



HUNGARY

ACCESS TO HEALTHCARE SERVICES FOR REFUGEES FROM UKRAINE

2023 ANNUAL REPORT

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KEY FINDINGS IN 2023

DEMOGRAPHICS



1,398

Ukrainian respondents



81%



19%

VULNERABILITIES



20%

of respondents live with people with specific needs or serious medical conditions

SUPPORT REQUIRED



26% in need of healthcare services



18% in need of medication



5% in need of mental health and psychosocial support

More than one answer possible

HOUSEHOLDS



14%

at least one infant (0-4 years old)



32%

at least one child (5-17 years old)



54%

at least one elderly person (60+ years old)

More than one answer possible

HEALTH CONDITIONS



90%

chronic diseases or serious medical conditions



14%

visual impairment



10%

injured or wounded



9%

pregnant/lactating women

More than one answer possible

INFORMATION



32%

in need of information on healthcare services

15%

in need of information on psychosocial support

12%

in need of information on medication

More than one answer possible

BARRIERS TO HEALTHCARE



Language barrier (75%)



Costs (39%)



Lack of documents (28%)



Long queues (28%)



Discrimination (17%)

More than one answer possible

TEMPORARY PROTECTION



58%

have applied for Temporary Protection (TP) among respondents facing barriers to access to healthcare

EXPENSES



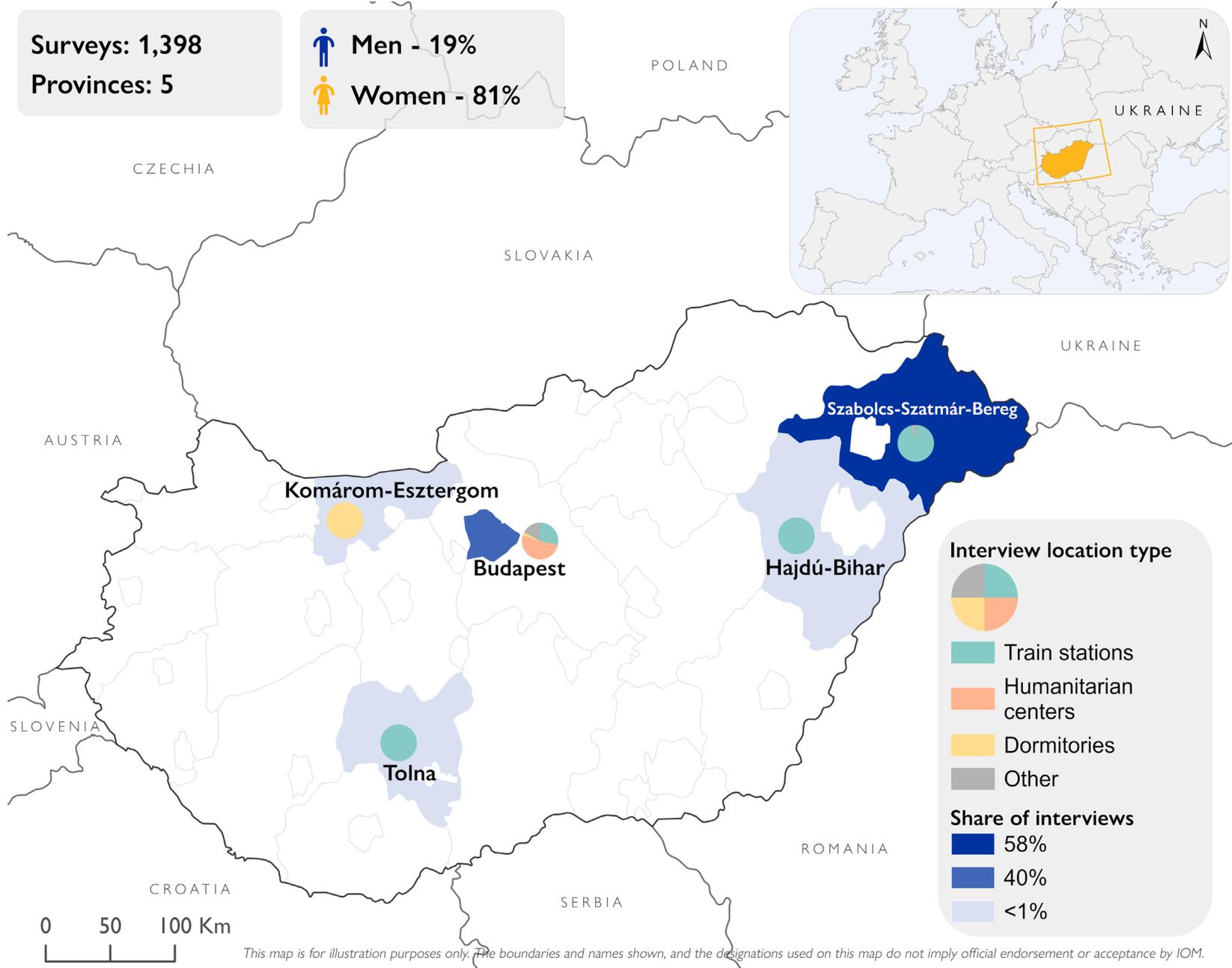
70%

pay for healthcare services or medication

30%

do not pay for healthcare services or medication

OVERVIEW: NUMBER OF SURVEYS AND LOCATIONS OF DATA COLLECTION IN HUNGARY IN 2023



SOCIO-DEMOGRAPHIC PROFILE

DTM collected data on the Needs, Intentions, and Integration Challenges of Ukrainian refugees in Hungary from January to December 2023, interviewing a total of 1,398 individuals over the year. This report elaborates on the profile of Ukrainian refugees in terms of health conditions and specific needs, highlighting trends related to their access to healthcare services, and identifying obstacles and challenges they may encounter while in

Hungary. The report also encompasses trends and needs identified in the field of mental health and psychosocial support.

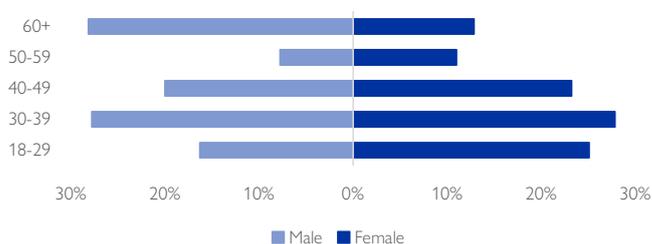
The majority of surveys were conducted in Szabolcs-Szatmár-Bereg county (58%) and Budapest (40%), with the remaining two per cent collected in three other regions in Hungary.¹

AGE AND GENDER

Among the survey participants (n=1,398), the majority are accounted for by women (81%), and with men making up nearly one-fifth of the sample (19%). The largest proportion of women falls within the 30-39 age group (28%) and the 18-29 age group (25%), while most men are either over 60 years-old (28%) or belong to the 30-39 age group (28%).



Figure 1. Respondents by age and gender (%) n=1,398



HOUSEHOLD COMPOSITION, VULNERABILITIES, AND SPECIFIC NEEDS

Of all respondents (n=1,398), one quarter travel with at least one child between 5-17 years (24%), and 10 per cent travel with at least one infant between 0-4 years. In addition, 19 per cent travel with at least one elderly person above 60 years.

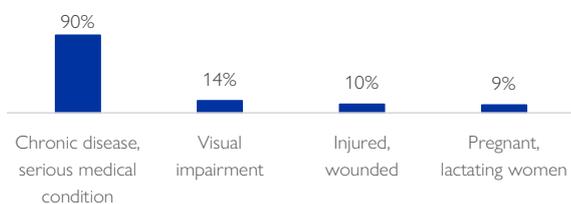
Figure 2. Household composition of all respondents (%) n=1,398



Among respondents (n=1,063), one fifth (20%) travel or stay with people who have specific needs or serious health conditions. Among these households (n=214), the large majority live with chronic diseases or serious medical conditions (90%),

followed by a smaller percentage of those with visual impairment (14%). Injured people account for 10 per cent of these households, while pregnant and lactating women constitute 9 per cent of these households.

Figure 3. Health conditions and specific needs (%) n=214



Notably, regarding the composition of households with people who have serious medical conditions or specific needs (n=214), over half of them (54%) reside with at least one elderly person above 60 years old. Households with at least one child between the ages of 5-17 represent 32 per cent of these households, while households with at least one infant aged 0-4 account for 14 per cent of these households.

Figure 4. Household composition among respondents staying with people with serious health conditions or specific needs (%) n=214



¹ The remaining two per cent of surveys were collected in Komárom-Esztergom county (1%), and the towns of Szekszárd in Tolna county (<1%) and Debrecen in Hajdú-Bihar county (<1%).

ACCESS TO HEALTHCARE SERVICES

PRIORITY NEEDS

Healthcare services rank among the top six priority needs,¹ according to respondents who reported pressing needs (n=1,301). Specifically, 23 per cent mention healthcare services, while medication is cited by 18 per cent of survey participants. Men more frequently express the need for healthcare services (28%) compared to their female counterparts, whereas medication is a priority need more often mentioned by women (19%) than by men (17%).

Over time, there is an increasing trend in the reported need for both healthcare services and medication. Those who have stayed in Hungary for less than a month report the need for healthcare services less frequently (19%) than those who had

already stayed for half to one year (26%) or one to one and a half years (39%) since their initial displacement. Remarkably, the proportion of respondents expressing the need for healthcare services rises to 52 per cent among those who have stayed for over one and a half years. Similarly, the need for medication is mentioned by 11 per cent of respondents who stayed for less than a month in Hungary, increasing to 15 per cent for those who stayed for half to one year in the country. The proportion of survey participants indicating the need for medication rises to 32 per cent among those who stayed for one to one and a half years and further increases to 55 per cent among those who have spent more than one and a half to two years in Hungary since their initial displacement.

Figure 5. Healthcare needs by gender (%) n=1,299

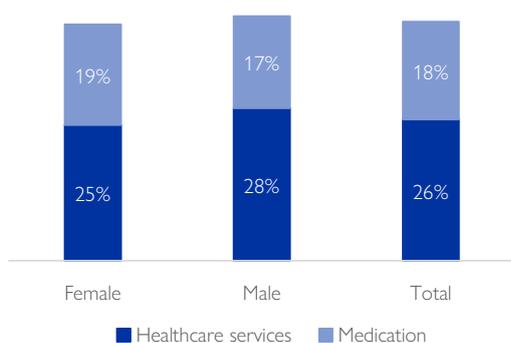
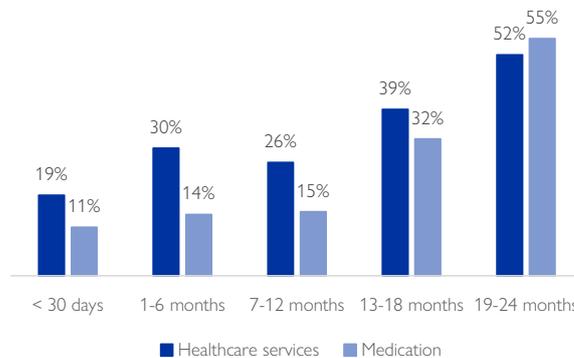


Figure 6. Healthcare needs over time (%) n=1,299



INFORMATION NEEDS

Among respondents expressing a need for more information on where to find assistance (n=1,058), 32 per cent mentioned the need for information on healthcare services, comprising 31 per cent of women and 34 per cent of men. The need for information on medication is reported to a lesser extent by respondents (12%), with 10 per cent of women and 16 per cent of male respondents expressing this need.



OBSTACLES TO HEALTHCARE PROVISION

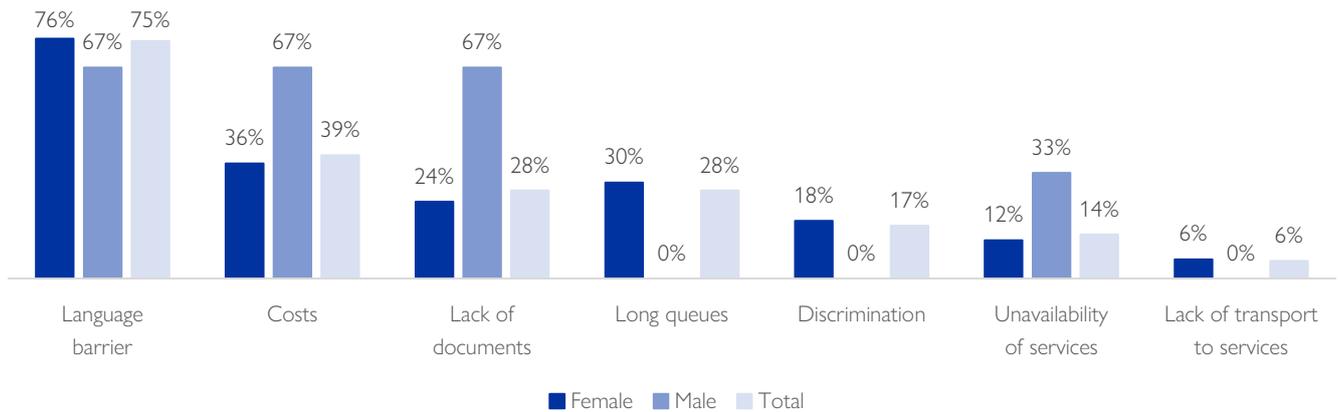
Upon examining obstacles to healthcare services, respondents identified the primary challenges they encounter when seeking healthcare. Among those who provided information on this question (n=36), three-quarters (75%) highlight the language barrier as the main challenge in accessing healthcare. Notably, more women (76%) than men (67%) report facing this obstacle. The second most frequently mentioned impediment (39%) are service costs, with women reporting this less frequently (36%) than men (67%). This was followed by issues such as lack of

documents (28%) and long queues (28%), while discrimination (17%), unavailability of services (14%), and the absence of transport services to healthcare facilities (6%) are mentioned less frequently by respondents.

Among respondents expressing the intention to settle or who have already settled in Hungary and disclosed information on obstacles to accessing healthcare services (n=32), the most frequently cited challenges include language barriers (78%), service costs (44%), and long waiting lines (28%).

¹ Other priority needs include financial support (44%), long-term accommodation (43%), transportation (42%), general information (39%), and food assistance (36%).

Figure 7. Top obstacles to healthcare provision (%) n=36 (more than one answer possible)



Among those indicating costs as a hurdle to healthcare (n=14), 57 per cent are in the labour force, with 63 per cent being unemployed and seeking employment, and 37 per cent being employed. The remaining 43 per cent are inactive, consisting of respondents who are unemployed but not looking for a job (33%), retirees (33%), respondents on parental leave (17%), or those with student status (17%).²

Figure 8. Employment status of respondents facing financial constraints (%) n=8



Figure 9. Legal status of respondents facing obstacles (%) n=36

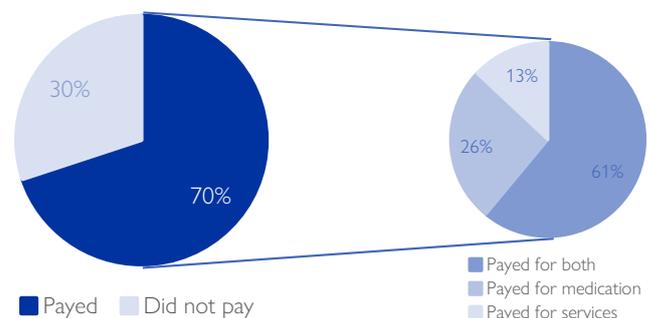


Remarkably, concerning the legal status of respondents who reported facing any obstacles to healthcare (n=36), the majority (58%) have applied for Temporary Protection or similar national protection schemes, ensuring access to healthcare services in Hungary.³ The remaining 39 per cent have not applied, and 3 per cent preferred not to answer.

EXPENSES RELATED TO SERVICES AND MEDICATION

The study revealed that a significant majority (70%) of respondents in Hungary bear the cost of healthcare services and medications, while only one-third (30%) do not incur any expenses. Among those indicating payment (n=23), 61 per cent pay for both services and medications, 26 per cent solely pay for medication, and 13 per cent pay exclusively for healthcare services.

Figure 10. Types of expenses spent on healthcare (%) n=33



Among those covering expenses for services, medication, or both (n=23), the majority (83%) have applied for TP or similar protection schemes, while 17 per cent have not applied for any form of protection scheme during their displacement.

² Active population is the sum of employed and unemployed. Inactive population is the sum of retirees, students, people on parental leave, and unemployed people who are not looking for a job. Employment and unemployment rates are calculated only on the active labour force, excluding those who are inactive.

³ The Temporary Protection Directive was activated by the European Union (EU) in March 2022 in order to provide immediate protection to displaced people from Ukraine. The scheme has been extended until 4 March 2025. According to Council Implementing Decision (EU) 2022/382 of 4 March 2022, it applies to people residing in Ukraine on or before 24 February 2022 who are 1) Ukrainian nationals and their family members, 2) non-Ukrainian nationals and stateless persons benefiting from international protection in Ukraine and their family members, 3) non-Ukrainian nationals with permanent residence permit in Ukraine who cannot return to their country of origin in safe and durable conditions. It can also apply to Ukrainians who found themselves in the EU on 24 February 2022 and other non-Ukrainian nationals previously residing in Ukraine who cannot return to their countries of origin. TP holders gain various rights, including residency rights and access to housing, access to labour market, as well as social welfare and medical assistance within the EU.

CROSSING BACK TO UKRAINE TO ACCESS HEALTHCARE SERVICES

Considering the prevalence of these obstacles, many Ukrainian refugees choose to cross back to Ukraine for a short-term visit (less than 30 days) in order to access healthcare services. According to the Annual Report of IOM Hungary on [Ukrainian Nationals Crossing Back to Ukraine](#), 62 per cent of the 947 survey participants expressed their intention to cross back to Ukraine for the short-term (n=585).



62%

cross back to Ukraine for a short visit (< 30 days)



26%

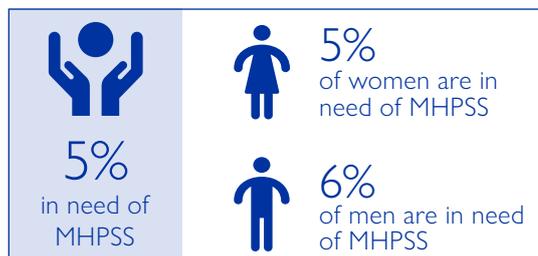
of short-term visitors cross back to Ukraine to access healthcare services

Among them, 26 per cent cross back to Ukraine with the purpose of seeking healthcare. When examining age groups, the motivation of seeking healthcare as a reason for crossing back was mentioned by over 20 per cent within each age group, with the 30-39 age group reporting it the most frequently (33%).

ACCESS TO MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

PRIORITY NEEDS

Mental health and psychosocial support (MHPSS) are not ranked among the most frequently mentioned priority needs for respondents (n=1,301). MHPSS is indicated only by 5 per cent of the respondents, with 5 per cent of women and 6 per cent of men expressing the need for support. The need for mental health support has remained consistent, as 5 per cent of respondents who spent only a month in Hungary reported the need for it, while it is required by 7 per cent of those who had already spent a year to one and a half years in the country.



“ I am in need of information on where to seek psychological counselling, which I need due to being separated from my wife and my daughter. ”

44-year-old man originally from Dnipro region, currently residing in Jászberény in central Hungary.

INFORMATION NEEDS

According to the study, respondents express a need for additional information related to mental health and psychosocial support. The need for more information is indicated by 15 per cent of respondents (n=637), with 15 per cent of women and 16 per cent of men seeking support in this regard.

ASSISTANCE RECEIVED

Among respondents (n=1,055), 68 per cent report having received assistance while being in displacement (n=717). Among them, 5 per cent have received mental health and psychosocial support, which does not rank among the primary types of assistance received by respondents in Hungary.⁴



⁴ The five most frequently received forms of assistance include food assistance (62%), transportation (61%), financial support (47%), accommodation (47%) and personal hygiene items (26%).

METHODOLOGY

IOM's Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or en route.

Since April 2022, IOM Displacement Tracking Matrix has been regularly surveying people who are residing in the eleven countries included in the Regional Refugee Response Plan for Ukraine. The aim of the survey is to improve the understanding of their profiles, displacement patterns, intentions and needs. The survey is deployed in 6 countries neighbouring Ukraine – Belarus, Hungary, Poland, the Republic of Moldova, Romania, and Slovakia, and other 5 countries in Europe, particularly impacted by the arrivals of refugees from Ukraine, including Bulgaria, Czechia, Estonia, Latvia and Lithuania.

Face-to-face surveys were conducted by 9 trained enumerators, with adult refugees from Ukraine (18+ years-old). Surveys were collected at selected locations (information centres, humanitarian aid distribution points, accommodation centres, transit points and IOM premises) in five regions of Hungary. The survey is anonymous and voluntary, administered after obtaining consent from the respondent. Respondents can stop the survey at any time. In Hungary, the questionnaire is available in English, Ukrainian and Russian, and the preferred language is determined by the interviewee. Only fully completed surveys are taken into account for analysis.

Prior to the start of the survey, all enumerators were trained by IOM on DTM standards, the use of Kobo application, IOM approach to migrants' protection and assistance, the ethics of data collection and the provision of information and referral mechanism in place.

ABOUT THE SURVEY

Aim

To improve the understanding of the profiles of Ukrainian refugees residing or transiting through Hungary, including their displacement patterns, intentions and needs.

Location and execution

Face-to-face surveys were conducted by 9 trained enumerators stationed at selected locations in 5 regions of Hungary. Surveys are conducted in English, Ukrainian and Russian with the help of a mobile application.

Target population

The analysis focuses on the access to healthcare services and the need for mental health and psychosocial support among Ukrainian refugees in Hungary.

Regional data collection and analysis

The survey is deployed in 11 countries: 6 neighboring countries (Belarus, Hungary, Poland, the Republic of Moldova, Romania, Slovakia), and 5 other countries (Bulgaria, Czechia, Estonia, Latvia and Lithuania) impacted by the arrival of refugees from Ukraine.

LIMITATIONS

The sampling framework was not based on verified figures of refugees from Ukraine entering through all land border points or staying in the various regions where the surveys are conducted, due to the lack of baseline information.

The geographic spread of enumerators deployed captures a wide range of locations. Whilst the overall results cannot be deemed as representative, the internal consistency of data collection in each country and at the regional level suggests that the current sampling framework produces findings of practical value.

While every attempt was made to capture all types of locations, the operational reality of fieldwork was confronted with different levels of accessibility of BCPs and other transit and stay locations, including the different availability of possible target individuals to comfortably spend 10-20 minutes responding to the questionnaire depending on a mix of personal conditions. Other factors more related to the conditions at a specific location and period, such as organizational changes in the entry and transit areas from national authorities, or weather conditions, also play a role.

DTM

Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. The survey form was designed to capture the main displacement patterns of refugees of any nationality fleeing from Ukraine because of the war. It captures the demographic profiles of respondents and of the group they are travelling with, if any; it asks about intentions relative to the intended destinations and prospects in the country of displacement; it gathers information regarding a set of main needs that the respondents expressed as more pressing at the moment of the interview.

Since the onset of the war in Ukraine, several IOM's DTM tools were deployed in countries neighbouring Ukraine and in other countries particularly impacted by the new arrivals of refugees from Ukraine.

For more information, please consult:

<https://dtm.iom.int/responses/ukraine-response>