

## **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. The present report sets out the Secretariat's response.

#### **UPDATE ON PROGRESS IN IMPLEMENTATION<sup>1</sup>**

##### **WHO support to the humanitarian and emergency health response**

2. The resolution requested the Director-General to make available the staffing, financial resources and leadership support needed across all three levels of the Organization for an effective and accountable humanitarian and emergency health response, including critical health cluster functions, under the leadership of the WHO Health Emergencies Programme, and in line with relevant Health Assembly resolutions.

3. WHO declared the humanitarian emergency in Ukraine a Grade 3 event on 25 February 2022. Subsequently, an incident management team was established in Ukraine, supported by an incident management support team at the Regional Office for Europe and headquarters. Critical functions within both teams were immediately filled through staff repurposing, emergency deployments and recruitments. A total of US\$ 9 918 572 was released from the Contingency Fund for Emergencies between 24 February and 9 March 2022.

4. Additionally, from 21 March 2022, WHO has coordinated the Refugee Health Extension, an interagency initiative with the European Centre for Disease Prevention and Control, IOM, UNFPA, UNHCR and UNICEF. As part of this initiative, a satellite hub was created in Poland to support refugee-hosting countries with guidance, technical expertise and mission engagement. Country offices have continued to provide direct support to their health ministries and partners.

5. In support of the Ministry of Health of Ukraine, WHO continues to coordinate 157 international and local cluster partners across Ukraine. Coordination takes place at the national and subnational levels, and 10 technical working groups are currently active. Partners' activities vary and include direct support to health facilities and assistance to people in need and assessment and analysis of health needs. Some partners operate integrated health and protection units to ensure their ability to reach vulnerable populations such as older persons, people with disabilities and victims of violence. As at the end of November 2022, health cluster partners have implemented activities in 591 settlements in 25 administrative regions, reaching an estimated 9.1 million people.

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<sup>1</sup> Data as at 31 October 2022 except where otherwise noted.

## **Prevention of and response to sexual exploitation, abuse and harassment**

6. The resolution requested the Director-General to ensure that the health response under WHO's leadership on the ground adheres to the best standards on prevention of and response to sexual exploitation, abuse and harassment and, in collaboration with other agencies, provide adequate health care and support to the victims, and document cases of sexual abuse, including by the military.

7. WHO has taken steps to mainstream actions for the protection against sexual exploitation, abuse and harassment in response operations through ensuring capacities for prevention, reporting and response; contributing to joint inter-agency preventive actions; and, in collaboration with specialists in gender-based violence and in mental health and psychosocial support, engaging with the health sector and front-line workers to build capacities to increase access to services related to gender-based violence as components of the referral pathways.

8. Preventive measures such as standard operating procedures for safe recruitment practices during scale-up operations have been adopted and are being rolled out in all Ukraine response operations. All newly recruited and deployed personnel are subject to screening through the United Nations Clear Check database and background checks, and are mandated to sign the pre-deployment checklist which confirms that they have read the organizational policy on prevention of and response to sexual exploitation, abuse and harassment, have completed the mandatory training and understand the implications of non-adherence. As at September 2022, 255 personnel have been screened. Efforts are being made to ensure all contractual agreements of individuals and contractors incorporate relevant clauses. Considerations for the prevention of and response to sexual exploitation, abuse and harassment are fully integrated in technical, funding and resource mobilization plans.

9. WHO specialists in this area are actively engaged in country and regional mechanisms for the prevention of sexual exploitation, abuse and harassment and for inter-agency coordination. Through the network activities, WHO has supported a joint risk assessment in two border areas in Poland to identify risks and needs related to gender-based violence and sexual exploitation, abuse and harassment, and trained 137 front-line health workers on the prevention of and response to sexual exploitation, abuse and harassment. In the Republic of Moldova, WHO collaborated with UN Women to roll out a series of joint training sessions on integrating gender in emergencies and on prevention of sexual exploitation, abuse and harassment and gender-based violence, targeting line ministries, partners and front-line workers. In Romania, WHO has integrated measures for prevention of and response to sexual exploitation, abuse and harassment in the implementation framework for the Minimal Initial Service Package for sexual and reproductive health services, and is recruiting a full-time national specialist in this area to support roll-out and implementation of the package. In Ukraine, WHO is contributing to joint actions on strengthening the community-based complaint mechanisms and building capacities of implementing partners. WHO is dedicating capacities to support health clusters on mainstreaming the prevention of and response to sexual exploitation, abuse and harassment.

10. WHO has recruited and deployed relevant specialists to country offices in Poland, Republic of Moldova and Ukraine, and in the Regional Office for Europe and headquarters. All are embedded in their respective incident management systems, and are providing technical support to the refugee-receiving countries in a roving capacity.

## **Support to the health sector**

11. The resolution requested the Director-General to continue supporting the health sectors of Ukraine and refugee-receiving and hosting countries using a health system approach, including through

capacity-building programmes in preparedness and response to trauma care and mass casualties as well as in maintenance of basic health services and the promotion of access thereto in a context of conflict.

12. WHO works directly with the Ministry of Health of Ukraine and partners to deliver services through the existing health system, providing support in areas where it is overburdened and services are disrupted, and strengthening community outreach in insecure areas. The Ukrainian health system and civil society played the most critical roles in extending health services to those wounded, trapped and displaced at the onset of the war and continue to lead the delivery of health services to the entire population to date. WHO is committed to supporting the recovery of a stronger, more equitable and inclusive health system. WHO is engaged in discussions with the Ministry of Health and the National Health Service of Ukraine (the single payer of health services) on revisions to the Program of Medical Guarantees, which specifies national packages of health services, in order to ensure that the packages are responsive and reflective of the current priority health needs within the emergency context and beyond.

13. WHO has supported the Ministry of Health of Ukraine to train more than 9500 health care workers on a range of issues including trauma surgery, mass casualties, chemical exposure, epidemiology and laboratory diagnostics. WHO is coordinating 20 emergency medical teams from nine organizations working in 10 administrative regions in the areas of trauma care, patient transfer, medical evacuation, rehabilitation, training, outpatient and inpatient care. As at 26 September 2022, 14 580 consultations have been delivered, of which 15% were trauma cases and 9% were infectious diseases. Five emergency medical teams, four of them national teams, are taking part in the surge response to newly accessible areas in the Kharkiv region. WHO and partners have mobilized 90 mobile health units to affected communities in Kyiv administrative region, providing 3103 patients with health services. WHO is working to scale up rehabilitation services through the provision of technical support, equipment, consumables, assistive technology and training of peer support workers at the community level.

14. WHO continues to support the response to coronavirus disease (COVID-19) by strengthening testing capacities in all 26 public health laboratories, delivering training and supporting clinical management of COVID-19 patients, notably at intensive care units. WHO supported an outreach vaccination campaign for internally displaced populations in 175 locations across eight western regions in August 2022, delivering 5953 doses of vaccines, including for COVID-19 obtained through the COVAX vaccine facility, diphtheria, measles, polio and tuberculosis. WHO has procured 25 cholera laboratory kits and 5000 rapid diagnostic tests and is working with the Ministry of Health in drafting a cholera preparedness and response plan and raising public awareness among more than 12 million Ukrainians about the risk of cholera and other food- and waterborne diseases. WHO is supporting the polio response in western Ukraine with syndromic and environmental surveillance, immunization, risk communication and community engagement. WHO is also providing targeted support in response to reported cases of monkeypox/mpox, notably with diagnostic materials and epidemiological surveillance.

15. WHO is supporting the government of Ukraine on readiness and contingency planning for radiological and nuclear emergencies through a series of training sessions and the development of information products on medical response to radiation emergencies. WHO is developing training materials on first response and on mental health and psychosocial support during radiation emergencies.

16. WHO developed a training package for primary health care providers<sup>1</sup> and rolled them out in three administrative regions (Odesa, Dnipropetrovsk, Kyiv), reaching 62 providers. This training will be extended to eight regions and targets over 200 primary health care providers. In addition, WHO is supporting the strengthening of the national regulatory framework for the management of first-line response to gender-based violence survivors.

17. The Refugee Health Extension provided immediate operational support to refugee-hosting countries, facilitating coordination and collaboration to ensure policy and response coherency and support for strategies, guidance and systems for the health response of national governments and partners for refugees. In particular, it supported the establishment of country health working groups in Poland, Republic of Moldova, Romania and Slovakia to foster coordination. The Refugee Health Extension also developed the interagency information to guide individual health assessment of refugees fleeing war in Ukraine and supports the multisectoral needs assessments including health and mental health and psychosocial support in Hungary, Poland, Republic of Moldova, Romania and Slovakia.

18. WHO is providing support for the design and development of policies to increase access to health. Despite more refugees registered under the Temporary Protection Directive in recent months,<sup>2</sup> reported cases of barriers to access to health have surfaced in many countries. WHO and partners support local organizations and individuals to improve access or provide referrals to free or subsidized services. WHO developed a guide to assist refugees in obtaining a number from the universal electronic system for the registration of the population in Poland, conducted an assessment among Ukrainian refugees on access to and utilization of health care in the Republic of Moldova, and set up coordination centres for emergency management teams in both countries.

19. As at 6 October 2022, 1357 medical evacuations had been completed with the support of the European Union.<sup>3</sup> Evacuated patients are primarily being treated for cancer, conflict-related injuries and emergency trauma. WHO has provided support for the medical evacuation process coordinated by the Ukrainian health ministry, including technical support to the health ministry's medical evacuation task force, funding for elements of the transfer of patients from Ukraine and coordination of emergency management teams in collaboration with the European Commission's medical evacuation process. WHO is currently working with the European Commission and the Ukrainian health ministry on a proposal for a coordinated repatriation system and mechanisms for patients who have been medically evacuated through this current process and are ready and wish to return to Ukraine voluntarily.

20. Since June 2022, over 1500 people have benefited from training sessions and workshops on service provision to refugees, particularly in mass casualty management, infectious disease diagnostics and management, and self-benchmarking for quality assurance and emergency procurement. These training sessions were primarily held in Poland and the Republic of Moldova.

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<sup>1</sup> Caring for women subjected to violence: a WHO curriculum for training health care providers, revised edition 2021. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240039803>, accessed 27 November 2022).

<sup>2</sup> Operational data portal (online database). Ukraine refugee situation, 4 October 2022. Geneva: Office of the United Nations High Commissioner for Refugees; 2022 (<https://data.unhcr.org/en/situations/ukraine>, accessed 7 October 2022).

<sup>3</sup> Russia's war on Ukraine, MEDEVAC operations daily map 6 October 2022. Brussels: Directorate-General for European Civil Protection and Humanitarian Aid Operations; 2022 ([https://ercportal.jrc.ec.europa.eu/ercmaps/20221006\\_DM\\_new\\_MEDEVAC\\_Ukraine\\_ISAA\(1\).pdf](https://ercportal.jrc.ec.europa.eu/ercmaps/20221006_DM_new_MEDEVAC_Ukraine_ISAA(1).pdf), accessed 27 November 2022).

## **Procurement of essential medicines and supplies**

21. The resolution requested the Director-General to support the sustainable procurement of essential medicines, medical equipment and other health technologies.

22. WHO supports the Ministry of Health's procurement and supply system at multiple levels, as well as partners in the management of contingency stocks, allowing effective response to ad-hoc requests and gap estimations. WHO's increased presence in Dnipro and soon Odesa will allow increased storage capacities across Ukraine, strengthening its distribution system. WHO has procured 1534 tonnes of medicines and medical supplies worth over US\$ 50 million. Over the coming months, distribution capacities need to be increased to ensure needs are met where they are present. Over US\$ 3 million worth of trauma supplies have been distributed, benefiting up to 20 000 surgeries; over US\$ 1.3 million worth of emergency supplies and over US\$ 1.2 million worth of medicines for the management of chronic diseases have been distributed benefiting up to 1.5 million people; and over US\$ 46 000 worth of cholera diagnostic kits have been distributed to test up to 10 000 cases.

23. As at September 2022 WHO delivered 108 tonnes of supplies and equipment to Hungary, Poland, Republic of Moldova, Romania, and Slovakia worth over US\$ 5.4 million, to support basic health care, COVID-19 laboratory and testing supplies, trauma supplies, tuberculosis medicines and PCR test kits.

## **Monitoring attacks on health care**

24. The resolution requested the Director-General to pursue the monitoring, collection, documentation and dissemination of data on attacks on health care facilities, health workers, health transports, and patients in Ukraine.

25. As of 7 October 2022, a total of 600 attacks on health care have been verified through the WHO surveillance system for attacks on health care, directly resulting in 129 reported injuries and 100 deaths.<sup>1</sup>

## **Assessing mental health and psychosocial needs**

26. The resolution requested the Director-General to assess, in full cooperation with health cluster partners and other relevant United Nations agencies, the extent and nature of mental health problems, resulting from the protracted situation in Ukraine and refugee-receiving and -hosting countries.

27. WHO and its partners are facilitating the inter-agency response through its co-chairing of the Mental Health and Psychosocial Support Technical Working Group, including some 270 partners. WHO led the development of a framework for multisectoral mental health and psychosocial support actions and is supporting the integration of mental health services into primary health care. WHO leads a group of partners implementing training in Ukraine based on the Mental Health Gap Action Programme<sup>2</sup> and launched a national campaign on stress management. WHO is supporting community mental health teams. From February to July 2022, 21 community mental health teams provided 13 762 consultations.

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<sup>1</sup> Surveillance system for attacks on health care. Geneva: World Health Organization; 2022 (<https://extranet.who.int/ssa/Index.aspx>, accessed 7 October 2022).

<sup>2</sup> See <https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme>, accessed 25 November 2022.

## Resource allocation

28. The resolution requested the Director-General to ensure the allocation of adequate human and financial resources in order to achieve these objectives.

29. Staffing across the response has been challenging, with considerable emphasis placed upon short-term contracts for highly qualified technical experts. This in turn has created a significant challenge in human resources and mobilization across all three levels of the response. At this time, human resources management has grown to include standby partners and deployments through the Global Outbreak Alert and Response Network (GOARN) to provide coverage for gaps. The human resources team has been re-staffed at WHO headquarters, the Regional Office for Europe and the Ukraine country office in order to facilitate the hiring of qualified technical specialists. Overall 174 deployments were undertaken for the Ukraine response.

30. Resource mobilization has been successful in the year 2022, with US\$ 128 million raised in support of Ukraine and refugee-receiving/hosting countries as at 7 October 2022. Financial resources must be secured for the future, as the conflict is likely to continue beyond 2022, and there will be further financial requirements for recovery and rebuilding. Longer term funding would help to secure future resources, including human resources.

## Impacts on health

31. The resolution requested the Director-General to submit to the Seventy-sixth World Health Assembly in 2023, through the 152nd session of the Executive Board, a report on the implementation of the present resolution, including an assessment of the direct and indirect impact of the Russian Federation's aggression against Ukraine on the health of the population of Ukraine, as well as regional and wider than regional health impacts.

32. As at 3 October 2022, 15 246 civilian casualties have been reported as a result of the invasion of Ukraine, comprising 6114 deaths and 9132 injuries,<sup>1</sup> although the actual toll is certainly much higher. The number of internally displaced persons is estimated at close to 6.2 million and a further 7.6 million refugees have been recorded across Europe, with over 4.2 million people under the Temporary Protection Directive or similar protection schemes. As defined by the United Nations, 17.7 million people need humanitarian assistance.<sup>2</sup>

33. Health services delivery, particularly in the north, east and southern parts of Ukraine that are occupied or recently regained or in areas that are close to the combat lines, are disrupted and systems in those areas are stretched. In other parts of the country, where significant proportion of the population remains internally displaced, the health system is overburdened to deliver care. Moreover, currently information comes from event-based surveillance using open sources and historical data on the burden of diseases. WHO monitors signals for potential outbreaks in all regions of Ukraine and in refugee-hosting countries. Data are collected based on predefined thematic areas, with categories ranging from infectious diseases, displacement and environmental hazards, to chemical/radio/nuclear events. Crowdsourced needs assessments have shown more barriers to health in active combat areas.

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<sup>1</sup> Ukraine: civilian casualty update 3 October 2022. Geneva: United Nations Office of the High Commissioner for Human Rights; 2022 (<https://www.ohchr.org/en/news/2022/10/ukraine-civilian-casualty-update-3-october-2022>, accessed 25 November 2022)

<sup>2</sup> Ukraine Situation Report 16 November 2022. New York: United Nations Office for the Coordination of Humanitarian Affairs; 2022 (<https://reports.unocha.org/en/>, accessed 25 November 2022).

WHO's assessment shows that 27% of those who sought health care services faced barriers related to cost, time or transportation. Twenty per cent reported no access to medicines due to cost or unavailability. Displaced persons faced more barriers and women in particular reported lower income but higher expenditures for health.

34. According to WHO's Public Health Situation Analysis,<sup>1</sup> disruptions to routine vaccination in Ukraine, notably around the front line and in occupied areas, are posing increased risks for vaccine-preventable disease outbreaks, notably of measles, for which the estimated national Ukraine immunization coverage for 2021 was 87% for the second dose. An outbreak would result in substantial morbidity and mortality, as vaccine stock for outbreak response is lacking. The risk of epidemics of other respiratory, direct contact, food and waterborne diseases, including cholera, persists with continued displacement, overcrowding, poor shelter and insufficient water, sanitation and hygiene. Civilian infrastructure has been reported damaged and destroyed, including power supplies, drinking water and sanitation services. There is also an increased risk of the spread of HIV and multidrug-resistant tuberculosis due to treatment disruptions. Tuberculosis was the cause of 2927 deaths in 2020 (7.0 per 100 000 population) in Ukraine. That same year, Ukraine had the second highest rate of newly diagnosed HIV infections (39 cases per 100 000 population) in the WHO European Region. With the resumption of travel and trade between Ukraine and the rest of the world, these public health risks are pertinent beyond Ukraine and refugee-receiving countries. Furthermore, COVID-19 remains a substantial threat, particularly given low vaccination rates. COVID-19 cases reported in Ukraine have remained high. As at end of September 2022, four cases of monkeypox/mpox had been confirmed.

35. Several challenges in the area of mental health have arisen, including the integration of licensed Ukrainian mental health professionals into national health systems across Europe, adequate interpretation for service users, linking of different mental health and psychosocial support interventions to a referral system and the cohesion of mental health and psychosocial support resources and training across organizations to avoid duplication of work. Negative perceptions and stigma around help-seeking behaviours has led to significant challenges for providers of mental health and psychosocial support services.

36. The Independent International Commission of Inquiry on Ukraine has reported multiple incidents of gender-based violence. The age of victims ranged from 4 to 82 years.<sup>2</sup> Throughout Ukraine, professionals lack the specific knowledge and skills needed to deal with survivors.<sup>3</sup> In addition, humanitarian actors have reported difficulties in delivering emergency contraception to survivors. There are also reports of human trafficking and challenges with accessing services related to gender-based violence by populations displaced beyond the Ukrainian border, due to non-existing services or lack of knowledge on how to access them.

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<sup>1</sup> WHO Ukraine public health situation analysis, long form, July 2022. New York: United Nations Office for the Coordination of Humanitarian Affairs; 2022 (<https://www.humanitarianresponse.info/en/operations/ukraine/document/ukraine-public-health-situation-analysis-phsa-long-form-01-aug-2022-en>, accessed 27 November 2022).

<sup>2</sup> Update by the Chair of the Independent International Commission of Inquiry on Ukraine, at the 51st session of the Human Rights Council, 23 September 2022. Geneva: United Nations Office of the High Commissioner for Human Rights; 2022 (<https://www.ohchr.org/en/statements/2022/09/update-chair-independent-international-commission-inquiry-ukraine-51st-session>, accessed 27 November 2022).

<sup>3</sup> Ukraine conflict: End impunity for sexual violence, UN report urges. Press release, 16 February 2017. Geneva: United Nations Office of the High Commissioner for Human Rights; 2022 (<https://www.ohchr.org/en/press-releases/2017/02/ukraine-conflict-end-impunity-sexual-violence-un-report-urges?LangID=E&NewsID=21187>, accessed 27 November 2022).

37. As at June 2022, 12 open-sourced media signals were captured on the release of industrial chemicals as a result of the war in the Sumy, Donetsk, Luhansk and Kharkiv administrative regions, reportedly with no reported public health consequences. WHO and partners continue to monitor and verify such signals. The risk of a nuclear emergency due to shelling of nuclear power plants, the failure of a reactor's power supply or the inability to provide necessary maintenance, remains significant. The International Atomic Energy Agency has raised concerns about the risk of a severe accident jeopardizing human health and the environment as a result of reported shelling incidents near the Zaporizhzhya nuclear power plant.

38. As at 27 September 2022, 231 voyages from Ukrainian ports have carried 5 250 578 tonnes of grains and other foodstuffs via the Black Sea Grain Initiative. However, the war in Ukraine continues to exacerbate the global food security and nutrition crisis, with high and volatile energy, food and fertilizer prices, restrictive trade policies and supply chain disruptions. The number of people facing acute food insecurity worldwide is expected to continue to rise.<sup>1</sup> According to the mid-year update of the 2022 Global report on food crises,<sup>2</sup> the population facing the three highest phases of acute food insecurity is greater than at any point in the six-year history of the report. Moreover, the ripple effects of the war in Ukraine are likely to have a major impact on forthcoming agricultural seasons.

#### **ACTION BY THE EXECUTIVE BOARD**

39. The Executive Board is invited to note the report and provide guidance on further action that could be taken by the Organization in response to the health emergency in Ukraine and in refugee-receiving and -hosting countries.

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<sup>1</sup> Second joint statement by the Heads of FAO, IMF, WBG, WFP, and WTO on the global food security and nutrition crisis. Rome: Food and Agriculture Organization of the United Nations; 2022 (<https://www.fao.org/newsroom/detail/second-joint-statement-by-the-heads-of-fao-imf-wbg-wfp-and-wto-on-the-global-food-security-and-nutrition-crisis/en>, accessed 27 November 2022).

<sup>2</sup> 2022 Global report on food crises, joint analysis for better decisions, mid-year update. Rome: Food Security Information Network and Global Network Against Food Crises; 2022 (<https://www.fsinplatform.org/sites/default/files/resources/files/GRFC%202022%20MYU%20Final.pdf>, accessed 27 November 2022).