



Doc. 16464

28 August 2026

The need for systemic support to Ukrainian soldiers who became disabled as a result of hostilities

Report¹

Committee on Social Affairs, Health and Sustainable Development

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1. Reference to committee: [Doc. 16063](#), Reference 4845 of 27 January 2025.



A. Draft resolution²

1. The Parliamentary Assembly deplores the Russian Federation's ongoing war of aggression against Ukraine and highlights that one of its most dramatic and long-term consequences is the unprecedented increase in the number of soldiers and civilians who became disabled as a result of the war. The scale of this phenomenon constitutes one of the greatest social challenges facing Ukraine today and in the years to come, and one in which all European countries should feel engaged. Not least because this challenge, if well addressed, may also help to understand and develop the most forward thinking and successful approaches to the full inclusion of persons with disabilities to all aspects of society, on an equal basis and without any discrimination.
2. The number of persons with disabilities resulting from the war exceeded 200 000 in 2024 and continues to rise. Between 15% and 20% of this group may consist of persons with sensory impairments, including hearing loss, vision loss or dual sensory disabilities. In 2025, more than 33 000 soldiers received rehabilitation in military medical facilities.
3. More than 435 000 people received free rehabilitation services in 2025 under the Medical Guarantees Programme, compared with approximately 366 000 patients in 2024. In the first half of 2025 alone, 229 159 Ukrainians received rehabilitation services through the National Health Service of Ukraine (NHSU), including more than 89 000 in inpatient settings. Veterans and military personnel make up a significant portion of service recipients.
4. With regard to prosthetic care, in 2024 Ukrainian services provided prostheses and assistive devices to approximately 11 400 individuals, including 2 500 military personnel, while the total number of prostheses of various types distributed reached nearly 20 000. In the first six months of 2025, 9 400 upper and lower limb prostheses had already been provided.
5. The Assembly firmly reaffirms the obligations of member States under the United Nations Convention on the Rights of Persons with Disabilities and emphasises the necessity of ensuring that Ukrainian veterans with disabilities can fully participate in social, professional, family, and civic life.
6. It underlines that the obligation to ensure rehabilitation, accessibility, and full social participation of persons with disabilities derives not only from the United Nations Convention on the Rights of Persons with Disabilities, but also from the European Convention on Human Rights (ETS No. 5), the European Social Charter (ETS No. 35), and Council of Europe standards concerning the protection of human dignity, non-discrimination, and social inclusion. Rehabilitation and social reintegration of persons affected by armed conflict should be regarded as an element of human rights protection and as an obligation of a democratic State.
7. The Assembly emphasises that support for veterans cannot be limited to hospital treatment, prosthetic care or the provision of equipment. Rehabilitation should be understood as a continuous process of returning to independent living, encompassing clinical rehabilitation, adaptation of the home environment, with particular attention to family support, mental health care, access to information, social and professional reintegration, and professional case management.
8. The Assembly highlights the particular needs of veterans living outside major urban centres, persons with dual sensory disabilities, families acting as informal caregivers and unemployed veterans.
9. In light of the above, the Assembly calls on member States to earmark at least 10% of their national funds allocated to the reconstruction of Ukraine for the rehabilitation and social reintegration of veterans and civilians with disabilities.
10. It urges member States that have not yet done so to sign and/or ratify the Convention establishing an International Claims Commission for Ukraine (CETS No. 229).
11. The Assembly also calls on the Ukrainian authorities, with the support of Council of Europe member States and partners to:
 - 11.1. develop a comprehensive and coherent veterans' policy encompassing: a single transparent pathway for access to benefits and services ("one-stop shop"); long-term rehabilitation; a specialised military medicine pathway; psychological support; home-based care; adaptation of the living environment; professional reintegration; development of veteran peer mentoring; accessibility of public infrastructure and transport;

2. Draft resolution adopted unanimously by the committee on 4 June 2026.

11.2. ensure the systematic training of health professionals, social workers and case managers specialising in disability and veteran support, with particular attention to rural areas and outreach;

11.3. foster and enable the active inclusion of families and informal caregivers in support programmes, with access to psychological care, training and respite services, tailored to their specific needs;

11.4. establish a common system for monitoring data concerning the situation of veterans, including the number of persons receiving rehabilitation services; waiting times for services; regional accessibility of services; employment indicators; the situation of families; mental health; accessibility of infrastructure; the needs of persons with sensory disabilities. Such data should be regularly published and used in the planning of public policy.

12. The Assembly further encourages the use in Ukraine of the opportunities provided by instruments of the Council of Europe Development Bank as a source of financing for social projects with long-term impact, including rehabilitation centres, supported housing, environmental adaptation, family support, professional reintegration and services accessible outside major urban areas.

B. Draft recommendation³

1. Recalling its Resolution ... (2026) “The need for systemic support to Ukrainian soldiers who became disabled as a result of hostilities”, the Parliamentary Assembly recommends that, as part of the next Council of Europe Action Plan for Ukraine “Democratic security for Ukraine”, the Committee of Ministers address Ukraine’s needs regarding soldiers with disabilities.

3. Draft recommendation adopted unanimously by the committee on 4 June 2026.

C. Explanatory memorandum by Mr Jan Filip Libicki, rapporteur⁴

1. Introduction – moment of decision

1. In preparing this report, the rapporteur relied on information provided by Ukrainian State authorities, civil society organisations and organisations representing veterans, as well as on information obtained during meetings of the Committee on Social Affairs, Health and Sustainable Development⁵ and interviews personally conducted with Ukrainian veterans and representatives of civil society organisations. Discussions with the secretariats of the Council of Europe Development Bank and the Human Rights and Justice Co-operation Department of the Council of Europe provided further details.

2. Europe today stands at a critical moment. The reconstruction of Ukraine is becoming the subject of increasingly concrete political and financial planning. Until now, the debate has focused primarily on infrastructure. Yet Ukraine's most important resource and potential are its people – many of whom have suffered health consequences as a result of the war.

3. The rehabilitation of veterans should not be perceived or addressed as a single stage following hospitalisation, but rather as a bridge between surviving war and returning to active social, professional and family life.

4. The effective reintegration of veterans is not merely a matter of social policy. It is of fundamental importance for State stability, social security and the democratic future of Ukraine.

5. A State that fails to provide effective support to those who have borne the greatest sacrifices of war exposes itself to long-term social tensions, the deepening of mental health crises and a weakening of citizens' trust in public institutions.

6. In this sense, policy towards veterans constitutes an element of democratic security for the whole of Europe. Council of Europe member States and partners cannot fail in their duty to support the soldiers who have fought hard to uphold freedom in Europe.

2. The scale of the problem – systemic and long-term challenge

7. The number of persons with disabilities in Ukraine has exceeded three million.⁶ Among them is a very large group of war veterans requiring specialised rehabilitation and long-term support. It is important to underline that the most common injuries are blast and fragmentation, often caused by drones, causing complex injuries with overlapping symptoms, often requiring amputations and complex rehabilitation.

8. With regard to prosthetic care, in 2024 Ukrainian services provided prostheses and assistive devices to approximately 11 400 individuals, including 2 500 military personnel, while the total number of prostheses of various types distributed reached nearly 20 000. In the first six months of 2025, 9 400 upper and lower limb prostheses had already been provided.

9. According to data provided by the Polish HumanDOC Foundation, which supports wounded Ukrainian soldiers, and based on analyses by the World Bank and the Government of Ukraine, the number of persons with disabilities resulting from the war exceeded 200 000 in 2024 and continues to rise. Between 15% and 20% of this group may consist of persons with sensory impairments, including hearing loss, vision loss or dual sensory disabilities. Data from the Ministry of Defence of Ukraine further indicate that in 2025, more than 33 000 soldiers received rehabilitation in military medical facilities.⁷

10. Information provided by the Ministry of Veterans Affairs of Ukraine complements the data concerning the scale of rehabilitation, prosthetic care and professional reintegration. According to figures for 2024-2025, more than 435 000 people received free rehabilitation services in 2025 under the Medical Guarantees

4. This explanatory memorandum is drawn up under the responsibility of the rapporteur.

5. Minutes of the [hearing of the Committee on Social Affairs, Health and Sustainable Development on 4 September 2025](#); minutes of the [hearing of the Committee on Social Affairs, Health and Sustainable Development on 4 December 2025](#).

6. Statement by Nataliia Kalmykova, Minister of Veterans Affairs of Ukraine, during the meeting of the Committee on Social Affairs, Health and Sustainable Development, on 4 December 2025.

7. Information provided by the HumanDOC Foundation, memorandum submitted on 3 May 2026. See also [Rapid Damage and Needs Assessment \(RDNA5\)](#), 23 February 2026, by the Government of Ukraine, the World Bank Group, the European Commission, and the United Nations.

Programme, compared with approximately 366 000 patients in 2024. In the first half of 2025 alone, 229 159 Ukrainians received rehabilitation services through the National Health Service of Ukraine (NHSU), including more than 89 000 in inpatient settings. Veterans and military personnel make up a significant portion of service recipients. According to this ministry,⁸ in 2025, 1 334 people utilised State vocational rehabilitation services, including 762 individuals with war veteran status. According to information submitted by the regional and Kyiv city state administrations, as of 1st April 2026, 409 people had used the aforementioned services, 214 of whom held war veteran status.

11. The material provided by the ministry further confirms that patients may receive treatment in any facility contracted by the NHSU, regardless of their place of residence or registration.

12. With regard to mental health, the material provided by the ministry indicates that between September 2023 and May 2024 the MARTA system (MARTA Centre Ukraine) recorded a 30% decrease in suspected post-traumatic stress disorder (PTSD) cases among persons undergoing rehabilitation. At the same time, the number of officially diagnosed PTSD cases increased almost fourfold compared with 2021.⁹

13. It should nevertheless be noted that part of the data concerns all Ukrainian citizens using the rehabilitation system, and not exclusively war veterans. However, these figures clearly illustrate the scale of the burden placed upon the State system.

3. Veterans' experiences – individual perspectives as a systemic diagnosis

14. It is worth recording the testimonies of wounded soldiers, as they demonstrate the real functioning of the support system as well as the human impact

15. Serhii Khrapko, wounded near Debaltseve in 2015, first lost an arm and later a leg. After sustaining his injuries, he had to learn by himself how to function with prostheses, as at that time there was no mentoring system or co-ordinated support. He pointed out that, even today, many wounded veterans remain dependent on volunteers and civil society organisations for assistance. The presence of family members was particularly important for him, although hospital conditions often prevent relatives from accompanying the wounded.¹⁰

16. Mykhailo Bakaliuk was severely wounded in 2023 in the Zaporizhzhia region. Following an above-knee amputation, the most difficult experience proved to be chronic pain and limited access to pain medication. Only later did the need for psychological support and adaptation to a new life situation emerge. Bakaliuk emphasises the enormous importance of mentors, support of the family and access to rehabilitation close to one's place of residence.¹¹

17. Volodymyr Hera was seriously wounded in 2014 in the area of Luhansk airport. A spinal cord injury deprived him of the ability to walk. Mr Hera underlined that one of the greatest barriers faced by veterans remained the inaccessibility of public spaces, transport and the labour market. In his assessment, the problem lies not only in disability itself, but also in the failure of the State and society to adapt to the needs of persons living with severe injuries.¹²

18. These testimonies demonstrate that rehabilitation does not end in hospital. The most difficult stage often begins after returning home.

4. The rehabilitation system – the importance of institutions and the role of the family

19. The material submitted by the Ministry of Veterans Affairs of Ukraine indicates that rehabilitation begins already during the acute phase – within the first hours or days following injury – in intensive care units and subsequently includes post-acute and long-term rehabilitation stages.

20. The experience of the State rehabilitation centre “Halychyna”, located in the Lviv region and directed by Danylo Kryvko, demonstrates the infrastructural limitations and shortage of specialised personnel.¹³

8. Information provided by the Ministry of Veterans Affairs of Ukraine, memorandum submitted on 22 May 2026.

9. Information provided by the Ministry of Veterans Affairs of Ukraine, memorandum submitted on 7 May 2026.

10. Interview with the Ukrainian veteran Serhii Khrapko, 20 June 2025.

11. Interview with the Ukrainian veteran Mykhailo Bakaliuk, 20 June 2025. Statement by Mykhailo Bakaliuk during the meeting of the Committee on Social Affairs, Health and Sustainable Development, on 4 September 2025.

12. Statement by Volodymyr Hera during the meeting of the Committee on Social Affairs, Health and Sustainable Development, on 4 September 2025.

21. By contrast, the model developed by Alla Sviatenko points to the necessity of a comprehensive approach encompassing treatment, rehabilitation, psychological support, and work with families.¹⁴
22. HumanDOC Foundation underlines that the greatest systemic gap emerges between the completion of clinical rehabilitation and long-term social reintegration.¹⁵
23. The family very often becomes a “second rehabilitation team”. It is the family that helps transfer the skills acquired during clinical rehabilitation into everyday life.
24. At the same time, the family cannot replace the State. Without professional support, a model based solely on family care leads to caregiver overload, family crises and the secondary social isolation of veterans.¹⁶
25. Particular attention should also be devoted to the children of veterans’ families. Severe war injuries, amputations, PTSD and long-term health problems affecting relatives have an impact on the emotional and social stability of entire families.¹⁷
26. The State should therefore develop psychological, educational and social support programmes directed towards the children of wounded soldiers and families experiencing long-term crises related to the consequences of war.

5. Women and war – an overlooked dimension of support

27. The war in Ukraine increasingly affects women as well – both as soldiers, medics, volunteers and members of the armed forces, and as partners, mothers and caregivers of wounded veterans.
28. Women acting as caregivers very often assume responsibility for organising rehabilitation, maintaining contact with institutions, providing psychological support and ensuring everyday care for injured family members.
29. International experience demonstrates that the long-term overburdening of caregivers leads to deteriorating mental health, economic difficulties and secondary family crises.¹⁸
30. The rapporteur underlines the necessity of incorporating the perspective of women both into veterans’ policy and into programmes for the reconstruction of Ukraine.

6. Sensory disabilities – the missing dimension of veterans’ policy

31. Sensory disabilities remain a particularly overlooked area.
32. The loss of hearing or vision affects not only health, but also communication, family relations, the ability to work and the sense of security.
33. HumanDOC indicates that approximately 12-15% of veterans assessed by medical commissions may suffer from hearing damage, while every third patient experiences symptoms of tinnitus.¹⁹
34. However, the material provided by the Ministry of Veterans Affairs of Ukraine does not contain comprehensive data regarding the number of veterans living with vision loss, hearing loss or dual sensory disabilities.²⁰
35. It is therefore necessary to establish a State system for monitoring the specific needs of persons with sensory disabilities and to develop services that are also accessible outside the largest urban areas.

13. Statement by Danylo Kryvko, Director of the “Halychyna” Rehabilitation Centre in the Lviv region, during the meeting of the Committee on Social Affairs, Health and Sustainable Development, on 4 September 2025.

14. Interview with Alla Sviatenko, founder and director of the Sviatenko Clinic, 22 June 2025.

15. Information provided by the HumanDOC Foundation, memorandum submitted on 3 May 2026.

See also [Superhumans Center](#) and [Unbroken Center](#) which highlight the comprehensive nature of the rehabilitation and the continuum of care.

16. Interview with Oksana Dashchukivska, representative of the International Renaissance Foundation in Lviv, 10 June 2025.

17. Information provided by the HumanDOC Foundation, memorandum submitted on 3 May 2026.

18. Ibid.

19. Ibid.

20. See [Ministry of Veterans Affairs – hearing aid from the state to veterans](#) (in Ukrainian).

7. Social and professional reintegration

36. According to data from the Ministry of Veterans Affairs of Ukraine, between 75% and 82% of wounded defenders return to military service following treatment and rehabilitation.

37. In the civilian sector, however, the situation is more difficult: approximately 58% of veterans of working age are employed, while only around 30% return to their previous occupations.²¹

38. More than half of veterans encounter barriers when seeking employment. The most frequently mentioned problems include: bureaucratic barriers, employers' concerns regarding mental health, lack of adapted workplaces, inaccessible infrastructure. To access vocational adaptation services, individuals should apply to the relevant local authority responsible for veterans' affairs in the area. Applications may be submitted, either in person in paper form or electronically, using the application form, and sent to the designated email address. The application should be submitted to the authority corresponding to the applicant's declared or registered place of residence (or stay), or to their actual place of residence (or stay).²²

39. HumanDOC confirms that professional reintegration should be considered part of rehabilitation rather than as a separate stage.

40. The long-term psychological consequences of war remain a particularly serious challenge. PTSD very often coexists with depression, anxiety disorders, addictions, chronic pain and difficulties in family relationships.

41. The experience of NATO member States also demonstrates an increased risk of homelessness, family breakdown, social isolation and suicide attempts among some veterans who remain without adequate psychological and social support.

42. Mental health support should, therefore, encompass not only crisis intervention immediately after injury, but also a long-term system of monitoring, therapy, community-based support and assistance for families.

8. A cross-sectional example: the HumanDOC Foundation model

43. The HumanDOC Foundation project entitled "Building Systemic Support for Veterans with Motor and Sensory Disabilities and Their Families" may serve as an example of a model solution addressing the gap between clinical rehabilitation and the everyday functioning of veterans.²³

44. The project, being implemented during the period 2025-2027, covers Kyiv, Odesa, Kharkiv and Ivano-Frankivsk and has a budget of EUR 900 000. It aims to provide support to 500 veterans and members of their families.

45. The model combines medical rehabilitation; psychosocial support; peer-to-peer mentoring; family support; sensory rehabilitation; community-based activities; specialist training; development of local support networks.

46. Particularly important is the fact that the project is to be institutionally implemented in co-operation with the Institute of Traumatology of the National Academy of Medical Sciences of Ukraine, thereby creating the possibility for further scaling at the national level.

47. Ukraine's experience also demonstrates the fundamental role of civil society organisations and volunteer initiatives in building a support system for wounded soldiers.

48. Non-governmental organisations very often fill the gap between the medical system and the everyday functioning of veterans. Their experience should therefore be incorporated into the development of long-term State policy.

9. Comparison of support systems in NATO and European States and recommendations for Ukrainian authorities

49. An analysis of veteran support systems in European and NATO member States clearly demonstrates that the most effective solutions are comprehensive and long-term in nature.²⁴

21. Information provided by the Ministry of Veterans Affairs of Ukraine, memorandum submitted on 7 May 2026.

22. Information provided by the Ministry of Veterans Affairs of Ukraine, memorandum submitted on 22 May 2026.

23. Information provided by the HumanDOC Foundation, memorandum submitted on 3 May 2026.

50. In Germany, the support system is based on linking benefits to the loss of working capacity and income.
51. In the United Kingdom, specialised rehabilitation programmes and priority access to treatment for veterans have been developed.
52. Canada distinguishes itself through extensive family support and a system of individual veteran case managers.
53. Poland has established a model providing privileged access to treatment, rehabilitation and educational support for injured veterans.
54. In Denmark and, to some extent, in the United Kingdom, veterans' organisations, mentoring and co-operation between the State and non-governmental organisations play a particularly significant role.
55. By contrast, systems operating in Romania, Bulgaria and Greece focus primarily on financial benefits and social security protection.
56. These different approaches and experiences point to a need for Ukraine to develop a model combining all the following elements: rehabilitation; family support; housing; employment; infrastructure accessibility; co-ordination of benefits and services and mentoring and local community support.
57. With this in mind, Ukraine should develop a comprehensive policy for veterans with disabilities, taking into account the long-term nature of the issue, including the following recommendations:
- adoption of a unified law on veterans and veterans with disabilities;
 - introduction of a benefits system linked to the loss of working capacity;
 - creation of a specialised military medicine pathway;
 - expansion of the national network of rehabilitation and prosthetic services;
 - establishment of a State system of veteran mentors;
 - inclusion of families within the support system;
 - creation of a national veterans' employment programme;
 - adaptation of public infrastructure and transport;
 - establishment of a "one-stop shop" system for veterans;
 - adoption of a long-term strategy for financing veterans' support.
58. In this regard, the rapporteur emphasises the importance of collecting consolidated and disaggregated data on all categories of disabilities, including complex or "invisible" disabilities and psychosocial trauma related to conflict, in order to inform evidence-based policy.

10. Conclusion

59. The experience of NATO member States clearly demonstrates that an effective support system for veterans must encompass not only medical treatment, but also family support, employment, housing, mental health and social participation.
60. Ukraine has already established the foundations of a modern rehabilitation and prosthetics system. However, the scale of the war requires the development of a long-term, integrated State model.
61. International experience demonstrates that the absence of sufficiently early rehabilitation and reintegration leads to significantly higher social and economic costs in the future. The costs of long-term unemployment, social isolation, mental health crises, addictions and family exclusion are substantially higher than the costs of comprehensive support introduced at an early stage.
62. Financing rehabilitation should, therefore, be regarded not as a social expenditure, but as a long-term investment in social stability, the labour market, State security and Ukraine's capacity for post-war reconstruction.

24. Information provided by the Veterans Centre in Warsaw, memorandum submitted on 31 March 2026.

63. The history of Europe demonstrates that wars formally end much sooner than the suffering of those who bear their consequences.

64. The reconstruction of Ukraine will be judged not only by the rebuilding of cities, roads and infrastructure, but also by the manner in which Europe and Ukraine treat those who lost their health, physical abilities and former lives while defending the freedom of their State. All arguments lead to one fundamental conclusion: without clearly defined funding levels, the support system for veterans will not be able to meet the scale of challenges. Setting a level of at least 10% of reconstruction funds reflects the long-term and cumulative nature of needs related to rehabilitation, healthcare, social support and professional reintegration.

65. For this reason, support for veterans with disabilities should be recognised as one of the fundamental priorities of the European reconstruction of Ukraine. The future of Ukrainian veterans and Europe's responsibility for ensuring their dignified and full participation in social life now and following the end of hostilities are of crucial importance. More generally, adopting a positive approach to disability in Ukraine can pave the way for progressive societal change and improved inclusivity across various communities.

66. Finally, the rapporteur would like to express his sincere gratitude to all individuals and institutions who, despite difficult circumstances, supported the preparation of this report by sharing their knowledge, experience, testimony and expert assistance.