Public Health 220 (2023) 96–98

Contents lists available at ScienceDirect

Public Health

journal homepage: www.elsevier.com/locate/puhe

Short Communication

Meeting the long-term health needs of Ukrainian refugees

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ARTICLE INFO

Article history:
Received 27 January 2023
Received in revised form
31 March 2023
Accepted 21 April 2023
Available online 6 June 2023

ABSTRACT

Objectives: Since Russia's full-scale invasion of Ukraine on 24 February 2022, millions of people have fled the country. Most people have gone to the neighbouring countries of Poland, Slovakia, Hungary, Romania, and Moldova. This vulnerable population has significant healthcare needs. Among the most challenging to address will be chronic non-communicable diseases (NCDs), including mental disorders, as these require long-term, continuous care and access to medicines. Host country health systems are faced with the challenge of ensuring accessible and affordable care for NCDs and mental disorders to this population. Our objectives were to review host country health system experiences and identify priorities for research to inform sustainable health system responses to the health care needs of refugees from Ukraine.
Study Design: In-person conference workshop.
Methods: A workshop on this subject was held in November 2022 at the European Public Health Conference in Berlin.
Results: The workshop included participants from academia and non-governmental organisations, health practitioners, and World Health Organisation regional and country offices. This short communication reports the main conclusions from the workshop.
Conclusion: Addressing the challenges and research priorities identified will require international solidarity and co-operation.
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By the end of May 2023, over 8.2 million refugees from Ukraine had been recorded across Europe. In the European Union, Poland and Germany have accepted the largest absolute numbers of refugees (approximately 1.6 and one million, respectively), whereas Estonia and Czechia host the largest share of refugees from Ukraine, relative to their populations (approximately 5% in both cases). More than 826,547 people from Ukraine have fled to the Republic of Moldova (hereafter Moldova). Out of this total, approximately 102,063 refugees (which represents some 4% of the population of Moldova) currently remain in the country as of January 2023, and more arrive each day.[1]

Those fleeing Ukraine have considerable healthcare needs.[2] Among them, chronic non-communicable diseases (NCDs), both physical and mental, will pose particular challenges, requiring continuous and long-term care, including access to medicines. They are drawn from a population with a high burden of NCDs, with approximately one-third of Ukrainian adults having hypertension and 7% with diabetes. Refugees are at increased risk of mental disorders because of what they have experienced on their journeys and the challenges arising from their new situations. Health authorities in destination countries face substantial logistical and financial challenges as they seek to provide affordable and appropriate care for the chronic healthcare needs of refugees. Yet, there is considerable uncertainty about the best way of achieving this.

This was the subject of a workshop co-hosted by the London School of Hygiene and Tropical Medicine's Centre for Global

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https://doi.org/10.1016/j.puhe.2023.04.015
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Chronic Conditions and the European Observatory on Health Systems and Policies at the European Public Health Conference in Berlin on 11 November 2022. Its objectives were to (1) review the experiences of health systems as they sought to respond to the needs of refugees from Ukraine for care of chronic conditions and (2) identify priorities for research to inform sustainable health system responses to their needs. Here, we report the main conclusions from the workshop, including some of the main challenges facing host country health systems and research priorities.

Legal frameworks to support equitable health and health care for refugees

Displacement imposes a double burden on refugees; it increases their risks of illness and impedes their access to care, both exacerbated by loss of homes, family and social support, and livelihoods. Yet, with political will, these problems can be mitigated. A review of experiences of asylum seekers with different entitlements to health and social services in Germany over 30 years found that more inclusive responses, ensuring that they can realise access to health care, housing, employment, and family reunification, lead to better health and equity outcomes.[3] In 2001, the European Union (EU) developed a package of measures – the 'Temporary Protection Directive' – that could be implemented in response to mass displacement, and these have now been activated for Ukrainian refugees. In Germany, refugees have had the same entitlements as German citizens since June 2022, including full access to services, freedom of movement and (with few exceptions) choice of the place of residence, unless shelter in reception centres is temporarily needed. This avoids long-term encampment and reduces the risk of acquiring infectious diseases, including COVID-19, in crowded reception centres, as well as mental health burdens associated with housing in camps or camp-like accommodation.[4] Freedom of movement and entitlements to work also enhance labour market integration, thereby potentially helping to avoid the mental distress and depression that are sometimes associated with restricted labour market access.[5] Lack of restrictions on family reunification is also likely to unfold positive effects on mental health, as separation from closest family members negatively impacts refugee mental health.[6] Nevertheless, challenges remain. There is no systematic programme to identify the health needs of arriving refugees, including vaccinations, unless refugees from Ukraine seek shelter in reception centres. Interpretation services are ad hoc or not existent at all, especially in communities and schools, and other forms of support for navigating the system are underfunded.

Financing mechanisms to ensure sustainability of healthcare services for refugees

Healthcare coverage for refugees is insufficient in many European health systems,[7] often limited to emergency care, infectious diseases, and maternity services. This is a particular challenge where entitlement to other services is based on contributions, for example, to a social insurance fund. In these situations, refugees who are unemployed (in some cases, because they are not allowed to work) or have otherwise limited capacity to pay contributions become uninsured. Out-of-pocket payments create a barrier for all disadvantaged groups, and refugees are not an exception, with the cost of medicines a particular concern.[8] This calls for government investment in the extra capacity required, particularly in those countries that have absorbed large numbers of refugees relative to their populations, measures to remove administrative barriers that prevent these funds being deployed quickly, and absolute transparency on how funds are used, given the scope for the forms of abuse that many countries saw during the pandemic. Some middle-income countries that have absorbed large numbers of refugees, such as Moldova, have received external financial support to respond to their needs. However, more sustainable and comprehensive financing approaches must be put in place to avoid disparities in coverage between refugees and host populations. To ensure equitable financial contributions of EU member states to the public good of international protection within the EU, supranational funding mechanisms for health and social needs are urgently required. Scenarios for such mechanisms already exist[9] and could be used to further develop effective and equitable funding schemes beyond national silos.

Delivering continuous care for people with mental health disorders and other chronic NCDs

The care provided to those coming from Ukraine must take account of their particular needs, reflecting their pre-existing burden of disease and exposure to traumatic events. It is even more important than usual that service providers adopt people-centred approaches, taking account of language issues and incorporating a high degree of cultural competence while ensuring integration with other services and removing administrative barriers. One challenge will be access to the health records of refugees with chronic conditions, which is important to deliver continuity of care. Another will be the widespread underfunding of primary care in many countries, and especially community mental health services, made worse by shortages of health care workers trained in evidence-based treatment of mental health and NCDs. Health system responses may benefit from engaging the refugees themselves to support health care delivery, either as peer support networks or as health workers, for those with appropriate training. Resources should be invested in scale-up of evidence-based treatment approaches that have already been adapted for people in Ukraine affected by conflict and shown to be effective.[10]

Research priorities

The Russian invasion of Ukraine has caused the largest refugee crisis since the Second World War. But displacement of people globally is likely to increase in the future as a result of both man-made and natural disasters compounded by climate change. We must draw lessons from the Ukraine crisis to inform sustainable responses now but also to prepare for the future. The experiences of host countries in providing care for refugees from Ukraine have emphasised the importance of inclusive legal frameworks, timely mobilisation of public funds, and provision of people-centred primary care for mental health and NCDs. Still, key questions remain. We have yet to document comprehensively the self-reported day-to-day barriers experienced by refugees across Europe in accessing health care. One needs assessment of refugees from Ukraine aged ≥60 years in Moldova suggested that 26% were unable to access health services when required, including because they did not know where to go.[11] Similar needs assessments are required for refugees from Ukraine in other countries, especially for vulnerable groups. This evidence is vital to ensure that all barriers are considered in research and policy responses. As legal frameworks for granting entitlements to refugees from Ukraine vary across Europe, we should analyse the impact of different frameworks on health outcomes. For example, while the Temporary Protection Directive applies across the EU, its implementation may vary from country to country, variously affecting access to care for refugees and host populations.[12] We need to understand the overall costs to health systems of providing healthcare entitlements to refugees and the most cost-effective and sustainable ways of financing this

within and *across* individual countries. We also need to identify ways to improve the mobility and transferability of patient health records, something that should be easier with advances in digital health, to support continuity of care without compromising patient security and confidentiality. Narrative reports show the potential that electronic records have to improve monitoring and continuity of healthcare access for refugees and migrants, especially in border regions and with highly mobile populations. However, scientific evidence to support these reports and guide implementation is needed.[13] Finally, we must evaluate the feasibility, implementation, and effectiveness of different delivery approaches at the primary care and community levels, including the use of peer support groups. Importantly, all this research must involve those most affected – refugees themselves and local host populations – to ensure appropriate and acceptable responses. It must also be conducted using a 'whole-of-route' approach, involving collaboration and solidarity of countries across the region.

Author statements

Ethical approval

Ethical approval was not sought, as this is not a research study and no data were collected.

Funding

There was no funding for this work.

Competing interests

The authors have no competing interests to declare.

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