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On 7 March 2022, people line up for hours to enter the main railway station in Lviv, Ukraine.

Health service needs and access for refugees from Ukraine

Results of behavioural and cultural insights (BCI) studies in Poland, Romania, Slovakia and Slovenia

May 2022–March 2023

Background

The Russian military offensive in Ukraine that began on 24 February 2022 led to the largest population movement in Europe since the Second World War. As neighbouring countries opened their borders and made services available to those fleeing war, it became imperative to understand and document access to health services from the refugee perspective. In response, the WHO Regional Office for Europe, WHO country offices and national health authorities in four refugee receiving countries conducted qualitative behavioural and cultural insights (BCI) studies, and repeated them over time, to identify perceived health service needs and gaps and the barriers and drivers of uptake of health services among refugees from Ukraine.

Between May 2022 and March 2023, online, in-depth interviews were conducted with refugees from Ukraine living in Poland, Romania, Slovakia and Slovenia. Participants were recruited online and represented diversity across age, location, lodging (formal/informal), education and caretaker role. A research agency based in Ukraine conducted the interviews via Zoom, ensuring that culturally sensitive interviewers could reach refugees wherever they were staying and speak to them in the appropriate language. Following the first interviews, participants were interviewed again to understand changes taking place in their lives and their experience of accessing health services.

I came here when the war began, but it was a difficult decision. We stayed in Kharkiv for a little more than a week—with my husband—and then on March 5, my child and I crossed the border alone.

Woman, (age group: 18–49 years)



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Olga, a 20-year-old medical student who fled Ukraine because of the war, was photographed near the Ukrainian border.

Cross-country key findings

The BCI research studies identified a range of both barriers and enablers related to accessing and using health services experienced by Ukrainian refugees. Many of these reflect differences between the health system in the host country and the health system in Ukraine and the associated expectations of Ukrainians of what makes for a positive health service experience. Other findings point to specific barriers which can be addressed through tailored interventions. Country-specific findings can be used to inform health services and refugee support in each country. Many key themes, however, are similar across countries and are summarized below.

- 1. Differences between health systems** in Ukraine and host countries contribute to confusion, particularly with regard to systems and opportunities for being referred to a medical specialist, frustration over long wait times for appointments and the need for prescriptions for most medications. For example, in Ukraine people are used to making appointments directly with specialists rather than seeking referrals from a general practice doctor, and a wider range of medications is available in pharmacies without a prescription.
- 2. Over time, refugees feel *more confident*** and better understand how the health system in their host country works: Still, challenges persist related to specialist care, real or perceived out-of-pocket costs, and access to prescription drugs. **Dentistry** is a frequently mentioned health need with high cost and availability of services being key barriers.
- 3. Participants appreciate the *high quality of services*** and the caring attitude of health workers, especially those providing emergency and tertiary care. However, particularly among those who have arrived in countries more recently, it is reported that there are not enough family doctors **willing to register** Ukrainian patients.
- 4. Access to understandable, actionable information is increasing over time, but *language*** continues to be a barrier for many; refugees particularly want to know more about access to health insurance, specialist care and vaccination. Importantly, the most recent round of data collection identified that information is still lacking about **accessing vaccinations** for children and adults, including COVID-19.
- 5. Refugees *trust*** information from other refugees. Social media is used frequently for this kind of sharing, but informal, face-to-face communication is also an important channel.

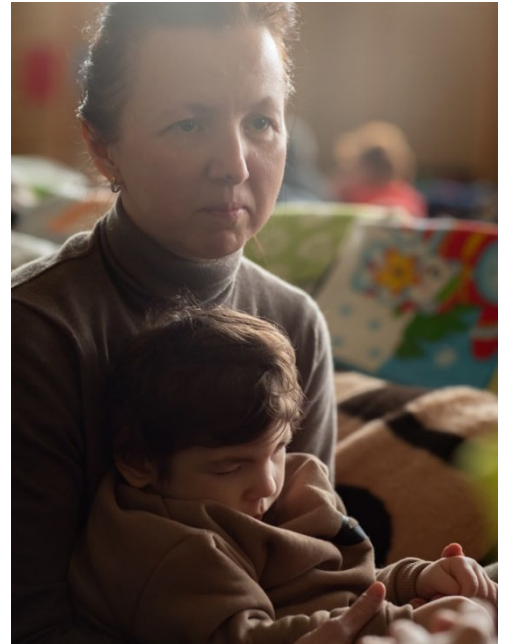
At first it was a disaster. The children got sick, and I didn't know where to go. But now it's easier and I know what to do.

Woman (age group: > 50 years)

I walked in with tears and left with a smile. We started asking how much do we owe you? And they told us – only the smile on your face.

Woman (age group: 18–49 years)

6. Many **mothers** take care of their children and other relatives alone – without their usual social networks – and would benefit from more social support. Particularly families of children with disabilities often struggle to access the services and financial support they need.
7. Those who have chronic diseases and/or other **special needs** struggle to receive necessary care and information. Programmes that link people directly to health services (such as medevac, civil society groups supporting people with disabilities) are highly valued and effective.
8. Information and access to care for **pregnant** women continues to be a concern among refugees, including antenatal care, registering the birth and insurance. Women who have given birth shortly before or during their stay in a host country are overwhelmed with taking care of small children 24/7 alone.
9. **Older respondents** report being concerned and lacking information and support, especially those less able to use digital communication tools. Some of these are grandparents taking care of young grandchildren.
10. Ukrainians are **grateful** for the warm welcome they have received in neighbouring countries. Support comes especially from individual citizens of host countries, volunteers and civil society organizations. While some participants describe negative or **discriminatory experiences** with health workers, this does not seem to be increasing over time.
11. In most places, provision and uptake of **mental health services** is increasing. However, this is complicated by stigma associated with needing such services. In addition, practical issues such as transportation to services and childcare during services are important barriers. Many also say they are uncomfortable with group counselling which is the format often used for providing mental health support to the refugees.
12. Respondents recognize that many of the challenges they face in accessing health care are also faced by citizens and **appreciate the actions taken** by authorities and local communities to improve the situation for refugees.



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Tatiana and her 3-year-old son, who has cerebral palsy, left Ukraine seeking safety. “[W]e never thought something like this could ever happen to us. I want to be safe and have medical attention for Nikita.”

I think people refuse [mental health services], because it's not common for us to visit psychologists. Now it's starting to become common. After all, it doesn't mean you're crazy.... but for the older generation, it's not easy.

Woman (age group:18–49 years)

Discussion

The presence of tens of thousands of additional people in countries neighbouring Ukraine places a heavy burden on all government services. The BCI studies conducted with Ukrainian refugees highlighted both strengths and weaknesses of the health systems in these countries.

Overall, those who are older and with limited access to digital communication tools, those with disabilities and new mothers require additional support due to lack of normal social support. The format and practical set-up of the provision of the much-needed mental health support can be reconsidered. In addition, better information should be provided through trusted and easily accessible channels and appropriate language and format, particularly as regards vaccination, health insurance and specialist care.

Host countries have different health systems and offer different packages of services to refugees from Ukraine; this means findings differ between countries as regards both access to services, barriers experienced and sense of belonging. However, while study participants report feeling less welcome in some countries than others, refugees in all countries share heartwarming stories of support and connection with individual citizens, volunteer organizations and other civil society groups.

Over time, participants describe adjusting to their new circumstances, making friends and finding things that they enjoy doing. In follow-up interviews, refugees are more relaxed, calmer, more confident and better oriented. Participants still hope to return home soon but realize that this might not be possible for some time. Even if they could go home, the availability of health services in many parts of Ukraine would be very different from when they left.

Finally, the studies indicate that the current terrible circumstances bring with them an opportunity for change. Vaccination rates are traditionally low in Ukraine, and the findings show that many people now seek vaccination. Mental health is traditionally associated with great stigma in Ukraine, and these attitudes seem to be changing. Overall, it may also be noted that many of the barriers faced by Ukrainians in host countries are faced by the citizens of these countries as well. Resources benefiting refugees can be used in a way where the health system overall is strengthened, especially for marginalized groups within these countries. Improvements thus can be made to the entire system that are likely to benefit everyone, including citizens, refugees and other marginalized groups.