



# " Homebound Medical Tourism" Among Ukrainian Refugees –

Findings from a Cross-Country Survey

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18 years	Experience on Executive positions in Healthcare and related areas
5 years	Experience of strategic consultancy for Healthcare
7 times	Experience of launching medical clinics from scratch
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Since the onset of the full-scale war in Ukraine, over 8 million Ukrainians have fled abroad, with 4.9 million still residing in host countries as of early 2025.

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## **Introduction and Context**

- While integrating into new societies, many Ukrainians establish and maintain a cyclical pattern of travel back to Ukraine for medical care.
- This pattern exemplifies unique cross-border healthcare behaviours and highlights systemic differences between Ukrainian and host-country healthcare systems.
- This emerging phenomenon provides a strong ground for studying patient mobility, healthcare accessibility, and organizational adaptability under crisis conditions.
- This recurring trend is proposed to be defined as "homebound medical tourism"

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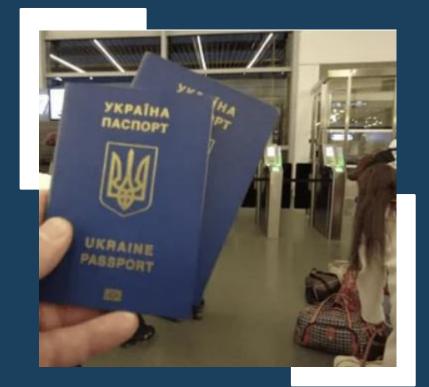


# Our initial survey aimed to understand:

Why and in what cases displaced
Ukrainians prefer Ukrainian healthcare

- What services they seek

What this may reveal about both
 Ukrainian and host-country systems



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# **Study design**

The study was conducted using questionnaires and in-depth interviews with patients who had traveled to Ukraine to address their medical needs.

The inclusion criterion was a "yes" response to the corresponding screening question. The total number of participants was 50, residing in Germany, Poland, Italy, France, the Netherlands, and the UK.

All respondents (100%) were women, with a median age of 34 years.

An additional stream of the study involved interviews with Ukrainian physicians, with a total of 20 participants.

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# **Key Medical Reasons for Returning**

#### Top services sought in Ukraine (with multiple choices) :

Dentistry – 27%

Specialized diagnostics (radiological diagnostics, endoscopy, ultrasound, biopsy & hystopathology) – **72%** 

Surgery – **16%** 

Chronic condition management – **12%** 

Cosmetic/plastic – 18%

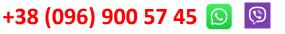
Other – **10%** 

### **Behaviour patterns**:

Only targeted trips solely for medical reasons – 27% Only opportunistic use of healthcare during planned visits for other reasons – 61% Different strategies – 12%

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#### Where Patients Went and Why (Patient survey data, n=50)

### Type of provider

- Used exclusively the National Medical Guarantee Program – 15%
- Used exclusively private healthcare providers – 67%
- Combined experience 18%

Reasons for choosing private providers (multiple answers were allowed)

No waiting time, fast access with no barriers – 81%

Ability to do multiple tests in 1 visit – 59%

Previously treated by same private doctor – 28%

Comfort and service experience – 12%

**Insight**: Most patients are ready to pay out-of-pocket for speed and efficiency - despite the general belief that **free universal access** is a pillar of modern healthcare systems and the main expectation and universal good.

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### Voices of Ukrainian Doctors (Interview data, n=23)

Noticed a clear increase in patients from abroad

Frequently requested:

- Rapid diagnostics with minimal appointments
- Pre-planned treatment packages

**Key quote**: "They are not asking for free care — they want predictability and speed."

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## **Structural Insights and Surprising Findings**

Misalignment: Patient expectations vs system designs (host countries) Lack of interoperability and continuity in medical records, and chronic care Host-country systems are legally inclusive but functionally inaccessible Unexpected finding: patients pay voluntarily — not due to lack of coverage, but to avoid wait times and fragmentation

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## **Final Thoughts & Implications**

#### Healthcare design must evolve from coverage-driven to experience-driven

#### Systems must address:

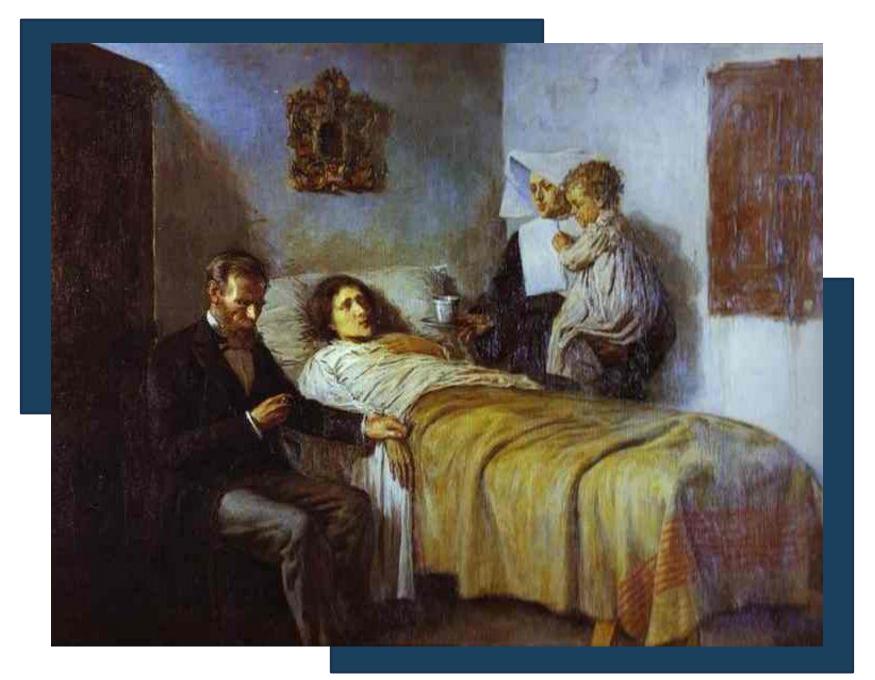
- Cross-border data access
- > Multi-visit coordination
- Speed + communication

#### Insights apply to:

- refugee & displaced populations health strategy,
- patients mobility,
- crisis response planning,
- > specialized healthcare availability

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## "Ukrainians on a medical quest"

(introductory media coverage – non-scholarly)



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## "Why does the Ukrainian Healthcare survive?"

(introductory media coverage – non-scholarly)



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### Thank you – Questions welcome

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