

Behavioural insights on  
health service needs,  
access and uptake

# Results of a qualitative study among refugees from Ukraine in Czechia

May–September 2023



# Abstract

The Russian invasion of Ukraine on 24 February 2022 led to the displacement of over 7 million Ukrainians to neighbouring European Union countries. To understand and document access to health services from the refugee perspective, the WHO Regional Office for Europe, WHO Country Office in Czechia, Ministry of Health of Czechia and other key partners conducted a qualitative study of Ukrainian refugees in Czechia between May and September 2023. The objective was to identify health service needs and gaps and the barriers

and drivers of health service uptake. Refugees appreciated the support provided to them, especially health insurance, and found it reassuring that emergency health care is available free of charge. Challenges to accessing routine care included finding an available family doctor, getting timely appointments and language barriers. Although mental health and psychosocial support is available, many refugees reported not using these services. Considerations for action focus on tailoring the response to those in most need.

# Keywords

ARMED CONFLICTS  
UKRAINE  
REFUGEES  
CZECHIA  
HEALTH SERVICES ACCESSIBILITY  
QUALITATIVE RESEARCH

Document number:  
WHO/EURO:2024-9044-48816-72669

© **World Health Organization 2024**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition: Behavioural insights on health service needs, access and uptake: results of a qualitative study among refugees from Ukraine in Czechia: May–September 2023. Copenhagen: WHO Regional Office for Europe; 2024”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

**Suggested citation.** Behavioural insights on health service needs, access and uptake: results of a qualitative study among refugees from Ukraine in Czechia: May–September 2023. Copenhagen: WHO Regional Office for Europe; 2024. Licence: CC BY-NC-SA 3.0 IGO.

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/about/policies/publishing/copyright>

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

**Photo Credits:**

**Cover:** Svetlana Grek is originally from Irpin, Ukraine. She fled the city after it was bombed.  
© WHO/Jakub Zak

**All Photos:** © WHO/Jakub Zak

**Designed by:** [Handmadebyradhika.com](http://Handmadebyradhika.com)

# Contents

---

<b>Acknowledgements</b>	<b>iv</b>
<b>Abbreviations</b>	<b>v</b>
<b>Executive summary</b>	<b>1</b>
<b>Introduction</b>	<b>3</b>
Background	3
Methods	3
<b>Results</b>	<b>5</b>
Characteristics of the participants	5
Context and health needs	5
Knowledge and health literacy (COM-B: capability)	6
Access to services (COM-B: physical and structural opportunity)	9
Support from others (COM-B: sociocultural opportunity)	13
Views on health service needs and services (COM-B: motivation)	14
<b>Discussion</b>	<b>17</b>
Czech context	17
Opportunities in adversity	17
Main health-care needs	18
Strengths and limitations of this study	18
Considerations for further action	19
<b>Conclusions</b>	<b>20</b>
<b>References</b>	<b>21</b>
<b>Annex 1. Eligibility survey</b>	<b>23</b>
<b>Annex 2. Interview guide</b>	<b>26</b>



# Acknowledgements

This document was developed by the Behavioural and Cultural Insights Unit of the WHO Regional Office for Europe in collaboration with the WHO Country Office in Czechia. Katrine Bach Habersaat, Alyona Mazhnaia and Martha Scherzer conceptualized and managed the research, and drafted and finalized the report. Polina Alpatova and Tatyana Zub (Sociologist Research Agency) conducted the research and analysis. WHO extends its warm thanks to the

following people who provided valuable input to the data collection process and reviewed and improved this report: Roksolana Kulchynska, Zsofia Pusztai and Eliška Selinger (WHO Country Office in Czechia); Gabriela Pilková and Karel Vaniš (Ministry of Health of Czechia); colleagues at Státní zdravotní ústav [the National Institute of Public Health]; and Heather Papowitz and Ardita Tahirukaj (Health Emergencies Programme, WHO Regional Office for Europe).

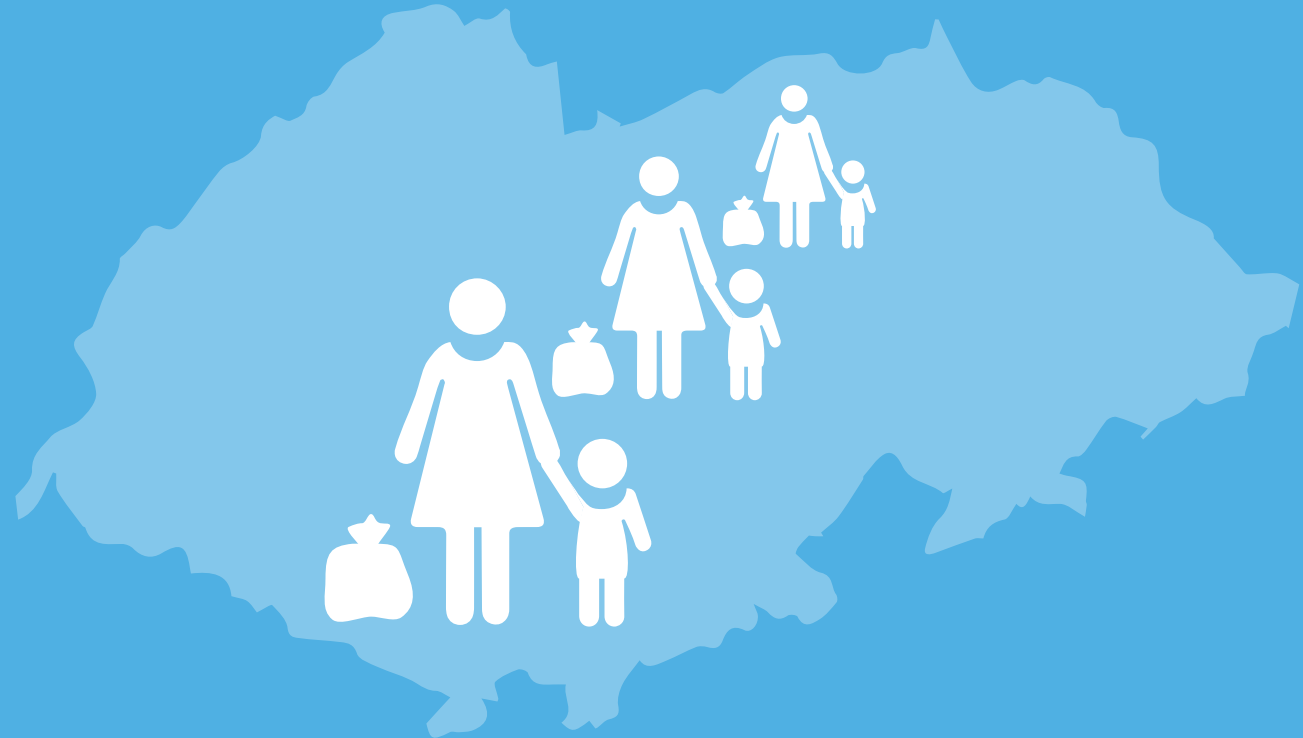
# Abbreviations

BCI	behavioural and cultural insights
COM-B	capability–opportunity–motivation–behaviour (framework)
HPV	human papillomavirus
KACPUs	<i>Krajských asistenčních center pomoci Ukrajině</i> [Regional assistance centres for assistance to Ukraine]
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VZP	<i>Všeobecná zdravotní pojišťovna</i> [General health insurance company]

# Executive summary

The Russian invasion of Ukraine on 24 February 2022 and ongoing war led to millions of people being displaced, with over 7 million fleeing to European Union countries. As these neighbouring countries open their borders and continue to make services available to those in need, it is imperative to understand and document access to health services from the refugee perspective. To achieve this, the WHO Regional Office for Europe and WHO Country Office in Czechia, together with the Ministry of Health of Czechia, conducted a qualitative behavioural and cultural insights (BCI) study (with a 3-month follow-up) on the perceived health service needs and gaps and the barriers and drivers of uptake of health services for refugees from Ukraine in Czechia.

A Ukrainian research agency conducted 25 online interviews in May and June 2023 and 15 follow-up interviews in August and September 2023 with Ukrainian refugees living in Czechia. Participants were recruited through social media channels and organizations working with refugees in Czechia, and represent a variety of geography, age, education and carer statuses. Data were analysed using a rapid assessment procedure.



## Key findings

- Respondents appreciate the support provided to refugees from Ukraine by the Government of Czechia, especially health insurance coverage.
- Language is a barrier for most participants (even those studying the Czech language) in making and attending doctor's appointments.
- Respondents have difficulties in finding a doctor who is willing and able to take on new patients and accepts their health insurance.
- Respondents also experience long waiting times for appointments for routine or preventive care, and the need for referral to specialist care causes even further delays.
- The high costs associated with dental services and difficulty of finding an available dentist are important challenges.
- Most people are aware of mental health and psychosocial services, but few report using them. Notably, there is growing acceptance of the importance of this kind of help.
- Good access to high-quality, free emergency care increases feelings of safety and confidence.
- Respondents are grateful for the warm welcome and services available to them but some also shared examples of perceived or real prejudice, including within the health system.
- Many people have decided to wait to take care of their health issues until they return to Ukraine, either on a short trip or permanently.

## Considerations for action

- Review and revise existing information on the location and availability of doctors, and create a (or promote an existing) website to help patients to find doctors.
- Explore ways to manage expectations among refugees, such as using the study findings to create communication materials highlighting the differences between the Ukrainian and Czech health systems.
- Develop innovative options for translation and interpretation to help in making appointments and during consultations (telephone hotline, medical translation apps).
- Review the services available for the most vulnerable groups – strengthen these as much as possible and promote existing resources through targeted communication campaigns.
- Consider strengthening (or establishing) coordination mechanisms between health and social services to ensure that no one is left behind.
- Encourage doctors to offer vaccines and other prevention services even when refugees visit for other reasons.
- Continue providing mental health and psychosocial support even if uptake is not as high as hoped for because the use of such services may increase over time.





# Introduction

## Background

The Russian invasion of Ukraine on 24 February 2022 and ongoing war led to millions of people being displaced. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), over 7 million Ukrainians have fled to European Union countries; by the end of September 2023, approximately 371 980 refugees from Ukraine were living in Czechia and 559 930 had applied for asylum or temporary protection (UNHCR, 2023). This status allows refugees from Ukraine to access health insurance and the full range of health services, equivalent to the benefits granted to Czech citizens. Data on the perceived health-care needs of the refugees and their experiences with the Czech health system are essential for tailoring the response and targeting resources.

To understand this perspective, the WHO Regional Office for Europe and WHO Country Office in Czechia, together with the Ministry of Health of Czechia, conducted a qualitative behavioural and cultural insights (BCI) study (with a 3-month follow-up) on the perceived health service needs and gaps and the barriers and drivers of uptake of health services for refugees from Ukraine in Czechia. The initial interviews took place in May and June 2023, with follow-up interviews in August and September 2023.

This approach aligns with the WHO *Ukraine crisis strategic response plan for June–December 2022* (WHO Regional Office for Europe, 2022a), which calls for monitoring access and barriers to the utilization of health services, monitoring the needs of vulnerable populations, and ensuring meaningful access to health care for these populations.

### The main aims were to:

- gain insight into the behavioural and cultural factors that impact access to and uptake of health services for people fleeing the war in Ukraine to inform actions by the health authorities and other stakeholders providing health services in Czechia; and
- document refugee experiences of the Czech health system; identify and describe possible areas of stigma, discrimination or other critical issues; and explore whether these change over time through follow-up interviews.

Insights into the behaviours, perceptions, and social and cultural norms of refugees from Ukraine now living in Czechia can be used to inform a people-centred response to the health-care needs of this population.

## Methods

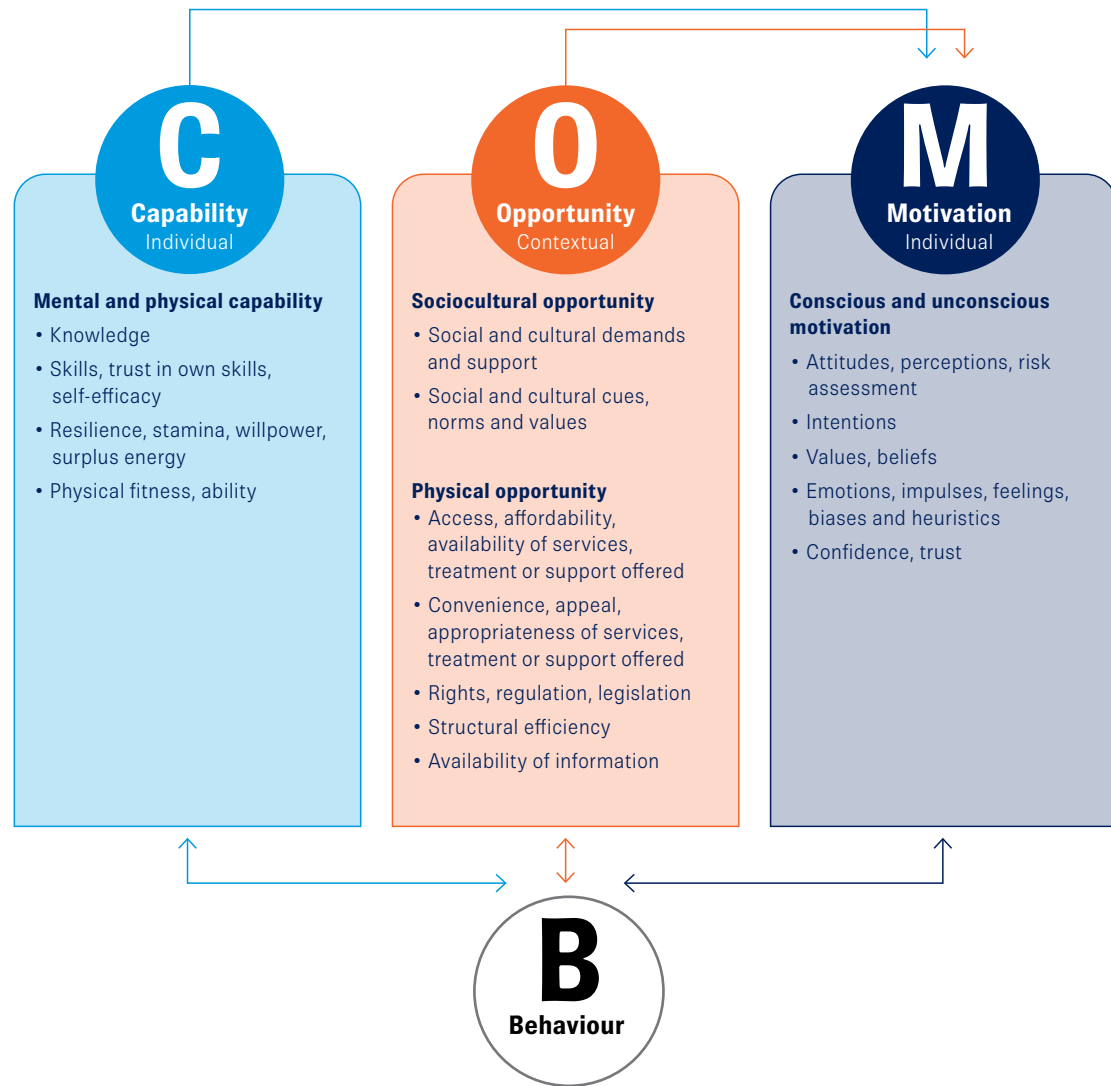
This qualitative research study comprised online, in-depth interviews with refugees from Ukraine who are living in Czechia. Ethical approval for the study was provided both at national level and by the WHO Research Ethics Review Committee. The theoretical framework underpinning the study is the modified capability–opportunity–motivation–behaviour (COM-B) framework, which provides a holistic approach to exploring the barriers and enablers of behaviour (Fig. 1) (Habersaat and Jackson, 2020). Data collection and rapid analysis (WHO Regional Office for Europe, 2022b) were guided by this framework.

Inclusion criteria were that participants were aged 18 years and above, had left Ukraine owing to the war and had been in Czechia for at least 2 weeks. Third-country nationals were not excluded from participation. Purposive maximum variation sampling ensured the inclusion of people of both sexes; of varying ages, educational backgrounds and caring responsibilities; and living in various types of accommodation and geographical locations within the country.

Participants were recruited via popular social media channels used to exchange information about life in Czechia (Facebook, Telegram, Viber, WhatsApp), other community support networks, staff of nongovernmental organizations working with refugees from Ukraine in Czechia, and posters located in places where refugees from Ukraine spend time.

The Ukrainian research agency, Sociologist, obtained informed consent and conducted 25 in-depth interviews via Zoom between 21 May and 22 June 2022. Each interview lasted approximately 1 hour. Follow-up interviews with 15 of the original interviewees were conducted between 29 August and 6 September 2023. Respondents were paid the equivalent of €20 as compensation for their time and internet usage. Audio recordings were saved to a password-protected file and will be deleted within 1 year.

Fig. 1. The modified COM-B framework



Sources: based on Michie et al. (2014) and Habersaat et al. (2020).

# Results

## Characteristics of participants

### Of the 25 participants from Ukraine (24 women and one man):

- 22 were aged 18–49 years and three were aged over 50 years;
- 17 were living in unofficial housing, six were living in housing paid for by the Government of Czechia and two declined to share this information; and
- 18 were taking care of others and seven were living alone.

### Of the 15 participants from Ukraine (14 women and one man):

- 13 were aged 18–49 years and two were aged over 50 years;
- six were living in rented apartments, four were living in housing paid for by the Government of Czechia, four were living in housing provided by Czech people and one was staying with friends; and
- 11 were taking care of others and four were living alone.



## Context and health needs

Overall, after residing in Czechia for over 9 months, respondents were more self-assured when seeking medical services than when they arrived. The Government of Czechia provides refugees from Ukraine with health insurance coverage, and this is considered very important, especially for elderly

people and children. Respondents generally reported positive experiences of receiving medical care, highly valued the benefits of health insurance and noted the friendly attitude of Czech doctors. In particular, emergency care and high-level treatment such as surgery are considered reliable and of high quality, and the fact that they are free of charge is very much appreciated.

Respondents considered dentists and family doctors to be the most relevant specialists to provide their health-care needs but also required the services of gastroenterologists, gynaecologists, neurologists, ophthalmologists, orthopaedists, psychologists and urologists. They had also sought access to children's vaccinations and preventive care.

Younger people and those without underlying health conditions said that before the war they had not often sought health services in Ukraine because they were generally healthy and could get many medications over the counter at a pharmacy. In contrast, since the start of the war, respondents said that everyone feels more stressed, and most reported seeking health services more often. However, due to perceived long waiting times for appointments in Czechia, people may forgo seeing a doctor or delay this until it is absolutely necessary. This and related issues are discussed in the section on Access to services.

“  
I would have sought more medical help in Ukraine. In Czechia, someone with pain today may need to wait 4 months for an appointment.

Woman (age group: 18–49 years), Olomouc





## Knowledge, skills, health status (COM-B: capability)

In baseline interviews, most respondents had some degree of knowledge about which services were available to them. In general, people were aware of the locations of medical facilities or health professionals or knew where to find them (mainly through acquaintances and online resources such as social networks, internet searches and Google Maps). In terms of health-care facilities specifically for Ukrainians, one interviewee from Prague mentioned specialized facilities called Ukrainian Assistance (UA) points (Ministry of Health, 2023a) and another interviewee mentioned St. Anne's University Hospital Brno (2023), which provides medical services to Ukrainian refugees. In addition, a respondent from Olomouc mentioned that there is a Ukrainian point in the emergency clinic.

Between baseline and follow-up interviews, there was a noticeable improvement in respondents' knowledge about the available medical services, and most indicated that they have sufficient information about where and how to access these services. Some were more aware of the option to receive free or low-cost health care, especially if they arrive during regular working hours and consult the duty doctor at an emergency hospital. Nevertheless, respondents would appreciate more specific information about child vaccination and which vaccines are free and which must be paid for.

Respondents with limited knowledge about the available services tended to delay seeking medical

assistance whenever possible or opted to visit Ukraine to address their health concerns.

■ **Someone asked me if I have a regular doctor but, sadly, I haven't found one yet. I try my best not to get sick here because I work and don't know where to go for medical assistance.**

Woman (age group: > 50 years), Dobříš

Most respondents knew about the availability of psychological support services and had a general idea of where to find them when needed. However, many were not using these services (discussed in the sections on Access to services and Views on health service needs and services). Respondents reported learning about psychological support services from centres providing these services such as centres for humanitarian aid to refugees, Krajských asistenčních center pomoci Ukrajině, or KACPU, [Regional assistance centres for assistance to Ukraine], Centres for the Support of Integration of Foreigners (Ministry of the Interior, 2023a), refugee hostels, social networks, and volunteers with organizations such as Charita [Caritas] (2023), United Nations Children's Fund (UNICEF) and Člověk v tísni [People in Need], (2023). Psychological support hotlines are also an important source of this information.

### Language

The main source of uncertainty when seeking health care arises from the language barrier, which affects both scheduling and attending consultations. Respondents said that they must phone up to ask whether the doctor can accept new patients and

make an appointment. This can be more difficult than speaking in person, even for Ukrainians who understand and communicate in Czech every day, and there is no other way to get this information or make an appointment. The language barrier also impedes access to relevant information. In baseline interviews, respondents reported a need for more information in Ukrainian and specifically targeted to Ukrainians.

■ **The main obstacle is the language barrier. Sometimes, it's tough to figure out what's wrong when they use all those medical terms that are hard to understand.**

Woman (age group: 18–49 years), Zlín

Respondents also described the challenges of effectively communicating with doctors. Doctors stipulate that Ukrainians should come with an interpreter, and some reportedly refuse to see Ukrainian patients without one. However, the number of available interpreters is very limited and not everyone is able to find one without help.

■ **During the initial months, the hospital had a full-time interpreter available. ... You could approach the interpreter at any time, and they would assist with translation during the doctor's appointment.**

Woman (age group: 18–49 years), Zlín

Even with online translation options, unstable internet connections sometimes makes using them difficult, and the presence of an interpreter can make people feel uncomfortable when disclosing personal information. In addition, the situation

can be complicated by individual preferences: not all doctors are sufficiently patient or willing to communicate through online translators, and not all Ukrainians are prepared to learn the Czech language.

Despite the significant language barrier, most respondents reported being able to communicate with doctors. Most often, this is done using a mixture of Czech, Russian and sometimes English. Respondents said that they are learning Czech, use online translators when possible during consultations, and in some cases prepare in advance for doctors' appointments by asking for help from acquaintances or relatives who have lived in Czechia for a long time or from professional translators, volunteers or translators from integration centres. They had also tried to find doctors who speak Ukrainian or Russian.

Refugees who are unable to learn the Czech language for any reason are considered to be at a definite disadvantage when seeking health care. Such groups may include older people and mothers who lack child care to enable them to attend a language class.

### **Availability of understandable, relevant and actionable information: health literacy**

Many respondents said that there is sufficient general information on the medical services available in Czechia. However, they would like more detailed information, especially about which doctors are accepting new patients and how to find specialist doctors.

The primary source of information for respondents was social network chat groups. They said that the Health Helpline offers general information but does not provide answers to specific questions (Ministry of Health, 2023b). Those with a family doctor said that their doctor often answers questions about the health system; assistance centres for Ukrainian refugees are another source of information.

■ **I have a family doctor and, first, this is the individual through whom I receive information in an easily understandable format. Secondly, I can visit the clinic directly, and they have information boards and offices within the clinic where Ukrainian citizens are attended to and there's also information available in Ukrainian there. So, they provide various explanations.**

Woman (age group: > 50 years), Ústí nad Labem

In baseline interviews, many respondents said that Ukrainians would benefit from a website or registry listing doctors who are available to take on new patients and accept the health insurance provided to Ukrainian people, along with addresses and phone numbers.

In follow-up interviews, respondents said that they had discovered a range of new information about the available medical services, including where to find doctors who provide care to Ukrainians, particularly in Prague. They reported hearing about an influx of new doctors catering to Ukrainians in the city and about plans for a medical centre near Prague specifically for Ukrainian refugees. One respondent had heard that Czechia is going to facilitate the accreditation of Ukrainian dentists.

■ **The Mriya Centre told me where to find a Ukrainian- or Russian-speaking doctor. ... Many doctors are on Facebook – they have pages, some links, you write to them, they answer you ... where, when, how to call the reception.**

Woman (age group: 18–49 years), Prague

Most respondents said that they had received verbal or written instructions on how to access medical services and psychological assistance in Czechia. Some indicated that refugee reception centres are an important source of information, especially about mental health and psychosocial support services. Health insurance companies are also a good source of information, including to help in finding a doctor. Refugees can visit the physical branch that issues health insurance to obtain information and pick up brochures or can consult the General Health Insurance Company's website, which has a dedicated page for Ukrainians (VZP Pomáhá, 2023). This is considered a valuable resource.

Respondents would like to have more information about specific medical services available for children, especially on how to follow the correct vaccination schedule because of differences between Czechia and Ukraine in vaccines and on the frequency of vaccination. One respondent had specifically enquired about options for vaccinating children against borreliosis (Lyme disease) and encephalitis.

Respondents had used a mixture of official and unofficial information sources, but social media chat

groups were a very important source of information. The experiences and opinions of others were also considered to be very important (for more information, see the section on Support from others). The same sources of information were mentioned in baseline and follow-up interviews.

Specific sources of information provided included:

- general internet searches on platforms such as Google and Google Maps
- websites of hospitals and the Ministry of the Interior (2023b)
- Facebook, Telegram and Viber groups:
  - Ukrainians in the Czech Republic
  - Ours in the Czech Republic
  - Ukrainians in Chomutov
  - Ukrainians in Prague
  - Help for refugees – Czech Republic
  - Help for Ukrainians in the Czech Republic
  - Moms of Prague
  - Moms in Prague – HELP
  - Ukrainians in Hradec Králové
  - Help for refugees from Ukraine
  - Czech Inform
  - Olomouc helps Ukraine
  - Ukrainians in Olomouc ua.cz
  - Prague–Advise–Who knows
- word of mouth among Czech and Ukrainian acquaintances
- organizations for refugees:
  - information points (Chomutov)
  - Centres for the Support of Integration of Foreigners
  - KACPUs
  - volunteer centres
  - UNICEF's Mriya project

- health insurance company's website
- health-care facilities – consultation with a health worker or other facility staff; and
- official refugee housing – leaflets and consulting volunteers working in the hostel.

Respondents used these information sources because they are easily accessible, trustworthy and represent a wide range of options. In general, respondents reported trusting official sources such as official Government websites, refugee organizations, doctors and information provided by the health insurance company, but mainly relied on social media groups and reviews and recommendations from acquaintances, fellow refugees and the Ukrainian community.

### **Mental health**

Most respondents said that they had obtained new information since the baseline interviews on the availability of mental health and psychosocial support. They had a basic understanding of where to seek such help if needed. Information sources about these services include Centres for Support of Integration of Foreigners (Ministry of the Interior, 2023a), the Agency for Migration and Adaptation AMIGA (AMIGA, 2023), KACPUs, social networks, and volunteer organizations such as the Mosaic Centre (Mozaika Prostějov, 2023), UNICEF's Mriya project (Mriya, 2023), Charita (2023) and People in Need (2023), as well as the psychological support hotline. One respondent highlighted that 10 free sessions of psychological support are available for anyone with health insurance. Most respondents knew that psychological support services are free of charge. Issues regarding the use of these services are discussed in the section on Views on health service needs and services.





## Access to services (COM-B: physical and structural opportunity)

In addition to language, the main barrier to accessing medical services is the difficulty of finding a doctor who is willing and able to take on new patients. According to respondents, many Ukrainians in Czechia still do not have a designated family doctor, which hinders access to medical services, especially because referrals are needed for specialized care. Respondents said that most family doctors have no available appointments, which is perceived to result from a shortage of doctors in the country.

“ [T]he ophthalmologist refused to see us, saying they had reached their patient limit. The shortage of doctors is evident. ... Services are much harder to access than in Ukraine.

Woman (age group: 18–49 years), Louny

Respondents emphasized that the time required to plan ahead, find a doctor, and make and secure an appointment delays treatment for urgent medical issues. Even patients in acute pain still need to wait in line. Sometimes the only available doctor is located in a different city or town, so transportation may become an issue. The challenge of finding an available doctor may be compounded by the fact that different doctors work with different health insurance companies.

“

The main concerns are which doctors are willing to accept patients and whether they or clinics accept the specific insurance coverage. In some cases, it may be necessary to visit the doctors' offices individually and ask whether they will accept the specific insurance company.

Woman (age group: 18–49 years), Zlín

## Language

Language is a major factor in determining whether refugees know how to access health services. Several respondents said that they do not often seek medical services in Czechia, and that one of the main reasons is language difficulties. Over time, this is improving but still poses a challenge, especially for older people, who may find it more difficult to learn a new language. Therefore, there is still a requirement for translators and Ukrainian-speaking doctors.

Respondents said that doctors are friendly towards Ukrainians, speak Czech slowly, sometimes switch to Russian (for doctors who speak Russian), and use digital translation or other technical means of communication. All of these factors reduced the language barrier, especially for people who have lived in the country for more than a year and a half.

However, because of the language barriers, perceived shortage of doctors and other issues, many respondents had chosen to go to Ukraine to consult a paediatrician or other health specialist.

## Access to emergency services

In general, respondents knew how to seek emergency care: by contacting a general practitioner, calling for an ambulance or visiting an emergency clinic. However, in interviews it became clear that respondents' knowledge about emergency contact numbers was variable. They mentioned different telephone numbers including 112, 150 and 155; however, the only correct number to call an ambulance is 155, whereas 112 is used for any type of emergency and 150 is specifically for the fire department.

Emergency services were perceived very positively by respondents, which increased their confidence that medical assistance would be provided in critical situations. However, some respondents said that they were afraid of calling an ambulance in case their situation was not considered an official emergency, and they were unclear about what constitutes an official emergency. Respondents said that because there are fines for the improper use of ambulances it is widely believed that it is better to get to the point of care by oneself rather than call an ambulance.

## Convenience

Respondents considered the number of medical facilities to be sufficient and that, overall, physical access to the facilities was convenient. However, most perceived doctors' work schedules to be unusual: they start work early in the morning and finish in the afternoon, do not work on weekends,



and do not work every weekday. This makes it difficult for working people to visit a doctor if they are reluctant or unable to take time off work.

■ **The only thing that is not very convenient is that they start working from 6:30 and work until 12:00–13:00, this is three times a week, and twice a week they have a second shift ... and if you work in the morning, then you can't always get to the doctor ... asking for time off from work is not very convenient because you have to work – and you won't ask endlessly because they will say: did you come to work or visit clinics?**

Woman (age group: 18–49 years), Olomouc

Respondents also said that even if they have an appointment they often still have to wait in long queues, and those who do not live close to the

available doctor said that transportation costs in time, money and energy pose a challenge. Few respondents owned a car, which means that most rely on public transportation; this can make it difficult to reach the facility within a reasonable amount of time. Owing to difficulties in traveling, one respondent had decided to cancel an appointment with an orthopaedic doctor. Another respondent was unable to receive long-term ophthalmology treatment for her child because of the need to spend a whole day to undergo one procedure.

As previously discussed, respondents considered the need to wait several months for an appointment as inconvenient and sometimes detrimental to good health. Some respondents also highlighted that it can be confusing to navigate hospitals that consist of large complexes with multiple buildings.

### **Costs**

Most respondents did not have significant expenses related to health care, except for dental services. Otherwise, the main costs were the purchase of over-the-counter medicines that are not covered by health insurance. One respondent said that she had undergone surgery free of charge in Czechia, but that the same operation would have been quite expensive in Ukraine. She not only received a full range of free health services but also had social support to compensate for her inability to work as she recovered. She was currently receiving sick leave benefits and expected to receive social benefits in the future.

For non-urgent health services, the decision to seek care was often influenced by the availability and coverage of health insurance. For services not



covered by health insurance, such as dental care, most respondents preferred to travel to Ukraine because of the higher cost in Czechia.

Some respondents said that in Czechia preferential access to medical care is possible if one has some personal connection with a doctor, and that some doctors are willing to accept financial or other incentives from patients. However, such cases were exceptions, and most respondents were impressed by the lack of financial cost to receive full health care.

### **Urban versus rural settings**

Respondents noted differences in the level of access to services in large towns and cities versus small towns and rural areas. In smaller towns with fewer Ukrainians, fewer respondents reported having to wait a long time for a doctor appointment and they were confident of being able to receive the necessary medical care. However, small towns may have a limited availability of specialists, which could pose a challenge to accessing some types of specialized care.

■ **In Brno, there was generally more information. Brno, being a bigger city with a larger refugee population, seems to have better organization in place. In smaller cities ... you often have to find information on your own and rely more on your language skills to get what you need. It can be challenging for someone who is new to navigate.**

Woman (age group: 18–49 years), Prostějov

Respondents from small settlements emphasized that Ukrainians in big cities have access to more

support. However, respondents living in Prague noted that while there may be enough social support, accessing a family doctor is difficult. They even recommended looking for family doctors in small towns in Czechia. However, those in Prague also recognize that they have better access to specialist care.

In Prague, there are also UA points, that is, dedicated service points where doctors provide medical care to Ukrainians who do not have their own family doctor (Ministry of Health, 2023a). At UA points, individuals can obtain certificates, consult a general practitioner, obtain a referral to specialist care and obtain a prescription for medicine.

### **Access for vulnerable groups**

Although many respondents were young and healthy, many said that older people face additional difficulties in accessing medical services owing to transportation and mobility issues and to being less willing or able to learn Czech and less adept at using technology. People with specific long-term, chronic diseases may need support for translation, especially of information from Czech doctors and of their own medical history. Refugees who had recently arrived in Czechia or had not immediately registered with a family doctor often had to go to another city to visit a family doctor or paediatrician. Those with a disability or critical psychological condition required additional support to access health care and communicate with health-care providers.

Refugees who had undergone surgery also noted that extra support would be very helpful because of

the limited length of hospital stay and that, without their usual social and family support networks, patients must use public transport to get to postoperative consultations.

Extra support for communication with providers would benefit (i) anyone who has not yet learned the Czech language (including mothers who do not have the opportunity to attend Czech language courses owing to child care needs) and (ii) places where digital translation is not an option for any reason. Respondents said that in many critical situations it is even more difficult for a person to communicate in a foreign language. In addition, people who are isolated or introverted may feel uncomfortable asking others for extra support.

■ **[The organization] is meant to help with translation, but there is only one translator in the organization ... not everyone knows about these organizations. There are people who are lonely and do not communicate with others. If you know more people, you will know more [have more information].**  
Woman (age group: 18–49 years), Olomouc

### **Access to mental health services**

Most respondents were aware of avenues to seek psychological support or, at the very least, knew how to access information about these services, including through multiple Telegram channels and other social media. Respondents knew that psychological assistance is provided free of charge by local organizations staffed with Ukrainian psychologists. One respondent mentioned an interesting opportunity to participate in groups for

mothers, where Ukrainian mothers can connect with each other, and qualified psychologists are available at no cost. Respondents also mentioned access to group classes where they can engage in self-help activities and communicate with one another as a form of mutual support. Others mentioned the Mosaic Centre (Mozaika Prostějov, 2023) and said that some Ukrainian psychologists have also relocated to Czechia. However, many said that they do not use these services. Issues related to motivation are described in the section on Views on health service needs and services. Respondents said that psychological support services had been more readily available at the outset of the full-scale invasion, but that significantly fewer organizations are now offering these services.

### **Access to medications**

Respondents said that the selection of over-the-counter medicines is limited and not always effective. Medications for chronic conditions can only be obtained with a prescription from a specialist doctor, and it often takes 3–6 months to get an appointment. In both baseline and follow-up interviews, respondents said that they most often get medications from people who regularly travel to Ukraine and bring back the requested medicines. For respondents who take care of others and have found a family doctor, the necessary medications are available and are usually covered by health insurance.

### **Access to dental care**

Most respondents mentioned the difficulty of finding an available dentist and affordable dental services.

Free tooth extraction and dental hygiene services are covered by health insurance, but other dental procedures are not and are perceived as quite expensive. One respondent complained that she had had to have a tooth removed that could have been treated in Ukraine. Respondents said that locating a children's dentist is nearly impossible. Ukrainians also prefer to be treated by dentists from Ukraine and information about appointments with Ukrainian dentists is primarily shared via social networks.

One respondent said when a dentist saw the patient's problem, they arranged an appointment for 1–2 months later. However, at that appointment, the dentist said that it was already too late and radical treatment was needed.

■ **To be honest, I felt overwhelmed with the issues related to finding a dentist. I made countless calls to all my acquaintances and even reached out to the acquaintances of acquaintances in search of a solution. Dentistry has been a source of frustration for me. When it comes to other doctors, I think it's actually possible to find a suitable one.**

Woman (age group: 18–49 years), Olomouc

Between baseline and follow-up interviews, it remained challenging to find a dentist. Most dental practices are fully booked, and those with available appointments often charge high prices for their services. Respondents tended to prefer to return to Ukraine for health services that are not covered by health insurance (such as dental care) due to the relatively high cost of these services in Czechia. Respondents noted that Czech people are in the

same situation and, similarly, cannot always afford the full range of dental services.

### **Access to vaccination**

Respondents with children expressed a need for more information about the vaccination schedule for children because this does not match the schedule in Ukraine. Respondents said that it is not possible to ask a paediatrician about this because it is so difficult to get an appointment, and that a certificate of vaccination is required to register with a child-care facility. Refugees were keen to know which vaccinations can be administered to children in general. One respondent had specifically asked about the options for vaccinating children against borreliosis and encephalitis, and another shared the experience of getting their child vaccinated against human papillomavirus (HPV). Although her daughter was above the age for which HPV vaccination is covered by health insurance, she had paid for the vaccination and the insurance company had partially reimbursed her.

Another respondent highlighted that doctors' work schedules had impaired her ability to vaccinate her child.

■ **If I could get [my child] vaccinated on a Saturday, I would have done it already. Or at least if I could register after school, if the paediatric physician would accept me after 15:00, that would already help me. Vaccination is done only in the first half of the day.**

Woman (age group: 18–49 years), Chomutov



### Support from others (COM-B: sociocultural opportunity)

In Czechia, as in other neighbouring countries, Ukrainian refugees have formed communities that exchange information about the available medical services and share their experiences. Significant information-sharing and moral support are also provided by local residents such as relatives, acquaintances, colleagues and landlords.

In baseline interviews, respondents rarely mentioned the activity of international organizations, except for the UNICEF Mriya project and support from Caritas. They said that they had received more active communication with volunteers upon their arrival in Czechia at the beginning of the war. In follow-up interviews, respondents mentioned receiving support from a range of organizations (mainly nongovernmental organizations) that might be funded by international agencies.

Ukrainian doctors currently living in Czechia provide assistance to Ukrainians privately and sometimes provide informational support via telephone, email or social media.

Decisions about whether to seek medical care are influenced by other peoples' experiences (both refugees and locals). It seems that other peoples' negative experiences have a higher impact when the need for medical attention is not urgent. One respondent said that she has not yet made an appointment with a family doctor because she has been told that finding a doctor will take her some

time. Other respondents had postponed visiting a dentist because they had heard about the high cost of treatment and difficulty of finding a dentist. The positive experience of others (for example, about emergency care) helped to provide a sense of calm and confidence. Such sharing of experiences and information about available doctors was considered valuable.

■ **Local neighbours help; if we ask, they will help. The volunteer movement has declined and there are no people willing to volunteer, although new people are coming – they need help and they don't know anything.**

Woman (age group: 18–49 years), Louny

The most trusted and, therefore, most influential information sources about health services were (i) family members and close friends with experience of using medical services, (ii) family doctors or other professionals, if they come with a positive recommendation from others, and (iii) acquaintances (refugees and local residents) who are willing to share their experiences and help to find the right specialist.

Having limited social interactions is also a barrier to accessing health care. Elderly people and people who are more isolated because of their place of residence, psychological characteristics, or other factors such as the language barriers have less access to shared information about available doctors and other services.



## Views on health service needs and services (COM-B: motivation)

Two main factors impact motivation to seek services and have far-reaching effects: the language barrier and lengthy waiting times for appointments.

For many people, knowing that they will have to face these issues reduces the motivation to seek services unless absolutely necessary. In addition, the system of pre-registration with a family doctor, doctors' working hours and difficulties in finding an available doctor affect people's confidence that the necessary services will be provided on time. Most respondents who did not have a chronic illness were not motivated to actively seek information about medical services or pursue medical assistance. They tended to delay seeking health services until they return to Ukraine, either on a short trip or permanently.

Motivation to use medical services was primarily based on knowing that health insurance covers the cost of consultations with specialists and of some medicines and on the perceived effectiveness of treatment, including surgical interventions. Respondents also appreciated doctors' efforts to get along with Ukrainian patients and often highlighted the friendliness of medical staff in the Czechia, including junior medical staff. One respondent was impressed that junior medical staff did not expect additional financial compensation from patients and said that their actions were clearly regulated and professional.

However, respondents also had negative impressions of the Czech health services, mostly related to accessing (finding a doctor, the high cost of dental services, possible fines for calling an ambulance, etc.) rather than using the services.

■ **I worry that if fell seriously ill, I'd need to request sick leave from a doctor as I have a job ... I'm afraid I'll have to handle issues with the family doctor, my illness and work all at once. I fear that if I follow the advice of other refugees and take a certain path, the hospital might eventually tell me that they cannot be of any help. I'm scared of being sick and not getting proper care outside the hospital. I'm scared that if I end up there, they won't offer any solutions to my problem.**

Woman (age group: 18–49 years), Olomouc

### Expectations based on differences between the Czech and Ukrainian health systems

Although many respondents said that there are more similarities than differences between the health systems of Czechia and Ukraine, most said that visiting a family doctor or specialist is much easier in Ukraine. Advanced planning and referrals are needed in Czechia, but most Ukrainians are unaccustomed to this: waiting times to see a general practitioner, paediatrician or specialist are minimal in Ukraine. The perceived scarcity of available doctors and long waiting times in Czechia mean that Ukrainians' expectations are not met, and this has notably impaired their motivation to seek medical services. Seeking a second opinion about a diagnosis is also easier in Ukraine, whereas this option is limited in the Czech health system.

■ **Back in Ukraine, when I was feeling really sick, I found a doctor, and within 2 days I could see the doctor and begin treatment. Here, one has to secure an appointment 2 months in advance. During this time, I've gotten sick twice or three times already, and my asthma is also deteriorating.**

Woman (age group: 18–49 years), Louny

Some misunderstandings were related to differences in treatment protocols and doctor–patient interactions between Ukraine and Czechia. These include respondents' perceptions of insufficient appointments for follow-up after treatment, insufficient routine preventive examinations, and a lack of prescribed antihistamines and probiotics for those taking antibiotics (the last of which is not considered an evidence-based approach in Czechia). These examples illustrate how expectations, even if incorrect, may lead to a sense of not having been treated well or fully.

■ **Here [in Czechia], people don't usually go to the doctor unless it's really urgent. ... [In Ukraine] we're used to having doctors on call 24/7, ready to be contacted for every little thing. Over here, even if a child has a fever for 2–3 days, there's no immediate medical attention. The typical response is that it's likely just a virus, so it's considered normal.**

Woman (age group: 18–49 years), Olomouc

Respondents also noted that cultural differences affect their feelings of comfort and confidence in receiving medical services, including the sense that health care is oriented more towards prevention in Ukraine than in Czechia. Mothers expressed concern about the care available for a child with a fever. Apparently, doctors in Czechia will only see a child if the fever persists for more than 5 days, whereas in Ukraine a mother can take her child to a paediatrician on the first or second day. In addition, some respondents said that treatment in Czechia is provided strictly according to the protocols, whereas in Ukraine doctors have more freedom about the treatment strategy. However, many respondents considered that treatment according to protocols is effective and correct.

Questions often arose about verifying a doctor's experience, accessing reviews about them and whether it is possible to consult a specialist directly without referral from a family doctor. Ukrainians are used to being able to see both the ratings and educational backgrounds of doctors in Ukraine and were concerned that the same information is not available for Czech doctors.

■ **Of course, I would like to have information about their qualifications, to know who they are ... where did they study? Unfortunately, all of this seems to be shrouded in secrecy.**

Woman (age group: 18–49 years), Zlín

## **Mental health**

In terms of motivation to seek mental health and psychosocial support, respondents said that in

Ukraine there is little inclination to seek help from psychologists, and this is influenced by age and societal stereotypes. Respondents said that younger people are more proactive about their mental health and less hesitant to seek guidance from mental health specialists; in contrast, older people tend to have more fears and prejudice about mental health issues. They also said that many people are unclear about the distinction between a psychologist and a psychiatrist because they have limited experience with these kinds of specialist.

■ **In Ukraine, people used to think of psychologists as if you were some kind of weirdo if you went to see them. But I'm not sure if that opinion still holds today.**

Woman (age group: 18–49 years), Prague

Many respondents said that they do not feel the need for such services and that only those who have endured significant hardships or losses or do not know how to orientate themselves in a foreign country can accept help. Some expressed an interest in seeking psychological services to help children to adapt to their new place of residence, among other issues, but had reservations because they believe that the child needs to be ready for it. Respondents also said that people who stayed in Ukraine during the war are more likely to need psychological help than those who went abroad, like themselves. They said that personal beliefs and stereotypes about the work of psychologists often prevent people from sharing their experiences outside the family.

The ability to find a psychologist they can trust

significantly influenced whether individuals had accepted mental health services in Czechia. Some respondents believed only a specialist who has personally experienced a similar situation can provide effective help and support.

■ **No matter how much of an expert someone is, if they haven't been through what you've been through, they won't be able to help you as effectively.**

Woman (age group: 18–49 years), Hradec Králové

In follow-up interviews, respondents said that they had received more information about mental health and psychosocial support since the baseline interview. They knew that such services are available in multiple places, including community-based organizations and hospitals, Centres for Support of Integration of Foreigners (Ministry of the Interior, 2023a), the Agency for Migration and Adaptation AMIGA, KACPU, social networks, and volunteer organizations such as Mosaic, UNICEF's Mriya project (Mriya, 2023), Charita (2023) and People in Need (2023), as well as the psychological support hotline. Most respondents were aware that psychological support services are available free of charge.

## **Trust in health workers**

In follow-up interviews, respondents rated their interactions with doctors as comfortable, friendly and productive, and said that they usually get answers to all of their questions. However, those who had had negative experiences or had heard about such experiences from other refugees felt less safe and secure about receiving health services.

■ It is safe. I had an experience when my daughter fell ill during a trip to Prague, and she even lost consciousness. We called an ambulance. Their response was quick, faster than what I had in Ukraine. We received excellent care and attention.

Woman (age group: 18–49 years), Zlín

A sense of security and confidence is based on an understanding that the medical services provided are of high quality and that doctors are experienced in their specialty. However, differences in the treatment approach can reduce trust in a doctor. If a doctor determines that a condition is not serious (such as a child's fever), then the expected medical assistance may not be provided. The level of trust is also impacted by the fact that not all doctors are the same: some are good, whereas others may not be as reliable. However, respondents felt they had limited choices owing to a perceived significant shortage of doctors.

■ I don't [trust] just anyone. It really depends on person you encounter. Since there's a shortage of doctors here, and they're well aware of it, hardly anyone is motivated to further develop their skills or knowledge. Doctors here graduated from university 20–30 years ago, and many continue to practice without further developing their knowledge and skills due to the consistent demand for their services. There is no competition.

Man (age group: 18–49 years), Chomutov

Refugees were also worried that challenges in accessing preventive services may lead to health problems in the future, and this may have reduced their sense of trust in health workers.

Some respondents said that Czech doctors may consider Ukrainian patients a lower priority than other patients. One respondent said that a gynaecologist who had emigrated from Ukraine to Czechia more than 5 years ago and provided services to Ukrainians at certain hours of the day had been reprimanded by hospital management and told to treat Czech citizens before Ukrainians.



# Discussion

When baseline interviews were conducted, most respondents had been in Czechia for up to a year. They shared their experiences of accessing health care: some were very satisfied with the health services and others highlighted the challenges of obtaining routine care. At the follow-up interviews, the overwhelming majority of respondents felt more confident and secure in accessing health services. This probably relates to having greater confidence in their language abilities and a better understanding of how the health system works, and their experiences of actually using the Czech health system. However, it is notable that even after living in Czechia for more than a year, respondents reported having increased access to information between baseline and follow-up interviews. This is a positive indicator of ongoing efforts by the Czech authorities and other stakeholders to continue prioritizing the needs of Ukrainian refugees.

As in other countries, the presence of hundreds of thousands of refugees in Czechia places an additional burden on systems and structures of all kinds, but especially on health care as the country continues to grapple with the effects of the COVID-19 pandemic and associated resource constraints. Despite differences between the Czech and Ukrainian health systems and some related frustrations, respondents expressed overall satisfaction with the health care they had received. Managing expectations related to differences between the health systems through clear

communication could further alleviate their stress/anxiety, as would targeted support for translation services, transportation to health appointments and other social services.

## Czech context

Although not highlighted in follow-up interviews, perceived discrimination against Ukrainian refugees was raised during baseline interviews. When baseline interviews were being conducted, a number of incidents were reported in the Czech news, including a Ukrainian school girl being spat on by a classmate and street protests against Ukraine. Respondents speculated that these may be linked to the presence of a Russian expatriate community in Czechia since before the war. With tensions higher in the summer, refugees may have been more sensitive to prejudice in all areas of life, including in the health services. The fact that this issue was not raised in follow-up interviews is a positive sign that such instances are not increasing.

Since 1 July 2023 the benefits provided to refugees from Ukraine has changed substantially, with reductions in the level of housing support and humanitarian benefit provided to most refugees (Ministry of the Interior, 2023c). However, vulnerable groups receive increased support, including people aged over 65 years, pregnant women and people caring for children under 6 years of age, students and children aged under 18 years, and people with disabilities and their carers. Ukrainian refugees

who arrive in Czechia with a recognized disability certificate will be able to use that to secure benefits. Those whose disability arose during their time in Czechia will have to go through a disability recognition process in Czechia. This seems a very positive approach to targeting resources towards those who need it most.

## Opportunities in adversity

All respondents hoped for a quick and comprehensive restoration of peace and the opportunity to go home and rebuild their lives. However, during this challenging time, disruption to their usual routines might offer opportunities to adopt healthier behaviours. The Fresh Start Effect, a behavioural science concept, shows that people are more likely to adopt new behaviours when major changes take place in their lives (Milkman and Duckworth, 2021) and this might apply to seeking vaccination and mental health services for those who have not previously been interested in or felt the need for such care.

## Vaccination

For some time, Ukraine has had lower vaccination rates than most European Union countries (WHO, 2023). However, it is important that health care providers do not assume their patients from Ukraine are not interested in vaccination. Many Ukrainian refugees in Czechia and other countries have expressed an interest in vaccination, both routine and adult immunization, including against

HPV. It is not clear from the research if this was new behaviour or a long-held interest, but one respondent had gone to great lengths, including paying out of pocket, to get her 18-year-old daughter vaccinated against HPV. She said that she had only requested the vaccine by chance after visiting the doctor for another reason. Research has shown that such opportunities are an important factor in increasing vaccination uptake (Blagden et al., 2022; Plumptre et al., 2020). An important strategy to achieve this is to encourage doctors in Czechia to offer vaccination during unrelated appointments. Czech doctors could be made aware that many Ukrainian refugees are interested in vaccination and of the importance of offering this service.

### **Main health**

From the start of the Ukrainian refugee crisis, it was clear that mental health and psychosocial interventions would be an important component of care owing to widespread experiences of violence and displacement. However, this qualitative study in Czechia, which was also conducted in several other neighbouring countries, showed that many refugees have a negative perception of or, at least, do not fully understand the benefits of such services. Respondents have described this as a remnant of Soviet-era psychiatric treatment, which was often seen as punitive and is well-documented (Petrea and Haggenburg, 2014; Ougrin et al., 2006). However, over time and especially among younger people, acceptance of mental health and psychosocial interventions is increasing, leading the

way to greater openness about such services among Ukrainian refugees and the general population of Ukraine. The continued provision of opportunities for mental health and psychosocial support is an important part of the emergency response.

### **Main health-care needs**

The study identified a particular need for actions to improve the availability and use of the following health services:

- language services – translation services for health-care interactions, especially targeted to the most vulnerable groups;
- health literacy, including:
  - clarifying the benefits of health insurance and strengthening existing resources for linking prospective patients to family doctors; and
  - encouraging doctors to offer preventive services (e.g. vaccination) at every opportunity; and
- dentistry – clarifying or emphasizing what is covered by health insurance and any alternative ways to access dental care in order to manage expectations.

### **Strengths and limitations of this study**

BCI work seeks to collect and understand essential perspectives from the people at the centre of challenging health situations. Qualitative research provides insight into what the study population knows and does not know; their fears, worries, hopes and experiences; why they think and behave as they do; and what might motivate them to change. Such insights are very useful to inform policy decisions,

interventions and communication activities. However, qualitative data are not statistically representative and the results cannot be generalized to the entire population of refugees.

Careful sampling, conducting interviews to saturation (the point at which no new insights are shared) and rigorous analysis ensure that the results represent commonly held viewpoints and perspectives. However, people with particular health concerns or experiences may have been more likely to decide to participate in this study.

Recruiting people via social media and conducting interviews online has limitations compared with more direct recruitment measures and face-to-face interviews. However, the sampling criteria were intended to ensure diverse participation and, given the current crisis situation, the advantages of this approach far outweigh the possible limitations.

This study was intended to assess the adult general Ukrainian refugee population currently residing in Czechia, of whom the vast majority are women. It was not designed to apply to specific vulnerable, disadvantaged or marginalized populations, nor to children or young people aged under 18 years. Refugees who left Ukraine but are not Ukrainian citizens (third-country nationals) were not excluded from this research. However, invitations to participate and interviews were in Ukrainian and Russian. Third-country nationals who do not speak these languages would not have been able to participate.



### Considerations for further action

With limited resources and no end to the war in sight, it is important to use the findings of studies such as this to tailor communication and services and target these efforts to the people who need it most. General considerations for further action are based on the study findings and arranged according to the COM-B theoretical framework.

#### Information resources (capability)

- Revise, expand and publicize the website or registry of doctors that provides information about which are accepting new patients and which health insurance they accept.
- Review and revise information about what is covered by health insurance (including services and medicines).

#### Health services (opportunity)

- Expand or strengthen interpreter services within medical facilities; explore innovative options such as a dedicated translator app for medical terms and telephone hotline translation.
- Encourage health-care workers to offer vaccination to Ukrainian refugees at every opportunity.
- Consider establishing consultation points or

a telephone hotline where people can seek advice on whether they need to consult a specialist for a particular health problem.

- Continue providing mental health and psychosocial support as use of such services may increase.

#### Social support (opportunity)

- Review the services available for the most vulnerable groups; strengthen these as much as possible and promote existing resources through targeted communication campaigns.
- Consider strengthening (or establishing) coordination mechanisms between health and social services authorities to ensure that no one is left behind.
- Consider providing more employment opportunities for Ukrainian doctors in Czechia.

#### Outreach (motivation)

- Based on the study findings, create materials (including a video) highlighting the differences between Czech and Ukrainian health systems to help in overcoming confusion or unrealistic expectations.
- Monitor the potential for discrimination and misinformation.



# Conclusions

The Government of Czechia offers full health benefits to refugees from Ukraine, including health insurance that covers essential services. Refugees appreciate this support but noted that language barriers and long waiting times for appointments are two key barriers to care: addressing both of these will require time. During the course of this study, the respondents' access to information and confidence in interacting with the health system had improved. Importantly, perceptions of mental health and psychosocial support needs and services also appear to be improving. Although not all of the challenges raised can be addressed, tailoring health services of all kinds to the needs of refugees is essential. The findings of this and other studies continue to add depth and nuance to current and planned activities.

# References\*

- Amiga (2023). About us [website]. Prague: Agency for Migration and Adaptation AMIGA (<https://amiga-migrant.cz/en/home-style-2/>).
- Blagden S, Newell K, Ghazarians N, Sulaiman S, Tunn L, Odumala M et al (2022). Interventions delivered in secondary or tertiary medical care settings to improve routine vaccination uptake in children and young people: a scoping review. *BMJ Open*. 12(8):e061749. doi: 10.1136/bmjopen-2022-061749.
- Charita (2023). Charita [Caritas] [website]. Prague: Charita (<https://www.charita.cz>) (in Czech and other languages).
- Habersaat KB, Jackson C (2020). Understanding vaccine acceptance and demand – and ways to increase them. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 63:32–9. doi: 10.1007/s00103-019-03063-0.
- Michie S, Atkins L, West R (2014). *The Behaviour Change Wheel: a guide to designing interventions*. London: Silverback Publishing (<http://www.behaviourchangewheel.com/>).
- Milkman KL, Duckworth A (2021). *How to change: the science of getting from where you are to where you want to be*. New York: Portfolio/Penguin.
- Ministry of Health (2023a). Central booking system – overview of UA point places [website]. Prague: Ministry of Health (<https://uapoint.mzcr.cz>) (in Czech).
- Ministry of Health (2023b). Pomoc pro Ukrajinu [Aid for Ukraine] [website]. Prague: Ministry of Health (<https://www.mzcr.cz/category/ukrajina/>) (in Czech).
- Ministry of the Interior (2023a). Refugee Facilities Administration of the Ministry of the Interior [website]. Prague: Ministry of the Interior (<https://www.integracnicentra.cz/?lang=en>).
- Ministry of the Interior (2023b). [Migration] [website]. In: Department of Asylum and Migration Policy. Prague: Ministry of the Interior (<https://www.mvcr.cz/migration/article/ukrainian.aspx>) (in Ukrainian).
- Ministry of the Interior (2023c). [75. Act of 8 March 2023, amending Act No. 66/2022 collection, on measures in the field of employment and social security in connection with the armed conflict on the territory of Ukraine caused by the invasion of the Russian Federation troops, as amended and other related laws]. Prague: Ministry of the Interior (<https://ec.europa.eu/migrant-integration/system/files/2023-04/Lex%20Ukrajina%20V.pdf>) (in Czech).
- Mozaika Prostějov (2023). Mozaika multikulturní centrum [Mosaic multicultural centre] [website]. Prostějov: Mozaika Prostějov (<https://www.mozaikaprostejov.cz/>) (in Czech).
- Mriya (2023). Mriya Centrum Pomoci a Podpory [Mriya help and support centre] [website]. Prague: Mriya (<https://mriyaua.cz>) (in Czech).
- Ougrin D, Gluzman S, Dratcu L (2006). Psychiatry in post-communist Ukraine: dismantling the past, paving the way for the future. *Psychiatr Bull*. 30(12):456–9. doi: 10.1192/pb.30.12.456.
- People in Need (2023). People in Need [website]. Prague: People in Need (<https://www.peopleinneed.net/>).
- Petrea I, Haggenburg M (2014). Mental health care. In: Rechel B, Richardson E, McKee M, editors. *Trends in health systems in the former Soviet countries*. Copenhagen: European Observatory on Health Systems and Policies (Observatory Studies Series No. 35; <https://apps.who.int/iris/handle/10665/332831>).

All references were accessed 23 November 2023.

- Plumptre I, Tolppa T, Blair M (2020). Parent and staff attitudes towards in-hospital opportunistic vaccination. *Public Health*. 182:39–44. doi: 10.1016/j.puhe.2020.01.006.
- St. Anne's University Hospital Brno (2023). [St. Anne's University Hospital Brno] [website]. Brno: St. Anne's University Hospital Brno (<https://www.fnusa.cz/en/hp/>) (in Czech).
- UNHCR (2023). Ukraine refugee situation. In: Operational Data Portal [database]. Geneva: Office of the United Nations High Commissioner for Refugees (<https://data.unhcr.org/en/situations/ukraine>).
- VZP Pomáhá [The general health insurance company helps] (2023). Prague: General Health Insurance Company of the Czech Republic (<https://pomocukrajine.vzp.cz/>) (in Czech).
- WHO Regional Office for Europe (2022a). Ukraine crisis strategic response plan for June–December 2022. Copenhagen: WHO Regional Office for Europe (<https://apps.who.int/iris/handle/10665/358796>).
- WHO Regional Office for Europe (2022b). Rapid qualitative research to increase COVID-19 vaccination uptake: a research and intervention tool. Copenhagen: WHO Regional Office for Europe (<https://apps.who.int/iris/handle/10665/351117>).
- WHO (2023). Immunization data [website]. Geneva: World Health Organization (<https://immunizationdata.who.int/listing.html?topic=&location=>).

# Annex 1. Eligibility survey

## Please help us with better understanding health needs among Ukrainians in Czechia

The WHO Regional Office for Europe is conducting a study about health services for Ukrainian people currently living in Czechia.

We need participants who are willing to take part in an interview.

Participants will be interviewed online by a team from a Ukrainian research company. It will take about 45 minutes, and we will ask questions related to your experience and opinion about health services.

We are doing the study to **improve actions taken** to provide health services to Ukrainians in Czechia. Your answers will be kept confidential and used only for scientific purposes and to help improve the situation for Ukrainians in Czechia.

This study is financed and conducted by the World Health Organization.

There are 10 questions in this survey.

### Interest

Are you interested in participating in this study?\*

Please choose **only one** of the following:

- yes
- no

Please confirm you do not wish to take part in the study. \*

Only answer this question if the following conditions are met:

Answer was 'no' at question 1 [interest] (Are you interested in participating in this study?)

Please choose **only one** of the following:

- I want to participate
- I do not want to participate

### Basic info

What is your current location in Czechia? \*

Please choose **only one** of the following:

- Prague
- Central Bohemian
- South Bohemian
- Plzeň
- Karlovy Vary
- Ústí nad Labem
- Liberec
- Hradec Králové
- Pardubice
- Vysočina
- South Moravian
- Olomouc
- Zlín
- Moravian-Silesian
- Other

Which age group are you in? \*

Please choose **only one** of the following:

- 18-49
- 49+

What is your education level? \*

Please choose **only one** of the following:

- Finished high school
- Did not finish high school

How would you describe your current type of accommodation?\*

Please choose **only one** of the following:

- Free accommodation provided by the municipalities/charity organizations/government program
- Staying at friends/relatives
- Renting room/apartment on my own
- Other

Are you currently a caretaker of children, elderly or others? \*

Please choose **only one** of the following:

- yes
- no

What is your sex?

Please choose **only one** of the following:

- female
- male
- prefer not to answer

## contact info

Please leave contact information for how we can reach out, such as Telegram, WhatsApp or email address. You may provide contact information for the channel of your preference.

Please write your answer(s) here:

e-mail

telegram number

whatsapp number

viber number

facebook name

signal number

Were did you hear about this study?

Please choose **only one** of the following:

- Facebook
- Telegram channel
- A friend shared a link
- Received in an e-mail
- Other

Thank you very much for your interest in this study. We really appreciate your willingness to share your ideas and experiences with us. Only a few participants are needed, and we will reach out to you within one week through the contact you provided if your profile is relevant for the study.

Please, share this link with a friend:

Submit your survey.  
Thank you for completing this survey.

## Annex 2. Interview guide

Behavioural insights on refugee health service needs and access: Qualitative study to assess the healthcare needs and gaps and barriers and drivers of health service uptake among Ukrainian refugees in Czechia

### INTERVIEW TOPIC GUIDE (ENGLISH)

#### Aims of the interview

1. Explore the health-related service needs and expectations of refugees.
2. Identify barriers and drivers of accessing and utilizing health care services of refugees, including related to their capacity, motivation, social support and physical access to services.

#### Process

##### Before the interview starts

- Thank participant for their time and contribution.
- Check that the participant has read the Participant information and consent form.
- Ask them if they have any questions about the interview and answer these.
- Ask them if they agree with audio-recoding and turn on recorder. If they do not agree, politely end the interview, explaining why audio-recoding is necessary, thanking them for their time and wishing them the best.
- Copy the consent form text into the chat, read it out loud and get their verbal, audio-recorded consent. Ask them to agree in writing in the chat as well. Highlight that they can terminate the interview at any time they wish with no negative implications
- Reassure them that there are no right or wrong answers, we are really interested in their experiences and views. Stress that they will not be identified.
- Start interview.

##### At the end of the interview

- Thank participant again.
- Ask participant if they would like information about available health services (if this has not already been provided during the interview). If yes, give them the information sheets (provided to interviewers at the time of data collection).
- Ask participant if they would like to receive the outcomes of the study. If yes, ask for an email address or other contact to use for this.
- Ask participant if they would like to be contacted again in 3 months for a follow-up interview. If yes, ask for an email address, phone number or other contact so the principal investigator can invite them. Inform them that only the principal investigator, co-lead researcher and Martha Scherzer will have access to this information; they will not be contacted for any other reason or by any otherperson.
- Ask participant if there are any last questions (refer to the Q&A sheet for answers or links to further information).
- Wish the participant the best and close the online platform. Save the audio-recording in access-protected folder.



## 1. INTRODUCTORY QUESTION

**Please tell me about your current living situation.**

### **Prompt**

- When did you come to Czechia? Did you stay in any other country before coming to Czechia?
- Are you currently on your own, or are any family members or others living with you? Are there children living with you? How many?
- Are you in a camp/housing provided by the government, with friends/family or in a rented facility? Or something else?
- What made you choose Czechia as a destination?
- How has your perspective about Czechia changed over the time you have been here?

**We would like to hear your views on health service needs and any possible experiences with health services you have had so far in Czechia. If you are a caretaker for a child or an elderly person, please respond with reflections for both yourself and the people you are the caretaker for.**

## 2. HEALTH SERVICE NEEDS (*Behaviour in COM-B model*)

**Please tell me about your current health service needs and those of the people you are caring for.**

- How frequently do you attend health services in Czechia? If you would like to share the reasons for seeking care, please do. Is this different than you would have done at home? Prompt:
  - Have you attended any health services in Czechia within the last month?
  - What type of health services in Czechia did you attend: primary healthcare (family doctor), emergency service, dental services, paediatric services, etc.
- Have you or anyone you know been offered any mental health and psychosocial support services since arriving in Czechia?
  - Can you tell us more about the reasons people might accept such services or not accept?
- What kind of prevention services do you currently need? (Prompts: vaccination, health check, pregnancy consultations, condoms, contraceptive pill, mental health counselling, other?)
- What kind of treatment or care do you currently need? (Prompts: medicine for chronic illness, medicine for other conditions, medicine for mental health-related conditions, other?)
- What support do you need in accessing health service : such as information about health services, information in Ukrainian language or other?

**Let's talk now about what helps or hinders you to get health services in Slovakia.**

### 3. KNOWLEDGE ABOUT HEALTH NEEDS AND SERVICES (*Capability in COM-B*)

#### **Please tell me what you know about health services in Czechia.**

- Do you know whether health services are available for you and what kind?
  - In case you would need any are you aware where you can receive them?
  - Do you have information on where to go for health services (address, place)?
    - » For primary care
    - » For dental care
    - » For emergency situation
  - Do you know what kind of health services are free of charge?
  - Do you know what health services are available for children?
- Do you know whether mental health and psychosocial support services are available?
  - In case you or someone you know would need any are you aware where you can receive them?
  - Do you know what kind of mental health and psychosocial support services are free of charge?

#### **I would now like to hear your views on health-related information:**

- What information sources do you currently use for health-related information? Would you tell us some reasons you use those sources?
- Have you received any written or verbal information about health services available?
  - If mentioned, prompt for specific channels, including online: WhatsApp from friends/family, Viber, Telegram, Facebook, Instagram, other
- Which information sources do you trust?
- Do you think that you get enough information about health services in Czechia?
  - What would you like to know more about? What specific type of services you need more information about
  - Prompt only if necessary with e.g. dental care, primary care, paediatric care

#### **How confident do you currently feel that you know what to do if health needs come up for yourself and those you are a caretaker for?**

Do you feel able to find or ask for what you need?

#### **Prompts:**

- Related to prevention; such as vaccination?
- Related to care for children?
- Related to routine care with family doctor?
- Related to dental care?
- Related to emergency health conditions?
- Related to medication or other treatment for any chronic illness you have; such as diabetes, cancer, cardiovascular disease, tuberculosis, HIV or other?
- Related to any mental health-related conditions or psycho-social support?
- Related to any other health conditions you are currently experiencing?

#### 4. VIEWS ON HEALTH SERVICE NEEDS AND SERVICES (*Motivation in COM-B*)

**In your current situation, is seeking health care and services a priority to you?**

- Can you tell us more about the reasons this is or isn't a priority?
- What health services are a priority to you?

**Would you feel safe and confident to seek health services in Czechia if and when the need arises?**

- Do you trust the health workers in Czechia?

**Can you tell me about any worries you might have about seeking health service in Czechia or expectations about services?**

**Prompts**

- Where do you think this worry or expectation comes from?
- Is this based on a past event? Tell me about that.
- Other concerns?

**How can you be reassured about these concerns?**

**Prompts**

- What information or support would be helpful?
- Who from?
- Anything else that you need?

## 5. ACCESS TO HEALTH SERVICES (*Physical Opportunity in COM-B*)

**Please now tell me about how convenient it is for you to access health services in Czechia:**

1. Is the location of primary and/paediatric health services in your current place of residence in Czechia convenient to you?  
What about other health services you use/need?
2. How convenient are the opening times offered in these health facilities?
3. In what ways do location and opening times make it easier or harder for you to access health services?  
What would help you to get the health services you need?

**Note to moderator:** If the participant does not know about health services offered in Czechia (see section 3 above), please skip these 3 bullets.

**I would now like to ask whether you have experienced anything positive or negative in relation to services in Czechia?**

- How was your overall experience – a positive or a negative one? Can you give some examples to help me understand what made it a positive or negative experience?
- Did you get the health services you needed? Could you tell me more about that?
  - (If relevant) Have the children living with you received the health services they needed? Why/Why not?
- Was there any financial cost for you? Tell me about that. What health services did you have to pay for?
- Did you receive any written materials? If yes, what were those materials? What did you think of them? Did you share these materials with your friends/family?
- Were you able to communicate well with the health workers? Tell me more about that.

**Note to moderator:** If the participant has had no experience with health services in Czechia, please go directly to section 6.

**Prompts:**

- Which language did you communicate in? Was this easy or difficult? How do you or people you know overcome language barriers?  
Did you experience any cultural differences or similarities to what you experience at home?
- How was the interaction with the health workers?
- Were all your questions answered?
- Anything else you would like to share regarding your interaction with the health workers?

## 6. ROLE OF OTHER PEOPLE (*Social Opportunity in COM-B*)

- Have you received any encouragement to seek health services in Czechia? From whom? By which channel?  
(prompt – WhatsApp from friends/family, Viber, Telegram, Facebook, Instagram, other)

### **Have you talked about health services in Czechia with family and friends?**

- What did they say?
  - Have they used health services? What type of services do they mostly use? Where do they get their information about health care services?
- How important to you are their views? Why is that?

### **Have you discussed health services in Czechia with other people you have met in Czechia?**

#### **Prompts:**

- other refugees?
- local community groups or volunteers?
- local authorities?
- health workers?
- UNHCR, Red Cross, WHO, UNICEF?
- Do you know if they/the other refugees seek health services in Czechia?
- In what ways do other refugees' experiences with the health system impact your decisions about using health services?  
For example, whether to seek services or not, where to go, expectations of cost, quality, time required?
- How important to you are their views? Why is that?

### **Are you able to draw on support from anyone in order to get access to health services in Czechia?**

#### **Prompts:**

- friends, family
- other refugees?
- local community groups or volunteers?
- local authorities?
- health workers?
- UNHCR, Red Cross, WHO, UNICEF?
- How do they support you?
- How important is their support to you?
- What could they do to support you (even more) to get access to health services in Czechia?
- Accessing which services requires the most support from others? (e.g. primary, specialised, paediatric, dental, emergency)

## **7. IDEAS FOR SUPPORTING REFUGEES TO ACCESS HEALTH SERVICES IN SLOVAKIA**

**What is the most important action that needs to happen to support Ukrainian refugees in Czechia in getting the health services they need?**

## **8. FINAL QUESTIONS**

**Is there anything else that you want to tell me before we finish?**

**I will share with you some information about where you can seek health services in this country.  
Please, let me know if you do not wish to receive this information.**

**Thank you very much for talking with me/us...for sharing your experience with me/us.**

**END OF INTERVIEW**

### **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

### **World Health Organization Regional Office for Europe**

UN City, Marmorvej 51,  
DK-2100 Copenhagen Ø, Denmark

Tel: +45 45 33 70 00

Fax: +45 45 33 70 01

Email: [euinsights@who.int](mailto:euinsights@who.int)

[www.who.int/europe](http://www.who.int/europe)

### **Member States**

Albania

Andorra

Armenia

Austria

Azerbaijan

Belarus

Belgium

Bosnia and Herzegovina

Bulgaria

Croatia

Cyprus

Czechia

Denmark

Estonia

Finland

France

Georgia

Germany

Greece

Hungary

Iceland

Ireland

Israel

Italy

Kazakhstan

Kyrgyzstan

Latvia

Lithuania

Luxembourg

Malta

Monaco

Montenegro

Netherlands (Kingdom of the)

North Macedonia

Norway

Poland

Portugal

Republic of Moldova

Romania

Russian Federation

San Marino

Serbia

Slovakia

Slovenia

Spain

Sweden

Switzerland

Tajikistan

Türkiye

Turkmenistan

Ukraine

United Kingdom

Uzbekistan

WHO/EURO:2024-9044-48816-72669