



World Health Organization

REGIONAL OFFICE FOR Europe

WHO situation report
21 JUNE 2017

UKRAINE

Situation report for MARCH–MAY 2017



Photo credit: WHO
A WHO staff member monitors the delivery of surgical medicines and materials.

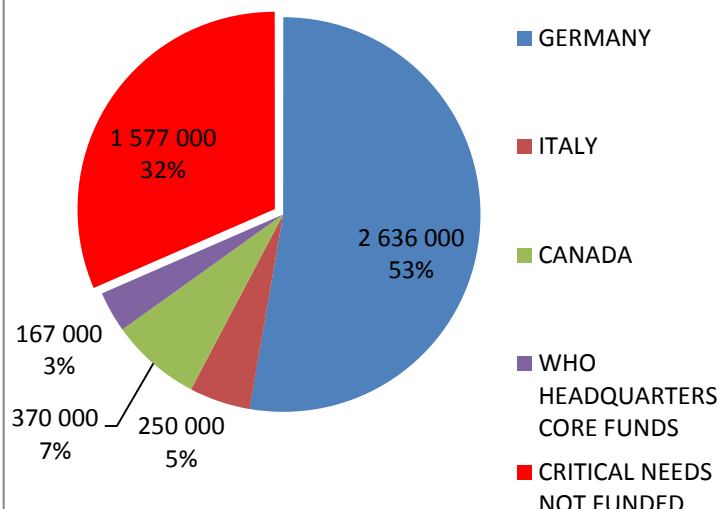
 4 996 767 AFFECTED (76% in non-government controlled areas (NGCA); 24% in government-controlled areas (GCA))	 300 948 DISPLACED SINCE THE BEGINNING OF CONFLICT (3% in NGCA; 97% in GCA)	 1.59 MILLION INTERNALLY DISPLACED PEOPLE	 107 CONFLICT-RELATED INJURIES IN REPORTING PERIOD (total: 7000–9000)* *Office of the United Nations High Commissioner Human Rights (OHCHR)/ Organization for Security and Co-operation in Europe (OSCE)/WHO data.	 29 CONFLICT-RELATED DEATHS IN REPORTING PERIOD (total: over 2000)* *OHCHR/OSCE/WHO data.
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WHO COUNTRY OFFICE PRESENCE

29 EMPLOYEES IN THE COUNTRY	1 MAIN OFFICE: KYIV	3 FIELD OFFICES: SEVERODONETSK, LUGANSK, DONETSK
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HUMANITARIAN SITUATION HIGHLIGHTS

- The intensity of shelling decreased in March and April, but high tension and volatility continued along the contact line. The security situation deteriorated again in the last week of April, with repeated ceasefire violations using howitzers, tanks, mortars, infantry fighting vehicles, anti-aircraft weapons and weapons forbidden by the Minsk agreements.
- Security incidents affected United Nations personnel (small-arms fire) and OSCE personnel (mine explosion: 1 fatality, 2 wounded). WHO personnel remained safe.
- WHO is especially concerned by damages to the Donetsk water pumping station and power outages in NGCA, which endanger clean water supply to both NGCA and GCA and raise the risk of water-borne diseases on both sides of the contact line.
- Queues at checkpoints registered all-time highs in March and April 2017, with over 340 000 crossings; this was due to the compulsory verification for internally displaced pensioners imposed by the Ukrainian Government at Oschadbank. WHO is concerned for the health of vulnerable populations standing in lines for long periods of time.

WHO PROGRAMME			HIGHLIGHTS																		
FUNDING (US\$)			CRITICAL FUNDING REQUIREMENTS																		
	68%	% OF WHO'S 2017 HRP PROGRAMMES FUNDED	WHO's Humanitarian Response Plan (HRP) request (US\$ 5 million) for 2017 covers only life-saving health interventions. This is a minimum requirement to ensure that the most critical gaps are filled: that diseases control programmes are supported, that WHO can undertake minimum situation monitoring, and that the most acute maintenance, reconstruction and recovery requirements are assessed. The generous contributions of Canada, Germany and Italy allowed WHO to provide this critical support in access to primary health care, to cover some gaps in the treatment of noncommunicable chronic diseases, and to support trauma care and mental health care needs. However, more funding is required. WHO's critical operations require urgent funding for the following: PRIORITY 1: US\$ 300 000 to support communicable diseases surveillance (millions of children are at risk due to low vaccination rates and problems in the surveillance system); PRIORITY 2: US\$ 200 000 to support the delivery of mental health, trauma and rehabilitation care, and to support health system improvements and training (limited access to acute and essential health care costs lives and livelihoods); PRIORITY 3: US\$ 300 000 to assess the most acute equipment maintenance requirements and to cover the most critical and cost-efficient needs; and PRIORITY 4: US\$ 800 000 to support the 101 208 cancer-affected patients living on both sides of the contact line with incomplete access to medications (at least 7000 lives could be saved by appropriately treating stage 0, 1 and 2 patients). WHO's role as the lead agency for the Health Cluster involves coordinating humanitarian health action and providing last-resort coverage for life-threatening gaps not covered by others. The 4 priorities listed above require implementation funding. In addition, reconstruction and maintenance requirements are very high in Ukraine – at least 82 facilities are in need. Addressing this is a large-scale activity; to provide support in line with the critical health system's functions and requirements, and with the health reform agenda, WHO would need to perform proper assessments.																		
	1.6 million	US\$ REQUIRED FOR 2017 BY WHO FOR ACUTE NEEDS																			
	35 million (preliminary assessment)	US\$ REQUIRED FOR RECONSTRUCTION AND MAINTENANCE PROGRAMMES (OUTSIDE HRP)																			
2017 WHO HRP FUNDING SITUATION <table><tr><th>Source</th><th>Amount (US\$)</th><th>Percentage</th></tr><tr><td>GERMANY</td><td>2 636 000</td><td>53%</td></tr><tr><td>ITALY</td><td>1 577 000</td><td>32%</td></tr><tr><td>CANADA</td><td>250 000</td><td>5%</td></tr><tr><td>WHO HEADQUARTERS CORE FUNDS</td><td>370 000</td><td>7%</td></tr><tr><td>CRITICAL NEEDS NOT FUNDED</td><td>167 000</td><td>3%</td></tr></table>			Source	Amount (US\$)	Percentage	GERMANY	2 636 000	53%	ITALY	1 577 000	32%	CANADA	250 000	5%	WHO HEADQUARTERS CORE FUNDS	370 000	7%	CRITICAL NEEDS NOT FUNDED	167 000	3%	
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WHO DELIVERY OF MEDICINE IN MARCH–APRIL 2017					MEDICINE AVAILABILITY SITUATION																																						
		3200	# OF COMPLEX SURGICAL OPERATIONS SUPPORTED*			- 441 local facilities (82% in NGCA) report that they are out of stock of medicines for common diseases; these facilities cover 4 609 354 patients. - 162 surgical and trauma units (72% in NGCA) require supplies to perform needed operations covering up to 6000 patients. - 57 facilities specializing in paediatric and obstetric care are in acute need of medicines and materials for the health needs up to 400 000 mothers and children. - 261 laboratories (71% in NGCA) lack sufficient supplies to perform their duties. - 101 208 cancer patients (50% in NGCA) have incomplete access to treatment; the most acute needs are in NGCA. - 17 935 diabetic patients (70% in NGCA), including children, have incomplete access to insulin and are in urgent need of treatment regimens.																																					
In March–April 2017, WHO delivered 6 tonnes of surgical medicines and medical materials to health facilities in NGCA and 11 tonnes of surgical medicines and medical materials to health facilities in GCA. This operation has allowed surgical and trauma care units previously unequipped to perform complex operations to be able to work, directly saving the lives of 3200 patients. WHO also imported large orders of primary care supplies to support up to 1.2 million patients, as well as materials to ensure safe births and neonatal resuscitation for 58 paediatric and obstetric units. Deliveries of supplies are scheduled throughout 2017 according to a needs-based distribution plan. * A total of 32 surgical kits (21 distributed to GCA and 11 to NGCA) saved 3200 lives.																																											
WHO HEALTH ACTION					UPDATE ON LOCAL HEALTH-CARE CONDITIONS																																						
		0	CONSULTATIONS PERFORMED			- Access to health care remains most difficult in areas closest to the contact line. The health-care system in these areas faces shortages in qualified medical staff, especially at the secondary level, and disruptions in the delivery of supplies. People also face difficulties in reaching referral care from these areas. Humanitarian organizations are supporting the national health-care system through mobile primary health care services in the Lugansk and Donetsk regions. - Mental health is one of the most serious humanitarian concerns. The Government provides mental health services primarily in larger cities through specialized services, while humanitarian organizations assist in covering community needs with mobile services. Community and primary care remain out of reach for many, and gaps persist in referral pathways. - Injury is a leading cause of death in Ukraine, and this is further exacerbated by the conflict. The conflict has disrupted referrals for traumatic injury and rehabilitation. Flare-ups in fighting regularly overwhelm local care capacities. To address this, future efforts will focus on improving multidisciplinary approaches and strengthening rehabilitation services.																																					
		0	REFERRALS																																								
		30	HEALTH PROFESSIONALS TRAINED*																																								
WHO distributed surgical kits to the regional hospitals in the Donetsk and Lugansk regions, both in GCA and NGCA. Total number of kits = 32. * WHO provided training and laboratory-based consultation on quality assurance for laboratory staff in Donetsk in May 2017.																																											
ATTACKS ON HEALTH CARE: WHO RECOVERY ACTION					DAMAGE TO HEALTH-CARE FACILITIES AND RECOVERY NEEDS																																						
		103	HEALTH FACILITIES SHELLED IN THE CRISIS			- In March 2017, shelling in NGCA affected 3 health facilities and 21 hospitals with polyclinics, therapeutic units and hospice units. Most recently, a small obstetrics outlet was shelled. Windows and parts of walls that were destroyed were quickly restored to avoid serious disruption to services. - A large number of facilities, predominantly in NGCA, require support for reconstruction. A significant number also require support for maintenance, mainly in NGCA but also in GCA. WHO would require funding to undertake a detailed assessment of reconstruction and maintenance needs, and to provide the most relevant and cost-effective support. - WHO remains deeply concerned by the number of health facilities affected by hostilities in Ukraine, and the continued disrespect for international humanitarian law that this represents.																																					
		4	HEALTH FACILITIES DAMAGED IN MARCH–MAY 2017																																								
		130	HEALTH FACILITIES PARTLY OR FULLY NONFUNCTIONING																																								
		1260	MEDICAL EQUIPMENT DESTROYED*																																								
		9	HEALTH FACILITIES WITH RECONSTRUCTION ACTIVITIES AND/OR EQUIPMENT MAINTENANCE SUPPORTED BY WHO IN THE REPORTING PERIOD																																								
* Under-evaluated; evaluation has not been undertaken comprehensively due to lack of funding.																																											
SURVEILLANCE, WATERBORNE AND COMMUNICABLE DISEASES					KEY HEALTH RISKS																																						
		NA*	VACCINATIONS SUPPORTED BY PARTNERS AND LOCAL AUTHORITIES			- Due to limited capacity and political constraints, WHO no longer receives regular information from the health authorities in NGCA. WHO also lacks the capacity to undertake verifications and provide technical support. - Vaccination situation: The scheduled vaccination calendar is available and meets international standards, but its implementation is of concern. The birth cohorts from 2014, 2015 and 2016 are suspected of not having followed the full schedule of vaccinations, which places at least 67 000 children at risk of vaccine-preventable diseases (children born in these 3 years, as well as an unknown number of returning families with young children).																																					
		107	CONFLICT-RELATED INJURIES REPORTED**																																								
		NA	NUMBER OF ALERTS IN REPORTING PERIOD																																								
		0***	PATIENTS COVERED BY PRE-POSITIONED MEDICINES FOR WATERBORNE DISEASES																																								
* Not applicable. ** OSCE/OHCHR data. *** Thanks to the generous support of Italy, WHO procured acute watery diarrhoea treatment kits to pre-position in key NGCA areas experiencing recurring water treatment issues and frequent power outages. These supplies should be pre-positioned in NGCA at the end of June. In GCA, regional immunization coverage and reporting were both insufficient in 2016 (see tables below); data is unavailable for NGCA.																																											
<table><tr><th colspan="5">Immunization coverage 2016*</th></tr><tr><th>Vaccine</th><th>Donetsk GCA</th><th>Lugansk GCA</th><th>Donetsk NGCA</th><th>Lugansk NGCA</th></tr></table>					Immunization coverage 2016*					Vaccine	Donetsk GCA	Lugansk GCA	Donetsk NGCA	Lugansk NGCA	<table><tr><th colspan="4">Birth cohorts with suspected missed vaccinations</th></tr><tr><th>Year</th><th>Donetsk</th><th>Lugansk</th><th rowspan="5">Total</th></tr><tr><td>2017*</td><td>11 772</td><td>7612</td></tr><tr><td>2016</td><td>12 500</td><td>7556</td></tr><tr><td>2015**</td><td>9162</td><td>6775</td></tr><tr><td>2014</td><td>16 844</td><td>9999</td></tr><tr><td>Total 2014–2016 (2017 excluded)</td><td>38 506</td><td>24 330</td><td>67 682</td></tr></table> * Projections based on the actual birth cohort for the first quarter of 2017. ** The sharp decline in the 2015 birth rate could be explained by the difficult conditions created by the conflict, which resulted in large outflows of people that year (some of whom returned in 2016).					Birth cohorts with suspected missed vaccinations				Year	Donetsk	Lugansk	Total	2017*	11 772	7612	2016	12 500	7556	2015**	9162	6775	2014	16 844	9999	Total 2014–2016 (2017 excluded)	38 506	24 330	67 682
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Poliomyelitis (polio) (3 doses)*	70.5%	0%	NA	NA		
Diphtheria-tetanus-pertussis (3 doses)**	28.9%	0%	NA	NA		
Measles-mumps-rubella (1 dose)***	74.2%	0%	NA	NA		
* WHO target: eradication; global average: 86%. ** WHO target: 90%; global average: 86%. *** WHO target: eradication from 2 regions; global average for measles: 86%.						
Polio surveillance data, Donetsk/Lugansk GCA (NGCA not available)						
GCA	2016			2017*		
	Acute flaccid paralysis (AFP) cases	Non-polio AFP rate**	Polio cases ***	AFP cases	Non-polio AFP rate**	Polio cases***
	Donetsk	3	1.1	0	2	1
Luhansk	3	3.3	0	1	2	0
* Data as of Week 24 of 2017. ** WHO recommended target for Ukraine is ≥3. *** Cases with isolated wild poliovirus, circulating vaccine-derived poliovirus or type 2 vaccine-derived poliovirus.						
Surveillance data for measles, rubella, diphtheria, tetanus and pertussis is not available to WHO at the level of Ukraine’s regions, and the WHO Country Office’s capacity is currently not sufficient to support national and local authorities or NGCA de facto health authorities.						
The key health risks related to the issues of surveillance and immunization are highlighted in the “Key health risks” section above.						

- With appropriate funding capacity to technically support NGCA health authorities, WHO could reinstate a constructive dialogue to protect young children from vaccine-preventable diseases.
- WHO cooperates with the United Nations Children’s Fund (UNICEF) on vaccines supplies. Due to limitations in capacity and funding, WHO no longer receives complete information on vaccine supply-related issues in GCA. However, some issues of concern have been communicated to WHO (see table below).

Requirements/issues with vaccines		
Vaccine	Donetsk	Lugansk
Bacille Calmette-Guérin vaccine (against tuberculosis)	6000 doses required	NA
Inactivated polio vaccine	Stocks depleted	NA
Bivalent oral polio vaccine	Stocks expired on 13 April 2017	NA
Diphtheria, tetanus and pertussis vaccine (3 doses)	45 000 doses required for 2016 cohort (those born in Donetsk NGCA as well as returning babies)	NA
Measles-mumps-rubella vaccine (1 dose)	Stocks expire in June 2017	NA

- In GCA, vaccination issues remain. Health authorities from the Lugansk and Donetsk regions report no shortages in vaccine availability, although the country as a whole faces shortages of the inactivated polio vaccine. This is compounded by recurring issues with cold-chain conditions and incorrect practices of vaccine storage. This is a worrying situation, as outbreaks can happen in Ukraine and spread very quickly. For example, a measles outbreak has been ongoing since April 2017, with over 200 cases reported in western Ukraine and in Odessa.
- WHO could provide increased technical support to the Ukrainian Ministry of Health to address these recurring issues with increased funding.
- **HIV/AIDS situation:** 9774 patients on antiretroviral treatment are covered until June 2017. The Global Fund’s support must not be interrupted and treatments must be delivered with the shortest-possible delays on both sides of the contact line.
- **Tuberculosis situation:** 1394 patients being treated for multidrug-resistant tuberculosis need continued support from the Global Fund on both sides of the contact line.
- **Update on waterborne diseases:** Damages to the water treatment system and increasingly frequent power outages raise serious concerns over eastern Ukraine’s increased risk of waterborne disease outbreaks. WHO has made provisions to pre-position a minimum amount of supplies for treatment of these diseases.

MAP OF SECURITY INCIDENTS IN EASTERN UKRAINE IN THE FIRST QUARTER OF 2017

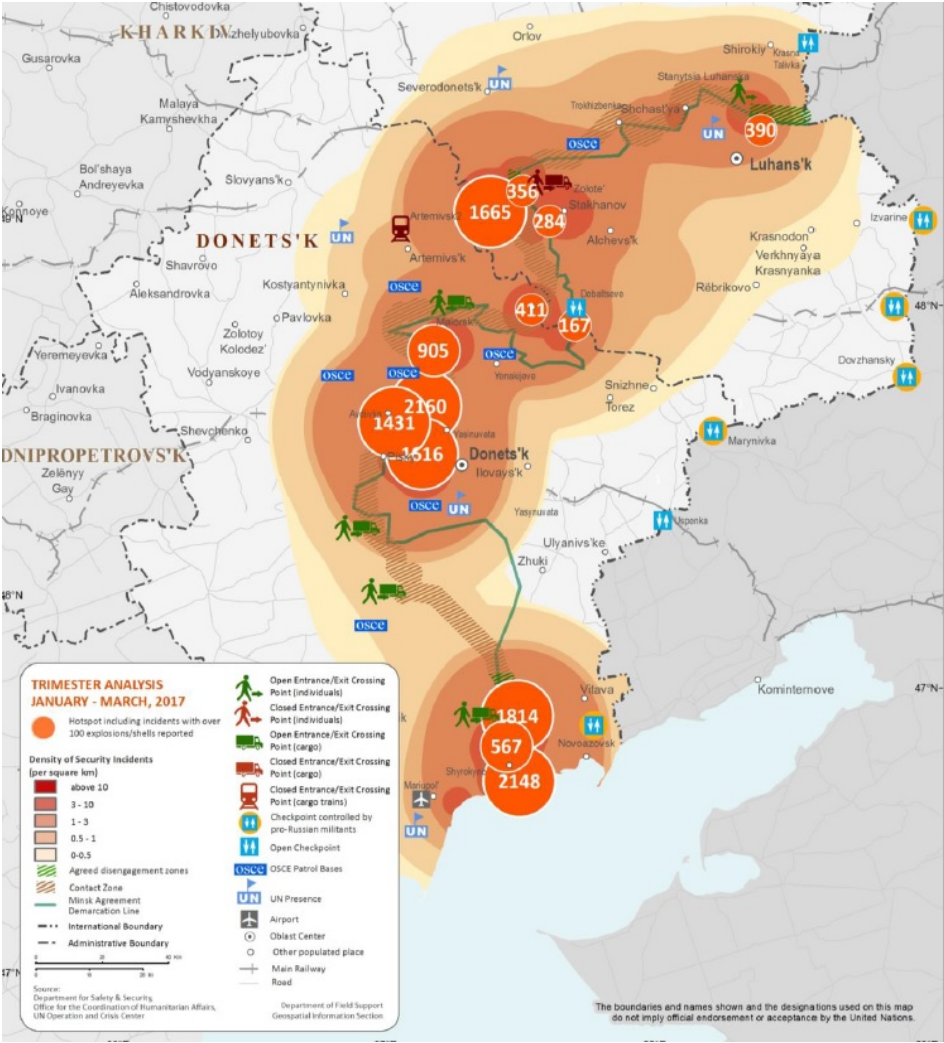


Image credit: United Nations

SUMMARY OF WHO ACTIVITIES AND MAIN CONCERNS IN MARCH–MAY 2017

- WHO delivered 17 tonnes of life-saving medical supplies to support the performance of 3200 complex surgical operations.
- WHO trained 30 health-care professionals in surveillance and laboratory technical areas, enabling them to respond to the needs of people affected by the conflict.
- WHO supported 9 health-care facilities with equipment maintenance and reconstruction.
- Four health-care facilities were attacked in March–May 2017; WHO remains deeply concerned by this continuing disrespect for international humanitarian law in Ukraine.
- WHO is concerned by the damages to the Donetsk water pumping station and power outages across NGCA; this endangers the supply of clean water and raises the risk of waterborne diseases on both sides of the contact line.
- WHO is concerned by insufficient vaccination coverage among children in Ukraine and insufficient surveillance; WHO requires urgent funding to provide support in this area.
- WHO is deeply concerned by the situation of cancer patients in eastern Ukraine; thousands of lives could be saved with sufficient funding for appropriate medical treatment.
- The mental health of many patients in eastern Ukraine requires both emergency efforts and reforms to make mental health and psychosocial support services fully available to meet their needs.
- Patients with HIV/AIDS and tuberculosis (including multidrug-resistant tuberculosis) in eastern Ukraine require continuous support from the Global Fund. WHO and UNICEF continue to advocate for the delivery of adequate medicines and support to affected patients.



Photo credit: WHO/Shuvayev

Cardiovascular diseases are common among affected populations, but people often lack access to essential medicines for treatment and prevention. WHO purchases and supplies these medicines to health facilities.



Photo credit: WHO/Tadevosyan

A WHO team in the Donetsk region await a truck delivering medicines and medical supplies.

WHO PROGRAMME RESULTS

Programme area	2017 WHO target	Result in reporting period	+/- since last report
Fill critical gaps in the delivery of essential health services to conflict-affected areas	7500 people in need benefiting from direct health care	0	No change
	150 000 people in need benefiting from primary and life-saving health care through the delivery of emergency supplies to health-care facilities	3200	+3200
Critical diseases control and response to priority health risks	150,000 people benefiting from communicable-disease prevention activities	NA (review currently underway)	No change
	20 laboratories supported	5	+5
Restoration of services and infrastructure	20 facilities	9	+9

WHO warmly thanks the governments of Canada, Germany and Italy for their generous support to WHO health emergency operations in Ukraine in 2017.

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