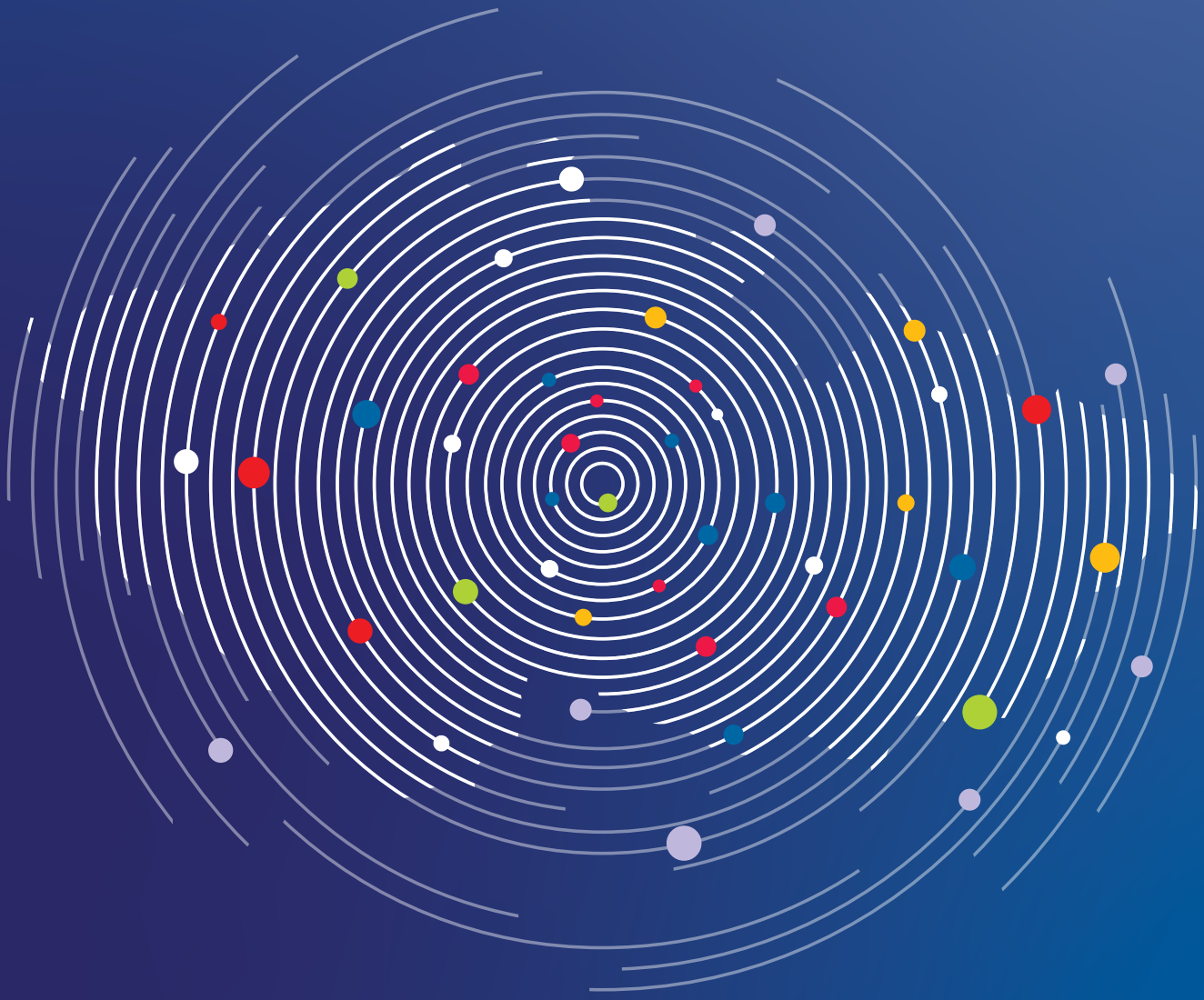
World Health Organization

MINISTERSTVO ZDRAVOTNICTVÍ
ČESKÉ REPUBLIKY

Refugee and migrant health system review

challenges and opportunities for long-term health system strengthening in Czechia



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Refugee and migrant health system review: challenges and opportunities for long-term health system strengthening in Czechia

(Report on refugee and migrant health)

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Contents

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Leadership and coordination

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This mission would not have been possible without leadership, collaboration and support from several WHO teams:

- Department of Health and Migration, WHO headquarters: Dr Santino Severoni, Director, Ms Camila Polinori Castro, Technical Officer, and Dr Mohammad Darwish, Technical Officer;
- Surveillance Systems Department, WHO headquarters: Mrs Marie-Amélie Degail Chabrat, Epidemiologist;
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- WHO Country Office in Czechia: Dr Zsofia Pusztai, WHO Country Representative, Ms Roksolana Kulchynska, Health Operation Manager, Ms Veronika Klimková, Consultant, and Dr Eliska Selinger, Consultant.

Review and documentation

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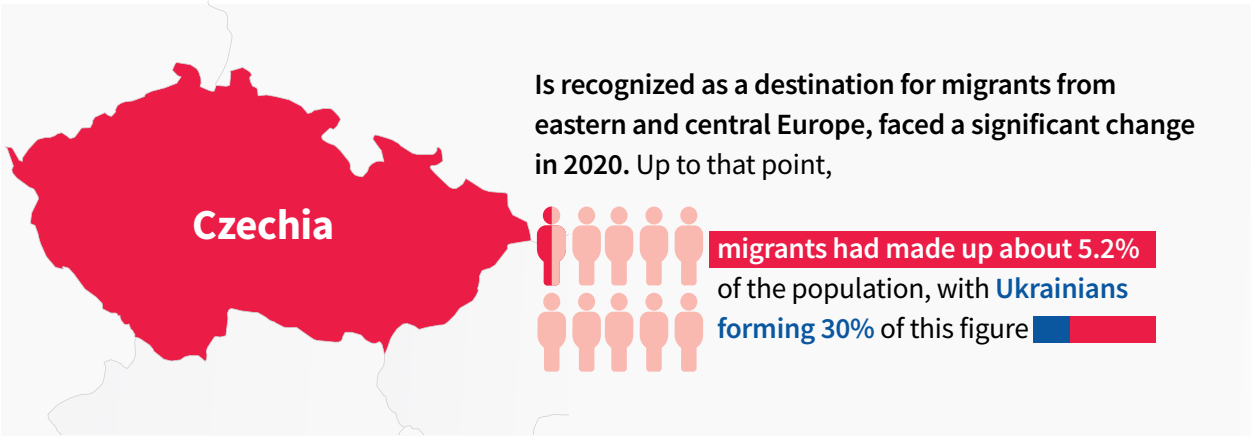
Abbreviations

CDZ	mental health centres *(centrech duševního zdraví)*
EWAR	early warning and response (system)
GP	general practitioner
IOM	International Organization for Migration
IPVZ	Institute for Postgraduate Medical Education *(Institut postgraduálního vzdělávání ve zdravotnictví)*
ISIN	Czech Information System for Infectious Diseases
KACPU	regional assistance centres for Ukraine *(krajské asistenční centrum pro uprchlíky z Ukrajiny)*
MHPSS	mental health and psychosocial support
NÚDZ	National Institute of Mental Health *(Národní ústav duševního zdraví)*
PHC	primary health care
RCCE	risk communication and community engagement
SZÚ	National Institute of Public Health *(Státní zdravotní ústav)*
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
ÚZIS	Institute of Health information and Statistics *(Ústav zdravotnických informací a statistiky)*
VZP	General Health Insurance Company of the Czech Republic *(Všeobecná zdravotní pojišt´ovna)*

Executive summary



Following the Russian Federation's invasion of Ukraine in February 2022, Czechia encountered an unprecedented arrival of refugees from Ukraine, mainly women and children. This situation posed a new set of challenges. As of July 2023, 65% of these refugees have chosen to stay in Czechia, primarily in Prague and the Central Bohemian Region. Integrating refugees into the education and health systems, already strained by the coronavirus disease (COVID-19) pandemic, is crucial. Those with protection status face challenges such as income poverty, employment, language barriers and housing issues.

Czechia has a legislative structure for migrants and asylum seekers. In response to the Temporary Protection Directive from the European Commission, Czechia activated three acts in what is known as the Lex Ukraine and established temporary protection status primarily for foreign nationals fleeing the Russian invasion. This move offered full public health insurance coverage at no initial cost.

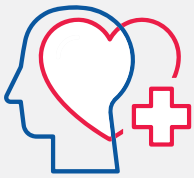
World Health Organization (WHO) and the Czech Ministry of Health *(Ministerstvo zdravotnictví)* conducted a joint review mission to provide a comprehensive overview of the health system's response, with the aim of understanding service delivery challenges and identifying opportunities to further support Czechia in strengthening health system capacity and ensuring continued access to health services for refugees and host communities.

Main findings

Ukrainian refugees receive health care through Czech insurance, enjoying the same rights as citizens.

The Ministry of Health has been overseeing comprehensive health care hubs known as UA Points in all major hospitals to address immediate health needs for Ukrainian refugees.

Shortages of general practitioners (GPs) and paediatricians in primary health care (PHC) present challenges in providing care to refugees, particularly those with young children. Efforts are being made to improve capacity and enhance the adaptability of the system through additional outpatient centres.



Czechia's substantial 2021 health expenditure of CZK 579.6 billion, funded by the Government and contributions, reflects a strong commitment to providing quality health care, including for refugees.

Community mental health centres (centrech duševního zdraví; CDZs) face increased demand, not only related to war trauma but also to challenges of prolonged displacement. This emphasizes the importance of continued support and resource allocation.

The process of recognizing foreign health care qualifications is being addressed through initiatives such as the language courses and career support at the Institute for Postgraduate Medical Education (Institut postgraduálního vzdělávání ve zdravotnictví; IPVZ), facilitating better utilization of Ukrainian health professionals' expertise.

Health professionals may benefit from additional training in addressing psychosocial needs, emphasizing the importance of sensitive interventions.

Refugees often rely on personal networks and social media for health information, which may provide an opportunity to establish more coherent official communication channels.

Communication challenges persist due to a shortage of intercultural mediators and interpreters among health care providers, indicating a need for further support in this area.

The health information system, managed by multiple entities, is undergoing improvements to enhance real-time data integration.

Health data reporting and infectious disease response modalities highlight opportunities for enhancing the management of health services for refugees. Early warning and response (EWAR) systems and balanced risk communication and community engagement (RCCE) strategies are areas for future development in emergency management.

While regional preparedness planning currently lacks substantive consideration of refugee and migrant populations, there is recognition of the need for improvement in public health emergencies.

Main recommendations

Health information system

- Develop and share comprehensive profiles on the health status of refugees to guide evidence-informed health interventions.
- Develop a short list of core health indicators for routine monitoring of refugee health.
- Evaluate the EWAR system.
- Develop an EWAR in emergencies contingency plan.

Health workforce

- Develop modules on intercultural competencies for health care professionals.
- Expand Czech language courses for Ukrainian health professionals.
- Improve intercultural aspects of service delivery by promoting collaboration between Czech and Ukrainian health professionals.

Public health response in emergencies and disease outbreaks

- Regularly monitor the health status of refugees and migrants as well as the host population.
- Train emergency responders on refugee and migrant population needs.
- Strengthen the Ministry of Health's capacity in responding to public health emergencies.
- Ensure coordination among key Government stakeholders to enhance early detection of health threats.
- Update national and regional emergency preparedness and response plans to include refugees and migrants.
- Update the national and regional outbreak preparedness and response plans.

RCCE, health communications and social mobilization for health

- Develop a RCCE policy and framework to include a national communication plan.
- Engage migrant groups in the development of RCCE campaigns.
- Use the media to encourage positive behaviour change and counter misinformation.
- Conduct a targeted health information campaign on the health rights of migrants and their civil obligations to the host society they live in.
- Improve health literacy and support patients' navigation in the Czech health system.

Mental health and psychosocial support

- Support the continued operation of the interagency Mental Health and Psychosocial Support Technical Working Group (MHPSS Technical Working Group).
- Prioritize tailored mental health and psychosocial support (MHPSS) for vulnerable refugees.
- Invest in MHPSS staff development.
- Expand the network of CDZs as part of the ongoing mental health care reform.
- Train interpreters in mental health settings.
- Scale up community-based activities that boost psychological resilience.
- Organize awareness-raising campaigns to improve mental health literacy among refugees and host communities.
- Extend mental health research to include refugee and migrant issues.

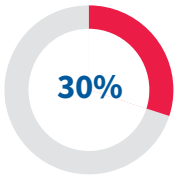
PHC

- Improve awareness-building and continued education on refugee health needs.
- Develop innovative models, such as multidisciplinary mobile teams, to extend the reach of health care.
- Further expand PHC services within university and regional hospitals.
- Upskill refugees who are medically qualified.
- Enhance capacity for gathering information on refugee health and service use at the PHC level.
- Improve coordination and integration of services between PHC, social health, public health and hospital care to mitigate overuse of emergency services and specialist care.
- Enable the use of digital solutions to bring services closer to people.

1. Introduction

BY 2020 THE COUNTRY WAS ONE OF THE MAJOR DESTINATIONS FOR EASTERN AND CENTRAL EUROPEAN MIGRANTS.

Migrants made up approximately 5.2% of the population.



Of these migrants, the largest group, accounting for 30% of the migrant population, **were Ukrainian nationals** *(1)*.

Since the start of the war in Ukraine in February 2022, Czechia has become one of the countries with the largest arrival of refugees from Ukraine, as both a destination and a transit country, and this has created new challenges for Czechia.

By July 2023

543 190 UKRAINIAN REFUGEES,

mostly women and children (70%) and some elderly individuals, **had entered Czechia and applied for temporary protection,** of whom

355 328 refugees (65%) remained in Czechia *(2,3)*.

The capital Prague and the Central Bohemian Region have the greatest share of temporary protection holders (25% and 14%, respectively), with most (44%) living in solidarity households *(4)*. This influx will require further integration into the social protection, education, housing and other programmes and the provision of adequate access to health care services, which had already been strained by the COVID-19 pandemic. People with temporary residence are entitled to humanitarian benefits based on eligibility criteria, free access to the labour market and full public health insurance coverage at no initial cost from the date of entry. After the first 150 days, only so-called vulnerable groups such as children, students, individuals above the age of 65 years and home-staying mothers with young children are entitled to full support; others will be required to pay, which can cause issues of poverty and deprivation *(5,6)*. Children with temporary protection status have access to public schooling, play groups and universities. An estimated 57 000 Ukrainian children have enrolled in Czech schools for the 2022–2023 year *(7)*.

Humanitarian benefits and free housing provision protect most refugees from severe material deprivation. While many Ukrainian nationals have found employment, this is often below their level of qualification, and many face challenges such as language barriers when accessing secure housing and childcare *(8,9)*.

1.1 Legal frameworks

The original legislative structure guiding asylum seekers and migrants was instituted shortly after Czechia became a nation state. At the time it was in advance of many of the legislative provisions for refugees and migrants in other European countries. Some laws have since been repealed, and new laws on foreign residence and citizenship have been amended repeatedly. European Union citizens and third country nationals are covered under the same Act, which results in some complex directions. While the management of European Union citizens primarily flows from treaties within the European Union, the legislative response to third country nationals focuses more on migration as a civic challenge. Czechia is not a signatory to the 1990 International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families but it has endorsed the Global Compact on Refugees.

In response to the large arrival of displaced people in Europe, the European Commission on 4 March 2022 activated the Temporary Protection Directive (Decision 2022/382), aimed at people forced to flee Ukraine due to the Russian invasion. In Czechia, there are three principal legal norms that regulate health care for Ukrainian war refugees, which came into force on 21 March 2022:

- **Act No. 65/2022 Coll.** on certain measures in connection with the armed conflict on the territory of Ukraine caused by the invasion of the troops of the Russian Federation *(10)*;
- **Act No. 66/2022 Coll.** on employment and social security measures in connection with the armed conflict on the territory of Ukraine caused by the invasion of the Russian Federation *(11)*; and
- **Act No. 67/2022 Coll.** on measures in the field of education in connection with the armed conflict on the territory of Ukraine caused by the invasion by the troops of the Russian Federation *(12)*.

These norms are referred to as Lex Ukraine and are being continuously amended (Lex Ukraine I to V) *(13)*.

Under Lex Ukraine, temporary protection status was granted to Ukrainian nationals and their families, stateless people and third country nationals who had been granted international or national protection in Ukraine, and permanent residents of Ukraine who could not travel to their country of nationality *(14)*.

Lex Ukraine I guaranteed the right to all services covered by the public health insurance system immediately from the date of entry to Czechia and was retroactive *(15)*.[1] In the temporary protection regime, refugees are insured in the public health insurance system, which entitles them to health services covered by the system of public health insurance. After 150 days (of having public health insurance), while coverage continues, refugees without taxable income have to start paying health insurance premiums themselves (monthly payment of 2336 CZK (Czech crowns) as of 2023 *(16)*), unless they belong to a group where the insurance premium is paid by the State, the so-called state-insured individuals (mainly children, students up to 26 years of age, elderly people and mothers taking care of children). In addition, only these so-called vulnerable groups are entitled to free housing.

Five amendments to Act 65/2022 Coll. have taken place so far to reflect the numbers of refugees from Ukraine in Czechia *(17)*. The most significant changes relating to the topic of this report are:

- **Lex Ukraine II.** Act 175/2022 Coll. came into force setting a 150-day limit to the period of provision of public health insurance for people receiving temporary protection. After the first 150 days (after receiving temporary protection), adults aged 18–65 years would no longer be classified as people for whom the state pays health insurance *(18)*.
- **Lex Ukraine III.** This dealt with the accommodation system for refugees through regional and state accommodation facilities; Act No. 198/2022 Coll. definitively enabled the end of the state of emergency due to the migration wave, which had been in place since 4 March 2022 *(19)*.
- **Lex Ukraine IV.** Act No. 20/2023 Coll. extended temporary protection for 1 year until March 2024 and relaxed the rules for obtaining a qualification in psychology, as the demand for these services increased significantly following the arrival of refugees affected by the war in Ukraine *(20)*.
- **Lex Ukraine V.** This effected changes in the administration of social benefits and emergency accommodation. The existing regional assistance centres for Ukraine (*krajské asistenční centrum pro uprchlíky z Ukrajiny; KACPU*) were transferred to the oversight of the Ministry of the Interior (*Ministerstvo vnitra*). The change in the welfare system took effect on 1 July 2023 *(21)*.

1.2 Scope of the review

A joint review mission to support the Czech Ministry of Health in assessing the response to the health needs of refugees in Czechia was undertaken by the WHO Country Office Czechia, the WHO Regional Office for Europe and the Health and Migration Department in WHO headquarters, in close collaboration with the Ministry of Health and key partners (the International Organization for

[1] Applied retroactively to those to whom health services were provided before the adoption of this law, always up to 30 days before the date when the decision to grant the relevant visa became final (but no earlier than 24 February 2022).

Migration (IOM), United Nations High Commissioner for Refugees (UNHCR) and the United Nations Children's Fund (UNICEF)).

The aim of the review was to assess the current and emerging health needs and risks for refugees in Czechia and the opportunities to further support Czechia in strengthening health system capacity and ensuring continued access to health services for refugees and host communities.

1.3 Objectives

The review had four main objectives:

to identify strengths, challenges and opportunities to improve sustainable access to health services for refugees in the country and their integration into health programmes and systems;

to enable synergized support across international partners, as aligned with existing and future refugee health policies and plans in Czechia;

to assess the health system and essential public health functions, capacities and processes, the current state of PHC services and MHPSS services provided to refugees and the integration of these into the existing health system; and

to understand how public health surveillance and health information systems are incorporating data on refugees' health and how these data are used to address their health needs.

1.4 Methodology

The country review in Czechia utilized qualitative methods. The selection of health care facilities and institutions was a collaborative effort between WHO and the Ministry of Health. These health care facilities and institutions were chosen based on data indicating their significant contribution to refugee services.

To ensure thorough participation, representatives from the Ministry of Health personally reached out to the administrations of the selected health facility/institutions, inviting them to actively engage in the assessment. The interview guides were originally written in English but were professionally translated to ensure effective communication throughout the assessment process.

The review employed module 4, the country assessment tool, of the *Refugee and migrant health toolkit* developed by the WHO Health and Migration Department *(22)*. Preparations for this assessment started with several strategic meetings with Ministry of Health officials and partner United Nations agencies, such as IOM, UNHCR and UNICEF, to determine the timeline, objectives and approach. Concurrently, a comprehensive desk review of Czechia's health care framework was conducted, focusing particularly on refugee and migrant health.

The field visits included different sessions, with some dedicated to semi-structured key informant interviews with the directors of the health centres while others involved group discussions with key stakeholders in order to capture diverse perspectives and insights. Each interview session utilized a specific guide, tailored to a specific context, ensuring a comprehensive and varied collection of information.

The review also involved bilateral meetings with team members, collecting relevant documents and coordinating discussions with various Ministry of Health stakeholders and other essential ministries (Table 1).

Table 1. Stakeholders engaged during the field visits

Stakeholder group	Specific stakeholders
Government departments	Government Office, Ministry of Health, Ministry of the Interior, Ministry of Labour and Social Affairs
United Nations agencies	IOM, UNHCR, UNICEF
Nongovernmental organizations	Agency for Migration and Adaptation, Alliance of Mental Health Centres, Association for Integration and Migration, AtTheDoctor.cz, Centre for Psychosomatic Medicine, Czech AIDS Help Society, Integration Centre Prague, For Health 21 Beroun, National Association of Patient Organizations, Trigon Association
Health care and public health institutions	CDZs, IPVZ, National Institute of Public Health, regional public health authorities
Hospitals and PHC centres	Bulovka Faculty Hospital, General University Hospital in Prague, Karlovy Vary Hospital

2. Results

2.1 Health system governance and leadership

The Ministry of Health is responsible for setting policies and ensuring that health care objectives are in line with the country's priorities, including the integration and care of refugees. The Ministry directly manages facilities that have played a role in providing health care to Ukrainian refugees. As part of its strategy for this population, the Ministry oversees the management of 11 out of 23 UA Points dedicated to the health care needs of refugees.

Health insurance companies play a crucial role in ensuring that refugees receive care. When refugees such as those from Ukraine arrive in Czechia they are registered with Czech health insurance companies, which make them eligible for health care services in the same way as Czech nationals. The State takes on the responsibility of paying insurance premiums for these refugees, indicating a collaborative governance approach between State and insurance companies in refugee health care management.

Operational governance for refugee needs

Operational governance has adapted to address the needs of refugees. For example, special reimbursement mechanisms have been established for the first contact that Ukrainian refugees have with the Czech health system. This is facilitated also through UA Points, which are outpatient facilities that were specifically established for refugees from Ukraine at the very beginning of the crisis. Furthermore, first aid stations have been strategically placed at entry points such as train stations to ensure that health care assistance is available as soon as it is needed. Additionally, mechanisms such as the regional assistance centres, KACPU, facilitate integration into the health insurance system.

The inclusion of refugees introduced specific challenges for health system governance. Recognition of issues such as trauma experienced by refugees, epidemiological concerns related to their country of origin, the continuity of care initiated in Ukraine, language barriers and system navigation difficulties indicates the importance of adapting to address the specific refugee health needs.

2.2 Service delivery and access to essential medical products

Access to health care for migrant workers

All regular migrant workers in Czechia are granted access to public and private health facilities via the public health insurance mechanism. However, this coverage does not extend to all family

members, such as spouses and children, who often rely on health insurance and can have limited access to health care. There is some relief for children born to parents with long-term residence visas in Czechia as they are covered by the public health system for their initial 60 days of life. After that, they transition to the commercial health insurance system. Refugees who obtain asylum status are integrated into the health system and entitled to health care equal to that for Czech nationals. Nevertheless, there is a time frame for this access. In the case of those under subsidiary protection, a renewable period of 1 year applies. Asylum seekers and subsidiary protection applicants are guaranteed free health care for the duration of their processing phase.

Structured service delivery for Ukrainian refugees

For Ukrainian refugees, the health care delivery process in Czechia starts after clearing the registration phase. They are immediately included in the health insurance system. This guarantees them the same entitlements as other insured Czech nationals. Initial medical assessment and care are provided at entry points such as train stations and KACPUs. The Czech Red Cross and other non-profit-making organizations have established first aid stations to address the immediate medical needs of arriving refugees. At KACPUs, the health insurance documentation process begins at the same time as provision of medical care.

In terms of outpatient care, Ukrainian refugees can access the network of GPs, outpatient specialists and other PHC facilities. The Ministry of Health also has set up UA Points, which are comprehensive health care hubs that offer services ranging from emergency care to specialized treatments.

Against the backdrop of the COVID-19 pandemic, a particular emphasis was placed on the vaccination status of refugees. Those without adequate records underwent vaccinations, and the entire refugee population was actively encouraged to receive vaccinations for COVID-19.

Challenges for health care access for refugees

While the health system in Czechia is adaptive and inclusive, refugees do face certain barriers. Information during the review indicated that lack of knowledge of the Czech language is a main challenge as this makes it difficult for them to interact smoothly with the health system. Moreover, unfamiliarity with the Czech health system makes system navigation complicated for refugees. Access is further complicated by delays in getting appointments. The availability of medication poses specific challenges for those with chronic conditions. The need to consult doctors for prescriptions, combined with long waiting periods, are issues faced by Ukrainian refugees and Czech citizens alike. Such delays often lead refugees to look elsewhere for medical consultations, sometimes even considering trips back to Ukraine. This highlights a broader challenge within the health system that also affects Czech nationals, with limited access to dentists and paediatricians and extended waiting times to be seen by specialists.

2.3 Health financing

Health financing and insurance for refugees

Organized registration

The foundation of the Czech health system's resilience is its organized registration process. Inclusion of refugees into the Czech health insurance system ensures that these individuals are not marginalized but instead seamlessly integrated into the system to receive the same health care as insured Czech residents. The Government's commitment to these refugees is evident through the initiative to cover their insurance premiums for 150 days from their arrival.

UA Points

Among the mechanisms within Czechia's health care response to the Ukrainian refugee crisis, one particularly notable example is the creation of UA Points, which serve as an example of innovation in the Czech health care response to the crisis. UA Points are low-threshold outpatient facilities that serve as first-contact points for refugees from Ukraine. Given the context, many refugees have health concerns ranging from physical to long-term psychosomatic effects caused by war and displacement.

The framework of UA Points includes a reimbursement mechanism that goes beyond standard procedures and provides entry points for Ukrainian refugees who may not be familiar with the Czech health system. The focus of the UA Point system is not on health economics but on ensuring that refugees' initial interaction with health care is smooth, reassuring and efficient. Having dedicated centres such as the UA Points ensures that there is a responsive system in place.

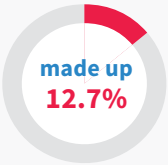
Health care services and payment mechanisms

Overall health care expenditure

To understand the context of health financing for Ukrainian refugees, it is essential to consider the overall health care expenditure in Czechia. In 2021 total expenditure in the Czech health system reached CZK 579.6 billion. Most of this funding (around 86.4%) came from the Government and compulsory contributions, emphasizing the role of state support in maintaining a health care infrastructure *(23)*.

Out-of-pocket payments

However, it is important to note that **out-of-pocket payments**



of health care expenses *(24)*.

These payments primarily covered costs related to over-the-counter medications, medical devices and additional payments for treatments and prescription drugs, especially if their actual price exceeded the reference price within their respective drug category. Dental care and contraceptives expenses were also part of these out-of-pocket payments. This highlights the burden that individuals in Czechia, including Czech citizens and refugees, may face when accessing certain health care services.

Additional payments for services

Furthermore, it is important to recognize that non-contracted health care providers have become more prominent. Patients who seek services from these providers are required to pay for their services directly. Additionally, patients may have to bear the cost of certificates that require a doctor's signature, such as those for obtaining a driver's licence or to allow children to participate in outdoor schools.

Patients are directly responsible for paying a fee of CZK 90 for utilizing emergency services *(25)*.

PHC payment mechanisms

In the PHC sector, payment mechanisms significantly influence the availability, scope, efficiency and quality of care provided to patients. GPs receive reimbursement through a capitation payment system while specific services (*výkony*) are remunerated based on a fee-for-service model. These payment methods directly impact the accessibility and quality of health care services for residents, including Ukrainian refugees.

Health care utilization and support for Ukrainian refugees

Ukrainian refugees arriving in Czechia are mostly enrolled with Czech health insurance companies at KACPU. This grants them access to health services just as for other insured individuals in the country. Upon registration in the health insurance system, refugees are issued replacement health insurance

cards. The State covers their premiums for public health insurance for the first 150 days unless they belong to a so-called vulnerable group. In 2023 the State's monthly contribution amounts to CZK 1900. However, it is crucial to emphasis that Ukrainian refugees are treated in the same way as insured Czech citizens in terms of financial responsibility. That includes paying pharmacy surcharges and regulatory fees when using emergency services, highlighting areas of financial responsibility that refugees and Czech nationals still equally face and may find challenging *(26)*.

Ukrainian refugees with temporary protection

A special reimbursement mechanism is in place for the first contact of a Ukrainian refugee with temporary protection with the Czech health system. It applies to all emergency service providers, including UA Points, GPs and paediatricians. Additionally, university hospitals under the management of the Ministry of Health also offer this service as instructed by the Ministry. The aim is to address the health needs of refugees. It is important to note that the reimbursement of health services for Ukrainian refugees transitioned on 1 April 2023 to being covered by public health insurance, similar to Czech nationals.

Additional measures have been introduced free of charge to support arriving Ukrainians who need psychological and psychiatric services, including crisis hotlines and online assistance.

Health care expenses and prospects for Ukrainian refugees

In terms of health care expenses and prospects for Ukrainian refugees, data from the General Health Insurance Company of the Czech Republic (*Všeobecná zdravotní pojišt´ovna;* VZP) indicate that a substantial number of refugees have been registered since 24 February 2022, with the majority being women above the age of 18 years.

VZP'S TOTAL COSTS FOR THE CARE OF UKRAINIAN REFUGEES
for the first 12 months from the Russian invasion in February 2022
are estimated to reach CZK 2.15 billion *(27).*

VZP recorded a financial balance of approximately CZK 2.5 million in 2022, primarily from contributions on behalf of State-insured Ukrainians, employed Ukrainians and self-employed Ukrainians, which highlights their significant economic integration into the health system *(28)*.

DATA INDICATE THAT A SIGNIFICANT PORTION OF UKRAINIAN REFUGEES DID NOT SEEK HEALTH CARE IN 2022,

with approximately 58% not utilizing health care services at all.

Among those who did seek care, most received services valued at up to CZK 5000, typically in the form of general and preventive check-ups. Only a small number of individuals received treatment in specialized centres for specific conditions. This suggests a below-average utilization of health care services by Ukrainian refugees in Czechia *(29)*.

Insurance privileges and coverage details for refugees

Analysing health insurance coverage and privilege packages for refugees, it is important to note that temporary protection allows them to participate in public health insurance in exactly the same way as Czech nationals for the first 150 days at no initial cost. During this period, refugees have the same rights as insured Czech nationals, including free access to a broad package of health services. However, it is important to note that, like Czech citizens, refugees may face additional payments for certain services. Dental care and medical devices are not fully covered, but they are subsidized, meaning that the health insurance fund pays a predetermined amount and patients contribute the rest. The extent of coverage for dental care generally includes the less-expensive treatment options for certain medical conditions. As for medical devices, coverage is typically partial and subject to specific conditions related to the referrals and diagnoses. Public health insurance also does not cover expenses for over-the-counter medications, and supplementary payments are required for prescription medicines if their price is higher than the reference price in their category. Furthermore, while non-urgent care is generally covered only when provided by contracted providers, an exception exists for urgent care. Urgent care is covered by insurance regardless of whether it is provided by a contracted or non-contracted provider. However, for dental care, most providers tend to have contracts with at least some health insurance funds. Moreover, a regulatory fee of CZK 90 for the use of emergency services must be paid directly by patients, and no exemptions are in place for Ukrainian refugees apart from additional benefits provided under specific situations *(25)*.

Institutional support frameworks

In Czechia, several institutional, legal and policy tools have been put in place alongside a framework involving national, regional and international stakeholders. For example, legal guardians who are responsible for refugee disabled children under temporary protection may receive extra financial support through a UNICEF programme in collaboration with the Czech Red Cross and in coordination with the Ministry of Labour and Social Affairs. This monthly allowance aims to address the difficulties

faced in finding employment and to cover expenses related to the child's disability that are not covered by public health insurance. Furthermore, individuals with temporary protection status can qualify for a cash benefit provided by the Ministry of Labour and Social Affairs (*Ministerstvo práce a sociálních věcí*) through labour offices (employment offices). The amount of reimbursement varies depending on factors such as the legal guardian's age, the child's age, the type of disability and the date when temporary protection status was initially granted. However, it is important to note that stricter eligibility criteria for this benefit were implemented starting on 1 July 2023.

Challenges in providing health services to refugees

The Joint Review Team identified some challenges when it comes to providing health services to Ukrainian refugees. One key challenge is that even though these refugees are registered with Czech health insurance companies they still have to bear some costs themselves, as do Czech insured individuals. These costs include pharmacy surcharges, fees for emergency services and other out-of-pocket expenses. This financial burden could potentially make it difficult for them to access health services. Another challenge is that many Ukrainian refugees do not fully understand how the Czech health system functions, which might prevent them from seeking care when they need it. There are also issues related to accessing contracted health providers, unequal utilization and uneven geographical distribution of health care services and stricter conditions for receiving humanitarian cash benefits. Moreover, other areas that need to be addressed include language and cultural differences, integration of refugees into society and support in finding employment, as well as ensuring the long-term financial sustainability of health services for refugees.

2.4 Health information system and health information management

Roles and responsibilities

Several structures established by Law and supervised by the Ministry of Health are responsible for governing the health information system in Czechia.

Regional public health authorities

There are 14 regional public health authorities (*krajské hygienické stanice*) *(30)* in Czechia, which are coordinated by the Ministry of Health and are responsible for:

- hygiene of food and items of common use
- hygiene of children and adolescents
- epidemiology
- crisis preparedness
- support for health promotion and health policy activities

Those tasks and responsibilities conducted by trained public health professionals are further supported by administrative and economic and operational departments located in the regional public health authorities.

The National Institute of Public Health

By law the primary mission of the National Institute of Public Health (*Státní zdravotní ústav;* SZÚ) *(31)* is to prepare documents for the national health policy, protect and promote health, ensure methodological and reference activities in the field of public health protection, conduct research on the relationship between conditions and health, engage in international cooperation, monitor the quality of services provided for public health protection, offer postgraduate education in health protection and promotion, and provide health education to the population.

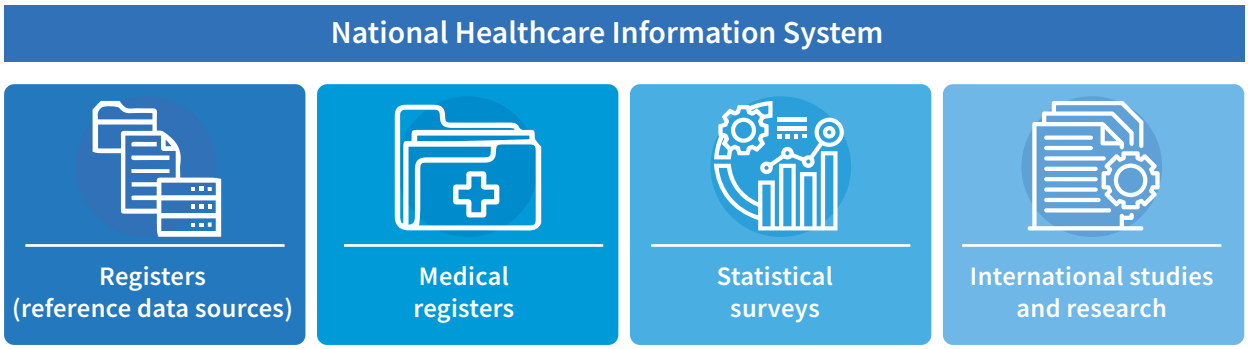
Within the SZÚ, the Centre for Epidemiology and Microbiology mainly services the Ministry of Health and provides surveillance of infectious diseases (development of surveillance systems, health information systems and routine surveillance systems) through its Department of Infectious Disease Epidemiology. This includes:

- epidemiological situation analyses (weekly, monthly reporting, support to outbreak investigations, various information products)
- risk assessments of infectious diseases
- regular monitoring of migrant health
- international cooperation and contributions to European surveillance networks, acting as the Coordinating Competent Body for the European Centre for Disease Prevention and Control

Institute of Health Information and Statistics

The Institute of Health Information and Statistics (*Ústav zdravotnických informací a statistiky*; ÚZIS) manages health data and may produce regular situation analyses. It cooperates with health care providers, expert medical societies and health insurance companies to improve the quality of available data for analyses. ÚZIS provides official health statistics from Czechia and coordinates reference data sources (registers), medical registers (specific focus) and statistical surveys, in addition to contributing to international research and studies (Fig. 1).

Fig. 1. National health information system



- National Register of Healthcare Providers
- National Register of Health Professionals
- National Register of Hospitalized Patients
- National Register of Reimbursed Health Services

- Registers of specific diagnostic focus

- Surveys and analyses of the providers' reference networks
- Prevalence/cross-sectional studies

- Health data portals
- European Health Examination Survey
- European Health Interview Survey
- Eurostat
- Organisation for Economic Co-operation and Development
- WHO

By law, the registers *(32)* hosted by ÚZIS are:

- National Cancer Register.
- National Diabetes Register.
- National Register of Autopsies and Toxicological Examinations Performed at Forensic Medicine Departments.
- National Register of Cardiovascular Surgery and Intervention.
- National Register of Hospitalized Patients.
- National Register of Injuries.
- National Register of Intensive Care.
- National Register of Joint Replacement.
- National Register of Occupational Diseases.
- National Register of Persons Permanently Excluded from Blood Donation.
- National Register of Reproduction Health.
- National Register of Therapy of Drug Users.

Other registers include the Adverse Event Reporting System, Death Certificate System, National Register of Healthcare Providers, National Register of Health Professionals, National Register of Persons Disagreeing with Post-mortem Removal of Tissues and Organs, National Register of Reimbursement of Healthcare Services, registers of the Coordination Centre for Transplantations, and Register of Medical Devices.

ÚZIS also collates information collected by other information systems such as the Information System of the Czech Health Research Council, the information systems of institutions protecting public health, the information systems from data files of the Czech Statistical Office, the information system from data files of the Czech Academy of Agricultural Sciences, and the Information System of Incapacity for Work.

Czech Information System for Infectious Diseases

ÚZIS manages the Czech Information System for Infectious Diseases (ISIN), which is the platform that is used by the regional public health authorities to report epidemiological data. There is a list of 52 notifiable conditions under surveillance. The case definitions, diagnostics and control measures were established by law in 2008, with amendments in 2010 and 2011 *(33,34)*.

Data are collected by the regional public health authorities from health care providers (GPs, health care facilities and laboratories) by e-mail, telephone calls and an integrated messaging system. There are ongoing plans to extend the direct use of ISIN by health care providers for data entry, which may improve data quality and timeliness. For individual cases reported in ISIN, it is possible to list the place of birth and nationality, and there is a specific option to identify a Ukrainian citizen under temporary protection.

The epidemiological data are reported weekly to the Ministry of Health by the regional public health authorities, with some level of analysis and interpretation. Collated national level data are then sent back by the Ministry of Health to the regional public health authorities the following Monday as tables carrying the reported absolute number of cases for each notifiable disease. The national International Health Regulations Focal Point in the Ministry of Health also shares regular European-level risk assessments provided by the European Centre for Disease Prevention and Control and conducts nationwide event-based surveillance.

ISIN offers the possibility of visualizing disaggregated data on maps, graphics and tables. Additional diseases such as sexually transmitted infections, new HIV infections, acute respiratory infections and tuberculosis are reported in different modules of the same platform.

National Register of Reimbursement of Healthcare Services

The information that may be the most critical when seeking to understand health-seeking behaviours and understanding the health status of migrants is the National Register of Reimbursement of Healthcare Services (the register collating all insurance information). This register provides:

- data on provided and accepted medical services (quarterly);
- data on reimbursements made to providers by insurance companies;
- material, technical and personnel provisions;
- code lists of insured individuals with identification numbers, other code lists and operating data;
- details of the organizational structure of the health care providers; and
- the scope of insured services.

The unique identification numbers used in this Register differs from that used in ISIN for epidemiological surveillance and in other registers, which makes it difficult to match data across systems. Another drawback is that there is a 3-month delay in reporting to ÚZIS. Data management, analysis and interpretation take another 3 months. As a result, any report produced is already 6 months old.

With regards to migrants and asylum seekers, data seem to be concentrated at the Ministry of the Interior. The Czech Statistical Office provides concise statistics based on data collected by other Government institutions on individuals born outside of Czechia *(35)* and on irregular migrants *(36)*. In terms of health, the information is limited to newly reported cases of tuberculosis, and the data publicly available date back to 2021 *(37)*.

EWAR system

Although surveillance systems are in place to routinely capture epidemiological trends of a set number of infectious diseases in the country, the early detection and response function remains unclear. From the information obtained during the in-country visit and from consideration of laws and decrees, health care providers and laboratories are requested to report any notifiable disease to the regional public health authorities, which will then support the outbreak investigation. Additional support (advice, guidance or in-region support) may be sought from the SZÚ. However, the modalities of this support remain unclear.

Crisis management is dealt with by the fire brigades, which coordinate response activities. The regional public health authority is invited to join the response team to provide public health information and guidance but there does not seem to be a systematic process in place. However, with the implementation of ISIN at laboratory and health care provider levels, the timeliness of case detection may be improved. It is unclear how hard-to-reach communities (such as Roma or irregular migrants) may be covered by this system if they do not access the health system.
While the needed data to understand the overall health situation of migrants in Czechia and the determinants of their health appear to be available, there seems to be a missed opportunity to meaningfully leverage the wealth of information into actionable intelligence. Most health care providers use systems for billing insurance companies. The structure of these databases presents challenges when it comes to timely analysis of health-related data. ÚZIS plays a role in collecting and processing health data, but concerns arise regarding accessibility and freshness of the data. Some information has not been updated since 2021, which could hinder real-time decision-making. Upon the arrival of refugees from Ukraine, the Ministry of Health implemented information technology adaptations to support initiatives such as the UA Points. However, these systems primarily serve specific purposes rather than strengthening the Ministry's ability to gather real-time data for effective health care management, such as monitoring health care provider workloads or ensuring access to PHC and mental health services. In response to the need for quick action, volunteer-led initiatives have emerged to bridge information and service gaps, often without direct involvement from the Ministry of Health.

The absence of time-coordinated data-sharing systems among health care stakeholders, particularly following the outbreak of war in Ukraine, poses a tangible difficulty in effectively and knowledgeably managing health care services for refugees.

2.5 Health workforce

The joint review underscored the commitment of Czechia to providing people-centred health services to all, including the refugee population.

Challenges in health care provision for refugees

The establishment of UA Points was seen as a rapid approach to address the growing pressures on the health system in Czechia. These centres were intended to be points of contact for services, but they are now facing significant demand that is testing their operational capabilities.

A key factor contributing to this situation is the long-standing issue of a shortage of medical professionals in Czechia. Even before the Ukrainian humanitarian crisis emerged, the health system was already feeling the strain. A multisector needs assessment in November 2023 indicated that around a third of refugee households in Czechia do not have access to a GP or a paediatrician *(38)*. There are a number of reasons behind this shortage of clinicians, including an ageing GP population actively practising and a shortage of paediatricians specializing in PHC. Furthermore, there is also a need for specialists such as child psychiatrists and dentists. As a result of these shortages, many refugees face obstacles when trying to get health care and some are even compelled to return to Ukraine for care despite the associated risks.

It is crucial to adopt a perspective beyond numbers and benchmarks when evaluating this situation. Aspects such as how health services are distributed and their accessibility should be considered across Czechia, as should the age distribution of medical professionals. This knowledge will help to prevent any gaps in the health system as current professionals retire.

The staff at UA Points face challenges that add complexity to their work. In addition to dealing with a large number of patients, they also have to address the needs of each refugee that may go beyond simple health care; health professionals have to navigate language barriers, fragmented medical records and the unfamiliarity of refugees with the Czech health system. This requires health professionals to possess the required expertise but also to show exceptional empathy and adaptability.

A further issue lies in how information is shared. Often information from public entities reaches health staff and refugees in a disjointed manner, further complicating the delivery of health services. Addressing the cultural intricacies between the Czech and Ukrainian health paradigms is also crucial. The disparity in the functioning of the two health systems has occasionally sown seeds of misunderstanding between health care providers and refugee patients. To improve capacity in health care, various initiatives have been undertaken, such as the Ministry of Health project supported

by UNICEF to establish 10 more outpatient centres and enhance the capacities of the existing 27 paediatric clinics. Furthermore, endeavours such as WHO's support to the Bulovka University Hospital showcase the collaborative spirit in action.

Capacity and training needs

Despite the progress that has been made, there are still several challenges that are preventing the delivery of services. One major concern is that many health professionals might not be specifically trained in addressing the psychosocial needs of Ukrainian refugees. It is crucial that health workers are sensitive to the impacts of the challenging experiences faced by some refugees and are equipped with training to provide quality evidence-informed interventions where appropriate. While there are many cultural and contextual similarities between Czech and Ukrainian populations, this specific gap in training can sometimes lead to unintended biases, potentially affecting the quality of care for refugees who are navigating a new environment.

Additionally, there are complexities when it comes to recognizing foreign health care qualifications. These bureaucratic processes can be lengthy and complicated, which makes it difficult for skilled Ukrainian professionals to become part of the Czech health system. As a result, many of these professionals, despite their expertise, end up in roles such as interpreters or administrative assistants. This represents a missed opportunity for the Czech health system to benefit from their skills and experience.

Although there have been collaborations between Czech and Ukrainian professionals, they sometimes face obstacles. The willingness and eagerness to work together can be hampered by existing systemic challenges, delays and procedures. This situation further worsens issues such as language and cultural barriers, which remain hurdles that need to be addressed and resolved. The issue of language is a particular hurdle when providing health care to refugees because of the intricate nuances and cultural implications surrounding health. The challenges are not just about basic translation but also include an understanding of medical terms, patient backgrounds and cultural sensitivities.

Strategies for improving health care services

Recognizing the challenges, various efforts have already been made to address these barriers by national authorities. For example, IPVZ has collaborated with UNICEF to develop programmes catering specifically to the professional community. These programmes go beyond general language courses and have a focus on terminology, effective doctor–patient communications and cultural awareness related to health care. The goal is to equip professionals with the skills to provide more effective health services to refugee populations. Up to the review in September 2023,

language courses managed by IPVZ had provided training for 800 people (512 medical doctors, 104 dentists, 96 pharmacists and 88 nurses). However, the high demand for these courses has been an issue in that the arrival of refugees and the urgent need for training has meant that not all the demand can currently be accommodated. This has led to waiting lists and potential delays in ensuring good communications within health care.

Similarly, the "Ukraine" project initiated by the Czech Medical Association of J.E. Purkyně acknowledges the significance of communication in health care settings and the reliance on interpreters. The initiative utilizes the expertise of Ukrainian doctors, whose responsibilities go beyond translating to also ensure that medical information is conveyed accurately and effectively. These efforts are contributing to the progress of the health system in Czechia by gradually overcoming language barriers and ensuring that refugees receive linguistically appropriate care that meets medical standards. As part of the SZÚ "mediator health promotion" project, supported by UNICEF, Ukrainian health workers are employed to translate preventive intervention programmes and leaflets. They have also been trained in preventive programmes that they implement for children and caregivers of Ukrainian refugees at their accommodation throughout Czechia and at schools. The training includes special UNICEF courses aimed at supporting the child's mental health and mental development. The goal is to help with registration with a doctor, increase participation in vaccinations and support decision-making in favour of health: that is to improve health literacy among refugees living in Czechia.

2.6 Public health responses in emergencies and disease outbreaks

Institutional roles in public health management

Czechia adopts a systematic and legally grounded approach to managing public health emergencies and managing disease outbreaks. The Crisis Act (Act No. 240/2000 Coll. *(39)*) and Government Decree No. 462/2000 Coll. *(40)* serve as the frameworks guiding these responses. Additionally Act No. 239/2000 Coll. provides the legislation defining the scope and operational aspects of the Integrated Rescue System, which allows the coordination of rescue and clean-up operations in situations requiring several forces and organizations *(41)*.

The Ministry of Health plays a major role in crisis management, supporting a robust multisectoral collaboration with regional public health authorities and various ministries, including those covering the environment, defence, interior, transport and regional development. The Ministry of Health appoints the Chief Epidemiologist to provide expert leadership in all matters related to public health.

Data management and integration of refugees in health strategies

The SZÚ is one of the key bodies responsible for monitoring and documenting mass disease trends at a national scale. It not only acts as an information conduit for health authorities, including the Ministry of Health, but also plays a vital role in creating the foundation documents to inform national health policies, and it actively participates in promoting public health initiatives.

Health authorities manage and oversee health care operations to ensure compliance with regulations, contribute to the development of health policies and provide advice and educational programmes.

One notable initiative in data management is the hygienic registers, which are coordinated by ÚZIS in collaboration with the regional health authorities. However, these registers face challenges through limitations in existing electronic infrastructures.

To ensure that actions are coherent and well integrated, a National Coordinator for the Integration of War Refugees was appointed in February 2023. Additionally, in July 2022 the interagency Regional Refugee Response Plan was introduced to outline the responsibilities of partners, including United Nations agencies and civil society organizations *(42)*.

Surveillance mechanisms and local preparedness

Routine surveillance mechanisms for notifiable disease and syndromic illnesses are embedded within the Ministry of Health and public health facilities. However, there is a lack of documented standard operating procedures. The central/national level primarily relies on disease investigation and surveillance, while regional levels within PHC settings have more limited roles. Despite the fact that surveillance data include refugees and migrants, data are aggregated without breakdown based on refugee-related variables or refugee/migrant status.

Regions bear the responsibility for preparedness planning and responses to disasters/outbreaks within their jurisdictions. Each region establishes a multisectoral committee responsible for local emergency preparedness and response teams. However, there is an absence of emergency preparedness at the PHC level, and refugee and migrant populations are not substantively incorporated into these plans.

Primarily, the staff within PHC facilities receive training in first aid/clinical care and lack comprehensive training in applied epidemiology and emergency responses. However, protective measures and equipment are provided for both health and non-health personnel.

2.7 RCCE, health communications and social mobilization for health

Health risk communication strategies

The health system in Czechia strategically employs a variety of communication methods around health risks, incorporating both digital advancements and traditional media platforms. Public health authorities lead these efforts and use digital portals and specific campaigns, such as the "Health Promotion Facilitator for Ukraine", which is organized by the SZÚ. However, there is a noticeable gap in emergency management, particularly concerning the availability of timely and accurate information.

There is a lack of early warning systems that can quickly detect and report public health incidents within a 24-hour time frame. Additionally, there is an imbalance in risk communication strategies. While efforts are made to target the population and media outlets effectively, specialized communication strategies for minority and vulnerable groups are lacking.

Information dissemination and accessibility

The Ministry of Health in Czechia recognizes the importance of disseminating crucial information during crises. As a result, it has established a dedicated section on its website that provides essential health care information for Ukrainian refugees and Czech health care providers. The Ministry has also set up an information helpline to offer immediate assistance.

Furthermore, various sectors within society, such as medical professionals, health organizations, nongovernmental entities and local governments, have also taken active measures to provide diverse information and support. Notably, the Lékaři pro Ukrajinu website *(43)* and a nationwide vaccination campaign have been initiated in collaboration with UNICEF and different health insurance groups.

Challenges in information navigation and accessibility

Despite these organized efforts, Ukrainian refugees often rely more on personal networks and social media platforms for health care information. While official platforms are consulted to some extent, they are usually seen as secondary sources. The experiences shared within these personal networks significantly shape how refugees interact with the Czech health system – regardless of whether those experiences are positive or negative. This may be attributed in part to difficulties encountered when navigating official information portals; in fact, a survey conducted in 2023 revealed that only 14% of Ukrainian refugees reported no challenges while navigating the Czech health system. This percentage decreases with age.

Multiple factors contribute to this situation, including fragmented information sources, lack of familiarity among both health care providers and refugees with available platforms, formats that are not user friendly and outdated or missing information.

From the perspective of health care providers themselves, there is a clear need for more interpreters and intercultural workers to bridge communication gaps effectively.

Non-profit-making organizations and local governments have been working to bridge the gap between different languages and cultures, but the lack of easily accessible intercultural mediators poses a significant obstacle to health care for refugees. This shortage of language assistance particularly affects mothers with young children, elderly individuals, those with inflexible work schedules and people with chronic illnesses who need accurate translation of their medical histories.

Policy needs and potential improvements

At a national level, there is a need for policy reforms to improve communication methods with the refugee population. Currently, there is an absence of national or regional plans for effective communication. Furthermore, there are no planned surveys in place to collect essential data for evidence-based planning and decision-making in RCCE. There is also a lack of established feedback mechanisms that evaluate the effectiveness of Government services provided to refugees. The prevalence of misinformation and disinformation requires further investigation and measures to counteract it.

By leveraging WHO's expertise in RCCE, authorities and institutions can enhance their capacity to effectively manage public health emergencies and engage with communities in critical times with existing WHO risk communication and community engagement – infodemic management planning resources and tools.

2.8 MHPSS support

MHPSS is a crucial, cross-cutting area of any emergency response. and the availability of well-coordinated, multilayered MHPSS interventions is one of the most important means of relieving psychological distress, protecting the dignity of the affected population and preventing lasting suffering due to mental ill health. A widely shared sense of solidarity and compassion that people fleeing Ukraine were met with in Czechia in the early weeks and months of the war was deeply felt and appreciated by the Ukrainian refugees. The system for obtaining temporary protection status

that was set up in Czechia under the responsibility of the Ministry of the Interior ensured a seamless registration procedure and immediate access to safe accommodation, health services, education, social care and cash benefits. All the respondents during this mission agreed that the health, including mental health, needs of refugees were readily met in the early phase of the crisis. It was emphasized that the response of the Czech Government in the acute phase of the refugee crisis was very advanced. However, it was also reported that currently there are increased risks related to MHPSS particularly as a result of the serious and prolonged strain on existing services.

Interagency MHPSS coordination

The MHPSS Technical Working Group currently comprises 70 members from 27 different MHPSS actors/organizations and is co-chaired by the Ministry of Health and WHO, with members from health (Ministry of Health, National Institute of Mental Health (*Národní ústav duševního zdraví*; NÚDZ) and WHO), protection (Ministry of the Interior and UNHCR), child protection (UNICEF) and education (Ministry of Education and National Pedagogical Institute). Its work been recognized as instrumental in ensuring a well-coordinated organization and delivery of MHPSS activities across sectors.

Since the establishment of the MHPSS Technical Working Group, the WHO Country Office in Czechia has been facilitating bi-weekly meetings of the group, as well as participating in regular experience-sharing webinars with other refugee-hosting countries; the webinars are jointly hosted by UNHCR, UNICEF and WHO.

IOM's actions are mainly taking place in remote regions and communities that had been underdeveloped even before the refugee crisis. The focus is currently on 36 000 vulnerable temporary protection holders who live in collective centres with low access to health care. More than half of the collective centres are in rural areas, some of which provide substandard living conditions.

UNICEF is engaged in a variety of capacity-building activities at the national level, including training of health mediators, language support and recognition of educational credentials. To date, 800 Ukrainian health care workers have received support. Capacity-building projects in MHPSS for teachers and social workers are also being implemented by UNICEF.

According to the updated mapping of MHPSS services by the NÚDZ, there are around 370 such services/interventions available across the country. They are grouped under the following headings for better orientation: psychological help, psychiatry, social services, health care and medical services, state organizations and nongovernmental organizations *(44)*.

Delivery of MHPSS services and emerging needs

GPs in PHC provide basic mental health care and are authorized to prescribe psychiatric medications. However, an overall shortage of GPs in Czechia limits the possibility of having the bulk of mental health complaints treated in these settings, for Czech citizens and refugees alike.

Specialized mental health services are available in psychiatric units within general hospitals, psychiatric hospitals and through the network of CDZs across the country. Presently, there are 30 CDZs in operation, staffed by multidisciplinary teams that are responsible and equipped for delivering both mental health and social support services. Through public health insurance, all temporary protection holders can utilize these and other available outpatient mental health services.

Those interviewed in hospitals during the review agreed that the situation was better in September 2023 than it had been in the early months of the war in Ukraine when there was a massive arrival of refugees and when the hospitals de facto served as a replacement for GPs for both adults and children. The hospitals have many Ukrainian-speaking staff, who have been tremendously helpful. The hospitals have a psychology department with links to psychiatric hospitals for referral purposes where required.

Since the onset of the refugee crisis, NÚDZ has played a key role in the provision and mapping of MHPSS services available to refugees from Ukraine *(44)*. The NÚDZ is a WHO Collaborating Centre for Mental Health and has a clinical (paid by the health insurance) and a research (paid from external grants) department. The Ministry of Health provides financial support for scientific performance.

In the first weeks of the war, NÚDZ opened outpatient psychiatric care support for refugees, using Ukrainian mental health professionals who were already living in Czechia *(44)*. NÚDZ managed to mobilize private donors to support the hiring of Ukrainian psychologists and psychotherapists. This funding will soon expire and if no solution is found to retain the pool of Ukrainian mental health professionals in employment, and preferably expand the pool, a very important pillar of support will cease to exist.

In mid-2022 NÚDZ launched its online mental health literacy tool in the Ukrainian language, with over a quarter of a million views to date *(45)*.

NÚDZ is also implementing a UNICEF- and WHO-supported project designed to assist parents and teachers of Ukrainian children in applying the principles of trauma-informed care. NÚDZ

conducted a survey on the mental health needs of Ukrainian refugees and found that about 40% screened positively for moderate anxiety and depression, but with very low scores on self-recognition of mental health issues and help-seeking behaviour. This is in keeping with the results of a WHO qualitative study on behavioural insights on health service needs and access conducted among Ukrainian refugees in Czechia in the summer of 2023. The study found that most respondents knew that psychological services were available at no cost and where to get them, but few reported having used them. The respondents also reported that Ukrainian people in general are not inclined to seek psychiatric help, especially older people who tend to have more fears and prejudices surrounding mental health issues.

Another important service provider is Trigon Association, which offers mainly psychosocial support services to Ukrainian refugees, including assistance in making health appointments, assistance in accessing services for people with intellectual disabilities, as well as legal assistance. Currently one psychologist/psychotherapist and three child psychologists from Ukraine are working in Trigon. Supervision is provided through the Czech system, which is important not only from the clinical perspective but also from the legal protection perspective. Services offered to Ukrainian refugees include group therapy (once per month in a hostel), speech therapy, teenage groups (groups of up to 30 teenagers have regular meetings facilitated by psychologists, attend language classes and play music and sports), parent support groups (triple P courses: positive parenting programme) and monthly meetings with Ukrainian refugees to promote their integration and plan different events and festivities. Czech psychologists are using translators when working with Ukrainian refugees, which is often challenging.

Another CDZ-promoting bio-psychosocial approach to mental health is For Health 21 Beroun, where psychological, social, special education and educational services for children, adolescents, adults and families are provided. Additionally, it provides coaching and supervision services for the education, social and health workforces. Currently, it is staffed by two psychiatrists, four psychologists and four social workers. This service employs the case management model of care and helps Ukrainian refugees with psychotic disorders, depression, post-traumatic stress disorder and other mental health conditions. The staff also collaborates with schools and, since January 2023, refers Ukrainian children to low-threshold centres (sport activities, psychosocial assistance, etc.) as needed. Of particular concern is the shortage of services for children with attention deficit hyperactivity disorder and/or autism.

The CDZ in Karlovy Vary visited during the review was established in 2011 and provides crisis intervention services, individual and group psychotherapy, pharmacotherapy and psychosocial support services. Karlovy Vary CDZ currently has 80 staff and cares for 500 people, of whom 107 are Ukrainian refugees. The Centre uses the case management model of care. Two Ukrainian psychiatrists and one psychologist are currently working in the CDZ. They are, however, required to work

under supervision by Czech colleagues. In the meeting with the Ministry of Health, it was confirmed that there are issues with the recognition of credentials of Ukrainian mental health professionals. They are currently being offered work through the sectors of education and social work.

A project manager from the Alliance of Mental Health Centres emphasized the importance of integration of Ukrainian mental health professionals for successful MHPSS delivery and added that the availability of CDZs in the localities where refugees live has been a major mitigating factor in meeting the MHPSS needs of refugees. She also observed that since Ukrainian refugees are not asking for help readily themselves, the key is to be proactive and work at the community level.

Based on the overall information acquired through interviews and field visits, an increase in demand for MHPSS services has been consistently observed in recent months, not only for war-related trauma but also for issues related to prolonged stay abroad and deepening insecurity and uncertainty. Most refugees were hoping to return to Ukraine much sooner. Many of them are struggling to adapt to their new circumstances in Czechia, especially those who cannot find any employment, those who are highly qualified but are in low-paid employment, and children and youth who are attending online school in Ukraine and are not integrated in or have dropped out of the Czech school system. Increased needs regarding substance use and gender-based violence, as well as anticipated needs of ex-combatants who are or will be joining their families in the near future, should inform MHPSS programming for the coming period. Moreover, the current shortage of mental health practitioners, many of whom have left public system and are primarily practising privately, has resulted in longer waiting times for Czech citizens to be seen by a mental health professional. Private mental health services are not affordable for most Czech citizens, let alone refugees.

2.9 PHC

Refugees and migrants enter the health system via PHC, which provides a broad range of activities and services from health promotion and prevention to the treatment and management of acute and chronic conditions.

This WHO situation analysis of PHC for refugees and migrants was conducted against the background of a number of relevant Czech legal frameworks, laws and plans:

Lex Ukraine established **temporary protection primarily** for foreign nationals fleeing the Russian invasion of Ukraine *(15)*.

The Strategic Framework for the Development of Health Care in Czechia until 2030 (Zdraví 2030 or Health 2030) promotes seven priority areas including PHC and implementation of integrated care models *(46)*. The overall aim in Health 2030 is to strengthen the role of PHC to serve as a focal point for coordination with other providers.

The Health Service Act in 2011 re-specified patient rights. The Act stipulated that patients have the right to choose their physician and hospital freely; to have guaranteed access to care within reasonable time limits in their area of residence (as defined by Governmental Regulation No. 307/2012 Coll.); to seek a second opinion; to receive medical treatment according to recognized standards; to determine the treatment and its extent; to have medical procedures performed only with their legal consent; to view their own medical records and copy them; to have their patient data treated with confidentiality; to access a translator at all times in case of inability to communicate; to living wills (expressly excluding assisted suicide); and to receive compensation in the event of medical error, lack of informed consent, or injury caused by pharmaceuticals or medical devices.

The National Recovery Plan was set up in 2021 and funded by the European Commission in response to the COVID-19 pandemic *(47)*.

The Act on Electronization of Healthcare (No. 325/2021 Coll.) was adopted with effect from 1 January 2022. It introduced a basic legislative framework and defined obligations and standardized rules for communication, information sharing and data protection.

Investing in accessible, effective, and quality PHC services for refugees and migrants will yield substantial returns and will reduce long-term costs for the health system.

PHC entitlements for refugees and migrants

REFUGEES AND MIGRANTS ENJOY THE SAME STATUTORY HEALTH INSURANCE RIGHTS AS THE CZECH POPULATION.

The system offers a high level of financial protection and a broad PHC benefits package.

Outpatient health services are provided free of charge at the point of use, except for some prescription pharmaceuticals, medical devices and aids and the user fee for accessing outpatient out-of-hours services. Out-of-pocket payments are most common and frequent for dentists. Since no contraceptives are reimbursed, fully or partially, under statutory health insurance, contraceptives might be unaffordable for women under the current temporary protection system and this would be a barrier to consultation with their GP on birth control.

Children up to 18 years of age are entitled to free access to paediatric care and are encouraged to attend regular medical check-ups conducted by GPs and paediatricians.

PHC service delivery

PHC is organized at district level and Czechia's 14 regions play a major role through their ownership of health facilities and registration of private facilities.

Patients enjoy a free choice of primary and specialized outpatient providers, although there are signs that accessibility is limited in some regions and for some specialties. Patients are also free to see a specialist directly since there is no gatekeeping function in PHC.

The full range of PHC services currently provided includes general medical care (mostly self-employed GPs, paediatricians and dentists working in solo practices); maternal and child health; gynaecology; dentistry; home care by general nurses and midwives; pharmaceutical services; non-physician outpatient specialists (such as clinical psychologists, clinical speech therapists and audiologists); 24-hour emergency cover; and a number of preventive services such as immunizations and screening. GPs can also provide visiting services for immobile patients or prescribe homecare to be provided by nurses. They can also perform a number of tasks related to assessing and verifying health status, including dependency status and other social protection measures linked to health or disability status, along with fitness for employment.

There are four types of first-contact doctor: GPs for adults, GPs specializing in children and young people (paediatricians), outpatient gynaecologists, and dentists/stomatologists. GPs may work alone in private practices (with support of a nurse for administrative tasks and home visits), in group practices, in health centres or in polyclinics that provide PHC services. Health centres providing PHC tend to be well resourced, with most having equipment such as electrocardiography and ultrasound; however, GPs who work in sole practices usually have immediate access to fewer facilities.

THERE ARE IMPORTANT SHORTAGES OF PHC PROFESSIONALS AND AN UNEQUAL DISTRIBUTION OF THE PHC WORKFORCE OVER THE CZECH TERRITORY *(37)*.

In 2019, there were:

4540	**4787**	**1835**	**5624**	**1274**
independent PHC physician practices	GPs	paediatric practices	dental practices	gynaecological practices

There are far more medical specialists than GPs in Czechia, with GPs making up only 16% of the total physician workforce.

There is, on average,
one physician in PHC
per 1500 population

one paediatrician in PHC
per 900 children
aged 0–18 years.

Since 2012, the number of GPs has been steadily decreasing as an increasing number reach retirement age (in 2020, the average age was 54.9 years for GPs and 57.5 years for paediatricians) *(37)*.

Since 43% of Ukraine refugee households include children under the age of 5 years, there is high demand for early childhood health services. Dental care mainly comes from private providers, and there has been a long-running trend for dentists to only take private (self-paying) patients. Nearly 95% of dentists work in general dentistry, leaving personnel gaps for specialists *(48)*.

Although the maximum time an individual should wait for PHC interventions is defined by law, it is not effectively measured.

Providing PHC for newly arrived refugees has proved challenging. Refugees can register with a GP of their choice and can also register with a new GP every 3 months if they wish to do so. But data suggest that around one-third of refugee households have no access to a GP or a PHC paediatrician *(42)*.

Many refugees might be reluctant to seek health care assistance when needed for a number of reasons, including, but not limited to, shortages of PHC physicians and paediatricians; lack of trust in the PHC system; indirect costs such as transport; experiences of stigmatization and discrimination; worries about potential lack of confidentiality of diagnoses by physicians; cultural beliefs; and psychological trauma. The lack of structural resources to provide interpreters and logistic challenges to accessing trained interpreters/health mediators create barriers in effective service provision, with some doctors refusing to see patients if there is no possibility for interpretation. Physicians in PHC are sometimes reluctant to enrol refugees and migrants as they might only be registered for a short time as they move across the country or to other countries. To address this issue, the Government has installed a separate financing scheme to allow for registration of refugees without financial loss.

An important consequence of the current shortages of PHC professionals is the overreliance of refugees (and the host population) on emergency services, specialist care and outpatient hospital care. Although recent data show a steady decline in the use of emergency services by the refugee population, overuse is still significant.

To compensate for shortages in PHC physicians and paediatricians, and to mitigate the risk of an increased number of refugees going straight to inpatient facilities, the Ministry of Health in partnership with UNICEF established 10 centres providing PHC for children and adults within three university hospitals (Olomouc, Ostrava and Prague) and four regional hospitals (Havlíčkův Brod, Kolín, Příbram and Stod). In addition, the capacities of 27 paediatric clinics across the country were increased through the Association of General Practitioners for Children and Adolescents in partnership with UNICEF to expand provision of health care and vaccination services for refugee children and other vulnerable groups in need of care. Regional authorities also try to attract PHC workers through various subsidy schemes (such as recruitment bonuses or equipment for outpatient offices) *(49)*. In certain areas (with low population density or geographically remote), PHC physicians may receive higher capitation fees if the number of patients registered with them is below the 70% of a given Health Insurance Fund's average. All Health Insurance Funds also offer a bonus system for GPs who offer office hours throughout the week of at least 25 hours over 5 days if patients are able to choose the time of their appointment. Some authorities provide scholarships to medical students who commit to practising for a certain number of years in the more remote region. Some facilities ask their physicians in postgraduate training to sign contracts committing to practice in such areas for up to 5 years after passing the state licensing examination.

Almost every PHC physician uses a computerized information system to charge health insurance funds for services, pharmaceuticals and materials provided. Reimbursement databases have also recently been used for economic analyses, although the data (due to their structure) are not readily suitable for disease management and other health-related analyses for refugees and migrants. There is also no proactive population health management in terms of risk stratification nor proactive outreach to vulnerable populations. PHC physicians also collaborate with regional public health authorities in epidemiological surveillance by reporting cases of communicable diseases.

3. Main recommendations for consideration

3.1 Health information system

- **Develop and share comprehensive profiles on the health status of refugees to guide evidence-informed health interventions.** These profiles should include refugees, migrants and asylum seekers and encompass health risks in their countries of origin, in transit and in Czechia in order to support the adaptive capacity of health systems and to address specific health needs.
- **Develop a short list of core health indicators for routine monitoring of refugee health.** A list of 10–15 indicators should be informed by a public health risk assessment. The Ministry of Health could develop clear guidance on the confidentiality of health records for displaced populations.
- **Evaluate the EWAR system.** The system should be able to detect health threats rapidly for all populations, including refugees and migrants.
- **Develop an EWAR in emergencies contingency plan.** Such a plan should prepare for the most likely emergencies.

3.2 Health workforce

- **Develop modules on intercultural competencies for health care professionals.** Refugees should have access to culturally sensitive and effective care that recognizes the impact of refugee status on physical and mental health. The Refugee and migrant health: global competency standards for health workers *(50)* could be used to support training for those providing health services to refugees and migrants.
- **Expand Czech language courses for Ukrainian health professionals.** A focus on medical terminology and provision of webcasts (video lectures) on Czechia's health system through the career centre would help to facilitate the entry of health care professionals into the Czech health system, and ensure that foreign health professionals have understandable information about residence and work permits, nostrification (qualification recognition) and job matching,
- **Improve intercultural aspects of service delivery by promoting collaboration between Czech and Ukrainian health professionals.** Such collaboration would improve service delivery, interpreter support and the provision of cultural mediation services.

3.3 Public health response in emergencies and disease outbreaks

- **Regular monitor the health status of refugees and migrants as well as the host population.** This should consider, particularly, epidemic-prone diseases (vaccine-preventable diseases) and regularly update associated risk assessments.
- **Train emergency responders on refugee and migrant population needs.** Core topics should include understanding migration, interaction with migration and intercultural competence.
- **Strengthen the Ministry of Health's capacity in responding to public health emergencies.** The Ministry should have both authority and capacity to include displaced populations in the national emergency preparedness and response plans.
- **Ensure coordination among key Government stakeholders to enhance early detection of health threats.** Development of a standardized national process and methodology for public health risk assessment will help to inform emergency response activities and support a functional surveillance system. One of the potential resources that can be adapted for this purpose is the WHO manual *Rapid risk assessment of acute public health events (51)*, targeting primarily national departments with health protection responsibilities.
- **Update the national and regional emergency preparedness and response plans to include refugees and migrants.** Plans should be multisectoral and multihazard, incorporate lessons learned from the COVID-19 pandemic and other emergencies, and be reviewed and updated regularly. These national emergency plans are usually regulated by the Ministry of the Interior; however, the health sector should make sure that health-related points are addressed.
- **Update the national and regional outbreak preparedness and response plans.** Plans should (i) include refugees, migrants and asylum seekers; and (ii) utilize standardized case investigation procedures and tools that can be used across all populations. including forcibly displaced groups.

3.4 RCCE, health communications and social mobilization for health

- **Develop an RCCE policy and framework to include a national communication plan.** This should occur under the leadership of the Ministry of Health with sufficient budget and human resources allocated to RCCE activities. The establishment of an RCCE working group could be considered. RCCE research activities (social listening, surveys, feedbacks, focus group discussions) should be used regularly to generate data to support evidence-informed decision-making.
- **Engage migrant groups in the development of RCCE campaigns.** Involvement of refugees, migrants and asylum seekers will enable tailored communication to flow within their communities and host communities and among Government departments, United Nations agencies, nongovernmental organizations and other partners.

- **Use the media to encourage positive behaviour change and counter misinformation.** Initiatives for positive messaging/success stories on faster integration could include:
  - developing communication tools (posters, brochures, videos, infographics, etc.) in different languages with information on how to access health care and placed where refugees and migrants access information, such as refugee centres, religious centres, schools, community centres, accommodations;
  - using communication channels such as Viber and Facebook to reach out to refugees and host communities;
  - strengthening local coalitions to combat mis/disinformation (infodemic);
  - developing and delivering media literacy and ethical reporting training sessions for journalists on how to sensitively report about refugee and migrant populations; and
  - increasing social listening and using the data to develop targeted programmes.

- **Conduct a targeted health information campaign on the health rights of migrants and their civil obligations to the host society they live in.** This could be delivered through appropriate channels under Ministry of Health leadership, with the support of other line ministries and partners such as United Nations agencies, nongovernmental and civil organizations, the media and community leaders.
- **Improve health literacy and support patients' navigation in the Czech health system.** Health education and media literacy should be enhanced in schools and in the general population. Provide ethical reporting training for journalists on how to sensitively report about refugees, migrants, asylum seekers and host populations. Such efforts will collectively decrease mistrust and misinformation and increase health literacy and resilience of these populations and host communities.

3.5 MHPSS support

- **Support the continued operation of the MHPSS Technical Working Group.** The Group helps to ensure that organization and delivery of MHPSS activities is well coordinated across sectors.
- **Prioritize tailored MHPSS for vulnerable refugees.** A comprehensive assessment of the MHPSS needs of groups such as temporary protection holders living in collective centres, mothers of children under 6 years of age, older people, separated/unaccompanied children and people with disabilities will help to ensure that they get the right support.

- **Invest in MHPSS staff development.** This should include capacity-building, supervision and self-care. Longer-term engagement/recruitment of different profiles of mental health professionals and lay people from Ukraine to deliver MHPSS services would have a vital role in (i) mitigating existing workforce capacity issues in the Czech mental health system, (ii) eliminating the language barrier in highly sensitive therapeutic relationships, and (iii) serving as cultural mediators in different health care settings.
- **Expand the network of CDZs as part of the ongoing mental health care reform.** The information acquired through interviews and field visits during the mission confirmed unequivocally the instrumental role of CDZs in protecting the mental health and well-being of refugees and in ensuring continuity of care for people with chronic mental health conditions.
- **Train interpreters in mental health settings.** The provision of trained interpreters in MHPSS settings can help to ensure that the quality of therapeutic interventions is not compromised and that emotional/psychological harm does not result to either the patient or the interpreter.
- **Scale up community-based activities that boost psychological resilience.** Many community-based activities that boost psychological resilience and promote the sense of belonging are already being implemented on a smaller scale across Czechia, including peer-support groups, psychoeducation sessions, summer camps for children and youth, sports activities, yoga classes, art workshops and excursions.
- **Organize awareness-raising campaigns to improve mental health literacy among refugees and host communities.** Initiatives are occurring to strengthening social cohesion between refugees and their host communities, to tackle stigma and to encourage help-seeking behaviour.
- **Extend mental health research to include refugee and migrant issues.** Existing national capacity for conducting quality research in the field of mental health could be extended to take in the specific issues faced by refugees and migrants. This would help to inform future actions and contribute to generation of knowledge that could benefit other refugee-hosting countries as well.

3.6 PHC

- **Improve awareness-building and continued education on refugee health needs.** There will need to be a shift from provision of immediate short-term care to consideration of long-term issues.
- **Develop innovative approaches, such as multidisciplinary mobile teams, to extend the reach of health care.** Initiatives in mobile health care (m-health) can help to serve vulnerable and hard-to-reach populations. Those residing in remote locations or at collective centres may particularly need culturally sensitive health services brought to them. Ideally these mobile teams would contain a general clinician, a social worker and a psychologist. Given current shortages in medical staff, financial incentives for participation in mobile teams should be considered.

- **Further expand PHC services within university and regional hospitals.** In addition, increasing capacity for GPs to providing services for children and adolescents, especially in Prague, would be valuable for ensuring that all children in need of health care are registered.
- **Upskill refugees who are medically qualified.** A valuable initiative has already commenced by IPZV, in partnership with UNICEF, to improve language capacity and any additional skills needed for these skilled personnel to contribute to care delivery for the refugee population.
- **Enhance capacity for gathering information on refugee health and service use at the PHC level.** Currently enrollment databases in PHC are typically used administratively for the purchaser to calculate capitation payments, rather than for analysing the risk profile of the refugee (and host) population.
- **Improve coordination and integration of services between PHC, social health, public health and hospital care to mitigate overuse of emergency services and specialist care.** Strengthening team-based care and a multidisciplinary approach in PHC would allow better delivery of needed care for both the host population and refugees. This also has the potential to enhance timeliness of effective care provision, reduce overreliance on emergency and specialist care and improve outcomes for health and social care. Improvements such as changing the reimbursement system for PHC doctors and raising community awareness on using PHC rather than emergency or specialist services would also strengthen the provision of health care for the population.
- **Enable the use of digital solutions to bring services closer to people.** Tele-health and other digital approaches may fill gaps in care that result from provider shortages, particularly for rural and underserved urban populations; provide access to services after normal clinic hours; reduce patient and family travel burdens; and facilitate services such as appointment scheduling and prescription renewal.

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5. Annex.
Agenda for the joint review mission

Day	Date	Activity	Time
0	**Sunday 17/09/2023**	Arrival WHO Team meeting	All day 17.00–19.00
1	**Monday 18/09/2023 (in Prague)**	WHO Team meeting	9.30–12:00
		Briefing/meeting with · MOH senior authorities; · briefing on the review process/ activities jointly with MoH departments; and · SZÚU, ÚZIS, HIF	13.00–15.00
		Meeting with Government Office/ Ministry of Interior/Ministry of Labour and Social Affairs	15:00–16:00
		Meeting with United Nations agencies (UNICEF, IOM, UNHCR) at UNIC	16:30–17:30
		Team meeting: reflections on Day 1	17:30–18:30
2	**Tuesday 19/09/2023 (field visit)**	Meeting with NGOs (NAPO, AMIGA, NGO Consortium, etc.)	9:00–10:30
		Field visits: Prague	10:30–11:00
		Group 1 Bulovka Faculty Hospital PHC (Martina)	11:00–13:30
		Group 2 General Prague Hospital PHC centre (Gabriela)	11:30–13:30
		Group 1 CDZ Cepsymed/KHS Prague (2 groups) (Gabriela)	14.30–15:15
		Group 2 KHS Prague (Martina)	14.30–15.30
		Group 1 NÚDZ (Gabriela)	16.00
		Team meeting: reflections on Day 2	18:00–19:00

Annex. contd

Day	Date	Activity	Time
3	Wednesday 20/09/2023 (field visit)	Field visit: region Karlovy Vary	Leave at 7:00
		Krajský úřad Karlovarského kraje	9:00
		Karlovarská krajská nemocnice, a.s.	9:00–10:30
		Group 1 CDZ Fokus Karlovarský kraj	11:00–12:30 (+ return to Prague)
		Group 2 KHS Karlovy Vary	14:00–15:00 (+ return to Prague)
		Team meeting: reflections on Day 3	17:00–18:00
4	Thursday 21/09/2023 (field visit)		
		MZ – Svrčinová	9:00–10:00
		ÚZIS	10:30–11:30
		IPVZ	9:00–10:00
		SZÚ	14:00
		Financing and hospitals: Mr Michálek (MoH)	14:00
		Team meetings/preparations	11:00–12:00
		Preparing for de-briefing	14:00–18:00
5	Friday 22/09/2023	Debrief to Minister Valek and MoH	8.30–10.00

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