

# WHO emergency appeal: Ukraine & refugee- receiving and hosting countries

MAY 2022 UPDATE



# WHO emergency appeal: Ukraine & refugee-receiving and hosting countries

## AT A GLANCE

**12.1 million** in need of health assistance in Ukraine

**6 million** people targeted in Ukraine

**87** operational health partners in Ukraine

**8.3 million** refugees projected in receiving and hosting countries

## WHO PRIORITIES

Immediate emergency care for injured patients

Provision of essential medical supplies to fill urgent gaps

Coordination of the health response, including Emergency Medical Teams (EMTs)

Continuity of COVID-19 care

Infrastructural support for hospitals and health facilities

Strengthening health information management

## FUNDING NEEDS

### Ukraine

USD 80 million for March–August 2022

### Refugee-receiving and hosting countries

USD 67.5 million for March–December 2022

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## Current situation and impact on health

### Ukraine

- Active fighting in proximity to large population centres leads to a high number of people in need of trauma/surgical care.
- Roughly 300 health facilities are located in conflict areas, and 1,000 health facilities are in changed areas of control, which leaves the health system vulnerable to infrastructural damage and severe disruptions. Consequently, there is limited or no access to medicines, health facilities, or health care workers in some areas. Nearly 50% of Ukraine's pharmacies are presumed to be closed, and many health workers are either displaced or unable to work.
- WHO has confirmed 171 attacks on healthcare in Ukraine as of 2 May 2022.
- Noncommunicable diseases (NCDs) are the leading cause of morbidity and mortality in Ukraine, with the five major NCDs (cardiovascular disease, diabetes, cancer, chronic respiratory disease, and mental health conditions) accounting for 84% of all mortality.
- Ukraine also has some of the highest-burden of chronic infectious diseases in Europe, particularly HIV and (multidrug-resistant) tuberculosis.
- Shortages of medical supplies challenge access to essential health services. In contrast, the interruption of prevention, diagnostic and treatment services increase the risk of adverse disease outcomes and threatens treatment continuity.
- The need for continued mental health and psychosocial support services is very high.
- Outbreaks of respiratory and diarrheal infections are expected. Although decreasing, the incidence of COVID-19 remains high, and vaccination uptake remains low, particularly in vulnerable populations. This, along with disruption in testing and

## WHO is operating a refugee health extension out of Krakow in Poland and is working alongside UNHCR, the European Centre for Disease Prevention and Control and UNICEF to streamline inter-agency and inter-country coordination.

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- treatment, puts those most vulnerable at increased risk of severe illness and death.
- Given suboptimal routine vaccination coverage in children, the crisis and displacement exacerbate existing immunity gaps and increase the risk of vaccine-preventable disease outbreaks, particularly measles (Ukraine's latest outbreak of measles started in 2017 and peaked in 2019).
- The outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Ukraine since September 2021 is an additional concern.

### **Refugee-receiving and hosting countries**

- As of 3 May 2022, 5,317,219 people may have fled the violence in Ukraine. Poland has already welcomed over 3,094,446 refugees, followed by 846,521 in Romania, 703,523 in the Russian Federation, 539,821 in Hungary, 449,605 in the Republic of Moldova and 385,284 in Slovakia.
- Refugees from Ukraine are at high risk of infectious diseases. Living conditions may increase disease transmission and/or development in transit or upon arrival. Poor shelter, overcrowded conditions and exacerbating factors, such as nutritional stress and exposure to cold weather, are increasing vulnerability.
- The Regional Refugee Response Plan's (RRRP) health and nutrition response aims to ensure access to preventive, promotive, curative, palliative, and rehabilitative health services for refugees to prevent excess morbidity and mortality.
- The immediate health priorities are to provide the fleeing population access to essential medical and surgical services to treat trauma caused by violence and military operations. Additional priorities include providing access to essential healthcare services, medication, mental health, and psychosocial support, including for mothers and children, HIV and tuberculosis patients, and patients with NCDs.

- Addressing the increased transmission of COVID-19 and other seasonal respiratory infections and vaccine-preventable diseases like measles or the vaccine-derived poliovirus (VDPV) in refugee populations is also a priority.

### **WHO Response in focus – Ukraine**

Saving lives continues to be the priority of WHO's response in Ukraine. Action focuses on ensuring access to care and basic health services to wounded people and others affected by the armed conflict, COVID-19, polio and other health threats – including technological, industrial and chemical, biological, radiological and nuclear hazards. Continuity of treatment and care for people with NCDs – including diabetes and cancer – is a top priority.

WHO has established direct supply lines to almost all Ukrainian cities, with shipments in progress and

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### **WHO presence in Ukraine**

During the first week of the war, most of WHO's 120 staff in Ukraine were relocated. Only a minority remained on the ground: 11 in Kyiv, two in Luhansk, and two in Donetsk. Following the escalation, new offices have been established in Truskavets, Dnipro and Odesa. The office in Lviv has been expanded while the offices in Severodonetsk and Mariupol are temporarily closed. There is a plan to establish offices in Poltava and, potentially, Kherson. In addition, a cross-border office has also been established in Rzeszow. As of 1 May, WHO has 45 staff in Truskavets and Lviv; 20 in Kyiv; five in Dnipro; one in Odesa; two in Luhansk; two in Donetsk; and 15 in Rzeszow. Other staff members are teleworking from various locations within Ukraine (Volyn, Vynnytsia, Rivne, Bila Tserkva, Illytsa, and Khmelnytskyi).



## Critical supplies delivered by WHO up to date cover 8,000-16,000 surgeries and enough medicines and basic healthcare items to serve 650,000 people during 3 months.

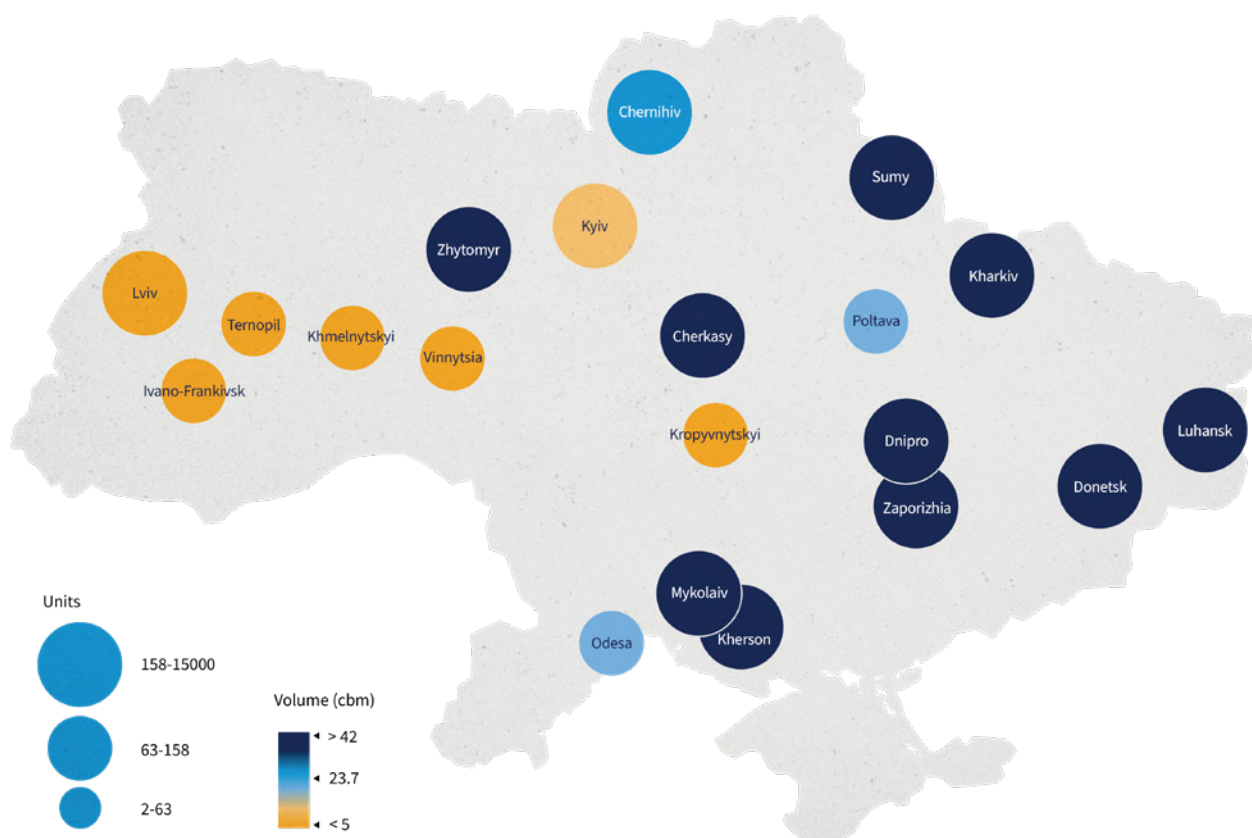
more logistical lines being established with other UN agencies. As of 4 May 2022, WHO has delivered **398 metric tonnes of medical supplies and equipment to Ukraine**. Of that, 167 metric tonnes have either reached their intended destinations or are in transit towards them. Out of the total of 398 metric tonnes delivered to the country, 44% are trauma/surgery supplies, 14% basic healthcare items, 11% bulk medical supplies, 11% COVID-19 diagnostics, 6% chemical, biological, radiological, nuclear, explosives (CBRNE) -related items and 7%

infrastructural support items (e.g. generators and cold chain equipment). Critical supplies delivered by WHO up to date cover 8,000–16,000 surgeries and enough medicines and basic healthcare items to serve 650,000 people during 3 months.

The need for medical supplies remains very high in the eastern oblasts where active fighting is ongoing and in the other oblasts impacted by the conflict and those hosting internally displaced persons (IDPs). The need includes supplies for trauma and emergency care and life-saving treatments for people with NCDs. Oxygen supplies, infrastructural support for hospitals (e.g. generators), and ambulances are also needed. WHO needs to acquire several armoured vehicles given the security situation and the need to transport WHO staff safely across the country despite active fighting and airstrikes.

WHO has organized **bi-weekly training sessions for thousands of Ukrainian healthcare providers** about handling mass casualties. Topics covered

WHO has delivered trauma and emergency medical supplies to the following oblasts (districts): Kyiv, Cherkasy, Dnipropetrovsk, Zhytomyr, Chernihiv, Sumy, Kharkiv, Poltava, Luhansk, Donetsk, Kherson, Odesa, and Zaporizhzhia. WHO continues to call for safe passage to deliver life-saving supplies, medicines, and humanitarian assistance.





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include hospital blood transfusions in conflict settings, traumatic limb injuries, emergency nursing care, and essential burn care.

**WHO is coordinating a network of 70 certified Emergency Medical Teams (EMTs).** These teams are operational in different capacities on the ground - from small, specialized care teams to larger teams with field hospitals, surgical and intensive care capacities. In Ukraine, Emergency Medical Teams Coordination Cells (EMTCCs) have conducted several life-saving interventions, including the transfer of patients from Lviv to Poland, trauma and clinical care through EMT deployed capacities in Lviv, Mykolaiv, Khmelnytskyi, Donetsk, Dnipropetrovsk, Poltava, Kyiv, Kharkiv and Sumy; delivery of training to healthcare workers inside Ukraine on topics, including but not limited to chemical, biological, radiological and nuclear (CBRN), trauma care and mass casualty and rehabilitation activities in Lviv and Burn.

**Three health hubs have been established** in western Ukraine to support **medical evacuations** and ensure safe medical evacuation of patients, including those with cancer, for treatment outside Ukraine.

WHO plays an essential coordination role as part of the response as the **health cluster lead** in Ukraine and convenes 97 international and local partners with health-related activities in 24 oblasts.

To assess the health needs in Ukraine, **WHO has launched a household health needs assessment** together with Premise, a crowdsourcing organization. As of 2 May 2022, 1,500 contributors responded from all country regions. 30% of respondents seek

### Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

The conflict in Ukraine has put many people in a precarious situation both inside and outside of the country. This increased vulnerability coupled with the influx of aid workers, suppliers and contractors has increased the risk of sexual abuse and exploitation. WHO is taking this increased risk very seriously and has prioritized the prevention and response to sexual exploitation, abuse, and harassment (PRSEAH) and mainstreamed it as part of its activities in Ukraine and neighbouring countries.

- WHO has deployed one PRSEAH Coordinator in Poland; one to Copenhagen in a roving capacity to support the refugee-hosting countries; one to WHO's Poland office based in Warsaw; and one to Ukraine (a second is being recruited).
- WHO is embedded with, and is contributing to, the activities of the inter-agency Protection Cluster / PRSEAH Task Force in Ukraine. In addition, WHO is also part of the Regional Protection Working Group (RPWG) and its subgroups.
- WHO is focusing on prevention by enhancing general safeguarding measures. At the inter-agency level in Ukraine and refugee-hosting countries, priority actions are identified through the RPWG, including PRSEAH risks assessment, mapping services and service providers, and strengthening Community-Based Complaint Mechanisms (CBCM). WHO is also contributing to enhancing capacity in Mental Health and Psychosocial Support (MHPSS), clinical management of rape, and sexual and reproductive health (SRH).
- Through concerted efforts with inter-agency working groups for Ukraine and refugee-hosting countries, there are ongoing efforts to strengthen referral pathways for providing support services to survivors of sexual exploitation and abuse. Where there are gaps, WHO is working closely with existing inter-agency mechanisms, including PRSEAH Networks and gender-based violence (GBV) and Child Protection sub-clusters, to fill gaps and advocate for adequate assistance.

healthcare services, 33% reported having difficulty getting the services due to security, availability of services and cost. Based on the initial result, WHO plans to conduct a representative study on access to primary healthcare services in areas in and around active hostilities and access to specialized services and medicine in the central and eastern parts of the country.

WHO also supports the public health center (UPHC) and regional centers for disease control (RCDC) to **enhance their surveillance system to detect timely outbreaks**. The Organization set up local public health media monitoring through local epidemiologists, epidemic intelligence from open sources (EIOS) and syndromic surveillance through emergency medical teams and health cluster partners. In close collaboration with UPHC and RCDCs, WHO prepares capacity-building training for local epidemiologists and conducts regular situation analyses. Furthermore, WHO, together with the Health Cluster team, produced **public health situation analyses** providing a background of disease threats, needs and risks to guide public health interventions.

### *WHO's response result framework in Ukraine*

The primary objective of the WHO response in Ukraine is to **minimize mortality and morbidity for all Ukrainian people affected by the current humanitarian emergency in Ukraine**, wherever they are. WHO works to ensure time-critical, life-saving multi-sectoral assistance, non-discriminatory access to emergency & essential health services and priority prevention programmes, and laying the foundation for longer-term health systems recovery and strengthening.

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

Assist the Emergency Medical Services (EMS) in delivering emergency medical care to the conflict-affected population, including wounded/trauma-affected individuals and those with severe COVID-19 and NCDs, prioritizing vulnerable groups, e.g. people with disabilities, older persons and children.

#### **Specific objective 2: Infectious diseases are prevented and responded to**

Reduce infectious disease transmission and hospitalization by supporting the healthcare system, including immunization activities and supporting the COVID-19 national response.

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

Health information system produces regular, timely and accurate data on health status, threats, health resources, service availability and health system performance.

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

Strengthen health sector coordination to address the needs of vulnerable people, provide improved access to quality healthcare services and allow for adequate preparation and response capacities for ongoing and new emergencies.

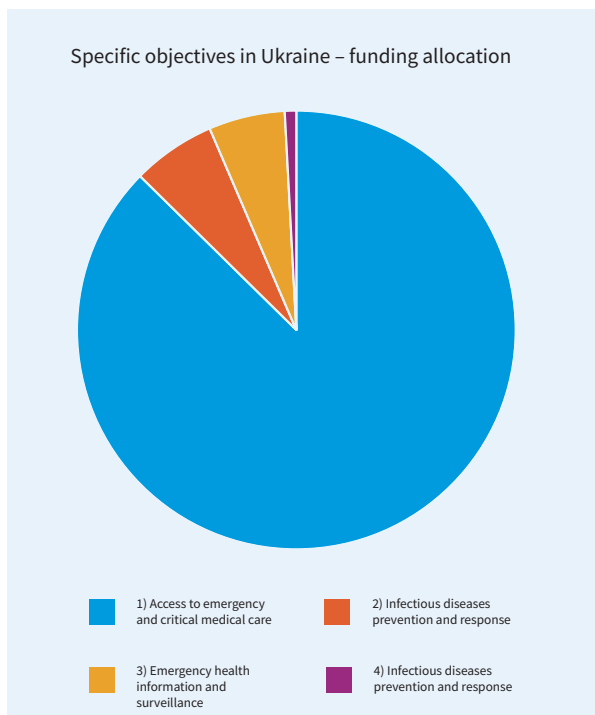


**WHO would like to acknowledge and thank all contributors who have supported its emergency response in Ukraine and neighbouring countries to date.**



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## WHO Funding Needs - Ukraine

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

Coordination of Emergency Medical Teams (EMTs) and support transportation of priority patients.	\$3,800,000.00
Support access to health services, including quality primary healthcare, through mobile teams and fixed health facilities.	\$7,600,000.00
Supply of medicines, medical supplies, equipment and training.	\$55,200,000.00
Provision of mental and psychological support to populations (including IDPs and refugees) and building capacity of frontline healthcare workers in managing stress-related conditions.	\$1,100,000.00
Training and assessments to support the Emergency Medical Services (EMS) in delivering emergency medical care.	\$2,300,000.00

### Specific objective 2: Infectious diseases are prevented and responded to

Support the health sector's effective response to disease outbreaks.	\$1,500,000.00
COVID-19 outbreak preparedness, response and recovery.	\$3,000,000.00
Advocacy communication and social mobilization for health to reduce risks, prevent disease, promote health, and navigate and utilize health services.	\$380,000.00

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

National surveillance systems are supported to detect and monitor outbreaks.	\$2,200,000.00
Strengthen information and intelligence by conducting health needs assessments, health impact assessments and monitoring drivers of morbidity/mortality	\$2,100,000.00
Mapping of health facilities by type of service packages	\$150,000.00

### Specific objective 4: Effective coordination of humanitarian interventions in the health sector is ensured, and coordination systems are established and maintained with government and health partners at the national and regional levels to identify needs and priorities.

Health cluster/sector coordinator and key capacities activated, with regular updates provided to partners on needs, constraints, and partner capacities.	\$300,000.00
Coordination systems are established and maintained with government and health partners at the national and regional levels to identify needs and priorities.	\$70,000.00
Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)	\$300,000.00

**\$80,000,000.00**



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## WHO Response in focus – Refugee-receiving and hosting countries

WHO has a strong country presence in all refugee-receiving and hosting countries. It has deployed additional expertise and opened field operations tailored to the refugee needs. WHO has ensured coordination with the authorities, supported the strengthening of health systems, provided technical support to countries, and brought together the expertise of different UN agencies and partners.

The WHO Emergency Centre in Rzeszow, Poland, is used to deploy emergency medical supplies to support the immediate needs of affected populations both inside and outside Ukraine. This centre is a base for WHO's technical assistance housing expertise covering the health sector/ cluster coordination, emergency medical team coordination, emergency medical care, COVID-19 and other communicable diseases control, primary healthcare, and mental health.

WHO is operating a **refugee health extension (RHE)** out of Krakow in Poland. WHO is working

alongside UNHCR, the European Centre for Disease Prevention and Control (ECDC) and UNICEF to streamline inter-agency and inter-country coordination within and among participating agencies for the Ukrainian refugee health response through strategies, guidance and systems strengthening.

To date, **medical supplies** have been mobilized to refugee-hosting countries, including medicines, medical equipment, diagnostics, and personal protective equipment to serve more than 631,400 refugees. Needs are quite high, and WHO will continue to provide priority medical products, vaccines, and technologies to refugee populations in need in close cooperation with health authorities.

### **Emergency Medical Teams Coordination Cells (EMTCCs)**

operate in Poland and Moldova. As of 30 April 2022, EMTs in Moldova have provided 2,131 outpatient consultations to the refugee population, ensuring universal health coverage. EMT reporting systems also support monitoring for potential outbreaks. In Poland, in liaison with health authorities and close coordination with



EMTCC, starting the week of 2 May 2022, EMTs and health actors will begin reporting on consultation activities. EMTCC in Poland also facilitates quality assurance of care delivery, licensing of international health providers and providing technical support to establish a basic medical reception centre in Rzeszow to receive patients being medically evacuated from Ukraine.

### *WHO's response result framework in refugee-receiving and hosting countries*

In refugee-receiving and hosting countries, WHO is adopting a **health systems approach to the refugee response**, providing support to national authorities to ensure that healthcare 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 organisations, WHO, UNHCR, UNICEF and ECDC) including through the provision of policy guidance and technical support to continually assess and address emerging health needs of Ukrainian refugee populations.

#### **Specific objective 2: Financial barriers for accessing healthcare are removed**

Support health authorities to design 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 the 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 mental health and psychosocial support 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.

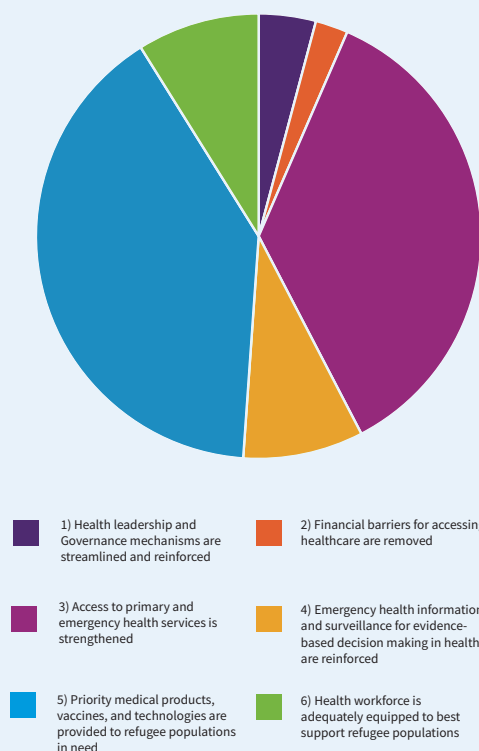
#### **Specific objective 5: Priority medical products, vaccines, and technologies are provided to refugee populations in need**

Provide priority health supplies and medicines, including personal protective equipment, rapid diagnostic testing kits, vaccines, HIV and tuberculosis treatments, etc.

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

Provide technical support for national health workforce planning and provide training, guidance and tools to health workers to provide health services for refugees.

Refugee-receiving and hosting countries – funding allocation



## WHO Funding Needs - Refugee-receiving and hosting countries

### Specific objective 1: Health leadership and Governance mechanisms are streamlined and reinforced

In support of national authorities, to conduct interagency coordination of health actors, including thematic working groups, as appropriate.	\$1,000,000.00
Provide policy guidance and technical support to assess and address emerging health needs of Ukrainian refugee populations and understand priority health service needs.	\$800,000.00
Coordination with partner agencies to support countries through the Refugee Health Extension (RHE) for a more effective and efficient response leveraging the comparative advantages of each partner.	\$1,000,000.00

### Specific objective 2: Financial barriers to accessing healthcare are removed

Support governments on policies for eliminating financial barriers to accessing health services, including medicines and medical products.	\$1,000,000.00
Conduct surveys and assessments on access to health care.	\$600,000.00

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

Provide information to refugees on healthcare services and entitlements of their host country.	\$2,000,000.00
Facilitate systematic access to healthcare, emergency treatment, referral, and continuity of essential health services: primary healthcare; sexual and reproductive, maternal, neonatal and child health (RMNCH) and gender-based violence through linking them to national programmes.	\$4,000,000.00
Provide technical support to assess receiving hubs in countries for patient medical evacuation and coordinate emergency medical teams (EMTs) to manage the referrals coming from Ukraine in coordination with DG ECHO and EU countries.	\$2,200,000.00
Provide access to priority prevention programmes, including vaccination (e.g. measles, polio, COVID-19) through health messaging around vaccination, risk communication and community engagement, policy on improving vaccination amongst refugee population and the provision of vaccinations.	\$5,000,000.00
Provide mental health and psychosocial support services, including psychological first aid, referral pathways, and capacity building of existing health workers and volunteers.	\$11,000,000.00

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

Conduct needs assessments and health situation and risk analyses	\$300,000.00
Monitor and evaluate access and utilization of health services and barriers, especially among vulnerable populations, ensuring meaningful access to healthcare.	\$1,000,000.00
Work alongside national health systems to set up early warning mechanisms to strengthen surveillance systems.	\$4,600,000.00

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

Provide necessary health supplies and medicines, including personal protective equipment, rapid diagnostic testing kits, vaccines, HIV and tuberculosis treatments, etc.	\$27,000,000.00
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### Specific objective 6: The health workforce is adequately equipped to best support refugee populations

Provide technical support for national planning to continue services in anticipation of phasing out of volunteer-led responses.	\$2,000,000.00
Provide training, guidance and tools for health workers to provide health services for refugees.	\$2,000,000.00
Provide technical support and training needed to better utilize the Ukrainian health workforce to provide health services for the refugees.	\$1,500,000.00
Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)	\$500,000.00

**\$67,500,000.00**