Technical update on
the impacts of the war in Ukraine
on the health of the population and
WHO’s response in Ukraine and refugee hosting countries

WHO Member States Information Session
Geneva, 4 May 2023, 12:30 – 14:00
Health impacts on the population and WHO response in Ukraine

Dr. Teresa Zakaria
Deputy Incident Manager, WHO Headquarters
The number of people in need of humanitarian aid increased from 3 million people at the start of 2022 to 17.7 million by December.

Humanitarian organizations reached nearly 16 million people with critical assistance in 2022, thanks to local NGOs & volunteers, the international community, private donors.

* UNHCR, 2 May 2023 ** IOM, 23 January 2023 *** WHO SSA, 4 May 2023 **** OHCHR, 1 May 2023
<table>
<thead>
<tr>
<th>Group</th>
<th>Health Risk</th>
<th>Risk (PHSA - Apr 2022)</th>
<th>Situation</th>
<th>Last update</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infectious diseases</strong></td>
<td>COVID-19</td>
<td>High</td>
<td>Recent surge in cases. Low vaccination rate compared to regional average*</td>
<td>Apr-23</td>
</tr>
<tr>
<td></td>
<td>Measles</td>
<td>High</td>
<td>High outbreak potential. Low vaccination coverage (74%). 2 cases of measles reported in Rivne Oblast (U5)*</td>
<td>Mar-23</td>
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<tr>
<td></td>
<td>Tuberculosis</td>
<td>High</td>
<td>Increasing trend compared to previous months (+10%) and to previous year same period (+37%)*</td>
<td>Mar-23</td>
</tr>
<tr>
<td></td>
<td>Mumps</td>
<td>Moderate</td>
<td>Recent outbreaks. Low vaccination rates*</td>
<td>Mar-23</td>
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<tr>
<td></td>
<td>ARI</td>
<td>Moderate</td>
<td>Increasing trend compared to previous months (+7%). ARI represents the biggest share of all infections (ranging from 96% to 99%)*</td>
<td>Mar-23</td>
</tr>
<tr>
<td><strong>Non-Communicable Diseases (NCDs)</strong></td>
<td>CVD</td>
<td>High</td>
<td>Highest proportionate mortality**</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td>High</td>
<td>Second highest proportionate mortality**</td>
<td>2017</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>Mental Health</td>
<td>Very High</td>
<td>Prevalence of mental disorders estimated at 1/4 as compared to a global prevalence of 1/14. IOM estimation of 15M people in need of MHPSS***</td>
<td>Dec-22</td>
</tr>
<tr>
<td><strong>Conflict related drivers of morbidity and mortality</strong></td>
<td>Trauma</td>
<td>High</td>
<td>9% of the 20 448 consultations provided by EMTs are trauma-related (Cumulative)***</td>
<td>Apr-23</td>
</tr>
<tr>
<td></td>
<td>CBRN</td>
<td>High</td>
<td>Some reported incidents, verification of the veracity remains challenging***</td>
<td>Apr-23</td>
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</table>

* Regional PHSA updated monthly, no data available for Kherson, Volyn, Autonomous Republic of Crimea, Sevastopol city and Luhansk. R-PHSA reports on incidence and associated mortality for 45 infectious diseases & group of diseases ** Limitation to data availability *** Partial data available
### Main findings from Health Needs Assessments

<table>
<thead>
<tr>
<th>Health Needs Assessment</th>
<th>Date</th>
<th>Main Findings</th>
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</table>
| **WHO Representative Health Needs Assessment** | R1: Feb-Sep 2022  
R2: Dec-2022  
R3: Apr-2023 (ongoing) | **More than half** who sought care faced at least one barrier, highest share among those seeking **NCD care** (75%)  
**Access to health care increased in R2** for NCD; child health and trauma services, **20% did not seek care** when needed  
**Barriers** to accessing health care: **Cost** of medicine (47%), **Cost** of treatment (27%), **Time** (25%), **transport** (17%)  
20% of IDPs had no access to GP, compared to 5% among non-displaced |
| **Needs assessment: access to healthcare and services - Premise** | R1: Apr-May 2022  
R2: Jul-Aug 2022  
R3: Oct-2023 | **Barriers** with accessing PHC: Main reason for R1 was **security** (36%) followed by **unavailability of services** (26%). Main reason for R3 was **cost** (55%) followed by **security** (12%). Regional differences based on type of area (government and non-government controlled, active combat, Kyiv and Rest of country)  
**Serious barriers** to health services: **Decreasing trend** (33% down to 16%) |
| **Winter health rapid risk assessment** | Dec 2022 | **Displacement, physical proximity and lack of access** to health care increasing risks of **exacerbation and complications** of chronic diseases  
Reduced availability of services due to **lack of heating and electricity**  
Additional health risks related to **unsafe indoor heating practices**  
Cold related **injuries**, worsening of **mental health** conditions, **SGBV and SEA** |
| **Kherson Household Needs Assessment** | Dec 2022 | Perceived health status: **increased perceived good health** status (50%) with government control vs (34%)  
Access to health services: 47% reported **improved access**  
Barriers of access: **cost** (25%), **security** (25%), **unavailability** of needed services (21%), **poor quality** (11%) |
| **Kharkiv Household Needs Assessment** | Jan-Feb 2023 | Perceived health status: **increased perceived good health** status (54%) with government control vs. (48%).  
Access to health services: 53% reported **improved access**  
Barriers of access: **security** (50%), **insufficient staff** (22%), **unavailability** of needed services (17%), **Cost** (11%) |
| **HeRAMS** | Feb 2023 | 94% of facilities **fully functional**, in Donetsk 29% **non-functional** and 35% **partially functioning**  
Barriers to functionality: **insecurity** and **structural damage** – in Donetsk 51% **partial damage**, 8% **destroyed**  
30% of facilities in Donetsk and 40% in Sumska do not have **skilled care** during childbirth, no emergency obstetric care  
Less than 1% **disruption to NCD care**, but **cancer diagnostics disrupted** in most oblasts (17% available in Zaporiska to 40% in Chernihivska and Sumska) |
| **Rolling CBRN risk assessment** | Continuous | **Chemical accident risk level**: risk of occurrence moderate  
**Radio-nuclear accident risk level**: overall risk moderate, high risk of occurrence in Zaporizhzhia |
WHO Response

Pillar 1: Access to emergency and essential health services
Pillar 1: Prevention and response to disease outbreaks
Pillar 3: Health information and surveillance
Pillar 4: Coordination
Access to Health Services

- 35 international and national EMTs established and operational
- Capacity building of 30 national EMTs
- 27 mobile health units supported, 78% of consultations NCD related
- >7,000 assistive products distributed to trauma hospitals for up to 4,000 patients
- 59 ambulances, 64 generators, 3 PSA oxygen generators, 23 mobile tents for EMS, 176 BPAP ventilators, 39 defibrillators distributed
Training of Health Care Workers

- 11000 HCWs trained on various topics: trauma and mass casualties management, chemical exposure, epidemiology and laboratory diagnostics
- 212 health care workers trained on the management of GBV survivors
- 1254 people reached by 14 pre-hospital EMS trainings for CBRN events
- 726 EMS first responders from 11 oblasts trained in chemical protection, decontamination and treatment
- 72 EMS personnel trained on ITLS
- 1000 HCWs trained on NCD protocol
- 30 community mental health teams formed and trained
- 248 trainers from 23 oblasts trained on Self-Help Plus
- 300 HCWs from 60 institutions trained on IPC
- 23 HCWs trained on PCR, biosafety and biosecurity
## Estimated Impact of Basic Healthcare and Trauma Kits

The below data represents estimations of patients reached with the trauma kits, the IEHK (Basic Health Care), the Interagency Emergency Health Kit (IEHK), the NCDK (Non-communicable Disease Kit), the Pneumonia Kit, and the Cholera Kits.

### ETA

<table>
<thead>
<tr>
<th>Date</th>
<th>Supplies</th>
</tr>
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<tbody>
<tr>
<td>1/28/2022</td>
<td>$5,178,086</td>
</tr>
<tr>
<td>3/10/2023</td>
<td>$1,964,552</td>
</tr>
</tbody>
</table>

- **$5,178,086** spent on trauma kits
- **$1,964,552** spent on IEHK

### Shipment Status to Ukraine

<table>
<thead>
<tr>
<th>Supplies</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Delivered</td>
<td>$3,489,153</td>
</tr>
<tr>
<td>Pneumonia kit</td>
<td>$75,919</td>
</tr>
<tr>
<td>Cholera kits 2020</td>
<td>$165,148</td>
</tr>
</tbody>
</table>

### Calculations and Assumptions

- **$5,178,086** spent on trauma kits
- **$1,964,552** spent on IEHK
- **$3,489,153** spent on NCDK
- **$75,919** spent on Pneumonia kit
- **$165,148** spent on Cholera kits

**WHO trauma and emergency surgery kit (TESK) 2019**

- Each kit serves 10,000 people in 3 months
- Estimate of catchment population covered for basic care by the TESK supplied: **43,050**

**Pneumonia kit 2020**

- The new Pneumonia kit is designed to provide sufficient child-size antibiotics to treat pneumonia, targeting children under 5 years of age. It is intended for 100 cases among which 60 cases of children ≤ 5 years old and 40 cases of children < 5 years old and adults.
- Each kit serves 100 cases

**Cholera kits 2020**

- The revised cholera kits 2020 are designed to help prepare for a potential cholera outbreak and to support the first month of the initial response. Each treatment kit is designed for 100 patients.
- Each kit serves 100 patients

**NCDK 2016**

- Each kit serves 10,000 people in 3 months
- Estimate of catchment population covered for NCD health needs by the NCDK supplied: **3,740,000**

**IEHK 2019**

- Each kit serves 500 people in 3 months
- Estimate of catchment population covered for basic care by the IEHK supplied: **1,896,000**

**TESK 2019**

- WHO trauma and emergency surgery kit (TESK) aims to provide materials and drugs to meet the needs of 50 patients requiring surgical care in emergency situations, assuming an average of two operations per patient.

These numbers should be considered as estimates for the potential impact of the kits delivered to the Ukraine. Calculations and assumptions have been applied based on the number of applicable modules purchased for each of the types of kits. Please note that these numbers are derived from the number of kits delivered to Ukraine, and in the "Kit Impact by Oblast" page onward to Oblasts, not distributed to facilities, as that data is not available for wide consumption.
Pillar 2: Prevention & response to disease outbreaks

- Vaccination procedures for IDPs developed by WHO and UPHC
- Active outreach to IDPs, including for vaccination
- Distribution of laboratory equipment and testing supplies for COVID-19 and other infectious diseases diagnostics in 26 public health laboratories
- Risk communication campaigns on vaccination, signs and symptoms of vaccine preventable diseases reaching over 500,000 people
- Cholera preparedness support

Highlights

- 25,000 doses of tetanus antitoxin to severely affected regions
- Cold chain equipment including refrigerators, and cold boxes supplied
- 49,000 vaccinations delivered, including for COVID-19, diphtheria, measles and polio
- 300,000 IDPs Provided information on benefits of vaccination
Pillar 3: Health information

- Monthly regional public health situation analysis – focus on 45 infectious diseases/ group of diseases
- Multiple needs assessments – crowd sourcing, population representational sampling
- Analysis of e-Health data pre-war escalation
- Implementation of WHO’s Surveillance System for Attacks on Health Care
- Health Resources and Services Availability Mapping
Pillar 4: Coordination
• WHO released USD 9.9 million from its Contingency Fund for Emergencies between 24 February and 9 March 2022
• WHO received USD 98.1 million (98%) against its total appeal of USD 100 million in 2022 for Ukraine
• In January 2023, WHO launched its new appeal with a total requirement of USD 160 million for Ukraine – USD 45 million to date has been received

Mobilisation of resources

- 2022 resources mobilized against appeal of USD 100 million
  - Funded 98%
  - Unfunded 2%
- 2023 resources mobilized against appeal of USD 160 million
  - Funded 28%
  - Unfunded 72%
Prevention and response to sexual exploitation, abuse and harassment

- Enhancement of accountability, leadership, capacity building
- Measure enforcement internally, with health partners and collaborators
- Trust building in reporting system
- Mainstreaming in operations
- Screening against UN Clear Check database and background checks
- Dedicated support at Headquarters, EURO and Ukraine, roving support at EURO and country-based support cross-sectoral with MHPSS and GBV thematic areas in refugee receiving countries
- 962 people trained: 109 WHO personnel, 144 members of health cluster partners, 15 members of implementing partners and 231 members of the Inter-Agency Partners
Health impacts on the refugee population and WHO response in refugee hosting countries

Dr. Heather Papowitz
Incident Manager, WHO Regional Office for Europe
Situation Update

• Over 8 million refugees across Europe, 5 million on Temporary Protection Directive, over 20 million border crossings (April 25, 2023, UNHCR)

• UNHCR Regional Intention Report (February 2023) – majority want to return (81%) – main impediment is safety and security and then access to services including health

• Impact on health systems - additional health services

• Main barriers to access heath care – language/culture, administrative and financial (National and WHO surveys and assessments)

• Keep return voluntary – ensure access to services

• Sustainable solutions and prepare as future is unknown
Health Impact

• Majority are women and children (86% UNHCR 2023)

• Morbidity and mortality – more consistent disaggregated data needed

• Majority of consultations (refugee health centers) – acute conditions, mental health and continuity of care for NCDs and maternal, newborn and child health

• Access to health care: Hungary, Moldova, Poland, Romania, and Slovakia (UNHCR October 2022 - February 2023) 25% had barriers to health care – wait time, language, affordability, 33% cited health care as one of their top three urgent needs, Belarus (UNHCR July-end-September 2022) cited 18%

• The most common cause of morbidity and mortality in Ukraine is non-communicable diseases (NCDs) accounting for 84% of all mortality (Ukraine 2020)

• Higher maternal, infant and child mortality in Ukraine than the refugee receiving countries (Ukraine 2020)

• Mental health – protracted crisis can exacerbate distress situations and need for mental health and psychosocial (MHPSS), 166K consultations were provided (UNHCR 2022)
• **Risk of spread of communicable diseases** - population movement, multiple displacements, living conditions, disruption of vaccination, prevention, testing and care

• **HIV and TB**
  - prior to the war, highest HIV prevalence in the region, PLHIV - 3529 in 12 countries (WHO/ECDC July 2022)
  - risks of treatment disruption, drug-resistance, transmission
  - continuity - screening, diagnosis, prevention, treatment, care
  - tool to estimate burden of TB and HIV for resource planning
  - European TB Test Finder
  - electronic transfer of HIV information
  - WHO pre-qualified drugs, EU has different criteria, local solutions needed

• **Vaccine preventable diseases - lower vaccination coverage** for MCV, polio, DPT3 in Ukraine, coverage gaps in receiving countries (*WHO April 2022*)
  - identify and close immunity gaps
  - estimate additional vaccine supply needs
  - outbreak detection and response
WHO’s Response to Date

• **WHO scaled up**—coordination, supporting health systems/services, technical support and supplies

• **Refugee hub in Krakow** – support to WHO and partnership (UNHCR, UNICEF, IOM, UNFPA, ECDC)

• **Guidance** – vaccinations, checklists for health workers, TB, HIV, health financing, EWARS

• **Strategic Response Plan (SRP)** and monthly bulletins
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 organisations, WHO, UNHCR, UNICEF and ECDC), including through the provision of policy guidance and technical support to continually assess and address emerging health needs of Ukrainian refugee populations.

Specific objective 2: Financial barriers for accessing healthcare are removed
Support health authorities to design 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 the 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.
Key activities Objectives 1-4

- **Interagency coordination as well as for MHPSS**
- **Policy guidance** - integrate refugees into national health strategies
- **Financial support** to NGOs to cover medical costs/medications
- **Refugee health clinics** - interdisciplinary health and other services
- **Technical support**, guidance, training (mental health, vaccinations, TB, HIV, NCDs, MCM, SRH/GBV)
- **Over 400,000** supported to access health care and close to **900,000** reached with risk communications materials, Health Booklet (Poland)
- **Health assessments/surveys**— Behavioral Insights, Health System Assessments and Multi-sector needs assessments (MSNA) for evidence-based decision making
- **Emergency Medical Team Coordination Cell** (EMTCC)
- **Medevac and repatriation** - MoH Ukraine and Poland, DG SANTE and DG ECHO— technical support, staff, translation, Medevac Hub/Rzeszow- 2158 completed to date (war injuries and critically ill)
- **Prevention and response to sexual exploitation, abuse and harassment (PRSEAH)**— deployed staff, dialogue with the key stakeholders, GBV guidance, training
MHPSS Services Delivered
Ukraine-Refugee-Receiving Countries 2022
(Hungary, Romania, Slovakia, Moldova)
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 healthcare to refugees

Provide technical support for national health workforce planning and provide training, guidance and tools to health workers to provide health services for refugees.
Key activities
Objectives 5-6

- **Procured and delivered more than US$16.8 million** worth of medical equipment and supplies - meet the expanded health needs, continue treatment with the same regimens as in Ukraine (TB, HIV)
- **Cultural mediators** as part of health workforce
- **4,000 health workers trained** to provide health services to refugees (as of February 2023)
- Developed an **online course** on the national health system for UKR HCW and a **call centre** on how to obtain temporary medical licenses (Poland)
- **Integration of Ukrainian refugee health care staff** at dedicated refugee health centers (Slovakia)
Needs Analysis: Refugee Response Plan (RRP) 2023

RRP Needs Analysis by Strategic Objective

- Specific objective 1: Health leadership and governance
- Specific objective 2: Financial barriers to healthcare access
- Specific objective 3: Access to primary and emergency health care services
- Specific objective 4: Emergency health information and surveillance
- Specific objective 5: Priority medical products, vaccines, and technologies
- Specific objective 6: Health workforce
- Cross-cutting priorities: PSEAH and RCCE

- Specific objective 1: Health leadership and governance
  - $3,078,967, 4%
- Specific objective 2: Financial barriers to healthcare access
  - $985,268, 1%
- Specific objective 3: Access to primary and emergency health care services
  - $4,077,373, 5%
- Specific objective 4: Emergency health information and surveillance
  - $548,467, 1%
- Specific objective 5: Priority medical products, vaccines, and technologies
  - $43,294,379, 54%
- Specific objective 6: Health workforce
  - $22,447,721, 28%
- Cross-cutting priorities: PSEAH and RCCE
  - $5,607,825, 7%

RRP Needs Analysis by Country

- Poland: 54%
- Moldova: 24%
- Romania: 5%
- Czech Republic: 5%
- Slovakia: 2%
- Hungary: 1%
- Bulgaria: 1%
- Romania: 3%

YTD allocated resources against Ukraine crisis response appeal 2023

Total Funding Need

$10.6 M

$80.04 M
Sub-National Member State consultation
April 18-19, 2023 – Bratislava, Slovakia

- Request from MS from the WHA 75 - exchange best practices and share experiences across countries- Hosted by Slovakia and the WHO, MS’s that requested the consultation (Poland, Romania, Republic of Moldova, Czech Republic, Hungary) EU DG-ECHO and ECDC, WHO, UN and NGOs

- Temporary Protection Directive - essential for access to health care – need to plan for longer term financing including national health insurance

- Government policies critical to allocate resources for health care access

- Collaboration– government, EU, UN, NGOs, communities

- Need precise data to provide effective health services and access to health care - lack of comprehensive data systems

- Temporary integration of Ukrainian health workforce to fill gaps in already strained health system

- Stronger linkage with Ukraine health care barriers, cross border health data

- Not prepared for these types of crises -crisis management and resource allocation

- Continued support – learnings and best practices to inform future actions

- Whole of society response - as the crisis continues and the future is unknown

- Way forward – consolidated report, follow up key technical areas and recommendations
Outcomes of three-level WHO review mission to Ukraine – 24 to 30 April 2023

Dr. Gerald Rockenschaub
Regional Emergency Director, WHO Regional Office for Europe
Continuing risks to health in Ukraine and refugee-receiving countries

- **Further escalation** (anticipated during spring or summer)
- **Continued destruction of critical infrastructure** (electricity, water, heat)
- **Attacks** on health infrastructure and services
- **Further displacement** and **population movements**
- **No humanitarian access** to areas not under the control of the Government of Ukraine
- **Continued risk of communicable diseases, COVID-19, other respiratory-, water-borne-, and vaccine preventable diseases**
- **Massive mental health** and **psychosocial support** needs in Ukraine and refugee receiving countries
- **Barriers to access to care** in Ukraine and refugee receiving countries
- **Potential risk of chemical and radio-nuclear incidents**

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**Ukraine – Situation Overview**

- **An estimated 5.4 million persons internally displaced** within Ukraine (IOM, 2023).
- **959 attacks on health care** (101 deaths and 136 injured verified by WHO's global SSA).
- **Unprecedented displacement** continues (UNHCR, as of 25 April):
  - **8.1M** refugees from Ukraine registered across Europe,
  - **5.0M** under EU TPD or similar protection schemes,
- An estimated 5.4 million persons internally displaced within Ukraine (IOM, 2023).
- 959 attacks on health care (101 deaths and 136 injured verified by WHO's global SSA).
- Unprecedented displacement continues (UNHCR, as of 25 April):
  - 8.1M refugees from Ukraine registered across Europe,
  - 5.0M under EU TPD or similar protection schemes,
3-Level Review Mission
Main Outcomes

1. Ukraine response to remain a grade 3 acute emergency, as per WHO’s Emergency Response Framework (ERF) – to be re-visited in a follow-up mission autumn 2023;

2. Contingency planning for further escalation (spring/summer) and related health consequences and displacement;

3. Agile and dynamic approach to re-position operational hubs and sub-offices considering rapidly changing security context and health needs – focus on staff safety and duty of care;

4. Update Public Health Situation Analysis (PHSA);

5. Expand line-item procurement vis-à-vis standard kit delivery to better target specific supply and pharmaceutical gaps;

6. High level UN-wide efforts to ensure humanitarian access to all affected areas and communities;

7. Continue prioritization and streamline prevention of sexual exploitation, abuse and harassment (PRSEAH) across operations.
Thank you