RIVER-EU Reflections

Supporting Mothers and Children from Ukraine in Poland

Funded by the European Union

Educational Handout

Reading time: ca. 15 mins

About this Resource

This SEKI educational handout was developed as part of the RIVER-EU project (EU Horizon 2020, 2021–2026). It is intended for junior-to-mid-level healthcare professionals — including doctors, nurses, immunisation program officials, and public health workers — and is available on the SEKI.eu learning platform.

The insights presented here are drawn directly from field experience and research conducted by the Polish RIVER-EU team and are designed to remain relevant well beyond the project's lifetime.

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1. Introduction: The RIVER-EU Project & Its Context

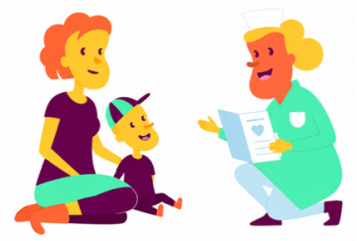
The RIVER-EU project (Raising Immunisation rates for Vulnerable and Exempted populations in the EU) was a five-year initiative funded under the EU Horizon 2020 programme, running from 2021 to 2026. Its central mission was to increase vaccination rates among vulnerable and underserved communities across four participating countries, with a particular focus on migrant populations — including Ukrainian communities residing in Poland.

Poland occupies a unique position in this landscape. Sharing a border with Ukraine and hosting one of the largest Ukrainian migrant communities in Europe, Poland became a critical site for understanding how healthcare systems can adapt to serve highly mobile, culturally distinct populations. The scale of this challenge intensified dramatically following the outbreak of war in Ukraine in February 2022, when an estimated 18 million refugees crossed into Poland in the first six months alone — shifting the conversation from routine migrant healthcare to emergency response and, eventually, to long-term disease prevention.

This handout draws on interviews and field research conducted by the Polish RIVER-EU team, led by **Prof. Maria Ganczak** (Department of Infectious Diseases, Faculty of Medicine, University of Zielona Góra, Poland), **Prof. Pawel Kalinovsky** (head of the Department of Hygiene and Epidemiology, Medical University of Lublin, Poland), and **Dr. Mufida Nazri** (head of Medyk Medical Center, a clinic in Rzeszów, Poland with dedicated services for Ukrainian migrants). Together, their work offers a rich body of evidence and practical wisdom that is directly applicable to healthcare professionals working with migrant and refugee communities.

Learning Objectives – by the end of this handout, you will be able to:

- Describe the context of Ukrainian migration to Poland and how it reshaped the country's vaccination challenges
- Identify the key barriers to vaccination among Ukrainian migrants
- Explain the trust-building and language-concordant strategies the Polish RIVER-EU team used to improve vaccine confidence
- Distinguish why MMR and HPV vaccination posed different challenges in this population, and how each was addressed
- Apply community-centred, evidence-based principles to your own practice with refugees and people on the move



2. Meet the Team

The Polish component of RIVER-EU brought together academic research and frontline clinical care — a pairing of epidemiological expertise with day-to-day service delivery that shaped every part of the intervention.

Prof. Maria Ganczak	Prof. Pawel Kalinovsky	Dr. Mufida Nazri
Role: University professor, Department of Infectious Diseases, Faculty of Medicine, University of Zielona Góra, Poland	**Role:** Field coordinator, Healthy Regions (Organization Health Regions), Roma health mediator program	**Role:** Field coordinator, Healthy Regions (Organization Health Regions), Roma health mediator program
Prof. Ganczak led the field research underpinning this handout. Her team conducted 18 focus groups with members of the Ukrainian community, using accessible language to explain vaccines — including complex topics such as HPV and clinical trials — and centred the work on establishing trust through genuine, open-ended dialogue rather than one-way information delivery.	Prof. Kalinovsky brought epidemiological grounding to the team's approach, particularly on the difficult question of why HPV vaccination was being offered specifically to Ukrainian migrants. His emphasis on presenting clear data — for example on cervical cancer rates and consequences — shaped how the team justified and communicated vaccination decisions.	Dr. Nazri led frontline delivery. Her clinic employed Ukrainian-speaking doctors, opened with mental health support to build relational trust before introducing vaccination, maintained dual Ukrainian–Polish vaccination records, and held weekly clinician education sessions — practical innovations that recur throughout this handout.

Key Insight: The success of the Polish intervention was rooted in combining research, public health expertise, and frontline service delivery. Trust was built not through information alone, but through culturally sensitive communication, language-concordant care, and a willingness to address the broader needs of displaced families before discussing vaccination.

3. Understanding the Target Community

3.1 Who Are Ukrainian Migrants in Poland?

Ukrainian migrants in Poland are not a monolithic group. One of the most important lessons from the RIVER-EU project is that a single population label can conceal extraordinary diversity. The Ukrainian community in Poland comprises:

- Economic migrants — individuals and families who relocated to Poland before the war, primarily for work. Many have been living in Poland for years and have varying degrees of integration into the Polish healthcare system.
- War refugees — people who fled Ukraine following the 2022 Russian invasion, often arriving with minimal documentation, significant trauma, and acute healthcare needs.
- Mobile and transient populations — individuals who move between Poland and Ukraine or between multiple EU countries, making continuity of care and vaccination record-keeping especially challenging.

Factors such as education level, regional background, urban vs. rural origin, age, and prior experiences with healthcare all influence how individuals respond to vaccination programmes. Effective interventions must be tailored to these sub-groups rather than designed for a generic "Ukrainian migrant."

> *A single population label can cover very diverse realities and needs. It is important to understand the different lived experiences within the Ukrainian community in Poland.* ***— Prof. Maria Ganczak***

3.2 Historical Vaccine Hesitancy

Ukraine has a well-documented history of vaccine hesitancy rooted in the Soviet era. Distrust in government institutions — including public health authorities — was cultivated over decades of opaque, top-down information systems that did not invite questions or dialogue. As a result:

- Many Ukrainian migrants arrived with low baseline immunisation rates.
- Vaccine hesitancy was not simply a knowledge gap but a deeply embedded cultural and historical distrust of institutional medicine.
- Migrants were often accustomed to rigid, automated health information systems that did not allow for open questioning or community dialogue.

Understanding this historical context is essential for healthcare professionals. Approaching vaccine hesitancy as a problem of "misinformation to be corrected" misses the deeper relational and cultural dynamics at play.

4. Key Barriers to Vaccination

The RIVER-EU Polish team identified a layered set of barriers to vaccination uptake. These can be grouped into four interconnected domains:

4.1 Trust Deficits

- **Low trust in healthcare workers:** Many migrants arrived with a default scepticism toward healthcare professionals, particularly in a foreign country and healthcare system.
- **Distrust of vaccine products:** There was suspicion around vaccines that were not familiar or not previously available in Ukraine.
- **Distrust of "free" services:** Cultural expectations shaped by experiences in Ukraine led some migrants to be suspicious of government-provided vaccines and free healthcare services, interpreting them as potentially inferior or with hidden agendas.

> *Cultural expectations about free services created suspicion — they were not used to receiving vaccines for free from the government. We had to explain why these vaccines were being offered at no cost.*
> ***— Dr. Mufida Nazri***

4.2 Cultural & Communication Barriers

- **Language**: language remains a fundamental barrier. Migrants who do not speak Polish are cut off from standard health communication channels.
- **Dialogue:** The preferred communication style for many Ukrainian migrants is dialogue-based, not didactic. Top-down information delivery without space for questions is ineffective and can reinforce distrust.
- **Community:** Community members often responded better to local educators and peers than to external experts, highlighting the importance of community-embedded communication.

4.3 Practical & Financial Barriers

- **Work schedules:** Many economic migrants work long or irregular hours, making attendance at vaccination appointments during standard clinic hours difficult.
- **Transportation:** Access to clinics — particularly in rural or peri-urban areas — was a significant logistical challenge.
- **Financial constraints:** Even where vaccines were free, associated costs (travel, time off work) created barriers.

4.4 Documentation Challenges

- **Vaccination records:** Many Ukrainian migrants — particularly those who fled the war — arrived in Poland with incomplete or no vaccination records.
- **Absence of a standardised, cross-border electronic vaccination record system**: The absence of accessible records made it difficult to assess prior immunisation status and avoid duplication or gaps.
- **Dual record keeping:** Clinics like Dr. Nazri's addressed this practically by maintaining dual records — both Ukrainian and Polish vaccination documentation — for each patient.

> *We maintained both Ukrainian and Polish vaccine records for our patients. The ideal solution would be an electronic vaccination record — one that travels with the person.* ***— Dr. Mufida Nazri***

5. Effective Strategies & Interventions

5.1 Building Trust Through Open Dialogue

The cornerstone of the Polish team's approach was replacing one-way information delivery with genuine, open-ended dialogue. Rather than simply presenting facts about vaccines, healthcare workers invited questions, acknowledged concerns, and created space for migrants to express their doubts without judgement.

Prof. Ganczak's team conducted 18 focus groups with members of the Ukrainian community, using accessible language to explain vaccines — including complex topics such as HPV vaccines and clinical trials — to educated community members. These sessions were designed to be conversational rather than lecture-based.

> *The main challenge was establishing trust and creating open dialogue to address migrants' concerns and expectations. They were used to rigid, automated information systems. Allowing them to ask questions — that was the difference.* ***— Prof. Maria Ganczak***

5.2 Language-Concordant Care

One of the most impactful structural changes made by Dr. Nazri's clinic was the decision to employ Ukrainian-speaking doctors. This single intervention dramatically improved communication, comfort, and trust among Ukrainian patients.

Language-concordant care:

- Removes the communication barrier at the most critical moment of healthcare delivery.
- Signals institutional respect and cultural sensitivity to the patient.
- Enables nuanced conversations about vaccine concerns that are impossible through interpreters or simplified language.

5.3 Addressing Community Priorities First

Dr. Nazri's clinic did not begin with vaccination as its primary offer. Instead, the clinic opened with a focus on mental health support — the most pressing need for many newly arrived refugees. By meeting the community where their most urgent needs lay, the clinic built the relational trust that later made vaccination conversations possible. This principle — earn trust first, then introduce preventive healthcare — is one of the most transferable lessons from the RIVER-EU project.

5.4 Leveraging EU Vaccine Approval as a Trust Signal

An unexpected but important finding was that Ukrainian migrants trusted EU-approved vaccines more than locally approved ones. This reflects a broader trust in EU institutions and standards and can be leveraged as a communication asset when discussing vaccine safety and quality.

5.5 Providing Data and Evidence

For communities with high health literacy — which was frequently the case among Ukrainian migrants — presenting epidemiological evidence was an effective strategy. Dr. Nazri's team shared statistics on cervical cancer rates and consequences to justify HPV vaccination. Some patients requested specific information about vaccine batch numbers and QR codes before administration — a level of engagement that healthcare workers should be prepared to meet.

> *They were asking about specific batches, QR codes — they wanted to verify the vaccines themselves. This is actually a sign of high health literacy, and we were well prepared to answer those questions.* ***— Dr. Mufida Nazri***

6. Vaccines in Focus: HPV & MMR

6.1 MMR Vaccination

The team initially anticipated that the MMR vaccine would face the greatest resistance, given its mandatory status in Poland — a feature that might trigger suspicion among migrants accustomed to distrusting state mandates. In practice, however, resistance to MMR was more manageable than expected, partly because its mandatory status was understood as a long-standing, population-wide requirement rather than something specifically targeting migrants.

6.2 HPV Vaccination — The Bigger Challenge

The HPV vaccine presented far greater challenges. Key issues included:

- **Non-mandatory status:** Unlike MMR, HPV vaccination was not mandatory in Poland, which meant the team had to proactively justify why it was being recommended.
- **Targeting justification:** Healthcare workers faced difficult questions about why Ukrainian migrants — rather than Polish citizens — were being specifically offered HPV vaccination. This required clear, sensitive communication grounded in epidemiological evidence.
- **Lack of prior exposure:** HPV vaccination was not part of the standard immunisation schedule in Ukraine, meaning many migrants had no prior knowledge of or familiarity with the vaccine.

> *We had to explain why the HPV vaccine was being offered to Ukrainian migrants and not to Polish citizens. That was a real challenge — and we addressed it by presenting the data on cervical cancer and its consequences.* ***— Prof. Pawel Kalinovsky***

The team's response was to ground HPV vaccine advocacy in accessible, locally relevant epidemiological data — making the case for individual and community benefit clearly and compassionately, without dismissing the underlying fairness concerns raised by the community.

6.3 No Universal Approach Exists

A critical finding from the project was that there is no single, universal strategy for increasing HPV vaccination uptake among Ukrainian migrants. Different subgroups — defined by education, regional background, cultural attitudes, and age — require distinct approaches. Healthcare professionals should resist the temptation to apply a one-size-fits-all model.

7. Lessons Learned & Key Takeaways

7.1 The Complexity of "Migrant Communities"

Perhaps the most striking revelation for the Polish RIVER-EU team was just how complex and internally diverse the Ukrainian migrant community proved to be. Assumptions based on nationality, language, or refugee status quickly fell apart in practice. Effective healthcare delivery demanded ongoing curiosity about individual and subgroup differences.

7.2 Trust Is Built Relationally, Not Transactionally

Trust cannot be manufactured through a pamphlet or a single consultation. It accumulates through repeated, respectful, culturally appropriate interactions. The clinics and teams that achieved the highest vaccination uptake were those that had invested in long-term relationship-building with the Ukrainian community — through language, through weekly educational sessions, and through genuine responsiveness to community concerns.

7.3 Early Childhood Education as a Long-Term Strategy

The team emphasised that building durable vaccine confidence among migrant communities requires starting early. Early childhood education about vaccines — rather than reactive adult-focused campaigns — is essential to building health literacy and trust from the ground up.

7.4 Electronic Vaccination Records Are a Priority

The practical burden of managing vaccination documentation for mobile populations underscored the urgent need for interoperable, electronic vaccination records that travel with the individual across borders. This is both a policy priority and a practical patient-safety issue.

7.5 Weekly Clinician Education Sessions Made a Difference

Dr. Nazri's clinic held weekly internal educational sessions with doctors and professors to ensure staff were well-informed and consistent in their responses to patient questions. This investment in frontline staff education visibly improved the quality and confidence of patient interactions.

8. Practical Tips for Healthcare Professionals

These recommendations are designed for immediate application in clinical and public health settings where you may encounter Ukrainian migrants or other migrant/refugee populations.

1. **Ask before you assume.** Do not presume to know a patient's vaccination history, cultural attitudes, or health literacy level based on nationality alone. Begin with open, respectful questions.
2. **Provide access to language-concordant care.** Where possible, engage Ukrainian-speaking staff or trained community interpreters. Avoid relying on family members, especially children, as interpreters for medical conversations.
3. **Create space for questions —** and welcome them. Patients who ask detailed questions about vaccine batches, clinical trials, or side effects are demonstrating health literacy, not obstruction. Prepare to answer confidently and without dismissal.
4. **Use EU approval as a trust signal.** When discussing vaccine safety, referencing the EU regulatory approval process can be an effective and legitimate trust-building tool with Ukrainian patients.
5. **Meet the community's immediate needs first.** In settings with newly arrived refugees, prioritising acute and mental health needs before introducing vaccination programmes builds the trust necessary for preventive healthcare conversations.
6. **Use epidemiological data accessibly.** When justifying vaccines like HPV, present relevant statistics on disease burden in plain, accessible language. Pair data with human stories where appropriate.
7. **Maintain dual vaccination records.** Where electronic cross-border records are unavailable, maintain both Ukrainian and Polish format records. Encourage patients to safeguard their own documentation.
8. **Adapt your approach to subgroups.** Design and adjust interventions based on specific community characteristics — education level, regional background, length of residence, and cultural norms — rather than using a one-size-fits-all model.
9. **Engage community members as educators.** Peer educators from within the Ukrainian community are often more trusted than external experts. Invest in training and supporting community health advocates.
10. **Invest in your own continuing education.** Hold regular internal briefings on the specific health needs, historical context, and cultural sensitivities relevant to the migrant population you serve. A well-informed clinical team communicates more confidently and compassionately.

9. Reflection Questions

Use the following questions for individual self-directed learning or as prompts for group discussion with colleagues or during training sessions.

9.1 For Individual Reflection

- Think of a recent encounter with a patient from a migrant or refugee background. What assumptions did you make about their health knowledge or vaccination history? How might you approach that encounter differently today?
- How confident do you feel in your ability to explain the HPV vaccine to a patient who has never heard of it before, and who is suspicious of government healthcare programmes? What resources or knowledge would strengthen your confidence?
- What does "building trust" mean in the context of your everyday clinical practice? Are there specific changes — however small — that you could make to the way you communicate with migrant patients?

9.2 For Group Discussion

- The RIVER-EU team found that there is no universal approach to vaccination in migrant communities. How does your own clinic or programme currently account for diversity within the patient population you serve? What more could be done?
- Language-concordant care significantly improved outcomes in the RIVER-EU project. What practical steps could your institution take to improve language access for migrant and refugee patients?
- Dr. Nazri's clinic prioritised mental health support before vaccination outreach. How does your setting balance acute versus preventive healthcare needs for newly arrived refugees? Is there a lesson here for your practice?
- Electronic vaccination records were identified as a critical unmet need. Who in your healthcare system has the power to advocate for this change, and how could frontline workers contribute to making it a reality?

Acknowledgements and Disclaimers

This handout was developed based on the work and insights of the Polish RIVER-EU team: Prof. Maria Ganczak, Prof. Pawel Kalinovsky, and Dr. Mufida Nazri. Their fieldwork, research, and dedication to improving vaccination rates among vulnerable populations form the foundation of this educational resource. This resource is made available through the SEKI.eu learning platform.

The RIVER-EU project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 964353.

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