

WHO's Response to the Ukraine Crisis

Interim Report
February to June 2022



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Acronyms

CBM	Cubic meters
CBO	Community based organization
CC	Coordination Cell
CO	Country office
EMS	Emergency Medical Services
EMT	Emergency Medical Team
EMTCC	EMT Coordination Centre
GBV	Gender-based violence
IDP	Internally Displaced Persons
IEHK	Interagency Emergency Health Kits
IMT	Incident Management Team
MHPSS	Mental Health and Psychosocial Support
MoH	Ministry of Health
MUH	Mobile health unit
NCD	Noncommunicable disease
NCDK	NCD Kits
NGO	Non government organization
OSL	WHO Operations Support & Logistics
PCR	Polymerase chain reaction
PHA	Public Health Assessments
PHSA	Public Health Situation Analysis
PRSEAH	Preventing and responding to sexual exploitation, abuse, and harassment
PSA	Pressure swing absorption
PSEA	Protection against Sexual Exploitation and Abuse
RCCE	Risk Communication and Community Engagement
RDT	Rapid diagnostic test
RHE	Refugee Health Extension
SEA	Sexual exploitation and abuse
SOP	Standard Operating Procedure
TESK	Trauma Emergency Surgery Kits
TWG	Technical Working Group
UKRR	Ukrainian Refugee
UPHC	Ukraine Public Health Centres
WCO	WHO Country Office

Foreword



The Russian Federation's war on Ukraine has caused suffering and devastation on a scale not seen for decades in the WHO European Region.

What is unfolding in Ukraine is a rapidly growing humanitarian and refugee crisis, with geopolitical and economic ripples felt across the globe, not to mention severe setbacks to Ukraine's, its neighbouring countries and the Region's progress towards better public health.

With every day that passes, the numbers of casualties and attacks on the country's health care system grow. Those subject to the greatest suffering are the Ukrainians, of whom more than six million are currently thought to be internally displaced. Since the first day of the invasion, 24 February 2022, nearly nine million have crossed Ukraine's borders to seek safety and become refugees. Almost 11 000 civilians have been killed or injured. The number of those losing their lives or whose health has deteriorated due to disrupted treatment or limited access to care, is far higher. Countless lives and livelihoods have been destroyed or marked for a lifetime.

The hostilities have caused large-scale disruptions to the delivery of health services and put the health system under severe pressure. An unprecedented number of attacks on health since the outbreak of the conflict have been reported and verified by WHO.

But the past months also saw an unprecedented mobilization and crisis response to a health emergency by WHO and its more than 100 partners. The following pages demonstrate what has been

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7 April, 2022 - WHO/Europe Press Briefing from L'viv, Ukraine - Regional Director's statement

achieved in just over four months; how WHO, the Ukrainian health authorities and international and national partners have reached and assisted millions of people and prevented Ukraine's health system from disintegrating and ceasing to function. The overarching goal? To minimize harm. To minimize mortality and morbidity. To sustain life-saving health services, no matter what.

Ensuring the health and well-being of all people lies at the core of WHO's mandate and commitments. This includes supporting the delivery of health services in Ukraine and supporting refugee-receiving and hosting countries to provide health services.

The challenges ahead are numerous. But WHO will continue to work to ensure the health and well-being of the citizens of Ukraine, wherever they are, now and after the crisis subsides.

WHO is able to deliver because of the many contributors supporting the emergency response. I sincerely hope we can count on your continued support to get health services to the Ukrainian people, including supporting the long and grinding road ahead of us, towards recovery and the path Ukraine was on only months ago, towards better health.

Dr Hans Henri P. Kluge
Regional Director
WHO Regional Office for Europe

Situation overview

Between 24 February and 28 June 2022:



6.2 million people
are internally displaced in Ukraine



> 8 million refugees
have left Ukraine for surrounding countries



10 631 civilian
casualties



4731 civilian
deaths



323 attacks
on health care

WHO is supporting the health sector in Ukraine and the refugee-receiving and -hosting countries (hereafter: “refugee-hosting countries”). WHO has mobilized experts and is working with partners to provide support with access to health services.

WHO continues to support the Ministry of Health (MoH) of Ukraine and the ministries of health of the refugee-hosting countries to ensure patients’ safe medical evacuation (Medevac). However, in Ukraine and refugee-hosting countries, there continue to be multiple challenges requiring scaled-up and integrated response interventions that address both emerging and existing needs.

Health care continues to come under attack

In Ukraine, access to health care is severely impacted due to security concerns, restricted mobility, broken supply chains and mass displacement. This includes being under attack. According to WHO’s Surveillance System for Attacks on Health Care, there have been

323 attacks on health care reported between 24 February and 29 June, resulting in 59 injuries and 76 deaths. Attacks on health care include those against health facilities, transport, personnel, patients, supplies and warehouses. These attacks deprive people of urgently needed care, endanger health care providers, and undermine health systems.

Millions of people are displaced

According to government data compiled by the Office of the United Nations High Commissioner for Refugees (UNHCR), over 8.2 million refugees left Ukraine for surrounding countries by 28 June, with the highest proportion in Poland (52%), followed by the Russian Federation (17%) and Hungary (10%). Approximately 6.2 million people remain internally displaced, whilst 5.5 million people who were previously displaced within Ukraine or moved to other countries have now returned to their homes in Ukraine.



“

“I am very grateful to our health care workers for their heroism, which they show every day while saving the lives of Ukrainians under shelling. Today, more than ever, we need support from international institutions, aimed at protecting lives and health of people around the world. We are grateful for the support provided by WHO to ensure the provision of health services and supply of medical devices. And we stay in constant contact with the Regional Office literally 24 hours per day”.

VIKTOR LIASHKO, Minister of Health of Ukraine



“

We thank the WHO, alongside other members of the UN country team, for its leading role and commitment to preserving and ensuring that essential health services remain available in Ukraine. We reiterate that health care services, workers and patients are not a target and must all be protected from harm. We call on all parties to abide by international humanitarian law to protect civilians and civilian infrastructure”.

OSNAT LUBRANI, UN Resident & Humanitarian Coordinator in Ukraine



“

Especially at this time of Russia’s war of aggression against Ukraine since end of February, health must remain a priority. This lies at the core of WHO’s mandate. We have placed our trust in the capacities of WHO. By our collaboration, we will ensure that lifesaving medical supplies and medical health services, including sexual and reproductive health, remain available for those in need both in Ukraine and the neighboring countries.”

SUSANNE FRIES-GAIER, Director for Humanitarian Assistance in the German Foreign Office



“

USAID has been one of Ukraine’s largest supporters for three decades, increasing our assistance since the start of Russia’s full-scale war. We continue to work jointly with WHO and other partners to mitigate the effects of the war and to address wider health needs in Ukraine and in neighboring countries receiving refugees. Health care is essential, and we remain steadfast in our commitment to helping Ukraine strengthen its health care systems and deliver care to the most vulnerable, during the war and in the post-war period”.

JAMES HOPE, Mission Director, USAID/Ukraine

WHO's response in Ukraine

Saving lives is the priority of WHO's response in Ukraine. WHO works to ensure time-critical, lifesaving multisectoral assistance, non-discriminatory access to emergency and essential health services and priority prevention programmes, and laying the foundation for longer-term health systems recovery and strengthening.



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Members of the IMT meeting with health authorities in Odessa

A coordinated, people-centered, and comprehensive WHO response

When the Ukraine crisis was categorised as a Grade 3 emergency (the highest level) on 25 February 2022, WHO upgraded the Ukraine Incident Management Team (IMT). Led by the WHO Representative and supported by the IMT leadership, the whole Ukraine country office team has acted since the start of the emergency response to provide the necessary support to the Ukrainian people. The command-control-coordination structure of the IMT has ensured a coordinated, people-centred and comprehensive response by WHO and partners, in close collaboration with the Ministry of Health and local health authorities. Through a hub-and-spoke system, the IMT covers the whole of Ukraine, enabling a context-specific response.

The following four specific objectives have been defined for WHO's response in Ukraine:

SPECIFIC OBJECTIVE 1: Access to emergency and critical medical care is strengthened

Assist the Emergency Medical Services (EMS) in delivering emergency medical care to the conflict-affected population, including wounded/trauma-affected individuals and those with severe COVID-19 and noncommunicable diseases (NCDs), prioritizing vulnerable groups, e.g. people with disabilities, older persons and children.

SPECIFIC OBJECTIVE 2: Infectious diseases are prevented and responded to

Reduce infectious disease transmission and hospitalization by supporting the health care system, including immunization activities and supporting the COVID-19 national response.

SPECIFIC OBJECTIVE 3: Emergency health information and surveillance for evidence-based decision making in health are reinforced

Health information system produces regular, timely and accurate data on health status, threats, health resources, service availability and health system performance.

SPECIFIC OBJECTIVE 4: Effective coordination of humanitarian interventions in the health sector is ensured

Strengthen health sector 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.

1

Specific objective 1

Access to emergency and critical medical care is strengthened



8381 consultations

provided by WHO-coordinated Emergency Medical Teams (EMTs)



11 821 consultations

by mental health and psychosocial support services supported by WHO



~ 11 839 patients

treated with trauma and emergency surgery kits (TESK)



~ 1750 patients

patients supported with rehabilitation kits



~ 310 000 people

with NCDs supported with NCD kits (NCDK)



99 medical evacuations

by 4 EMTs with WHO support



~ 1 253 000 patients

treated with interagency emergency health supply kits (IEHK)

WHO AND PARTNER ACTIVITIES

Service delivery

Emergency and critical medical care

- Supported the coordination of more than 80 Emergency Medical Teams (EMTs) across Ukraine, Poland and the Republic of Moldova with the provision of teams supporting emergency and primary health care, inpatient and specialist surgical care and rehabilitation, and patient transfer and Medevac assistance.
- Established a dedicated Trauma & Rehabilitation operational working group to support the coordination of international organizations providing EMT activities across 13 oblasts.
- Supported Ukraine's MoH efforts to establish three health hubs in western Ukraine to support the emergency medical services (EMS) medical evacuations and ensure the safe passage of patients from east to west, including those with cancer, for treatment outside Ukraine.
- Supported the EMS to coordinate and facilitate patient transfer and Medevac operations in close cooperation with the European Commission (SANTE /ECHO) and international organizations supporting ambulance transfer from Ukraine to Rzeszow airport in Poland.
- Distributed close to 700 sets of personal protective equipment to referral hospitals and emergency medical service teams in 9 priority oblasts.
- In cooperation with the Academy of Family Medicines in Ukraine (AFMU), launched a project to ensure affordability and accessibility of the primary health care services in emergency settings and address the burden of NCDs through mobile health units (MHU) in the Kyiv region. Sixteen primary health care workers including doctors engaged in the work of MHUs.
- From 1–30 June 2022, AFMU operated eight MHUs and provided 1240 outpatient consultations in priority areas of Kyiv oblast; 79% of the patients had chronic diseases and conditions (NCDs), 75% had a diagnosed cardiovascular disease (CVDs) of whom 37% had hypertension that required medical attention.
- MHU distributed WHO NCD kits to cover the population of 10 000 for three months.



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WHO gave the MoH of Ukraine 20 all-terrain ambulances able to function in even the most damaged and inaccessible areas. On 08 May 2022, WHO Director-General Dr Tedros handed over a donation of 20 all-terrain ambulances to Ukraine Ministry of Health Deputy Minister Iryna Mykychak.

Trauma and rehabilitation

- The WHO Rehabilitation team has worked with the MoH and the Ministry of Veteran Affairs to agree on a national concept for Spinal Cord & Traumatic Brain Injury Rehabilitation. Specialist rehabilitation equipment, consumables and assistive technologies have been deployed to increase the current bed capacity by an additional 20 beds.

Health worker training

- Worked with the Ukraine MoH on preparedness for various technological and industrial hazards that could pose a risk to health during the conflict, such as sites storing or producing industrial chemicals and nuclear plants; trained 1500 health care providers on chemical exposure and 1300 health care providers on mass casualties.
- Provided training courses for health care providers on hospital blood transfusions in conflict settings, management of traumatic limb injuries, emergency nursing care, and essential burns care.

Results

- 8381 consultations (60% female, of whom 1% were pregnant) were provided by the international EMTs.
 - 10% of the consultations were considered to be directly related to the war, while 48% were considered to be indirectly related.
 - 11% of the consultations were trauma-related, while 15% were infectious disease-related, with

acute respiratory infections representing the highest morbidity.

- More than 500 patients have been supported with Medevac to various European Union (EU) hospitals as part of an agreed pathway between the MoH and the European Commission (SANTE /ECHO). This includes patients requiring specialist care for injuries sustained directly from the war, and other health issues impacted by the war, such as cancer treatments, etc.
- 99 patients have been evacuated from Ukraine to Rzeszow airport by the four international EMTs (CADUS: international patient transfer and Medevac focal point, Global Response Management, Samaritan's Purse, and International Rescue Team).

What's next?

- In close partnership with the MoH EMT focal point from the Centre of Disaster Medicine, WHO will help to establish a national EMT Coordination Unit to improve preparedness planning of emergency and critical care, and patient transfer and Medevac activities.
- WHO will support the development of agreed processes, technical guidance, provision of staff and staff capacity building through training and mentorship for the National EMT Coordination Unit. This will aim to strengthen national capacity as the first line of response mechanism.
- WHO will work with the MoH to increase surge support and capacity in terms of equipment, specialist expertise and training, and staffing for rehabilitation (including assisted technologies), specialist burn care, and spinal cord and traumatic brain injury care provision to reduce the

- dependence on international Medevac.
- WHO will continue international support to the national EMS system, and will work to establish additional patient transfer and Medevac hubs for the safe and timely movement of patients from the east to the west, to improve patient outcomes and decrease the impact of morbidities associated with war injuries.
- WHO will continue its effort to help the MoH develop national capacity with the future development of Type 1 all-hazard mobile health teams, who are best placed to ensure the provision of not only emergency but also primary health care (including the provision of mental health and psychosocial support) in territories that are newly liberated or those that have restricted access.

Health supplies

- Established a logistics hub and air bridge of essential supplies by 2 March 2022.
- As of 30 June, WHO has delivered 654 metric tonnes of medical supplies to Ukraine comprising trauma and emergency surgery supplies (TESKs), interagency emergency medical supplies (IEHKs), blood transfusion materials, essential medicines, and other critical supplies, including body bags, ambulances, power generators, refrigerators and other equipment.
- Of these 654 metric tonnes of medical supplies 432 have reached their intended destinations in Ukraine; 222 MT are in transit.
- 15 diesel generators have been delivered to meet the energy needs of hospitals and health facilities.
- A pressure swing absorption (PSA) oxygen plant has been built to serve the medical oxygen needs of a hospital in Kyiv oblast.
- Prepositioned contingency stocks of emergency medical kits in Odeska and Poltava to support delivery efforts in these oblasts. Preparations are underway to open a sub-office in Vinnytsya to support emergency assistance to internally displaced communities.
- As part of overall preparedness measures to prevent, detect and respond to cholera, WHO has prepositioned 5000 rapid diagnostic tests in Ukraine.
- 50 kits of six assistive technology products (AT6), comprising elbow crutches, axilla crutches, walking frames, walking sticks, wheelchairs for hospital transportation, and toilet/bath chairs, were delivered to hospitals in eastern Ukraine

(Kharkiv, Zaporizhzhya, Mykolayiv, Dnipropetrovsk and Poltava oblasts) to support acute trauma care. The delivery of the AT6 kits was approved by the MoH of Ukraine and synchronized with the delivery of external fixators (frames used in surgeries to stabilize broken bones). The kits were accompanied with Ukrainian-language instructions for prescribing, fitting, and training on the use of the supplied assistive products.

- Five charter flights from the WHO stock centre in Dubai to Warsaw, Poland, transported specialist WHO kits, diesel generators, pharmaceutical fridges and freezers, and equipped ambulances. Delivered WHO kits included:
 - 717 Interagency Emergency Health Kits (IEHK)
 - 2069 Trauma Emergency Surgery Kits (TESK)
 - 31 NCD Kits (NCDK)
 - 52 consignments with regular flights transporting medicines and medical kits.
- Medicines, medical kits (IEHK, TESK), generators, and various rehabilitation products (wheelchairs, crutches etc.) delivered by road intrucks.
- 20 Ambulances delivered.
- 50 Rehabilitation kits delivered.
- Efforts are ongoing to deliver medical supplies from the WHO supply and logistics base in Lviv to affected oblasts amidst fuel shortages, limited warehouse capacity, and security restrictions due to ongoing military operations. Delivery of life-saving supplies to hard-to-reach locations remains a priority for WHO.
- Guidelines on donations of urgently needed supplies to support the emergency response in Ukraine and neighbouring countries are available on WHO's website: Medical supply donations for Ukraine. WHO continues to engage with governments, private organizations, and biomedical and shipping companies to secure medical supply donations.

Results

- Based on WHO's comprehensive approach and an estimation of the number of possible victims of war injuries, the supplies to the Ukrainian health system so far are estimated to have the following impact:
 - 11 839 patients treated with TESK
 - 310 000 people affected with NCDs supported with NCDK
 - 1 253 000 patients treated through IEHK
 - 1750 patients supported with rehabilitation kits (wheelchairs, walking crutches, walking frames and shower chairs).

Quick response and novel approaches under challenging conditions

WHO Operations Support & Logistics (OSL) managed to access Chernihiv in March, despite it still being under bomb attacks. The OSL team changed the mode of transportation four times to meet the increasing danger associated with movement. In the end, several small vans delivered the WHO goods (TESK and IEHK modules) to Chernihiv successfully and safely.

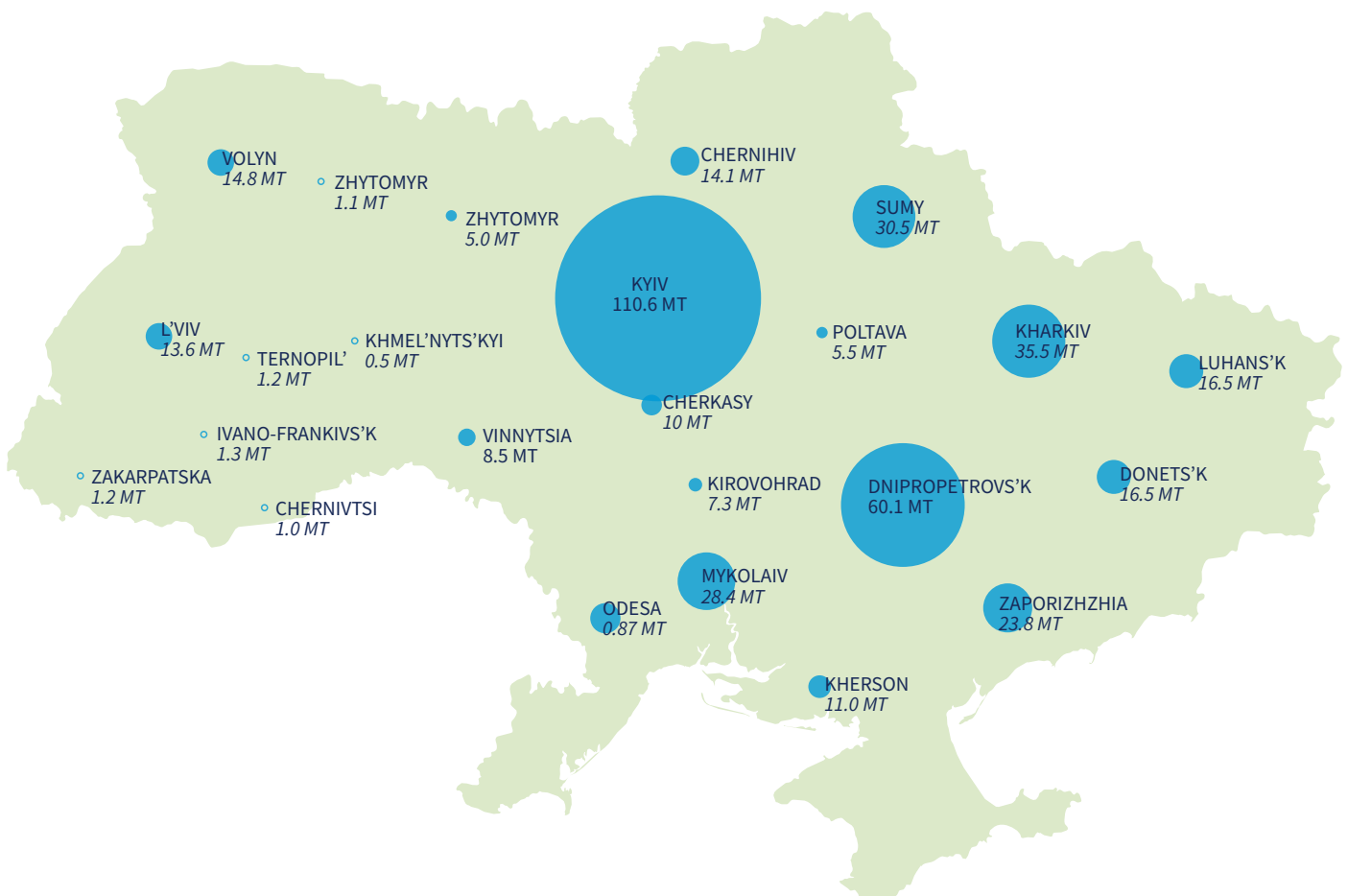
The team managed to cover Severodonetsk's needs (Luhansk oblast) twice before it became too dangerous for movement. TESK and IEHK modules successfully reached Luhansk oblast, controlled by the Government of Ukraine.

Kramatorsk (Donetsk oblast) was reached by the OSL team within the first month of response.

432 metric tonnes of medical supplies and equipment delivered by WHO have reached their intended destinations by 30 June 2022

WHO has delivered trauma and emergency medical supplies to the following oblasts (districts): Cherkasy, Chernihiv, Chernivtsi, Dnipropetrovsk, Donetsk, Ivano-Frankivsk, Kharkiv, Kherson, Khmelnytskyi, Kirovohrad, Kyiv, Luhansk, Lviv, Mykolaiv, Odesa, Poltava, Rivne, Sumy, Ternopil, Vinnytsia, Volyn, Zakarpatska, Zaporizhzhia and Zhytomyr.

WHO continues to call for safe passage to deliver life-saving supplies, medicines, and humanitarian assistance.



Stock that was still in warehouses as of 30 June is not included in the distribution overview

MT = Metric tonnes

◦ The value cannot be represented accurately to scale

What's next?

- Transition from bringing WHO emergency kits to bulk items delivery
- Strengthen emergency medical response by supplying ambulances, WHO trauma kits
- Establish a pipeline for the supply of rehabilitation kits
- Transition to national procurement to support rebuilding the Ukrainian economy
- Support MoH on rehabilitation of health care infrastructures and sustain mobile health services
- Cover the gap left by Global Fund partners in providing HIV treatment in the Eastern part of Ukraine
- Increase mobility and presence of OSL teams in oblasts of Ukraine, providing proper needs assessments and access possibilities
- Continue coordination of Health Cluster initiatives from an OSL perspective.

Mental health and psychosocial support

- Provided technical support and guidance for planning and launching First Lady of Ukraine Olena Zelenska's mental health and psychosocial support initiative to address the needs of people affected by the war in Ukraine.
- Developed a framework for Prioritized Multisectoral Mental Health and Psychosocial Actions in Ukraine jointly with the MoH of Ukraine and the Mental Health and Psychosocial Support Technical Working Group (MHPSS TWG), and with support from the IASC Mental Health and Psychosocial Support (MHPSS) Reference Group.
- 21 Community Mental Health Teams supported by WHO and providing long-term care for people with severe mental health conditions before 24 February 2022 were additionally trained in the management of stress-related mental health conditions, and continued to provide care to their clients in challenging new circumstances.
- Mobilized a group of partners engaged in capacity building of primary health care workers, using the WHO mhGAP Intervention Guide to develop an online course which will rapidly address growing demand, and make mental health services available in primary health care facilities in the near future.
- Chaired the MHPSS TWG at the national level and supported four new sub-groups at the oblast level (Lviv, Zakarpattia, Chernivtsy, Odeska). Since 24 February 2022, the number of partners has risen to 270.

Results

- 11 821 consultations by mental health and psychosocial support services have been provided to the affected population.
- Through chairing the MHPSS TWG, WHO has provided technical support to partners and facilitated the coordination of the response to multiple needs of the affected population.



© WHO / WHO Ukraine

On the 30th of April, WHO delivered vital medical and emergency supplies to Zaporizhzhia, to assist evacuees from Mariupol.



Olena Zelenska at the 75th World Health Assembly

Integrating change to psychosocial for support

At the plenary session of the World Health Assembly on Monday, 23 May 2022, the First Lady of Ukraine, Olena Zelenska, urged the international community to help manage the country's mental health crisis, warning that the effects of the war with Russia could be felt for decades.

“The war unleashed by Russia showed us horrors that we could not even imagine,” said the First Lady of Ukraine. “WHO is committed to protecting the most important human rights, the rights to health and life. Both of these rights are now being violated in Ukraine. Not a single Ukrainian – neither a child nor an adult – is sure that tomorrow they will simply wake up, that a rocket will not hit the house where this person lives. Doctors are not sure that ambulances will not be bombed on their way to patients.”



Read the full story

What's next?

- Support the initiative of the First Lady of Ukraine on Mental Health and Psychosocial Support
- Roll out a stress management initiative, which includes communication campaigns and capacity building in different sectors (health, social, emergency response, education).
- Support scale-up of capacity-building initiatives aimed at strengthening primary health care workers' skills and knowledge in managing common mental health conditions (including those that are particularly stress-related).
- Continue addressing the needs of people with severe mental health conditions as one of the most vulnerable groups (support Community Mental Health Teams, support basic needs of people residing in psychiatric hospitals, support other outpatient mental health services, support evacuation of people with mental health conditions according to the criteria developed by WHO and partners).
- Continue to facilitate partners' coordination and response to MHPSS needs of the affected population through chairing the MHPSS TWG Ukraine.



Specific objective 2

Infectious diseases are prevented and responded to



> 25 000 doses of tetanus antitoxin

have been delivered to Ukraine and distributed



850 000 beneficiaries

received health and disease information materials, specially developed for Ukraine



~ 10 000 routine vaccine and COVID-19 vaccine doses

were administered through outreach sessions in IDP locations

WHO AND PARTNER ACTIVITIES

Vaccine-preventable diseases

- Supported the MoH with the supply of immunobiologicals to address acute needs (tetanus antitoxin) and prevent severe complications and deaths in injured populations.
- Supported outbreak prevention and response efforts, with a focus on measles, diphtheria, pertussis and rubella by:
 - Ensuring a steady vaccine and immunobiologicals supply
 - Treatment of severe cases of diphtheria
 - Maintaining surveillance activities
 - Delivering outreach vaccination services for vulnerable and affected populations.
- Developed a procedure for vaccination proof for refugees and IDPs in consultation with the Ukraine Public Health Centre (UPHC) and the MoH.
- Developed public awareness materials, including videos and leaflets on the proof of vaccination procedure, to increase awareness in the affected population.
- Reviewed routine vaccine stock and needs for the period mid-2022 to mid-2023 and supported forecasting and communication with GAVI on the needs, jointly with UPHC.

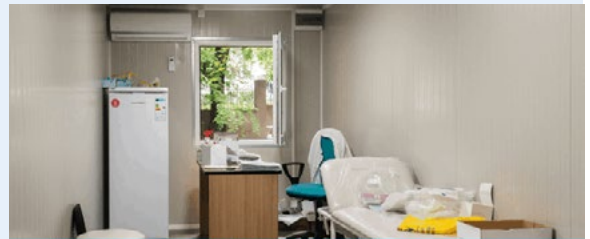
- Delivered ten supportive supervision sessions on measles, rubella, diphtheria, mumps, pertussis, HepA, cholera, pneumococcal infection, meningococcal infection, Haemophilus influenzae type b infection reaching more than 500 specialists (public health specialists, primary health care workers and WHO-UPHC regional trainers).
- Cold chain and temperature monitoring equipment needs were discussed and confirmed for some territories released from occupation, and prepared for procurement.
- Information materials on disease symptoms, transmission ways and prevention measures, including vaccination from measles, diphtheria, pertussis, rubella, and COVID-19, have been developed and distributed to over 850 000 IDPs in western regions.

Estimating HIV antiretroviral needs

WHO supported the Ukrainian MoH's Public Health Centre to estimate the antiretroviral needs in Ukraine. The United States President's Emergency Plan for AIDS Relief (PEPFAR) funded this and, together with partners on the ground, is delivering enough antiretrovirals to treat people living with HIV in Ukraine for up to 12 months.

Results

- More than 25 000 doses of tetanus antitoxin have been delivered to Ukraine and distributed to severely affected regions. Three hundred doses of diphtheria antitoxin from the WHO global stockpile were provided to cover up to 150 patients if any suspected or were confirmed for diphtheria.
- Approximately 10 000 routine vaccine and COVID-19 vaccine doses were administered through outreach sessions in IDP locations in western regions to prevent outbreaks in shelters and collective centres.
- The MoH has endorsed a procedure for vaccination proof for refugees and IDPs, and WHO has promoted the procedure in the European Region to ensure awareness and continuity of services for the population on the move.
- OpenWHO materials on routine and COVID-19 vaccination have been adapted for Ukraine and made available for Ukrainian-speaking health care workers and public health specialists worldwide.



Клінічне ведення пацієнтів з COVID-19 -
Реабілітація пацієнтів з COVID-19

Канал клінічного менеджменту

OpenWHO: Transferring knowledge to frontline responders

OpenWHO is WHO's interactive, web-based, knowledge-transfer platform offering online courses to improve the response to health emergencies. OpenWHO enables the Organization and its key partners to transfer life-saving knowledge to large numbers of frontline responders.



Visit Open WHO



3

Specific objective 3

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



Weekly health information situation updates

produced, including updates about surveillance, needs assessment, attacks on health facilities, OSL and service delivery



Historical surveillance data analysis

of the last three years conducted to identify priority diseases/conditions



Ten external weekly situation reports

produced and published



A real-time map developed

, including health facility mapping, EMT distribution, health facilities with bed capacity; surgical capacity, personnel; referral hospitals, availability of other major services; mapping of cancer treatment centres and referral network.

WHO AND PARTNER ACTIVITIES

Strengthening national surveillance systems

- To supplement the indicator-based surveillance, WHO hired part-time epidemiologists and introduced open-source surveillance on disease outbreaks, chemical and environmental hazards, IDP movement and other public health threats.
- Conducted a time series analysis of surveillance data, identifying trends and prioritising diseases/conditions; and analysed pre-war monthly e-Health data, both inpatient and outpatient, to estimate the potential impact of service interruption on priority service packages.
- Translated and adopted global surveillance guidelines, including the latest guidance on monkeypox surveillance and diagnostics, and updated case definitions of priority waterborne, foodborne and other diseases.
- Conducted several training sessions on polymerase chain reaction (PCR), biosafety and biosecurity for regional public health laboratory experts. WHO also developed standard operating procedures (SOPs) to help laboratory experts perform automated extraction, haematology analysis, etc.

Results

- Open-source surveillance has detected signals of suspected disease outbreaks early, allowing timely planning of response actions. Examples include a case of diphtheria in an IDP centre in Ternopil, rising numbers of gastrointestinal infections in several regions of the country, and flagged risk of environmental hazards.
- Development of two Public Health Situation Analyses (PHSA). The first update was made available on 03 March and the second in April 2022.
- Analysis of pre-war e-Health data and corresponding needs informed the specific objectives of the WHO response, projected the impact of service interruptions, and prioritized support to hospitals and health facilities accordingly.
- Translated and adopted global surveillance guidelines that were widely disseminated through the MoH and the Public Health Centre, allowing health care workers and epidemiologists to better understand case definitions that can lead to the early detection of new infections.

Generation and dissemination of public health information and intelligence

- Conducted public health surveillance from local open sources (twice weekly).
- Produced situation updates (10 external weekly situational reports already published).
- Conducted health needs assessments.
- A comprehensive public health situation analysis was developed and published by the Health Cluster and WHO, a short form in March and a long form in late April.

Results

- Results from the first round of the household needs assessment, using crowdsourcing data, were widely distributed within WHO, MoH and health cluster partners to inform response priorities. The result was also used to synthesise several needs assessments done by health cluster partners.
- The public health situation analysis identified the risk level of public health threats based on available data and situation analysis, which UPHC and health cluster partners widely use.
- Public health intelligence from open source and chemical hazard summary is circulated internally within WHO.

Mapping of health facilities and monitoring attacks on health

- Implemented WHO's Surveillance System for Attacks on Health Care that involves daily monitoring and verifying attacks on health care.
- As of 29 June, WHO had verified 323 reports of attacks on health care in Ukraine, at least 76 people have died, and 59 people have been injured. These incidents include attacks that affected health facilities (276), personnel (29), patients (14), transport (51), supplies (82) and warehouses (10).

What's next?

- Conduct a second round of household health needs assessments using crowdsourcing data to assess the current challenges regarding access to health care services, quality of care, access to essential medicines, etc.
- Conduct a representative health needs survey to complement the crowdsourcing data and add more granularity by collecting data on specific programme needs, e.g. mental health, NCDs.
- Strengthen the early warning, alert and response system by integrating immediately reportable disease forms into the national surveillance information system and eHealth. This work will be coordinated with the public health centre, UPHC.
- Train field epidemiologists on epidemiology in humanitarian emergencies, a training course designed for conducting epidemiological investigations in emergencies.
- In consultation with the MoH, conduct Health Services Availability Monitoring System and HeRAMS to comprehensively understand health infrastructure and service availability. The assessment could be done in a phased manner.
- Conduct regular analysis of eHealth data on patient visits for different service packages, and identify trends in hospitalization and outpatient treatment.



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Ukraine: Ukrainians prepare to leave their country, Lviv train station - March 2022

4

Specific objective 4

Effective coordination of humanitarian interventions in the health sector is ensured



2.9 million people

reached by health cluster partners



589 facilities

covered by health cluster partners



74% of partners

participating in technical working groups

WHO AND PARTNER ACTIVITIES

- At least 20 coordination (at the national and hub level) meetings were held every two weeks. An average of 120 partners participated.
- More than 190 requests for referral were submitted to the Health Requests, Planning and Response (HRPR) tool.
- Mobilized partners to participate in Health Assessments.
- 26 partners delivered 631 tonnes of supplies.
- Coordination of Ukraine Humanitarian Fund (UHF): support partners in the application process and OCHA in the review of projects; in the second allocation, nine partners were approved to implement lifesaving interventions in 20 oblasts; seven partners applied for the third allocation.

Results

- Opening of 4 hubs/sub clusters
- Ten health technical working groups (TWGs) are coordinating needs analysis and service provision.
- Coordinating the implementation of two Health Cluster Rapid Health Needs Assessments.
- Activation and maintenance of the tool HRPR (Health Requests, Planning and Response)
- Health Cluster Ukraine Bulletin # 16: published 6 May 2022.

What's next?

At cluster level

- Guarantee the treatment of the wounded/trauma-affected and others in critical need
- Provide lifesaving sexual and reproductive health care (including antenatal care)
- Ensure access to health care facilities and humanitarian health care (NCDs, chronic diseases, older people)
- Intensify mental health and psychosocial support
- Facilitate the shipment and delivery of health kits
- Support the procurement and delivery of medicines, medical supplies and equipment, particularly to primary health care
- Develop supply chain pipelines
- Ensure/support/restore functioning of infrastructure.

At intercluster level

- Support the Humanitarian Country Team and Inter-Cluster Coordination Group in the Humanitarian Program Cycle to prepare for, manage and deliver humanitarian response.



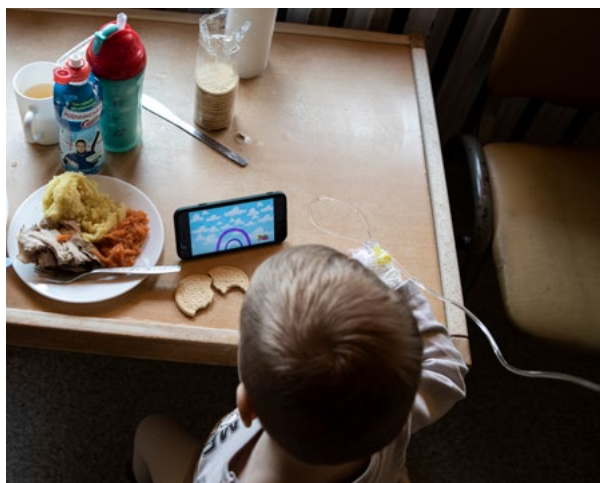
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The overwhelming majority of Ukrainian refugees are women and children. The arriving refugees require specific health care, such as treatment for chronic conditions, psychological support and maternal and child health.

WHO's Response in refugee-receiving and hosting countries

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 vulnerable people. These governments and health authorities are leading the response for this crisis together 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 – all playing an important role in supporting and complementing state authorities' efforts.

WHO has a strong country presence in the countries which have welcomed large numbers of refugees. It has deployed additional expertise and opened field operations tailored to the refugee needs. WHO has ensured coordination with the authorities, supported strengthening health systems, provided technical support to countries, and brought together the expertise of different UN agencies and partners.



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Przemysl hospital, Polish border – March 2022

In refugee-receiving countries, WHO is adopting a health systems approach to the response, supporting national authorities to ensure that health care systems can cater to refugees' needs while maintaining the level and quality of services to host communities. WHO is operating under the interagency response as part of the Regional Refugee Response Plan (RRRP) to meet the **following objectives:**

SPECIFIC OBJECTIVE 1: Health leadership and governance mechanisms are streamlined and reinforced

Support national authorities in refugee-receiving and hosting countries through interagency coordination (notably national and international NGOs and community-based organizations, WHO, UNHCR, UNICEF and ECDC), including providing policy guidance and technical support to continually assess and address emerging health needs of Ukrainian refugee populations.

SPECIFIC OBJECTIVE 2: Financial barriers for accessing health care are removed

Support health authorities in designing policies for eliminating financial barriers to accessing health services, including medicines and medical products.

SPECIFIC OBJECTIVE 3: Access to primary and emergency health services is strengthened

Facilitate systematic access to primary and emergency care by refugees, provide technical support to facilitate medical evacuations, coordinate EMTs to manage referrals from Ukraine, and provide mental health and psychosocial support services.

SPECIFIC OBJECTIVE 4: Emergency health information and surveillance for evidence-based decision-making in health are reinforced

Conduct relevant health assessments, monitor access and utilization of health services and barriers, and work alongside national health systems to set up early warning mechanisms and strengthen surveillance systems.

SPECIFIC OBJECTIVE 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need

Provide priority health supplies and medicines, including personal protective equipment,

rapid diagnostic testing kits, vaccines, HIV and tuberculosis treatments, etc.

SPECIFIC OBJECTIVE 6: Health workforce is supported to provide health care to refugees

Provide technical support for national health workforce planning, training, guidance, and tools to health workers to provide health services for refugees.

In the following country sections, some countries report according to the objectives, and for other countries highlights of their activities are provided.



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Lviv: Western Ukrainian Specialized Children's Medical Center

Leonid in his room at Western Ukrainian Specialized Children's Medical Centre in Lviv, Ukraine, on 10 March 2022. Leonid is Undergoing chemotherapy treatment for a bladder tumour.

Bulgaria

More than 116 581 refugees from Ukraine are in Bulgaria. The majority of these are women and children who need lifesaving assistance to cover basic needs, as well as access to health, childcare, education, and social support. Ukrainian refugees have temporary protection and the right to stay in Bulgaria. They can also access health care in the same way as Bulgarian citizens.

The Deputy Prime Minister's Office is the main body coordinating the refugee response in Bulgaria.

WHO has been working hand in hand with the Deputy Prime Minister's Office and other relevant partners to ensure that efforts are coordinated.



Bulgaria's Deputy Prime Minister Ms. Kalina Konstantinova thanked WHO for the continuous support for meeting some of the health-related needs of the Ukrainian refugees. She describes the work of WHO as very valuable and the recommendations as very useful and targeted for better risk communication on the vaccination process, mental health and psychological first aid.

WHO AND PARTNER ACTIVITIES

- Adapted, translated and shared guidelines for vaccination, including facilitation of synchronization between the Ukrainian and Bulgarian vaccination calendars. As of 6 June 2022, roughly 300 refugee children have been vaccinated in Bulgaria.
- Worked with the Bulgarian Red Cross to provide lifesaving medical treatment for Ukrainian nationals (medications, tests, medical items, and medical documents) and manage a helpline that offers psychosocial support in Ukrainian.
- Worked with the NGO Astra Forum to adapt guidelines for health care workers on vaccination of displaced persons with unknown history of vaccination.
- Provided training and awareness sessions for ambulatory health care workers about vaccination for refugees from Ukraine.
- Promoting mental health for medical personnel. Combating burn-out and anxiety among medical doctors, working in clinical settings.
- Adapted and published WHO Health information materials on prevention and management of TB, HIV, Hepatitis, accessing health services, vaccination and other infectious disease. Available at: www.srzi.bg.



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During mission, at the Bulgarian Red Cross HQ in Sofia we met also Катерина Шушкевич from Ukraine who came to Bulgaria 3 months ago. Katerina has given birth to her second child in safe and friendly health care environment in Bulgaria a month ago. Empathy, care, support provided by health professionals and other support received are reflected on her smiling face.

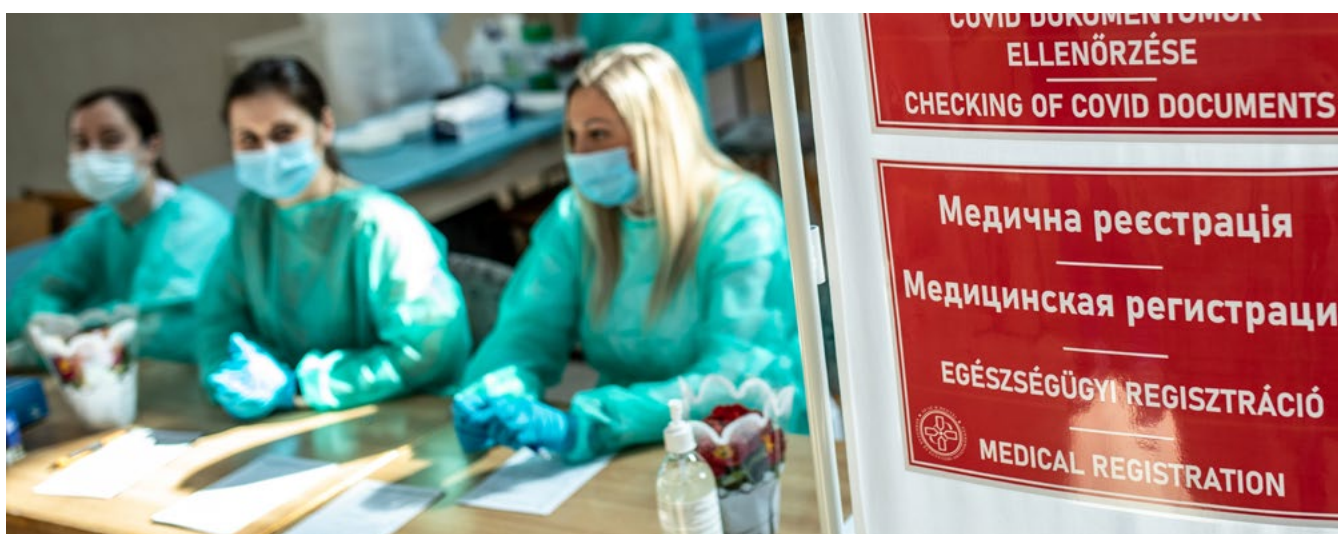
Hungary

As of 28 June 2022, Hungary has received 860 908 refugees crossing from Ukraine.

Since the start of the Ukrainian crisis, WHO has maintained close contact and cooperation with the Ministry of Interior and other Hungarian authorities.

WHO AND PARTNER ACTIVITIES

- Provided technical and policy guidance on tuberculosis control in humanitarian settings, planning and responding to radiological and nuclear emergencies, and continuation of treatment for cancer patients.
- Facilitated collaboration between Hungary and Ukraine on Tuberculosis (TB) patient records, resulting in a secure cross-border exchange of patients' data that is enabling an uninterrupted treatment of TB.
- Provided cold chain equipment to the Hungarian authorities, including 70 ice-lined vaccine refrigerators, 750 temperature monitoring equipment units and 40 cold boxes.
- Supported the Hungarian health authorities with COVID-19 treatment (molnupiravir and tocilizumab); a supply of 500 boxes of molnupiravir and 100 ampoules of tocilizumab is in the pipeline for treatment of both Ukrainian refugees and the Hungarian population.
- Completed a mapping of cancer treatment centres in Hungary as part of a wider WHO effort to develop a strategy to best care for cancer patients arriving in neighbouring countries.
- Prepositioned an alternative medical supply line to Ukraine via Hungary in case the existing WHO medical supply line from Poland needs to be moved to another country.
- Deployed a MHPSS coordination focal point to support the ministries of health and NGO partners in Slovakia, Romania and Hungary with the MHPSS response. Through this support, MHPSS coordination mechanisms (MHPSS Task Force in Hungary and MHPSS sub Working Groups in Romania and Slovakia) were activated at the end of March. Four regional MHPSS workshops were held, with 205 participants from 10 countries. IASC MHPSS guidelines have been translated, and coordination established with UNHCR Interagency Coordinators in three countries.



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Dr. Haris Hajrulahovic, WR Hungary, visited the registration centre in Beregsurány at the Ukrainian-Hungarian border where health workers received the refugees. Since 24 February, the refugees arrived mainly through 5 small villages at the eastern border: Beregsurány, Záhony, Lónya, Barabás and Tiszabecs, where NGOs together with the local population, health workers and law enforcement agencies helped them.

Czech Republic

As of 28 June, over 382 617 Ukrainian refugees have entered the Czech Republic. Approximately 300 000 have been provided with housing through public efforts, 390 000 were granted temporary protection and 285 000 were issued health insurance cards as per Lex Ukraine in Czechia.

WHO AND PARTNER ACTIVITIES

SPECIFIC OBJECTIVE 1: Health leadership and governance mechanisms are streamlined and reinforced

- Facilitated the establishment of a coordination mechanism between the Ministry of Health and NGOs and CBOs in the area of health, and participates in their bi-weekly coordination meetings.
- Worked with four UN agencies in contributing to health priorities for the UN Regional Refugee Response Plan.
- Established and coordinates the Mental Health and Psychosocial Support Working Group which is ensuring that MHPSS needs among refugees are assessed, and that services are mapped and streamlined.
- Provided advice to MoH in developing the health sector plan for the response to the refugee crisis.

SPECIFIC OBJECTIVE 2: Financial barriers for accessing health care are removed

- Supporting some Ukrainian citizens with an unresolved refugee status in the Czech Republic to access free health care, for example persons needing antiretroviral treatment are served by the Czech AIDS Foundation and WHO has supported 50–60 Ukrainian citizens not recognized as refugees to access free life-saving treatment in Czech Republic.

SPECIFIC OBJECTIVE 3: Access to primary and emergency health services is strengthened

- Advised MoH on harmonizing mandatory

vaccinations policies of Czech Republic and Ukraine and finding solutions for access to vaccinations for Ukrainian children.

SPECIFIC OBJECTIVE 4: Emergency health information and surveillance for evidence-based decision making in health are reinforced

- Deploying epidemiologists, WHO mapped out the disease surveillance services and pathways for information for Early Warning and Response. Needs have been assessed and possible remedial actions identified.
- Developed a protocol for the analysis of data at the facility level to address the lack of information about specific needs of the Ukrainian refugees. A large-scale project is under development.

SPECIFIC OBJECTIVE 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need

- Negotiating a donation of 1000 doses of Tocilizumab for COVID-19 treatment, and also a large donation of cold chain equipment for the national immunization programme.



Access to ongoing chronic care as a refugee in the Czech Republic



[View the video](#)

Poland

Between 24 February and 28 June 2022, 4 312 612 persons crossed the border from Ukraine to Poland. Of these, some 1 142 964 have registered with Polish authorities for temporary protection or similar national protection schemes. However, as of 1 June 2022, the Government of Poland and the UN estimated that between 1.4 and 2 million Ukrainian refugees currently reside in Poland.

The Polish health care system provides refugees with the same health benefits and services as Polish citizens. However, the impact on the Polish public health system has been considerable with increased risk of cases of TB, HIV/AIDS, and COVID-19 requiring treatment or vaccination.

WHO AND PARTNER ACTIVITIES

SPECIFIC OBJECTIVE 1: Health leadership and governance mechanisms are streamlined and reinforced

- On 8 March, WHO convened international partners for leadership and coordination of the health response. WHO co-established several technical working groups, including Mental Health and Psychosocial Support, Gender-Based Violence (GBV), Protection against Sexual Exploitation and Abuse (PSEA), and Information Management.
- Established two WHO field operation hubs in Rzeszow to provide surge capacity and humanitarian aid to Ukraine, and a Regional Hub in Krakow to provide technical support to refugee receiving countries (e.g., Moldova, Hungary, Slovakia, Czech Republic).
- Established an EMT Coordination Cell (CC) to lead health partners and ensure the quality of services and cohesion with the national response (Minimum Data Set Management). EMTCC Poland is coordinating 11 Health Partners, of which six provide direct clinical care to Ukrainian refugees.
- Led the development of the health sector component of the Refugee Response Plan.



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Przemysl hospital, Polish border – March 2022

Poland's buckling health care system nevertheless welcomes Ukraine refugees with open arms

In a feature article for the BMJ, Sally Howard reports on how Poland, a country with one of the lowest per capita health care spending in the EU, is dealing with the refugee situation.



Access and read the full article

SPECIFIC OBJECTIVE 2: Financial barriers for accessing health care are removed

- Launched a new platform for health sector partners in Poland, helping to strengthen coordination efforts among actors responding to the needs of refugees fleeing the war in Ukraine.
- Developed and disseminated medical pathways

for Ukrainian patients to facilitate their entry into and navigation of the health care system, and supported health partners to develop them.

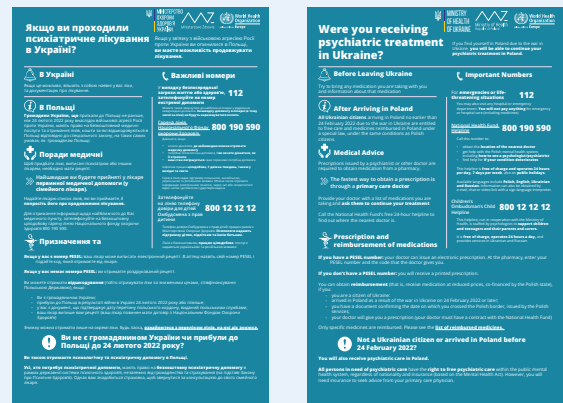
SPECIFIC OBJECTIVE 3: Access to primary and emergency health services is strengthened

- Referral and medical evacuation: supported the establishment of the medical evacuation procedure for patients from Ukraine in collaboration with the EU operating procedures (the temporary Medevac hub is situated in Rzeszow). The hub will provide a secure space for stabilized patients and their family members en route to the EU, MS and EEA countries for medical treatment.
- Initiated discussions on the deployment of EMTs to Polish facilities.
- Provided guidelines on the clinical management of survivors of rape; supported the establishment of an appropriate referral pathway for the clinical management of rape; and increased awareness of the referral pathways for GBV cases.
- PSEA capacity building with health partners.
- Conducting multisectoral health needs assessments for people with disabilities and older adults, and a provider survey about access and utilization of physiotherapists' services, increasing awareness of the needs of people with disabilities and older adults.

MHPSS

- Conducted a rapid MHPSS assessment at borders and reception centres.
- In collaboration with the Polish MoH, supported capacity-building for health care workers, translation of essential resource materials, and launch of WHO online learning platform for MHPSS in Emergencies in English, Polish and Ukrainian.
- Collaborated with the Polish and Ukrainian MoHs to ensure the psychotropic medication for Ukrainian refugees in Poland through communication and outreach.

Examples of materials prepared for the Ukrainian refugee communication and outreach in Poland



RCCE

- Conducted Risk Communication and Community and CSO engagement assessments, followed by an RCCE strategic plan covering priority risks.
- Initiated a study on the behavioural insight of Ukrainian refugees related to access to and the use of essential health services and vaccination demand.

SPECIFIC OBJECTIVE 4: Emergency health information and surveillance for evidence-based decision making in health are reinforced

- Provided technical support for i) measles and polio surveillance and immunization activities; ii) the national measles-rubella laboratory network; iii) development of a rapid diagnostic test (RDT) for measles. This enhanced preparedness for vaccine-preventable disease outbreaks, especially measles, polio, and other childhood-related illnesses.
- Developed a pilot project in six regions of Poland to treat patients with TB and MDR-TB from Ukraine.
- Supported the development of various tools to generate information for response coordination, including the 4W Mapping Tool, a summary of key NGO activities, mapping of the health partners per administrative division, and the individual/household level health assessment questionnaire.

SPECIFIC OBJECTIVE 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need

- Together with the Polish MoH, assessed the need for equipment and medicines to make the health system more responsive.
- Supported the provision of HIV and TB drugs to ensure the continuation of the Ukrainian treatment protocol.
- Provision of COVID-19 drugs and equipment.

- Provision of more than US\$ 4.1 million in medicines and equipment, including TB medicines, diphtheria antitoxin drugs, defibrillators and ventilators.

SPECIFIC OBJECTIVE 6: Health workforce is supported to provide health care to refugees

- Supported capacity building activities on several issues related to the refugee response, including TB, laboratory, PSEAH.



“The worst thing is not their physical condition, it’s their mental health...”

Dominika Janas, nurse, at the Rzeszów train station. Dominka Janas works at a medical centre set up at the Rzeszow train station and provides medical attention for Ukrainian refugees. For many people, she’s the first health care worker they’ve seen since leaving Ukraine.



[View the video](#)

Republic of Moldova

Between 24 February and 28 June 2022, 515 432 people fleeing Ukraine have crossed the border into the Republic of Moldova.

Leveraging the strong collaboration with the Moldovan MoH, the WHO Country Office has taken the lead in coordinating the health component of the crisis response at inter-agency level, starting with needs assessments and followed by donations of medicines, medical devices and supplies, as well as the establishment of an EMT Coordination Centre (EMTCC) in partnership with the MoH.

WHO AND PARTNER ACTIVITIES

SPECIFIC OBJECTIVE 1: Health leadership and governance mechanisms are streamlined and reinforced

- Supported the MoH in establishing a health sector coordination group, gathering different health sector partners. Currently, WHO and the MoH co-chair the health and nutrition Inter-Agency technical working group under which the Moldova Technical Reference Group on Mental Health and Psychosocial Support (MTRG-MHPSS) was established for a coordinated and effective MHPSS response.
- Led the development of the health sector contingency plan for the Ukrainian refugee influx in Moldova.
- WHO CO team, together with the EMTCC, is coordinating six EMTs in Moldova who are providing services that contribute to the work of the existing health system.
- Based on several refugee influx scenarios, WHO has supported MoH to estimate the health system needs and align partner support to the health system response.
- Coordinating the work of different agencies (IOM and ICRC) engaged in transporting people in need of medical evacuation. WHO developed Medevac SOPs.



Right from the first days of the refugee crisis, the World Health Organization has supported the efforts of the Ministry of Health of the Republic of Moldova to strengthen health system capacity, so that refugees from Ukraine and our citizens could receive needed health care and support. We are grateful to WHO for providing support in development of a contingency plan, training of health workers on health emergencies management and delivery of much-needed medicines and medical devices.”

DR ALA NEMERENCO, Minister of Health,
Republic of Moldova

SPECIFIC OBJECTIVE 2: Financial barriers for accessing health care are removed

- Developed a needs assessment and costing tool for the refugee response to forecast the volume of services required by refugees. Based on the identified needs, UNFPA, UNICEF, IOM, and some donors contributed to the health sector’s budget. The tool is regularly updated to inform decision-making.
- Organized an Inter-agency Refugee Health Working Group meeting dedicated to health financing mechanisms and health protection.
- Continues to raise awareness of the health sector needs and predicted costs among donors and partners, and facilitates the coordination of external aid to avoid overlaps and ensure coverage of most essential needs in medical services, medical devices, supplies and consumables.

SPECIFIC OBJECTIVE 3: Access to essential health services is strengthened

- Supported the identification of likely diseases and national programmes from which refugees could benefit based on the health profile of the refugees.



© WHO

Camp situated near by Palanca border crossing point between the Republic of Moldova and Ukraine.

WHO delivers much-needed health supplies to aid refugees arriving in the Republic of Moldova from Ukraine

On 25 February 2022, WHO Moldova delivered its first batch of health support to refugees coming from Ukraine, in a camp situated near the Palanca border crossing point. As of 2 March, more than 112 000 people from Ukraine had sought refuge in Moldova, with more than 51 000, including 19 450 children, being accommodated in the country. “The Republic of Moldova is receiving thousands of refugees, mostly women and children. There are people who have driven for 50 hours and been waiting in border queues for several days at a time. Humanitarian support is needed for refugees in neighbouring countries as well,” said Dr Marius Balea, chief doctor at the General Inspectorate of Border Police. The Ministry of Health of the Republic of Moldova will provide all refugees with free vaccinations against COVID-19 and other vaccine-preventable diseases, as well as free access to health care.

Following this process, a benefits package for refugees was developed and approved by the MoH as part of the health sector contingency plan.

- Together with other partners, WHO is coordinating the catch-up vaccination campaign to increase routine immunization and COVID-19 vaccination. This includes undertaking national coordination

support supervision visits in districts with the highest number of refugees.

- Conducted training for 350 primary health care coordinators to boost the vaccination campaign for COVID-19 and routine immunization catch-up campaign.
- Provided technical support to MoH in several areas: developed an SOP for EMTs regarding vaccination of refugees, developed a mass casualty management plan for frontline hospitals, developed lists of essential needs in case of mass casualty incidents, and providing mother and child care services, to ensure quality and safety in service provision.
- Delivered MHPSS capacity-building activities to national and international partners, including EMTs. Referral pathways to specialized mental health services have been identified and shared with the responders, and leaflets in Ukrainian providing information have been developed and shared with refugees countrywide.

SPECIFIC OBJECTIVE 4: Emergency health information and surveillance for evidence-based decision-making in health are reinforced

- Supported the MoH in conducting a risk assessment for the import and spread of measles, polio and other vaccine-preventable diseases; outcomes contributed to the health sector contingency plan for the Ukrainian refugee emergency.
- WHO CO, jointly with the National Agency for Public Health, conducted a rapid review of the country’s chemical and radio-nuclear capacities and needs, and the list of personal protective equipment and medicines.
- Supported the MoH in developing the health information system for refugees’ medical records (CEMR) that ensures the registration of key data on refugees required for health assessment and efficient management of health resources.
- Conducted a WASH assessment mission to identify the WASH needs in the refugee accommodation camps and at entry points. The data collected informed the procurement of infection prevention and control (IPC) supplies and biocides.
- Used information collected from needs assessments to identify required laboratory and IT equipment, laboratory consumables and reagents, and equip the mobile laboratories for biological agents identification and testing.

SPECIFIC OBJECTIVE 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need

- By 25 February, WHO had delivered key supplies to a camp situated near the Palanca border crossing point between the Republic of Moldova and Ukraine. Overall, hand disinfectant (1700 liters), face masks (50 000) and respirators (33 000), gloves (33 000), non-contact thermometers (50), electronic tonometers (50), and pulse oximeters (50) have been delivered to points of entry and refugee centres.
- Based on the risk and needs assessment conducted by WHO, the following items have been delivered:
 - 39 sets of IT equipment for the migrant placement centres.
 - WHO standard IEHK, TESK and NCD kits, as well as 300 000 units of rapid antigen tests for COVID-19, 25 units of Intensive care unit beds with patient monitors.
 - Ten units of WHO standard trauma backpacks.
 - A batch of testing supplies for sequencing of SARS-CoV 2 virus genome for the National Agency for Public Health.
 - Laboratory supplies for the National Agency for Public Health.
 - Several batches of donations including 900 vials of Tocilizumab, 200 000 bottles of hand sanitizer, 774 kg of medicines, surgical needles, catheters,



EMT Swiss Humanitarian Aid for Ukrainian refugees accommodated in the Republic of Moldova



[View the video](#)

syringes, airway guedels and other medical consumables for the Ministry of Health.

SPECIFIC OBJECTIVE 6: Health workforce is supported to provide health care to refugees

- Two three-day training sessions were organized on mass casualty management to strengthen capabilities.



© WHO

21 March 2022. Regional Director Dr Hans P. Kluge visiting the refugee center and medical team in Chisinau, Republic of Moldova

Romania

Between 24 February and 28 June 2022, almost 1.3 million refugees from Ukraine entered Romania, 90% being women and girls. Children account for approximately 33% of total arrivals. However, most are in transit to other countries, primarily to Hungary and Bulgaria, and as of 24 June about 83 000 people from Ukraine remain in the country, and more than 40 000 had applied for temporary protection.

Regardless of their legal status in Romania, people coming from Ukraine are entitled to the same health benefits as health-insured Romanian citizens, but without paying health insurance contributions or other taxes, such as copayments.

WHO AND PARTNER ACTIVITIES

SPECIFIC OBJECTIVE 1: Health leadership and governance mechanisms are streamlined and reinforced

- Partners' coordination and health leadership: organized and led the working group for health and the sub-working group for MHPSS to support MoH and partners' coordinated response. Work groups were established in April as partner consultation and coordination platforms. They are well attended and composed of national health agencies, local NGOs, INGOs and sister UN agencies.
- Supported policy development: provided technical feedback and inputs to the health sector response plan, and practical solutions to operational or ad-hoc issues as a member of the MoH-led health response to the Ukraine humanitarian emergency.
- Health advocacy: met regularly with representatives of the Prime Minister's Office, embassies, and donors to exchange information and updates on refugees' health needs and gaps and to resource the health response.

SPECIFIC OBJECTIVE 2: Financial barriers for accessing health care are removed

- Facilitated policy dialogue between MoH, National Health Insurance House (NHIH) and primary health care providers (family physicians) to find solutions to observed barriers and bottlenecks such as insufficient incentives for health care providers to provide services for refugees, out-of-pocket payments for contraceptives, abortions on request.
- Provided feedback and proposals to MoH and NHIH on observed gaps after multiple rounds of review of the legal and financial arrangements and interviews with frontline staff and key stakeholders.
- Conducted a behaviours insights qualitative study on refugee health service needs and access. The study identified an information gap regarding what services are free of charge, and the results were disseminated to implementing organizations, policies, and decision-makers.

SPECIFIC OBJECTIVE 3: Access to primary and emergency health services is strengthened

- Mapped family physicians who are able and willing to provide care for refugees in counties with high density. WHO will enable family physicians to provide services by donating translation devices and providing information materials.
- Developed a refugee-inclusive services pilot, which will be implemented in Bucharest's largest hospital, namely Bucharest Emergency University Hospital. Set up a drop-in specialized clinic for refugees in the hospital and provided posters, signs, and information leaflets in Ukrainian.
- Opened a clinic in Bucharest, the Romexpo integrated services centre for refugees. WHO is providing family medicine services (contracted by NHIH, supported by MoH), psychological counselling and SRH services through NGOs (Actions Santé Femmes and Romanian Independent Midwives Association). WHO is preparing to open other similar micro-clinics in other counties with many refugees.

MHPSS

- Developed Psychological First Aid materials in partnership with the MoH. Materials are available in digital and print format and were shared with the partners and widely distributed among first responders.
- Conducted rapid service mapping and disseminated the results.
- Developed pathways for MHPSS referrals and disseminated results.
- Translated IASC RG 4Ws MHPSS guidelines and shared it with the Romanian MHPSS sub-working groups members.
- Organized MHPSS webinar, sharing best practices.
- Developed a one-pager on ethics information for the volunteers, psychologists and other mental health responders.
- Provided MHPSS services at the integrated services centre in Romexpo, jointly with Estuar Foundation.

SPECIFIC OBJECTIVE 4: Emergency health information and surveillance for evidence-based decision making in health are reinforced

- Conducted technical assistance missions on polio enhanced surveillance.
- Conducted a technical assistance readiness mission assessing the robustness of the national surveillance system. WHO recommendations were implemented by national authorities, such as setting up the syndromic surveillance system and enhancing polio surveillance.
- Donated polio laboratory supplies to the National Institute of Public Health (NIPH) to the value of 50,000 lei.
- Provided technical assistance and financial support to NIPH for conducting a seroepidemiological study of the prevalence of hepatitis B and C virus infection in Romania to the value 130 540 lei.
- Conducted in-country assessments and monitoring visits to PHAs, medical facilities, refugee centres and accommodations.

WHO opens first specialized health clinic for Ukrainian refugees in Bucharest

WHO Romania, in partnership with the Ministry of Health, opened Romexpo – a medical clinic providing primary health care, reproductive health services, psychological counselling and emotional support.

WHO has refurbished the space, building in record time a micro clinic offering services, especially for women, mothers and children. Every day, almost 1000 displaced people come to the clinic.

The clinic is manned by a team of health care professionals, including family physicians, nurses, gynaecologists, midwives and psychotherapists. WHO partners from the Estuar Foundation, Independent Midwives Association, and Actions Santé Femmes have deployed teams to work in the centre. They are assisted by two translators who speak Ukrainian, hired by WHO Country Office.

”WHO has been playing a substantial role in the humanitarian assistance in this crisis, and Japan highly appreciates and trusts its activities”, stated HE Mr Hiroshi Ueda, the Ambassador of Japan in Romania.

Romexpo Centre is operated by UNHCR Romania, in partnership with WHO, IOM, and UNICEF. In addition to medical and psychological services, the centre provides financial support and legal assistance for temporary protection status in Romania.

WHO Romania Country Office is preparing the opening of similar clinics in other counties with large numbers of refugees.

SPECIFIC OBJECTIVE 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need

- Donated medical equipment and office furniture to repurpose and equip the Romexpo clinic.
- Donated cold chain equipment for vaccination to MoH: ice-lined vaccine refrigerators; temperature monitoring equipment; vaccine carriers, and cold boxes in value of US\$ 163 000.
- Donated medical devices and consumables to Sighetu Marmatiei Municipal hospital (bordering Ukraine): stretchers; aerosol dispensers/ nebulizers; nasal secretion aspirators; vital signs monitors; birth table with specific equipment; cardiotocography fetal monitors; three surgical aspirators for the operating room; vacuum aspirating curette with a cannula.

SPECIFIC OBJECTIVE 6: Health workforce is supported to provide health care to refugees

- Facilitated the policy dialogue between HCPs and health authorities (MoH, NHIH) to fast track service provision to refugees and field operations.
- Provided translation devices or in-person translators to HCPs caring for refugees.
- Developed and disseminated IEC materials explaining to HCPs and refugees which services and medication are cost-free for refugees.
- Engaged HCPs in developing the qualitative behaviours insights study on refugee health service needs and access (key informant interviews with a health professional at all levels of care).



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WHO Country Office staff discuss with NGOs and partners at the opening of the medical center.

Slovakia

Between 24 February and 28 June 2022, an estimated 548 210 Ukrainian refugees entered Slovakia. As of 22 June, 82 440 refugees have requested temporary protection in Slovakia, and 190 people have applied for asylum.

WHO AND PARTNER ACTIVITIES

- Through health cluster leadership WHO is coordinating all health sector actors' efforts towards the refugee response.
- Provided technical support to the MoH and relevant partners on issues of access to health care; vaccination of UKRR; referrals of complex cases to other countries in Europe beyond Slovakia; MHPSS; and others.
- WHO conducted a Health Needs Assessment for the Ukrainian refugees in Slovakia providing an assessment of the mid and long-term health needs of refugees arriving from Ukraine.
- WHO has advocated for access to medical care for all incoming refugees in all coordination meetings with Slovak Ministries and other international organizations, as well as referral of individual cases of unmet needs, in which health care was not sufficiently provided, to the MoH for further consideration.
- To support operations, WHO supported the translation into Slovak of technical documents such as guidelines on MHPSS in Emergency Settings; Guide for Field Workers; Who is Where, When, Doing What in MHPSS tool; Needs Assessment Guide; the MHPSS Minimum Service Package.



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Medical support delivered to refugees in Slovakia by Ukrainian refugee doctors through mobile teams by TENENET.

Ensuring an effective and safe response

Risk Communication and Community Engagement

WHO AND PARTNER ACTIVITIES

UKRAINE

- Developed an RCCE strategy for the Ukraine response.
- Developed and disseminated materials on reporting misconduct, breastfeeding, severe stress management, chemical and radiation hazards, and waterborne and foodborne disease prevention for the affected populations.
- Launched the RCCE Technical Working Group within the Health Cluster in Ukraine. The group is led by WHO and serves as a coordination platform in Ukraine for RCCE.
- Engaged with communities in Ternopil, Lviv, Zaporizhzhia, Kyiv and Dnipro regions through community listening.
- RCCE materials on priority topics based on public health assessment and community and social listening have been developed, tested and shared with the affected population. For example, in preparedness for a potential cholera outbreak, 150 000 leaflets on water and food safety and 365 000 leaflets on cholera were disseminated across the country. A Facebook campaign promoting messages on cholera prevention was also launched.
- Ten partners regularly contribute, coordinating activities and exchanging social listening insights through the RCCE technical working group.
- A project on increasing access to information on health services for IDPs has been launched in Zaporizhzhia with the local health department and will be extended to the other regions.

REFUGEE-HOSTING COUNTRIES

- Developed country RCCE plan for all refugee-hosting countries.
- RCCE messages were disseminated on radiation to help the public in the WHO European Region to prepare for potential radio nuclear events (accidental release, attacks, etc.).
- Produced the Health Booklet (in four languages: English, Ukrainian, Russian and Czech) that is distributed at border crossings and other locations.
- Produced and distributed social media and posters navigating the health care system in Slovakia, distributed the health booklet in Poland, produced and distributed RCCE materials for hospitals and health systems FAQ leaflets in Romania.

What's next?

- Provide access to information about health services and drugs during the war.
- Ensure clear, reliable and trustworthy health information reaches IDPs and others affected by the war.
- Ensure participation of communities in decision-making concerning their health problems and accountability towards affected populations.
- Promote healthy behaviours and protective measures among the population of Ukraine.
- Strengthen and maintain trust between health care authorities, workers and communities.
- Produce RCCE for waterborne/foodborne disease prevention with messaging on foodborne and waterborne disease prevention for distribution to those returning to the newly accessible areas in Ukraine.
- Updating content of existing RCCE materials as required and full scale implementation of RCCE plans for refugee-hosting countries.

Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

WHO AND PARTNER ACTIVITIES

UKRAINE

- WHO is committed to preventing and responding to sexual exploitation, abuse, and harassment (PRSEAH) in its programmes and offices. Acknowledging the heightened risk of sexual exploitation and abuse (SEA) due to the conflict in Ukraine, WHO has enhanced its recruitment safeguarding measures and deployed several dedicated PRSEAH staff to support the Ukraine humanitarian response in both refugee-hosting countries and Ukraine.
- Two PRSEAH specialists have been deployed to Ukraine, with the first arriving on 13 April 2022 to (i) support PRSEAH mainstreaming into WHO programmes and operations; (ii) support Health Cluster partners to build their PRSEAH capacity through assessing training needs for 137 members and provide training and capacity building activities to selected members of each organization; and (iii) contribute to the inter-agency PSEA Network, including efforts to strengthen complaints and feedback mechanisms, and to enhance capacities to provide safe, accessible support services to SEA survivors through enhancing primary health care and emergency services. WHO currently requires staff and other personnel to complete mandatory PSEA training before onboarding, and offers refresher trainings. All implementing partners, contractors, and suppliers to abide by the IASC six Core Principles.

REFUGEE-HOSTING COUNTRIES

- WHO is also supporting and contributing to PRSEAH mainstreaming in the refugee response operations in the refugee-hosting countries – Poland, Moldova, Romania, Czech Republic, Slovakia and Hungary. The WHO Country Offices (WCOs) are supporting the respective health ministries to enhance their capacities for Primary Health Care and emergency medical care to increase access to services and medical care to the refugee populations from Ukraine, including enhanced access to GBV/SRH, MHPSS including for PSEA; and are also

contributing to the joint efforts of the Inter-agency coordination mechanisms for the refugee crisis response operations, led by UNHCR. WHO deployed two roving PRSEAH specialists in April, based in the Refugee Health Extension (RHE) and in the EURO office to support on PRSEAH mainstreaming and programming in the six refugee-hosting countries. Given the tremendous needs in Poland, as the country hosting the largest number of refugees, one PRSEAH specialist was also deployed specifically to the Poland WCO.

- Efforts have centred around increasing capacity with the various country offices, and interagency cooperation which also includes identifying WHO's added value given its mandate on health. Two assessment missions have been carried out by the two roving PRSEAH specialists to Slovakia and Romania respectively, with the aim of understanding the context, SEA related risks and needs and supporting the respective WCOs to identify entry points to enhance SEA prevention, reporting and response through in-country inter-agency joint efforts and support to national government to strengthen access to GBV/SEA services.
- At inter-agency level, the roving specialists are contributing to the joint inter-agency actions of the PSEA Network/Taskforce as well as in adjacent interagency forums both in-country and at regional and global level. The specialists also co-facilitated interagency trainings in Moldova and Slovakia and are providing technical support to various forums and activities related to PRSEAH.

What's next?

UKRAINE

- The priorities over the next few months include: supporting inter-agency efforts to strengthen PRSEAH throughout the response: rolling out awareness raising and trainings for different groups including staff, implementing partners, suppliers and government counterparts grouped in five hubs (Kyiv, Odessa, Donisk, Luhansk and Dinpropetrovsk) across Ukraine.
- For health sector partners, supporting the Accountability to Affected Populations (AAP) Task Force Working Group on establishing an inter-agency information centre, contributing to the Inter-Agency PSEA Network activities

including providing technical support to SOPs and information sharing protocols, and promoting inter-agency efforts to increase access to GBV services at primary care level, including for SEA survivors. Additional efforts will be on implementing a more focused training and capacity building for WHO staff, contractors, and suppliers.

REFUGEE-HOSTING COUNTRIES

- The next phase will involve strengthening inter-agency cooperation in the RHE and also refugee-hosting countries. Preliminary discussions have been held with the European Centre for Disease Control (ECDC) and UNICEF on awareness-raising, and RCCE to assure that communities are reached with the appropriate awareness-raising messages, and that contextually appropriate reporting mechanisms are accessible to various vulnerable

groups to improve detection and accountability.

- In terms of strengthening support to survivors and victims, WHO will prioritize working to strengthen referral pathways for victims and survivors as well as victim assistance. These will also be key priorities in capacity building and an inter-agency effort. Identifying key entry points with MOH, health partners and interagency activities. Engagements with other country offices, assessment missions and sustained needs-based remote technical support to refugee-hosting countries will be provided. The need for full-time PRSEAH or GBV specialist capacities to selected WCOs will continue to be evaluated and needs met. Efforts are underway to strengthen links with the WHO Regional Office for Europe, and the RHE with country offices.



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Welcome to refugees from Ukraine at the Medyka border in Poland - 2022

Funding overview and partnerships

In May 2022, WHO released an updated appeal detailing its resource needs for Ukraine and refugee-hosting countries. WHO estimates that between March and August 2022, US\$ 80 million are required for the health response in Ukraine. To meet the health needs in refugee-hosting countries between March and December 2022, it estimates that US\$ 67.5 million will be required.

WHO would like to thank donors who are supporting its response in Ukraine, and countries receiving and hosting refugees.

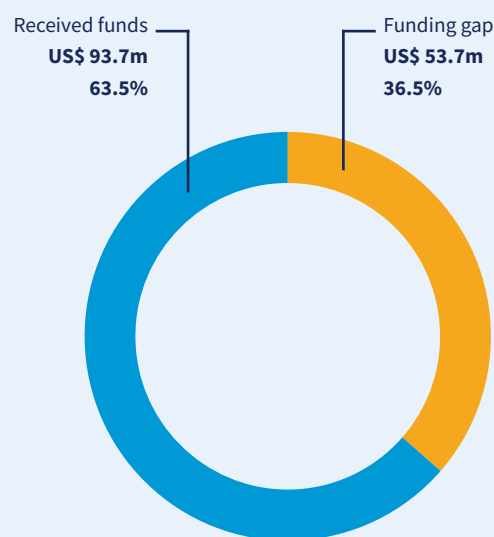
Emergency appeal - Ukraine & refugee receiving and hosting countries



Access the appeal

Donor	US\$
Canada	6 000 000
European Civil Protection and Humanitarian Aid Operations	17 600 000
European Commission - Directorate General for Neighbourhood and Enlargement Negotiations	7 670 000
Germany	10 500 000
Ireland	1 600 000
Japan - Asia Europe Foundation	9 500 000
King Salman Humanitarian Aid & Relief Centre	5 000 000
Kuwait	250 000
Norway	560 000
Novo Nordisk Foundation	3 700 000
Socialist Republic of Viet Nam	100 000
Switzerland	1 090 000
UN Central Emergency Response Fund	8 000 000
UN Ukraine Humanitarian Fund	3 750 000
US Bureau of Population, Refugees, and Migration	3 300 000
US Bureau of Humanitarian Assistance	10 000 000
WHO Foundation	5 108 531
Grand Total	93 728 531

Contributions to WHO for Ukraine Emergency Appeal and people affected by the conflict in neighbouring countries as of 12 July 2022



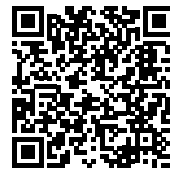


The following sources have been used for data in this document:



Ukraine crisis strategic response plan for June – December 2022

<https://www.who.int/europe/publications/i/item/WHO-EURO-2022-5778-45543-65230>



Previously published Situation Reports: Emergency in Ukraine

<https://www.who.int/emergencies/situations-reports/ukraine-emergency>



WHO Ukraine emergency webpage

<https://www.who.int/emergencies/situations/ukraine-emergency>



UNHCR Operational Data Portal

<https://data.unhcr.org/en/situations/ukraine>



OHCHR Ukraine Country Overview

<https://www.ohchr.org/en/countries/ukraine>

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For patients at Novovolynsk Hospital in western Ukraine, the sound of air raid sirens has suddenly become a common reality amid the military offensive in the country. Patients must move from a modern facility above ground to a 1950s-era underground bomb shelter with a rudimentary set-up that can fit up to 300 people.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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