Situation report
01-AUGUST-2016

UKRAINE Conflict emergency

3.1M AFFECTED
1.5M DISPLACED
1.4M REFUGEES
22,137 INJURED
9,553 DEATHS

WHO

35 EMPLOYEES IN THE COUNTRY

MEDICINES DELIVERED FOR (SINCE JANUARY 2015)

1,988,000 PATIENTS, COMMON DISEASES*
5,000 PATIENTS, ACUTE RESPIRATORY DISEASES
50,000 DIABETIC PATIENTS
12,000 CHILDREN: DIARRHOEA/ACUTE CARE
4,200 COMPLEX SURGICAL OPERATIONS
6,719 HIV/AIDS PATIENTS
42 PAEDRIATRIC UNITS
8 LABORATORIES
8 FACILITIES FOR CHRONIC DISEASES

* MEDICAL KITS COVERING ALL COMMON DISEASES FOR THIS NUMBER OF PATIENTS FOR 3 MONTHS

FUNDING US$

0,4 % FUNDED BY DONORS IN 2016
10,5 % FUNDED (incl. activities reallocation, carry-over, WHO core funds re-allocations)
18,5M US$ REQUESTED

HEALTH ACTION

232,287 CONSULTATIONS**
58,086 REFERRALS

** THIS ACTIVITY STOPPED IN JULY 2016 (FUNDING)

HEALTH FACILITIES

145 HOSPITALS SHELLED
30 HOSPITALS PARTLY OR FULLY NON-FUNCTIONING

SURVEILLANCE

70 SENTINEL SITES***

*** THE WHO SURVEILLANCE PROGRAMME STOPPED IN JULY 2016 (FUNDING)

HIGHLIGHTS

- The conflict in Eastern Ukraine continues. Daily exchanges of fire and movement restrictions cause military and civilian casualties, damages to healthcare facilities and severe hindrances to healthcare provision. WHO works with partners to monitor the situation and to offer relief to affected populations.

- East of the conflict line, medications are available but in short supply and specific life-saving drugs and medical equipment are lacking. WHO managed on 15 July to deliver 58t of medicines and medical equipment to Lugansk, the biggest ever delivery of medical supplies since the beginning of the conflict, supplying a lifeline for over 350,000 patients.

- Several communicable diseases “time bombs” are ticking in Eastern Ukraine: surveillance and medicines/vaccines are needed for TB, HIV, Polio, Measles, Rubella, amongst others. WHO could establish this if funding gets available

- West of the conflict line primary healthcare is not available to IDPs and to populations close to the contact line. WHO’s mobile clinics reached 232,287 persons but stopped in July due to funding shortages.

Andrey, 38y.o, local resident of Donetsk

"People lived peacefully, had plans for the future. Now this time is gone. But we are strong people, remain hopeful and will live further, if only our children and parents could remain healthy."
Ukraine has become a protracted conflict emergency with active conflict along the contact line and stabilization efforts in major cities and further from the line of fire, on both sides. The movement constraints for goods and for people as well as the conflict-related conditions along the contact line make lives of over 3 million people of Eastern Ukraine very constrained. Houses get reconstructed, food is again widely available, and shops are re-provisioned with products of first necessity, but at the same time conflict conditions severely constrain the healthcare system. Medical needs are recognized by all actors as most acute, at a time when lack of funding forced WHO to close most of its relief programmes. In spite of this extremely resource-constrained context and the small number of health partners in non-Government controlled areas (NGCA), WHO delivered the biggest ever single cargo of medicines and medical supplies to NGCA on 15 July 2016, with 58t supplies (8 truckloads). It will cover needs for 350,000 patients for a wide range of conditions, as well as insulin for 6 months for 50,000 diabetic patients, surgical materials to perform 1,800 complex operations, neonatal materials for 8 obstetric units, and lab reagents. This will provide a lifeline for many patients and a major relief for health practitioners limited by logistical and supplies constraints. However, direct provision of primary care that WHO offered in Government controlled areas (GCA) areas through mobile clinics was fully discontinued due to funding constraints, leaving over 230,000 patients without healthcare and a large area along the contact line without diseases surveillance. WHO however deployed core corporate funding for continuing the mental health consultations until October.

Daily injuries and war trauma, including for civilians, and lack of primary healthcare services close to the contact line, lack of psychosocial support outside of psychiatric facilities. Furthermore, poor management of chronic and non-communicable diseases.

**GCA:** Problem of access by IDPs to the primary healthcare system and problems with referral systems to tertiary healthcare facilities. Insufficient vaccination coverage outside of the 2016 polio campaign and lack of a comprehensive diseases surveillance system.

**NGCA:** Unreliable and deficient supply line for vaccines, TB and HIV medicines, cancer treatment and other specialised drugs, insuline, laboratory reagents, amongst others. Insufficient donations of surgical equipment and anesthetics drugs.

**General Services and essential trauma care:** Lack of outpatient services generally and inexistent to poor primary and secondary healthcare for IDPs and for populations living close to the contact line (lack of personnel and available services). Problems with the referral system in GCA as referral hospitals are based in NGCA. Lack of training for physicians on both side of the contact line for conflict-related trauma care. In NGCA problem with maintenance of medical material and poor supply line for surgical materials. Lack of availability of ambulance service in a close radius to the contact line and in the grey zone. Lack of medical points in the grey zone at the line of contact in spite of long queues. In NGCA lack of surgical drugs, anaesthetics and equipment, and of labs re-agents. **Child Health:** Poor routine vaccinations in GCA despite vaccines procured and made available by UNICEF. Lack of vaccines in NGCA.
Communicable Diseases: Surveillance system in GCA is working but sub-optimal due to complex and fragmented data collection systems. In NGCA dysfunctional diagnostic and treatment of TB, especially in Lugansk. Lack of vaccines and prevention measures for IHR-notifiable diseases and lack of HIV-related drugs. Support to implementing the immunization schedules (incl polio), supporting the laboratory testing capacity in NGCA is a priority. Donetsk virological laboratory however has good capacity. Reproductive health: NGCA: No syndromic management of STIs, poor precautionary measures, no OST-related therapy, unsafe sexual practices. No other supply line than WHO and UNICEF on ART. Maternal health: Dysfunctional care close to the contact line. SGBV: Too few information to make a judgement, but lack of PEP. NCD/Mental health: Improper mental health care for conflict-related trauma. NGCA: irregular and incomplete supply of insulin except WHO’s.

Coordination of health and nutrition cluster partners’ activities in Kyiv, Severodonestk, Kramatorsk, Donetsk, Lugansk is ongoing, however coordination capacity has been reduced to core minimum due to funding. Procurement and delivery of supplies and drugs: WHO procured and delivered essential drugs, surgical materials and anaesthetics, insulin, drugs for selected non-communicable diseases, diarrheal diseases, neonatal resuscitation, laboratory re-agents, TB, HIV, vaccines. Overall WHO delivered supplies enabling the treatment of over 2 million patients since early 2015. WHO also manages an international health supply platform which supports all partners in importing humanitarian health supplies. WHO’s supply line is now broken due to lack of funding. Direct provision of care: 232,287 consultations and 58,086 referrals done by WHO to IDPs with otherwise no access to primary healthcare and patients in areas of GCA without primary healthcare provision. This activity is discontinued by lack of funding. Mental health support with 4 mobile teams is maintained on core WHO funding until October.
**ATTACK ON HEALTHCARE**

**Shelling Hospital No 21**

In the night of 23 July 2016, the hospital No 21 of the Kubishevskij raion in Donetsk was caught under fire for two hours, from midnight to 2am, while the hospital was attending to medical needs of 60 patients. The hospital was struck by mortar and automatic rifles strikes. There were no victims but 2 patients’ rooms and the surgery ward were severely damaged. The medical personnel and the patients were shocked by the incident and the hospital’s capacity is seriously affected. Sanctity of healthcare and protection of medical personnel and facilities is protected by international humanitarian law (IHL). Attacks on healthcare constitute a serious breach of IHL and should be banned by all armed forces. This is unfortunately a recurrent problem in Eastern Ukraine which is forcing health professionals to increasingly leave the healthcare facilities closest to the contact line, thus creating a major issue of access to healthcare for populations. Professionals working to save lives should not fear for their own lives.

**Resource mobilization**

Despite repeated concerns expressed to the donors community on low levels of funding, WHO received almost no funding in 2016. In spite of corporate efforts and reallocation of activities, WHO’s small emergency budget is all spent and WHO has no funding available anymore for humanitarian activities in Ukraine: WHO’s aid pipeline is de facto broken. Populations which had previously access to healthcare only thanks to WHO’s actions are now without support.

**Surveillance:** case-based, integrated disease surveillance of mental health, non-communicable and communicable disease from mobile emergency primary care surveillance system, coupled with a disease early-warning system. This activity is discontinued by lack of funding. **Health facilities assessments:** WHO assessed close to 250 facilities for the availability of health services. This activity is discontinued (funding). **Capacity building:** undertaken in mental health, TB, mother and child health, basic trauma care, disability and rehabilitation, nursing emergency medicine, emergency preparedness and management for health policy makers. These activities are discontinued by lack of funding. **Vaccination:** WHO and UNICEF managed a successful country-wide polio campaign, reaching over 80% of coverage in the third round of vaccination, results not reached in Ukraine since the 1990s. **Maintenance of medical equipment:** This is a pressing demand in NGCA but WHO could not even start this activity due to lack of funding.

**Contacts:**

Luigi Migliorini, WHO Representative a.i, +380 44 4258828, email: migliorinil@who.int
Patricia Kormoss, tel +380 44 4258828 ext 78414, email: kormosspp@who.int