>19</sup>

As of July 17, 2024, 16 mobile pharmacies have already been operating in Ukraine as part of the USAID Innovations to End the HIV Epidemic project in 9 regions: Kharkiv, Mykolaiv, Odesa, Cherkasy, Chernihiv, Zhytomyr, Kyiv, Rivne, and Ternopil.<sup>20</sup>

Frequent shelling, damaged pharmacy buildings and first aid posts where pharmacy points were located, as well as the suspension or change of bus schedules and routes, have deprived residents of communities bordering Russia of the ability to purchase medicines and medical supplies.

Amendments to the List of territories where military operations are (were) conducted.<sup>21</sup>

Thus, in **Sumy region**, 19 communities were included in the list of territories: 8 communities in Shostka district, 7 in Sumy district, 2 in Okhtyrka district, and 2 in Konotop district. Border communities of the Sumy region, namely, Yunakivska, Bilopilka, Krasnopilka, Miropilka, Velykopysarivska, Seredyno-Budska, and Druzhbivska are under fire from Russian troops, which significantly complicates the work of pharmacies and access to them.

This forces many people to leave these areas, and pharmacies to close or operate intermittently. As of October 2024, no mobile pharmacies have started operating in the region. As a result, there is no access to medicines and medical devices in remote or hard-to-reach areas where there are no stationary pharmacies.

**In Chernihiv region**, 4 border communities are subject to constant shelling and are included in the List: Novhorod-Siverska, Semenivska, Horodnyanska, and Snovska. According to official information, there are currently 2 mobile pharmacies operating under the Chernihiv region Medicines. The need for mobile pharmacy visits to 385 settlements of the region has been identified. 75 routes have been developed. Currently, 13 routes of mobile pharmacies have been approved, covering 38 settlements: 28 in Chernihiv district, 5 in Koryukiv, and 5 in Nizhyn districts, and two visits per week – on Tuesday and Friday – have been scheduled.

There are several communities where there is no stationary pharmacy and there is a need for medicines and services from a mobile pharmacy. These are, in particular, Makiivka and Komarivska communities in Nizhyn district and Yablunivska and Lynovytska communities in Pryluky district.

SE “Ukrvaktsyna” together with “PACT: Inc. is implementing the “Innovations to End the HIV Epidemic” project funded by the United States Agency for International Development (USAID), “Ensuring the functioning of mobile pharmacies in remote communities of Chernihiv, Kyiv and Zhytomyr regions”. In Chernihiv region, 38 settlements of the Talalayivska community in Nizhyn Rayon and the Varvynska and Sribnyanska communities in Pryluky Rayon are covered.

**In Kyiv region**, the routes of Ukrvaktsyna's mobile pharmacies cover 41 remote settlements of Tetiiv and Baryshiv communities.

The low interest of pharmaceutical companies in opening mobile pharmacies in rural areas is due to several factors:

- the security situation in the communities, constant attacks, and destruction of infrastructure pose a threat to staff in frontline and remote regions, which significantly complicates the work of such sites. Security is the main factor that prevents pharmaceutical companies from investing in such regions;
- the emergency state of roads and their destruction due to military operations complicates the delivery of medicines and equipment to remote villages, increases transportation costs and makes the operation of mobile pharmacies uneconomical;
- economic risks associated with the opening and maintenance of mobile pharmacy units: investments in vehicles, equipment, and personnel, which becomes a high-risk business and discourages pharmaceutical companies from participating in such projects.

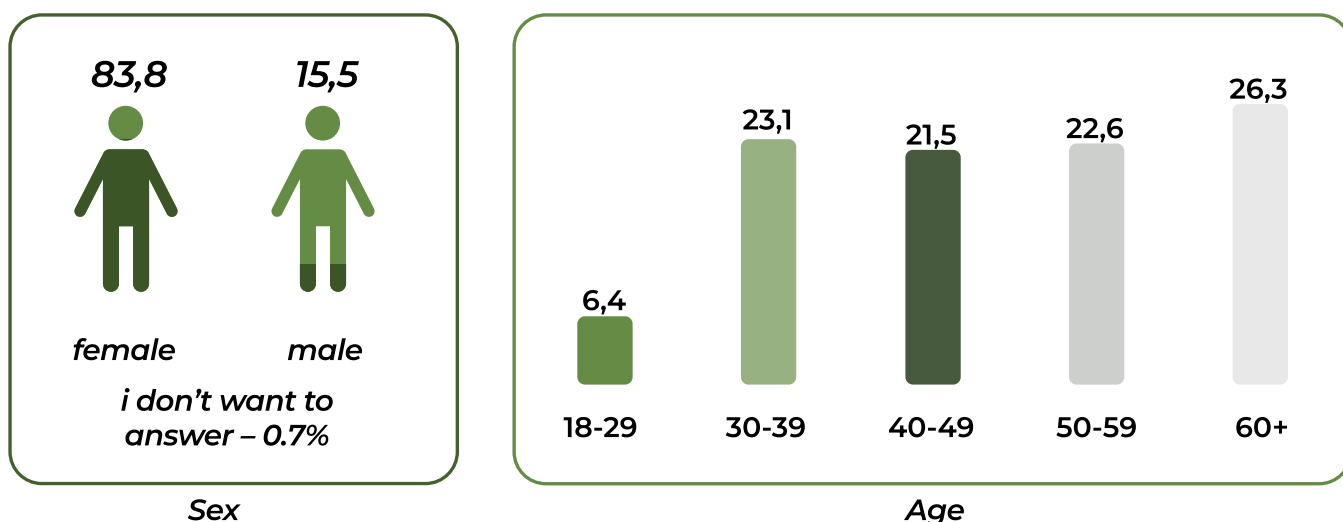
# Results of the survey/monitoring research of the functioning of pharmacies conducted by the branches of the CF "Rokada" in Chernihiv, Kyiv, Sumy, Chernivtsi, and Lviv regions

## General results of the survey

A total of **562 respondents** took part in the survey, which was conducted from June 18 to August 13, 2024: Kyiv region – **20.5%**; Sumy region – **18.5%**; Chernihiv region – **24%**; Chernivtsi region – **17.8%**; Lviv region – **19.2%**. Thus, the representation of each region was about **20%**.

The age distribution is as follows: **6.4%** – 18-29; **23.1%** – 30-39; **21.5%** – 40-49; **22.6%** – 50-59; **26.3%** – 60 and older. Accordingly, the share of people aged 50+ was approximately half of the respondents.

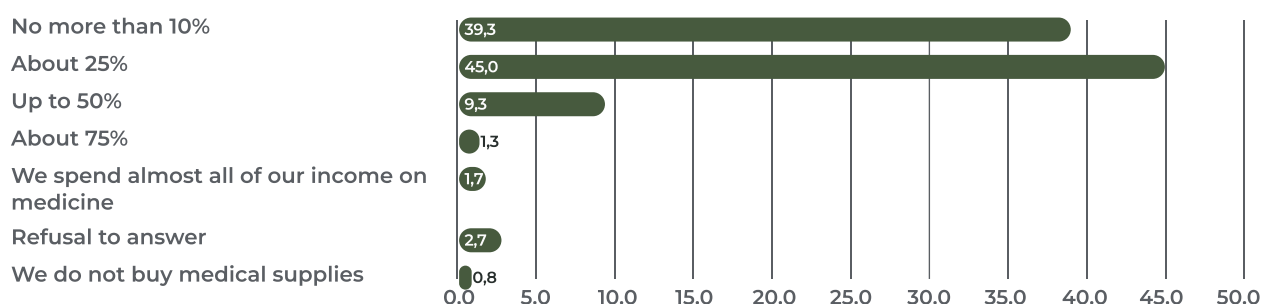
Since the monitors of the CF "Rokada" did not pre-select the participants of the research, but addressed the residents of the communities directly, it turned out that among those who wanted to answer the question about the availability of pharmacy services, the majority were women, namely **83.3%**. The share of men was **15.5%**.



When asked what part of monthly family income they spend on medical and pharmaceuticals, **45%** said that this amount is about a quarter of their income, and **9.1%** – up to half of their total income. This means that every tenth Ukrainian in a remote area spends half or more of their income on medicines.

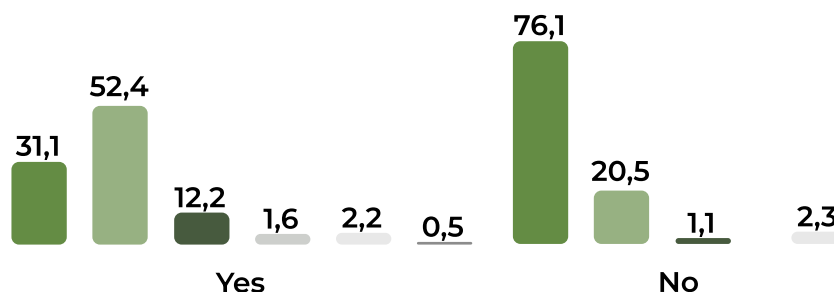
The survey results showed that the need for constant use of medicines significantly affects financial expenses. Thus, **76.1%** of respondents who do not take medications daily spend no more than **10%** of their income on pharmacy products, while **52.4%** of those who need daily medication support spend about a quarter of their income on medications, and **12.2%** of them spend about half of their monthly income on medications.

## What part of the family's monthly income do you spend on the purchase of medical and medicinal products?



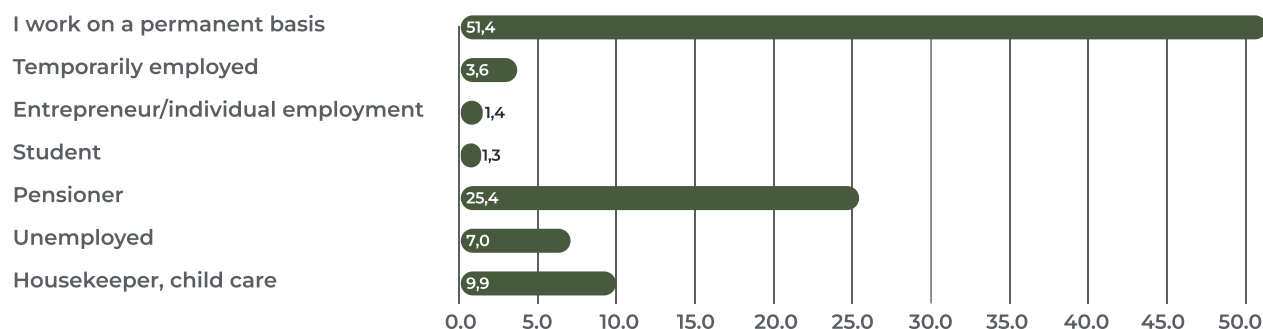
**Do you or members of your family use medicine regularly/very often? What part of the family's monthly income do you spend on the purchase of medical and medicinal products?**

- ☐ No more than 10%
- ☐ About 25%
- ☐ Up to 50%
- ☐ About 75%
- ☐ Almost all income
- ☐ We do not buy medical supplies



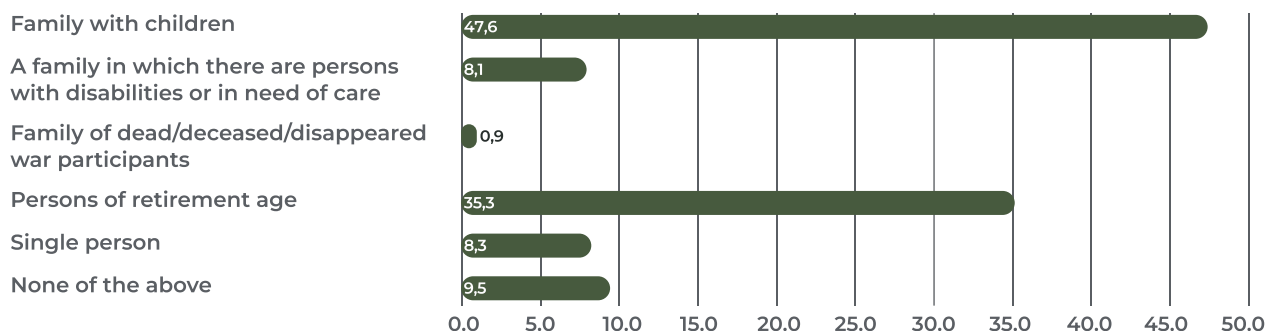
The sources of this income directly depend on employment. In response to the question about the main occupation, a fairly large proportion reported working on a regular basis – **51.4%** – however, this may not always indicate a high level of income (given that people live in rural and remote areas). The share of pensioners among the respondents was expectedly high – **25.4%** (reaching up to **50.9%** in Lviv region). Together with **7%** of the unemployed and **9.9%** of housewives, the share of people who need social assistance to meet their needs reaches almost half of the total population.

**What is your main occupation?**



In response to the question "Please select the criteria that your family meets", we learned that the share of families with children was **47.6%** (with significant fluctuations by region, for example, in Kyiv and Sumy regions this percentage was **60%** and above), people of retirement age – **35.3%**, families with people with disabilities or who need assistance – **8.1%**, and single people – **8.3%**. These data once again confirm the need to focus efforts on vulnerable groups that are unable to meet their needs on their own.

**Choose the criteria that your family meets?**



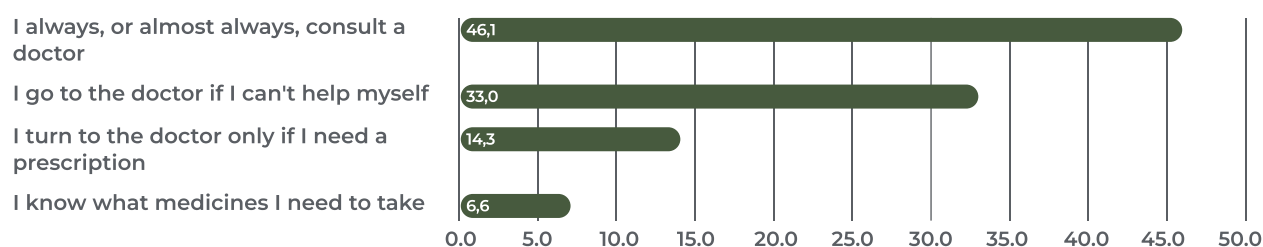
In response to the question "In the last 12 months, did any of the following happen to you or your family members?", **23.8%** stated that they did not have money for medicines, **26.2%** stated that the cost of medicines was too high, which is why they did not buy them, **11.5%** did not have a vehicle to go to the pharmacy, and **9.3%** stated that the pharmacy did not have medicines and could not order them.

**Could you please tell me if any of the following has happened to you or your family members in the last 12 months?**

Lack of money for medical drugs	<b>23.8%</b>
The cost of the drugs was too high, so you did not purchase them	<b>26.2%</b>
The drugs were unavailable at the pharmacy, and it was impossible to order them	9.3%
Lack of drugs in your home first aid kit, which caused serious health or life consequences	3.4%
The pharmacy was closed at the time of your visit	7.9%
A technical failure in the pharmacy network prevented you from getting drugs for free or with a small co-payment under a government program	1.4%
The pharmacy did not have the drugs provided by government programs for free or with a small co-payment	3.6%
The pharmacy did not participate in the government program "Available Medicines"	4.3%
Absence of cheap drugs and the pharmacist's offer to buy their more expensive analogs	7.2%
Lack of transportation to get to the pharmacy	11.5%
The pharmacy employee refused to sell the medicine without a prescription	2.0%
The doctor refused to prescribe the medication you needed	0.2%
Distrust of the drug prescribed by the doctor	1.6%
Refusal of treatment due to certain beliefs, for example, religious convictions	0.4%
Difficult to answer	<b>34.4%</b>
Other	0.9%
No pharmacy	0.2%
None of the above	5.9%

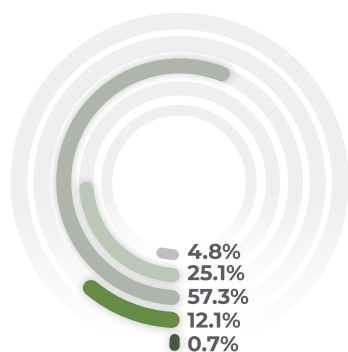
Regarding the need to consult a doctor before purchasing medications, **46.1%** of respondents said they always or almost always consult a doctor before buying medications, **33%** go to a doctor if they cannot help themselves, **14.3%** go to a doctor only if they need a prescription, **6.6%** know what medications they need to take. On the one hand, a high proportion of people who are aware that they should not resort to self-medication is a positive thing, but at the same time, **33%** of those who go to the doctor if they cannot help themselves is a signal of insufficient attention to their health.

**In what cases do you consult a doctor before buying medical drugs?**

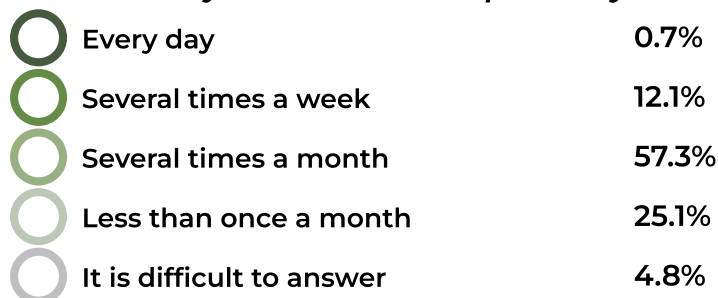




For the purpose and objectives of this study, it was crucial to find out how often the need to visit a pharmacy arises. When asked how often they need to visit a pharmacy, respondents answered that for **57.3%** of them, this need arises several times a month, and for **12.1%** – several times a week. This is an important indicator for public health services, pharmacy chains, and international humanitarian organizations trying to provide better conditions for the population in terms of access to medicines.



#### How often do you need to visit the pharmacy?



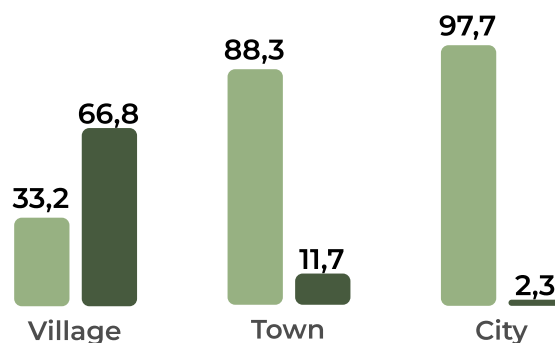
To the general question of whether there is a pharmacy in the settlement, **37.2%** of respondents answered negatively, but it should be noted that this disproportion was due to the presence of urban residents among the surveyed: **97.7%** of urban residents reported the presence of a pharmacy in their locality (at the same time, the presence of a pharmacy does not automatically mean proximity to it, as it may be geographically quite remote).

Residents of villages (**66.8%**) and towns (**11.7%**) reported the absence of pharmacies in their settlements, which confirms the research hypothesis that efforts should be directed to this category of population.

#### Is there a pharmacy in your locality?

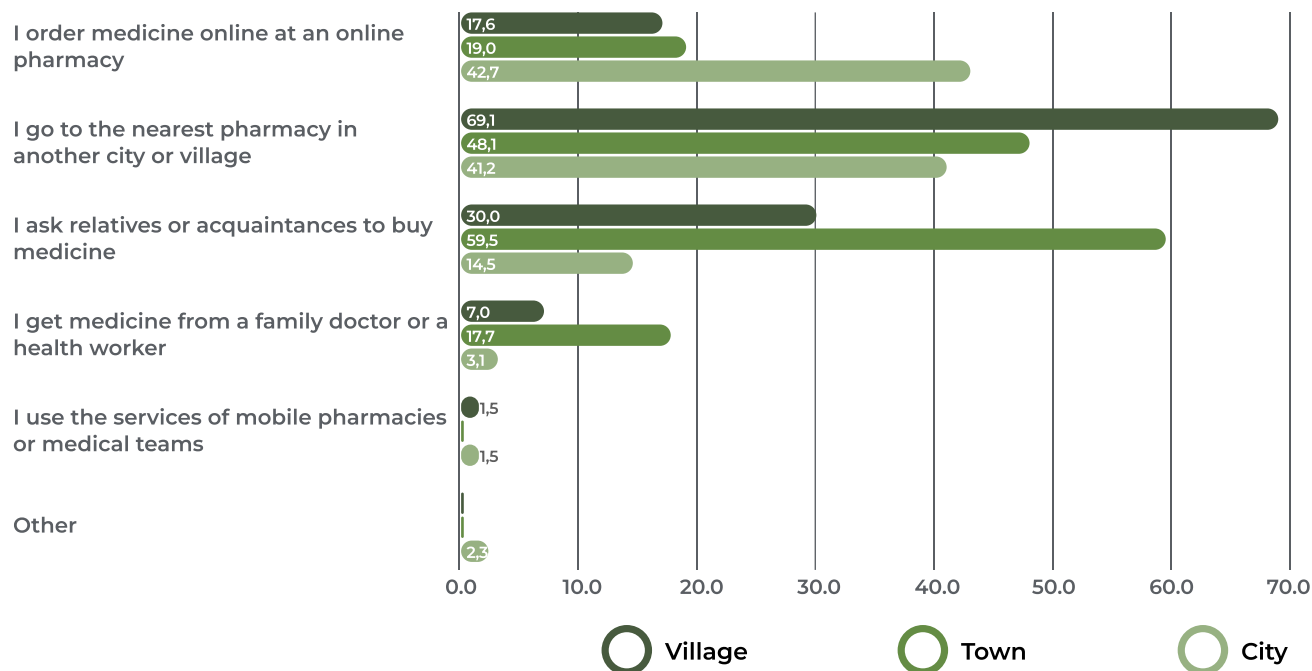


#### Is there a pharmacy in your locality?



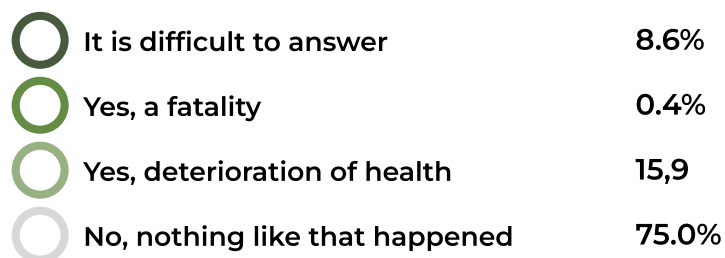
**69.1%** of respondents from villages go to the nearest pharmacy in another village or city in the absence of a pharmacy, while **30.9%** ask relatives, friends, or acquaintances to buy them medicines.

### How do you purchase medicines in the absence of a pharmacy in your locality?

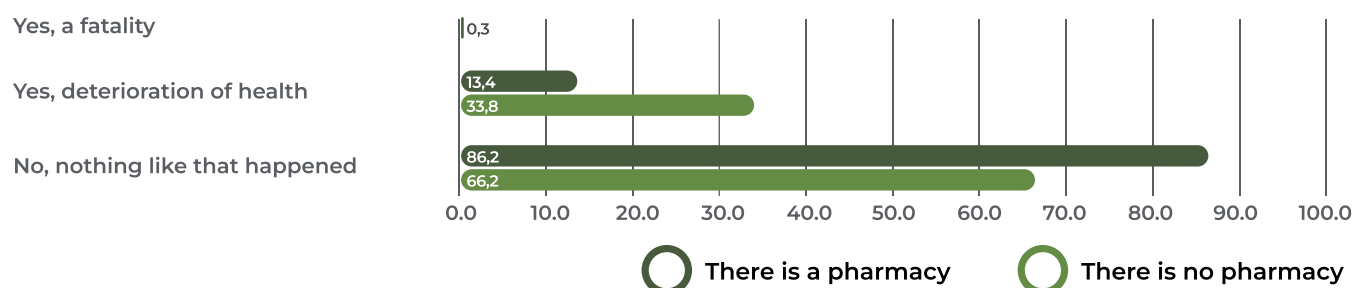


In response to the question "Have you experienced any cases of deteriorating health/death because you did not have access to the necessary medicines on time?" **15.9%** of respondents confirmed cases of health deterioration, and **0.4%** reported deaths due to lack of medicines.

### Have there been cases of ill health/mortality because you did not have access to necessary medicines in time?





### Have there been cases of ill health/mortality because you did not have access to necessary medicines in time?

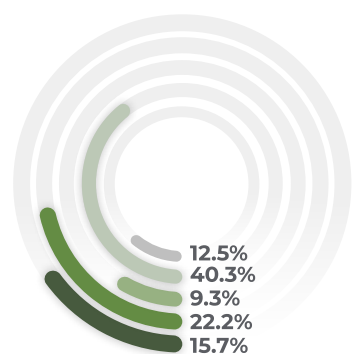
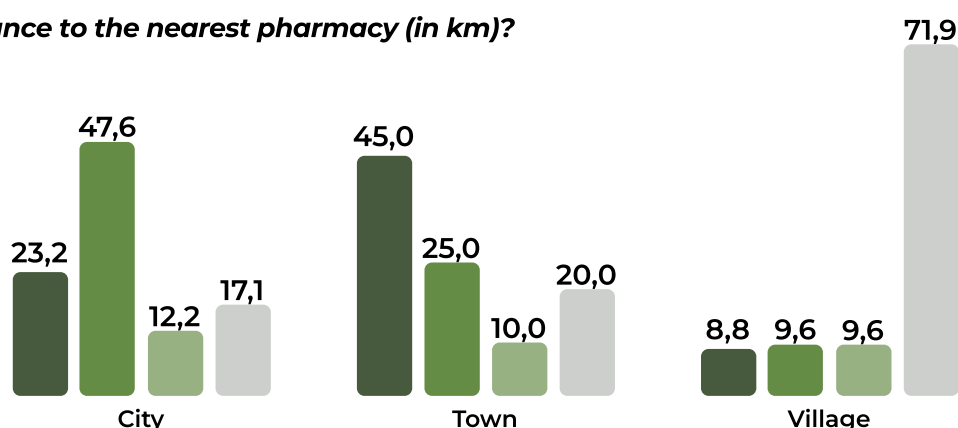


Since the geographical component of this research is also one of the key factors, the staff of the "Rokada" Charitable Foundation asked what is the approximate distance to the nearest pharmacy and how respondents usually get to the pharmacy.

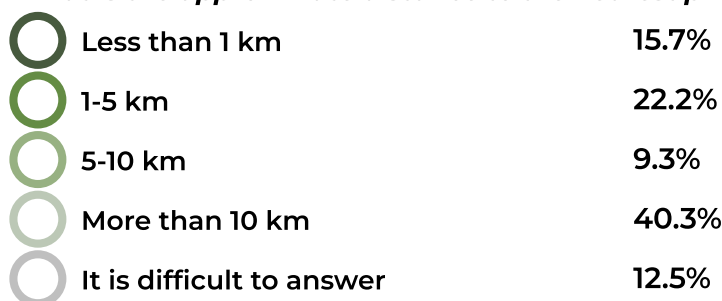


### What is the approximate distance to the nearest pharmacy (in km)?

-  Less than 1 km
-  1-5 km
-  5-10 km
-  More than 10 km



### What is the approximate distance to the nearest pharmacy (in km)?

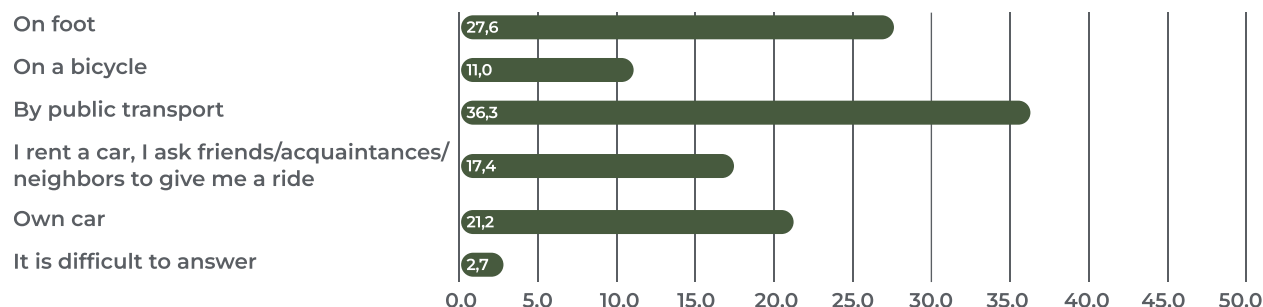


That is, a fairly significant proportion of respondents have direct access to pharmacies: for **15.7%**, the distance to the nearest pharmacy is less than 1 km, but for more than **40%** it exceeds 10 km. For the majority of the rural population surveyed, **71.9%** of whom live more than 10 km away from pharmacies, it is problematic to walk this distance.

It is also worth taking into account the fact that most people who constantly need to purchase medicines suffer from chronic and age-related diseases. For example, according to a research conducted in the United States in 2021, in a country that does not suffer from the consequences of armed conflict and is much more economically powerful than Ukraine, **5%** of the population accounts for almost half of all healthcare spending, and these are mostly people aged 65 and older.<sup>22</sup>

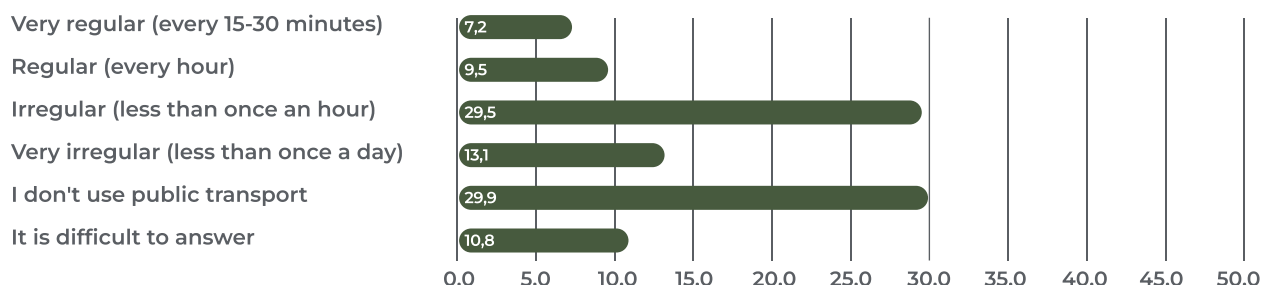
Among the ways respondents get to the pharmacy, **27.6%** answered "on foot", **36.3%** – by public transport, **11%** – by bicycle, **21.2%** – by car, and **17.4%** – "ask neighbors for a ride". This data indicates that visiting a pharmacy is associated with significant difficulties for residents of remote areas, and mobile pharmacy units can be a convenient alternative for them.

### How do you usually get to the pharmacy?



In response to the question about the regularity of public transportation to the place or settlement where the pharmacy is located, **29.9%** of respondents stated that they do not use public transport. Another **29.5%** said that the service is irregular (less than once an hour), and **13.1%** said that it is very irregular (less than once a day).

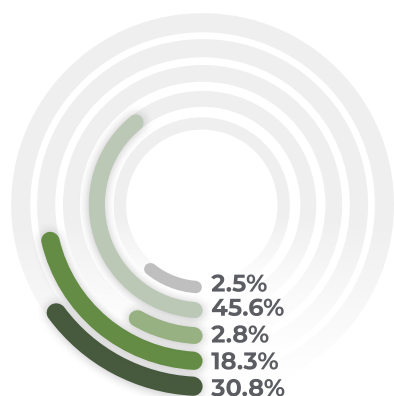
### If you use public transport, how regular is its connection to the place or settlement where the pharmacy is located?



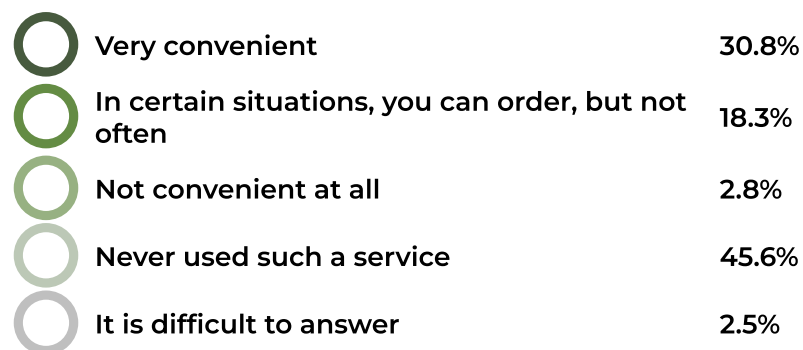
We also investigated other ways people in remote areas can get pharmacy services in case of a lack of availability of necessary medicines.

**83.8%** of respondents said they could order the medicines they needed from a pharmacy, but **47.4%** said they sometimes had to wait several days to get them. This can have an impact on the health of those categories of citizens for whom it is extremely important not to interrupt their medication, and therefore the waiting time can have serious consequences for their condition (**28.6%** described the usual waiting time as "about a week").

Respondents also answered about the possibility of ordering medications online. **30.8%** described this method as "very convenient", but **45.6%** have never used this service. Among the problems they face when ordering medications online, respondents noted, among others, the following: out of stock, not all medications can be ordered online – **35.3%**, higher prices due to delivery – **17.6%**, difficulties in ordering (no electricity, inability to use the phone, no electricity or internet) – **14.7%**. Accordingly, ordering medicines online is also not a universal solution to the problem of access to pharmacy services. Historically, this method of providing pharmacy services has gained popularity, for example, in the United States, known as «telepharmacy».<sup>23</sup>

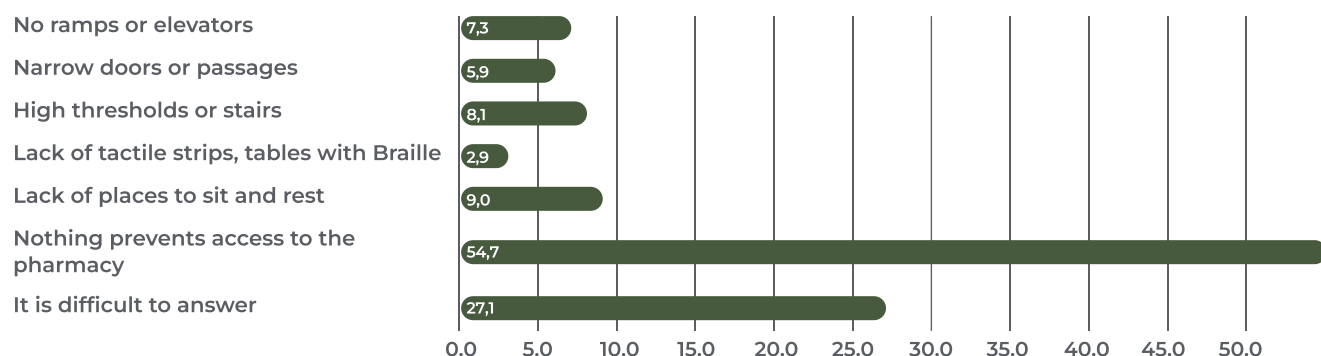


### Have you ever ordered medicines online? If so, how do you rate this method of purchasing medicine?



The CF "Rokada" always pays attention to the issue of barrier-free access to social services in its activities. The main factors preventing residents of settlements from visiting pharmacies were noted by **9%** as the lack of seating and resting places, **8.1%** as high thresholds and stairs, and **7.3%** as the absence of ramps. At the same time, **54.7%** of respondents stated that they did not experience any obstacles.

### What barriers prevent the access of elderly people, mothers with wheelchairs or people with disabilities to the pharmacy you usually visit?

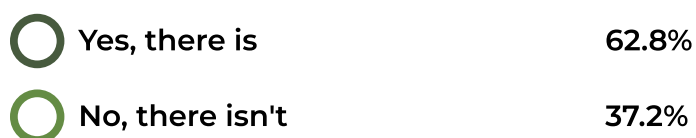


### The "Affordable Medicines" program

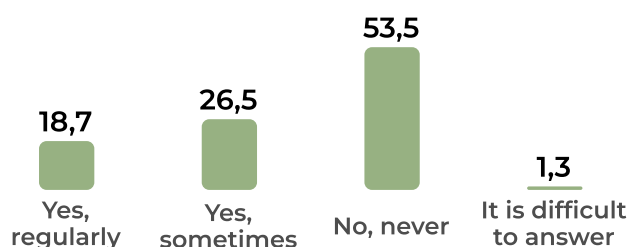
In our research, we also paid attention to the public awareness of the "Affordable Medicines" program, which was introduced by the Ministry of Health in 2017. The launch of the program allowed to provide patients with access to free or low-cost medicines for various diseases. Since 2019, the program has been administered by the National Health Service of Ukraine (NHSU).

**70.5%** of respondents said they were aware of the state "**Affordable Medicines**" program, while **29.5%** of respondents did not know anything about it.

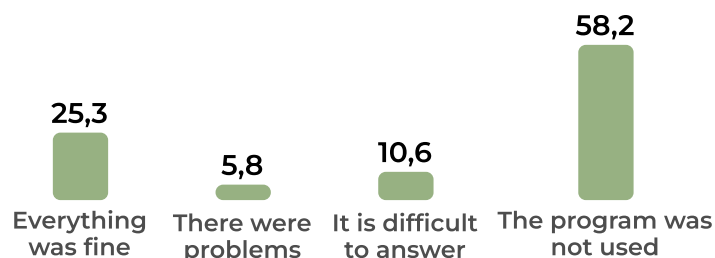
### Is there a pharmacy in your area that participates in the "Affordable Medicines" program



### Have you used the "Affordable Medicines" program?



### When ordering medical drugs on the Internet, have you encountered problems when receiving drugs under the state program "Affordable Medicines"?



In the survey, we asked respondents how they assessed the availability of medicines under the "Affordable Medicines" program. The answers were distributed as follows: **45.3%** said that they are usually available, **25.9%** said that medicines under the "Affordable Medicines" program are always available, and **24.5%** either could not decide or said they did not use the program.

It is important to note that when asked whether the respondents had encountered a problem with receiving medicines under the "Affordable Medicines" program when ordering online, **58.2%** said they had not used the "Affordable Medicines" program, while **5.8%** noted problems in the context of using this program, and only **25.8%** said there were no problems.

## Peculiarities of access to pharmacy services in certain regions

Among the regions where the “Rokada” Charitable Foundation conducted its survey, two regions have mobile pharmacy units (Chernihiv and Kyiv) and three regions have not yet implemented such activities (Sumy, Chernivtsi, and Lviv). This distribution, combined with factors such as proximity to the combat zones (Sumy and Chernihiv regions), makes it possible to research the current situation with access to pharmacy services, the effectiveness of such a tool as mobile pharmacy units, and regional features that should be taken into account by those government agencies. This also makes it possible to analyze the activities of international and humanitarian organizations that seek to use resources efficiently to improve access to pharmacies and, consequently, the health conditions of Ukrainian citizens.

### **Assessment of the availability of pharmacy services in Chernihiv and Kyiv regions**

It is worth noting that the [State Service of Ukraine on Medicines and Drugs Control](#) has published a list of operating mobile pharmacy units, stating that 1 mobile pharmacy unit is operating in the Kyiv region (State Enterprise “Ukrvaksyna” of the Ministry of Health of Ukraine) and 3 mobile units in the Chernihiv region (2 units from the municipal enterprise “Liky Chernihivshchyny” of the Chernihiv Regional Council and 1 unit from the State Enterprise “Ukrvaksyna” of the Ministry of Health of Ukraine, which also operates in the Zhytomyr region).<sup>24</sup>

In response to a request from the CF “Rokada”, the Health Department of the Chernihiv Regional State Administration in a letter No. 05-34/47 of 21.06.2024 stated that the services of the mobile pharmacy units cover the communities of Chernihiv, Nizhyn, and Koryukiv districts of the region. At present, 13 routes of the mobile pharmacy units of the ME “Liky Chernihivshchyny” have been developed and approved, and 2 trips per week are made on Tuesday and Friday.

Also, in response to the request of the CF “Rokada”, the State Enterprise “Ukrvaksyna” of the Ministry of Health of Ukraine, by letter No. 01.05.20-02/387 of 16.07.2024, informed that the mobile pharmacy units from the State Enterprise “Ukrvaksyna” of the Ministry of Health of Ukraine cover 38 settlements in Talalaivska, Varvynska, and Sribnyanska amalgamated territorial communities (ATCs) in Chernihiv region and 41 settlements (Barashivska and Tetivska ATCs) in Kyiv region.

Accordingly, it was important for the CF “Rokada” to determine the level of awareness among residents of the Chernihiv and Kyiv regions regarding the operation of mobile pharmacy units and the use of their services.

**In Kyiv region**, the level of awareness among the surveyed respondents was **11.5%** (an additional **4.4%** had already used the services of the mobile pharmacy units), but **79.6%** had not heard of this service. In Chernihiv region, the situation with awareness was much better: **45.2%** have already used services of mobile pharmacy units, another **40%** are aware of this possibility, and only **14.1%** have not heard anything about mobile pharmacy units. This means that with proper information campaigns, it is quite possible to ensure awareness and engagement of citizens in using the services of the mobile pharmacy units.

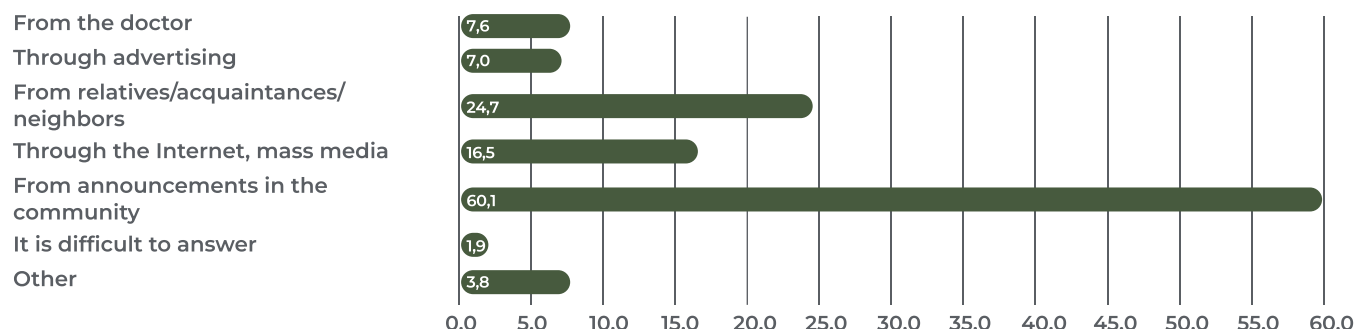
### **Are you aware of the existence of mobile pharmacies in your community?**

<input checked="" type="radio"/> Yes, I used the service	12.5%
<input checked="" type="radio"/> Heard, but did not have to use	15.5%
<input type="radio"/> No, I don't know anything about such a service	69.1%
<input type="radio"/> It is difficult to answer	2.9%



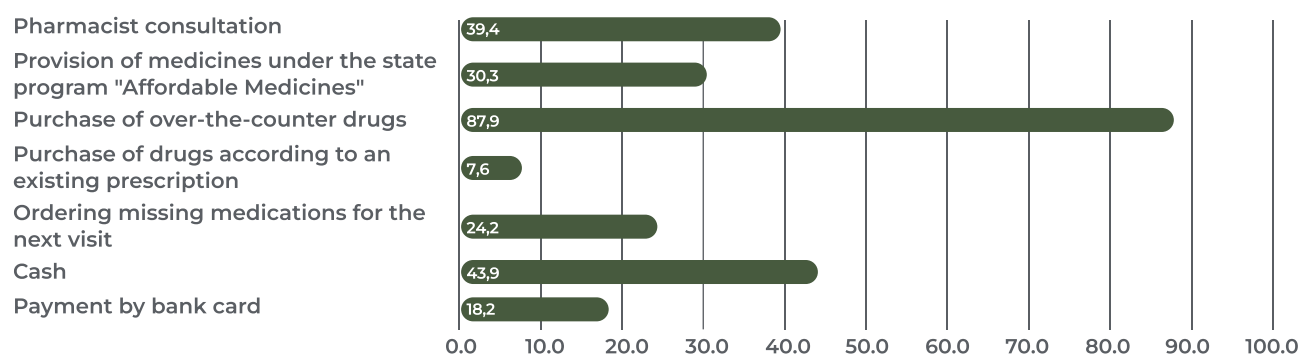
In response to the question “How did you find out about the mobile medical pharmacies?”, in Kyiv region **55%** of respondents received information through community announcements, **24.7%** – from relatives and neighbors, **16.5%** – through media and Internet announcements. In Chernihiv region, these figures were **67.5%**, **27.2%**, and **14.9%**, respectively.

### How did you find out about mobile medical pharmacies?



Regarding the services received from mobile pharmacy units (MPU), the most popular were: 1) obtaining over-the-counter medications (**100%** in the Kyiv region and **90%** in the Chernihiv region noted this service); 2) receiving medications under the state "Available Medicines" program (**66.7%** and **40%**); 3) consultation with a pharmacist (**0%** and **40%**); 4) purchasing medications with a prescription (**33.3%** and **6.7%**); 5) ordering unavailable medications for the next visit (**66.7%** and **23.3%**).

### What services did you receive from the on-site pharmacies?



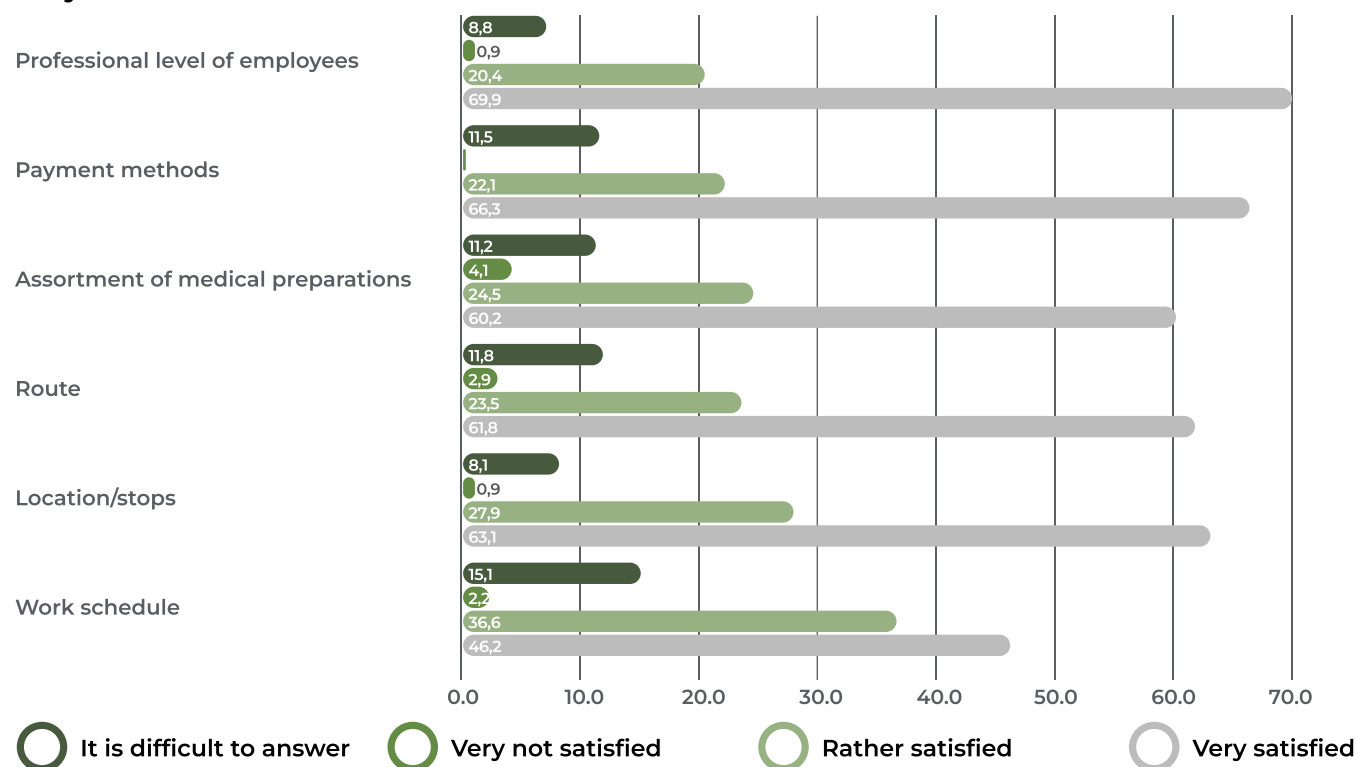
Interestingly, when asked about the reasons why respondents did not use the services of the mobile pharmacy units, **64.3%** of respondents in Kyiv Oblast said that they did not need to go to a pharmacy, which may indirectly indicate the need to adjust the activities of mobile pharmacy units towards more remote areas.

### If you could not use the service of the on-site pharmacy with quality, please indicate the reason?

The necessary medicines were not available	10.3%
Medicines under the "Affordable Medicines" program were not available	0.9%
High prices, medicines were more expensive than in stationary pharmacies	0.9%
It was less than the time stated in the schedule	1.7%
The on-site pharmacy worked at an inconvenient time for me	5.2%
Unprofessional or unfriendly staff	0.9%
It was not possible to get advice about medication	0.9%
Difficulties/lack of possibility of non-cash payment	1.7%
There was no electronic prescription available	2.6%
There was no need to go to the pharmacy	<b>39.7%</b>
It is difficult to answer	<b>37.1%</b>
Other	1.7%

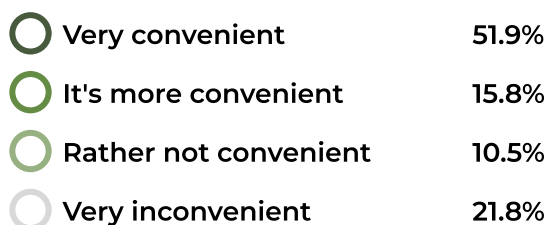
The level of satisfaction with the LRT schedule was quite high: in Kyiv region, **66.6%** of respondents were satisfied and very satisfied with the schedule, while in Chernihiv region this figure was even higher – **88.9%**. The levels of satisfaction with stops (**100%** and **94.7%**) and routes (**85.7%** and **89.5%**) were also high. The range of mobile pharmacy units' products also did not raise any questions (**83.3%** of respondents in Kyiv region and **88.9%** of respondents in Chernihiv region were satisfied).

### Are you satisfied with:



At the same time, it cannot be said that this service has received unconditional approval. In response to the question "How would you rate the service of a mobile pharmacy in general?" **36.4%** of respondents in Kyiv region rated it as "very inconvenient" (compared to **54.5%** who called it "convenient" and "very convenient"). In Chernihiv region, these figures were **21%** and **69.5%** respectively.

### How do you rate the service of the on-site pharmacy in general?



It was important for us to find out the respondents' opinions on what should be improved in the work of the mobile pharmacy units. In Kyiv region, the most common answers were "Improve public awareness" – **64.3%**, "Increase the number of visits" and "Expand the range of medicines" – **42.9%** each. In Chernihiv region, **55%** of respondents suggested increasing the number of visits, and **37.6%** of respondents suggested improving public awareness.



**What suggestions or comments do you have about the operation of mobile pharmacies in your community?**

Increase the regularity of visits	<b>19.3%</b>
Expand the assortment	7.2%
We need a stationary pharmacy in the village	7.2%
There should be a clear and convenient schedule	18.2%
Improve awareness	<b>19.9%</b>
We need such a pharmacy	17.7%
Adjust the prices, because it is very expensive	4.4%
View the route	0.6%
Cover more settlements	0.6%
Access to public transport is required	0.6%
Anticipate the required amount of medicine, there was not enough medicine at the end of the route	1.7%
I don't know about such a service	9.9%
No need for on-site pharmacies	2.2%

**Assessment of accessibility of pharmacy services in Sumy, Chernivtsi, and Lviv regions.**

The main unifying factor for Sumy, Chernivtsi, and Lviv regions is the lack of mobile pharmacies. The main difference between Sumy region is its proximity to the combat zone. Bordering Russia, the region is regularly shelled, which creates additional threats to the safety of medicines transportation and the functioning of the medical, including pharmacy, infrastructure. Only **19.2%** of respondents in Sumy region, which is a border region and now a frontline region, after the start of the operation in Kursk region on the territory of the Russian Federation, in response to the question about the proximity of the pharmacy to their homes, said that the pharmacy was less than 1 km away, while for Lviv and Chernivtsi regions this figure is **42.9%** and **50%**, respectively.

In Sumy region, **76.9%** of the surveyed residents were urban residents, which is significantly higher than in Chernivtsi (**45%**) and Lviv (**0%**) regions. In a situation where the border and remote communities of Sumy region are exposed to constant danger due to the hostilities, residents of these areas are forced to seek safer living conditions by moving to the nearest urban centers. This, in turn, increases the number of urban residents among the respondents. City pharmacies are becoming the main points of access to medicines for those who have lost the opportunity to receive such services in their communities due to insecurity or destruction of infrastructure.

Obviously, for areas where the density of stationary pharmacies is much lower due to the risks associated with the armed conflict, models such as mobile pharmacies may be the most appropriate way to ensure access to pharmacy services.

At the same time, it should be noted that due to difficult geographical conditions, many villages in western Ukraine also have limited transport accessibility, which complicates infrastructure development and access to medical services. Villages in the Vyzhnytsia district of Chernivtsi region, such as Dykhtynets, Parashkivka, Komsomolske, Hrynyava, Shepit, Ust-Putylska, and many others, are located in mountain valleys, with narrow roads and difficult transport access. The Yurkovetska community has a population of over 11000 people and only three pharmacies for 8 villages. Some villages have never had pharmacies. For example, the village of Horoshivtsi has been without a pharmacy for more than 20 years, with 900 residents traveling 20 km to buy medicines. This also relates to the village of Boyanchuk which has never had a pharmacy, with 600 residents traveling 12-25 km depending on the range of medicines they need.<sup>25</sup>

## Results of the expert survey on accessibility of pharmacy services in Chernihiv, Kyiv, Sumy, Chernivtsi, Lviv, Zhytomyr, and Rivne regions

This survey was conducted from September 12 to 25, 2024, to explore the experts' opinions on the population's access to pharmacy services and the obstacles they face. The survey covered **67 experts**, including **28** community representatives, **14** social workers, **9** paramedics, **5** doctors, **4** pharmacy workers, and **7** representatives of other fields.

**38** interviewed experts live in villages, **17** in towns (settlements), and **12** in cities. The gender composition of the respondents showed that the vast majority of respondents, namely **56** of respondents, were women and **9** were men. Regarding the age groups: **23** experts were aged 40-49, **19** experts were aged 30-39, and **20** experts were aged 50-59.

Answers to the question “How many operating pharmacies are there in your community” were distributed as follows: **8** respondents indicated that there are no pharmacies in their community, **29** respondents reported about 1-2 pharmacies, **16** respondents indicated that there are 3-5 pharmacies in the community, and **13** respondents reported about 6 or more pharmacies in their community.

According to **23** experts, the provision of community pharmacies is absolutely insufficient, while for **17** experts it is rather insufficient.

To the question “Where do you get information about problems with access to pharmacies?”, **45** experts answered that the main source of information about problems with access to pharmacies comes from community residents and patients, **21** know about the problems from personal experience. This emphasizes the importance of communication with the locals to get objective information about the situation.

We asked our experts to select the categories of groups that suffer the most from limited access to pharmacy services. Several answers could be chosen, and we obtained the following results: people of retirement age – this category was chosen by **56** experts; families with people with disabilities or in need of care – this category was chosen by **46** experts; the option “single people” was chosen by **35** respondents; the category “family with children” was chosen by **27** experts; “families of war veterans” was chosen by **18** experts. This emphasizes the need to develop special programs and measures to improve access to healthcare services for these categories of the population.

Regarding the impact of the lack of pharmacies on community residents who depend on daily medication, **30** experts consider it a very big problem. **28** experts said that there are difficulties, but people have adapted.

We also asked the experts whether, in their opinion, community residents have enough information about the “Affordable Medicines” program. The survey on public awareness of the “Affordable Medicines” states program showed that **27** experts noted that the population is well informed (**50-90%** know about the program), **20** experts believe that a significant part of the population is informed (**30-50%** know about the program). This indicates the need to improve information campaigns to achieve greater awareness.

To the question “Have patients/community members ever complained about problems when ordering medicines online under the Affordable Medicines program?” **17** experts answered that there had been complaints, and **50** said that there had been no complaints. The experts also shared with us that the main problems in accessing pharmacy services are the lack of pharmacies, necessary medicines, high cost of medicines, and lack of transportation. Many respondents noted that the main problem is the lack of pharmacies in rural areas.

Also, our task was to find out whether the experts had ever heard of complaints about barriers that prevented elderly people/mothers with strollers or people with disabilities from accessing pharmacies. There were various answers, which revealed the following barriers: lack of ramps or elevators – **14** answers; lack of seating and resting places – **12** answers; high thresholds or stairs – **11** answers; lack of tactile strips, Braille tables – **7** answers. This emphasizes the need for architectural solutions to ensure accessibility to pharmacies for vulnerable groups.



The existence of a unit to address healthcare issues in the structure of the territorial community was mentioned by **22** experts, **12** experts said that there was no such unit, and **31** experts were not aware of its existence.

To the question “Is there any systematic work/monitoring of the situation with access to pharmacy services in your community?” **11** experts gave an affirmative answer, **25** noted that the situation is analyzed only when appeals or complaints are received, and **26** experts indicated that no monitoring is carried out. This emphasizes the need to introduce systematic monitoring to more effectively address issues related to access to pharmacy services.

The main reason for the lack of pharmacies in remote villages, according to **27** experts, is the small population, while **23** experts noted their unprofitability. This points to the need to create financial incentives to encourage the opening of pharmacies in such areas.

Measures that can improve the accessibility of pharmacy services in rural areas, according to our experts, include improving the operation of mobile pharmacy units (**27** responses), reducing taxes or providing benefits for new pharmacies in rural areas (**21** responses), concluding cooperation agreements with private pharmacies (**20** responses), initiating simplification of the licensing procedure (**18** responses), and leasing premises for pharmacies on preferential terms (**17** responses), introducing a system of monitoring needs (**17** responses), subsidizing the delivery of medicines (**15** responses), involving charitable and public organizations in the expansion of pharmacy services (**13** responses), and providing grants for investments in the development of pharmacy chains (**12** responses).

Our goal was also to find out how much the population is aware of mobile pharmacy units, according to experts.

Out of **67** respondents regarding the functioning of mobile pharmacy units in the communities where they perform their expert duties, **26** said that such a service is provided, **26** experts said that it is not provided, and 15 experts could not answer.

**53** respondents said that they had not been approached by representatives of the Ministry of Health, the NHSU, or the State Service on Medicines and Drugs Control to disseminate information about the functioning of mobile pharmacies. Only **14** experts said that they had been.

**7** experts said that the schedules and routes of mobile pharmacy units were agreed upon, the same number of experts said that there were no approvals. **8** experts received appeals from community residents regarding the route of mobile pharmacy units, and **59** experts said that there were no such appeals.

Experts noted certain difficulties in organizing the work of mobile pharmacy units: poor assortment of medicines, emergency road conditions that make it difficult for pharmacy units to move, inconvenient routes and schedules, and lack of information about their functioning.

In addition, they pointed to problems related to low revenue, low levels of security in certain regions, and difficulties in obtaining the necessary permits.

According to experts, the following should be improved in the work of mobile pharmacies: informing the public about the work of mobile pharmacies – **27** responses; increasing the number of visits to pharmacies – **22** responses; expanding the range of medicines – **19** responses; improving the working hours of pharmacies – **14** responses.

*The main problems identified in the survey relate to the uneven distribution of pharmacies in communities. In many settlements, pharmacies are either absent or insufficient, especially in remote rural areas. This leads to low accessibility of pharmacy services and creates difficulties for people who depend on regular medication. Inadequate communication with different categories of the population remains a significant problem, as some citizens are not sufficiently informed about government programs, including the “Affordable Medicines” program. This limits their ability to use preferential medical services. Experts also highlighted the issue of barrier-free access to pharmacies for the elderly, people with disabilities, and mothers with strollers. In addition, there are problems with the organization of mobile pharmacies, including poor roads, a small range of medicines, inconvenient work schedules, and a lack of agreed routes, which significantly reduces their effectiveness. One of the key reasons for the absence of pharmacies in remote areas is their low profitability, which is often due to the small population and lack of financial interest in such areas.*

## Conclusions and recommendations

Based on the analysis of the survey respondents' answers, we have come to the following **conclusions**:

- although the problem of access to pharmacy services was observed even before the start of the full-scale invasion, one of the important factors remains the armed aggression of the Russian Federation, which has a direct or indirect impact on virtually all areas of Ukrainians' lives. The direct impact is manifested in the much lower availability of pharmacies in the regions that are closer to the combat zone and the border with the aggressor country, as observed in the survey in Sumy and Chernihiv regions;
- the existing pharmacy network in remote and rural areas does not fully meet the needs of residents of such areas;
- insufficient access to medicines may lead to a deterioration in the health of the population in such areas;
- the population in such areas is not sufficiently informed about additional opportunities to obtain medicines, including the “Affordable Medicines” program of the NHSU, and the functioning of mobile pharmacies;
- insufficient access to pharmacy services is further exacerbated by the following factors: economic situation of the population (low income); infrastructure problems (lack of public transport or other means of transportation to get to the nearest pharmacy); demographic composition of the population (a large proportion of people of retirement age, people with disabilities, families with children);
- the main reasons for the lack of pharmacies in remote areas are the small population and the unprofitability of their operation (there are no financial incentives for opening pharmacies in such areas). To improve the accessibility of pharmacy services, experts suggest several measures, including the development of mobile pharmacy units, tax cuts or benefits for new pharmacies, cooperation with private pharmacies, simplification of the licensing procedure, subsidizing drug delivery, providing premises on preferential terms, and involving charitable organizations in the expansion of pharmacy services;
- mobile pharmacies can be an effective tool to ensure access to pharmacy services in areas where pharmaceutical businesses face too many risks for the development of a pharmacy network or are not economically interested in developing a pharmacy network due to low incomes.

Based on the above conclusions, the CF “Rokada” considers it appropriate to formulate the following **recommendations**:

***For The Cabinet Of Ministers Of Ukraine, Ministry Of Health Of Ukraine, National Health Service Of Ukraine, Ministry Of Digital Transformation Of Ukraine***

- expand the coverage of the population under the “Affordable Medicines” program while raising public awareness, with a special focus on remote and rural areas;
- information campaigns should be targeted at vulnerable groups (elderly people, people with disabilities, large families, etc.);
- information should be available through various channels, including local social media and local print media;
- develop an information platform on medicines prescribed by family doctors to identify their analogues in the “Affordable Medicines” state program;
- implement joint communication campaigns with local authorities and non-governmental organizations;
- promote the expansion of the network of mobile pharmacies, with a focus on hard-to-reach areas (close to combat zones or in other areas where conditions are unfavorable for opening stationary pharmacies);
- develop a platform for registering and managing mobile pharmacy outlets that will allow users to find the nearest outlets on the map, view their assortment and opening hours, or order medicines for their

upcoming visit to the community. Develop an intuitive application accessible to all segments of the population;

- assist the licensee in developing clear logistics and routes for mobile pharmacies that will be adapted to public transportation schedules, infrastructure conditions, and real community needs;
- use modern digital technologies to monitor and adjust the routes and working hours of mobile pharmacies;
- provide simplified conditions for the procurement and storage of medicines in such pharmacies, taking into account their mobile nature;
- create a simplified licensing procedure for mobile pharmacies that takes into account their specifics and needs, namely: ensure transparency of this process through the use of electronic systems for submitting and monitoring applications; introduce special licenses for mobile pharmacies with an accelerated review procedure that will allow for a prompt response to the needs of the population in case of emergencies or crisis conditions;
- to involve non-governmental organizations that provide assistance to the civilian population of Ukraine in the implementation of programs to improve access to pharmacy services, including through the establishment of partnerships with such organizations;
- develop proposals for improving the regulatory framework in this area.

***For local executive authorities and local self-government bodies (regional military administrations, united territorial communities)***

- promote better informing community residents about existing and potential opportunities for access to medicines (the “Affordable Medicines” program, the activities of mobile pharmacy outlets);
- to establish cooperation between local authorities and pharmacies, which will improve access to pharmacy services. In particular, communities can provide premises for pharmacies on preferential terms or assist in solving logistical issues for mobile pharmacy units;
- involve international donors in financing programs to expand access to medicines (based on the existing experience of implementing such programs, including in Kyiv and Chernihiv regions);
- hold consultations with representatives of pharmacy chains to identify problems in expanding the networks of stationary pharmacies in rural and remote areas and ways to solve them.

***For international and national humanitarian organizations, donor agencies***

- consider funding projects to be implemented by Ukrainian non-governmental organizations with direct experience working with affected communities (such as the “Rokada” Charitable Foundation), which will facilitate better access to medicines for the population;
- explore the prospects of creating consortia involving Ukrainian, international organizations (such as IMPACT REACH) and local governments to implement large-scale projects to create a more holistic approach to solving problems with access to mobile pharmacies;
- to research the best practices that have already been implemented with USAID support in the field of mobile pharmacy units and analyze the strengths and weaknesses of such projects.

## Legal framework

1. [Ministry of Health of Ukraine, How will mobile pharmacies work in villages and frontline areas?](#)
2. [Golovnya Oleh, Odrynsky Vladyslav, Rasputna Maryna, Khryshchuk Olga, Forostyan Olena, Health Needs of Vulnerable Groups, Analytical Report, Deloitte Consulting LLC, p. 6](#)
3. [On the regulation of free and reduced-price supply of medicines on prescription for outpatient treatment of certain groups of the population and for certain categories of diseases](#)
4. [Centralized procurement of medicines in 2022, CF "Patients of Ukraine", 2022](#)
5. [Due to war and stress, strokes in Ukraine have become younger by 10-15 years - Lyashko, Interfax-Ukraine, News Agency, June 12, 2024](#)
6. [Mortality in Ukraine, Ministry of Finance and Media, March 21, 2022](#)
7. [Stroke: what the state is doing for patients, Ministry of Health of Ukraine, October 30, 2023](#)
8. [Kateryna Dmytryk, Pharmacy Market Infrastructure: the Evolutionary Path of Retail Segment Consolidation, Weekly Pharmacy, December 14, 2020](#)
9. [Nowelizacja ustawy – prawo farmaceutyczne \(tzw. „apteka dla aptekarza”\), Naczelna Izba Aptekarska](#)
10. [Denis Kirsanov, Pharmacy Retail: Continued Consolidation, Apteka Weekly, December 29, 2023](#)
11. [Shandrivska O.E., Tsvetkovska A.V., Research of the pharmaceutical market of Ukraine: market concentration in focus, Bulletin of Lviv Polytechnic National University](#)
12. [Ukraine: Health Cluster Bulletin #8, OCHA Services, 25 Sep 2024](#)
13. [Unsplash/CC0 Public Domain, medicalxpress, Depression, anxiety, and stress linked to poor heart health in two new studies, November 6, 2023](#)
14. [National Health Service of Ukraine, Electronic prescription for medicines: details of repayment](#)
15. ["Affordable Medicines" Program: what are the development priorities in 2024, Ministry of Health of Ukraine, February 28, 2024](#)
16. [Pharmacies located in the premises or on the territory of a healthcare facility must conclude a reimbursement agreement, State Service of Ukraine on Medicines and Drugs Control, December 25, 2023.](#)
17. [Electronic map of ePrescription drug outlets, National Health Service of Ukraine](#)
18. [On Amendments to the Licensing Conditions for the Conduct of Economic Activities for the Production of Medicines, Wholesale and Retail Trade in Medicines, Verkhovna Rada of Ukraine Legislation of Ukraine, August 04, 2023](#)
19. [Mobile pharmacies in rural areas may become an important part of the future health care system, Ukrinform, July 29, 2024](#)
20. [Mobile pharmacies to expand the geography of their work, State Service of Ukraine on Medicines and Drugs Control, July 19, 2024](#)
21. [Amendments to the List of territories in which hostilities are \(were\) conducted or temporarily occupied, Ministry of Reintegration of the Temporarily of the temporarily occupied territories of Ukraine, May 8, 2024](#)
22. [Matthew McGough, Gary Claxton, Krutika Amin, and Cynthia Cox, How do health expenditures vary across the population? January 4, 2024](#)
23. [Telepharmacy: Expanding Access to Care in Remote Areas of the USA](#)
24. [Mobile pharmacies expand their geography of operation, State Service of Ukraine on Medicines and Drugs Control, July 19, 2024](#)
25. [Oksana Chmil, Maria Antoniak, The government has simplified the requirements for the area of pharmacies in villages: will there be more of them in Bukovyna, Suspilne Chernivtsi, September 29, 2023](#)