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UKRAINE

Poland's buckling healthcare system nevertheless welcomes Ukraine refugees with open arms

Since Russian troops invaded Ukraine, an estimated two million refugees have crossed the border to Poland, a country with one of the lowest per capita healthcare spends in the EU.¹ **Sally Howard** reports

Sally Howard *freelance journalist*

Over two million Ukrainian refugees have crossed the Polish-Ukrainian border, with a further one million crossing into neighbouring countries,² according to the United Nations High Commissioner for Refugees (UNHCR).

Arrivals are principally women, children, the elderly, and, increasingly, the physically vulnerable (most Ukrainian men aged 16-60 are banned from leaving the country in case they are called on to fight).³ They arrive with a range of physical and mental health needs; many have missed days or weeks of long term prescriptions such as insulin and thyroid drugs.

In a statement on 3 March, the Polish Health Ministry said that while most arrivals from Ukraine were in good health, it had prepared 7000 places for Ukrainian citizens across 120 hospitals. Some 700 children had been treated in Polish hospitals by 13 March, including for respiratory diseases from the conditions they had lived in under bombardment.

The Polish government has established eight reception points for refugees along its border with Ukraine, from Przemyśl in the south to Dorohusk in the north,⁴ which provide food, medical aid, and information to refugee arrivals. At these points, healthcare workers focus on triaging cases, says Selma Sevkli, who is coordinating the World Health Organization's mental health and psychosocial support services for refugee arrivals in Poland.

She says uncertainty remains about how to plan an integrated health response that will not overwhelm Polish national services, particularly with many refugee arrivals being assisted by volunteers, including volunteer healthcare workers. "It's hard to know who will remain in the country to help and it's also hard to know how many refugees will remain in Poland medium term or exit to other European nations," Sevkli says.

Polish healthcare steps up

Poland has a free public healthcare system in which every Polish and European Union resident has the right to accessible healthcare. In 2015, health expenditure was 6.3% of gross domestic product compared with the EU average of 9.9%.¹ Public funds account for 72% of spending, lower than the EU average (79%). Out-of-pocket spending, meanwhile, is comparatively high (22%), raising accessibility concerns.

Poland has few doctors, especially specialists,⁵ and the country ranks fifth in the EU for unmet healthcare needs,

with cost and waiting times being the biggest contributors.¹ "We are one of the lowest ranked in Europe in terms of the number of doctors for each 1000 inhabitants and healthcare expenditures," says Jerzy Wydmański, an oncologist based in the southern Polish city Gliwice.

Nevertheless, those in need are not turned away. Wydmański has been helping Ukrainian refugees in person and by telemedicine elsewhere in Poland. His son, Witold, an IT student in Kraków, created an online platform, *Lekarze dla Ukrainy* (Doctors for Ukraine),⁶ to help Ukrainian refugees connect with Polish doctors who are offering free consultations and advice. The site, which has been receiving around 1000 visits a day, also offers medical document translation through volunteer translators.

Krzysztof Chmiel, a general practitioner in Krakow, found the link to *Lekarze dla Ukrainy* on Facebook and has treated 20 refugees in person through the service.

"There are around 130 000 refugees in my city," he says, "I'm not a soldier, all I can do is provide healthcare so that is what I do."

Medical needs

"The Polish healthcare service, from what I see, is doing exceptionally well with the refugee situation," says Roman Clegg, a Ukrainian doctor at UCLH in London, who is organising shipments of medical supplies to his home country through his charity *Medical Aid Ukraine*.

He says the major problems faced at refugee reception centres are missed medicines for chronic conditions such as diabetes and hypothyroidism. Supplies are "very affected" in Ukraine, he says, particularly insulin.

Nadia Kravchuk, a Ukrainian doctor based in Singapore who is now volunteering near the border crossing in Przemyśl, says, "We've seen many urinary tract infections in women who had not urinated for days because of the stress of evacuation, a number of miscarriages also caused by stress, and lice infestations at refugee centres."

While most arrivals are in need of emotional support, medical needs are becoming increasingly complex. Sarah Tyler, communications spokesperson at WHO, recently returned from border crossing points at Medyka and Dorohusk. "We met amputees in refugee reception centres and a paraplegic who had to be carried across the border," she says.

Ukrainians who initially stayed and hoped for a cessation of war are now managing to leave and arrivals are making it through from Mariupol, a city in south-eastern Ukraine that is under Russian control. Kathy Morton, a Manchester locum GP who has been volunteering near Przemyśl, says, “In recent days we have seen a deaf family, a group of evacuated oncology patients, and a pregnant woman with insulin dependent diabetes who hadn’t been eating properly and had developed significant hyperglycaemia.”

UNHCR told *The BMJ* that with the arrival of older and vulnerable refugees, it was important to prevent communicable diseases outbreaks in crowded accommodation, including covid-19.

Refugee arrivals in Poland also face significant administrative and language barriers to accessing medical care. Polish doctor Jerzy Wydmański says that many refugees he meets are “embarrassed and confused about the situation they find themselves in,” adding to the psychological barriers to them accessing care.

Olena Oleksandrivna is a Ukrainian paediatrician based in Łódzkie Voivodeship in central Poland. Since February 2022 she has found herself helping her fellow nationals navigate medical administration. “They need vaccinations and prescriptions but don’t know the language and don’t have the PESEL identification number necessary in Poland to make an appointment with the doctor,” Oleksandrivna says.

PESEL also allows holders to apply for social assistance, access the education system, and start a company in Poland, as well as access medical care. On 16 March, Ukrainian refugees were given the opportunity to apply for a PESEL number⁷ and within seven days 123 000—6% of arrivals—had received one.

Clegg says that the many British doctor volunteers helping refugee arrivals in Poland and remotely by teleservices are serving administrative rather than healthcare needs. “British and British-Ukrainian doctors are more and more involved with assisting people with filling in forms rather than helping with health matters—because that’s where the need is,” he says. “That includes helping with the absurd Home Office red tape for refugees who want to come to the UK.”

What next?

As the refugee flow continues, the Polish health ministry is cooperating with the European Commission (EC) and the French Presidency of the EU on the relocation of arriving refugees who need hospital care, including 10 000 beds allocated by the EC for this purpose in other EU member states.

WHO meanwhile is coordinating healthcare and mental healthcare “clusters” in Poland to prevent undue pressure on the receiving country, a spokesperson told *The BMJ*. The agency is working with the Polish healthcare system to set up digital data gathering services, track covid-19 vaccinations, allow prescriptions to be migrated between the two healthcare systems, and notify departing refugees of what they need to bring with them to ensure continuity of care. WHO is also mapping remote provision of telemedicine support, they said.

Sevkli says the Polish healthcare response now needs to move from an acute phase of focusing on medical need at borders to longer term integration—and one that takes into account that volunteers cannot offer their services indefinitely.

“We need to learn from failures in humanitarian healthcare responses elsewhere and not duplicate services,” she says, adding that non-governmental organisations should coordinate with the two countries’ national health systems to plug gaps where there is

already unmet need in Poland, such as mental health, neurology, and paediatrics.⁸

In a rare bright spot over the past few weeks, Poland simplified the procedure for medics from Ukraine to start working in Poland as part of the government’s Special Act of Assistance to Ukrainian Citizens.⁹ On 15 March, the Health Ministry announced that it is launching free language courses in medical Polish for arriving healthcare professionals.¹⁰ Among the thousands of arrivals across the border are healthcare workers who may boost capacity in a system that desperately needs more workforce.

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Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

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