WHO’s response to the Ukraine crisis

Annual report, 2022
A mother from eastern Ukraine with her daughter at a registration centre at the Hungarian-Ukrainian border, Beregsurány, 08 March, 2022.
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Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>EMS</td>
<td>emergency medical services</td>
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<tr>
<td>EMT</td>
<td>emergency medical team</td>
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<td>EMTCC</td>
<td>EMT coordination centre</td>
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<td>IDP</td>
<td>internally displaced persons</td>
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<tr>
<td>IEHK</td>
<td>interagency emergency health kit</td>
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<td>MHPSS</td>
<td>mental health and psychosocial support</td>
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<td>MoH</td>
<td>ministry of health</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<td>NCDK</td>
<td>NCD kit</td>
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<tr>
<td>NGO</td>
<td>nongovernment organization</td>
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<tr>
<td>PRSEAH</td>
<td>preventing and responding to sexual exploitation, abuse, and harassment</td>
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<tr>
<td>PSEA</td>
<td>protection against sexual exploitation and abuse</td>
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<tr>
<td>RCCE</td>
<td>risk communication and community engagement</td>
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<tr>
<td>RDT</td>
<td>rapid diagnostic test</td>
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<tr>
<td>SEA</td>
<td>sexual exploitation and abuse</td>
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<tr>
<td>SOP</td>
<td>standard operating procedure</td>
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<tr>
<td>TESK</td>
<td>trauma emergency surgery kit</td>
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<td>TWG</td>
<td>technical working group</td>
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Dear Partners,

Since 24 February 2022, the war in Ukraine has caused widespread suffering to its people and serious damage to the country’s infrastructure.

Attacks on the country’s health system and its power network threaten people, compromise the provision of health care, and complicate the distribution of essential medicines and equipment.

Delays and interruptions to treatment have been affecting millions of people, exacerbating war-related trauma and disease both within and beyond the country’s borders. At the end of 2022, more than six million people living in Ukraine were thought to be internally displaced, while the European Region now hosts almost eight million Ukrainian refugees.

The scale of the emergency in Ukraine and the response it demands is greater than anything seen in the European Region for decades. Despite intense pressure, the health system is still functioning, and emergency support is a vital lifeline.

WHO is the UN system’s lead health coordinator, its response extending throughout Ukraine, facilitating the delivery of health services in-country, as well as in the refugee-receiving and hosting countries profiled in this report.

Working with the Ukrainian Ministry of Health and more than 190 health cluster partners to overcome massive disruption and unprecedented supply-chain challenges, WHO seeks to help maintain health care and get treatment to people in hard-to-reach and regained areas. In some regained areas, WHO has joined humanitarian convoys within 72 hours, to deliver much-needed medicines, equipment and support to first aid workers as quickly as possible.

The response to our emergency appeals has meant that over 8.4 million people in desperate need within Ukraine itself have been able to access health care, receive treatment and get the medicines, vaccines and therapy they urgently require. WHO is only able to deliver at this level because of our resource partners, and the specific impact of the donations we have received is outlined in the following pages.

Ensuring the health and well-being of all people has been at the core of WHO’s mandate and commitments for 75 years now. With your assistance we will continue to be present where we are needed most, and work tirelessly to protect people from harm, minimize morbidity and lay the foundations for recovery.

Efforts to rebuild and resume the journey towards better health in Ukraine are already underway but will take significant time amid this protracted crisis. All of us at WHO sincerely hope that along the way we can continue to count on your life-saving support for the people of Ukraine.

Hans Henri P. Kluge
Regional Director
WHO Regional Office for Europe

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7 April, 2022 - WHO/Europe Press Briefing from Lviv Ukraine - Regional Director’s statement
The Ukraine crisis has highlighted several important lessons in terms of public health, including the following:

1. **Health is essential for recovery**: It is critical to maintain essential health services in war-affected areas in the short term, and equally crucial to invest in longer-term post-war health system recovery and transformation.

2. **Coordination of sectoral response involving all humanitarian and development partners is critical** to successful assessment, planning, implementation and monitoring of response interventions and, ultimately, meeting the needs of the affected population.

3. **Emergency Medical Teams (EMT) meet urgent life-saving health needs of affected populations** where surge capacity is required. Developing national EMTs should be initiated as local capacity strengthening for more timely, efficient, and cost-effective responses to future disasters or health emergencies. For time limited stop gap measures, the international EMT network can also provide urgent support.

4. **Strengthening national health systems should be a priority for country preparedness** to promote resilience to shocks including those involving refugee influx; this ensures continuity of services even as capacity is built to respond to emerging needs.

5. **Support for internally displaced populations and refugees should take into account health care costs**, to ensure financial protection and avoid financial hardship for the economically disadvantaged; equally, financial protection should be ensured for host populations to promote social cohesion and health for all.
The human toll and impact of the war on the population of Ukraine has been devastating. Death and suffering of civilians, ravaged urban and rural areas, and total loss of livelihoods for millions. The war has resulted in more than 21 million people in need of humanitarian assistance – including food, water, shelter and health care services. The UN in Ukraine continues our work to ensure that health services remain available in Ukraine and that life-saving medical supplies continue to reach those who need them the most.

Denise Brown
UN Resident Coordinator in Ukraine

The people of Ukraine have been under relentless pressure and tremendous stress. Mental health issues are emerging, these will be one of the most devastating and longer-lasting consequences of the war. Despite the challenges, we will continue to stand together in unity and defiance. We will continue to help each other and fortify our community to overcome this great aggression and tragedy. Together with WHO and other partners, we will ensure mental health support for our people. Together we will persevere.

Olena Zelenska
First Lady of Ukraine

We have been working closely with our partners including WHO, to support those most impacted by the devastating war in Ukraine. WHO has been a strong ally and partner in safeguarding health care in Ukraine, and we have been working closely with WHO to ensure that the right to health care is respected and protected. We continue to place our trust in WHO to minimize disruptions to the delivery of health care services and ensure safe access.

Michael Köhler
Deputy Director-General, DG ECHO
Russia’s war on Ukraine has severely impacted the lives and safety of civilians. The global community must work together to alleviate the suffering of the most vulnerable, including the Ukrainian elderly, women and children who have suffered due to this war. We continue to work in close coordination with WHO to deliver much-needed humanitarian assistance and ensure health care services remain available to refugees affected by the Ukrainian crisis. Health care is a fundamental human right, and we remain steadfast in our commitment to preserving this right, and to the Ukrainian people.”

Julieta Valls Noyes
Assistant Secretary of State for the US Bureau of Population, Refugees, and Migration

The war in Ukraine has had a heavy toll on my people and on essential services including health care. Health is a fundamental human right not least in times of war, and we must safeguard it. Health care services, health workers and patients are not a target and must all be protected from harm. With thanks to WHO, we have been able to ensure that health services remain functional and that life-saving medical supplies continue to be available and reach the most vulnerable in our communities.

Viktor Liashko
Minister of Health
Ukraine
Saving lives is the priority of WHO’s response in Ukraine. WHO works to ensure time-critical, life-saving assistance, non-discriminatory access to emergency and essential health services and priority disease prevention programmes, and laying the foundation for longer-term health systems recovery and strengthening.

Four specific objectives have been defined for WHO’s response in Ukraine:

Specific objective 1: Access to emergency and critical medical care is strengthened

Specific objective 2: Infectious diseases are prevented and responded to

Specific objective 3: Emergency health information and surveillance for evidence-based decision-making in health are reinforced

Specific objective 4: Effective coordination of humanitarian interventions in the health sector is ensured
Specific objective 1
Access to emergency and critical medical care is strengthened

WHO AND PARTNER ACHIEVEMENTS
Emergency and critical health care

WHO supported 26 Emergency Medical Teams (EMTs) in Ukraine, that supported emergency and primary health care, inpatient and specialist surgical care and rehabilitation, patient transfer and Medevac assistance. EMTs provided 18 744 consultations in nine oblasts.

The Ukraine ministry of health (MoH) with the support from WHO established three health hubs in western Ukraine to support the emergency medical services (EMS) medical evacuations and ensure the safe passage of patients from east to west, including those with cancer, for treatment outside Ukraine.

More than 1600 patients, including those requiring specialist care for injuries sustained directly from the war, and other health issues have been supported with Medevac to various European Union (EU) hospitals through coordination with MoH and close cooperation with the European Commission’s Directorate-General for Health and Food Safety (DG SANTE) and the European Civil Protection and Humanitarian Aid Operations (DG ECHO). WHO provided technical support on repatriation, coordination, and harmonization across countries.

More than 13 700 consultations in seven oblasts were provided by 27 Mobile Health Units supported by WHO. Of these consultations, 73% were NCD-related.

Within days of territories being regained by the Ukrainian government, WHO joined partners to deliver critically needed medicines, supplies and equipment to allow health facilities to resume delivering health services. In Kherson, WHO joined the humanitarian convoy 72 hours after the Government of Ukraine regained control of the city, delivering medicines for a city health centre to treat more than 1000 patients; this was the first opportunity for aid workers to enter Kherson with humanitarian aid since Russian forces took control of the city in early March 2022.


Highlights

18 744
EMT consultations

13 708
Mobile Health Unit consultations

38 000
interventions for trauma and emergency surgery enabled with TESK

1 900 000
people covered for basic care by distributed IEHK

5 570 000
people covered for NCD health needs by distributed NCDK

23 000
consultations on mental health and psychosocial support services supported by WHO

1635
health evacuations successfully completed with WHO support
WHO launched the first round of Health Resources and Services Availability Monitoring System (HeRAMS) to assess available essential health resources and services. There are 1590 facilities reporting in 10 Oblasts where HeRAMS is operational, and the outcomes are used by decision-makers at the country, regional and global level to support the current response and recovery of the health system.

**Trauma and rehabilitation**
WHO developed a rehabilitation strategy to strengthen rehabilitation and access to assistive devices throughout the trauma pathway. This was coupled with capacity-building and coaching for health care workers including physiotherapists and occupational therapists, and distribution of rehabilitation supplies.

Specialized rehabilitation equipment was deployed along with consumables and assistive technologies, as part of building up 20-bed in-patient rehabilitation departments in multi-profile hospitals to ensure coverage of both acute and subacute rehabilitation.

Delivered 3900 assistive technologies products for war-disabled persons, including wheelchairs, walking frames, walking sticks and shower chairs, meeting the needs of over 1200 patients, primarily internally displaced persons.

Distributed assistive technology kits with 4000 essential assistive products to 12 trauma hospitals to support acute rehabilitation for 2500 patients.

**Health worker training**
WHO provided training to 14 national prehospital trauma management trainers and reached 1254 trainees in a series of webinars on clinical management and medical staff safety in relation to Chemical, Biological, Radiological and Nuclear events. Additionally, 726 EMS first responders and clinicians from referral hospitals in 11 oblasts were trained in chemical protection, decontamination and treatment.

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**WHO provides assistive products for thousands of displaced people in Ukraine**
WHO Ukraine has provided assistive technology kits (AT10 kits) with essential assistive products to health care facilities for thousands of internally displaced persons and other persons with mobility and self-care needs resulting from the war in Ukraine.

Up to 4000 assistive products, which include crutches, walking sticks, walking frames, wheelchairs, catheter kits and other items, have been provided to 12 hospitals in five regions in eastern Ukraine.

Read the full story [here](#).
International trauma life support (ITLS) training was given to 72 EMS, providing them with advanced skills in trauma care, and strengthening trauma care capacity in Ukraine. Other health workers and service providers were trained on hospital blood transfusions in conflict settings, on management of traumatic limb injuries, emergency nursing care, and essential burns care.

WHO provided 1000 health care workers with online trainings on the PEN protocol (Package of Essential Non-Communicable Disease Interventions), diabetes, and cardiovascular diseases.

**Mental health and psychosocial support**

Together with the First Lady of Ukraine Olena Zelenska, WHO launched and is implementing the mental health and psychosocial support (MHPSS) initiative to address the needs of people affected by the war in Ukraine, and developed a roadmap that sets MHPSS priority actions in sectors including health, social work and education.

A framework for Prioritized Multisectoral Mental Health and Psychosocial Actions in Ukraine was developed jointly with the MoH and the MHPSS Technical Working Group, and with support from the Inter-Agency Standing Committee (IASC) MHPSS Reference Group.

Based on WHO’s mhGAP initiative in Ukraine, the MoH and the National Health Services of Ukraine (NHU) launched a new service package on provision of mental health services in primary health care as a part of the State Programme of Medical Guarantees.

Twenty-six Community Mental Health Teams (CMHT) providing long-term care for people with severe mental health conditions were equipped with skills in the management of stress-related mental health conditions that are escalated in the war context. The CMHTs provided 23,000 consultations from February – December 2022.

Trained more than 179 trainers from 23 oblasts of Ukraine in the Self-Help Plus (SH+) course to train programme facilitators across Ukraine. The course aims at helping adults experiencing adversities learn how to manage stress.

To meet the critical needs of people with mental disorders in mental health facilities, WHO procured medicines, power generators and kitchen equipment for mental health facilities in Ukraine. This support enabled continued support for people with depression, epilepsy, and psychosis during the humanitarian crisis. Overall, WHO reached more than 240,000 people in need of MHPSS including at least 6400 with severe mental health conditions across Ukraine.

**Health Supplies**

By 2 March 2022, WHO had established a logistics hub and air bridge of essential supplies. On 14 November 2022, WHO was on the first humanitarian convoy to Kherson.

**WHO supply distribution system has included:**

- **Five charter flights** from the WHO stock centre in Dubai to Warsaw, Poland transporting specialized WHO kits, diesel generators, pharmaceutical fridges and freezers, and equipped ambulances.
- **Five logistics hubs/warehousing locations in Dnipro, Kyiv, Lviv, Odesa and Poltava.**

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Ukrainian paramedics from EMS (Emergency Medical Service) transporting severely ill patients from the White Bus to the Norwegian MEDEVAC aircraft, Rzeszów Airport.
By December 2022, WHO had procured 2087 metric tonnes of medical supplies for Ukraine, of which 1360 metric tonnes have reached their intended destinations: 723 health facilities in 24 oblasts and the city of Kyiv. The deliveries comprise trauma and emergency surgery kits, interagency emergency health kits, blood transfusion materials, essential medicines and other critical supplies, including body bags, ambulances, oxygen equipment, power generators, refrigerators and other equipment.

Delivered WHO kits included:

- 3422 interagency emergency health kits (IEHK)
- 7787 trauma emergency surgery kits (TESK)
- 543 noncommunicable diseases kits (NCDK)
- 2180 major trauma backpack kits
- 160 WHO collection, testing and transfusion kits (CTT Kit) for safe blood transfusion

In addition, by December 2022, WHO among other items had distributed:

- 597 ambulances and ICU equipment to 11 oblasts, enhancing emergency response capacity in various health facilities
- 64 diesel generators to 8 oblasts to meet the energy needs of hospitals and health facilities
- 3 pressure swing absorption (PSA) oxygen generators for onsite production of medical oxygen
- Liquid oxygen tanks; oxygen storage and distribution containers with cryogenic cylinders to meet medical oxygen needs in facilities
- 23 mobile inflatable tents for the State Emergency Service of Ukraine and Emergency Medical Services of Ukraine involved in emergency search and rescue missions for victims under rubble of destroyed buildings, as well as providing basic medical services in the liberated territories
- 255 external fixator systems for emergency orthopaedic fixation of bone fractures
- 13 autopulse resuscitation systems
- 39 portable defibrillation systems
- 550 patient monitors
- 59 portable patient ventilation systems
- 176 BPAP (bilevel positive airway pressure) ventilators.

Based on WHO’s comprehensive approach and an estimation of the number of possible victims of war injuries, the supplies to the Ukrainian health system are estimated to have the following impact:

- 38,000 interventions for trauma and emergency surgery enabled with TESK
- 5,570,000 people covered for NCD health needs with NCDK
- 1,900,000 people covered for basic care through IEHK
- 4,000 patients covered with the cholera kits
- 3,500 patients supported with rehabilitation kits

Medical supplies distributed in Ukraine by Oblast, 07 March–31 December 2022

By 31 December 2022, WHO had procured 2087 metric tonnes of medical supplies for Ukraine, of which 1360 metric tonnes have reached their intended destinations: 723 health facilities in 24 oblasts, and the city of Kyiv.

MT = Metric tonnes

2 59 ambulances as of end January 2023.
Overcoming challenges

Major disruptions in the global supply chain because of the war, and security constraints on the distribution system spelled unprecedented challenges for the timely delivery of supplies, especially in hard-to-reach and newly accessible areas. However, WHO has established a backup warehouse in Lviv – close to Poland – for international inbound supplies, and established hubs in strategic locations (Dnipro, Kyiv and Odesa) with contingency stocks prepositioned to enable timely and efficient distribution. Dispatch of supplies to hard-to-reach and newly accessible areas was often facilitated by local volunteer networks and UN interagency convoys. WHO also continued to strengthen its communications system (VHF radio, Starlink, and satellite phones) to manage security challenges.

The widespread destruction of energy infrastructure across the country has resulted in power cuts that could compromise the quality of medical supplies that need temperature-controlled storage conditions, such as vaccines and insulin. At the same time, dropping temperatures without temperature control could freeze medicines or compromise quality. WHO had to expand its energy backup systems to ensure high quality medical supplies, and developed guidelines for vaccine cold-chain maintenance during electricity outages. These guidelines were presented to MoH’s Task Force on Vaccine-Preventable Diseases and were approved for implementation across the country.
Specific objective 2
Infectious diseases are prevented and responded to

WHO AND PARTNER ACHIEVEMENTS
The MoH endorsed a procedure for vaccination proof for refugees and internally displaced persons (IDPs) that was developed by WHO in consultation with the Ukraine Public Health Centre (UPHC). WHO promoted the procedure in the European region to ensure awareness and continuity of services for populations on the move.

WHO distributed more than 25,000 doses of tetanus antitoxin to severely affected regions to address acute needs and prevent severe complications and deaths in injured populations. Three hundred doses of diphtheria antitoxin from the WHO global stockpile were provided to cover up to 150 patients if any were suspected or confirmed for diphtheria.

Delivered 339 refrigerators, 600 freezing indicators, 200 cold boxes and other cold chain equipment to strengthen and avoid disruptions in services for preventing and responding to vaccine-preventable diseases (VPDs).

Delivered 41,000 vaccinations by 31 December 2022, more than half to protect against COVID-19, about one third for protection against diphtheria, and the remaining for measles and polio.

Provided information on benefits of vaccination to more than 300,000 IDPs. WHO supported the distribution of about three million leaflets on the signs and symptoms of VPDs, and on minimum vaccination requirements in regions involved in conducting internally displaced persons (IDP) vaccinations.

Delivered 39 intensive care unit ventilators for ICUs, and equipment for 40 ambulances (45 patient monitors, 25 resuscitation systems, 30 defibrillators with accessories), as well as COVID-19 and other medical devices and consumables to enable continued testing, treatment and transportation of COVID-19 patients.

WHO distributed critical laboratory equipment, testing supplies and reagents at scale to strengthen laboratories’ diagnostic capacities for COVID-19 and other infectious diseases.

Highlights

- **25,000** doses of tetanus antitoxin to severely affected regions
- **Cold chain equipment** including refrigerators, and cold boxes supplied
- **41,000 vaccinations** delivered, including for COVID-19, diphtheria, measles and polio
- **300,000 IDPs** Provided information on benefits of vaccination

Supported MoH to develop Ukraine’s application to access oral cholera vaccines through International Coordination Group (ICG), procured and distributed cholera rapid diagnostic tests, strengthened preparedness to respond to cholera outbreaks.

Cholera outbreak response and vaccination capacity was further strengthened by adapting an OpenWHO training course for Ukrainian medical professionals as well as an app on cholera; nearly 3000 medical workers enrolled and about 1050 certified by end of November 2022. OpenWHO materials on routine and COVID-19 vaccination were adapted for Ukraine and made available for Ukrainian-speaking health care workers and public health specialists worldwide.

**WHO** supported the Ukrainian MoH’s Public Health Centre to estimate the antiretroviral needs in Ukraine. Since February 2022, with the support of the United States President’s Emergency Plan for AIDS Relief (PEPFAR), WHO and other partners have delivered antiretrovirals to treat people living with HIV.
WHO AND PARTNER ACHIEVEMENTS

Conducted three rounds of health surveys using crowdsourced data for period April-October 2022, and two rounds of representative health needs assessments in September 2022 and December 2022, generating evidence for designing and implementing response interventions.

Implemented open-source event surveillance that detected signals of suspected disease outbreaks early, allowing timely planning of response actions. Examples include a case of diphtheria in an IDP centre in Ternopil, rising numbers of gastrointestinal infections in several regions of the country, and flagged risk of environmental hazards.

Analysis of pre-war e-Health data and corresponding needs informed the specific objectives of the WHO response, projected the impact of service interruptions, and prioritized support to hospitals and health facilities accordingly.

Implemented WHO’s Surveillance System for Attacks on Health Care that involves daily monitoring and verifying of attacks on health care, generating information for advocacy and programming to address the crisis in the country.

Monitored the impact of attacks on access to health services, and through a collaboration with the Central Procurement Agency, relevant health information on medical suppliers and equipment from health facilities across the country was gathered and used to plan distribution and support to the facilities.

Produced weekly public health media monitoring that informed decision-making and response planning.
WHO AND PARTNER ACHIEVEMENTS
In support of the Ukraine MoH, WHO coordinated up to 192 international and local health cluster partners across Ukraine. Coordination takes place at the national and subnational levels, through four main hubs.

As of 31 December 2022, health cluster partners had implemented or were implementing a wide range of health response activities in 968 settlements in 24 oblasts, reaching an estimated 8.4 million people.

By the end of December 2022, the health cluster had received 452 humanitarian health-related requests via the Health Requests, Planning and Response (HRPR) tool activated to collect information on requests for assistance to meet humanitarian health needs.

The health cluster developed four assessment tools, led partners in two rounds of rapid health needs assessments and created an online dashboard for all partners to visualize and access assessment results.

Through the health cluster, information products including Public Health Situation Analyses (PHSAs), Health Cluster Ukraine Bulletins (#21 published on 27 December 2022), and 5W matrices were produced and shared to guide the health response.

The health cluster contributed to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA)’s initial Flash Appeal and its revision in August, as well as the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) for 2023, which captured the health needs/gaps and strategic response objectives.

The health cluster supported the MoH with mapping the distribution of generators to health facilities in Ukraine and as of 29 December 2022, partners had distributed 378 generators to ensure access to health services despite the energy crisis.

Specific objective 4
Effective coordination of humanitarian interventions in the health sector is ensured

Highlights

- **8.4 million** beneficiaries reached by health cluster partners
- **1175 facilities** covered by health cluster partners
- **192 partners** participating in technical working groups

Coordinating efforts
As the health cluster lead agency, WHO coordinates 192 partners in delivering lifesaving and essential health services through mobile and fixed facilities. The cluster hosted 11 working groups that provide critical support to partners in the areas of Communicable diseases, Displacement & Health, HIV/TB & opioid substitution, MHPSS, Noncommunicable diseases, Sexual, reproductive, maternal and child health, Trauma & Rehabilitation, Health Logistics and Supply, Risk Communication and Community Engagement (RCCE), Assessment and Analysis, and Nutrition.

In addition, the Cluster also hosts a Cash Voucher Assistance for Health Task team.
WHO’s response in refugee-receiving and hosting countries

Neighbouring countries and destination countries have kept their borders open for refugees and provided assistance with support from UN agencies, NGOs, local organizations, academia, private sector, and private citizens. WHO has a strong presence in these countries and is coordinating with authorities, supporting health systems, providing technical support, and collaborating with UN agencies and partners. In addition WHO sent a team in March 2022 to establish a hub, the Refugee Health Extension, close to the response in Poland to support and coordinate inter-country response and collaborate with regional partners including the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), the International Organization for Migration (IOM), and European Centre for Disease Control (ECDC).

In these countries, WHO is adopting a health systems approach to the response, supporting national authorities to ensure that health care systems can cater to refugees’ needs while maintaining the level and quality of services to host communities. WHO is operating under the interagency response as part of the Regional Refugee Response Plan (RRRP) to meet the following objectives:

**Specific objective 1: Health leadership and governance mechanisms are streamlined and reinforced**
Support national authorities in refugee-receiving and hosting countries through interagency coordination (notably national and international NGOs and community-based organizations, WHO, UNHCR, UNICEF, IOM and ECDC), including providing policy guidance and technical support to continually assess and address emerging health needs of Ukrainian refugee populations.

**Specific objective 2: Financial barriers for accessing health care are removed**
Support health authorities in designing policies for eliminating financial barriers to accessing health services, including medicines and medical products.
Specific objective 3: Access to primary and emergency health services is strengthened
Facilitate systematic access to primary and emergency care by refugees, provide technical support to facilitate medical evacuations, coordinate EMTs to manage referrals from Ukraine, and provide MHPSS services.

Specific objective 4: Emergency health information and surveillance for evidence-based decision-making in health are reinforced
Conduct relevant health assessments, monitor access and utilization of health services and barriers and work alongside national health systems to set up early warning mechanisms and strengthen surveillance systems.

Specific objective 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need
Provide priority health supplies and medicines, including personal protective equipment, rapid diagnostic testing kits, vaccines, HIV and TB treatments, etc.

Specific objective 6: Health workforce is supported to provide health care to refugees
Provide technical support for national health workforce planning, training, guidance, and tools to health workers to provide health services for refugees.

Key achievements in refugee-receiving countries

MHPSS
In early March 2022, WHO deployed MHPSS technical capacity to the WHO Country Office in Budapest, to support MHPSS response in Hungary, Romania and Slovakia. MHPSS coordination mechanisms across the three countries were set up by the end of March 2022, rapid service assessments were conducted, and service providers were aligned. The coordination mechanism has allowed a timely flow of information, joint learning and problem-solving, and exchange of experiences and good practice. This has improved the availability and quality of services for the refugee population.

Uninterrupted treatment of TB
WHO coordinated and facilitated a secure cross-border exchange of TB patients’ data between Ukraine and health authorities in refugee-receiving countries, allowing treatment continuation. Further, WHO procured drugs at scale to treat TB, including MDR-TB medicines, to continue MDR-TB treatment with the same regimens as in Ukraine. This allowed uninterrupted treatment of TB, safeguarding the health of Ukrainian refugees and host populations.

Medical equipment and supplies
As Ukrainian refugees crossed into neighbouring countries, putting pressure on health systems that were still recovering from the impact of COVID-19 or without the capacity to meet the increasing needs, WHO procured more than US$16.8 million worth of medical equipment and supplies to increase countries’ ability to meet the expanded scale and scope of health needs.
By mid-December 2022, almost one million Ukrainian refugees had crossed the border into Bulgaria alone, with some staying and others passing through. To meet their multi-faceted needs and provide coordinated support, the WHO Country Office in Bulgaria has joined forces with Bulgarian civil society, the Government of Bulgaria, UNICEF, UNHCR, IOM, the Bulgarian Red Cross and other international NGOs.

WHO AND PARTNER ACHIEVEMENTS

**Specific objective 1: Health leadership and governance mechanisms are streamlined and reinforced**

- WHO Health and Migration Programme and Health Emergencies programme, in close collaboration with the WHO Country Office in Bulgaria, MoH Bulgaria and key partners, undertook a joint review mission in December 2022 to support Bulgaria’s interventions focused on addressing the health needs of refugees. The outcomes of the assessment will be used in planning and implementing interventions in 2023.

**Specific objective 2: Financial barriers for accessing health care are removed**

- Given that the Bulgarian state health insurance only covers about 40% of medical expenses, and to help Ukrainian refugees overcome financial barriers in accessing health care, WHO provided financial support to the Bulgarian Red Cross to cover urgent needs for life-saving medical treatment (medications, tests, medical items, medical documents), and a helpline that offers psychosocial support in Ukrainian.
- WHO also provided financial support to the NGO Help for Ukraine, to provide critical medications and other support e.g., walkers, wheelchairs, sanitary products for women and the elderly that are not covered by the national health insurance fund in Bulgaria. The same NGO was supported to run an integration and education centre, Ukrainski Vulik, where young people, mothers and children receive psychosocial support through interactive art therapy.

### Highlights

- **275 consultations** provided for MHPSS
- **771 people** supported in accessing health care services
- **3691** Ukrainian people reached with health information online
- **20** people trained to provide health services to refugees and host populations
- **US$65 000** of supplies and equipment procured and distributed
- **3 health facilities** supported by WHO
Specific objective 3: Access to primary and emergency health services is strengthened
- Working with the NGO Astra Forum, WHO adapted, translated and shared guidelines for vaccination, including facilitation of synchronization between the Ukrainian and Bulgarian vaccination calendars.
- Over 770 Ukrainian refugees accessed life-saving medical treatment from the Bulgarian Red Cross with support from WHO.
- Over 150 Bulgarian ambulatory health care workers were oriented and trained in providing context specific vaccination services to Ukrainian refugees.
- WHO promoted mental health for medical personnel, including combating burn-out and anxiety among medical doctors working in clinical settings.
- Adapted and published WHO health information materials in Bulgarian on prevention and management of TB, HIV, hepatitis, accessing health services, vaccination, and other infectious diseases.

WHO provided support to update vaccination guidelines to include refugee and migrant communities in the COVID-19 national strategy.

Specific objective 6: Health workforce is supported to provide health care to refugees
- WHO together with the National Centre for Public Health developed an MHPSS training programme for front-line health workers working with refugees from Ukraine in Blue Dots hubs. The MHPSS manual is based on guidelines developed by WHO for providing psychosocial support and improving mental health in emergency situations.
- Based on the MHPSS training programme, the target group of trainees was defined, including the field workers, volunteers, social workers and other staff working for the Red Cross/UNHCR/IOM/SAR at the borders and in Blue Dots hubs.

Joining forces to meet unprecedented need. How Bulgaria has responded to the Ukrainian refugee crisis
Since the beginning of the war in Ukraine, many thousands have fled their country for the safety of Bulgaria. WHO Country Office in Bulgaria has joined forces with international organizations and government agencies to meet this unprecedented need.

Read the full story [here](#).
Czechia

Since February 2022, Czechia has sheltered around 500,000 Ukrainian refugees, and 433,781 persons are currently recorded as granted temporary protection status, with up to 25% of those residing in the capital city of Prague.

In 2022, WHO’s response in Czechia prioritized key interventions to support the needs of national health authorities, for delivering equitable health care services to refugees. This included support to the MoH for coordination of the humanitarian health response, including strategic and supplementary interventions in mental health as well as support to national immunization programmes, HIV services, disease surveillance and health information activities.

WHO AND PARTNER ACHIEVEMENTS

Specific objective 1: Health leadership and governance mechanisms are streamlined and reinforced
- WHO collaborated with and supported the MoH in its leadership role, expanding its capacities for the Ukraine refugee response and facilitating the establishment of a health response coordination mechanism that includes UN agencies, government and non-government partners.
- WHO supported the establishment and coordination of the MHPSS Working Group, which is ensuring that MHPSS needs among refugees are assessed and that services are mapped and streamlined.

Specific objective 2: Financial barriers for accessing health care are removed
- WHO assisted 336 Ukrainian refugee patients with HIV in navigating the Czech health care system and accessing life-saving antiretroviral therapy, other HIV-related diagnostics and treatment, and social services, irrespective of medical insurance status (through NGO “Ceska SpolecnostT AIDS Pomoc”).

Specific objective 3: Access to primary and emergency health services is strengthened
- WHO supported MoH in harmonizing mandatory vaccination policies of Czechia and Ukraine and finding solutions for access to vaccinations for Ukrainian children.
- WHO supported the mapping of available psychosocial services for Ukrainians in Czechia through the National Institute of Mental Health (NUDZ). The map is available online in Czech and Ukrainian languages.
- WHO supported local NGOs, including Alliance Center Dusevniho Zdravi (AZDZ) and Associace Trigon, to assess and build capacity for mental health services in different regions of Czechia. WHO used the outcomes of these assessments to plan response interventions in 2023.

Highlights
- 25,400 people supported in accessing health care services
- 841 consultations for refugees on MHPSS supported by WHO
- 500,000 people reached with RCCE materials/products that have been tested and adapted for relevance and usefulness
- 23 health facilities supported with cold chain equipment

Specific objective 3: Access to primary and emergency health services is strengthened
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- WHO supported the mapping of available psychosocial services for Ukrainians in Czechia through the National Institute of Mental Health (NUDZ). The map is available online in Czech and Ukrainian languages.
- WHO supported local NGOs, including Alliance Center Dusevniho Zdravi (AZDZ) and Associace Trigon, to assess and build capacity for mental health services in different regions of Czechia. WHO used the outcomes of these assessments to plan response interventions in 2023.
In partnership with ČOSIV NGO, the WHO Country Office in Czechia launched the project for the implementation of e-learning on trauma-informed approach among Ukrainian refugee children in the Czech education system.

With the NUDZ WHO has developed the integrated MHPSS programme (in Czech, Russian and Ukrainian) targeting Ukrainian refugee children to strengthen their resilience and help them cope with adversity in the ongoing crisis.

Specific objective 4: Emergency health information and surveillance for evidence-based decision-making in health are reinforced

- Through deployed epidemiologists, WHO mapped out the disease surveillance services and pathways for information for Early Warning and Response.
- WHO purchased a Genexus Integrated Sequencer for the National Institute of Public Health (SZU) to support a high level of genomic surveillance for COVID-19 and other respiratory viruses nation-wide.
- WHO has started preparatory work with SZU to establish a viral cryobank and organize sentinel respiratory diseases surveillance in 2023.
- WHO conducted a monkeypox information and awareness campaign which included posters and leaflets in Czech, Russian and Ukrainian languages.

Specific objective 5: Priority medical products, vaccines and technologies are provided to refugee populations in need

- WHO worked with the MoH to identify the needs for supporting its capacity to maintain high quality of care at the university hospitals which co-locate Ukrainian refugee service points, TB and HIV clinics. Subsequently, WHO procured patients’ beds, hospital stretchers, mobile power plants, laryngoscope and IT equipment for the health facilities, starting the Bulovka University clinic in October 2022.
- WHO ordered approximately 300 cooling and freezing equipments from the central WHO catalogue, which are intended for the hospitals and health institutions in Czechia to support cold chain requirements for immunization activities, including among Ukrainian refugees.

Specific objective 6: Health workforce is supported to provide health care to refugees

- WHO supported the “Basics of EmotionAid and ASSYST” online training for health care professionals working with refugees from Ukraine, to prepare health care workers working at UA points and emergency departments for contact with the refugees from the war zone in Ukraine and support them in emotional stabilization.
As of 31 December 2022, 34,248 refugees from Ukraine registered for temporary protection in Hungary. Since the very beginning of the military offensive, WHO has maintained close contact and cooperation with the Hungarian authorities, providing information and technical guidance in planning the health response for refugees. Areas of support have included immunization, TB control, and continuation for treatments of diseases like cancer.

WHO AND PARTNER ACHIEVEMENTS

Specific objective 1: Health leadership and governance mechanisms are streamlined and reinforced

- WHO provided the Government with information and technical guidance, including best practices, evidence and knowledge to support policy and programme development. Some of the areas supported were immunization services to refugees and country immunization profiles; TB control in humanitarian settings and continuation of treatment for cancer patients.
- WHO facilitated the formation of an MHPSS coordination mechanism across Hungary, Romania and Slovakia; in Hungary, WHO co-chaired the MHPSS Task force. Coordination and collaboration under the task force enhanced access and quality of MHPSS services for the refugee population.

Specific objective 2: Financial barriers for accessing health care are removed

WHO Country Office in Hungary contributed to a survey that informed WHO guidance on how host countries can adjust health financing to meet the needs of people fleeing conflict, and ensure that refugees can access a full range of health services quickly and without financial or administrative barriers.

Specific objective 3: Access to primary and emergency health services is strengthened

- In order to ensure uninterrupted treatment for TB patients arriving from Ukraine, the Hungarian authorities and WHO facilitated the sharing of patient records and information between Hungarian and Ukrainian TB counterparts. As a result of this collaboration, a dedicated, secure electronic channel for cross-border exchange of patients’ data was established to support patient treatment.
- WHO completed a mapping of cancer treatment centres in Hungary as part of a wider WHO strategy to care for cancer patients arriving in neighbouring countries. Results of the mapping will be used in planning responses in 2023.

Specific objective 4: Emergency health information and surveillance for evidence-based decision-making in health are reinforced

Under the umbrella of the Inter-Agency Coordination mechanism, WHO facilitated the assessment of health needs of the Ukrainian refugee population in Hungary in a joint Multi-Sectoral Needs Assessment (MSNA). According to the assessment, 83% of the respondents were able to access health services; those that could not access care mainly cited a lack of awareness among service providers of the conditions for free health care for refugees, long waiting times, and language barriers.
Specific objective 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need

- WHO delivered cold chain equipment including 70 ice-lined vaccine refrigerators, 750 temperature monitoring equipment units, and 40 cold boxes to strengthen the control of vaccine-preventable diseases.

- WHO requested the Hungarian authorities for an alternative WHO medical supply line to Ukraine, which was granted and is available for future use as needed. The supply line would include using the required infrastructure supported by administrative procedures to expedite emergency medical supplies’ transportation.

@WHO
A young girl traveling with her mother and nine siblings from Ukraine waits to get tests and other health examinations in a health centre in Beregsurány Hungary, March, 2022.
Approximately 1.56 million Ukrainian refugees were registered for temporary protection in Poland as of 16 January 2023; however, more than 9 million cross-border crossings from Ukraine have been recorded since 24 February 2022. The Polish health care system provides refugees the same health benefits and services as Polish citizens. However, the impact on the Polish health system has been considerable with the increased burden of TB, HIV/AIDS, chronic diseases, patients that need emergency medical evacuation services, and a high population of women and children that need health care.

WHO AND PARTNER ACHIEVEMENTS

**Specific objective 1: Health leadership and governance mechanisms are streamlined and reinforced**

- Initiated the health sector leadership and coordination for the response and co-established the MHPSS Technical Working Group.
- Increased the emergency surge capacity of the WHO Country Office in Poland to respond to the Ukrainian emergency in Poland and established two WHO field operations.
- Established three WHO field operation hubs: i) in Rzeszow to provide surge capacity and humanitarian aid to Ukraine; ii) in Rzeszow to support Poland’s response to border provinces receiving most of the refugees from Ukraine; and iii) in Krakow to provide technical support to refugee-receiving countries (Bulgaria, Czechia, Hungary, Moldova, Poland, Slovakia) and with surge capacity from WHO, UNHCR, ECDC, UNICEF, and other partners.
- Established an Emergency Medical Team Coordination Cell (EMTCC) to coordinate health partners and ensure the quality of services and cohesion with the national response.
- WHO is a key member of the Prevention and response to sexual exploitation, abuse and harassment (PRSEAH) and Gender-Based Response working group, playing an essential role in the design and implementation of the strategies, and dialogue with the key stakeholders.

**Specific objective 2: Financial barriers for accessing health care are removed**

Developed and disseminated medical pathways for Ukrainian patients to facilitate entry points and navigation of the health care system.

### Highlights

- **173 219 consultations** provided for MHPSS
- **262 340 people** supported in accessing health care services
- **812 people** trained to provide health services to refugees and host populations
- **12 939 people** reached with RCCE materials/products that have been tested and adapted for relevance and usefulness
- **US$9 000 000** of supplies procured and distributed
- Led WHO’s MHPSS activities in Poland, including co-chairing the MHPSS Technical Working Group under the Interagency Refugee Coordination Structure.
Through partnership and technical cooperation with community organizations, free-of-charge services were availed to refugees while they navigated access to the Polish health system. Further, WHO’s donation of HIV and TB drugs to the Polish health system allowed continued treatment for Ukrainian refugees and protection from financial hardship.

Specific objective 3: Access to primary and emergency health services is strengthened

Emergency health services
- Established Medevac and supported repatriations: WHO, in collaboration with the Ministries of Health of Poland and Ukraine, DG SANTE and DG ECHO established a Medevac Hub at the border city of Rzeszow (Poland) to coordinate and support trauma patients from Ukraine and their families. As of 28 December 2022, the EU had successfully coordinated more than 1600 medical evacuations of Ukrainian patients via its Civil Protection Mechanism to provide them with specialized health care in hospitals across Europe1.
- Established a WHO EMTCC in Poland to support the MoH in setting up WHO standards for Medevac, quality assurance of the Medevac and Repatriation process, strengthening capacities of relevant actors involved in the Medevac and Repatriation activities, and supporting seamless management of medical transport services.
- The EMTCC in Poland coordinated 5819 EMT consultations from February to December 2022. It also procured ambulances for Medevac and co-organized the training of emergency personnel to operate the specialized ambulance-buses.
- WHO established the Medevac transport from Ukraine to Poland enabling the transportation of patients directly to evacuation flights, the Medevac Hub, or Polish institutions. WHO has provided technical support, training and funds for Medevac transport services through the HUMANOSH Foundation, which is now in an accreditation process to become an emergency medical team in Poland.

Access to primary health care and all levels of health services
- Procured drugs at scale to treat TB which, combined with the training of TB pulmonologists, will be life-changing for refugees and host populations suffering from TB

My Health Booklet Companion makes it easy for refugees to check their health status, get the right care and treatment and prevent ill health through the best protective measures. It provides information about available health care services in Poland, useful phrases when talking to a health professional, pictograms to help describe symptoms or pain, and health tips for staying healthy and safe in a new country.

Learn more here

Organizing life-saving medical evacuations from Ukraine – the role of EMT
View a short film about WHO and implementing partner HUMANOSH Foundation’s work to organize medical evacuations from Ukraine. Follow two sick and wounded patients from a hospital in Ukraine as they are evacuated to Poland.

View the film here

Learn more here
and reduce the length of hospitalization.

- Established a nationwide project to improve the cost-effectiveness of TB management. WHO supported the MoH response by procuring MDR-TB medicines to continue MDR-TB treatment with the same regimens as in Ukraine and to cover the needs of refugees from Ukraine.

- Strengthened community engagement in the treatment of HIV and TB by supporting local NGOs to expand HIV/STI services to outreach, health promotion, early detection activities, and facilitating pathways for patients to enter the Polish health system.

- Expanded access to health care and health promotion for elderly refugees. WHO and the National Institute of Geriatrics, Rheumatology, and Rehabilitation are implementing the Chronic Disease Self-Management Programme to help reduce the burden of the new demand for services on local health care services. In principle, a patient fully compliant with the medical protocol and indications may require fewer ad hoc visits or procedures.

- Expanded services for MHPSS for refugees through strengthening community organization. As part of Poland’s intersectoral Ukrainian refugee response, WHO has strengthened the community response and expanded access to basic needs health care and MHPSS information and services by supporting at least 10 projects with grass root organizations.

- Initiated the Age-friendly cities initiative to identify the needs of older people in Poland; seek strategies and sustainable solutions; exchange good practices and promote community resilience in the face of the Ukraine crisis and the influx of refugees into Polish cities, with a particular focus on older people.

- WHO provided the City of Warsaw municipal hospitals with medical equipment which will be used, among others, for maternity care for women from Ukraine. As of December 2022, 6879 refugees have been provided with health services in municipal hospitals, and 1631 people have been admitted for inpatient care. WHO supported renovation works of the Centre for Integration and Health Promotion in City of Lodz that will allow the extension of disease prevention and health education services to Ukrainian refugees and the host population.

### Specific objective 4: Emergency Health information and surveillance for evidence-based decision-making in health are reinforced

- Produced health information and surveillance data that is being used to inform decision-making and adaptation of the health response. Key outcomes include a multisectoral needs assessment and a behavioural insight study assessing the health needs of refugees, conducted in partnership with Statistics Poland.5

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• Conducted a behavioural insight study for refugees’ health service needs and access in Poland. This was a qualitative study to assess the health service perceptions and experiences, and barriers and drivers of health service uptake among Ukrainian refugees in multiple countries.

• Minimum Data Set (MDS). In collaboration with the MoH and the WHO Collaborating Centre, WHO has established a health information mechanism (Minimum Data Set – MDS) for data reporting from health partners providing clinical care to Ukrainian refugees in Poland.

Specific objective 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need
Procurement and distribution of medical supplies and equipment worth more than US$ 9 million. Supplies have included the following:
• HIV drugs to maintain the treatment protocol from Ukraine medical services and avoid unnecessary changes
• TB diagnostics equipment
• TB drugs
• Laboratory supplies and equipment
• Defibrillators (with full equipment)
• Ventilators
• Chest compression units
• Blood pressure monitors
• X-ray machines
• COVID-19 tests
• Ultrasound unit
• Ophthalmological equipment (adults and paediatrics)

Specific objective 6: The health workforce is supported to provide health care to refugees
To support the inclusion of Ukrainian professionals into the Polish health system, WHO, in collaboration with MoH and the Centre of Postgraduate Education in Warsaw, developed an online course that provides important information on the Polish national health system for Ukrainian doctors and dentists. The course will be accessible in 2023.

WHO and the MoH are operating a call centre to provide information to health professionals (doctors/dentists) from Ukraine about the process of obtaining temporary medical licenses.
Between 24 February 2022 and 31 January 2023, 755,368 border crossings from Ukraine into the Republic of Moldova have been recorded, while 108,824 are registered as refugees, mainly women, children and older persons. Leveraging the strong collaboration with the Moldovan MoH and partners in the health sector, WHO is coordinating the health response to ensure access to health care for the vulnerable population and implementing solutions that build a resilient health system.

WHO AND PARTNER ACHIEVEMENTS

Specific objective 1: Health leadership and governance mechanisms are streamlined and reinforced

- WHO jointly with the MoH has coordinated the health system response and led the development of the health sector contingency plan for the Ukrainian refugee influx in the Republic of Moldova.
- Through the WHO-led intersectoral table-top simulation exercise conducted in April 2022 the MoH Mass Casualty Management plan with its coordination mechanism was tested and updated. WHO activated its EMT CC and assisted MoH in coordination, monitoring and development of the guidelines and procedures for the international EMT, deployed to the Republic of Moldova. As of December 2022, 6,475 consultations have been provided by EMTs to Ukrainian refugees.
- WHO with MoH coordinated and provided technical advice for medical evacuation activities; 48 people with cancer or rare diseases have been evacuated.
- WHO and the UN Resident Coordinator contributed to development of the national winterization strategy by the Government Joint Crisis Management Centre. A set of measures to increase the health system resilience and preparedness against the harsh climatic conditions and energy disruptions in health care facilities was put in place.

Specific objective 2: Financial barriers for accessing health care are removed

- WHO supported MoH in defining the benefit

Highlights

- 18,526 consultations provided for MHPSS
- 6,475 consultations provided by Emergency Medical Teams
- 1,755 health care workers trained to provide health services to refugees and host populations
- 250,000 people reached with RCCE materials / products that have been tested and adapted for relevance and usefulness
- 6 assessments on access to or utilization of health care among Ukrainian refugee population conducted by WHO
- US$5.7 million of supplies procured and distributed

package of health services for refugees (based on the list of diseases), list of services for refugees covered by the national programmes, as well as identifying the funding sources to ensure financial protection.

- WHO developed a needs assessment and costing tool for refugee response in the Republic of Moldova and periodically updated
it, providing stakeholders with key information for planning and resource mobilization. Based on WHO guidelines, disease prevention and early detection programmes approved through the MoH order for refugees, including routine immunization, are offered free of charge.

**Specific objective 3: Access to primary and emergency health services is strengthened**

**Primary health care services**
- Based on WHO’s recommendations, emergency and primary health care services are part of the benefits package of services for refugees as stipulated in the health sector Contingency Plan that was developed and approved by the MoH.
- WHO together with other partners implemented a catch-up vaccination campaign to increase routine immunization, COVID-19 and flu vaccination. As part of the campaign, 350 primary health care coordinators were trained and equipped to boost COVID-19 and routine immunization. Around 3000 doses of COVID-19 vaccines were given to adult refugees and more than 2000 doses of routine vaccines were administered to refugee children.
- WHO coordinated MHPSS activities, supported the development of referral pathways, and the development of communication materials in three languages, including Ukrainian. Health sector partners have provided 18 526 people (Ukrainian refugees and other third-country nationals) with MHPSS consultations in the Republic of Moldova.

**Emergency health care services**
- A holistic intervention to strengthen emergency and trauma care, including in the context of mass casualties, has been implemented in 12 hospitals. As part of the mass casualty management (MCM) plan the hospitals were assessed to be activated as first-line or reference hospitals.
- WHO conducted two MCM training courses, provided technical support on revision and update of hospital emergency response plans, and a clinical training on advanced trauma care, reaching 70 health care professionals from 25 hospitals and a prehospital emergency care centre.
- Sixteen doctors benefited from the advanced trauma training, conducted by the National University Simulation Centre in Medicine with WHO support.

**Infectious diseases control**
- WHO has delivered 300 000 tests of COVID-19 AgRDT test and 235 RNA Isolation kits SARS CoV-2 to the primary and hospital health care facilities for COVID-19 case early detection and disease confirmation.
- WHO supported the MoH to ensure that influenza vaccines are available in the public health system; 102 refugees were vaccinated against influenza.
- WHO operationalized a mobile laboratory with laboratory equipment, with consumables and reagents to ensure early detection and confirmation of microbiological agents in case of outbreaks of communicable diseases. Ten laboratory professionals were trained on using and maintaining mobile laboratory equipment. Ten generators were procured and installed in the public health centres to ensure the vaccine cold chain system.

**Specific objective 4: Emergency health information and surveillance for evidence-based decision-making in health are reinforced**
- WHO supported the MoH in developing and implementing the health information system for refugees. The system collects data on diseases, including communicable diseases, and types of health services offered/requested by the refugees.
- WHO provided technical support to the MoH to implement the national integrated immunization module in the national primary health information system, with the possibility of introducing and monitoring immunization data for refugees in real-time at all levels.
- WHO together with partners supported a series of needs, gaps and service availability assessments to improve the evidence for decision-making processes and adjustment of public health interventions.

**Specific objective 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need**
- WHO ensured maintenance of a forecasting platform for the volume of services and supplies required to respond to the refugee influx, including essential medicines, medical devices, consumables, reagents, PPE.
- WHO supported capacity-building of the national health procurement and supply management function and the national warehouse facility under the MoH.
• WHO equipped points of entry and refugee accommodation centres with essential medicines and supplies to facilitate immediate health care for Ukrainian refugees arriving in Moldova.

• Medical supplies, medicines and equipment worth more than US$5.7 million were procured and distributed in 2022, while another US$2.7 million have been committed and goods are prepared for delivery. The medical goods delivered by end of December 2022 among others include the following:
  • 30 patient monitors and 15 units of patient ventilators
  • 10 mobile operating lights and 20 medical operating tables
  • 2000 vials of Tocilizumab for COVID-19 treatment and 1000 vials of Trastuzumab for cancer treatment
  • 40 WHO standard trauma backpacks
  • 25 intensive care unit beds with patient monitors
  • 39 sets of IT equipment for refugee accommodation centres, and 50 units of anti-vandal tablets for ambulances
  • Cold chain equipment: vaccine cold boxes (40 units), ice-lined vaccine refrigerators (37 units), data loggers (50 units) and accessories
  • 15 vehicles for COVID-19 and routine immunization supportive supervision visits.

Specific objective 6: Health workforce is supported to provide health care to refugees

• WHO mobilized international health expertise and human resources as surge capacity for immediate support to the refugee health response.

• WHO supported the development of standard operating procedures (SOPs) and training packages adjusted to the country context.

• WHO supported national capacity-building activities, training over 1755 health workers to provide health services to refugees and host populations.

Fighting for existence in a foreign country

Robert is used to fighting for life since he was 2 years old, when he was diagnosed with leukaemia. Long years of treatment followed for him to get better. Now Robert, together with his mother Aliona Razinkov, his twin brother Marc and his grandparents, are fighting for existence in the Republic of Moldova. The 6-year-old child together with his family fled the danger of armed conflict in Ukraine and found refuge in Chisinau.

To monitor his health, Robert does tests every month. These services are offered free of charge by the Oncological Institute, where refugees from Ukraine can benefit from the necessary medical assistance. Now what Robert wants most is to never end up in hospital again, to see his father again, and to return home to the normal life he had before the conflict, to the normal life in peace.

Since the start of the conflict in Ukraine, more than 290 000 refugees from neighbouring Ukraine have crossed the border of the Republic of Moldova. More than 100 000 have remained here. One of WHO’s main concerns is to get help and assistance for those in need, for vulnerable people such as the elderly, those with serious health problems, pregnant women and children. The right to health and access to services must always be protected, including in crisis situations.

View a short video here
Romania

Between 24 February 2022 and 29 January 2023, almost 1.9 million border crossings from Ukraine into Romania have been recorded. Most refugees are in transit to other countries and only 110,901 people from Ukraine remain in the country. Regardless of their legal status in Romania, people coming from Ukraine are entitled to the same health benefits as health-insured Romanian citizens. However, they face language barriers, cost barriers for some services and lack information about how to access health care in Romania. WHO leads the Health Working Group and contributes to UN interagency coordination, providing policy guidance and technical support to continually assess and address emerging health needs of vulnerable populations.

WHO AND PARTNER ACHIEVEMENTS

**Specific objective 1: Health leadership and governance mechanisms are streamlined and reinforced**

- WHO led the health working group and the sub-working groups for MHPSS, and sexual and reproductive health (SRH) for a coordinated health response to support MoH. Thirty-three partners have participated in the working groups since April 2022 and reached 103,040 people with health services and health information.
- Provided technical feedback and inputs to the health sector response plan and other policy documents as a member of the MoH-led health response to the Ukraine humanitarian emergency.

**Specific objective 2: Financial barriers for accessing health care are removed**

- Facilitated policy dialogue between MoH, National Health Insurance House and primary health care providers (family physicians) to find solutions to observed barriers in refugees’ access to health care and bottlenecks for health care providers in providing required services.

In response to outcomes of the policy dialogue, WHO supported the launch of a national call centre for refugees; hired six cultural mediators in areas with a high density of refugees; supported partners to develop video series for Ukrainian refugees on how to access health care services and donated more than US$1 million of medical supplies and equipment for medical facilities.

### Highlights

- **>103,000 people**
  - people from Ukraine supported to access health care services
- **98,549 people**
  - reached with RCCE materials / products that have been tested and adapted for relevance and usefulness
- **3 surveys**
  - on access to or utilization of healthcare among Ukrainian refugee population conducted by WHO
- **US$1,131,714**
  - in supplies procured and distributed
**Specific objective 3: Access to primary and emergency health services is strengthened**

- Identified and supported 24 family medicine clinics in six counties as refugee-inclusive clinics facilitating free registration for Ukrainian refugees and free prescription, and vaccination and referral services. Set up a drop-in specialized clinic for refugees in Bucharest Emergency University Hospital to provide refugee-inclusive services, and provided posters, signs and information leaflets in Ukrainian.
- Opened a clinic in the Bucharest/RomExpo integrated services centre for refugees. Refugees receive medical consultations, MHPSS services, pregnancy follow-ups, free prescriptions for chronic and acute diseases, free contraceptives, and prevention services such as routine vaccination. Health workers in the clinic provided more than 2000 consultations in 2022.
- Developed psychological first aid materials in partnership with the MoH. Materials are available in digital and print format and were shared with the partners and widely distributed among first responders.
- Developed pathways for MHPSS referrals and disseminated results.

**Specific objective 4: Emergency health information and surveillance for evidence-based decision-making in health are reinforced**

- A syndromic surveillance system and enhancing polio surveillance in Romania was set up based on WHO recommendations, following readiness missions conducted to assess the robustness of the national surveillance system.
- Through a behavioural insights qualitative study on refugee health service needs, identified and shared information on service gaps with implementing organizations and decision-makers.
- Provided assistance and financial support to the National Institute of Public Health for conducting a sero-epidemiological study of the prevalence of hepatitis B and C virus infection in Romania.

**Specific objective 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need**

Procurement and distribution of medical supplies and equipment worth more than US$4.1 million. Supplies included the following:

- 3200 RDT COVID-19
- 228 Kit PPE chemical protection level C
- 109 defibrillators
- 200 patient monitors
- 200 functional emergency stretchers
- 73 interagency reproductive health kits
- 8000 contraceptives
- 100 units of 60-litre ice-lined vaccine refrigerators

‘Running for their lives, without even a toothbrush’ – a community nurse at a refugee centre in Romania shares her experiences

In the newly established refugee centre – a converted gymnasium in Darabani, Romania – Maria Răpciugă greets refugees as they arrive from Ukraine. These are people who have lost their homes and livelihoods and face an uncertain future and numerous risks to their health.

“When we have people with health problems, we call a local family doctor who offered to help us,” says Maria.

Read the whole story here
Slovakia

Over 100,000 refugees from Ukraine had registered for Temporary Protection in the Slovak Republic as of 31 January 2023, although more than one million border crossings from Ukraine have been registered since 24 February 2022. Health needs for refugees in Slovakia are primarily MHPSS, diagnosis and treatment of chronic health conditions including TB and HIV. Through health working group of the refugee coordination forum, WHO coordinates all health sector actors’ efforts toward a comprehensive refugee response.

WHO AND PARTNER ACHIEVEMENTS

Specific objective 1: Health leadership and governance mechanisms are streamlined and reinforced

- WHO is coordinating health sector actors and steering the humanitarian response as a needs-driven operation and towards comprehensive refugee health care.
- WHO is the co-chair of the MHPSS Technical Working Group through which the national MHPSS Strategy has been developed and a national platform for the adaptation of international MHPSS guidelines into national frameworks has been created. This will enable the integration of services, strategic planning of service delivery and systemic capacity building.
- WHO supported the mapping of needs in health response, generating information on main gaps that has been used by partners in planning of interventions.

Specific objective 2: Financial barriers for accessing health care are removed

- WHO supported the identification of key bottlenecks in health care access for refugees and provided recommendations to the national authorities, UN agencies and key national partners in refugee response.
- WHO and partners initiated multi-stakeholder dialogue on refugee health needs at national level, and jointly planned to mobilize financial resources to fill the critical gaps and medical care not covered by a public insurance fund in 2023.

Specific objective 3: Access to primary and emergency health services is strengthened

- WHO advocated for access to medical care for all incoming refugees, leading to a UNICEF, Médecins du Monde and Equita joint initiative to support the Polyclinic in Rovniankova str. 1, Bratislava, to provide primary health care as well as paediatrics and specialist care (gynaecology, MHPSS) to Ukrainians in the region of Bratislava. WHO also provided financial support to enhance the scope of services in the clinic.
- To enhance the quality of MHPSS service delivery, WHO supported the translation into Ukrainian of technical documents including the Guidelines on MHPSS in Emergency Settings.
Guide for Field Workers; Who is Where, When, Doing What in MHPSS tool.

- WHO supported the National Institute for tuberculosis, lung diseases and thoracic surgery to strengthen the diagnosis and treatment of TB with a focus on multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) among refugees from Ukraine and other vulnerable populations in Slovakia.

**Specific objective 4: Emergency health information and surveillance for evidence-based decision-making in health are reinforced**

- WHO produced and disseminated a public health situation and refugees’ health needs assessment in Slovakia, contributing evidence for decision-making in the refugee response. The key findings highlighted needs related to health care access and financial support to cover health care costs, especially for the management of noncommunicable conditions. The major communicable disease health threats identified were TB, HIV, STI, viral hepatitis and vaccine-preventable diseases. Access to mental health care was also identified as a key need.
- WHO supported the regional public health authority in Kosice and the City of Kosice to conduct an epidemiological study to assess the needs and access to health care in East Slovakia. According to the study findings, almost half of the 290 participants reported they had needed to access health care within the last 30 days. The main barriers to health care access were lack of money, knowing how to get a prescription, and language. Furthermore, 35% reported chronic health conditions that need treatment, while 19% reported that they suffered from anxiety or psychological distress. The outcomes of the study are informing planning and decision-making in the health sector response.

**Specific objective 5: Health workforce is supported to provide health care to refugees**

WHO joined the national efforts to enable integration of Ukrainian refugee health care staff into the national system, calling for the optimization of licensing procedures, integration of basic health counselling into MHPSS service desk support provision schemes, even directly supporting engagement of Ukrainian medical staff in refugee health care provision at a dedicated health care facility.

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**Always available for those in need**

WHO Country Office in Slovakia intensified the contact and exchange of information on provision of health care for Ukrainian refugees at the Polyclinic in Rovniankova str. 1. Bratislava.

Ukrainian general practitioners, specialists and nurses can work within medical premises of the Polyclinic under an agreement with the Regional Government, to address primary health care as well as paediatrics and specialist care (gynaecology, MHPSS) for Ukrainians in the region of Bratislava.

This initiative, first sponsored by UNICEF, Médecins du Monde and Equita, proved to be a successful cooperation platform for public-private partnership for the benefit of refugees’ health.

WHO Country Office in Slovakia undertook to support this initiative with a vision to expand the health care services for refugees in the capital as well as other regions of Slovakia through partnership with local governments and NGOs.
Ensuring an effective and safe response

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT
Communicating risks effectively in emergencies is critical to public health interventions. WHO teams engaged with communities affected by the war in Ukraine, and refugee and host communities in neighbouring countries to address health needs, encourage the adoption of healthy behaviours, and utilize available health services.

IN UKRAINE
- WHO implemented a cholera awareness campaign reaching 12 million people, with 130 000 people following the link to learn more about cholera. In addition, 365 000 leaflets on cholera and 150 000 on prevention of food and waterborne diseases were distributed across the country.
- WHO disseminated information on radiation and chemical threat preparedness using materials developed jointly with the MoH and UPHC. The information reached 700 000 people across the country.

- A project on increasing access to information on health services for IDPs was implemented together with the local health department in Zaporizhzhia.
- Engaged with individuals and communities to address health needs and encourage access to health services, based on their own perceptions and concerns.

REFUGEE-HOSTING COUNTRIES
- In Bulgaria, WHO worked with NGO Astra Forum in communicating science, especially in relation to vaccination, and in engaging communities.
- In Czechia, WHO worked with health authorities to implement a monkeypox prevention campaign in four languages, including Ukrainian, to prevent the spread of the monkeypox disease. Over 500 000 people were reached, and 20 000 posters and leaflets distributed.
- In the Republic of Moldova, WHO produced and distributed posters and flyers in both Ukrainian and Russian on various topics, including how to access free emergency and medical care;
COVID-19 public health measures; COVID-19 and routine vaccination; hygiene; food safety; and breastfeeding. The materials were distributed at points of entry, Refugee Accommodation Centres, villages, during WHO events and missions, reaching more than 250 000 refugees. WHO also produced and distributed a brochure on stress, its signs and ways to cope, and how to access specialized mental health care in Moldova.

- In Poland, WHO developed and distributed My Health Booklet to help Ukrainian refugees navigate the Polish health system.
- In Romania, WHO together with the MoH, the National Institute of Public Health, and the National Health Insurance House developed and disseminated information materials (leaflets, posters, videos) for refugees on their health rights, how to access Romanian health care services, and on the appropriate use of antibiotics. Materials were developed in English, Russian and Ukrainian. WHO also supported translation into Ukrainian of the NHIIH’s guide to free health care services for refugees, and provided inputs to the government information websites. WHO is supporting MoH and the Government to launch a national call centre for refugees.
- In Slovakia, WHO conducted risk assessments in accommodation centres for refugees, and advocated with the Migration Office and Government for a comprehensive integration strategy to be adopted by the Government.

PREVENTION AND RESPONSE TO SEXUAL EXPLOITATION, ABUSE AND HARASSMENT

Throughout the response to the Ukraine crisis, WHO has invested in enhancing its systems and structures to prevent and respond to sexual exploitation, abuse, and harassment (PRSEAH) in Ukraine and in the refugee-receiving countries. Priority actions have focused on strengthening and enforcing the PRSEAH recruitment and deployment safeguarding measures (screening, mandatory PRSEAH training, signing of PRSEAH code of conduct, etc.); embedding technical officers to support PRSEAH mainstreaming in the response operations; engagement and support to interagency PRSEAH mechanisms at regional and country level; training and capacity building; incorporating PRSEAH in respective country response plans and funding appeals; and overall support and contribution to ongoing PRSEAH and related initiatives in each of the countries, including integrating PRSEAH-awareness sessions in planned trainings for various target audiences.

In Ukraine, WHO recruited a full-time PRSEAH specialist working directly with its Incident Management Team and with the PRSEAH Task Force, and conducted two workshops reaching 41 staff. As of December 2022, 53 additional personnel were enrolled for the next PRSEAH orientation sessions. PRSEAH provisions are included in all contractor agreements, and contractors are given PRSEAH sensitization sessions. WHO has also produced and distributed information materials to raise awareness of PRSEAH, and to inform communities of their entitlements and channels for reporting complaints. WHO deployed two roving PRSEAH specialists, based in the Refugee Health Extension and the WHO Regional Office for Europe, to support PRSEAH mainstreaming and programming in the six priority refugee-receiving countries. Efforts have centred around increasing PRSEAH capacities in respective WHO country offices and for interagency cooperation, including identifying and leveraging WHO’s added value in interagency PRSEAH mechanisms given its mandate on health, mainly focusing on building capacities for referral for medical and psychosocial support.

WHO ensured 100% compliance with mandatory PRSEAH training before employment/deployment in Ukraine and in the six refugee-receiving countries. All deployees are vetted and screened through clear check database and mandated to sign the pre-deployment checklist.

WHO is systematically incorporating PRSEAH clauses in contractual agreements with its partners to enforce adherence to the PRSEAH policy, and has provided PRSEAH training to **308 partners across six countries**.

WHO contributed to joint interagency actions of the PSEA Network/Taskforce, as well as to interagency forums at country, regional and global level. WHO PRSEAH Technical Officers continue to facilitate various interagency trainings incorporating PRSEAH sessions, and contribute to joint risk assessments and mapping of services. In some countries, including Poland, WHO has recruited or deployed gender-based violence and MHPSS specialists to support capacity building and to enhance referral pathways.
Funding overview and partnerships

In September 2022, WHO issued an updated appeal detailing its resource needs for Ukraine and refugee-receiving and hosting countries between March and December 2022.

The resource needs were an estimated US$167.5 million. This included US$100 million for the health response in Ukraine and US$67.5 million to address the health needs of Ukrainian people affected by the conflict in refugee-receiving and hosting countries.

Between 25 February and 30 November 2022, WHO received US$140.7 million of the appealed funds.

WHO would like to thank donors who are supporting its response in Ukraine, and countries receiving and hosting refugees.

Donors

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Received funding as of 30 November 2022

- Received funds: US$140.7m (84%)
- Funding gap: US$26.8m (16%)
The following sources have been used for data in this document:

- Ukraine crisis strategic response plan for June – December 2022
  https://apps.who.int/iris/handle/10665/358796

- Previously published Ukraine emergency situation reports and monthly bulletins
  https://www.who.int/emergencies/situations-reports/ukraine-emergency

- WHO Ukraine emergency webpage
  https://www.who.int/emergencies/situations/ukraine-emergency

- UNHCR Operational Data Portal

- OHCHR Ukraine Country Overview
  https://www.ohchr.org/en/countries/ukraine
The WHO Regional Office for Europe
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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