



World Health Organization

European Region



Ukraine crisis strategic response plan for June – December 2022

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This WHO Strategic Response Plan (SRP) will be implemented in collaboration with partners providing life-saving support to people affected by the conflict in Ukraine, whether they are inside or outside Ukraine. It is an overarching framework built on the

Ukraine Flash Appeal 2022 to guide priorities and work, according to access and location, in support of national and local authorities who are leading the readiness, response and early recovery activities. The timeframe of this SRP is six months.

On 24 February 2022, the Russian Federation military offensive commenced in Ukraine. Since then, intense hostilities have been escalating across Ukraine, including around the capital, Kyiv, in the north, and in the eastern, southern and western parts of the country, triggering one of the world's fastest-growing displacement and humanitarian crises. To date, more than one-third of Ukraine's entire population has been displaced: 8 million people, of whom 60% are women and 40% men, have been internally displaced, and over 6.3 million people, of whom 90% are women and children, have fled across the border to neighbouring countries, with the United Nations High Commissioner for Refugees (UNHCR) reporting 2.5 million people continuing their journey to other countries. At the same time, authorities have reported more than 1.8 million movements back into the country (1).

Another 13 million people have been directly affected in the hardest-hit areas of north, east and south Ukraine, including many who have been trapped in hotspots of intense fighting, or stranded due to destruction of infrastructure, and who face acute shortages of food, water and medical care. This is on top of eight years of armed conflict already in eastern Ukraine. As of 26 May, there were 8766 civilian casualties in the country, including 4031 killed and 4735 injured, according to the Office of the United Nations High Commissioner for Human Rights (OHCHR) (2). More than half of all casualties so far verified were recorded in the government- and non-government-controlled areas of the Donetsk and Luhansk oblasts. Attacks on health care, including those against health facilities, transport, personnel, patients, supplies and warehouses, continue. Cumulatively, between 23 February and 30 May, 265 attacks were reported, resulting in 59 reported injuries and 75 reported deaths (3).

In addition to the immediate devastating physical and psychological impacts of ongoing violence and attacks, the unfolding humanitarian crisis is impacting, and will impact, everyone in the country in a variety of ways that will increase morbidity and mortality in the medium- to long-term. Some 300 health facilities are located in conflict areas, and 1000 health facilities are in areas where control has changed, which leaves the health system vulnerable to infrastructural damage and severe disruptions. Consequently, there is limited or no access to medicines, health facilities, or health care workers in some areas. Nearly 50% of Ukraine's pharmacies are presumed to be closed, and many health workers are either displaced or unable to work.

Emergency medical services, surgical departments and intensive care units have been overwhelmed with trauma patients. Accessing health care has been limited, essential

health services have been disrupted or are collapsing, and the treatment of chronic/noncommunicable diseases, such as diabetes, cancer and cardiovascular disease, has been jeopardized. Equally, mental health, sexual, reproductive and maternal health care, antenatal care, child health and assistance to people with disabilities are also being severely compromised. The long-term physical and mental health and psychological impacts, including those due to gender-based violence, cannot be underestimated.

Health care service disruption coupled with conflict conditions has also increased the affected population's vulnerability to communicable diseases, such as COVID-19, tuberculosis, polio and measles. Low vaccination coverage increases the risk of outbreaks of preventable communicable diseases, particularly among children; the COVID-19 pandemic and the recent reported cases of polio in the western part of the country compound this risk.

Population movements across borders continue to be unpredictable. UNHCR estimates that, by the end of 2022, about 4.2 million refugees will remain in these neighbouring countries and another 4.1 million will have continued onwards to other countries in the WHO European Region, such as Germany, Czech Republic and Bulgaria, as well as beyond (4).

Most refugees are women and children due to a ban in place on Ukrainian men aged 18–60 leaving the country. There are reports of vulnerable and marginalized populations among the refugee population, including older people, persons with disabilities, and ethnic minorities. Nearly one-third of the displaced households have a child under the age of five and more than half have an elderly person. The provision of family friendly services that cater especially to mothers and children will be critical.

Governments in countries neighbouring Ukraine and those of final destination for refugees have generously kept their borders open, and local communities have welcomed refugees and other persons of concern. These governments and health authorities are leading the response for this crisis, with UN agencies and non-governmental organizations (NGOs), and local responders, including civil society organizations, faith-based institutions, refugee- and women-led organizations, academia and the private sector, as well as private citizens, playing an important role in supporting and complementing state authorities' efforts. Local and national authorities have established reception facilities at border crossing points to receive new arrivals as well as urgent medical referrals from within Ukraine, and are providing life-saving assistance, including accommodation, food, emergency medical care and other basic needs. They are then providing onward transport to referral health facilities as well as for those seeking to reach urban centres. At these urban centres, information is provided on the asylum process and temporary protection,

as well as on the risks of trafficking. Access to basic rights and services, such as health, has been facilitated. On 4 March, European Union (EU) Member States activated the Temporary Protection Directive (TPD) for the first time. Under the TPD, Member States grant temporary protection (TP) to Ukrainians and persons with protection status in Ukraine and their family members residing in Ukraine before 24 February. The TPD enables access to national health services at the same level as host communities, including free access to health services in line with national regulations. Steps have been taken to foster protection and inclusion into national systems, such as for health and education services. While this may be feasible in the short-term for many EU countries, it is critical to monitor access and financial barriers for both refugee and host populations, as even now some countries, such as Republic of Moldova, may not be able to afford equitable access for increased populations.

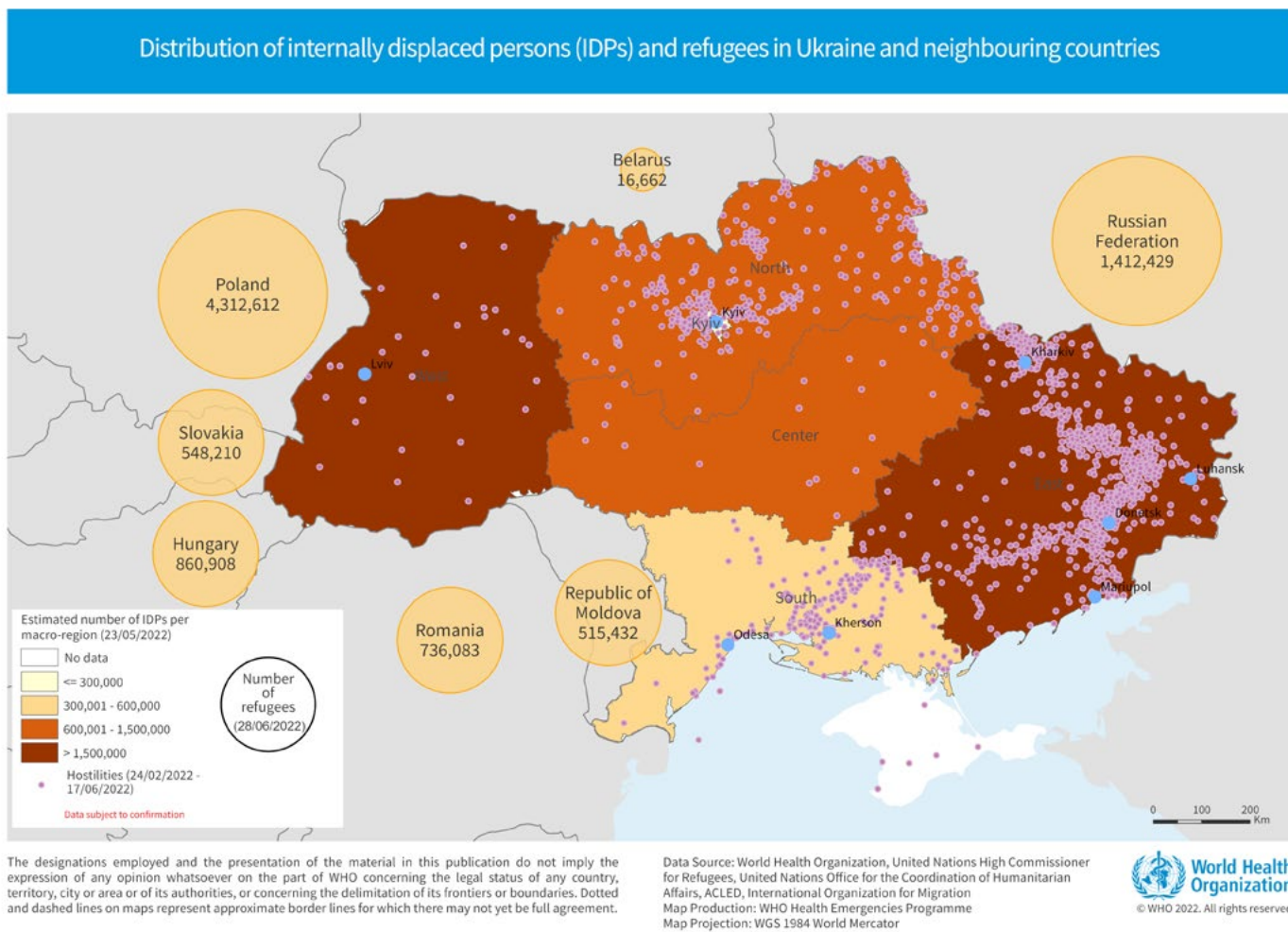


Figure 1. Refugees from Ukraine across Europe (UNHCR, created 28 June 2022) (5).



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Ukraine has taken several steps to reform its health system, combat corruption and improve public trust (6). However, war has halted this progress and hindered disease surveillance, immunization and other health programmes which were already strained by the COVID-19 pandemic. The impact of disruption on infectious and chronic disease programmes is expected to be severe and durable (7).

Prior to the war, Ukraine had a functioning health system with 1630 hospitals and 10 140 primary health care facilities (8) but was already facing multiple health-related challenges. Life expectancy was lower than in the EU by nine years – at 72 versus 81 years – and about 12% of patients of working age who had a stroke subsequently died with about 50% remaining with a primary disability. Ukraine has one of the highest catastrophic health expenditures among countries in the Region, with more than one-third of hospital admissions being potentially unnecessary.

Health sector reform in Ukraine, initiated in 2016, encompasses the eHealth system. Currently, more than 35 million Ukrainians are registered in the Ministry of Health (MoH) system, which connects to health records at both primary and secondary health levels. However, health services are not solely provided through the MoH but also through the Ministry of Transport, Ministry of Defence, and Presidential Administration, for example. Moreover, digitalized records are not accessible to patients and therefore are not available when they seek refuge in other countries. The current system is also unable to provide for early warning, syndromic surveillance, and remote health care, to name a few services.

Ukraine suffers from low immunization rates for all vaccine-preventable diseases – 81.9% for measles (second dose of measles-containing vaccines, or MCV) and 84.2% for polio (pol3) (9). The national COVID-19 vaccination rate for one dose is estimated to be 36% (10). The vaccination coverage is less than 50% in regions with the largest population displacement, including eastern Ukraine. This, along with disruption in testing and treatment, puts those who are most vulnerable at increased risk of severe illness and death.

Moreover, given suboptimal routine childhood vaccination coverage, the crisis and displacement will further increase existing immunity gaps in Ukraine, and potentially other countries, and therefore the risk of outbreaks of vaccine-preventable diseases. The last nationwide outbreak of measles in Ukraine started in 2017 and reached a peak in 2019, reflecting a prolonged suboptimal vaccination coverage with MCV.

Another concern is the outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) that Ukraine has been experiencing since September 2021. As of 25 February 2022, there have been two detected paralytic cases and 19 isolations of cVDPV2 from asymptomatic contacts. A so-called catch-up polio immunization campaign, introduced by the Ukrainian MoH and WHO in early February 2022, was put on hold due to the conflict and is now being revived (11).

Overcrowded conditions in shelters, population displacement, infrastructure damage as well as exacerbating factors, such as lack of adequate water, sanitation and hygiene, nutritional stress and exposure to cold weather during winter, could increase the risk of respiratory and diarrheal diseases, including cholera, and thus it is critical to strengthen the early warning and alert component of the disease surveillance system to capture the various hazards (12).

Conflict and infrastructure damage can lead to direct health impacts through trauma and injuries. Lack of access to emergency health care can lead to increased morbidity and mortality from trauma and injuries as well as a range of other common conditions as indicated below. Lack of access to good quality rehabilitation care that is embedded in the community may result in long-standing disability. Lack of access to preventive and emergency health care can also lead to unnecessary excess illness and death from complications of pregnancy and childbirth, and neonatal and childhood conditions.

Noncommunicable diseases (NCDs) are the leading cause of morbidity and mortality in Ukraine, with the five major NCDs – cardiovascular disease, diabetes, cancer, chronic respiratory disease, and mental health conditions – accounting for 84% of all deaths. Disruptions in treatment for chronic cardiovascular and respiratory diseases increase morbidity and, most likely, mortality. About 120 000 people are living with Type 1 diabetes and need to receive regular doses of life-saving medicines to survive. Some key challenges identified have included difficulties in being able to control diabetes, a lack of continuous supply of medicines for chronic disease, and the lack of compatibility of medicines for returnees to Ukraine due to different EU/Ukraine licensing and registration. Many people currently in war zones are old, disabled and too weak to move away. They require extra care and access to life-saving care and medicine.

Ukraine also has some of the highest burden of chronic infectious diseases in Europe, particularly HIV/AIDS and tuberculosis (TB), including drug-resistant tuberculosis. Ukraine has the second-highest burden of HIV/AIDS in Europe, with an estimated prevalence rate of one percent among Ukrainians between the ages of 15 and 49. It is assessed that about 59 000 people on antiretroviral (ARV) therapy reside in areas affected by the war. Ukraine has the fifth-highest number of confirmed cases of extensively drug-resistant TB, globally. Shortages of medicines and medical supplies, challenging access to essential health services, and the interruption of prevention, diagnostic and treatment services pose a severe threat of adverse outcomes from these conditions. Furthermore, during the COVID-19 pandemic, the case detection rate of TB

was half of that prior to the pandemic. And now, the war has weakened TB surveillance capacity and interrupted continuous treatment regimens. This will probably result in an increased spread of drug-resistant TB.

The conflict has disrupted supply lines, limiting the movement of medicines and consumables between and across institutions, cities and regions. Cargo movement by air has stopped, many roads are blocked, trains and train stations are damaged, and with movement on roads being risky, the supplies of goods have been delayed.

Gender-based violence (GBV) is a widespread human rights violation globally, with potential life-threatening health consequences (13). Crises and emergencies greatly exacerbate all forms of GBV, including sexual exploitation and abuse (SEA), and at least two out of three women in Ukraine had experienced some form of GBV before the conflict. The security context and displacement have resulted in a sharp increase in the risk of multiple forms of violence, including SEA and trafficking of persons. The proliferation of agencies and non-vetted volunteers and voluntary organizations further increases the risk of SEA and all forms of sexual misconduct. According to the most fundamental Inter Agency Standing Committee (IASC) GBV mainstreaming standard, efforts must be made to coordinate GBV, gender, mental health and psychosocial support (MHPSS), and sexual and reproductive health (SRH) expertise and programming, in overall response operations in Ukraine and refugee-receiving countries. Several interagency networks, led by UNHCR, have been activated in refugee-receiving countries, and risk assessments are underway, with one already completed in Romania. According to the April 2022 rapid assessment in Romania, more than 90% of refugees are women and children, who are at heightened risk of exploitation. Many are being hosted by families and community volunteers. According to the Regional Gender Network and the Slovakia Preventing Sexual Exploitation and Abuse (PSEA) Network, the regional refugee response is being characterized by a high level of interest and support from governments and host communities, including volunteers and small, local civil society and faith-based organizations. However, there are concerns due to the lack of a vetting process, and although many local organizations have highly skilled and qualified

volunteers, unfamiliarity with international humanitarian safeguarding standards could pose additional risk.

Governments in the Region with well-established systems for health response may be reluctant to accept technical support from international agencies in the early months of the crisis; however, as national and community resources wane, refugees may be left more susceptible.

The affected population is considered at high risk of adverse mental health outcomes and there is an urgent need for continued mental health and psychosocial support services. Health care workers face overload due to understaffing, and are at increased risk of psychological distress, burnout and mental health issues. This is over a backdrop of already responding to the COVID-19 pandemic, which has overstretched systems.

The current humanitarian emergency is taking place within an environment of a functioning health system in all affected countries with established service packages and delivery platforms. It is critical that WHO and partners build on these strengths, supporting existing mechanisms to make strategic delivery shifts while reinforcing capacities to surge in response to the health risks arising from the crisis, such as trauma, environmental hazards, complications of unmanaged chronic conditions, and diseases associated with displacement. Specific attention should be paid to humanitarian corridors, border crossing areas, and host communities and countries focusing on the most vulnerable populations.

In addition to the direct impact on health facilities and access to essential health care, Ukraine has 14 reactors located in four nuclear power plants – Khmelnytskyi, Rivne, South Ukraine and Zaporizhzhia – in addition to the closed reactors in Chernobyl, and several chemical plants. The potential consequences, intentional or otherwise, of conflict in and around these facilities poses severe consequences to human health and the environment, not just in Ukraine but across the Region. Moreover, mines and hazardous industrial plants pose an added environmental risk for the communities they are embedded in.



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The most likely scenario is a protracted emergency due to continuing conflict with significant disruption to health services – leading to diminishing treatment, preventive, rehabilitation and palliative care options – and a saturation of available emergency health care and routine health services. Ongoing continuing waves of displacement within Ukraine and across borders, with potential periods of conflict escalation, could also be expected with consequent, significant disruption to services as well as surges in displacement. Fluctuations in movements back into Ukraine should also be taken into account. Contingency planning should be conducted for a worst-case scenario with intensification of the war, mass casualties and population movements, as well as for technological hazards.

While responding to the health needs during the emergency, WHO will also focus on the health-development-peace nexus, aiming to ensure that all the interventions address and provide solutions aiming at ensuring short- and long-term solutions for a resilient health system in Ukraine and countries with refugees.

The cessation of conflict would require a revision of this plan with a stronger phased health system strengthening and recovery focus, to support the development of a new National Health Strategic Plan in Ukraine, and to identify strategic shifts needed to strengthen the health system initially focusing on primary health care to progress towards universal health coverage.

Assumptions to achieve this SRP in support of relevant ministries of health are:

- WHO and partners have the ability to access populations;
- affected populations are able to access health services;
- open border policies and access to health care in refugee-receiving countries are ongoing;
- funding is adequate and sustained;
- and human resources are available and have sufficient capacity.



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The SRP goal is to minimize mortality and morbidity for all people affected by the war in Ukraine, wherever they are, whether in the Ukraine or in refugee-receiving countries, by providing time-critical, life-saving assistance, non-discriminatory access to emergency and essential health services and priority prevention programmes, as well as supporting and strengthening health systems to cope and recover from this crisis.

Saving lives and protecting mental health continue to be the priorities of the health sector response in Ukraine. Actions focus on ensuring access to emergency health care and basic health services to wounded people and others affected by the armed conflict, COVID-19, polio and other health threats – including technological, industrial, chemical, biological, radiological and nuclear hazards. Continuity of treatment and care for people with NCDs – including diabetes and cancer – is a top priority.

The following is meant to serve as a guide to develop a more specific action plan with detailed activities and indicators adaptable to the changing context, linked with clear budget lines and funding sources.

Access to life-saving critical care and essential health services, and support for health system recovery

Prior to the war, Ukraine had a functioning health system with established service packages and financing mechanisms, which the WHO and health sector response needs to build on. The existing Ukrainian packages of health services should be maintained or modified for safe delivery in areas where needed, with more resources allocated to expand specific services in response to conflict-induced health risks and conditions that confer public health risks. Parallel and vertical interventions that could potentially disrupt the recovery of the health system post-war should be avoided.

A strategic approach to the integrated delivery of services should be done by platform, such as community outreach, mobile and fixed primary health clinics, or hospital-based services. The response will then need to dynamically shift platforms of service delivery as conditions evolve. Getting services to where they are needed will likely involve new outreach programmes in communities and may involve establishing alternate delivery platforms, such as mobile health units.

In areas with active conflict and/or where health facilities have been damaged or are not functioning, priority services need to be agreed upon and delivery platforms adjusted,

for which the WHO UHC Compendium (14) and High Priority Health Services in Humanitarian Settings guidance (15) will serve as references. WHO's in-house technical expertise will play an essential role in monitoring the evolution of health risks to inform service prioritization and dynamic adjustment to the most effective delivery platforms in response to changing conditions. Conflict and displacement indicators will also contribute to the risk analysis. In all situations, the integrated service delivery approach must be maintained based on primary health care principles.

As the health response endeavours to restore essential services across sectors, with the evolution of the crisis, a particularly strong emphasis will be given to emergency medical services (EMS), trauma care and rehabilitation services, all of which will serve the conflict-affected population, including wounded/trauma-affected individuals – and those with severe COVID-19, NCDs and their complications, and priority conditions of maternal, newborn and child health – prioritizing vulnerable groups, such as women, children, people with disabilities, and older persons.

Activities to be included are presented in sections 6.1.1 to 6.1.3.

- i. Deploy or strengthen emergency medical teams (EMTs) and relevant coordination structures, such as EMT coordination cells (EMTCC), to provide trauma and emergency services, to improve the quality of care, optimize response times and provide predictable and timely responses to affected populations through providing ongoing technical support, training and supplies.
- ii. Provide access to essential health services, including quality primary health care, through both equipping and deploying mobile teams, and supporting fixed health facilities.
- iii. Support the dispatch and movement of priority patients through ambulance services and other health evacuation means, including providing technical and operational support to the medical evacuation process and mobilization and coordination with EMTs and health partners.
- iv. Provide psychological first aid through mobile mental health teams and support clinical mental health care services to ensure mental health and psychosocial support (MPHSS) services meet the needs of conflict-affected populations.
- v. Provide technical support and training to support rehabilitation activities across the continuum of the health emergency response.
- vi. Provide life-saving sexual and reproductive health, including antenatal care (ANC), with a focus on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in crises. This should include ensuring the availability of skilled birth attendants and emergency obstetric and newborn care; health care for the survivors of sexual and domestic violence; sexually transmitted infections (STI) and HIV management; clinical management of rape; and family planning services, to the full extent of the law.
- vii. Provide training, technical support and supplies for the preparedness and response of health systems to technological hazards, such as chemical and radio-nuclear hazards.
- viii. Provide health information, communicate risks and protective measures based on people's perceptions and concerns, and engage health partners and communities. This would enable health protective behaviours that reduce exposure to health risks, increase access health services and treatment, maintain continuity of care, and decrease the mental health impacts of the war.

- i. Procure and deliver an end-to-end supply of medical commodities, including medication, medical equipment and kits, non-medical equipment, and blood bank commodities, particularly to primary and secondary health care centres.
- ii. Maintain the functioning of health infrastructure by procuring and providing supplies, such as water tanks, generators, oxygen generators and ambulances.
- iii. Train providers in primary and secondary health care centres in managing medical commodities and maintaining equipment.

- i. Review health financing modalities to support access to health services and remove barriers to service utilization, and monitor access and health-seeking behaviour.

The WHO Public Health Situation Analysis for Ukraine highlighted the high risk of outbreaks of vaccine-preventable diseases as well as chronic infectious diseases as a result of prolonged disruption to vaccination services and the management of chronic infectious diseases. As the conflict continues to force people to flee their homes, placing them in precarious living conditions, and as the health system continues to bear the impact of direct attacks as well as attacks against its supporting structures, the risk of outbreaks of infectious diseases continues to rise.

In order to reduce infectious disease transmission and reduce illness and hospitalization, areas of focus will

include: COVID-19 and polio incident management; vaccination campaigns and the urgent restoration of the regular vaccination programme; strengthening surveillance for early warning and detection of public health events; scale-up of testing and clinical management capacities for infectious diseases; and strengthening infection prevention and control in health facilities. In addition, technological and environmental health risk management needs to be supported at both the community level, through risk communication and public health actions, as well as in health facilities, leveraging on the integrated health services approach.

The following activities will be prioritized.

- i. Support health sector preparedness and response to bio-threats that could cause disease outbreaks – such as waterborne, food-borne, and respiratory diseases – with the focus on seasonal and pandemic influenza, polio, cholera, diphtheria, measles, and hepatitis A and E.
- ii. Support COVID-19 outbreak preparedness, response and recovery, by ensuring local authorities and other stakeholders are equipped with skills and resources to provide quality, non-discriminatory and equitable public health care and social services to the affected population, with a special focus on vulnerable groups.
- iii. Provide training, technical support and supplies to conduct routine and outreach vaccination campaigns and outbreak response planning focusing on priority infectious diseases, such as measles, polio, diphtheria and pertussis, among others.
- iv. Respond to the ongoing vaccine-derived poliovirus type 2 (cVDPV2) outbreak, supporting coordination, the provision of supplies/equipment, and human resources and technical support, where needed.
- v. Provide technical support and training to ensure standard infection prevention and control (IPC) practice in health facilities.
- vi. Provide technical support and training to strengthen laboratory capacity at regional centres for disease control and hospital laboratories.

- vii. Provide training, technical support and supplies for continued laboratory testing, treatment and clinical management for HIV and TB, including multi-drug resistant TB.
- viii. Procure and provide medical supplies, vaccines, rapid tests, reagents and equipment to outbreak response teams, health facilities and laboratories, as needed.
- ix. Communicate risks and protective measures based on people's perceptions and concerns, and engage health partners and communities to enable affected populations to take informed decisions that would reduce exposure to infectious pathogens, prevent disease outbreaks, and improve access to health services, as needed.

6.3 |

Emergency health information and surveillance for evidence-based decision-making in health

The health information system should produce regular, timely and accurate data on health status, threats, health resources, service availability and health system performance.

The following activities will be prioritized to achieve this.

- i. Support national surveillance systems to detect and monitor outbreaks, through timely notification of public health events of concern, including through event-based surveillance (EBS), syndromic surveillance, or epidemic intelligence from open sources (EIOS), as applicable and as per established International Health Regulations (IHR) (2005) procedures.
- ii. Assess public health surveillance capacity, identify gaps and support critical needs in surveillance and laboratory capacity, as needed.
- iii. Strengthen health information and intelligence by conducting health needs assessments and health impact assessments and monitoring drivers of morbidity/mortality, as well as conducting relevant analyses based on the best available data, including triangulation of different sources for better situation analysis, under the Health Cluster umbrella and in collaboration with all other relevant partners.
- iv. Conduct regular public health situation analyses (PHSA) to identify priority risks, to guide WHO and health sector preparedness and response (implemented by the Health Cluster in section 6.4).
- v. Map available health care services, capturing critical needs, functionality status, the availability of essential services and emergency medical supplies, and the presence of environmental hazards, emergency mobile teams and infrastructure.
- vi. Map health facilities by type of service packages, such as hospitals providing inpatient surgery, and rehabilitation services, based on data availability.
- vii. Establish a monitoring system for the utilization of different service packages based on data reported through eHealth, and based on accessible information.
- viii. Monitor the number of patients treated outside their area of registration, indirectly monitoring the burden on the health system, including through existing EU medical evacuation mechanisms. Use data from the Early Warning Alert and Response System (EWARS) and EU Civil Protection Mechanism's Common Emergency and Information System (CECIS).

- ix. Report regularly on attacks on health care – including hospitals and health facilities, as well as ambulances, medical staff, patients and warehouses – through WHO’s Surveillance System for Attacks on Health Care (SSA) (3) (implemented by the Health Cluster in section 6.4).
- x. Support digital technologies within health information management systems, especially related to the movement of internally displaced persons (IDPs) and refugees.
- xi. Prepare regular health sector situation reports covering health-related matters, ongoing emergency response and potential health threats.
- xii. Provide visibility to health information in user-friendly modes through relevant communication platforms, including dashboards, as needed.

6.4 |

Effective leadership and coordination of humanitarian interventions in the health sector

The aim here is to strengthen health sector and Health Cluster coordination to address the needs of vulnerable people, provide improved access to quality health care services, and allow for adequate preparation and response capacities for ongoing and new emergencies.

The following activities will be prioritized.

- i. Provide strong leadership to ensure effective implementation across the health sector to meet the most urgent needs of the population.
- ii. Maintain activation of the Health Cluster and secure key capacities at the national and sub-national levels to effectively implement core cluster functions 1 (service delivery) and 6 (contingency planning/preparedness/capacity building), ensure the functionality of coordination of health partners and the health sector, and ensure accountability to affected populations.
- iii. Ensure technical working groups are active and include participation of all health partners, such as those involved in HIV/TB; MHPSS; trauma and rehabilitation; SRH; maternal, newborn and child health; communicable disease and non-communicable disease; and risk communication and community engagement (RCCE).
- iv. Conduct regular public health situation analyses (PHSA) to identify priority risks, to guide WHO and health sector preparedness and response.
- v. Report regularly on attacks on health care – including hospitals and health facilities, as well as ambulances, medical staff, patients and warehouses – through WHO’s Surveillance System for Attacks on Health Care (SSA) (3).
- vi. Mainstream protection from sexual exploitation, abuse and harassment (PSEAH) in WHO emergency operations, with a focus on prevention, while strengthening capacities for reporting and response to incidents. Efforts will be made to maximize and build on WHO’s added value in the interagency mechanisms, and to promote contributions to joint interagency actions in the areas of increased capacities for community reporting systems and PSEAH capacity building for implementing partners. Efforts will further ensure that health workers and medical systems are equipped to receive and manage disclosures of SEA and/or sexual harassment and understand mandatory reporting guidelines to maximize efforts in risk mitigation, detection and case management, to ensure accountability for populations affected in response operations.

- vii.** Align partners' activities with the needs outlined in the Ukraine Flash Appeal 2022.
- viii.** Establish and maintain coordination systems with government and other health partners at the national and regional levels to identify needs and priorities.
- ix.** Provide coordination support for strengthening health systems to facilitate emergency preparedness and response activities related to chemical, biological, radiological and nuclear substances and explosives exposure.
- x.** Support health partners with medical supply donation and global health pipeline monitoring to avoid gaps and overlaps.



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National governments and health authorities are leading the response for this crisis, with UN agencies and partners supporting and complementing state authorities' initiatives and efforts. Governments in all countries receiving and hosting refugees from Ukraine have generously kept their borders open and local communities have welcomed refugees and other persons of concern.

The health sector partners aim to conduct the following.

- **Reinforce a government-led response with local actors**, by reinforcing a local approach supporting MOHs and other government authorities and local actors with capacity-building, tools, and technical assistance as needed, through the teams and offices of agencies in countries.
- **Align with EU temporary protection mechanisms and response for health**. Note that some EU mechanisms, such as the European Commission’s Directorate-General for Health and Food Safety (DG Sante) and the Directorate-General for Civil Protection and Humanitarian Operations (DG ECHO), which support health and humanitarian needs, were already in place, and that some countries, such as the Republic of Moldova, which is not in the EU, will require specific assistance for health protection and access.
- **Align with UNHCR’s Regional Response Plan (4)**, which outlines the anticipated support by the partners to national authorities in this refugee crisis.

The WHO-led Refugee Health Extension, a joint initiative by WHO, UNHCR, the United Nations Children’s Fund (UNICEF) and European Centre for Disease Control (ECDC), aims to support strategies, guidance and systems through inter-agency and inter-country coordination within and among participating agencies for the Ukrainian refugee

health response. The following activities are not meant to be all-inclusive but rather serve as a guide to develop more context-specific country level plans, in line with national policies and according to WHO and partner areas of support.

7.1 |

Health leadership and governance mechanisms are streamlined and reinforced

WHO aims to support national authorities in neighbouring countries through nationally-led and country-focused interagency coordination – notably national and international NGOs and community-based organizations, WHO, UNHCR, UNICEF and ECDC.

The following activities will be prioritized.

- i. Support interagency coordination mechanisms, including health sector working groups.
- ii. Support thematic working groups, such as MHPSS, SRH, GBV, PSEAH, information management, and RCCE, as appropriate.
- iii. Develop health sector response and contingency plans.

WHO aims to support governments and health authorities in refugee-receiving countries to design policies to increase access to health services and to medicines and medical products (16). The following activities will be prioritized.

Entitlements and access to needed health services

- i. Remove administrative and communication barriers to accessing health services. Simplify the registration process for people fleeing conflict. Remove any other administrative and communication barriers to granting speedy access to health care. Provide supplementary communication and language support to make people aware of entitlements and help them to navigate the health system.
- ii. Extend entitlement to the full range of publicly-financed health services to refugees.
- iii. Eliminate financial barriers to accessing health services, and to medicines and medical products.

Additional funding

- i. Allocate additional and/or reallocate public funds to address increased health needs.
- ii. Make external funding available through pooling with existing budgets.

Purchasing arrangements

- i. Integrate the purchasing of health services for refugees into existing contracting and payments systems.
- ii. Provide additional incentives for the timely and effective delivery of services for refugees, including flexibility in existing allocations, new funding allocations to providers and rapid reconfiguration of service modalities, reflecting the potential added cost of service delivery and increased patient numbers, as well as contracting services out to NGOs.
- iii. Monitor and report on spending. Quickly establish mechanisms to monitor and report on health spending for people fleeing conflict to help measure the impact on the health budget and its allocation, and to assess additional domestic and external funding needs.

WHO aims to support refugees to have access to health care services through national systems, ensuring inclusive access to quality health services (preventative and curative); diagnosis; and continuity of care and referrals for chronic NCDs and chronic communicable diseases (CDs), particularly HIV and TB. Focus on health information and covering emerging gaps in access. The following activities will be prioritized.

- i. Provide technical support, training and supplies as needed to ensure referral and medical evacuation pathways exist and are resourced;
- ii. Strengthen trauma care and rehabilitation through capacity-building, including through deployed EMTs and relevant EMTCCs; and
- iii. Strengthen emergency medical, surgical and obstetric care.

WHO and partners will work with the relevant governments and the health sector to support the planning and operationalization of health services delivery, and to strengthen public health systems.

The priority areas to concentrate on are as follows.

- i. Provide policy guidance and technical support to continually assess and address the emerging health needs of Ukrainian refugee populations, to understand priority health services needs and tailor health care services (17).
- ii. Facilitate systematic access to health care, emergency treatment, referral, and continuity of essential health services through existing systems, EMTs and international and local NGOs. This should focus on primary health care; sexual and reproductive health, including access to contraceptives, maternal, neonatal and child health; and detection and response to GBV. Facilitate continuity of care for communicable diseases, particularly TB (18), HIV/AIDS (19), as well as NCDs, including diabetes, cancer care and renal dialysis, noting that tertiary care may be a first pressure point in health systems.
- iii. Provide support for mental health and psychosocial services, including psychological first aid, referral pathways, capacity-building for health workers and volunteers, integrating Ukrainian health workers, and clinical management of mental health conditions, including ensuring compatibility with Ukrainian prescriptions.

- iv. Provide priority prevention programmes, including vaccination – for example, for measles, polio and COVID-19 – through health messaging around vaccination, risk communication and community engagement; and policy on improving vaccination uptake among refugee populations, the provision of vaccinations, and, where indicated, the purchase of vaccines (20).
- v. Provide information to refugees on health care services and entitlements in their host country. Engage communities to build trust between government, the host community, and Ukrainian refugees, connecting Ukrainian refugees to health care services through strategic positioning and addressing the health needs of both residents and Ukrainian refugees. Initiate behavioural change interventions through promoting vaccination and other preventive measures, targeting both Ukrainian refugees and host communities. Target the prevention of GBV, including PSEAH.
- vi. Provide support for chemical, biological, radio-nuclear (CBRN) event readiness, including laboratory support, based on risk assessment.

7.4 |

Emergency health information and surveillance for evidence-based decision-making in health are reinforced

In refugee-recipient countries, strong existing information systems need to be supported to understand needs and gaps, through the following activities.

- i. Conduct needs assessments, and health situational and risk analyses, to understand the needs of refugees, their health status and potential threats, as well as populations movements.
- ii. Monitor and evaluate access to and utilization of health services, gaps and barriers, especially among vulnerable populations, including refugee health entitlements under and outside EU temporary protection, to ensure meaningful access to health care.
- iii. Work alongside national health systems to set up early warning mechanisms to strengthen surveillance systems that detect and respond to potential threats.
- iv. Conduct RCCE situational analyses and implement on-going listening and feedback mechanisms through building inclusive networks, engaging individuals with potential vulnerabilities to take an active part in protecting their health, and assisting programmes that serve at-risk individuals to develop continuity of operations plans.

7.5 |

Priority medical products, vaccines, and technologies are provided for refugee populations in need

Sustainable access to quality and affordable essential medicines and health products is critical for both refugees and host populations. WHO will support the national health system as well as relevant partners in acquiring the medicines and supplies needed to provide health care continuity for refugees and host communities through the following activities.

- i. Procure essential medicines and other health products, such as diagnostics, vaccines and medical materials and equipment – including personal protective equipment (PPE), rapid diagnostic testing kits, vaccines, HIV and tuberculosis treatments – to cover emerging needs as identified by governments and partners supporting the health response.
- ii. Support governments to conduct national quantification and forecasting of essential medications and health products to ensure having sufficient quantities.
- iii. Conduct capacity-building/training in procurement and medical supply management.
- iv. Conduct quality assurance for local procurements of medical products.

7.6 |

Health workforce is supported to provide health care to refugees

Support the national health workforce to provide targeted health services for refugees through the following activities.

- i. Provide technical support for national planning to continue services in anticipation of phasing out volunteer-led responses.
- ii. Provide training, guidance and tools for health workers in order to provide health services for refugees.
- iii. Provide technical support and training, which is needed to better utilize the Ukrainian health workforce for providing health services for refugees, including language, cultural and mediation support.
- iv. Provide training and support to detect and respond to GBV, including SEAH.



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Risk communication and community engagement (RCCE)

The large-scale movement of Ukrainians within Ukraine and to neighbouring countries requires tailored risk communication and community engagement (RCCE) to address health needs and encourage access to health services, based on their own perceptions and concerns. This includes the development, implementation and evaluation of country RCCE strategic plans in coordination with UN and health partners to:

- i. build trust and support social cohesion between relevant government, host community, and Ukrainian IDPs and refugees;
- ii. provide health information connecting Ukrainian IDPs and refugees to health care services and mental health services;
- iii. promote acceptance and uptake of health protective measures, including vaccination and hygiene; and
- iv. strengthen readiness and resilience of both refugee and resident communities.

A system of online and offline social listening and behavioural insight studies at the country level will ensure that RCCE and other response interventions are informed by evidence about people's insights, and that rumours and misinformation are promptly detected and addressed. Partnership and collaboration with civil society organizations, influencers and community actors will contribute to feedback from communities and will support the response through co-designing and testing interventions and monitoring emerging health issues and perceptions.

Interventions will benefit from providing and/or ensuring the following:

- i. health information as a public health intervention
- ii. human interactions at the core of behavioural change
- iii. outreach to the most vulnerable population groups
- iv. balanced communications to the needs of both resident and IDP/refugee populations.

Sustainability will be at the core of RCCE interventions through the establishment of structures, systems and skills at the community level.

8.2 |

Protection from sexual exploitation, abuse and harassment (PSEAH)

The mass population displacement of Ukrainians has resulted in vulnerabilities and increased risks for GBV, including risks for all forms of sexual misconduct. While many refugee-hosting countries have strong health and legal systems, and have established measures to accommodate and ensure equal access to services and protection to Ukrainian refugees, these countries are experiencing this unique crisis situation for the first time, necessitating close coordination and collaboration with interagency mechanisms to ensure that global standards are met, and that partners and volunteers supporting the response operations abide by international standards and are held accountable.

To achieve this goal, WHO is contributing to government-led efforts through the interagency mechanisms to ensure PSEAH is mainstreamed into the emergency operations in respective refugee-hosting and receiving countries by:

- i. integrating SEAH risk mitigation and prevention measures in the response operations;
- ii. providing technical assistance to promote risk mitigation measures and ensure capacities for reporting and referral; and
- iii. ensuring capacities for and access to victim support services, including timely investigations, by enhancing appropriate linkages and capacity building activities at operational sites.

In support of the respective government-led efforts, WHO will continue to collaborate and contribute to the joint interagency mechanisms through the regional protection working group (RPWG) and the related PSEAH sub-working groups, and through the country specific PSEA networks and sub-working groups.

Priority activities will include:

- i. two-way communication and transparency
- ii. feedback mechanisms and response
- iii. meaningful participation and inclusion
- iv. learning and adaptation.

This may be achieved by supporting local and community-based actors, including IDP/refugee- and women-led organizations. This will also include coordinating AAP initiatives and ensuring collective approaches, such as joint and standardized products, tools and standard operating procedures (SOPs) to support risk communication, information needs assessments, and safe and trusted complaint and feedback mechanisms, which can also be used to adjust the response, as needed. Participatory methodologies using an age, gender and diversity lens will be used throughout the response to engage with affected populations, as well as through collaboration with local volunteers, outreach workers and refugees.

To ensure age, gender, diversity and disability inclusion (AGD), partners will seek to make sure that all people of concern fully participate in decisions that affect them, and that they enjoy their rights on an equal footing with others. The AGD approach can be achieved by using participatory methodologies to incorporate the capacities and priorities of people of diverse backgrounds into protection, assistance and solutions programmes. It also encompasses the collection and analysis of data disaggregated by age, sex and disability, and diversity where contextually appropriate and possible, to inform programme design, monitoring and reporting, and to ensure gender disparities are met.

The humanitarian community as a whole will work rapidly together to ensure greater commitments and actions to the Inter-Agency Standing Committee (IASC) Policy and Accountability Framework for Gender Equality and Empowerment of Women and Girls so that the voices and

needs of women and girls are met and prioritized within all response plans. To achieve this, partners, in cooperation with local authorities and host communities, will advocate and implement targeted, gender-sensitive coordination, programming and financing within responses, in particular for those groups which are facing complex challenges, threats and barriers, and who often experience discrimination, abuse and violence, including youth, persons with disabilities and women, as well as LGBTIQ+ persons.

Partners will ensure that the principles of gender equality – which affirms that women, men, girls and boys should enjoy rights, responsibilities and opportunities on equal terms – is fully respected and that AGD is mainstreamed across all technical sectors, including assessing barriers that different AGD groups face in accessing services and opportunities to thrive.



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Based on an analysis of the five IASC activation criteria – scale, complexity, capacity, urgency and reputational risk – the IASC Principals activated a Level 3 response, known as IASC Humanitarian System-Wide Emergency Activation (L3 Response), to the conflict in Ukraine on 5 March 2022. The L3 Response is used to support delivery of a rapid, concerted mobilization of capacity and systems to enable accelerated scaled-up assistance and protection over a short and focused duration. In-country, regional and global coordination mechanisms are now being strengthened to support a protracted response to, and eventual recovery from, the conflict.

WHO is working through global and regional partnerships and mechanisms, including the Global Outbreak Alert and Response Network (GOARN), Emergency Medical Team (EMT) Initiative, Global Health Cluster (GHC), and Standby Partners, among others, in support of government-led responses in relevant countries.

As the crisis continues and evolves, the health response will need to be flexible according to security and access. Below

is a framework for a concept of health sector operations for the response to the conflict in Ukraine, neighbouring countries and countries of final destination. A monitoring and assessment mechanism, including security analysis, will be implemented to review the classification of zones on an ongoing basis to determine the appropriateness of the different response activities across the country.

9.1 |

Operational locations

The health response will target the entire country of Ukraine and neighbouring countries where there is an influx of refugees. Under the humanitarian core principles, this SRP aims to meet the essential health care needs of all affected populations regardless of where they may

be, and to ensure that the required services are accessed in safe environments consistent with the principles of protection. Irrespective of the modality of operations being implemented, this may require both cross-border and cross-line operations.

9.2 |

Key principles and assumptions for all operations

The following common principles must be adhered to in the implementation of operations across all locations.

- Maintain the safety of personnel throughout the response, including the availability of security measures, such as armoured vehicles, PPE, and appropriate security staffing.
- Support operations with an innovative and agile operational support platform based on a no-regrets principle, particularly in the deployment of expertise, staffing, supplies and resources.
- Build and maintain situational awareness: monitor and assess the situation, including through a security analysis, to review the situation on an ongoing basis to determine the appropriateness of the response across the country.
- Implement directly, whenever possible, through partners when appropriate/needed, and never duplicate governmental systems but rather reinforce and support them.
- Localize the response to build and support local capacity, mobilize local partners, local professional networks and local contractors first and foremost, and engage international partners when necessary.
- Implement through partner field offices and hubs in collaboration with national, oblast and municipal Health Authorities, with health facilities and other health partners, such as professional networks, local partners, and UN Health Cluster partners.
- Coordinate with national authorities and other organizations to ensure complementarity of activities and full implementation of flash appeals and HRP strategic objectives.

- Embed and mainstream PSEAH and safeguard at all levels of in the response, and in all aspects of operations, taking into consideration country specificities and in alignment with IASC PSEAH guidelines and protocols. Contribute to risk mapping and risk mitigation, access to reporting, and referral and access to victim support services. This may necessitate supporting the efforts of interagency working groups to mobilize additional and vetted partners in support of operations.
- Work within the established interagency coordination mechanisms, such as the Health Cluster.
- Continue ongoing negotiations for the safe passage of evacuation of civilians and wounded, and for the provision of humanitarian aid.
- Implement actions to manage risks for the prevention of aid diversion.

In regions hosting IDPs and in refugee-hosting countries, health facilities must be supported to absorb the health needs of displaced populations without compromising the health care of the host populations. Service delivery platforms need to be scalable based on where people are displaced to and sheltered and the rising burden on local health systems, and need to address their barriers to access health care – such as financial, linguistic, cultural and social barriers. In reception sites and transit/transportation hubs, such as bus terminals and train stations, health partners will play an important role in expanding outreach, triage and referral services. In refugee-hosting countries, vulnerabilities, and health risks particular to the refugee population, must be addressed to protect both populations – such as differences in vaccination coverage, and higher burden of disease for certain conditions. Additionally, efforts must be made to ensure critical services that are normally available in Ukraine are provided to the refugee populations.

9.3 |

Programming within Ukraine

The operational strategy has been aligned with the tiered operational priorities laid out by the Ukraine Humanitarian Country Team (HCT) in April 2022 for a scale-up in the response including:

- **cross-line response and response in non-government-controlled areas (NGCAs)**, where partners do not have access or access requires additional advocacy and efforts;
- **response in newly accessible areas and response in areas under threat**, meaning areas where access is unpredictable;
- **supporting newly-displaced and safe passage, and responding to internally displaced people (IDPs) in all areas**, meaning areas where partners have guaranteed access; and
- **supporting health partners for the coordination of medical transfers to neighbouring countries of patients with severe conditions who are unable to receive treatment in Ukraine.**

Response activities in the following geographic areas are based on the Ukraine response pillars outlined above in this SRP and aligned to the specific needs of the populations as well as to the operational context, as described below.

Scope

The scope includes areas that are beyond the current lines of control, under encirclement, or currently contested. In areas without direct access due to security concerns or other restrictions, service delivery will switch to a predominately remote operations modality.

Package of interventions

The response will focus on support to emergency and trauma care, including getting emergency medicines and supplies behind conflict lines through available mechanisms. An additional focus would be to monitor attacks on health.

Delivery modalities

The response needs to be supported by an innovative and agile operational support platform based on a so-called no regrets principle to ensure an opportunistic capability that can rapidly surge staff and supplies into these areas when the situation allows. Delivery will need to be flexible and opportunistic, including a rapid distribution of supplies to strategic staging locations or through non-traditional partners without any form of monitoring or evaluation.

Specific focus of health partners

Key activities of focus in these geographical areas include:

- a. establishing remote coordination mechanisms with national and international partners;
- b. addressing urgent trauma care needs and emergency health care through the deployment and coordination of EMTs, and mobilization of trauma expertise for urgent interventions and/or just-in-time training and/or provide remote support as needed;
- c. evacuation of critical patients and those requiring urgent cancer treatments or dialysis support;
- d. rapid provision of trauma kits and essential medical supplies, generators and other infrastructural support items for hospitals and health facilities, and medical equipment including PPE, to address life-threatening disruptions in the care of NCDs;
- e. rapid assessment of the functioning of health care facilities;
- f. remote support for the mental health and psychosocial needs of the population and staff, if this cannot be done in person;
- g. remote provision of RCCE interventions and assets based on listening insights and the engagement of civil society organizations (CSOs) that are present in areas not accessible by health sector partners; and
- h. remote health information management, health facility and service assessments and surveillance, including the tracking and reporting of attacks on health care. The collection of public health information should be based on available data and existing reporting mechanisms, but without on-the-field primary data collection. Information should be augmented through event-based surveillance (EBS), including epidemic intelligence from open sources (EIOS) and from secondary data sources focussing on areas with no access.

Scope

The scope includes areas where the conflict is continuing or intensifying but remain accessible without passing a line of control.

The focus is to reach areas likely to fall under threat based on credible analysis and a proactive so-called push approach, and areas where Russian Federation forces have withdrawn, but which have suffered severe damage to civilian infrastructure, with high levels of unexploded ordinance and other limiting factors.

In these areas, an agile tactical operational response modality will be used. The objective will be to ensure an opportunistic capability to rapidly surge staff and supplies into these areas when the situation allows and to access newly accessible areas following intensified security measures.

Package of interventions

In these areas, the objective will be to deliver as complete a package of health interventions as possible across all the Ukraine response pillars, with a focus on life-saving activities.

Delivery modalities

Service delivery will switch to a remote operations modality. Existing health care facilities should continue to function at an essential level, accepting people coming out of these zones who may potentially need urgent attention and/or referral. It will include operational preparedness and continuing operational support in the event of intensified conflict.

Delivery will be based on agreements with the relevant authority and will most likely require innovative solutions and arrangements through non-traditional partners. Where possible, monitoring and evaluation should be conducted through third party agreements. While the lack of direct access will be a major factor, a so-called no regrets policy will be applied.

In situations where people are seeking refuge in collective centres and/or are opting not to seek health care at a facility due to insecurity, outreach services must be established in support to community and primary services platforms, including through tele-medicine. Health partners will play an important role in the expansion of these outreach services as in filling gaps in facility-based service delivery by temporarily substituting non-functional health facilities whenever necessary, until normal services can resume.

Specific focus of health partners

Key activities of focus in these geographical include:

- a. establishing remote coordination mechanisms with national and international partners;
- b. addressing urgent trauma care needs and emergency health care through the deployment and coordination of EMTs, mobilization of trauma expertise for urgent interventions and/or just-in-time training and/or the deployment of mobile clinics in areas in accordance with safety measures focusing on priority health interventions attributed to the top causes of morbidity and mortality;
- c. the evacuation of critical patients, namely, those requiring urgent cancer treatments or dialysis support and those requiring specialized care according to MoH evacuation criteria;
- d. the rapid provision of trauma kits and essential medical supplies, medical generators and other infrastructural support items for hospitals and health facilities, and medical equipment including PPE, to address life-threatening disruptions in the care of NCDs;
- e. the rapid assessment of the functioning of health care facilities and other health operations as feasible;
- f. remote support for the mental health and psychosocial needs of the population and staff, if this cannot be done in person;

- g. the provision of RCCE interventions and assets based on listening insights and the engagement of CSOs and other partners. RCCE activities should focus on key life-saving and prevention measures;
- h. remote health information management, health facility and service assessments and surveillance, including the tracking and reporting of attacks on health care. Collection of public health information should be based on available data and existing reporting mechanisms, but without on-the-field primary data collection. Information should be augmented through EBS, including EIOS and from secondary data sources focussing on areas with no access;
- i. the promotion of PSEAH safe programming in all operations and monitoring of implementation, including emerging needs and ensuring capacities to address the needs, in coordination and alignment with interagency protection working groups, and consistent with IASC guidelines and protocols; and
- j. supporting rapid and essential health infrastructure repair where possible.

9.3.3 |

Supporting newly-displaced and safe passage AND responding to internally displaced people (IDPs) in all areas

Scope

The scope includes the most recently displaced people, who have exhausted coping mechanisms and are moving into areas that may have already stretched capacities or may be affected by the decreased availability of staff and supplies.

In all areas where access is permissible, WHO and partners will work closely with the relevant authorities and partners to support the provision of essential supplies and health services.

Delivery will be based on agreements with the relevant authority – such as the governments of Ukraine and Russian Federation, or other national authorities – using traditional and non-traditional health cluster partners. Where possible, standard monitoring and evaluation methods will be applied.

Package of interventions

The aim is to deliver as complete a package of interventions as possible across the Ukraine response pillars, to vulnerable populations.

Delivery modalities

The health system is accessible and likely to be mildly affected. The focus is to maintain essential health care systems as they are and ensure readiness to scale up support to internally displaced persons, in transition or as a surge in number of people. Where possible, standard monitoring and evaluation methods will be applied. In the NGCAs of Ukraine, where staff safety remains paramount, the response will continue to be delivered by cross-line operations.

Specific focus of health partners

Key activities of focus in these geographical areas include:

- a. establishing health coordination hubs in collaboration with national health authorities and other health delivery partners, such as the UN Health Cluster;
- b. addressing urgent trauma care needs and emergency health care – including for safe deliveries, newborn and child health care, and chronic disease care in emergencies – through the deployment and coordination of EMTs and other response partners, and mobilization of trauma expertise for urgent interventions and/or just-in-time training;
- c. support for secondary and primary health care through, for example, community outreach activities, such as with mobile medical teams;

- d. the rapid provision of kits, such as interagency emergency health kits (IEHKs), trauma and surgery supplies, and essential medical supplies and medical equipment including PPE, as well as logistical support to fill gaps, such as for generators and other infrastructural items for hospitals and health facilities; including support to blood banks and emergency blood services, and to trauma rehabilitation services;
- e. conducting readiness activities needed to maintain essential services, particularly to address the high rates of NCDs, including repositioning and strengthening remote delivery systems, as well as CBRN event readiness;
- f. preventing the spread of infectious diseases, such as measles, polio, COVID-19, and diarrheal and respiratory diseases, by enhancing disease surveillance and response, vaccination, and the implementation of other public health measures, such as improving water, sanitation and hygiene services, as well as continuing treatments for TB and HIV;
- g. strengthening support for the mental health and psychosocial needs of the population;
- h. ensuring the full range of public health information services (PHIS) required to ensure timely delivery of health services, with the range of PHIS including public health situation analyses, mortality assessments, health needs assessments, health facility assessments, reporting of attacks on health care, syndromic/disease surveillance and early warning capabilities, as well as strengthening national health information management.
- i. strengthening RCCE, including: setting up coordinated social listening platforms and mechanisms, informing interventions in line with listening insights and priority health needs, and mapping and working together with CSOs to co-develop, test, implement and evaluate interventions targeted to affected populations in Ukraine and surrounding countries. These activities should aim to be sustainable through the establishment of RCCE structures, systems and skills at the community level; and
- j. the promotion of PSEAH safe programming in all operations and monitoring implementation, including emerging needs and ensuring capacities to address the needs, in coordination and alignment with interagency protection working groups, and consistent with IASC guidelines and protocols.

9.4 |

Programming in refugee-receiving and refugee-hosting countries

With the influx of Ukrainian refugees, local and national authorities have established reception facilities at border crossing points to receive new arrivals, and are providing life-essential services including basic health services. Urban centres and transportation hubs have been equipped with information on the asylum process, temporary protection and health care pathways. Moreover, access to basic rights and services, such as health, has been facilitated and steps have already been taken to foster protection and inclusion into national systems, such as for health and education. Referral services are being scaled up, focusing especially on case management and the protection of unaccompanied children and GBV survivors, and protection from SEAH and trafficking, and prioritizing the needs of persons with disabilities as well as other vulnerable groups.

The UNHCR Regional Refugee Response Plan's (RRRP) health and nutrition response aims to ensure access to preventive, promotive, curative, palliative, and rehabilitative health services for refugees to prevent excess morbidity and mortality. The immediate health priorities are to provide the fleeing population access to essential medical and surgical services to treat trauma caused by violence and military operations. Additional priorities include providing access to essential health care services, medication, and mental health and psychosocial support, especially for mothers, newborns and children, HIV and tuberculosis patients, and patients with NCDs.

The key role of government includes the following actions.

- Embed refugee response programming within health systems and programmes;
- Provide services targeting the needs of the refugee population, such as MHPSS, GBV survivor-centered care, PSEAH, childhood vaccination, continuity of care of NCDs and for people living with HIV/AIDS and TB;
- Provide surge planning for the health workforce and health financing based on the proportion of increase in the refugee population in the given community or city;
- Through Ukrainian health access points, integrate Ukrainian health workers into national systems, according to national policies;
- Set up early warning mechanisms to strengthen surveillance;
- Review health financing modalities to remove barriers to service utilization;
- Provide capacity-building for the health workforce to address new and evolving needs;
- Build systems to ensure a continuity of services in anticipation of a phase-out of a volunteer-led response;
- Embed PSEAH and safe programming in all operations.

9.4.1 |

Border crossings and reception centers through the refugee journey

The following priority actions should be undertaken to support refugees at border crossings and reception centres.

- Provide information on health care services and health care entitlements of the country they are in.
- Provide key health messages through risk communication and community engagement.
- Provide psychological first aid.
- Ensure first aid and referral mechanisms are available for chronic and life-threatening conditions.
- Map risks and implement risk mitigation measures, including providing information on SEAH and channels for reporting and receiving services.
- Reduce transmission of communicable diseases at the site where appropriate, including through implementing early detection and referral mechanisms, early warning surveillance systems, and prevention measures, such as safe water, sanitation and hygiene services, and infection prevention and control practices.
- Inform people about and implement measures to prevent GBV as well as ensure referral pathways for management.

9.4.2 |

Refugees residing in current destinations

The aim here will be to support national health systems to address the increase, and future surges, in the refugee population and their unique needs. The following priority actions should be undertaken to support refugees residing in current destinations.

- Provide health information on access to health services, and behavioural change interventions through risk communication and community engagement.
- Provide emergency medical and primary health care to refugees in all settings, including prevention services, such as vaccinations, through existing health services, mobile clinics or outreach services and EMTs.
- Reduce the transmission of infectious diseases through the scale-up of early warning systems, access to diagnostics, prevention and treatment services, and implementation of risk communication and community engagement. In collective centres, strengthen infection control practices, as well as the safe provision of water, sanitation and hygiene services.
- Monitor access to and the utilization of health services, and barriers.
- Monitor needs of vulnerable population and ensure meaningful access to health care.
- Scale up mental health and psychosocial support.
- Support the provision of essential medicines, vaccines, and medical supplies.
- Map risks and implement risk mitigation measures that include the provision of information on SEAH and channels for reporting and receiving services.
- Inform people about and implement measures to prevent gender-based violence as well as ensure referral pathways for management.
- Work with partners to support the joint provision of services.

9.4.3 |

Medical evacuations and referrals from Ukraine to EU countries and beyond

The following priority activities should be undertaken to support medical evacuations and referrals.

- Coordinate medical evacuations and referrals from the oblast to the three medical hubs that have been developed by the MoH of Ukraine, and then onwards to appropriate sites in the country of destination, in coordination with DG SANTE and DG ECHO.
- Provide transport and logistics, especially through the mobilization of EMTs.
- Provide operational support to the MoH of Ukraine through staffing, translation services and entry of patient data into the CECIS and EWARS.
- Provide relevant medicines and supplies, as needed.
- Provide technical and operational support, as needed for medical hubs that have been established in receiving countries.
- Facilitate continuity of care required through the evacuation/referral process.



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The main priority for returnees is to facilitate continuity of care for the people returning to Ukraine, including availability of health documents outlining services they received, and the provision of multi-month medicine refills for priority chronic diseases.



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While the war in Ukraine is still ongoing, the Government of Ukraine has already expressed a desire to think ahead and prepare for recovery and reconstruction for all sectors of the economy, including health. Several international development partners are already anticipating support to the Government for such a process. WHO and partners will support this process and facilitate national authorities and the international community in multi-sectoral recovery planning, ensuring that the health and well-being of Ukrainians is placed at the centre of all post-war recovery strategies in the country.

Given that the situation in Ukraine is still unpredictable, and there are numerous actors interested in supporting the recovery process on different scales and levels, it is suggested to undertake a phased approach to recovery assessment and planning for the health sector. A phased and prioritized approach should be followed as defined in WHO's guidance document (21) on health system recovery in Ukraine, based on a rapid assessment of damage, loss and needs, and complimented by a more comprehensive

assessment and costing of a detailed health system rebuilding plan. Key tenets are to be person-centered and responsive, ensure equity and financial protection, contribute to system resilience, ensure efficiency/sustainability and assure accountability, building on the strengths of Ukraine's existing system, linking humanitarian assistance and medium-term system strengthening as early as possible, and planning for a realistic sequencing of implementation.

For refugees to meet their basic needs and mitigate risks, a broad inclusion lens is essential from the start to advocate for and facilitate access for refugees and host communities alike to health services, identify barriers and gaps, and coordinate support. Ongoing assessments will be required as well as refugee community engagement to assess evolving needs, knowledge, access and barriers, as well as host health system capacities and resourcing. For those who stay, existing and new refugee qualifications and skills will be required to integrate better into local health services at all levels. At the same time, governments and partners need to prepare for a worsening situation in Ukraine and consequent increases in population influx, onward movements of refugees to other countries, as well as the return of refugees to Ukraine: contingency planning actions must be undertaken as before to ensure continuity of care.

Both in Ukraine and in refugee-hosting countries, PSEAH mainstreaming and safe programming in all recovery programmes and actions will be ensured, and with efforts made to integrate PSEAH actions in national systems.



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The SRP will be monitored through tracking a set of high-level key performance indicators as follows. A detailed monitoring and evaluation plan will be developed, including targets, frequency of reporting, sources of data and information, and use of indicator tracking to inform and fine-tune programme interventions. More detailed action and operational plans will need to be developed for more detailed work planning, resourcing and monitoring.

The indicators below are high-level indicators that WHO and health partners can choose among to monitor and guide their response.

Results hierarchy	Indicators	Means of verification	Assumptions
Pillar 1: to life-saving, critical care, and essential services is strengthened and support to health system recovery is ensured	Number of consultations disaggregated by different service packages (monitoring trends in access to service)	eHealth system	Humanitarian access is maintained throughout the response period
	Number of people provided with goods and services supported by WHO (monitoring beneficiaries reached with supplies provided by WHO)	Goods and supplies delivery tracking system	
	Proportion of households who needed life-saving care that received it	Health needs assessments, health impact assessments	There is a reduction in attacks on health, and disruptions in the health system are minimized in areas of conflict and changed control Humanitarian corridors are rated in conflict areas to allow delivery of medical supplies and equipment
	Number of consultations on mental health and psycho-social support services supported by WHO	WHO records (reports produced by mental health mobile teams)	
	Number of health evacuations successfully completed with WHO support (100%)	WHO records (reports produced by medical evacuation team)	
	Number of metric tons of supplies and equipment provided, disaggregated by: <ol style="list-style-type: none"> 1. type of supply/equipment (e.g. trauma kits, ambulance, COVID-19 supplies) 2. type of receiving facility (e.g. primary care, secondary care, lab) 3. location/oblast 	WHO records (updates from Operations Supply and Logistics)	Funding is available to implement the Response Plan

Pillar 2: Infectious diseases are prevented and responded to in a timely and effective manner	Number of children immunized through WHO-supported mobile teams and fixed health facilities – disaggregated by type of immunizations, gender	Official immunization administrative reporting provided through UKRVAK and other databases and verified by eHealth (to the extent possible)	Parents/caregivers will prioritize seeking routine child immunization services A cold chain for vaccines and other essential medical supplies is maintained RCCE will address vaccine hesitancy and deprioritization of routine child immunization Funding is available to implement the Response Plan
	Percentage of total population covered by primary series of COVID-19 vaccination in regions with no direct military presence of Russian Federation	Aggregated administrative reporting provided to national level and verified through eHealth (to the extent possible)	
	Percentage of measles and diphtheria cases investigated according to WHO global standards and national level instructions	The Ministry of Health’s regular monthly and quarterly reporting to WHO as well as JRF data (when available)	
Pillar 3: Emergency health information and surveillance for evidence-based decision-making in health are reinforced	Health information report produced every week (report includes surveillance, attacks on health care, information from completed health needs assessments)	Ukraine Public Health Center WHO records/reports	The government will remove/not impose restrictions on data collection and data sharing Partners will follow routine reporting and incident reporting protocols Funding is available to implement the Response Plan
	Monthly report on monitoring of incidence of major communicable diseases		
	A real-time map of available health care services, environmental hazards, emergency mobile teams, etc. is accessible to health partners		
Pillar 4: Effective leadership and coordination of humanitarian interventions in the health sector is ensured	Number of beneficiaries reached by health cluster partners (6M)	Health and Nutrition cluster operational presence - Who does What Where	Partners will be committed to collaboration and ensuring the safety and dignity of the population
	Number of facilities covered by health cluster partner (300)	Health and Nutrition cluster operational presence - Who does What Where	
	Percentage of partners participating in technical working groups (TWGs) (50%)	Quarterly review of TWG minutes	

Results hierarchy	Indicators	Means of verification	Assumptions
Refugee Response Pillar 1: Health leadership and governance mechanisms are streamlined and reinforced	Proportion of refugee response health sector partner coordination meetings held (or participated in) as planned either by the WHO or the governments of refugee-receiving countries (100%)	National health sector meeting minutes (when led by WHO), WHO participation; (when led by the governments of refugee-receiving countries)	Partners will be committed to collaboration in the response
Refugee Response Pillar 2: Financial barriers for accessing health care are removed	Percentage of registered refugees with the same entitlement to health access as the local population, by country ¹	National registry of refugees	The EU Temporary Protection Directive is active where relevant Refugees covered by the insurance systems, as are any other citizens Refugees are included in the health financing system Refugees who are not employed have an alternate way to opt into the insurance system
Refugee Response Pillar 3: Access to primary and emergency health services is strengthened	Policy guidance and technical support provided on disease prevention programs	WHO records/reports	MoH in target countries will welcome technical support from WHO Funding is available to implement the Response Plan
	Number of consultations for refugees on mental health and psycho-social support services supported by WHO	WHO records/reports	Funding is available to implement evacuations as per Response Plan

¹ Except countries that are not covered by the EU protection directive (Republic of Moldova)

	<p>Proportion of messages developed that meet the health needs of refugees and host community</p> <p>Proportion of refugee households who needed primary health care that received care</p>	Surveys and assessments	<p>Governments will be willing to conduct/oversee health assessments</p> <p>Refugee populations will be willing to participate in health assessments</p>
<p>Refugee Response Pillar 4: Emergency health information and surveillance for evidence-based decision-making in health are reinforced</p>	Percentage/number of surveys and assessments on access to or utilization of health care among Ukrainian refugee population into which WHO provided input	WHO records/reports	<p>Governments will be willing to conduct/oversee health assessments</p> <p>Refugee populations will be willing to participate in health assessments</p>
<p>Refugee Response Pillar 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need</p>	<p>Percentage/number of supplies and equipment delivered versus requested by Member States, disaggregated by:</p> <ol style="list-style-type: none"> 1. type of supply/equipment (e.g., medications, diagnostics, and vaccines) 2. type of receiving facility (e.g. primary care, secondary care, lab) 3. location 	WHO records (Operations Supply and Logistics)	No breakdown in supply chains for health products
<p>Refugee Response Pillar 6: Health workforce is supported to provide health care to refugees</p>	Number of health workers trained to provide services to refugees (specify technical area of training, e.g. MHPSS)	WHO training database	Health workers are willing to participate in training
	Percentage/number of WHO staff and consultants that complete mandatory PRSEAH training before employment/deployment (100%)	WHO Human Resources Department	WHO continues to take the lead in ensuring PRSEA, safety and dignity of the population in the health response

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The WHO Regional Office for Europe

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World Health Organization Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.who.int/europe

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