Key updates

- In the countries neighbouring Ukraine that are hosting refugees, WHO and partners are providing technical support for the set-up of Blue Dot hubs, which offer refugee families on the move a safe space and vital services, children’s play areas, protection, and counselling.
- Emergency commodities continue to be delivered to the WHO warehouse in Lviv, Ukraine, including two ambulance vehicles and eight generators for hospitals, along with the necessary accessories and spare parts.
- Some small-scale chemical incidents have been reported as a direct result of the armed conflict. So far these incidents have been relatively small and contained. To date, WHO has not received notification of any serious public health impact. An ammonia leak at an industrial site close to Sumy was reported on 21 March, and the release of nitric acid was reported on 5 April in Rubizhne in the Luhansk oblast. Several fires or explosions at oil or fuel depots have also been reported in areas close to dense population centres, including areas close to Dnipro, Kyiv and Lviv.

1. SITUATION UPDATE

Figure 1. Distribution of internally displaced persons (IDPs) and refugees in Ukraine and neighbouring countries as of 6 April 2022

Data Source: World Health Organization, United Nations High Commissioner for Refugees, United Nations Office for the Coordination of Humanitarian Affairs (OCHA), International Organization for Migration
Map Production: PAHO/WHO Geographic Program
Map Projection: WGS 84 World Mercator
1.1 Population displacement and refugees

The overall situation continues to deteriorate across Ukraine. To date, over 18 million people have been affected by the conflict. According to the latest government data compiled by the United Nations High Commissioner for Refugees (UNHCR), over four million refugees have left Ukraine for surrounding countries in the last five weeks of the conflict, with the highest proportion, 57%, in Poland, followed by 15% in Romania.

1.2 Access to health care in Ukraine

There are many challenges to accessing health care, with active hostilities and a lack of public transport restricting movement. Close to 1000 health facilities are in proximity to conflict areas or are in changed areas of control, multiple hospitals have been repurposed to care for wounds and half of the pharmacies in Ukraine have closed, which leaves the health system vulnerable to infrastructural damage and severe disruptions in critical services. As a consequence, there is limited or no access to medicines, health facilities, and health-care workers in some areas. Between 24 February and 6 April a total of 91 attacks on health care have been reported, resulting in 46 injuries and 73 deaths. Further attacks are being verified. Since 24 February 274 hospitals have been shelled, 13 have been completely destroyed, and 70 ambulances have been disabled by shelling.

1.3 Overall WHO response actions

WHO continues to provide support to Ukraine and the surrounding countries receiving refugees. To support the ongoing emergency, WHO has mobilized experts and worked with partners to provide those in Ukraine as well as refugees with access to health services, including primary health care, routine and COVID-19 vaccination, mental health and psychosocial support (MHPSS), and trauma care.

- WHO is in consultation with the European Union (EU) on medical evacuation and continues to support neighbouring countries to provide care for refugees at points of entry and in refugee centres. Mass casualty and trauma capacity building is being conducted.
- WHO is working with Member States in the European Region and relevant institutions to overcome challenges in accessing certain generic medicines that are not registered in the EU, including medicines for the treatment of tuberculosis (TB) and HIV.

Operational partnerships

Global Outbreak Alert and Response Network (GOARN)

GOARN partners’ offer for support continues with 87 expressions of interest (5% increase from last week) received so far from 29 partner institutions across WHO regions, representing different response pillars of the WHO incidence management structure.

Standby Partners

- Standby Partners have strengthened WHO’s capacity for this response by confirming support for 12 positions so far to operations in Ukraine, Hungary and Poland. Of the 12 experts, six have already been deployed and three are completing pre-deployment formalities.
- Roles mobilized through Standby Partners include: MHPSS, geographic information systems, risk communication and community engagement (RCCE), information management, supply and logistics, prevention of sexual exploitation and abuse, subnational health cluster coordination, and communications.
- All these deployments have been facilitated through the following Standby Partners: NORCAP, IMMAP, CANADEM, UK-Med, Dutch Surge Support, with funding also from the UK Foreign, Commonwealth and Development Office.

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1 Attacks on health care include those against health facilities, transport, personnel, patients, supplies and warehouses.
2 Surveillance System for Attacks on Health Care (SSA).
Funding

- To support the response efforts, WHO has released US$ 10.2 million from its Contingency Fund for Emergencies.
- To date, WHO has received US$ 30.6 million (53%) against its appeal for US$ 57.5 million over the next three months.
- WHO would like to thank Canada, Ireland, Japan, Norway, Switzerland and the UN Central Emergency Response Fund for their timely contributions. Flexible funding remains critical to enable WHO to deliver urgent life-saving assistance where its most needed.

2. HEALTH PRIORITIES AND WHO ACTIONS IN UKRAINE TO DATE

2.1 Priority public health concerns

Current health priorities are described below, while WHO awaits a response from the Government of Ukraine regarding the collection of health emergency data from health facilities.

| Conflict-related trauma and injuries | Between 24 February and 6 April 2022 the Office of the High Commissioner for Human Rights recorded at least 3838 civilian casualties in Ukraine, including 1611 deaths. The Chernihiv, Donetsks, Kharkiv, Kherson, Khmelnytsky, Kyiv, Luhansk and Zhytomyr regions are under heavy shelling. Chernihiv and Mariupol remain under heavy bombardment with limited access for evacuation and medical support. Civilian casualties continue to rise due to the use of explosive weapons. Limited access to health care results from infrastructure disruption of health-care facilities, repurposing of multiple hospitals to care for wounds and closure of approximately half of the pharmacies in Ukraine. |
| Maternal and newborn health | Limited data are available on the current situation of maternal and newborn health, but disruptions to antenatal, childbirth and postnatal care are anticipated. About 80 000 births are estimated in Ukraine in the next three months, with nearly half expected among the affected and displaced population. Given the attacks on health centres, including maternity hospitals, there are reports of births in underground shelters, which are likely to have unhygienic conditions. These conditions are expected to increase the risk of maternal and newborn complications, illness and death at a time of reduced ability to manage complications, including by performing procedures such as caesarean sections, and providing neonatal intensive care. Recent reports have also noted preterm births. In times of great stress women may be at higher risk of preterm labour and premature birth. Premature or at-risk babies also need special care, which is likely unavailable. |
| Food security and nutrition | Ukraine is currently not being classified as a nutrition emergency. Nonetheless, the World Food Programme reports significant concerns about the potential worsening of the nutritional status among vulnerable populations. In Chernihiv, Donetsks, Izyum, Kharkiv, Kherson, Luhansk, Mariupol, Okhtyrka, Sievierodonetsks, Sumy and Volnovakha access to food, water and medicines remains constrained. In multiple locations under severe shelling and active fighting the water supply has been disrupted as access for outage response teams is limited. |
| Risk of emergence and spread of infectious diseases | Ongoing epidemics
The incidence of COVID-19 continues to decrease, with 14 120 new cases and 147 new deaths reported between 31 March and 5 April. However, these numbers should be interpreted carefully due to underreporting of COVID-19 cases and deaths. From 23 February to 6 April the seven-day average number of polymerase chain reaction tests and antigen-rapid diagnostic tests has declined significantly, with a 93% (from 42 460 to 1531) and 89% (from 51 484 to 6194) decrease, respectively. Vaccination uptake remains low, particularly in vulnerable populations, and the disruption in testing and treatment puts those most vulnerable at increased risk of severe illness and death. |
Between 23 February and 6 April the overall number of beds available and beds occupied by patients with COVID-19 has decreased by 20% and 86%, respectively, reflecting potential challenges in accessing hospitals, limited data reporting, and a potential decrease in actual hospitalizations following the peak of the COVID-19 Omicron variant wave earlier in February. Vaccination for COVID-19 has been disrupted and therefore a significant reduction is estimated, from 50,000 vaccines per day administered prior to the conflict. Data on the current vaccination progress are limited.

### Epidemic risk

- Poor ventilation and overcrowding increase the risk of spread of respiratory infections, including COVID-19. Lack of access to water, sanitation and hygiene (WASH) heightens the risk of emergence of foodborne and waterborne diseases. According to United Nations Office for the Coordination of Humanitarian Affairs (OCHA), around six million people have either limited or no access to safe water, with active hostilities preventing repair teams from fixing damaged systems and restoring access to water while also hindering the delivery of water in the hardest-hit areas, like the Donetsk and Luhansk oblasts. Of note, an outbreak of cholera was reported in 2011 in the Mariupol region, while a single case was reported in 2016 in the Zaporizhzhya oblast, highlighting the risk of cholera outbreaks.

- Suboptimal vaccination coverage for routine and childhood immunizations, including measles and poliomyelitis (polio), increases the risk of re-emergence and transmission of vaccine-preventable diseases. Notably, two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Ukraine in 2021. On 1 February 2022 a national supplemental polio immunization campaign targeting nearly 140,000 children was launched, but due to the current situation it has been deprioritized and significantly slowed down.³

- With the arrival of spring and rising temperatures, disrupted access to WASH and damage to homes may increase the risk of vector-borne diseases such as West Nile fever and tick-borne encephalitis.

### Management of chronic diseases and noncommunicable diseases (NCDs)

- The provision of medicines and care for patients with chronic communicable diseases such as HIV and TB and with noncommunicable disease. In Ukraine about 350,000 and 55,000 people have HIV and TB, respectively. Of these, approximately 140,000 and 14,000 are receiving treatment and medical supervision for HIV and TB, respectively. Limited access to health care and pharmacies might lead to long-term disruption to treatment for HIV or TB and may result in the development of drug resistance, poor disease outcomes, and higher risk of onward transmission.

- Access to treatment for cardiovascular disease, hypertension, diabetes, chronic kidney disease, chronic respiratory disease, epilepsy and cancer remains challenging. Interruptions in treatment for NCDs can result in life-threatening complications. For example, about 900,000 diabetes patients within the affected population (18 million) in Ukraine may suffer as a result of limited availability of insulin in Ukraine (5% of all diabetes cases are type 1 diabetes).

³ Global Polio Eradication Initiative: [https://polioeradication.org/ukraine/](https://polioeradication.org/ukraine/)
<table>
<thead>
<tr>
<th>Technology hazards and health risks</th>
<th>Potential nuclear hazards</th>
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<tbody>
<tr>
<td>• There are 15 nuclear reactors at four operational nuclear power plants (NPPs) in Ukraine and one decommissioned NPP in Chernobyl. The Zaporizhzhya NPP, located in the direct vicinity of the military operations, has been affected by shelling. The risk of a nuclear emergency as a result of direct damage due to shelling of NPPs or failure of a reactor’s power supply, or the inability to provide necessary maintenance, remains high, as underlined in the International Atomic Energy Agency’s daily updates.</td>
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<td>• It was reported that Russian forces have been occupying the Chernobyl NPP and conducting some activities in the Chernobyl Exclusion Zone. National authorities are assessing the consequences of the occupation of the Chernobyl NPP as well as nuclear security and the radiological situation in the Exclusion Zone.</td>
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<table>
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<tr>
<th>Potential chemical hazards</th>
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<tbody>
<tr>
<td>• Ukraine is a country with an extensive basic chemicals industry, oil refineries and oil product storage facilities across the country. Any sites producing, storing or transporting hazardous chemicals that could be impacted during the conflict may be at risk of releasing toxic chemicals.</td>
</tr>
<tr>
<td>• Some small-scale chemical incidents have been reported as a direct result of the armed conflict. An ammonia leak at an industrial site close to Sumy was reported in the early morning of 21 March; the release of nitric acid was reported on 5 April in Rubizhne, in the Luhansk oblast. Several fires or explosions at oil or fuel depots have also been reported in areas close to dense population centres, including areas close to Dnipro, Kyiv and Lviv. So far these incidents have been relatively small and contained. To date, WHO has not received any notification of serious public health impact.</td>
</tr>
<tr>
<td>• WHO is shipping therapeutics and consumables for 1500 patients with chemical exposures and PPE for 700 health responders to Ukraine. As of 6 April WHO has trained over 1500 health workers across the country on responding to toxic chemical incidents.</td>
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<table>
<thead>
<tr>
<th>Mental health and psychosocial health</th>
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<tr>
<td>Since 24 February 1054 people in Donetsk and Luhansk have received direct psychosocial counselling services through telephone and face-to-face consultations facilitated by the United Nations Children’s Fund (UNICEF).</td>
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<tr>
<th>Protection issues: risk of human trafficking and escalated risk of sexual and gender-based violence (SGBV)</th>
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<tbody>
<tr>
<td>As of 31 March UNICEF reported that a total of 2087 girls, boys and women received SGBV support.</td>
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</table>
2.2 WHO actions in Ukraine to date

Leadership and coordination

WHO continues to work closely with the Ministry of Health (MoH) of Ukraine to identify gaps and needs in the country’s health system, medical evacuations and support response activities.

Health information

- The mapping of health facilities and other key information is ongoing, with WHO supporting the assessment of health facilities.
- Event-based surveillance (EBS) activities continue for the various potential hazards. These include the use of Epidemic Intelligence from Open Sources (EIOS). Further discussions are ongoing to establish EBS in areas with large IDP populations.
- WHO, in cooperation with the MoH and partners, is preparing a rapid assessment of health status and needs, to be followed by a qualitative assessment study on perceived health service needs and gaps, barriers to and drivers of uptake of health services by refugees from Ukraine in neighbouring countries.
- WHO is partnering with data collection and analysis firm Premise to gather survey data from individual data contributors on health-related issues in Ukraine and in refugee-receiving countries. The findings are listed below.
  - Key needs are being identified on access to health-care services based on data collected by Premise between 1 March and 23 March from contributors in Ukraine.
  - Prior to the start of the conflict the most common health-care concern was the cost of health services (42% of respondents; n=1637). In March the most common concern (39% of respondents; n=2240) was the lack of sufficient health-care products, such as medicines or vaccines.
  - When asked "In what way has health care worsened the most in the last week in your area?", over 35% of the contributors (n=2240) said it was because fewer medicines were available.
  - Key medicines with reduced availability included analgesics, antibiotics, antihypertensives, and anti-inflammatories.
  - Countrywide, Ukrainians have abstained from seeking health care even when needed, with approximately 40% in the east and central regions doing so, compared to 27% in the west (n=1123, 634 and 483, respectively); the most common reason was that travel to the facility was too dangerous (n=234).
  - When asked about damage to health facilities, 379 (approximately 17%) of 2240 contributors reported damage to their local facilities, particularly in the Donetsk, Kharkiv and Zhytomyr oblasts (note that WHO has not been able to independently verify these reports of facility damage).

Health operations

- WHO has developed a rehabilitation strategy focusing on decompressing the acute trauma system and improving rehabilitation care by supporting the strengthening of designated inpatient rehabilitation facilities in key oblasts, and rapidly building specialist inpatient and outpatient rehabilitation capacity in western Ukraine at centres designated for trauma cases.
- WHO is also providing guidance on addressing the nutritional needs of older people who are IDPs in Ukraine and those in reception points in neighbouring countries.
- WHO, together with Ukrainian authorities and partners, is ensuring the supply of antiretroviral drugs for people living with HIV in Ukraine for the next 12 months. The first batch of antiretroviral drugs has reached Ukraine and will be transported to HIV service facilities across the country.

Supplies and logistics

- WHO continues to work with health partners, suppliers, and procurement and logistics partners to deliver medical supplies to the hardest-hit areas across Ukraine.
As of 6 April WHO has delivered to Ukraine approximately 208 metric tonnes of medical supplies, comprising trauma and emergency care commodities. The latest supplies delivered include:

- two ambulance vehicles delivered on 1 April, with additional 20 ambulance vehicles procured and being prepared for shipment, pending donation of a cargo flight to deliver the vehicles; and
- eight generators, with related accessories and spare parts, for distribution to hospitals, pending security clearance.

To date, WHO has delivered trauma and emergency medical supplies to the following oblasts, according to the distribution plan of Ukraine’s MoH: Cherkasy, Chernihiv, Dnipro, Donetsk, Kharkiv, Kherson, Kyiv, Luhanski, Odesa, Poltava, Sumy, Zaporizhzhia, Zhytomyr. WHO continues to urge guarantees of safe passage to complete deliveries to besieged cities in urgent need of life-saving supplies, medicines and humanitarian assistance.

Operations Support and Logistics has issued guidelines for supply donations to support the Ukraine emergency response, including a list of critical supplies for which support is urgently needed. The Guidance Note for Medical Supply Donations is now available on the WHO website.

Operational partnerships

Emergency Medical Teams (EMTs)
The activities of the EMT Coordination Cells (CCs) in Ukraine run with the support of the Trauma and Rehabilitation Working Group of the Health Cluster have been focusing on:

- conducting several site visits to tertiary facilities located in the central, southern and eastern part of Ukraine to address specialized care needs;
- coordinating medical evacuation and transportation requests; and
- developing and organizing virtual and on-site trainings for health-care workers on topics such as clinical management for chemical exposure and mass casualty.

GOARN

A GOARN partners meeting for the European Region was held on 5 April. It addressed the following aspects of the emergency response in Ukraine:

- sharing a situational update on the WHO Ukraine emergency response.
- exchange of ongoing emergency response activities by partners in Ukraine and neighbouring countries, with opportunities to provide support; and
- optimizing collaborative approaches to strengthen coordination towards utilizing the diverse expertise and resources available within the GOARN network.

Health Cluster

- The Health Cluster for Ukraine currently has 97 partners, 73 of whom are operational partners (International Non-Governmental Organizations: 19; International Organizations: 2; national NGOs: 49; UN: 2). Partner activities span 76 unique settlements in 24 oblasts.
- Preparations are ongoing to launch household- and community-level needs assessment on access to health services.
- The Communicable Disease Technical Working Group (TWG) has finalized a surveillance assessment tool, and is undertaking a risk assessment on communicable diseases.
- The Trauma and Rehabilitation TWG has been assessing surgical capacity at several sites, providing training on advanced trauma life support, and working on providing rehabilitation support.
- The MHPSS TWG is establishing a regional working group in Lviv and working with authorities on support for veterans.
- Partners continue to report on and respond to the most urgent health-care needs.
RCCE

Sociobehavioural insights and listening

- Regular media monitoring and social listening for misinformation and disinformation signals are ongoing.
- Signals are included based on relevance and popularity on social media.
- Data sources for social listening include EIOS, Sprout Social, CrowdTangle, Talkwalker, Google Trends, and fact-checker websites.

External communications

- 60 Minutes interview with Jarno Habicht, WHO Representative for Ukraine
- Press release: Ukraine: Crisis averted for now – WHO, PEPFAR and partners ensure supply of antiretroviral drugs for people living with HIV
- Story: Battling to protect their patients: how health workers from 3 Ukrainian hospitals have adapted to working in wartime
- Twitter video: Dpt. Minister of Health of #Ukraine visited the @WHO warehouse in Lviv
- Photo stories on Medium: WHO delivers life-saving health supplies and expertise in Ukraine
- Twitter: We thank @aseforg @MofaJapan_en for their contribution of $9.5M to the @WHO Health Emergency Appeal for #Ukraine.

A WHO team met members of the Polish Red Cross at a refugee center in Medyka set up for Ukrainian refugees. © WHO / Agata Grzybowska / RATS Agency.
3. SITUATION AND ACTIVITIES IN REFUGEE-RECEIVING COUNTRIES

3.1 Public health concerns in refugee-receiving countries

<table>
<thead>
<tr>
<th>Risk of emergence and spread of infectious diseases</th>
<th>Ongoing epidemics</th>
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<tbody>
<tr>
<td></td>
<td>The incidence of COVID-19 continues to decrease among most countries neighbouring Ukraine. However, Hungary is currently seeing a 19% increase in 14-day incidence.</td>
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<td>COVID-19 vaccination uptake among neighbouring countries also varies, with a majority of countries having a vaccination rate of over 60% among the national population for the complete series of the vaccine. The lowest vaccine uptake of the complete series is reported in the Republic of Moldova (26% uptake among the national population) and Romania (41.9% uptake).</td>
</tr>
<tr>
<td>Epidemic risk</td>
<td>As of 5 April cases of acute watery diarrhoea were reported among approximately 60 children at a refugee reception centre in the Republic of Moldova. These cases are currently being monitored by EMTs on site.</td>
</tr>
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</table>

3.2 Overall WHO actions in refugee-receiving countries

Countries neighbouring or close to Ukraine have triggered emergency response systems for receiving refugees. In other countries WHO is strengthening operations to support the needs of refugees.

Health operations

- WHO is providing technical support along with other partners for the set-up of Blue Dot hubs that offer refugee families on the move a safe space and vital services, children’s play areas, protection and counselling in a single location. Specifically, these centres provide infant and young child feeding support.
- WHO has deployed experts to carry out assessments on health information, surveillance and early warning and response in Czechia and Poland.

RCCE

An RCCE expert from Standby Partner UK-Med has been deployed to WHO’s Poland Office to support countries neighbouring Ukraine.

Community engagement

Two WHO/Europe RCCE experts concluded a two-week community engagement mission to Poland and the Republic of Moldova. The mission aimed to engage local authorities, civil society organizations and health and social workers to support the MoH’s communications and encourage Ukrainian refugees to accept and make use of health protection measures based on their needs and concerns. The mission included 14 site visits, 25 in-depth interviews and four focus groups, and highlighted that:

- RCCE responses need to be tailored to both the refugees’ insights and the host country’s response;
- RCCE interventions need to leverage human engagement of trusted influencers; and that
- health information is a public health intervention to help refugees to navigate the new system and develop a sense of orientation and belonging, thus improving their well-being.

Mission outcomes will feed into WHO and Member State RCCE strategies and operations for the coming months.
Operational partnerships

GOARN

Several GOARN deployments have been operationalized at country and regional level, including in Denmark, Poland and the Republic of Moldova, while continuous assessment of support needs is taking place.

EMTs

- The EMT CCs in Poland and the Republic of Moldova are coordinating information management efforts, including mapping of actors and needs in coordination with the respective MoH and WHO country offices.
- EMTs in countries surrounding Ukraine continue to focus on universal health coverage access for refugees, including primary health care, mental health services and maternal and child health.

3.3 Specific WHO actions in refugee-receiving countries

Czechia

Situation update
- Between 24 February and 6 April 2022 over 300,000 Ukrainian refugees have entered Czechia.
- As of 5 April the Czech General Health Insurance issued 265,731 insurance policies free of charge to refugees who hold a temporary protection visa. As of 28 March this included 103,000 children under 18, 109,000 women and 28,000 men.
- The MoH is setting up UA POINTS, which are low-threshold outpatient clinics providing health care to Ukrainian refugees. The purpose of setting up these facilities is to provide health services to people from Ukraine in areas where the network of primary care providers will not be able to absorb these patients.

WHO actions to date
- A WHO expert was deployed for a week from 4 April to support the development of a Refugee Response Plan for WHO and a joint UN plan under UNHCR coordination.
- WHO has developed a project involving distribution of medical booklets in Czechia. The booklets have been reviewed and translated into Czech.

Hungary

Situation update
- Between 24 February and 6 April 2022 approximately 404,021 Ukrainian refugees entered Hungary. Hungary has the fourth largest number of refugees arriving from Ukraine, accounting for 9% of the total refugee population.

WHO actions to date
- WHO continues to engage with the Government across multiple sectors, including health, foreign affairs, the interior, and the National Emergency Command Centre.
- WHO is working with an MHPSS coordination focal point to establish a technical discussion platform for MHPSS actors.
- WHO is working with the Government on immunization programmes.

Poland

Situation update
- Between 24 February and 6 April 2022 approximately 2,514,504 Ukrainian refugees entered Poland, accounting for 57% of the total refugee population. Approximately 30% of the refugees have travelled on to other countries in the Schengen Area but most have opted to remain in Poland.
• Recently arrived refugees are reportedly hesitant to access the Polish public health-care system due to the language barrier.
• Refugees continue to receive psychological first aid at the border and in reception centres.

**WHO actions to date**
• WHO and the International Federation of Red Cross and Red Crescent Societies (IFRC) signed an updated Memorandum of Understanding on close cooperation and consult with each other on matters based on prioritized issues and programmes, including but not limited to:
  o health needs assessments, pandemic preparedness and epidemic control, water, hygiene and sanitation, mass casualty events and natural disasters, first aid and psychosocial support; and
  o the IFRC’s plan to organize its coordinator’s visit to Poland, the Republic of Moldova and Romania.
• WHO’s online learning platform MHPSS in Emergencies has been launched globally. WHO is translating the resource into Polish and it will be finalized in late April 2022.

**Republic of Moldova**

**Situation update**
• Between 24 February and 6 April 2022 an estimated 401,704 refugees entered the Republic of Moldova.
• As of 4 April 100 refugee accommodation centres are providing shelter to 4120 individuals. The occupancy rate is 46.33%.
• More than 800 people, including about 300 children, have received counselling and information services at the Blue Dot centre set up by UNICEF near the Otaci border crossing point.
• On 2 April the Government of the Republic of Moldova sent the first batch of humanitarian aid to Ukraine, which totalled €1.2 million. As of 4 April, 1541 refugees have received medical care.

**WHO actions to date**
• A WHO RCCE mission took place from 28 March to 1 April 2022 to support the MoH’s communications and encourage Ukrainian refugees to accept and make use of public health services, including immunization. A set of recommendations on strategic communications and behavioural change interventions was presented to the MoH following the mission.
• WHO and the MoH conducted joint rapid assessments of available hospital health services in the context of mass casualty management in the north-eastern part of the Republic of Moldova.
• WHO supported the MoH in deploying procedures for secure medical evacuation routes to EU countries. The process of evacuation to EU countries has been initiated for at least 20 patients with cancer.
• On 4 April a training was held for primary health care workers regarding a catch-up COVID-19 vaccination campaign, during which approximately 90% of all administrative territories were represented. The trainings are conducted by the MoH and the National Family Doctors Association with support from WHO.
• From 29 to 31 March WHO held a training on Laboratory Quality Management Systems.

**Romania**

**Situation update**
• Between 24 February and 6 April 2022 an estimated 662,751 Ukrainian refugees entered Romania. However, most are in transit to other countries, primarily to Hungary (42%) and Bulgaria (20%).
• The MoH and the National Health Insurance House developed a basic primary care service package by introducing diagnostic and therapeutic services that can be provided by family physicians, such as minor
Surgery, sprain immobilization, urinary catheter, peak flow measurement, administration of aerosolized medication, as well as prevention, detection and treatment of diabetes.

- Border monitoring of refugees arriving from Ukraine to Romania is being carried out by UNHCR and operational partner REACH.

**WHO actions to date**

- On 5 April WHO visited a refugee accommodation centre in Bucharest.
- From 4 to 8 April an MHPSS coordinator is being deployed along with another WHO expert to assess the health system response, health financing, access to care, and overall health coordination.
- On 6–7 April public health authorities carried out a field visit to the Isaccea and Tulcea border crossing points.
- On 4 April WHO participated in the Health Working Group coordinated by the MoH to finalize the health sector plan of response to the humanitarian emergency.

**Slovakia**

**Situation update**

- Between 24 February and 6 April 2022 an estimated 302,417 Ukrainian refugees entered Slovakia.
- A large-capacity centre for refugees located at Bottova Street in Bratislava helped 3226 people in the first three days since it opened, according to the city’s official website. The centre has the capacity to provide health, legal, psychological and social aid for 2500 refugees per day.
- The Ministry of Interior reported that a total of 110,426 children had come to Slovakia from Ukraine by 31 March. This has put a strain on the availability of paediatric doctors, increasing waiting times for non-acute examinations to up to one week.

**WHO actions to date**

- From 28 March to 2 April WHO carried out a visit to the eastern part of Slovakia to discuss MHPSS coordination. The visit included the City of Košice Regional Public Health Authority and the Ukrainian Medical Care Centre at the Košice Teaching Hospital, the border crossing in Vyšné Nemecké, the reception and crisis centres in Michalovce and other nearby facilities.
- WHO continues to engage with the national health authorities and UNHCR on the overall UN coordination mechanism.

**Resources**

- Public Health Situation Analysis (PHSA) Ukraine, 3 March 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