

Meeting the health challenges of displaced populations from Ukraine



The worsening humanitarian catastrophe and conflict in Ukraine has led to the largest refugee crisis in Europe since World War 2. Millions of people are expected to flee Ukraine, with more than a million individuals having fled the country in the first week of the conflict alone.¹ The consequences of war, trauma, and devastation must be tackled swiftly. The resultant mid-term and long-term needs must propel all sectors, including health, into rapid action. The UCL–Lancet Commission on Migration and Health report highlighted evidence-based approaches to address the health needs of forcibly displaced individuals.²

Although the initial response of the EU agreeing to a uniform policy of settlement, work, and welfare rights for those forcibly displaced is welcomed,³ implementation of these policies, without restrictions, red tape, or xenophobia and racism is by no means assured.^{2,4} The COVID-19 pandemic illuminated the need to strengthen health systems and reduce disparities in access to and quality of care for migrant groups.⁵ As the crisis in Ukraine becomes protracted, access to health care could be at further risk because nations have varying levels of preparedness and reception, and variable health systems, particularly in neighbouring countries such as Poland, Slovakia, Bulgaria, and the Czech Republic (Czechia), which will be strained by the large numbers of people arriving from Ukraine. These countries will need increased support, including financial support, from other countries. The Ukrainian crisis will test political solidarity, health system planning and capacity, and the global community's ability to keep the commitment to universal health coverage.

Reception countries need to plan and provide for specific health needs of the displaced population. Most of the displaced people will be older individuals, women, and children, including a growing number of unaccompanied children.⁶ In 2017, 91% of deaths in Ukraine were attributed to non-communicable diseases, with 84% of deaths caused by cardiovascular disease, diabetes, cancer, chronic respiratory diseases, or mental disorders.⁷ The burden of communicable diseases such as tuberculosis, associated drug resistance, HIV, and viral hepatitis in vulnerable populations also remains

high in Ukraine, whereas vaccination rates are low.⁸ Consequently, the demographics and living conditions before displacement and during refugee journeys will dictate health needs. Systems must prepare for pregnant women, people with chronic diseases and underlying conditions requiring continuity of care, and the health risks associated with infectious and communicable diseases of large groups either in motion or collectively stationed. The physical and mental impacts of enormous numbers of people experiencing the trauma of war, as well as those who are medically vulnerable, children, and those with disabilities, must be addressed.

We join others in calling for the immediate cessation of violence by the Russian Government in Ukraine and urge all European countries to adopt evidence-based approaches in supporting and responding to the health needs of displaced populations from Ukraine.^{2,9} **First**, we urge Russia to desist from attacking health facilities and allow access for evacuation of wounded and vulnerable civilians. **Second**, governance must be migration-sensitive so that official processes do not worsen the health of already vulnerable and traumatised populations. Border controls and authorities should undertake their responsibilities by acting to counter all discrimination and mitigate health risks. **Third**, to ensure that those with chronic illnesses do not suffer, health-care services must secure continuity of care

Published Online
March 11, 2022
[https://doi.org/10.1016/S0140-6736\(22\)00477-9](https://doi.org/10.1016/S0140-6736(22)00477-9)



Omar Marques/Strangerfactory Images

during and after their journey. We call for immediate and rapid access to medicines for individuals with insulin dependence and those requiring dialysis, chemotherapy, anticoagulation, and other lifesaving treatments. Immediate attention must be paid to people who need mental health and psychosocial services, particularly children. **Fourth**, we ask that health workers from Ukraine are allowed to continue working in reception countries, for automatic recognition of their qualifications, and for those in training to be allowed access to medical, nursing, and other health schools throughout Europe. **Finally**, we urge all countries aiding Ukraine to include support for the needs of the Ukrainian health system in the context of conflict by providing needed medicines, equipment, and any particular health needs as identified by the Ukrainian Government,¹⁰ and ask Russia to allow unimpeded supply. Such actions will help mitigate the continuing displacement, suffering, and tragedy unfolding in Ukraine.

IA, BNK, and PS are co-chairs of Lancet Migration. RI was a Clinical Research Fellow with Lancet Migration. We declare no other competing interests. We thank Miriam Orcutt for her input to this Comment.

*Yulia Ioffe, Ibrahim Abubakar, Rita Issa, Paul Spiegel, Bernadette N Kumar
y.ioffe@ucl.ac.uk

Institute for Risk and Disaster Reduction (YI), Faculty of Population Health Sciences (IA), and Institute for Global Health (RI), University College London, London WC1E 6BT, UK; Johns Hopkins Bloomberg School of Public Health, Center

for Humanitarian Health, Johns Hopkins University, Baltimore, MD, USA (PS); Norwegian Institute of Public Health, Oslo, Norway (BNK)

- 1 UNHCR. News Comment: 1 million refugees have fled Ukraine in a week. March 3, 2022. <https://www.unhcr.org/news/press/2022/3/62206a824/news-comment-1-million-refugees-fled-ukraine-week.html> (accessed March 6, 2022).
- 2 Abubakar I, Aldridge RW, Devakumar D, et al. The UCL–Lancet Commission on Migration and Health: the health of a world on the move. *Lancet* 2018; **392**: 2606–54.
- 3 European Commission. Communication from the Commission to the European Parliament, the European Council, the Council, the European Economic and Social Committee, the Committee of the Regions European Solidarity with refugees and those fleeing war in Ukraine. March 8, 2022. https://ec.europa.eu/info/sites/default/files/com_2022_107_1_en_act_part1_v4.pdf (accessed March 9, 2022).
- 4 Yeomans E, Dathan M. Ukrainian refugees left waiting days to get into Britain. *The Times*, March 8, 2022. <https://www.thetimes.co.uk/article/ukrainian-refugees-left-waiting-days-to-get-into-britain-gfvn29cmq> (accessed March 9, 2022).
- 5 Kumar BN, Hargreaves S, Agyemang C, James RA, Blanchet K, Gruer L. Reducing the impact of the coronavirus on disadvantaged migrants and ethnic minorities. *Eur J Public Health* 2021; **31** (suppl 4): iv9–13.
- 6 UNHCR. High Commissioner’s statement to the United Nations Security Council on Ukraine. Feb 28, 2022. <https://www.unhcr.org/admin/hcspeeches/621d33da4/high-commissioners-statement-united-nations-security-council-ukraine.html> (accessed March 9, 2022).
- 7 WHO Regional Office for Europe. Too many Ukrainians die early from preventable causes—action is needed to curb noncommunicable diseases. 2019. <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/pages/news/news/2019/06/too-many-ukrainians-die-early-from-preventable-causes-action-is-needed-to-curb-noncommunicable-diseases> (accessed March 6, 2022).
- 8 WHO Regional Office for Europe, European Observatory on Health Systems and Policies. Health systems in action: Ukraine. 2021. <https://euro.who.int/publications/i/health-systems-in-action-ukraine> (accessed March 6, 2022).
- 9 Orcutt M, Shortall C, Walpole S, et al. Handbook of refugee health: for healthcare professionals and humanitarians providing care to forced migrants. Boca Raton, FL: Routledge CRC Press, 2022.
- 10 Ahsan S. Ukrainian health workers respond to war. *Lancet* 2022; **399**: 896.