**Healthcare provision for displaced populations arriving from Ukraine**

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Over 3.6 million people, including 195,000 non-Ukrainians, have fled Ukraine to other European countries in recent weeks [1], with the majority of people being women, children and elderly [2]. The crucial objectives at the moment are to ensure that people can safely leave the conflict zone and access basic services, such as housing, food, water, sanitation, and emergency care. However, going forward, it is important for the governments of receiving countries and transit countries to develop clear short and long-term strategies for the provision of health services [3]. This includes access to vaccination, maternal and child care, screening programmes, and care for chronic conditions and mental health.

Many EU/EEA countries have long since been grappling with questions around what level of healthcare should be offered to forcibly displaced migrants and a diverse range of other migrant groups on arrival, when and where in the migration trajectory should provision be made (at borders, reception centres, once settled? via specialist or routine services or leave it to NGOs?), and what their subsequent level of right to access the host health system should be. Overall, European countries do not have a uniform approach to the provision of healthcare to these populations, with some countries more inclusive than others, and wide discrepancies between policy and practice (see <https://www.mipex.eu/>). In a recent survey of 25,355 mostly non-EU/EEA migrants in European cities [4], 78% had no entitlement to access health services (most pregnant women hadn’t accessed antenatal services), with 91% of the migrant population living below the poverty line, highlighting that thousands of migrants in Europe are excluded from accessing basic primary health care at the current time. Migrants are often overlooked in health programmes, with high levels of drop-out and poor linkage to care.

The ECDC has recently published a technical report specifically focusing on infectious disease vulnerabilities among displaced populations from Ukraine, summarising key infectious diseases that may be particularly relevant for this group [5]. In the case of displaced people from Ukraine, as well as newly arrived migrants in general [6], the ECDC report highlights the importance of a holistic approach in providing healthcare, echoing previous evidence [7,8]. Such an approach requires that all migrants should benefit from the same level of healthcare access as host populations to align with principles of Universal Health Coverage and the Right to Health. Key health risks in the next 3 months in those displaced from Ukraine as morbidity and mortality from cardiovascular disease (heart attack, stroke), chronic respiratory diseases, diabetes, mental health and chronic infectious diseases (TB, HIV, Hepatitis B and C), due to interruption in supply of medicines and limited access to healthcare professionals [9]. Ukraine reported the second-highest number of TB cases in the WHO European Region, with 27.2% of new cases being multi-drug-resistant (Ukraine is one of the top 10 countries globally; levels of TB, however, are lower in women and children, 29% and 2% respectively, compared to men) [10], making TB a critical concern, as observed during other humanitarian crises, in crowded settings with populations who have limited access to health services. Cases of TB/HIV coinfection in Ukraine are among the highest in Europe (23% of coinfections are among new and relapsed TB cases), which should be considered by healthcare providers. Careful consideration should be given to mental distress and trauma, combined with the uncertainties of a life as a refugee and long stays in camp and transit conditions [11].

Addressing vaccine-preventable infectious diseases, such as poliomyelitis, measles, and COVID-19, will be an important priority [5,9]. An outbreak of polio was reported in Ukraine in 2021, with the country reporting the second-highest number of measles cases in Europe in the same year. Childhood vaccination coverage in Ukraine is among the lowest in the WHO European Region [5,9], which may mean that catch-up vaccination for older age-groups may be warranted, with a focus on measles, mumps, rubella, tetanus, diphtheria, and polio [6]. Temporary reception centres across Europe are known to have had outbreaks involving adults who missed vaccinations, doses, and boosters in their home countries as children [12]. For individuals who express uncertainty about vaccines they have had, ECDC recommends considering them as unvaccinated and offering a new course of routine vaccines [5,6]. As COVID-19 vaccine uptake in Ukraine has to date been low, with only 34% population coverage with 2 doses (and 2% coverage with the booster dose), and with high levels of vaccine hesitancy, host countries will need to devise strategies to ensure access to COVID-19 vaccines [9, 13].

A holistic and patient-centred approach to health is vital, with several countries –including Ireland and Poland ­– promising free access to health services for arriving Ukrainians. When organising healthcare access, healthcare professionals will need to invest time and effort into trust-building with displaced communities. The EU’s decision to offer temporary protection for one year for people fleeing Ukraine, which implies the right to residence, to work, and to free health care, are essential [14], yet raises many unanswered questions around levels of provision currently afforded to the thousands of other forcibly displaced migrants who are already here. Opening national borders and providing refuge to Ukrainians must go hand in hand with building sustainable and long-term access to healthcare, informing and training healthcare professionals , and ensuring that displaced populations are aware of their rights and routes to receive care.

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| **Current key considerations for health systems in host countries**   * Universal access to health systems in hosting countries is paramount. * Facilitate access to healthcare professionals immediately on arrival, to address interruptions in supply of medicines and to avoid excess morbidity and mortality from cardiovascular disease (heart attack, stroke), chronic respiratory diseases, diabetes, mental health, and chronic infectious diseases (TB, HIV, Hepatitis B and C). * Ensure full access to vaccination systems in host countries as a key priority. Ukraine has historic and current low childhood vaccination coverage so consider offering routine and catch-up vaccinations (with a focus on measles, mumps, rubella, and tetanus, diphtheria, polio) for all new arrivals – children, adolescents, and adults. * Ensure access to COVID-19 vaccines, amid current low coverage in Ukraine. * The majority of those displaced will be women and children. Ensure access to appropriate services, such as antenatal care, health visitors, and vaccination. * Careful consideration should be given to mental distress and trauma that are common in humanitarian crises, and the impact of the migration process on their wider health * Healthcare professionals will need to invest time and effort into trust-building with displaced communities, to design and deliver health and vaccine services. |

**Conflicts of interest**

All authors report nothing to declare.

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**References**

1. Migration Data Portal. (2022, March 24). *Refugees and Asylum Seekers*. Retrieved March 24, 2022, from <https://www.migrationdataportal.org/ukraine/crisis-movements>
2. United Nations High Commissioner for Refugees. (2022b, March 18). *UNHCR warns of rising needs in Ukraine and neighbouring countries, calls for cessation of hostilities*. UNHCR. Retrieved March 24, 2022, from <https://www.unhcr.org/uk/news/briefing/2022/3/623453f14/unhcr-warns-rising-needs-ukraine-neighbouring-countries-calls-cessation.html>
3. World Health Organization. (2022, March 18). *Prioritizing the health of refugees and migrants: an urgent, necessary plan of action for countries and regions in our interconnected world*. WHO. Retrieved March 24, 2022, from https://www.euro.who.int/en/media-centre/sections/press-releases/2022/prioritizing-the-health-of-refugees-and-migrants-an-urgent,-necessary-plan-of-action-for-countries-and-regions-in-our-interconnected-world

Medecins du Monde/UCL. 2021 Observatory report. Unheard, unseen, and untreated: health inequalities in Europe today. Brussels: MduM, 2021.

ECDC. (2022). Operational public health considerations for the prevention and control of infectious diseases in the context of Russia’s aggression towards Ukraine. 8 March 2022. Stockholm: ECDC.

ECDC. Public health guidance on screening and vaccination for infectious diseases in newly arrived migrant within the EU/EEA. Stockholm: ECDC; Nov 2018.

1. Noori T, et al. (2021). Strengthening screening for infectious diseases and vaccination among migrants in Europe: What is needed to close the implementation gaps?. *Travel medicine and infectious disease* 2021; *39*, 101715.
2. Knights F, Munir S, et al. Assessing newly arrived Afghan refugees and asylum seekers. BMJ 2022.
3. Health Cluster Ukraine. Public Health Situation Analysis – short form, 3 March 2022. ttps://reliefweb.int/sites/reliefweb.int/files/resources/ukraine-phsa-shortform-030322.pdf
4. WHO. (2022). *TB profile, Ukraine*. Retrieved March 9, 2022, from <https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&entity_type=%22country%22&lan=%22EN%22&iso2=%22UA%22>
5. Bjertrup PJ, et al. A life in waiting: refugees’ mental health and narratives of social suffering after European Union border closures in March 2016. Soc Sci Med 2018; 215: 53-60 <https://pubmed.ncbi.nlm.nih.gov/30205279/>
6. Deal A, Halliday R, Crawshaw AF, Hayward SE, et al. Migration and outbreaks of vaccine-preventable diseases in Europe. Lancet Infect Dis 2021; <https://doi.org/10.1016/> S1473-3099(21)00193-6
7. European Centre for Disease Prevention and Control. (2022, March 18). *Guidance for the prevention and control of COVID-19 in temporary reception centres in the context of the large numbers of people fleeing Ukraine*. Retrieved March 24, 2022, from https://www.ecdc.europa.eu/en/publications-data/guidance-prevention-control-covid-19-temporary-reception-centres-people-fleeing-ukraine
8. European Council. (2022, March 4). *Ukraine: Council unanimously introduces temporary protection for persons fleeing the war*. Retrieved March 10, 2022, from https://www.consilium.europa.eu/en/press/press-releases/2022/03/04/ukraine-council-introduces-temporary-protection-for-persons-fleeing-the-war/