



## Growing concern over Ukrainian refugee health

Increasingly traumatised refugees are fleeing to nearby countries raising concerns over health-care capacity. Ed Holt reports from Vyšné Nemecké, Slovakia.

"I was scared. It was terrible, I had no choice but to leave," said Anna. In a mix of English and Russian, she told *The Lancet* how she fled from her home near Kyiv with her two young sons, who played together—chasing each other around suitcases and bags nearby—as she described their 24 h journey first by train and then buses to the border with Slovakia.

Anna and her family are just a few of the 3.5 million people who have fled westwards from Ukraine to neighbouring Poland, Moldova, Hungary, Romania, and Slovakia in the wake of the Russian invasion. Humanitarian organisations have said it is the fastest-growing refugee crisis in Europe since World War 2.

For many of those fleeing the country, their journeys can be physically exhausting as well as harrowing. Many travel for days walking dozens of miles, with long waits at border crossings in freezing weather. Because Ukrainian men aged 18–60 years have been ordered not to leave the country to help defend it if needed, most of the refugees are women and children, which some female refugees have told *The Lancet* adds to the insecurity of their situation.

At border crossings and transit sites in countries receiving Ukrainian refugees, medical care for refugees is being provided by both local humanitarian groups and international organisations, such as the Red Cross. This largely takes the form of basic first aid and psychosocial support, backed up with referrals to national health-care systems if deemed necessary.

The scale and scope of these medical aid operations can vary from country to country and site to site. For example, in Poland, there are as many as 450 Red Cross medics working

at borders and transit sites. In other locations there are fewer.

At many sites, refugees are presenting with relatively minor injuries and less serious physical conditions. Gwendolen Eamer, Operations Manager in Slovakia for the International Federation of Red Cross and Red Crescent Societies, told *The Lancet* "currently, most people are crossing the border with non-emergent health needs, for example small wounds requiring dressing, injuries sustained in long walks to the border, although some people have been referred to hospitals for urgent care".

The situation is similar at crossings in other countries. But in some places, hospital directors are reporting refugee admissions for exhaustion—worsening existing chronic illnesses—and women giving birth.

Among the steady stream of refugees crossing the border at Vyšné Nemecké, Slovakia, on March 12, some appeared tired from what have been very long journeys—one family said that they had been travelling for 5 days—but most appeared in reasonable health. However, health-care experts have emphasised that although many refugees might seem to be arriving in relatively good physical health it does not mean that all actually are.

Speaking in a webinar on Feb 4, John F Ryan, acting Deputy Director-General at DG SANTE, the European Commission's health policy body, said "In a crisis of this kind, many people think of casualties and injuries, but they do not necessarily think of the problem of cancer patients, people with diabetes, people with HIV, people suffering from COVID."

Ukraine has severe epidemics of some major infectious diseases. It has the fourth highest incidence rate of tuberculosis in the WHO Europe region,

and a major HIV/AIDS epidemic, with an estimated 260 000 people living with HIV. Other infectious diseases, including measles and rubella, are a concern, and the nationwide polio vaccination campaign, which started in February, 2022, has now been suspended. Moreover, vaccination rates for COVID-19 are among the lowest in Europe, at just 35%. Many neighbouring countries have waived existing requirements of proof of COVID-19 vaccination or a negative test for the virus for refugees from Ukraine.

Although WHO has publicly played down the threat of refugees causing disease outbreaks in other countries, the European Centre for Disease Prevention and Control has urged authorities in Ukraine's neighbouring states to ensure that those fleeing the conflict have access to health-care services to help in the early detection of infectious diseases. "We are not worried about local populations seeing outbreaks of infectious diseases because of refugees. Our report is more to allow health-care systems in receiving countries to be prepared so they can help mitigate the

For more on the **admission of refugees to hospital** see <https://www.politico.eu/article/coronavirus-pandemic-central-europe-hospital-brace-ukrainian-admission/>



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impact [of this crisis] on the refugees themselves”, Teymur Noori, an ECDC migrant health expert, told *The Lancet*. At information points set up at border crossings, refugees are being given details on access to health treatment, with a specific emphasis on information on where patients with chronic illness, including tuberculosis and HIV/AIDS, can access treatment.

Meanwhile, there are growing concerns over refugees’ mental health. Julia Hall, Deputy Director for Research at Amnesty International, whose staff are monitoring the crisis, told *The Lancet* “One word often used by our monitors in relation to the Ukrainian refugees is trauma. There are lots of people who are deeply traumatised by what they have been through. Many are still in utter shock at the sheer speed of how their lives have been turned upside down. The issue of mental health care is going to be a big one.”

Refugees themselves have said the same. Valia, from Kropyvnytskyi in central Ukraine, told *The Lancet* she made a 1000 km journey with her 13-year-old son in dangerously overcrowded trains to get to Slovakia. She said people became sick and it was sometimes hard to breathe properly because so many people were packed into carriages.

Although the journey was a mental strain, the problem she and many others are now dealing with is what has happened to them. “People are traumatised, no one believed this would happen, not even a few days before the invasion, and then it happened so quickly that people still cannot quite believe it. They are in shock”, Valia explained.

Experts who have studied refugee mental health say governments in countries taking in refugees should be making preparations to deal with what could be very large numbers of deeply traumatised people in need of mental health care. Arash Javanbakht, Associate Professor at the Department of Psychiatry and Behavioral Neurosciences, School of Medicine, Wayne

State University, Detroit, MI, USA, has led research on the prevalence of post-traumatic stress disorder, anxiety, and depression in refugees.

He said that beyond providing initial basic psychosocial support at borders, service providers in receiving countries must work to identify specific refugee mental health problems. Discussing action to address the crisis, he suggested training primary care doctors in mental health care provision, and using telemedicine and consultations with foreign mental health-care specialists where needed to meet capacity shortages and overcome language barriers.

“Medical trauma is abundant in refugee crises like this one. Research has shown that the consequences of human-caused trauma can be much greater and can last longer than the consequences of trauma induced by, for example, natural disasters. The sooner treatment is given for trauma, the better, so the sooner countries taking in refugees start dealing with this, the better,” Javanbakht told *The Lancet*.

It is expected that as the conflict continues, the refugees arriving will be burdened with even more severe trauma. Ludovit Cincala works with Adventist Development and Relief Agency International, an aid organisation providing psychosocial services to refugees at the Slovakian border with Ukraine. He told *The Lancet* that the early arrivals were people who fled before the conflict reached them “But the people who are coming in now are people who had no choice but to flee because bombs were raining down on them. They have seen conflict first-hand, experienced it themselves. Their mental state is much worse.”

Many governments have introduced legislation to allow refugees to access services in receiving countries, including health care. On March 3, 2022, EU member states agreed to activate the Temporary Protection Directive for Ukrainian refugees, granting them access to health care across the EU, among other rights. Meanwhile, at

least 10 000 hospital beds across the EU have been secured for refugee patients, and vaccination centres have been established to secure continuity of COVID-19 vaccinations and child immunisations for refugees. In the UK, a scheme has also been announced to help Ukrainian refugees, including allowing them to access NHS services.

It is unclear whether health-care systems in receiving countries, which are underfunded compared to other parts of Europe, will be able to cope with the needs of millions of refugees. “Services in receiving countries will definitely be more strained—just look at the sheer numbers of refugees,” Toby Fricker, Chief of Communication and Partnerships at UNICEF South Africa, told *The Lancet*.

In Poland, which has taken in more than 2.1 million Ukrainian refugees, two-thirds of the total number of people who have fled Ukraine since the start of the invasion, health authorities have secured thousands of hospital beds for refugees needing treatment. However, local officials say that the rapid influx of refugees, which has seen Warsaw’s population alone grow by 20% since the start of the war, is likely to have an effect on a health-care system still recovering from the COVID-19 pandemic.

“You know, our health system is under an incredible strain after COVID-19” Rafał Trzaskowski, Mayor of Warsaw, told international media, adding “so now, if we have 20% more inhabitants in Poland...it is going to put an additional strain on the health service”. WHO has admitted there is concern among health-care workers over the challenge they are now facing.

“I have been talking to directors of hospitals [in receiving countries] and they told me ‘we are very ready to care for refugees, but our workforce is exhausted after 2 years of pandemic and now we have this on top of it,’” Dr Hans Kluge, WHO Regional Director for Europe, told *The Lancet*.

Ed Holt