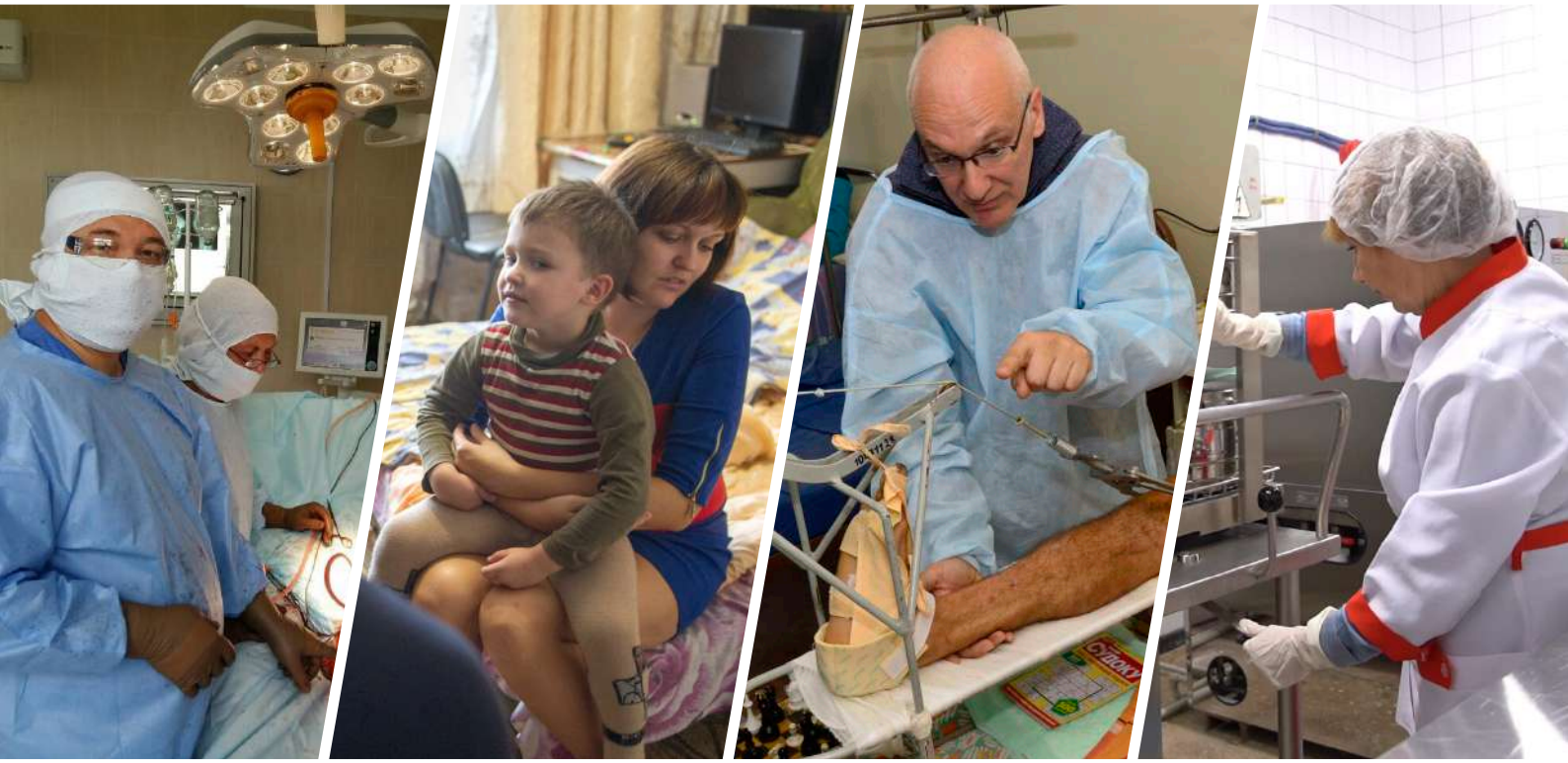
World Health Organization
REGIONAL OFFICE FOR Europe



Health Emergency Response in Ukraine

Annual Report 2018



World Health Organization
REGIONAL OFFICE FOR Europe

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Annual Report 2018

Abstract

The conflict in Ukraine enters its sixth year with 3.4 million people affected in eastern Ukraine. More than 800 000 residents along the 457 kilometer-long contact line are among those in need.[1] People living in the conflict affected areas, including 845 000 internally displaced people (IDPs), are exposed to increased health risks because of limited access to health care services. The contact line, separating the government-controlled areas (GCAs) from the non-government controlled areas (NGCAs), is also considered to be one of the most mine-contaminated areas in the world.[2]

To address the health needs of affected people, WHO continues to lead the incident management system, including the Health and Nutrition Cluster.[3] The WHO Health Emergencies Programme (WHE) in Ukraine has been operating through the WHO Country Office in Kyiv and four Field Offices in Donetsk, Kramatorsk, Luhansk and Severodonetsk. Medicines, medical supplies and medical equipment have been delivered to health care facilities, and support has been provided for training health workers to improve the quality of health care services, including mental health care services, laboratory surveillance and immunization.

In 2018, over 300 000 people living in the conflict affected areas received access to better health care services through assistance provided by WHO and its health partners.

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[1] 2019 Humanitarian Response Plan: http://bit.ly/2GR1mcU

[2] Data: The HALO trust: http://bit.ly/2MB8I9q

[3] The Health and Nutrition Cluster has provided an essential framework for coordination and partnership between the various health actors involved in the humanitarian response.

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Abbreviations

GCA	Government controlled area
NGCA	Non-government controlled area
NGO	Nongovernmental organization
EMS	Emergency Medical Service
MoH	Ministry of Health
mhGAP	Mental Health Gap Action Programme
MHPSS	Mental health and psychosocial support
IDP	Internally displaced person
IPC	Infection prevention and control
HeRAMS	WHO Health Resources Availability Monitoring System
HRP	Humanitarian Response Plan
WHE	WHO Health Emergencies Programme
OCHA	United Nations for the Coordination of Humanitarian Affairs

Key numbers

WHO health actions in 2018

About **1000 consultations** for people with moderate and severe mental disorders were performed through WHO-supported mobile community mental health teams in the Donetsk region

More than **500 000 children and adults** had access to safer specialized health care services due to WHO's efforts in infection prevention and control

18 000 people received antiretroviral therapy for HIV

Over **200 000** people were supported with medicines and medical supplies for trauma care, surgery and blood transfusion

34 trauma care specialists, surgeons, emergency doctors and anesthesiologists in Luhansk (NGCA) completed the training on Advanced Trauma Care

Over **1 000 000 people** living on both sides of the contact line were better protected from disease outbreaks through laboratory system strengthening

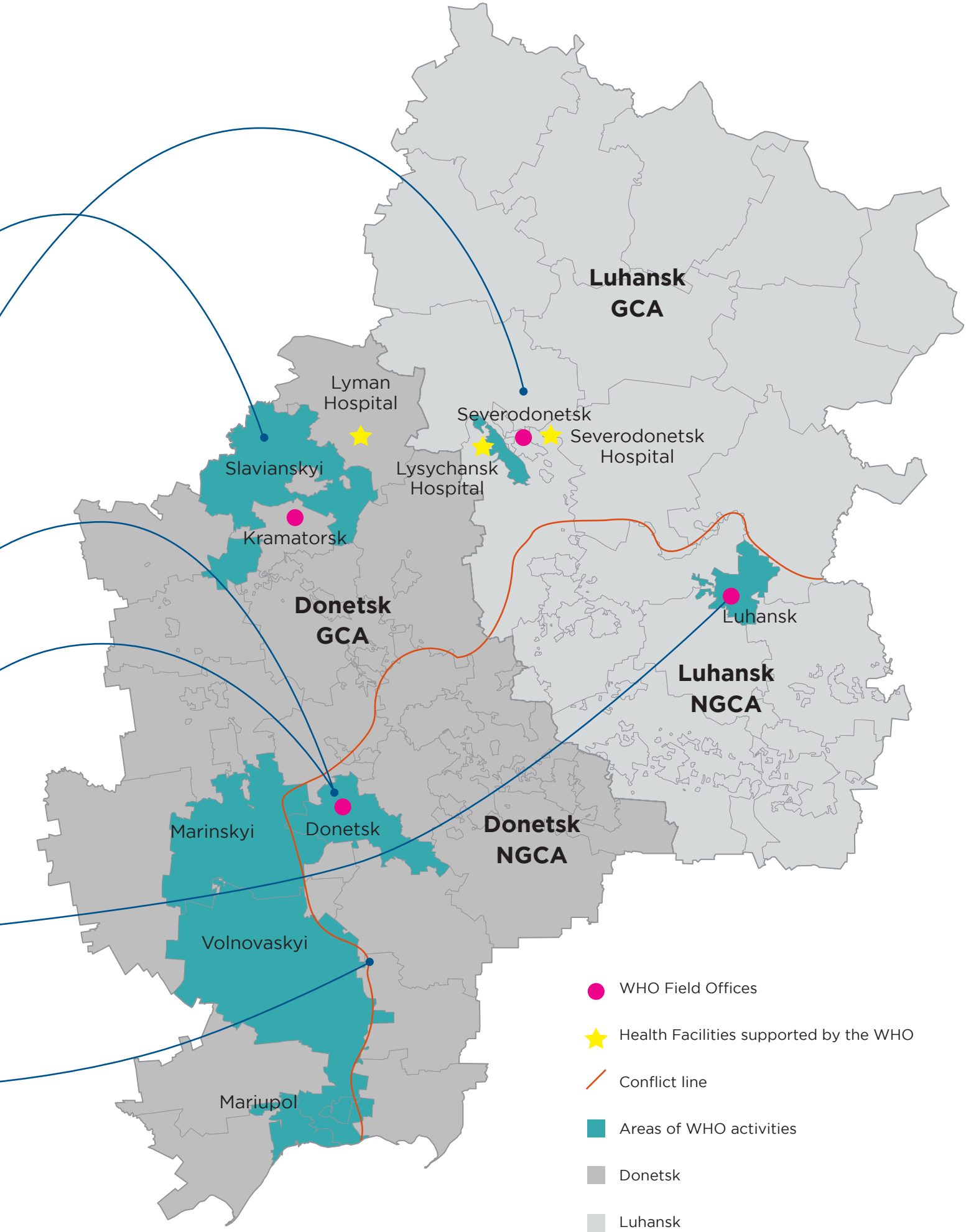

Luhansk
GCA
Lyman
Hospital
Severodonetsk
Severodonetsk
Hospital
Slavianskyi
Lysychansk
Hospital
Kramatorsk
Donetsk
GCA
Luhansk
Luhansk
NGCA
Marinskyi
Donetsk
Donetsk
NGCA
Volnovaskyi
Mariupol
WHO Field Offices
Health Facilities supported by the WHO
Conflict line
Areas of WHO activities
Donetsk
Luhansk



Photo © Volodymyr Shuvayev

Background

WHO is responding to the health needs of millions of people affected by the armed conflict in eastern Ukraine including 1.5 million internally displaced people. This report provides an overview of the key achievements in 2018.

The WHO Health Emergencies Programme

The WHO Health Emergencies Programme (WHE) adds a strategic, normative, technical and operational response, enabling countries to respond better to emergencies and leading the international health response when necessary. It addresses the full risk management cycle, working with countries and partners to address emergencies before they happen through prevention and preparedness. WHO supports the response to the emergency, and once the event has been controlled, provides stewardship for rebuilding in the recovery phase.[4]

[4] WHO Health Emergencies Programme in European Region: http://www.euro.who.int/en/health-topics/emergencies

Health emergency in eastern Ukraine — situation overview

The Ukrainian conflict enters its sixth year with 3.4 million people affected in Ukraine. More than 800 000 residents along the 457 kilometer-long contact line are among those most in need.

In addition, the Ministry of Social Policy (MoSP) has registered more than 1.5 million internally displaced people (IDPs) throughout the country. Most of them reside in the government-controlled areas of the Donetsk and Luhansk regions and Kyiv city. For IDPs it is very challenging to secure stable employment and access essential social services.[5]

The cumulative effects of the armed hostilities, infringements on freedom of movement, and the declining socioeconomic situation continue to further entrench hardship, particularly for people living in conflict affected areas along the contact line.

In particular, this situation isolates non-government controlled areas (NGCAs), hampering people's access to essential medicines and the delivery of medical supplies. People in NGCAs often struggle to access primary health care services, especially in areas near the contact line, and are exposed to increased health risks.

The WHO Regional Office for Europe calls for an urgent response to humanitarian health needs in Ukraine, and recognizes the critical work of health workers and operational partners in delivering services to those most in need.



1.3 million people are in need of essential health services



2 million people live in mine-contaminated areas along the contact line



3000 civilians have been killed since the conflict began in 2014



9000 civilians have been injured since the conflict began in 2014

[5] IOM National Monitoring System Report, March 2018



Photo © Volodymyr Shuvayev

Sign alerting mines at Maiorske checkpoint, eastern Ukraine

Key health challenges in conflict affected areas

WHO In GCAs, approximately 845 000 internally displaced people (IDPs)[6] and local populations face difficulties accessing health care services due to insecurity, a lack of transportation and a lack of income to cover for transportation costs.

The population living within 20 km of the contact line reported the cost of medicines as the main barrier in accessing health care services. According to the analysis of humanitarian trends issued by the REACH Initiative[7], obstetrics and gynaecology, gastroenterology and mental health care were the least available types of specialized care reported by households. In terms of psychosocial support, households also reported that they did not know the location of their closest psychological support centre.

In rural areas within 5 km of the contact line, 61% of households face challenges in accessing health care services.

The conflict in eastern Ukraine has a unique and disproportionate impact on the elderly. Of the 3.5 million in need, 30% are above the age of 60. These men and women face severe hardships when accessing essential services because they experience higher rates of disability and immobility and are often separated from their families.

[6] Data from the Ministry of Social Policy of Ukraine: https://www.msp.gov.ua/

[7] Analysis of Humanitarian Trends: http://bit.ly/2WhwN5u



Photo © Max Levin

Katia (97) (left) and Zoia (86) (right) are women abandoned by relatives. They live in a private old house in Stanytsia Luhanska, near the contact line.

They are also more susceptible to abuse and neglect, have specific health and nutritional needs, and are highly prone to economic insecurity.

The challenges for older people, especially those with disabilities, include[8]:

- Severe income shortages due to low pension levels, and difficulties in accessing banks and social services due to discriminatory attitudes and physical barriers. Nearly every older person affected (99%) relies on a pension as their main source of income, which means this barrier has a significant impact.
- Lack of access to and difficulties affording health care services. With 97% of older people having at least one chronic disease, not being able to access health care is a major issue.
- Poor living conditions and a lack of support for those with disabilities. Over half (53%) of older people need assistive devices.

[8] HelpAge International, Emergency Protection-Based Support to Conflict Affected Older Women and Men in the GCAs: http://bit.ly/2V7jZSJ



Photo © Volodymyr Shuvayev

Medical doctors working in the psychiatric hospital in Druzhkivka, Donetsk region.

Human resources are lacking in health care facilities and health care workers need continuous quality training to maintain their skills and proficiency including basic self-help trainings. According to the WHO Health Resources Availability Monitoring System (HeRAMS), 73% of partially functioning and non-functioning health facilities identified the lack of medical staff as a key factor in limiting the delivery of health services.[9]

Specialists and health care workers in NGCAs have limited opportunities to access training and mentoring because of limitations in the freedom of movement. Having an adequate supply and availability of qualified health workers allows for the delivery of an effective package of essential health services and ensures that vulnerable populations have equitable access to the health workforce and health services.

Since most of the secondary- and tertiary-level hospitals[10] remain in NGCAs, specialized health care infrastructure had to be re-established in GCAs over the last five years (Box 1, Box 2). These hospitals often use the premises of local health facilities and lack necessary equipment and medical supplies.**The irregular supply of medicines and equipment** deprives those who are highly dependent on the availability of life-saving care.

[9] Source: HeRAMS 2017

[10] Secondary- and tertiary-level hospitals provide health care health care services in specific fields, such as neurology, cardiology, rheumatology, dermatology, oncology, orthopaedics, and ophthalmology.

Box 1. Displaced health care facilities

Due to the conflict in eastern Ukraine, the administration and part of the staff of the Luhansk Regional Children's Hospital and Luhansk Regional Clinical Hospital had to relocate from the non-government controlled regional centre, the city of Luhansk, to the government-controlled area in 2015.

The hospitals were re-established in the premises of the health facilities in the GCA, where they serve nearly 1 million people including the internally displaced.

Box 2. "I feel like I have to stay and contribute to the better future of the place where I was born."

In April 2014, trauma and orthopaedic surgeon Dr Ruslan Vereskun took his wife and two children and fled from intensifying hostilities in his city of Luhansk, Ukraine. Like thousands of others, he hoped to return to his normal life within a few weeks. More than 5 years later, he is still among the 1.5 million internally displaced people in Ukraine. Dr Vereskun turned the challenge into an opportunity. While he could not return to his home, he chose to stay in the conflict affected region of Luhansk and built the first tertiary health care department within a municipal hospital in the industrial town of Lysychansk. He was motivated to serve "his own" people.



"I am very proud of my team and the results we have achieved together despite the difficulties," says Dr Vereskun between his daily surgeries. "I feel like I have to stay and contribute to making a better future for the place I were born. The way the happy face of your patient makes you feel sometimes cannot be compared with financial benefits."

The risk of **communicable disease** outbreaks continues to increase due to frequent water supply damage and interruptions, damaged heating systems, as well as overall low immunization rates, including for basic childhood vaccines, such as those for polio and measles.

Previously reported outbreaks in Ukraine include vaccine-derived poliovirus (2015–2016), the continuing measles outbreak (2017–2018), cases of tetanus, and diphtheria – all of which are vaccine-preventable diseases. A sharp decline in Ukraine immunization performance from 2008–2016 left Ukraine's population vulnerable to many vaccine-preventable diseases. The low vaccine coverage in Ukraine in previous years is posing a challenge to regional and global health protection and threatening the achievement of goals for disease eradication and elimination.

In 2018, Ukraine had more than 54 000 measles cases and 16 people died of this extremely contagious viral disease which is easily prevented through vaccination. Although many parents today make sure their children are vaccinated according to the national immunization schedule, the gaps in immunization coverage from the previous decade led to the current measles outbreak. For the parents who do not vaccinate, their choice may be influenced by many factors including vaccine hesitancy, access, cost, convenience, health literacy and social exclusion.

Even before the conflict, the Donetsk and Lugansk regions were among those most affected by **HIV and TB** in Ukraine. An estimated 35 000 people are living with HIV in NGCAs but only 16 000 are aware of their status and are followed up with in health settings. Disruptions in TB and HIV testing and treatment services have occurred because of the lack of crucial laboratory equipment, limitation of movement for people and goods to NGCAs, and overall inadequate funding for disease control programmes.

Trauma and rehabilitation care is overstretched and sometimes insufficiently coordinated for those with injuries and persons with disabilities at primary and secondary health care levels. The lack of emergency treatment protocols, and of a standardized list of medicines in trauma care units and ambulances, are major challenges to improving access to appropriate treatments for injured patients. Moreover, primary and secondary referral lines lead to time lags that directly affect patient outcomes.

The Office of the United Nations High Commissioner for Human Rights (OHCHR) estimates the total number of conflict-related civilian injuries in Ukraine to be between 7000 and 9000.[11] At the same time, the Organization for Security and Co-operation in Europe's (OSCE) monitoring mission reported 236 civilian casualties including 43 fatalities in 2018.[12]

Premature death from noncommunicable diseases (NCDs) or related disabilities have socioeconomic consequences. NCDs are estimated to account for 86% of the country's annual deaths.[13] As Ukraine copes with an ongoing humanitarian crisis, the human and financial resources and infrastructure to address NCDs have been under particular strain.

Mental health and psychosocial disorders are a growing concern that requires urgent action for millions of people, with children and the elderly most

[11] OHCHR Report on the human rights situation in Ukraine 16 November 2018 to 15 February 2019: http://bit.ly/2VQzLlu

[12] OSCE Annual Report 2018: http://bit.ly/2HYWFOS

[13] Tackling noncommunicable diseases in Ukraine (2018): http://www.euro.who.int/en/countries/ukraine/publications/tackling-noncommunicable-diseases-in-ukraine



Photo © Volodymyr Shuvayev

Training on trauma care in Mariupol, Donetsk region.

in need. Poor mental health in Ukraine is correlated with poverty, unemployment, and insecurity caused by the conflict. IDPs, the elderly and those living in the country's eastern regions are especially vulnerable. Physiological signs of distress — such as sleeping problems; loss of energy and appetite; emotional difficulties including grief, fear, and crying without cause; and behavioral difficulties, such as irritation and bursts of anger — were the most commonly reported symptoms among people living within 15 kilometers from the contact line.[14]

Other challenges include the absence of a mechanism for formal reporting against key epidemiological and health system indicators.

[14] Rapid Mental Health and Psychosocial Support (MHPSS) Assessment for conflict affected communities of Donetsk Oblast (2018), IMC-PUI.



Health care reform in Ukraine: moving towards universal health coverage

A broad health reform, ongoing in Ukraine, is focusing on primary health care services. The reform aims at changing the health financing model, strengthening referral mechanisms and improving the quality of primary health care services. The reform also includes the transformation of emergency medical services in order to optimize workforce conditions and the delivery of services.

WHO technically and strategically supported the MoH in developing the law, On Government Financial Guarantees of Health Care Services, which enabled the new framework for health financing system. WHO assisted the MoH in designing the package of by-laws that led to the establishment and functioning of the National Health Service of Ukraine and the launch of a nation-wide contracting campaign for primary health care (PHC) providers.

Following the introduction of the new health financing mechanism in the country, 1.74 million residents from the Donetsk and Luhansk (GCA) regions chose their PHC providers. The ongoing heath care reform aims to expand PHC coverage and improve the quality of health care services through the implementation of the "money follows the patient" principle.

In addition, the pilot state programme, Affordable Medicines, was extended, thereby increasing the access to and affordability of medicines for patients with chronic NCD conditions, and improving treatment outcomes and quality of life.[15]

[15] WHO Evaluation of the Affordable Medicines Programme in Ukraine (2019): http://bit.ly/2Y0enYz

WHO's response to the crisis

The overall objective of the WHO Health Emergencies Programme (WHE) team in Ukraine is to assist populations affected by emergencies by alleviating their suffering and promoting their health and well-being across all hazards and emergency phases. This includes the provision of technical expertise and professional support through the design and implementation of health programmes.

Since the beginning of the conflict, WHO has been working with health partners to ensure access to health services. Together, they provide primary health care services, medicines, ambulances and other essential medical items. WHO also mobilizes health experts to build the capacities of the health care workforce.

WHE in Ukraine operates through its main office in Kyiv and four field offices in the eastern part of the country. It works as part of one single programme across the three levels of the organization: global, regional and country, with a focus on delivering impacts at the local level. WHO abides by the principles of humanity, neutrality, and impartiality and ensures that urgent health care needs are addressed.

WHE priorities in Ukraine for 2018

- Increase access to health care services at primary and specialized health care facilities
- Increase the availability of medical equipment, medical supplies and medicines
- Improve infection prevention and control measures in health care facilities
- Strengthen emergency medical services and improve health emergency preparedness and response
- Improve the quality of laboratory surveillance and prevent disease outbreaks
- Integrate comprehensive mental health care at the primary health care level

WHE engages in cross-cutting themes and collaborates with other UN and donor agencies on subjects such as the humanitarian development nexus[16], which promotes greater collaboration, coordination and coherence between humanitarian and development actors. The aim is to promote greater cohesion across UN agencies and dovetail the humanitarian response with recovery and development. It also provides an opportunity for WHO to discuss vulnerabilities based on its unique mandate and expertise.

In 2018, the delivery of the response in Ukraine was restructured and key competencies, such as leadership, information management, finance and administration, were reinforced. An overview of the activities is given below.

[16] Humanitarian development nexus: http://bit.ly/2QaAfgd

Fig. 1 WHO's incident management system

Leadership

The leadership function is responsible for the overall management of WHO´s own specific response, maintaining a close liaison with health authorities and partners in order to agree on priorities. It also ensures that WHO's responses to media and public queries for information are adequate as it maintains a proactive approach so that risks and crisis communications are coherent and consistent. This function also coordinates all activities related to resource mobilization, donor relations and advocacy.

Partner Coordination

Health partner coordination ensures that the collective response among partners leads to appropriate coverage and quality of essential health services for crisis affected populations. Coordination is needed for: the engagement of stakeholders in risk and needs assessments, planning, information management and sharing, service delivery, monitoring, quality assurance and advocacy.

Information and planning

This function ensures that information on health risks, needs, service coverage, and response gaps and performance is collected, analysed and disseminated by all partners. This information is used to develop and continually refine the response, and to inform recovery planning.

Health operations and technical expertise

WHO works closely with the Ministry of Health and partners to ensure optimal coverage and quality of health services in response to emergencies. This is achieved by promoting the implementation of the most effective, context-specific public health interventions and clinical services for people affected by the crisis. This function also provides up-to-date evidence-based field operations, policies and guidance as well as technical expertise.

Operations support and logistics

This function ensures that WHO staff – and, where agreed, operational partners — have a reliable operational platform in order to deliver effectively on the WHO action plan and joint operational plan. This is achieved through supply chain management, operational support and health logistics.

Finance and administration

This function oversees finance, management and administration activities to enable the smooth functioning of the WHO response.



Leadership

WHO leads the health sector in improving joint responses to the needs of conflict affected people in eastern Ukraine.

In 2018, WHO provided technical support to national and regional health authorities in order to:

- Assess the health care needs of vulnerable populations in GCAs and NGCAs at the primary, secondary and tertiary levels;
- Develop comprehensive surveys in areas such as trauma care and emergency medical services; and
- Articulate strategic response plans in collaboration with health authorities to support secondary and tertiary health care facilities.

Women, children, adolescents — representing over 60% of affected people — and the elderly are disproportionately impacted by a severe reduction in health services, care and support.



The conflict in eastern Ukraine is often referred to as a “forgotten crisis”. However, it is alive — with 1.5 million people displaced and tens of thousands of ceasefire violations recorded in 2018.

Partner coordination

Activated in 2014, the Health and Nutrition Cluster in Ukraine, led by WHO, is a partnership of international and national humanitarian health actors and other stakeholders that provides a platform for coordination of the humanitarian response to the public health consequences of the crises in eastern Ukraine. Its key objectives are to build consensus on humanitarian health priorities and strengthen system-wide capacities to ensure access to essential health care services for the conflict affected population.

In 2018, the Health and Nutrition Cluster in Ukraine had over 40 partners. Working under the relevant joint 2018 Humanitarian Response Plan (HRP)[17], they aimed to improve access to life-saving health services.

Their key activities included improving the functionality of conflict affected health care facilities and public health labs, assisting with the treatment of noncommunicable diseases, and providing mental health and psychosocial support.

Their health care interventions allowed for reaching some 336 000 people through direct service provision, cash and voucher assistance, health education and the provision of medical supplies, such as medicines, reagents and materials. Approximately one-third of the people reached were in NGCAs.

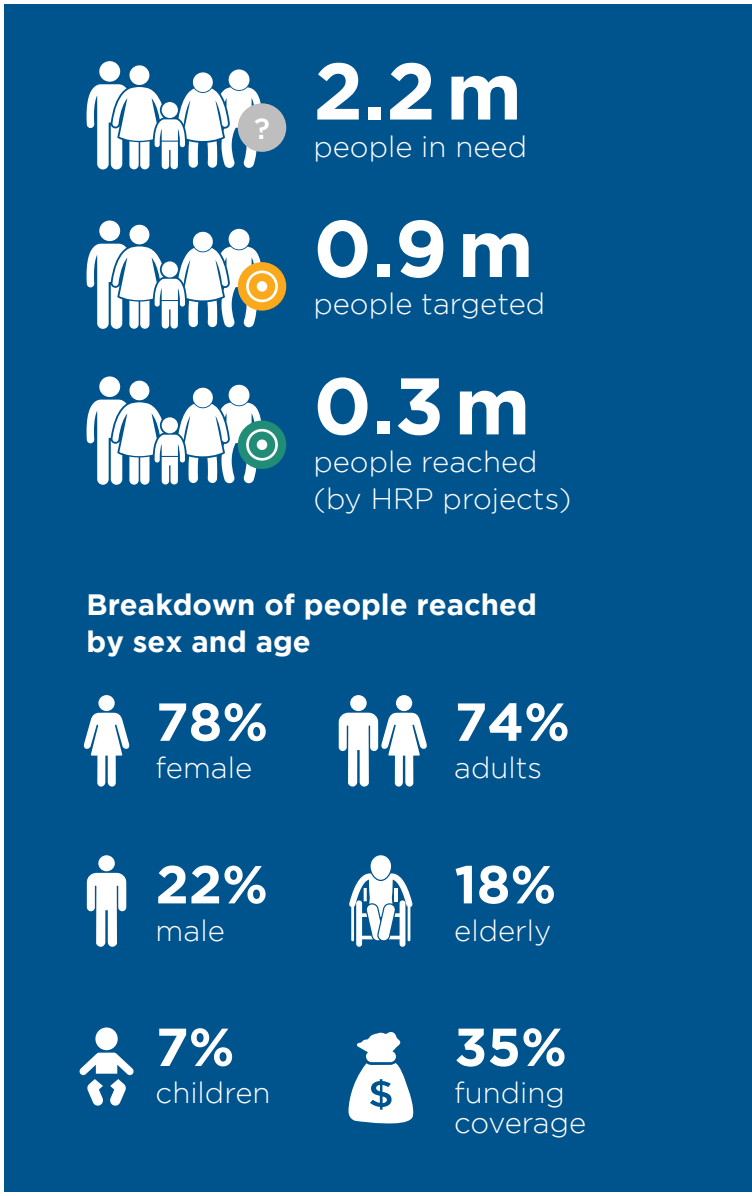
Some additional 50 000 people, the majority in GCAs, also received health assistance through non-HRP projects.

Severe underfunding remained one of the main obstacles to scaling up the health response, as only 36% of the US$21 million requested for HRP projects was received.

Additionally, WHO co-chairs two Health and Nutrition Cluster working groups:

- Mental Health and Psychosocial Support (MHPSS) Working Group
- HIV/TB Working Group.

Health and Nutrition Cluster achievements in 2018[18]



[17] The Humanitarian Response Plan (HRP) is prepared for a protracted or sudden onset emergency that requires international humanitarian assistance. The plan articulates the shared vision of how to respond to the assessed and expressed needs of the affected population. The development of a strategic response plan is a key step in the humanitarian program cycle and is carried out only when the needs have been understood and analyzed.

[18] Ukraine: 2018 Humanitarian Response Plan (HRP) — End Year Report

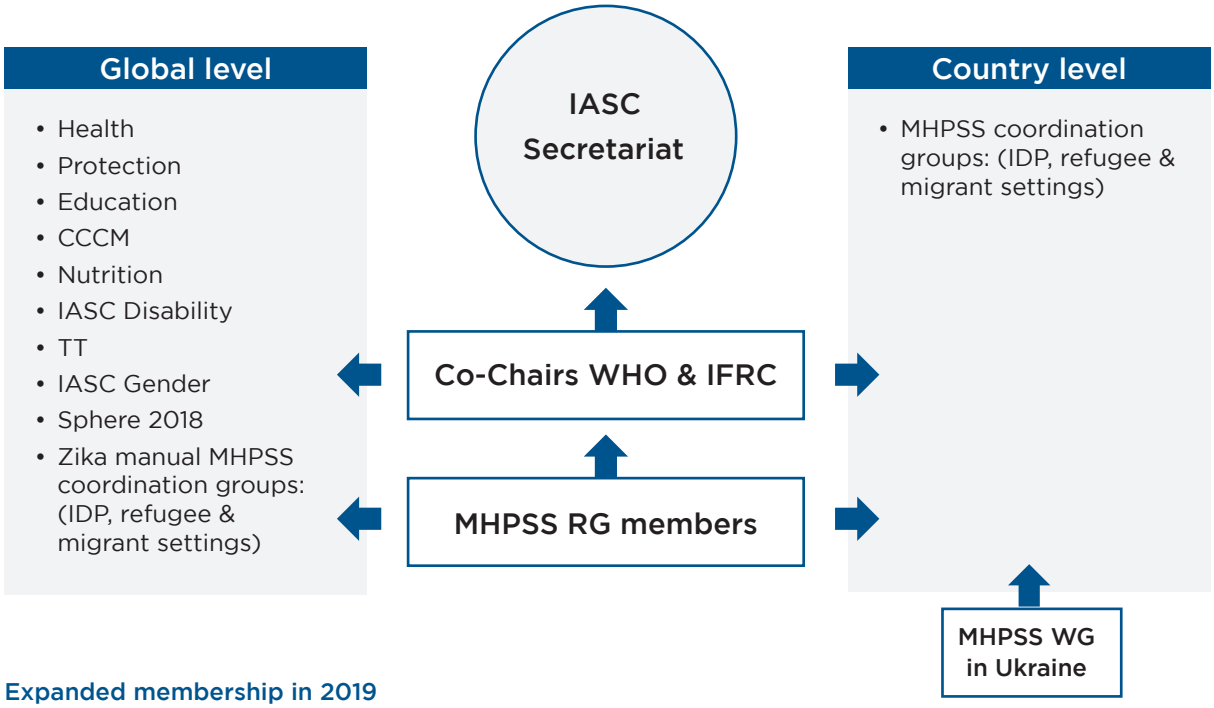
WHO role in MHPSS Working Group coordination in Ukraine

The Mental Health and Psychosocial Support (MHPSS) Technical Working Group was created in 2015 under the Health and Nutrition Cluster to ensure an effective interagency response to the MHPSS needs of people affected by the crisis in Ukraine. The Working Group in Ukraine is co-chaired by WHO and International Medical Corps, and guided by the Global Inter-Agency Standing Committee (IASC) MHPSS Reference Group. The MHPSS Working Group comprises over 60 partners including UN agencies, international and national NGOs, ministries, donors and national institutes. The structure of the group includes a national group in Kyiv and regional working groups in Mariupol, Kramatorsk and Severodonetsk.

WHO's role in TB/HIV Working Group coordination in Ukraine

WHO manages a coordination platform to provide updates on the HIV, TB and viral hepatitis situation in the NGCAs, including estimates of treatment and service delivery. It is organized around the technical and public health imperative to discuss and provide solutions to mitigate problems related to the TB, HIV and viral hepatitis situation, including the presentation of data and related discussions, access to treatment and the optimization of services. It includes institutional representatives such as: the Public Health Center of the Ministry of Health; civil society organizations, such as the Network of People Living with HIV and Alliance for Public Health; local NGOs; professionals working in NGCAs; WHO staff, including those in field offices; other UN and international organizations; and donors, notably the Global Fund to Fight AIDS, TB and Malaria.

Fig. 2 Global coordination structure of MHPSS in emergency settings



Expanded membership in 2019

54 full members | 9 observers | 4 Donor organizations



Photo © Anna Borshchevska

Medical workers in Luhansk Regional Children's Hospital test sterilization equipment supplied by WHO.

Information and planning

WHO developed an information management system to equip the WHO Ukraine emergency operations team and its partners with the necessary technical support to visualize data and improve evidence-based decision-making. This tool provides humanitarian relief workers with an online real time dashboard to share data and make it actionable.

The tool collects information on population, health care needs, partner activities and health facilities; if required, it can be extended to include a large set of data, such as for vaccination coverage, weather information, or incidence rates per disease.

Health operations and technical expertise

Infection prevention and control

WHO estimates that up to 12% of patients contract infectious diseases while receiving medical care in Ukraine. Specialized forms of health care, such as surgeries, impose a greater risk of exposure to infections for both patients and health care workers.

To reduce the risk of infections acquired in hospitals, the WHO Health Emergencies Programme in Ukraine scaled up support to selected health facilities in the conflict affected regions of Donetsk and Luhansk and identified areas for improvement, such as prevention practices and the disinfection of materials.

WHO supplied pressure chambers for sterilization (known as autoclaves), disinfection machinery and furniture to the Luhansk Regional Children's Hospital and the Luhansk Regional Clinical Hospital with financial support from the Government of Japan.

To make sure that the best knowledge and practices are at the service of patients, WHO, in cooperation with the Kyiv National Medical Academy of Postgraduate Education, conducted four training sessions on infection prevention and control for 150 health care professionals working in the conflict affected regions. Over 90% of the participants reported that they benefited from this training.



Trauma care and emergency response

The increased number of IDPs in the GCAs placed additional pressure on the local health system. At the same time, the lack of trauma care capacities across all levels of the health care system affected referral mechanisms and the quality of health services provision.

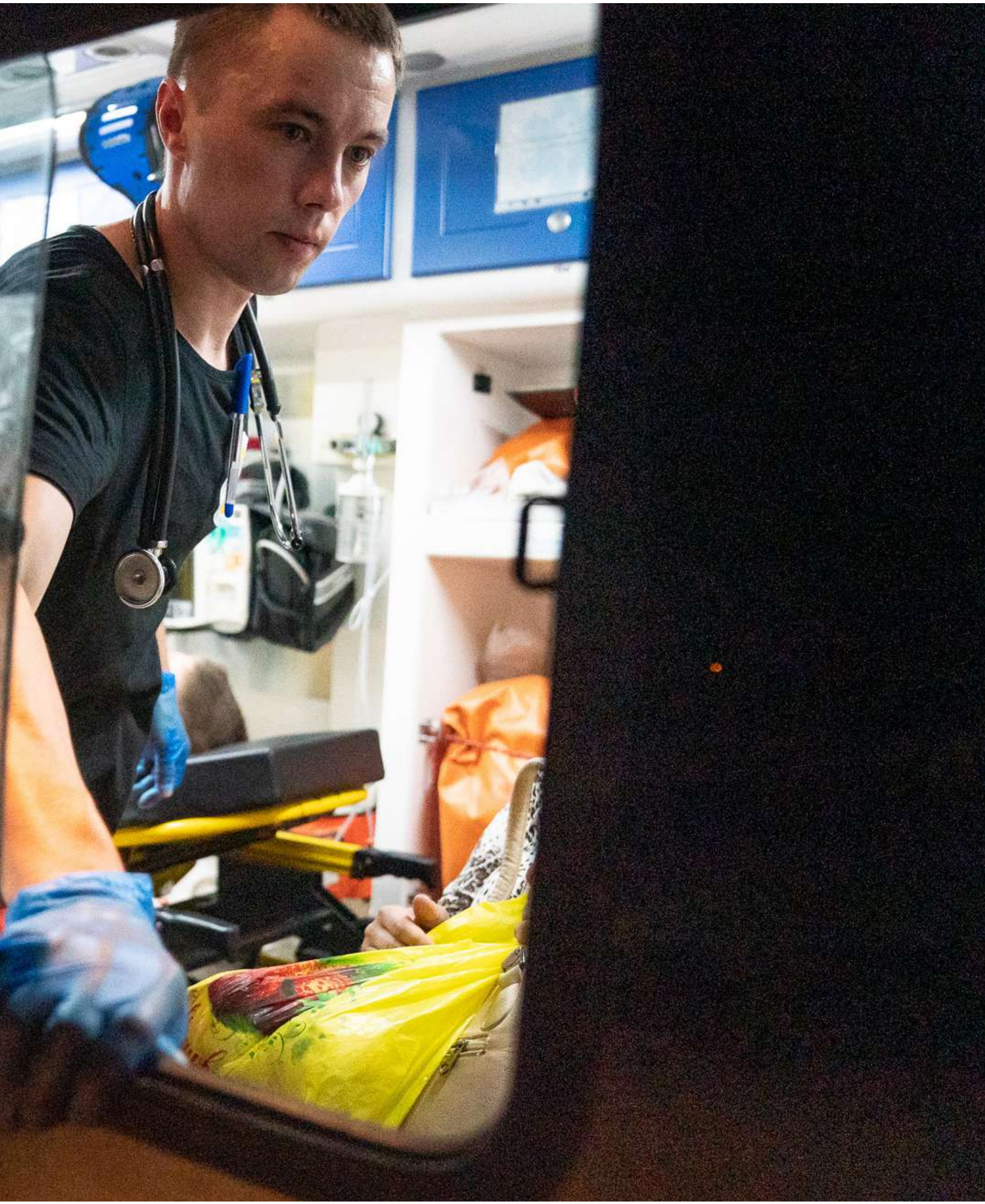
To improve the quality of health care services and reduce health risks for over 40 000 people in need, WHO trained over 30 health workers in the NGCA of the Luhansk region.

The training focused on supporting emergency health care specialists in trauma emergency care and life-saving procedures.

As prompt medical intervention following an injury affects a patient's chances for survival and recovery, this principle was adopted in the advanced trauma training.

In addition, together with the MoH, WHO conducted the Emergency Medical Services (EMS) survey in Kyiv and the eastern regions of the country.

WHO and MoH teams interviewed health care workers from the regional, district and city health departments, as well as the workforce of EMS stations and patients using EMS. The survey aimed at assessing current EMS capacities, identifying gaps and providing recommendations for the improvement of emergency health care services and pre-hospital care in Ukraine.



Mental health and psychosocial support (MHPSS)

Mental health is a serious issue in eastern Ukraine. Services are largely unavailable due to a lack of trained service providers and semi-functional referral system.

The WHO Emergency Operations Team in Ukraine assists the mental health system by aligning emergency response activities with the ongoing health reform process.

With WHO assistance, the MoH started the implementation of the Mental Health Gap Action Programme (mhGAP). National and regional health authorities prioritized the development of community-based mental health services and the integration of mental health care into primary health services in the conflict affected regions.

WHO also supported training to over 30 health care specialists and social workers to become national master trainers in the mhGAP. As a result, people affected by the crisis will receive better access to quality mental health services provided by local primary health care workers.

WHO has supported the community mental health team in Slovyansk, Donetsk region since 2015. Throughout 2018, the team provided over 1000 consultations to the most vulnerable people with severe mental health conditions. The team is embedded within the state health system and provides complex mental health care services in cooperation with the local psychiatric hospital, primary health care units and social services in order to address the full range of needs of people affected by the crisis (Box 3)

Box 3. Personal story: community mental health support

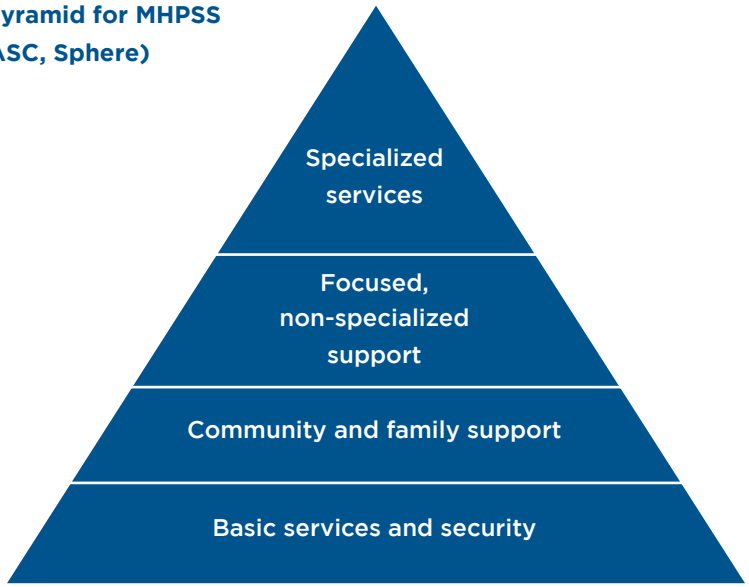
"This young man, 32 years old, has been suffering from a severe mental disorder for more than ten years and was totally dependent on his mother when we met him first time." Oleg Rudnitskiy, a community mental health team member

The community mental health team supported by WHO has been regularly visiting the young man and his family for six months. The team not only managed to stabilize his mental health condition, but also reinforced his life skills and independent functioning. The young man created a new business related to aquarium fish and improved his social relationships.

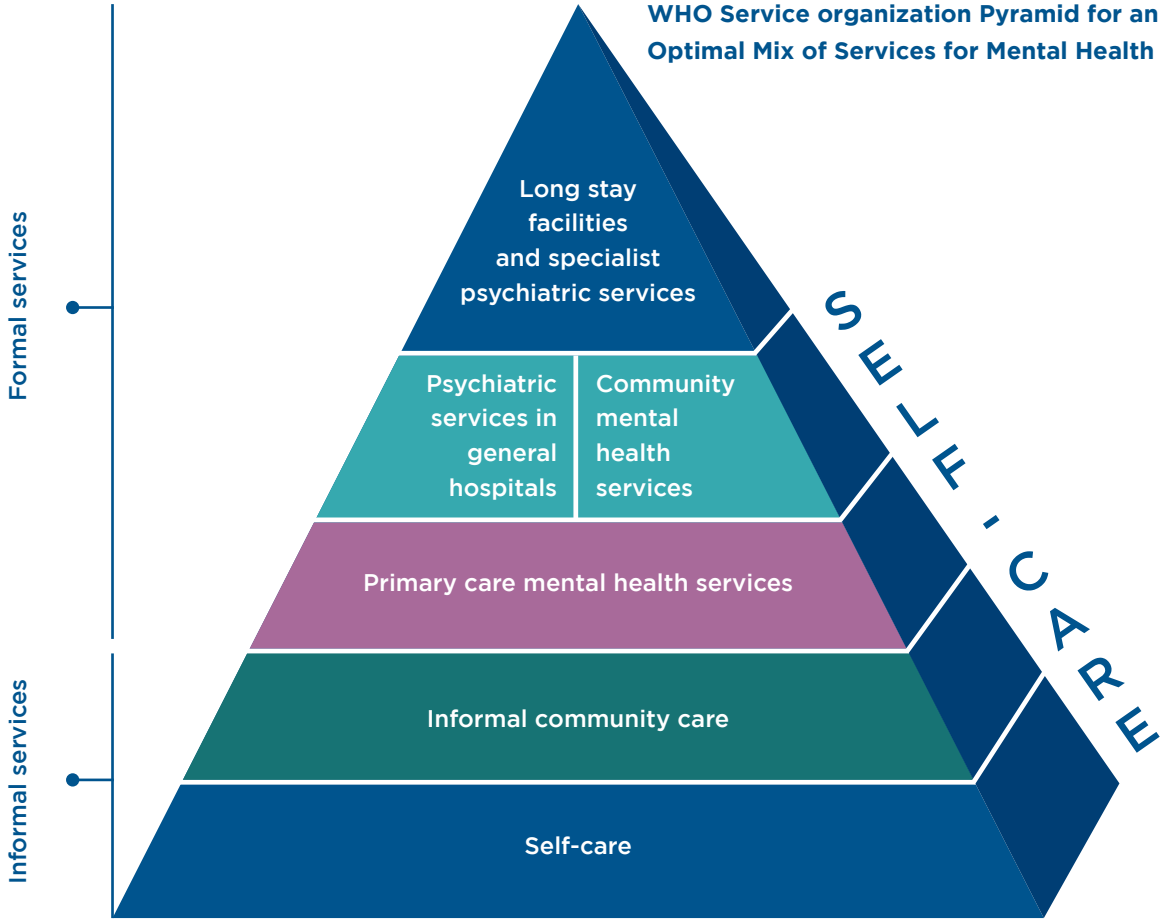


Fig. 3 MHPSS: From emergency to recovery and development

The intervention Pyramid for MHPSS in emergencies (IASC, Sphere)



WHO Service organization Pyramid for an Optimal Mix of Services for Mental Health





Disease surveillance

WHO continued implementing the Better Labs for Better Health initiative which aims at improving disease detection through laboratory systems strengthening.[19] In 2018, through this initiative, WHO conducted ten mentoring visits to laboratories in conflict affected areas.

In addition, WHO trained national laboratory mentors to strengthen their capacity and expertise in implementing a quality management system in alignment with international standards. Following the training, the mentors in turn supported laboratories in implementing principles of quality and safety, with three of the laboratories located in the regions affected by the armed conflict in eastern Ukraine.

Apart from the mentoring activities, WHO trained nearly 30 laboratory specialists in quality management in laboratories. A special focus was on biohazard and biosafety which, in the context of emergencies, are vital for improving epidemiologic surveillance.

“A number of mentoring visits to laboratories in the Donetsk and Luhansk regions were held in 2017–2018. The mentoring support to the laboratories resulted in an increase of the quality management systems from a baseline of 20% to 90–100%.

Dr Natalia Kononenko

Head of Emergency Response and International Health Regulations Public Health Center, Ministry of Health of Ukraine

[19] Better Labs for Better Health: http://bit.ly/2vFBN8F



Tuberculosis and HIV

In March 2014, after the start of the armed conflict in eastern Ukraine, the provision of tuberculosis (TB) and HIV treatment services became a significant challenge. However, despite many remaining problems, the situation has significantly improved.

Proactive assistance from the international community led to limiting significant shortages in HIV treatment drugs and critical lab consumables in NGCAs. HIV treatment was optimized in line with WHO recommendations, for one pill per day, for most patients.

Over the last year the procurement of second line TB medicines and technical maintenance of laboratory equipment resumed in Donetsk. With support from the Swiss Government, much needed TB laboratory equipment and reagents were procured to Luhansk.

The successful application by Ukraine to the Global Fund to Fight AIDS, TB and Malaria (GFATM), with substantial TB and HIV funding earmarked for NGCAs, is alleviating risks that treatments will be interrupted between 2018–2020.

In other words, for TB and HIV, both regions have all critical laboratory equipment, basic medical consumables, modern drugs and funds committed for the next three years.

There are still several important challenges regarding HIV and TB control in NGCAs: the current capacity of Antiretroviral Therapy (ART) sites is already strained, and further treatment scale-up potential is limited. Health workers in NGCAs need training on aspects of HIV and ART use. There is a need for further ART optimization and patient follow-up and support as well as for improved data collection and reporting.

Emergency risk communication

To strengthen its capacities in risk communication for health emergencies, Ukraine started implementing the 5-step Emergency Risk Communication (ERC) package developed by the WHO Regional Office for Europe.

ERC plays a vital role in health emergencies — from prevention and preparedness to response and recovery. It has the potential to be life-saving in any emergency situation and should be considered an important investment in health, safety and security. The Regional Office developed its 5-step capacity-building tool to help guide countries of the European Region to establish systems and plans for effective ERC, tailored to their specific contexts.

Throughout 2018, 40 experts from relevant sectors who respond to emergencies, as well as UN agencies and NGOs in Ukraine, enhanced their skills in ERC, mapped their ERC capacities and drafted a national ERC plan.

After its finalization, the ERC plan will be tested through a simulation exercise and submitted for endorsement to the Ukrainian Government. It will then guide effective ERC preparedness and response for the country.

ERC is one of eight core functions that all WHO Member States must fulfil as signatories to the International Health Regulations (IHR), and a component of preparedness within the Pandemic Influenza Preparedness (PIP) Framework.



Photo @WHO

Participants of the ERC plan writing workshop.

Operational support and logistics

Access to health care services is a human right, but crisis affected populations lack access to essential health care services due to challenges in supplies and procurement. To address the gaps, WHO continues to support health care facilities in the conflict affected areas in eastern Ukraine.

In 2018, WHO procured life-saving medicines, medical supplies and medical equipment for selected primary, secondary and tertiary health care facilities to serve the needs of over 200 000 people on both sides of the contact line. These supplies included trauma kits, surgical kits, interagency emergency health kits, test systems for measles and rubella, laboratory supplies and reagents, and blood transfusion and neonatal care supplies.





Finance and administration

Financial support from the governments of Germany, Japan and Canada, along with the contribution from the UN Central Emergency Response Fund (CERF), allowed WHO to cover the most critical response activities in accordance with the 2018 Humanitarian Response Plan.

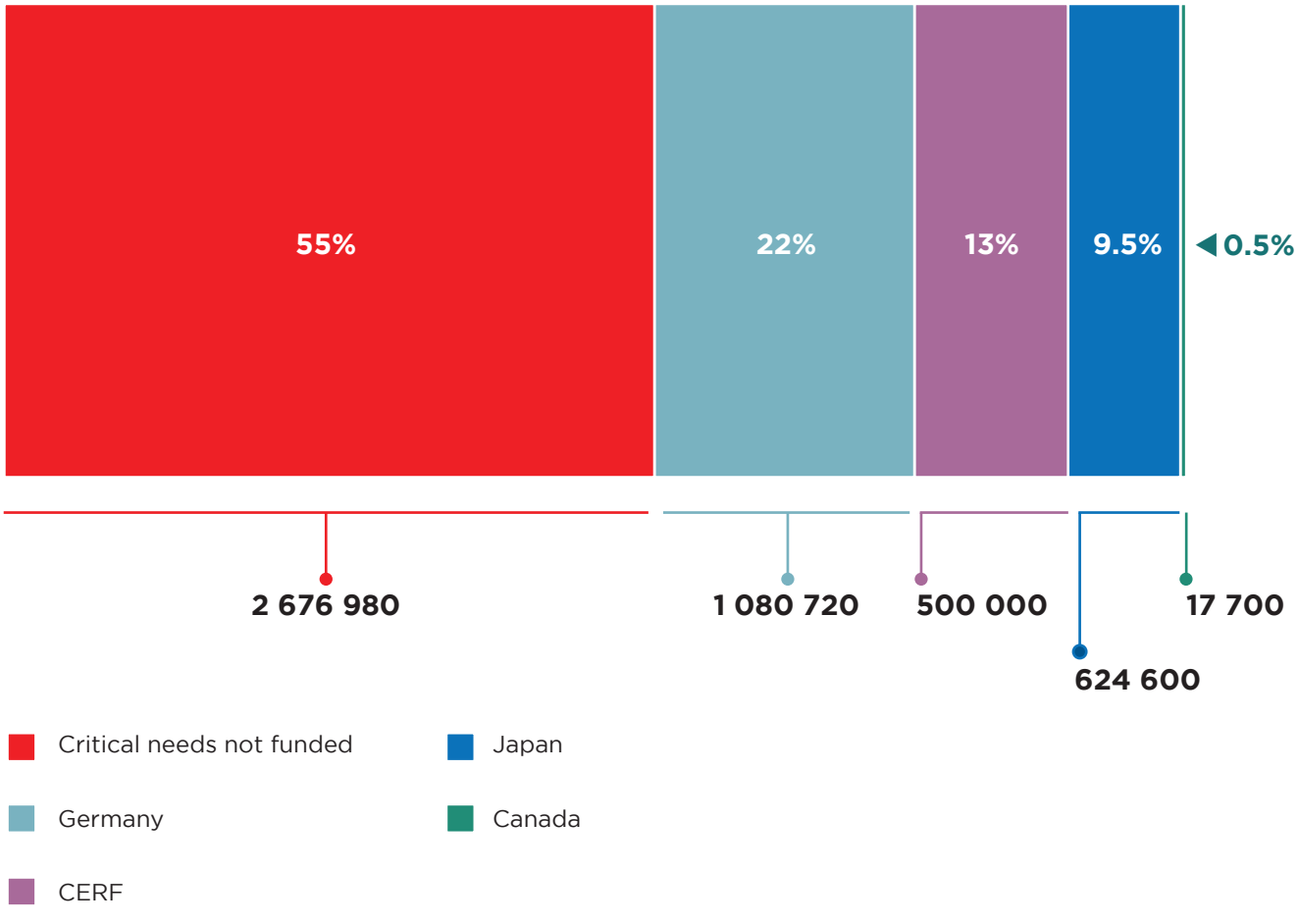
WHO's strong presence in Ukraine has allowed it to continually assess the status of hospital infrastructure, supporting service delivery through the provision of essential medicines and targeted rehabilitation of health facilities.

Despite the challenges, WHO and humanitarian organizations have maintained the delivery of aid and humanitarian operations.

In addition to the generous support provided by the donors, WHO has mobilized additional resources to provide continuous support to people in need.

However, the scarcity of resources remains a barrier to increase the response of the health sector. Heightened political and financial attention to this protracted crisis is urgently needed. Sufficient funding of the humanitarian, early recovery and development activities in 2019 will allow WHO and its health partners to continue providing life-saving health care services in the fields of infection prevention and control, trauma care, emergency medicine, IHR and preparedness, mental health care, and the provision of life-saving medicines, medical supplies and equipment to the hospitals in the conflict affected areas.

WHO funding request in 2018 Humanitarian Response Plan (US$)



Conclusions

After five years of armed conflict in eastern Ukraine, over 3000 people have been killed, over 9000 have been wounded[20], and more than one million have been displaced from their homes. Clashes along the contact line take place daily, and people living in the area closest to the contact line are struggling to access basic services such as health care, education, banks and markets.

The forgotten crisis in eastern Ukraine is a protracted crisis characterized by contextual and operational challenges. These challenges refer to the duration of the conflict or the prevailing insecurity, large-scale and long-term displacement of populations, weak and opaque governance, high dependence on international aid, unsustainable livelihoods and poor food security and livelihood outcomes.

The long-term consequences of the health emergencies in eastern Ukraine are becoming increasingly serious as hostilities severely impact the daily lives of people residing in the area. Health needs remain high because of increased risks and stressors for the population due to the conflict. Poverty caused by a lack of income-generating opportunities forces people to delay seeking medical help and, as a result of late diagnoses, access to health care services is delayed.

The WHO Health Emergencies Programme in Ukraine continues to support people on both sides of the contact line through the provision of life-saving medicines and medical equipment and training of health care professionals to ensure the provision of high quality health care services for millions of men, women and children in need.

Funding for the ongoing humanitarian response in 2019 will determine how the health needs of those affected by the conflict will be covered. Insufficient humanitarian support — including for health care — will destroy an entire generation.

[20] OHCHR, Report on the human rights situation in Ukraine 16 February to 15 May 2018: https://www.ohchr.org/Documents/Countries/UA/ReportUkraineFev-May2018_EN.pdf

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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