Behavioural insights on health service needs and access

Results of a qualitative study among refugees from Ukraine in Slovakia

September 2022–January 2023
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. As neighbouring countries opened their borders and made services available to those fleeing war, it became imperative to understand and document access to health services from the refugee perspective. In response, the WHO Regional Office for Europe, the WHO Country Office in Slovakia and key partners conducted a rapid qualitative study in September and October 2022, with follow-up interviews in January 2023. The aim was to identify perceived health service needs and gaps and the barriers and drivers of uptake of health services among refugees from Ukraine. Many refugees had delayed seeking treatment because they did not understand how to access services other than emergency care, did not have health insurance or had had a negative experience of using the Slovak health system. However, their confidence grew over time as they gained more experience of using the health system. Specific regions within Slovakia and specific facilities and individuals have gone above and beyond the required level of service provision to help and support refugees.

Keywords

ARMED CONFLICT
UKRAINE
REFUGEES
SLOVAKIA
HEALTH SERVICES ACCESSIBILITY
QUALITATIVE RESEARCH
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Abbreviations

BCI     behavioural and cultural insights
COM-B   capability–opportunity–motivation–behaviour (framework)
UNHCR   Office of the United Nations High Commissioner for Refugees
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 Slovakia 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 the WHO Country Office in Slovakia, supported by the Ministry of Health of Slovakia and other stakeholders, conducted a qualitative behavioural and cultural insights study (with a 3-month follow-up) to identify perceived health service needs and gaps and the barriers and drivers of uptake of health services among refugees from Ukraine.

A Ukrainian research agency conducted 21 online interviews in September and October 2022 and 15 follow-up interviews in January 2023 with refugees from Ukraine living in Slovakia. Participants were recruited through social media channels and varied by geography, age, education and caretaking status. Data were analysed using a rapid assessment procedure.
Key findings

- Refugees delay seeking health care except in an emergency.
- Many refugees do not understand how to apply for health insurance, schedule an appointment or get a referral to specialized care.
- For many, language is a barrier to scheduling appointments and seeing a doctor, which intensifies their negative experiences of health services.
- People with disabilities, young children, and those who are working have more challenges with physical access to health-care facilities and service hours.
- Challenges in accessing health services, including the varying availability of services and the varying quality of care and attitudes of health-care staff, contribute to low trust in health workers.
- Positive experiences with caring health workers, volunteers and the local community can increase the level of trust and confidence in the health system.
- Local communities often help refugees to find health-care providers, make appointments and travel to the health facility, and assist with translation during the visit.
- Many refugees consult doctors from Ukraine to confirm their diagnosis, treatment plan and medication; some also travel to Ukraine to obtain these services.
- Elderly respondents, those with disabilities and new mothers have additional concerns about access to care.
- Over time, the availability and uptake of mental health services is increasing; however, some refugees are uncomfortable with the group counselling format.

Considerations for action

- Clarify the strategy for accessing non-emergency and preventative care to ensure appropriate use of the system.
- Publicly acknowledge the important role of the host community, volunteers, health-care workers and civil society organizations.
- Use study findings to tailor information about health services, insurance, vaccination and referrals, with a focus on the informal networks most used for communicating.
- Consider additional social support for older people, those with any kind of disability and single mothers, such as childcare, language services and streamlined disability certification.
- Monitor attitudes and potential refugee fatigue to identify any growing negative perceptions.
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), approximately 111,173 refugees from Ukraine were living in Slovakia as of 7 March 2023 (UNHCR, 2023); of these, 110,968 have registered for temporary protection status. This status allows refugees from Ukraine to access emergency health-care services free of charge until March 2024; preventive care is also available for children. Data about the perceived health-care needs of the refugees and their experiences with the Slovak health system are essential for tailoring the response.

To provide this perspective, the WHO Regional Office for Europe and WHO Country Office in Slovakia, with engagement from the Ministry of Health of Slovakia, 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 Slovakia.

The initial interviews took place in September and October 2022, with follow-up interviews in January 2023. This approach is aligned with the WHO Ukraine crisis strategic response plan (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 their meaningful access to health care.

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 Slovakia; and
- document refugee experiences of the Slovak 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 Slovakia 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 Slovakia. 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 Slovakia 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; varying ages, educational backgrounds
and caring responsibilities; and living in various accommodation types and geographical locations. Participants were recruited via popular social media channels used to exchange information about life in Slovakia (Facebook, Telegram, Viber, WhatsApp), other community support networks, staff of nongovernmental organizations working with refugees from Ukraine in Slovakia, and posters located in places where refugees from Ukraine spend time.

The Ukrainian research agency, Sociologist, obtained informed consent in Ukrainian or Russian depending on the participant’s preference, and conducted 21 in-depth interviews via Zoom between 15 September and 7 October 2022. Each interview lasted approximately 1 hour. Follow-up interviews with 15 of the original interviewees were conducted between 20 and 27 January 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. The survey findings were analysed using a rapid approach devised by the WHO Regional Office for Europe (2022b) based on COM-B factors.

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

Characteristics of participants

Of the 21 participants from Ukraine (18 women and three men):
• 16 were people aged 18–49 years and five were aged over 50 years
• 13 were living in unofficial housing and eight were living in official housing
• 15 were taking care of others and six were living alone.

Context and health needs

Refugees from Ukraine in Slovakia are entitled to emergency health care, but many were confused about how to access routine, preventive care or non-emergency urgent care. Some respondents from regions that were relatively safe had had a health check just before leaving Ukraine because they had heard that this would be challenging in Slovakia. These issues combined with a lack of understanding how the health system operates in Slovakia have led some people to delay seeking non-urgent health services until sometime in the future "when we are in Ukraine".

I have a [chronic] disease, and I need preventive treatment at least once a year, twice a year, not by ambulance. Here, there is no such thing.

Woman (age group: > 50 years), Martin

In follow-up interviews in January 2023, more of the refugees had accessed health services and felt more confident about doing so. However, many reported a need for preventive services such as gynaecological, cancer screening, ophthalmology and dentistry services and some had contacted health-care providers from Ukraine or travelled to Ukraine to obtain these services.

When their children entered the education system, the information and services available through schools helped to clarify how to access to preventive care for children. In contrast, respondents were still unclear about preventive services for adults but they understood that many of the challenges they face are also faced by Slovak citizens.
Knowledge, skills, health status (COM-B: capability)

Upon arrival in Slovakia, refugees from Ukraine reported feeling confused and frustrated about using the Slovak health system. Participants frequently said that they do not know how to arrange health insurance, which would allow them to access a wide range of health services. Not knowing how to access care caused additional stress for many. "I knew, for example, at home that I had a doctor whom I trusted 100% and whom I chose myself... I didn't have constant background stress. And now, as soon as something hurts or something like that, I immediately feel ... stress because I understand that I will have to look for a specialist here."

Respondents with pre-existing health problems or with younger children and who, therefore, already had personal experience of using the health system felt more confident about accessing care and about their entitlements. In follow-up interviews in January 2023, more respondents had health insurance and had found most of the information they needed through the health insurance system.

Language

Owing to similarities between the Slovak and Ukrainian languages, respondents reported that they could communicate relatively well with health service providers. However, language remains a barrier, especially to understanding medical terminology and to describing sensitive, complex health issues. Respondents for whom language is not a barrier (those who understand Slovak or know where to find an interpreter or a Ukrainian-/Russian-speaking doctor) were more confident in using health services in Slovakia. One respondent who gave birth in Slovakia said that the fact that some of the health staff spoke Ukrainian or Russian had been very important in helping her to overcome her fears and anxieties about childbirth and the postpartum period.

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 (WHO, 2021; Kickbusch et al., 2013).

Most respondents said that that they had looked for information on health services through internet searches, social media and from other refugees and acquaintances. Almost all said that they usually find such information by consulting multiple sources: social media, other people with experience of using the health services, and official websites. Respondents had the most trust in official sources but often obtained information from their social network. Those who do not use social media and messaging (e.g. older people) have more difficulty in accessing this information.

Some respondents had obtained information on health services from (i) information booklets they had been issued when crossing the border or completing official documentation, (ii) announcements in humanitarian aid centres, (iii) factsheets provided at the reception desk in health-care institutions, (iv) messages on the Slovak Red Cross website and/or (v) volunteers who provided information about the primary health services available to refugees.

Respondents also said that it is important for them to receive official information on the provision of health services (such as temporary decrees, official documents, changes in laws and content of public speeches).

In general, respondents placed the highest value on information gained from their own experiences and those of their friends and family.

The information is pretty much the same everywhere. I looked through, read it, and I’m certainly more inclined to [trust] those who live with me and have faced the same problems regarding the clinic and doctors."

At follow-up interviews in January 2023, most respondents knew how to obtain health services, including the addresses of hospitals and polyclinics, telephone numbers for appointments, information hotlines, a website to find a family doctor, and the addresses of some specialists.
Access to services (COM-B: physical and structural opportunity)

Participants mainly accessed health services for emergency care, as part of pre-employment requirements, paediatric care or care for a chronic condition. The patient journey and the quality of interactions within health-care institutions were often frustrating and contributed to low trust in the health system. Not understanding how the health system works, including how to get appointments, obtain a diagnostic test, register with a family doctor or get health insurance, added to the frustration.

We saw hospitals and polyclinics in the city nearby, but we don’t know how to go [get access] there.
Man (age group: >50 years), Poprad

Participants frequently mentioned being frustrated about the lack of an electronic appointment system, long waiting times for appointments, and variations in the quality of care they had received. They also mentioned the incongruity between what they considered a Soviet style of service provision (including little personal interaction, rudeness, authoritarian manner) and the high-quality, modern facilities and equipment available in Slovakia. They felt that their options are limited to the public health system, rather than including private hospitals and laboratories. Participants relied heavily on consulting Ukrainian doctors to confirm treatment either online or by travelling to Ukraine.

In Slovakia, preventive services such as health checks and vaccinations are often offered through kindergartens and schools. Therefore, the mechanism of obtaining preventive care for children is easy to understand. However, most respondents did not know where to obtain preventive services for adults, including vaccinations.

Owing to the high cost, many refugees from Ukraine had postponed accessing dental services until they return home, sought limited treatment (i.e. extract teeth rather than treat tooth decay) or, in urgent cases, returned to Ukraine for treatment.

In follow-up interviews, those who had enrolled for health insurance reported having better access to health services and a better understanding of which services are available to them.

Convenience
Finding the physical location of health services is often challenging for refugees from Ukraine, and school and work schedules often conflict with service hours. Several respondents noted that it is inconvenient to visit hospitals and doctors in other cities. Concerns related to the service hours of health facilities created an additional psychological burden on refugee mothers who were worried that the restricted appointment times for doctors (Monday–Friday, mornings only) would result in time lost for treating an acute illness. Respondents said that it is inconvenient that a prescription is needed to purchase most medicines in Slovakia. People with disabilities, young children, and working people face additional challenges related to physical access to health-care facilities and service hours.

Living situation
Respondents living in cities reported having better access to a range of health services, while those living in smaller towns struggled to find appropriate care or required transportation to larger population centres. For example, respondents from Bratislava have better access to Ukrainian doctors because they are available at the refugee centre. Regional capitals tend to offer more health services compared with rural areas. However, many refugees live in rural areas and transportation can be costly and time consuming, which increases their anxiety about receiving timely health care.

I know that there is one [a Ukrainian-speaking doctor] in Bratislava at Botova 7, there is a centre there, and there is a Ukrainian-speaking doctor that one can contact. But I have to travel to Bratislava for 3 hours, and it is very difficult.
Woman (age group: 18–49 years), Martin
Differences between the health systems in Ukraine and Slovakia

Respondents reported that the Slovak health system differed from the Ukrainian system in the following ways: (i) the need for a prescription to buy most drugs; (ii) a different vaccination schedule for children, which caused concern and misunderstanding about which injections to get and when; (iii) medical examinations are optional for children in educational institutions (but are mandatory in Ukraine); (iv) a lack of regular check-ups for people working in food/catering jobs (these are also mandatory in Ukraine); and (v) the perceived low qualifications of junior health personnel. Positive differences in Slovakia are that emergency services are free of charge, including medicines; health insurance often covers all necessary costs; and patients do not need to pay health-care providers informally to get better service.

The reasons given for obtaining medicine from Ukraine or searching for non-prescription equivalents in Slovakia were the need for a prescription, differences in the available medications and the need for co-payments.

They told me that I can’t just come here like to Sinevo [medical laboratory chain] in Ukraine, and say I need this and that test, pay for it, take the test and learn the state of my hormones. I don’t need a referral from a doctor for this [in Ukraine].

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

The main reason for mistrust of the Slovak health system was the difference between the Slovak and Ukrainian treatment methods. Respondents who had received a detailed explanation about why a particular procedure was or was not appropriate had greater trust in the doctors, but this did not always happen.

I think our doctors are much better. Treatment is different here. Here they would prescribe you some herbs, and that’s it.

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

Support for the most vulnerable groups

Older respondents and those with chronic diseases often felt confused and helpless. These groups would benefit from more attentive treatment from health staff and from access to additional services such as preventive care, care for chronic diseases and support with medications. Older patients experienced greater anxiety because it is difficult to get an appointment with a specialist doctor at short notice, for example in the case of acute pain. Those with disabilities reported facing additional challenges in accessing health services.

There is no help for the disabled, we registered, and they told us maybe we need a guardian, and so we waited…. And in September we registered and called and called, yes, they would come to you … and now I called after New Year, I called 4–5 times, but now no one picks up the phone.

Woman (age group: >50 years), Kosice

Access to mental health services

When the refugees from Ukraine first arrived in Slovakia in 2022, psychological help was available in one refugee camp in the form of group counselling with Ukrainian psychologists. In other areas, this service was not available or providers were not Ukrainian. Reasons the respondents gave for refusing this psychological help included stigma about visiting a psychologist (based on the opinion that only people with a mental illness need mental health services), fear of being misunderstood owing to the language barrier and the difficulty of opening up to strangers. A very common belief was: “I can cope with it myself”.

Between September 2022 and January 2023, the respondents had been offered more psychological support services, and in January 2023 most were aware of what support was available. With more information and greater access to mental health services, more respondents were starting to use the services. One respondent noted that a public organization helps children through art therapy. Most of the psychological support services are free.

We have a volunteer centre. Social workers, psychologists come there once a week and hold meetings with us … psychologists work with us: they can listen to everyone…. Also, child psychologists come and give training courses (drawing, handicrafts). We have this almost every Friday.

Woman (age group: >50 years), Martin

However, psychological help often takes the form of support groups, which many people had refused because they felt uncomfortable sharing their experiences with other people and feared opening up to strangers. Respondents said that they would be more comfortable with individual consultations with a psychologist. However, despite these reservations, the respondents said that psychological support, even group counselling, is indispensable. Some respondents had changed their attitude towards this kind of support.

They refuse, I think, because it’s not common for us to visit psychologists. Now it’s starting to become common. After all, this does not mean that you are crazy…. People more or less get this, but for the older generation, it’s not common at all.

Woman (age group: 18–49 years), Poprad
Civil society support
(COM-B: sociocultural opportunity)

For refugees from Ukraine, positive experiences with caring health-care staff, volunteers and the local community increase the level of trust and confidence in the health system. Local communities help refugees to find health-care providers, make appointments, travel to the facility and assist with translation during the visit. However, respondents also reported that health-care providers were often neglectful, distant and uninterested in them. These experiences, in addition to the challenges in accessing a full range of health services, contributed to low trust in Slovak health workers.

"I can’t say that it’s an entirely bad experience, and I’m grateful for that too. Not very good and not very bad…. We don’t want to go there – they don’t like us very much – you go feeling like you’re begging.

Woman (age group: >50 years), Kosice

Respondents suggested ways to improve trust and access to services, including greater involvement for Ukrainian doctors in health service provision in Slovakia and facilitating their accreditation to work in Slovakia, as well as providing translators in hospitals and more information in Ukrainian, particularly about specialist care and how to apply for medical assistance.

"If such assistants were, for example, at hospitals, who could accompany a Ukrainian to one or another doctor, who would be on the staff of the hospital… Such a position or more than one is needed. That such a person takes you by the hand and leads you and, if necessary, translates. But it is necessary that it should be a person with a medical education.

Woman (age group: 18–49 years), Trencin
Views on health service needs and services (COM-B: motivation)

For the vast majority of respondents, health issues, especially those of their children and of relatives they care for, were a priority. For most mothers, health was the overriding priority because children often get sick, especially with seasonal diseases; however, men considered health issues less of a priority, even they were carers. Health was not a priority for respondents who did not have an acute or chronic disease, or for those with other more pressing needs, such as finding a job or a place to live.

Respondents reported a high level of anxiety associated with uncertainty about getting the non-emergency care they need. Those with minor health problems often postponed visiting a doctor because of fears and barriers.

Respondents were frustrated with the quality of and access to services, which reduced the likelihood they would use them. Several respondents said that they could always go to Ukraine for treatment. However, one respondent said that going to Ukraine for treatment is expensive and, for this reason, tackling health-care issues in Slovakia is a priority.

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 influenced respondents’ motivation to use the services; for example, many people were uncomfortable with the group counselling format because they did not want to share their personal experiences with strangers. Some respondents were worried about being misunderstood because of language difficulties. Younger respondents felt excluded from group counselling sessions comprising older people, while some older respondents noted that younger facilitators of group sessions seemed inexperienced.

Trust in health workers

Respondents who did not experience language barriers or had an interpreter present at the doctor consultation had more trust in the Slovak health services. Those who had had a positive experience with Slovak doctors (e.g. who had built rapport and shown tolerance and understanding) were more confident that their future health needs would be met. Those with a negative experience with Slovak health services or who had heard of such experiences from their acquaintances felt less confident and secure in seeking help.

Trust in health workers

Generally, we felt secure and confident because, first of all, a general practitioner we visited spoke Russian a little, so there were no big language issues, and later, when I had an appointment with an ophthalmologist, I already knew a little Slovak. Besides, we happened to visit a very good doctor, there were no problems.

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

Respondents often noted differences in the treatment methods between Ukraine and Slovakia. The lack of information about treatment methods in Slovakia caused mistrust, anxiety and dissatisfaction in those seeking help. Respondents commonly checked their diagnosis and treatment with a Ukrainian doctor.

Trust in health workers

No, I wouldn’t (feel secure) First, because I don’t speak the language well enough to explain something correctly, and secondly, because treatment methods here differ from what we had in Ukraine.

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

Mental health

However, refugees’ experiences with the health system varied widely and seemed to depend on the location of the service, the specific provider and the language skills of the patient.
Discussion

The Government of Slovakia provides emergency health services for adult refugees from Ukraine and free preventive and non-urgent care for refugee children. A year after the invasion, the refugees are being integrated into the Slovak health system, despite the additional burden they represent and the existing gaps in health care. Many of the gaps mentioned by the study respondents reflect issues inherent to the Slovak health system. Therefore, efforts to strengthen the health system as a whole are likely to benefit everyone seeking health care in Slovakia, including citizens, refugees from Ukraine and other marginalized groups. A parallel system or additional services for refugees only should not be set up because all people living in Slovakia, including minority groups such as Roma, would benefit from a stronger and more responsive health system.

Health systems

Health systems everywhere continue to suffer from the pressures of COVID-19, underfunding and staff burnout. In Slovakia, these burdens were especially heavy in 2022 (Geist, 2022; Hornak and Bloomberg, 2022).

Respondents had widely varying experiences of the Slovak health system, which indicates that the type and quality of available services strongly depends on the performance of local authorities, health-care providers and individual health workers (with some going beyond their required duties), rather than a coordinated approach. Differences in access to health services between urban and rural settings reveal that services are available in a limited number of locations; therefore, practical support for transportation could be helpful.

Despite these systemic challenges, the follow-up interviews indicated that refugees have become more confident in using the health system. Importantly, mental health services have become more readily available and people are increasingly aware of them. More refugees have enrolled into the health insurance scheme and, consequently, have far greater access to information and a better understanding of the health system overall. Most respondents were interested in accessing preventive and non-urgent care.

As we have seen in other countries, many of the remaining challenges may result from differences between the Ukrainian and Slovak health systems and refugees’ expectations of what constitutes a positive health service experience. Ensuring that refugees understand these systemic differences can alleviate their frustration.

Differences between Slovak and Ukrainian treatment methods contribute to a lack of trust among refugees. Respondents had more trust in doctors who gave a detailed explanation of why a particular procedure is or is not a suitable treatment option. Therefore, trust could be improved by providing general information about treatment plans or encouraging Slovak doctors to explain why a particular treatment plan is most appropriate.

Health literacy

Health literacy 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 more tailored information.

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 Slovakia. Other countries, such as Poland, have expedited the accreditation 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 Slovakia 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. As in findings from other countries that have conducted this study, responses to questions related to mental health services clearly show that this is a complex issue. Individual-level perceptions of stigma associated with use of mental health services might be a remnant of the post-Soviet health system in which psychiatric treatment was coercive and often punitive (Petrea and Haggenburg, 2014; Ougrin et al., 2006). It may not be possible to change such perceptions quickly, but current circumstances may highlight the value of mental health services. Some participants did acknowledge that support to cope with enduring hardships could be helpful and that old ideas about mental health are beginning to change. Between September 2022 and January 2023, more respondents had become aware of and accessed mental health services in Slovakia.

Dentistry. Dentistry represents an important health service gap in all the countries that have conducted this study. Although dentistry is largely a private health service in both Ukraine and Slovakia, participants said that the cost much higher in Slovakia and is often prohibitive. As refugees stay longer in Slovakia, this need may become more urgent.

Support for the most vulnerable groups. Whereas younger people who speak English tend to adapt fairly well to the new circumstances, it is clear that older people, people with disabilities of all kinds, and new mothers all need more support to access health care. Assistance from health mediators or other Ukrainian professionals could especially help the most vulnerable groups to feel more confident and secure.

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 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 Slovakia, 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 from this study and other data sources.

General considerations for further action based on study findings and 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.

Health services (opportunity)
• Expand health coverage for adult refugees to include preventive and non-urgent services.
• Review the provision of vaccination, dentistry and mental health services to determine options for streamlining, including referral systems.

Social support (opportunity)
• Provide additional support for mothers of young children and those with special needs such as people with chronic diseases, disabilities or other vulnerabilities, such as childcare, translation and transportation.

Outreach (motivation)
• Explore ways to overcome confusion related to the different treatment approaches in Slovakia and Ukraine.
• Monitor potential refugee fatigue or other negative attitudes among the general population and health workers.
Many initiatives by the Ministry of Health of Slovakia, health-care providers and individual citizens have helped to improve access to a range of health services for refugees from Ukraine in Slovakia. In particular, access to mental health services was perceived to improve over time. Continuing challenges relate to language barriers, access to routine preventive services and additional support for the most vulnerable groups. The quality of interactions within the health system varied widely, with some positive experiences but also negative experiences that had reduced the level of trust. Tailoring health services of all kinds to the needs of refugees is essential, and the results of this study and others can continue to add depth and nuance to current and planned activities. Many of the other challenges noted by respondents relate to the health system more generally, and support for the system overall will benefit citizens, refugees and other marginalized groups in Slovakia.
References*


* All references were accessed 17 May 2023.
Annex 1. Eligibility survey

Please help us to better understand health needs among Ukrainians in Slovakia

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

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 Slovakia. Your answers will be used only for scientific purposes and to help improve the situation for Ukrainians in Slovakia.

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 you do not wish to take part in the 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 Slovakia? *
Please choose only one of the following:

- Bratislavský
- Tmavský
- Trenčiansky
- Nitriansky
- Žilinský
- Banskobystrický
- Prešovský
- Košický
- I do not know
- 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:
- Official lodging (refugee camp, other public housing)
- Non-official lodging (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 info

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.

Were you heard 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.

06.12.2022 – 07:16

Submit your survey.
Thank you for completing this survey.
Annex 2. Interview guide

Behavioral 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 Slovakia

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-recoding 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 Slovakia. 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 Slovakia within the last month?
- Were you offered a health check upon your arrival in Slovakia? 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 Slovakia.
3. KNOWLEDGE ABOUT HEALTH NEEDS AND SERVICES IN SLOVAKIA (COM-B: capability)

Please tell me what you know about health services in Slovakia.
- 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 Slovakia?
- 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 Slovakia if the need arose?
• Do you trust the health workers in Slovakia?

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

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 Slovakia:

- 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 Slovakia? 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 Slovakia 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?

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

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

Have you discussed the health services in Slovakia 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 Slovakia with other people you have met in Slovakia?
  
  **Prompt**
  - friends, family?
  - other refugees?
  - local community groups or volunteers?
  - local authorities?
  - health workers?
  - Red Cross, UNHCR, UNICEF, WHO?
  - What did they say?
  - Do you know whether they seek health services in Slovakia?
  - 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 Slovakia?
  
  **Prompt**
  - Friends, family?
  - Other refugees?
  - Local community groups or volunteers?
  - Local authorities?
  - Health workers?
  - Red Cross, 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 Slovakia?
7. IDEAS FOR SUPPORTING REFUGEES TO ACCESS HEALTH SERVICES IN SLOVAKIA

What is the most important action that needs to happen to support refugees from Ukraine in Slovakia 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 Slovakia. 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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