

Emergency in Ukraine

1. EVENT HIGHLIGHTS



18 million
AFFECTED
POPULATION



1.2 million
REFUGEES



160 000
INTERNALLY
DISPLACED



553
CIVILIAN
INJURIES



249
CIVILIAN
DEATHS

Priority public health concerns

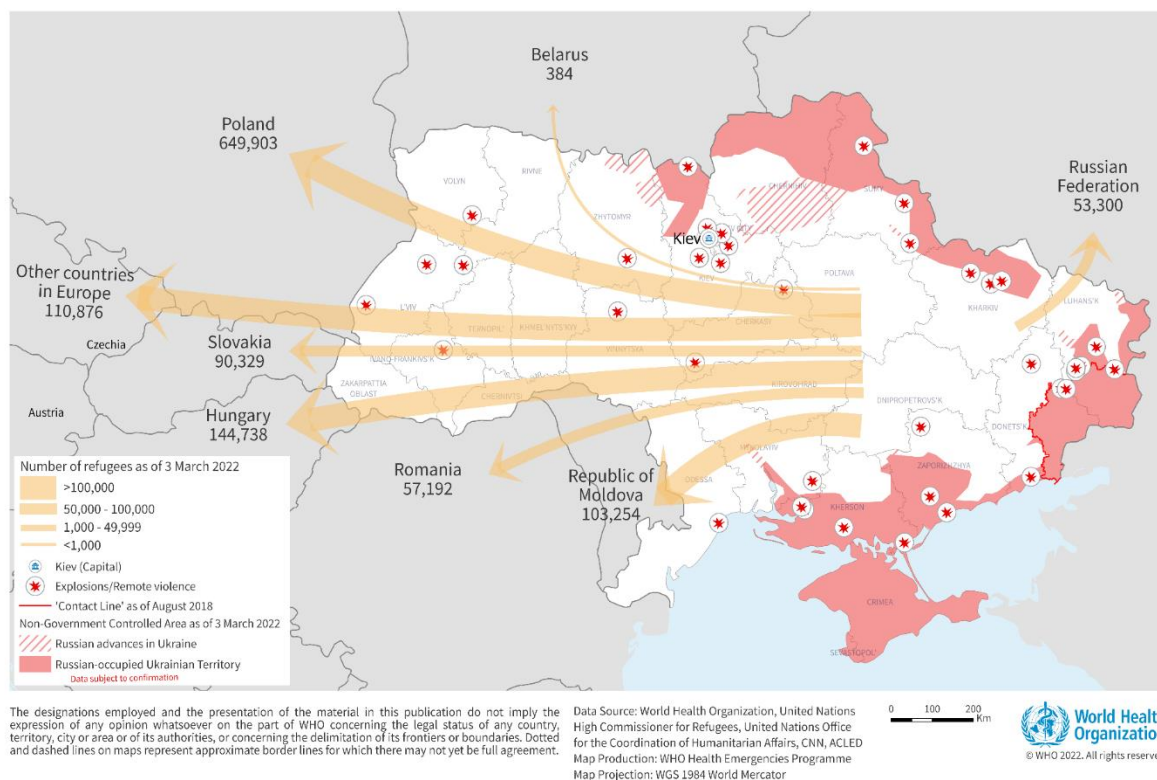
- **Conflict related trauma and injuries** exacerbated by lack of access to health facilities by patients and health staff due to insecurity and lack of access to lifesaving medicine and supplies.
- **Excess morbidity and death from common illnesses** due to disruption in services such as non-communicable diseases (cardiovascular, diabetes, cancer etc.) and acute maternal, newborn and child illnesses.
- **Spread of infectious diseases** such as COVID-19, measles, polio, TB, HIV and diarrheal diseases due to widespread destruction of water and sanitation infrastructure, inadequate vaccination coverage, lack of access to medicines and medical care, safe water, adequate sanitation and hygiene as well as population movements and crowding.
- **Mental health and psychosocial health** - due to significant stress due to acute conflict and two years of COVID-19.

WHO Actions

- Coordinating the health response in support of the Ministry of Health in Ukraine and surrounding countries.
- Conducting public health risk and health facility and service assessments.
- Scaling-up surveillance and health information to detect and respond to outbreaks early and to better understand health needs, health threats, and the functionality and availability of health services.
- Providing WHO technical support and surge staff to manage the priority health concerns as well as mobilizing partners through Emergency Medical Teams (EMT), the Global Outbreak Alert and Response Network (GOARN) and the Global Health Cluster, among others.
- Providing health supplies and logistic capacity to deliver medicines, diagnostics and preventive supplies.
- Monitoring attacks on health care.
- Ensuring the safety and security of WHO staff and our implementing partners.

2. SITUATION UPDATE

Figure 1. Population movement and displacement of refugees from Ukraine to surrounding countries as of 3 March 2022



On 24 February 2022, an escalation of military operations in Ukraine triggered a humanitarian emergency affecting Ukraine and surrounding countries. One week after the escalation, the overall situation continues to deteriorate across Ukraine. To date, over 18 million individuals have been affected by the conflict, over 1 million refugees have arrived in neighboring countries, with UNHCR estimating that this could rise to 4 million by July 2022.

Between 24 February and 2 March 2022, OHCHR recorded 802 civilian casualties in Ukraine, including 249 deaths. The human cost is likely much higher as access and security challenges make it difficult to verify the actual number of deaths and injuries. Reports of attacks on health are increasing. WHO has verified 5 attacks on health since 24 February.

According to the latest government data [compiled by UNHCR](#), over one million of the refugees have now left Ukraine to surrounding countries, with the majority in Poland.

An additional 96 000 people moved to the Russian Federation from the Donetsk and Luhansk regions between 18 and 23 February.

Table 1. Key humanitarian figures as of 3 March 2022

People affected	18 million
Internally displaced persons	160 000
Refugees	1 209 976
Injuries among civilians	553
Deaths among civilians	249

Current Risk Assessment and priority public health concerns

1. Access to health care

The Ministry of Health (MoH) and National Health System of Ukraine (NHSU) continue to operate, but humanitarian access across borders is still being negotiated as of 4 March 2022.

There are significant access barriers due to active hostilities, martial law (curfew), medicine (availability, access to pharmacies, cost), health care facilities (distance, damage to roads, transportation, lack of mass transport, fuel shortages, restricted movement through military checkpoints, safety concerns in facilities, lack of specialized beds and equipment, few disability accommodations, limited telemedicine, health workforce shortages). Many isolated settlements do not have pharmacies or medical centres. These barriers to access are further compounded by a health system already strained by the COVID-19 pandemic, suffering from a lack of maintenance and aging medical equipment, shortages of medicines and medical supplies, understaffing, and disruptions to management due to recent health reforms and decentralization.

Health facilities are focused on treating trauma patients; and there are already dire warnings concerning the availability of beds for both trauma and other conditions. At least three major oxygen plants in Ukraine have closed, and supplies are dangerously low, hampering treatment of a number of medical conditions, including COVID-19. As of 3 March, based on the shifting context, more than 200 health facilities have found themselves along conflict lines or in changed areas of control.

There are reports, both verified and under investigation, of health facilities being damaged or destroyed. The Ministry of Health (MoH) suspended all scheduled hospitalization and elective procedures to allow health care facilities to respond to emergency medical care. International trauma referrals are being set up in the meantime, including a Regional "Humanitarian Hub" in Poland. COVID-19 call centers are being repurposed to manage conflict-related health emergencies, including trauma care and access to health services.

There will likely be staff shortages at health facilities for security reasons and displacement of some staff, either internally or to neighbouring countries. Accessibility of health services is likely to be severely disrupted within areas of active conflict.

2. Main health risks and needs

A detailed assessment of the main health needs and threats can be found in the [Public Health Situation Analysis](#) published by the Ukraine Health Cluster on 3 March 2022. An update on a few main health priorities is provided below.

2.1. Crisis related trauma and injuries

Between 24 February and 2 March 2022, OHCHR recorded 802 civilian casualties in Ukraine, including 249 deaths. For the same period, the MoH estimated over 2000 casualties; the real toll is likely higher, with immense needs for trauma and injury support. Priority actions include provision of rapid refresher training, supplies, staffing through mobilization of medical teams

2.2. Non communicable diseases (NCDs) and urgent medical care

Non communicable diseases (NCDs) are the [leading cause](#) of premature death in Ukraine. Continuity of care is a major challenge for patients requiring long-term treatment, including those with long-term medication needs for the treatment of conditions such as diabetes and hypertension, as well as patients with cancer due to interruption of medical supply lines (as a risk for increased mortality due to NCD).

Access to health care is equally needed for the care of urgent medical needs such as safe deliveries and neonatal and child health emergencies. Priority actions are to provide access to health care through fixed facilities or mobile health services and to have available key diagnostics, medicines and medical supplies.

2.3. Epidemic prone and other infectious diseases

Recent outbreaks of polio and measles threaten the health of populations with suboptimal vaccination coverage (80% and 82% respectively in 2021), and the prevalence of HIV and tuberculosis, including multidrug resistant tuberculosis, are among the highest in Europe. Urgent actions are to re-start or continue preventive measures through vaccination and continued treatment for TB and HIV and to scale up surveillance, early detection and response systems for epidemic-prone diseases.

A polio outbreak (circulating vaccine-derived poliovirus type 2) was confirmed in the country in 2021, with two paralytic cases (detected in October and December 2021), and a total of 21 individuals in two oblasts (Rivne and Zakarpattya) who had positive isolation of cVDPV2 in stool specimens. As a result, a nationwide vaccination campaign targeting all under-vaccinated children (those having only zero or one dose) aged between 6 months and 6 years that began in February 2022. This campaign has been suspended because of the conflict, increasing the risk of further spread.

Over 240 000 weekly cases and 1300 deaths were reported for COVID-19 in the week 21-27 February. While this is a 43% decrease in cases compared to the previous week, testing rates have also declined sharply since the start of the conflict, with a likely significant undetected ongoing transmission. The ongoing high incidence levels of COVID-19 poses a significant risk of severe disease and death, particularly given the low vaccination coverage in at-risk population groups. Critical shortages of oxygen further impact on the ability to treat patients with severe COVID-19, and many other conditions. Beds occupied by COVID-19 patients were repurposed for trauma injuries and critical illnesses.

2.4. Mental Health and Psychosocial support

To help cope with this emergency, the conflict-affected population is also in urgent need of mental health and psychosocial support services (MHPSS). Exacerbation of chronic mental health problems and high levels of Post-Traumatic Stress Disorder (PTSD), depression and anxiety are likely among affected population of all ages. The Health Cluster's MHPSS working group maintains [online maps](#) of MHPSS and prevention of gender-based violence services and a list of hotlines available in Ukraine.

3. Supply chains

The supply chains for medicines, medical supplies, and common goods have been disrupted in Ukraine, creating urgent need. Many distributors are not operational, and many government and humanitarian stockpiles are inaccessible due to ongoing military operations. Lifesaving and essential medicines, such as oxygen and insulin, personal protective equipment, surgical supplies, anaesthetics, and safe blood products, are reported in short supply. WHO has been working with partners to alleviate some of these shortages.

4. Population displacement

Over 1 million refugees have been displaced to neighbouring countries, with UNHCR estimating that this could rise to 4 million by July 2022. Many conditions linked to population displacement (such as poor shelter, inadequate sanitation, overcrowding, lack of health care access) are risk factors for disease or exacerbation of existing conditions. Displaced populations (including internally displaced people (IDPs) and refugees) are at increased risk of communicable diseases (e.g., COVID-19, measles, polio) and TB and HIV primarily due to closer and more intense social mixing as well as vaccination coverage gaps, disrupted surveillance systems, lack of access to health care, poor quality shelter and WASH (water, sanitation, and hygiene) conditions, and greater exposure to the elements including the cold winter weather. The risk of noncommunicable disease (NCDs, e.g.,

hypertension, diabetes) and maternal, new-born, child health and sexual and reproductive health concerns is increased by the limited access these populations have to essential health services, particularly primary health care, and medications. NCDs are particularly prevalent in the older persons; many of whom have not been able to flee the hostilities due to reduced mobility and financial means. Providing safe shelter, adequate water, sanitation and hygiene, vaccination and prevention measures for displaced or crowded settings, health services upon entry and to access to emergency and primary health care in surrounding countries free of charge.

3. WHO ACTIONS TO DATE

Leadership and coordination

- An Incident Management System was set up by WHO to coordinate the response.
- A WHO Ukraine CO support hub is being established in Poland for staff and a warehouse for supplies to support WHO operations into Ukraine.
- On 3 March the WHO/Europe Regional Director travelled to Poland on the border with Ukraine to oversee medical aid and operationalize a logistics base.
- A 24/7 security system has been established to account for all WHO staff.
- WHO is strongly committed to ensure that measures are in place to ensure Prevention of sexual exploitation, harassment and abuse (PSEHA) by integrating its work on preventing SEA within communities we serve.

Health Information

- A Public Health Situation Analysis (PHSA) covering summary health needs and threats for the population of Ukraine and refugees was finalized and [posted](#) on the Ukraine Health Cluster [page](#).
- Ongoing event-based surveillance (EBS) activities for the various potential hazards are ongoing, including through Epidemic Intelligence from Open Sources (EIOS).
- In Ukraine, a basic health facility survey for conflict-related health information is to be piloted in a number of facilities in the coming days. It will collect basic indicators on the availability and functionality of health services, and a few basic health indicators.
- Further mapping of health facilities and other key information is ongoing.

Health Operations

- WHO continues to support the MoH and partners in Ukraine through remote access supporting services for trauma care and emergency medical care. Other programs for vaccine preventable diseases, COVID-19 and routine medical care have all been suspended.
- WHO is in contact with the MoH in Ukraine about needs and requirements for trauma care, and is preparing for surge in Emergency Medical Teams (EMT) and trauma management support.
- WHO has deployed staff to Moldova, Romania and Poland to scale up response capacities of its country offices, including operations, engagement with partners and support to the government for the health response.
- WHO, UNHCR, UNICEF and ECDC held the first technical and strategic working group to coordinate efforts towards disease control and health interventions for refugees, including for vaccine preventable diseases and TB among others.
- WHO has shared [IASC guidance on mental health and psychosocial support \(MHPSS\)](#) in the Ukrainian language and has deployed staff to the field to support governments and partners.
- Technical guidance materials on health care of refugees were shared in surrounding countries to address key health issues: health system and service assessments, MHPSS, vaccine preventable diseases, maternal, newborn and child health, NCDs, HIV and TB.
- WHO is working closely with health partners to monitor attacks on health workers and with the United Nations Human Rights office to monitor civilian casualties.

Supplies and Logistics

- WHO has mobilized logistics experts to Poland to set up an operational hub and help secure land corridors to facilitate rapid movement of supplies to affected populations.
- On 4 March, WHO shipped its first batch of health supplies to Poland which have now arrived in Ukraine by land. The 36 tonnes-pallets include trauma and emergency health supplies to meet the needs of 1,000 patients requiring surgical care; and other health supplies to meet the needs of a population of 150,000. A second shipment is on its way.

- A distribution plan has been developed with the MOH for the supplies arriving through Poland but also for the supplies that were previously pre-positioned in Kyiv. This will increase supply to health facilities over the next 48-72 hrs.
- 500 oxygen concentrators are being shipped by air to Poland and are expected to arrive shortly.
- As part of WHO's humanitarian operation, 600 tetanus antitoxin doses have reached Lviv in Ukraine, and will be followed by additional deliveries in the coming weeks.

Operational Partnerships

- WHO continues to coordinate the Health Cluster in Ukraine. Please see [Health Cluster webpage](#) for activities, maps and resources.
- The first meeting of the Global Health Cluster partners was held on 28 February. Partner response intentions have been mapped - 28 agencies for Ukraine; 30 agencies for neighboring countries.
- GOARN request for assistance (RFA) has been issued and offers of support have been received for several technical areas.
- A GOARN partners' meeting was held on 3 March 2022 focused on information sharing among partners involved in the response.
- An [expression of interest for Emergency Medical Teams \(EMT\)](#) was sent out on 26 February 2022; as of 3 March, 25 International EMTs and over 50 individual experts have responded to the global call. 20 teams have sent assessment teams in neighboring countries (Poland, Slovakia, Romania, Moldova).
- An EMT Coordination Cell is being established for Ukraine, and EMT Coordination support is being assessed in neighboring countries.

Risk communication and community engagement

- Risk communications messages and materials for key health information needs
 - Key messages and social media products released in multiple languages on: mental health support, prevention of sexual exploitation, abuse and harassment; breast feeding; care in cold weather.
- Coordination of multi-partner input into digital social listening for health information needs, mis/disinformation and situation perception using preferred social media used by affected populations.
- Community engagement and mapping of community based and civil society organizations for risk communication and community engagement and other services.
- Initial considerations for social and behavioral insights study with affected populations.

Resource mobilization

- WHO has allocated US\$5.2 million from its Contingency Fund for Emergencies so far.
- [WHO Emergency Appeal](#) was release on 2 March in line with OCHA's Humanitarian Response Plan (HRP) and UNHCR Rapid Refugee Response Plan (RRRP)
 - US\$ 45 million for the Ukraine HRP (3 months)
 - US\$ 12.5 million for the RRRP (6 months)
- A Central Emergency Response Fund (CERF) grant was signed on 4 March for US\$3 million.

Neighboring Countries

- In all affected countries WHO and UNHCR are working with governments and partners to assess the needs of incoming refugees at the border on entry, and the capacity and access of health systems and services to accommodate large numbers of refugees.
- WHO is coordinating all activities together with the government and other partners within the United Nations Country Team, including UNHCR, UNICEF, IOM, the Red Cross, as well as NGOs, and other key local partners.
- Technical guidance on key health issues and communicable diseases specific for refugee settings have been shared with relevant authorities and partners.

- WHO is establishing a hub in Poland on the border, bringing shipments of medical aid and deploying expert teams in logistics, communication, mental health, health intervention emergency operations and humanitarian response to support the refugee crisis in surrounding countries.
- WHO is supporting the government in ensuring health service delivery at the border in Moldova, including surveillance and triage, as well as supplying some healthcare facilities with medical supplies, disinfectants and personal protective equipment.
- WHO is preparing to respond to the health needs for large numbers of people arriving in Poland to: Treat people wounded, Prevent and treat communicable diseases, vaccinate for COVID-19 and other routine vaccine-preventable diseases, and provide priority health care services.
- In Moldova WHO provided commodities such as disinfectants, face masks and respirators, gloves, thermometers, and pulse oximeters.

Preparedness and Operational Readiness (national and neighboring countries)

- WHO has worked across the country; prepositioning supplies, training of health and front-line workers and developing contingency plans in discussion with other UN agencies and health partners.
- As events unfold, WHO continues to assess the health situation including elaborating the different possible scenarios to have response plans ready.