

GAPS IN HEALTHCARE DATA FOR INTERNALLY DISPLACED PERSONS IN UKRAINE: IMPLICATIONS FOR HEALTH RIGHTS PROTECTION

Nataliya Isayeva¹

Abstract: This paper analyzes the current gaps in healthcare data collection concerning internally displaced persons (IDPs) in Ukraine and examines their implications for the realization of health-related rights. Amid the ongoing war and the significant increase in the number of IDPs, Ukraine still lacks a centralized system for recording healthcare requests and needs of this vulnerable population. Based on legal analysis, public data requests, and regional healthcare reporting, the research reveals inconsistencies and lack of integration between the eHealth system and the State Register of IDPs. The article emphasizes the urgent need for institutional and legal reform, including the integration of national databases to ensure proper monitoring, resource allocation, and health policy planning. Recommendations are offered for enhancing data-driven governance in the health sector to protect the health rights of displaced persons in Ukraine.

Resumé: Tento článek se zabývá mezerami ve sběru zdravotnických údajů o vnitřně vysídlených osobách (IDPs) na Ukrajině a jejich dopadem na realizaci práva na zdravotní péči. Navzdory dlouhotrvající válce a dramatickému nárůstu počtu IDPs neexistuje na Ukrajině centralizovaný systém evidence zdravotnických služeb poskytovaných této zranitelné skupině. Na základě právní analýzy, žádostí o informace a údajů z regionálních zdravotních institucí studie poukazuje na zásadní nedostatky v propojení elektronického zdravotního systému (eHealth) se státním registrem IDPs. Článek zdůrazňuje nutnost legislativní i institucionální reformy a navrhuje integraci databází jako cestu k efektivnímu plánování zdravotní politiky a ochraně práv vysídlených osob. Studie také přináší konkrétní doporučení ke zlepšení sběru dat a rozhodovacích procesů ve zdravotnictví.

Key words: internally displaced persons (IDPs), Ukraine, health rights, eHealth, medical statistics, healthcare access, legal framework, war, public health, data integration.

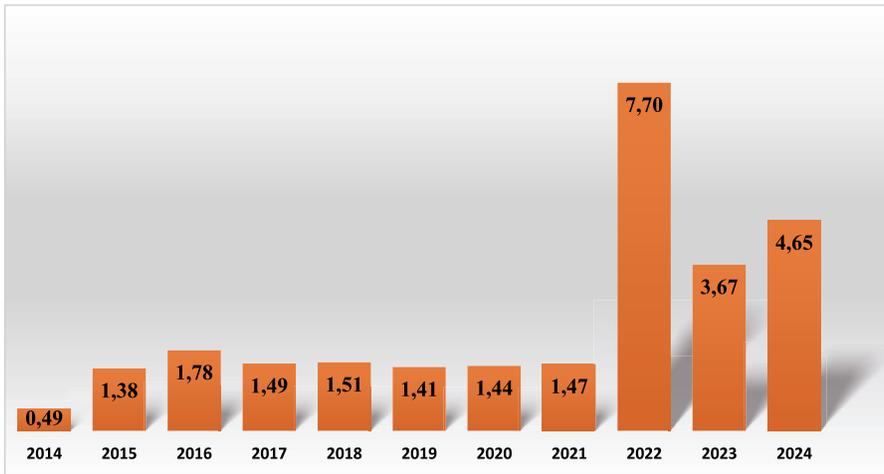
About the author:

Mgr. Nataliya Isayeva, Ph.D. (Ukraine), a Ph.D. student at the Faculty of Law, Charles University. Nataliya is the President of the Czech-Ukrainian Scientific Society. She is also a practicing attorney in both Ukraine and the Czech Republic. E-mail: n.s.isayeva@gmail.com, <https://orcid.org/0000-0001-6939-2223>.

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Introduction

The war in Ukraine has been ongoing for more than 10 years. In 2014, people, as well as the state as a whole, encountered the concept of internally displaced persons for the first time. The number of internally displaced persons (IDPs) in Ukraine has changed significantly from 2014 to 2024. While the figure remained around 1.5 million in 2021, in 2022, more than 7.5 million IDPs were officially registered. This large-scale increase has significantly affected the state's ability to ensure the constitutional rights of these citizens, which, in turn, has affected the level of social protection available to them. This dynamic is clearly reflected in the changing number of internally displaced persons, as illustrated in the diagram below.²



Figures 1

While such a rapid and significant increase in the number of IDPs affects all social spheres of life in each community, we focus our research primarily on the health issues associated with displacement.

The objective of the research is to comprehensively assess the access of internally displaced persons (IDPs) to medical services in Ukraine and to analyze the realization of their constitutional right to health protection during the war.

The main tasks include:

1. Assessment of IDPs' access to healthcare services and the effectiveness of the realization of their health rights based on an analysis of legislation, state responses, and available statistics.
2. Evaluation of the accessibility and efficiency of healthcare services for IDPs at the regional level.
3. Identification of the specific medical needs of IDPs.
4. Analysis of the dynamics of IDPs' requests for medical care between 2014 and 2025.

² ISAYEVA, N. Socio-economic Rights of IDPs in Ukraine: Challenges and Solutions Amidst the War. *Deutsch-Polnische Juristen-Zeitschrift*, 2025, vol. 1–2, pp. 29–35.

5. Regional analysis to identify imbalances in the healthcare system's load.
6. Formulation of recommendations to improve state policy in this area.

1. Legal Framework for the Right to Health

According to Article 49 of the Constitution of Ukraine, every person has the right to health protection, medical care, and medical insurance. Healthcare is provided through state-funded social, sanitary, and health programs. The state creates conditions for effective and accessible healthcare services for all citizens. In public and communal healthcare institutions, medical care is provided free of charge; the existing network of such institutions cannot be reduced. The state supports the development of healthcare institutions of all forms of ownership.³ Health is a fundamental value for every individual and is closely connected to their life and personal well-being. Under such circumstances, it is crucial to examine how the state mechanism ensures the right to health protection and guarantees access to medical services and assistance.

The right to health protection includes a complex of non-property rights, such as: the right to eliminate threats to life and health (Art. 282 of the Civil Code of Ukraine); the right to medical assistance (Art. 284); the right to information about one's health (Art. 285); the right to privacy regarding health status (Art. 286); rights of individuals receiving inpatient treatment in a healthcare facility to allow other medical professionals, family members, guardian, trustee, notary and lawyer, and clergymen to perform religious services and ceremonies (Art. 287); the right to bodily integrity (Art. 289); the organ donation law (Art. 290); the right to guardianship or care (Art. 292); and the right to a safe environment (Art. 293).⁴

The system of IDPs protection standards constitutes a specific mechanism for securing their status, primarily their rights and freedoms, and the relevant guarantees, which are governed by norms of universal, regional, and special agreements. These are implemented by authorized entities at various levels and across different spheres of life. Based on different approaches, it is possible to distinguish standards of universal, supranational, and regional levels, those with binding legal force and those that are recommendatory, as well as permanent and temporary standards, etc.⁵

This research examines the national level guarantees of IDPs' medical rights since this category of individuals is under the full protection of Ukraine. According to Article 9 of the Law of Ukraine 'On Ensuring the Rights and Freedoms of Internally Displaced Persons', IDPs have the right to safe living conditions and health; reliable information about threats to life and health in both their former place of residence and their temporary settlement, including infrastructure, environment, and rights and freedom guarantees; and the provision of necessary medical care in public and communal healthcare institutions.⁶ According to

³ Constitution of Ukraine.. 28 June 1996. Bulletin of the Verkhovna Rada of Ukraine, 1996, No. 30, art. 49.

⁴ Civil Code of Ukraine. 2003, No. 435-15. Available at: <https://zakon.rada.gov.ua/laws/card/435-15> [Accessed 28 May 2025].

⁵ KAMINSKA, N., BOIKO, V. International legal standards for the protection of internally displaced persons: theoretical and practical aspects. ResearchGate, September 2023. Available at: https://www.researchgate.net/publication/374721145_International_legal_standards_for_the_protection_of_internally_displaced_persons_theoretical_and_practical_aspects. [Accessed 21 March 2025].

⁶ On Ensuring the Rights and Freedoms of Internally Displaced Persons. Law of Ukraine of 20 October 2014. Bulletin of the Verkhovna Rada of Ukraine, 2015, No. 1.

Article 7 of the Law of Ukraine ‘Fundamentals of the Legislation of Ukraine on Health Care’, the state guarantees the realization of citizens’ rights in the healthcare sector through the building of a wide network of healthcare institutions; the organization and implementation of state and public measures aimed at protecting and improving health; financing the provision of guaranteed volumes of medical and rehabilitation services and medications to all citizens and other persons defined by law; exercising state and public control and supervision in the healthcare sector; organizing a state system for the collection, processing, and analysis of social, environmental, medical, and rehabilitation statistics; establishing accountability for violations of citizens’ rights and interests in the healthcare field; and financing the evaluation of individuals’ everyday functioning.⁷

To fulfill its functions and guarantee citizens’ rights to healthcare, the state must first collect medical statistics. This permits a reasonably assessment of both the qualitative and quantitative health status of the population, evaluate the level of healthcare system development, and analyze the impact of economic, social, and other factors on the state’s capacity to provide essential medical services.

2. The State Healthcare System and Its Responsibilities

The Ministry of Healthcare of Ukraine (MOH) is a central executive body, directed and coordinated by the Cabinet of Ministers of Ukraine. It is the main institution in the central executive system responsible for forming and implementing state healthcare policy. The MOH monitors population health, the activities of healthcare facilities, and resource availability. For this purpose, the MOH conducts strategic planning for the implementation and development of information and communication systems, including the electronic health system. To support the development of this system, the MOH facilitates the formation of a unified medical information space in Ukraine and its integration with the global health information space.⁸

The electronic health system (eHealth) in Ukraine is regulated by several legal acts, including: the Law of Ukraine ‘Fundamentals of Health Care Legislation’; the Law of Ukraine ‘On Public Electronic Registers’; the Law ‘On Electronic Trust Services’, which provides a legal basis for using digital signatures and electronic identification in eHealth; the Law ‘On Personal Data Protection’, which regulates patient data processing within eHealth; Resolution No. 411 of the Cabinet of Ministers of Ukraine dated 25 April 2018, that defines the functioning procedures for the eHealth system; Cabinet Directive No. 1671-r dated 28 December 2020 (approves the concept for the development of electronic healthcare); and MOH Order No. 2755 dated 30 November 2020 (defines how to maintain the patient registry within eHealth).

According to Article 11 of the Law ‘On Ensuring the Rights and Freedoms of Internally Displaced Persons’, the central executive body responsible for healthcare ensures the

⁷ Fundamentals of the Legislation of Ukraine on Health Care. Law No. 2801-12 of 19 November 1992. Vidmosti Verkhovnoi Rady Ukrainy, 1993, No. 4, art. 19.

⁸ CABINET OF MINISTERS OF UKRAINE. Resolution No. 267 of 25 March 2015 On Approval of the Regulation on the Ministry of Health of Ukraine. Ofitsiyni Visnyk Ukrainy, 2015, No. 38, p. 86, art. 1141, act code 76798/2015. Available at: <https://zakon.rada.gov.ua/laws/show/267-2015-%D0%BF#n8>. [Accessed 1 May 2025].

organization of medical care provision and services and implements comprehensive measures for epidemiological safety and quarantine at the actual place of residence of IDPs.⁹

3. Issues in Recording Medical Assistance for IDPs

To investigate the level and quality of healthcare service provision to IDPs in Ukraine, the author submitted public information requests to the MOH and its subordinate structures and organizations, seeking the following data: 1) The number of IDPs (separately by age, region, and type of medical care: primary, outpatient/specialist, inpatient) who sought medical care from 2014 to 15 February 2025; 2) The number of IDPs who were officially on medical records over that period (separately by age and region).

The MOH, being the primary central body in the healthcare system, was the first to receive the request. However, in letters dated 10 March 2025 (No. 25-04/17/1295/ZPI-25//1344), 31 March 2025 (No. 25-04/17/1548/ZPI-35//1715), and 17 April 2025 (No. 26/171996/ZIP-25//2083), the MOH stated that

primary medical documentation forms do not provide for the accounting, generalization, or reporting of the number of IDPs seeking medical care. Moreover, MOH Order No. 496 dated 17 March 2022, ‘Some issues of primary health care provision under martial law’, requires service providers to keep records of IDPs only for primary care, without reporting or data generalization obligations.

At the same time, the MOH redirected the author’s request to the National Health Service of Ukraine (NHSU), within its authority. In a letter dated 24 March 2025 (No. 12027/10-10-25), the NHSU informed the author that it relies on electronic healthcare system (EHS, eHealth) data when generating statistics, particularly from the Medical Records Registry, referral records, prescriptions, and the Patient Registry. However, since the Patient Registry does not allow for the recording of patients’ social or other status (such as IDP status, disability, or military status), the NHSU does not have information about healthcare services provided to IDPs. It should be noted that the central database, including intellectual property rights to its software, is owned by the state, represented by the NHSU.¹⁰

According to paragraph 1 of Section I of the Statute of the State Institution ‘Public Health Center of the Ministry of Healthcare of Ukraine’ (PHC), approved by MOH Order No. 224 of 9 February 2024, the PHC is a public health facility whose main responsibilities include epidemiological surveillance, protection from infectious and non-infectious diseases, laboratory activity, biological safety, and biological protection within the limits determined by this Statute. The PHC performs organizational and methodological functions in public health and is responsible for collecting, processing, analyzing, and utilizing healthcare statistics.

In response to the author’s request, the PHC, in a letter dated 25 March 2025 (No. 04-14/04/149-k/181-k/25), stated: ‘We inform you that the forms of primary medical

⁹ On Ensuring the Rights and Freedoms of Internally Displaced Persons. Law of Ukraine of 20 October 2014. Bulletin of the Verkhovna Rada of Ukraine, 2015, No. 1.

¹⁰ CABINET OF MINISTERS OF UKRAINE. Resolution No. 411 of 25 April 2018 Certain Issues of the Electronic Health Care System. *Ofitsiynyi Visnyk Ukrainy*, 2018, No. 46, p. 14, art. 1604, act code 90457/2018. Available at: <https://zakon.rada.gov.ua/laws/show/411-2018-%D0%BF#Text>. [Accessed 1 May 2025].

documentation do not provide for separate recordkeeping, and, accordingly, generalization and reporting, on the number of internally displaced persons who received medical assistance.’

Despite more than a decade of war and ongoing internal displacement that has intensified dramatically since 2022 followed by the sharp increase in the number of IDPs and despite the clear urgency and relevance of the issue, Ukraine still lacks a centralized system for recording medical service requests from internally displaced persons.

In its 2023 report, the World Health Organization (WHO) emphasized the importance of collecting and analyzing more detailed data at the national level to understand how primary healthcare performs and how patients use medical services. This data should be utilized at the provider level and must allow tracking the status of patients (registered individuals, IDPs, or emergency care recipients) as it is essential for developing performance monitoring for understanding cases where patients receive medical care from others than their selected physician.¹¹ Thus, even though two years have passed, we can conclude that Ukraine has not implemented the WHO recommendations and is still not systematically monitoring the provision of medical services to internally displaced persons.

4. Regional Disparities in Data Collection

Since in their official responses to the author the Ministry of Health of Ukraine, the Center for Public Health, and the National Health Service of Ukraine reported that they do not monitor such cases, and that no relevant statistics are kept, it became necessary to independently collect primary information. Consequently, the author initiated direct requests to all regional healthcare departments seeking data on IDPs’ medical service requests:

- 1) The number of IDPs (by age, region, and type of care: primary health care, outpatient (specialized), inpatient) seeking medical assistance between 2014 and 15 February 2025;
- 2) The number of IDPs on medical records between 2014 and 15 February 2025 (separately by category and region); and
- 3) Whether such information is reported to the MOH, PHC, or NHSU.

As a result:

- Complete data was provided by five regions: Kherson, Luhansk, Ivano-Frankivsk, Donetsk, and Dnipropetrovsk.
- Partial data (general figures without a division into categories) was provided by eleven regions: Kirovohrad, Odesa, Chernihiv, Khmelnytskyi, Volyn, Sumy, Zakarpattia, Mykolaiv, Lviv, Ternopil, and Zhytomyr.
- Six regions reported a total lack of systematic recording of internally displaced persons’ requests for medical assistance to healthcare institutions: Cherkasy, Chernivtsi, Vinnytsia, Poltava, Kharkiv, and Kyiv regions.
- Three Regional Health Departments – in Zaporizhzhia, Rivne regions, and the city of Kyiv – redirected the request directly to healthcare institutions. However, although responses were provided by some healthcare facilities in these regions, it was not

¹¹ WHO Regional Office for Europe. Primary Health Care Financing in Ukraine: A Situation Analysis and Policy Considerations. Repository for Information Sharing (IRIS), 20 October 2023. Available at: <https://iris.who.int/bitstream/handle/10665/373329/WHO-EURO-2023-8138-47906-70792-eng.pdf?sequence=2>. [Accessed 1 May 2025].

possible to establish a complete picture, as no lists of institutions were included, making it impossible to determine whether all healthcare institutions had responded.

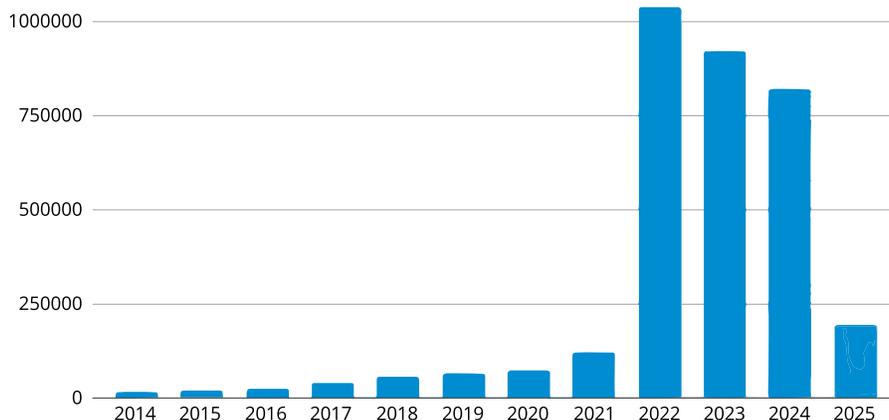
Thus, it was established by the author that not all regional health departments possess data on the number of medical services provided to IDPs. Some regional representations of the Ministry of Healthcare, as well as the central authorities – the Ministry of Healthcare, the Public Health Center, and the National Health Service of Ukraine – do not possess the relevant data. At the same time, certain healthcare providers at the local level collect and maintain their own, albeit inconsistent, statistical information.

Moreover, in letters dated 13 May 2022 (No. 03-09/16/1934/22), and 24 March 2022 (No. 03-09/16/1357/22) the PHC indicated that healthcare facilities monitoring HIV-positive individuals were, due to martial law, required to report monthly on HIV-positive IDPs and HIV-exposed children via online forms. This example shows that medical statistics are sometimes manually collected and recorded.

Based on the information received from Kherson, Luhansk, Ivano-Frankivsk, Donetsk, Dnipropetrovsk, Kirovohrad, Odesa, Chernihiv, Khmelnytskyi, Volyn, Sumy, Zakarpattia, Mykolaiv, Lviv, and Zhytomyr regions, the author analyzed the dynamics of changes in the number of medical services provided during the period from 2014 to 15 February 2025.

Figures 2

Although the MOH states in their letter that ‘The integrated system of medical services in Ukraine ensures the extraterritorial principle of providing medical care, that is, the place



of residence does not affect the volume and list of medical services’, in practice, in order to apply to any healthcare institution to receive primary medical care without a declaration, it is necessary to have an officially confirmed IDP status and provide the relevant certificate.¹²

¹² MINISTRY OF REINTEGRATION OF THE TEMPORARILY OCCUPIED TERRITORIES OF UKRAINE. Primary Consultation with a Family Doctor for IDPs: How to Obtain. Cabinet of Ministers of Ukraine, 14 December 2022. Available at: <https://www.kmu.gov.ua/news/pervynna-konsultatsiia-u-simeinoholikaria-dlia-vpo-iak-otrymaty>. [Accessed 1 May 2025].

This is aligned with MOH Order No. 496 from 17 March 2022 ‘Some issues of providing primary medical care to ensure record-keeping under martial law’.

5. Consequences of the Lack of Statistics

The absence of statistics on healthcare services provided to IDPs significantly hinders the ability to conduct in-depth analysis and make relevant comparisons with services provided to the resident population. The lack of such data makes it impossible to determine if IDP healthcare demand differs from the local average and to predict changes in the healthcare system’s load. This prevents effective resource planning.

The diagrams in Figures 1 and 2 clearly illustrate the scale of the sudden internal displacement of a significant number of people. It is also important to consider that, due to the lack of permanent residence, IDPs remain a highly mobile group capable of changing their location quickly and at any time. Under such conditions, the absence of systematic data collection on healthcare services provided to IDPs significantly complicates the monitoring of their movements.

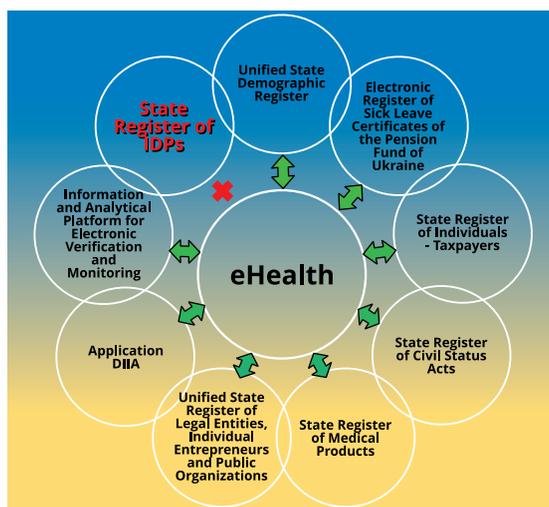
This also reduces the capacity of healthcare facilities to anticipate changes in system load and, consequently, to effectively plan the volume and allocation of resources. Similarly, it limits the public administration bodies, particularly the MOH, which by lacking access to up-to-date data is deprived of the tools necessary to make informed decisions and conduct strategic planning in funding, human resource, and infrastructure.

Continuous data collection and analysis on IDPs’ needs affects the effectiveness of national legislation in its practical implementation with regard to the socio-economic rights and freedoms of IDPs. Public authorities must systematize and regularly utilize up-to-date, detailed statistical data on the socio-economic needs of IDPs and the extent to which these needs are being met, in order to assess the positive and negative outcomes of administrative decisions.¹³

¹³ ISAEVA, N. S. *Sotsialno-ekonomichni ta kulturni prava i svobody vnutrishno peremishchenykh osib ta harantii yikh realizatsii: teoretyko-pravova kharakterystyka*. DPhil thesis, Dnipro, 2021, p. 147.

6. Integration of eHealth and the IDP Register: Necessity and Obstacles

6.1 Overview of eHealth's Interaction with Other Registers



Figures 3

Figure 3 chart presents the eHealth system's interaction with various national registers and platforms that enable information exchange for medical service delivery, data verification, monitoring, and administration.

The eHealth interacts with such registers as:

- Unified State Demographic Register – verification of patient identity data.
- Electronic Register of Sick Leave Certificates of the Pension Fund of Ukraine – insurance data, needed for reimbursement and patient eligibility.
- State Register of Individuals – Taxpayers – Verification of patient data.
- State Register of Civil Status Acts – verification of registration of birth, death, registration of marriage or divorce (during which a surname was changed).
- State Register of Medical Products – Verification of approved medicines for reimbursement programs.
- Unified State Register of Legal Entities, Individual Entrepreneurs and Public Organizations – Verification of legal status of healthcare institutions.
- DIIA – Issuance of a COVID certificate, the eMalyatko service, etc.
- Information and Analytical Platform for Electronic Verification and Monitoring – Verification by the Ministry of Finance of the accuracy of the information in the eHealth system (excluding personal health information), which serve as the basis for reports used to authorize payments for medical services, medicines, and medical devices under the Medical Guarantees Program.

6.2 Lack of Connection with the IDP Register

At the same time, the diagram reflects current data on the lack of interaction between eHealth and the 'State Register of IDPs' (Unified Information Database on Internally Displaced Persons), which is why it is marked with a red cross as a non-integrated element. This means eHealth lacks access to State Register of IDP data, which creates critical gaps in:

- Tracking IDPs' medical needs
- Planning healthcare system load
- Verifying the eligibility of patients from among IDPs to receive medical services,
- Monitoring IDPs' relocation and access to medical care

6.3 Consequences: Inability to Track, Verify, and Plan

The diagram clearly demonstrates the broad integration of eHealth with state information systems. However, the lack of connection with the IDP Register is a key issue that limits the healthcare system's ability to respond to the needs of internally displaced persons in a timely and effective manner. To address this issue, both technical and regulatory integration between eHealth and the State Register of IDPs should be implemented.

In accordance with the 'Procedure for Creating and Accessing the Unified Information Database on IDPs', approved by Resolution No. 646 of the Cabinet of Ministers of Ukraine dated 22 September 2016 (UIDB on IDPs, State Register of IDPs), the UIDB on IDPs is an automated database established to ensure the unified state registration of IDPs. The database includes information about internally displaced persons, in particular: their housing, social, medical, educational, and other needs, as well as the extent to which these needs are met. The administrator of the database is the state enterprise 'Information and Computing Center of the Ministry of Social Policy of Ukraine.' Thus, despite the fact that the procedures for collecting, processing, and storing the necessary information are already running, the eHealth system still lacks the capacity to access and use this information.

Conclusions

- Ukraine lacks a centralized system for tracking IDPs' healthcare requests
- The Ministry of Health (MOH), the National Health Service of Ukraine (NHSU), and the Public Health Center (PHC) do not conduct systematic monitoring of IDP status in medical care
- There are significant regional discrepancies in IDP medical data collection
- The eHealth system is currently not integrated with the Register of Internally Displaced Persons (UIDB on IDPs), which makes it impossible to track IDPs within the healthcare sector. The lack of such integration prevents the automatic identification of a patient's IDP status when seeking medical care, analysis of the frequency, volume, and specificity of services provided to this category of the population and also complicates the development of targeted health policies.
- The lack of complete and reliable data makes effective resource planning in health care impossible. Without a clear understanding of the size and needs of different population groups, including internally displaced persons, the state cannot reasonably allocate funding, human resources, medicines, and equipment. This leads to an

irrational distribution of available resources, which reduces the overall efficiency of their use.

- The integration of the eHealth system with the Unified Information Database on Internally Displaced Persons is critical for automating recordkeeping, monitoring, and analysis of healthcare services provided. Such integration would allow for comprehensive tracking of IDP healthcare requests, optimization of resource allocation, and improved effectiveness of public health policy.

Recommendations for Addressing the Issue

Thus, alongside the existing legal framework that allows for integration and an information exchange between state registers and information systems, there is an urgent need to develop a separate regulatory act – the Regulation on Interaction between the Unified Information Database on Internally Displaced Persons (State Register of IDPs) and the Electronic Healthcare System (eHealth). This regulation should address the technical, organizational, and legal aspects of data exchange, ensure the protection of personal information, and establish the conditions necessary for comprehensive registration, monitoring, and healthcare planning with regard to the needs of IDPs.

The integration of the Electronic Healthcare System (eHealth) with the Unified Information Database on IDPs (State Register of IDPs) is intended to address several issues:

1. Simplify patient identification and data verification, allowing the status of an internally displaced person to be automatically confirmed when seeking medical care.
2. Establish a unified centralized system for monitoring IDP access to healthcare services, enabling real-time tracking of the dynamics of medical service requests and their impact on the performance of the healthcare system.
3. Identify regional imbalances in the provision of healthcare services and promptly adjust support policies in specific regions.
4. Forecast the medical infrastructure load and plan the timely redistribution of resources (financial, human, and technical) based on population migration dynamics.
5. Ensure a rapid response and adaptability of the healthcare system to emerging challenges, using analytical data for timely and informed decision-making.

Further development of the eHealth system should include not only functionality expansion, but also improving data verification mechanisms, as well as intensifying international cooperation in healthcare digitalization, which will pave the way for the integration of global standards and, as a result, improving the quality of medical services.