



DEBT TO MEDICAL WORKERS: What's Wrong with the "Frontline Supplements" System



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Since May 2023, Ukrainian medical workers near the front line have been entitled to an increased minimum pay for work in areas of active or possible hostilities, including supplementary payments, which, for convenience, will hereafter be referred to as “**frontline supplements**”.

According to Ukraine’s Minister of Health, Viktor Liashko, this was supposed to preserve staffing capacity and ensure fair remuneration. However, funding was likely insufficient, and the number of medical institutions able to pay their staff these “frontline supplements” kept shrinking. This study captured the most critical moment, when in the second half of 2025, very few such institutions remained—57, compared with 126 medical institutions in 2023. At that time, the Medical movement “Be Like We Are” stated that this situation was unfair and dangerous.

A few months later, the government promised a significant increase in “frontline supplements”, giving hope to thousands of medical workers in areas of possible or active hostilities. UAH 53 billion (more than EUR 1 billion) was allocated for this. However, the system for calculating these supplements remains opaque and unpredictable. It depends on a range of bureaucratic nuances, the discretion of hospital management, and the initiative of the staff themselves. NGOs “Socialny Ruch” [Social Movement] and the Medical movement “Be Like We Are” conducted this study to uncover the mechanism by which “frontline supplements” are calculated, show how medical workers can influence the situation, and estimate why the state “owes” them.

Key findings

The system created for calculating “frontline supplements” is neither transparent, universal, nor predictable. It allows payments to be arbitrarily limited and cut, thereby nullifying the state’s promises. In the summer of 2025, less than a quarter of medical workers¹ in frontline territories were employed in hospitals that had funding for these supplements. By the end of the year, funding was restored for almost everyone, but the period when medical workers were without proper supplements was not compensated. Moreover, the mere fact of funding hospitals does not guarantee that the “frontline supplements” will reach employees in full.

The main obstacles to exercising this right are:

- 1) The Ministry for Communities and Territories Development of Ukraine grants the status of areas of potential or active hostilities at the level of individual communities, rather than oblasts or districts. This leads to different legal statuses for neighboring medical institutions or even for individual branches or units within the same medical institution.
- 2) A medical institution’s status as one operating in areas of possible or active hostilities does not automatically guarantee funding for “frontline supplements” from the National Health Service of Ukraine (NHSU). The NHSU may deny institutions funding on the basis of special rules that change constantly.
- 3) At the hospital level, administrations manually approve the list of employees eligible to receive “frontline supplements”. No cases are known in which enforcement measures, including sanctions, were applied for failure to pay “frontline supplements”.

Medical workers have the right to claim unpaid supplements by filing complaints with the State Labour Service or through the courts.

¹ This and subsequent data on the number of medical personnel are based on responses to the request from the NHSU, as well as on information from OpenDataBot. The latest data on the number of personnel for each medical institution was taken. It was assumed that 80% of the staff are medical personnel, and the rest are administrative or technical personnel.

The mechanism for calculating “frontline supplements”

In 2023, the Cabinet of Ministers of Ukraine adopted a [decision](#) to introduce supplements for medical workers providing care near the front line. In accordance with subparagraph 5 of paragraph 1 of [Resolution No. 28](#), the rule covers the “relevant list of employees who directly perform their duties and provide specialized and emergency medical care at the place where medical services are delivered, provided that such place is located in a territory where hostilities are (or were) taking place.” [The list of territories](#) where hostilities are (or were) taking place or that are temporarily occupied by the Russian Federation is regularly updated by the Ministry for Communities and Territories Development.

The amounts of the supplements proposed in 2023 were relatively small compared to the minimum wage for medical workers: UAH 3,000 (EUR 60) for doctors and UAH 2,000 (EUR 40) for nurses in areas of possible hostilities. No supplements were provided for junior medical staff there. In more dangerous conditions—areas of active hostilities—doctors were supposed to receive an extra UAH 8,000 (EUR 160), nurses UAH 4,500 (EUR 90), and junior nurses UAH 1,000 (EUR 20) [<Fig. 1>](#). Yet even coverage by these supplements gradually shrank. If in 2023, 126 hospitals had additional funding to pay staff supplements, by the summer of 2025, that number [had fallen to just 57](#).

Funding was reduced despite the expansion of areas of possible hostilities. For example, in May 2025, the government granted this status to seven districts in Odesa oblast. But in the summer, only one local medical institution there had a package for “frontline supplements” [<Fig. 2>](#).

In the hospitals that had funding for supplements, about **12,000** medical workers were employed in total. Across all frontline hospitals, however, there were more than 57,000 medical workers—almost five times as many. About 13,000 more medical workers belonged to primary or emergency care, where a different payment system applies.

<6> The mechanism for calculating “frontline supplements”

FIG. 1

	BASE MINIMUM PAY LEVEL (UAH)	“FRONTLINE SUPPLEMENTS” 2023–2025		“FRONTLINE SUPPLEMENTS” FROM AUTUMN 2025	
		POSSIBLE HOSTILITIES	ACTIVE HOSTILITIES	POSSIBLE HOSTILITIES	ACTIVE HOSTILITIES
DOCTORS	20 000	23 000 (+3 000)	28 000 (+8 000)	28 000 (+8 000)	40 000 (+20 000)
NURSING STAFF	13 500	15,500 (+2,000)	18 000 (+4 500)	18 000 (+4 500)	27 000 (+13 500)
JUNIOR MEDICAL STAFF	8 000	8,000 (+0)	9 000 (+1 000)	9 000 (+1 000)	18 000 (+10 000)

At the end of 2025, the Cabinet of Ministers [announced](#)² a substantial increase in payments: for medical workers in areas of possible hostilities, the supplements were now to be UAH 8,000 (EUR 150) for doctors, UAH 4,500 (EUR 90) for nurses, and UAH 1,000 (EUR 20) for junior medical staff; in areas of active hostilities, UAH 20,000 (EUR 500) for doctors, UAH 13,500 (EUR 270) for 2 nurses, and UAH 10,000 (EUR 200) for junior medical staff.

The money for the supplements is distributed through the National Health Service of Ukraine (NHSU), which signs the relevant packages with medical institutions. In 2023, this was Package No. 57, “Readiness and provision of medical care to the population located in a territory where hostilities are taking place.” In September 2025, after the promise to raise the supplements, [Package No. 49](#) was added: “Ensuring the preservation of staffing capacity to provide medical care to the population located in areas of hostilities.” Out of about 230 hospitals of municipal or state ownership [registered](#) in frontline territories, 180 medical institutions had Packages No. 49 or No. 57 as of December 2025³. Still not all of them, but the ratio became incomparably better than in the summer. Funding was also [received](#) mainly by institutions with larger numbers of staff. For example, the Kharkiv Regional Council Municipal Nonprofit Enterprise “Regional Clinical Hospital,” which received funding, has more than 1,700 employees. By contrast, the Kherson Regional Infectious Diseases Hospital named after H. I. Horbachevskiy, where 120 people work, did not receive it, even though the hospital is located in an area of active hostilities.

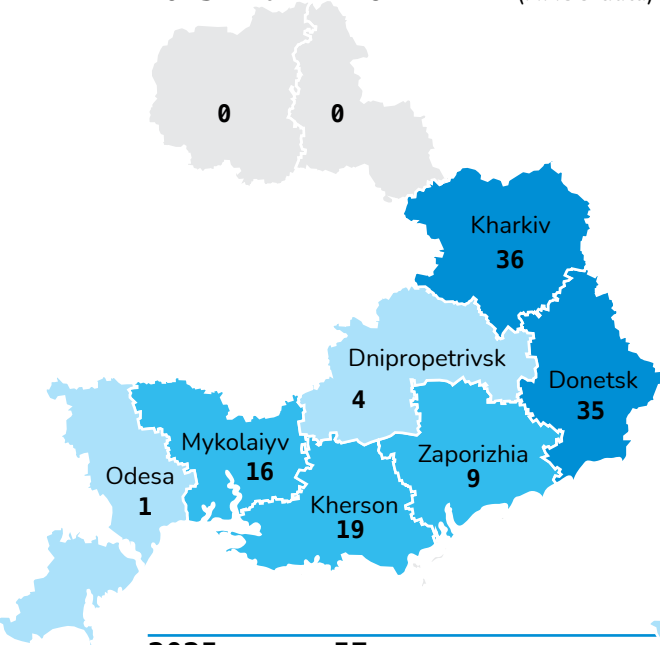
2 APPROVED by the Resolution of the Cabinet of Ministers of Ukraine dated September 25, 2025 No. 1215 AMENDMENTS to the Resolutions of the Cabinet of Ministers of Ukraine dated January 13, 2023 No. 28 and dated December 24, 2024 No. 1503)

3 Response to the request of the National Health Service for access to public information.

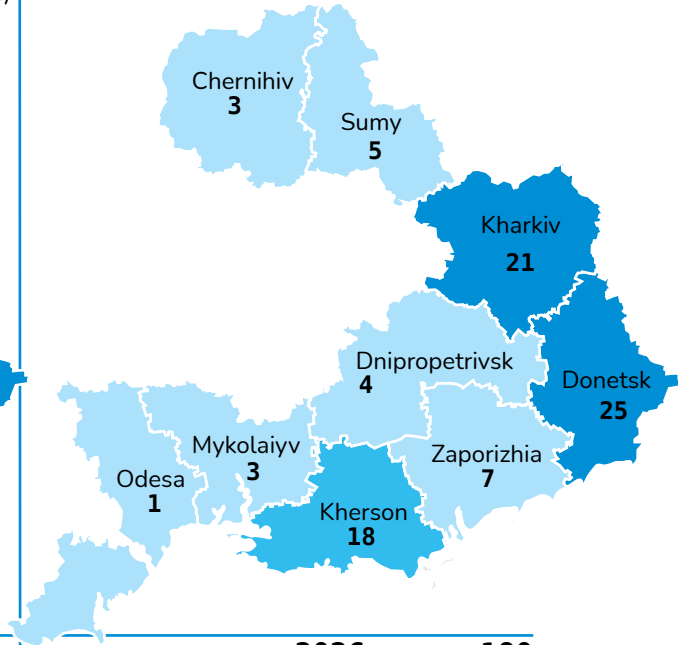
<7> The mechanism for calculating “frontline supplements”

FIG. 2. CHANGE IN THE NUMBER OF MEDICAL INSTITUTIONS WITH “FRONTLINE” PACKAGES

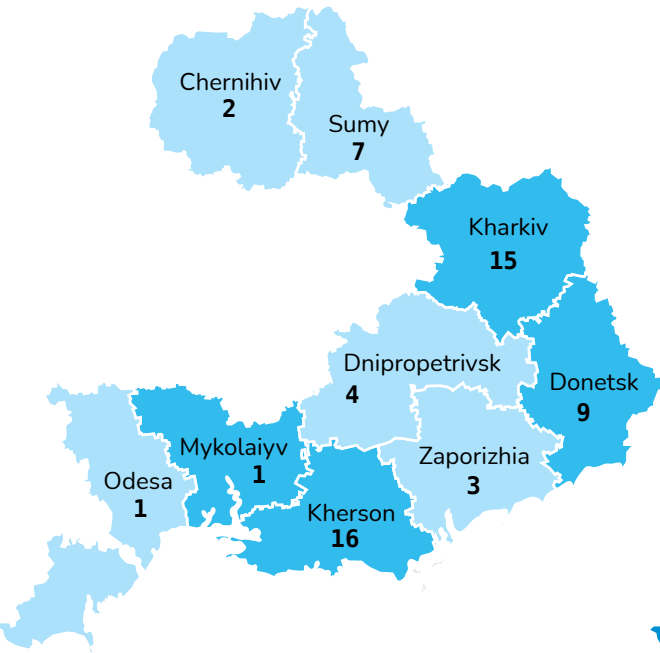
2023: TOTAL 126 (NHSU data)



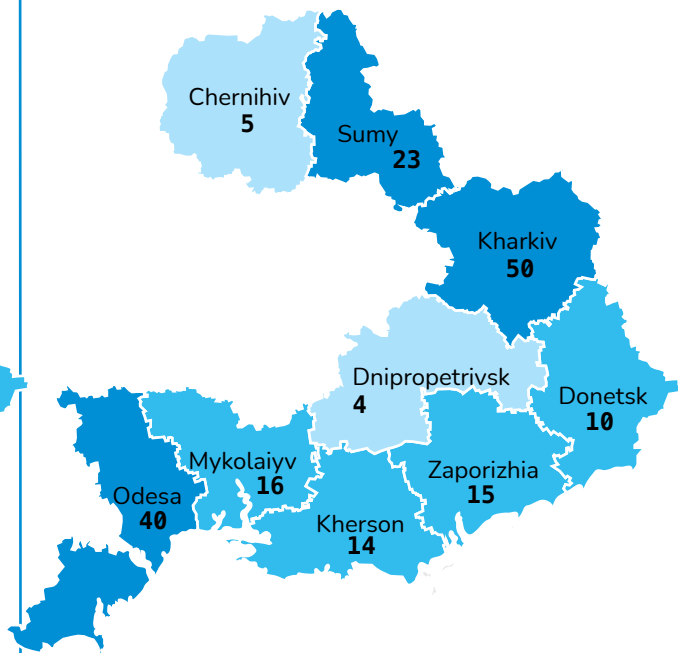
2024: TOTAL 87



2025: TOTAL 57

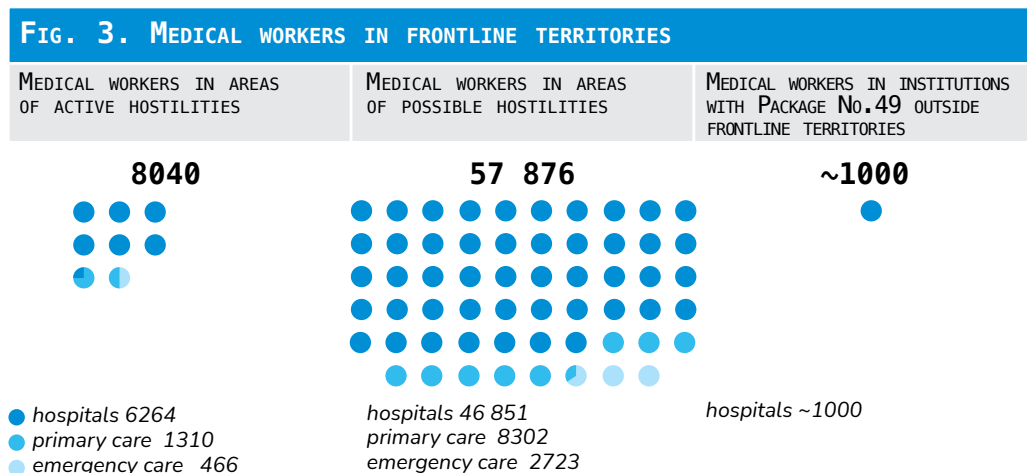


2026: TOTAL 180



<8> The mechanism for calculating “frontline supplements”

Overall, there are relatively few medical workers in areas of active hostilities, where the highest supplements are provided—about 8,000. The absolute majority—more than 57,000—work in areas of possible hostilities, which include several large cities, and where the “frontline supplements” are much smaller. Another roughly 1,000 medical workers work in institutions that are not formally located in areas of hostilities but received Package No. 49 in 2025⁴ <Fig. 3>.



Data as of 2025–2026 from the National Health Service of Ukraine and OpenDataBot

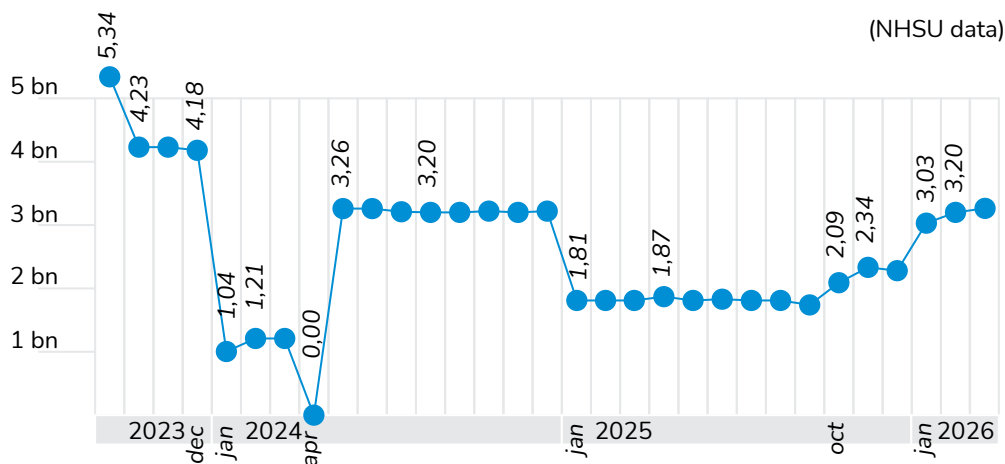
Interestingly, the total amount spent on “frontline” packages, although larger than in 2025, is equal to the 2024 level and UAH 2 billion less than in 2023, when the supplements were first introduced. Yet at that time, both coverage and payment amounts were smaller <Fig. 4>.

Possibly, in 2023, the funding was “advance” funding. Or perhaps there are now fewer medical workers (the 2025 data in OpenDataBot are incomplete, so this could not be verified, although the decline was probably nowhere near that large). Most likely, the paradox is linked to the fact that part of the payments are made through other mechanisms.

Thus, in addition to inpatient care—that is, hospitals, where most medical workers are employed (6,000 in areas of active hostilities and ~47,000 in areas of possible hostilities)—**emergency and primary** medical care also operate in frontline communities. A different system for calculating “frontline supplements” applies to them.

4 Currently, the package is titled “Ensuring the Preservation of Human Resources for the Provision of Medical Care” without mentioning the areas of combat operations. Probably to reconcile this discrepancy.

FIG. 4. CHANGE IN THE TOTAL VALUE OF “FRONTLINE” PACKAGES



Six emergency medical care centers operate in areas of possible hostilities. They employ about 2,700 medical workers. One center operates in an area of active hostilities—in Kherson—and employs about 400 medical workers. In the summer of 2025, the Ministry of Health of Ukraine (MoH) promised a substantial salary increase for emergency medicine workers, at least 58 of whose employees had been [killed](#) by Russian shelling. However, this would not happen through the “frontline” packages but through an increase in a special coefficient, to 1.48 in areas of possible hostilities and to 6.01 in areas of active hostilities. MoH said this would allow even slightly higher supplements than those received by other medical workers. For example, in areas of active hostilities, this would mean about UAH 22,000 (EUR 430) for doctors and UAH 15,000 (EUR 300) for paramedics. However, even according to the ministry’s own promise, ambulance drivers (emergency medical technicians) [would receive](#) less than junior hospital staff—UAH 7,000 (EUR 140).

At the same time, the MoH acknowledged that “the situation in certain regions requires additional decisions to ensure the sustainability of funding for emergency services.” Most likely, this referred to Donetsk Oblast, where mass dismissals of emergency medical workers had been [planned](#). **Primary healthcare** also has a “frontline supplement” mechanism based on a special coefficient. But compared with other sectors, this increase is modest—in areas of **active hostilities**, the coefficient was raised to 1.2, that is, by only 20%. **Primary care** in areas of **possible hostilities** employs about 8,300 staff. In areas of **active hostilities**, about 1,300 medical workers are employed.

<10> The mechanism for calculating “frontline supplements”

Completely outside the “frontline” supplement system are medical workers in specialized **dental** institutions, who are explicitly excluded in the updated Resolution No. 28⁵—around **1,500** medical workers in areas of possible hostilities, mostly in Odesa, Kharkiv, Zaporizhzhia, and Sumy. Another about **50 dentists** and auxiliary personnel work in areas of active hostilities—in Nikopol. Also, under Resolution No. 28, medical institutions relocated from temporarily occupied territories do not receive “frontline” packages. A separate Package No. 56, “Ensuring the preservation of staffing capacity to provide medical care to the population located in temporarily occupied territory,” will most likely be provided to support them, although there are no clear data on it.

However, for most medical workers in frontline territories, the supplements were finally funded⁶. Yet inpatient, primary, and emergency medical care in frontline territories all find themselves in a situation where the officially announced supplement amounts are not guaranteed. The MoH shifts responsibility for realizing medical workers’ right to “frontline” payments onto the medical institutions themselves.

*“Today, the system functions in such a way that **responsibility for the fair distribution of funds lies with the management of the medical institution**. The state no longer sets doctors’ salaries centrally according to a tariff grid, as it did before medical reform. But I am convinced that if an institution receives more funding, medical workers employed there should be the first to feel it,”*
[noted](#) Ukraine’s Minister of Health, Viktor Liashko.

*“The status of business entities allows healthcare institutions to manage independently the funds they receive from the NHSU for providing medical services to the population, provided that they comply with the main requirement of the contract — the provision of medical care (or readiness to provide it) in full, as defined by the contract, and in accordance with the **financial plan approved by the owner**,” the reply states.*

5 AMENDMENTS to the resolutions of the Cabinet of Ministers of Ukraine dated January 13, 2023 No. 28 and dated December 24, 2024 No. 1503

6 At the beginning of 2026, due to the renegotiation of contracts with the National Health Insurance Fund, some medical institutions again found themselves without “pre-front” packages, and some were even unable to pay salaries. However, the situation was supposed to stabilize.

<11> The mechanism for calculating “frontline supplements”

This statement contradicts the principle of respecting state guarantees in the sphere of remuneration, in this case, Resolution No. 28 and the payment amounts established by it. [Court practice](#) also confirms this.

However, as long as the NHSU and the MoH appeal to the independence of medical institutions in disposing of funds, the final payment received by medical workers depends on a whole set of factors. Identifying these factors and finding solutions is the main task of this study.

Methodology

The study had several stages. First, in October 2025, a quantitative survey was conducted: a questionnaire was posted in the “Be Like We Are” Medical Movement Facebook group, and 550 people responded. The main purpose of the questionnaire was to gather information for the subsequent selection of interview respondents. This made it possible to select 19 medical workers, with whom telephone interviews were conducted in November 2025. Before the interviews, it was important to know clearly whether the respondents were actually entitled to “frontline supplements”. The difficulty was that the medical workers themselves were not always sure, since hospital administrations generally tend not to communicate openly, while the entitlement itself depends on the official list of areas of possible or active hostilities, which changes constantly. Moreover, this list is defined not by oblasts or districts, but by individual communities—smaller administrative units. Therefore, respondents for the interviews were selected only if they clearly indicated their community or their medical institution, which made it possible to verify whether they were included in the relevant list.

Medical workers were selected from all 9 frontline oblasts: **Dnipropetrovsk, Donetsk, Zaporizhzhia, Mykolaiv, Odesa, Sumy, Kharkiv, Kherson, and Chernihiv** (Luhansk oblast belongs to the list of temporarily occupied territories). To anonymize the study participants, macro-regional labels are used when quoting them: **Center** (Chernihiv, Sumy), **South** (Odesa, Mykolaiv, Kherson, Zaporizhzhia, Dnipropetrovsk), and **East** (Donetsk, Kharkiv). Priority was given to interviewing medical workers from areas of active hostilities (Kherson, Dnipropetrovsk, Chernihiv oblast) and emergency care workers (Zaporizhzhia and Dnipropetrovsk oblasts). Most participants were women (18) and had the status of nursing staff (14). Four female doctors and one junior nurse were also interviewed. The study also used data from open sources, the NHSU’s reply to a relevant inquiry, and cases from appeals to the NGO Medical Movement “Be Like We Are” as well as a previous [study](#) on nurses’ workloads in wartime conditions.

FIG. 5

Medical workers compared their 'frontline supplements' before and after the increase. Only one nurse received the full payment.

POSITION	TERRITORY	SHOULD RECEIVE	AUTUMN 2025	JANUARY 2026	DOES THE INSTITUTION HAVE "FRONTLINE" FUNDING?
Inpatient nurse	East, area of possible hostilities	+4500	none	none	had N°57, received N°49
Emergency care nurse	South / possible	+4500	none	none	different system
Emergency care paramedic	South / active	+15 000	none	none	different system
Inpatient doctor	South / possible	+8000	none	+5000	did not have N°57, received N°49
Inpatient nurse	Centre / possible	+4500	none	+2500	had N°57, received N°49
Inpatient nurse	East / possible	+4500	+2000	none	had N°57, received N°49
Inpatient nurse	East / possible	+4500	none	+1000	had N°57, received N°49
Inpatient nurse	East / possible	+4500	+2000	+2000	did not have N°57, received N°49
Polyclinic nurse	South / active	+13 500	none	+3465	did not have N°57, received N°49
Head of polyclinic	East / possible	+8000	+5000	none	did not have N°57, did not receive N°49
Inpatient nurse	South / possible	+4500	+2000	+4500	did not have N°57, received N°49
Inpatient nurse	South / possible	+4500	none	none	did not have N°57, received N°49
Inpatient nurse	South / possible	+4500	+2000	none	did not have N°57, did not receive N°49
Polyclinic doctor, acting director	South / possible	+8000	none	none	did not have N°57, did not receive N°49

The survey and interviews were conducted during the period of the lowest coverage by “frontline supplements”. During the interviews, almost all respondents indicated that they had no supplements or that the payments were unstable. From the end of 2025, according to the government’s promises, the situation was supposed to improve. Therefore, in January–February 2026, the interviewees were contacted again and asked whether they had started receiving supplements and whether the amounts had increased. Of the 19, 14 provided a second response. Medical workers were also asked to provide the full name of their medical institution, which made it possible to check on the NHSU website⁷ whether it had the corresponding funding. It turned out that a substantial number of medical institutions did indeed receive a new package for “frontline” funding at the end of 2025, but only in one case did a respondent report receiving the payments in full. The rest either received only minor amounts or nothing at all. Some of the medical workers had left their jobs by then.

Methodological limitation: since the invitation to participate in the study was posted in a protest group of nurses, it can be assumed that mostly employees of “problematic” medical institutions responded. However, the official NHSU data also indicate significant fluctuations and gaps in the funding of “frontline supplements”.

7 <https://nszu.gov.ua/dashboards/statistika-nadanix-poslug-za-dogovorami-iz-nszu-pr>

Main reasons for the non-payment of “frontline supplements”

We assume that the decline in coverage by “frontline supplements” was due primarily to cuts in funding over the years of the war and to the system’s attempts to reduce expenditure at various levels. Now, apparently, it has become possible to attract additional funds to cover medical care costs. However, the practices of cutbacks that have developed over these years may continue to prevent medical workers from fully receiving the payments due to them. Over the course of the study, it was possible to identify the main problem areas and find examples of how medical workers managed to address them in practice.

Ministry for Communities level: What is problematic about dividing territories into frontline communities

As noted above, areas of possible or active hostilities are designated at the level of individual communities, so settlements within the same district may have different statuses. Because of this, medical workers are not always certain whether their medical institution belongs to those entitled to supplements.

Also, because the list is updated regularly, corresponding changes do not always keep pace with it. For example, in May 2025, seven districts (more than 100 communities) in Odesa oblast received the status of areas of possible hostilities, while the supplement packages were signed only at the end of the year. Another problem at this level is that entitlement to “frontline supplements” is determined according to the legal address of the medical institution. An institution may be located very close to a community with frontline status, or even have individual subdivisions or branches working there, but without a legal address in the designated territories, there will be no supplemental funding. It was precisely in

<16> Main reasons for the non-payment...

such cases that medical workers spoke most strongly about injustice. A telling example is an ambulance worker who works 10 km from the front line. The legal address of his medical institution is in the oblast center, and therefore, the territory is not considered frontline.

🏠 → TIP FOR MEDICAL WORKERS

How can you check whether your medical institution is located in a front-line territory? This can be done using official state resources [here](#) and [here](#). A simpler option is to enter the name of your medical institution on the opendatabot.ua website. It will immediately show whether that legal entity belongs to such territories. For example, this medical institution is located in an area of possible hostilities:

For example, this medical institution is located in an area of **possible hostilities**:

Код ЄДРПОУ
40204198
КНП «КОЧУБЕЇВСЬКИЙ ЦПМД»
Директор
Соколова Олена Володимирівна
Витяг з ЄДР

Юридична особа зареєстрована на території: можливих бойових дій.

Компанія має діючу [медичну ліцензію](#)

Комунальне підприємство

This medical institution is in an area of **active hostilities**:

Код ЄДРПОУ
44730099
КНП «ВЕЛИКОПИСАРІВСЬКИЙ ЦПМСД»
Директор
Мовчан Євген Петрович
Витяг з ЄДР

Юридична особа зареєстрована на території: активних бойових дій.

Комунальне підприємство

Статус «неприбуткова організація» отриманий 15.11.2022 в категорії «інші юридичні особи, діяльність яких відповідає вимогам, вст. статті 133 Кодексу.»

And this medical institution is not located in a territory considered frontline:

Код ЄДРПОУ
01985400
КНТ «„ДБКЛПД“ ДОР»
Директор
Мороз Світлана Михайлівна
Витяг з ЄДР

1 виконавче провадження

У компанії нещодавно змінилась назва, 6 місяців тому

<17> Main reasons for the non-payment...

“There was a Cabinet of Ministers [resolution](#) back in August saying that emergency medical care should receive supplements for combat in areas of active hostilities and possible hostilities, and coefficients of 6.01 of the basic rate were indicated there. But right now we are receiving 1.25 [...]. We were told that you are not covered by that resolution [...]. That is what the oblast administration at the emergency medical center told us.”

Ambulance paramedic, area of active hostilities, South

An identical example is a blood transfusion center that is also located in an area of active hostilities in the central region. However, due to the same collision involving the employer’s legal address, the medical workers there do not receive the supplements.

“We are in a border zone. We are in a territory where hostilities are taking place. Thank God, that is 35 km away from us, but the fact remains — our department operates under the regional blood center. In the hospital itself, in our hospital, nurses from other departments and the polyclinic had their salaries recalculated because we are located in a territory where hostilities are taking place. They have a supplement. But our institution did not do that. [...] Our department belongs to the regional blood center; we are independent of the hospital in which our department is physically located. Our entire administration is in [city name], and we asked about this indirectly, and they told us no.”

Nurse at a blood transfusion center,
area of active hostilities, Center

So in this case, all the medical workers at the hospital receive supplements, but the department in question—physically located inside that hospital near the frontline, yet legally belonging to the regional center—does not.

There is also a reverse example: the legal address of a medical institution is registered in a large city in an area of possible hostilities, but one of its branches is located in a suburb without the corresponding status, so despite being part of a single legal entity, its staff are not covered by “frontline supplements”.

<18> Main reasons for the non-payment...

There is, however, a positive example of how the situation was changed, though only after the labor collective became active at all levels and after the personal intervention of the minister. Here, the medical institution is located right next to the oblast center, which is an area of possible hostilities, but formally belongs to another community without the corresponding status.

“No one in the entire medical institution was getting anything. There was no possibility until [Minister of Health Viktor] Liashko came, saw our hospital, where we are located, just outside the city. [...] He promised to help and promised to make it possible for us to be treated as a frontline zone without having a legal address in the city of [city name]. The NHSU made concessions to us, the Ministry of Health of Ukraine also made concessions, and we were allowed to sign Package No. 49 until the end of the year.”

Chief nurse, area of possible hostilities, South

These changes were preceded by the creation of a trade union and active appeals to all levels of government.

“There were repeated appeals to our Southern regional center in the city [...], to Nataliia Husak [head of the NHSU]. There were also appeals to our district and oblast military administration [...]. Replies came back; we wrote to Kyiv. Our oblast health department petitioned many times until it finally reached the ministry.”

Chief nurse, area of possible hostilities, South

Examples of such manual management rather point to the imperfection of the system. Many such inconsistencies could be avoided if frontline status were granted on the basis of a larger administrative unit. At the same time, the examples also show that an active collective stance can have a positive effect.

NHSU level: Which medical institutions are denied “frontline” packages

Do all medical workers in frontline territories officially included in the relevant list have the right to supplements? From the [statements](#) of the Minister of Health when the supplements were introduced in 2023, it seemed that they did. The only clear exception was medical workers in private institutions. Yet even then, Package No. 57 covered about half of the frontline hospitals, and over the next two years, their number effectively fell by almost threefold.

“At the beginning of the war, we received them regularly. Then there was a period when they took them away from us, and we received nothing. Then they returned them to us again. Right now, we are getting a small amount, but at least we are getting something.”

Nurse in an intensive care unit,
area of possible hostilities, South

Now, despite the sharp increase in spending, some medical institutions are again left out. So, who does the NHSU deny “frontline” packages, and on what grounds?

In its reply to the inquiry, the service stated that *“in accordance with paragraph 182-2 of the Procedure for Implementing the Program of State Guarantees of Medical Care for the Population in 2025, approved by Cabinet of Ministers Resolution No. 1503 of 24.12.2024 (hereinafter—the Procedure), the NHSU enters into contracts under the medical services package ‘Ensuring the preservation of staffing capacity to provide medical care to the population located in areas of hostilities’ with providers of medical services of municipal ownership (except specialized dental institutions), healthcare institutions providing emergency and/or primary medical care, and having contracts under the medical guarantees program, and which on the date of submission of the proposal provide services in territories where hostilities are taking place, included in the list of territories where hostilities are (or were) taking place or temporarily occupied by the Russian Federation, approved by the Ministry of Development, for which no date of the end of hostilities has been determined, according to the list defined by oblast and Kyiv city military administrations.”*

<20> Main reasons for the non-payment...

In addition to dentistry, this wording makes it possible to exclude, for example, sanatoriums. But it can also be interpreted more broadly, allowing denial to other specialized medical institutions, such as psychiatric facilities. Is this fair? The Ukrainian Ombudsman believes it is not. Thanks to an appeal by a nurse at the Kherson Regional Psychiatric Care Institution to a lawyer from NGO “Be Like We Are”, it became [known](#), that in 2025 the medical institution stopped paying its staff “frontline supplements” because the NHSU refused to renew their Package No. 57 contract. The service referred to Cabinet of Ministers [Resolution No. 1503](#) of 24.12.2024, according to which specialized medical institutions—including psychiatric facilities—were no longer eligible for a “frontline” package.

The hospital administration appealed to the Ombudsman, arguing that this constituted “*discrimination against employees based on their place of residence and work.*” The Ombudsman supported the hospital’s position, so the Cabinet of Ministers was forced to add to [the resolution](#) that institutions providing inpatient psychiatric care could receive the supplements. In the summer of 2025, the hospital’s Package No. 57 contract was restored. As of February 2026, it also has Package No. 49.

Such a selective approach, rather than fully providing “frontline supplements” to all medical workers in the relevant territories, was probably not isolated and created the inequality that the Ombudsman drew attention to. The conditions in which staff work do not become any safer merely because their institution has not been contracted under Package No. 57 or No. 49.

<21> Main reasons for the non-payment...

☰ → TIP FOR MEDICAL WORKERS

Check which NHSU packages your medical institution has. This can be done on the nszu.gov.ua website

in the section [Concluded contracts for medical services for the population under the medical guarantees program](#)

In the left-side [Service provider](#) window, enter the full name of the medical institution or its USREOU code (Unified State Register of Enterprises and Organizations of Ukraine).

Then click the [Service package](#) window at the top center. If Packages No. 49 or No. 57 have been signed, the supplements have been funded.

In the example shown, the Sloviansk Regional Children's Hospital (US-REOU code 01991168) has “frontline” Package No. 57.

Очистити фільтри

Обрати подання: [Чинні договори](#) [Остання версія договору/ДУ](#) [Історія договорів](#) *Мені договори станом на 19.02.2026 для усіх періодів дії ПМГ

Обрати перелік категорій:

Обрати показники: [Надавача](#) [Договори](#) [Груп послуг](#) [Сума договорів](#)

Номер договору	Номер договору/ додаткової угоди	Рік дії ПМГ	Повна назва надавача	Область реєстрації	Початок дії договору	Кінець дії договору	Дата внесення змін
0031-E126-P000	0031-E126-P000/06.02.2026/01	ПМГ 2026	01991168, КОМУНАЛЬНЕ НЕКОМЕРЦІЙНЕ ПІДПРИЄМСТВО "ОБЛАСНА ДИТЯЧА ЛІКАРНЯ М.СЛОВ'ЯНСЬК"	ДОНЕЦЬКА	01.01.2026	31.12.2026	16.01.2026

Усього

Пошук

- Вибрати все
- 3 Хірургічні операції дорос...
- 4 Стаціонарна допомога д...
- 9 Профілактика, діагности...
- 23 Стаціонарна паліативн...
- 24 Мобільна паліативна м...
- 32 Паралельне фінансування
- 42 Готовність закладу охо...
- 47 Хірургічні операції дорос...
- 50 Забезпечення кадрів
- 57 Готовність та забезпечення

57 Готовність та забезпечення надання медичної допомоги населенню, яке перебуває на території, де ведуться бойові дії

Станом на:

Hospital level: how administrations decide who gets paid and how much

Cabinet of Ministers Resolution No. 1215 of 25 September 2025, which concerns the new increase in “frontline supplements”, emphasizes that *“funds received by healthcare institutions under the medical services package ‘Ensuring the preservation of staffing capacity to provide medical care to the population located in areas of hostilities’ shall be directed exclusively toward the payment of wages, with accruals, to the relevant categories of employees. Heads of healthcare institutions bear personal responsibility for the misuse of these funds.”*

However, in response to the question in the inquiry about whether the NHSU has recommendations for cases where a medical institution has Package No. 57 or No. 49 but does not pay the due supplements to medical workers, the service reminded the researchers that *“issues of remuneration are determined by the **collective agreement**, which establishes forms and systems of remuneration, labor standards, the conditions for introducing and the amounts of allowances, supplements, bonuses, rewards, and other incentive, compensation, and guaranteed payments.”*

Thus, in order to guarantee the supplements announced by the Cabinet of Ministers, they must be written into the collective agreement. The only study participant who reported that after signing Package No. 49, the staff of her hospital began receiving supplements in full was an active participant in drafting the collective agreement.

“We created it ourselves; we wrote our collective agreement ourselves. We wrote everything in it completely on our own. Our new collective agreement gives many opportunities to nurses and even to orderlies. We wrote this in ourselves.”

Chief nurse, area of possible hostilities, South

According to her, *“by management’s decision, supplements were also given to the medical workers in the polyclinic. They were supposed to get only 50% there, but they received the same as all the departments.”* In other words, according to the nurse, medical workers from different departments may receive different amounts of supplements. In their case, that did not happen because of the collective’s activism. Other medical workers who began receiving “frontline supplements” in 2026 also noted differences in amounts by department.

<23> Main reasons for the non-payment...

“The NHSU signed Package No. 49 for our hospital for possible hostilities, and they are paying [nurses] UAH 2,500 for inpatient care and UAH 1,250 for the polyclinic.”

Inpatient nurse, area of possible hostilities, Center

According to this nurse, the hospital's economics department explained to them that this was an NHSU initiative under Package No. 49: “the outpatient clinic gets a coefficient 0.5, while the inpatient department gets a coefficient 1.”

“Everyone will get a different add-on. I also cannot understand that. Why are we working in different conditions? We work in the same hospital, and yet the supplements will be different.”

Inpatient nurse,
area of possible hostilities, Center

Recall that, according to the Cabinet of Ministers' promises, nurses were supposed to receive an additional UAH 4,500. Another nurse also reported lower supplements, differences between departments, and the tying of supplements to the time actually worked.

“Yes, we received supplements under Package No. 49. Doctors got 6,000, nurses 3,465 take-home. Junior nurses got about 2,800. These figures are for the outpatient clinic. In inpatient care, the amount is higher. And this payment 14 depends on the actual time worked. That is, if a person is on sick leave or on some kind of leave, the amount is reduced.”

Nurse, area of active hostilities, South

Recall that, according to Cabinet of Ministers data, the minimum levels of pay in an area of active hostilities should be UAH 20,000 for doctors, UAH 13,500 for nurses, and UAH 10,000 for junior medical staff. A doctor heading an outpatient department in another region described an identical situation.

“We have been in an area of active hostilities for almost a year, but we are being paid as if we were in an area of possible hostilities [...]. Regarding this supplement, the accounting department told us that it is only for the time actually worked. So if a person is on leave or on sick leave, then they do not get this supplement. [...] But this is supposed to preserve staffing capacity. If a person,

<24> Main reasons for the non-payment...

God forbid, falls ill, then it turns out they are no longer needed by anyone.”

Doctor, head of an outpatient department,
area of active hostilities, Center

It should be noted that subparagraph 1-1 of paragraph 1 of Resolution No. 28 specifies that the minimum level of pay established for frontline territories is paid if the monthly (hourly) labor norm is fulfilled in full. Therefore, failure to work the full norm may lead to a reduction in supplements.

Other medical workers who began receiving supplements reported that salaries had increased by UAH 1,000–2,000. In one case, even though the hospital had received Package No. 49, a nurse said the following:

“They paid the same as before. They say there is no money. They won’t even let us go on leave because there’s nothing to pay us with.”

Nurse, area of possible hostilities, East

In other words, medical institutions can, in essence, use the funds received under the “frontline” packages at their own discretion.

Problems arise even at the stage of informing staff whether they are entitled to supplements. In the case of the Kherson Regional Psychiatric Care Institution mentioned above, the administration explained the back-and-forth with the NHSU and the Ombudsman only after a lawyer had submitted a formal inquiry. Medical workers also try to clarify the situation by other means. One nurse described how she tried to get a direct answer from the administration.

≡ → TIP FOR MEDICAL WORKERS

[An example of how provisions](#) on “frontline supplements” can be written into a collective agreement can be found in the collective agreement of the Kharkiv Regional Children’s Hospital.

<25> Main reasons for the non-payment...

"I asked our acting director. He always answered in a superior way, laughing: 'What kind of supplement should you get? You're not at the front here. If you want, go there into the trenches and earn it.'"

Inpatient nurse, area of possible hostilities, East

Another medical worker called the Ministry of Health hotline.

"They answered that money is being allocated for us. So the entire issue is with our management, because they are the ones who dispose of these supplements. As you understand, we are not allowed to ask our management such questions. There have already been precedents where people simply quit their jobs because of asking such questions."

Inpatient nurse, area of possible hostilities, East

According to this nurse, although the hospital has a recently adopted collective agreement, the provisions on "frontline supplements" are written vaguely. Other medical workers described similar situations.

"They paid the crews that went out to the missile strike sites, depending on the degree of their involvement in providing care. And during the discussion of the collective agreement, when one of the union representatives asked exactly this question — 'What are we going to write into the collective agreement? How are we going to pay for these trips to strike sites?' — one of the managers said: 'No one is going to pay them anything anymore.' That was literally what was said. That is the kind of attitude there is."

Emergency care nurse, area of active hostilities, South

Thus, the hospital administrations pay "frontline supplements" at their own discretion in conditions where real participation in drafting a collective agreement, or even access to it, is problematic. As a result, even with the availability of packages for "frontline supplements", hospital administrations have no clear obligations either to inform staff about their rights or to implement them. The MoH and the NHSU appeal to the prudence of hospital administrations and to the need for staff participation in collective bargaining.

So in the end, even when packages for "frontline supplements" exist, hospital administrations have no clear obligations either to inform staff about their rights or to ensure those rights are realized. MoH and the NHSU appeal to the prudence of hospital administrations and to the need for staff to participate in collective bargaining.

The conditions in which medical workers in frontline territories work

Medical workers were asked to describe their work under dangerous conditions, whether they can use shelters, and why they continue working. Unsurprisingly, many of them recalled the beginning of the war as the greatest shock, as well as cases when severely wounded patients were brought in or when the hospital itself came under direct shelling.

“The most terrifying moment is when you have a COVID ward—and you have to take people off concentrators, send them home, and be ready to receive the wounded. That was very hard. And to completely reconfigure intensive care units, in shock, in fear, to wash and scrub everything. That was the hardest moment. And then that last moment—God forbid it ever happens again. There were two very severe injuries. Shrapnel wounds. But they brought in people who were, so to speak, completely outside our specialty. And thanks to our doctors and everyone who was there, we worked for a whole day. Three surgeons were bent over the operating tables for a day and a half without straightening up.”

Inpatient nurse,
area of active hostilities, South

“The beginning of the war. I was on a 24-hour shift when they told me the war had started [...]. The scariest thing is when you really understand that you can go down into the basement or somewhere else, but the patients are lying there. And you know, these are not lofty words. These are people lying there, looking at you. And they really understand that now I am going to leave. I am going to hide, and they are lying there. So I kept walking around [...] and talking to them. I went into every room. What else could I do? I had to calm them somehow.”

Inpatient nurse,
area of active hostilities, East

<27> The conditions in which medical workers...

“There was a strike by two Iskander missiles near our institution. More than 30 people were killed then. Not in our institution, but in the street. Our institution itself was partially damaged—the windows were blown out.”

Inpatient nurse, area of active hostilities, Center

“The most frightening time was the beginning of the war, because troops entered our city. It was a terrifying disorientation. We did not understand what to do, where to run. We all came to work, of course, and assisted our patients. That was probably the scariest thing. And now, of course, we are used to it. You probably also know that all the Shaheds and missiles pass through our city, our oblast, and you never know where they are flying. Are they flying at you, or farther on? So there is a daily psychological pressure, a kind of depression, when you sit there and do not understand what will happen next.”

Inpatient nurse, area of active hostilities, Center

Medical workers also spoke about cases in which their colleagues were injured.

“On the grounds of our hospital, people were wounded, and ambulance drivers were wounded too; drones struck.”

Inpatient nurse,
area of active hostilities, East

“A nurse developed PTSD, and to this day, she still cannot come out of that condition. She still has years of work ahead of her. I mean, she is only 45, but she is finished already. [She says:] ‘I’m burnt out, I can’t do it anymore.’ She has been on antidepressants for almost a year now. And I can see how hard it is for her to get out of it.”

Inpatient doctor, area of active hostilities, South

As for shelters, medical workers mostly said that they do exist, but it is impossible to remain there constantly and continue working fully. Therefore, as one nurse put it, *“when there is a direct attack, we can go down to the shelter, but mostly we stay at our workplaces.”* In some departments, patients cannot interrupt treatment, so nurses stay with them despite air-raid alarms.

≡ → TIP FOR MEDICAL WORKERS

Injured medical workers have the right to increased payments under Law [No.2980](#), because they belong to critical infrastructure workers. The law provides one-time financial assistance for harm to life and health:

- persons with Group I disability—UAH 800,000;
- persons with Group II disability—UAH 500,000;
- persons with Group III disability—UAH 200,000;
- in the event of death—UAH 1 million for the family.

These payments are to be assigned by the Pension Fund of Ukraine.

“This is a department where people are connected to machines, to artificial equipment. And they lie there for four hours. And we have to watch over them for all four hours.”

Inpatient nurse, area of active hostilities, Center

In recent months, because of intensified enemy drone activity, one of the most dangerous moments for medical workers has been the road between work and home.

“We are under shelling all the time. We are constantly in this situation. Windows are blown out, and on the road to work, we are practically shot at. The biggest problem is simply getting to work. Nothing is running anymore: no buses, no taxis. We often walk. For me, on foot, it is about an hour.”

Inpatient nurse, area of active hostilities, East

“Getting to work—drones. They are apparently stretching some kind of net there now. The problem is getting to work and leaving work. Drones lie in wait; they shoot at minibuses, trolleybuses, and private cars. Just walking from the bus stop... Many of us have already come under fire. Thank God, we managed to hide somewhere in time.”

Inpatient nurse, area of active hostilities, South

<29> The conditions in which medical workers...

Enemy shelling and drones also create dangers for patients trying to get to hospitals.

“It is very hard for them to get to us. The roads are under fire. It hurts to watch. They arrive, and you talk to them, and they say: ‘In peacetime it took us half an hour to get to you. Now we have to make a detour of two and a half hours. And that is only if someone we know is driving and can take us, because neither trains nor cars go on that route anymore.’”

Inpatient nurse,
area of possible hostilities, East

When asked why they continue working in such dangerous conditions, most spoke about a sense of duty toward their patients and family members who cannot be evacuated, the involvement of other family members in critical infrastructure or the defense forces, and love for home.

“My wife is in the air defense forces, 80 kilometers from here. That is how it is. She comes home once every two weeks for two days.”

Emergency care paramedic,
area of active hostilities, South

“My mother is ill. I cannot leave her at home alone. My entire family has left. My sister and her children have been in Germany for a long time now. Already for the third year. We are the only two left. [...] She is also a doctor. She says: it is our duty—we must help people. They are sick, we have to go. Our medical system is sustained only by enthusiasm.”

Head of outpatient clinic,
area of possible hostilities, East

In other words, medical workers understand that the system is currently configured in a way that exploits their sense of duty and attachment rather than fairly rewarding them for the risks and extraordinary effort involved. When asked what fair treatment of medical workers in frontline territories should look like, the study participants spoke first of all about the universality of the supplements.

<30> The conditions in which medical workers...

"We should all receive everything equally according to the law, not selectively like this. We have all earned it here in this situation; we are all working hard."

Inpatient nurse,
area of possible hostilities, East

"First of all, it seems to me that if this is a medical institution, then everyone should receive some kind of allowances, not only medical workers. Second, I believe this is a very meager salary. And supplements of two thousand are ridiculous."

Inpatient nurse,
area of possible hostilities, Center

"Everyone needs to be paid. Because everyone works equally, everyone risks their life equally. They go to work during air-raid alarms and shelling. When cluster munitions hit our hospital, everyone was equally at their workplace. I understand that inpatient departments face greater risks: care is provided day and night, and those Shaheds arrive at night. But during working hours, all people are at risk, so everyone should be paid."

Doctor, area of possible hostilities, Center

In the end, although work under constant threat to life has unfortunately become routine practice in Ukraine, medical workers understand the key role they play. They stress the need for universal and adequate supplements for all workers in medical institutions who face equal risks to their lives.

Conclusion

The system of “frontline supplements” for medical workers is opaque and unpredictable. It can “get stuck” at least three levels—from the failure to include individual communities in the list of frontline territories or collisions involving legal addresses, to selective funding by the NHSU, and finally to the opaque handling of funds by hospital administrations. Funding for “frontline supplements” follows the same logic as the medical reform, which was designed in peacetime. It presumes active participation in collective bargaining and awareness by medical workers of their rights. Under stable conditions, that could only be welcomed, because it creates a strong foundation for a future active trade union movement. But that is a perspective for peacetime and for years of building a workers’ tradition.

Right now, under conditions of exhaustion and constant danger, medical workers need an automatic right to the supplements due to them. Coverage should be as universal, equal, and predictable as possible. Some study participants also said that supplements should be paid not only to medical workers but also to other staff. Conversely, differences in supplements between departments of the same institution, deprivation of the right to supplements because legal addresses do not match, or arbitrariness on the part of administrations are seen as shameful and unfair. This contradicts the declared purpose of introducing “frontline supplements”—preserving staffing capacity.

To restore fairness and increase transparency in the calculation of “frontline supplements”, the study proposes the following:

To the Ministry of Health of Ukraine and the National Health Service of Ukraine

Develop a mechanism for monitoring of compliance with the regulations governing the remuneration of medical workers in areas of active and possible hostilities. Establish responsibility for managers who fail to pay “frontline supplements”.

To the State Labour Service of Ukraine

The bodies of the State Labour Service of Ukraine should analyze to determine which medical institutions failed to calculate and pay wages at the minimum level of pay for work in areas of possible/active hostilities. Based on the results of this analysis, the period should be established (beginning from 17 May 2023) for which the relevant sums should have been calculated for medical workers, as well as the total amount of arrears. The heads of the relevant medical institutions should receive a demand (order) from labor inspectors to remedy the violation and, where grounds exist, be held liable.

To Trade Union Organizations

Inform medical workers about their rights regarding “frontline supplements”. Monitor cases in which this right is violated and demand payment of the “front line” supplements that medical workers failed to receive.

TIP FOR MEDICAL WORKERS

Medical workers have the right to claim unpaid “frontline supplements” by filing complaints with the bodies of the State Labour Service of Ukraine or by going to court (through a civil law suit). In such a case, it is advisable to determine the period (beginning from 17 May 2023) for which wages at the minimum level of pay for work in areas of possible/active hostilities should have been calculated and paid, as well as the total amount of arrears.

For free legal support on these issues, medical workers can contact the [NGOs “Social Movement”](#)

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Debt to Medical Workers: What's Wrong with the "Frontline Supplements" System

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