Key updates

- The WHO Regional Director for Europe, Dr Hans Henri P. Kluge, met with the Minister of Health of Ukraine and the First Lady of Ukraine, and undertook field visits to the Chernihiv and Kyiv oblasts. Dr Kluge also met with Prime Minister Denys Shmyhal, top government officials, and civil society.

- Between 13 March and 24 May Emergency Medical Teams (EMTs) in Ukraine responded to 3805 health events, of which 16% were infectious diseases and 12% were trauma. Among infectious diseases, 87% were acute respiratory infections.

- As of 25 May several virtual and in-person trainings have been conducted on topics such as advanced trauma life support for adults and children, basic emergency medicine and trauma, surgical management of penetrating trauma, and tactical emergency casualty care.

- As of 25 May WHO has delivered 514 metric tonnes of medical supplies to Ukraine. Fuel shortages and access problems continue to pose challenges in the delivery and distribution of medical supplies.

- Risk communication and community engagement (RCCE) activities continue in Ukraine – 150 000 leaflets on prevention of foodborne and waterborne diseases have been distributed to the Zhytomyr, Kyiv, Sumy, and Chernihiv oblasts in Ukraine through regional public health centres.

- Standby Partners have strengthened WHO’s capacity for this response by confirming 13 positions to be deployed for operations in Ukraine and the refugee-hosting countries.

- Attacks on health care (including those against health facilities, transport, personnel, patients, supplies and warehouses) continue, with 21 new attacks reported from 19 through 25 May. Cumulatively, between 24 February and 25 May, there have been 256 attacks reported, resulting in 59 reported injuries and 75 reported deaths. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.
1. SITUATION UPDATE

Figure 1. Distribution of Internally Displaced Persons (IDPs) and refugees in Ukraine and in refugee-hosting countries as of 25 May 2022

Table 1. Key humanitarian figures as of 25 May 2022

<table>
<thead>
<tr>
<th>People affected</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Internally displaced persons</td>
<td>8 million</td>
</tr>
<tr>
<td>Refugees</td>
<td>6.6 million</td>
</tr>
<tr>
<td>Ukrainians entering Ukraine</td>
<td>2.1 million</td>
</tr>
<tr>
<td>Injuries among civilians</td>
<td>4693</td>
</tr>
<tr>
<td>Deaths among civilians</td>
<td>3998</td>
</tr>
</tbody>
</table>

1.1 Population displacement and refugees

According to government data compiled by the Office of the United Nations High Commissioner for Refugees (UNHCR), over 6.6 million refugees have left Ukraine for surrounding countries between 24 February and 24 May, with the highest proportion, 53%, in Poland, followed by 5% in Romania. According to the International Organization for Migration (IOM), as of 3 May approximately eight million people have been internally displaced, which represents 18% of Ukraine’s population. As the crisis evolves, displacement and mobility patterns continue to change, requiring scaled-up and integrated response interventions that address both emerging and existing needs.
1.2 Overall WHO response

WHO is supporting the health sector in Ukraine and in the refugee-hosting countries. WHO has mobilized experts and is working with partners, including the Global Outbreak Alert and Response Network (GOARN), EMTs, Health Cluster, and Standby Partners, to provide support with access to health services – primary health care, routine and COVID-19 vaccination, mental health and psychosocial support (MHPPS), trauma care, supply and logistics, prevention of and response to sexual exploitation and abuse, RCCE, and information management. WHO continues to support the Ministry of Health (MoH) of Ukraine and the Ministries of Health of the refugee-hosting countries to ensure safe medical evacuation of patients. Transportation of patients within Ukraine is ensured by the national emergency services, while transportation across the border to the European Union (EU) is managed by international EMTs and coordinated by the CADUS team, a German nongovernmental organization (NGO) providing EMT support. As of 25 May at least 438 patients have been evacuated from both Poland and Ukraine via the EU Civil Protection Mechanism to 12 European countries (Belgium, Denmark, France, Germany, Ireland, Italy, Luxembourg, Norway, Portugal, Romania, Spain and Sweden).

Standby Partnerships

Standby Partners have strengthened WHO’s capacity for this response by confirming 13 positions to be deployed for operations in Ukraine and refugee-hosting countries. Most of these deployments are scheduled for six months. Of the 13 experts, 12 have already been deployed, including one who has completed the deployment, and one is completing pre-deployment formalities. Roles mobilized through Standby Partners include: MHPSS – one expert, risk communications and community engagement (RCCE) – two experts, Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) – four experts, Geographic Information System (GIS) – one expert, Information Management – two experts, and Health Cluster coordination – two experts. These positions are supported through Partners, including the Norwegian Refugee Council (NORCAP) – five deployments, UK-Med – two deployments, Dutch Surge Support – one deployment, the Canadian International Civilian Response Corps (CANADEM) – three deployments, and iMMAP – two deployments. The UK Foreign, Commonwealth and Development Office (FCDO) has funded three deployments. Another request has been submitted to Partners for a gender-based violence specialist (Poland), for which funding needs to be confirmed.

External communications

In the week ending 21 May WHO published 30 Twitter posts and 12 Facebook posts reporting delivery of medical equipment to a Kyiv hospital, attacks on health care, the latest situation report, and a video in English and Ukrainian reporting on Dr Kluge’s visit to Ukraine. The total Facebook page traffic for the past 28 days exceeded 8 million people and the Twitter page reach was approximately 2 million people.

2. HEALTH PRIORITIES AND WHO ACTIONS IN UKRAINE TO DATE

2.1 Access to health care in Ukraine

Ukraine’s health system is facing multiple challenges. Access to health care is severely impacted due to security concerns, restricted mobility, broken supply chains and mass displacement. Health care continues to come under attack (which includes attacks against health facilities, transport, personnel, patients, supplies and warehouses), with 21 new attacks reported between 19 and 25 May; and a total of 256 attacks on health care,
resulting in 59 injuries and 75 deaths, reported between 24 February and 25 May\(^2\). Further attacks are being verified. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.

Through engagement with the MoH, national health authorities, partners and donors, WHO has been able to provide populations with life-saving supplies, equipment and medicines. However, reaching some of the hardest-hit areas in the east, where health systems have been severely disrupted, remains a challenge.

### 2.2 Priority public health concerns

Current health priorities are listed below (more details on each of these public health concerns can be found in the previously published situation reports).

<table>
<thead>
<tr>
<th>Conflict-related trauma and injuries</th>
<th>Civilian casualties continue to rise, largely due to the use of explosive weapons. Disruption of health-care facilities and closure of many pharmacies in Ukraine has limited access to trauma care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and newborn health</td>
<td>While only limited data are available on the current situation of maternal and newborn health, there have been reports on disruptions to antenatal, intrapartum and postnatal care.</td>
</tr>
<tr>
<td>Management of chronic diseases and noncommunicable diseases (NCDs)</td>
<td>Provision of care for cancer patients continues in Ukraine, despite disruptions in health-care services.</td>
</tr>
</tbody>
</table>
| Risk of emergence and spread of infectious diseases | The risk of disease outbreaks, such as cholera, measles, diphtheria or COVID-19, has been exacerbated due to lack of access to water, sanitation and hygiene, crowded conditions in bomb shelters and collective centres, and suboptimal coverage for routine and COVID-19 immunizations. 

To date, two children with acute flaccid myelitis have tested positive for poliomyelitis (polio), and the virus has also been detected in 19 asymptomatic contacts. A nationwide polio vaccination campaign to provide inactivated polio vaccine to approximately 140,000 children between the ages of 6 months and 6 years who had not received any previous doses was disrupted just weeks after its launch on 1 February this year. The campaign has since resumed where possible, with just 48% (approximately 69,000) of the targeted children vaccinated as of 24 April.

According to event-based surveillance which monitors infectious disease increases in affected areas, between 19 and 22 May an increase in gastrointestinal infections and rabies cases was reported in oblasts including Kyiv, Odesa and Donetsk. Four cases of hepatitis C were reported by a public screening site in the Kirovohrad oblast.

Between 19 and 25 May a total of 2132 new cases of COVID-19 and 41 new deaths were reported. This represents a 25% decrease in cases and 15% decrease in deaths compared to the previous week. These numbers should be interpreted with caution due to underreporting of COVID-19 cases and deaths.

Between 23 February and 22 May the overall number of beds available and beds occupied by patients with COVID-19 decreased by 45% and 32%, respectively, reflecting potential challenges in accessing hospitals, limited data reporting, and a potential decrease in actual hospitalizations. The most notable decrease was reported from the Luhansk oblast (100%), followed by the Zhytomyr (76%) and Chernivtsi (75%) oblasts.

| Protection issues: risk of human trafficking and escalated risk of sexual and gender-based violence (SGBV) | There is an increased risk of physical injury, psychological distress and long-term mental health problems, unwanted pregnancy, STIs, and negative coping strategies such as addiction. Prevention and protection from gender-based violence (GBV), trafficking, sexual exploitation and abuse remain key concerns. 

From 24 February to 17 May UNICEF and partners provided 14,684 women and children with SGBV services. |

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\(^2\) Surveillance System for Attacks on Health Care (SSA).
### Mental health and psychosocial support (MHPSS)

Mental health stressors continue at extreme levels in Ukraine, with limited access to psychological and psychiatric support. Psychosocial support is much needed, particularly in view of a likely increase in negative coping mechanisms, including abuse and self-harm. From 24 February to 17 May UNICEF and partners reached over 491,125 children and caregivers with community-based MHPSS to help them cope with stress associated with the conflict. From 10 to 17 May, 938 professionals were trained in psychosocial first aid and provided care for 9,380 conflict-affected children and their caregivers.

### Technological hazards and health risks

#### Potential nuclear hazards

There are both operational and decommissioned nuclear facilities in Ukraine. In addition, numerous radioactive sources are used in industry and in health-care facilities. According to the International Atomic Energy Agency’s analysis, the current nuclear safety situation appears under control. However, the ongoing armed conflict puts nuclear installations at risk of accidental or deliberate damage and jeopardizes the security of radioactive sources.

WHO has developed technical guidance and public communication materials placed on a dedicated website. A training module on the application of the MHPSS framework in nuclear emergencies has been added to the MHPSS in emergencies training on the OpenWHO learning platform. In addition, the WHO Collaborating Centre in Kyiv has developed a training webinar for medical specialists on clinical management of radiation overexposure (in Ukrainian), which will take place on 26 May. Other training programmes focusing on first response to radiation emergencies are also being developed.

#### Potential chemical hazards

WHO continues to assess the risk of toxic industrial chemical releases as significant, given the number of sites storing or producing industrial chemicals. WHO is working with the MoH of Ukraine and with health partners on the ground to prepare for all public health hazards, including those that may be caused by unintentional or intentional release of toxic chemicals.

### Food security and nutrition

The conflict is negatively affecting food security within and outside Ukraine. On 6 May the World Food Programme (WFP) called for the immediate opening of Black Sea ports, including Odesa, so that critical food from Ukraine can reach people who face food insecurity in countries including Afghanistan, Ethiopia, South Sudan, Syria and Yemen. According to the WFP, nearly 51 million metric tonnes of grain produced in Ukraine were exported to other countries in the eight months prior to the beginning of the conflict.

Since 24 February over 5.7 million people received food assistance from the United Nations and humanitarian partners.

### 2.3 WHO and partner actions in Ukraine to date

#### Leadership and coordination

- WHO facilitated high-level meetings of the WHO Regional Director for Europe with the Minister of Health of Ukraine and First Lady of Ukraine Olena Zelenska, as well as a field visit to the Chernihiv and Kyiv oblasts. During the visit, the Regional Director and the WHO Country Representative reiterated WHO’s commitment to supporting the emergency response and recovery of the health system in Ukraine.
- The WHO Incident Manager and expert teams have elevated the importance of all-hazards preparedness and response. Prevention, preparedness and readiness for cholera are now high on the agenda, using a whole-of-government approach.
- A WHO Hub is currently being established in Vinnytsya, located southwest of Kyiv, to further support WHO’s response activities in Ukraine.

#### Health information and operations

Saving lives continues to be the priority of WHO’s response in Ukraine. Action focuses on ensuring access to care and basic health services for wounded people and others affected by the armed conflict; continuity of
treatment and care for people with NCDs, including diabetes, cardiovascular disease and cancer; prevention of epidemics such as polio and measles; and prevention of other health threats, including technological hazards (chemical or radio-nuclear).

- The first meeting on drinking water rapid assessment tools/algorithms was held on 5 May, with 14 participants from WHO, the MoH and the UPHC, followed by a technical revision of the MoH’s checklist for rapid risk assessment of territories released from the occupation.
  
  - A rapid risk assessment checklist was developed with WHO’s technical support and first applied in the Kyiv oblast territories released from the occupation. The checklist will be tailored for further application in other territories following an all-hazards approach.

- On 18 May WHO convened a meeting on amputee rehabilitation management / prosthetics and orthotics services in Ukraine together with the Office of the President of Ukraine, Members of Parliament, the MoH, the Ministry of Social Policy, the Ministry of Veterans’ Affairs, all the international organizations active in the area in Ukraine and beyond, and all prosthetic and orthotic enterprises operating in Ukraine.

- The first supervised training by instructors from the Training of Trainers course on basic chemical preparedness and response was conducted for 25 first responders from EMS stations and ten clinicians from designated referral hospitals. The next round of training is planned for 26–27 May in Kyiv and 2–3 June in Dnipropetrovsk.

A curriculum for training health-care providers titled “Caring for women subjected to violence” was developed by WHO.

**Supplies and logistics**

- As of 25 May WHO has delivered 514 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 the 514 metric tonnes of medical supplies, 252 metric tonnes have been delivered to beneficiaries in 24 oblasts across Ukraine.

- Efforts are ongoing to deliver medical supplies from the WHO supply and logistics base in Lviv, amidst fuel shortages and access limitations. In the past week 23.3 metric tonnes of supplies (US$ 425 000) were delivered from the WHO Lviv warehouse to the Kharkiv, Kyiv, Mykolayiv and Odesa oblasts. The medical institutions in the above-mentioned oblasts will receive IEHKs, TESKs, and medicines such as tocilizumab, WHO kits, and other cold-chain supplies. Distribution of generators is under way to support various medical facilities in Gostomel, Lisichansk, Sloviansk and Chernihiv.

- Fuel shortages and access problems continue to pose challenges in the delivery and distribution of medical supplies. WHO is looking at options for fuel suppliers, including potentially importing fuel from the Republic of Moldova and Hungary.

- WHO has prepositioned contingency stocks of emergency medical kits in Odesa and Poltava to support delivery efforts in these oblasts. Preparations are also under way to open a sub-office in Vinnytsya to support emergency assistance to internally displaced communities.

- WHO has received US$ 4 million in donations of medical supplies from the Government of Ontario, Canada, and pharmaceutical companies. WHO continues to engage with governments, private organizations, and biomedical and shipping companies to secure more donations. Guidelines on donations of urgently needed supplies to support the emergency response in Ukraine and neighbouring countries are available on the WHO website.
Risk Communication and Community Engagement

Risk communication and community engagement activities continue in Ukraine. Approximately 150,000 leaflets on prevention of foodborne and waterborne diseases have been distributed to the Zhytomyr, Kyiv, Sumy, and Chernihiv oblasts through regional public health centres.

Operational partnerships

- As of 25 May several trainings using mixed modalities (virtual and/or face-to-face) have been conducted on topics such as advanced trauma life support (for adults and children), basic emergency medicine and trauma, surgical management of penetrating trauma, and tactical emergency casualty care.
- Between 13 March and 24 May EMTs in Ukraine responded to 3805 health events, of which 16% were infectious diseases and 12% were trauma. Among infectious diseases, 87% were acute respiratory infections.

Health Cluster

WHO plays an essential coordination role as part of the response, as the lead agency of Health Cluster Ukraine. As of 20 May Health Cluster Ukraine has 129 international and local partners, with planned, ongoing and/or completed health-related activities in 24 oblasts. The Health Cluster team continues to support the review of new projects submitted to the Ukraine Humanitarian Fund (UHF). For the second UHF allocation, nine partners were approved to implement life-saving interventions in 20 oblasts. A third allocation was released by United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) with an envelope of US$ 50 million, with seven Health Cluster Partners applying. A review of these projects is ongoing.

Additional information is provided in the Health Cluster Ukraine Bulletin (February–April 2022) and on the Health Cluster Ukraine website.

- As of 18 May Health Cluster Partners have reached over 2 million people.
- Dnipropetrovsk Subcluster: A satellite Health Cluster meeting was held on 24 May to discuss the local response. Action points were developed, to be followed up at field and national levels, including training of information managers and monitoring and evaluation focal persons on the 5Ws (who, what, where, when and for whom), development of referral mechanisms and inclusion of health authorities in the cluster coordination mechanism.

Health Cluster Partners’ presence and activities across Ukraine are mapped weekly through the 5Ws to chart the continuously changing humanitarian response landscape. Health Cluster Partners have completed or ongoing activities in 289 settlements in 24 oblasts and have provided support to over 162 health facilities across Ukraine.

<table>
<thead>
<tr>
<th>Health Domain of response activities</th>
<th>Number of Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/TB</td>
<td>29</td>
</tr>
<tr>
<td>Trauma/mass casualties</td>
<td>18</td>
</tr>
<tr>
<td>NCDs</td>
<td>14</td>
</tr>
<tr>
<td>Sexual and reproductive health, child health and GBV</td>
<td>11</td>
</tr>
<tr>
<td>Mental health</td>
<td>10</td>
</tr>
<tr>
<td>Other communicable diseases</td>
<td>8</td>
</tr>
<tr>
<td>Risk communication and community engagement (RCCE)</td>
<td>7</td>
</tr>
<tr>
<td>Child health</td>
<td>4</td>
</tr>
<tr>
<td>COVID-19</td>
<td>4</td>
</tr>
<tr>
<td>Palliative care</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: Not all Partners reported the health domains of their activities.
• The health requests, planning and response tool (HRPR) being used to respond to requests for humanitarian health assistance from partners and health facilities is currently tracking nearly 90 requests.

• Analysis of the Health Cluster rapid health needs assessments, as described in the situation report published 19 May, is ongoing.

• **Technical Working Groups (TWGs):**
  
  o Eight new TWGs have been created since 24 February: communicable diseases; sexual, reproductive, maternal and child health; NCDs; trauma and rehabilitation; displacement and health; health logistics and supply; risk communication and community engagement; and assessments and analysis. Pre-established TWGs focusing on MHPSS, HIV/TB and opioid substitution therapy (OST) have been rapidly expanding. TWG contacts are available on the Health Cluster Ukraine website. An overview of each of the TWGs is provided below.

  o **MHPSS**
    ▪ Co-chaired by WHO, International Medical Corps and the MoH, the group includes over 50 partners at national and subnational level.
    ▪ A new subnational MHPSS working group was launched in the Lviv oblast, and additional groups are planned in Chernivtsi and Zakarpattya.
    ▪ WHO launched a course “Introducing mental health and psychosocial support in emergencies” on the OpenWHO platform.

  o **HIV/TB/OST**
    ▪ Co-chaired by WHO and the MoH, with meetings attended by almost 100 participants.
    ▪ The working group is coordinating with UNICEF on diagnostic and harm reduction commodities.

  o **Communicable diseases**
    ▪ Co-chaired by WHO and the Ukraine Centre for Public Health (UPHC)/MoH; participants represent 12 organizations (>15 participants).
    ▪ Key deliverables:
      • Risk assessment focused on vaccine-preventable diseases (measles, rubella, mumps, diphtheria, pertussis, tetanus, polio) provided by WHO.
      • Recommendations on the verification of proof of vaccination for evacuated children for neighbouring countries provided by WHO and the UPHC.
      • Standard Operating Procedures on outreach vaccination in IDPs, provided by WHO and confirmed by the UPHC and the MoH.
      • Joint needs assessment for laboratory surveillance of communicable diseases prioritized by the United States Centers for Disease Control and Prevention, the UPHC and WHO.

  o **Sexual, reproductive, maternal and child health**
    ▪ Partners respond to urgent requests from medical facilities throughout the country, and work closely with the GBV subcluster to build effective referrals and provide reproductive health kits, post-exposure prophylaxis kits, emergency contraception, relevant trainings, and psychosocial support to the affected populations.

  o **NCDs**
    ▪ Chaired by WHO; participants represent ten organizations, with two to five specialists representing each agency.
    ▪ Partners reviewed the contents of the WHO NCD kit and its various modules to be able to supply additional medicines and products for people with cardiovascular diseases, respiratory diseases and mental health issues. WHO prepared an analytical note on
NCD kit utilization and implications for the MoH of aligning this strategy with government needs.

- Provision of NCD kits with a greater focus on cardiovascular diseases and chronic respiratory diseases is planned.

- Trauma and rehabilitation
  - Chaired by WHO
  - The Trauma Sub-Working Group focuses on three areas of operations:
    - Trauma care: Augmentation to health facilities with the provision of supplies and health-care services, trauma- and non-trauma-related, and when permitted. Coordinating EMTs – following assessments and planning – represented by 16 organizations in 37 locations across the country.
    - Transfer of patients: Medical evacuation of patients, within the country and crossing to Poland as needed. Transfer of patients relies on coordination between EMTs and the MoH.
    - Trainings: Face-to-face or virtual trainings provided to health-care workers in selected health facilities.

- The Rehabilitation Sub-Working Group:
  - Rehabilitation-specific meetings continue each week with the agreed focal points in Ministry of Veterans Affairs, the MoH and key partners. A wider rehabilitation stakeholder meeting is held every three weeks by the WHO Regional Office for Europe.
  - Priorities for the TWG include:
    - Service provision: Mapping gaps in rehabilitation needs and services, coordinating the scale-up of national rehabilitation centres on spinal cord injury, burns and complex limb trauma and amputees, working with key government agencies and partners to strengthen referral pathways and post-acute services, and engagement with the National Health Service of Ukraine on the development of new and the amendment of existing Packages of Medical Guarantees on rehabilitation.
    - Assistive technology: Mapping of prosthetic and orthotic services and working with key government agencies to strengthen referral pathways. Working with partners to strengthen availability of assistive technology for people with injuries, and for meeting the needs of vulnerable people affected by the war.
    - Training: WHO is working with national associations, international bodies and international NGOs to ensure coordinated delivery of appropriate and quality training, remotely and in person, and to coordinate the translation of appropriate technical resources.

- Displacement and health
  - A unified mobile clinics data collection tool has been finalized jointly by WHO and the MoH, and shared among the partners. This tool enables the data collected to be integrated into Ukraine's electronic health (e-health) system.
  - Addressing some of the legislation and policy questions related to access to health care for IDPs.

- Health logistics and supply
  - Chaired by WHO; first meeting to be determined.

- RCCE
  - Chaired by WHO
- Mapping existing RCCE resources in Ukraine.
  - Assessment and analysis
    - Chaired by the Health Cluster; seeking co-chair; over 40 members representing over 20 organizations.
    - Sharing, monitoring and analyzing assessments; conducting gap analyses, and providing guidance.

WHO delivering vital medical and emergency supplies to Zaporizhzhia, to assist evacuees from Mariupol. © WHO
3. SITUATION AND ACTIVITIES IN REFUGEE-HOSTING COUNTRIES

Specific WHO actions in select refugee-hosting countries

Czechia

Situation update
- Between 24 February and 25 May over 350,000 Ukrainian refugees entered Czechia.
- About 300–350 people living with HIV/AIDS (PLWHA) from Ukraine have relocated to Czechia and have been included in the national HIV treatment and care programme, increasing the total number of people on antiretroviral therapies (ARV) by about 10%. There are an additional 50–100 PLWHA among the Ukrainians who were previously in Czechia and who are out of legal status because they were workers or students, not able to return to Ukraine or received medicines there (which was the main way for them to continue ARV treatment) prior to the war and who are not eligible for health insurance under the refugee programme. The Czech AIDS Foundation is currently providing medicines through a donation programme financed by pharmaceutical companies.
- UNHCR provided 240 modular temporary shelters or Better Shelters to Czechia to support contingency planning for emergency accommodation.

WHO actions
- On 25 May WHO met with the Director of the Department of Development Cooperation and Humanitarian Aid at the Czech Ministry of Foreign Affairs to discuss WHO work on the refugee crisis response in the country.

Hungary

Situation update
- Between 24 February and 25 May an estimated 660,192 Ukrainian refugees entered Hungary.
- On 25 May the Prime Minister declared a state of emergency in Hungary, granting the Government rights to rule by decree in response to the economic crisis caused by the war in neighbouring Ukraine.
- The number of refugees arriving is seeing a decreasing trend. Approximately 8,700 people are arriving to Hungary every day from Ukraine and Romania, 2,300 have requested accommodation in refugee accommodation centres.

WHO actions
- WHO continues to meet with the Government of Hungary to further coordinate on the refugee response.
- WHO is working to provide access to TB treatments to refugees arriving from Ukraine, with an emphasis on multi-drug resistant TB.

Poland

Situation update
- Between 24 February and 25 May an estimated 3,544,995 Ukrainian refugees entered Poland, accounting for 53% of the total refugee population.
- A pilot survey was conducted by the Central Statistical Office in Poland, both at the reception desk at the Przemyśl railway station and at points located near the Polish-Ukrainian border with different numbers of beds. Below are some preliminary findings of the pilot survey:
  - Among children aged 1–4 years, 65% are vaccinated against MMR (measles, mumps, rubella).
  - Among the respondents, 40% said that members of their household needed health care, of which 64% of the household members were women.
  - The vast majority (87%) of those who need medical care say they need medical care for acute illnesses.
About 10% of respondents experienced emotions and stress causing problems with day-to-day functioning. Over 70 thousand people require mental health or psychosocial support.

Approximately 68% of respondents declare that they are vaccinated against COVID–19 with at least one dose, of whom 75% are women.

**WHO actions**

- **From 18 to 20 May WHO carried out a vaccine-preventable infections mission to Warsaw with the European Centre for Disease Prevention and Control (ECDC) and representatives from Poland’s National Institute of Public Health and Chief Sanitary Inspectorate. Discussions were held on the progress made and support needed with regard to measles and polio surveillance outbreak response and vaccination planning.**
- **Together with other UN agencies, NGO partners, and donors, WHO participated in a needs and priorities assessment of the Intersectoral Coordination Group – Podkarpackie Working Group. A list of priorities was identified on the basis of the consultation. All needs will be coordinated at national level, in close cooperation with the MoH. The priorities are as follows:**
  - Support the Polish health system to increase the vaccination rates of Ukrainian refugees against COVID-19, measles, and polio.
  - Increase epidemiological surveillance and support access through community outreach activities.
  - Strengthen the referral of pregnant women to delivery and newborn care, ensure continued provision of contraceptive methods and access to quality clinical services for GBV survivors in close cooperation with the MoH.
  - Ensure access to treatments and care for tuberculosis and HIV patients.
  - Increase the capacity of the Polish health system to provide treatments and/or medicines for chronic diseases.
  - Identify special needs of people with disabilities and establish referral pathways to public health.
- **On 17 May the Polish Ministry of the Interior and Administration held an interministerial/interagency meeting on MHPSS, attended by WHO, UNICEF, the MoH, MOE, and MOSA, who shared their updates to improve MHPSS coordination. WHO was recognized for its MHPSS coordination efforts.**
- **WHO presented an overview of the likely disability needs of Ukrainian refugees based on the rATA surveys conducted in Ukraine in June 2022. The key findings are as follows:**
  - 45% of Ukrainian people reported at least some difficulty in one or more domains (16% had a lot of difficulty or could not function at all in one or more than one domain);
  - 47% of individuals who reported at least some limitation in functioning have limitations in one or two domains;
  - 40% need at least one assistive product (12% excluding spectacles);
  - 38% use at least one assistive product (10% excluding spectacles);
  - 80% of individuals using an assistive product other than spectacles paid out of pocket or received it from family members or friends;
  - 8% have an unmet need for at least one assistive product (5% excluding spectacles); and
  - 61% of individuals with an unmet need for an assistive product other than spectacles identified cost as the main barrier.
- **EMT Coordination Cell (EMT CC) in Poland:**
  - Between 3 and 23 May, 45 MDS daily reports have been submitted to the EMT CC from six operating EMTs: NATAN, PMM & IMC (joint reports), Hadassa Israel, EMT Poland, and Humanity First. The initial analysis of the data includes statistics stemming from 1177 consultations, of whom 68% are non-pregnant women, 2% are pregnant women, and 30% are male patients.
  - EMTs met with the MoH on 13 May to discuss reporting of clinical activity by Health Partners in the field in Minimum Data Set (MDS) format and assisting the Polish health authorities in conducting joint quality assurance visits to teams providing direct clinical care in the field.
Targeted communication with some of the entities in the field is ongoing to encourage and motivate MDS reporting.

Republic of Moldova

Situation update
- Between 24 February and 25 May an estimated 475,011 Ukrainian refugees entered the Republic of Moldova.
- The second batch of humanitarian aid for Ukraine was sent on 21 May by the Government of the Republic of Moldova.

WHO actions
- From 16 to 19 May a WHO team carried out a technical mission to the Republic of Moldova to provide support to ongoing national efforts in GBV and sexual and reproductive health related to the Ukraine crisis response, and to identify the WHO interventions in this area. During this mission the WHO team met with representatives of the Parliamentary Standing Committee on Foreign Policy and European Integration and the Ministry of Labour and Social Protection. Moreover, the WHO team met with the Swedish Ambassador and the representatives of UN Women, UNFPA, UNICEF and UNHCR.
- WHO supported the MoH’s Incident Management Team in testing mass casualty management mechanisms during a workshop conducted with 26 representatives of the MoH and subordinate institutions on 18 May.
- A total of 225 coordinators of primary care vaccination programmes from 34 districts were physically trained between 4 April and 16 May in nine regional trainings on strengthening the practical capacity of primary care in providing COVID-19 vaccinations and routine immunizations, including for refugees.
- On 17 May a catch-up campaign with the theme: “Get vaccinated! Protect your future!” was launched in Strășeni with local authorities to improve local vaccine uptake: The campaign will take place in 10 administrative territories with low vaccination rates.
- With the support of the European Union and WHO, the National Vaccine Warehouse has been upgraded to international standards of quality, performance, and safety.
- A batch of 25 hospital beds provided by WHO, including accessories and 25 patient monitors, reached the border of the Republic of Moldova.
- EMT CC:
  - The WHO EMT Coordination Cell has supervised the work of six EMTs that have delivered 2836 health-care consultations for refugees at refugee accommodation centres.

Romania

Situation update
- Between 24 February and 25 May an estimated 978,407 Ukrainian refugees entered Romania. However, most are in transit to other countries, primarily to Hungary (31%) and Bulgaria (20%).
- As of 25 May the current refugee accommodation centre occupancy is at 20% capacity.
- As of 22 May, syndromic surveillance signals identified in refugees’ centers reported 280 cases of acute diarrhea syndrome of which 102 cases are hospitalized. In addition, three cases of diphtheria have been reported, with one case in hospital.
- As of 23 May, among the top five non-surgery wards, 36% of hospitalizations are paediatric, 20% are oncology and 20% are obstetrics and gynaecology.

WHO actions
- WHO led the Health Refugee Coordination Forum working group on 25 May.
- WHO continues to engage with the Government across multiple sectors, including health and foreign affairs.
Slovakia

Situation update

- Between 24 February and 25 May an estimated 449,509 Ukrainian refugees entered Slovakia.
- As of 24 May, 77,667 refugees have requested temporary protection in Slovakia and 186 people have applied for asylum.
- The war in Ukraine is sending mainly women, children and elderly people across the border to Slovakia in search of a safe haven. On 19 May, 1757 women, 404 children and 723 men entered Slovakia via the Slovak-Ukrainian border.
- Children wishing to stay in Slovakia must undergo mandatory vaccinations. In this regard, paediatricians obtained methodological guidelines for providing care and conducting preventive examination of children from Ukraine. Written evidence of the child’s vaccination status will be required during a paediatrician’s visit. Children who do not have such a document are treated as unvaccinated and must receive all the vaccines required for their age group in Slovakia.

WHO actions

- Following the visit and undertaking the health needs assessment for Slovakia, WHO identified a gap in the overall vaccine communication. This is particularly relevant for the incoming Ukrainians and those already residing in Slovakia who do not have a temporary protected status. WHO is developing information materials that will be distributed in places frequented by people coming from Ukraine.
- On 23 May a coordination meeting was held with representatives from WHO, the MoH, UNHCR, UNICEF, and the Red Cross to discuss the MoH’s strategy and crisis-related consequences for health care in Slovakia.

Resources

- Public Health Situation Analysis (PHSA) Ukraine, 29 April 2022
- Public health situation analysis: refugee-hosting countries, 17 March 2022
- Previously published Situation Reports: Emergency in Ukraine
- Guidance Note for Medical Supply Donations
- Ukraine emergency webpage
- Health cluster; Emergency Medical Teams (EMT)
- Dashboards with the most recent posts across Facebook, Instagram and Twitter