



# REPUBLIC OF MOLDOVA

## ACCESS TO HEALTHCARE SERVICES FOR REFUGEES FROM UKRAINE

2023 ANNUAL REPORT

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This publication was made possible through the support provided by the U.S Department of State: Bureau of Population, Refugees and Migration (PRM) and the German Federal Foreign Office (GFFO).

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This report was issued without formal editing by IOM.

Cover photo: COVID-19 test done to an Ukrainian refugee during Pre Embarkation Check Up (PEC), supported by IOM at the Clinical Hospital of the Ministry of Health, Chisinau, Republic of Moldova. © IOM 2022

Citation: International Organization for Migration (IOM), March 2024. DTM Moldova “Crossing Back Surveys with Ukrainian Nationals” IOM, Chisinau, Republic of Moldova.

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Release date: 26 March 2024

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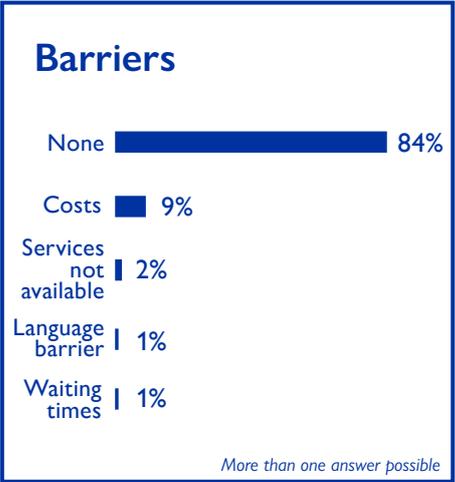
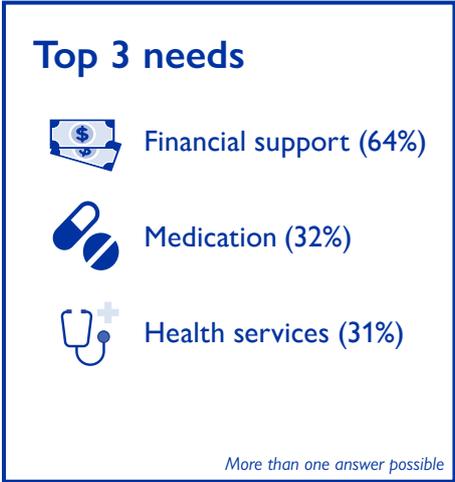
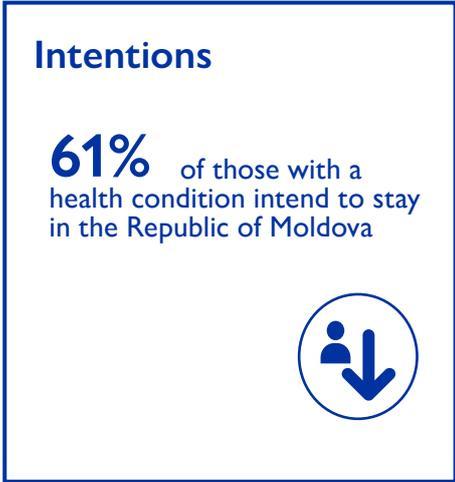
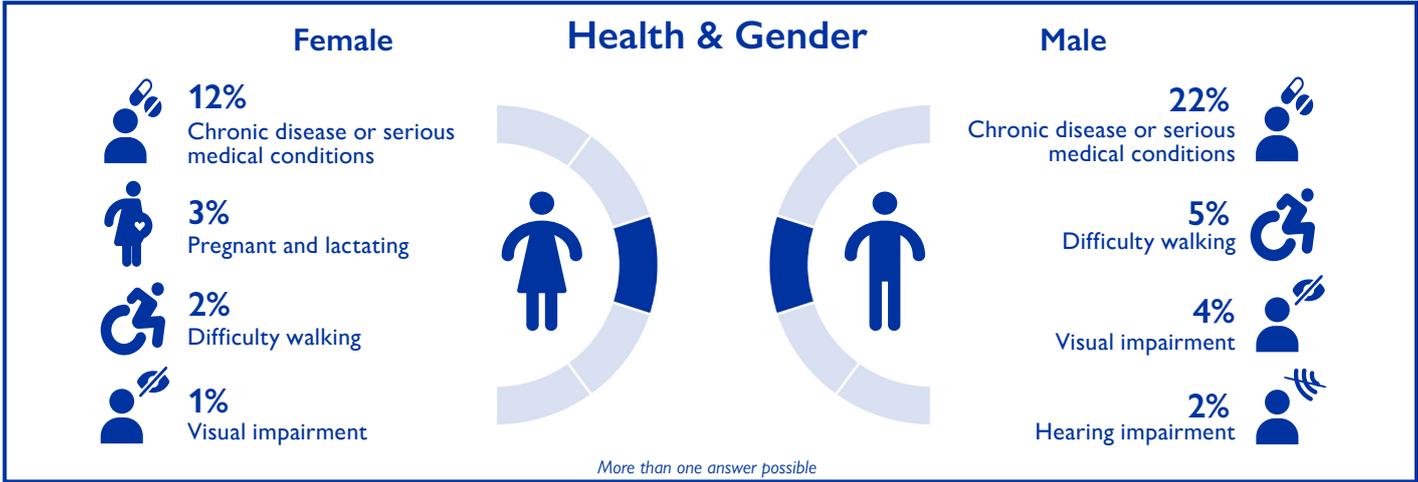
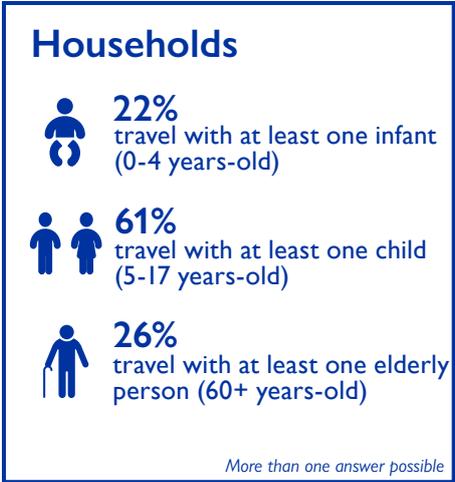
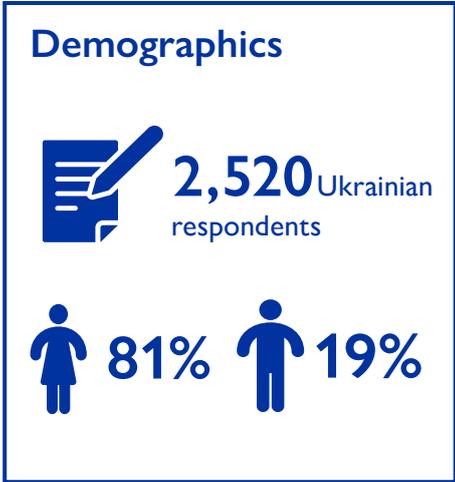
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# KEY FINDINGS



# INTRODUCTION

Following the onset of the war in Ukraine in February 2022, the Republic of Moldova has faced one of the largest per capita refugee flows in Europe, with more than one million refugees crossing its borders to seek safety, and about 1 16,857 currently residing in the country (UNHCR, 2024).

Since 2001, in the Republic of Moldova, the International Organization for Migration (IOM) has been on the front line of the emergency response, working to address the humanitarian needs of migrants, refugees, and host communities with the aim of fostering social cohesion and integration within local societies.

The findings presented in this report draws on a survey of displacement patterns, needs, and intentions, conducted by

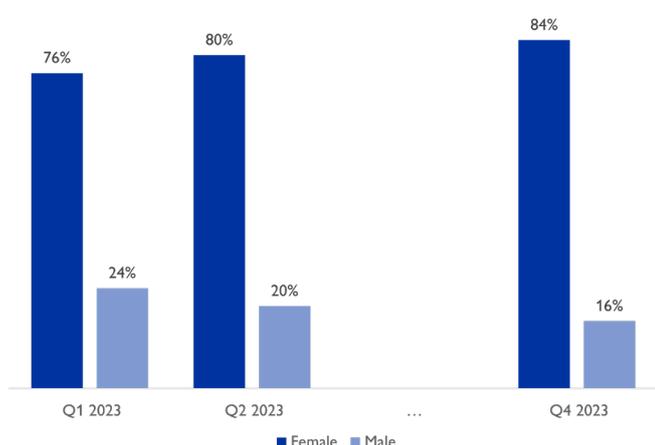
IOM's Displacement Tracking Matrix (DTM) in the Republic of Moldova between 24 February and 21 December 2023.

Data collection was interrupted during the third quarter of 2023 (from July to September) to avoid overlapping with the ongoing Multisectoral Needs Assessment conducted at the national level within the framework of the Regional Refugee Response for the Ukraine Situation (RRP). Half of the surveys were collected at Border Crossing Points (BCPs) around the country, 30 per cent at IOM premises, 16 per cent at a bus station, and the remaining four per cent at a train station. The report will delve deeper into the characteristics, sociodemographic composition, challenges, and needs of the displaced population in the Republic of Moldova, focusing on healthcare and the medical needs of the respondents.

# DEMOGRAPHICS

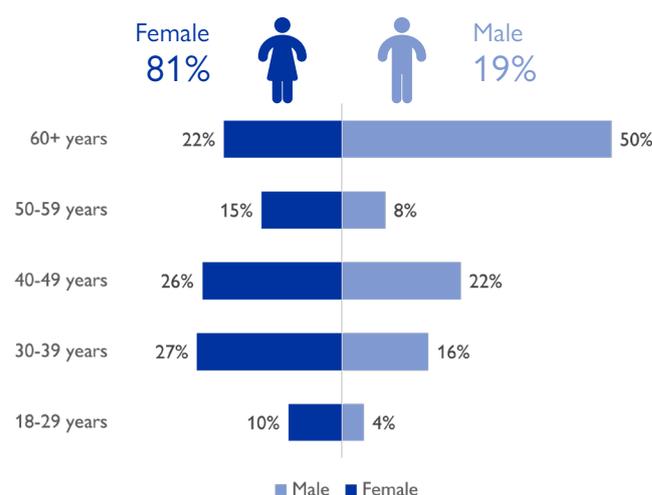
A total of 2,520 individuals were interviewed during the study period. Consistent with results from other IOM assessments (IOM, 2024), the majority of respondents (81%) were female while the remaining 19 per cent were male. As depicted in the chart below, gender distribution varied across different quarters of 2023, with an increase in the percentage of female respondents from 76 per cent in the first trimester to 84 per cent in the fourth quarter of the year.

Figure 1. Gender distribution by quarter, 2023 (%) n=2,520



Female respondents to the survey were consistently younger than their male counterparts. Fifty per cent of male respondents were older than 60 years of age, more than double the number of female respondents in the same age group. In contrast, most female respondents (53%) were aged between 30 and 49 years, compared to 38 per cent of male interviewees in the same age categories. The average age of the total sample was 47 years, with men averaging 53 years and women 46 years.

Figure 2. Respondents by age and gender (%) n=2,520

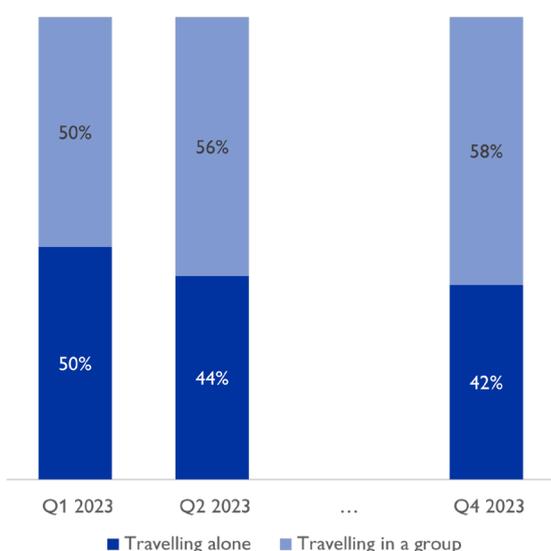


# GROUP COMPOSITION



Regarding the composition of the group, 44 per cent of respondents indicated they were journeying alone, while 56 per cent were part of a group. Throughout the study period, this distribution changed, observing a consistent decline in proportion of respondents travelling alone from 50 per cent in the first quarter to 44 per cent in the second quarter, and finally 42 per cent in the last quarter of 2023.

Figure 3. Respondents by travel mode, by quarter, 2023 (%), n=2,520



Disaggregating by gender, female respondents were on average more likely to be travelling in a group than male counterparts. Fifty-eight per cent of the women interviewed travelled with someone else, compared to 47 per cent of men. In contrast, the majority of male respondents (53%) were unaccompanied against 42 per cent of female respondents.

This tendency is confirmed when disaggregating by age group. In particular, younger women, especially those aged less than 49, tended to travel in a group. In the age categories from 30 to 39 and from 40 to 49, the vast majority of female respondents (respectively 80% and 70%) were in a group. This could be due to many female respondents in this age category journeying with children and leading single-headed households.

In contrast, a larger proportion of older women were unaccompanied. Sixty per cent of female respondents aged from 50 to 59 indicated they travelled alone, which increased to 69 per cent in the age category of 60 and above.

Conversely, as previously mentioned, the majority of male respondents indicated they were journeying alone. This was consistent across all age groups, with the exception of the age categories between 40 and 49, and 50 to 59 where the proportion of respondents who were travelling alone was respectively 49 per cent and 38 per cent.

Figure 4. Female respondents by age group and travel mode, (%), n=2,043

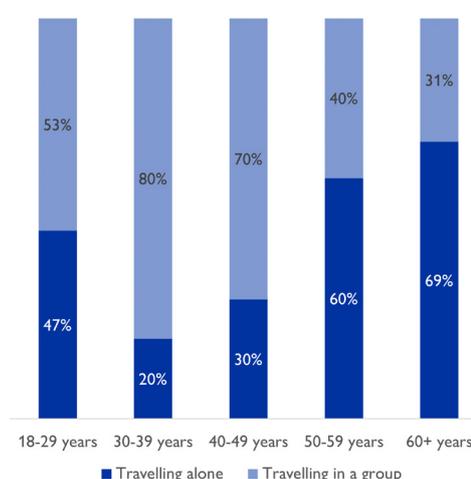
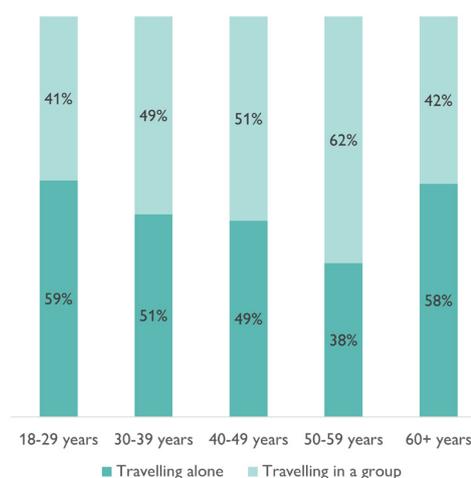
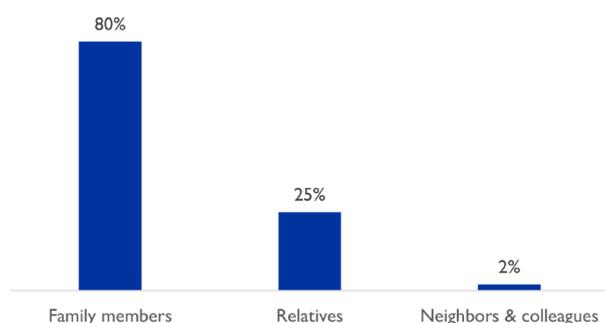


Figure 5. Male respondents by age group and travel mode, (%), n=477



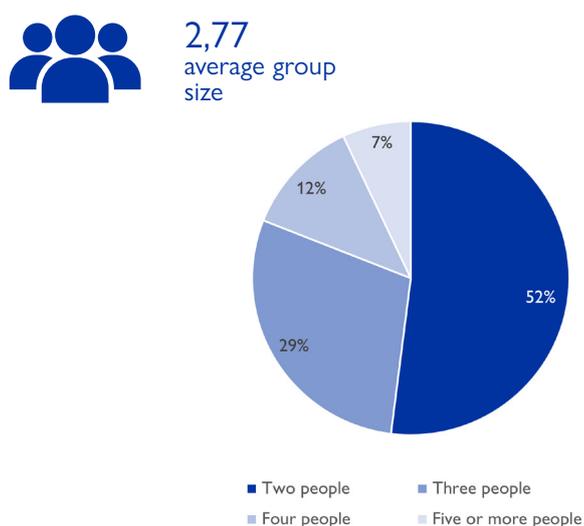
With regards to the group composition of those travelling with a group, most were accompanied by their close family (80%) or relatives (25%), with lower percentages of respondents reporting travelling with neighbors and colleagues (1% each). Overall, there were no significant differences between female and male respondents.

Figure 6. Group composition, (%), n=1,403  
(more than one answer possible)



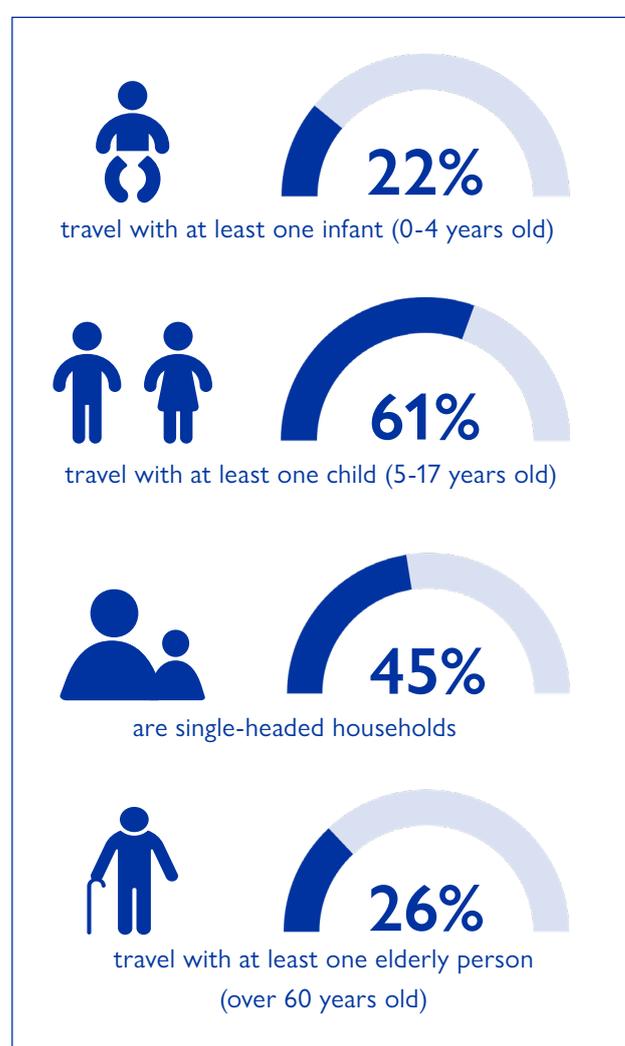
The majority (52%) of those who reported to be in a group were accompanied by one other person, resulting in a total group size of two people, including the respondent. Additionally, 29 per cent reported being in a with a group composed of three people, while 12 per cent were within a four-person group, and the remaining seven per cent reported travelling with a group of five or more people. On average, the group size was 2.77 persons per group.

Figure 7. Group size, (%), n=1,403



Among the respondents within a group, 22 per cent reported journeying with at least one infant aged up to four years old. Moreover, the majority of them (61%) reported to be in a group that had at least one child aged between 5 and 17 years old. When combined with the fact that 45 per cent of those travelling with a minor were a single-headed household, this data highlights a possibly high degree of vulnerability among the respondents. Finally, 26 per cent of the respondents that were with a group, reported travelling with at least one elderly person aged 60 years or more.

Figure 8. Household compositions, (%), n=1,403



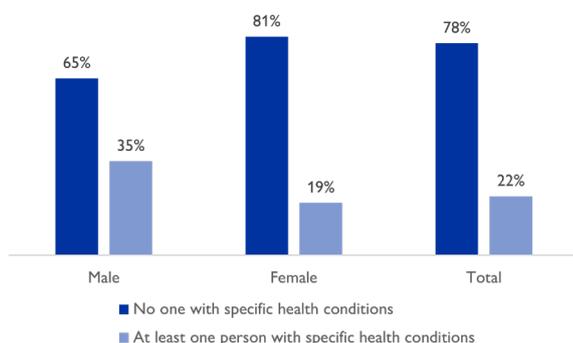
# HEALTH CONDITIONS

## TRAVELLING IN A GROUP

When asked about the health conditions of the group members, 78 per cent of the total 1,403 respondents, reported that they were not travelling with anyone with any specific health condition, while the remaining 22 per cent (305 individuals) reported that at least one person in their group had at least a health issue.

Notably, as shown in Figure 9, male respondents indicated travelling in more vulnerable groups as they present a higher share of people with specific health conditions (35% for male respondents versus 19% for female respondents). This could be attributed to the imposition of the martial law, which prohibits the exit from the country to men aged between 18 and 60, with the exception of some categories, that include male respondents that are disabled or unfit for military service, single parents, that have three or more children under the age of 18, or that are caregivers of a person with some disability ([Ukrainian Government, 2022](#)).

Figure 9. Respondents travelling in a group with someone with a serious health condition, by gender and total, (%), n=1,403

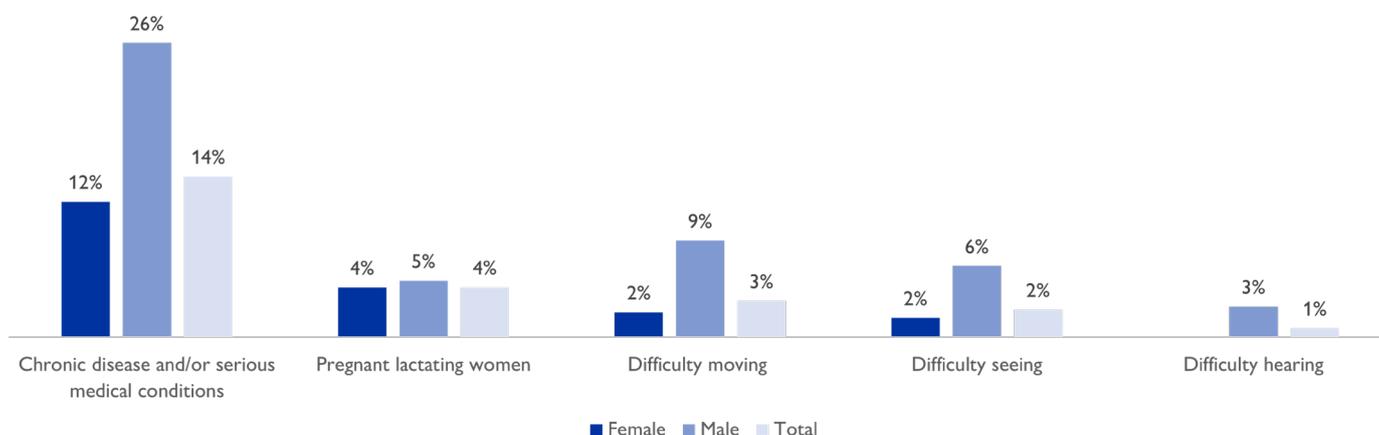


This is confirmed in the chart below (Figure 10), which illustrates the distribution of health conditions of respondents travelling in a group. It is important to note that not all respondents were with someone experiencing a health condition and that, conversely, some individuals may have been journeying with more than one person facing a specific health issue or with someone contending with multiple health concerns simultaneously. Despite this variability, there was a higher incidence of health conditions among male respondents.

In particular, it is noticeable how the share of male respondents reporting to have or travel with someone that has a chronic disease or serious health condition is more than double the one of female respondents (26% versus 12%). Similarly, more male respondents reported to have or be in a group with someone that has difficulties moving, walking and climbing stairs (9% versus 2%), seeing even when wearing glasses (6% versus 2%), or hearing even with an hearing aid (3%, while no female respondent reported it).

One of the factors contributing to this gender-specific pattern could be attributed to the fact that, as mentioned above, male respondents were on average older than female respondents, resulting in an increased incidence of conditions correlated with age, such as chronic diseases or difficulties in movement, climbing stairs, and with seeing or/and hearing ([WHO, 2022](#)).

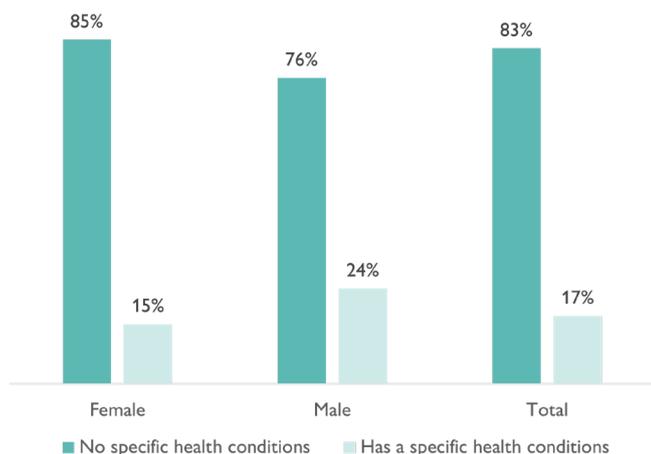
Figure 10. Health conditions of respondents travelling in a group, by gender and total, (%), n=1,403, (more than one answer possible)



## TRAVELLING ALONE

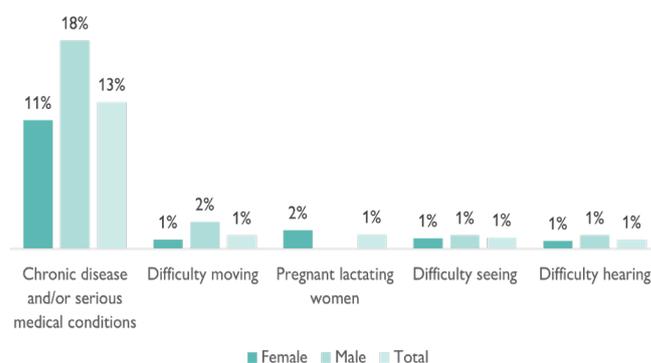
This is further confirmed when analyzing the reported incidence of health issues among respondents travelling alone. In fact, as it can be seen from the chart below, 24 per cent of male respondents have at least one health condition, versus 15 per cent of female respondents.

Figure 11. Respondents travelling alone that have serious health conditions, by gender and total, (%), n=1,117



Similarly to the analysis for respondents in a group, the chart below (Figure 12) depicts the distribution of health conditions among individuals travelling alone. This chart, once again, highlights a higher overall incidence of health conditions among male respondents, particularly in relation to chronic diseases and serious medical conditions (reported by 18% of men to 11% of women). Nevertheless, this gender disparity, while noticeable, is not as pronounced as observed among respondents who were in a group.

Figure 12. Health conditions of respondents travelling alone, by gender and total, (%), n=1,117, (more than one answer possible)



## HEALTH AND MOVEMENT INTENTIONS

There is an evident difference in the movement intentions among those that reported having or travelling with at least a person with a specific health condition, and those that were not. The majority (51%) of those that have or journeying with someone with a health condition reported no intention to move, compared to 37 per cent among respondents without any conditions. In contrast, 42 per cent of those without any

health condition expressed an intention to move to another country, and an additional 13 per cent expressed an intention to move within the Republic of Moldova. This difference may be linked to the increased difficulties and vulnerability that people with specific health needs might encounter while travelling.

Figure 13. Movement intentions, by health condition, (%), n=2,520

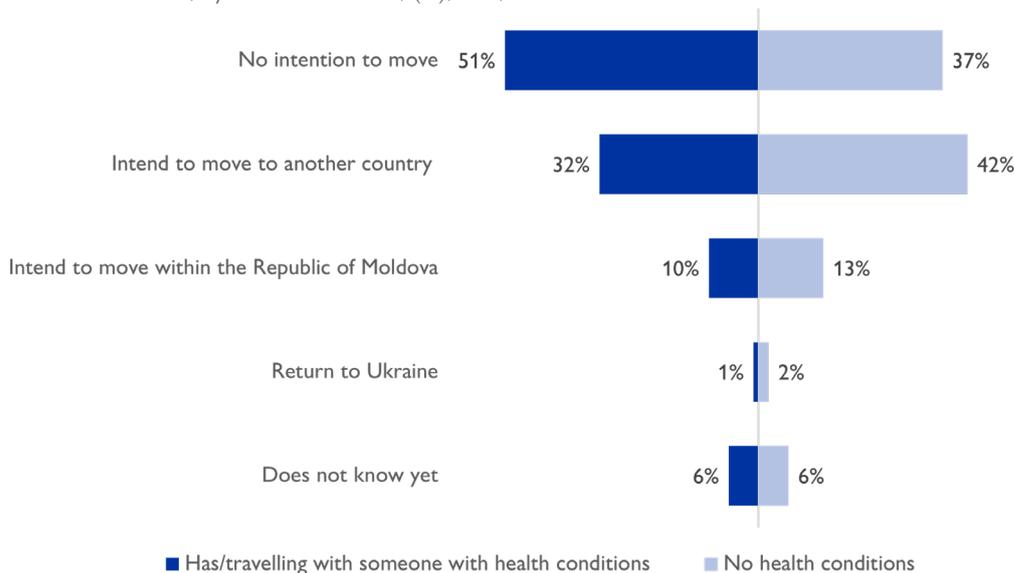
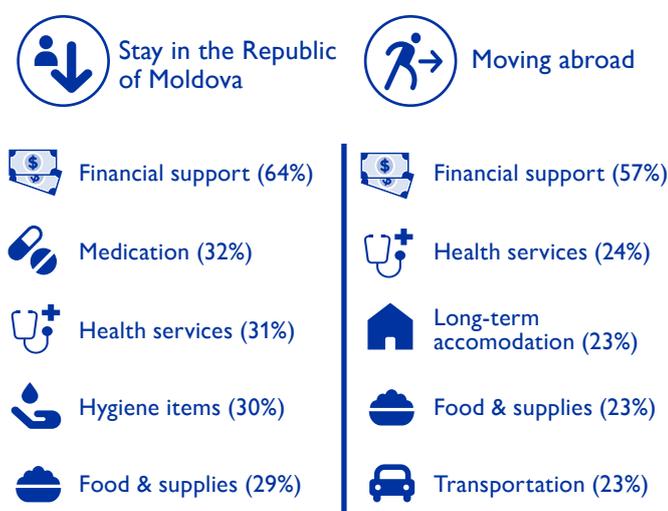


Figure 14. Top 5 needs, by movement intentions , (%), n=2,520, (more than one answer possible)



The relationship between movement intentions and health needs is further emphasized when analysing the data on the needs of respondents intending to move abroad (either to Ukraine or another country) and those intending to stay in the Republic of Moldova, either in their current location or by moving to another region. In fact, while both groups report financial support as a top need (57% versus 64%), respondents without intentions to move reported a higher need for health services (31% versus 24%). Additionally, the second most reported need for those intending to stay in the Republic of Moldova was medicine, with 32 per cent of respondents mentioning it. In contrast, medicine was not among the top reported needs for those planning to move back to Ukraine or another country and ranked eighth with 13 per cent of respondents in this category.

Overall, a difference in needs is observable between the two groups, with those intending to leave the Republic of Moldova reporting the need for support with long-term accommodation and transportation to their destination (23% each). Meanwhile, those intending to stay in the Republic of Moldova reported needs related to the health domain, such as medicines (32%), health services (31%), and personal hygiene items (30%).

Furthermore, those staying in the Republic of Moldova reported a higher percentage of needs compared to those intending to move, suggesting a higher vulnerability and specific health needs among those planning to stay.

Simultaneously, data from the Crossing Back 2023 (IOM, 2024), highlighted the presence of unmet healthcare needs for refugees from Ukraine residing in the Republic of Moldova.

Specifically, 26 per cent of respondents staying in the Republic of Moldova crossed back to Ukraine for a short-term (up to 90 days) due to health-related reasons. This percentage was considerably higher than for those displaced from Ukraine who stayed in a European Union member state (17% of which reported crossing back to Ukraine for medical and health reasons) or in another country (9% of which reportedly went back to access healthcare).

This might be attributed to the proximity of Moldova, which allows for pendular movements (IOM, 2023a). Yet, this does not fully explain the high share of respondents with such a reason. In fact, when comparing the data collected by a similar DTM tool in other countries sharing a border with Ukraine, it results that the share of those crossing the border back to Ukraine to access healthcare is lower than the one in the Republic of Moldova, with 15 per cent of the respondents interviewed in Romania reporting it as the main reason (IOM, 2023b), and 17 per cent for those in Poland (IOM, 2023c).

An internal IOM study, ‘Unveiling the Voices’ which gathered qualitative data through focus group discussions with refugees from Ukraine and Moldovan host community members highlighted how humanitarian aid and services provided by the Government of Moldova and international actors have been fundamental in addressing the most basic needs of refugees. However, structural weaknesses and a lack of resources in the Moldovan healthcare system hinder the full realisation of the rights refugees are entitled to, creating a barrier to accessing healthcare services.

In particular, high costs, a lack of specialist doctors and services, and long waiting times have been mentioned by many as reasons to go back to Ukraine to access healthcare.

“ We go to Odessa and get treated by our doctors, because here we have not identified a specialist doctor to consult us. ”  
Female refugee, Bălți

“ I have glaucoma and I went for treatment in Odessa, because in Chişinău medical services are very expensive. ”  
*Female refugee, Bălţi*

“ I have had situations where I waited more than a month to go to the doctor, I think it is not normal to wait so long to be consulted. ”  
*Elderly refugee, Cahul*

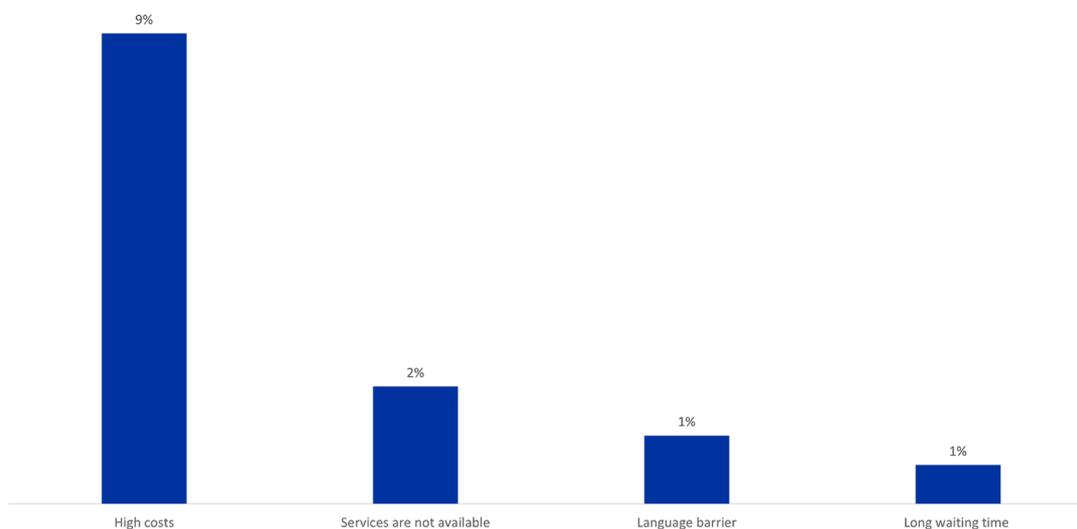
These factors will be an important topic to keep focusing on in the year 2024. Especially considering that some of the issues could be exacerbated by the recent update to the costs for medical services which lead to an overall price increase ([Ministry of Health, 2024](#)).

To assess the situation in terms of access to healthcare for refugees from Ukraine in the Republic of Moldova, beginning in June 2023, a series of questions aimed at assessing the challenges and barriers encountered by the respondents in accessing healthcare services were introduced. Consequently, this report includes data on 533 of the total 2,520 interviews collected.

Despite only partially covering the total sample, this data presents an overall positive outlook.

For example, when asked about the difficulties encountered when accessing healthcare services, the majority (84%) reported not having encountered any. Despite this, key obstacles that respondents did cite are shown in the graph below. Nine per cent reported challenges in covering high costs, two per cent noted that the required services were unavailable, one per cent mentioned language barriers and another one per cent reported long waiting times as obstacles to accessing healthcare. These issues align with those highlighted in the qualitative assessment as well.

Figure 15. Obstacles encountered when accessing healthcare services, (%), n=533, (more than one answer possible)



# METHODOLOGY

IOM's Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or en route.

Since April 2022, DTM has been surveying people who are residing in the 11 countries included in the Regional Refugee Response Plan for Ukraine. The aim of the survey is to improve the understanding of their profiles, displacement patterns, intentions, and needs. The survey is deployed in 6 countries neighbouring Ukraine – Belarus, Hungary, Poland, the Republic of Moldova, Romania, and Slovakia, and other 5 European Union's countries particularly impacted by the arrivals of refugees from Ukraine, including Bulgaria, Czechia, Estonia, Latvia and Lithuania. In the Republic of Moldova, face-to-face surveys were conducted by 6 trained enumerators with adult refugees from Ukraine (18+ years old). Surveys were collected

in various locations in the Chisinau metropolitan area and at two border crossing points in the Ocnita and Stefan Voda Regions. Respondents were approached in a simple random sample by enumerators at selected entry, exit, transit points and accommodation centres. In border crossing point areas, both persons entering/exiting by car, by bus, by foot and by train were interviewed.

The survey is anonymous and voluntary, administered only if consent from the respondent was given. The respondent could stop the survey at any time. In the Republic of Moldova, the questionnaire is available in Ukrainian, Russian, English and Romanian, and the preferred language is determined by the interviewee. Only fully completed surveys were considered for this report. Prior to the start of the survey, all enumerators were trained by IOM on DTM standards, the use of Kobo application, IOM approach to migrants' protection and assistance, the ethics of data collection and the provision of information and referral mechanism in place.

## About the Survey

### Aim

To improve the understanding of the profiles of Ukrainian refugees residing or transiting through the Republic of Moldova, including their displacement patterns, intentions, and needs.

### Location and execution

Face-to-face surveys were conducted by 6 trained enumerators stationed at selected locations in 3 regions of the Republic of Moldova. Surveys were conducted in Ukrainian, Russian, English and Romanian using the KoBo application.



### Target population

The analysis focuses on the healthcare, health issues, and the medical needs of Ukrainian refugees in the Republic of Moldova.

### Regional data collection and analysis

In the Republic of Moldova data was collected between February 24th and December 21st, 2023. Data collection was interrupted from July to September 2023 to avoid overlapping with the ongoing Multisectoral Needs Assessment.

## LIMITATIONS

The sampling framework was not based on verified figures of refugees from Ukraine entering through all land border points or staying in the various regions where the surveys are conducted, due to the lack of baseline information.

The geographic spread of enumerators deployed captures a wide range of locations. Whilst the overall results cannot be deemed as representative, the internal consistency of data collection in each country and at the regional level suggests that the current sampling framework produces findings of practical value.

While every attempt was made to capture all types of locations, the operational reality of fieldwork was confronted with different levels of accessibility of BCPs and other transit and stay locations, including the different availability of possible target individuals to comfortably spend 10-20 minutes responding to the questionnaire depending on a mix of personal conditions. Other factors more related to the conditions at a specific location and period, such as organizational changes in the entry and transit areas from national authorities, or whether conditions, also play a role.

## DTM

Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. The survey form was designed to capture the main displacement patterns – origin country and region – for refugees of any nationality fleeing from Ukraine because of the war. It captures the demographic profiles of respondents and of the group they are travelling with, if any; it asks about intentions relative to the intended final destination and prospects of permanence in the country of the survey/first reception; it gathers information regarding a set of main needs that the respondents expressed as more pressing at the moment of the interview.

Since the onset of the war in Ukraine, several IOM's DTM tools were deployed in countries neighbouring Ukraine and in other countries particularly impacted by the new arrivals of migrants and refugees from Ukraine.

For more information, please consult: <https://dtm.iom.int/responses/ukraine-response>  
DTM is part of IOM's Global Data Institute.