

# Fulfilling the Promise of Digital Health in the Ukrainian Refugees Response

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The 2022 Russian invasion of Ukraine began on February 24th, 2022 and has caused the largest refugee and humanitarian crisis in Europe since the 1990s. It has been described as the fastest-growing crisis since World War II by the UN<sup>1</sup>. Today, over 4 million refugees have fled Ukraine and 7.1 million are displaced within the country (as of 1 April 2022)<sup>2</sup>.

Refugees are often the most vulnerable members of society and may be faced with poor living conditions and limited or no access to health services. Moreover, they have high frequencies of physical and mental health conditions.

The UN has opined that refugees need to maintain their health to protect not only themselves but also host populations, and have a human right to health with host countries obliged to provide refugees health care services<sup>3</sup>. However, even the best-prepared health systems can be strained or overwhelmed by a sudden influx of patients. Additionally, refugees are often unfamiliar with a foreign health system and how to navigate the idiosyncrasies of each system.

## TELEMEDICINE

Enter telemedicine. It has been postulated that telemedicine would be able to support both refugees directly as well as the host countries' health systems through the provision of knowledge transfer, general advisory and personalised consultative services. This would also allow leveraging of a large pool of international, remotely based volunteers through the use of technology.

Likarnya Online is a UK based not for profit founded by Ina Burgstaller with the purpose of providing a Virtual Clinic for Ukrainian Refugees. The project has been formed by merging a large group of Ukrainian and Russian speaking volunteers based in the UK with medical volunteers from around the world.

I was introduced to Ina through a mutual connection as I was in the exploratory stage of offering such a service, run out of Southeast Asia. The Likarnya Project was still in its infancy and I agreed to join as the medical lead to help develop processes for volunteer facing and patient-facing functions. To date, the project has aided over a hundred patients and numbers continue to rise daily.

## LIMITATIONS

The greatest limiting factor for patients was the modality. Oftentimes, there is not enough time or bandwidth for them to download and learn how to use specific video software. Hence, it is imperative to provide any services with applications they already have and are familiar with. For instance, Telegram was found to have a greater acceptance rate over Zoom: 100 to 65%.

Conversely, for medical volunteers, the greatest limitation was the lack of prescribing rights for host countries. In Ukraine, this was a moot point as medications were made available over the counter as an emergency measure. Representations have been made to other countries and to date, discussions are ongoing. Likarnya Online overcame this limitation in many countries through linking with local on the ground volunteer services to provide access to medications as well as recruiting volunteers with prescribing rights in these respective countries.

## INSIGHTS

Many patients were seeking information and translation aid. The feedback was that this was invaluable even without access to medications. Simply put, knowing where and how to obtain medications was just as important as receiving a prescription. Approximately 30-40% of requests for help took this form and were straightforward and resolved in a timely manner.

Geo-leveraging was critical in enabling around-the-clock service provision. Even if most of the translators were based in the European time zones, triaging, messaging and other administrative matters were resolved in different timezones resulting in almost seamless continuous operations.

For physicians, it was critical to incorporate resource assessment as part of the standard health assessment. Due to the disparate locations of the refugees, the resources available to them and the differences in accessing these healthcare resources were a critical component of any healthcare assessment. For instance, a patient in the middle of a city in the war zone may wish to wait until it was safe to walk to a pharmacy to refill say a low dose of statin for mild dyslipidaemia.

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Conversely, if the same patient was in London, it would be quite clearly in their interests to obtain the refill. Similarly, this also played a part in the triage where we would routinely dispense general advice on where to obtain physician consultation for a prescription or route the patient to an in-house volunteer with prescribing rights.

Additionally, we discovered volunteer management and recruitment to be a complex endeavour, requiring an intersection of disciplines; legal, technology, marketing, design and leadership. This can form a book all by itself but suffice to say that the momentum was driven by an experienced cross-functional team which I feel is critical in the administration of this project.

## NEXT STEPS

Currently, Likayna is raising funds to enable our registration as a charity and thereafter the mission shall be to expand to provide the same service to different groups in need.

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## REFLECTIONS FROM INA BURGSTALLER

The group of volunteers were extremely capable to learn new skills, adopt technology and lead the complex daily tasks independently within a short period of time. The

patient satisfaction survey revealed 85% highest satisfaction rate. Patients appreciated speedy and detailed assistance, professionalism and free quality care. Lower scores were rated by patients who have not been able to treat without prescription of the medication and still need to be referred to another doctor.

## REFLECTIONS FROM DR TERENCE TAN

Based on my Likayna experience, the vast majority of patients were incredibly patient and grateful for even the most basic advice; beyond my expectations for what I felt was a limited service. In Singapore, where the door to door delivery of medication and on-demand teleconsultations are widespread, this helped to focus my perspective on the true value of telemedicine. That is; providing access to healthcare through receiving and delivering healthcare data remotely.

The entire project has made the act of volunteering both more meaningful and more accessible to volunteers in distant geographical locations or who face the traditional barriers to contributing. In the future, we may see this as another significant model in the not-for-profit/ NGO space where expertise and knowledge transfer as part of volunteering. Additionally, on a personal note, it has been gratifying to be given the opportunity to care for these patients through such an innovative and impactful platform.

## REFLECTIONS FROM DR RICHARD SIMPSON

I have found the interest by physicians and dentists alike to contribute their efforts has been high. The challenge and limiting factor have been primarily the need to focus on recruiting and training Ukrainian and Russian speaking clinicians. However, there seems to be a willingness by professionals that do not have these language skills to be willing to share recruiting efforts and posts.

We now are excited to have opportunities for English speaking physicians to help, which would be through triaging messages to determine which type of professional (GP or specialist or dentist) is needed for each patient case and to assist the staff in connecting with the appropriate provider. The need is great and continues to grow. Our greatest efforts now are to receive adequate funding to increase the scope and scale of these volunteer services and to integrate an EMR charting capability.

1. Beaumont, Peter (6 March 2022). "Ukraine has fastest-growing refugee crisis since second world war, says UN". The Guardian. Retrieved 8 March 2022.
2. Situation Ukraine Refugee Situation". United Nations High Commissioner for Refugees. Retrieved 15 March 2022.
3. [https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab\\_1](https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab_1)