World Health Organization

Seventy-ninth World Health Assembly

Provisional agenda item 14.4 A79/10

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Implementation of resolution WHA75.11 (2022)

Report by the Director-General

1. In May 2022, the Seventy-fifth World Health Assembly adopted resolution WHA75.11, in which a number of requests were made to the Secretariat related to the humanitarian and emergency health response in Ukraine. The Seventy-eighth World Health Assembly adopted decision WHA78(10) (2025) requesting the Director-General, inter alia, to report to the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session, on the implementation of resolution WHA75.11. An earlier version of this report was noted by the Executive Board. The present report has been updated at the Board's request.

Update on progress in implementation[1]

Impacts on health

2. A total of 55 600 civilian casualties have been reported in Ukraine (14 999 deaths and 40 601 injuries) since the beginning of the war. The violence intensified throughout 2025, with civilian casualties increasing by 31% compared to 2024 and by 70% compared to 2023.[2] Some 12.7 million people required humanitarian assistance,[3] including 3.3 million internally displaced persons[4] and 5.8 million refugees.[5]

3. In early 2026, intensified attacks on civilian and energy infrastructure severely undermined the functioning of health services by disrupting electricity, heating and water supplies during extreme winter conditions. Frontline oblasts affected by hostilities continued to face elevated public health risks owing to disruptions in health service functionality and access, compounded by

[1] Data for January 2025–December 2025 except where otherwise noted.

[2] Protection of Civilians in Armed Conflict – December 2025. Geneva: United Nations Human Rights Monitoring Mission in Ukraine (accessed 2 February 2026).

[3] Humanitarian Needs and Response Plan 2025. Geneva: United Nations Office for the Coordination of Humanitarian Affairs (accessed 19 September 2025).

[4] Displacement Tracking Matrix – Ukraine, data to December 2025. Geneva: International Organization for Migration (accessed 2 February 2026).

[5] Operational Data Portal – Ukraine refugee situation, data as at 16 January 2026. Geneva: Office of the United Nations High Commissioner for Refugees (accessed 2 February 2026).

population vulnerability and infrastructure fragility.[6] In an assessment of 4000 adult Ukrainians, 86% of households reported experiencing severe winter conditions in the preceding month, including blackouts, water cuts or heating disruption,[7] while 89% of households faced problems obtaining medicines, primarily owing to affordability constraints. Among households requiring cardiovascular disease-related services in the previous three months (22%), most (74%) had sought care; however, 72% had experienced at least one barrier to access, most commonly the cost of medicines and treatment. Half of respondents reported a deterioration in their health status over the previous 12 months, with 54% indicating a worsening of mental health conditions. While 22% reported a deterioration in access to healthcare, 20% perceived an improvement in the quality of services. Additionally, 36% of adults reported delaying medical treatment.

4. Damage to health infrastructure continues to rise, as 17% of health facilities are in the oblasts most affected. Of 11 887 facilities, 202 have been severely damaged and 1013 units are partially damaged. Service availability varies considerably, with the highest availability in nutrition and child health (75%) and communicable disease services (67%). General clinical and emergency care is available in less than half of facilities (45%). Availability is substantially lower for noncommunicable disease and mental health services (35%) and lowest for sexual and reproductive health services (24%).[8]

5. The 139 infectious disease outbreaks were registered in 22 oblasts affecting 1299 individuals, including 898 children. Measles accounted for 49% of all registered outbreaks in 2025. In terms of overall disease incidence,1502 measles cases were reported, representing almost a fourfold increase compared to 2024. Outbreaks of rotavirus enteritis (11), acute intestinal infection (27), salmonellosis (24) and other diseases were also recorded.[9]

6. Since 2022, the number of people with disabilities has risen by about 390 000 to around 3 million, including over 100 000 people with amputations and more than 130 000 veterans with war-related disabilities. Access to rehabilitation remains severely limited: 4% of hospitals provide inpatient rehabilitation and just 3% of facilities offer assistive technologies.[10]

7. A survey in Slovakia, which hosts refugees, showed that 18% of households identified healthcare as a priority need and 16% of refugees with health conditions were unable to access care. One in three respondents reported that at least one member of their household experienced mental health and psychosocial challenges. Among those affected, 40% sought access to mental health and psychosocial support services; of these, 93% received the assistance they needed. While most of those requiring medical attention were able to obtain it, barriers such as difficulty making appointments, long waiting times, costs of care and language limitations remained significant.[11]

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[6] Ukraine: 2025–2026 winter risk assessment: October 2025. Geneva: World Health Organization (accessed 7 April 2026).

[7] WHO Health Tracker survey: factsheet – Round 1 (November–December 2025) (accessed 20 April 2026).

[8] HeRAMS Ukraine.

[9] Public Health Centre, Ministry of Health of Ukraine (accessed 7 April 2026) (in Ukrainian).

[10] Ukraine: WHO health emergency appeal 2026. Geneva: World Health Organization (accessed 7 April 2026).

[11] Slovakia Socio-economic Insights Survey: Final Report – 2025. Geneva: Office of the United Nations High Commissioner for Refugees, 2026 (accessed 7 April 2026).

WHO support for the humanitarian and emergency health response

8. Of the 212 health partners coordinated by WHO, 151 (including 82 local organizations) reported on activities that reached 2.3 million people and supported 1819 health facilities. Coordination efforts enabled 21 680 evacuees to access health services across six transit centres. First aid and psychological support were provided to 2857 people and medicines supplied to treat 11 238 individuals in the aftermath of attacks.

Prevention of and response to sexual exploitation, abuse and harassment

9. Nineteen implementing partners strengthened their capacity to identify and respond to cases of sexual exploitation and abuse, establishing sustainable reporting mechanisms, while 1005 humanitarian and health professionals from across Ukraine participated in training and awareness-raising activities on preventing and responding to sexual exploitation and abuse.

Support for the health sector

10. WHO supported 725 outreach visits by mobile healthcare units to the most affected and hard-to-reach areas, facilitating 19 824 consultations. Heating units were installed in 22 health facilities; 15 hospitals were equipped with water treatment stations; and 28 modular primary healthcare facilities and emergency bases were established, ensuring access to essential services for over 170 000 people. Six modular facilities are functioning within 50 km of the frontline; 11 operate between 50 and 100 km away. The Organization provided 3000 health workers with capacity-building on topics including managing mental health, trauma and rehabilitation, mass casualties, chemical exposure, infectious diseases, and outbreak detection and control.

11. WHO supported a wide range of specialized and clinical training sessions for 600 rehabilitation professionals serving over 80 health facilities, while 31 health facilities serving approximately 170 000 people received donations of 15 000 rehabilitation and assistive items.

12. US$ 1.7 million worth of technical and personal protective equipment was distributed to 52 health facilities. Some 54 training sessions were conducted for 1181 participants from 120 healthcare entities to bolster Ukraine's chemical, biological, radiological and nuclear preparedness capabilities. WHO also conducted five simulation exercises on radiological, chemical and industrial emergencies.

13. More than 5000 specialists were trained in laboratory quality management and safety. Across four oblasts, 36 specialists were trained in next generation sequencing.

14. With support from Gavi, the Vaccine Alliance, and UNICEF, Ukraine received 4 115 900 vaccine doses to maintain routine immunization. The provision of vaccines and technical assistance, along with coverage assessments, helped coverage levels exceed 80%. As at 1 January 2026, average coverage rates were 92% for bacille Calmette-Guérin vaccine (up to 1 year); 94% for three doses of polio vaccine; 94% for three doses of diphtheria–tetanus–pertussis; 95% for three doses of hepatitis B; and 96% and 94%, respectively, for first and second doses of measles–mumps–rubella.[12] A total of 72 outreach sessions reached 47 communities, delivering 703 measles vaccinations and 3027 additional immunizations, alongside primary health services.

[12] Public Health Centre, Ministry of Health of Ukraine, general data on vaccination coverage as at 1 January 2026.

15. Capacity-building in hypertension management reached more than 1700 family doctors nationwide. Some 300 health professionals were trained in cervical cancer screening and 19 laboratory professionals in polymerase chain reaction testing for HPV.

16. WHO facilitated access to healthcare services for 60 637 refugees in Bulgaria, Czechia, Hungary, Poland, the Republic of Moldova, Romania and Slovakia. In addition, 1620 people received training, principally through a cascade approach, on providing health services to refugees and host populations.

17. In the Republic of Moldova, WHO reinforced coordination, planning and health financing for refugee inclusion. The Multi-Partner Trust Fund (implemented by UNICEF, UNFPA, IOM and WHO) ensured access to essential services for over 16 000 refugees. In total, 161 199 refugees were registered with family doctors; 43 879 health services were provided, including specialized medical consultations; and 2682 refugees benefited from subsidized medicines and medical products. WHO conducted a forecast and costing exercise for refugee healthcare needs. Over 650 healthcare providers were trained in updated procedures for refugee access to health services.

18. In Romania, WHO focused on removing barriers to accessing healthcare through tailored health access guidance, personalized support with scheduling and attending appointments, simultaneous interpretation during medical and psychological appointments, and individual and group psychosocial support sessions. The Organization's family doctor network registered over 35 000 Ukrainian refugees, conducted 6039 initial and follow-up consultations, counselled 1984 Ukrainians on available immunization services, and provided 781 essential and childhood vaccinations.

19. In Poland, 821 healthcare specialists and 1285 non-health professionals were trained in providing medical services to and assisting refugees and migrants. Direct assistance to refugee populations enabled 4450 Ukrainian refugees to access testing for HIV, viral hepatitis and sexually transmitted infections, tuberculosis screening, and specialized care referrals. In addition, 1031 Ukrainian refugees participated in information sessions on preventing sexually transmitted infections, navigating the Polish healthcare system, pre- and post-exposure prophylaxis, and HIV prevention for adolescents.

20. In Slovakia, WHO supported the expansion and institutionalization of mental health and psychosocial support services and efforts to reduce financial and systemic barriers to healthcare. It strengthened tuberculosis prevention and treatment for refugees and vulnerable groups, enhanced oncological care capacity for refugee cancer patients and service accessibility for refugees with special needs, and supported the integration of refugee healthcare workers into the Slovak health system.

21. In Bulgaria, WHO supported tuberculosis response efforts by delivering rapid diagnostic tests and related supplies to seven regional health inspectorates and two hospitals in Sofia serving the largest refugee communities; 2850 Ukrainian refugees have been screened so far. It also launched a specialized website for refugees with information on accessing care and provided specialized language classes for Ukrainian medics.

22. In Czechia, WHO provided 824 Ukrainian refugees with testing and counselling in community and mobile settings. Over 3100 tests were conducted, including for HIV, hepatitis B and C, and syphilis, with all reactive cases referred for confirmatory diagnosis and follow-up. Pre- and post-test counselling sessions reached 1648 people.

23. Some 1240 medical evacuations were carried out, including 795 through the European Union Civil Protection Mechanism.[13]

Procurement of essential medicines and supplies

24. WHO procured more than US$ 24.69 million worth of essential medicines, medical equipment and supplies and delivered them to health facilities across Ukraine. In frontline oblasts, approximately 300 000 people, one third of them in hard-to-each areas, were helped by 41 inter-agency convoys, partner deliveries and 40 WHO deliveries. Over US$ 1 825 612.48 worth of emergency supplies and equipment was delivered to Bulgaria, the Republic of Moldova, Romania and Slovakia.

Monitoring attacks on healthcare

25. The 579 verified attacks on healthcare facilities caused 19 deaths and 204 injuries among healthcare workers and patients, 18% more than in 2024. The predominant form of violence remains the use of heavy weapons (99%), with secondary healthcare and emergency medical services still the most at-risk sectors.[14]

26. In the Russian Federation, 21 attacks, causing 17 injuries, were verified.[14]

Addressing mental health and psychosocial needs

27. Training was given to 1060 primary healthcare workers: 288 doctors and 772 mid-level staff. In addition, a full cycle of training for university faculty members was completed in 18 universities, with a view to integrating the WHO Mental Health Gap Action Programme (mhGAP) into medical education. By the end of 2025, 395 faculty members had been trained under mhGAP Part 1 and 291 had completed the training-of-trainers and supervisor courses. In refugee-receiving countries, 2006 individuals with refugee or displaced status participated in WHO-supported mental health activities, such as consultations, counselling, group sessions, trauma-informed training and awareness campaigns.

Resource allocation

28. In 2025, WHO launched an appeal for US$ 68.40 million for the Ukraine response; US$ 39 million was received for Ukraine and US$ 5.93 million for refugee response.

Action by the Health Assembly

29. The Health Assembly is invited to note the report and to provide guidance on the following questions.

- How can the Secretariat best strengthen the Organization’s response and promote the transition to sustainable development in Ukraine and countries hosting refugees?
- How can lessons be learned from this experience to enhance knowledge and evidence for best practice?

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[13] Ministry of Health of Ukraine, internal dashboard on evacuation.

[14] WHO Surveillance System for Attacks on Health Care. Geneva: World Health Organization (accessed 3 February 2026).