Key updates

- WHO rolled out a course on Mass Casualty Management (MCM) in Ukraine and trained the staff of an ambulance substation in Lviv as the first participants. The training will enable the paramedics to provide appropriate assistance to victims before arriving at hospitals. Emergency physicians in Ukraine were engaged to deliver these trainings. More sessions across Ukraine are planned in coming days.

- As part of the medical evacuation system being implemented by the European Commission, the workflow for the process of transporting patients from Ukraine to Poland has been established, with Emergency Medical Team (EMT) CADUS coordinating at the dispatch centre in Lviv. Planning ongoing to set up a medical transfer hub in Korczowa. The objectives of the Hub are to facilitate patient transfer, provide basic essential health services coordination, logistics for patient transfer consolidation and re- triage patient groups.

- Attacks on health care (including those against health facilities, transport, personnel, patients, supplies and warehouses) continue, with 162 attacks resulting in 52 injuries and 73 deaths reported between 23 February and 20 April 2022. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.

1. SITUATION UPDATE

Figure 1. Distribution of IDPs and refugees in Ukraine and in refugee-hosting countries as of 20 April 2022

The designations employed and the presentation of this material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries. Determination and representation on this map of lines or borders is not to be considered as a reflection of an opinion or a judgment by the World Health Organization as to the delimitation of territorial rights.
Table 1. Key humanitarian figures as of 20 April 2022

<table>
<thead>
<tr>
<th>People affected</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Internally displaced persons</td>
<td>7.7 million</td>
</tr>
<tr>
<td>Refugees</td>
<td>5 085 360</td>
</tr>
<tr>
<td>Injuries among civilians</td>
<td>2 919</td>
</tr>
<tr>
<td>Deaths among civilians</td>
<td>2 345</td>
</tr>
</tbody>
</table>

1.1 Population displacement and refugees

The overall situation continues to deteriorate across Ukraine. According to government data compiled by the United Nations High Commissioner for Refugees (UNHCR), over five million refugees have left Ukraine for surrounding countries in the last eight weeks of the conflict, with the highest proportion, 55%, in Poland, followed by 15% in Romania. According to the International Organization for Migration (IOM), as of 20 April approximately 7.7 million people have been internally displaced, which represents 16% of the country’s population.

1.2 Overall WHO response

WHO is supporting the health sector in Ukraine and refugee-hosting countries. WHO has mobilized experts and is working with partners, including the Global Outbreak Alert and Response Network (GOARN), 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 (MHPSS), trauma care, supply and logistics, prevention of sexual exploitation and abuse, risk communication and community engagement (RCCE), and information management.

- On 11 April two WHO experts deployed to Poland and Ukraine to accelerate WHO’s in-country support to prepare for and respond to toxic chemical events. This support includes issuing public health guidance on the response to chemical events, such as public risk communication, providing basic and advanced health responder training to public health officials, clinicians, ambulance teams, EMTs and other health partners, supporting increasing health facility preparedness and the establishment of a patient referral pathway, and providing critical supplies to health responders (including personal protective equipment, therapeutics and antidotes, and other medical consumables).

- WHO is also coordinating with the MoH of Ukraine and refugee-hosting countries to ensure safe medical evacuation of patients in line with an agreed set of criteria. Three health hubs have been established in western Ukraine at which additional triaging is conducted before medical evacuation from Ukraine. 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 non-governmental organization providing EMT support. To date, over 200 medical evacuations have been completed from Poland to other European countries and 30 patients have been transferred from Ukraine to facilities in Poland, for onward transfer to Germany, Italy, Norway and other EU Member States. In addition, the MoH of Poland, with support from the European Commission and WHO, is in the process of establishing a reception centre to transfer patients, coordinate information exchange and provide basic health services for stabilized patients en route to EU Member States. WHO is also supporting the ongoing development of the referral and medical evacuation procedure, as well as information exchange between Ukraine and neighbouring countries.
Standby Partners

Standby Partners have strengthened WHO’s capacity for this response by confirming 12 positions to support operations in Ukraine and refugee-hosting countries. Of the 12 experts, six are currently deployed and six are completing pre-deployment formalities. Roles mobilized through Standby Partners include: MHPSS, RCCE, Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH), Geographic Information System (GIS), Information Management and HCC, and they are supported through the following partners: Norwegian Refugee Council (NORCAP), UK-Med, Dutch Surge Support and the Canadian International Civilian Response Corps (CANADEM).

Risk Communication and Community Engagement

- WHO is providing ongoing health advice on MHPSS by disseminating information via key social media channels – mainly focused on psychological first aid (self-management and support for others) as well as recognizing and dealing with acute and long-term stress and anxiety.
- With support from Standby Partner UK-Med, an RCCE expert was deployed to the Poland Extension Office in Kraków to support RCCE activities in refugee-hosting countries. Mission field visits included Czechia, Poland and Romania, with plans to draft RCCE strategies for each of the refugee-hosting countries.
- An RCCE Technical Working Group (TWG) was launched within the Health Cluster in Ukraine, with the objective to ensure that RCCE interventions in response to the health emergency in Ukraine are data-driven, coordinated, unified, mutually reinforcing, and aligned to the same priorities, and that they ensure meaningful community engagement.

External communications

- Regular media talking points are produced, with emphasis on the United Nations Secretary-General’s call for ceasefire; medical supply deliveries; WHO’s commitment to Ukraine now and in the long term; and outrage over attacks on health care.
- Web story: Preparing for the worst: training health workers to deal with casualty surges from the war in Ukraine.
- Video: Ukrainian refugee receives life-saving dialysis in the Czech Republic.

Funding

- To date, WHO has received US$ 38.2 million (66%) against its appeal for US$ 57.5 million covering the period from March to May 2022.
- WHO thanks Canada, European Civil Protection and Humanitarian Aid Operations, Ireland, Japan/Asia-Europe Foundation, Norway, Novo Nordisk Foundation, 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 it is most needed, and more longer-term funding is needed until the end of the year.
- During the first weeks of the response WHO released US$ 10.2 million from its Contingency Fund for Emergencies.

More information on funding can be found here.
2. HEALTH PRIORITIES AND WHO ACTIONS IN UKRAINE TO DATE

2.1 Access to health care in Ukraine

Access to health care continues to pose a challenge in many parts of the country, with limited or no access to medicines in some areas, severe disruptions in critical services and a lack of public transport restricting movement. Between 24 February and 20 April, a total of 162 attacks on health care have been reported, resulting in 52 injuries and 73 deaths. Further attacks are being verified.

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 due to the use of explosive weapons. Limited access to health care results from infrastructure disruption of health-care facilities and closure of many pharmacies in Ukraine.</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>
</tbody>
</table>
| Technological hazards and health risks | **Potential nuclear hazards**  
- There are 15 nuclear reactors at four operational nuclear power plants (NPPs) in Ukraine, one decommissioned NPP in Chernobyl, and a research reactor in Kharkiv. In addition, numerous radioactive sources are used in industry and health-care facilities.  
- According to the International Atomic Energy Agency’s (IAEA) daily updates, of the 15 nuclear reactors at four operational NPPs in Ukraine, seven are currently connected to the grid, including two at the Russian-controlled Zaporizhzhya NPP, two at the Rivne NPP, two at the South Ukraine NPP, and one at the Khmelnytsky NPP. The other eight reactors are shut down for regular maintenance or held in reserve. Safety systems remain operational at the four operational NPPs.  
- IAEA is receiving remote data transmission from its radiation monitoring systems installed at all NPPs in Ukraine, except for the Chernobyl NPP.  
- The Zaporizhzhya NPP, located in the southeast and in proximity to the military operations, remains at risk of being 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. |
|                                   | **Potential chemical hazards**  
Reports of toxic chemical events continue to be monitored and assessed. WHO is working directly 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. Through four online webinars conducted in the past month, WHO reached over 1200 health workers in Ukraine. WHO moved to the next phase of practical training for health-care workers in the current reporting week, starting with 20 emergency medical unit workers and emergency care physicians in Lviv on 19–20 April. |

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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).
Food security and nutrition
The food security situation continues to deteriorate across Ukraine and many cities experiencing conflict and areas hosting IDPs have reported immediate food needs.

Management of chronic diseases and noncommunicable diseases (NCDs)
Provision of medicines and care for patients with chronic communicable diseases, such as HIV and tuberculosis (TB), as well as NCDs remains challenging. WHO, in coordination with international and local partners, continues to coordinate supply efforts to ensure mitigation of shortfalls of drugs for HIV and TB in affected oblasts.

Protection issues: risk of human trafficking and escalated risk of sexual and gender-based violence (GBV)
Significant concerns are reported for accessible services to treat and support survivors of sexual violence in conflict areas.

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 (WASH), crowded conditions in bomb shelters and collective centres, and suboptimal coverage for routine and childhood immunizations. According to UNICEF, 1.4 million people across eastern Ukraine are currently without running water. Additionally, as per the WASH Cluster, Mykolayiv has been without piped water for over four days, which forces people to use water from rivers and streams, raising concerns about development of diarrhoeal diseases.

Between 14 and 20 April, a total of 6500 new cases and 92 new deaths of COVID-19 have been reported. This represents a decrease of 40% and 22%, respectively, compared to the previous week. These numbers should be interpreted carefully due to underreporting of COVID-19 cases and deaths.

Between 23 February and 19 April, the overall number of beds available and beds occupied by patients with COVID-19 has decreased by 43% and 90%, respectively, reflecting potential challenges in accessing hospitals, limited data reporting, and a potential decrease in actual hospitalizations.

2.3 WHO actions in Ukraine to date

Leadership and coordination
WHO has submitted an official letter to the Government of Ukraine reaffirming WHO’s commitment to support the national health system.

Health information and operations
- WHO is supporting the MoH in the detection, diagnosis and clinical management of infectious diseases. A risk assessment and response plan concerning infectious hazards and vaccine-preventable diseases is under development.
- A minimum package for the provision of primary health care by mobile clinics has been developed. It will be circulated to all partners and presented to the Health Cluster.
- An update to the previously published Public Health Situation Analysis for Ukraine is currently being drafted and will be published soon.
- Event-based surveillance activities continue for the various potential hazards. These include the use of Epidemic Intelligence from Open Sources.
• In agreement with the MoH and the Public Health Centre of Ukraine, outreach for routine and COVID-19 vaccination in IDP settings has been considered in five regions in western Ukraine and a standard operating procedure has been drafted. Additionally, as of 15 April, the MoH Ukraine, and the Coalition for Vaccination, in collaboration with the Public Health Centre, has resumed COVID-19 vaccination for the elderly in five oblasts, including Ivano-Frankivsk, Lviv, Rivne, Ternopil and Zakarpattya. Priority will be given to those above 60 years of age.

• WHO is working on the development of an MHPSS framework for interagency emergency response and recovery and has also developed criteria for external evacuation of adults with chronic mental health conditions residing in institutions and at risk due to the ongoing conflict. Further support and coordination with partners are planned to implement the criteria as part of the evacuation process. Additionally, WHO is planning to organize a workshop with partners and national authorities aimed at setting priorities in addressing the needs of people with severe mental health conditions residing in long-term care institutions.

**Supplies and logistics**

• As of 19 April, WHO has delivered about 300 metric tonnes of medical supplies to support the most critically affected areas in the conflict. The latest deliveries included 78 metric tonnes of intravenous medication and fluids for emergency medical care, essential medicines, and trauma and surgical supplies.

• Distribution of medical supplies – trauma and emergency kits, essential medicines and power generators – is ongoing across conflict-affected areas in Ukraine. To date, 142 metric tonnes have been delivered to their intended destinations.

• WHO delivered 573 trauma backpacks and 30 assistive technology kits (wheelchairs and crutches) this week to support the intervention of EMTs in the conflict-affected regions of Ukraine.

• On 16 April, WHO met with the Deputy Minister of Health of Ukraine to discuss WHO’s new procurement plan based on previously submitted humanitarian aid requests, and to discuss the new list of supplies needed to support epidemiological surveillance.

• WHO is evaluating options for additional warehouses to facilitate the distribution of medical supplies in conflict-affected areas. The Guidance Note for Medical Supply Donations to support the Ukraine emergency response available here provides a list of critical supplies for which support is urgently needed.

**Operational partnerships**

**Emergency Medical Teams**

• There are currently 14 EMTs on the ground from six organizations (west: nine; south: two; centre: one; east: two).

• The EMT Coordination Cell (CC) and Trauma and Rehabilitation Working Group (TRWG), in collaboration with the Health Cluster, is developing minimum standards for the provision of mobile clinical care with a focus on primary care service delivery.

• As part of the medical evacuation system being implemented by the European Commission, the workflow for the process of transporting patients from Ukraine to Poland has been established, with EMT CADUS coordinating at the dispatch centre in Lviv.

• The EMT CC and TRWG are working to address plans to bridge rehabilitation needs in liaison with the MoH and key partners, which includes:
  - bridging rehabilitation needs in the tertiary care system;
  - reinforcing highly specialized centres for burns, spinal cord injuries and complex limb injuries; and
  - long-term planning to consider utilization of sanatoriums.

• A series of webinars on trauma care for health-care workers in Ukraine are also being planned.
Health Cluster

- Health Cluster Ukraine currently has 106 partners, 86 of whom are operational partners, and 20 have planned activities. Partner activities span 123 unique settlements in 24 oblasts.
- Health Cluster Partners continue to support the ongoing activities in their respective Health Domain.

<table>
<thead>
<tr>
<th>Health Domain</th>
<th>Number of Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child health</td>
<td>3</td>
</tr>
<tr>
<td>COVID-19</td>
<td>2</td>
</tr>
<tr>
<td>HIV/TB</td>
<td>31</td>
</tr>
<tr>
<td>Mental health</td>
<td>8</td>
</tr>
<tr>
<td>NCDs</td>
<td>8</td>
</tr>
<tr>
<td>Other communicable diseases</td>
<td>6</td>
</tr>
<tr>
<td>Palliative care</td>
<td>1</td>
</tr>
<tr>
<td>Sexual and reproductive health, child health and GBV</td>
<td>9</td>
</tr>
<tr>
<td>Trauma/mass casualties</td>
<td>12</td>
</tr>
<tr>
<td>RCCE</td>
<td>7</td>
</tr>
</tbody>
</table>

- Health Cluster Ukraine launched its needs assessment tools on 18 April and is encouraging partners to conduct household-level and community-level assessments as part of the response activities. Briefing sessions for partners on the KoBo-based tools\(^3\) were held on 14 and 15 April and were attended by over 70 participants from 52 organizations.
- As of 15 April, the Ukraine Health Requests, Planning and Response (HRPR) Form is available online. This KoBo-based form aims to collect information on requests for assistance to meet humanitarian health needs in order to refer those requests to relevant partners for support.
- Health Cluster Partners continue to:
  - support trauma care and primary health care, including MHPSS, through mobile clinics and specialist medical staff support to hospitals;
  - deliver medicines, medical supplies and equipment;
  - assess the needs of IDPs in shelters and collective centres; and
  - improve response activities, particularly for vulnerable groups, such as LGBTI persons, prisoners, people living with HIV, mothers and children.
- Partners continue to report on and respond to the most urgent health-care needs, facilitated by the different TWGs

Risk Communication and Community Engagement

A needs assessment for RCCE was conducted. Based on the assessment, key health information needs include guidance on how to keep safe and healthy upon return to newly accessible areas, health advice for IDPs, and preparedness for various potential health hazards (for example, disease outbreaks).

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\(^3\) KoBo Toolbox is a toolkit for collecting and managing data in challenging environments. It is the most widely used tool in humanitarian emergencies.
3. SITUATION AND ACTIVITIES IN REFUGEE-HOSTING COUNTRIES

3.1 Public health concerns in refugee-hosting countries

While priority public health concerns for Ukraine (section 2.1) remain the same for refugee-hosting countries, this week we are highlighting the following information on the risk of emergence and spread of infectious diseases, GBV and MHPSS.

<table>
<thead>
<tr>
<th>Risk of emergence and spread of infectious diseases</th>
<th>Ongoing epidemics</th>
</tr>
</thead>
<tbody>
<tr>
<td>The incidence of COVID-19 continues to decrease among all refugee-hosting countries. COVID-19 vaccination uptake in refugee-hosting 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 (26.3% uptake among the national population) and Romania (42% uptake).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protection issues: risk of human trafficking and escalated risk of sexual and gender-based violence (GBV)</th>
<th>In the Republic of Moldova:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• UNHCR established and strengthened GBV coordination as part of the refugee coordination forum; the GBV Sub-Working Group (SWG) currently includes 34 partners.</td>
<td></td>
</tr>
<tr>
<td>• A total of 126 frontline responders were trained on core GBV concepts and referral mechanisms, including Prevention of Sexual Exploitation and Abuse (PSEA), and trafficking in persons. The GBV SWG partner organizations trained 72 and UNHCR trained 54 government officials, NGOs, UN staff, and volunteers.</td>
<td></td>
</tr>
<tr>
<td>• Sixty-eight thousand refugees were reached with anti-trafficking awareness messages: 60 000 anti-trafficking awareness leaflets were distributed by IOM at border crossings, transit locations and central authorities, and awareness sessions at Palanca. In addition, a total of 2000 flyers with “stay safe” and hotline messaging were distributed, reaching 8000 people through collaboration among UNHCR, IOM, La Strada and Moldova for Peace.</td>
<td></td>
</tr>
</tbody>
</table>

| Mental health and psychosocial support (MHPSS) | In the Republic of Moldova, UNICEF supported the launch of a “green line” for mental health, which is accessible for both the host and refugee populations. Between 1 March and 8 April over 10 500 calls were received from Ukrainian refugees and citizens of the Republic of Moldova, requesting information on how to donate or directly help refugees from Ukraine. |

3.2 Overall WHO actions in refugee-hosting 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 supplies and technical support for the assessment of urgent needs and capacity for cancer care for refugees. A rapid health facility assessment tool is being deployed in refugee-hosting countries to understand the current status of cancer care, with an initial focus on countries who have received the highest volume of refugees.
• As the displacement of people between Ukraine and other countries continues, it is crucial that refugee-hosting countries are prepared to ensure high standards of HIV prevention, treatment and care. Last week WHO, in collaboration with the European Centre for Disease Prevention and Control (ECDC), released a joint statement to highlight critical steps to be taken by refugee-hosting countries in ensuring high-quality HIV care for displaced people from Ukraine.

3.3 Specific WHO actions in refugee-receiving countries

Czechia

Situation update
Between 24 February and 20 April 2022 over 300,000 Ukrainian refugees have entered Czechia.

WHO actions to date
• WHO donated 900 doses of tocilizumab to Czechia for use in the treatment of patients diagnosed with severe or critical cases of COVID-19.
• WHO is developing a research protocol with the Motol University Hospital to understand the characteristics of Ukrainian refugees visiting UA points or low-threshold outpatient clinics providing health care for Ukrainian refugees.
Hungary

**Situation update**
Between 24 February and 20 April 2022 approximately 476 213 Ukrainian refugees entered Hungary.

**WHO actions to date**
WHO continues to engage with the Government across multiple sectors, including health, foreign affairs, and the National Emergency Command Centre to support response activities.

Poland

**Situation update**
- Between 24 February and 20 April 2022 approximately 2 847 540 Ukrainian refugees entered Poland, accounting for 55% of the total refugee population.
- Refugee arrivals in Poland have decreased from a peak of 147 000 per day to 19 200 per day on 18 April, with an increasing number of refugees returning to Ukraine.
- Poland’s Medical Board has drafted a bill regarding MHPSS services to be provided as part of the Ukraine response, which include work permits for MHPSS professionals.

**WHO actions to date**
- WHO, in coordination with the ECDC and the national authorities, continues to explore options for an Early Warning, Alert and Response Network, which would complement the existing system. As of 18 April WHO and ECDC teams visited 13 reception/accommodation centres to assess access to health services and surveillance capacities.
- At the request of the MoH, WHO and the EU Civil Protection Mechanism undertook a joint visit to evaluate a proposed site for the establishment of a medical hub in Korczowa. The objectives of the hub are to facilitate patient transfer, provide basic essential health services coordination, logistics for patient transfer consolidation and re-triage of patient groups.
- WHO carried out a health sector partners feedback survey to increase the participation of the health partners and map which partners are providing health services. The survey provided updates on other partners’ presence and activities, in addition to government institutions and general updates on the refugee situation.
- EMT CCs in Poland reported that 25 response teams conducted activities on ground, addressing first aid and primary care services as well as provision of medical supplies.

Republic of Moldova

**Situation update**
- Between 24 February and 20 April 2022 an estimated 428 577 refugees entered the Republic of Moldova.
- As of 14 April, 95 Refugee Accommodation Centres (RACs) are providing shelter to 3853 individuals (45% occupancy). Of these individuals, 27% are pregnant and breastfeeding women, 39% are children between two and 18 years of age and 6% are elderly people.
- The new interagency SWG for the coordination of water, hygiene and sanitation RACs met for the first time on 10 April. The SWG will take a multisectoral approach to address the needs of RACs.

**WHO actions to date**
- On 12–14 April WHO conducted a technical expert mission on cancer management with the aim of performing a rapid assessment of the needs of the cancer programme and providing cancer-related health services to refugees and the population of the Republic of Moldova. Preliminary results were presented to the interagency health meeting on 13 April and to the Parliamentary Commission on Health and Social Protection on 14 April.
• On 5–12 April six trainings were conducted with support from WHO and UNICEF regarding strengthening health-care worker capacities on routine immunization catch-up campaigns, including for the vaccination of refugees.

• The coordination of supportive supervision visits on routine and COVID-19 immunization and assessment of immunization needs for refugees was conducted by the National Agency for Public Health with the support of WHO. The supportive supervision of the immunization programme is primarily conducted in districts with the highest number of refugees.

• WHO, jointly with the MoH, conducted rapid assessments of the hospital health services available in the context of mass casualty management in the north-eastern part of the Republic of Moldova.

• EMT CCs in the Republic of Moldova reported that:
  o Nine teams are currently operational in Bălți, Chișinău, Ocnița and Ștefan Vodă, and 12 teams are on standby.
  o As of 18 April, 1644 outpatient medical consultations have been conducted.

Romania

Situation update

• Between 24 February and 20 April 2022 an estimated 763,769 Ukrainian refugees entered Romania. However, most are in transit to other countries, primarily to Hungary (38%) and Bulgaria (21%).

• As of 19 April the current refugee accommodation centre occupancy is at 21% capacity.

WHO actions to date

• On 14 April the first meeting of the Refugee Coordination Forum Health Working Group took place.

• As of 19 April WHO deployed personnel on short assignment to be the Health System Response Advisor and Interagency Working Group Coordinator in Romania. Between 19 and 21 April WHO will carry out a rapid qualitative assessment of perceived health service needs and gaps, and barriers to and drivers of uptake of health services by refugees from Ukraine now residing in Romania. Using an interview guide, moderators will conduct in-depth online interviews with people recently displaced to determine how health services can be made more accessible to this vulnerable group and explore potential barriers to and drivers of seeking health care that may be experienced by the refugee population. The mission will also consider the possible establishment of a Centre of Excellence.

• WHO has supported the development of an RCCE situational analysis in Romania.

Slovakia

Situation update

• Between 24 February and 20 April 2022 an estimated 346,175 Ukrainian refugees entered Slovakia.

• As of 20 April, 69,064 refugees have requested temporary protection in Slovakia. There are 168 people who have applied for asylum.

WHO actions to date

• WHO continues to engage with the national health authorities and UNHCR on the overall UN coordination mechanism.

• WHO continues to lead the Health TWG in Slovakia.
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
- Health cluster: Emergency Medical Teams (EMT)
- Dashboards with the most recent posts across Facebook, Instagram and Twitter