

Access to health care one year on: Implementation of Temporary Protection Directive (2001/55/EC) in EU Member States

REPORT

This report has been drafted by Nicole Mauer, Astrid Eriksen, Cristina Hernandez-Quevedo and Ewout van Ginneken (European Observatory on Health Systems and Policies) and was last updated on 30 June 2023. The views expressed by the authors do not necessarily represent the decisions or the stated policies of the European Commission, the European Observatory on Health Systems and Policies or any of its partners.

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Introduction

Following Russia's invasion of Ukraine on 24 February 2022, EU institutions and Member States rapidly responded, triggering the activation of the Temporary Protection Directive (2001/55/EC, hereafter TPD) through Council Implementing Decision 2022/382 on 4 March 2022 (1). One year on, all Member States have made the necessary legal provisions to transpose and implement the Directive or enact equivalent measures¹ at the national level. The Directive provides a range of rights, including health care, which must cover "at least emergency care and essential treatment of illness", as stated in Article 13 of the legislation (2). According to the results from a previous survey conducted by the European Observatory on Health Systems and Policies (hereafter Observatory) for the European Commission in 2022, beneficiaries of temporary protection are legally entitled to a broader range of services than required by the Directive in most Member States, including reductions or exemptions from cost-sharing requirements and access to tailored programmes to address specific needs of displaced individuals from Ukraine (3).

Close to 6 million displaced persons from Ukraine are currently in Europe², according to the latest data (June 2023) from the United Nations High Commissioner for Refugees (UNHCR) (4). In addition, over 5.35 million people are internally displaced on Ukrainian soil, according to the latest IOM's Internal Displacement Report (January 2023) (5). Almost 4 million non-EU citizens have been registered for temporary protection in EU countries according to Eurostat data from April 2023.³ Among the EU Member States, Germany displayed the highest number of registered beneficiaries accounting for one-fourth of total registrations (1 090 235), followed by Poland (995 035) and the Czech Republic (331 850). Yet, the number of TP beneficiaries per thousand residents was highest in the Czech Republic (31.6), Estonia (26.4) and Poland (26.4) (6).

Despite concerted efforts to transpose the TPD and offer a range of support mechanisms through its practical implementation, it remains unclear whether the resulting legislative frameworks translate into real-life access to health care services and fully address the health needs of incoming displaced persons from Ukraine.

Interviews conducted by UNHCR with partners on the ground in Hungary, Moldova, Poland, Romania and Slovakia and over 22 000 respondents report that one in four displaced persons experienced difficulties accessing the health care system in their host country when needed (March 2023) (7). Among those having difficulty accessing care, long waiting times (67%), language (34%) and financial barriers (25%) were among the most frequently cited reasons, followed by denied access (16%), lack of information (13%), lack of availability (12%) or documentation (5%) (March 2023) (7). It is possible that nationals and permanent residents in these countries may suffer from some of these barriers as well and that in some cases they relate to a general problem encountered in these systems.

According to an UNHCR report from October 2022 (based on data collected between July and August 2022), the most important barrier experienced by displaced persons from Ukraine is language (reported in 11 out of 26 Member States included in the report) due to lack of interpretation services at health care

¹ Denmark is not bound by the Directive or subject to its application, in accordance with the Protocol on the position of Denmark, annexed to the treaty on European Union and to the Treaty establishing the European Community.

² This data refers to all persons who have left Ukraine due to the war. "Europe" pertains to all Europe sub-regions as defined by Eurovoc (European Union, Thesaurus Eurovoc. Volume 2, Publications Office, 2005), including EU and non-EU countries in Central and Eastern Europe, Northern Europe, Southern Europe, and Western Europe, as well as Türkiye.

³ This data was obtained from [Eurostat](#). Further data can be consulted in the [Eurostat online data browser](#).

facilities. The report also notes that patients were frequently expected to attend visits with someone who can translate for them. Lack of information and knowledge on how to obtain care and request reimbursements were stated as further hampering access, as well as capacity limitations in health care facilities. The report highlights that care is limited to acute and emergency care in a handful of countries (4 out of the 26 Member States included in this report), which may pose a challenge for people affected by chronic pre-existing conditions. Some people were reported to have gone (back) home to Ukraine in order to “access affordable care for their conditions” (8). Although the Observatory report from July 2022 found that most Member States offered a broader range of services than required by the Directive, a few countries also reported that coverage was limited compared to nationals and ordinary residents (3).

Therefore, this follow-up survey and report aim to shed further light on the practical implementation of the TPD regarding health care coverage and access. It seeks to identify potential health care access gaps which may have arisen as displaced persons from Ukraine have started accessing the national health systems in their host EU countries.

Methodology

The data for this report was collected using a qualitative survey, which was conducted in the first quarter of 2023 with experts from research, government and non-governmental institutions, many of which are represented in the Health Systems and Policy Monitor (HSPM) network, an international group of institutions with a track record of Observatory collaborations on health systems and policy analysis (9). The survey was composed of five open-ended questions addressing different dimensions of health care coverage, access, and access barriers (see Annex 1 for the full questionnaire).

The primary objective of this survey was to collect information about the following health care access dimensions and areas of potential gaps:

1. Lack of physical availability of services

Gaps in service access due to factors such as that beneficiaries from Ukraine must go to certain selected or contracted providers and therefore do not have full access to all available services.

2. Attitude of the provider

Gaps in service access due to factors such as discrimination (based on the patient’s nationality, race, religious beliefs, special health cards, etc.), which can lead to care denial or inability to meet patient needs.

3. Lacking ability to obtain necessary care

Gaps in service access due to medical conditions (e.g., mental health issues, health outcomes resulting from physical, sexual or psychological violence, etc.) or other barriers that hinder a person from formulating a care request, obtaining care or applying for coverage (e.g., linguistic and cultural barriers, fear of discrimination or stigma, homelessness or lack of stable accommodation, displacement within the country, lack of transportation and resources, increased cross-border movement, etc.).

4. Organisational or systemic barriers

There may be some organisational barriers to actual access, even if the patient has good service and financial coverage, providers are close and contracted, and providers are willing to help. Regarding beneficiaries from Ukraine, it could be possible that care is denied or unavailable because of system differences between the Ukrainian health system and the host health system that beneficiaries are not aware of. For example, certain services or pharmaceuticals are not usually prescribed in the hosting country, or some providers are not accessible without referral from a GP (in Ukraine, there is no gate keeping, and most patients directly see a specialist). Another factor could be different kinds of administrative requirements that beneficiaries are not aware of. Anecdotal reporting shows that sometimes displaced persons from Ukraine do not register themselves with the required authorities, meaning that they may not have access when they need it or that the system is prepared to deal with displaced persons who do not have temporary protection.

This survey builds on information previously collected in April-May 2022 during an earlier round of inquiries, which focused on elucidating the legislative provisions undertaken by EU Member States to transpose the TPD (or implement equivalent measures in the case of Denmark) at national levels. The results were summarised and published in a report produced by the Observatory for the European Commission on 18 July 2022 (3).

Additional information included in the present report has been obtained through exchanges with national experts from the European Commission's Solidarity Platform network, as well as a review of relevant literature sources, including websites and documents from governments, international organisations, NGOs, and media outputs from news outlets.

This follow-up report is not exhaustive but serves to complement the growing body of evidence on health care access and access barriers, which is emerging as TP beneficiaries access host health care systems across different EU Member States. Information may be incomplete for specific dimensions of health care coverage and access.

Wherever possible the report tries to distinguish between information that applies to the refugee population in general compared to displaced persons from Ukraine and TP beneficiaries. The term refugee may also be used in relation to the specific names of institutions, regulations and official documents from the countries included in this report.

Results

Survey results

Experts from 25 Member States⁴ responded to the survey. While most countries were able to provide information concerning legal mechanisms and health care coverage in their countries, information on health care access and potential barriers appeared to be more difficult to come by and mostly came from anecdotal evidence recorded in the grey literature, including newspaper articles and non-governmental sources, as well as a few select surveys and interviews conducted on the ground (7, 10-12). Only some countries reported estimates of registrations within the health care systems or indicators of health system utilisation by displaced persons from Ukraine (more details provided in subsequent sections).

Coverage

In most respondent countries, benefits and cost coverage were reported to be equivalent to nationals and permanent residents⁵, in line with findings from the Observatory's first survey and report (3). This may entail taking up health insurance and paying insurance contributions, although exceptions may apply in specific populations, such as children, students, pregnant women, and older persons. In some countries, beneficiaries are altogether exempted from co-payments or subject to reductions based on social vulnerability and unemployment. In Estonia, exemptions only apply to beneficiaries who require treatment with insulin. In the Netherlands, beneficiaries were reported to have broader benefits and financial coverage than ordinary residents (see below for further information).

Legislative and organisational changes were reported in several countries, adapting some of the mechanisms regulating access, benefits, and cost coverage, which had been rapidly implemented in the direct aftermath of the invasion.

In some countries, this has resulted in the simplification of procedures or an expansion of the services and benefits available to beneficiaries. For instance, in Bulgaria, the national framework agreement (between the National Health Insurance Fund and the Bulgarian Doctors Union) on the delivery of health services was amended to strengthen coordination between the two parties and facilitate the process for displaced persons from Ukraine of identifying, choosing and registering with a GP (13). Similar legislative adaptations were reported in Hungary and Luxembourg. In Finland, beneficiaries of temporary protection are now able to take up residence in a municipality of their choice and receive health care which is organised and covered by the municipality (while previously, this was organised in reception centres). In Denmark, the National Health Authority has developed specific guidelines to support health professionals in providing tailored care to displaced persons from Ukraine. Experts from France and Estonia reported an expansion of the benefits package available to beneficiaries, with certain dental services now covered (Estonia: emergency dental care, France: orthodontic care expanded to beneficiaries aged 16+ with orthodontic appliances to ensure continuity of care). Slovakia only provides emergency and necessary care to beneficiaries but provides full coverage to children since January 2023.

⁴ Respondent countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, and Sweden.

⁵ Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Luxembourg, Netherlands, Poland, Portugal, Romania, Spain, Sweden.

Conversely, there have also been restrictive developments, primarily concerning cost coverage. In the Czech Republic, the original “Lex Ukraine” (Act 67/2022 Coll.)⁶ passed in March 2022 was amended later in the year to adapt payment conditions for health insurance contributions. After 150 days of temporary protection, beneficiaries are no longer covered under state-financed health insurance and the same conditions for registration and contributions to health insurance funds as for permanent residents and nationals start to apply, except for specific population groups who remain subject to exemptions such as students, unemployed or dependent persons. In France, a renewal of the complementary health solidarity insurance scheme (*complémentaire santé solidaire*), which covers health care in unemployed and vulnerable populations, is no longer automatic and now requires an assessment of beneficiaries’ financial revenues before approval can be granted. In Lithuania, the main legal act⁷ regulating health care for displaced persons from Ukraine abolished provisions on cross-border health care.

Some experts report that a renewal of temporary protection documentation can either be requested or has been automatically granted for another year (e.g., Croatia) in their countries. Italy extended the national state of emergency and passed several provisions to ensure continued relief and assistance to displaced persons from Ukraine.

For more information on benefits and cost coverage in different EU Member States, please refer to the first report produced by the Observatory for the European Commission (3).

Access

Access to health care for displaced persons from Ukraine is organised in various ways across different EU Member States. In countries without gatekeeping, displaced persons from Ukraine can directly seek out care from specialists. Conversely, in countries like Cyprus, Lithuania, Slovenia and Bulgaria, GPs function as gatekeepers in charge of referrals and pharmaceutical prescriptions. In Italy, the delivery of care for displaced persons from Ukraine is mainly organised at the regional and local level, with regional coordination structures working in conjunction with the third sector and private entities, as well as local representatives of the Ukrainian community (14). This is complemented by a national coordination mechanism. In Ireland, beyond regular service provision, community health care areas across the country have dedicated crisis management teams (complementing existing community services) operating to coordinate local and community service responses. In Belgium, stationary and mobile care offices (*zorgpunten*) were set up to aid the transition between a displaced person's initial registration and integration into mainstream health care. Access to these offices was very low threshold with interpreters available on site. In 2023, most ceased operations and only in exceptional circumstances, e.g., in a region with a very high concentration of displaced persons from Ukraine, operations can continue after approval by the social insurance (INAMI/RIZIV) (15, 16).

Many countries did not report any specific access problems for beneficiaries. However, official data on the access of beneficiaries to health services and related access problems was currently unavailable or insufficient in many settings. This shows that the evidence base is still scant and only progressively being established across EU countries. Nevertheless, some countries were able to supply relevant information

⁶ Act No. 175/2022 Coll. (Zákon č. 175/2022 Sb) - <https://www.zakonyprolidi.cz/cs/2022-175>

⁷ Order No. 1V-149 - <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/9f57e1a299e511ec9e62f960e3ee1cb6/asr>

collected from official national sources, including surveys organised with displaced persons from Ukraine, and grey literature sources, such as media reports.

While some of the issues highlighted in this section may apply to both beneficiaries and regular residents from a given country, others are specific to the populations of displaced persons from Ukraine.

Coverage-related access problems

There were not many access problems related to limitations in health care coverage, such as lacking benefits or cost-sharing requirements (e.g., lack of exemptions or reductions). A common issue emerging from multiple countries, including Bulgaria, Croatia, Czech Republic, Denmark, and Poland, was related to the cost coverage of pharmaceuticals and services which are not included in the basic benefits package of host countries (i.e., which permanent residents and nationals would also have to pay for), the most commonly cited being dental services and pharmaceuticals. Sometimes these are services (including pharmaceuticals) covered by the Ukrainian health system and which beneficiaries had been previously accessing. For example, if patients are using pharmaceuticals that are not included in the benefits covered by the State, the Croatian system recommends that another appropriate therapeutic option is prescribed from the list covered by the National Health Insurance Fund, or else, costs are not covered by the State. This was also reported in Finland, where treatments not included in the current Finnish care guidelines have to be adapted accordingly. Issues accessing pharmaceuticals available in Ukraine were also reported in Bulgaria, where the high cost of pharmaceuticals (and high co-payments for pharmaceuticals partially covered by the National Health Insurance Fund) represented an additional burden for beneficiaries, although it is acknowledged in the survey response that this also hampers access among residents and nationals in Bulgaria (17). Similar findings emerged from the survey “Voice of Ukrainians”(10) conducted anonymously in September 2022 among a representative sample of displaced persons of Ukraine in the Czech Republic, where 14% of respondents reported lacking access to necessary medication (particularly for chronic conditions including mental health conditions, cardiovascular diseases and musculoskeletal problems) due to being prescription medicines in the Czech Republic. Similarly, in Poland, pharmaceuticals were also reported to be costly, and beneficiaries were confronted with having to obtain prescriptions for certain medications. Some reported using medications they had brought with them from Ukraine, sometimes using them incorrectly to make them last, and some travelling back to Ukraine in order to buy medications.

Conversely, France reported having expanded the benefits basket accessible to beneficiaries to include orthodontic care for patients aged 16+ who were already in possession of orthodontic appliances when entering the French territory to ensure continuity of care. In the Netherlands, acute dental care is covered for up to 250 euros for displaced persons from Ukraine (a service which is not covered by the Dutch benefits package for adults and which ordinary residents are required to pay for, often through the use of voluntary health insurance).

Experts from Denmark reported that co-payments are required for services such as dental care and reception medicine, which may hamper access for low-income groups. In other settings, such as in Bulgaria, exemptions from health insurance contributions apply to a limited subgroup of users, including children, pregnant women and up to 45 days after delivery, chronic disease patients, including oncologic patients, medical professionals, as well as people below a certain income threshold.

Given these findings, many coverage-related access problems are likely similar to those faced by permanent residents and nationals, particularly in countries where pharmaceuticals are expensive or the benefits package offers limited coverage. In Bulgaria, NGOs were reported to provide financial support to purchase pharmaceuticals for displaced persons from Ukraine to mitigate these issues.

Location and physical availability of services

Some countries reported access problems related to geographical factors and the physical availability of services. This may be directly linked to how incoming persons are distributed at the national level, including how accommodation arrangements are organised. For instance, Bulgaria's state-organised accommodation aid (part of the "Programme for humanitarian assistance to displaced persons from Ukraine with temporary protection granted in the Republic of Bulgaria") has been subject to several amendments resulting in the internal displacement of beneficiaries. Unstable accommodation arrangements may represent a physical barrier to accessing care, especially in rural areas, where access to required care and providers may be more compromised than in urban centres, while also posing the challenge of registering with a new GP to access the full range of benefits included in the national health insurance scheme. While in some countries, care is delivered through the same network of providers as for nationals (e.g., Austria, Croatia, Czech Republic), in others, care is delivered through a designated network of providers (e.g., Cyprus, Estonia, Finland). Indeed, in Estonia, beneficiaries are entitled to care through a limited network of primary care and specialist providers, a list of which is made available on the Estonian Health Insurance Fund website. Depending on the region of residence, access may be more limited than in the general population. Capacity issues seem to be another determining factor, resulting in longer waiting times to access certain types of services, although in many settings this was reported as a barrier which equally affects the general population. Countries reporting this included Bulgaria, the Czech Republic, Ireland, Romania, and Poland. In Ireland, capacity issues were reported in both acute and primary care settings. In the Czech Republic, the survey "Voice of Ukrainians" showed that 29% of respondents faced waiting times of over 2 months, while 10% reported distance as an access barrier. In Lithuania, waiting times were reported to be potentially longer in larger municipalities (although also affecting the general population). In Poland, access to mental health care was mostly offered within the scope of group counselling sessions for capacity reasons, which may prevent patients from feeling comfortable sharing personal issues in such settings. Similarly, in Slovenia, mental health services on offer include group sessions which are considered less attractive. An expert from Bulgaria also reported that displaced people from Ukraine have been facing issues registering with GPs, a challenge which may be hampering access given that GPs act as gatekeepers to specialist care and prescription medication.

Organisational and administrative issues

Differences between the host countries' and the Ukrainian health systems may impact beneficiaries' experience and attitudes towards obtaining health care. Some examples related to pharmaceuticals covered in Ukraine but not in the hosting country have been provided earlier in the text. Similarly, beneficiaries were generally not used to seeking out primary care as the first point of access, as there is no gatekeeping in the Ukrainian health system. Beyond organisational differences, specific administrative mechanisms may be in place, which represent a barrier to accessing health services. For example, in

Estonia, beneficiaries are not required to register with a family physician, a condition which may not allow for the same continuity of care if they were enrolled and regularly followed up by a GP. In Poland, anecdotal evidence of beneficiaries missing an ID number required to access vaccination services was reported.

According to the State Secretary of the Slovak Health Ministry, Slovakia is struggling with some problems, most of all with the problem of coordination of the care of displaced persons. "So far, we lack someone to integrate, really coordinate aspects of not only health care, but also mental health, for example" (18).

Several countries reported changes in their administrative and legislative provisions since the first survey. In Spain, the administrative mechanisms to manage displaced persons from Ukraine have been accelerated. In France, there have been two major legislative changes which have made the administrative process to access health care more stringent. The first change concerns the renewal of the '*complémentaire santé solidaire*' which covers health care costs for individuals with limited financial means. This was originally granted for 1 year without any assessment of financial means. The renewal is now subject to such an assessment and performed under the common law. The second legislative change pertains to the assignment of a permanent social security number. In case of a lacking personal identification and temporary residence statement, the entitlement is limited to a temporary social security number which hinders the issuance of a health insurance card (*carte vitale*) and the set-up of an online patient file "Ameli", hence hampering access to health care. In Belgium, health insurance funds ordinarily access patients' past medical histories to verify whether they fulfil conditions for reimbursement under compulsory health insurance. This is particularly relevant for the reimbursement of specific pharmaceuticals and orthodontic treatments. Special provisions are in force to circumvent this for displaced persons from Ukraine who may be missing the required documentation (due to reasons of *force majeure*).

Provider-based problems

Provider-based problems have been reported in some countries. In Bulgaria and Slovakia (19), there is some anecdotal evidence concerning doctors' reluctance to accept patients, with media reports suggesting language barriers, uncertainty around reimbursement of care issued and capacity limitations as possible reasons. A similar problem seems to be emerging in the Czech Republic, where physicians may refuse to accept new patients if they deem their tolerable workload is exceeded, although there is no formally agreed threshold. Around 18% of respondents in the Czech "Voice of Ukrainians" survey reported that a provider failed to admit them, although no clear reasons were provided. Capacity issues and linguistic barriers may play a role in this regard. In France, there have been reports of health care providers refusing a service known as '*tiers-payant*' where the health care provider directly settles reimbursement claims with the health insurance company without the patient having to pay for a service upfront. In these instances, beneficiaries have been asked to pay upfront and to themselves request reimbursement from their social health insurance. Uncertainties concerning eligibility for reimbursement and the resulting reluctance to provide services have also been reported in Romania. Although beneficiaries are legally included in national vaccination programmes in Romania, there have been problems with providers claiming they could not be reimbursed for vaccinations due to administrative issues with reporting the number of vaccinated individuals to their district public health authorities. In Poland, doctors feared negative consequences from possible inspections by the National Health Fund despite there being

legislation in place regulating access to medical care for displaced persons from Ukraine, including their access to publicly reimbursed medicines.

Language issues and interpretation services

Language issues are among the most frequently identified access barriers. In Austria, NGOs and regular mental health care facilities have hired professionals who speak Ukrainian and organised interpretation services. However, the cost of interpretation services remains of concern, especially for smaller social organisations. On the provider side, recognition of qualifications gained in Ukraine represents another barrier to hiring health care professionals from Ukraine to build mental health service capacity, as currently, only professionals who have trained in Austria can be hired. In the Czech Republic, 45% of the “Voice of Ukrainians” survey respondents reported experiencing language issues. The country has set up a phone interpretation service which can be used for patient-physician interactions and a list of physicians with language skills created for displaced persons from Ukraine to consult. A similar service was set up in Belgium for GPs and care providers in the Netherlands (20, 21). In Denmark, displaced persons from Ukraine have access to free interpretation services when in contact with health services (as stated in the general rules of the Health Act). Another qualitative study from Denmark reported that the quality of consultations provided was impacted due to language barriers, and interpreters were not always available or lacked proficiency in medical terminology (although this is generally an issue). Particularly with regard to psychological support, the lack of professionals speaking Ukrainian was identified as a gap within the scope of the same study. While in Estonia, providers are not required to make translation arrangements in health care facilities, in Croatia, there have been discussions in the national parliament’s Committee for Gender Equality around the possibility of strengthening the offer of Croatian language courses and translation services, as well as providing better information on rights to health care and facilitating the integration of displaced persons at the local and community levels. Interpretation services are provided through a government helpline and a call for medical translators has been launched in April 2022 in cooperation with the IOM. Romania has set up an official website with all relevant information in English, Romanian and Ukrainian and a guide for volunteers developed in cooperation with the WHO. However, according to media reports, only one-quarter of beneficiaries from Ukraine in Romania utilise official information sources due to language barriers.

Concerning mental health service provision, language barriers were reported to be particularly challenging for two reasons in Poland. Firstly, some displaced persons reported concerns of not being understood correctly, and secondly, the use of interpretation services was considered more problematic due to doctor-patient confidentiality considerations. People with existing health problems, those who had younger children and those who did not speak English or Polish expressed a greater need for information in the Ukrainian language.

Lack of awareness and understanding of the host country’s health system

Language can be an important access barrier. However, there can also be other factors hindering beneficiaries’ awareness of how to exercise their rights to access health services and their understanding of the host country’s health system.

According to the aforementioned survey conducted in the Czech Republic, one in two respondents required help with finding a physician (and 37% said they were receiving such help). Further, 30% of

respondents did not know where and how to seek medical care, 22% did not know how the Czech health system works, and 10% did not know if they would have to pay for care. Findings from another survey conducted by the local refugee council in Malta⁸ show that a large share of respondents felt totally uninformed or only slightly informed concerning their rights and services available to them with regard to health care (11). Among the main problems encountered when trying to access the Maltese health care system, around 30% answered not knowing where to go or whom to contact (second to language barriers, which were stated by 45.6% of respondents).

Similar reports emerged from Romania, where information material is not widely utilised because of language issues. Lack of knowledge about how the Romanian health system functions, as well as lack of supportive counselling and patient navigator services currently represent important barriers to health care access. While NGOs are operating on the ground to offer assistance, the support offered is unable to cover the current demand.

Lack of information and understanding for the system was also reported as one of the primary issues in Poland. This includes lack of information concerning the rules of health care provision. Specifically, information was not adequately tailored to the recipient and delivered through the channels most frequently used by this group. On the recipient side, there are concerns for costs emerging from specific services, such as childhood vaccinations. Users in some cases would expect having to make informal payments to physicians, or other medical staff for the health services received, including vaccinations.

Issues stemming from differences between the Ukrainian and host country system were stated by multiple countries. For instance, in Bulgaria or Cyprus, many services included in the benefits basket, such as specialist health services, are only accessible through a GP, while gatekeeping is not commonplace in the Ukrainian system. Similarly, Lithuanian family doctors act as gatekeepers to specialist care and referrals can take several weeks. Some displaced persons were also unaware of co-payments for dental care in Lithuania. In Estonia, some beneficiaries were unaware of the scheduling arrangements in place to access GP visits, with reports of patients seeking care from family doctors for non-acute health problems without booked appointments or showing up with multiple family members to a scheduled visit.

⁸ Information on the sampling size and methodology used is not available for this survey. <https://citizenslab.org/mt/wp-content/uploads/2022/09/UA-Survey-statistics.pdf>

Most commonly reported access problems

- Language barriers
- Lack of awareness and limited information (in Ukrainian) concerning rights, how to access care and how the hosting country's health system functions (including potential out of pocket costs)
- Coverage of costs for services and pharmaceuticals not included in the hosting country's benefits package
- Long waiting times due to pre-existing capacity and resource limitations in the hosting country's health system
- Provider-based issues concerning reimbursement of health services issued to beneficiaries
- Organisational barriers, including differences between the Ukrainian and hosting country's health systems

Tailored health services

Various dedicated programmes to support beneficiaries of temporary protection have been set up to date, although information on utilisation and access to such services is mostly unavailable. In many countries access to services such COVID-19 and other routine vaccinations are already covered by national benefits packages and, hence, access is granted on the same grounds as residents. Programmes may not be administered by the State in some settings, where services are organised by the NGO sector, including non-governmental and volunteer organisations, and operating to fill service delivery gaps and helping to address early access problems. In order to support health care provision and access, various countries offer interpretation and translation services. In the Czech Republic, so-called UA Points have been set up across teaching hospitals to provide interpretation services, emergency medical care, including obstetric and gynaecological care, as well as non-urgent care for people struggling to register with a GP. In Bulgaria, the Red Cross and WHO office in Bulgaria are jointly running a project to provide medical assistance, including a medical consultant in each region, support with access and covering the costs of medicines, medical devices and services (22). In Greece, the Hellenic Red Cross is running the Service Point “Ελληνικού”. Dedicated national hotlines and digital platforms were also reported by several countries. For instance, in Estonia, psychosocial support is provided via a national hotline (24/7 in Estonian, English and Russian, between 4-8 pm in Ukrainian), an online chat function (www.palunabi.ee) and dedicated video counselling sessions.

Further tailored health services programmes reported by Member States can be summarised in the following categories:

- (General) health screenings upon arrival

Croatia, Malta, and Luxembourg reported health screenings taking place upon arrival in the country (accommodation/reception centres); In Croatia, testing for COVID-19 is still performed upon arrival in reception and accommodation centres (with vaccinations offered to anyone aged 5 and over). In Luxembourg, screening for infectious diseases and vaccinations are part of a

mandatory health and social consultation upon arrival. In Malta, the health screening is a requirement for receiving a work permit.

- Routine childhood and adult catch up vaccinations

In many countries, routine childhood vaccinations are free and covered by the national benefits package for minors. In some contexts, vaccination is a prerequisite to being accepted to nursery/kindergarten/school. For instance, individual immunisation plans are prepared by the Regional Health Inspectorate in Bulgaria to make sure any missing vaccinations are covered; however, low coverage among displaced children from Ukraine in Bulgaria have been reported by the Principal State Health Inspector (23). In the Czech Republic, the Ministry of Health partnered with UNICEF on a vaccination and awareness campaign to increase immunisation rates for both routine and COVID-19 vaccinations among displaced persons from Ukraine (24). Similarly, low vaccination uptake has been reported in Ireland, where the Health Service Executive has launched a nationwide catch-up vaccination programme for migrant children and young adults.

- Mental health services

In many countries, beneficiaries of temporary protection have access to the same mental health services offered to nationals, as well as dedicated helplines and targeted services organised by the State. NGOs may also be providing psychosocial support, the process sometimes facilitated through interpreters and professionals with Ukrainian language skills. In Austria, services are being used by displaced persons and there are currently waiting lists, although data on utilisation was not available. In Belgium (Flanders), displaced persons who develop severe psychological symptoms can visit the Centre for Mental Health (CGG) upon referral. The Flemish Government subsidises one CGG in each Flemish province and Brussels to provide tailored services (25). Telephone helplines are available as well. In Bulgaria, there are currently no state-organised services, but the NGO sector is offering tailored support, for instance through the Blue Dot refugee support centre, which operates psychological support and was inaugurated by UNICEF and UNHCR in partnership with the Bulgarian Red Cross, Bulgarian Helsinki Committee and Council of Refugee Women in Bulgaria (26). The Bulgarian Joint Oncology National Network has an ongoing project, “Psychological assistance to Ukrainian refugees with oncological diseases”, which aims to provide psychosocial support to displaced persons from Ukraine with cancer, including their family members and caregivers (27). In Croatia, the Institute of Public Health and cooperating health centres have launched the project, “Providing psychological assistance through mobile teams to displaced persons from Ukraine in the area of the city of Zagreb”, offering telephone consultations and support on the ground through mobile teams of translators, psychologists, or psychiatrists. The University Psychiatric Hospital Vrapce (Croatia) also offers remote and in-person support. In Poland, a psychological support helpline is available for children.

- Infectious disease screening and treatment

Although infectious disease management may be part of regular health service provision, there are countries offering more bespoke services, including check-ups upon arrival and free services through dedicated facilities. For example, in Austria, most arrival centres offer screening for COVID-19 and tuberculosis, but services can differ across centres. In Bulgaria, a list of health care providers and practical information on the screening/treatment opportunities can be consulted

on a dedicated portal. In other countries, such as Portugal, NGOs provide tailored programmes to support displaced persons in accessing infectious diseases services. In Belgium, a central preventive care point started operations on 9 February 2023, closely located to Brussels South Station where the application for temporary protection of displaced persons from Ukraine is registered. Services focus on screening for tuberculosis and provide several priority basic vaccinations (measles-mumps-rubella, diphtheria-tetanus-whooping cough, and polio). There also exists a mobile team that can provide preventive care on other locations in Flanders, where the risk of infectious disease outbreaks is highest. This mobile team has also been operational since the beginning of 2023 (20).

Data related to the utilisation of health care services in host countries

For most EU countries, estimations of the number of people registered for temporary protection are available. In contrast, it is challenging to ascertain how many beneficiaries are registered for and accessing health care services in their respective host countries. Among the survey replies obtained for the purpose of this study, information on the utilisation of health care services was provided only for a limited group of countries. In some cases, experts were aware of beneficiaries accessing specific care, such as mental health services, and waiting times encountered (e.g., Austria). However, in most settings, there was no detailed information available. The data collected within the scope of the survey replies (and desk research) is summarised below:

Austria: By 14 June 2022, 74 000 displaced persons from Ukraine had received a social security number and were therefore registered in the health system according to official government data (28). According to a research article by Rosenberger et al., the number of registered individuals was 78 000 in early July 2022 (29).

Belgium: As of February 2023, there exists a large difference between the number of certificates of temporary protection issued (65 200) and the number registered in the national register (53 450). It suggests that that some displaced persons never registered with a municipality after having their protection granted (20).

As of 17 February 2023, 46 516 displaced persons from Ukraine are registered with compulsory health insurance (of which 25 889 insured persons and 20 627 family members). There is no information available concerning how many beneficiaries are exercising their right to access health care benefits.

Czech Republic: Among the respondents of the “Voice of Ukraine” survey, 45% reported symptoms of mental illness. Yet only around 3% had accessed professional care. Among those who had used services or considered doing so (571 out of 1347 respondents), lack of information on mental health, available services and conditions for reimbursement were considered important barriers.(10)

Estonia: On 17 February 2023, the number of displaced persons from Ukraine in Estonia covered by the Estonian Health Insurance Fund (EHIF) was 34 899 (the total number of displaced persons from Ukraine who have stayed in Estonia was 67 405). Insurance coverage among registered children (up to 19 years) was 99,7%, and among adults 70%. In total, 64% have used prescription medicines or health services.

Based on EHIF data retrieved from the EHIF database for the year 2022, a total of 21 673 displaced persons visited a specialist doctor, and 5.8 million euros were paid by the Health Insurance Fund (EHIF) for the

outpatient specialist care services provided. 13 224 persons visited a family doctor, and the EHIF paid a total of 350 000 euros for their treatment. A total of 1296 persons needed inpatient specialist care, and the EHIF paid 3.73 million euros for their medical bills. The EHIF paid 3.8 million euros for a special programme of general health check-ups for war refugees in Ukraine. 12 214 persons underwent a health check-up (30).

Results from a survey conducted with displaced persons (n=527) from Ukraine in June - July 2022 showed that 34% of respondents had accessed health care in Estonia free of charge and 65% had not. Some respondents reported not being aware of their rights to access health care for free, mostly represented among those without temporary protection (19%) and those who had recently arrived in Estonia (17%). This suggests that individuals who are not (yet) covered by temporary protection may be at a higher risk of experiencing health care access problems (12).

Another study conducted among beneficiaries of temporary protection in October – December 2022 showed that less than one in four individuals was affected by chronic conditions. One in four respondents reported needing information about family doctors and one in five about dental care (31).

Germany: A representative survey conducted with health care providers (n=781) in the second quarter of 2022 showed that 30.3% deemed that integration of displaced persons from Ukraine into the German health system was progressing well, while 43.9% deemed the process to be average and 15.4% as not progressing well (32).

Ireland: There is a streamlined medical card application process in place to access health care under the same conditions as ordinary residents and nationals. As of May 2023, 63 000 medical cards had been issued to beneficiaries of temporary protection.

Poland: By January 2023, 1.5 million displaced persons from Ukraine had received a PESEL number (granting access to public services) in Poland. According to data from the National Health Fund, between February 24th and December 31, 2022, primary health care facilities provided assistance to 235 298 patients and 74 149 people received outpatient specialist care. At this time, inpatient hospital care had been provided to 40 649 persons from Ukraine.

Portugal: By February 2023, 52 280 new SNS (national health system) numbers had been issued to displaced persons from Ukraine (+ around 1124 persons already had an SNS identification number). This suggests that approx. 90% of people were registered with the Portuguese NHS, as 58 043 resident permits had been issued by the Border Authority between February 2022 and February 2023 (33, 34).

The Portuguese national hotline offering mental health services, SNS24, has received more than 3 200 calls between April 2022 and January 2023 (although there is no information on whether all calls were placed by displaced persons from Ukraine) (35).

Romania: In January 2023, the total number of displaced persons from Ukraine that entered Romania was over 3 200 000. Only 107 000 remained in the country. 5000 were registered as employed, while 19 000 had received health care and 3170 had received hospital care (36).

Slovakia: As of April 2023, some 200 000 people from Ukraine have fled to Slovakia (since the beginning of the Russian invasion). Of these, about 110 000 have a status of temporary protection, and about 30 000 patients have been provided with some form of health care.

Discussion and outlook

All EU Member States have made the necessary legal provisions at national level to ensure beneficiaries of temporary protection are granted access to health care within their national territories. Beneficiaries have comprehensive benefits coverage, equated to that of ordinary residents and nationals in most countries. This is sometimes complemented by targeted reductions and exemptions from cost sharing requirements. However, it remains difficult to establish whether theoretical coverage has translated into real-life access over the past year, or which arrangements and procedures to increase access have been most effective. Most of the information collected for this report stems from qualitative and anecdotal evidence and expert assessments, while data on the utilisation of health services is still widely lacking. The findings included in this report underline the need for effective mechanisms to monitor the coverage and access of beneficiaries to health care.

Given the prolonged displacement of persons from the Ukrainian territory in the EU, reliable data collection mechanisms may be required to minimise unmet health care needs and adequately integrate beneficiaries into host countries' societies and communities, including ensuring access to their health systems. Some countries have started rolling out national-level initiatives in this direction, such as surveys, some of which conducted with representative samples, which is a good starting point for the ascertainment of health care access gaps on the ground.

Despite these challenges, this document summarises some of the main access issues which have been identified and reported one year after activation of the Temporary Protection Directive. Among these, language represents a key barrier, as expanding translation and interpretation capacities can be extremely costly for health systems, while also being subject to specific limitations related to medical terminology and patient-doctor confidentiality when it comes to discussing sensitive subjects like mental health (as described previously). Further important challenges are represented by the lack of awareness and limited information (in Ukrainian) concerning beneficiaries' rights, how to access care and how the hosting country's health system functions. This is accompanied by differences between the Ukrainian and hosting country's health systems, which can shape the expectations of beneficiaries, as well as their approaches to accessing services. Concerns about cost, including for services and pharmaceuticals, which are not included in the hosting country's benefits package, can equally hamper access. At the same time, providers in some countries appear to be unaware of their national arrangements concerning benefits and financial coverage of beneficiaries, which has resulted in hesitancy to provide health care or requests for upfront payments for services, in a few isolated instances. Many health systems are facing pre-existing capacity and resource limitations, which were often exacerbated by the COVID-19 pandemic, resulting in unmet need and long waiting times (37). Coordinating the organisation of health care for beneficiaries of temporary protection with other services, including living arrangements, education, and social care, can contribute towards an efficient distribution of available resources and relieve some of the pressure on health systems.

Since publishing our first report (3), some countries have implemented additional legislation to regulate health care access at national level. The legal acts reported in the survey range from decrees prolonging the state of emergency to targeted financial and organisational measures, which make health care coverage and access more restrictive. On the other hand, there have also been rulings which have amplified service coverage and attempt to improve access to health care on the ground.

In some instances, non-governmental and volunteer organisations are filling service delivery gaps and helping to address early access problems. Many countries have also established tailored services to address the specific needs of the displaced persons from Ukraine, including mental health services, infectious disease screening and treatments, digital and telecommunications tools such as mobile applications and national hotlines as well as integration into national immunisation programmes.

Summing up, monitoring access barriers and unmet health needs of the incoming and already present displaced population more systematically (e.g., through surveys) and with similar instruments across countries, would enable a better picture of access challenges and allow the services on offer to be further tailored to their specific needs. Similarly, in those EU countries where reductions and exemptions are applied on the basis of financial vulnerability, displaced persons from Ukraine starting employment will in many cases become liable to paying health insurance contributions and cost-sharing requirements. Any gaps in coverage and unmet needs which may emerge as a result of transitioning towards a more permanent life in an EU country will require careful monitoring.

Table 1. Summary of Member State survey responses

LEGEND: *Changes in coverage reported since the first survey are shown in italics.* Information collected from desk research is provided in blue.

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
AUSTRIA	Coverage equivalent to nationals, no reported changes since the first survey.	None reported (limited information available). Exemptions from co-payments for health services and medicines apply on the basis of social vulnerability.	No issues reported with regards to physical availability of services, systemic barriers, lacking ability to obtain care or discrimination. Health services are delivered through the same network of providers as nationals and there is no gatekeeping. Organisation of interpretation services and recognition of qualifications to hire Ukrainian-speaking health professionals is challenging.	Access to national and tailored mental health services. Access to COVID-19 and other vaccinations according to national vaccination programmes. Screening for infectious diseases in arrival centres (mostly COVID-19 and TB).
BELGIUM	Coverage equivalent to nationals, no reported changes since the first survey.	None reported.	Health insurance funds must sometimes access patient medical histories and check fulfilment of reimbursement	Screening for infectious diseases (TB and COVID-19).

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
			<p>conditions for compulsory health insurance. Measures to circumvent this requirement have been put in place to ensure displaced persons with temporary protection are eligible for reimbursements through compulsory health insurance despite missing documentation (for reasons of force majeure).</p>	<p>Provision of vaccinations (measles-mumps-rubella, diphtheria-tetanus-whooping cough, and polio) through central care point (Brussels) or mobile teams.</p> <p>Mental help: Telephone lines and subsidised and tailored services through the Centre for Mental Health (Flanders).</p>
BULGARIA	<p>Coverage equivalent to nationals. <i>Health insurance contributions are covered by the state for 90 days, after which same conditions as for nationals apply (some exemptions for vulnerable groups).</i>⁹</p>	<p>Problems reported in national media outlets concerning registration with GPs and access to pharmaceuticals that are available in Ukraine but not Bulgaria (38-40).</p> <p>Prices and co-payments for pharmaceuticals are high,</p>	<p>Systemic/organisational:</p> <p>Changes in accommodation (foreseen by the programme for humanitarian assistance) may cause internal displacement and limit continuity of care.</p>	<p>Targeted services are organised by the NGO sector, including to facilitate access to medicines and services, and targeted psychosocial support for oncologic patients (22, 27, 41).</p>

⁹ DECREE No 69 OF 5 MAY 2022 - <https://dv.parliament.bg/DVWeb/showMaterialDV.jsp?idMat=173089>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
	<p><i>In August 2022, the National Framework Contract between the National Health Insurance Fund and the Bulgarian Doctors Union was amended to facilitate the process of finding and registering with a GP.(13)</i></p>	<p>potentially representing an access barrier. Exemptions from co-payments apply only to specific population groups.</p>	<p>Provider-based:</p> <p>Provider-based access problems have been reported in the media (possibly linked to language barriers, capacity limitations and reimbursement) (38, 39).</p>	<p>Some specialists offer free health services and psychological support on a voluntary basis.</p> <p>Access to COVID-19 and other vaccinations follows national vaccination programmes.</p> <p>There is a dedicated portal for information on screening and treatment of infectious diseases and a list of health care providers (41).</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
CROATIA	<i>Coverage equivalent to nationals. Temporary protection status has been automatically extended until March 2024 (42).</i>	The cost of pharmaceuticals/services not included in the basic benefits package is not covered by the state budget. It is recommended that alternative options for pharmacotherapy be prescribed from the Croatian Health Insurance Fund's basic and supplementary list of medicines.	Lacking ability to obtain care: Language and information identified as potential barriers. No issues reported with regards to physical availability of services, systemic barriers, or discrimination. Health services are delivered through the same network of providers as nationals.	Access to COVID-19 and other vaccinations according to national vaccination programmes. Screening for COVID-19 and other infectious diseases is performed upon arrival at reception/accommodation centre as part of a general health check-up. The management of infectious diseases (HIV, Hep B/C, TB) is organised through the Public Health Institute or family doctor. Access to psychosocial counselling is available through the Croatian social welfare system. There are also dedicated projects, including hotlines and mobile specialist teams.

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
				<p>There is a national hotline for displaced persons from Ukraine with information concerning housing, access to health care, education, labour market, among other rights.</p>
<p>CYPRUS</p>	<p>Coverage limited compared to nationals (and equivalent to other asylum seekers), no reported changes since the first survey.</p>	<p>None reported.</p>	<p>Physical availability of services:</p> <p>Access to a limited network of providers (Beneficiaries are entitled to medical care provided by public health care facilities, but not private health care providers who are contracted with the general health care scheme (43)).</p>	<p>Free access to COVID-19 vaccinations (through walk-in vaccination centres (44)) and other vaccinations following national vaccination programmes. Routine childhood vaccinations and catch-up vaccinations in adults can be accessed in Mother & child centres or MoH's Adult vaccination centres.</p> <p>No dedicated mental health care or infectious disease programmes,</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
				<p>however beneficiaries can access all health care (including mental health services) provided through the State Health Services Organisation (SHSO), which is in charge of public health care.</p> <p>Displaced persons from Ukraine fill out a Public Health Questionnaire (available in English and Ukrainian). If any chronic or communicable diseases are declared (such as TB, HIV/AIDS, blood, or venereal diseases), they are referred to specialist doctors and specific medical health care is provided.</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
CZECH REPUBLIC	Coverage equivalent to nationals. <i>Since the last survey, “Lex Ukraine” (Act 67/2022 Coll.) was amended (Act 175/2022 Coll) to adjust payment conditions for health insurance contributions.¹⁰</i>	None reported.	<p>Access problems identified in the ‘Voice of Ukrainians’ survey related to waiting times, distance, capacity limitations, language and provider-based issues.</p> <p>Physical availability of services:</p> <p>29% of survey respondents reported waiting times >2 months.</p> <p>10% reported problems with distance to physician’s office.</p> <p>Provider-based:</p> <p>18% reported problems with being treated/admitted by physician. Possibly linked to language or capacity issues.</p>	<p>Access to national and tailored mental health services (outpatient care and free psychosocial support from Ukrainian or Russian-speaking professionals at the National Institute of Mental Health).</p> <p>Access to COVID-19 and other vaccinations according to national vaccination programmes, as well as a dedicated vaccination and awareness campaign.</p> <p>Infectious disease management same as for nationals.</p>

¹⁰ Zakon c.175/2022 Sb. (Act 175/2022 Coll) - <https://www.zakonyprolidi.cz/cs/2022-175>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
DENMARK	<p>Coverage equivalent to nationals.</p> <p><i>Since the last survey, the Danish National Health Authority has produced guidelines to support health professionals with providing targeted care to displaced persons from Ukraine (including guidance on managing vulnerable groups, mental health, infectious diseases and chronic diseases) (45).</i></p>	<p>Cost of pharmaceuticals/services not included in the basic benefits package and co-payments required for dentist care and reception medicine may potentially hamper access.</p>	<p>Lacking ability to obtain care:</p> <p>Language identified as a potential barrier.</p> <p>Limited information available on other types of barriers.</p>	<p>Some regions have established acute clinics or tailored health services for displaced persons from Ukraine. For instance, Zealand offers free health checks and guidance from health staff.</p> <p>COVID-19 and routine vaccinations, management of mental health and infectious diseases same as for nationals.</p>
ESTONIA	<p>Coverage equivalent to nationals (once they have access to health insurance).</p> <p><i>Since the first survey round, the benefits package has been expanded to include emergency dental care.</i></p>	<p>Same cost-sharing requirements as the general population (no specific exemptions except for persons requiring insulin).</p>	<p>Physical availability of services:</p> <p>Different network of providers than general population (list of providers made available by the national health insurance fund). Uneven regional</p>	<p>Access to COVID-19 and other vaccinations according to national vaccination programmes (even without health insurance).</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
			<p>distribution of providers may limit access.</p> <p>Systemic/organisational barriers:</p> <p>Differences with the Ukrainian health system regarding scheduling GP visits.</p> <p>Registration on GP patient list is not necessary, which may impact continuity of care.</p> <p>No obligation for providers to provide translations in health care facilities.</p>	<p>Infectious disease screening and treatment provided during general health checks (46).</p> <p>Psychosocial support is provided via a national hotline and digital services (video counselling, online chat). NGOs and local governments are also operating dedicated mental health programmes (e.g., Refugee centre in Tallinn). The Estonian Social Insurance board offers victim support services and has recruited Ukrainian psychologists.</p> <p>GPs collaborate with school nurses to ensure school children undergo compulsory health</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
				<p>examinations (ages 6 to 8 years) before starting school. Information on utilisation available upon request.</p> <p>Free insulin is distributed for displaced persons from Ukraine by specific pharmacies throughout the country.</p>
FINLAND	<p>Coverage equivalent to nationals.</p> <p><i>After the first year of temporary protection, beneficiaries are able to apply for residence in any municipality, which is subsequently in charge of organising and covering costs of health care services.</i></p>	<p>Some pharmaceuticals prescribed in Ukraine are unavailable (not on Finnish current care guidelines) and have to be replaced with new regimens.</p>	<p>Physical availability of services:</p> <p>Different network of providers than nationals (mostly private providers contracted by Finnish Immigration Service). For acute care and specialist care, access to public providers is possible.</p> <p>Possible capacity issues in the health system in general and</p>	<p>COVID-19 and other vaccinations are made available through the municipalities or reception centres.</p> <p>Mental health tools and trainings for psychosocial support and management of trauma are being developed for service providers, including primary care providers.</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
			some related to rapidly setting up reception centres and scaling up health services.	Mental health services are also offered by NGOs. Infectious disease screening (covering TB, Hepatitis B, syphilis and HIV) is offered to asylum seekers, and anyone registered for temporary protection.
FRANCE	Coverage equivalent to nationals. <i>After the first year, renewal of complementary solidarity health insurance requires an assessment of the applicant's financial resources. Temporary residence permits are no longer sufficient to obtain a permanent social security number (an ID document is required).</i>	None reported/information not available.	Systemic/organisational: Some problems may be linked to organisational/administrative requirements (need for permanent social security number to issue health insurance card) and reimbursement of care (upfront payment requested by health professionals although direct	After registering for health insurance, individuals aged 16 and over are invited for a comprehensive preventive health check-up, same applies for general population (check-up includes mental health assessment, infectious disease screening/treatment and vaccinations).

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
	<p><i>Coverage of orthodontic care expanded to beneficiaries aged 16+ with orthodontic appliances to ensure continuity of care.</i></p>		<p>reimbursement through health insurance is possible).</p>	
<p>GERMANY</p>	<p>Coverage equivalent to nationals (from 1 June 2022, coverage with statutory health insurance provided with a residence permit under Section 24 of the Residence Act (“§24 AufentG”).</p>	<p>A representative survey with health care providers showed integration of displaced persons from Ukraine in the German health system was mostly deemed as average or good (32).</p>	<p>Lacking ability to obtain care; Physical availability of services:</p> <p>Some problems reported in media outlets, including lack of medical personnel, interpreters, and backlogs in doctors’ practices. For cancer patients, lack of medical documentation on diagnosis and previous treatments was</p>	<p>A “Germany4Ukraine” mobile application has been developed to access information on available support, including medical care, in Ukrainian (also available in Russian and English).</p> <p>Interpreters are available in urgent cases and when</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
			<p>reported as a problem, as well as language barriers (47).</p> <p>First representative national survey of displaced persons from Ukraine shows 1/3 need support with accessing medical care (48). Only 4% reported speaking some German.</p>	<p>children are involved. Digital tools for translation are also available.</p> <p>On behalf of the German government, patient guides are provided to MEDEVAC-patients by aid organisations in Germany.</p> <p>Patients (including seriously ill children) have been evacuated from Ukraine and treated in care centres/hospitals in Germany.</p>
GREECE	Coverage equivalent to nationals.	None reported.	<p>Lacking ability to obtain care:</p> <p>Language identified as a potential barrier.</p>	Access to COVID-19 and other vaccinations according to national vaccination programmes.

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
				<p>There are dedicated mental health services. Infectious disease screening and treatment same as for nationals.</p> <p>The Greek Red Cross is operating a service point (Ελληνικού) for the support of displaced persons from Ukraine.</p> <p>Doctors of the World (MDM) offer different services through a polyclinic and their helpdesk, including specialised care (maternal, child care, sexual and reproductive care, etc.), psychological services (including the EQ4YOU programme for trauma management) and social</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
				support/material assistance (49).
HUNGARY	<p>Coverage limited compared to nationals.</p> <p><i>Two new government decrees (No. 246/2022 VII.8.¹¹ and No. 171/2022. IV.29 ¹²) were passed to adapt administrative processes. More information is provided for displaced persons through NGOs and volunteer organisations (50-53).</i></p>	None reported/information not publicly available.	<p>None reported/information not publicly available.</p> <p>Systemic/organisational; Lacking ability to obtain care:</p> <p>Some media outlets suggest lack of information on available services, language barriers and capacity issues may be impacting access (54-56).</p>	<p>Access to COVID-19 and other vaccinations through GPs.</p> <p>Some services are organised by NGOs and volunteers.</p>

¹¹ Government decree No. 246/2022 VII.8. - <https://net.jogtar.hu/jogszabaly?docid=A2200246.KOR&dbnum=1>

¹² Government decree No. 171/2022 IV.29 - <https://net.jogtar.hu/jogszabaly?docid=A2200171.KOR&dbnum=1>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
IRELAND	<p>Coverage equivalent to nationals, no reported changes since the first survey.</p> <p><i>The Framework for Access to GP services has been updated by the Health Service Executive (HSE) and the Irish Medical Organisation (IMO) providing guidance on reimbursement and a range of services, including the provision of care through temporary GP clinics.</i></p>	None reported.	<p>Lacking ability to obtain care; Physical availability of services:</p> <p>Problems reported related to language barriers, lack of understanding of the host country's health system, health care capacity limitations and the physical availability of services, including long waiting lists (including for GPs) and accommodation in areas with limited health care provision and capacity.</p>	<p>Access to COVID-19 and other vaccinations offered through GPs, pharmacies and HSE vaccination centres. Community Health care Organisations are providing guidance, on-site vaccination clinics and a dedicated catch-up immunisation programme for migrant children and young adults.</p> <p>Additional primary care capacity is provided through temporary sessional GP clinics and bespoke options for access to GP services.</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
ITALY	<p>Coverage equivalent to nationals.</p> <p><i>Since the first survey, the state of emergency has been extended (Law No.197, 29 December 2022) and additional provisions¹³ by the Italian Civil Protection Department ensure continued relief and assistance to displaced persons from Ukraine. COVID-19 testing upon entry is no longer mandatory for citizens from Ukraine.</i></p>	None reported/information not available.	None reported/information not available.	<p>No tailored programmes offered at national level, health care programmes coordinated and implemented at regional/local level (14).</p> <p>The Italian National Institute for Health, Migration, and Poverty (INMP), has launched a new online tool called ReSPES (Repository of health equity public health interventions/Repertorio degli interventi di Sanità Pubblica orientati all'Equità nella Salute) which provides a catalogue of equity oriented public health interventions taking place in Italy, including for</p>

¹³ Ocdpc n. 895 del 24 maggio 2022 - <https://www.protezionecivile.gov.it/it/normativa/ocdpc-n-895-del-24-maggio-2022-0/>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
				migrant populations like displaced persons from Ukraine (57). It is currently in the pilot stage.
LATVIA	Coverage equivalent to nationals (58, 59).	<p>Ukrainian civilians¹⁴ have access to all provided health care services for free (no co-payments) except for the case if they have been socially insured in accordance with the Law of state social insurance (60).</p> <p>However, if a prescription was received in Ukraine - the medicine can be purchased at the pharmacy for the full cost of the prescription, paid out of</p>	None reported/information not available.	Free psychoemotional online support services for adults, adolescents and children arriving from Ukraine (62).

¹⁴ Includes citizens of Ukraine and their family members, persons who have a permanent residence permit, status of stateless person or international protection in Ukraine and their family members.

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
		<p>pocket, on presentation of the prescription.</p> <p>Displaced persons from Ukraine in Latvia will share similar access barriers to health care as residents (different than those related to user charges), as Latvians benefit of a small basket of health care services compared with other EU countries (e.g. dental care for adults is not included in the basket)(61).</p>		
LITHUANIA	<p>Coverage limited to emergency, acute and necessary care until beneficiaries start paying social insurance contributions.</p> <p><i>Since the first survey, the main legal act on health care for displaced persons from</i></p>	None reported/information not available.	<p>Physical availability of services; Systemic/organisational:</p> <p>Longer waiting times in large municipalities (also applicable to nationals), differences between Ukrainian and host country health system</p>	<p>COVID-19 and other vaccinations, as well as infectious disease screening for TB, are provided through law provisions.</p> <p>There is a state-organised psychological support initiative (64), including a</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
	<i>Ukraine has abolished provisions on cross-border health care.¹⁵</i>		identified as potential barriers (63).	hotline and free video consultations (65).
LUXEMBOURG	Coverage more or less equivalent to nationals. Under legislation from May 10 2022 ¹⁶ , health care for beneficiaries of temporary protection is covered by the National Health Fund.	None reported/information not available.	None reported/information not available.	No dedicated programmes as such, mandatory health and social checks (e.g., vaccination, screening for infectious diseases) upon arrival.
MALTA	Coverage limited to emergency, acute and necessary care. No reported changes since the first survey.	None reported.	Lacking ability to obtain care: Language/cultural issues identified as potential barriers.	Health screenings take place at entry into the country (and are required to receive work permits).

¹⁵ Order Nr. 1V-149 - <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/9f57e1a299e511ec9e62f960e3ee1cb6/asr>

¹⁶ Mémorial A n° 226/2022 - https://www.stradalex.lu/fr/slu_src_publ_leg_mema/toc/leg_lu_mema_202205_226/doc/mema_etat-leg-loi-2022-05-10-a226-jo

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
				<p>Access to COVID-19 and other vaccinations according to national vaccination programmes.</p> <p>Access to community mental health services on same grounds as general population. Specialist services are available in aftermath of sexual assault.</p> <p>NGOs and informal networks support Ukrainians and their families. There is also a generic hotline (66).</p>
NETHERLANDS	<p>Coverage is broader than for nationals.</p> <p><i>A new regulation was introduced in July 2022 on financing of medical care for</i></p>	<p>None reported.</p> <p><i>Dental care coverage is limited for all citizens. However, acute dental care is covered up to 250 euros for displaced</i></p>	<p>Physical availability of services:</p> <p>Access to GPs identified as a potential barrier (due to a general GP shortage).</p>	<p>No dedicated programmes as such (access to vaccination and mental health services according to national programmes). For mental health, NGOs are</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
	<p><i>displaced persons from Ukraine (Regeling Medische zorg Ontheemden uit Oekraïne, RMO).</i></p> <p><i>Displaced persons from Ukraine are overall exempted from cost sharing for services covered by the Dutch benefits package under the new regulation.</i></p>	<p><i>persons from Ukraine (a service which is not covered by the Dutch benefits package).</i></p>		<p>active in providing attention and information for certain services.</p>
POLAND	<p>Coverage equivalent to nationals, except for cross-border health care, which is not covered (neither are health resort treatments and rehabilitation), as well as the administration of medicinal products dispensed under the health policy programmes of The Minister for Health.</p>	<p>Lack of medical documentation can cause problems with regards to access to prescription medicines and reimbursement.</p> <p>Cost of services and medication have been reported to be too high in some cases (but also fear of being charged for services that</p>	<p>Lack of physical availability (which may also apply generally to Polish citizens):</p> <ul style="list-style-type: none"> - Long waiting times and lists, especially for specialist care - Patients with chronic diseases and/or disabilities have been especially affected 	<p>Communication campaign about free vaccinations (both adults and children).</p> <p>Free voluntary vaccination against infectious diseases.</p> <p>There are various e-health initiatives, such as:</p> <ul style="list-style-type: none"> - A mobile application (LikarPL) to

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
	<p><i>Legislation was adapted in July 2022. Direct entry into Poland from the territory of Ukraine is no longer required for citizens of Ukraine to be covered. The previous regulations referred only to persons arriving via a border where border control was carried out. Now entry can be through an internal border – e.g. through the border with Slovakia.</i></p>	<p>are covered by the Polish benefits basket).</p> <p>Ukrainian nationals with temporary protection in Poland must pay the same charge costs as Polish-insured persons for health care services, including medicines and medical products.</p>	<ul style="list-style-type: none"> - Logistical issues, including transport and distance - Unavailability of medical care or treatment has been reported in some cases - Limited access to vaccination services (need for a specific ID number to access services) - Access to routine and preventive care (chronic disease monitoring, GYN examinations, screenings including mammography) is overall more difficult than emergency and hospital care <p>Provider-based:</p>	<p>facilitate communication with patients from Ukraine.</p> <ul style="list-style-type: none"> - National hotline and platform, providing medical assistance over the phone outside of primary care working hours, as well as access to eHealth services (prescriptions, referrals, exemptions). - Access to Internet Patient Accounts (IKP) and mobile application myIKP collecting patient medical records, prescriptions and referrals is

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
			<ul style="list-style-type: none"> - Reluctance from family physicians to register patients from Ukraine <p>Lacking ability to obtain care:</p> <ul style="list-style-type: none"> - Language barriers (especially for people with chronic diseases/disabilities), fear of not being understood (especially for mental health), issues communicating symptoms (which may impact referral to a specialist) - Different drug names in Ukraine to Poland (a list of equivalent names has been provided by the Polish MoH) <p>Systemic/organisational:</p>	<p>available in Ukrainian.</p> <p>Mental health care equal to citizens and free of charge (for adults, children and adolescents).</p> <p>Children’s Ombudsman Helpline available in Ukrainian and Russian (free psychological support by phone, in collaboration with the MoH)</p> <p>Pilot programme of therapeutic interventions addressed to people with trauma (including children and adolescents).</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
			<ul style="list-style-type: none"> - Lack of information tailored to the needs of beneficiaries (e.g., about the rules of health care provision and insurance, applying for disability) - Lack of legal guardians in the case of minors 	
PORTUGAL	Coverage equivalent to nationals, no reported changes since first survey.	None reported.	<p>Lacking ability to obtain care; Provider-based:</p> <p>There is anecdotal evidence (from NGOs) of language, provider, and information issues as potential barriers (67).</p>	<p>Access to COVID-19 and other vaccinations according to national vaccination programmes.</p> <p>There is a national hotline (in English) which is state-run in partnership with the Psychologists Association, as well as services offered by NOGs (including Red Cross).</p> <p>Infectious disease services are offered by NGOs (68).</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
ROMANIA	<p>Coverage equivalent to nationals.</p> <p><i>Since the first survey, the Emergency Government Ordinance no. 15/2022 on humanitarian assistance for those fleeing Ukraine transposing the Temporary Protection Directive provisions into the national legislation has been further modified through Emergency Government Ordinance no. 28/2022 that increased the per diem reimbursed for families that accommodate displaced people from Ukraine,</i></p>	<p>None reported, access problems likely similar to nationals (69).</p>	<p>Provider-based:</p> <p>There are media reports of health care providers hesitant of providing services, due to uncertainty concerning reimbursement by health insurance (70). This was also reported with regards to vaccinations (due to supposedly missing ID numbers that must be reported to public health authorities) (71).</p> <p>Lacking ability to obtain care:</p> <p>According to a media report only ¼ of Ukrainian population</p>	<p>No dedicated programmes but displaced persons from Ukraine have access to national programmes, such as cancer prevention, the mental health programme, and the national vaccination program.</p> <p>NGOs are providing specific services, such as the National Alliance for Rare Diseases Romania in collaboration with EURORDIS - Rare Diseases Europe, the Society for Education on Contraception and Sexuality (SECS) facilitating access to gynaecology</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
	<p><i>and through Emergency Government Ordinance no.100/2022 that allowed the establishment of new social services providers to cover the social care needs of displaced people from Ukraine. The Emergency Government Ordinance no. 100/29 June 2022 approved the National Action Plan for protection and social inclusion of the displaced population from Ukraine. This includes specific measures for both inclusion in the national public health prevention programmes and provision of health care services, including drugs, medical devices under the</i></p>		<p>use official information sources due to language barriers (70).</p> <p>Systemic/organisational:</p> <p>One potential barrier is related to lack of knowledge about pathways in the Romanian health system and also lack of supportive counselling/patient navigator services. Several NGOs provide these type of services, but it seems they are not sufficient to cover needs (72).</p> <p>Physical availability of services</p> <p>Difficulty accessing family practitioners and lack of specialised staff.</p>	<p>medical services for women and girls from Ukraine in Bucharest, providers of HIV treatment or services, etc. (73). Interpretation services are provided through a government helpline and a call for medical translators has been launched in April 2022 in cooperation with the IOM.</p> <p>There is an official website with all relevant information in English, Romanian and Ukrainian and a guide for volunteers developed in cooperation with the WHO.</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
	<i>national health insurance system.</i> ¹⁷			
SLOVAKIA	<p>Necessary and emergency care (incl. GP, preventive care, vaccinations, prescribed medicines/devices for chronic illnesses) + any services as defined by MoH.</p> <p>Elective (planned) health care and spa treatments excluded.</p> <p><i>Full coverage was introduced for displaced children in January 2023</i></p>	None found (even though benefit package is limited).	<p>Systemic/organisational:</p> <p>Difficulties coordinating the care of displaced persons, especially mental care.</p>	Comprehensive general health assessments, vaccinations, mental health services.
SLOVENIA	Coverage limited compared to nationals, no reported	None reported.	Systemic/organisational:	Access to COVID-19 and other vaccinations

¹⁷ Emergency Government Ordinance no. 100/29 June 2022 - <https://legislatie.just.ro/Public/DetaliuDocument/256915>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
	<p>changes since the first survey.</p> <p><i>A needs assessment study has been conducted in cooperation with WHO, resulting in formulation of an information booklet for displaced persons from Ukraine on how to access health care services.</i></p>	<p>Cost-sharing for dental services is considered too expensive.</p>	<p>Emergency services are the most common point of access and ensuring continuity of care (i.e., referrals to routine care) is challenging.</p> <p>Differences between Slovenian and Ukrainian health systems with regards to gatekeeping.</p> <p>Lacking ability to obtain care:</p> <p>Language barriers, particularly among older persons aged 50 + who do not speak Slovenian or English, as well as lack of information were identified as barriers.</p>	<p>according to national vaccination programmes.</p> <p>There are dedicated mental health services, including group counselling sessions, although many displaced persons are either not aware or do not use them.</p> <p>Infectious disease screening and treatment same as for nationals.</p>
SPAIN	<p>Coverage equivalent to nationals (there is a reduction on co-payments for pharmaceuticals) (74).</p>	<p>None reported.</p>	<p>None reported.</p>	<p>The autonomous communities have developed their own programmes for the reception of displaced</p>

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
	No changes since the first survey.			<p>persons from Ukraine (based on general guidelines issued at national level by MoH) (75, 76).</p> <p>COVID-19, Measles and Polio vaccinations are prioritised, but national immunisation calendar followed (75-77).</p> <p>There is a hotline offering psychological support (78).</p> <p>The government has issued guidelines for the prevention and control of infectious diseases (76).</p>
SWEDEN	Coverage equivalent to nationals. No reported changes since the first survey.	None reported.	<p>Lacking ability to obtain care:</p> <p>Language identified as potential barrier.</p>	Mobile teams have been deployed to offer COVID-19 vaccinations.

Member State	Benefits and financial coverage	Coverage-related access barriers	Other access barriers	Access to tailored health care programmes
			<p>Systemic/organisational: Some issues, such as booking appointments online, which has a verification process requiring registration in the Swedish population register.</p>	<p>Other vaccinations (and infectious disease screening/treatment) offered during general health assessment for adults and in line with national immunisation calendar for children (79).</p> <p>Mental health assessed as part of general health assessment, support offered through mental health programmes (80).</p>

LEGEND: *Changes in coverage reported since the first survey are shown in italics.* Information collected from desk research is provided in blue.

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Annex

I. Questionnaire on access to health care for beneficiaries of temporary protection

Implementation of the Temporary Protection Directive: Survey on access to health care for beneficiaries of temporary protection

Background

26 Member States have made the necessary legal provisions to transpose and implement EU Directive 2001/55/EC on Temporary Protection to date (Denmark has enacted equivalent measures). This provides a legal framework for beneficiaries to access health care, which must include “at least emergency care and essential treatment of illness” as foreseen by the [Directive](#). According to the [results from a previous survey](#) conducted for the European Commission with the HSPM network earlier this year, beneficiaries of temporary protection are legally entitled to a broader range of services than required by the Directive in most Member States. However, a formal entitlement for services may not translate into real access to care for a variety of reasons.

Therefore, this follow-up survey aims to shed further light on the practical implementation of the Directive and to identify potential health care access gaps which may have arisen as displaced persons from Ukraine have started accessing the national health systems in their host EU countries over the past nine months.

Legend: What do the main types of service access gaps look like?

Lack of physical availability of services

Gaps in service access due to factors such as that beneficiaries from Ukraine must go to certain selected or contracted providers and therefore do not have full access to all available services.

Attitude of provider

Gaps in service access due to factors such as discrimination (based on the patient’s nationality, race, religious beliefs, special health card etc.) can lead to care denial or inability to meet patient needs. This may be an important access barrier also for displaced persons from Ukraine.

Lacking ability to obtain necessary care

Gaps in service access due to medical conditions (e.g., mental health issues, health outcomes resulting from physical, sexual or psychological violence, etc.) or other barriers that hinder a person from formulating a care request, obtaining care or applying for coverage (e.g., linguistic and cultural barriers, fear of discrimination or stigma, homelessness or lack of stable accommodation, displacement within the country, lack of transportation and resources, increased cross-border movement, etc.).

Organisational or systemic barriers

There may be some organisational barriers to actual access, even if the patient has good service and financial coverage, providers are close and contracted, and providers are willing to help. Regarding beneficiaries from Ukraine, it could be possible that care is denied or unavailable because of system differences between the Ukrainian health system and your health system that beneficiaries are not aware of. For example, certain services or pharmaceuticals are not usually prescribed in your country, or some providers are not accessible without referral from a GP (In Ukraine, there is no gate keeping, and most patients directly see a specialist). Another factor could be different kinds of administrative requirements that beneficiaries are not aware of. Anecdotal reporting shows that sometimes displaced persons from Ukraine do not register themselves with the required authorities, meaning that they may not have access when they need it or that the system is prepared to deal with refugees that do not have temporary protection.

Questions

Please answer questions 1. to 5. Provide any references or links to (quantitative and qualitative) data sources if possible (studies, reports, media coverage etc., even in national language) and estimates of how many people are affected, if available.

COVERAGE

1. We are sending along the first filled out survey that focused on coverage dimensions as reference. We are assuming that the information provided is still current. If not:
 - a. Have there been any changes since you filled out the first survey in benefits coverage? Why?
 - b. Have there been any changes since you filled out the first survey in cost sharing coverage? Why?
 - c. Have there been any changes since you filled out the first survey in coverage for cross-border care? Why?
 - d. Are there any new tailored programmes for displaced persons from Ukraine (with or without temporary protection) since you filled out the first survey? Why?
 - e. Any other relevant changes?

ACCESS

Please focus on those areas where there is a difference between nationals and beneficiaries of temporary protection from Ukraine.

2. Are you aware of any access problems because coverage is insufficient, due to:
 - a. Lacking benefits (these could also include services or pharmaceuticals that are provided in Ukraine but not in your country)?
 - b. Cost-sharing requirements (this could be due to lack of exemptions or reductions)?
 - c. Any other reasons?
3. Are you aware of any problems beneficiaries have in accessing services (for reference see legend above), due to:
 - a. Lack of physical availability of services (e.g., access to a limited network of providers)?
 - b. Attitudes of the provider (e.g., care denial, discrimination, inability to accommodate preferences)?
 - c. Lacking ability to obtain necessary care (e.g., linguistic and cultural barriers, medical conditions)?
 - d. Organizational or systemic barriers (e.g., administrative requirements, differences between Ukrainian and host country system)?
 - e. Do you have estimates available of the numbers of displaced persons from Ukraine who have registered with the health system (as compared to the total number of displaced persons from Ukraine)?
 - f. Any other barriers?
4. Is there any information available on access to the tailored programmes? Do beneficiaries from Ukraine use them? Are they deemed successful? If not, why not?
 - a. Are COVID-19 vaccinations applied through dedicated programmes? Is there information available whether beneficiaries have received them?
 - b. Are routine childhood vaccinations and catch-up vaccinations for adults applied through dedicated programmes? Is there information available whether beneficiaries have received them?
 - c. Are mental health services and tailored services for victims of psychological, physical, and sexual violence (incl. psychological support and OB-GYN services) applied through dedicated programmes? Is there information available whether beneficiaries are accessing them?

- d. Are infectious disease screening and treatment services (incl. for TB, HIV, Hepatitis B and C) applied through dedicated programmes? Is there information available whether beneficiaries are accessing them?
5. Do you have any other relevant information and references you wish to share?