



" Homebound Medical Tourism" Among Ukrainian Refugees –

Findings from a Cross-Country Survey

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o.chernenko@mcg.com.ua

+38 (096) 900 57 45  

Olena Chernenko

Healthcare strategic adviser,
Founder & CEO, Medcapitalgroup LLC
(Ukraine),
Founder & CEO, MediCorexGroup
(Cyprus)



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

3_{times}

Experience in Nationwide Healthcare transformation and Research projects in Ukraine

2_{years}

Experience with MedTech startups/AI-driven projects

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Background

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**”

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



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.

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%

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.

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.”

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

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





“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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