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Public health challenges in the context of the influx of refugees from Ukraine to Poland

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Abstract

The new geopolitical situation connected Russia's invasion of Ukraine has put the Polish healthcare system in front of a huge challenge and the necessity to quickly take and implement strategic decisions aimed at providing the best possible healthcare for refugees without harming the Polish society. Objective: The main objective of the article is to present selected challenges of public health resulting from the influx of refugees to Poland. Materials and methods: the research part used a review of the current Polish literature containing information on the influx of refugees to Poland, Google Scholar, and PubMed scientific databases, as well as statistical data from the Central Statistical Office (CSO). Results: public health, despite many difficulties related to the lack of medical documentation, the threat to the health security of the Polish population, the excessive burden on the state budget, and problems with the implementation of Ukrainian specialists, developed and

consistently implemented health strategies with the involvement of private health care. The reforms implemented by the Polish government, aimed at adapting to the new reality, have contributed to the provision of the necessary and specialized health services for refugees, without adversely affecting access to medical care for Polish citizens. Conclusions: The changes introduced by the Polish government, which contributed to the adaptation of the healthcare system to new challenges, such as providing support to refugees, were analyzed. The results of the analysis show that these modifications made it possible to provide the necessary and specialized health services for this group, without affecting the accessibility of healthcare for Polish citizens. The study suggests that such an approach can provide an effective model for adapting to contemporary migration challenges while meeting the needs of refugees and ensuring access to healthcare for the local community.

1. Introduction

The war in Ukraine has resulted in the largest refugee crisis in Europe since World War II. The outbreak of the armed conflict on February 24, 2022, has led to migration on an unprecedented scale that Poland has never previously experienced. It is estimated that one year after the Russian aggression on Ukraine, less than 1 million Ukrainian citizens have benefited from temporary protection, while 1.4 million Ukrainians hold valid residence permits in Poland. This represents over 80% of the total foreign population residing in Poland (Dudziak, 2023).

In this new geopolitical situation, Polish healthcare has faced a significant organizational challenge, necessitating the rapid development and implementation of a strategic plan, as well as adequate coordination of care for patients from Ukraine. The most crucial aspects were to diagnose the health problems and needs of the refugees, as well as identify and assess the scale of health issues and epidemiological risks. Establishing rules for granting refugees access to medical facilities and evaluating epidemic risks for effective planning and implementation of necessary health measures without compromising the health of Polish citizens have become the main concerns (Rozkrut and Cuchi, 2023).

2. Theoretical framework of the research

Within the scope of this publication, there are no studies or scientific sources available for direct comparison that address the same research topic and problem. The publication is an attempt at an original study of the subject and thus may constitute a new source of knowledge in the field.

3. Research methodology

The publication is based on a review of literature, articles, legal acts, reports, scientific databases, and statistical data. The source data has been systematically

collected, analyzed and synthesized, and interpreted in order to understand the research problem. Based on the analysis, existing knowledge is summarized and conclusions are drawn. The resulting publication may serve as a basis for further research.

4. The influx of refugees and organizational changes in the healthcare system

The armed conflict in Ukraine resulted in a significant influx of refugees into Poland, necessitating inevitable changes in the Polish healthcare system. The Polish government was compelled to take steps to integrate the Ukrainian population within the state healthcare system. Consequently, a special law was enacted to regulate the provision of assistance, including medical care, to Ukrainian citizens (Sejm of the Republic of Poland, 2022). Primarily, this law established the procedures for granting personal identification numbers (PESEL) to refugees from Ukraine. A PESEL number is a unique identification number assigned to individuals residing in Poland. To be eligible to apply for a PESEL number, individuals had to meet several conditions, including arriving in Poland directly from Ukraine and registering a stay in Poland for more than 30 days (Ministry of Digital Affairs, 2023; Sejm of the Republic of Poland, 2004). The PESEL number enables:

- setting up and running a business in Poland;
- receiving the family benefit referred to in the Act of 28 November 2003 on Family Benefits, care benefits (e.g., nursing allowance), and child-raising benefit, colloquially known as “500 plus;”
- receiving the “good start” benefit, which is available to persons living with children in Poland. The benefit is paid to parents of children in the amount of PLN 300 each time they start the school year, until the child reaches the age of 20;
- receiving a benefit from the Family Care Capital (FCC) in accordance with the Act of 17 November 2021 on Family Care Capital;
- parents whose children attend a nursery, a children’s club, or a day care-giver are entitled to receive a subsidy to reduce the fee;
- receiving all cash and in-kind benefits granted on the basis of the Act of 12 March 2004 on Social Assistance, e.g., fixed benefits, periodic benefits, special purpose benefits, social work, or health insurance contributions;
- receiving one-off financial support, i.e., assistance in the amount of PLN 300, paid in the form of a one-off benefit without the need to document the purpose for which the funds will be allocated.

One of the organizational challenges for the Polish healthcare system is the health situation of Ukrainian nationals. The main problem identified is that refugees who visit doctors either do not have complete medical records, or their records are fragmented and missing. Additionally, the submitted documentation is in

Ukrainian language and requires translation. In such situations, Polish doctors are forced to conduct a re-diagnosis and refer the patient for further evaluation. This situation leads to prolonged treatment periods and delays in prescribing reimbursed medicines (Musiał, 2023; Sejm of the Republic of Poland, 2008; Sejm of the Republic of Poland, 2021; Sejm of the Republic of Poland, 2004; Starzewski, 2022).

In order to enhance medical services, the Ministry of Health launched the LikarPL application, which provides easier access to medical advice for Ukrainian citizens. The application facilitates communication between patients and doctors, enabling immediate diagnosis. LikarPL consists of two components: one designed for patients to fill out a form about their medical condition, available in multiple languages. After completing the form, the patient receives an individual code to be used during consultations with doctors. The second component, tailored for doctors, allows them to enter the patient's code to access the completed form. Healthcare professionals can generate this document in the language of their choice: English, Russian, Ukrainian, or Polish. During the consultation, the application provides a transcription from a foreign language into Polish, improving mutual communication and eliminating language barriers during emergency medical interventions. After the visit, the form and transcript can be downloaded in PDF format or printed out.

Another initiative to better integrate refugees into the Polish healthcare system is the introduction of the Ukrainian version of the Internet Patient Account (mojeIKP). The IKP allows patients to view prescriptions, referrals, and complete medical documentation, while the mojeIKP application enhances individuals' access to their medical data. Additionally, the Ministry of Health has extended the availability of the First Contact Teleplatform service to Ukrainian users. This service operates outside regular working hours, providing assistance in the form of medical advice, electronic prescriptions, referrals, and dismissals. (Greater Poland Medical Chamber, 2022).

4.1. Epidemic situation of Ukrainian citizens

Migration always brings new challenges to healthcare. The most important aspect is the diagnosis of health problems and needs. In the case of large-scale migration, assessing epidemic risks is crucial for planning and effectively implementing the necessary health interventions. The conflicts between Russia and Ukraine have had a long-lasting negative impact on the health of residents and the proper functioning of healthcare systems. Upon crossing the Polish border, a significant number of people seeking healthcare complained of diarrhea and fever (44%), issues related to chronic diseases (40%), and dental problems (18%). Additionally, refugees expressed the need for healthcare services for cardiovascular diseases, diabetes, cancer, and lung diseases (Central Statistical Office, 2023, February 20).

Ukraine, with fewer opportunities compared to Poland, has faced numerous infectious diseases and a strong anti-vaccination movement. According to data from the second quarter, there are fewer people vaccinated in this country compared to other European countries and mandatory vaccinations are for 10 infectious diseases. According to the National Institute of Public Health (PZH-PIB), the vaccination rate among children varies between 60% and 99% depending on the place of residence and age group. According to WHO data, the vaccination status for measles in 2020 was 81.9%, rubella 84.9%, poliomyelitis 84.2%, pertussis 81.3%, and hepatitis B 80.9%. In this situation, achieving collective resilience (requiring 90% vaccination coverage) is not possible (PZH, 2022, August 12).

Due to the outbreak of a measles epidemic in Ukraine, the Polish healthcare system was faced with the need to promote vaccinations among Ukrainian children, including them in a program of protective vaccinations, particularly against measles, whooping cough, and polio. It's important to note that the Polish population has a high vaccination coverage, especially against childhood diseases. This helps to ensure a reasonable level of safety for Polish society in the face of the development of infectious childhood diseases. It should also be noted that Ukraine has a low vaccination rate against COVID-19, one of the lowest in Europe (34%), with a high number of cases (5 million) and deaths (112,000). The COVID-19 vaccination program in Ukraine started late and was interrupted by Russia's aggression against Ukraine. Outbreaks of hepatitis A have been reported as a result of the influx of refugees and the enrollment of Ukrainian children in Polish schools. Additionally, there are approximately 250,000 people infected with HIV in Ukraine, of whom 150,000 receive treatment. The incidence of tuberculosis among the Ukrainian citizens is also significant, with a rate of 73 cases per 100,000 inhabitants, compared with the EU/EEA average of 9.5 per 100,000 inhabitants (PZH, 2022, May 05; Starzewski, 2023).

Regarding COVID-19 vaccination, it should be noted that only 55% of adults crossing the Polish border were vaccinated, with 81% of them having received two doses of the vaccine. Given this situation, it is important to protect people who live with refugees on a daily basis, the elderly, immunocompromised individuals, and children who have not received all the necessary vaccinations, from the sources of the epidemic. The key task of the Polish healthcare system is to promote preventive vaccinations, vaccinate both Polish and Ukrainian children as soon as possible, and emphasize the importance of vaccination against COVID-19 for both Polish and Ukrainian citizens (Central Statistical Office, 2023, February 20).

Children are entitled to receive protective vaccinations according to the vaccination schedule. However, doubts have arisen regarding the vaccination of Ukrainian children without medical records. In such cases, any child without a medical record is treated as unvaccinated when proceeding with immunization. The e-health center, based on the PESEL number, issues a referral for vaccination to every willing Ukrainian citizen. At the beginning of July, an information cam-

paign was launched on the streets of Warsaw and on public transport, which aimed to encourage mothers of Ukrainian children to receive free protective vaccinations. The campaign was funded by the United Nations Children's Fund (UNICEF), which shared information about the program on social media and its website. It is worth highlighting the educational and information campaign on vaccinations of children from Ukraine, "Say YES to vaccinations," which ran from September to December 2022 and disseminated information about vaccinations and their benefits. Thanks to it, parents and caregivers of children have access to basic knowledge about protective vaccinations. For the purpose of this campaign, a helpdesk platform for parents was created, which gave the opportunity to use the help of experts and the use of chatbots. Parents could also use the Ukrainian-language hotline to talk about vaccinations. High immunization rates effectively prevent the spread of infectious diseases and protect not only the vaccinated Ukrainian and Polish citizens, but also those who are too small for vaccination or cannot be vaccinated due to medical contraindications (Deloitte, 2022).

It is important to emphasize that the challenges faced by the Polish healthcare system are not only related to infectious diseases. The health situation of Ukrainian citizens is generally worse than that of Polish citizens. Refugees above the age of 65 are burdened with cardiovascular diseases, lung diseases, diabetes, kidney diseases, and cancer. Additionally, the Ukrainian population has a higher mortality rate among citizens of working age among, partly due to inequalities in access to healthcare services based on economic and social status. The main causes of death among Ukrainians include ischemic heart disease, stroke, cirrhosis of the liver, and lung cancer. The risk of dying from chronic diseases among Ukrainian citizens aged 30–70 is 35%, which is 10% higher than in Poland. Furthermore, 10% of the refugees experience difficulties in everyday life caused by emotional and stress-related issues. Therefore, providing psychological and psychiatric support to Ukrainian citizens has become an extremely important concern (Central Statistical Office, 2023, February 20).

4.2. Accessibility of healthcare and its components

Given that Poland had no previous experience in receiving refugees on such a massive scale, the healthcare system faced the challenge of organizing refugees' access to medical facilities and hospitals following the Russian invasion of Ukraine. Considering that the conflict may lead to long-term settlement and frequent changes of the country of residence, the organization of healthcare, mobilization of resources, and activation of reserves became necessary. Within a year of the outbreak of the war, approximately 10 million people crossed the Polish border, with nearly a million Ukrainians settling permanently in Poland. By enacting a special Act on Assistance to Citizens of Ukraine (referred to as the Special Act) on March 12,

2022, the Polish government guaranteed at least access to healthcare. However, this declaration posed the risk of insufficient access to healthcare and called for long-term systemic measures (Deloitte, 2022).

Medical assistance for Ukrainian citizens is one of the most important priorities. Medical facilities were informed that every Ukrainian citizen crossing the border in connection with the armed conflict would receive free medical care. This applied to medical institutions that had signed a contract with the National Health Fund. It should be stressed that the special law does not provide solutions for the separation of health care for Ukrainian citizens. One possible solution is simply to set aside small units or parts of facilities in large agglomerations to take care of refugees. Not only did the public health sector get involved in medical assistance, but also the leaders of private medical care very soon after the start of the invasion of Ukraine opened their centers for refugees offering emergency assistance, hospital care, specialist consultations, laboratory and diagnostic tests, professional support for medical personnel from Ukraine. Luxmed Group should be mentioned here, because within two days of the outbreak of the conflict the company introduced a special medical support program, the Aid for Ukraine package. Over time, it was expanded to include professional support for doctors. The Group established cooperation with the Polish Humanitarian Action and organized individual and group collections for the benefit of Ukrainians. The Luxmed Group provided Ukraine with the necessary funds (including the purchase of two ambulances) and medical equipment and set up special medical points and all its facilities provided urgent assistance to refugees. One year after Russia's invasion of Ukraine, Ukrainian citizens can still receive immediate and long-term care at the Ptak Warsaw Expo medical center. The entire Luxmed team, which was joined by more than 270 Ukrainian healthcare workers, was involved in the unprecedented aid. In 2022, the Luxmed Group helped 201,000 people who fled the war and provided more than 360,000 medical services. In the first phase of the aid, Luxmed donated PLN 36 million for aid. After the above assistance, a medical and professional support program for refugees was officially established, which was based on three pillars: emergency assistance, hospital treatment, and professional development (Luxmed, 2022a; Luxmed, 2022b).

It should be mentioned that radiotherapy, chemotherapy, blood transfusions, treatment for malignant breast cancer, lymphatic leukemia, and chronic renal failure were among the highest-cost treatments provided to patients from Ukraine over a period of six months, including the reimbursement of medicines (7,481 cases) (Kacprzak, 2023). The vast majority of the refugees (92%) staying in Poland from June to August 2022 received the necessary healthcare, while 2% either did not have access to it or did not receive it (Central Statistical Office, 2023, February 20).

As per the Special Act, Ukrainian citizens were guaranteed access to publicly funded medical care. Moreover, any Ukrainian citizen can seek advice at any public healthcare institution nationwide without the necessity to fill out a declara-

tion. The law also ensures their right to participate in the state's drug reimbursement program. A reimbursed prescription can be provided to any Ukrainian citizen who has legally crossed the Polish border after February 24, 2022, and possesses at least one form of identification. However, a significant issue may arise due to the absence of the patient's medical records, which can impede access to medication reimbursement. The Special Act does not specifically address the reimbursement of medications for chronic diseases.

Another critical aspect that healthcare is currently grappling with is the administration of protective vaccinations for both children and adults. In the absence of access to medical data concerning past illnesses and vaccinations, it is presumed that the vaccination has not been administered. Having previously contracted a disease does not serve as a contraindication for vaccination. Furthermore, if a doctor is to administer a protective vaccination, there is no requirement for antibody testing, which would involve additional costs and increased visits to medical facilities (Ministry of Health, 2022; Starzewski, 2022). The current concept of vaccination is strongly justified by the fact that the Ukrainian population has a high prevalence of infectious diseases, including tuberculosis, HIV/AIDS, hepatitis B and C, syphilis, measles, poliomyelitis, and multi-drug-resistant infections (Korzeniewski, 2022).

Regarding protective vaccinations against COVID-19 for the refugees, the guidelines are not clearly defined for patients who lack complete medical records (disease history), particularly for the first doses. However, booster doses may be administered to patients who have a PESEL number and received a referral. There are no statistics showing that the opening of the system to refugees has limited access to treatment for Polish citizens (Ministry of Health, 2022).

4.3. Implementation of Ukrainian doctors, nurses, and midwives into the Polish healthcare system

The ability for doctors, dentists, nurses, and midwives from Ukraine to practice their professions in Poland has been facilitated (Starzewski, 2022). According to the Act of 8 April 2022, amending the Act on Assistance to Citizens of Ukraine in Connection with the Armed Conflict on the Territory of Ukraine and certain other acts (Journal of Laws of 2022, item 830), doctors and dentists have the right to apply for conditional permission to practice their profession from the Minister of Health. The conditional right to practice applies to individuals who do not possess a diploma confirming the attainment of a specialist title issued outside the EU, as well as those who hold a specialist title issued outside the EU but lack at least 3 years of professional experience as specialists. The practice of the profession must be conducted under the supervision of a designated mentor who is a doctor. To address potential language barriers to practicing the profession, lan-

guage courses have been organized at the Medical Postgraduate Training Centre “MPTC” (Polish Government, 2022).

According to statistical data, in 2021, there were 3.43 doctors per 1,000 patients, but in 2022, the doctor-to-patient ratio decreased to 2.38. The situation may improve when doctors from Ukraine gain the right to practice in Poland. However, it should be recognized that the number of doctors in Poland is lower than in the neighboring countries (Central Statistical Office, 2023, December 01).

The Luxmed Group took an active part in the implementation of the Ukrainian personnel. This assistance consisted of support in the employment process by verifying the legality of stay, work and employment opportunities, assistance in submitting applications to the Ministry of Health and OIL, and translation of documents necessary for obtaining a work permit. The Luxmed Group organized a Polish language course for doctors (both stationary and online), which was attended by 122 people and continues to this day (Luxmed, 2022a; Luxmed, 2022b).

4.4. Positive and negative effects of the influx of refugees on the Polish healthcare system

The sudden influx of the refugees had both positive and negative effects on the Polish healthcare system. Positive aspects include:

- an increase in the population, from 37 million (2021) to 41 million (2022) (Chmielewska, 2022);
- improvements in the Polish pension system (Chmielewska, 2022);
- decrease in unemployment, with the unemployment rate falling to 5.2% at the end of December 2022, compared to 5.4% in 2021 (Ministry of Family and Social Policy, 2023; Ministry of Family and Social Policy, 2022; Central Statistical Office, 2023, March 23).

Despite these positive aspects, the negative effects of the refugee influx on the Polish state are also being investigated. These include:

- an increase in scarlet fever cases among children: there were 1,368 cases in 2021 and 5,042 cases in 2022 (Department of Epidemic Control and Sanitary Border Protection of the Chief Sanitary Inspectorate (GIS), 2022);
- the lack of protective vaccinations among refugees may lead to an increased risk of infection outbreaks (Polish Government, 2022).

5. Conclusions

The public health sector is undergoing significant organizational and financial changes, including:

— the Polish government has introduced key changes designed to adapt to the new reality, such as the (special law, PESEL, mojeIKP, and First Contact Teleplatforms);

— a notable challenge is the lack of medical documentation, which can hinder the provision of effective treatment;

— there are concerns about potential threats to the epidemiological safety of the Polish population, especially in relation to infectious diseases, due to the large influx of refugees;

— treating chronic diseases could impose a significant burden on the state budget, necessitating substantial financial resources for their management;

— both public and private healthcare institutions need to be engaged to meet the demands and challenges presented by the current situation;

— integrating Ukrainian healthcare professionals into the Polish healthcare system may face obstacles that need to be acknowledged and addressed;

— these factors underscore the ongoing shifts and challenges the public health sector in Poland is experiencing in response to the mass influx of refugees and the need to adapt to evolving conditions.

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