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# **SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ASSESSMENT IN UKRAINE: DESK REVIEW KEY FINDINGS**



## ***Sexual and reproductive health and rights assessment in ukraine: desk review***

### *Key findings*

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## ABOUT THIS REPORT

In response to a large-scale humanitarian and demographic crisis in Ukraine caused by war, the United Nations Population Fund (UNFPA) initiated a comprehensive National Sexual and Reproductive Health and Rights (SRHR) Assessment in Ukraine in 2023. The National SRHR assessment anticipated several phases, including desk review analysis, further quantitative and/or qualitative assessments and a consultative process with national stakeholders and donor community.

This report presents the first phase of the National SRHR Assessment only, namely the Desk Review. The publication outlines identified strengths and challenges of the Ukrainian public health and health care system in the area of sexual and reproductive health, as well as provides recommendations for its further improvement.

The report is intended for a diverse audience of developmental and humanitarian stakeholders, including partners, donors, and organizations working in the field of sexual and reproductive health, aiming to foster collaboration and inform strategies for impactful interventions.





## ABOUT THE STUDY

The desk review incorporated the assessment of the SRHR in Ukraine around strategic objectives outlined in the WHO “Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe - leaving no one behind”, and consisted of two components: quantitative and qualitative.

**The quantitative component** included data analysis of medical statistics available through open data sources in Ukraine such as MedStat of the Center of Public Health of the Ministry of Health of Ukraine, E-Data of the National Health Services of Ukraine, and the National Cancer Registry of Ukraine. Additionally, other data sources, including the Global Burden of Disease Study 2021 by the Institute of Health Metrics and the WHO European Health Information Gateway, were also utilized.

**The qualitative component included** a review of the national laws, clinical guidelines, publications, and reports related to SRHR through a systematic collection, analysis, and synthesis of existing documentation without primary data collection. These documents were collected from various sources such as government websites, legal databases, academic journals, and NGO publications. International organizations’ platforms were also used.

Based on the quantitative and qualitative parts of the desk review, a synthesis was made, summarizing strengths and challenges identified in supporting SRHR. Recommendations were then formulated to address gaps, promote reforms, or advocate for the alignment of practices with international standards.



## EXECUTIVE SUMMARY

The summary of the findings and recommendations are formulated around key areas, such as partner and non-partner sexual violence, maternal and neonatal health, contraception and safe abortions, sexually transmitted infections, infertility, reproductive cancers, and SRH service provision to vulnerable groups. Cross-cutting issues are also identified and highlighted.

### Partner and non-partner sexual violence

1. There is a high prevalence of intimate partner and non-partner sexual violence in Ukraine, according to survey data from both before and after full-scale invasion, including sexual violence caused by war. In Ukraine, clinical services of rape survivors remain limited at primary healthcare and inpatient clinics due to a lack of trained medical personnel and significant regional variability in the availability of medical staff. This calls for improving staffing policies and implementation of capacity building activities for medical and other relevant professionals.
2. There is no separate medical protocol or standard of care for survivors of rape or intimate partner violence, which requires the development of a national protocol on clinical management of rape (CMR)/ intimate partner violence (IMV) based on WHO guide, adapted to the Ukrainian context. This protocol should provide clear guidance on the above considerations and be survivor-centered, following the guiding principles of safety, confidentiality, non-discrimination and respect for customs, religious beliefs, etc. This should lead for the establishment of the procedures for comprehensive (or fullest possible) CMR/IPV care at all levels (survivor-centered, one-stop care for survivors, reforms to forensic investigation

requirements, ensuring inclusion of children, men, boys, LGBTQIA+ individuals).

3. There is a need to improve data collection and analysis on GBV for evidence-based decision-making. Mandatory reporting of GBV should be abolished, as it can act as a counterproductive barrier to potentially lifesaving care.
4. There is also a need to define the responsibility of a health facility to have necessary material supplies for providing medical care to survivors following the recommended time frame to ensure the care effectiveness (PEP kits, etc.).
5. Developing a national online resource with comprehensive up-to-date information on GBV for different target audiences may help inform, guide and support the implementation of further actions.

### Maternal and neonatal health

6. Despite the challenges posed by the full-scale invasion, Ukrainian healthcare services for mothers and neonates have shown remarkable resilience, as demonstrated by the lack of a significant rise in key maternal and neonatal health indicators, such as maternal and perinatal mortality. However, clear regional disparities exist, though no consistent pattern has emerged from these differences, underscoring the need for further investigation.
7. At the same time, the war has severely aggravated pre-existing challenges in accessing and providing healthcare services for pregnant women. For instance, the proportion of women delivering without prenatal care has risen, particularly among those under 18.

Additionally, the incidence of maternal complications during labor and postpartum has increased, with higher rates of conditions such as edema, proteinuria, hypertensive disorders, birth injuries (especially third- and fourth-degree perineal tears), septicemia, and C-sections complicated by peritonitis. Other complications, including diabetes mellitus and anemia, have also become more prevalent.

8. The percentage of pregnant women receiving two tests for syphilis and HIV during pregnancy, as well as those on antiretroviral (ARV) therapy for preventing mother-to-child transmission (PMTCT), has been decreasing. This highlights the need for intensified efforts to expand HIV and syphilis testing coverage among pregnant women, ensuring timely diagnosis and access to appropriate treatment.
9. In 2024, the National Health Services of Ukraine reported that Caesarean sections accounted for about 30% of all deliveries, significantly higher than the recommended rate of 10–15%. While C-sections can be life-saving when necessary, rates above 10% are not linked to reduced maternal or newborn mortality. Further analysis is needed to understand the causes behind the high rates and to implement evidence-based solutions.
10. Child and teenage pregnancy remain significant issues, with notable regional disparities. Addressing this requires coordinated efforts to plan and implement comprehensive strategies, including sexuality education, improved access to modern contraceptives, youth empowerment and life skills programs, parental and community involvement, tackling gender inequalities, and other relevant initiatives.

## Contraception and safe abortions

11. Information on contraceptive use in Ukraine remains extremely limited, with no population data on modern contraceptive use collected since 2012. This underscores the urgent need for a population-based survey. Further, the

data from E-Data/NHSU on contraceptive use is not easily accessible, highlighting the need for further dialogue to identify effective solutions for improving information access for public health professionals and decision-makers.

12. While the number of abortions and the abortion rate per 1,000 women of reproductive age continues to decrease across all age groups, a concerning rise in the abortion rate relative to live births and deliveries has been observed since 2021. Additionally, the number of criminal abortions and abortion-related deaths rose sharply in 2023. This highlights the urgent need for further investigation and targeted actions to address the unmet need for modern contraception and improve access to safe abortion services.
13. Although the use of curettage, an unsafe method of pregnancy termination in the first trimester, is decreasing in Ukraine, it remains the preferred option in certain regions. Targeted training for healthcare personnel is likely needed to further reduce or eliminate its use and promote safer alternatives, particularly for girls under 18.

## Sexually transmitted infections

14. A syphilis outbreak is likely, with rising new cases among men since 2019 and a notable increase among women, including pregnant women, in 2023. Hepatitis B incidence is also rising, both acute and chronic, with higher rates observed among women. The proportion of sexually transmitted HIV cases continues to rise compared to parenteral transmission. Children under 18 are vulnerable to different types of STIs. This highlights the need for public health interventions on sexuality education and counseling, ensuring access to barrier contraceptives, early testing, diagnosis and treatment, supported by proper M&E activities with a particular focus on adolescents and young people.



## Infertility

15. National data on female and male infertility, including underlying causes and approaches to address them, is lacking. At the same time, Global Burden of Disease data suggests that the prevalence of male and female infertility is twice as high in Ukraine compared to countries of the European Union. This calls for the introduction of a system to monitor the incidence and prevalence of male and female infertility in Ukraine, and analysis to identify underlying causes to support evidence-based decision-making.

## Reproductive cancers

16. In Ukraine, breast cancer is the leading cause of cancer-related morbidity and mortality, and cervical cancer is the second leading cause of cancer-related morbidity and mortality among women 30–54 years old. At the same time, the percentage of late diagnoses at stage III–IV for breast and cervical cancers is increasing. To address these issues, there is an urgent need for introduction of the comprehensive breast and cervical cancer screening programs, and compulsory HPV vaccination for adolescent girls aligned with the latest WHO recommendations.

## SRH service provision to vulnerable groups

17. There is a need to define a list of population groups with specific needs for SRH services with the aim to address their vulnerabilities, improve access of care and quality of SRH service provision. Such a list may include people with disabilities, IDPs, adolescents, the elderly, religious communities and national minorities, people living with HIV/AIDS, LGBTQIA+ individuals and others. It is crucial to prioritize activities aimed at improving access to and the quality of SRH services for population with specific needs in a well-coordinated manner, involving both developmental and humanitarian partners.

## Cross-Cutting Issues

18. Ukraine currently lacks a national intersectoral committee or supervisory board to oversee priority SRH actions, as well as a national SRH strategy or action plan to guide developmental and humanitarian efforts in a coordinated manner.
19. Sexuality education in schools does not fully align with UNESCO Technical Guidelines, highlighting the need for advocacy to establish and implement national standards for school-based sexuality education.
20. The scope of SRH services at the primary healthcare level includes pregnancy follow-ups, referrals to specialists, mammography, and cervical cancer screening. However, PHC professionals are not mandated to provide SRH information or additional services, requiring further clarification, staff training, and equipment procurement.
21. Several clinical guidelines, such as those for family planning and managing diabetes and anemia in pregnancy and others, need updates to align with current evidence and healthcare reforms in Ukraine.
22. SRH services for men, children, adolescents, IDPs, people with disabilities, the elderly, and LGBTQIA+ groups are underrepresented in key guidelines and require attention to ensure inclusivity.
23. Data collection, analysis, and dissemination on SRHR in Ukraine need improvement to ensure quality, accountability, transparency, and accessibility for all stakeholders.



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## ABBREVIATIONS

<b>AIDS</b>	Acquired immunodeficiency syndrome	<b>MVA</b>	Manual vacuum aspiration
<b>ART</b>	Antiretroviral treatment	<b>NGO</b>	Nongovernmental organization
<b>CMR</b>	Clinical management of rape	<b>NHSU</b>	National Health Services of Ukraine
<b>COVID-19</b>	Coronavirus Disease 2019	<b>Obj</b>	Objective
<b>CPH</b>	Center of Public Health	<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>EU</b>	European Union	<b>PHC</b>	Primary healthcare
<b>EVA</b>	Electric vacuum aspiration	<b>RHiC</b>	Reproductive Health in Crisis
<b>GBD</b>	Global Burden of Disease Study	<b>SMGP</b>	State Medical Guarantee Packages
<b>GBV</b>	Gender-based violence	<b>SRH</b>	Sexual and Reproductive Healtha
<b>Hep B</b>	Hepatitis B	<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>HIV</b>	Human immunodeficiency virus	<b>STI</b>	Sexually transmitted infections
<b>HNRP</b>	Humanitarian Needs and Response Plan	<b>UN</b>	United Nations
<b>IAWG</b>	Inter-Agency Working Group	<b>UNDP</b>	United Nations Development Program
<b>IPV</b>	Intimate partner violence	<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>LGBTQIA+</b>	Lesbian, gay, bisexual, transgender, queer, intersex, asexual, and others	<b>UNFPA</b>	United Nations Population Fund
<b>MCH</b>	Maternal and child	<b>WG</b>	Working group
<b>MMR</b>	Maternal mortality ratio	<b>WHO</b>	World Health Organization
<b>MoES</b>	Ministry of Education and Science	<b>YFHS</b>	Youth Friendly Health Services
<b>MoH</b>	Ministry of Health		
<b>MoJ</b>	Ministry of Justice		

# SUMMARY

## Background

In December 2023, the United Nations Population Fund (UNFPA) initiated the National Sexual and Reproductive Health and Rights (SRHR) Assessment in Ukraine through the Technical Working Group on Sexual and Reproductive Health (SRH). This initiative was a response to the increased humanitarian and health system development needs in Ukraine in the context of the ongoing war. It was documented that there were more than 5 million internally displaced people and 6.3 million refugees from Ukraine recorded globally as of June 2023. Additionally, over 17 million people inside Ukraine<sup>1</sup> were in need of urgent humanitarian assistance, most of whom were women and children.<sup>2</sup> In such a large-scale humanitarian crisis, the efficient coordination of partners and donors working in the SRH field, supported by the latest evidence-based information, becomes particularly important. The National SRHR assessment anticipated several phases, including desk review analysis, further quantitative and/or qualitative assessments and a consultative process with national stakeholders and donor community.

This report presents the first phase of the National SRHR Assessment only, namely the Desk Review.

## Goals and Objectives

The **goal** of the SRHR desk review was to provide an overview of the current status of SRHR in Ukraine and to develop initial conclusions and recommendations for the next steps of the SRHR comprehensive assessment and/or immediate actions.

The **objectives** of the SRHR desk review included the following:

- To analyze available information on SRHR situation in Ukraine.
- To identify challenges and urgent needs in SRHR in Ukraine, with a special focus on the most vulnerable and disadvantaged groups of the population.
- To develop priority recommendations to address urgent SRHR needs in Ukraine, in alignment with the current stage of healthcare reform in the context of the ongoing war.

## Methodology

WHO “Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind”<sup>3,4</sup> (*hereinafter referred to as the WHO SRH Action Plan*) was used as the main framework for the **SRHR desk review methodology**. As part of this review, the status of implementation, along with the challenges and opportunities for each goal and objective outlined in the WHO SRH Action Plan, was assessed based on the available information. The assessment was also conducted through the lens of humanitarian needs in SRH, in alignment with other relevant guiding documents, such as UNFPA “Minimum Initial Service Package (MISP) for SRH in Crisis Situations”<sup>5</sup> and OCHA “Humanitarian Needs and Response Plan for Ukraine in 2024.”<sup>6</sup>



The desk review included quantitative data analysis of medical statistics available through open data sources, such as MedStat of the Center of Public Health (CPH) of the Ministry of Health (MoH) of Ukraine<sup>7</sup>, E-Data of the National Health Services of Ukraine (NHSU)<sup>8</sup> and the National Cancer Registry of Ukraine.<sup>9</sup> Additionally, other data sources, including the Global Burden of Disease Study 2021 by the Institute of Health Metrics<sup>10</sup> and the WHO European Health Information Gateway,<sup>11</sup> were also utilized. Qualitative data analysis was conducted on national laws, clinical guidelines, publications and reports related to SRHR.

## Key Findings and Recommendations in Line with the Objectives of the WHO SRH Action Plan

Key findings and recommendations are briefly presented here in alignment with the objectives defined under the WHO SRH Action Plan. Some objectives, where interrelated, have been combined, assessed and presented together for the purpose of making it more concise for the reader.

The presentation of each (or combined) Objective(s) consists of key findings structured around their strengths and challenges, along with suggested recommendations. These recommendations are not intended to provide explicit actions but rather to serve as a foundation for further discussion, clarification and agreement on the next steps to better understand the situation and take appropriate action.

*For relevant graphs and maps, please refer to the Annex section.*

***SRH rights are respected, protected and fulfilled (Obj 1.1); Integrate sexual and reproductive health into national public health strategies and programmes (Obj 3.3); Develop whole-of-government and whole-of-society approaches for effective and equitable implementation of programmes (Obj 3.4)***

### Strengths

1. Ukraine has a strong legislative support for SRH rights protection. In particular, Ukraine has ratified the UN Convention on the Elimination of All Forms of Discrimination Against Women<sup>12</sup> and The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (the Istanbul Convention).<sup>13</sup> SRH rights are also guaranteed by the Constitution of Ukraine and further clarified through various laws<sup>14</sup> and regulations.
2. At the national level, Ukraine has an active UN-led SRH Technical Working Group (WG) that supports the coordination of partners working in SRH field.

### Challenges

1. Human rights related to SRH are significantly challenged by the ongoing war, which has led to limited access to and interruption in services.
2. There is an absence of National SRH Strategy, Program or Action Plan.
3. There is no National Intersectoral Multi-Partner Committee or Council on SRH.

### **Recommendations**

1. Develop National SRH Strategy and Action Plan that is aimed to address SRH developmental and humanitarian challenges in Ukraine, integrating whole-of-government & whole-of-society approaches.
2. Establish a National Intersectoral Multi-Partner Committee/supervisory board/working team or any other form of coordination to steer priority SRH actions in Ukraine.

### **Formal and informal evidence informed comprehensive sexuality education is established and strengthened (Obj 1.2)**

#### **Strengths**

1. Elements of sexuality education are included in the mandatory school subjects.
2. Multiple NGOs and developmental partners provide additional support for informal sexuality education activities,<sup>15,16</sup> including data collection, advocacy and communication, fostering collaboration among schools and medical facilities, etc.



## Challenges

1. Sexuality education in schools is not fully in line with the UNESCO Technical Guidelines<sup>17</sup> (it is not comprehensive, is not always delivered in a timely manner or sometimes lacks accuracy). This issue was raised by health activists through an official e-petition to the President of Ukraine on his website<sup>18</sup> and was confirmed by the Minister of Education and Science (MoES), who has committed to taking further actions.<sup>19</sup>

## Recommendations

1. Advocate for and develop national standards for school sexuality education and support their effective implementation.

**Provide information and services that enable people to make informed decisions about their sexual and reproductive health (Obj 1.3); Attend to all people's needs or concerns in relation to sexuality and sexual and reproductive health and rights (Obj 2.1)**

*Note: The scope of SRH information and services was difficult to assess during the desk review process due to the limited availability of information in open sources.*

## Strengths

1. Available information suggests that 2024 State Medical Guarantee Packages (SMGP)<sup>20</sup> ensure easy access to obstetrical and gynecological care for women. The outpatient specialized care package does not require a referral from family doctor. The SMGP prioritizes inpatient and outpatient care for pregnancy, deliveries and neonatal care, as well as providing specialized services for women such as mammography, hysteroscopy, cystoscopy and treatment of HIV/AIDS patients.

## Challenges

1. The defined scope of SRH services at the primary healthcare (PHC) level in Ukraine includes follow-up during normal pregnancy, referrals for consultation to obstetrician-gynecologist at the secondary specialized outpatient level, referrals for mammography,<sup>21</sup> and recently, referrals for cervical cancer screening.<sup>22</sup> However, PHC professionals are not explicitly required to provide SRH information or other SRH services.<sup>21</sup> Therefore, it is assumed that the list of Minimum Initial Service Package (MISP) services is not comprehensively integrated into PHC, as recommended by the Inter-Agency Working Group (IAWG) on Reproductive Health in Crisis (RHIC).<sup>23</sup>
2. SRH service provision for men, adolescents or other specific population groups is not emphasized or mentioned in SMGPs.

## Recommendations

1. Conduct further analysis (for example, via interviews and direct observations) in order to assess availability and scope of SRH information and services.
2. Ensure integration of basic SRH services into PHC level.



3. Ensure integration of SRH services for men, children and adolescents, and other specific population groups, such as IDPs, disabled, elderly, lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) and others.

***Prevention of intimate partner violence and non-partner sexual violence and exploitation, and provision of victim support and help to perpetrators (Obj 1.4)***

***Strengths***

1. MoH has developed and approved Order No. 278 as of 01.01.2019 “Procedure of conducting and documenting the results of a medical examination of victims of domestic violence or persons who are likely to have suffered from domestic violence, and providing them with medical care” (approved by the Ministry of Justice (MoJ) on 14.03.2019).<sup>24</sup>
2. MoH collects and analyses data on domestic violence in accordance with Order No. 278. This includes quarterly and annual reports on physical, sexual, psychological and economic violence affecting girls, boys, women and men, including those with disabilities. The MoH also monitors and documents victims of domestic violence of criminal nature and those who were hospitalized. Additionally, the MoH tracks the number of medical personnel who have completed training relevant to the care of victims of domestic violence.<sup>25</sup>
3. The ratification of the Istanbul Convention by the Parliament of Ukraine (2022)<sup>13</sup> expands the opportunities to combat all forms of gender-based violence and requires changes in legislation and the operations of state institutions in accordance with international standards.<sup>26</sup>

***Challenges***

4. There is a high prevalence of intimate partner and non-partner sexual violence in Ukraine, according to survey data from both before<sup>27,28</sup> and after full-scale invasion, including sexual violence caused by war.<sup>29,30</sup> The Ukrainian Humanitarian Needs and Response Plan (HNRP) estimates that 2.5 million people will need gender-based violence (GBV) services in 2024.<sup>6</sup>
5. Clinical services of rape survivors remain limited at primary healthcare (PHC) and inpatient clinics, with no availability at emergency medical care centers. This is mainly due to a lack of trained medical personnel and significant regional variability in the availability of medical staff.<sup>31</sup>
6. A national online resource providing comprehensive and up-to-date information on GBV for different target audiences (such as for decision-makers, healthcare providers and GBV survivors) was not found.
7. There is no separate medical protocol or standard of care for survivors of rape or intimate partner violence. Certain aspects of medical care for survivors of sexual violence are included in the Order of the Ministry of Health No. 278, which governs medical care for survivors of domestic violence. However, the clinical management of rape (CMR) is scattered across various sections of the Order and lacks clear structure.<sup>26</sup>
8. Barriers and stigma persist for all victims/survivors of sexual violence and are particularly high for men and boys, LGBTQIA+ individuals, etc. Foreigners may also face particular barriers. The mechanism for obtaining assistance in case of sexual violence for men and boys is not clearly defined and requires further development.<sup>26</sup>



9. The topic of mandatory reporting or the absence of such obligations is not clearly addressed and may be interpreted differently in practice. According to the CMU Resolution № 658, information transfer about the survivor's appeal to responsible persons, including the police, must be carried out with the informed voluntary consent of the survivor (unless the survivor is a child, a person with a disability or has sustained injuries of a criminal nature). However, this stipulation is not mentioned in MoH Order No. 278. Given that mandatory reporting without consent (for adults) can put survivors at risk and is a significant barrier to seeking medical care, this issue needs to be clearly explained without compromising survivors' autonomy and ability to make their own decisions.<sup>26</sup>
10. The registration of the survivor's appeal includes personal data in uncoded form and may compromise confidentiality.<sup>26</sup>
11. The procedure for the collection of forensic evidence as outlined in the MoH Order No. 278 is inconsistent with other legislation. In practice, this procedure violates the principle of person-centered, one-stop care, as it requires survivors to undergo two intrusive examinations. One section of Order No. 278 states:
  - a. Inform the person about the forensic examination. Explain that they need to visit the territorial police department or district prosecutor's office with their passport (without performing any hygienic procedures) to receive the appropriate referral.
  - b. Explain that in cases of sexual violence (rape), a person can independently approach a forensic medical expert without a passport. In such cases, the forensic medical expert will take a picture of the individual.



- c. While the other section of the Order describes samples that can be collected as evidence, stating that physical evidence must be collected during the medical examination (forensic examination) and kept confidential in a secure place. In order to collect evidence, the consent of the injured person must be obtained.
  - d. Meanwhile, the Ukrainian Code of Criminal Procedure allows for the collection of evidence only by parties to criminal proceedings, that is, only after the survivor's application has been registered with the police. Forensic medical examination is conducted by state institutions – bureaus of forensic medical examinations – and materials for laboratory examination are collected exclusively by a forensic expert.<sup>26</sup>
- 5. The medical certificate is issued only at the request of the survivor or his/her legal representatives. The health facility is not required to keep a copy of the certificate.<sup>26</sup>
  - 6. There is no clear indication of how survivors can access post-exposure prophylaxis (PEP) drugs, such as emergency contraception, antibiotics to prevent STIs or antiretroviral therapy (ART) for HIV, etc., while adhering to the principle of receiving care in one place.<sup>26</sup>
  - 7. Some sections on medical care are incomplete or missing. This includes areas such as taking medical history, performing genital examinations, special considerations for male rape survivors, treatment for survivors based on the time of their appeal for medical care, assessing mental health and providing psychosocial support and offering follow-up care.<sup>26</sup>
  - 8. Areas requiring further development include the identification and care of survivors of intimate partner violence, as well as specific care for child survivors.<sup>26</sup>

### **Recommendations**

- 1. Develop a national CMR/IPV protocol based on WHO guide,<sup>32</sup> adapted to the Ukrainian context. This protocol should provide clear guidance on the above considerations and be survivor-centered, following the guiding principles of safety, confidentiality, non-discrimination and respect for customs, religious beliefs, etc. Establish procedures for comprehensive (or fullest possible) CMR/IPV care at all levels (survivor-centered, one-stop care for survivors, reforms to forensic investigation requirements, ensuring inclusion of children, men, boys, LGBTQIA+ individuals).<sup>26</sup>
- 2. Improve data collection and analysis on GBV for evidence-based decision-making. Reform policies related to mandatory reporting, as it can act as a counterproductive barrier to potentially lifesaving care. Establish and use a confidential data system to register survivor's appeal of the of violence and ensure data transfer to the responsible authorities, with personal data being de-identified or coded.<sup>26</sup>
- 3. Advocate for establishing a legal framework for the collection of forensic evidence by a designated certified healthcare provider. This would enable survivors to receive comprehensive care in one location without the need for prior police registration of the case.<sup>26</sup>
- 4. Define the responsibility of a health facility to have necessary material supplies for providing medical care to survivors following the recommended time frame to ensure the care effectiveness (PEP kits, etc.).<sup>26</sup>
- 5. Provide and maintain prescription-free access to self-care measures, including emergency contraception.<sup>26</sup>

6. Developing a national online resource with comprehensive up-to-date information on GBV for different target audiences may help guide and support the implementation of further actions.
7. Continue capacity-building activities for medical and other relevant professionals on the identification, assessment and assistance of GBV survivors, including the recognition that men and boys can also be victims.<sup>26</sup>

### ***Reduce unmet need for contraception (Obj 2.2)***

#### ***Strengths***

1. National legislation supports the provision of quality family planning services (approved MoH Order “On Improving Family Planning System and Reproductive Health Protection in Ukraine” No. 1030/102 dated 29/11/2013 registered with the MoJ under No. 162/24694 on 20 December 2013<sup>33</sup>).
2. The approved national guideline and clinical protocol on family planning, defining the scope of such services at the primary, secondary and tertiary levels.<sup>34,35</sup>

#### ***Challenges***

1. Limited or no population data on current use of modern contraceptives in Ukraine (the last population-based survey was conducted in 2012<sup>36</sup>).
2. Information on contraceptive use from E-Data/NHSU is not easily accessible.
3. Limited access to emergency contraception in healthcare facilities, mainly due to a lack of medical supplies and trained medical personnel.<sup>31</sup>
4. National guideline and clinical protocols on family planning are outdated (approved in 2014<sup>34,35</sup>) and require an update.
5. MoH organizational Order No. 508 which defines the scope of medical service provision at the PHC level, does not require PHC professionals to provide family planning services. As a result, the role of PHC doctors and nurses in providing of modern contraceptives is not assured.

#### ***Recommendations***

1. Foster data collection on the current use of modern contraceptives in Ukraine from various sources (population-based surveys, healthcare facilities, points of contraceptive sales/pharmacies), with a special focus on vulnerable population to support evidence-based decision-making.
2. Update clinical guidelines on family planning.
3. Ensure the availability of medical supplies and provide further training on the use of emergency contraceptives for healthcare staff.
4. Define the scope of family planning services in PHC organizational order, standard or similar regulations that are feasible for provision at the PHC level by different healthcare providers (doctors and nurses). In line with the above, ensure that PHC staff receives tailored training and the necessary resources to provide family planning services at the PHC level.



## ***Eliminate avoidable maternal and perinatal mortality and morbidity (Obj 2.3)***

### ***Strengths***

1. Ukrainian healthcare service provision for mothers and children showed noticeable resilience during the time of full-scale invasion:
  - a. Maternal mortality ratio (MMR) decreased in 2022 and 2023 after a sharp increase in 2021 during the COVID-19 epidemic;
  - b. Perinatal mortality, stillbirth rate and early neonatal mortality keep a stable pattern without a significant change during the wartime;
  - c. The percentage of the preterm births relative to the total number of babies born in Ukraine has been increasing over the last fifteen years without major changes during the war;
  - d. The number of abortions and the abortion rate per 1,000 women of reproductive health continues to decrease across all population age groups.
2. The SMGP prioritizes service provision for women during pregnancy, delivery and after birth, as well as for neonates, including for neonatal screening and cases of severe neonatal complications.<sup>20</sup>
3. National clinical guidelines, protocols or standards of medical care have been developed and approved for a wide spectrum of maternal and childcare issues, including but not limited to: Normal pregnancy (2022),<sup>37,38</sup> Hypertensive disorders during pregnancy (2021),<sup>39,40</sup> Ectopic pregnancy (2022),<sup>41,42</sup> Caesarean section (2021),<sup>43,44</sup> Premature rupture of membranes (2023),<sup>45,46</sup> Preinduction or induction of labor (2017),<sup>47</sup> Physiological labors (2022),<sup>48,49</sup> Prevention of mother-to-child transmission (2022),<sup>50,51</sup> Jaundices of neonates (2021)<sup>52,53</sup> Fetal growth retardation (2023),<sup>54,55</sup> Medical abortion in I (2023) and II (2024) trimesters.<sup>56-58</sup>

### ***Challenges***

1. Regional differences are notable regarding the number of maternal deaths, perinatal and early neonatal mortality, stillbirth and abortion rates, as well as percentage of live babies born prematurely. There is no clear pattern of such regional differences, which requires further investigation.
2. The percentage of pregnant women tested twice for HIV during pregnancy and those on ARV therapy to prevent PMTCT is decreasing.<sup>59</sup>
3. The percentage of women tested twice for syphilis after 30 weeks of pregnancy has been slightly decreasing since 2014; however, the number and percentage of women who tested positive for syphilis increased in 2023.
4. The percentage of deliveries by women who were not followed-up by medical personnel during pregnancy has been increasing since 2014. The highest percentage of deliveries without previous medical supervision is among girls under 14 years old and 15-17 years old. The highest number of such deliveries is registered in the Zakarpattia, Dnipropetrovsk, Odesa regions and Kyiv city.
5. The highest number of deliveries that occurred outside medical facilities during the full-scale war occurred in the Dnipropetrovsk, Poltava, Kirovohrad, Mykolaiv and Odesa regions. In 2023, the highest percentage of deliveries outside medical facilities occurred in the Dnipropetrovsk, Chernihiv, Poltava, Kirovohrad and Mykolaiv regions.



6. The NHSU reported that in 2024, Caesarean sections (C-sections) were performed in 30% of all deliveries in Ukraine,<sup>60</sup> which is much higher than the internationally accepted ideal rate for C-sections of 10-15%. While it is well-documented that C-sections can be lifesaving for both mothers and infants when medically necessary, C-section rates above 10% are not associated with reductions in maternal and newborn mortality. The highest C-section rates were documented in the Kherson (46%), Odessa (35%), Zaporizhzhia (35%), Kharkiv (34%), Dnipropetrovsk (33%), Zhytomyr (33%), Zakarpattia (33%), Ivano-Frankivsk (33%), Kyiv (32%) and Kirovohrad (31%) regions. The lowest C-section rate was recorded in Vinnitsa region (21%).
7. The following complications during labor and after delivery are increasing in Ukraine:
  - a. The number and percentage of deliveries complicated by edema, proteinuria and hypertensive disorders. In particular, cases of preeclampsia and eclampsia, including severe cases, are on the rise. The highest numbers of severe preeclampsia and eclampsia were diagnosed in the Lviv, Dnipropetrovsk regions and Kyiv city. The highest percentage of such complications relative to the total number of deliveries occurred in the Kherson, Lviv, and Zhytomyr regions. More than 30% of preeclampsia and eclampsia cases in the Mykolaiv, Volyn, Zakarpattia and Donetsk regions resulted in severe cases.
  - b. The number and percentage of birth injuries, particularly third and fourth-degree perineal tears, are increasing, with the highest figures recorded in Kyiv city and the Rivne region.
  - c. The highest number and percentage of bleeding during the III stage of labor were documented in Kyiv city and the Dnipropetrovsk, Odesa and Rivne regions. The highest percentage of complications relative to the total number of deliveries occurred in the Dnipropetrovsk, Rivne, Zakarpattia, Odesa and Zhytomyr regions.
  - d. The number and percentage of deliveries complicated by septicemia during childbirth and postpartum sepsis were highest in the Vinnitsa, Poltava and Dnipropetrovsk regions.
  - e. The number and percentage of deliveries complicated by peritonitis after C-section and extirpation of uterus due to peritonitis after C-section, were highest in the Vinnytsia region.
  - f. The number and percentage of deliveries complicated by diabetes mellitus were highest in Kyiv city and the Dnipropetrovsk region, while the highest percentage of delivery complications occurred in Kyiv city and the Mykolaiv, Dnipropetrovsk, Rivne, and Ternopil regions.
  - g. The number and percentage of anemia cases have been increasing since 2014. The highest number of cases was registered in Kyiv city and the Odesa, Lviv and Dnipropetrovsk regions; the highest percentage of such complication occurred in Kyiv city and the Odesa, Donetsk and Zaporizhzhia regions.
8. The number of uterus ruptures increased in 2022, followed by a decrease in 2023. Notably, most uterine rupture cases occurred within medical facilities between 2008-2023, with only a few exceptions (years 2020 and 2023).
9. The abortion rate per number of live births and deliveries has been increasing since 2021.
10. The number of criminal abortions sharply increased in 2023 compared to 0 or 1 case per year since 2016, with most cases coming from the Kyiv region. In 2023, two cases of deaths due to abortions were registered in the Donetsk and Poltava regions, compared to no abortion-related maternal deaths since 2021.

11. While the usage of curettage as an unsafe method of pregnancy termination in the 1st trimester is decreasing in Ukraine, it remains a preferred method in some regions. In 2023, 40% or more unwanted pregnancies among girls under 18 years old were terminated by curettage in the Zakarpattia, Lviv and Dnipropetrovsk regions.
12. Child/teenage pregnancy remains an issue with significant regional differences:
  - a. There is an increased number of deliveries among girls under 14, with most cases registered in the Zakarpattia region.
  - b. There has been an increase in the number and percent of deliveries among girls under 18 who were not medically supervised during pregnancy, particularly in the Zakarpattia & Dnipropetrovsk regions.
13. Statistical forms #21 and #13 provide only aggregated data which by definition does not allow for the analysis of information at the individual patient level. These forms do not permit disaggregation by important subgroups of the population (e.g., IDPs, the elderly, disabled, LGBTQIA+, etc.). Furthermore, some information is missing (e.g., Hepatitis B vaccination coverage of neonates). In addition, certain definitions are unclear, which could potentially lead to misclassification (e.g., “unclassified” abortions).

### **Recommendations**

1. Continue implementing well-coordinated humanitarian and developmental efforts to ensure further resilience of maternal and child healthcare (MCH) provision in Ukraine.
2. While many national guidelines and protocols are available, some require update or development – for example, those on postpartum hemorrhage, maternal sepsis, as well as managing diabetes mellitus and anemia during pregnancy, giving the increasing prevalence of these conditions in Ukraine.
3. Strengthened efforts are needed to increase the coverage of HIV and syphilis testing among pregnant women, allowing timely diagnosis and access to treatment.
4. Further analysis is required to understand the reasons behind the high C-section rates and to plan evidence-based measures to address this issue.
5. Statistical MoH forms #21 and #13 require improvements OR alternative mechanisms for monitoring indicators should be developed (e.g., through the e-Data platform of NHSU).
6. Training for healthcare personnel is likely needed to eliminate or minimize the usage of curettage in clinical practice and to opt for safe methods of pregnancy termination, particularly among girls under 18 years of age. Healthcare personnel also need to have access to the necessary equipment, such as EVA and MVA, as well as medicines for medical abortions. Medicines for second-trimester abortion (allowed only for medical indications in Ukraine) should be provided for free, and thus the necessary PMG package should be ensured by NHSU.
7. Further investigation is needed to understand the underlying reasons for the high levels of pregnancy complications, such as edema, preeclampsia and eclampsia, birth injuries with III–IV degree perineal tears, bleeding during the III stage of labor, septicemia during childbirth and postpartum sepsis, uterine rupture (especially cases occurring within medical facilities), peritonitis after C-section and extirpation of the uterus, diabetes mellitus, anemia and others. Consider providing the necessary training for the safe management of pregnancies and deliveries, and implement near-miss case

reviews (using WHO methodology), taking into account previous experiences with this approach in Ukraine.<sup>61,62</sup>

8. Consider implementation of the Confidential enquiry into maternal deaths (WHO methodology) to understand the underlying causes of maternal mortality and develop evidence-based recommendations for improvement. Although this methodology was approved by the Ministry of Health (MoH Order No. 1014, 26.12.2014) and registered with the Ministry of Justice (#59/26504), it is currently not being implemented.
9. Investigate the underlying reasons for the increased number of criminal abortions and maternal deaths due to abortions and take the necessary actions to address these issues.
10. Intensify evidence-based actions to address child and adolescent pregnancy.
11. Conduct further analysis of perinatal regionalization principles, given the decrease in the number of pregnancies and births in Ukraine, to ensure adequate quality of healthcare provision for mothers and neonates.
12. The regional variability in perinatal, early neonatal mortality and stillbirth rates requires further investigation, followed by appropriate actions to address the identified issues.
13. Additional efforts are needed to increase the coverage of BCG and Hep B vaccination for neonates.

### ***Reduce sexually transmitted infections (STIs) (Obj 2.4)***

#### ***Strengths***

1. Ukraine has developed and approved clinical guidelines and medical standards for the management of Syphilis,<sup>63,64</sup> Viral hepatitis B65 (2021), Viral hepatitis C66 (2021) and Pelvic inflammatory diseases<sup>67,68</sup> (2023), which, among other things, guide the clinical management of chlamydia and gonorrhea infections in women. Additionally, there is strong legislative and regulatory protection to ensure the rights and necessary services for people leaving with HIV.<sup>69-71</sup>
2. The Ministry of Health (MoH) ensures data collection and analysis of syphilis, gonorrhea, chlamydia, trichomoniasis, Mycoplasma genitalium, hepatitis B & C, and HIV/AIDS cases.

#### ***Challenges***

1. A syphilis outbreak is likely, as there has been an increase in new cases among men since 2019, and among women, including pregnant women, in 2023. The highest prevalence in 2023 was observed in the Rivne, Chernivtsi, Odesa and Khmelnytsky regions. The highest increase in cases in 2023 compared to 2022 occurred in the Volyn, Ternopil, Chernivtsi, Odesa and Cherkasy regions, particularly among young men and women aged 15-24 years. More than 20% of syphilis cases were diagnosed at a late stage in the Kherson, Zakarpattia, Sumy, Kharkiv, Zaporizhzhia and Ivano-Frankivsk regions among men, and in the Sumy, Kharkiv, Zaporizhzhia, Zakarpattia, Lviv, Kirovograd, Chernihiv and Khmelnytsky regions among women in 2023.

2. Hepatitis B incidence is increasing (both acute and chronic), with higher rates among women.
3. HIV: the level of HIV testing appears to be decreasing, while the proportion of sexual transmission continues to rise compared to parenteral transmission.
4. The incidence of other STIs seems to be decreasing, although this interpretation has to be made with caution due to unclear testing levels and population size.
5. Children under 18 are vulnerable to STIs, highlighting the need for public health intervention focused on sexual education, counseling and access to barrier contraceptives.
6. Access to STI information, early testing and treatment, and monitoring and evaluation (M&E) are crucial for all age groups.

### **Recommendations**

1. Investigate syphilis and hepatitis B outbreaks further and implement further actions to address them.
2. Implement public health interventions on sexuality education and counseling, ensuring access to barrier contraceptives, early testing, diagnosis and treatment, supported by proper M&E activities with a particular focus on adolescents and young people.

## **Prevent, diagnose and treat infertility (Obj 2.5)**

### **Strengths**

1. Developed and approved procedures for the use of assisted reproductive technologies<sup>72</sup> and the list of reproductive health technologies that can be offered to patients for a fee.<sup>73</sup>
2. A separate SGMP program, "Treatment of infertility using alternative reproductive technologies (in vitro fertilization)," was introduced by NHSU in Ukraine.<sup>20</sup>
3. MoH Statistical Form #41 has been approved to monitor the implementation of supportive reproductive technologies.

### **Challenges**

1. National data on female and male infertility, including underlying causes and approaches to address them, is lacking.
2. The prevalence of male and female infertility, according to the Global Burden of Disease (GBD) Study, is estimated to be twice as high in Ukraine compared to countries of the European Union.

### **Recommendations**

1. Introduce a system to monitor the incidence and prevalence of male and female infertility, and



conduct analysis to identify underlying causes. This will enable evidence-based decision-making to effectively address these issues.

### ***Establish and strengthen programmes for the prevention, diagnosis and treatment of reproductive cancers (Obj 2.6)***

#### ***Strengths***

1. The National Cancer Register<sup>9</sup> monitors cancer incidence, prevalence and mortality.
2. National clinical guidelines and protocols for the clinical management of breast<sup>74,75</sup> (2015) and cervical<sup>76,77</sup> (2014) cancers have been approved.
3. The NHSU guarantees provision of mammography and hysteroscopy for women within specialized outpatient care. From 2020 to 2023, the number of healthcare providers offering mammography examinations increased by 1.3 times (194 in 2020 vs. 249 in 2023), and the number of mammography examinations increased by 4.3 times (114,515 in 2020 vs. 495,397 in 2023). During the same period, the number of healthcare providers offering hysteroscopy examinations increased by 2.5 times (150 in 2020 vs. 375 in 2023) and the number of hysteroscopy examinations increased by 6.9 times (4,857 in 2020 vs. 33,596 in 2023)<sup>78-81</sup>

#### ***Challenges***

1. Breast cancer is the leading cause of cancer-related morbidity and mortality compared to any other type of cancers among women.
2. Cervical cancer is the second leading cause of cancer-related morbidity and mortality among women 30–54 years old.
3. Comprehensive breast and cervical cancer screening programs have not been fully implemented in Ukraine, although some elements are present in its healthcare system (e.g., SGMP for mammography<sup>20</sup> and guidance for PHC professionals to refer for mammography<sup>82</sup>, as well as the newly developed standard for PHC cervical cancer screening<sup>22</sup>).
4. Compulsory HPV vaccination is not introduced for girls and/or boys in Ukraine.
5. The percentage of women diagnosed with breast and cervical cancers during preventive check-ups is decreasing.
6. The percentage of diagnoses at stages I–II for breast and cervical cancers is decreasing while the percentage of late diagnoses at stage III–IV is increasing.
7. National clinical guidelines and protocols for breast and cervical cancer management require updates.

#### ***Recommendations***

1. Introduce comprehensive breast and cervical cancer screening programs aligned with the latest WHO recommendations, supported by implementation science and accompanied by close monitoring and evaluation activities.

2. Introduce compulsory HPV vaccination for adolescent girls.
3. Establish close monitoring of other SRH cancers in both women and men, and ensure necessary actions are taken in accordance with the latest evidence-based information.
4. Develop and implement standard operation procedures for breast and cervical cancer screening at primary healthcare (PHC) and other levels of care.
5. Update clinical guidelines on breast and cervical cancer screening.
6. Launch population-wide communication campaigns aimed at reducing the prevalence of modifiable risk factors associated with breast and cervical cancers.



## ***Expand the scope and reach of sexual and reproductive health services for adolescents (Obj 3.1)***

### ***Strengths***

1. Ukraine has a long-standing history of strengthening and developing youth friendly health services (YFHS) in line with WHO recommendations, aimed at ensuring accessibility, affordability and high quality of SRH services for the adolescents and young people. As a result, numerous regulatory documents have been developed and introduced in Ukraine.<sup>83,84</sup> National coordination YFHS centre in Kyiv<sup>85</sup> and a network of health services throughout the country were also established. International assessments have been conducted, with relevant reports documenting the progress of YFHS implementation in Ukraine.<sup>86-88</sup> These efforts have been supported by UNICEF, WHO, UNFPA and UNDP.

### ***Challenges***

1. YFHS services in Ukraine were provided through the established YFHS facilities, such as youth friendly health clinics, departments, cabinets (or networks of cabinets). In 2014, Ukraine had 144 YFHS facilities across the country. However, their number has been constantly decreasing<sup>89</sup> since then. By 2023, the total number of YFHS facilities had dropped to 51.<sup>89</sup> The main reasons for the closure of previously established facilities are the following: a lack of clarity regarding YFHS provision within the healthcare system reform process, staff shortages, and interruption of services due to the ongoing war.<sup>89</sup>
2. While establishing YFHS facilities was a significant step toward improving access to SRH services for adolescents (vertical approach), less attention was given to integrating youth friendly health services into primary health care (horizontal approach).

### ***Recommendations***

1. Adolescents and young people is a special group of the population that often faces significant vulnerabilities when it comes to SRH. It is crucial to prioritize activities aimed at improving access to and the quality of SRH services for adolescents and young people in a well-coordinated manner, involving both developmental and humanitarian partners.
2. There is a need to clarify the role of YFHS within the current stage of healthcare system development to preserve and build upon previous efforts.
3. It is important to intensify and scale up previously initiated efforts to integrate YFHS into primary and secondary healthcare services.
4. Establishment of a national coordination and monitoring mechanism for SRH services targeting adolescents and young people would reinforce the efforts mentioned above.



***Establish and strengthen access to sexual and reproductive health services for population groups with specific needs (Obj 3.2)***

***Strengths***

1. Ukraine has ratified UN Convention on the Rights of Persons with Disabilities,<sup>90</sup> UN International Convention on the Elimination of All Forms of Racial Discrimination.<sup>91</sup>
2. Ukraine has developed and endorsed multiple laws and bylaws to ensure the social protection of people with disabilities.<sup>92</sup>

***Challenges***

1. No comprehensive overview of SRH programs and services for population groups with special needs in Ukraine was found. Additionally, no list of population groups that may require a specialized approach to SRH service provision in Ukraine was identified.
2. It is well-documented elsewhere that physical barriers often limit the ability of people with disabilities to access and utilize SRH services, despite their entitlement to the same sexual and reproductive health services as those without disabilities.<sup>93</sup> However, actual data and research on the access and utilization of SRH services by people with disabilities in Ukraine was not found. Likewise, regulatory documents on the provision of SRH services for people with disabilities in Ukraine were not identified.



3. Internally displaced persons (IDPs) in Ukraine face significant challenges in accessing SRH services. As mentioned in an earlier chapter, the war has exacerbated issues such as sexual and gender-based violence.<sup>94</sup> However, a comprehensive overview of SRH service provision for IDPs in Ukraine was not found.
4. As it relates to people living with HIV/AIDS, in Ukraine the availability of integrated sexual and reproductive health services across HIV/AIDS centers is uneven. Only a few centers offer comprehensive care that includes sexual/reproductive health services and harm reduction programmes, for example.<sup>95</sup> NGOs play a significant role in providing HIV testing and prevention services, particularly for key populations such as sex workers and men who have sex with men. These organizations help facilitate access to HIV services, including reproductive health services, through outreach and support<sup>96</sup> efforts. Key barriers to care include stigma, a lack of psychological support, and logistical challenges in accessing services. Tailored interventions, such as case management and community-based support, are necessary to improve linkage to care and support for PLWH.<sup>97</sup>

### ***Recommendations***

1. Define a list of population groups with specific needs for SRH services. This may include people with disabilities, IDPs, adolescents, the elderly, religious communities and national minorities, people living with HIV/AIDS, LGBTQIA+ individuals and others.
2. Define the scope of SRH services for the population and support the implementation through relevant programs such as SGMP (State Guaranteed Medical Package), as feasible and appropriate.
3. Invest time and resources into documenting programs and initiatives aimed at improving access, quality and utilization of SRH services for people with special needs in Ukraine, particularly in the context of war. This will support evidence-based decision making.
4. Ensure proper coordination among humanitarian and developmental partners to ensure SRH services for population groups with special needs in Ukraine.



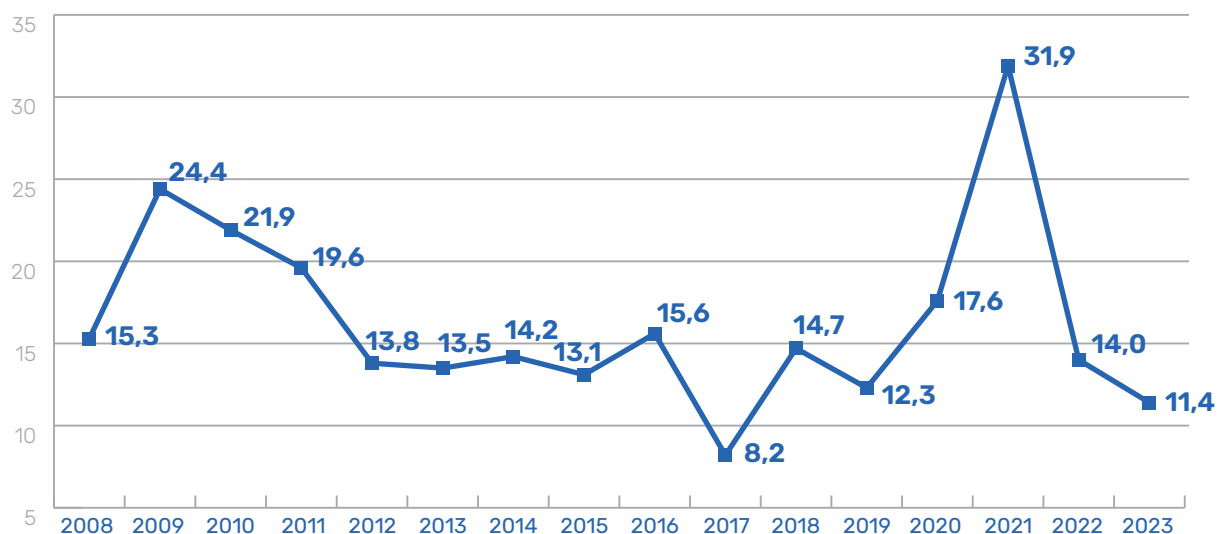


## ANNEX 1. MATERNAL HEALTH



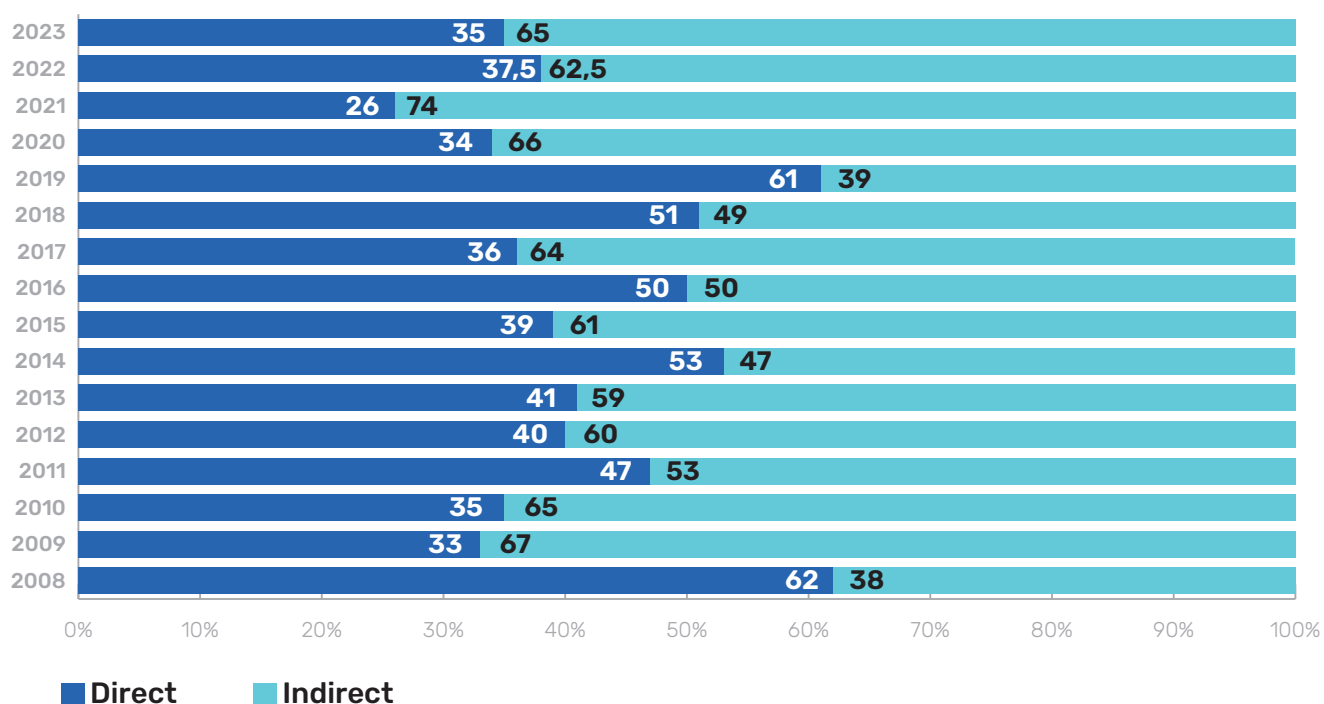
## Maternal mortality

**Diagram 1.1.** Maternal mortality ratio per 100,000 live births, Ukraine, 2008–2023

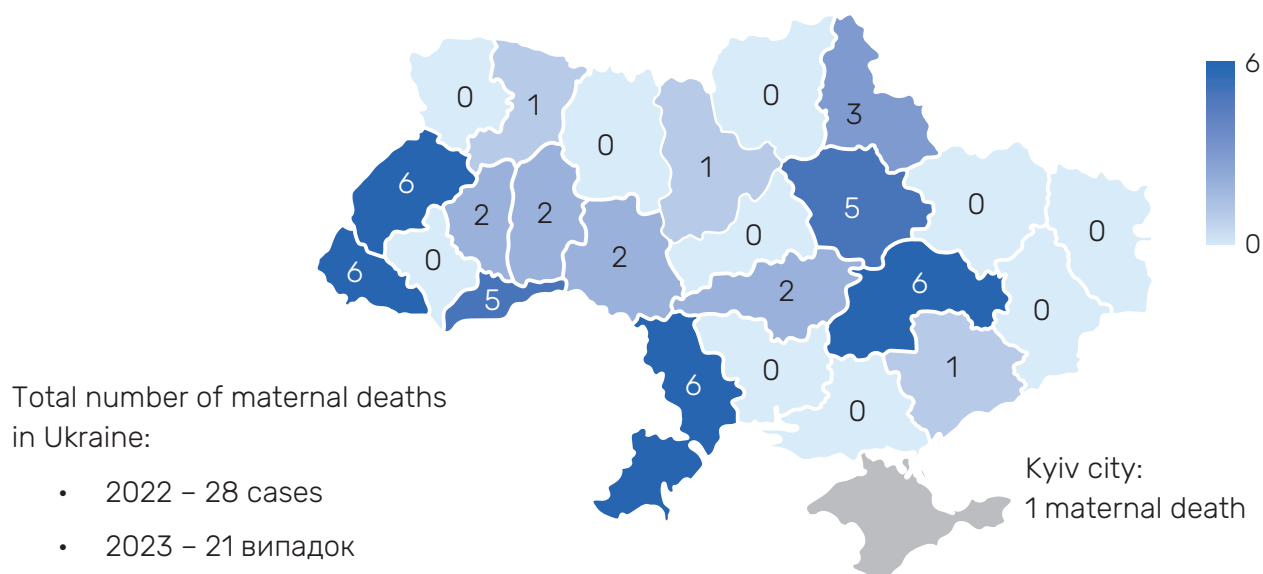


Source: MOH statistical form #21

**Diagram 1.2.** Proportion of direct vs. indirect maternal deaths in Ukraine, 2008–2023

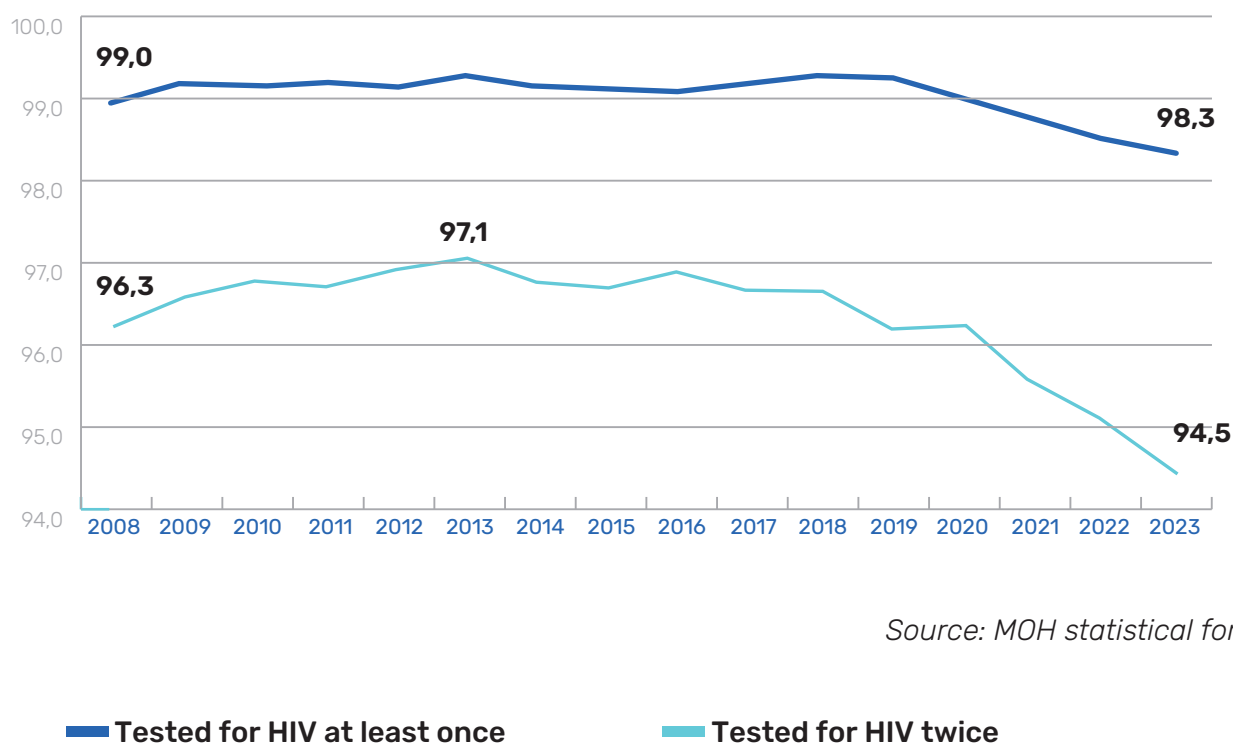


**Map 1.1.** Total number of maternal deaths during full-scale war by region, Ukraine, 2022–2023

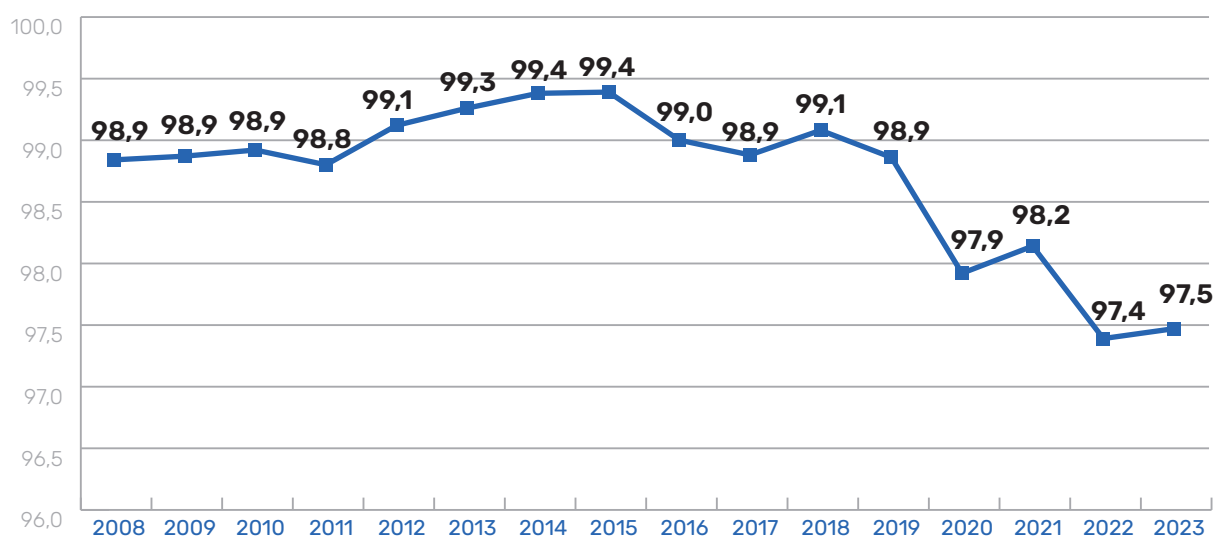


## HIV and syphilis testing during pregnancy

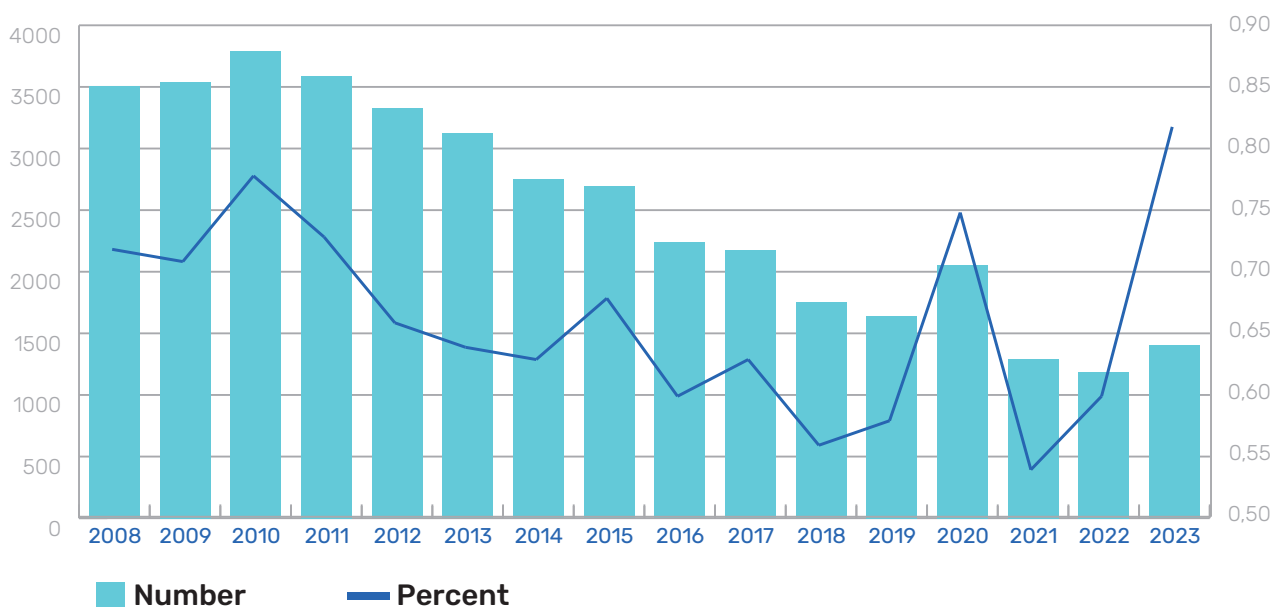
**Diagram 1.3.** Percentage of pregnant women tested for HIV, Ukraine, 2008–2023



**Diagram 1.4.** Percentage of pregnant women who were tested twice for syphilis after 30 weeks of pregnancy, Ukraine, 2008-2023



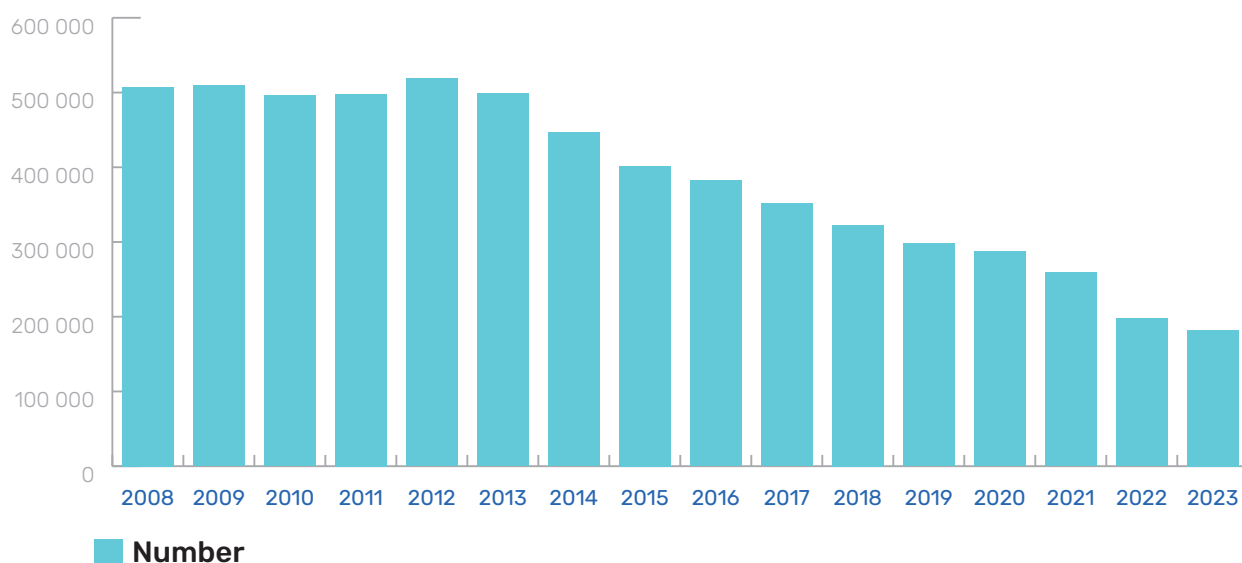
**Diagram 1.5.** Among those who were tested twice for syphilis after 30 weeks of pregnancy and received a positive result, 2008-2023, Ukraine



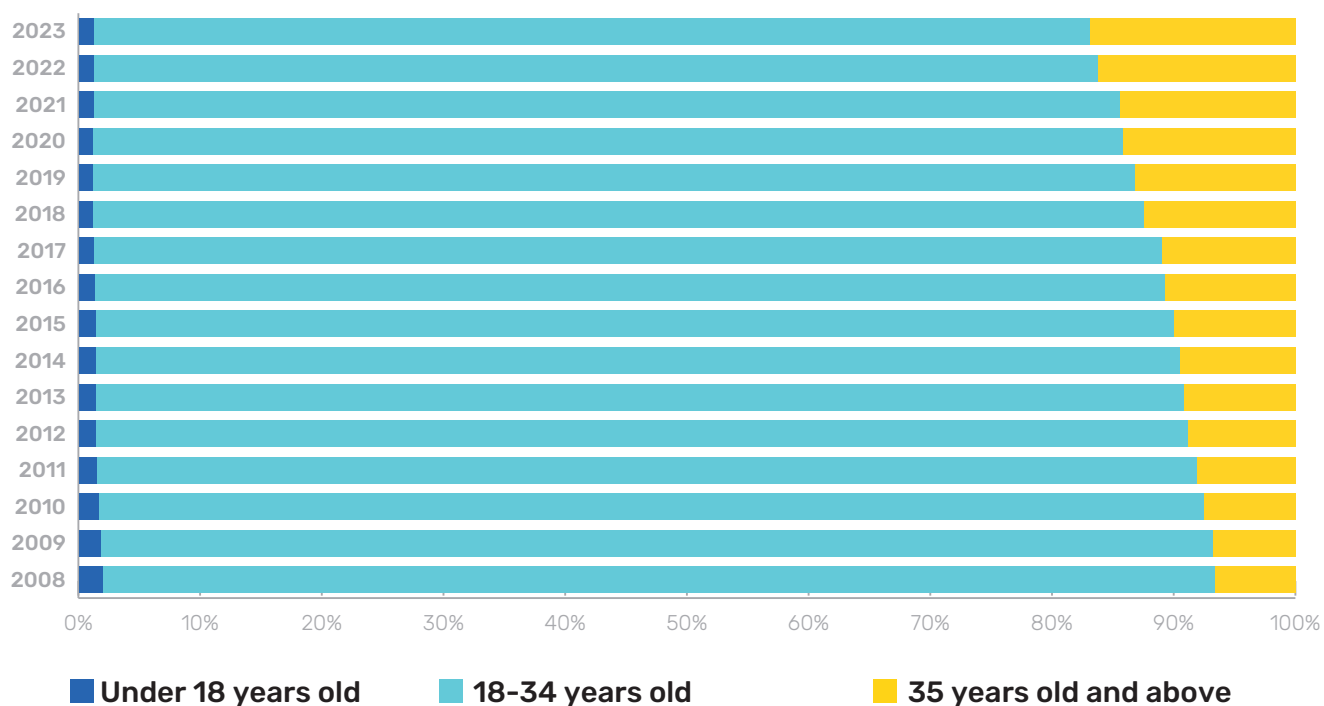


## Number of deliveries

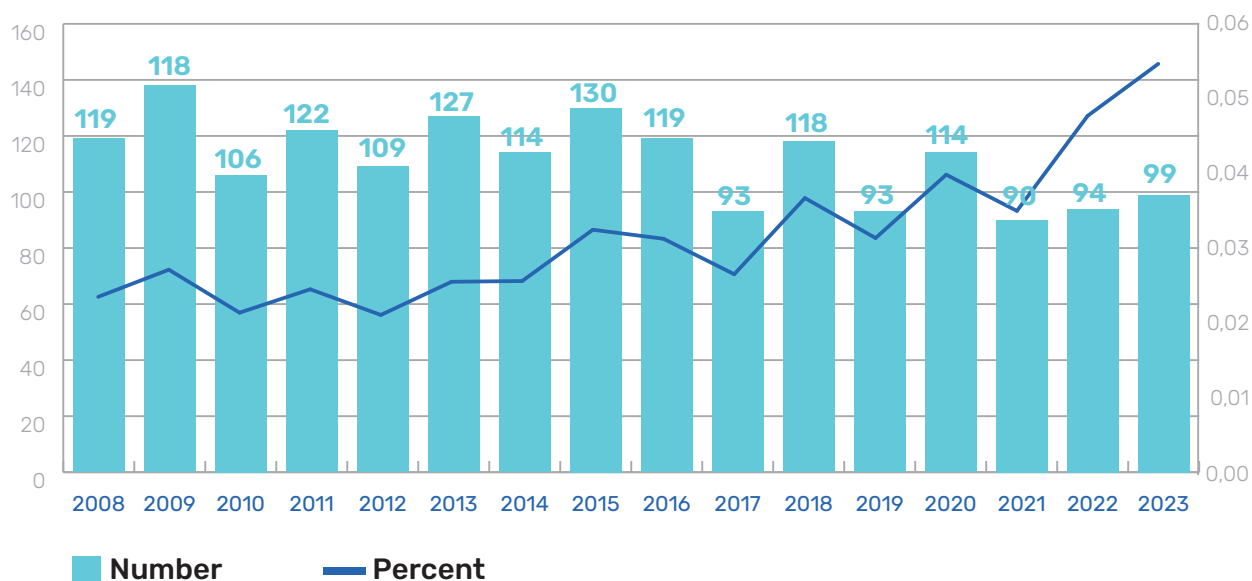
**Diagram 1.6.** Number of deliveries in Ukraine, 2008-2023



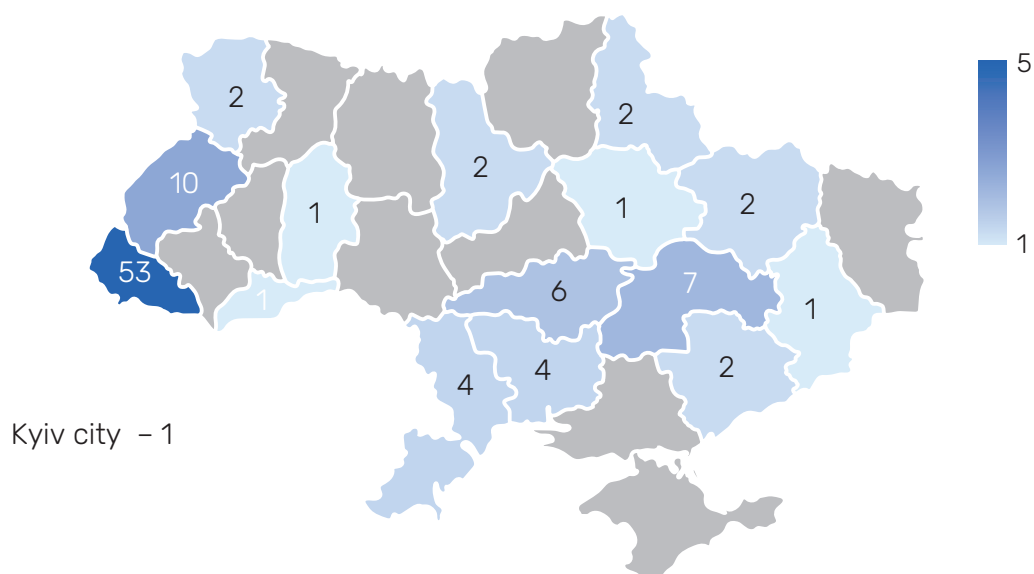
**Diagram 1.7.** Proportion of deliveries by mother's age in Ukraine, 2008-2023



**Diagram 1.8.** Number of deliveries among those under 14 years old and their proportion to the total number of deliveries in Ukraine, 2008–2023

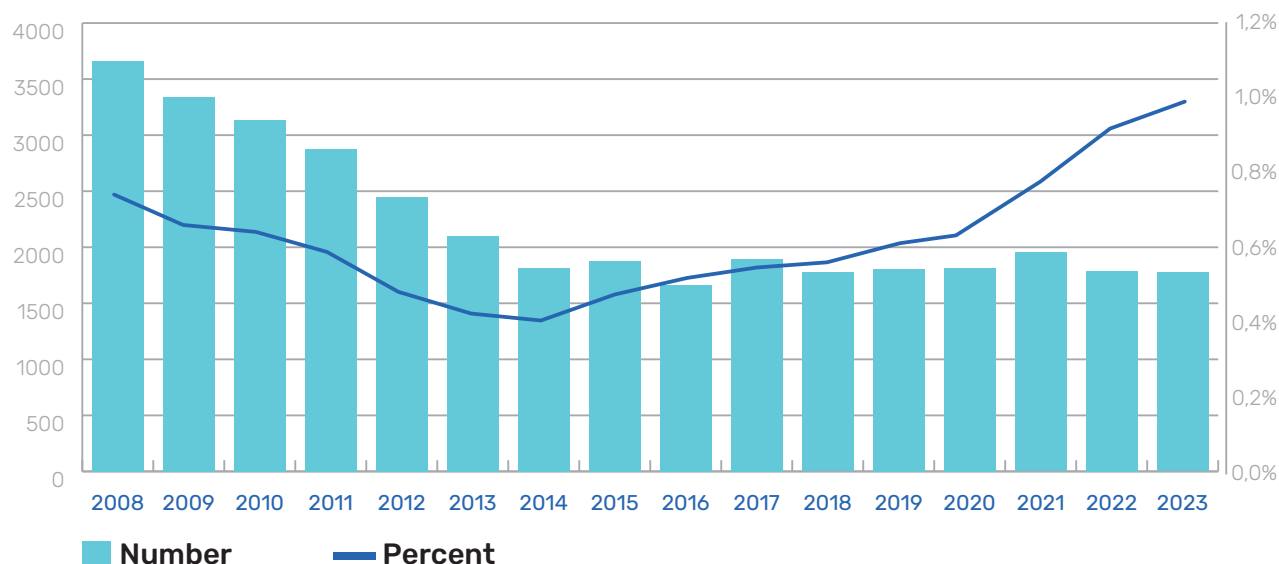


**Map 1.2.** Number of deliveries among girls under 14 years old by region, Ukraine, 2023

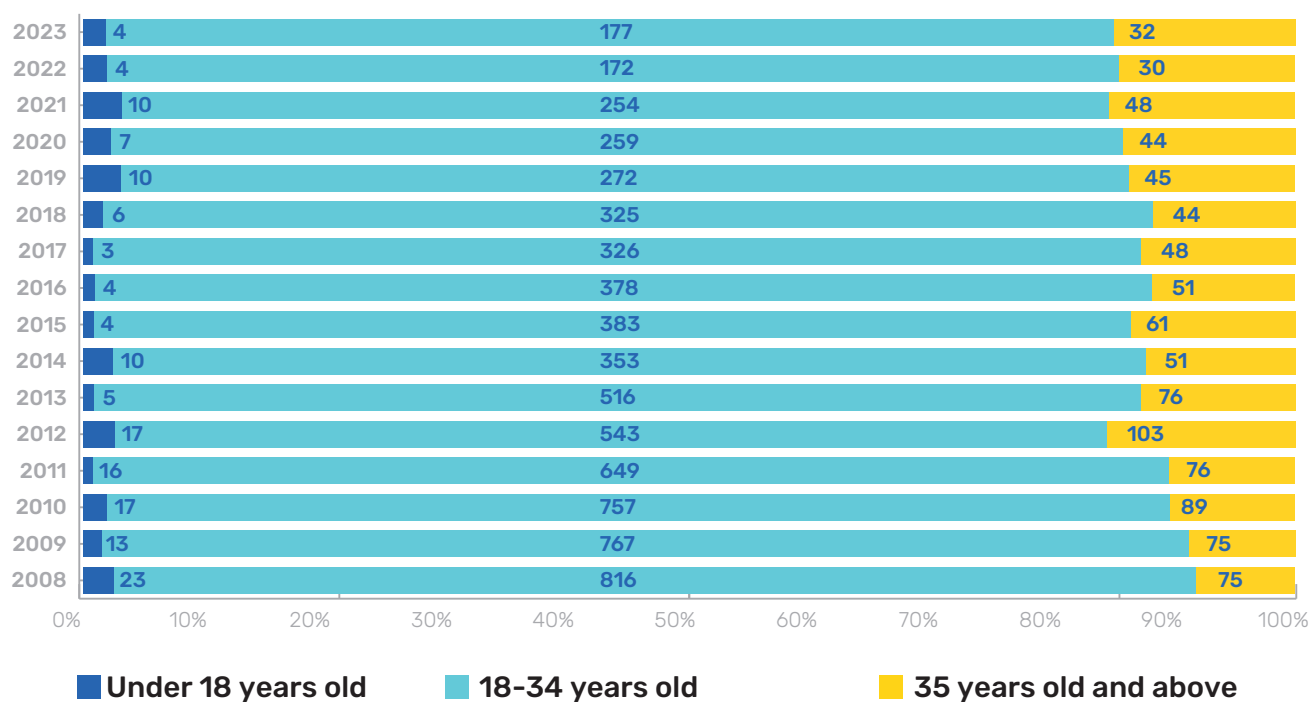


## Deliveries by women who were not followed up by medical personnel during pregnancy

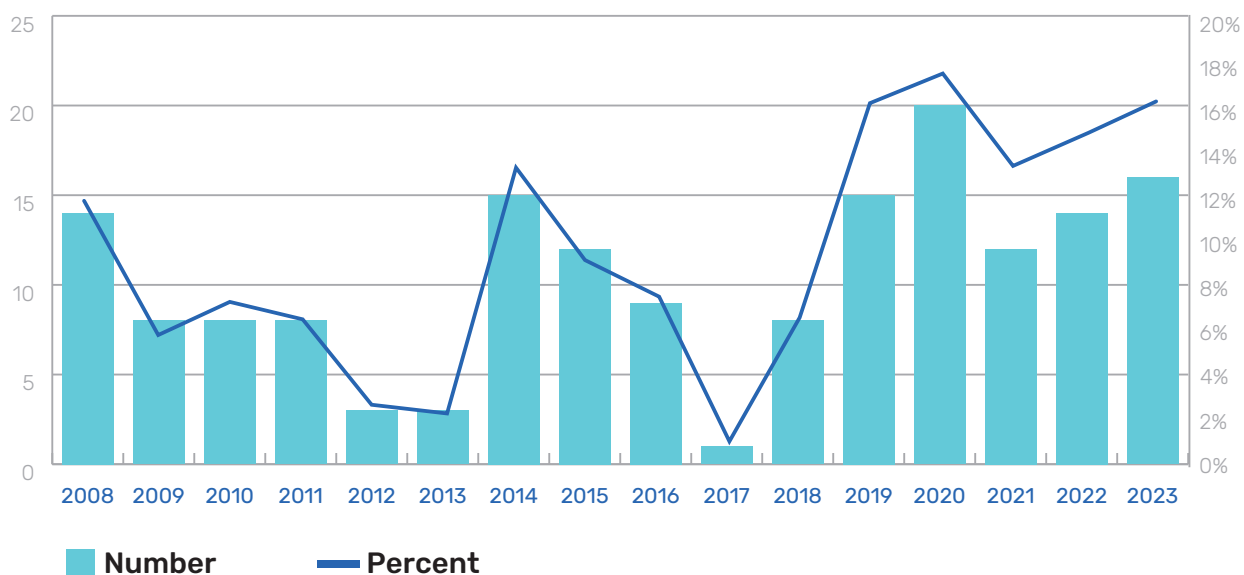
**Diagram 1.9.** Percentage of deliveries by women who were not followed up by medical personnel during pregnancy, Ukraine, 2008-2023



**Diagram 1.10.** Percentage of deliveries by women without medical supervision during pregnancy by mother's age, Ukraine, 2008-2023



**Diagram 1.11.** Number and percentage of deliveries among girls under 14 years old without medical supervision during pregnancy, Ukraine, 2008-2023

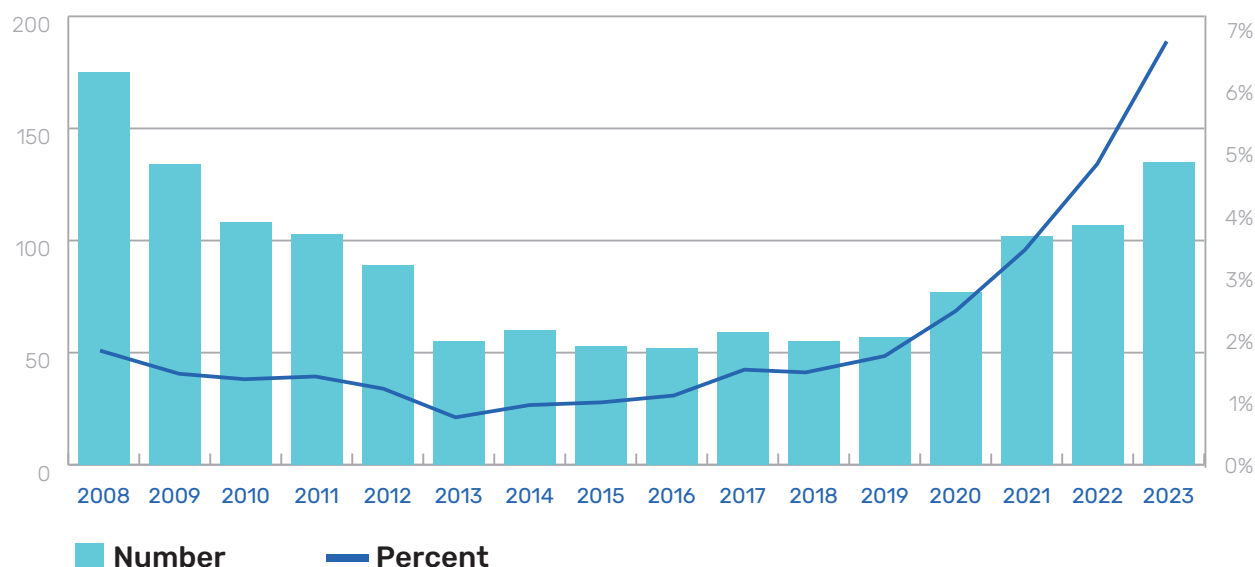


**Map 1.3.** Number of deliveries among girls under 14 years old without medical supervision during pregnancy by region, Ukraine, 2023

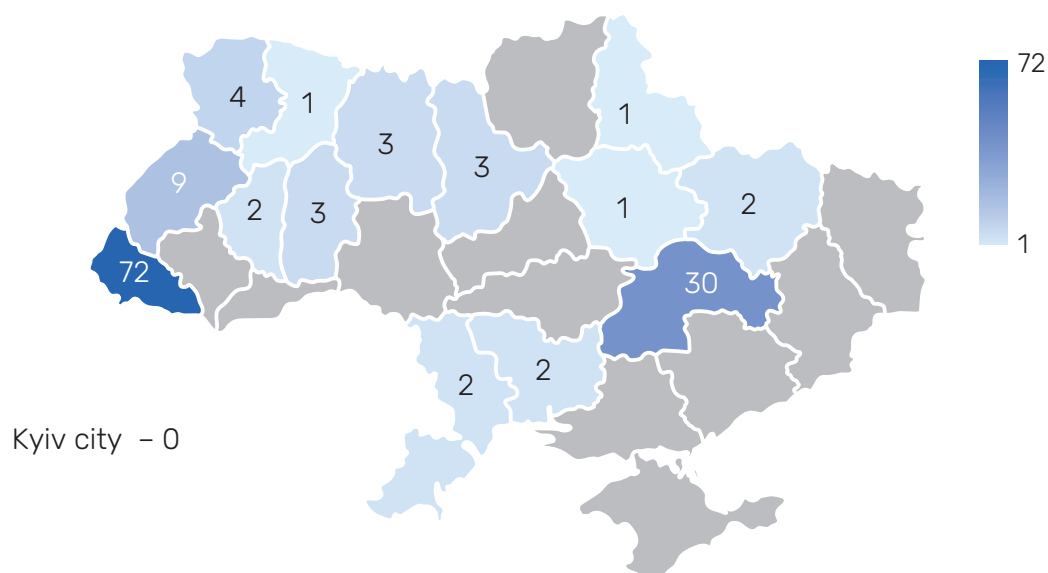




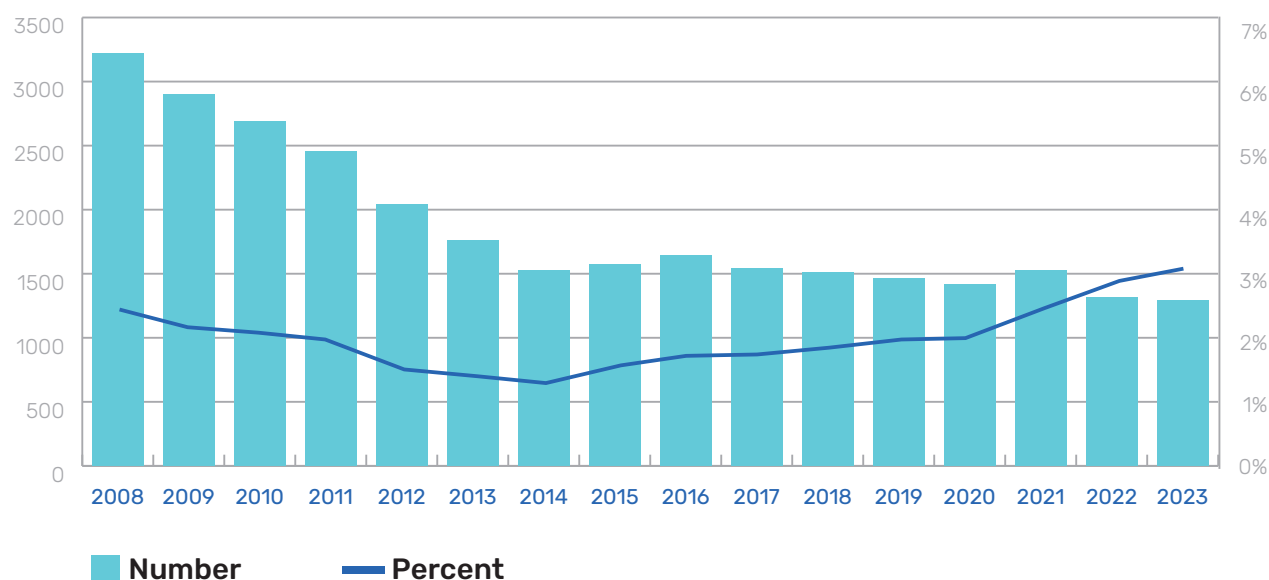
**Diagram 1.12.** Number and percentage of deliveries among girls 15-17 years old who were not followed up by medical personnel during pregnancy, Ukraine, 2008-2023



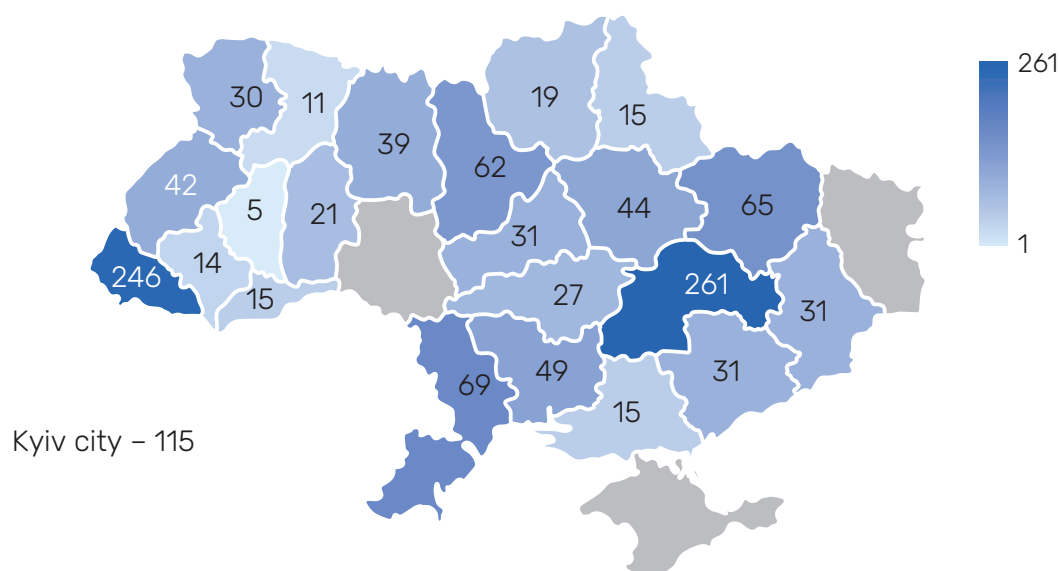
**Map 1.4.** Number of deliveries among girls 15-17 years old without medical supervision during pregnancy by region, Ukraine, 2023



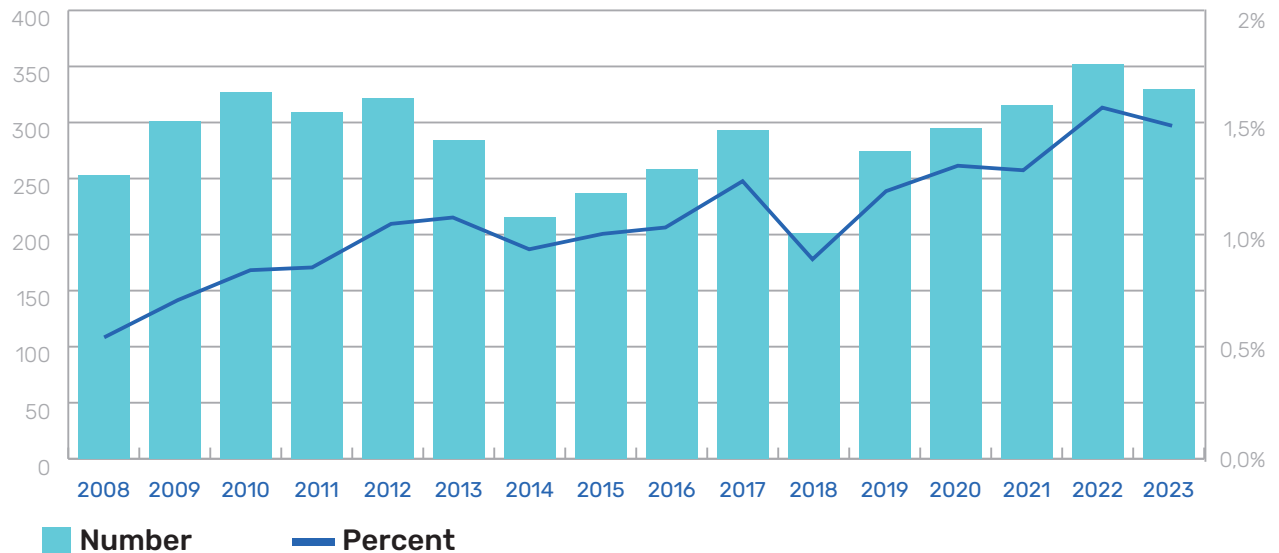
**Diagram 1.13.** Number and percentage of deliveries among women 18–34 years old and above without medical supervision during pregnancy, Ukraine, 2008–2023



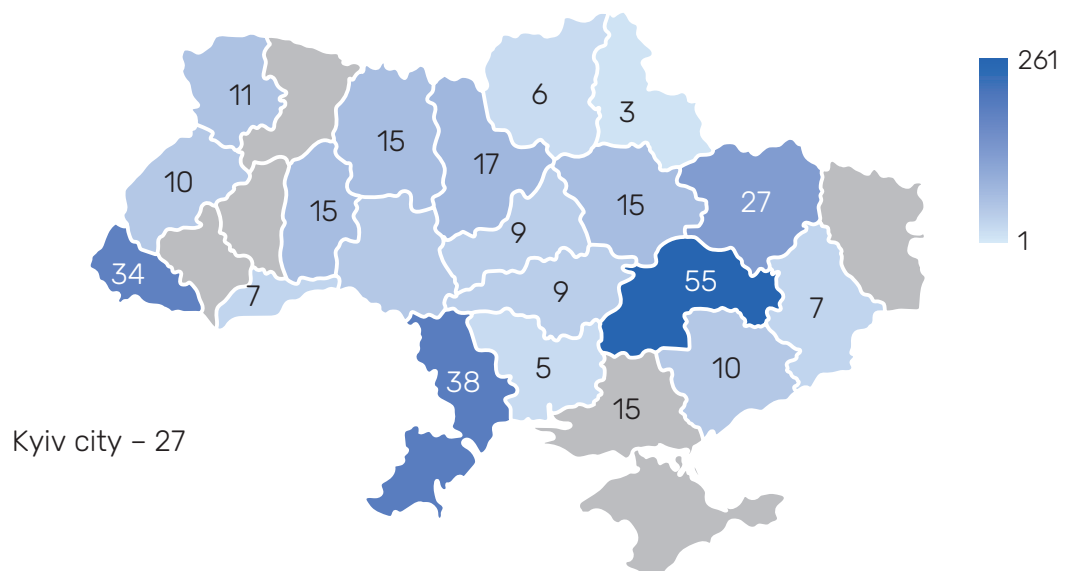
**Map 1.5.** Number of deliveries among women 18–34 years old without medical supervision during pregnancy by region, Ukraine, 2023



**Diagram 1.14.** Number and percentage of deliveries among women aged 35 years old and above without medical supervision during pregnancy, Ukraine, 2008-2023

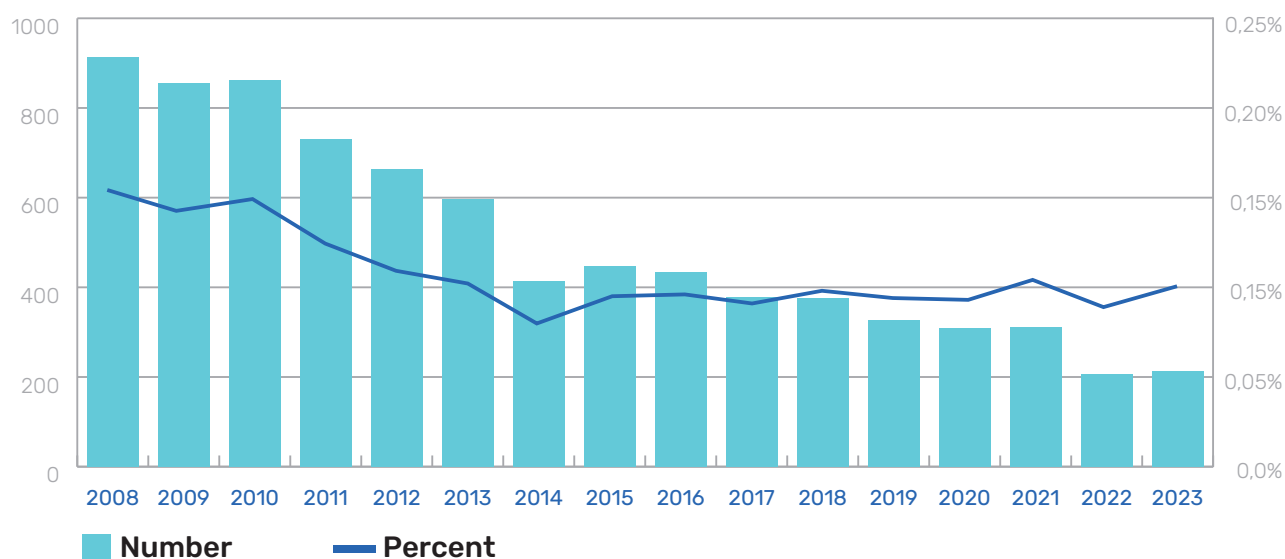


**Map 1.6.** Number of deliveries among women aged 35 and above without medical supervision during pregnancy by region, Ukraine, 2023

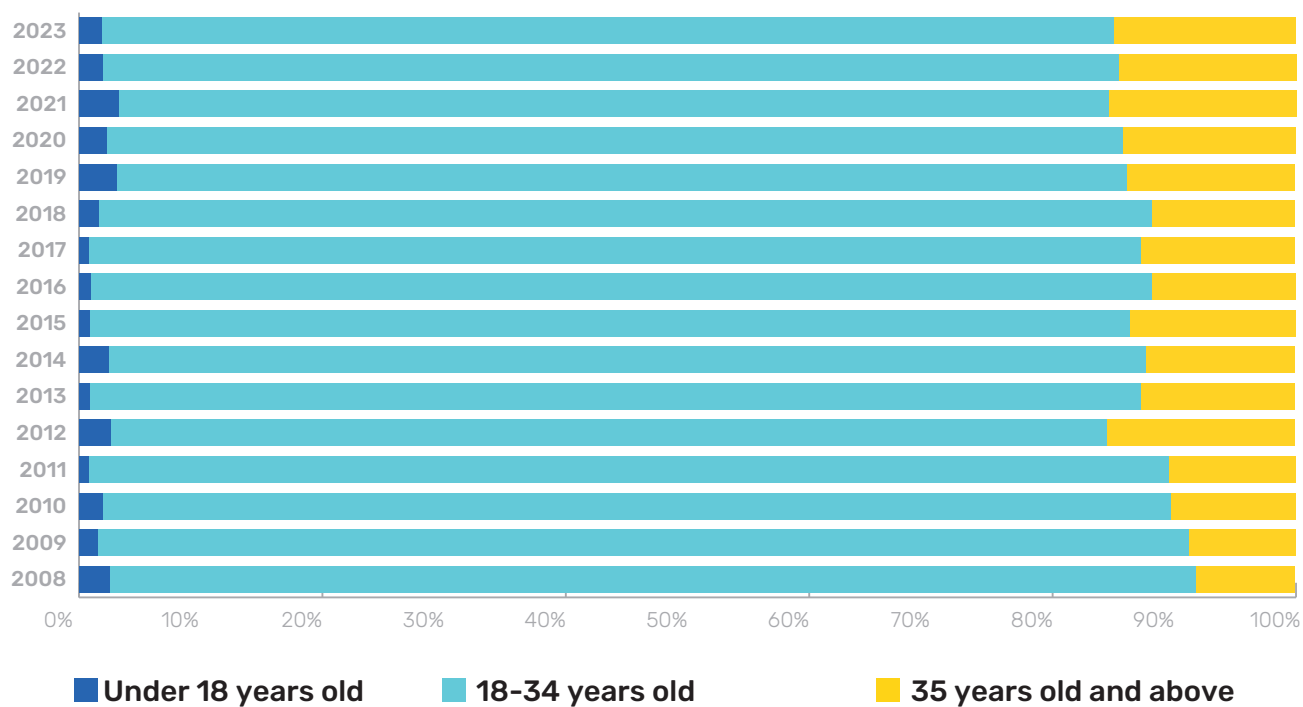


## Deliveries outside healthcare facilities

**Diagram 1.15.** Number of percentage of deliveries that occurred outside of healthcare facilities, Ukraine, 2008-2023

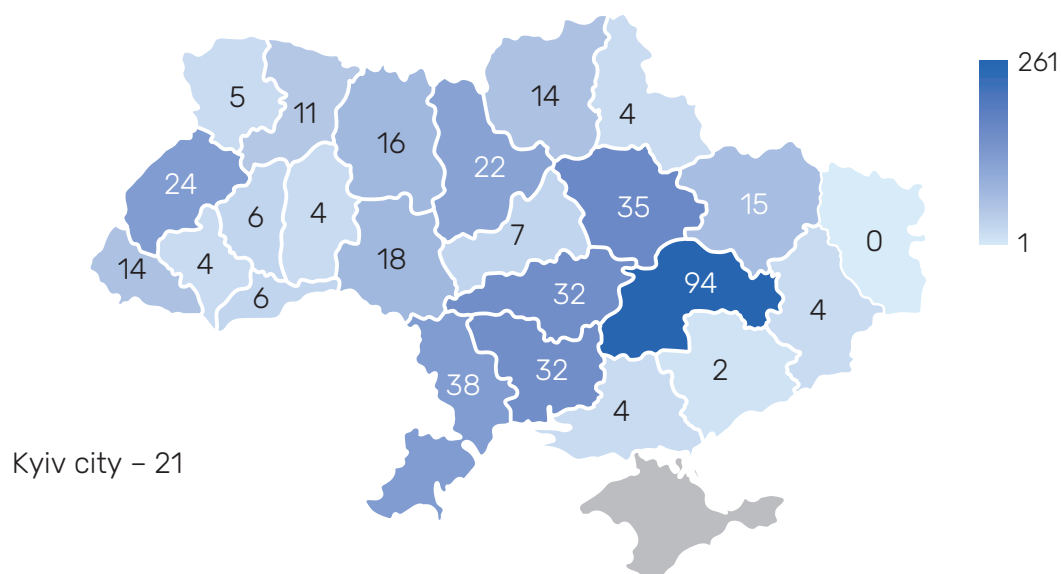


**Diagram 1.16.** Proportion of deliveries that occurred outside healthcare facilities by mother's age, Ukraine, 2008-2023

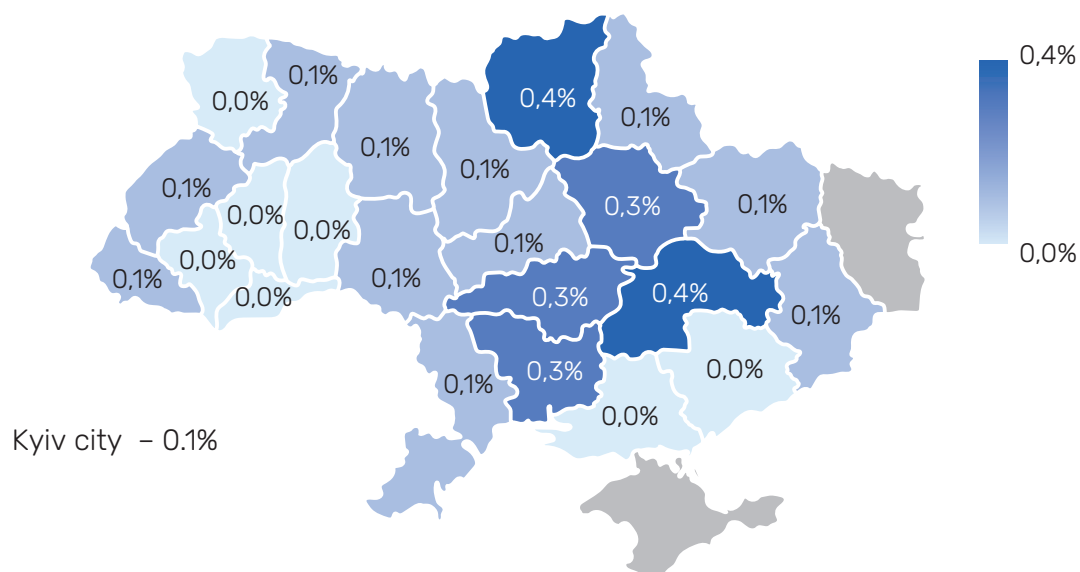




**Map 1.7.** Number of deliveries that occurred outside medical facility by region, Ukraine, 2022–2023

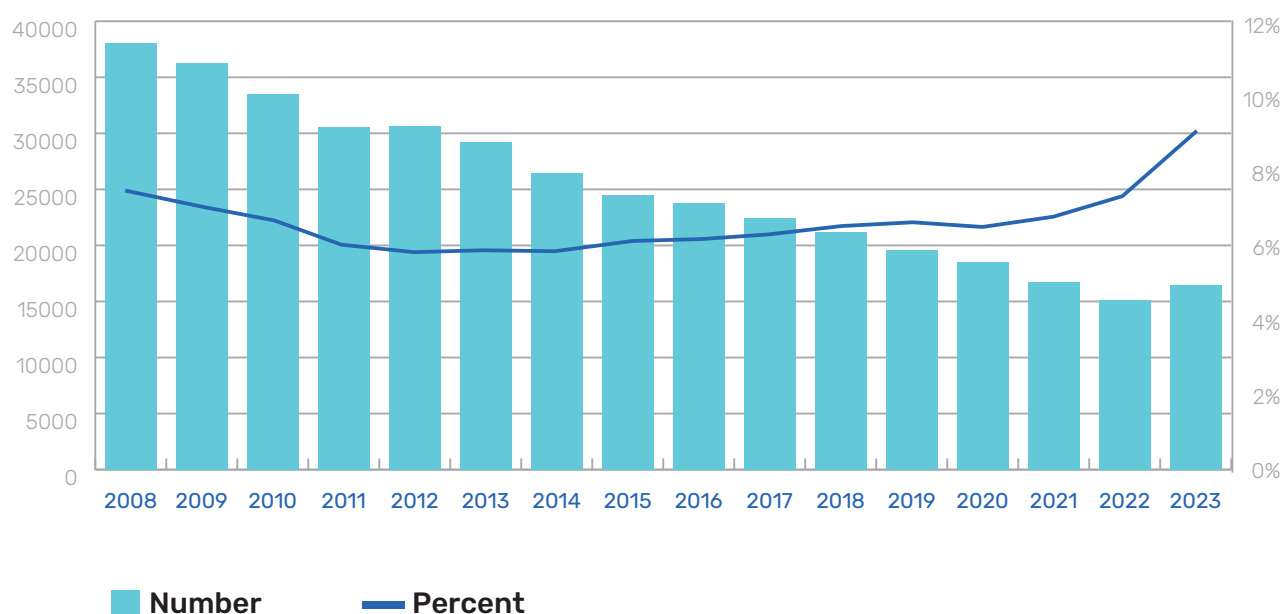


**Map 1.8.** Percentage of deliveries that occurred outside medical facility by region, Ukraine, 2023

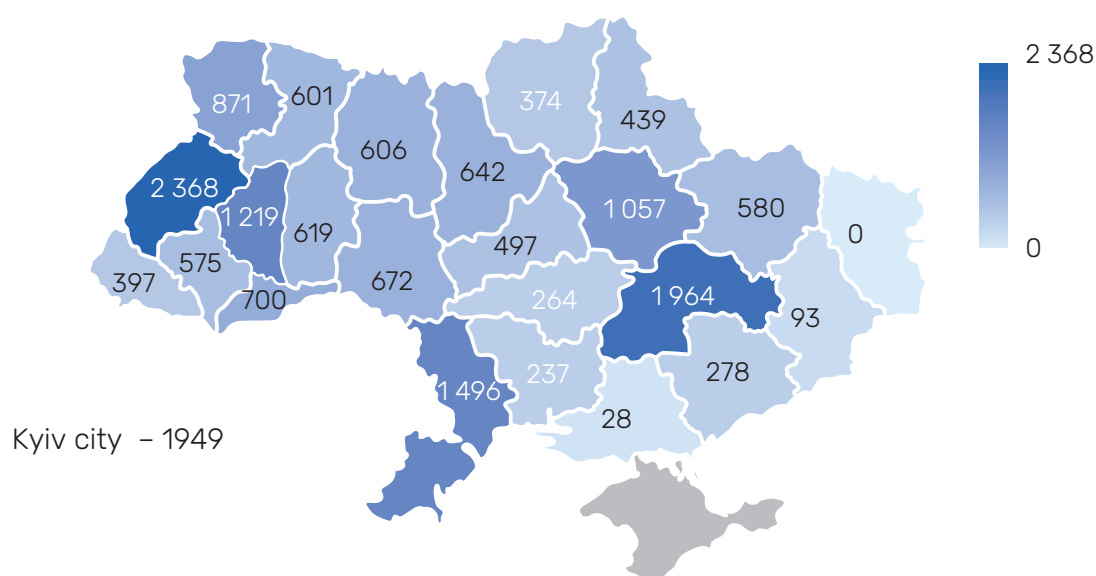


## Complications during and after deliveries

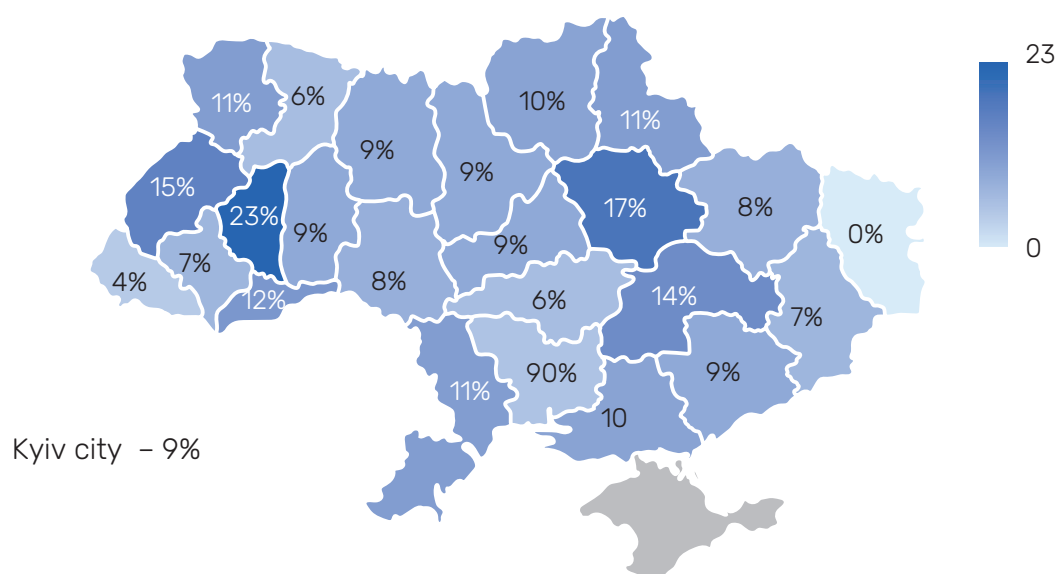
**Diagram 1.17.** Edema, proteinuria and hypertensive disorders (ICD-10 O10-O16), Ukraine, 2008-2023



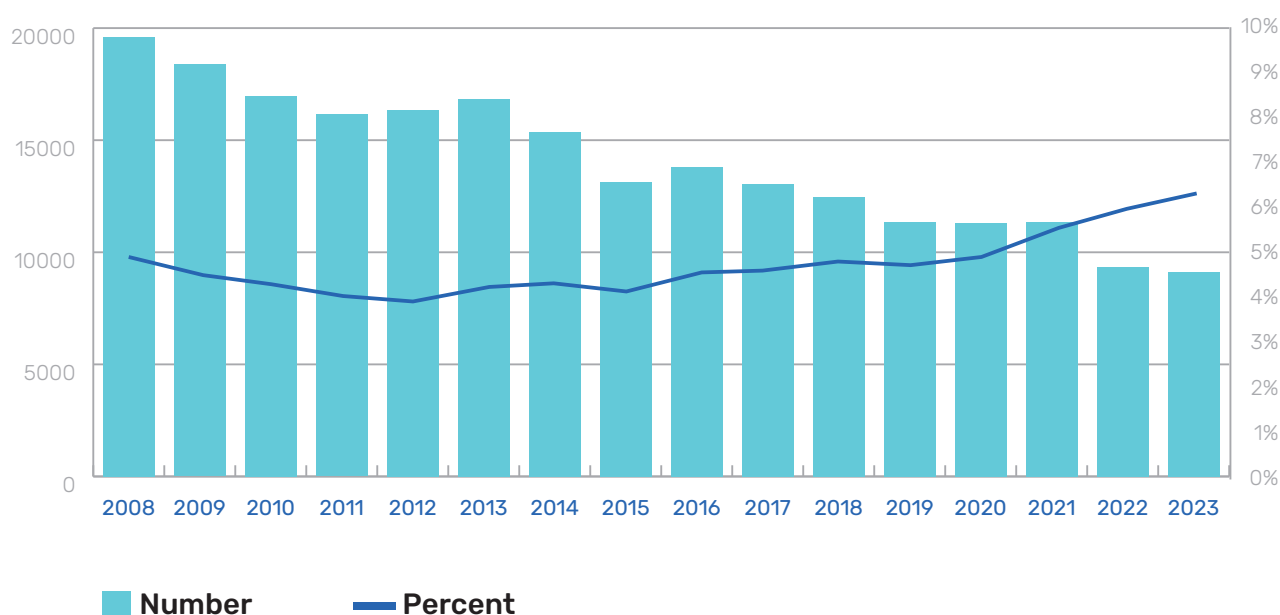
**Map 1.9.** Edema, proteinuria and hypertensive disorders (ICD-10 O10-O16): number of cases by region, Ukraine, 2023



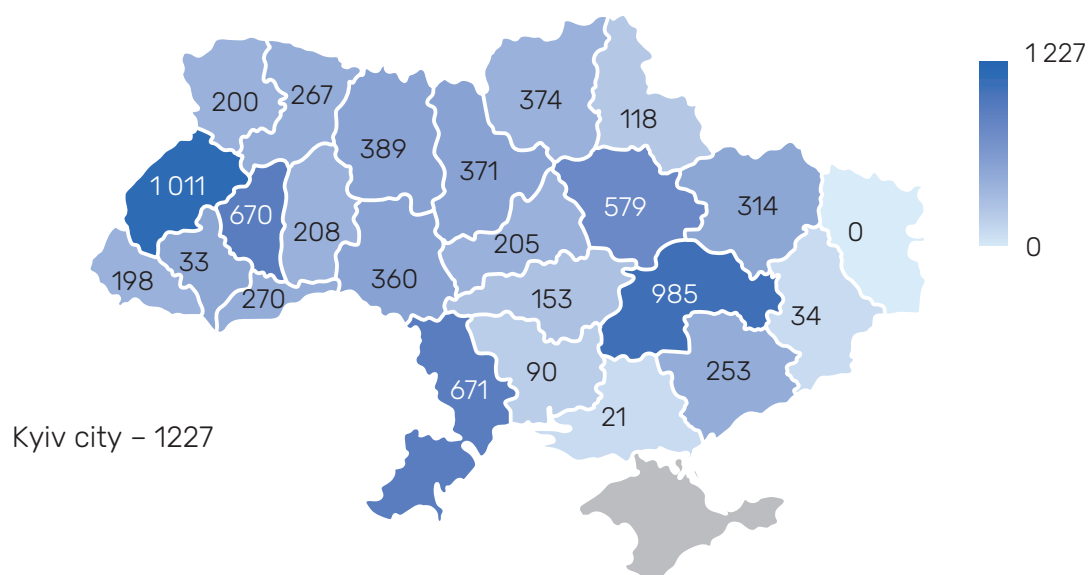
**Map 1.10.** Edema, proteinuria and hypertensive disorders (ICD-10 O10-O16): percentage to total deliveries by region, Ukraine, 2023



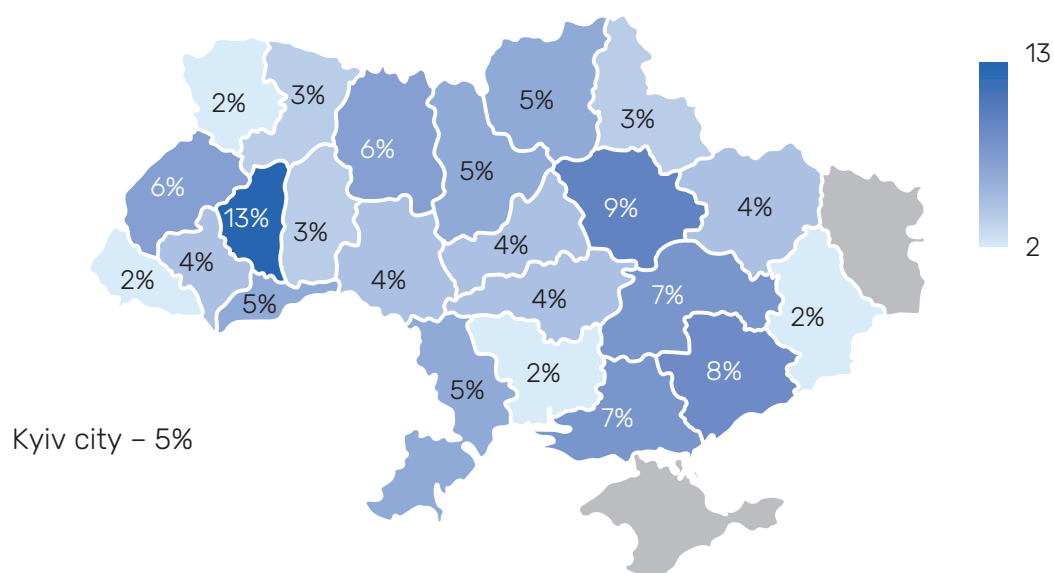
**Diagram 1.18.** Preeclampsia and eclampsia (ICD-10 O11, O13, O14, O15.1,2), Ukraine, 2008-2023



**Map 1.11.** Preeclampsia and eclampsia (ICD-10 O11, O13, O14, O15.1,2): number of cases by region, Ukraine, 2023

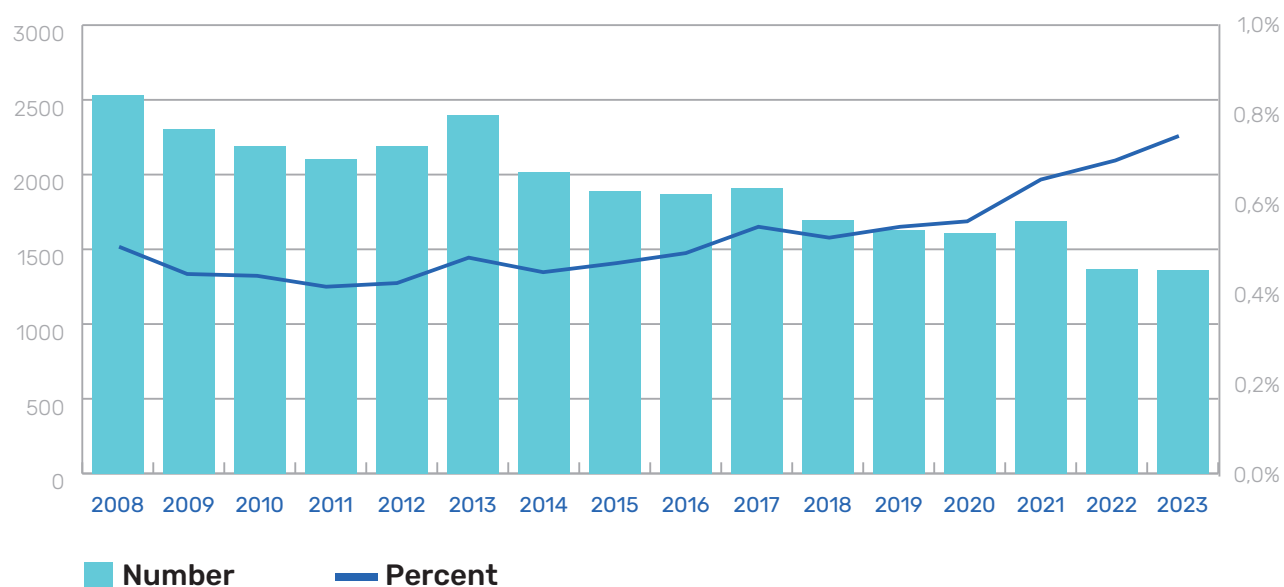


**Map 1.12.** Preeclampsia and eclampsia (ICD-10 O11, O13, O14, O15.1,2): percentage to total deliveries by region, Ukraine, 2023

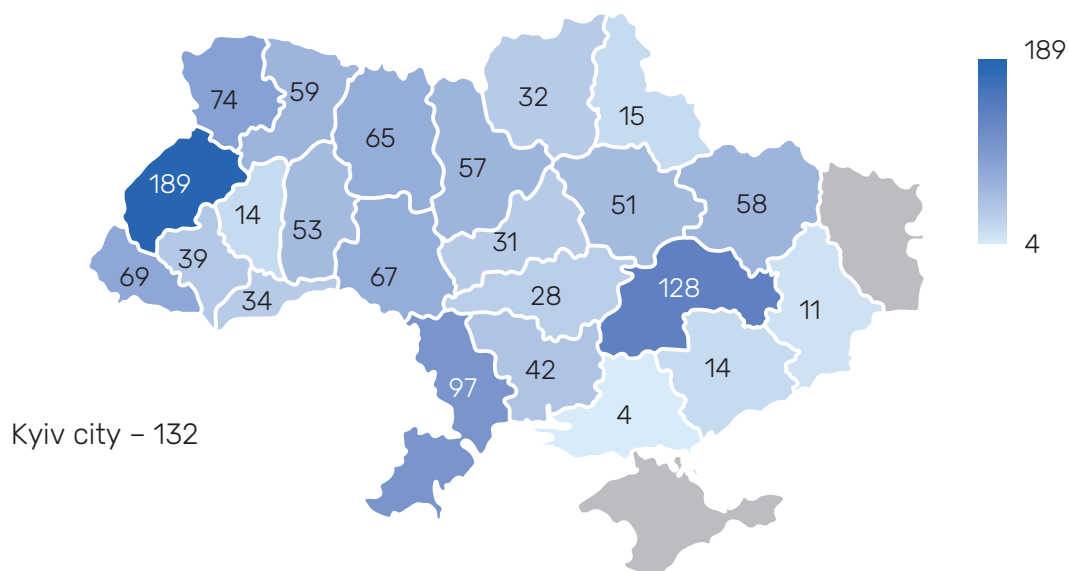




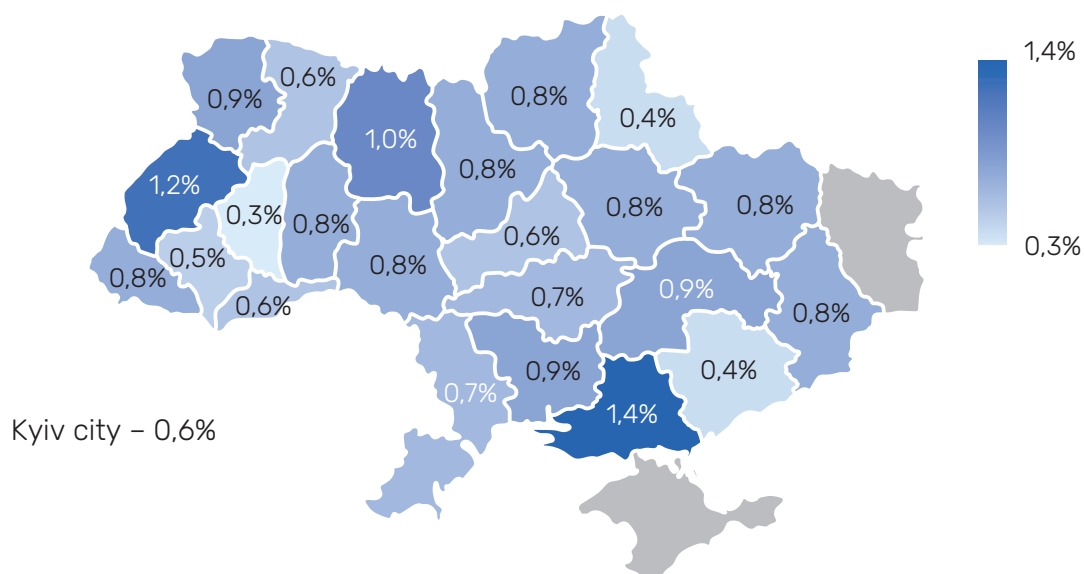
**Diagram 1.19.** Severe preeclampsia and eclampsia (ICD-10 O14.1, O15.1,2), Ukraine, 2008-2023



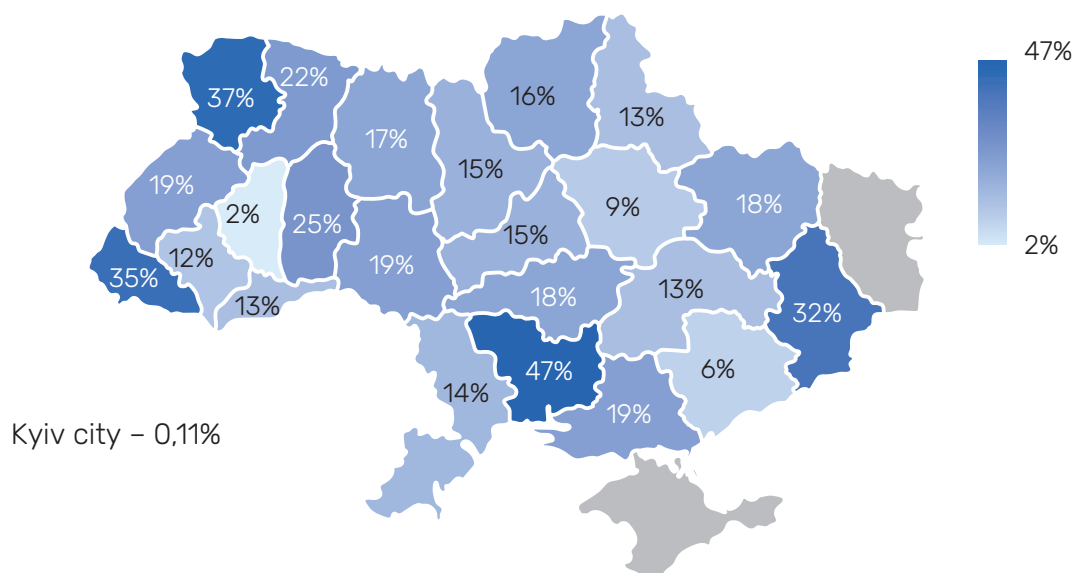
**Map 1.13.** Number of severe cases of preeclampsia and eclampsia, Ukraine, 2023



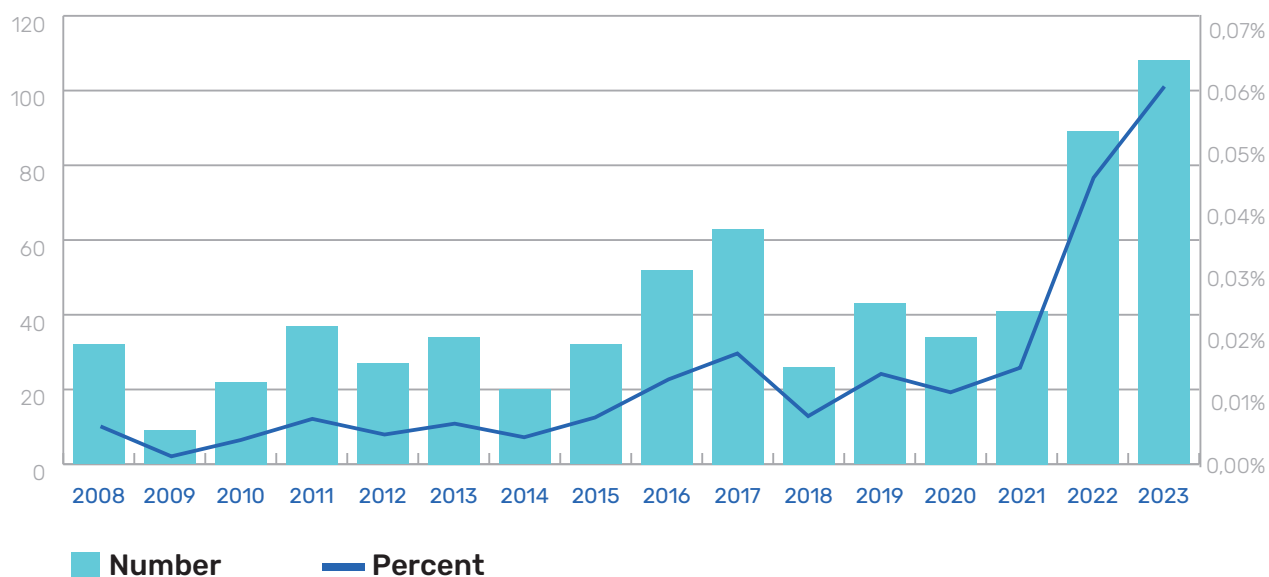
**Map 1.14.** Severe cases of preeclampsia and eclampsia: percentage to total deliveries by region, Ukraine, 2023



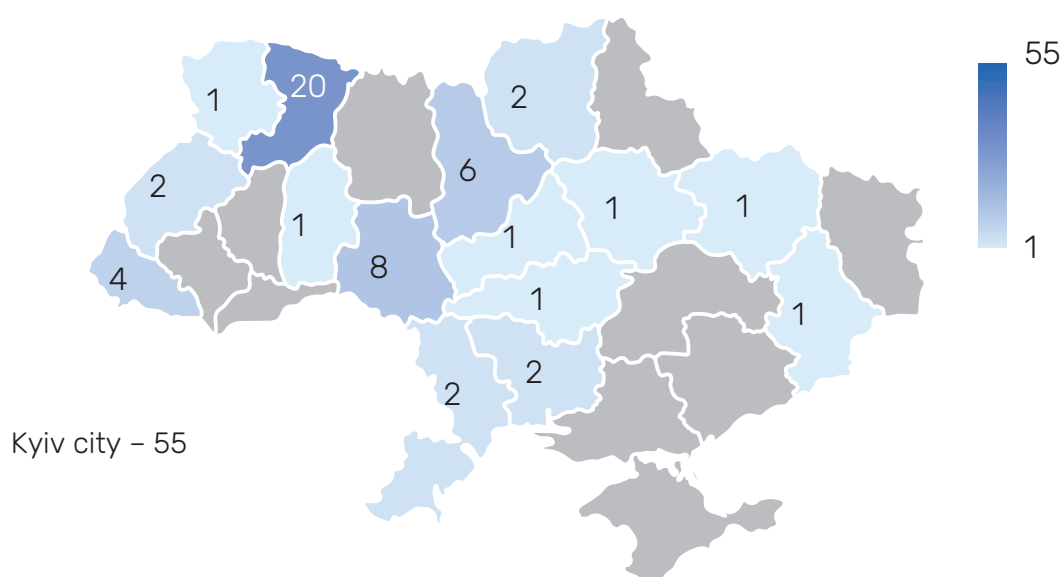
**Map 1.15.** Severe cases of preeclampsia and eclampsia: percentage to number of preeclampsia and eclampsia by region, Ukraine, 2023



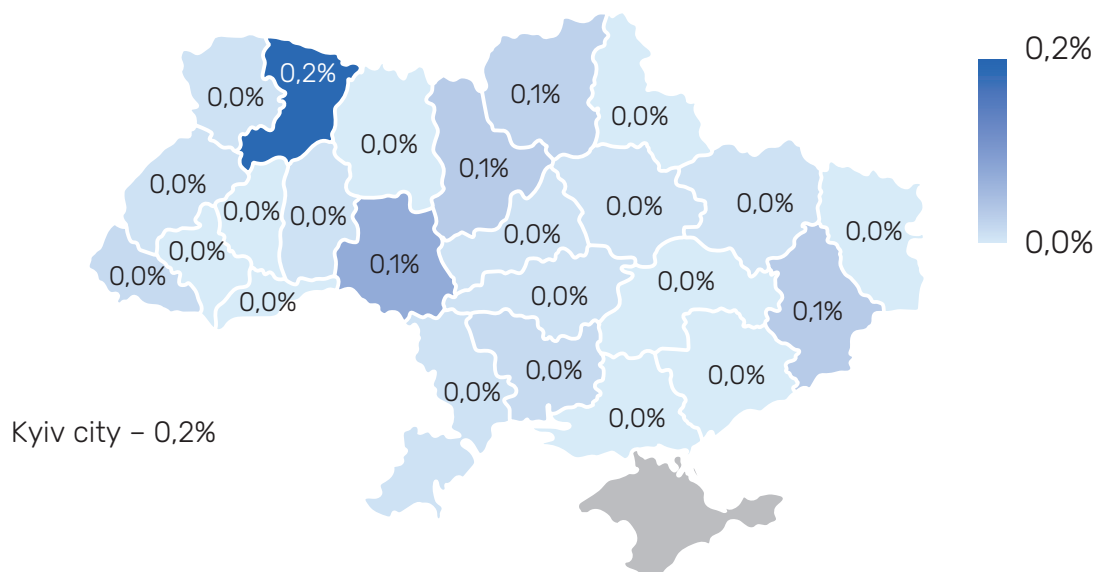
**Diagram 1.20.** Number and percent of birth injuries with III-IV degrees perineal tears (ICD-10 O70.2,3), Ukraine, 2008-2023



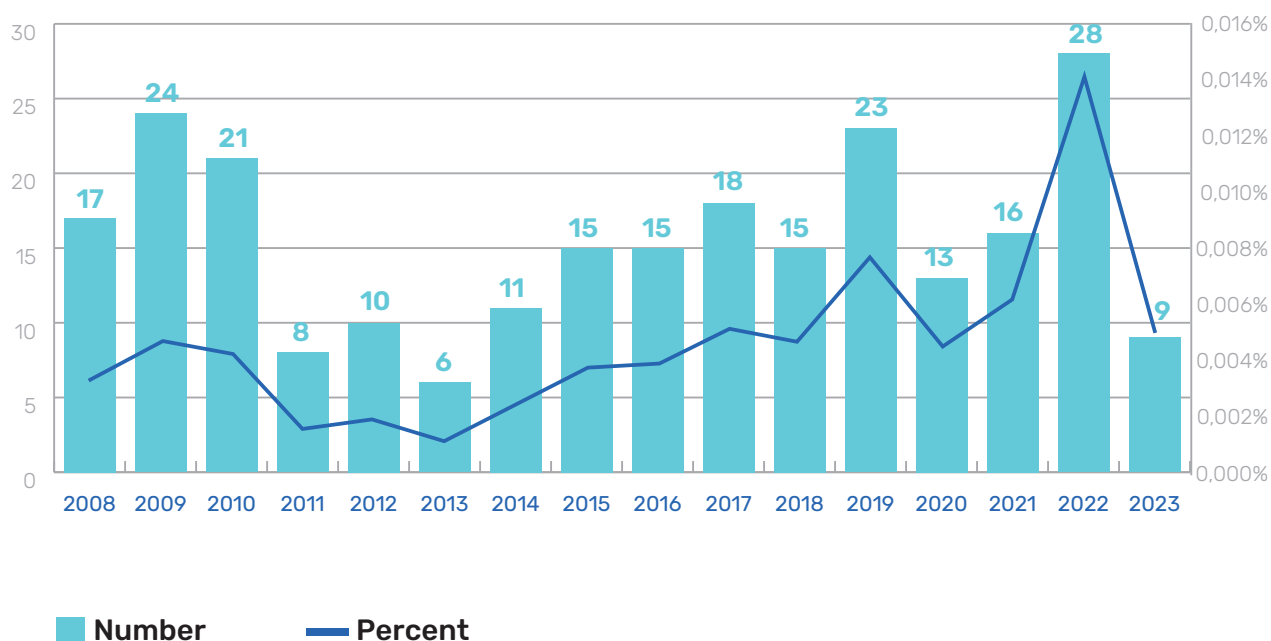
**Map 1.16.** Number of birth injuries with III-IV degrees perineal tears by region, Ukraine, 2023



**Map 1.17.** *Percentage of birth injuries with III-IV degrees perineal tears by region, Ukraine, 2023*

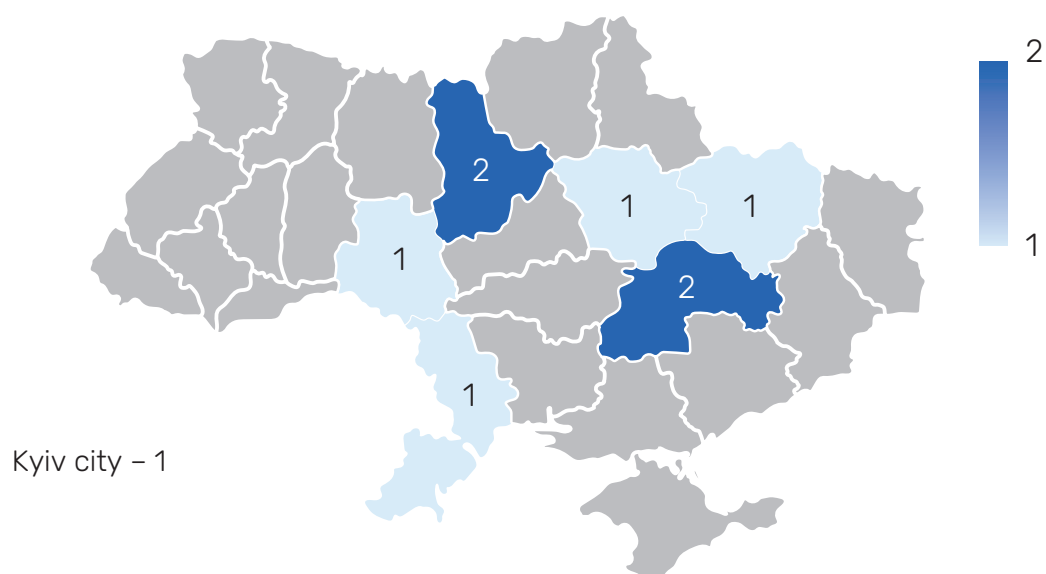


**Diagram 1.21.** Rupture of uterus (ICD-10 O71.0,1), Ukraine, 2008-2023

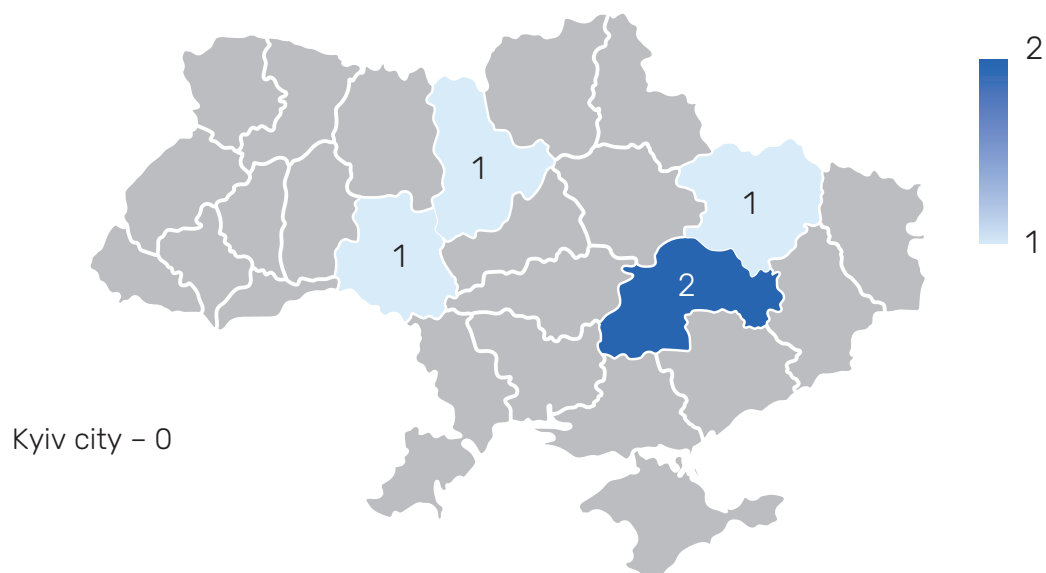




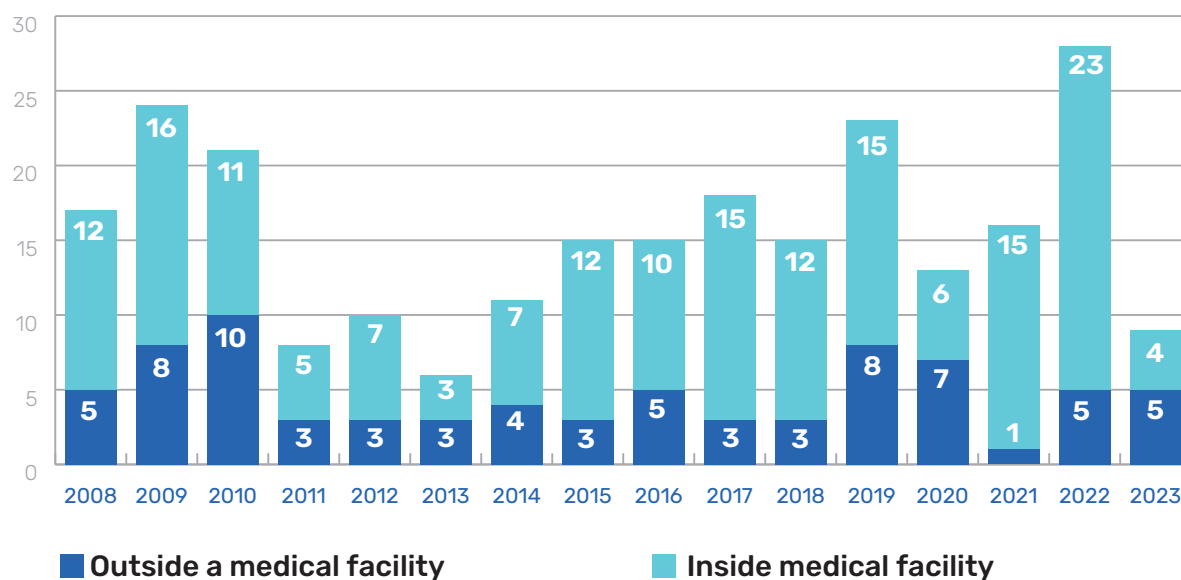
**Map 1.18.** Number of uterine rupture cases by region, Ukraine, 2023



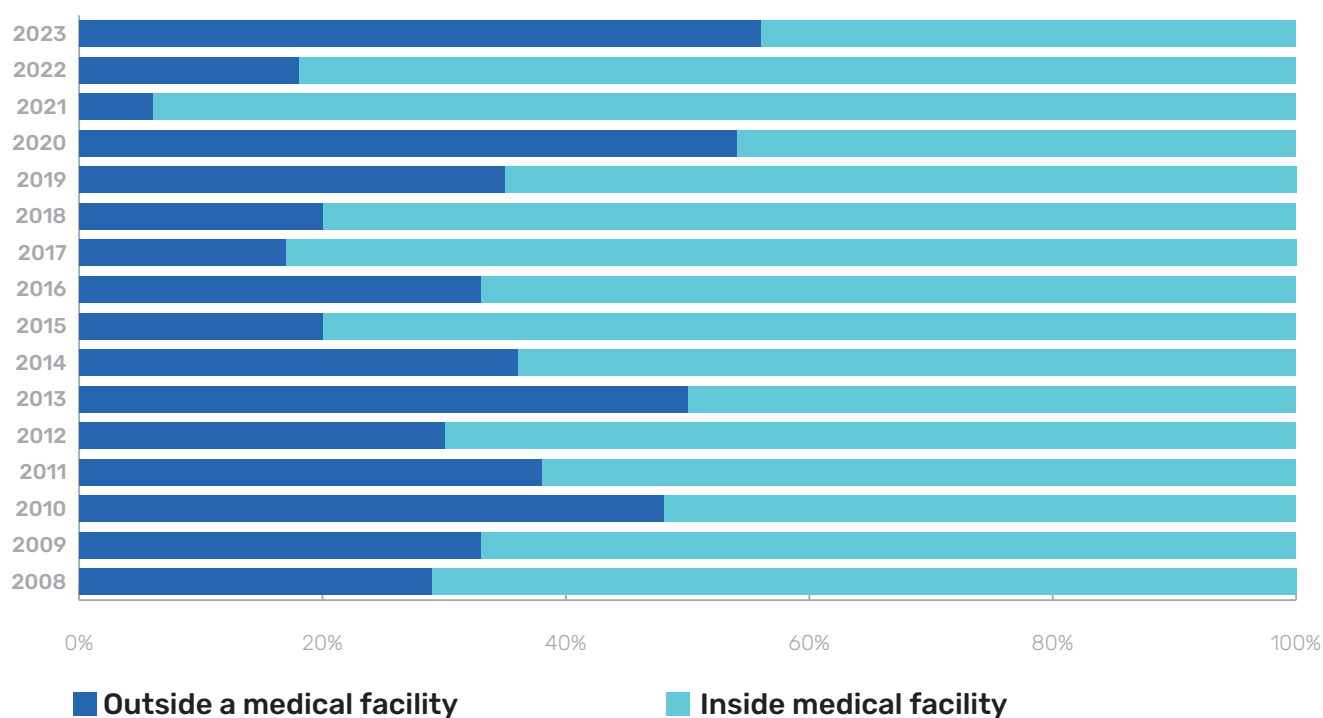
**Map 1.19.** Number of uterine rupture cases that occurred outside medical facility by region, Ukraine, 2023



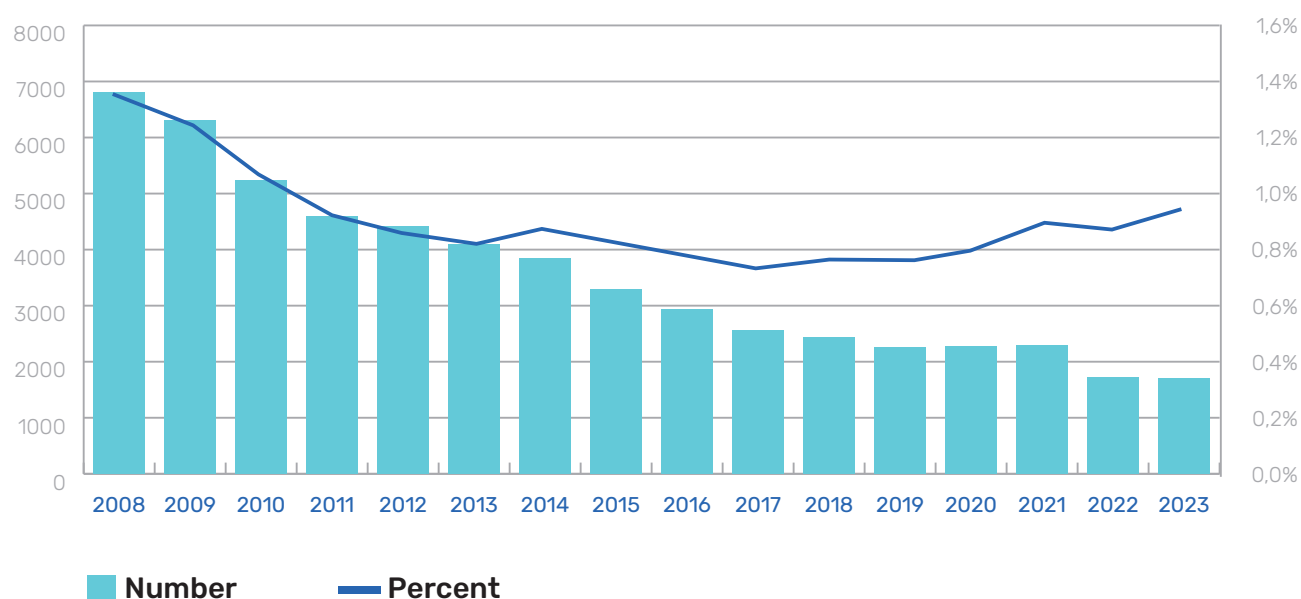
**Diagram 1.22.** Number of cases of rupture of uterus occurred inside and outside a medical facility, Ukraine, 2008-2023



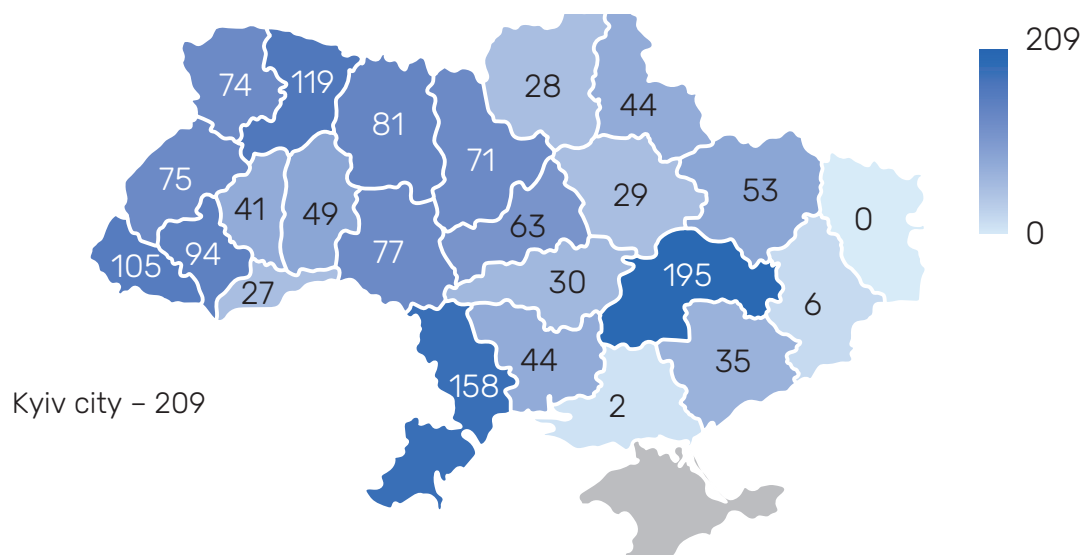
**Diagram 1.23.** Proportion of rupture of uterus occurred inside and outside a medical facility, Ukraine, 2008-2023



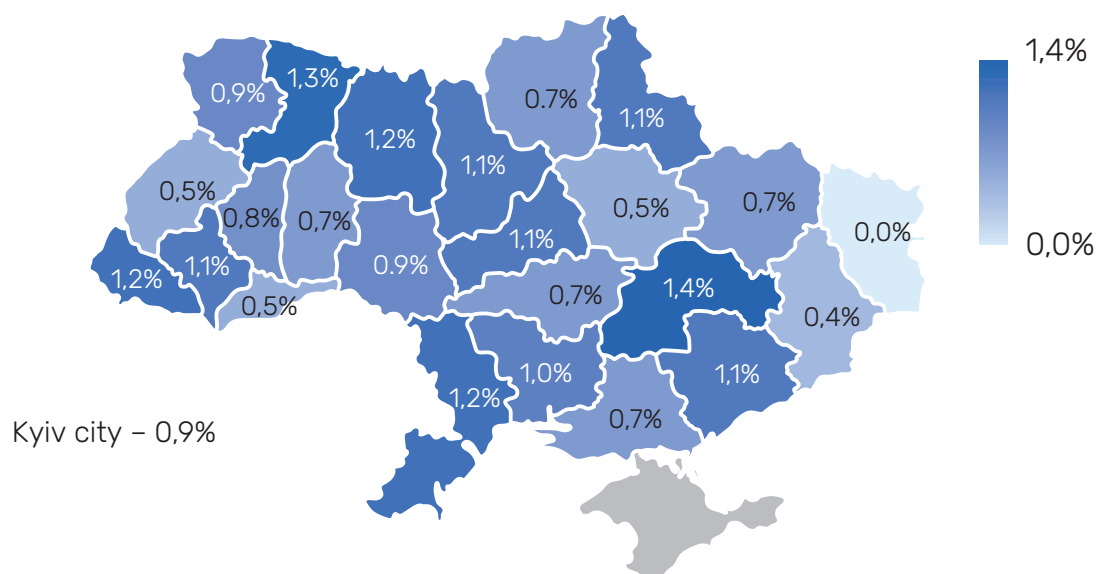
**Diagram 1.24.** Bleeding during III stage of labor or after labor, Ukraine, 2008-2023



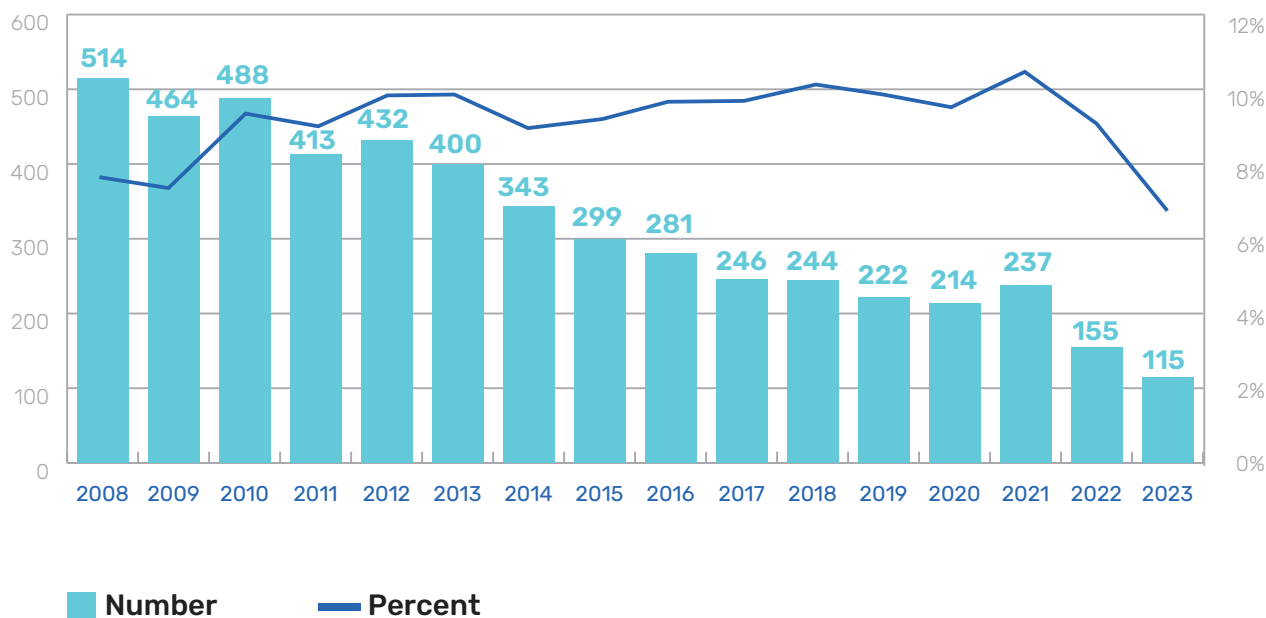
**Map 1.20.** Bleeding during III stage of labor or after labor: number of cases by region, Ukraine, 2023



**Map 1.21.** Bleeding during III stage of labor or after labor: percentage of cases to total number of deliveries by region, Ukraine, 2023

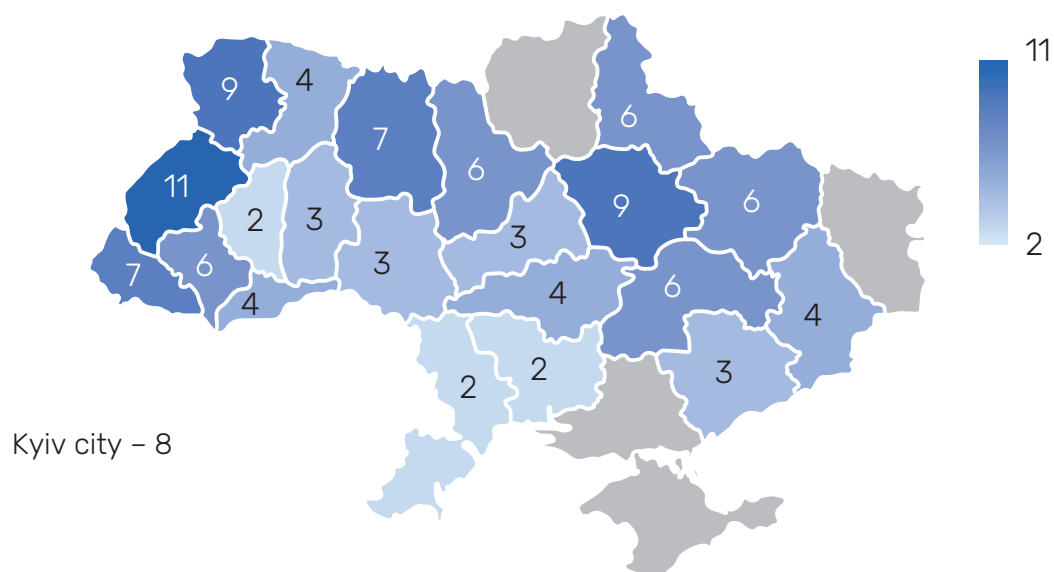


**Diagram 1.25.** Number of extirpation of uterus due to bleeding and its proportion to all those whose pregnancies complicated with bleeding, Ukraine, 2008-2023

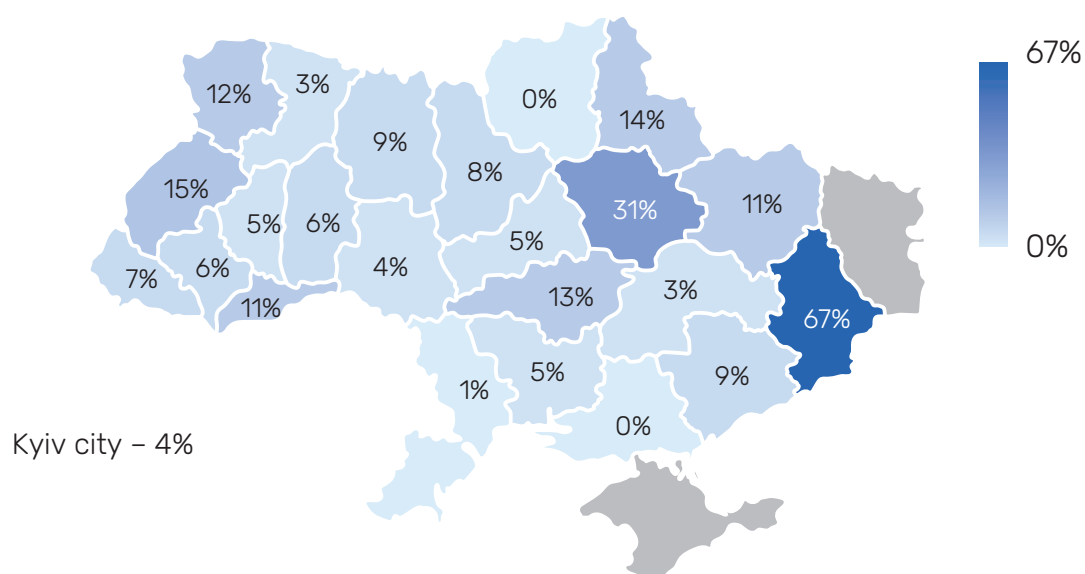


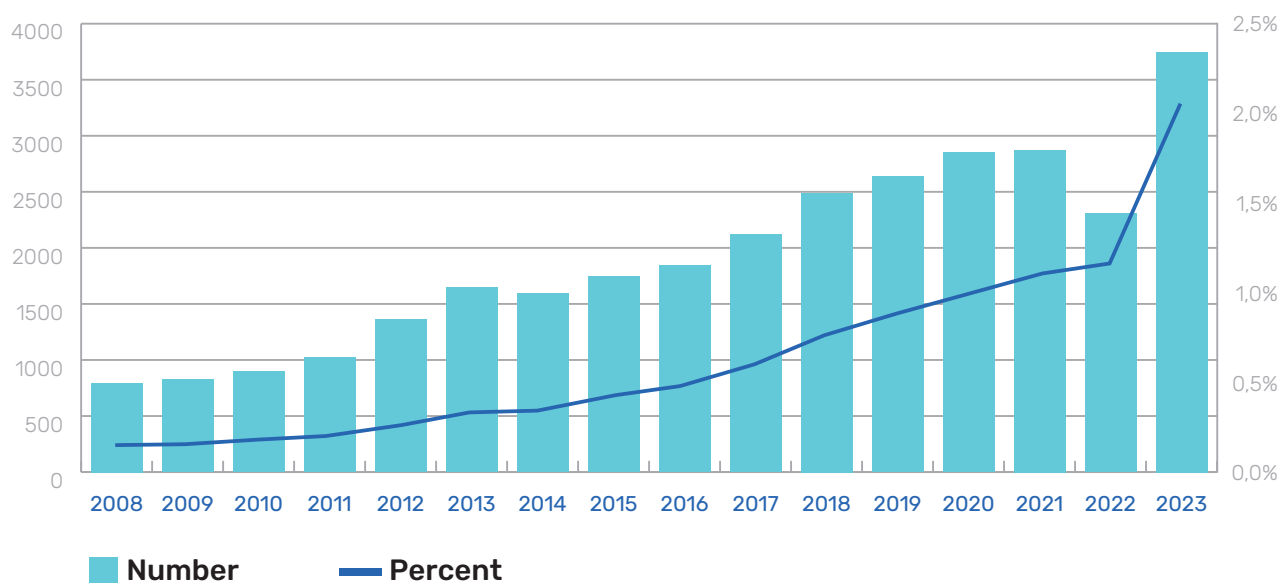
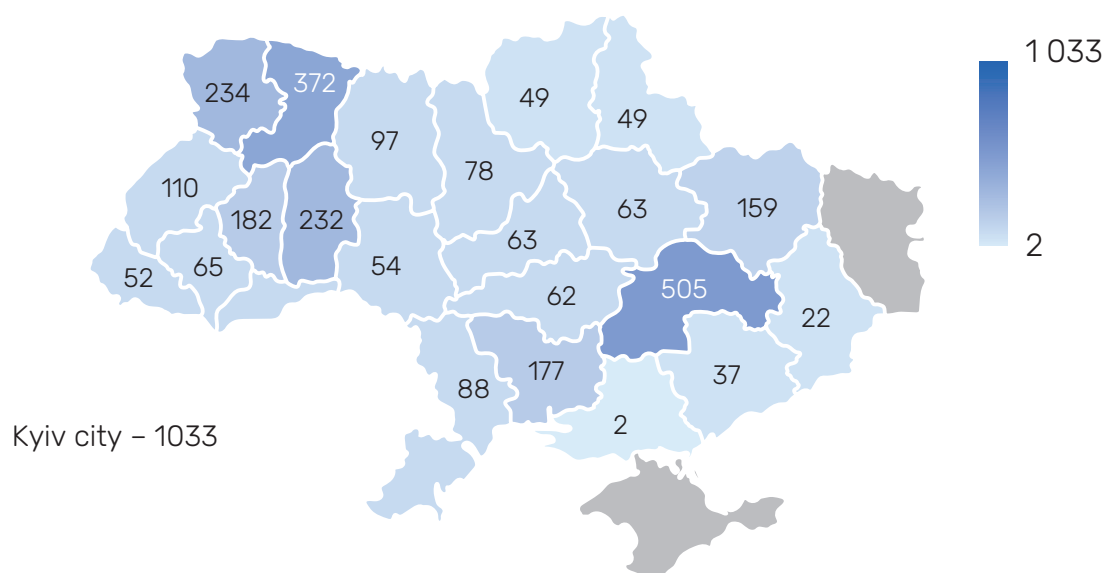


**Map 1.22.** Number of extirpations of uterus due to bleeding during III stage of labor or after labor by regions, Ukraine, 2023

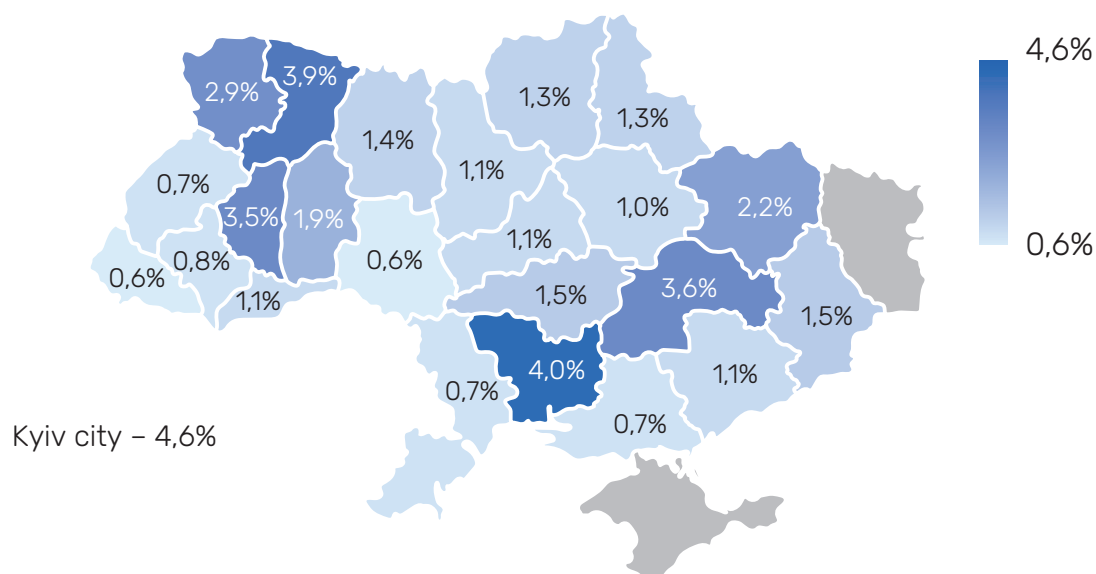


**Map 1.23.** Percentage of extirpation of uterus out of all cases of bleeding during III stage of labor or after labor by regions, Ukraine, 2023

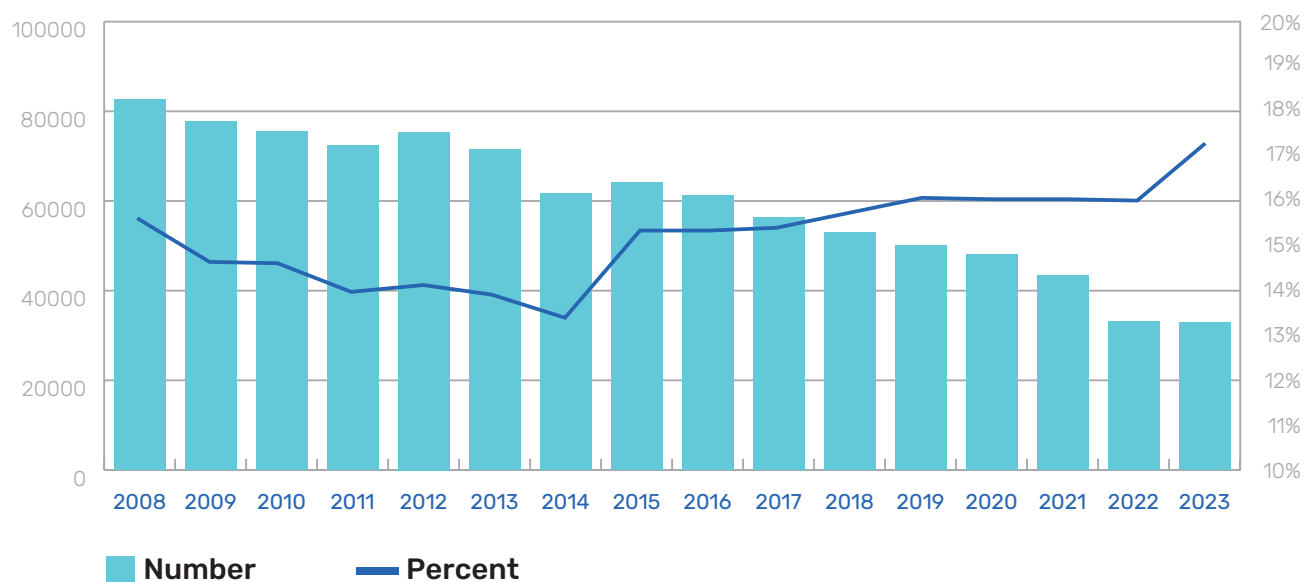


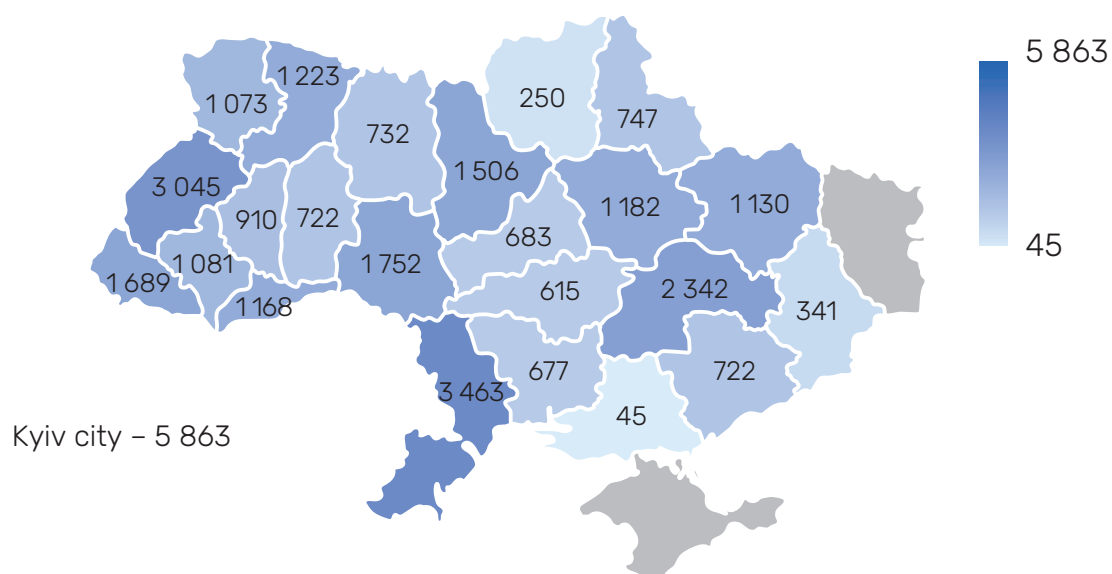
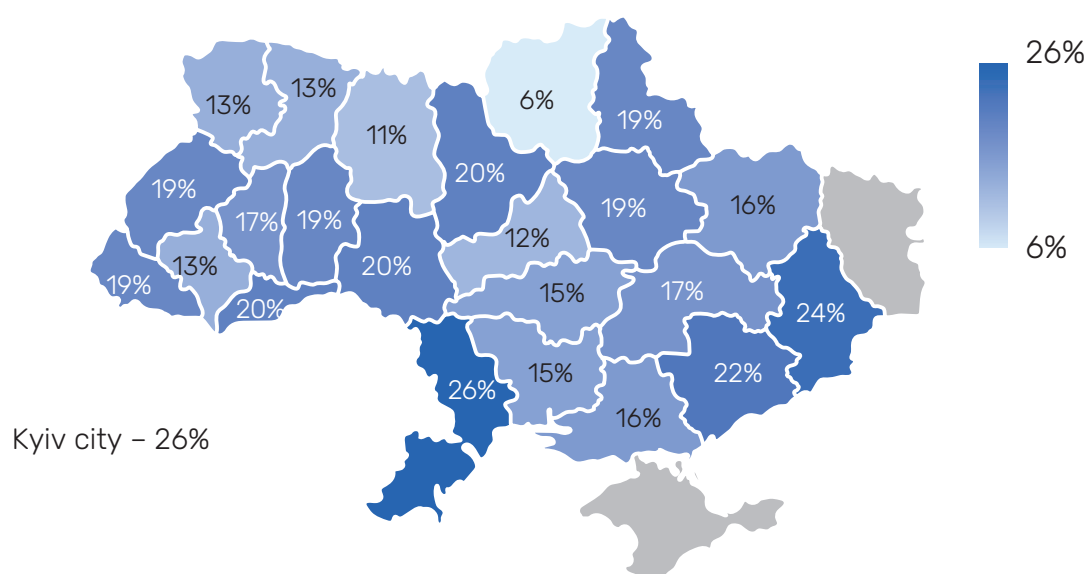
**Diagram 1.26.** Diabetes mellitus (ICD-10 O24), Ukraine, 2008–2023**Map 1.24.** Number of diabetes mellitus cases that complicated deliveries out of total number of deliveries by region, Ukraine, 2023

**Map 1.25.** Percentage of diabetes mellitus cases that complicated deliveries out of total number of deliveries by region, Ukraine, 2023



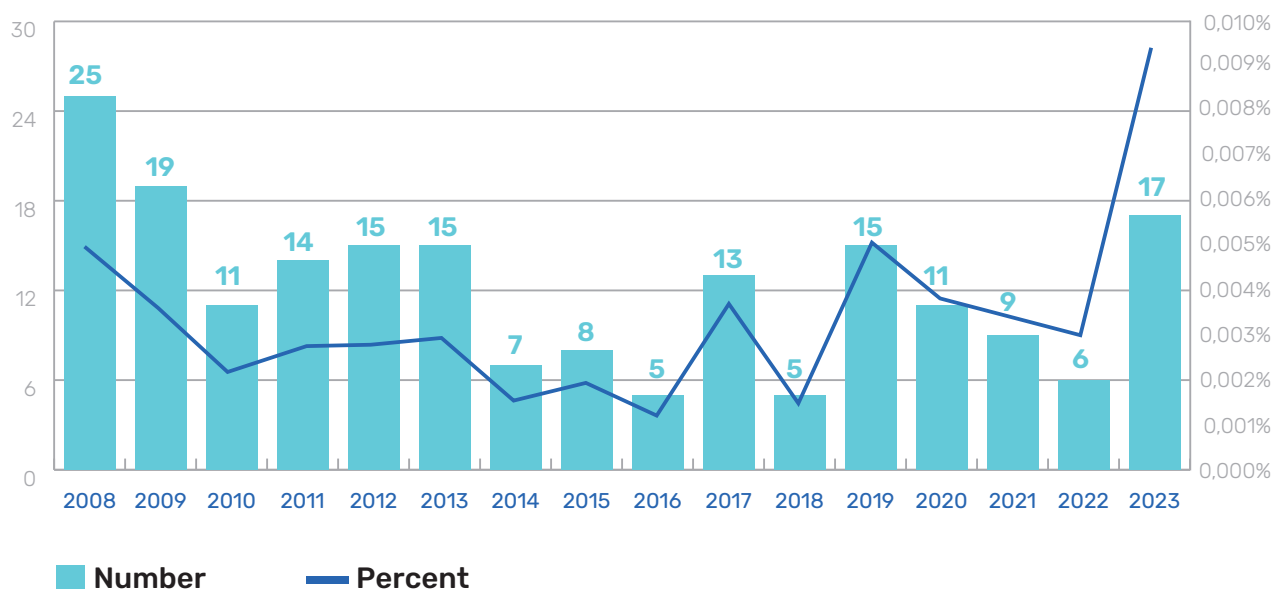
**Diagram 1.27.** Anemia (ICD-10 O99.0), Ukraine, 2008-2023



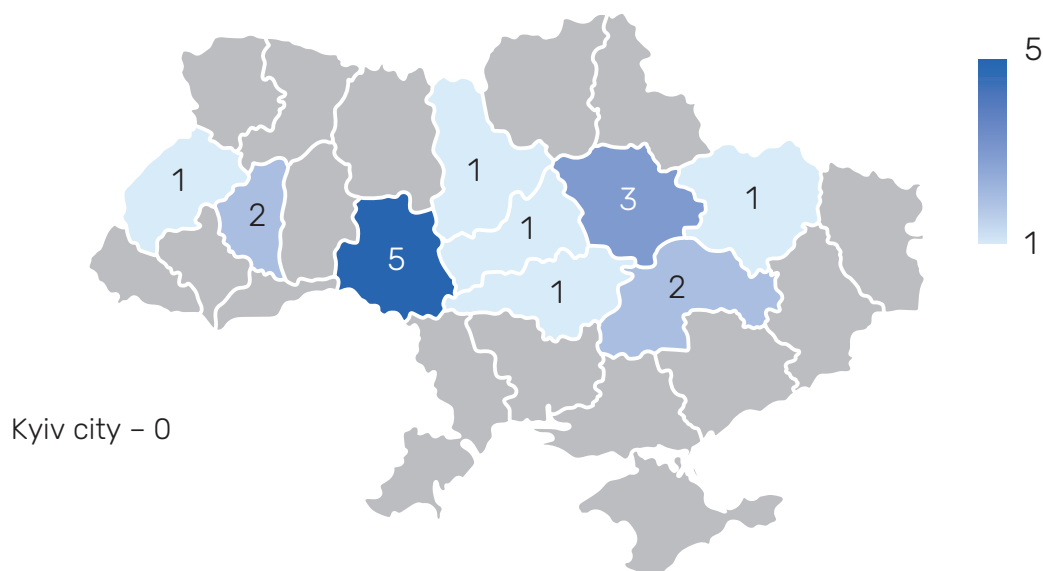
**Map 1.26.** Cases of anemia by region, Ukraine, 2023**Map 1.27.** Percentage of anemia cases to the total number of deliveries by region, Ukraine, 2023

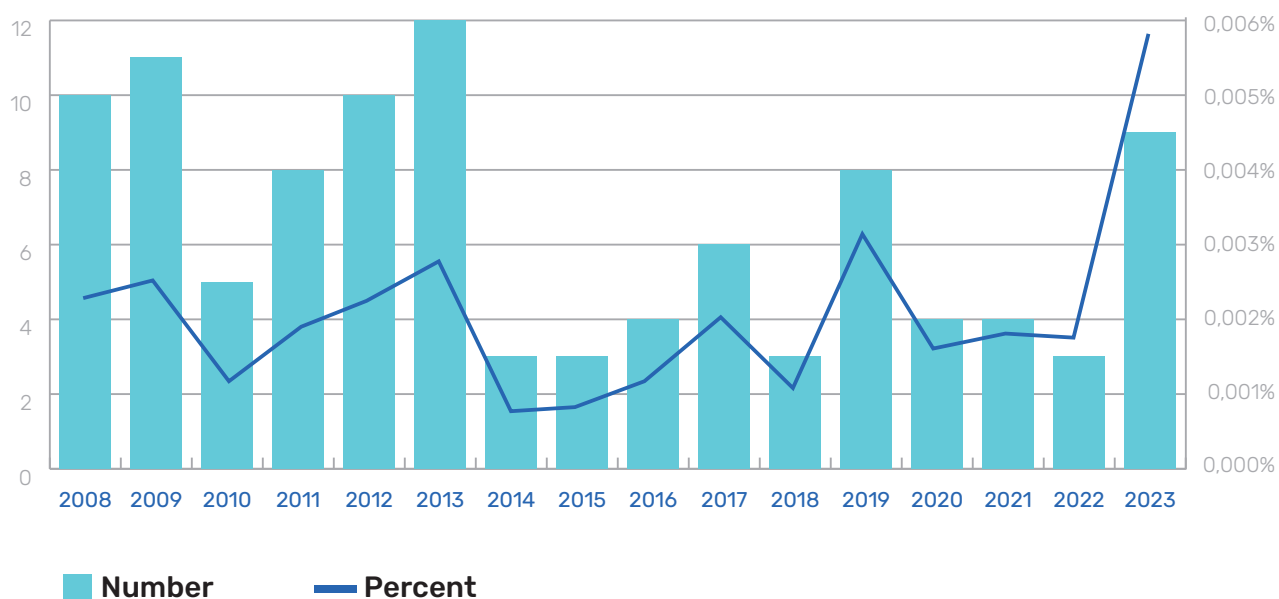
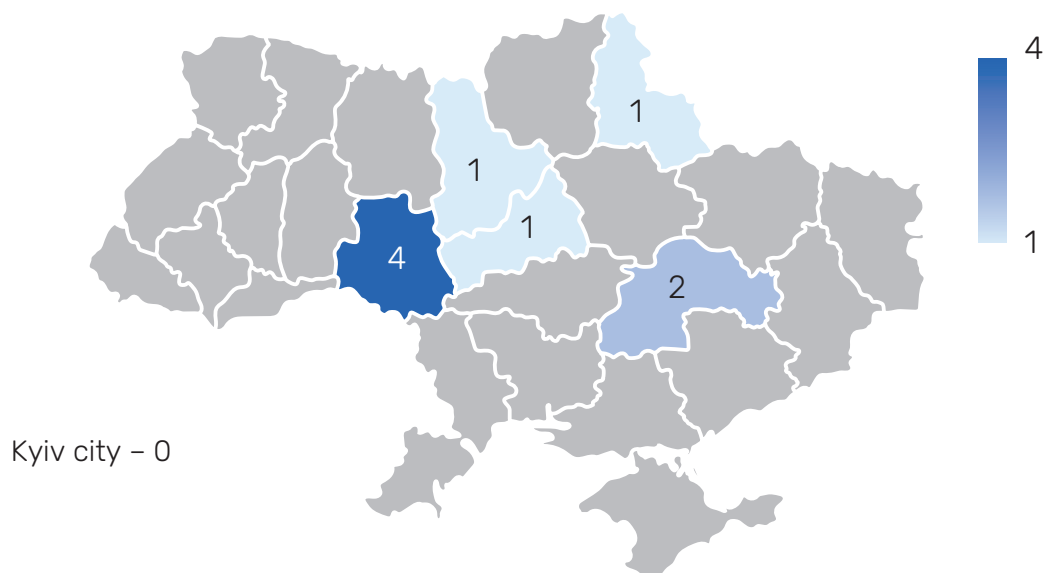


**Diagram 1.28.** Septicemia during childbirth (ICD-10 O75.3) and postpartum sepsis (ICD-10 O85), Ukraine, 2008-2023

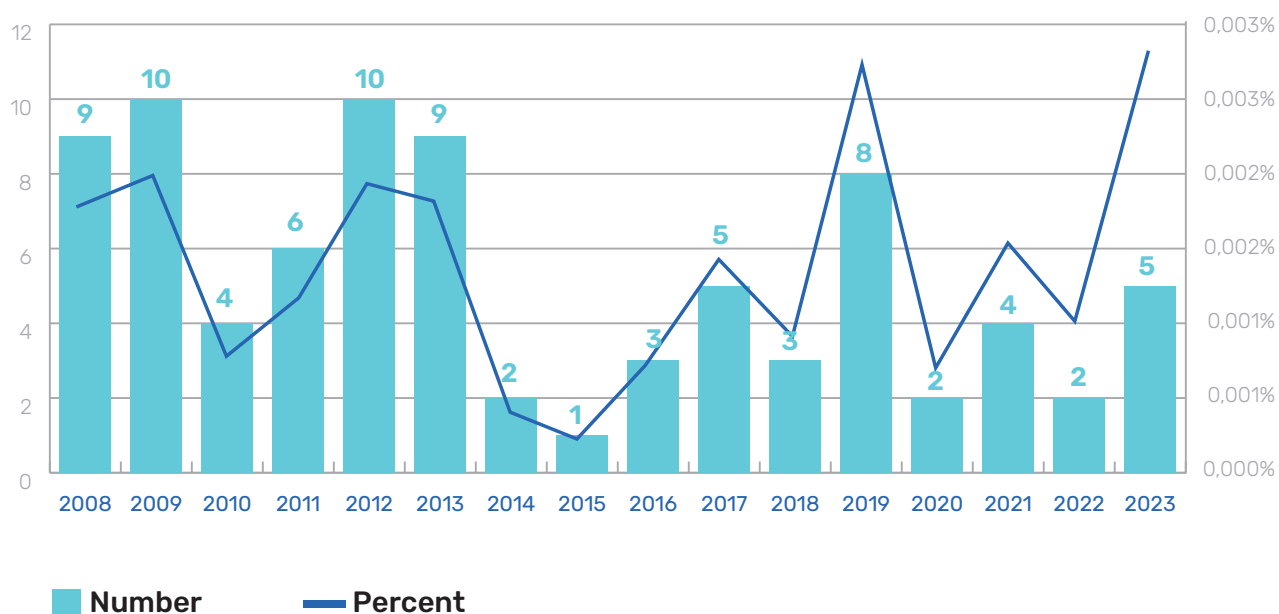


**Map 1.28.** Septicemia during childbirth (ICD-10 O75.3) and postpartum sepsis (ICD-10 O85) by region, Ukraine, 2008-2023

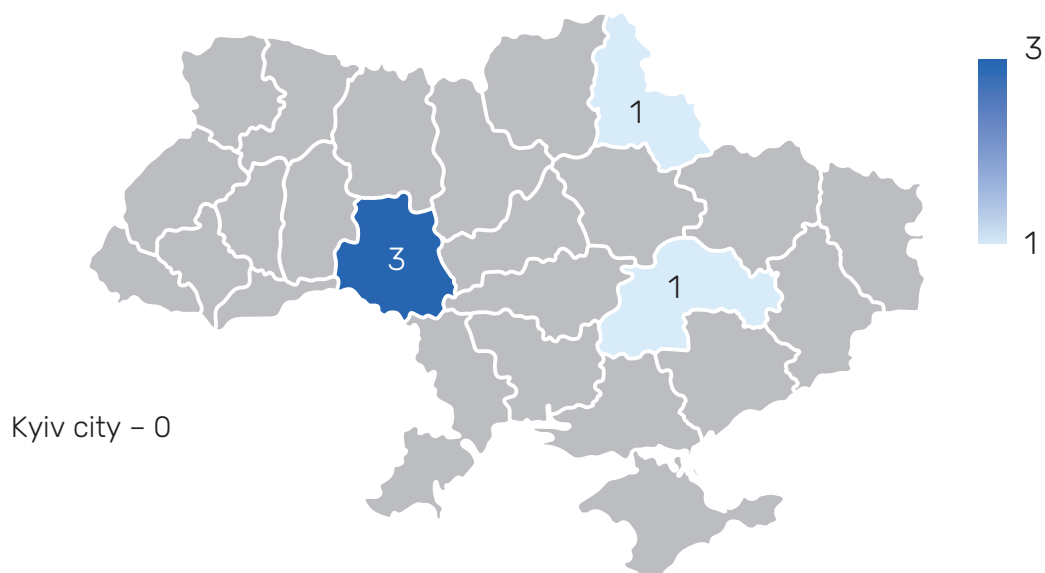


**Diagram 1.29.** Births by Cesarean section, which were complicated by peritonitis, Ukraine, 2008–2023**Map 1.29.** Number of C-sections, which were complicated by peritonitis by region, Ukraine, 2023

**Diagram 1.30.** Extirpations of uterus due to peritonitis after Cesarean section, Ukraine, 2008-2023



**Map 1.30.** Number of extirpations of uterus due to peritonitis after Cesarean section by region, Ukraine, 2023





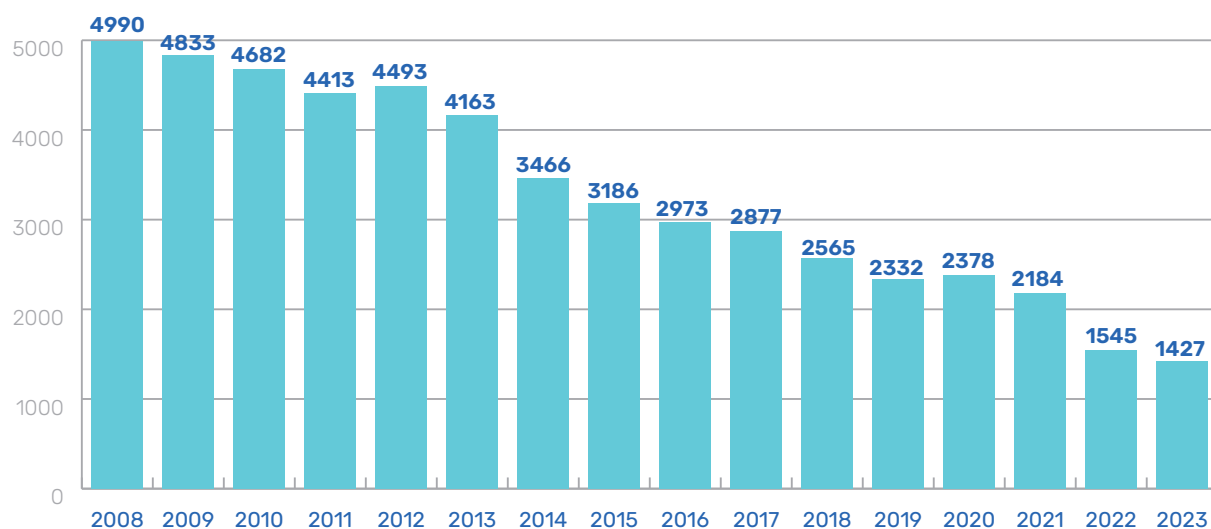


## **ANNEX 2. PERINATAL HEALTH**

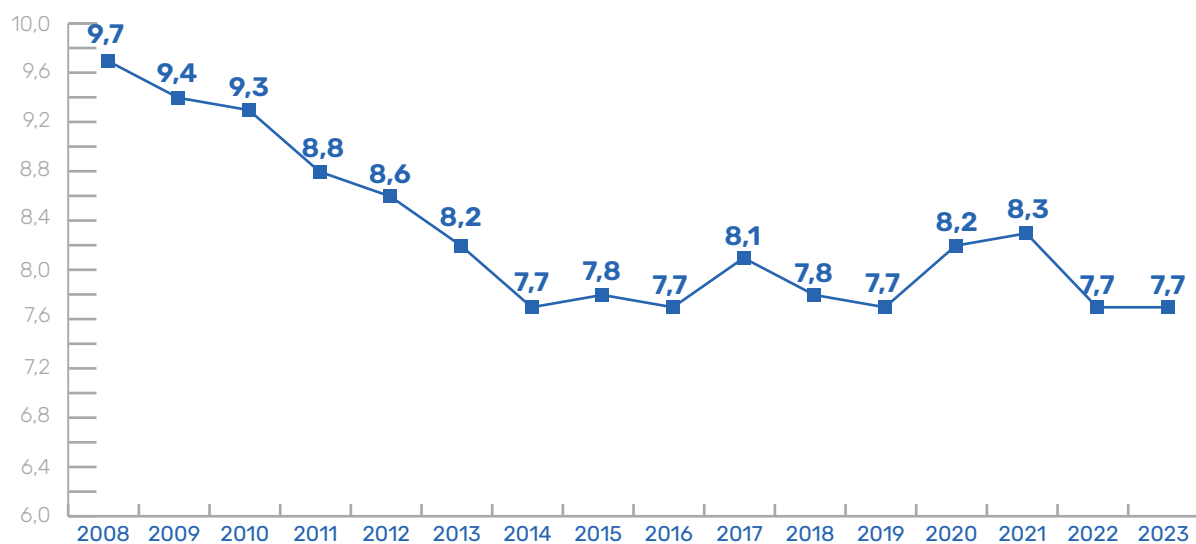


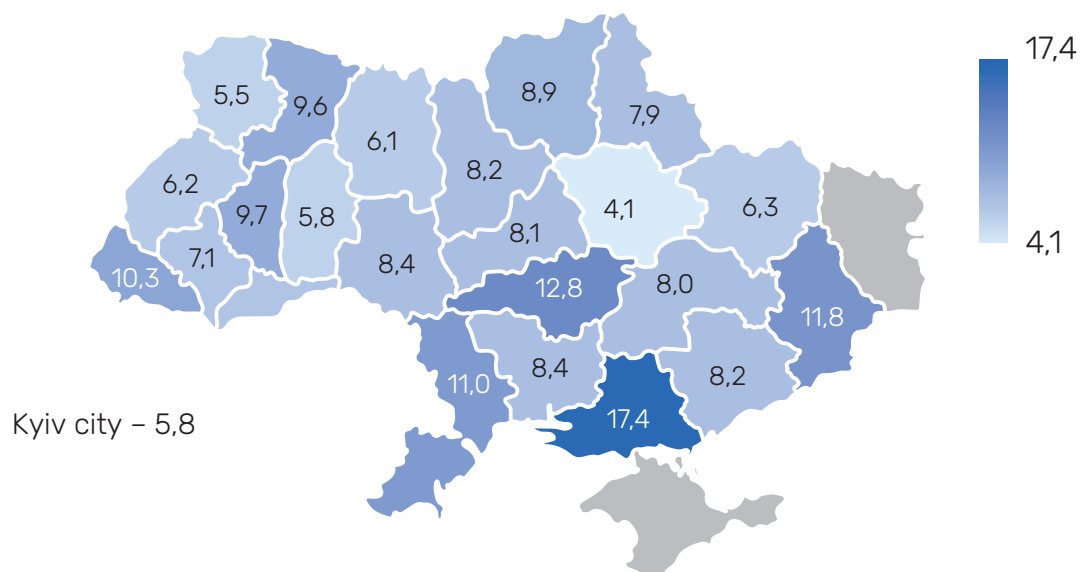
## Perinatal mortality

**Diagram 2.1.** Number of perinatal deaths in Ukraine, 2008–2023

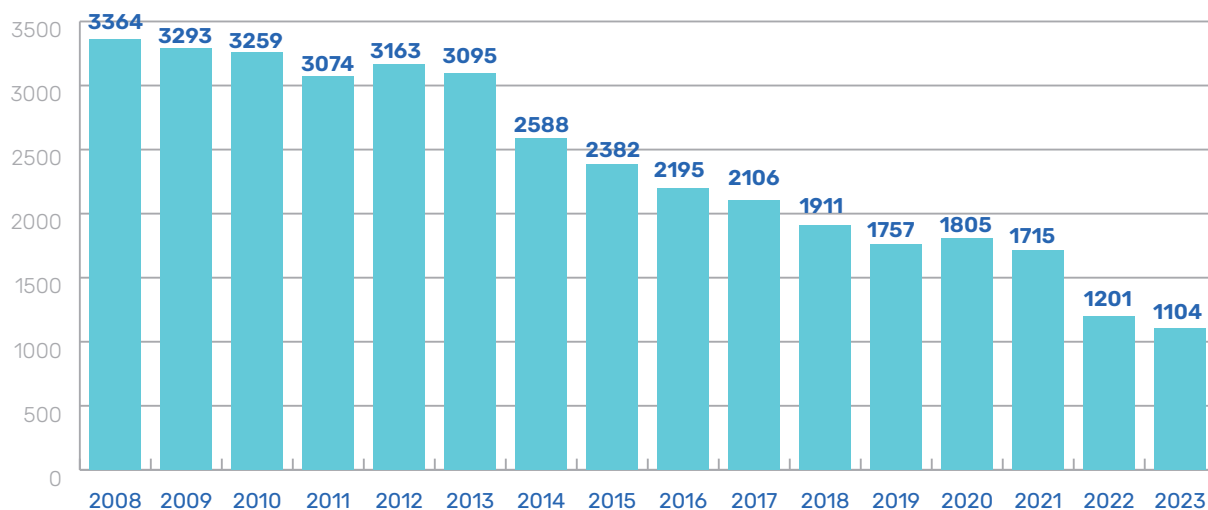


**Diagram 2.2.** Perinatal mortality per 1,000 total births, Ukraine, 2008–2023

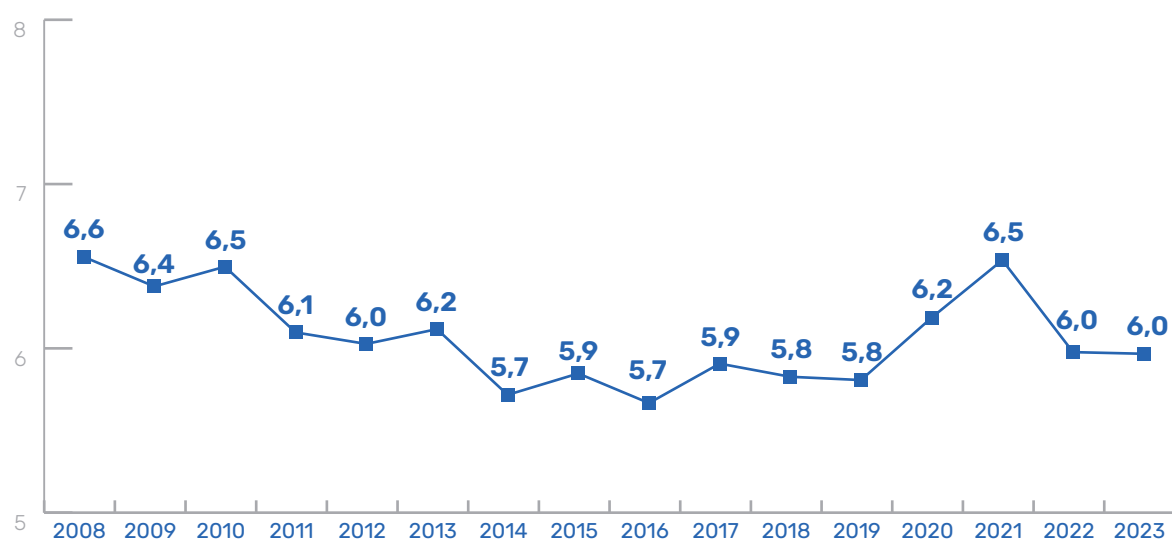


**Map 2.1.** Perinatal mortality per 1,000 births by region Ukraine, 2023

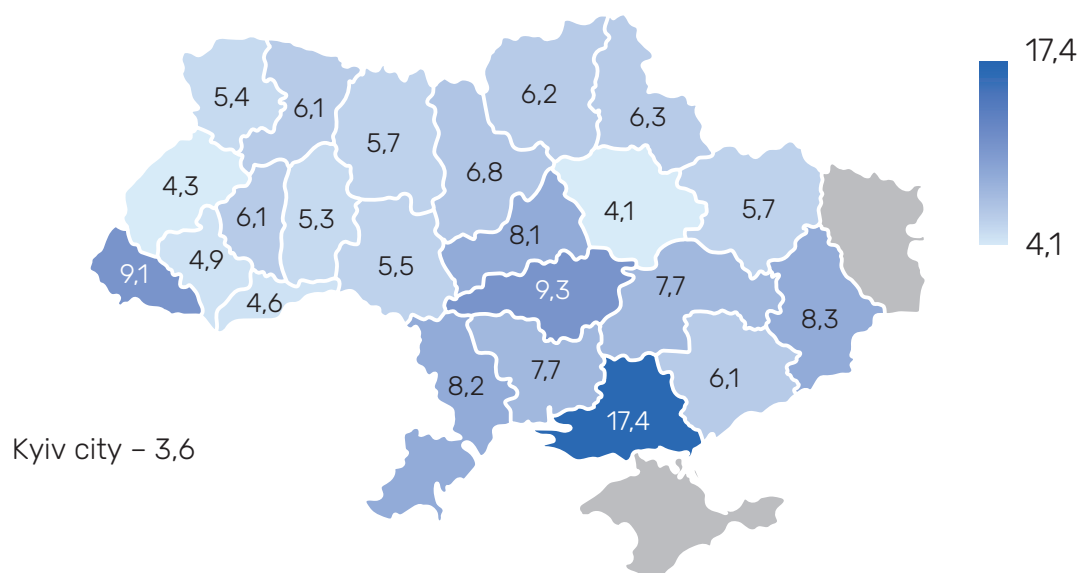
## Stillbirth

**Diagram 2.3.** Number of stillbirths (22 weeks of gestation or more), Ukraine, 2008-2023

**Diagram 2.4.** Stillbirth rate (22 weeks of gestation or more) per 1,000 total births, Ukraine, 2008–2023

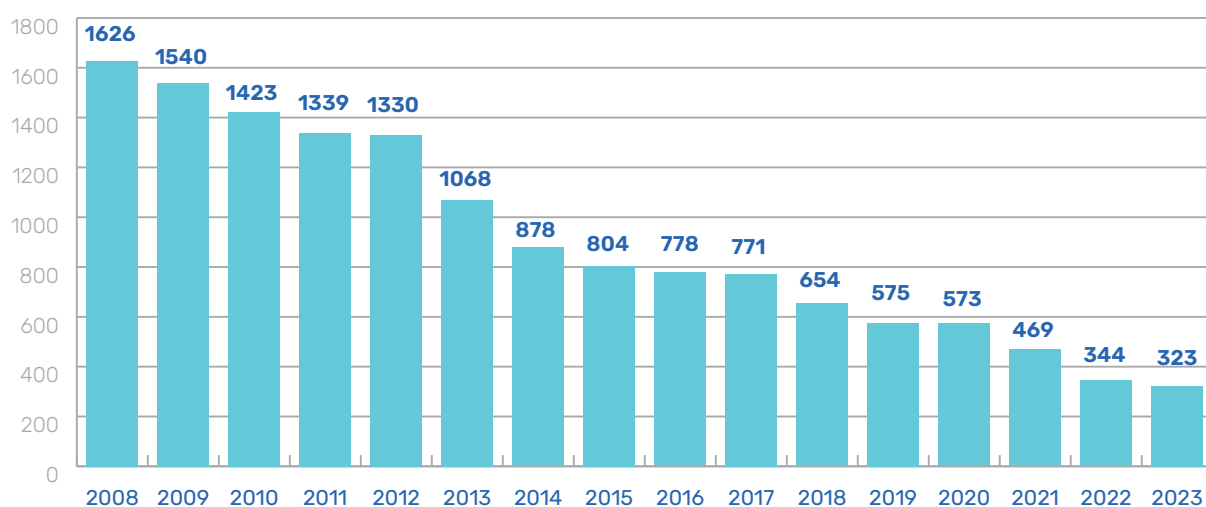


**Map 2.2.** Stillbirth rate per 1,000 total births by region Ukraine, 2023

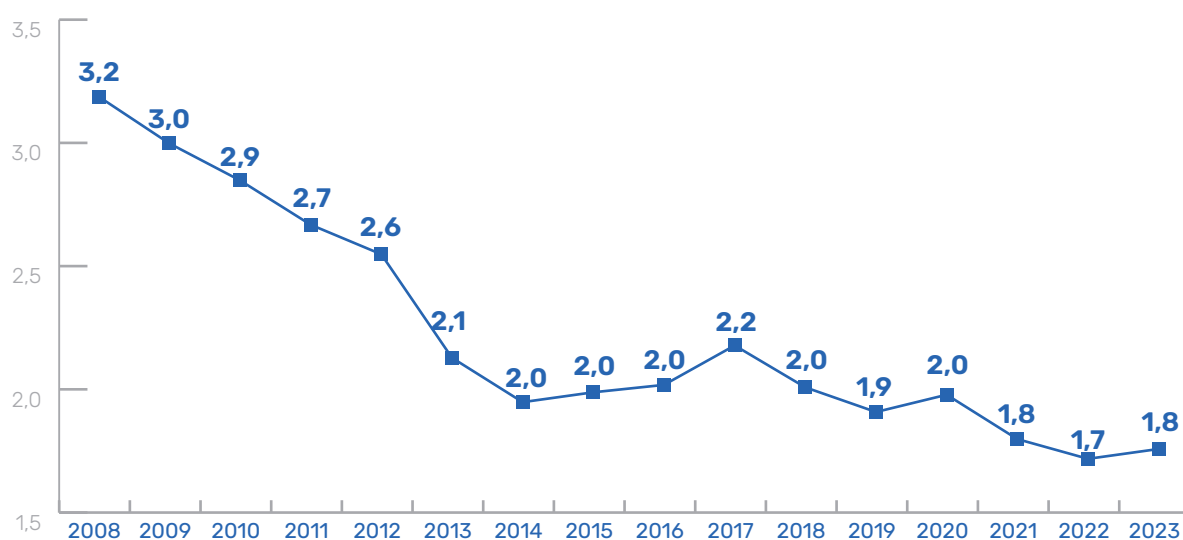


## Early neonatal mortality

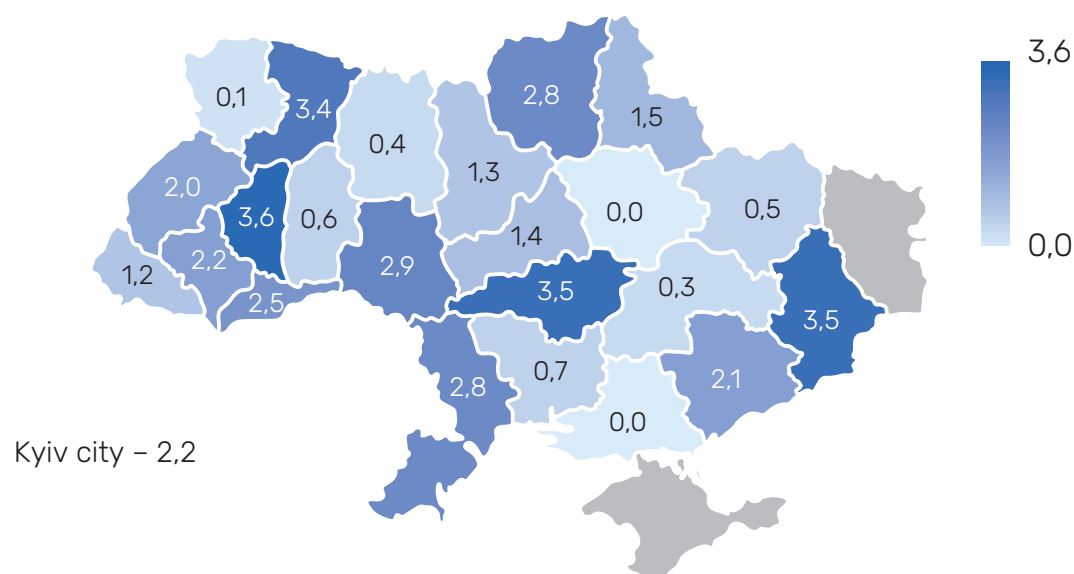
**Diagram 2.5.** Number of infant deaths within 0–6 days in Ukraine, 2008–2023



**Diagram 2.6.** Yearly neonatal mortality per 1,000 live births, Ukraine, 2008–2023

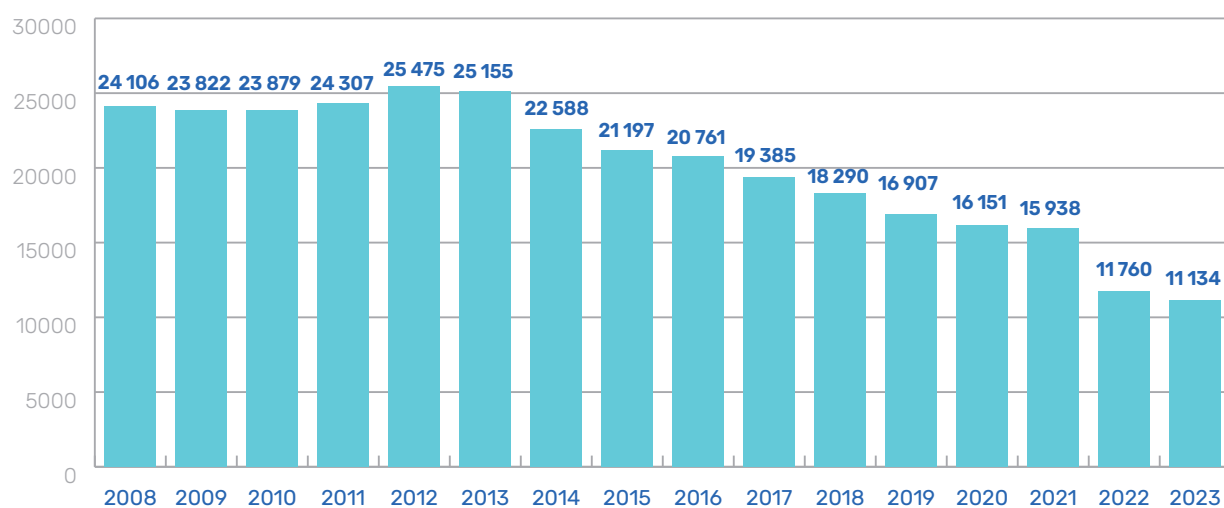


**Map 2.3.** Early neonatal deaths per 1,000 live births by region, Ukraine, 2023



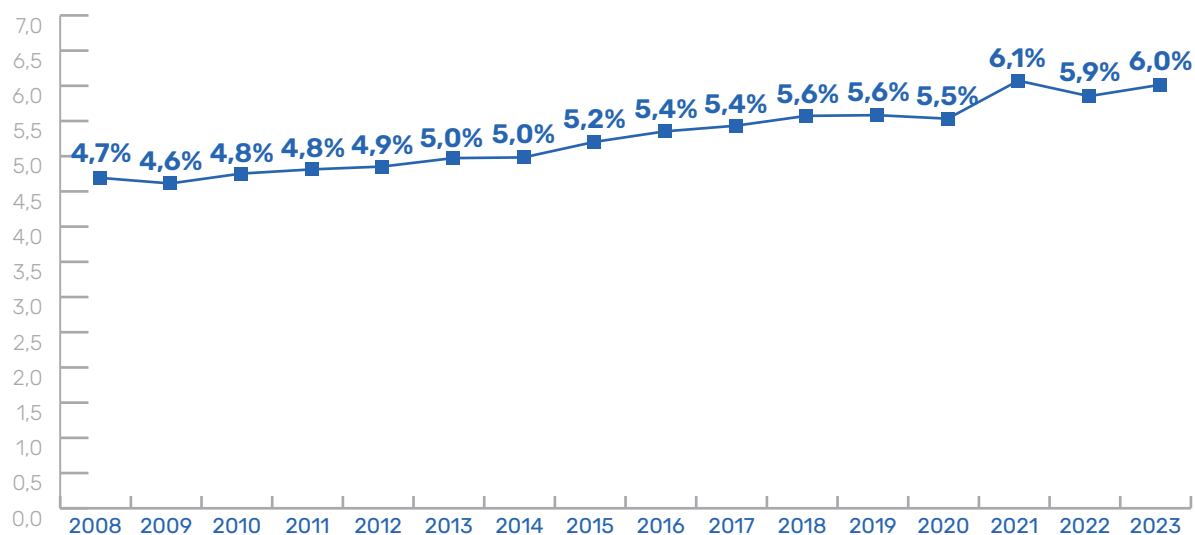
## Preterm births

**Diagram 2.7.** Total number of prematurely born babies (both alive and dead), Ukraine, 2008–2023

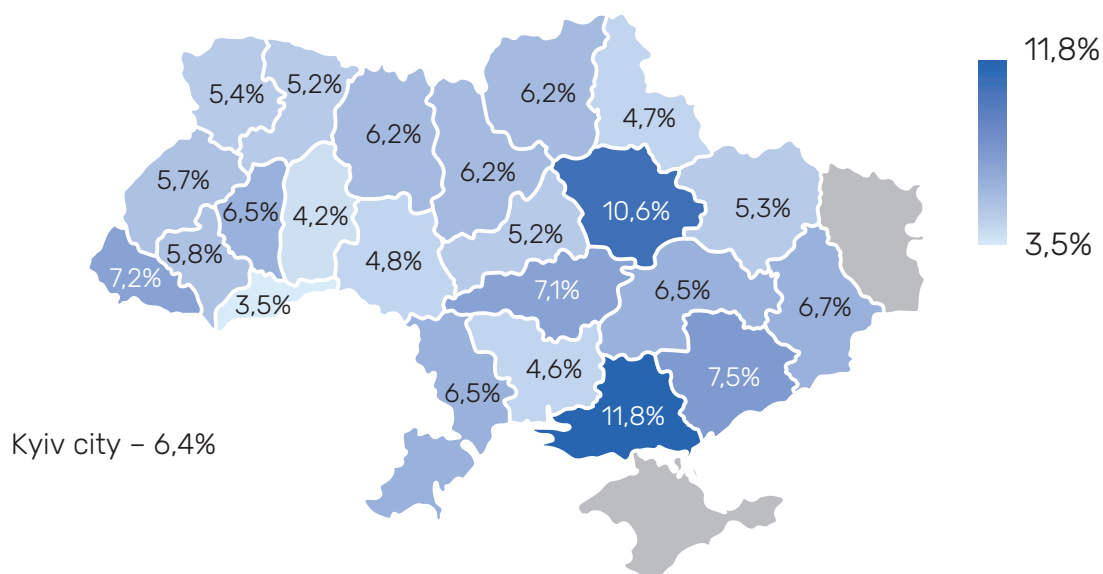




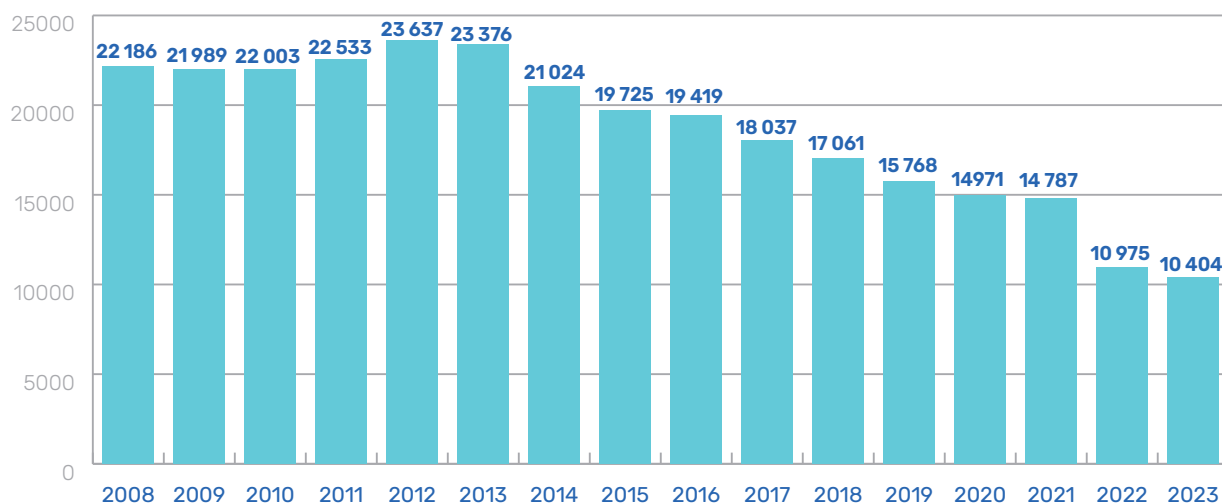
**Diagram 2.8.** Percentage of prematurely born babies (both alive and dead) out of total number of babies born in Ukraine (alive and dead)



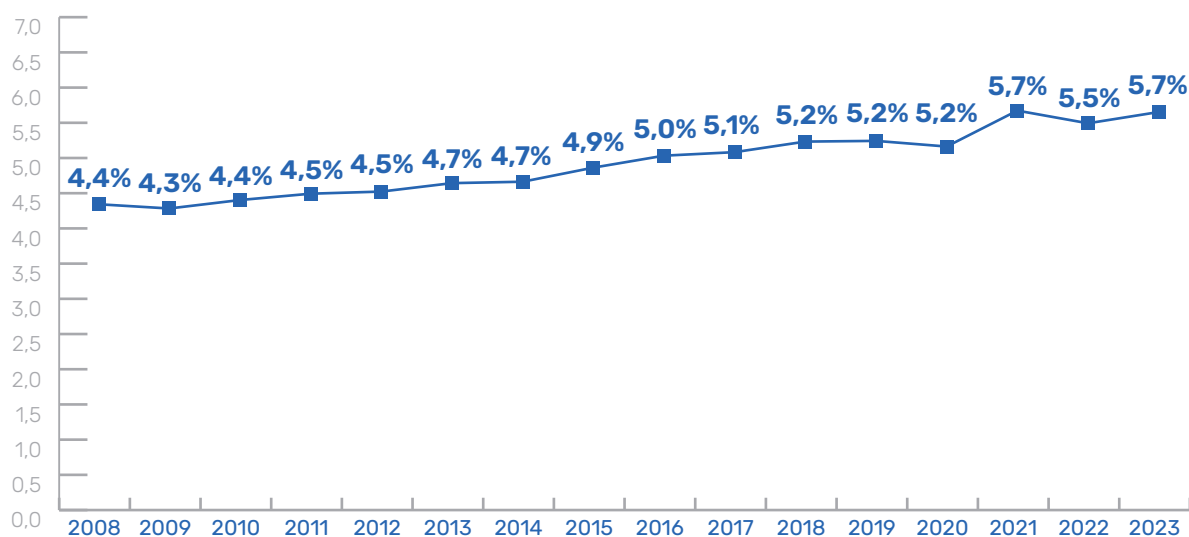
**Map 2.4.** *Percentage of prematurely born babies (both alive and dead) out of total number of babies born in Ukraine (alive and dead) by region in 2023*



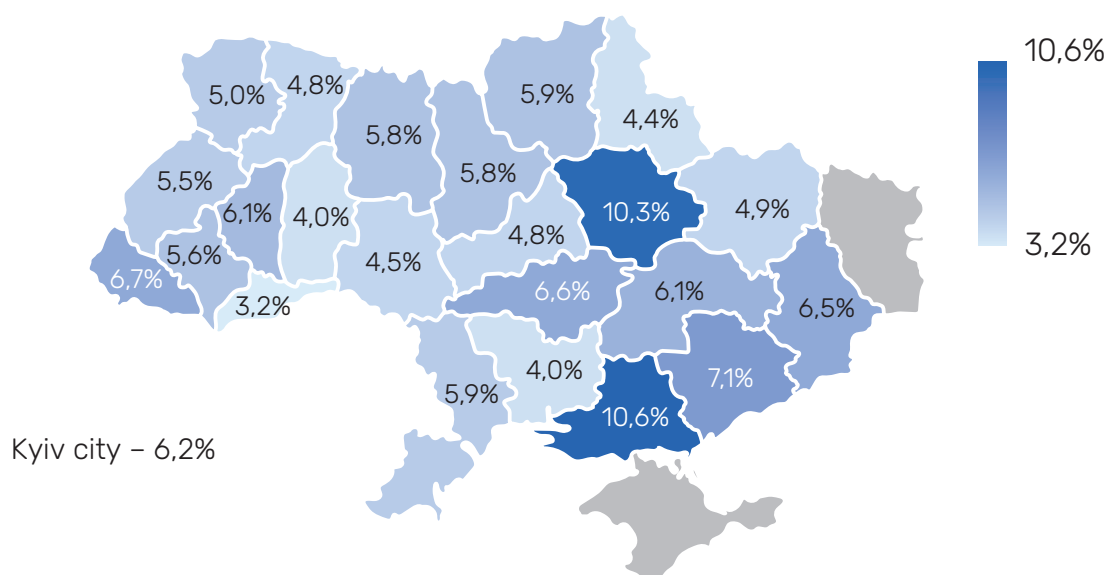
**Diagram 2.9.** Total number of prematurely born alive babies, Ukraine, 2008–2023



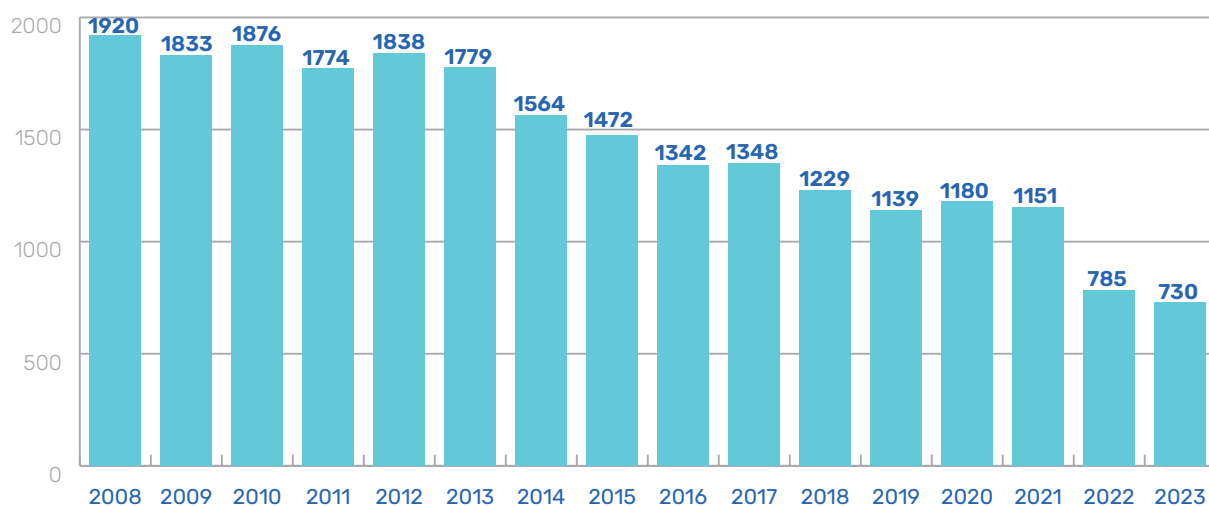
**Diagram 2.10.** Percentage of alive babies born prematurely out of all live births, Ukraine, 2008–2023



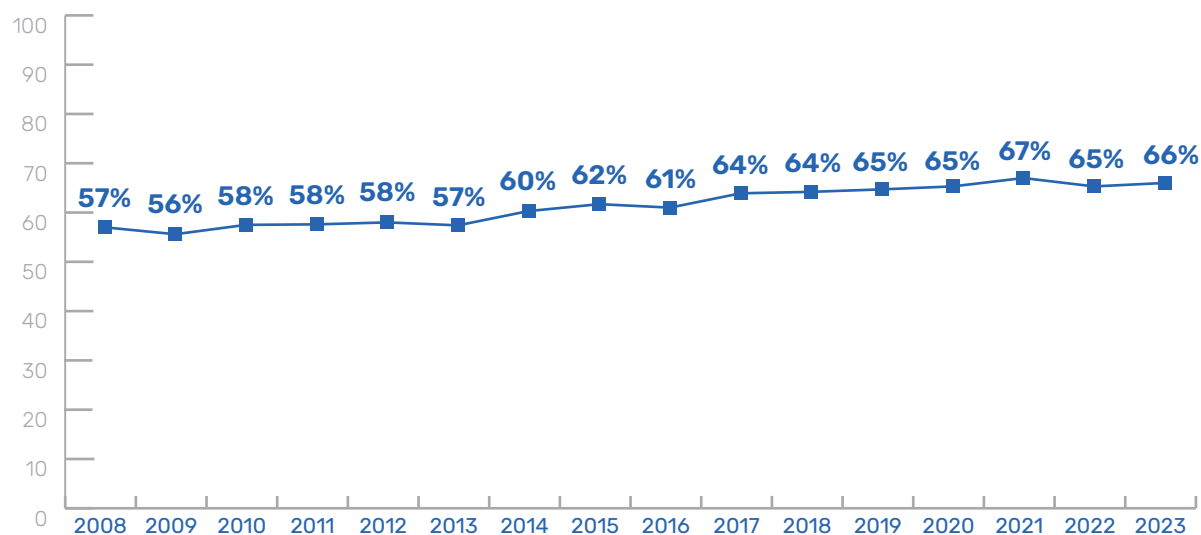
**Map 2.5.** Percentage of prematurely born alive babies of the total number of babies born alive by region, Ukraine, 2023



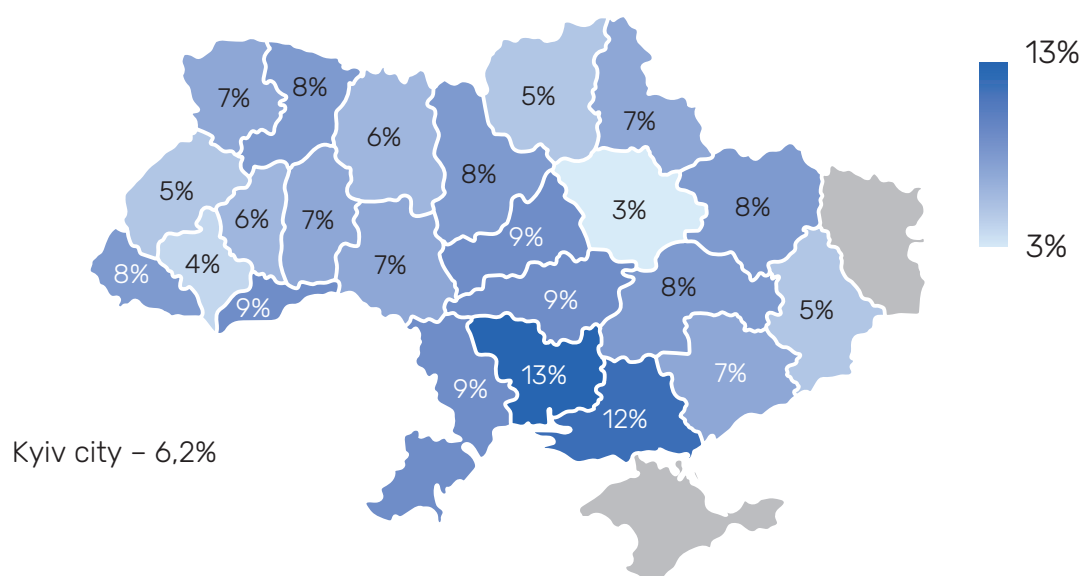
**Diagram 2.11.** Total number of prematurely born babies who died before birth, Ukraine, 2008-2023



**Diagram 2.12.** Percentage of prematurely born babies who died before birth to the total number of babies who died before birth, Ukraine, 2008-2023

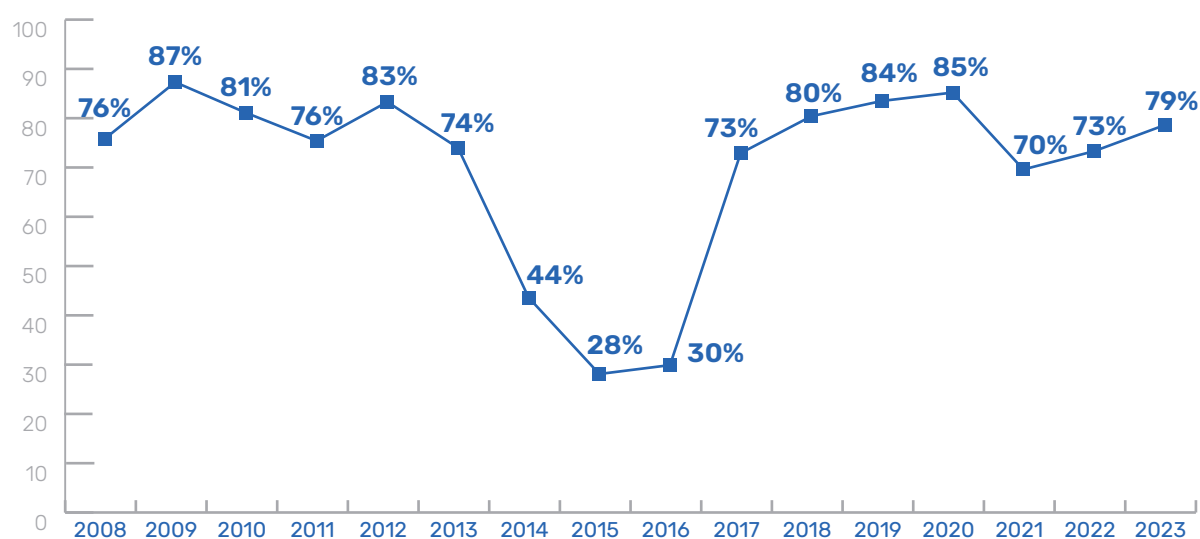


**Map 2.6.** Percentage of preterm stillbirths out of all preterm births, Ukraine, 2023



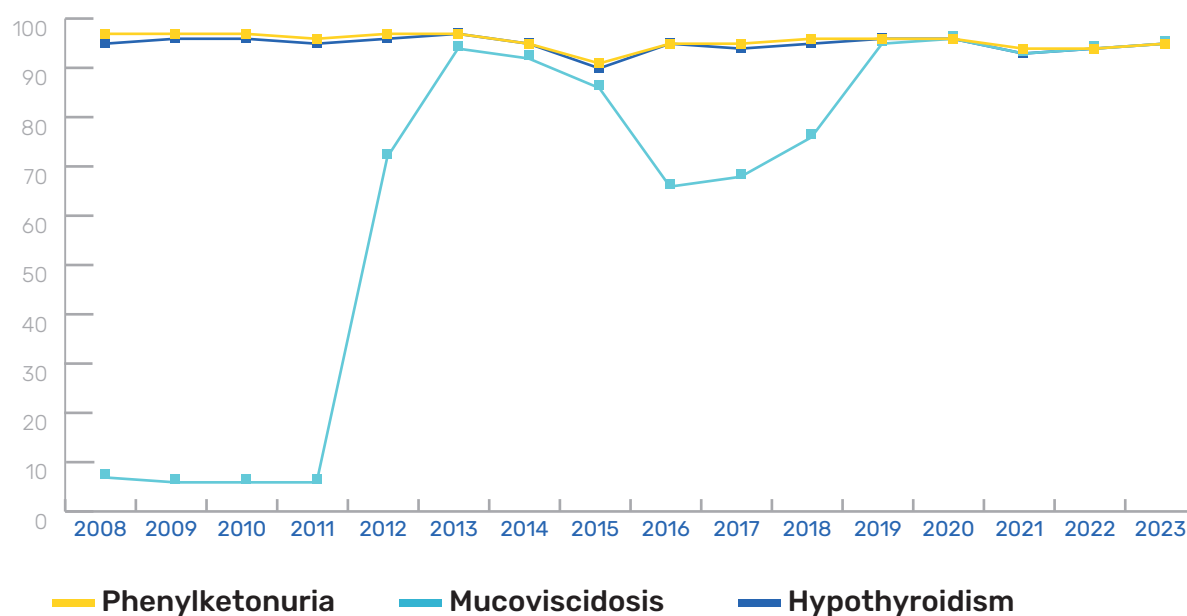
## BCG Vaccination

**Diagram 2.13.** BCG coverage of newborns, 2008–2023



## Neonatal screening

**Diagram 2.14.** Percentage of newborns screened for phenylketonuria, mucoviscidosis, hypothyroidism, Ukraine, 2008–2023





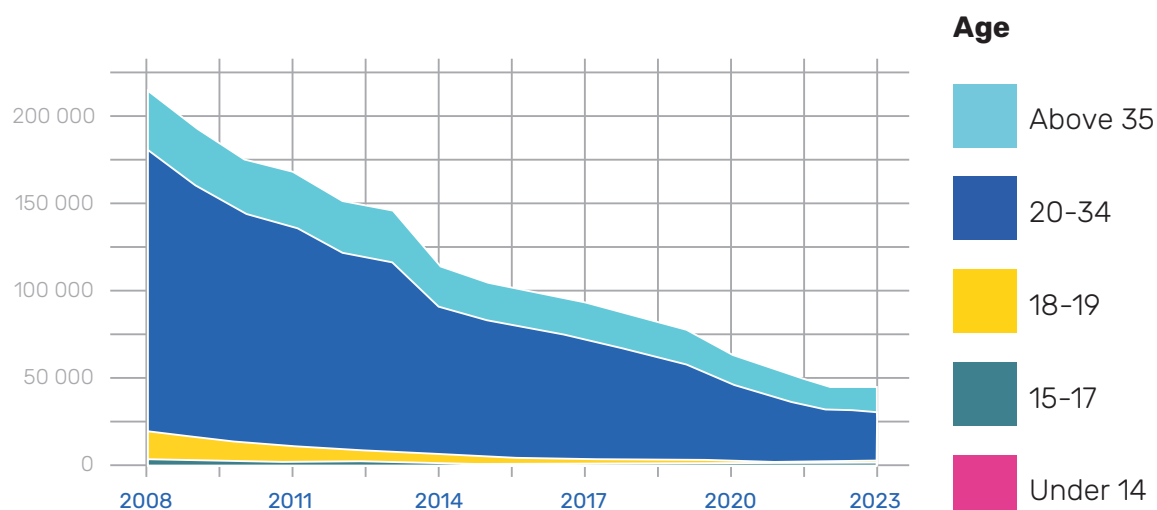


## **ANNEX 3. ABORTIONS**

## Abortion rate

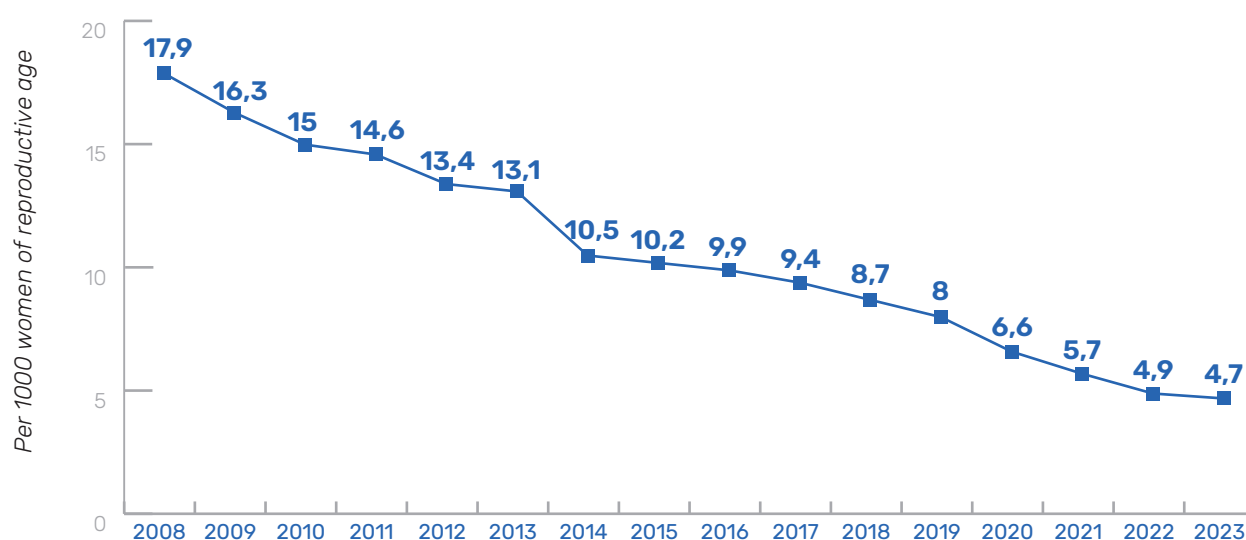
**Diagram 3.1.** Total number of abortions by age group, Ukraine, 2008-2023

Includes spontaneous, legal under 12 weeks of pregnancy, legal 12-22 weeks of pregnancy, criminal and unconfirmed



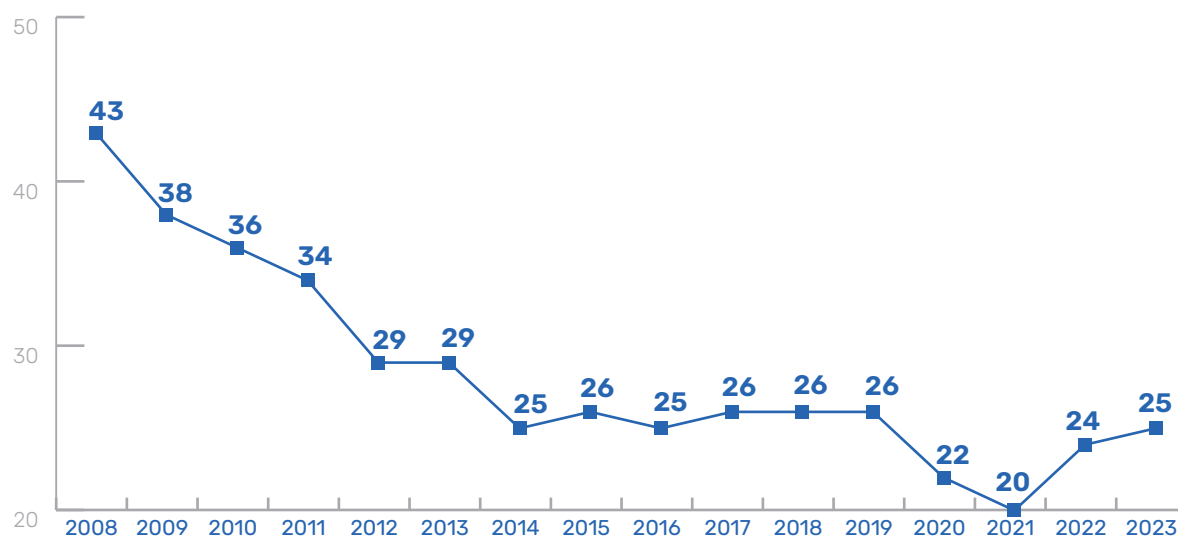
Data source: MOH Ukraine, Statistical Form #13

**Diagram 3.2.** Abortions per 1,000 women of reproductive age, Ukraine, 2008-2023



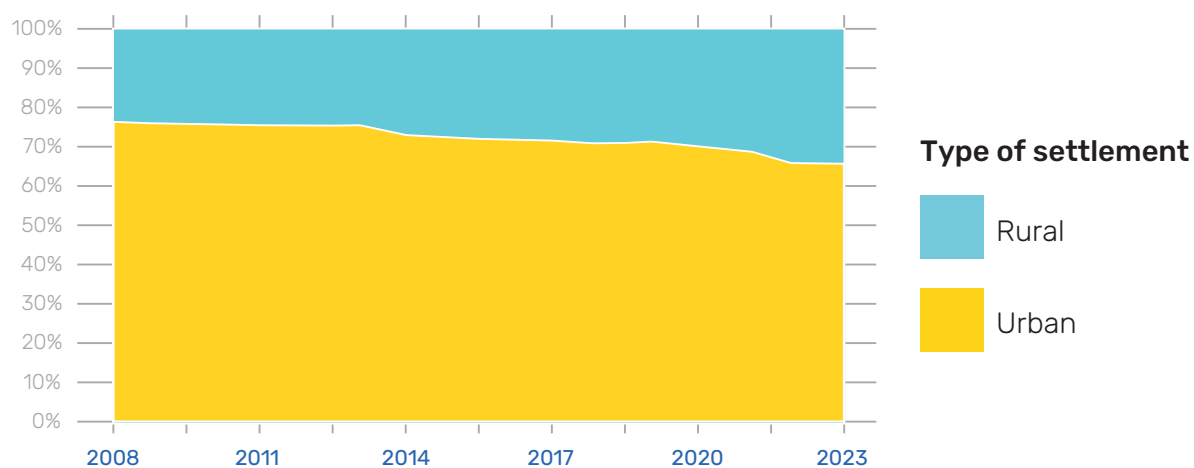
Data sources: Ministry of Health of Ukraine; State Statistical Services of Ukraine

**Diagram 3.3.** Abortions per 100 births, Ukraine, 2008-2023



Data source: MOH Ukraine, Statistical Form #13 and #21

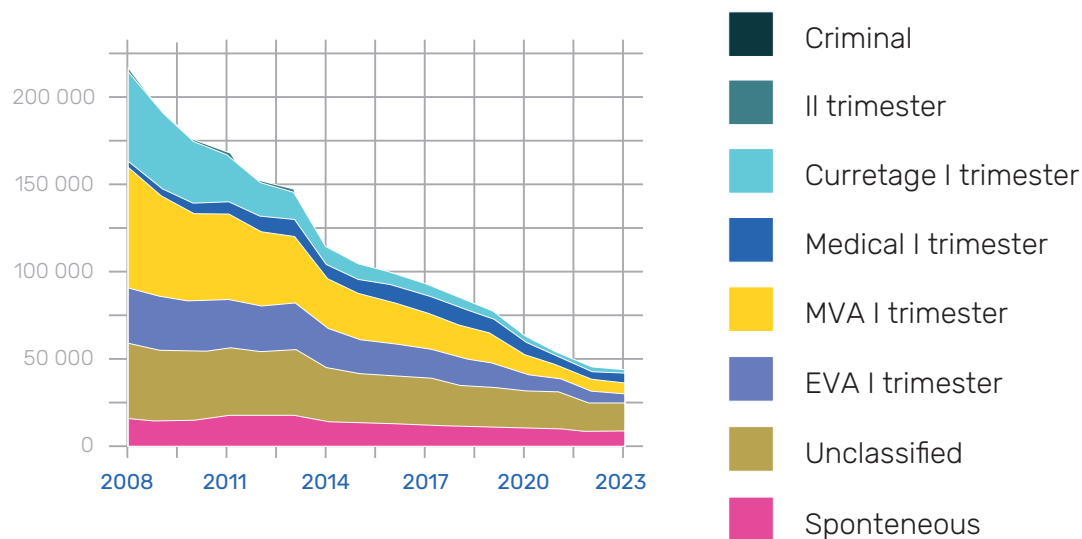
**Diagram 3.4.** Proportion of total number of abortions by type of settlement, Ukraine, 2008-2023



Data source: MOH Ukraine, Statistical Form #13

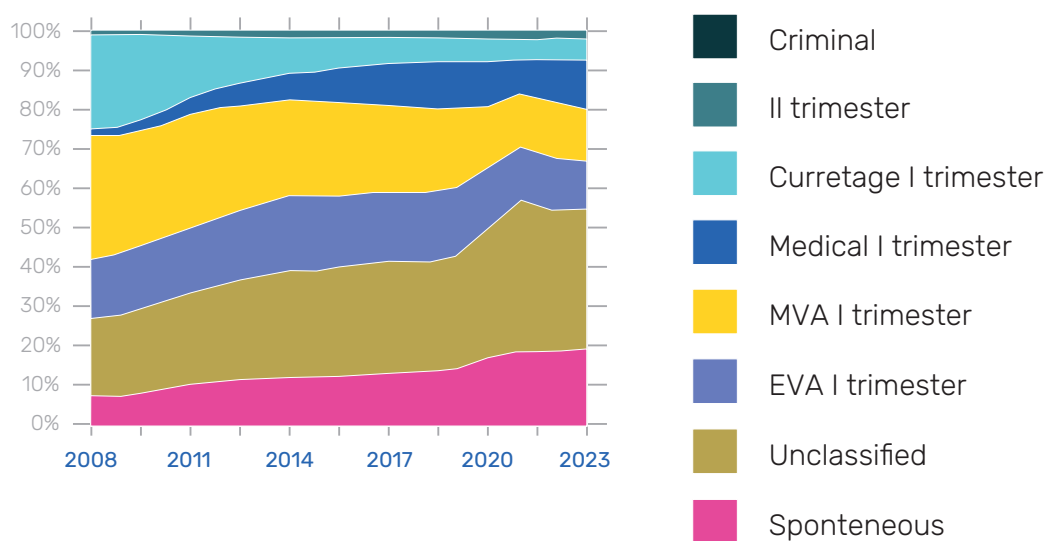
## Clinical methods of termination in the I trimester

**Diagram 3.5.** Total number of abortions by termination type, Ukraine, 2008–2023



Data source: MOH Ukraine, Statistical Form #13

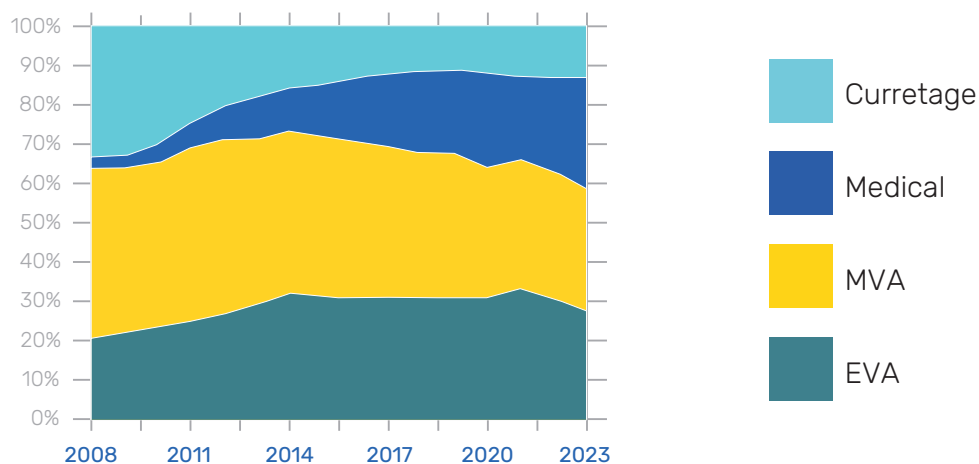
**Diagram 3.6.** Proportion of abortions by termination type, Ukraine, 2008–2023



Data source: MOH Ukraine, Statistical Form #13

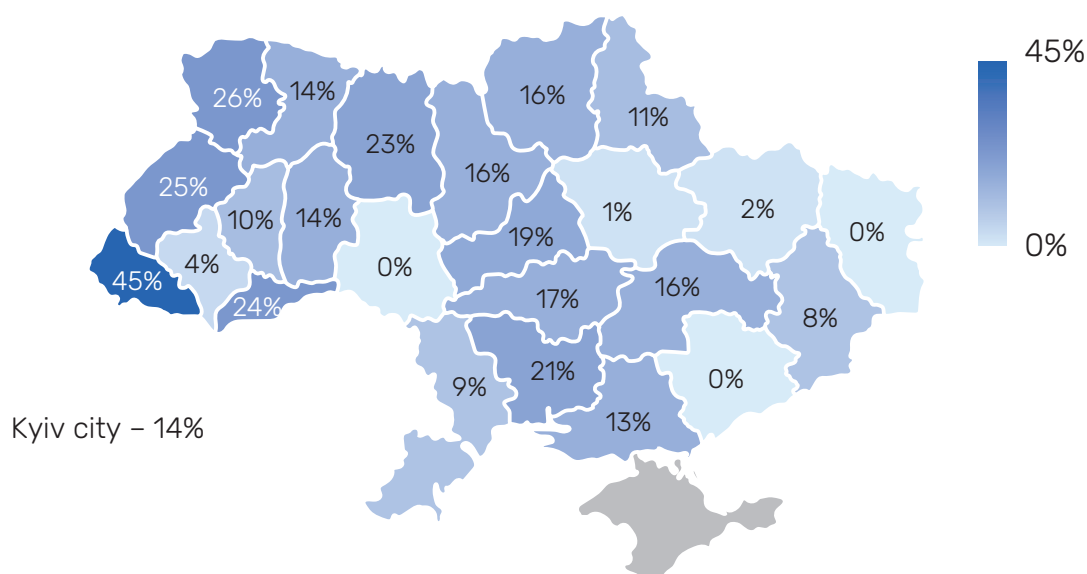


**Diagram 3.7.** Proportion of medical procedures performed to terminate pregnancy in the I trimester, Ukraine, 2008-2023



Data source: MOH Ukraine, Statistical Form #13

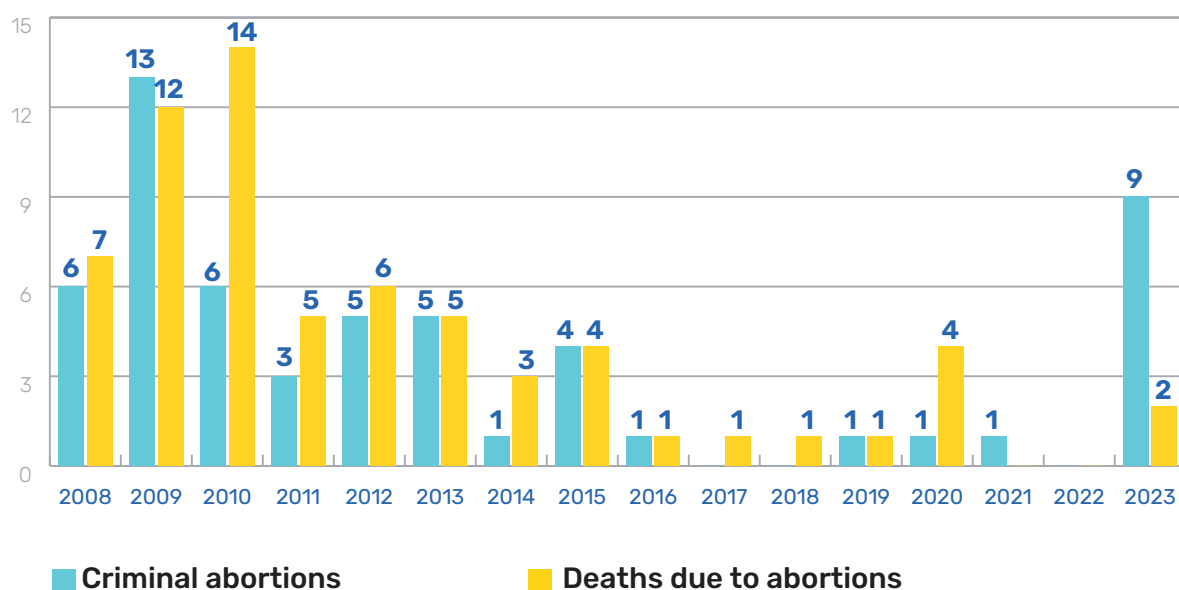
**Map 3.1.** Percentage of curettage as a method of pregnancy termination in the I trimester, all age groups, Ukraine, 2023





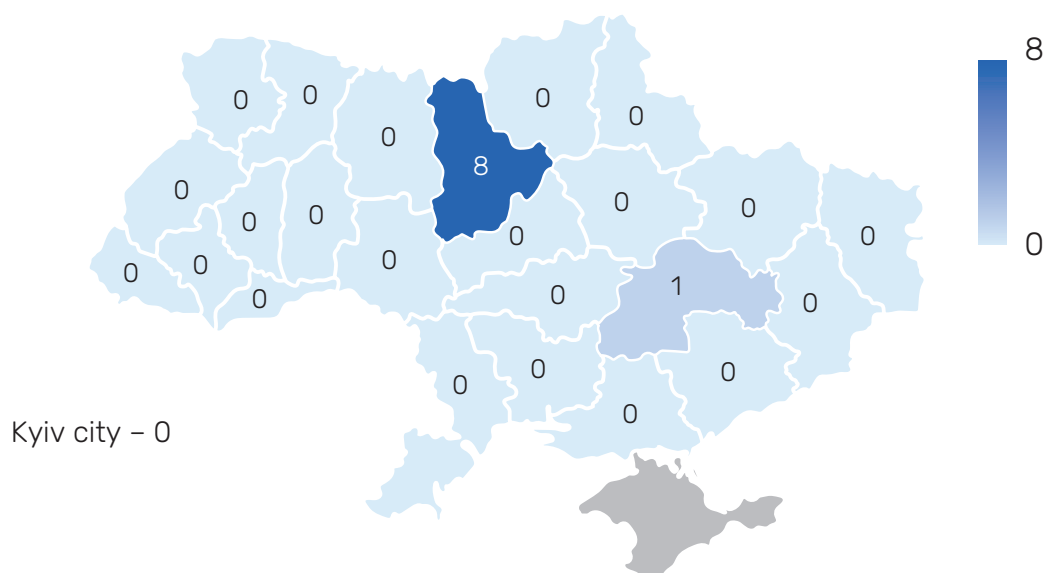
## Criminal abortions and deaths due to abortions

**Diagram 3.8.** Number of criminal abortions and deaths due to abortions, Ukraine, 2008–2023

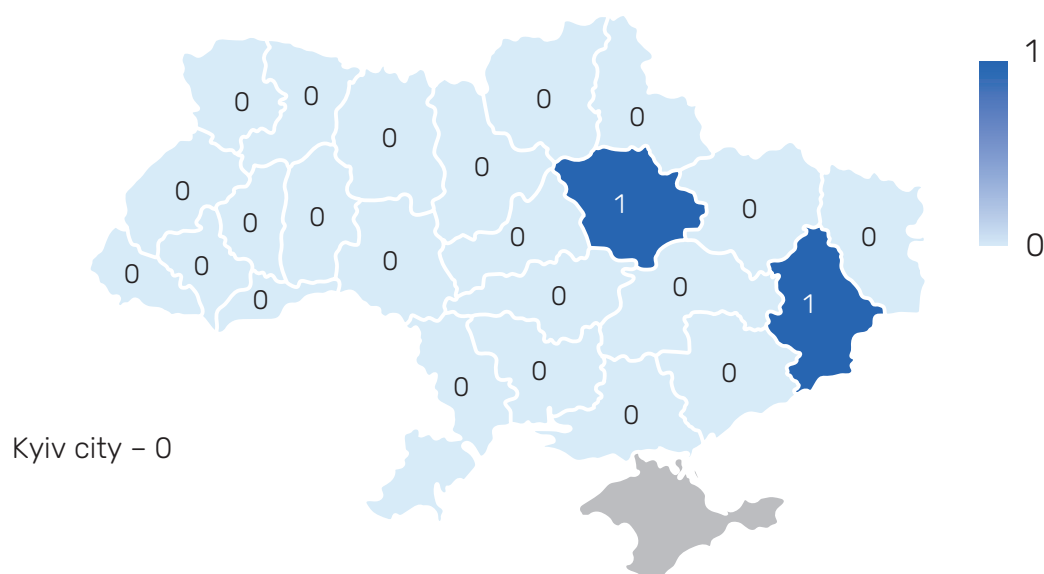


Data source: MOH Ukraine, Statistical Form #13

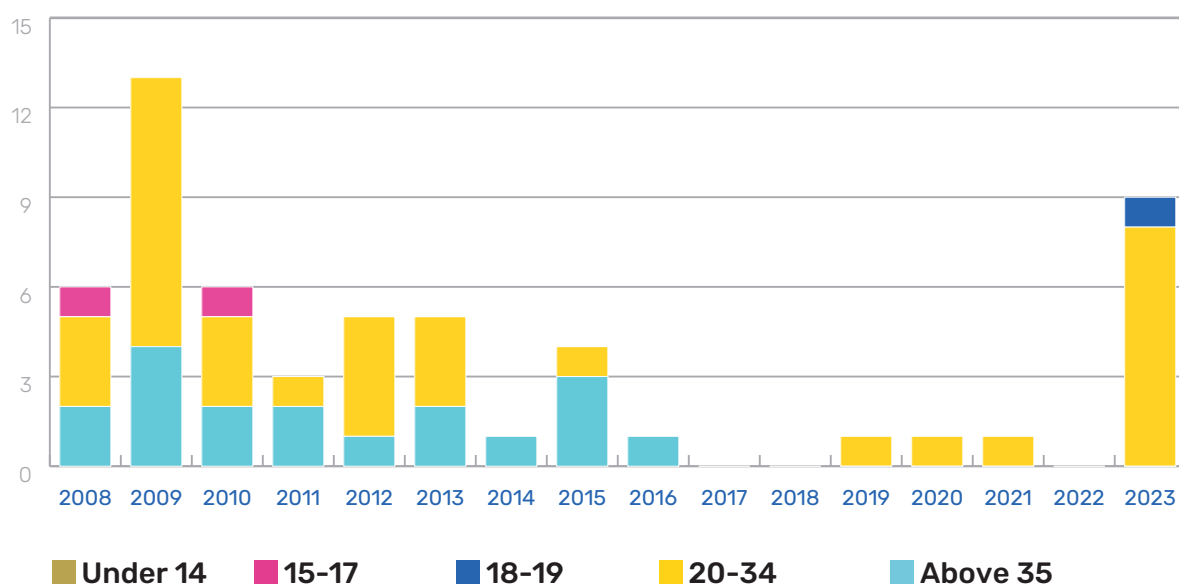
**Map 3.2.** Number of criminal abortions by region, Ukraine, 2023



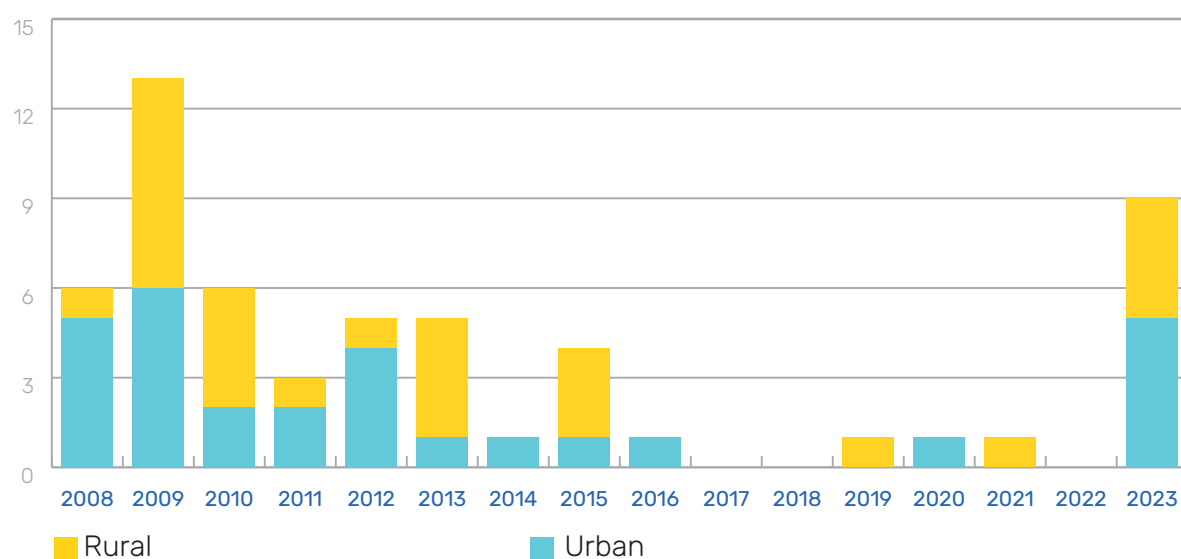
**Map 3.3.** Deaths due to abortions by region, Ukraine, 2023



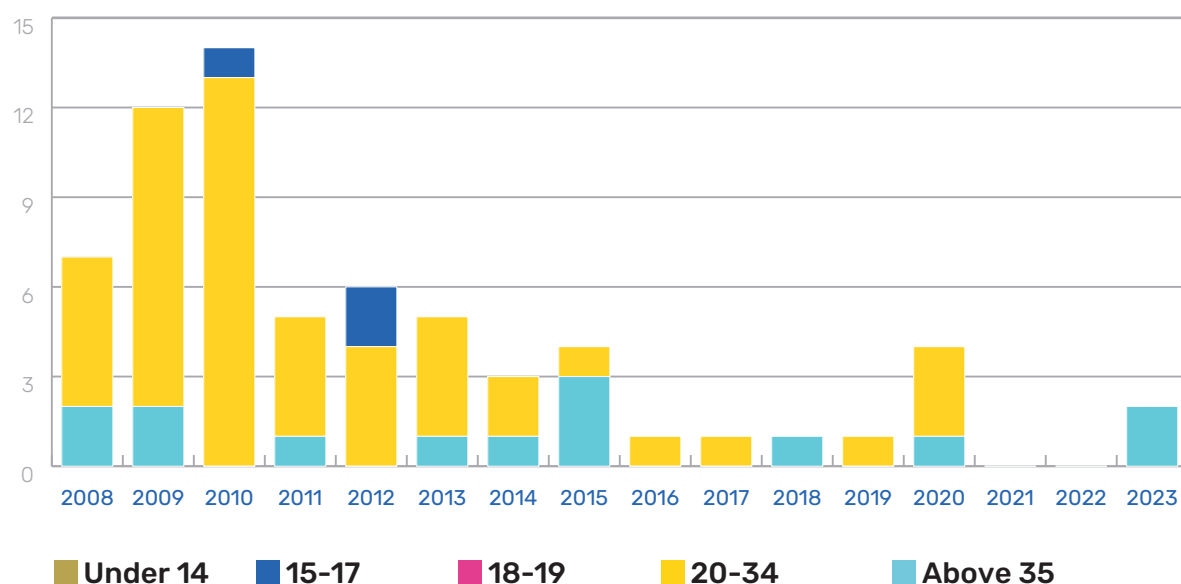
**Diagram 3.9.** Number of criminal abortions by age, Ukraine, 2008-2023



Data source: MOH Ukraine, Statistical Form #13

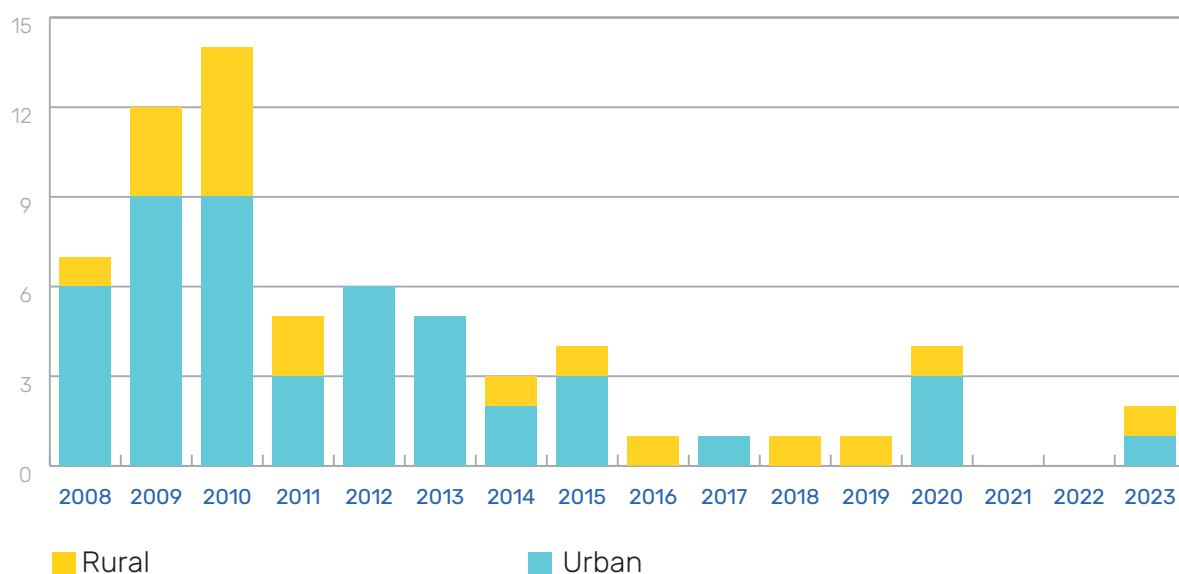
**Diagram 3.10.** Number of criminal abortions by type of settlement, Ukraine, 2008–2023

Data source: MOH Ukraine, Statistical Form #13

**Diagram 3.11.** Deaths due to abortions by age, Ukraine, 2008–2023

Data source: MOH Ukraine, Statistical Form #13

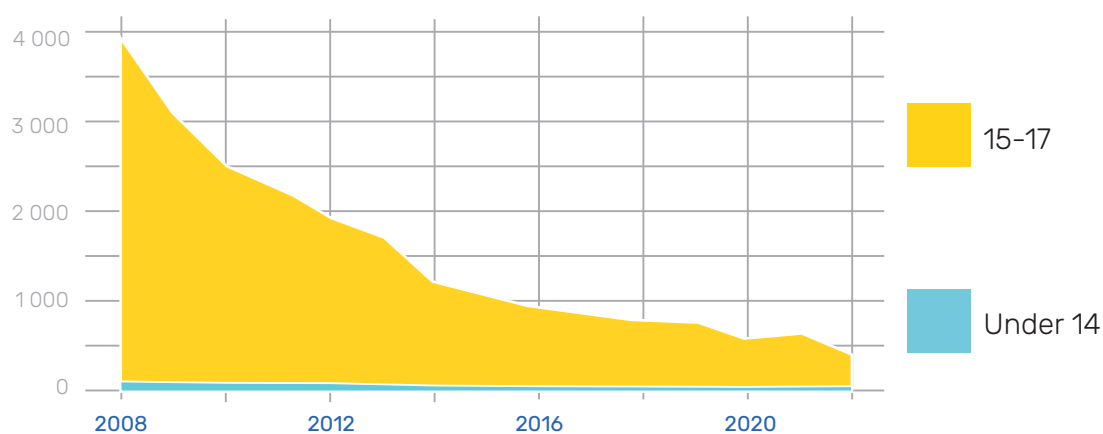
**Diagram 3.12.** Deaths due to abortions by type of settlement, Ukraine, 2008-2023



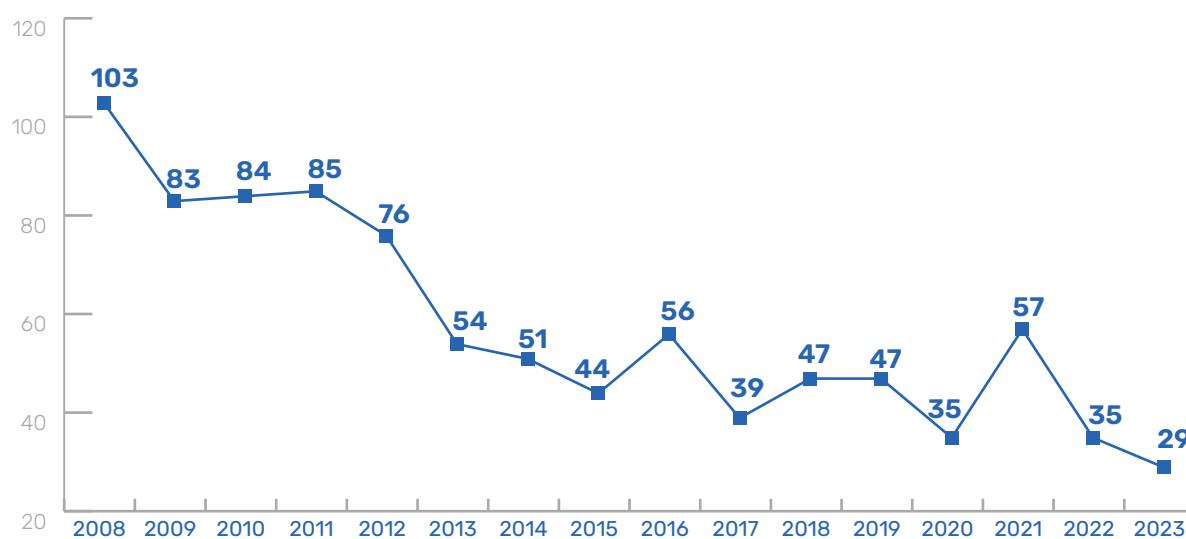
Data source: MOH Ukraine, Statistical Form #13

## Abortions in children under the age of 18 years old

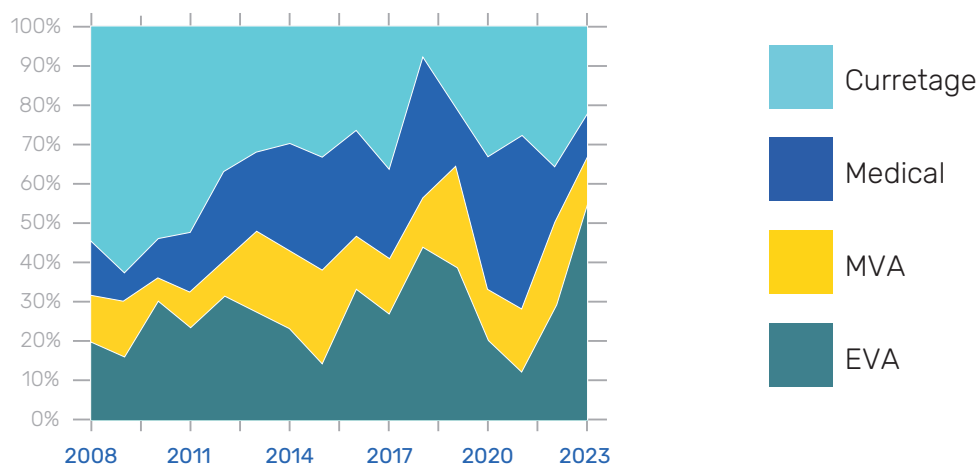
**Diagram 3.13.** Total number of abortions among children under 18 years of age, Ukraine, 2008-2023



Data source: MOH Ukraine, Statistical Form #13

**Diagram 3.14.** Total number of abortions among girls under 14 years of age, Ukraine, 2008–2023

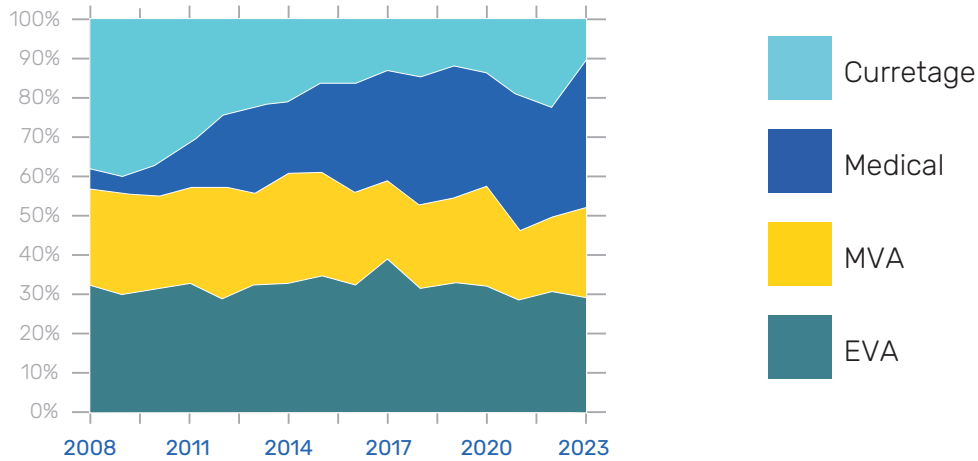
Data source: MOH Ukraine, Statistical Form #13

**Diagram 3.15.** Proportion of methods for the I trimester pregnancy termination for those under 14 years of age, Ukraine, 2008–2023

Data source: MOH Ukraine, Statistical Form #13

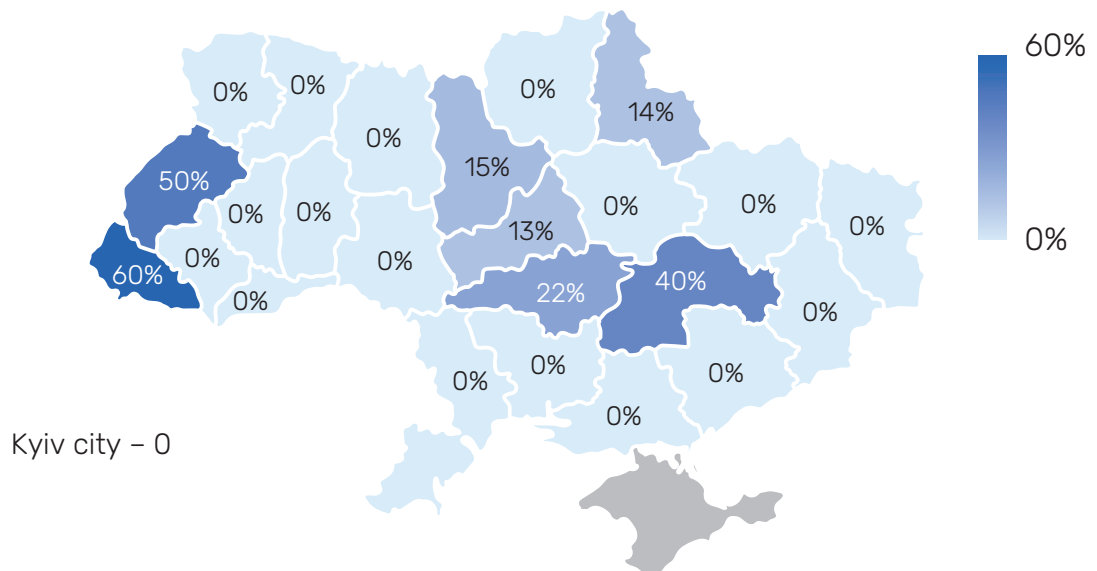


**Diagram 3.16.** Proportion of methods for the I trimester pregnancy termination for 15-17 years old girls, Ukraine, 2008-2023



Data source: MOH Ukraine, Statistical Form #13

**Map 3.4.** *Percentage of curettage as a method for the I trimester pregnancy termination for those under 18 years old, Ukraine, 2023*

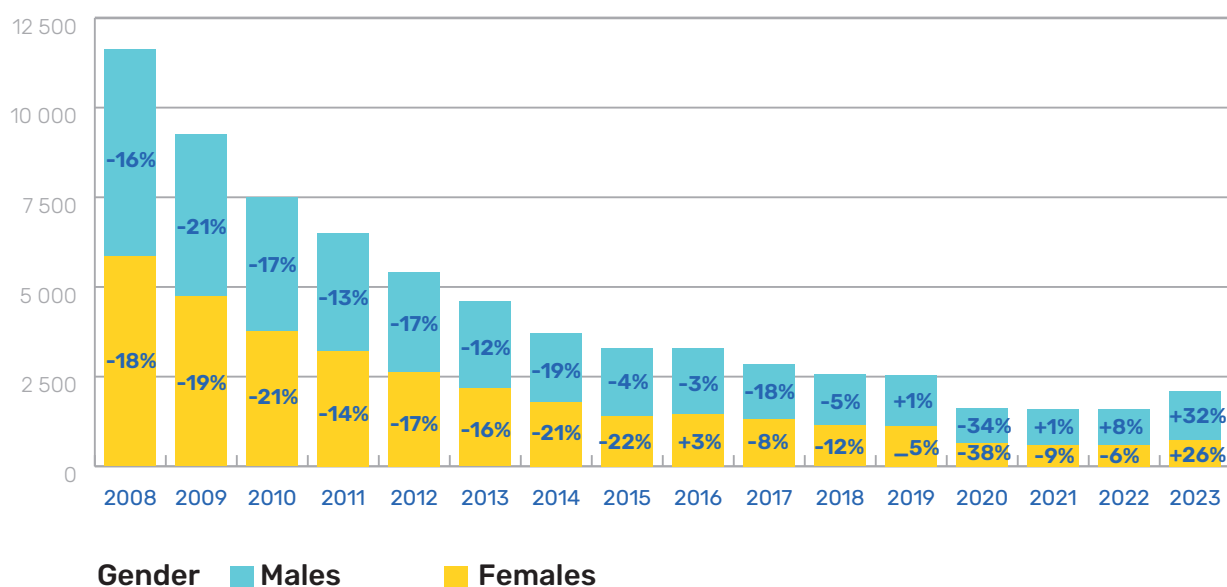


A close-up photograph of a person wearing a white nitrile glove. The gloved hand is holding a white plastic pipette and is in the process of dispensing a small amount of red liquid into one of the wells of a white test strip. The test strip has several other wells, some of which already contain red liquid. The background is a light blue surface with a fine, dotted texture. A teal-colored rectangular box is overlaid on the left side of the image, containing white text.

## **ANNEX 4. SEXUALLY TRANSMITTED INFECTIONS**

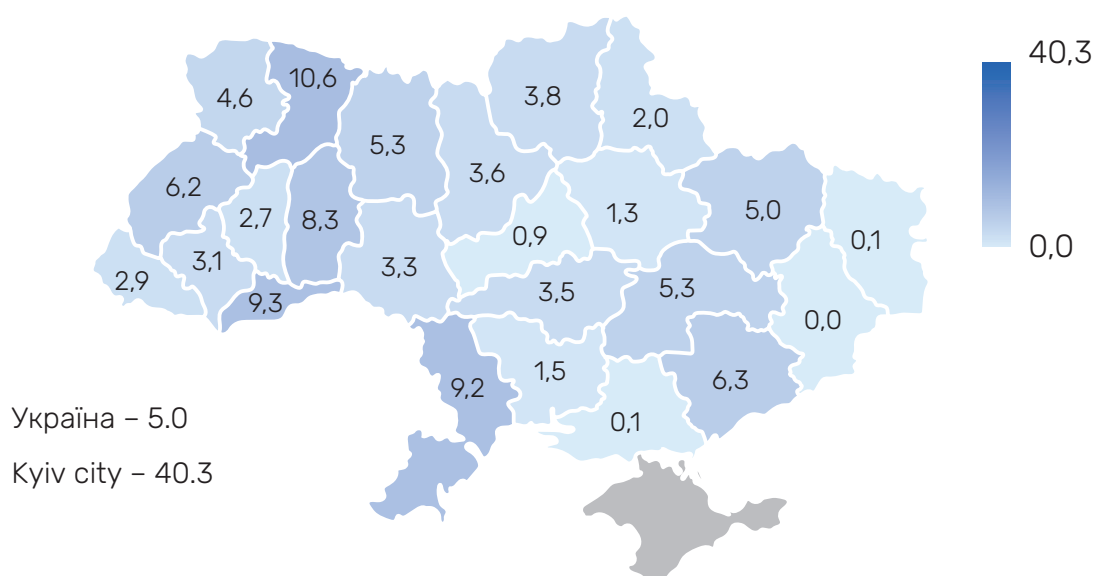
## Syphilis

**Diagram 4.1.** New cases of syphilis by gender, Ukraine, 2008–2023

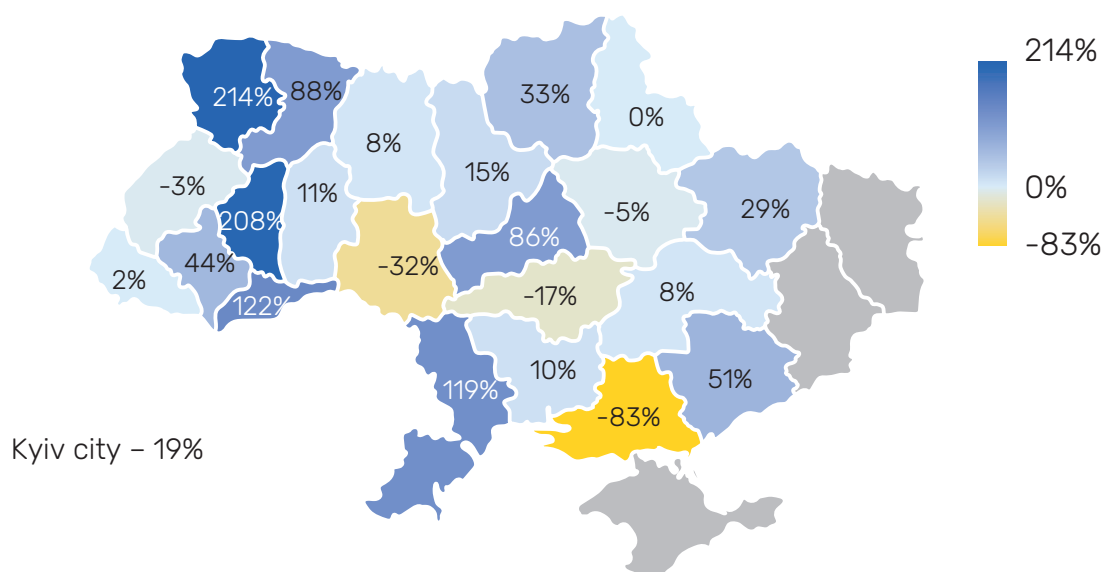


Data source: MOH Ukraine, Statistical Form #9

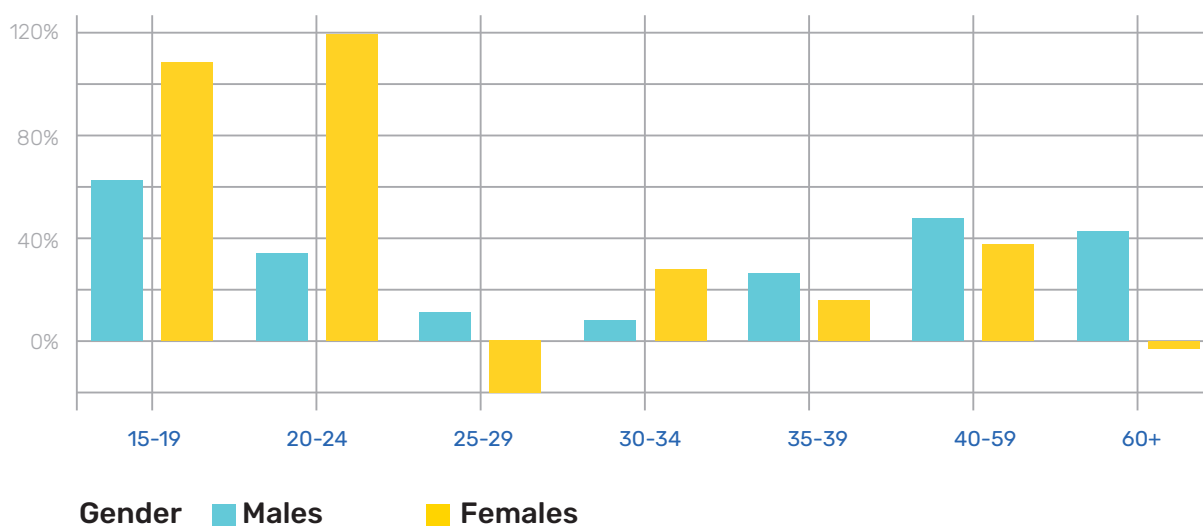
**Map 4.1.** Incidence of syphilis per 100,000 population by region, both genders, Ukraine, 2023



**Map 4.2.** Percentage change of newly registered cases of syphilis in 2023 compared to 2022, all age groups, Ukraine

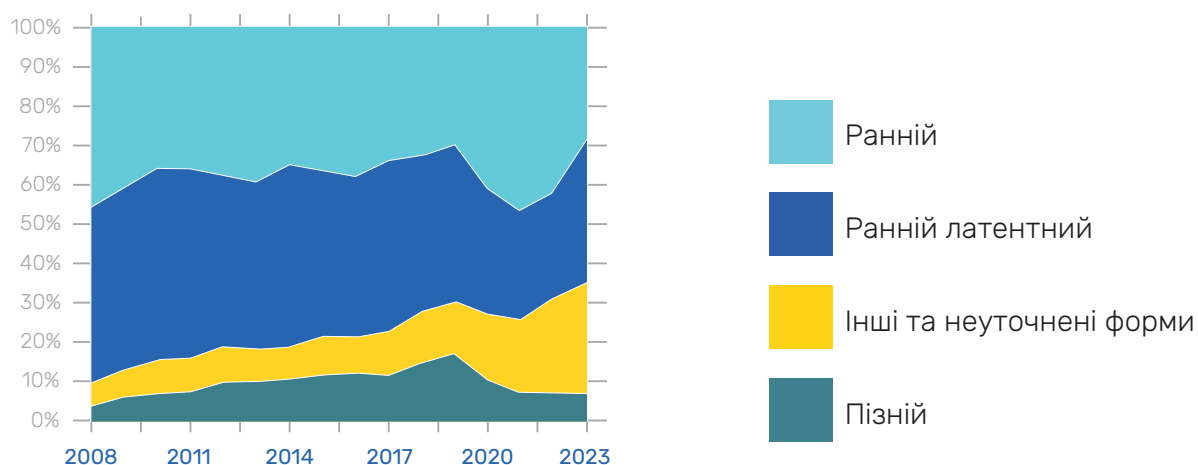


**Diagram 4.2.** Percentage change of number of syphilis cases in 2023 compared to 2022 by gender and age group, Ukraine



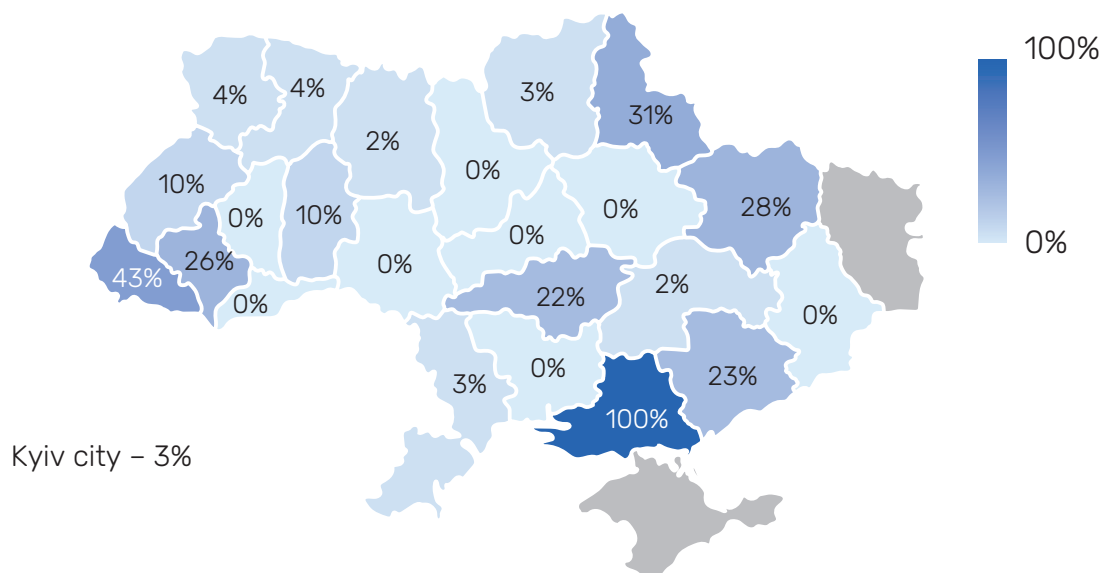
Data source: MOH Ukraine, Statistical Form #9

**Diagram 4.3.** Percentage of newly diagnosed syphilis by stages, males, Ukraine, 2008-2023

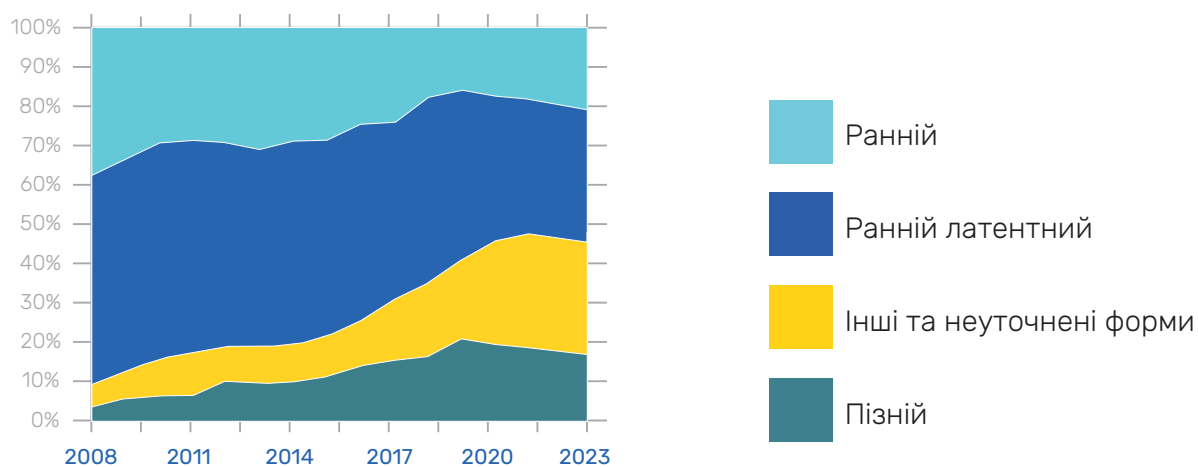


Data source: MOH Ukraine, Statistical Form #9

**Map 4.3.** Percentage of syphilis diagnosed at the late stage among men by region, Ukraine, 2023

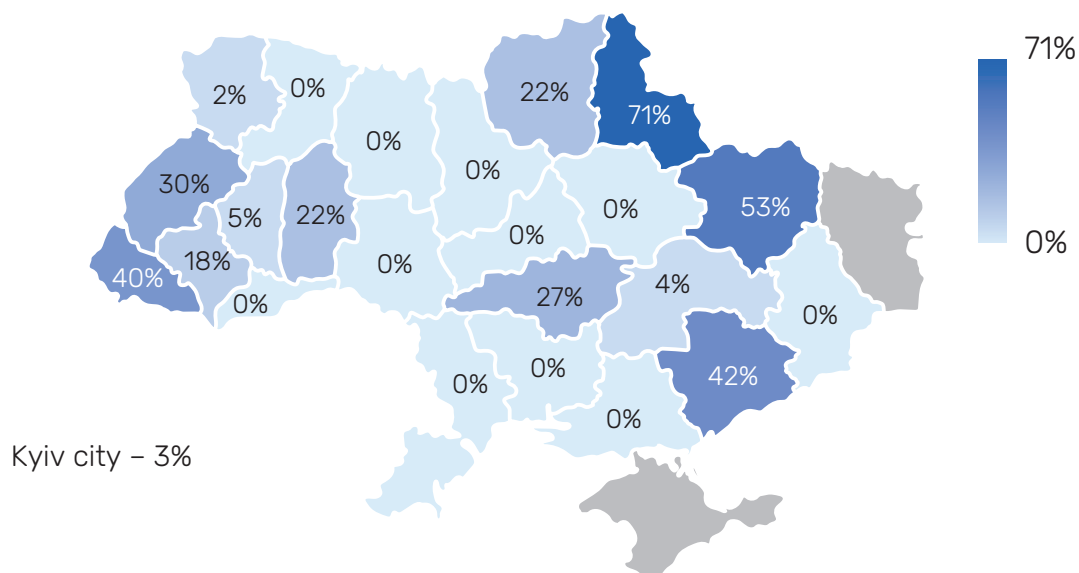


**Diagram 4.4.** Percentage of newly diagnosed syphilis by stages, females, Ukraine, 2008-2023



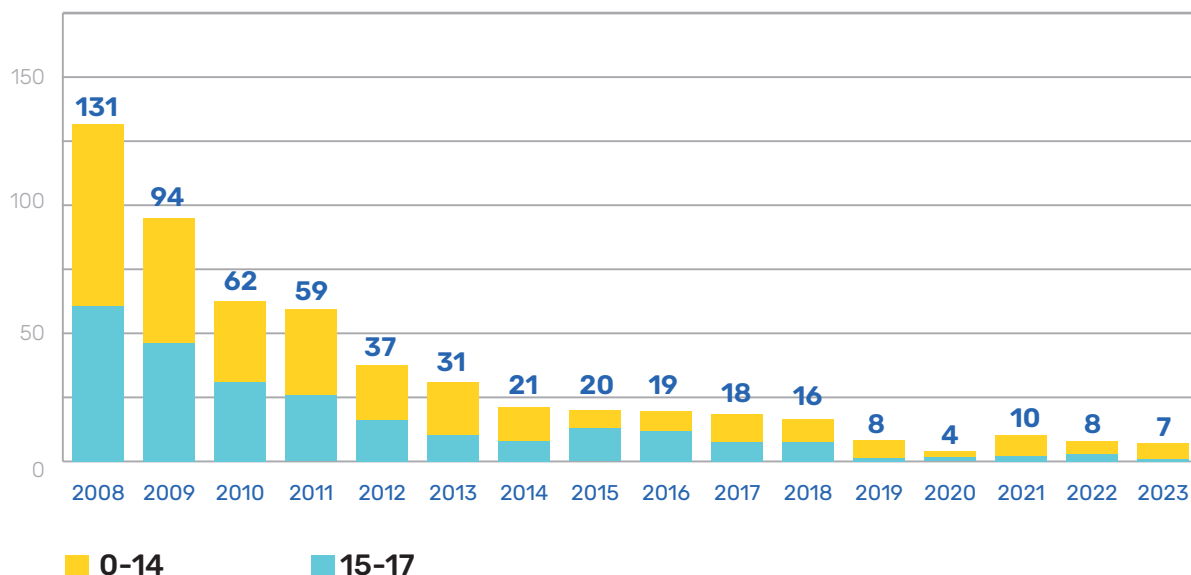
Data source: MOH Ukraine, Statistical Form #9

**Map 4.4.** *Percentage of syphilis diagnosed at the late stage among women by region, Ukraine, 2023*



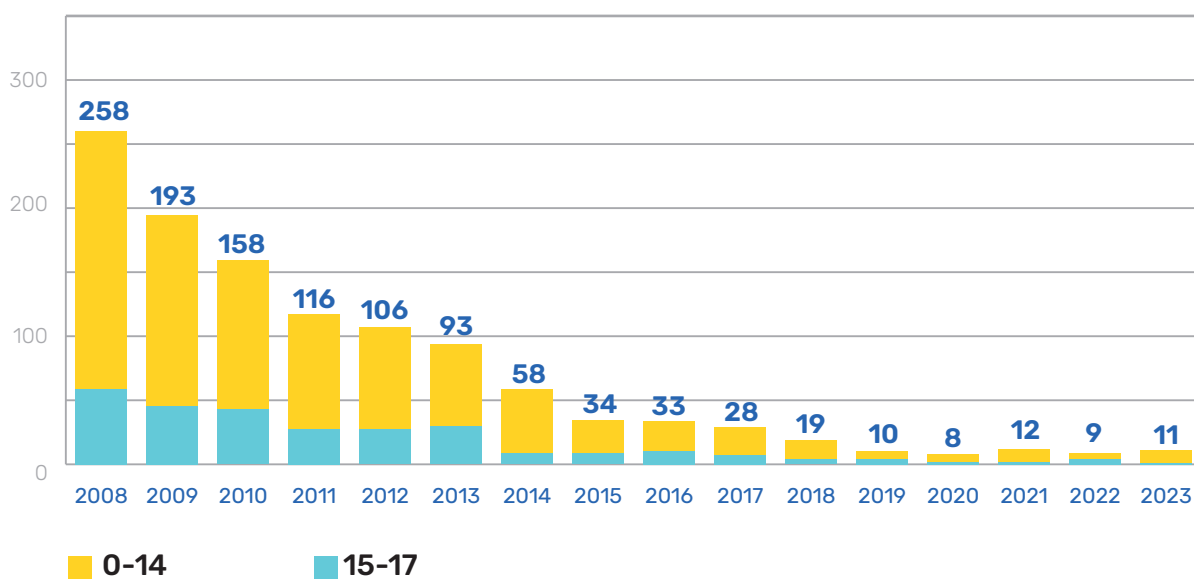


**Diagram 4.5.** New cases of syphilis among boys under 18 years old (excluding neonatal syphilis), Ukraine, 2008-2023

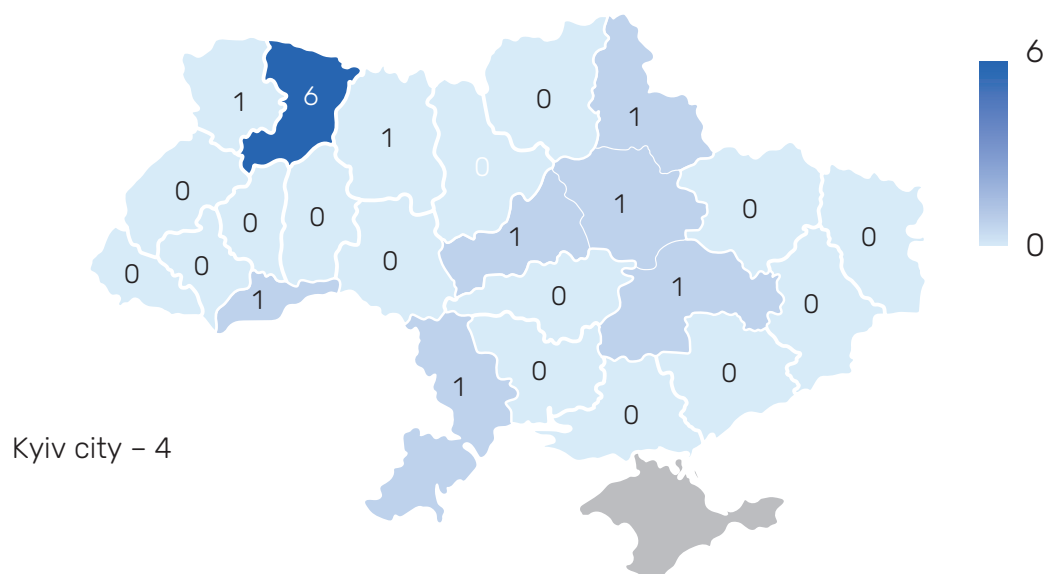
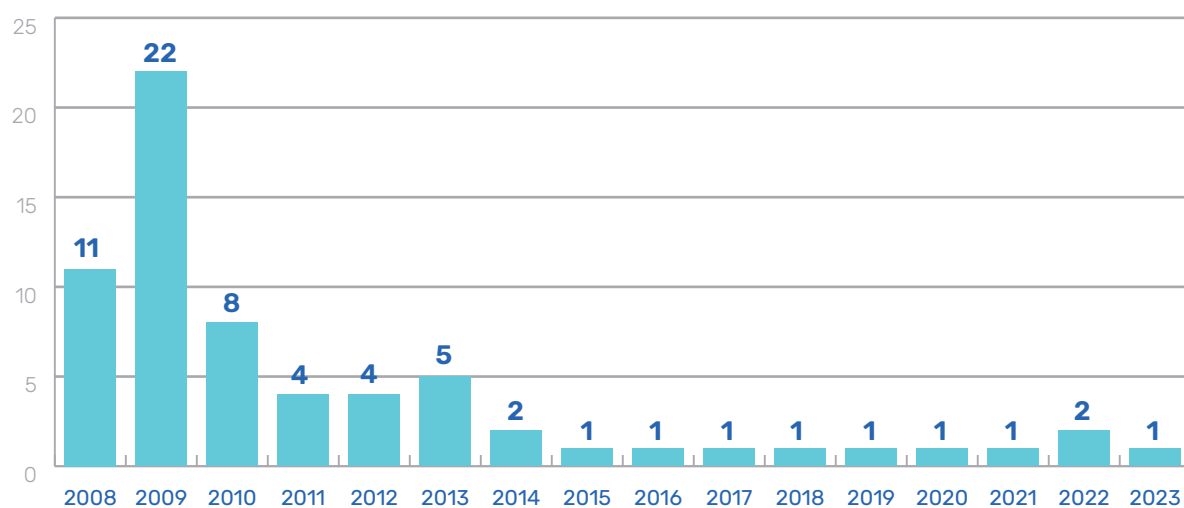


Data source: MOH Ukraine, Statistical Form #9

**Diagram 4.6.** New cases of syphilis among girls under 18 years old (excluding neonatal syphilis), Ukraine, 2008-2023



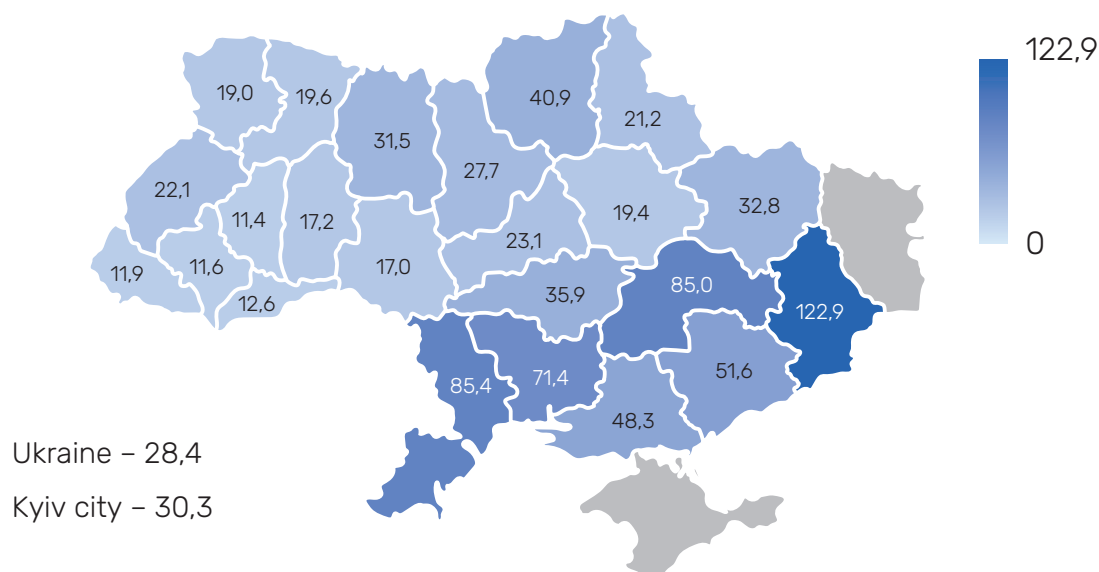
Data source: MOH Ukraine, Statistical Form #9

**Map 4.5.** New cases of syphilis among children under 18 years old, excluding neonatal, Ukraine, 2023**Diagram 4.7.** Total number of cases of neonatal syphilis, Ukraine, 2008-2023

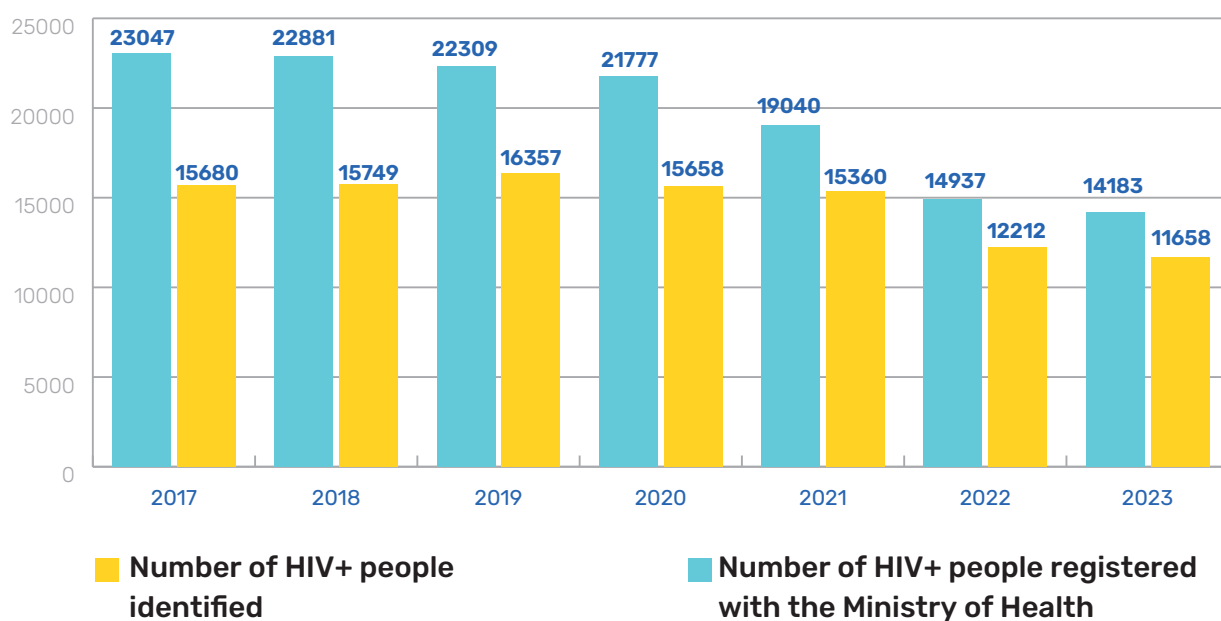
Data source: MOH Ukraine, Statistical Form #9

## HIV infection

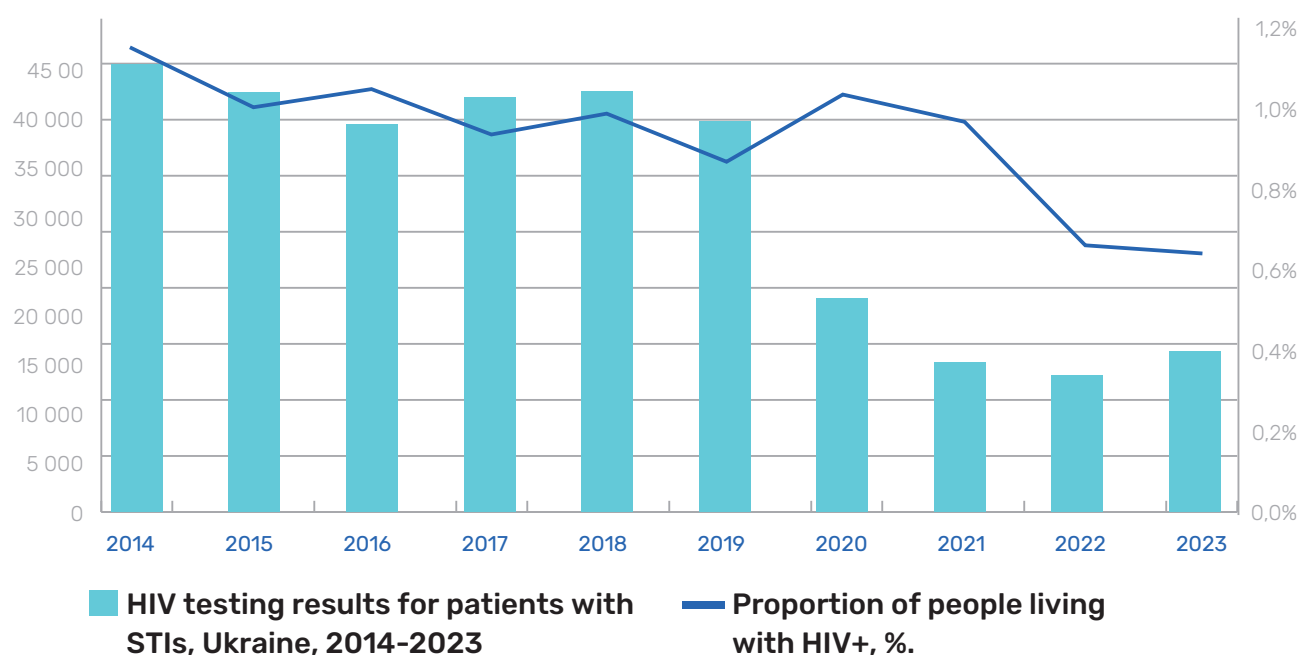
**Map 4.6.** Incidence of HIV infection per 100,000 population by region, Ukraine, 2023



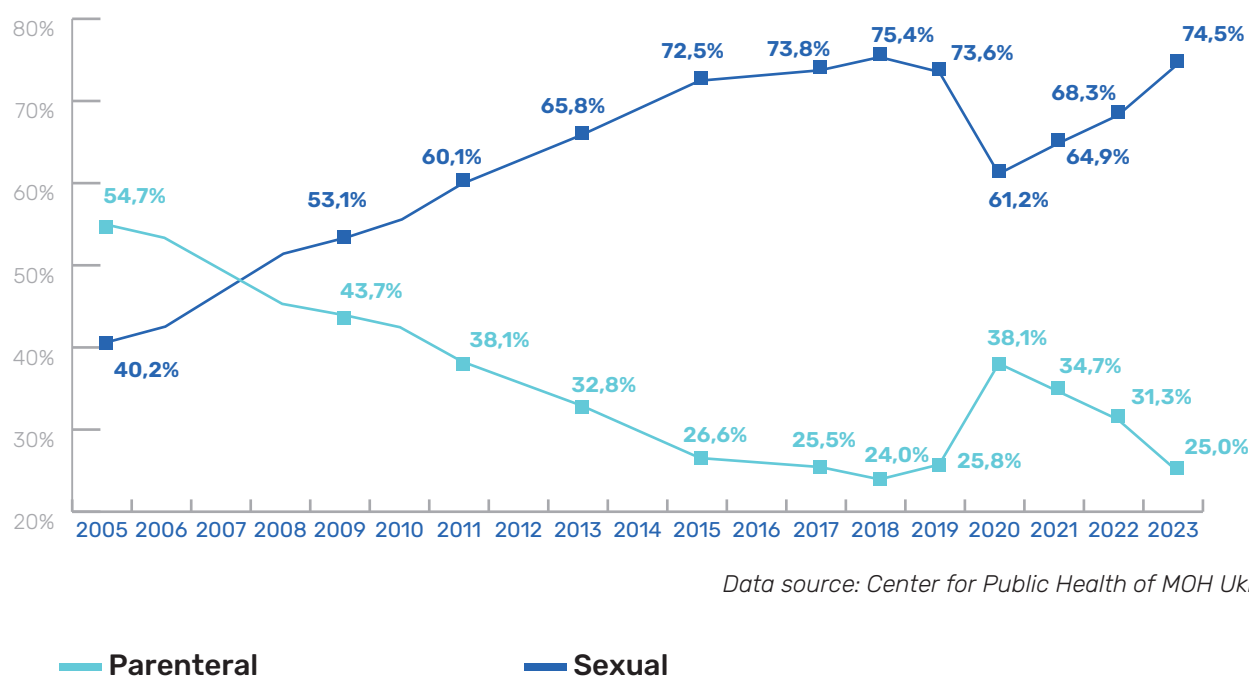
**Diagram 4.8.** New cases of HIV infection in Ukraine, 2017-2023



Data source: Center for Public Health of MOH Ukraine

**Diagram 4.9.** HIV testing results for patients with STIs, Ukraine, 2014-2023

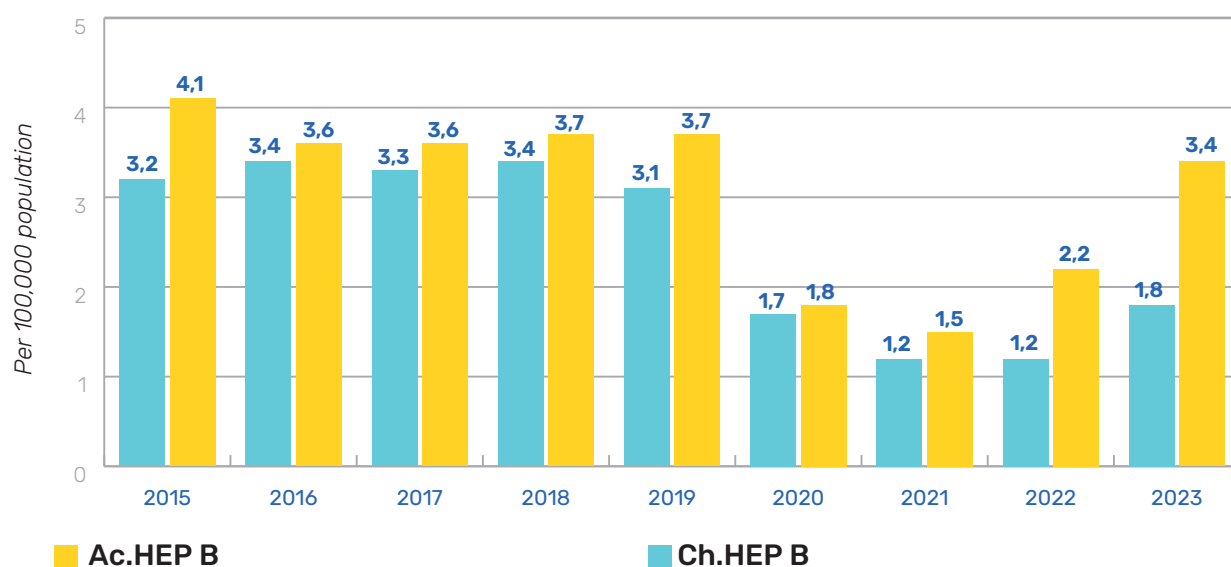
Data source: Center for Public Health of MOH Ukraine

**Diagram 4.10.** Dynamics of parenteral vs sexual modes of HIV transmission among those who were tested HIV-positive for the first time in Ukraine, 2005-2023

Data source: Center for Public Health of MOH Ukraine

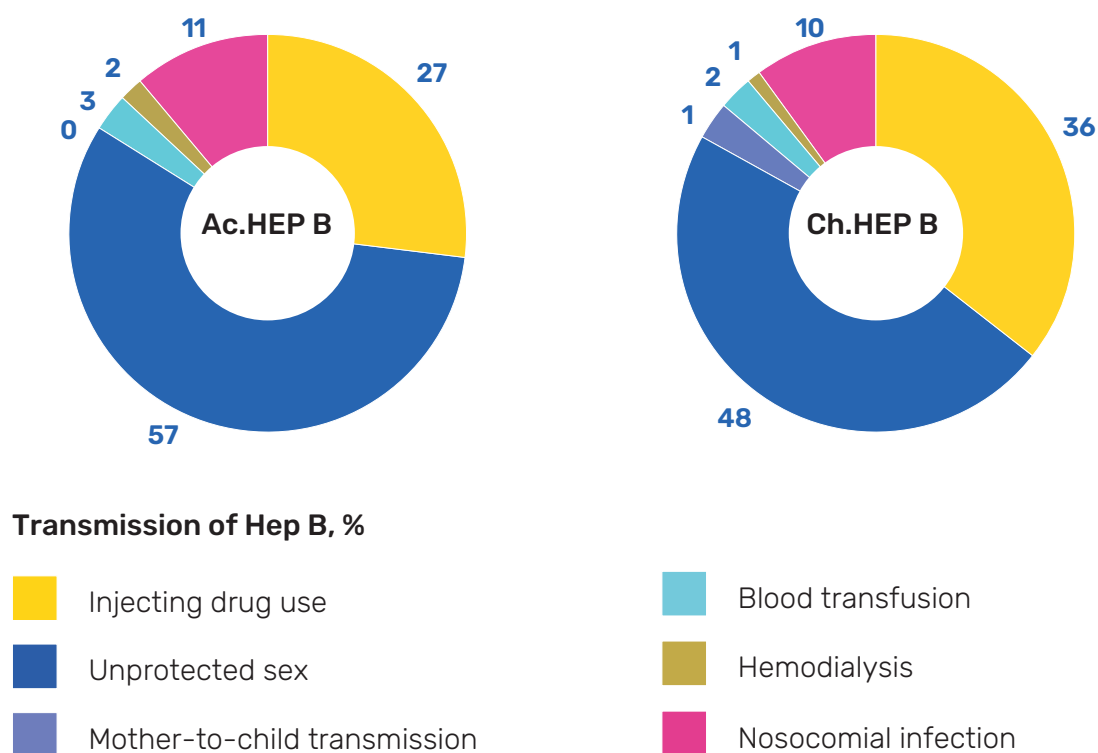
## Hepatitis B

**Diagram 4.11.** Incidence of Hepatitis B in Ukraine, 2015–2023



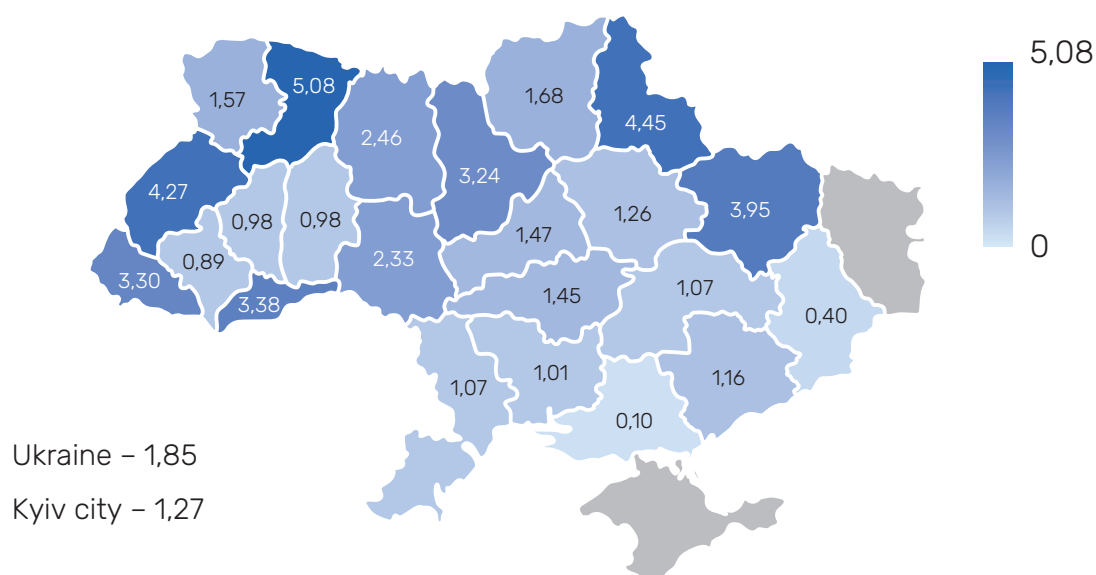
Data source: Center for Public Health of MOH Ukraine

**Diagram 4.12.** Modes of hepatitis B transmission in Ukraine, 2023



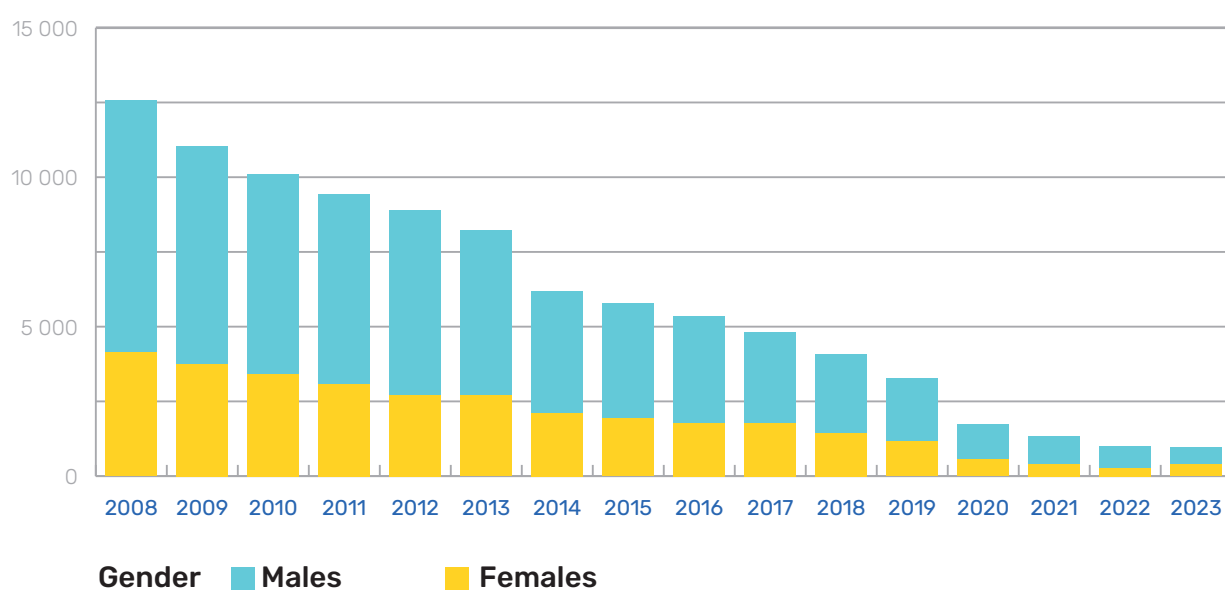
Data source: Center for Public Health of MOH Ukraine

**Map 4.7.** Annual average incidence of acute hepatitis B per 100,000 population by region, Ukraine, 2023



## Gonococcal infection

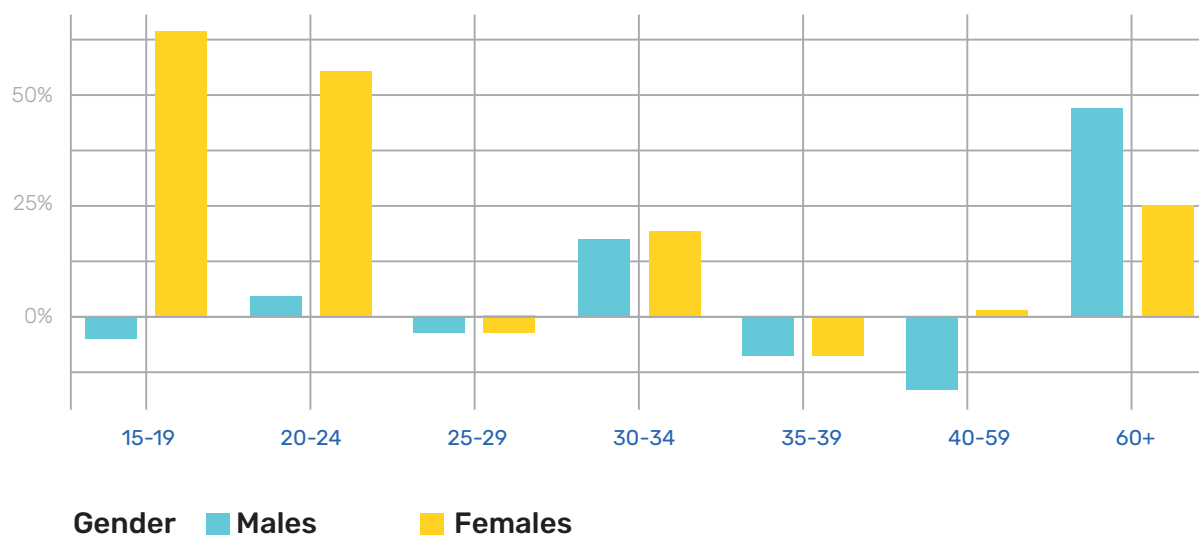
**Diagram 4.13.** New cases of gonorrhea by gender, Ukraine, 2008–2023



Data source: MOH Ukraine, Statistical Form #9

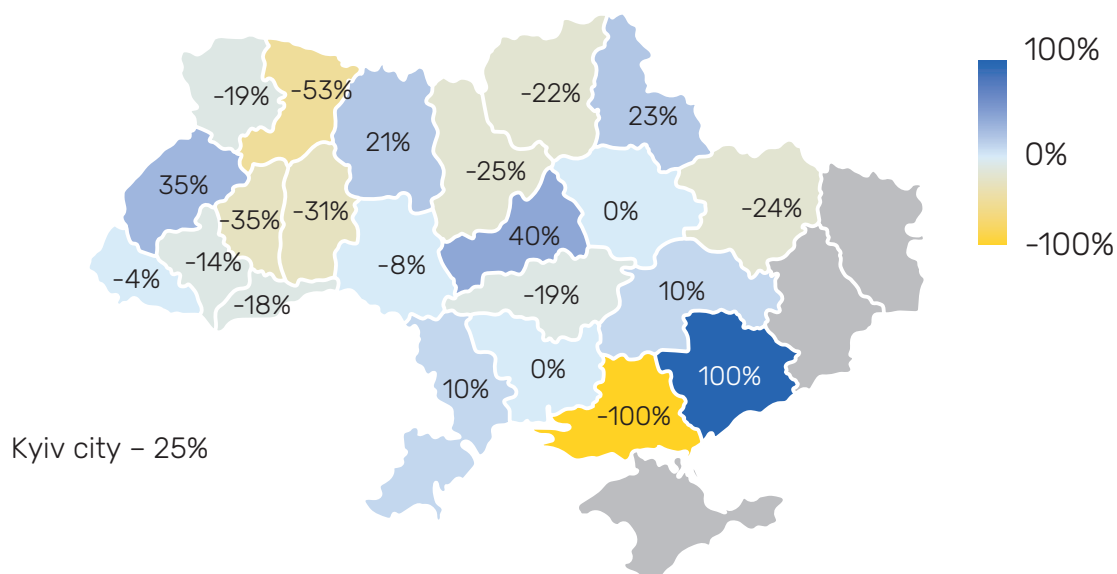


**Diagram 4.14.** Percentage change in number of gonorrhea cases in 2023 compared 2022 by gender and age group, Ukraine



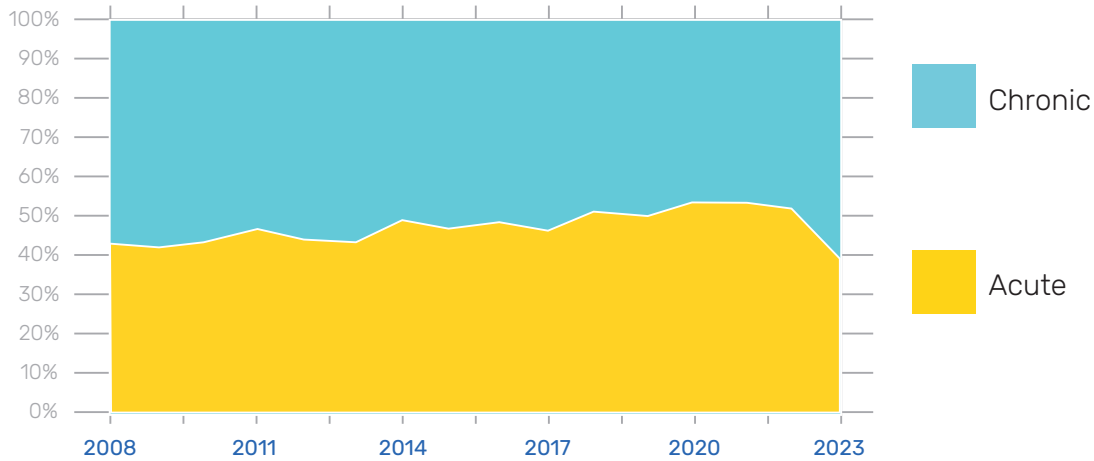
Data source: MOH Ukraine, Statistical Form #9

**Map 4.8.** Percentage change of newly registered cases of gonorrhea in 2023 compared to 2022, all age groups, Ukraine



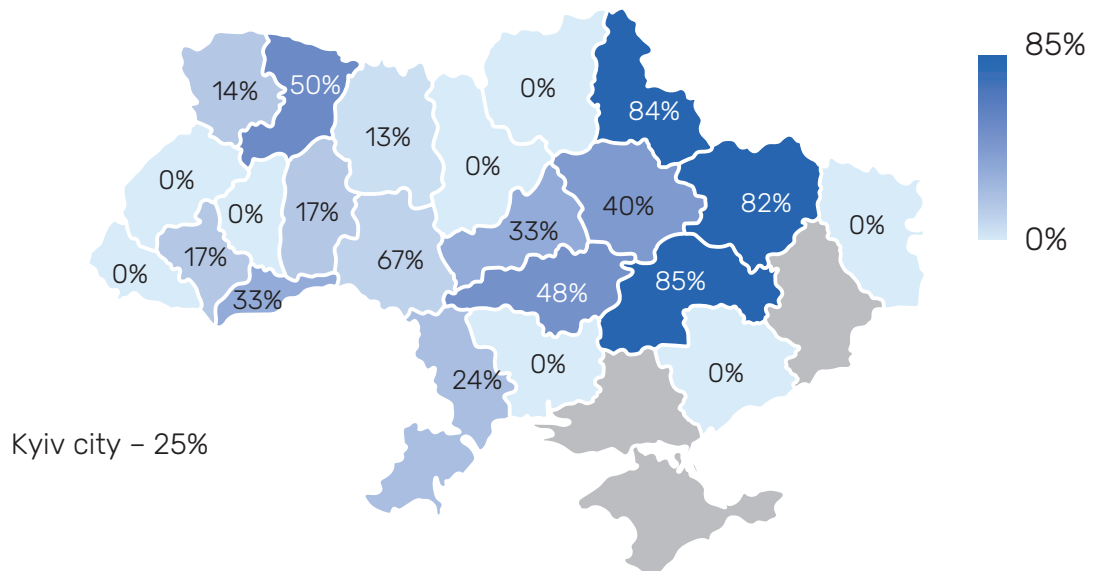


**Diagram 4.16.** Proportion of newly diagnosed acute and chronic cases of gonorrhea, females, Ukraine, 2008-2023

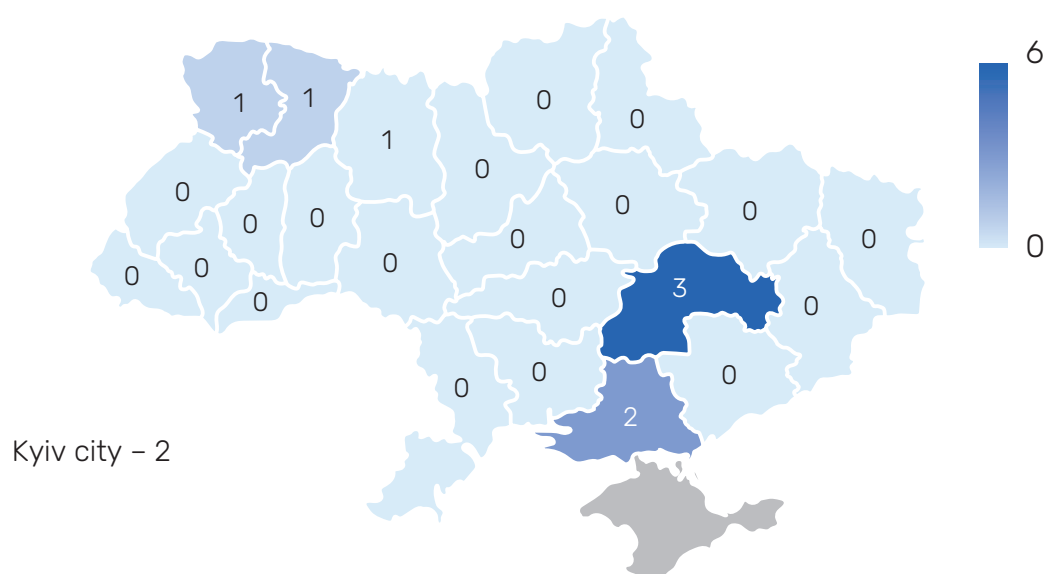


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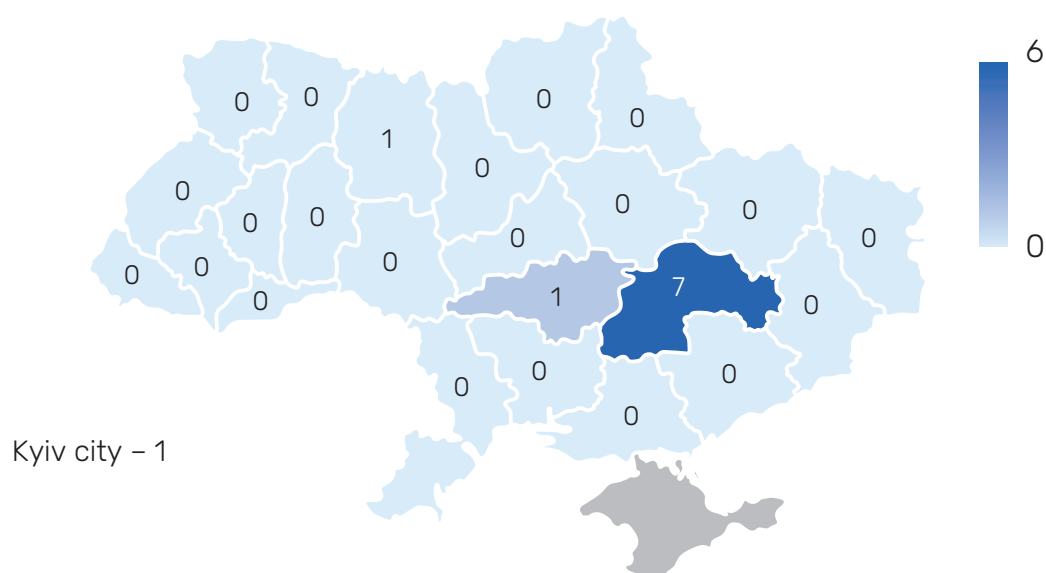
**Map 4.10.** *Percentage of chronic gonorrhea cases out of all cases diagnosed in 2023 among females, Ukraine*



**Map 4.11.** Total number of gonorrhea cases among children under 18 years old in 2022 by region, Ukraine

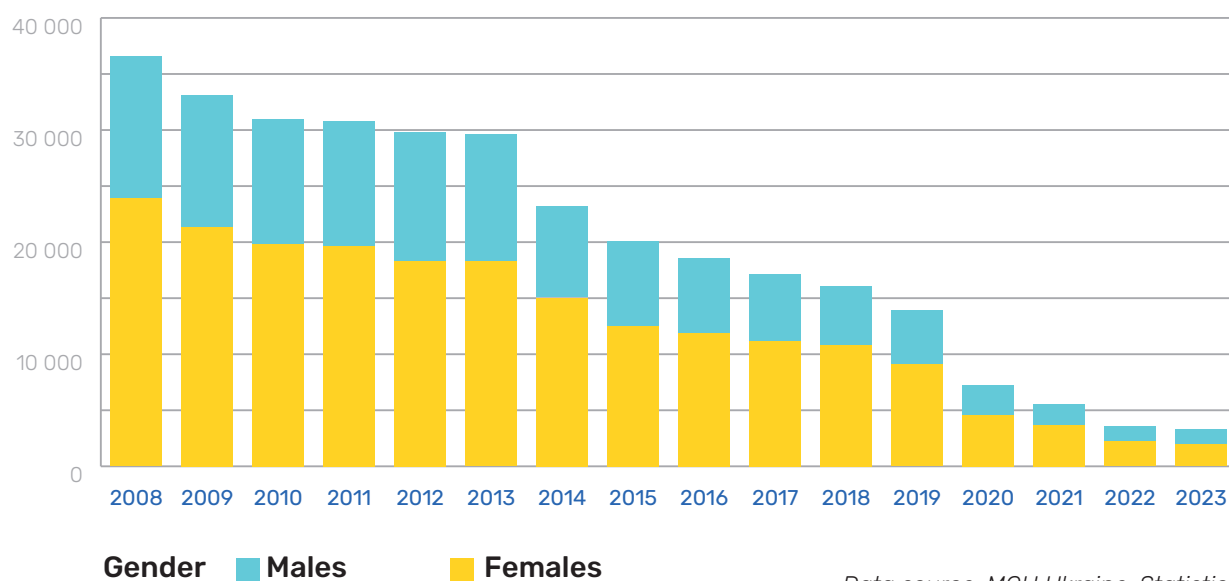


**Map 4.12.** Total number of gonorrhea cases among children under 18 years old in 2023 by region, Ukraine

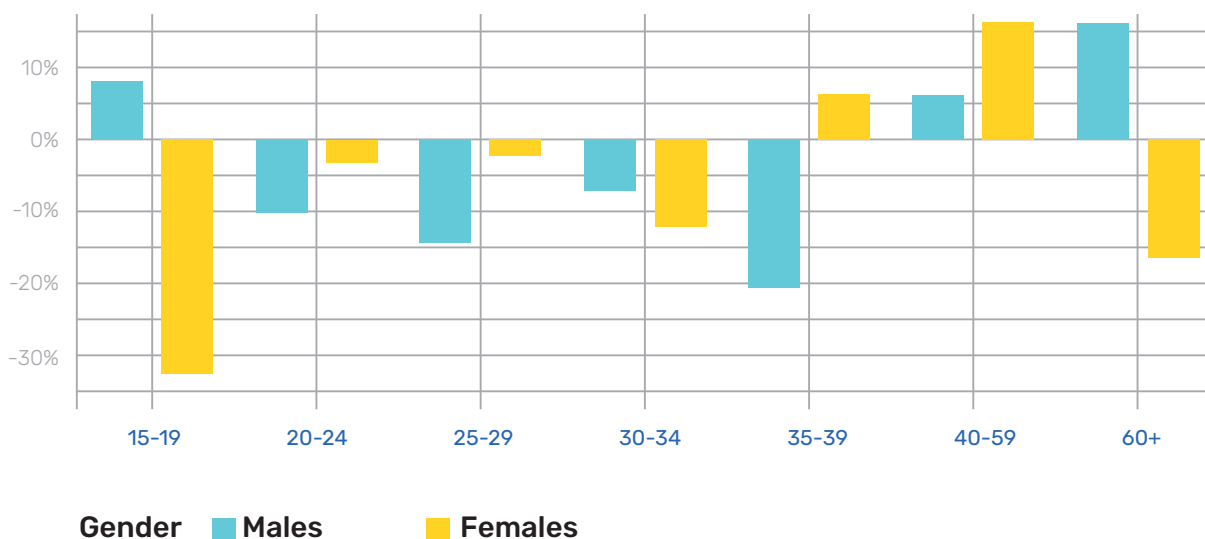


## Chlamydia infection

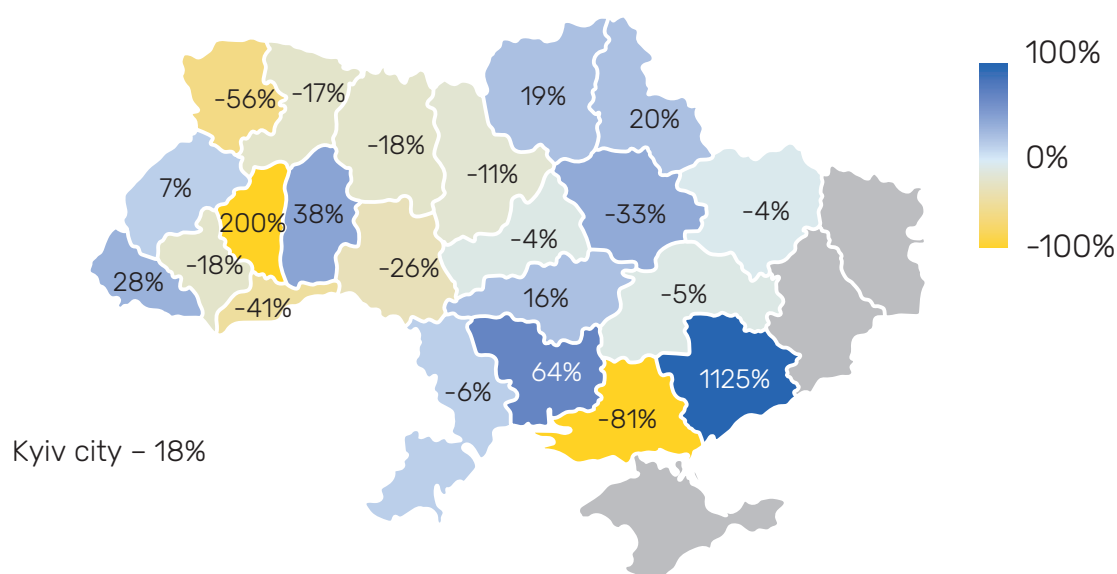
**Diagram 4.17.** New cases of chlamydia by gender, Ukraine, 2008–2023



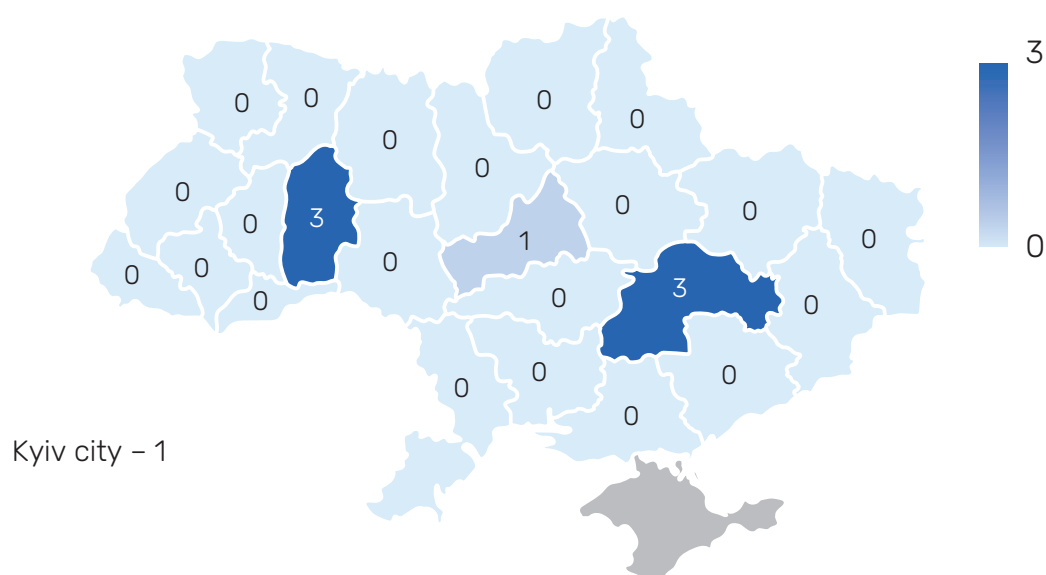
**Diagram 4.18.** Percentage change in number of chlamydia new cases in 2023 compared to 2022 by gender and age group, Ukraine



**Map 4.13.** Percentage change of newly registered cases of chlamydia in 2023 compared to 2022, all age groups, Ukraine

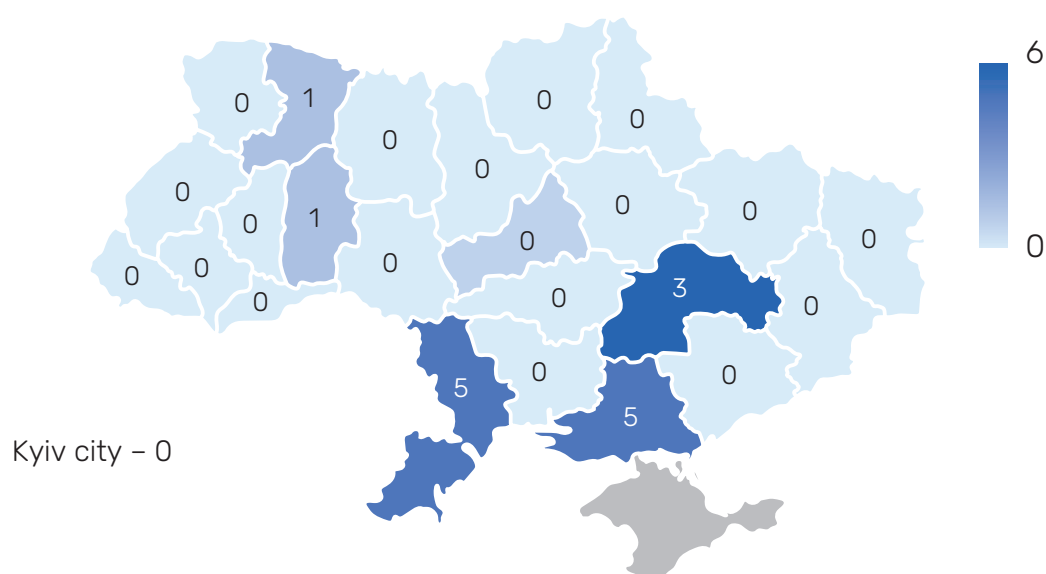


**Map 4.14.** Total number of newly diagnosed chlamydia cases among children under 18 years old in 2022 by region, Ukraine



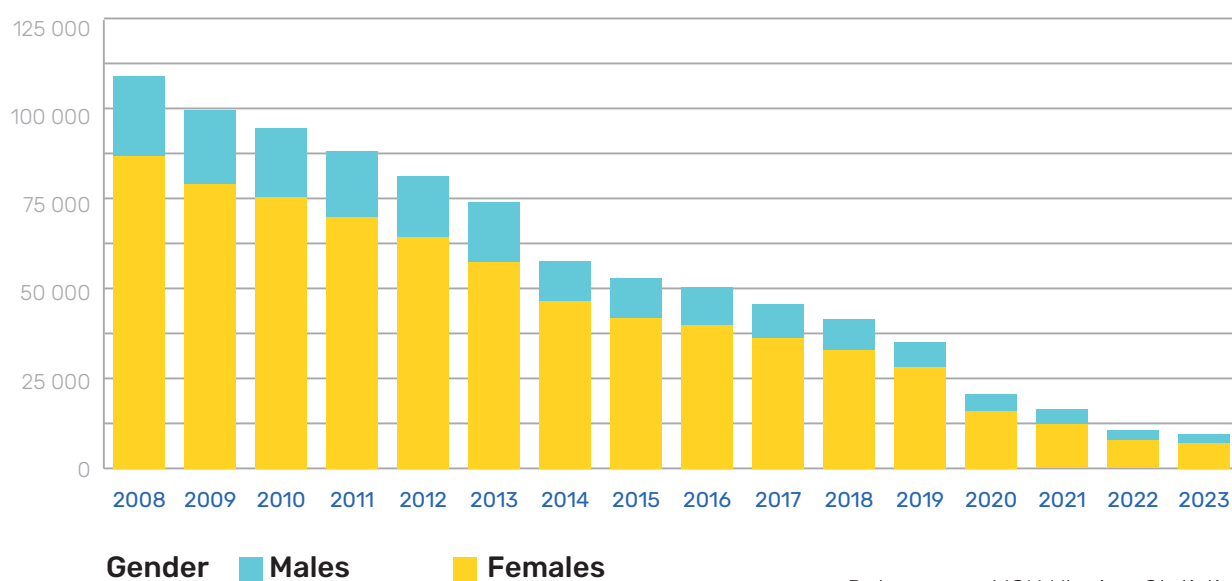


**Map 4.15.** Total number of newly diagnosed chlamydia cases among children under 18 years old in 2023, Ukraine



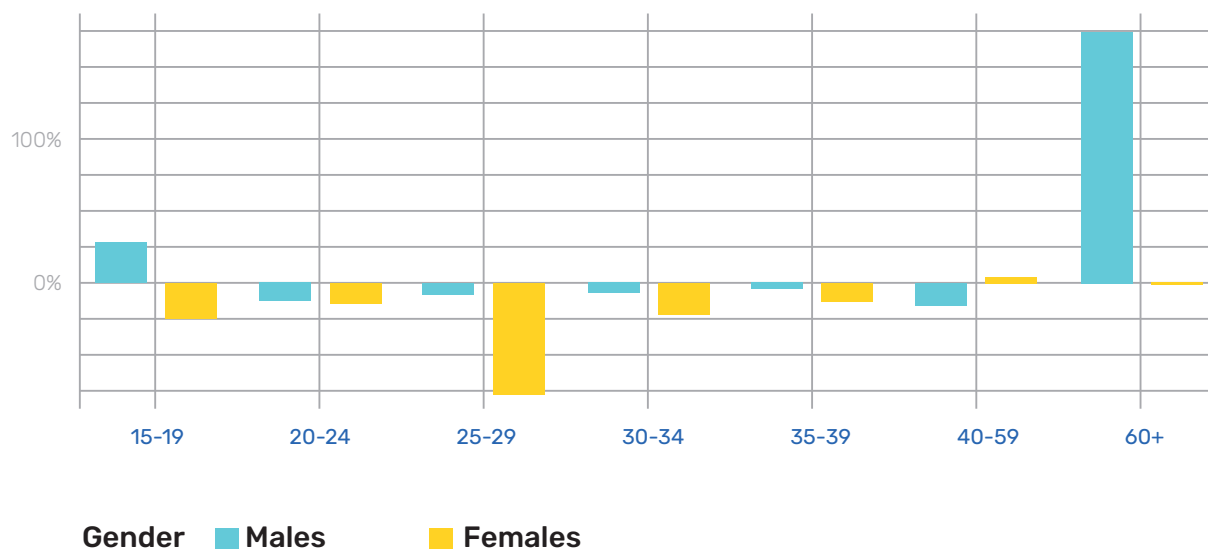
## Trichomoniasis

**Diagram 4.19.** New cases of trichomoniasis by gender, Ukraine, 2008–2023



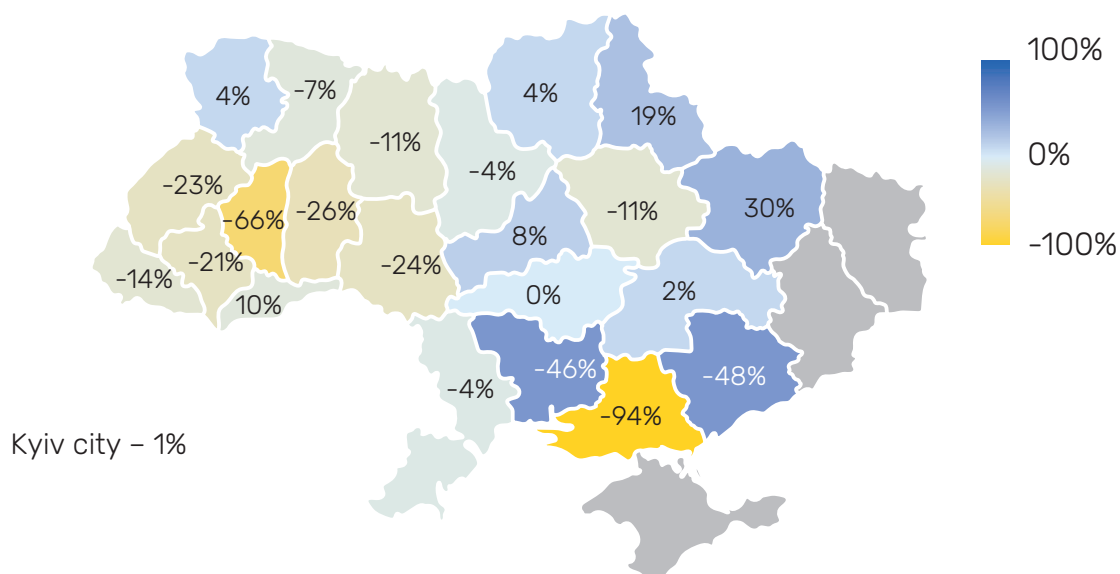
Data source: MOH Ukraine, Statistical Form #9

**Diagram 4.20.** Percentage change in number of new cases of trichomoniasis in 2023 compared to 2022 by gender and age group, Ukraine

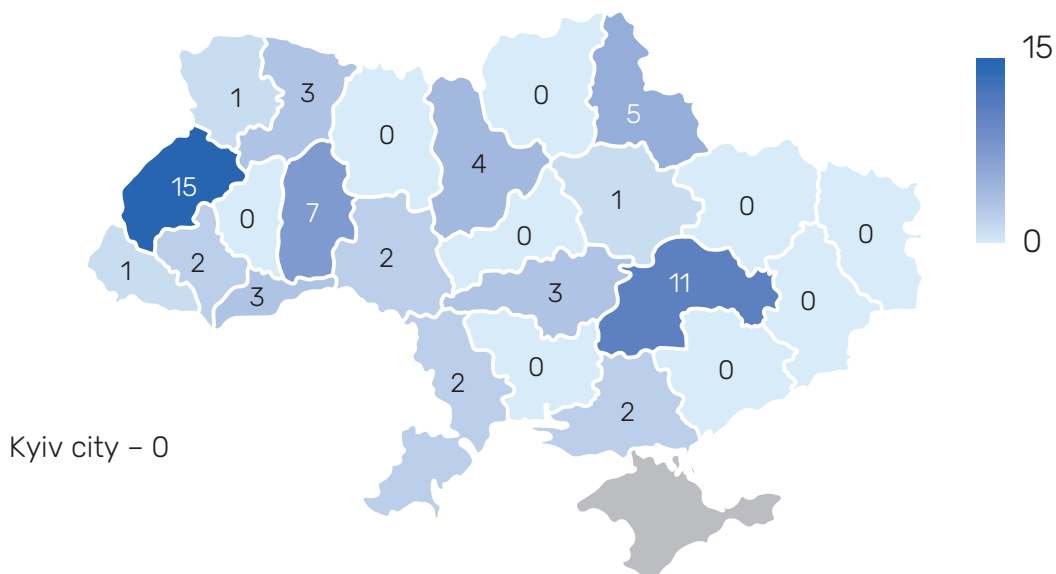


Data source: MOH Ukraine, Statistical Form #9

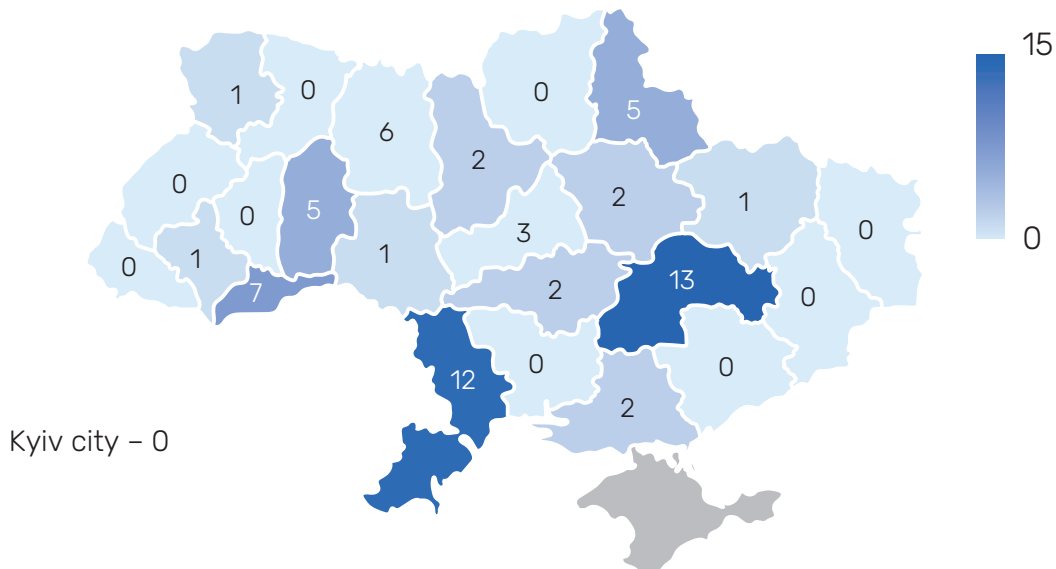
**Map 4.16.** Percentage change of newly registered cases of trichomoniasis in 2023 compared to 2022, all age groups, Ukraine



**Map 4.17.** Total number of newly diagnosed trichomoniasis cases among children under 18 years old in 2022, Ukraine

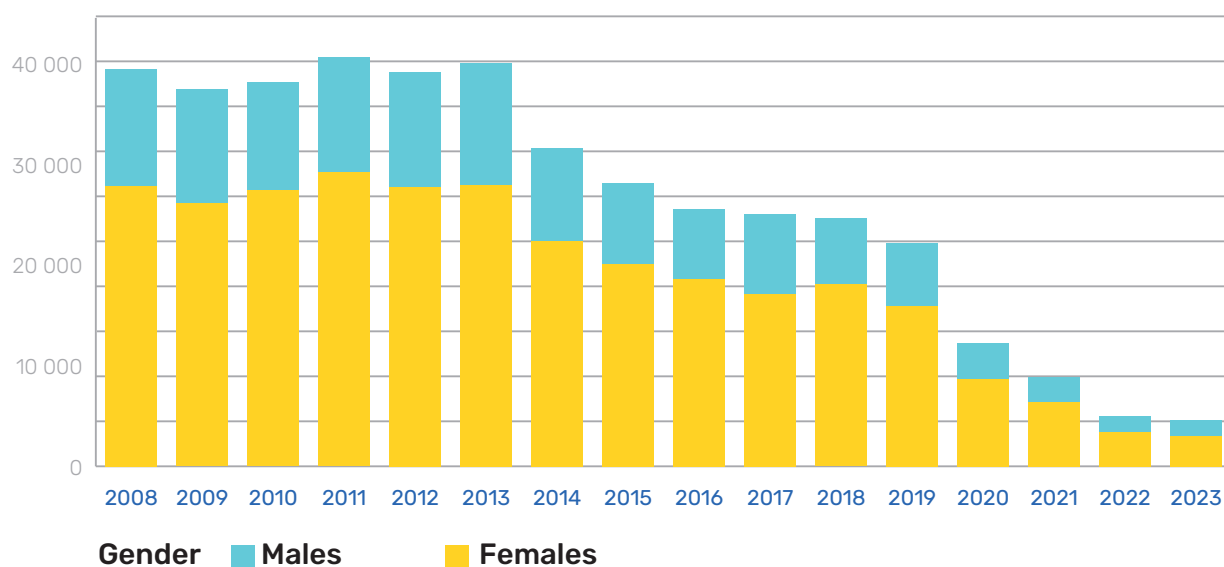


**Map 4.18.** Total number of newly diagnosed trichomoniasis cases among children under 18 years old in 2023, Ukraine



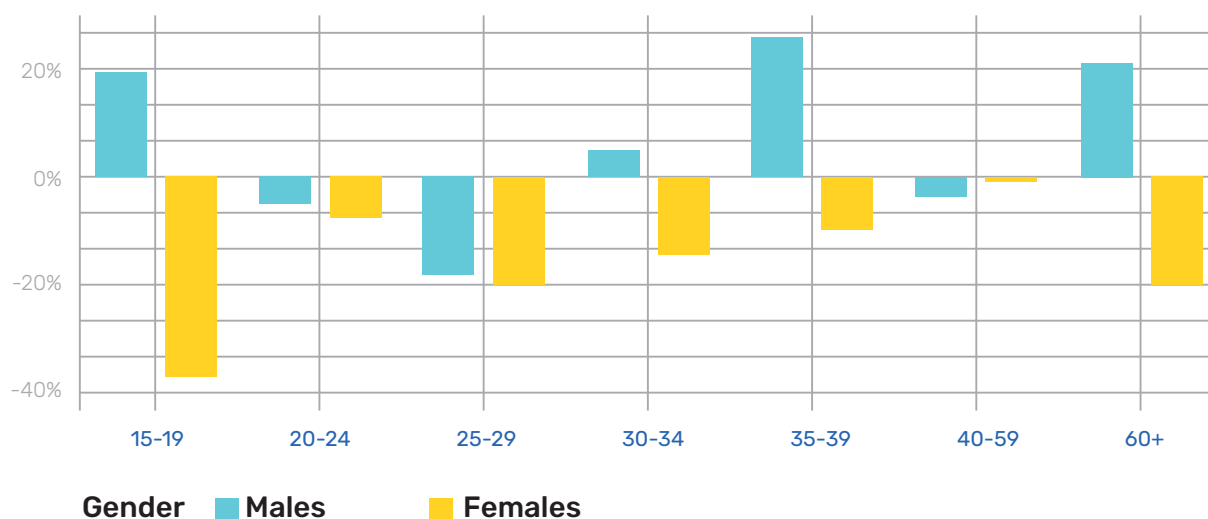
## Mycoplasma genitalium

**Diagram 4.21.** New cases of mycoplasma genitalium by gender, Ukraine, 2008–2023



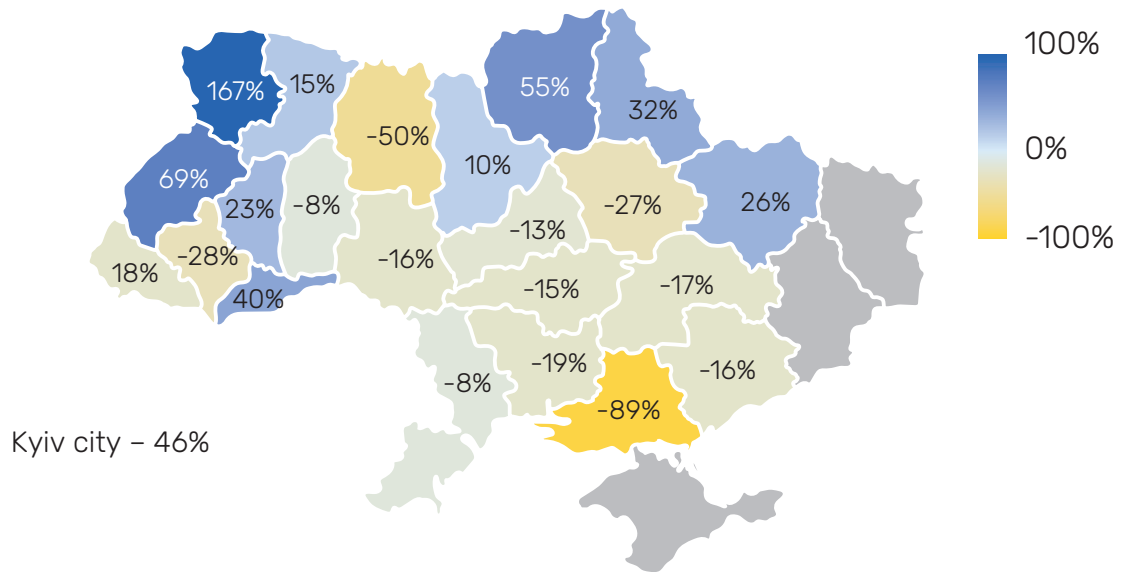
Data source: MOH Ukraine, Statistical Form #9

**Diagram 4.22.** Percentage change in number of new cases of mycoplasma genitalium in 2023 compared to 2022 by gender and age group, Ukraine

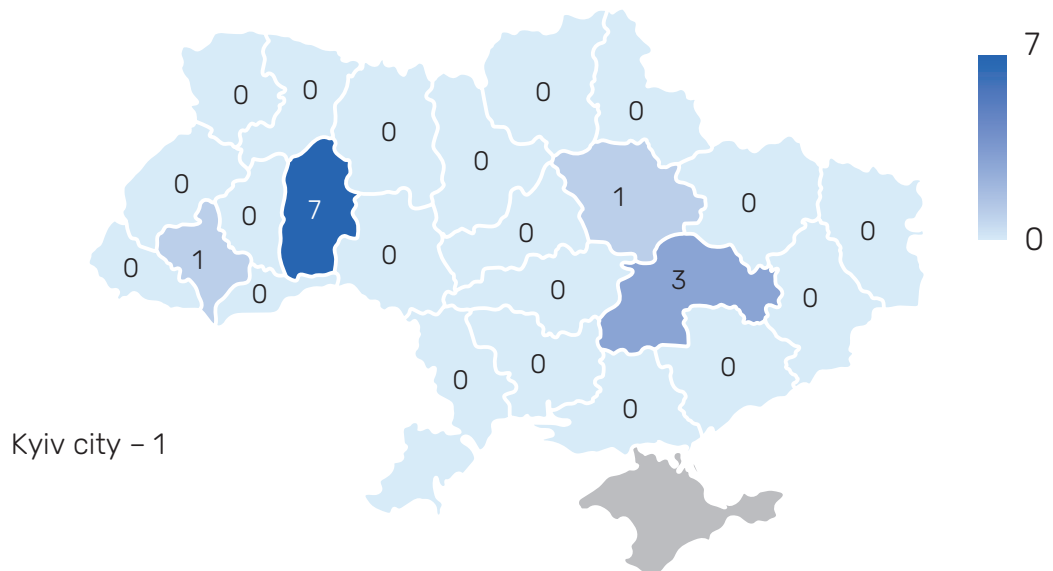


Data source: MOH Ukraine, Statistical Form #9

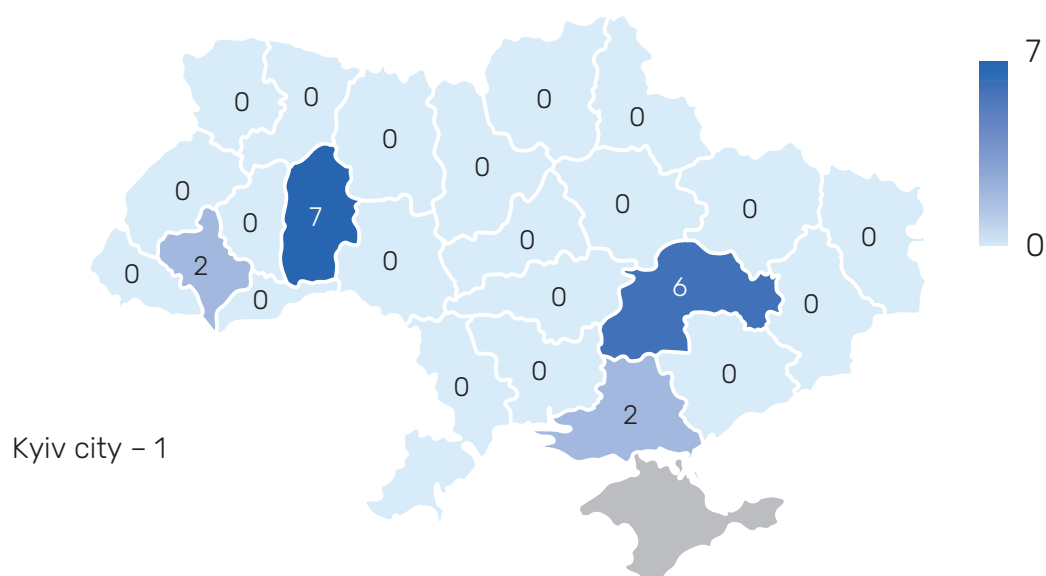
**Map 4.19.** *Percentage change of newly registered cases of mycoplasma genitalium in 2023 compared to 2022, all age groups, Ukraine*



**Map 4.20.** Total number of newly diagnosed mycoplasma genitalium cases among children under 18 years old in 2022, Ukraine



**Map 4.21.** Total number of newly diagnosed mycoplasma genitalium cases among children under 18 years old in 2023, Ukraine

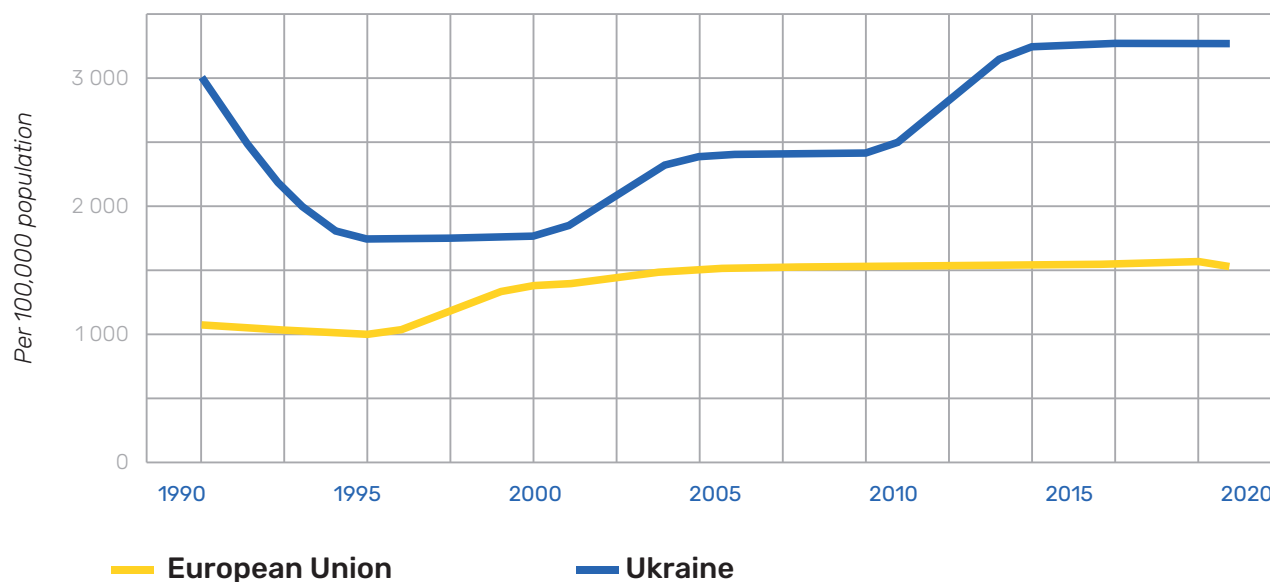




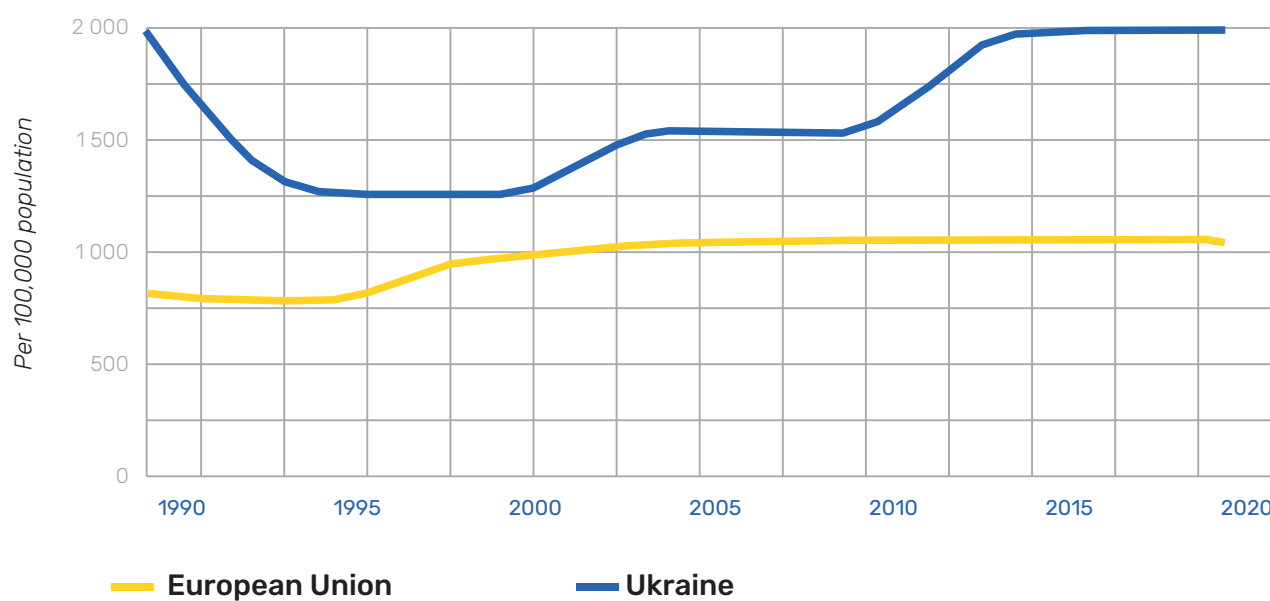


## ANNEX 5. INFERTILITY

**Diagram 5.1.** Prevalence of female infertility in Ukraine and European Union per 100,000 population, 1990-2021



**Diagram 5.2.** Prevalence of male infertility in Ukraine and European Union per 100,000 population, 1990-2021



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