

Behavioural insights  
on health service  
needs and access

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

May–September 2022



# Abstract

The Russian military offensive in Ukraine that began on 24 February 2022 led to the largest population movement in Europe since the Second World War. It is imperative to understand and document access to health services from the refugee perspective in neighbouring countries. The WHO Regional Office for Europe, WHO Country Office in Romania and key partners conducted a qualitative behavioural and cultural insights study in May and June 2022, with follow-up interviews in September 2022, to identify perceived health service needs and gaps and the barriers and drivers of uptake of health services among refugees from Ukraine. Key informant interviews were conducted to understand service delivery. While refugees are grateful for the warm welcome and high-quality health care

they had received, challenges in accessing health services include confusion about the overall health system and referrals; language barriers; the need for prescriptions for most medications; and a need for mental health services, support for new mothers, vaccination services and affordable dentistry services. In response, the Government of Romania and WHO have implemented a range of policies, interventions and communication activities, including opening refugee clinics and hiring cultural mediators and county coordinators to support health care access at local level.

# Keywords

ARMED CONFLICT  
UKRAINE  
REFUGEES  
ROMANIA  
HEALTH SERVICES ACCESSIBILITY  
QUALITATIVE RESEARCH

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# Abbreviations

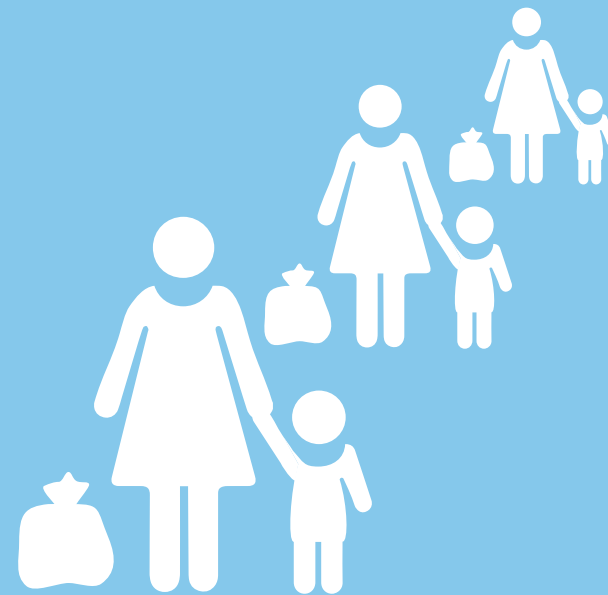
BCI	behavioural and cultural insights
COM-B	capability–opportunity–motivation–behaviour (framework)
NGO	nongovernmental organization
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

# Executive summary

The Russian military offensive in Ukraine that began on 24 February 2022 led to the largest population movement in Europe since the Second World War. Neighbouring countries such as Romania immediately opened their borders and offered a wide range of services to those fleeing war. Data about perceived health service needs and the experience of accessing services from the refugee perspective are urgently needed to appropriately tailor policies, programmes and communication activities.

The WHO Regional Office for Europe and WHO Country Office in Romania, supported by the Ministry of Health of Romania and other stakeholders, conducted a qualitative behavioural and cultural insights (BCI) study (with a 3-month follow-up) to identify perceived health service needs and gaps and the barriers and drivers of health service uptake among refugees from Ukraine.

A Ukrainian research agency conducted 25 online interviews in May and June 2022 and 15 follow-up interviews in September 2022 with refugees from Ukraine living in Romania. Participants were recruited through social media channels and varied by geography, age, education level and caretaking status. Data were analysed using a rapid assessment procedure. Key informant interviews were also conducted with service providers.





## Key findings

- Refugees continue to hope they will be able to return home soon but greatly appreciate efforts made by the government and citizens to improve the conditions of their stay in Romania.
- Over time, refugees better understand how the health system works and recognize that many of the challenges they face in accessing health care are also faced by Romanian citizens.
- Challenges persist related to referrals for specialist care, real or perceived out-of-pocket costs, and accessing prescription drugs.
- Dentistry is a frequently mentioned health need.
- Participants appreciated the high quality of services and the caring attitude of Romanian health workers and support received from volunteers and civil society organizations.
- Access to understandable, actionable information is increasing over time, but some material is out of date.
- Language continues to be a barrier for many, especially older people.
- Specific information needs include vaccination services for children and adults, health insurance and referral to specialist care.
- Whenever possible, respondents consulted doctors from Ukraine; many reported returning to Ukraine to purchase medicines.
- Over time, more respondents knew about mental health services and how to access them.
- Those in more vulnerable circumstances, including older people, those with any kind of disability, pregnant women and new mothers struggle to access services.

## Considerations for action

- Review how health services are provided to refugees from Ukraine in the light of the specific findings of this report.
- Review how information is provided ensuring that it is available in Ukrainian and through multiple channels – revise as needed.
- Increase access to dental care.
- Publicly acknowledge the efforts of health workers, volunteers and civil society organizations.
- Ensure that medical translators are available for those most in need of them.
- Continue to engage with and include Ukrainian health professionals in service provision.
- Provide tailored health services for specific groups with greater needs, such as those with a chronic illness or disability.
- Provide tailored mental health services for adolescents, new mothers and other vulnerable groups.
- Provide additional social support such as child care and streamlined disability certification for those in more vulnerable circumstances. for those in more vulnerable circumstances.



# Introduction

## Background

The Russian military offensive in Ukraine that began on 24 February 2022 led to the arrival of millions of refugees in neighbouring countries. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), 120 787 refugees from Ukraine had been registered for temporary protection status in Romania as of 12 March 2023 (UNHCR, 2023a). Refugees from Ukraine with this status are entered into the Romanian health system, which gives them access to services such as free consultations with family doctors in primary care, direct access to ambulatory care services, hospital treatment, and free or subsidized medication. Those who do not apply for temporary protection status can still access free health care via the emergency services. Data about the perceived healthcare needs of the refugees and their perspectives on their experiences with the Romanian health system are essential for tailoring the response.

To provide this perspective, the WHO Regional Office for Europe and WHO Country Office in Romania, supported by the Ministry of Health of Romania, Presidential Administration of Romania, National Institute for Public Health of Romania and the United Nations Children's Fund (UNICEF), 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 Romania. Initial interviews took place in May and June 2022, with follow-up

interviews in September 2022. Key informant interviews with public health officials, health workers, social services, and nongovernmental organization (NGO) staff were also conducted in June 2022 to understand the perspectives of stakeholders involved in the effort to support refugees from Ukraine in Romania. This approach is aligned with the Ukraine crisis strategic response plan (WHO Regional Office for Europe, 2022a), which calls for monitoring access and barriers to the utilization of health services, and monitoring the needs of vulnerable populations and ensuring their meaningful access to healthcare.

### 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 Romania; and
- document refugee experiences of the Romanian 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 Romania can be used to inform a people-centred response to the health care needs of this population.

## Methods

This qualitative research study encompassed online, in-depth interviews with refugees from Ukraine who were living in Romania and key informants involved in health and social care for refugees in Romania. 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 et al., 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 Romania 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 and of varying ages, educational backgrounds and caring responsibilities and those living in various accommodation types and geographical locations.

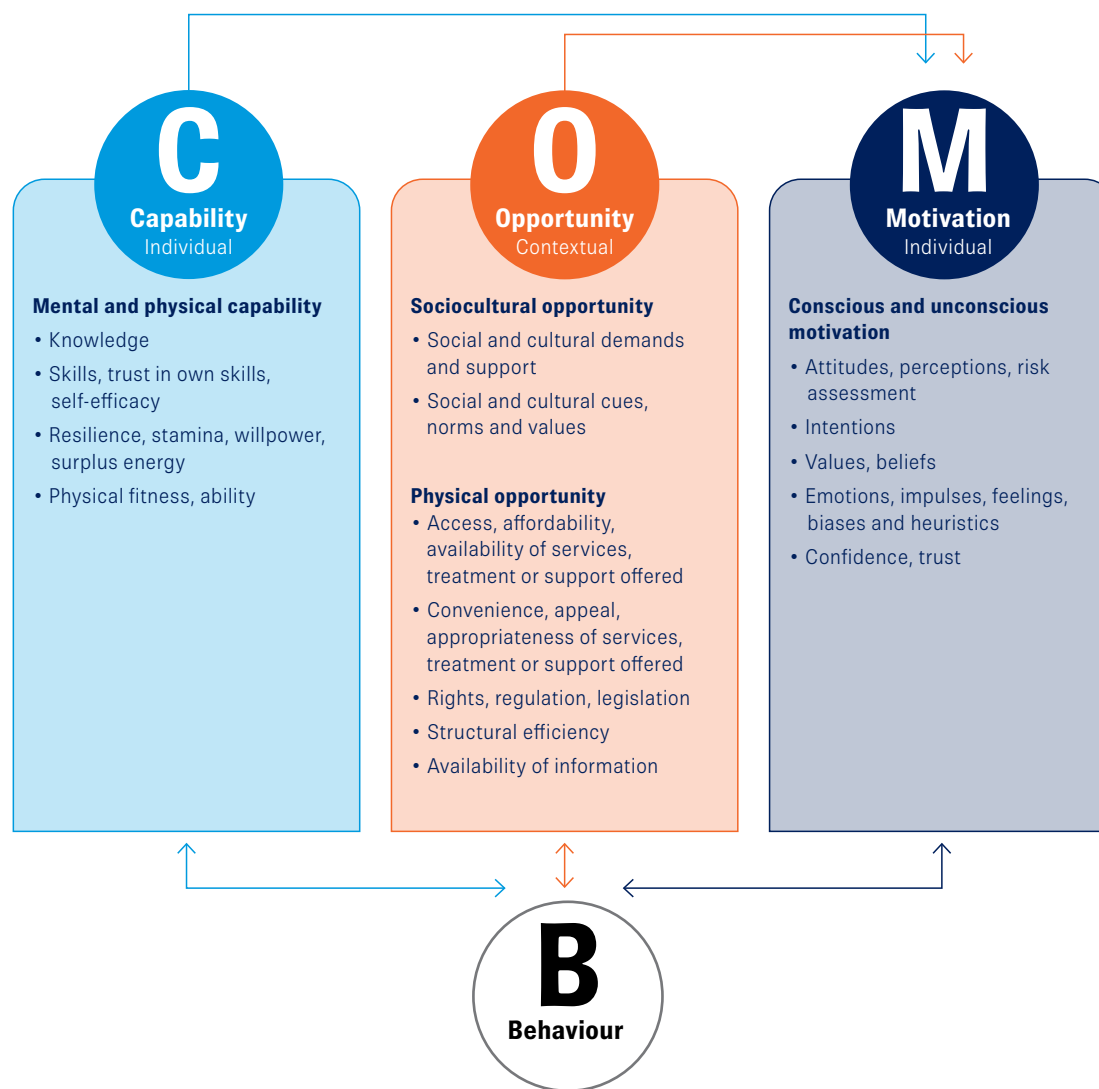
Recruitment of participant began in late April 2022 via popular social media channels used to exchange information about life in Romania (Facebook, Telegram, Viber), other community support networks, NGO staff working with refugees from Ukraine in Romania, and posters located in places where refugees from Ukraine spend time.

The Ukrainian research agency, Sociologist, obtained informed consent in Ukrainian or Russian language depending on the participant's preference, and conducted 25 in-depth interviews via Zoom between 13 May and 9 June 2022. Each interview lasted approximately 1 hour. Follow-up interviews with 15 of the original interviewees were conducted between 10 and 21 September 2022. 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. The survey findings were analysed using a rapid approach devised by the WHO Regional Office for Europe (2022b) based on COM-B factors.

The Romanian research agency, ZK Research & Data Analytics SRL, conducted 11 key informant interviews in June 2022 with a convenience sample of Romanian public health officials, health workers and staff of NGOs working with refugees to understand how services have been organized and gain insight into internal processes.

Data from this study were considered together with a range of sources on the health service needs of refugees, health service capacity in Romania and the experiences of people who regularly work with refugees during stakeholder meetings in July 2022. The survey's findings and considerations for further action were shared with the Ministry of Health of Romania, the Presidential Administration of Romania, UNICEF and the UNHCR Health Working Group in Romania (UNHCR, 2023b).

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 (20 women and five men):

- 21 were aged 18–49 years and four were aged over 50 years
- 16 were living in unofficial housing and nine were living in official housing
- 17 were taking care of others and eight were living alone

### Of the 11 key informants:

- three were Romanian public health officials
- three were health workers (one family doctor, one manager of a large hospital and one nurse)
- one was a local authority/social service provider
- four were NGO staff.



## Context and health needs

Participants repeatedly expressed their hope that circumstances would allow them to return home as soon as possible, where they would be able to take care of their health needs. During follow-up interviews, participants acknowledged the protracted situation but still hoped to return home soon.



**We live with the hope that we'll be able to go home soon and then we'll do it all there.**

Woman (age group: > 50 years), Bucharest

The participants were grateful and some were surprised at how welcoming and positive the Romanian Government and people had been. They also recognized the challenges of living in a foreign country, not understanding the language and being far from home. Several people said that they found it especially difficult to ask for help as a guest in another country.

Most respondents said that health is a high priority but not necessarily the highest priority, with some citing housing and jobs as being equally important. Depending on their own health status and the health status of the people they care for, participants saw health as a higher or lower priority.

In May 2022 respondents described a need for specific health procedures such as routine vaccinations for children, dialysis and general preventive examinations and for specialists such as dentists and doctors who treat stress-related diseases (specifically, neuropathologists, dermatologists and cardiologists). Dentistry is especially challenging owing to cost, as is obtaining prescription drugs owing to cost and the prescription requirements.

Mental health issues that impact refugees' ability to cope with the current circumstances are sometimes expressed as physical symptoms that respondents attribute to stress, including heart problems and high blood pressure. One or two participants said that they needed some kind of support but had little

experience of psychosocial interventions. A range of COM-B factors relate to needs for and use of mental health services. Other factors related to motivation and access to mental health services are presented below.



**To tell you the truth, I suffer from anxiety all the time and tremors in the morning – see, my hands are shaking, I have more of this. My mom takes antidepressant medicines; that is why she is more relaxed, I think. I have tried to join online meetings with a psychologist, but it turned out that it's not my pair of shoes, as they say.**

Woman (age group: > 50 years), Bucharest

According to health care providers and other key informants, the most common health care needs were for paediatric care, pregnancy care, care for chronic conditions such as diabetes, and social services, especially for older people.

In September 2022 ongoing health service needs were for specialist care from gynaecologists, cardiologists, ophthalmologists, gastroenterologists, endocrinologists, dentists, psychiatrists and neuropathologists (in the case of an autistic child) and for laboratory tests.



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

Refugees reported having limited knowledge of the Romanian health system upon arrival and a lack of language skills as key barriers to their use of health services. Knowledge about and confidence in using the health system improved over time, contributing to refugees feeling more settled and calmer in their current circumstances. After living in Romania for many months, participants in follow-up interviews reported that they were more confident about using the health services.

■ **At first it was a disaster. The children got sick and I didn't know where to go. But now it's easier and I know what to do.**

Woman (age group: > 50 years), Iași

### Language

Language was a significant barrier to accessing health services for most respondents. Those who speak English or have a close friend or family member who speaks English were less concerned because many Romanian health care providers speak some English. Volunteer interpreters were sometimes available. Healthcare providers also noted language as a key concern. Skilled medical translators are rare; most interpreters do not have a medical background, which poses a challenge for integrating them into the health system.

■ **The language barrier interferes everywhere.**

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

### Health literacy

In addition to the language used, health literacy refers to people's ability to find, understand and act upon information related to their health and reflects the availability, appropriateness and quality of the available health communication materials. In May nearly all respondents said that they needed more information. They knew that a package of health services was available (ambulance service, specialist referral, family doctor appointments) and that some tests and treatments were free of charge, but they did not know which health specific services they could get, where to go for free health services and whether these services were available in the town they were living in.

■ **During the registration process, we were told that this registration makes us eligible for health services. That was all information we got from them: they said nothing more.**

Woman (age group: > 50 years), Bucharest

■ **Basic information on emergency telephone numbers was provided by volunteers, but there was no explanation of the mechanisms for contacting the Romanian health care services, no step-by-step instructions.**

Woman (age group: 18–49 years), Iași

Women with small children (up to 3 years old) and pregnant women said that they need more information about how to register for services, vaccination schedules and visiting a family doctor.

Some young women who are well-educated and taking care of older relatives reported barriers to information uptake for their elderly relatives as a lack of Romanian language skills, lack of involvement in social networks, and lack of technical and media literacy.

In follow-up interviews in September 2022, respondents said they now knew more about all main areas of interest, including the available family doctor services and importance of registration; referrals for specialized care; the need to obtain state health insurance; how to appropriately use emergency care, including ambulance services; vaccination services; which prescription medicines are covered by health insurance; which surgical interventions are provided free of charge; and the possibility of registering a disability and receiving financial assistance.

Ongoing information needs in September 2022 included information about health insurance, disability registration, and how to access free medicines and free or discounted dental services.



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

Most participants had accessed a health service in Romania for themselves or someone they are taking care of. Several participants had complex health needs such as for dialysis and cancer treatment. Others had found jobs in Romania and had health insurance through their employer, which improves access to healthcare.

Respondents expressed confusion about accessing health services, finding specific health facilities and knowing which services must be paid for and which are free.

■ **Even finding the point of first contact turned out to be a problem for us because it is not marked on the map.**

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

People with special needs reported additional challenges in finding the necessary services. For example, a mother of a child with autistic spectrum disorder was unable to find a dentist willing to treat her child under anaesthesia.

Accessing health care through the emergency services was common, with many participants saying they had accessed health services by calling 112, the emergency number. Respondents said this was the simplest way to access care and the way that refugees are most likely to know about. Some health care providers were concerned that this is not a sustainable route for accessing the health system but recognized that it is a useful back-up.

■ **I don't know where I'll turn to for a medical examination [in the future], I'll probably go by ambulance again or try to find out more in the Telegram channel. I don't know if this medical examination will be free.**

Woman (age group: 18–49 years), Sibiu

Public health officials also noted that some family doctors do not have the capacity to accept more patients or, where there is capacity, are reluctant to do so owing to language barriers. NGO representatives also mentioned that most refugees from Ukraine do not have their health records with them and, even if they do, they are handwritten in Ukrainian. This makes it particularly difficult to continue the existing treatment plans.

■ **[Y]ou have to spend a lot of time and effort to get to a doctor because I know that Romanian doctors do not want to register Ukrainians.**

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

## Convenience

Mothers caring for small children with no family support more often said that health facilities are not physically convenient to access. This was especially mentioned in relation to mental health services. Some mothers said that they wanted to use such services but had no one to leave their children with. People aged over 50 years perceived that health facilities were often in an inconvenient location or lacking altogether. However, the opening times of health facilities in Romania are similar to those in Ukraine and were generally considered to be convenient.

## Living situation

Access to health care differed between refugees living in urban settings and those in rural settings. Respondents living in bigger cities said that there were more opportunities to find health care, including specialist care, but also longer queues and waiting times for appointments. In smaller towns, there are fewer specialists and lack of public transport may be a problem.

Differences were also seen between respondents living in official accommodation and those who had arranged their own housing. Those living in official accommodation tended to have more information and better access to health services via organized group trips to health services or visits to their area from health care providers. Living in official accommodation makes it easier to share information between refugees; in contrast, those living in other accommodation are more isolated and often rely on information from others with similar needs.



## Differences between the health systems in Ukraine and Romania

Respondents noted that the health system in Romania differed from that of Ukraine, including the need for referral, queues and long waiting times for appointments (3–4 weeks). Respondents also noted that many of their challenges in accessing health care are also faced by Romanian citizens.

Worry about the cost of services had prevented some from trying to access health care, even though most services are free. Over time, refugees have come to better understand what they are eligible for and how to access public services.

Many participants said that access to dentistry was a challenge because the cost is often prohibitive. Some people had returned to Ukraine for dental care or were trying to go without. Even though dentistry is also a self-pay service in Ukraine, participants considered that the costs are much higher in Romania.

Participants frequently reported a need for prescription medications. Obtaining these drugs was often complicated by language barriers, the need for a prescription and differences in the names and types of medicines available in Romania and Ukraine. This included antibiotics, which refugees said were used more frequently in Romania than in Ukraine. Conversely, health care providers reported that refugees from Ukraine use antibiotics more frequently than the Romanian population. Costs of medicines were considered higher in Romania than in Ukraine. It was common for

refugees from Ukraine to use medications that they had brought with them and sometimes to use less than the prescribed dose in order to make it last. It was also common for refugees from Ukraine to buy medicines in Ukraine through intermediaries or in person during short-term visits home.

■ **I received the medicines from Ukraine because, unfortunately, there are no equivalents in the pharmacy [here], maybe there are, but the employees who were in the pharmacy did not offer anything to me.**

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

Most respondents reported having been vaccinated against COVID-19 in Ukraine and several respondents expressed a desire for a booster dose. A small group of participants – mostly, those aged under 40 years – were not vaccinated and did not want to be vaccinated.

■ **I need a booster dose. I got Pfizer in Ukraine and I don't even know where to ask if they do it here because I found out that it's not here at the moment, and it's already autumn and COVID is starting.**

Woman (age group: 18–49 years), Iași

By September 2022, most participants and those they care for no longer needed vaccination services because they had already been or did not want to be vaccinated.

### Access to mental health services

Respondents described challenges related to physical access to mental health services, such as the need for child care and transportation, as well

as the format in which the services are offered, which made it less likely that they would engage with them.

During follow-up interviews, participants noted that mental health services continue to be a complex issue. More people reported knowing about these services and how to access them. Several people highlighted a need for support, especially for new mothers taking care of their children alone, without their traditional social support networks, and for adolescents.

■ **No psychological support at all! Nothing, no one, we have a 14-year-old teenaged girl, she misses home, she feels bad. [We] asked the paediatrician how we can find a psychologist, at least an English-speaking one, but she says no, we don't need it, there's no such thing.**

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

Public health officials said that providing such support to the refugees is difficult owing to the limited availability of mental health services in the public sector. In the absence of Government support, NGOs provide some counselling support services; however, these efforts cannot cover the need for long-term support.



## Civil society support (COM-B: sociocultural opportunity)

Most respondents said that volunteers and organizations such as the International Red Cross and Red Crescent Movement play an extremely important role in accessing health services by acting as translators, guides, mediators and an information source. Once respondents have the telephone number of someone in Romania who has helped them, they often asked them for assistance with a wide variety of issues, including health. Volunteers remained the resource that refugees from Ukraine were most ready to turn to. Respondents in frequent contact with volunteers and humanitarian programme coordinators were more satisfied with the health system. For example, a group of refugees who had arrived in Romania through a medical dialysis programme received all of the information they needed through the programme coordinator.

■ **There are a lot of volunteers here! ... There are volunteers at the border – when you check in, they give you their number ... this organization, these volunteers – they said, "You can call us at any time if you have any questions".**

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

■ **Without their [the volunteers'] help, it would be difficult [to know] where to go, where to get services, what to do with these prescriptions and everything else.**

Man (age group: 18–49 years), Iași

However, both respondents and key informants said that volunteers and NGO staff providing

support sometimes lacked the necessary accurate information, which may reduce levels of trust. Over time, many of the volunteer services that had existed at the time of the first round of interviews had ended, but participants in follow-up interviews spoke of relationships they had formed with landlords, former volunteers and other individuals, who continued to answer their questions and provide support.

Younger respondents (30–45 years old) with a higher education level often did not need support from civil society and volunteers and were self-reliant. They had become the main source of information and support for their loved ones and other refugees. Young women, many of whom spoke some English, were often carers for other family members and solved various medical issues on behalf of the whole family.

Some respondents were especially impressed by the attentive, sensitive and understanding manner of Romanian doctors. Among the cultural differences, it was noted that Romanian medical staff were more friendly (especially those who are younger) compared with those in Ukraine.

■ **I walked in with tears and left with a smile. We started asking how much do we owe you? And they told us – only the smile on your face.**

Woman (age group: 18–49 years), Buzau

Some participants said that they trust Romanian health workers and the Romanian health system because they consider it to be more European than the Ukrainian health system. Even those who had

not used health services in Romania said that they are impressed with the health facilities they have seen.

Although all respondents were grateful for the warm welcome they had received in Romania and the overall friendliness and quality of health services, some had felt a change in the attitude of Romanians towards them, including on the part of some doctors. They sensed a growing fatigue in Romania from the continuing arrival and presence of refugees and noted that the situation is hard for everyone, both hosts and refugees. However, in September 2023 no respondents reported any specific negative experiences.



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

Many refugees who had used Romanian health services, especially for critical care such as dialysis, reported being very impressed with the quality of care and kind attitude of the health care providers. The perceived high quality of care, together with the kind attitudes and helpfulness of most health workers, increased the level of trust in specific doctors and in the Romanian health system in general.

“ [I]n Ukraine, for example, there is a feeling when you go to a doctor that you owe him/her something: in Romania, I didn't have this feeling ... Here everyone is equal, there was no such thing that you come in and feel that this is a very important doctor and you have to be very careful with him/her.

Woman (age group: 18–49 years), Sibiu

In follow-up interviews in September 2022, respondents continued to be satisfied with the quality of care they had received and impressed that emergency care and complex care such as surgery were available free of charge.

“ Everything about the operation was like in American movies, like in a fairy tale.

Woman (age group: 18–49 years), Iași

### Mental health

Participants shared their perceptions of stigma related to mental health, including that only those with severe mental health conditions

need mental health services. The type of mental health intervention being offered also impacted respondents' motivation to use the services; for example, many people reported that they were uncomfortable with the group counselling format because they did not want to share personal experiences with strangers. In addition, some respondents were worried about being misunderstood because of language difficulties. Younger respondents felt excluded from groups comprised of older people, while some older respondents noted that younger facilitators of group counselling sessions seem inexperienced.

### Trust in health workers

Participants reported that feeling safe when accessing health services was linked to their ability to communicate. In general, language barriers reduced levels of satisfaction with services and trust in providers. In one example, a doctor did not talk to the patient at all, preferring to provide a written summary of the appointment; this was perceived as negative.

Many respondents had consulted a trusted doctor from Ukraine by telephone or had a face-to-face meeting with a doctor from Ukraine who had also fled to Romania. Some respondents reported having greater confidence in the qualifications of doctors from Ukraine, and some had returned to Ukraine for health services, especially to get medication.

“ A Ukrainian doctor is an authority for Ukrainians.

Man (age group: > 50 years), Timisoara

“ The result did not come until we started taking what our paediatrician from Ukraine prescribed ... He has simply taken care of our child since birth – he knows all our pains and all our problems and consults online.

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

### Trust in information sources

The most trusted source of information was the real-life experiences of other people such as other refugees, volunteers and acquaintances with experience of living in Romania. Information from these sources was usually shared through informal channels such as in-person contact, social contacts related to the place of residence, and social media channels such as Telegram, Viber and WhatsApp groups created by refugees from Ukraine. Participants also said that they conduct general internet searches to find more information. In interviews in September 2022 participants mentioned family doctors and the Dopomoha.ro platform (Code for Romania et al., 2023) as important sources of information.

Respondents said that they trust information from international organizations, such as the International Red Cross and Red Crescent Movement, UNICEF, other United Nations agencies and WHO. They also said that it is rare for someone to receive information directly from Romanian authorities, although they recognized the importance of support from local authorities.

Similarly, stakeholders concluded that refugees from Ukraine depend very much on the information they receive from intermediaries (NGOs, community



organizers, volunteers) rather than from the Government of Romania. Notably, these interviews also highlighted that the accuracy of information decreased as it was passed from decision-makers to communities and individuals. Respondents suggested that the availability of information could be improved by providing:

- booklets containing all of the necessary telephone numbers and addresses;
- a website containing all information about locally available medical services and their cost, and the availability of doctors who speak Ukrainian and translators;
- a short video describing how the Romanian health system works and the standard treatment route for common complaints;
- a telephone helpline with advice on access to medical care; and
- a glossary of medical terms in Romanian and Russian/Ukrainian/English, including common medicines and equivalent brands.



# Discussion

Soon after the war started, Romania was considered a transit country for refugees; however, all participants of the first round of interviews had stayed on and were adapting to life in the country. They described how they were adjusting to their new place, making friends and finding things that they enjoy doing. The tone of follow-up interviews was more relaxed: participants were calmer, more confident and better oriented. Stress levels related to where to turn and what to do had decreased. Some reported finding a job and having health insurance, and many had registered with a family doctor and understood how the health system works. Participants still hoped to return home soon but realized that this might not be possible for some time. Even if they could go home, the availability of health services in many parts of Ukraine would be very different from when they left (WHO Regional Office for Europe, 2022c). In this dynamic situation, it is important to have a clear understanding of which services are available in Romania, how to access them and at what cost.

The presence of over 100 000 additional people in Romania places a burden on all Government services, and this study highlighted both the strengths and weaknesses of the health system in Romania. Any clarifications or improvements that can be made to the entire system are likely to benefit everyone seeking health services in Romania, including both Romanian citizens and refugees from Ukraine.

## **Health systems**

Many of the identified challenges reflect differences between the health systems in Ukraine and Romania and the refugees' expectations of what makes a positive health service experience. For example, in Ukraine people can choose their own specialist rather than seeking a referral from a general doctor, and a wider range of medication is available in pharmacies without a prescription. Ensuring that refugees understand these systemic differences can alleviate their frustration.

## **Health literacy**

Health literacy represents the personal knowledge and competencies (mediated by the organizational structures and availability of resources) to access, understand, appraise and use information in ways that promote and maintain good health and well-being (Kickbusch et al., 2013; WHO, 2021). This reflects both individual knowledge and the ability to find, understand and use information related to health, as well as the availability, accessibility, appropriateness and actionability of health information provided by health authorities or other stakeholders, including through health systems and services. Study participants identified several channels for receiving health information that are convenient and effective for them. Many reported that their confidence in using the health system had increased over time, but those with additional vulnerabilities and those who arrived with lower health literacy would benefit from greater support.

## **Civil society**

Refugees said that the support they received from civil society (landlords, individual citizens, volunteer organizations and other civil society organizations) was crucial in helping them to cope with a wide range of challenges related to living in a foreign country and navigating the Romanian health system. Acknowledging these efforts could promote continuing goodwill. Advocating for resources and recognition of the work being done by NGOs may also help to reduce the burden on Romanian public servants.

## **Health workers from Ukraine**

Many participants trusted and had consulted health workers from Ukraine. Therefore, Ukrainian health professionals who have fled the war could contribute to the health system in Romania. Other countries, such as Poland, have expedited the licensing process for some health professionals from Ukraine and may have lessons to share. Actively engaging refugees from Ukraine in providing health care and health information in Romania could help to bridge cultural and language gaps, as well as increasing trust on both sides.

## **Main health care needs**

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

**Mental health services.** Uptake of mental health services is a complex issue, as highlighted by respondents in this study. Individual-level perceptions of stigma associated with use of mental health services might be a remnant of the post-Soviet health system in which mental health treatment was coercive and often punitive (Ougrin et al., 2006; Petrea and Haggenburg, 2014). It may not be possible to change such perceptions quickly, but current circumstances may highlight the value of support for positive mental health. Some participants did acknowledge that support to cope with enduring hardships could be helpful. Respondents described challenges related to physical access to and the format of mental health services. Therefore, to the greatest extent possible, providing services in formats and languages that are most agreeable to the refugees could encourage their use. Practical support could include child care to enable single mothers to attend mental health services, convenient locations and transportation options.

**Dentistry.** Dentistry was identified as an important service gap, mainly because the cost is much higher in Romania and is often prohibitive. However, the longer refugees stay in Romania, the more urgent the need for dental services may become.

**Vaccination services.** Before the war, vaccination rates in Ukraine were lower than in most European Union countries. However, refugees from Ukraine in Romania wanted more information about schedules and logistics for accessing both routine immunization for children and adult vaccinations, including for COVID-19. This may indicate a greater

level of trust in some Romanian health services, including vaccination services, than in those of Ukraine and can be seen as an opportunity to increase vaccination among refugees.

### **Actions taken in Romania**

The findings from this study and other data sources have enabled WHO and its partners in Romania, including the Ministry of Health and the National Health Insurance House, to tailor information and services to respond to the specific needs of refugees from Ukraine. WHO has supplied informational materials in English, Russian and Ukrainian on health rights and pathways to the Romanian health system; established specialized WHO refugee clinics to provide free primary health care services; and financially and technically supported general practitioners to make their clinics inclusive for refugees. Between June and December 2022, a total of 2169 consultations with refugees from Ukraine were conducted at WHO clinics in Bucharest and Galați and through seven WHO-supported general practitioner clinics.

To strengthen mental health and psychosocial support, WHO collaborated with the NGO Estuar (Estuar Foundation, 2023) to provide four psychologists in Bucharest. WHO also collaborated with the international NGO Actions Santé Femmes (Actions Santé Femmes, 2023) to provide obstetrics and midwifery services in Bucharest, and has contracted two midwives in Galați.

WHO also contracted seven cultural mediators through the United Nations Volunteers programme (United Nations Development Programme, 2023)

and deployed them in five cities with a large number of refugees: Brașov, Bucharest, Cluj, Galați and Târgu Mureș. The cultural mediators work in WHO-supported clinics and the wider community to provide mental health and psychosocial support services and facilitate communication between health care providers and refugees.

The WHO Country Office in Romania collaborated with a consultant from the WHO Global Outbreak Alert and Response Network (WHO, 2023) to enhance refugees' awareness of vaccinations, healthcare access, medication availability and the proper utilization of antibiotics. Leaflets were developed in English, Russian and Ukrainian with input from the Romanian Ministry of Health, National Institute for Public Health, National Health Insurance House and other partners, and are accessible online. Having reliable information allowed refugees to feel more settled and confident in accessing health services.

WHO further collaborated with the Ministry of Health and United Nations agencies to help the Government of Romania to establish a national call centre for refugees. WHO provided financial and technical assistance to create standard operating procedures for the call centre that included guidelines on training, monitoring and reporting. In addition, WHO funded a coordinator to oversee the call centre team and their activities, as well as to provide the initial training for call centre personnel. Call centre operators had been trained and the call centre set up by December 2022.

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

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 is 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 Romania, 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**

Although systemic changes take time to implement, other more immediate challenges may be addressed by tailoring interventions based on the findings of this study and other data sources. The study identified groups with greater vulnerability owing to their current circumstances, who may be given additional support and attention, including those with additional health concerns, such as families with children with special needs, people with chronic illnesses or in treatment for acute diseases, and those with lower health literacy and lower socioeconomic status. Specifically, refugee mothers who are taking care of children without their usual social networks and healthy older people who speak only their native language and are not comfortable in using technology to access information and services may be more vulnerable and require greater support. General considerations for further action based on study findings are arranged according to the COM-B theoretical framework:

#### **Information resources (capability)**

- Review how health information is provided, including the languages and channels used.
- Adopt a health literacy strategy that aims to tailor relevant information to those who are most vulnerable and least likely to access information through social media.

- Advocate for resources for NGOs, which may also help to reduce the burden on Romanian public servants.

#### **Health services (opportunity)**

- Review how vaccination, dentistry and mental health services are provided to determine possibilities for streamlining, including referral systems.

#### **Social support (opportunity)**

- Provide additional social and practical support for mothers of young children and people with special needs such as chronic diseases or other vulnerabilities, for example opportunities for child care, home visiting nurses, subsidized transportation to health facilities or tailored mental health and psychosocial interventions.

#### **Outreach (motivation)**

- Acknowledge the efforts of civil society health workers and highlight the appreciation of refugees to help promote social cohesion and continuing goodwill.
- Engage with refugees from Ukraine to explore ways to increase their understanding and uptake of mental health services.



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\* All URLs were accessed 14 March 2023.

# Annex 1. Eligibility survey

DataForm Extranet

## Please help us to better understand the health needs of Ukrainians in Romania

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

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. This 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 Romania. Your answers will be used only for research purposes and to help improve the situation for Ukrainians in Romania.

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

There are nine questions in this survey. Asterisks indicate required fields.

### Interest

Are you interested in participating in this study?\*

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

- Yes  
 No

Please confirm that 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 Romania? \*

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

- Suceava County  
 Tulcea County  
 Bucharest  
 Iași  
 Timisoara/Cluj municipalities  
 I do not know  
 Other

Which age group are you in? \*

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

- 18-49 years  
 >49 years

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:

- Official accommodation (refugee camp, other public housing)
- Unofficial accommodation (staying with friends/family/host, self-paid rental, etc.)
- Other

Are you currently caring for children, elderly people or others?\*

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

- Yes
- No

### Contact information

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

Where did you hear about this study?

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

- Facebook
- Telegram channel
- A friend shared a link
- An email
- 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.

06.06.2022 – 18:01

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 health-care needs and the gaps, barriers and drivers of health service uptake among refugees from Ukraine in Romania

### INTERVIEW TOPIC GUIDE (ENGLISH)

#### Aims of the interview

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

#### Process

##### Before the interview starts

- Thank the participant for their time and contribution.
- Check that the participant has read the Participant Information and Consent form.
- Ask the participant if they have any questions about the interview and answer these.
- Ask the participant if they agree with audio-recording and turn on recorder. If they do not agree, politely end the interview, explaining why audio-recording is necessary and thanking them for their time.
- Copy the Consent form text into the Chat window, read it aloud and obtain the participant's verbal, audio-recorded consent. Ask them to also agree in writing in the Chat window. Tell them that they can terminate the interview at any time with no negative consequences.
- Reassure them that there are no right or wrong answers, and that we are really interested in their experiences and views. Emphasize their anonymity.
- Start the interview.

##### At the end of the interview

- Thank the participant again.
- Ask the participant if they would like information about the 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 the participant if they would like to receive the outcomes of the study. If yes, ask for an email address or other contact details.
- Ask the participant if they would consent to being contacted in 1–3 months for a follow-up interview. If yes, ask for an email address, phone number or other contact details so that they can be invited. Inform them that only the principal investigator, co-lead researcher and Martha Scherzer will have access to this information and that they will not be contacted for any other reason or by any other person.
- Ask the participant if they have further questions.
- Thank the participant and close the online platform. Save the audio-recording in an access-protected folder.

## 1. INTRODUCTORY QUESTION

**Please tell me about where you are staying now?**

**Prompt**

- Are you living in a camp, with friends/family or in a rented facility? Or somewhere else?
- Are you currently living on your own or with any family members or other people? Are any children living with you? If so, how many?

**We would like to hear about your health service needs and any experiences you have had with the health services in Romania. If you are a carer for a child or elderly person, please describe your own experiences and those of the people you are caring for.**

## 2. HEALTH SERVICE NEEDS (COM-B: behaviour)

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

- How often did you usually attend health services before leaving Ukraine? Can you share the reasons you typically sought health services?
- Have you received any health services in Romania within the last month?
- Were you offered a health check upon your arrival in Romania? If so, did you accept it? Can you tell us the reason for this?
- What kind of prevention services do you currently need? (Prompts: vaccination, health check, pregnancy consultations, condoms, contraceptive pill, other?)
- What kind of treatment or care do you currently need? (Prompts: medicine for a chronic illness, medicine for another condition, medicine for a mental/emotional health-related conditions, other?)
- What supporting services do you need, such as information about health services, information in Ukrainian or other?

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

### 3. KNOWLEDGE ABOUT HEALTH NEEDS AND SERVICES IN ROMANIA (COM-B: capability)

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

- Do you know whether health services are available for you and, if so, what kind?
- Do you know what health services are available for children?
- Do you know where to go for health services (address, place)?
- Do you know what kind of health services are free of charge?

#### **Do you currently feel confident that you know enough about your health service needs and those of the people you care for?**

You do not have to provide information about your specific health needs or issues; however, I will mention a few possible areas to help you reflect on this question. Are these related to:

#### **Prompt**

- prevention; such as vaccination?
- medication or other treatment for any illness you have; such as diabetes, cancer, cardiovascular diseases, tuberculosis, HIV infection or other?
- any mental health-related conditions or psychosocial support?
- any other health conditions you are currently experiencing?

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

- What information sources do you currently use for health-related information? Can you tell us why you use these sources?
  - If mentioned, prompt for specific online channels: WhatsApp from friends/family, Facebook, Instagram, Telegram, Viber, other.
- Which information sources do you trust?
- Do you think that you get enough information about the health services in Romania?
- What would you like to know more about?

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

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

- Can you tell me why this is or isn't a priority?

**Would you feel safe and confident to seek health services in Romania if the need arose?**

- Do you trust the health workers in Romania?

**Can you tell me about any other concerns you might have about seeking health services in Romania?**

**Prompt**

- Where did you learn this?
- Is this based on a past event? Tell me about that.
- Have you any other concerns?

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

**Prompt**

- What information or support would be helpful?
- Who do you need support from?
- Do you need anything else?

## 5. ACCESS TO HEALTH SERVICES (COM-B: physical and structural opportunity)

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

- Have you received any written or verbal information about the available health services? If so, from whom and through which channel?  
(**Prompt:** WhatsApp from friends/family, Facebook, Instagram, Telegram, Viber, other)
- Have you received any encouragement to seek health services in Romania? If so, from whom and through which channel?  
(**Prompt:** WhatsApp from friends/family, Facebook, Instagram, Telegram, Viber, other)

- 
1. Is the location of the health services in your current place of residence in Romania convenient to you?
  2. How does that affect you? What would help you to get the health services you need?
  3. How convenient are the opening times offered in these health facilities?
  4. How does that affect you? What would help you to get the health services you need?

**Note to moderator:** if the participant does not know about the health services offered in Romania (see section 3), skip the next four points.

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

- Was your overall experience a positive or a negative one? How did this affect you?
- Did you get the health services you needed? Can 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.
- Did you receive any written materials? If so, what were they? What did you think of them? Did you share them with your friends/family?
- Were you able to communicate well with the health workers? Tell me more about that.

#### **Prompt**

- Which language did you communicate in? Was this easy or difficult? Did you experience any cultural differences or similarities compared with your experiences with Ukraine?
- How was the interaction with the health workers?
- Were all your questions answered?
- Would you like to share anything else regarding your interaction with the health workers?

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

## 6. ROLE OF OTHER PEOPLE (COM-B: sociocultural opportunity)

### Have you discussed the health services in Romania with your family and friends?

- What did they say?  
**Prompt**
  - Have they used any health services? Where do they get their information about health services?
- How important to you are their views? Why is that?

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

#### **Prompt**

- friends, family?
- other refugees?
- local community groups or volunteers?
- local authorities?
- health workers?
- Red Cross,(1) UNHCR, UNICEF, WHO?
- What did they say?
- Do you know whether they seek health services in Romania?
- How important to you are their views? Why is that?

### Can you draw on support from anyone in order to get access to health services in Romania?

#### **Prompt**

- Friends, family?
- Other refugees?
- Local community groups or volunteers?
- Local authorities?
- Health workers?
- Red Cross,(1) UNHCR, UNICEF, WHO?
- 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 Romania?

(1) Full name: International Red Cross and Red Crescent Movement.

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

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

## **8. FINAL QUESTIONS**

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

**I can give you some information about where you can seek health services in Romania. Please let me know if you do not wish to receive this information.**

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

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