

## **16. PUBLIC HEALTH ACTIVITIES IMPLEMENTED IN POLAND IN 2022–2023, REPORTED IN THE PROFIBAZA SYSTEM, IN RESPONSE TO THE HEALTH NEEDS OF MIGRANTS AND WAR REFUGEES FROM UKRAINE**

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### **Challenges in response to the sudden influx of migrants and war refugees from Ukraine to Poland**

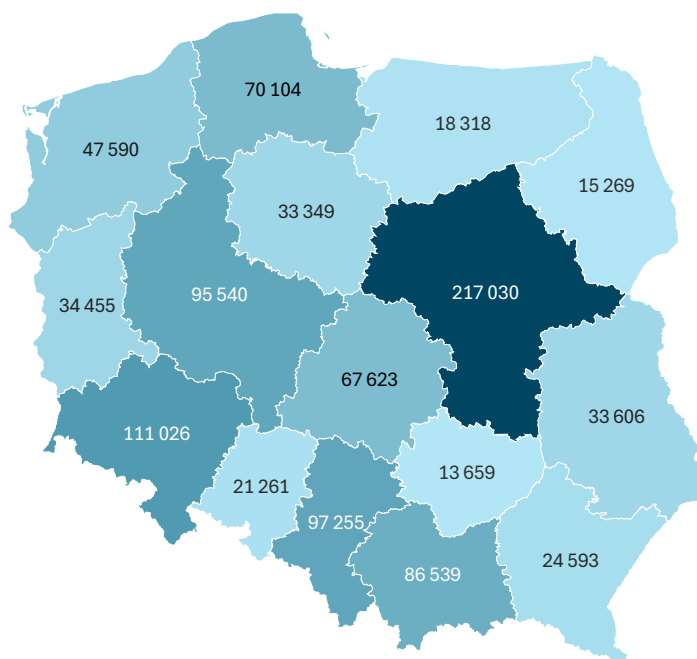
Before the outbreak of the war in Ukraine, according to the 2021 National Census, approximately 1.4 million migrants were temporarily residing in Poland, the majority of whom were men (62.4%). The largest group consisted of adults aged 20–40 (57.6%), while children and adolescents (aged 0–19) accounted for 4.3%, and persons over 60 years of age made up 3.6% of the migrant population<sup>1</sup>. After 24 February 2022, Poland became one of the main destinations for war refugees from Ukraine. From the beginning of the conflict until the end of 2023, a total of 17.1 million Ukrainians arrived in Poland, of whom 15.3 million returned to their home country<sup>2</sup>. As of the end of 2023, approximately one million Ukrainians remained in Poland, with the largest numbers residing in the following voivodships: Mazowieckie (217,000), Dolnośląskie (111,000), Śląskie (97,000), and Wielkopolskie (95,000)<sup>3</sup> (Fig. 16.1).

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<sup>1</sup> Główny Urząd Statystyczny. Migracje zagraniczne na pobyt czasowy – wyniki NSP (31.08.2023 r.), <https://stat.gov.pl/spisy-powszechne/nsp-2021/nsp-2021-wyniki-ostateczne/migracje-zagraniczne-na-pobyt-czasowy-wyniki-nsp-2021,4,1.html>

<sup>2</sup> Selected activities of the Ministry of Health of the Republic of Poland for the benefit of Ukraine and its citizens in connection with the armed conflict. Ministry of Health Republic of Poland, April 2024.

<sup>3</sup> Statistics Poland. Refugee Health in Poland, <https://healthofrefugees.stat.gov.pl/>



**Fig. 16.1.** Number of migrants and war refugees from Ukraine in the fourth quarter of 2023 (own study based on data from Statistics Poland <https://healthofrefugees.stat.gov.pl/>)

The war has also affected the demographic structure of migrants residing in Poland. According to the 2023 survey of the National Bank of Poland, among adult migrants from Ukraine, 68% were women and half were aged 27-44. More than 40 per cent of refugees were living with children<sup>4</sup>.

The sharp increase in the number of Ukrainian nationals in Poland necessitated the development of long-term systemic solutions. On 12 March 2022, the Polish Parliament passed an act (Journal of Laws of 2022, item 583) regulating the legalization of stay for Ukrainians and providing public support mechanisms. Public administration, in cooperation with non-governmental organizations and other entities, began implementing these measures across all designated areas. One such initiative was the Local Government Roundtable (Samorządowy Okrągły Stół), held on 8-9 May 2022, which brought together representatives of local governments, central government, NGOs, academics, employers, trade

<sup>4</sup> Sytuacja życiowa i ekonomiczna migrantów z Ukrainy w Polsce w 2023 roku. Raport z badania ankietowego. NBP. Departament Statystyki. Warsaw 2023 r., [https://nbp.pl/wp-content/uploads/2024/01/raport\\_migranci\\_z-Ukrainy\\_2023.pdf](https://nbp.pl/wp-content/uploads/2024/01/raport_migranci_z-Ukrainy_2023.pdf)

unions, and Ukrainian communities. The outcome of this effort was the White Book („Biała Księga”) - a document addressing key issues such as social integration, the labor market, housing, security, education, social assistance, and healthcare, including preventive measures. The document highlighted the need for activities promoting immunization, including the option for Ukrainians to receive vaccinations while completing formalities related to residence, employment, and access to healthcare services. It also stressed the importance of effective communication policies and improving access to healthcare services.

The influx of refugees has prompted both public bodies (government and local authorities) and the private sector and non-governmental organizations to launch large-scale humanitarian, social and financial aid initiatives in Poland and Ukraine<sup>5</sup>.

## Health needs of migrants and war refugees

War, the need to flee one's home, and the accompanying stress have led to numerous health problems among migrants, increasing demand for medical care and placing additional strain on the Polish healthcare system, including the budgets of the National Health Fund and local authorities. According to data from the Ministry of Health, between 24 February 2022 and 31 October 2023, over 1.1 million Ukrainians received services under the public healthcare system. This included 0.9 million patients receiving primary healthcare, more than 385,000 accessing outpatient care, and over 330,000 migrants receiving hospital treatment. Psychiatric care – both inpatient and outpatient – was provided to nearly 14,500 individuals from Ukraine<sup>6</sup>.

People arriving in Poland most frequently required medical attention for urgent symptoms such as fever, diarrhea, and coughing, as well as for chronic conditions, dental problems, and psychological and psychiatric support. Refugees with chronic illnesses most commonly required treatment for cardiovascular diseases, diabetes, cancer, and respiratory diseases. The majority of individuals

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<sup>5</sup> Biała Księga: Wyzwania systemowego wsparcia uchodźców na poziomie lokalnym i krajowym. Samorządowy Okrągły Stół. Wrocław, 9.05.2022 r., [https://www.batory.org.pl/wp-content/uploads/2022/06/Okragly\\_stol\\_Biala-ksiega\\_www\\_S.pdf](https://www.batory.org.pl/wp-content/uploads/2022/06/Okragly_stol_Biala-ksiega_www_S.pdf)

<sup>6</sup> Selected activities of the Ministry of Health of the Republic of Poland for the benefit of Ukraine and its citizens in connection with the armed conflict. Ministry of Health Republic of Poland, April 2024.

in need of healthcare services were aged 65 or older (over 70% of that age group), followed by people aged 55–64 (56%) and children under the age of five (52%)<sup>7</sup>.

## Public health activities

The mass influx of war refugees into Poland was associated with a significant increase in the risk of epidemic outbreaks. Among the institutions operating in the field of public health, activities undertaken by the State Sanitary Inspection, local government units, and central institutions played a particularly important role.

The activities of the State Sanitary Inspection, through monitoring and assessment of threats, focused primarily on ensuring epidemiological safety. In cooperation with local government units, reception points, refugee centers, temporary accommodation facilities, and other places that were particularly important for maintaining the sanitary-epidemiological safety of the country were supervised. At the same time, health services, local government units, and central institutions carried out numerous public health interventions, including disease prevention and health education campaigns, preparing materials in Polish and Ukrainian on the prevention of infectious diseases and vaccination.

The significant number of war refugees from Ukraine, including primarily women and children, made immunization a matter of critical importance. According to current regulations, all children under the age of 18 residing in Poland for more than three months are subject to mandatory vaccinations under the national vaccination schedule. According to information provided by the Ministry of Health, since 2022, more than 29,400 children have been vaccinated, resulting in the immunization rate among Ukrainian children residing in Poland now being comparable to that of Polish children<sup>8,9</sup>.

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<sup>7</sup> Health of refugees from Ukraine in Poland 2022. Household survey and behavioral insights research. Statistics Poland, World Health Organization 2023. <https://stat.gov.pl/wydarzenia/wydarzenia-miedzynarodowe/health-of-refugees-from-ukraine-in-poland-2022-survey-findings,7,1.html>.

<sup>8</sup> Act of 5 December 2008 on preventing and combating infection and infectious diseases (Journal of Laws of 2008 No. 234, item 1570, as amended).

<sup>9</sup> Selected activities of the Ministry of Health of the republic of Poland for the benefit of Ukraine and its citizens in connection with the armed conflict. Ministry of Health Republic of Poland, April 2024.

## **The ProfiBaza system as a repository of information on public health interventions implemented in Poland for migrants and war refugees**

The ProfiBaza system was launched at the NIPH NIH-NRI in 2021 at <https://profibaza.pzh.gov.pl/>. Its main objective is to collect information on planned and ongoing public health interventions in Poland, including measures targeting migrants and war refugees. In addition, the system aims to improve the quality of data collected, promote multisectoral cooperation and reduce social inequalities in health.

The system consists of two parts. The first is intended for institutions reporting data on public health tasks (the so-called Public Health Intervention Register, RIZP). The second part serves as a knowledge translation platform in health promotion and disease prevention and is addressed to a broad audience.

Electronic submission of annual information via the ProfiBaza system began in 2022. The entities obliged to transfer their data are central institutions (including ministries, the State Sanitary Inspection, scientific and research institutes, uniformed services organizational units) and local government units (including Marshal's Offices, district offices, cities with district rights, municipal offices). The RIZP collects information on planned and implemented interventions covering: health-promoting activities, monitoring and assessment of the population's health status, sanitary-epidemiological supervision, scientific research, and legislation.

### **Essential Public Health Functions (EPHFs)**

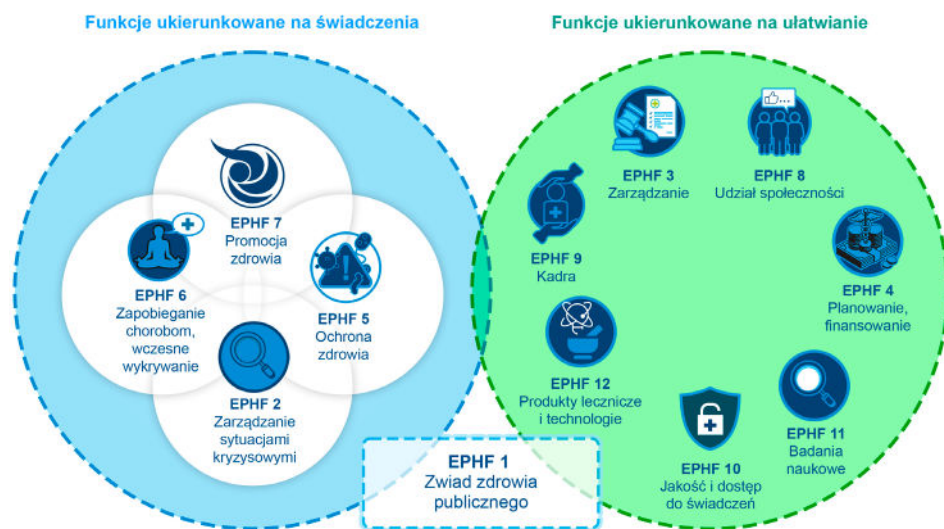
Essential Public Health Functions (EPHFs) are a set of fundamental, interconnected and interdependent activities, both within and beyond the health sector, that are required to ensure effective public health action to prevent disease, promote and protect health and well-being, and address broad determinants of health.

In response to current health challenges, particularly the gaps in and fragmentation of health systems revealed by the COVID-19 pandemic, in February 2022, the WHO presented a proposal for a renewed list of Essential Public Health

Functions. Among the twelve proposed EPHFs are equivalents or extensions of the previously applicable European functions (Essential Public Health Operations, EPHOs)<sup>10</sup>.

In addition, two new functions were added – concerning the quality and accessibility of health services, and access to and utilization of health products, supplies, equipment, and technologies<sup>11,12</sup>.

The EPHFs propose dividing functions into two groups: services-oriented and enabling-oriented (Fig. 16.2). The services-oriented functions should be integrated with services at all levels of care, particularly with primary care. This group includes, among others, emergency and crisis management. In contrast, the enabling functions comprise activities embedded within the health system, other systems/sectors, and communities. Public health intelligence is a cross-cutting function that is service-oriented while also playing a supportive role.



**Fig. 16.2.** Essential Public Health Functions (EPHF) presented by the WHO in 2022.

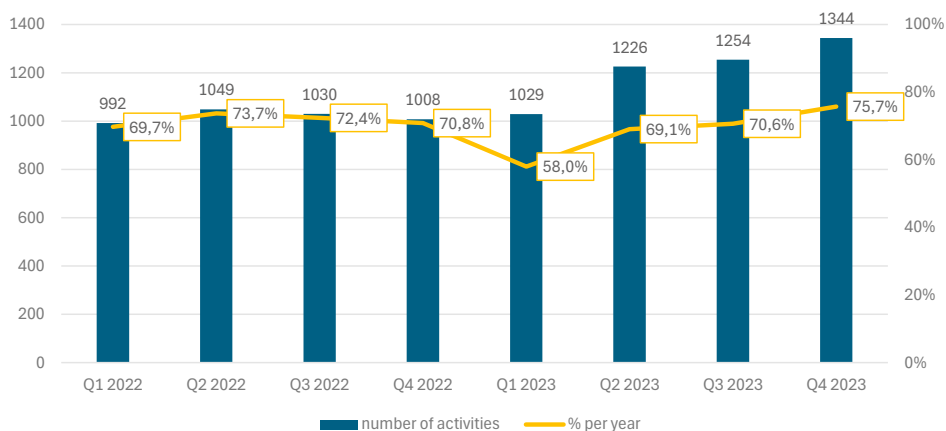
<sup>10</sup> WHO: Strengthening public health capacities and services in Europe: a framework for action. WHO Regional Office for Europe, Copenhagen 2011.

<sup>11</sup> Cianciara D. Odnowione przez WHO podstawowe funkcje zdrowia publicznego powinny być mapą drogową do budowy potencjału zdrowia publicznego i odpornego systemu zdrowia w Polsce. *Med Og Nauk Zdr.* 2023; 29(2): 63–72. doi: 10.26444/monz/167457

<sup>12</sup> Application of the essential public health functions: an integrated and comprehensive approach to public health. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.



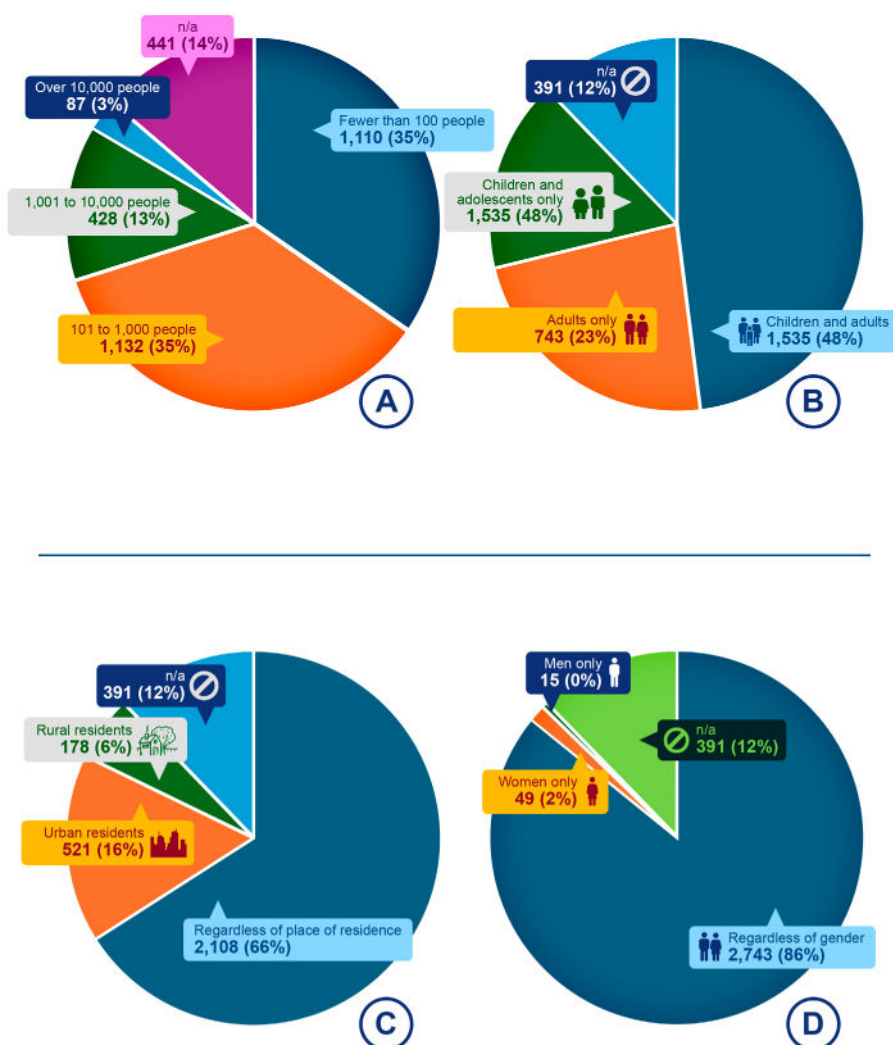
The number of activities promoting the health of migrants and war refugees varied by quarter, ranging from 992 in Q1 2022 to 1,344 in Q4 2023. The highest number of activities in 2022 was implemented in Q2 and Q3, and in 2023 – in Q4 (Fig. 16.4). The average duration of a given activity was 215.5 days (SD = 155.0), with a median of 290 days. Every third activity was implemented throughout the entire calendar year (1,120 activities; 35.0%), while 13.5% (433 activities) lasted only one day.



**Fig. 16.4.** Number of activities supporting the health of migrants and war refugees carried out in a given quarter and in a given year (own study based on data from the ProfiBaza system)

The highest number of measures was targeted at groups of less than 100 people (1,110 activities, 35%) and between 101 and 1,000 people (1,131, 35%). The activities were mostly aimed at both adults and children (1,535, 48%), people regardless of gender (2,743 activities, 86%), or place of residence (2,108 activities, 66%) (Fig. 16.5).

All activities targeting migrants and war refugees reported in the ProfiBaza system were classified under the respective Essential Public Health Functions (EPHFs). These included activities aimed exclusively at migrants, war refugees, or Ukrainians, as well as activities where this group constituted part of the target population (e.g. activities addressed to all municipality residents, including migrants and refugees). Most activities were carried out under the following functions: EPHF5 (1,701 activities), EPHF6 (2,654 activities), and EPHF7 (2,151 activities) (Fig. 16.6).

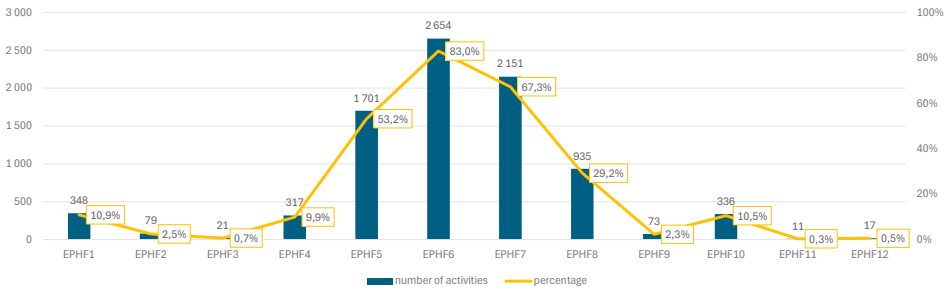


**Fig. 16.5.** Number of activities by target group, i.e. A – number of recipients, B – age groups, C – place of residence, and D – sex (own compilation based on data from the ProfiBaza system)

### EPHF1. Public health surveillance and monitoring: Monitoring and surveillance of population health status, risk, protective and promotive factors, threats to health, and health system performance and service utilization

Under the first Essential Public Health Function, 348 activities were carried out (10.9% of all activities targeting migrants and war refugees from Ukraine).

These included, among others, the collection and analysis of data concerning the epidemiological situation, population health status, and its determinants (329 activities; 94.5%), mainly in the context of environmental health (111 activities; 31.9%), infectious diseases (100 activities; 28.7%), and behavioral risk factors (24 activities; 6.9%). Monitoring the population’s health status aimed to assess the scale of health problems, both those affecting the migrant and refugee population from Ukraine and the host country population, their trends, and regional variations. This made it possible to identify areas of priority importance for public health and existing health inequalities. The knowledge gained is used in various fields, including health service planning and health impact assessment (HIA).



**Fig. 16.6.** Number of activities supporting the health of migrants and war refugees implemented in 2022–2023 by Essential Public Health Functions (EPHFs) (own study based on data from the ProfiBaza system)

In addition, under this function, activities were undertaken to support the planning, implementation, monitoring, and evaluation of health promotion efforts, as well as the use of medical services by migrants and war refugees (14 activities; 4.0%). The collection of data on the health status of the population and its determinants, as well as potential health threats (including the prevalence of diseases and health issues), was carried out primarily by units of the State Sanitary Inspection (340 activities; 97.7%), operating at the district level. In 2023, NIPH NIH–NRI updated forecasts of new HIV infections in Poland, taking into account migration from Ukraine, and assessed trends in the provision of services in this area. For this purpose, data collected by NIPH NIH–NRI within the epidemiological surveillance system EpiBaza were used, along with data provided by the National AIDS Centre and the National Health Fund, in the context of diagnostics and healthcare use among people living with HIV.

## **EPHF2. Public health emergency management: Managing public health emergencies for international and national health security**

A public health threat refers to the likelihood of an event occurring that may have an adverse impact on human health, particularly one that may lead to international spread or constitute a serious direct threat<sup>13</sup>. On the other hand, an emergency situation, is an event that negatively affects the safety of people, property on a large scale, or the environment, causing significant limitations in the operations of the relevant public administration bodies due to the inadequacy of available resources and means<sup>14</sup>.

Under the second essential public health function, 79 activities (2.5%) concerned managing and coordinating public health threats. These focused on comprehensive crisis management, which includes, among others, risk anticipation and proactive measures, forecasting, planning and preparedness, prevention, control and mitigation, early detection, notification, reporting, response, maintenance and restoration of essential health services, and recovery after a public health threat has subsided. These activities were carried out year-round by NIPH NIH–NRI and units of the State Sanitary Inspection.

As part of this public health function, the National Institute of Public Health National Institute of Hygiene – National Research Institute (NIPH NIH-NRI) carried out activities in the field of epidemiological surveillance of infectious diseases, including ensuring the 24-hour operation of the NFPs and the EWRS.

The International Health Regulations (IHR) are a legally binding international instrument for all Member States of the WHO concerning establishing an international early warning system for any public health threat, including those previously unknown. Their aim is to support appropriate and timely action, based on national human resources, infrastructure, and international cooperation, in the event of a health threat. They provide a unique framework for the prevention, detection, assessment, and control of the spread of diseases and for a coordinated response to events that may pose a public health risk of international concern – proportionate to the threats and without causing unnecessary disruption to travel and trade.

The NFP is a center established by each WHO member state. In Poland, it was established by the Minister of Health and launched in 2007 within the Department of Epidemiology of Infectious Diseases and Surveillance at the NIPH NIH. The National Focal Point operates within the early warning system in accordance

<sup>13</sup> WHO. International Health Regulations (2005). <https://www.who.int/publications/i/item/9789241580496>

<sup>14</sup> Act of 26 April 2007 on crisis management (Journal of Laws of 2007 No. 89, item 590, as amended).

with the International Health Regulations (IHR). At the end of 2020, its responsibilities were expanded to include the tasks of the National Contact Point for the Early Warning and Response System, including the operation of the early warning and response system (EWRS).

### **EPHF3. Public health stewardship: Establishing effective public health institutional structures, leadership, coordination, accountability, regulations and laws**

Health governance encompasses the activities of governments and other actors aimed at guiding communities, countries, or groups of countries towards achieving health and well-being through whole-of-government and whole-of-society approaches to health. The concept of health governance promotes joint action by the health sector and other sectors, representatives of the public and private sectors, and citizens, undertaken in the name of shared interests<sup>15</sup>.

Under the third essential public health function, 21 activities (0.7%) were undertaken. These included, among others, efforts to strengthen the country's epidemic preparedness by monitoring communicable diseases and other health threats. These activities were carried out within the EU-level Early Warning and Response System for serious cross-border health threats. Furthermore, representatives of the Ministry of the Interior and Administration, within the framework of international cooperation, participated in meetings of the World Health Assembly, the UN Security Council, and the UN General Assembly, providing information on the health impacts of the Russian aggression against Ukraine and the assistance provided by Poland to Ukrainian migrants and refugees, particularly regarding their access to healthcare in the host country. Within the framework of the Joint United Nations Programme on HIV/AIDS (UNAIDS), financial support was provided for activities implemented in Ukraine. Additionally, the National Centre for Prevention of Addictions participated in legislative work of the Intergovernmental Working Group on Cooperation in Combating Drug Abuse and the Illicit Trafficking of Narcotic Drugs.

### **EPHF4. Multisectoral planning, financing and management for public health: Supporting effective and efficient health systems and multisectoral planning, financing and management for public health**

This function aims to ensure that public health services are regulated and coordinated through effective mechanisms and processes by the relevant institutions of the broader health system.

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<sup>15</sup> Kickbusch I, Gleicher D. Governance for health in the 21st century. World Health Organization. Regional Office for Europe, 2012.

Under the fourth essential public health function, 317 activities (9.9%) were implemented, focusing on integrating a public health orientation into the activities of the health system, as well as multisectoral planning and financing of initiatives for the benefit of migrants, war refugees, and the host community. These activities included aligning health sector planning, sustainable financing, and management of health programs with the health needs and priorities of both war refugees and migrants from Ukraine and the host population, in an integrated and public health-oriented manner.

In the analyzed period, over two-thirds of activities (204 activities, 64.4%) in this area were implemented by central institutions (respectively: State Sanitary Inspection – 129 activities, 40.7%; other central institutions – 75 activities, 23.7%). Local government units implemented 113 activities (35.6%). Activities under this function addressed, among others, the adaptation of the scope of work and organizational structures of various institutions responsible for health management and protection to the crisis caused by the war in Ukraine. An example of such an activity was the „POWER Ukraine” project carried out by the State Sanitary Inspection, aimed at increasing health security for citizens, including Ukrainian migrants and war refugees, by strengthening the sanitary-epidemiological surveillance in Poland and implementing measures to facilitate access to healthcare services. The project also included developing the System of Records of the State Sanitary Inspection and purchasing IT equipment and software. Furthermore, within the framework of intersectoral cooperation, various institutions supporting migrants (including from the education, healthcare, social welfare sectors, and NGOs) were involved in the implementation of tasks and organized meetings and consultations to develop joint methods for responding to the current needs of this group and for financing planned activities. Representatives of the Ukrainian community were also included in these activities. Other tasks carried out included improving infrastructure by adapting premises to new needs or modernizing medical facilities.

**EPHF5. Health protection: Protecting populations against health threats, for example environment and occupational hazards and communicable and noncommunicable diseases, including mental health conditions, food insecurity, and chemical and radiation hazards**

The fifth public health function is related to the provision of health services in the context of, among other things, environmental health (including climate change and sustainable development), occupational health, food and consumer

product safety, road safety and patient safety (including supervision of the safety of medicines, monitoring of adverse reactions to vaccines, control of communicable diseases and infections related to the provision of health services).

Over half of all analyzed activities were carried out under this public health function (1,701 activities, 53.2%). The aim of these initiatives was to protect the health of the population, including migrants and war refugees, against threats posed by both the natural environment and human activity. Most activities in this area were carried out by sanitary-epidemiological stations (971 activities, 57.1%), and less frequently by other central institutions (438 activities, 25.8%) or local government units (292 activities, 17.1%).

The implemented programs most often concerned environmental health (642 measures, 37.7%), while 17.3% of measures related to health protection at places of education and work (294 measures). These measures mainly consisted of inspections in subordinate institutions and the distribution of educational materials. One in ten activities implemented in this area concerned food safety (171 activities, 10.1%). An example was the implementation of tasks under the European Food Safety Authority (EFSA) campaign „Choose Safe Food”, which aimed to encourage consumers to make informed choices about food and food safety.

Patient safety measures accounted for 1.8% of all activities carried out in this area (31 measures) and focused mainly on combating antibiotic resistance and hospital infections. Several programs implemented by the State Sanitary Inspection addressed the issue of vaccine adverse events (VAE). Road safety was also addressed (15 activities, 0.9%), with measures including the safety of pupils on their way to school.

#### **EPHF6. Disease prevention and early detection: Prevention and early detection of communicable and noncommunicable diseases, including mental health conditions and injuries**

Disease prevention is any activity aimed at preventing the occurrence of a disease, as well as minimizing the impact of disease and disability. Disease prevention in the context of the public health function concerns all stages of prevention, although the greatest emphasis is placed on primary prevention and secondary prevention (early detection of diseases).

The 2,654 activities implemented (83.0%) mainly involved State Sanitary Inspection (1,493 tasks; 56.3%) and local government units (1,137 activities; 42.8%). Every second activity was aimed at both children and adults (1,328; 50.0%), and every fifth one was directed exclusively at children and young people (503; 19.0%).

In the area of the sixth public health function, tasks focused primarily on resources, processes and activities supporting the prevention and early detection of infectious and non-infectious diseases (including mental health disorders) among migrants and war refugees from Ukraine. The dominant theme was lifestyle and behavioral risk factors common to many diseases (1,411 activities; 53.2%). Tasks in the area of overweight and obesity prevention accounted for 14.7% of all activities in this area (390 tasks). 1,094 activities (41.2%) concerned the prevention of infectious diseases, including HIV infection and AIDS (196 activities; 7.4%) and COVID-19 (147; 5.5%). Mental health was the subject of 768 activities (28.9%), and addiction – 595 activities (22.4%).

Disease prevention measures are available to Ukrainian war refugees and migrants on the same terms as citizens of the host country, and numerous information and education campaigns have been dedicated to spreading knowledge and facilitating access to services and programs.

Activities in the area of primary prevention reported in the ProfiBaza system mainly concerned health education (2,312 activities; 87.1%), and to a lesser extent vaccinations (682 activities; 25.7%, including vaccinations carried out in only 6 programs) and were targeted at individuals and the environment in which they live in order to reduce the likelihood of disease or health disorders. They were primarily used to improve health literacy and build trust in vaccinations among Ukrainian migrants and war refugees. The community of migrants and war refugees from Ukraine was encouraged to participate in preventive vaccinations in accordance with the national vaccination schedule for the given year and to participate in vaccinations to fill gaps in immunization. These tasks were often multi-sectoral and involved institutions from the health care, social care and education sectors, as well as State Sanitary Inspection, local government units and NGOs. They were often part of celebrations such as European Immunization Week, European Antibiotic Awareness Day, World Health Day and/or health promotion programs, e.g. Stay Fit! („Trzymaj Formę!”), Know your moles („Znamię – znam je”), Clean air around us („Czyste powietrze wokół nas”) or regular educational events on safety during the holidays or promoting personal hygiene rules, such as Hand washing school („Szkoła mycia rąk”).

Secondary prevention (158 tasks; 6.0%) included early detection of diseases and rapid response measures aimed at stopping the progression of the disease. The screening tests included early detection of cancer, hearing and vision impairments, metabolic diseases (including diabetes) and infectious diseases (e.g. hepatitis, COVID-19). There were also preventive measures in the form of basic tests aimed at Ukrainian women, among others, and depression diagnosis. In the

area of secondary prevention, efforts were also made to increase the participation of Ukrainian citizens and the local community in the Prevention 40 Plus („Profilaktyka 40 Plus”) program.

Phase III prevention focused on treatment and rehabilitation measures (64 tasks; 2.4%) aimed at limiting the effects of the disease and reducing the risk of recurrence, mainly in the areas of medical rehabilitation and disability prevention. Four programs concerned palliative care.

### **EPHF7. Health promotion: Promoting health and well-being as well as actions to address the wider determinants of health and inequity**

According to the Ottawa Charter, an international agreement concluded under the auspices of the WHO in Ottawa in 1986, health promotion is a process that enables people to increase control over and improve their health. This process involves action in five priority areas, such as: (1) building healthy public policy, (2) creating supportive environments, (3) strengthening community action, (4) developing personal skills, and (5) reorienting health services<sup>16</sup>.

Health promotion focuses on people and the conditions in which they live. Health problems arise in the neighborhood – in a specific life context – where people live, work and play, norms and value systems are formed, customs are established, social bonds are created, and communication systems develop. Health promotion treats health as the result of a variety of factors. It pays particular attention to the social determinants of health and health inequalities, and promotes social justice, solidarity, and health equity.

Efforts undertaken as part of the seventh public health function included 2,151 activities (67.3%) aimed at promoting health among communities, including migrants and war refugees. These focused on interventions leading to changes in people’s behavior, lifestyle and living environment (e.g. environmental and psychosocial factors). Such activities aim to reduce social inequalities in health and empower individuals and communities to increase control over their health and its determinants.

The measures taken were mostly educational (1,653 measures, 76.8%), and every tenth measure concerned building a health-promoting environment and changing the environment (247 measures, 11.5%), including the development of sports infrastructure in schools, ensuring residents’ access to sports and recreational services, as well as renovating and equipping relevant facilities.

<sup>16</sup> Cianciara D. Zarys współczesnej promocji zdrowia. PZWL Wydawnictwo Lekarskie, Warsaw 2010.

The most common initiatives promoted healthy lifestyles and health behaviors (1,476 activities; 68.6%). One in three health promotion activities addressed mental and social health (789 activities; 36.7%). The most common topics of health promotion activities were infectious diseases, such as HIV/AIDS or vaccine-preventable diseases (533 activities, 24.8%) and lifestyle issues, such as physical activity (298 activities, 13.8%), alcohol (286 activities, 13.3%), nutrition/diet (167 activities, 7.8%), and smoking (134 activities, 6.2%).

The activities were carried out in various places frequented by migrants and war refugees, reflecting the so-called community-based approach to health promotion. Most activities were carried out in educational institutions (766 activities, 35.6%), recreation/sports/leisure facilities (230 activities, 10.7%), public utility institutions such as libraries (224 activities, 10.4%) and the media/virtual space (189 activities, 8.8%).

The recipients of health promotion activities were most often both adults and children (1,157 activities, 53.8%), while fewer programs were targeted exclusively at children (474 activities, 22.0%) or exclusively at adults (481 activities, 22.4%).

Ukrainian citizens – migrants and war refugees – were the main target group or part of the target population. Activities dedicated to Ukrainian migrants included programs such as Health promotion among people arriving from Ukraine („Promocja zdrowia wśród osób przybywających z Ukrainy”) (187 activities, 8.7%) and „POWER Ukraine” project (54 activities, 2.5%), as well as several other activities (e.g. psychological support for refugees from Ukraine, helping Ukrainian students cope in Polish schools, antenatal classes for Ukrainian women). Activities aimed at the broader population, including migrants and refugees, included the National Programme for HIV Prevention and AIDS Control, the Local Program for Alcohol Prevention and Problem Solving and Drug Prevention, activities promoting safe leisure among young people and a healthy lifestyle, physical activity and healthy eating (including the Stay Fit! („Trzymaj Formę!”) program implemented in schools).

### **EPHF8. Community engagement and social participation: Strengthening community engagement, participation and social mobilization for health and well-being**

Health communication is the art and technique of informing, influencing and motivating both individual and institutional and public audiences on health-related topics. Its scope includes disease prevention, health promotion, health policy, as well as quality of life and the health status of the population. Health advocacy is one of the three main strategies for health promotion and uses various

methods, such as the media, community mobilization through coalition building, participation in public consultations and public debate.

Communication and community engagement to inform, motivate and engage the community in health issues were included in 935 activities (29.2%) under the eighth public health function. These were primarily activities aimed at building a health-promoting environment in which well-informed community members are able to make decisions and share responsibility for their own health and mainly focused on working and learning conditions (447; 47.8%) and living and leisure conditions (404; 43.2%). Their objectives included building health literacy and counteracting the phenomenon of infodemic in order to promote community participation in the design and planning of health services and to strengthen the ability to seek, understand and use reliable sources of information to reduce health risks, prevent disease, promote health, use health services and engage in health advocacy. Various communication methods were used, including traditional methods, such as printed materials available in Ukrainian (303 activities), social media (214 tasks) and mass events (e.g. health promoting picnics).

Most of the activities related to this public health function were carried out by State Sanitary Inspection (496 activities, 53.0%), while local government units carried out 175 activities (18.7%). These activities were aimed at both children and adults (581; 62.1%), with only 88 activities (9.4%) targeting exclusively the youngest migrants and war refugees.

Some of the activities carried out were aimed at integration with the local community, e.g. the Project Ukraine („Projekt Ukraina”) program, which organized meetings between parents of Ukrainian children who had joined local primary schools. Virtual space, including social media, was used for educational and informational purposes.

### **EPHF9. Public health workforce development: Developing and maintaining an adequate and competent public health workforce**

This function covers resources, processes, and activities relating to the public health workforce. It concerns the development of appropriate skills and competencies to support the provision and implementation of public health services in accordance with the identified health needs of the population. Competent staff are essential for building public health capacity – a team of people with the proper knowledge and skills to translate theory and research findings into practical action to improve the health of migrants and war refugees in the host country and the native community, as well as to make efforts to reduce social inequalities in health.

Seventy-three activities (2.3%) were identified in this area. Most of the activity concerned the implementation by State Sanitary Inspection units of the „POWER Ukraine” project (22 activities, 30.1%), under the Operational Programme Knowledge Education Development 2014-2020: Measure 7.1 Strengthening human resources in the health care system. The objectives of the project included strengthening the human resources of State Sanitary Inspection units, including the development and improvement of the soft skills of their employees, and the employment of people fleeing Ukraine due to the armed conflict in Ukraine in inspection bodies throughout the country.

Central institutions and local government units conducted training for various groups of employees involved in assisting migrants and war refugees in response to the needs of the local community, including the program Development of personnel involved in the implementation of public health tasks („Rozwój kadr uczestniczących w realizacji zadań z zakresu zdrowia publicznego”), Development of the competences of employees of the Social Welfare Centre in the Żoliborz District („Rozwój kompetencji pracowników Ośrodka Pomocy Społecznej w Dzielnicy Żoliborz”) and Training in preventive programs for teaching staff, educators, students and parents („Szkolenia z programów profilaktycznych dla kadry nauczycielskiej, pedagogów, uczniów i rodziców”).

### **EPHF10. Health service quality and equity: Improving appropriateness, quality and equity in provision of and access to health services**

Under the tenth public health function, 336 activities (10.5%) were recorded, covering support and ensuring equal access to comprehensive, high-quality and integrated health services that respond to the identified health needs of migrants and war refugees from Ukraine.

Activities in this area were mainly implemented by local government units (252; 75%). Examples of such activities included the Provision of psychological services for Ukrainian citizens („Świadczenie usług psychologicznych dla obywateli Ukrainy”) and the Safe Space („Bezpieczna Przystań”) - psychological assistance for children and families with refugee experience.

Events such as White Sundays („białe niedziele”), Health Day („dzień dla zdrowia”), and other initiatives were also organized, during which Ukrainian migrants and war refugees, as well as members of the host community, had access to health education activities, psychological, nursing, and medical consultations, and the possibility to undergo basic examinations (e.g. blood pressure measurements, laboratory tests including those for HIV), dental fluoridation for children,

and vaccinations. Social welfare and healthcare facilities were also equipped with electronic translators to help overcome language barriers and improve communication with migrants and refugees who do not speak Polish.

Other activities included the operation of a Medical Information Point by qualified medical personnel recruited from among Ukrainian refugees, intended for individuals who arrived from Ukraine after 23 February 2022. On-call staff included Ukrainian doctors, a special needs education specialist, and a speech therapist. As part of the point's activities, educational meetings for parents were also held, and a 24-hour first-contact helpline was launched, in accordance with the provisions of the Act of 12 March 2022 on Assistance to Citizens of Ukraine in connection with the Armed Conflict in the Territory of that State.

### **EPHF11. Public health research, evaluation and knowledge: Advancing public health research and knowledge development**

Public health research aims to identify factors that influence population health and/or determine effective interventions to improve health, quality of life, healthy life expectancy, and reduce social health inequalities. In recent years, increasing emphasis has been placed on the use of knowledge, research, and evidence in the development of health policies, strategies, plans, and programs. Demands to link practical actions with research findings are being made across various areas of the health system, including public health.

Activities under the eleventh essential public health function focused on the development of scientific research in public health. In the area of migrant and war refugee health, this included 11 actions (0.3%) covering five research projects.

The „Increased Access to Vaccination for Newly Arrived Migrants” project (acronym: AcToVax4NAM), implemented between 2021 and 2024 by a consortium of European countries, responded to the European Commission's strategy aimed at improving vaccination rates across the EU while reducing inequalities in access to immunization. The project targeted improved access to vaccination for disadvantaged, isolated, and hard-to-reach groups. The beneficiaries included newly arrived migrants in the EU/EEA transit and destination countries. Poland's participation in this project gained particular significance in the context of the influx of refugees from Ukraine. The NIPH NIH-NRI, the Polish institution responsible for implementing AcToVax4NAM, also carried out other research activities concerning the health of Ukrainian migrants and refugees. These included studies on health inequalities in the context of migration policy, the role of primary healthcare in response to the migration crisis, and monitoring the

HIV epidemic in Europe. The National Centre for Prevention of Addictions conducted a research project entitled Quality of life and its determinants in the face of war experiences – a study of Ukrainian mothers and children („Jakość życia i jej wyznaczniki w obliczu doświadczeń wojennych – badania matek i dzieci ukraińskich”).

### **EPHF12. Access to and utilization of health products, supplies, equipment and technologies: Promoting equitable access to and rational use of safe, effective and quality-assured health products, supplies, equipment and technologies**

As part of the twelfth essential public health function, 17 activities (0.5%) were carried out to ensure equitable access for migrants and war refugees to essential medicines, medical products and technologies (e.g. vaccines, pharmaceuticals, diagnostic methods, medical equipment, and information and communication technologies for health), as well as their rational use within the host country's healthcare system.

Under the Act of 12 March 2022 on assistance to Ukrainian citizens in connection with the armed conflict on the territory of that country, the so-called Special Act („specustawa”), specific legal provisions were adopted to provide access to medical services for Ukrainian nationals who arrived in Poland after 24 February 2022 due to Russia's military aggression. These services were made available on the same terms and to the same extent as for individuals insured in Poland.

Guidelines issued by, among others, WHO and ECDC in response to the war in Ukraine and the mass migration of refugees indicated that vaccinations in accordance with the national vaccination schedule, both in transit and destination countries, should begin as soon as possible within the migrant and refugee population. In the communications of the Minister of Health dated 8 and 10 March 2022, the following were identified as priority vaccinations for children from Ukraine: MMR at age 2, DTP and polio vaccines appropriate for age, hepatitis B (age-appropriate), and COVID-19 vaccination (not included in the vaccination schedule).

In this public health function area, research was conducted to identify the needs of migrants and war refugees, including access to vaccinations (e.g. the European project Increased Access To Vaccination for Newly Arrived Migrants – AcToVax4NAM), as well as on health inequalities in the context of migration policy – for example, access to healthcare for foreigners in Poland. The tools and solutions developed under these projects included a multilingual glossary of

vaccination-related terminology and the Newly Arrived Migrants (NAM) Vaccination Pathway – a model aimed at country-specific actions or standard operating procedures to overcome systemic barriers hindering effective vaccination of NAMs. The intended users of this tool are health professionals, specialists working with NAMs, and representatives of healthcare system organizations.

Local government authorities also implemented actions such as the use of mobile medical ambulances, in which Ukrainian citizens could receive medical and nursing assistance in Ukrainian, the provision of menstrual hygiene products in primary and secondary schools for Ukrainian female students, and the purchase of SARS-CoV-2 infection tests.