

Public Health Institutes of the World

A light gray silhouette of the map of Poland serves as a background for the central text.

# REPORT OF THE IANPHI MISSION TO POLAND

12-13 MAY 2022

Short version

# CONTENT

GLOSSARY	3
EXECUTIVE SUMMARY	4
INTRODUCTION	6
MISSION AIMS AND OBJECTIVES	7
MISSION METHODOLOGY	8
FINDINGS	9
Scale and complexity of the refugee crisis	9
Coordination of the response	11
Infectious disease risks	12
Chronic diseases and non-communicable diseases	14
Healthcare access	15
Protection and Safeguarding	16
Informational needs	17
Evolving needs	18
DISCUSSION	19
RECOMMENDATIONS	20
CONCLUSION	21
ACKNOWLEDGEMENTS	22
MISSION TEAM	22
BIBLIOGRAPHY	23

## GLOSSARY

COPD	Chronic Obstructive Pulmonary Disease
ECDC	European Centre for Disease Control and Prevention
EU	European Union
EWRS	Early warning and response system
GBV	Gender-based violence
IANPHI	The International Association of National Public Health Institutes
IDP	Internally displaced person
IOM	International Organization for Migration
MHPSS	Mental health and psychosocial support
NCD	Non-communicable disease
NGO	Non-governmental organization
NPHI	National public health institute
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
PSEAH	Protection against sexual exploitation, abuse and harassment
TB	Tuberculosis
UASC	Unaccompanied or separated children
UKHSA	UK Health Security Agency
UNHCR	The UN Refugee Agency
UNICEF	The United Nations Children's Fund
WHO	World Health Organization

## EXECUTIVE SUMMARY

The conflict in Ukraine has triggered a serious humanitarian crisis that has resulted in one of the largest refugee movements in recent years. Many of the refugees are women, children, people with disabilities, and the elderly, who are vulnerable groups. This has presented Poland with a large scale and complex public health emergency to deal with. They have risen to this task with commendable generosity and humanity and to date, have welcomed more than three million refugees.

At the invitation of the Polish national public health institute, *Narodowy Instytut Zdrowia Publicznego (PZH)*, a mission from IANPHI visited refugee reception centres and accommodation sites in Krakow and Korczowa (PL/UA border) between 12-13 May 2022 to discover the sites and learn about the refugee response arrangements. This was with a view to understand the experience and challenges faced by Poland, ascertain ways in which the IANPHI network can learn from Poland's experience, support Poland's national public health institute, and to review the needs of refugees.

The Mission Team noted the immense scale and complexity of the refugee response mounted by Poland that has required considerable flexibility and innovation in its response. We noted the diversity of the refugees and their needs, and how it is evolving over time. There were challenges in tracking the refugee population especially due to their transience and mobility, and the lack of systematic registration in the initial rapid response phase as there were not enough time for detailed registration beyond border control.

The refugee crisis required a large scale whole-of-society response, including government agencies, international organisations and civil society, the coordination of which was challenging. Refugee needs were multifaceted including: shelter, mental health and psychosocial support, infectious disease risks, access to treatment and healthcare particularly for non-communicable diseases. Protection and safeguarding concerns were high with regards to gender-based violence, sexual exploitation, abuse and harassment, as well as human trafficking risks. There were considerable informational needs, both for refugees but also responders. Importantly, the evolving nature of needs highlighted the need for ongoing disease monitoring and needs assessments.

The Mission Team formulated a set of recommendations to be considered.

- There is a need for further refugee needs assessments to inform strategic refugee response plans. These will be multisectoral and look beyond infectious diseases. Risks need to be identified and dynamically assessed as well.
- It is important to consider the longer term needs of refugees, in terms of the likely impacts on the host communities, and intentions for repatriation to Ukraine.
- There is a need to strengthen further health and disease monitoring. This requires robust surveillance systems as well as mechanisms to facilitate data sharing between key partners.
- There remain infectious disease risks (e.g. Tuberculosis (TB) and vaccine-preventable diseases such as measles and polio) that need to be mitigated.
- Whilst infectious disease threats are of concern, non-communicable diseases, mental health, psychosocial and other health needs are also considerable and further in-depth needs assessment, risk assessment and identification of priority areas are required.
- Protection and safeguarding concerns remain high and protection mechanisms beyond Poland are needed.

- Lessons learned from Poland's refugee response should be collated and disseminated as there are valuable insights to be gleaned that may inform refugee responses in other countries.
- There is a need to consider recovery issues and to look at longer term issues. This extends to consideration of future efforts to help Ukraine build back better its health system.

Across these recommendations, there are opportunities for IANPHI members to engage. It is important to stress that refugees should be placed at the heart of the response, and ensuring actions are accountable to the affected population.

Finally, we wish to applaud Poland for its phenomenal humanitarian response to the refugee crisis. The host of the mission, national public health institute of Poland, would like to also express the utmost gratitude for support that has been offered since the beginning of crisis to Ukraine, Poland and other neighbouring countries by IANPHI and all national public health institutes (NPHIs).

# INTRODUCTION

The conflict in Ukraine has led to a serious humanitarian crisis both in Ukraine and its neighbouring countries. From a health perspective, it presents a complex health emergency through the direct effects of war, disruption to healthcare, and the wider socioeconomic impacts that have knock-on health impacts. The major health threats posed are broad and multi-faceted: war-related trauma, infectious disease threats including COVID19, non-communicable diseases, as well as mental health and psychological issues. (Health Cluster Ukraine, 2022)

The conflict has triggered a serious humanitarian crisis that has resulted in one of the largest refugee movements in recent years. At the time of the visit, more than three million refugees had fled the war in Ukraine and entered Poland. (UNHCR, 2022a) Many of the refugees are women, children, people with disabilities, and the elderly, who are vulnerable groups. There is consequently significant protection risks, particularly related to child protection, human trafficking, and gender-based violence, in addition to mental health and other health needs. (UNHCR, 2022b)

Poland has responded to this large scale and complex public health emergency commendably. Poland has implemented measures to protect and include refugees in host communities as well as facilitated their access to basic services including healthcare, education, transportation and information. Much of the work has been led by municipal and local authorities, complemented by UN agencies, non-governmental organisations (NGOs), and civil society.

Whilst the influx of refugees has reduced significantly from a peak of over 100,000 a day to around 20,000 per day at the time of the visit, the flow of refugees continues. The overall security situation in Ukraine continues to deteriorate (OCHA, 2022a) and in the worst conflict-affected areas, thousands of civilians remain trapped in areas of active hostilities with limited opportunities to relocate to safer areas. The future remains highly uncertain and there remains a risk of yet further large waves of refugees being triggered should the situation in Ukraine worsen.

## MISSION AIMS AND OBJECTIVES

At the invitation of the Polish national public health institute, *Narodowy Instytut Zdrowia Publicznego (PZH)*, a mission from IANPHI visited refugee reception centres and accommodation sites in Krakow and Korczowa (PL/UA border) between 12-13 May 2022 to visit the sites and learn about the refugee response arrangements. This was with a view to understand the role of Poland's national public health institute in the response, the challenges they have faced, and how the IANPHI network could support their work, or the work in countries similarly impacted. The visit sought to peer-review currently defined needs of refugees and the support provided, as well as to map the needs of refugees and solutions that can be addressed by NPHIs. It was also an opportunity to strengthen the coordination between the national public health institutes (NPHIs) to support Ukraine, Poland and affected countries.

At a more granular level, the visit's objectives were to

- generate recommendations for strengthening data collection for needs assessment,
- evaluate refugee needs and recommend appropriate solutions for mental health and psychosocial support over the medium to long term,
- explore the interaction between central and local government and the public health agency, to understand how the system works together to ensure co-ordination and leadership
- and learn about the logistics aspects related to the refugee response

## MISSION METHODOLOGY

The mission methodology adopted consisted of three key elements. Firstly, a rapid documentary review of recent reports from the international agencies operating in Ukraine and Poland was carried out. The list of reports reviewed are listed in the bibliography below. The review looked for common themes, specifically of relevance to refugee health. Secondly, unstructured interviews and discussions with key participants in the crisis response was conducted. Key informants were purposefully selected for the insight and perspectives that they could provide on the refugee response. They included ministry and municipality officials, senior border guard staff, hospital director and volunteer coordinator. The interviews were either done face-to-face or remotely. The third component were field visits and direct observation carried out at Korczowa Border Crossing facilities, the Hala Kijowska Refugee Reception Point in Korczowa, Krakow Train Station Refugee Reception Point and a refugee accommodation centre in Krakow. Information collected both from the desk review, interviews/discussions and field visits were collated and insights triangulated to form this report.

Image. Refugee reception point in Korczowa





## FINDINGS

### SCALE AND COMPLEXITY OF THE REFUGEE CRISIS

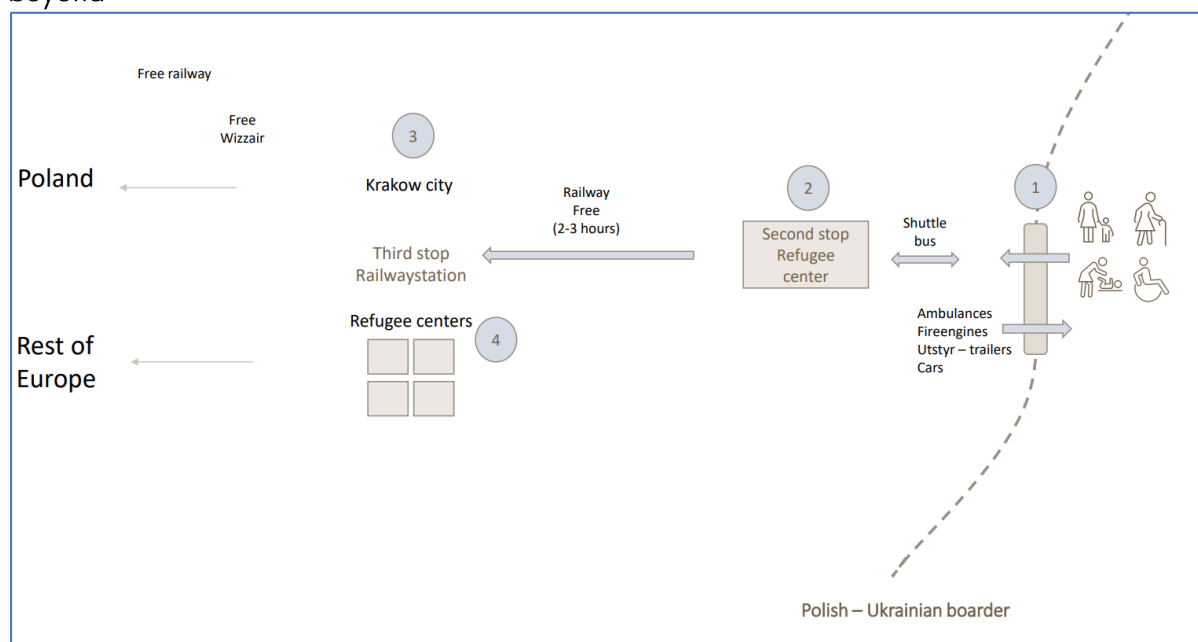
The Mission Team noted the overwhelming, immense scale and complexity of the refugee response mounted by Poland that has required considerable flexibility and innovation in its response. The refugee crisis required a large scale whole-of-society response, including government agencies, international organisations and civil society, the coordination of which was challenging.

We noted the diversity of the refugees and their needs, and how it is evolving over time. There were challenges in tracking the refugee population especially due to their transience and mobility, and the lack of systematic registration in the initial rapid response phase as there were not enough time for detailed registration beyond border control. Refugee needs were multifaceted including: shelter, mental health and psychosocial support, infectious disease risks, access to treatment and healthcare particularly for non-communicable diseases.

Protection and safeguarding concerns were high with regards to gender-based violence, sexual exploitation, abuse and harassment, as well as human trafficking risks. There were considerable informational needs, both for refugees but also responders. Importantly, the evolving nature of needs highlighted the need for ongoing disease monitoring and needs assessments. The other key observation was the need for a culturally-intelligent response that takes into account the cultural and social norms of the refugee population – this goes beyond more than just language interpretation and translation.

The heterogeneity and continuing evolution of needs leads to considerable *complexity* of the situation. The response at the border points and transit sites, led by the local municipalities, NGOs and volunteers, were certainly strained in the early days. Poland's refugee responders have had to adapt, and their response has had to be agile to cope with the changing realities on the ground. At the time of the IANPHI mission team's visit, the visible response was well coordinated, calm and orderly, offering a multi-faceted multi-sectoral response to the varied needs of Ukrainian refugees.

Figure 1. Schematic of refugee movement from the border to Korczowa to Krakow and beyond



Whilst refugee crises are not new, Poland's experience is unique due to the nature and scale of the displacement affecting a high income country setting with strong governance mechanisms. An example reported to the IANPHI mission team was the need for Poland's regulatory framework to be flexed to facilitate the response. For example, Poland's Ministry of Health had to explore and implement simplified medical registration systems to enable external medical help to be deployed in-country.

It was not always easy to "find" refugees. Not all refugees will have registered with the Polish authorities and there was no systematic registration system in place initially. Neither will all refugees have passed through the transit sites and reception centres where services are available. (NRC, 2022) Some are in transit to other places in Poland or abroad and are therefore difficult to "track". UNHCR and REACH have reported that since 24 February, at least 1.26 million Ukrainians have reportedly crossed back into Ukraine. (OCHA, 2022a)

It is also important to note the link between the situation in Ukraine and the public health needs of refugees. A worsening of the health situation in Ukraine is likely to have knock on effects on the refugees. The most recent groups of refugees are arriving after enduring weeks of conflict and difficult conditions in Ukraine and may therefore be more vulnerable. (WHO, 2022b) Consequently, any assessment of risks and health needs of refugees will need to consider the state of public health in Ukraine.

## COORDINATION OF THE RESPONSE

As with all large scale disasters, the coordination of responders is a key issue. Indeed, the Ministry of Health reported the challenges of having to contend with a multitude of international non-governmental organisations seeking to operate in Poland, on top of their business-as-usual functions running the Polish health system and simultaneously responding to COVID-19. As there are already many agencies present and many programmatic interventions taking place as part of the refugee response, it is therefore vital that any external intervention are conducted in coordination with the national government and current coordination mechanisms so as to avoid duplication of effort. In this regard, the Polish NPHI has been actively liaising with other key agencies, including national government agencies, ECDC and UNICEF, with its disease monitoring and surveillance activities.

Such was the scale of the crisis that it has necessitated a “whole of society” response from national government to local municipalities, including international organisations, and civil society. The coordination of such a large collection of actors is challenging, many of whom may operate autonomously from central command and control hierarchies in the government sector. A striking observation was the large and central role played by civil society as represented by both local and international charities and volunteers, who operated kitchens preparing and serving food to refugees, ran childcare facilities and provided education and entertainment for refugee children, offered homes and transportation, donated and sorted out large volumes of clothing and other non-food items (NFIs), or provided information and advice for accessing services, medication, or accommodation. Not only did this need coordination, but also some form of regulation and oversight to minimise protection risks. Local municipalities and police for example registered drivers transporting refugees as well as volunteers working with refugees.

Image. Temporary accommodation, kitchen and dining area, as well as clothes distribution point run by volunteers and charities in Krakow

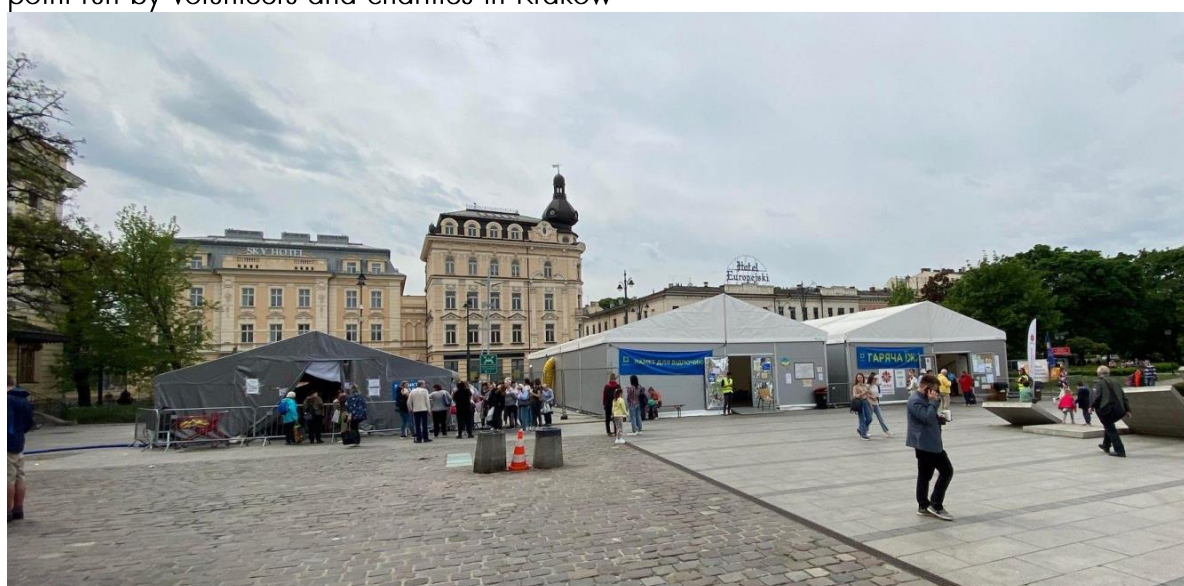


Image. Example of room used to house refugees in a converted office



## INFECTIOUS DISEASE RISKS

A common concern with refugee movements are the potential infectious disease risks. In the worst conflict-affected areas in Ukraine, the risk of disease outbreaks, such as cholera, measles, diphtheria or COVID-19, will have been exacerbated due to the lack of access to water, sanitation and hygiene, crowded conditions in bomb shelters and collective centres, and suboptimal coverage for routine and childhood immunizations. In turn, there are heightened risks of infectious disease transmission via refugee populations.

COVID19, for example, remains a threat in Ukraine in part because of lower testing, reporting and vaccination capacities. (ECDC, 2022) There may be knock on effects of infection in the refugee population. Transit centres are potentially high risk settings due to the crowding in those settings, variability of ventilation and space profiles for the different transit centres. Poland and Ukraine are also at high risk of **poliomyelitis** outbreaks in the event of importation of wild poliovirus or emergence of circulating vaccine-derived poliovirus (cVDPV) due to suboptimal vaccine coverage, and low population immunity. (WHO, 2022a) Both are also endemic for **measles** and recent outbreaks have been reported in Poland. (WHO, 2022a)

**Tuberculosis (TB)** has been of concern in Ukraine even prior to the conflict due to the high prevalence of multi-drug resistant TB (MDR-TB). Ukraine has the fifth-highest number of confirmed cases of extensively drug-resistant TB in the world. (Holt, 2022) The conflict has interrupted access to

diagnostic services and treatment which are likely to worsen both disease and the development of resistance. Similarly, interruptions to access to diagnostic services and treatment for **human immunodeficiency virus (HIV)** will increase the individual's viral load (potentially making them more infectious) and worsen disease outcomes and deaths. There is also an increased risk to the health workforce for patients with poorly controlled disease. (Health Cluster Ukraine, 2022) The disruption to treatment for TB/HIV, particularly due to problems accessing medication that may not be available in Poland, was reported.

There is also the potential risk of **antimicrobial resistant infections** due to challenges in adherence to treatment exacerbated by the scarcity of antibiotics. Pre-war, Ukraine already had a raised prevalence of hospital-associated antimicrobial resistant infections: meticillin resistance was reported in 39.2% of *S aureus* isolates, third-generation cephalosporins resistance in 53.8% of *Klebsiella* spp, and carbapenem resistance in 8.1% of *Enterobacteriaceae* isolates. (Salmanov AG, 2019) The movement of infected persons, especially to health facilities abroad could enable the spread of these highly resistant pathogens. It was also observed that the health posts at the transit centres had received a lot of donations for drugs, including broad spectrum antibiotics. The unregulated use of such antibiotics could provide fertile ground for resistant pathogens to emerge.

Image. Donated medications at a medical point in a refugee centre in Korczowa



Although the initial assessment of threat of outbreaks of infectious diseases in the refugee and host populations was deemed to be significant, in reality other issues (such as for shelter, mental health and psychosocial support (MHPSS), protection etc.) present a far greater need and priority at the present time.



## CHRONIC DISEASES AND NON-COMMUNICABLE DISEASES

Chronic diseases and non-communicable diseases (NCDs) account for a significant proportion of health needs in the refugee population. One in three (30%) households in Ukraine have at least one person with a chronic disease who reported challenges in accessing care for their condition. Less than a third (30%) of respondents sought out health-care services recently. (Health Cluster Ukraine, 2022) In addition to mental health illnesses mentioned earlier, the other key NCDs of concern include diabetes, cancer, cardiovascular disease and chronic non-infectious respiratory diseases such as chronic obstructive pulmonary disease (COPD) and asthma. Interruption in supply of medicines and limited access to health care will have impacted on disease management and may lead to poorer outcomes including excess deaths.

The conflict and insecurity in Ukraine has also disrupted food supply chains and aggravated food insecurity across the country. (WHO, 2022b) It is estimated that one in three households in Ukraine is now food insecure. Approximately 10.2 million people across Ukraine are estimated to be in need of food and livelihood assistance between March and August 2022.

Of specific note are the mental health and psychosocial needs of refugees. High levels of psychological distress associated with the conflict and family separation have been reported by the community. Refugees were affected by family separation, loss, fear and worry about the future. This has manifested through behavioural issues in children, anxiety attacks and sleep disturbances in adults. There will also be specific risks and needs for women who have experienced gender-based violence as gender-based violence (GBV) reportedly affects at least one fifth of women in Ukraine. (Health Cluster Ukraine, 2022) Access to treatment for adults and children with pre-existing severe mental health conditions and psychosocial disabilities are also a concern due to the lack of clearly established referral pathways, language barriers, and access requirements for clinical reassessment.

Image. Artwork by Ukrainian refugee children reflecting their experience of conflict



More mental health and psychological support services (MHPSS) are likely to be needed, particularly following the recent influx of refugees with long term mental health conditions. Furthermore, as the

conflict drags on, future waves of refugees may have experienced greater brutalization effects of war, including former combatants. Some of these affected individuals are likely to require specialist care. However, such care is likely to be in short supply in Poland and affected individuals would benefit from relocation to other EU Member States to enable them to access appropriate treatment and care.

## HEALTHCARE ACCESS

Whilst Poland has offered to provide similar levels of health care to the Ukrainian refugees as what is provided for Polish citizens, there were still some emergent healthcare issues. Firstly, refugees with little or no funds could not afford the co-payment charges for prescriptions. Some were using medications that were not available or authorised for use in Poland or the EU (e.g. anti-retrovirals and anti-tuberculosis medications). There was consequently the risk of interruption to their treatment. Solutions had to be found, such as temporary relaxation of pharmaceutical regulations, to enable the continued access and use of such medications by Ukrainian refugees.

The Mission Team noted the transit sites visited often had a health post that was usually manned by paramedics who were able to deal with minor injuries and ailments or would arrange hospital transfers for patients requiring further care. The lack of patient health records, and in particular vaccination records, was a notable issue. There may be value in devising a minimum standard specification of basic health provision for such facilities.

Image. Medical point at refugee reception point, Korczowa

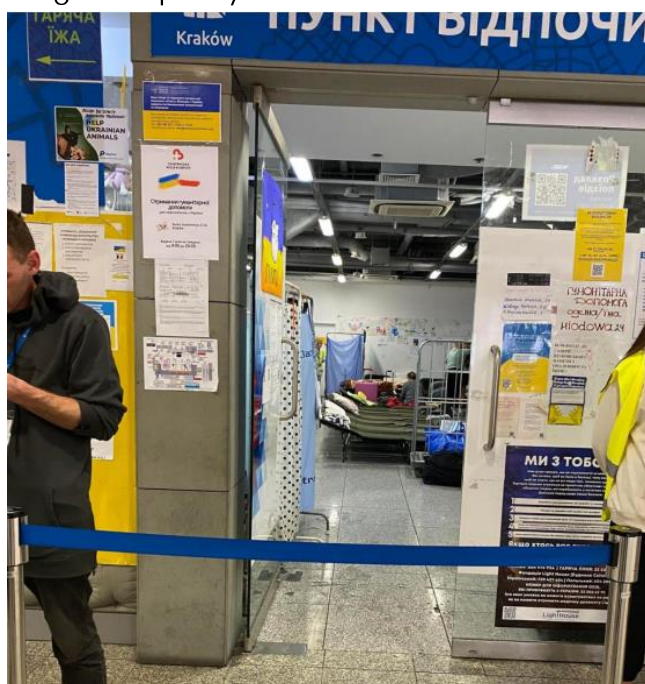


The wider impact of the refugee crisis on Poland's health system should also be considered. Of note, prior to the crisis, Poland's health system was already experiencing significant demands on services including its emergency care system and hospitals. The influx of refugees requiring healthcare has added to their burdens. The Polish Ministry of Health has also highlighted the need for assistance for the medical evacuation of some categories of Ukrainian patients to other countries for further treatment. Having a well-coordinated system to evacuate patients, with clear referral pathways and criteria to facilitate this, to other EU countries and beyond, could help lessen the burden on Poland's health infrastructure.

## PROTECTION AND SAFEGUARDING

The refugees, most of whom are women, are a vulnerable population group. Protection risks emanate through family separation and loss of social support networks, potential discrimination and barriers to access services, limited access to services and financial resources, risks of gender-based violence, mental health and psychological trauma, and risks of human trafficking. It has been separately reported that there remain areas that require improvement such as the need for frontline responders to be trained in the safe identification and referral of vulnerable individuals to specialised service providers. (NRC, 2022) This includes training on Protection from Sexual Exploitation, Abuse and Harassment (PSEAH), safeguarding and humanitarian principles to support protection and accountability towards the refugee population.

Image. Temporary accommodation at Krakow rail station with controlled access





There are also increasing and concerning media reports of conflict-related sexual violence emerging in Ukraine. (CARE-UN Women, 2022) However, it was not possible to obtain robust data to ascertain the scale of the issue. This issue carries stigma for Ukrainian women who are unlikely to reveal it to service providers. Other concerns identified by other agencies include the limited identification, registration and documentation of children at risk and unaccompanied or separated children (UASC); limited refugee awareness of available services and appropriate referral pathways; challenges of parents and caregivers to adequately care for children; and the high levels of distress and MHPSS needs amongst children and caregivers. (UNHCR, 2022b) Additional concerns include raised vulnerability to trafficking, risks of GBV, and heightened challenges for children with disability.

## INFORMATIONAL NEEDS

It was clear that the refugees had great informational needs ranging from legal advice, transport and shelter issues, advice on accessing services and healthcare, etc. At the transit centres, there were a lot of informational posters as well as advice desks available for refugees. There are also websites providing information in the Ukrainian language, and Ukrainian refugees tended to look for information from these Ukrainian websites. Word-of-mouth was another key route of information dissemination amongst the refugees, e.g. advice on where to seek shelter, etc. However, this route has its risks of misinformation.

There is also a significant informational need by government and international agencies, in the form of demographic and health intelligence on the refugee population, in order to help the planning and delivery of services. However, in Poland, there is no information sharing platform or single point of contact. IANPHI could play a role here in helping to host such a repository.

Image. Advice point for Ukrainian refugees at Krakow rail station



## EVOLVING NEEDS

From the reports and observations, it is apparent that the demographic profile of the refugees (and hence their needs) is changing over time. There are also at least two major categories to be considered: those refugees who are housed with friends and relatives in Poland, and those without accommodation and currently are housed in temporary accommodation sites – the latter are likely to have greater vulnerability and scale of needs than the former. There is also the issue of how vulnerable groups with specific needs are catered for, for example individuals with complex needs, or disabilities. The health needs will continue to evolve and there is a clear requirement for further follow-up multi-sectoral needs assessments (MSNA) to be carried out. Future refugee needs assessments will need to consider the situation in Ukraine as there may be knock-on consequences on the profile and needs of refugees leaving the area.

A key area for support might be to strengthen data collection for needs assessment, where information flows from near the front line are incomplete and where support to strengthen needs assessment would be useful. The assessments of needs, as well as the monitoring and surveillance of refugee health, would require sufficient standardised and robust data collection. At the present time, there are lots of disparate reports from the different agencies. Greater integration across the different sectors, providers and data sources could be useful and careful consideration of what information is collected in a minimum common data set is required. Disease / health monitoring of the refugee population could be enhanced possibly through the use of sentinel surveillance systems. Risk prioritisation and dynamic risk assessments will be needed.

The crisis is evolving to the next stage, and there is both a need and opportunity now to identify and anticipate longer term issues. These are likely to incorporate many of the needs highlighted above but the scale and nature may differ. Moreover, there may be additional risks associated with the colder winter months, e.g. seasonal epidemics of winter respiratory pathogens, fuel poverty, or greater food insecurity. It is not too early to start considering Ukraine's recovery needs with regards to rebuilding its health system. It may provide Ukraine an opportunity to build back better.

Image. Children's activities run by Ukrainian refugees and volunteers in Krakow



## DISCUSSION

The key lessons identified from the visit were:

- The in-migration of refugees, especially during the initial period, has the potential to rapidly overwhelm a nation's ability to support the response.
- The initial priorities were to address basic human needs such as shelter, food and healthcare, but refugee needs can and do evolve. This necessitates an agile, flexible, innovative and bespoke response.
- For complex and large scale refugee responses, a multi-agency and indeed "whole of society" response may be required. The recent experience of Poland's pandemic response to COVID has helped enable the mobilisation of key actors to collaborate more effectively as the governance and relationships were already in place.
- As the scale of the response rapidly mounts and overwhelms local capacities, there is a requirement for surge capacity. There is therefore an opportunity for IANPHI members to explore how they can offer mutual support early in the response phase.

## RECOMMENDATIONS

The Mission Team formulated a set of recommendations to be considered.

- There is a need for further refugee needs assessments to inform strategic refugee response plans. These will be multisectoral and look beyond infectious diseases. Risks need to be identified and dynamically assessed as well.
- It is important to consider the longer term needs of refugees, in terms of the likely impacts on the host communities, and intentions for repatriation to Ukraine.
- There is a need to strengthen further health and disease monitoring. This requires robust surveillance systems as well as mechanisms to facilitate data sharing between key partners.
- There remain infectious disease risks (e.g. TB and vaccine-preventable diseases such as measles and polio) that need to be mitigated.
- Whilst infectious disease threats are of concern, non-communicable diseases, mental health, psychosocial and other health needs are also considerable and further in-depth needs assessment, risk assessment and identification of priority areas are required.
- Protection and safeguarding concerns remain high and protection mechanisms beyond Poland are needed.
- Lessons learned from Poland's refugee response should be collated and disseminated as there are valuable insights to be gleaned that may inform refugee responses in other countries.
- There is a need to consider recovery issues and to look at longer term issues. This extends to consideration of future efforts to help Ukraine build back better its health system.

Across these recommendations, there are opportunities for IANPHI members to engage. It is important to stress that refugees should be placed at the heart of the response, and ensuring actions are accountable to the affected population.

## CONCLUSION

Poland should be proud of its efforts. It has demonstrated its generosity and humanity in welcoming Ukrainian refugees. This inclusive approach to absorb and integrate the refugee population is recognized to help mitigate some of the trauma and adverse mental health consequences. (Choy B, 2021). Poland has gained considerable experience and expertise from the crisis and has mounted a commendable response. There are undoubtedly going to be further challenges ahead and emerging issues. On a final note, ongoing and future refugee responses should continue to place the refugee at the centre, prioritizing “accountability to affected populations”. Beneficiary accountability requires meaningful community engagement, good handling of community relations, and sensitive matching of aid to perceived needs. Dignity is as important a human need as much as food, shelter or clothing.

## ACKNOWLEDGEMENTS

Finally, we wish to applaud Poland for its phenomenal humanitarian response to the refugee crisis. The host of the mission, NIPH of Poland, would like to also express the utmost gratitude for support that has been offered since the beginning of crisis to Ukraine, Poland and other neighbouring countries by IAPNHI and all NIPHS.

## MISSION TEAM

Host: Dr Grzegorz Juszczyk, Director, Narodowy Instytut Zdrowia Publicznego, Poland  
Dr Anja Schou Lindman, Department Director, Norwegian Institute of Public Health  
Professor Fu-Meng Khaw, Executive Medical Director & National Director, Health Protection and Screening Services, Public Health Wales  
Professor Andrew Lee, Consultant in Health Protection, UK Health Security Agency

Photo. Mission team at the Ukraine-Poland border crossing at Korczowa  
Mjr Stanisław Hasiak, Mr Radosław Wiatr, Dr Anja Schou Lindman, Professor Fu-Meng Khaw, Professor Andrew Lee, Dr Grzegorz Juszczyk





## BIBLIOGRAPHY

- CARE-UN Women. (2022). *Rapid Gender Analysis of Ukraine*. 4 May 2022.
- ECDC. (2022, May 12). *European Centre for Disease Prevention and Control*. Retrieved from SARS-CoV-2 variants of concern as of 12 May 2022:  
<https://www.ecdc.europa.eu/en/covid-19/variants-concern>
- Health Cluster Ukraine. (2022). *Public Health Situation Analysis (PHSA) - Long Form*. April 2022. Health Cluster Ukraine.
- Holt, E. (2022). Tuberculosis services disrupted by war in Ukraine. *The Lancet Infectious Diseases*, 22(5):E129.
- IOM-UN Migration. (2022). *Ukraine Internal Displacement Report. General Population Survey, Round 4, 3 May 2022*. . IOM-UN Migration.
- NRC. (2022). *Rapid Assessment of a Selection of Transit Centres on the South-Eastern Poland-Ukraine Border*. 29 April 2022. Norwegian Refugee Council.
- OCHA. (2022a). *Ukraine Situation Report - 6 May 2022*. OCHA.
- OCHA. (2022b). *Ukraine Flash Appeal: Funding Update*. Retrieved from  
<https://www.unocha.org/ukraine>
- REACH-UNHCR. (2022). *Situation Overview: Movement of Ukrainians back into Ukraine from Poland, Slovakia, Hungary, Romania and Moldova. Update as of 28.04.2022*.
- Salmanov AG, V. S. (2019). Prevalence of health care-associated infections and antimicrobial resistance of the responsible pathogens in Ukraine: Results of a multicenter study (2014-2016). . *American Journal of Infection Control*, 47(6):e15-20.
- Sphere. (2018). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*. Retrieved from <https://handbook.spherestandards.org/en>
- UNHCR. (2022a). *Regional Refugee Response Plan For the Ukrainian Situation: Poland*.
- UNHCR. (2022b). *Inter-Agency Operational Update: Ukraine Situation - Regional Refugee Response Plan (Poland)*. 20 April 2022.
- WHO. (2022a). *Guidance on vaccination and prevention of vaccine-preventable disease outbreaks for countries hosting refugees from Ukraine, April 2022 update*. Copenhagen: WHO Regional Office for Europe.
- WHO. (2022b). *Emergency in Ukraine: External Situation Report #11, published 12 May 2022: reporting period: 5-11 May 2022*. Retrieved from  
<https://www.who.int/publications/i/item/WHO-EURO-2022-5152-44915-64596>