

Ukraine: WHO health emergency appeal 2026



Foreword

Dear Partners,

As this war enters its fifth year, I would like to first express my deep respect and admiration for the extraordinary resilience shown by the people of Ukraine and the unwavering dedication of health-care workers under conditions of sustained hardship and danger. We must always remember that beyond politics, it is people who bear the consequences of every disruption and give meaning to every action we take.

Since the onset of the war in Ukraine in February 2022, WHO, in close collaboration with the Ministry of Health of Ukraine and numerous partners on the ground, has delivered essential health services across the country, often in the face of grave risk. Attacks on health care claim the lives of health workers and patients and cause severe damage to facilities, supplies and transport. These attacks continue to undermine access to life-saving services, inflict lasting harm on communities, and further weaken recovery efforts.

Our collective efforts have ensured that millions continue to receive the care they need. In 2025 alone, WHO provided essential health services to 1.9 million people, delivering critical medical supplies, providing safe spaces for health workers and patients, strengthening trauma care and rehabilitation, expanding mental health and psychosocial support (MHPSS), and supporting the medical evacuation of 1 231 people. However, the intensification of hostilities, growing energy insecurity and the cumulative impact of repeated strikes on civilian infrastructure continue to deepen the health crisis.

Looking ahead to 2026, WHO's focus will remain on saving lives by maintaining and expanding access to emergency and trauma care for people living along the front lines or in areas affected by attacks. To ensure continuous access to essential health services, especially for people on the move, it will be critical to scale up the integration of rehabilitation and mental health services in primary health care (PHC) facilities, strengthen referral pathways during evacuations, and maintain a coordinated and well-informed health response, including through building the capacity of local and community-based

service providers. This entails a strong winter response to address energy challenges.

WHO will reinforce disease surveillance and prevention to protect communities from both communicable and noncommunicable diseases (NCDs). This year we will also put renewed attention on gender-based violence (GBV) and conflict-related sexual violence (CRSV) in particular. At the same time, we remain committed to supporting early recovery and strengthening the resilience of the health system in alignment with the National Health Strategy 2024–2030 and the WHO Country Cooperation Strategy, Ukraine 2024–2030.

Your trust and support have made our work possible, allowing WHO to respond rapidly, uphold humanitarian principles and protect the right to health despite daily threats. As we enter 2026, I appeal once again for your solidarity and commitment. Together, we must ensure that the people of Ukraine have open and dignified access to quality health care. That is their basic right.

With gratitude and unwavering resolve,

Sincerely,

Dr Hans Henri P. Kluge
Regional Director
WHO Regional Office for Europe



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Your constant commitment brings the predictability needed to respond to the most urgent health needs in Ukraine, despite increasing challenges and reduced funding. WHO is grateful to all contributors for their solidarity with Ukraine.

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Current situation and impact on health

The protracted humanitarian crisis in Ukraine continues to bring severe consequences to the health and well-being of the Ukrainian population. The increasing number of indiscriminate attacks on civilians and civilian infrastructure, including health care, and the unpredictability of the military operations will have a significant impact on the health need and services through the country.

- The number of internally displaced persons (IDPs) remained stable over the year, with 3.7 million registered as of September 2025. The highest proportion of IDPs originates from Donetsk oblast (28%), mainly from areas under the temporary military control of the Russian Federation, which prevent them from returning home. Given the volatile situation on the front line, new displacements are recorded (4% of the total), while most of IDPs have been displaced for more than two years, pointing to the protracted nature of displacement in Ukraine (73%).
- It is reported that 6.8 million Ukrainians are refugees and 3.6 million are displaced within the country. Displacements have contributed to disrupted treatment pathways and access to care and increased demand on already overstretched medical services in host oblasts. In addition, due to the erosion of their financial resources, IDPs are significantly more likely than people living in their home communities to lack access to goods and services, such as health care, medicines (38%), food (32%), hygiene items (30%) or accommodation (29%). This is particularly concerning given that 31% of IDP-only households reported at least one member with a disability and 46% reported at least one member with a chronic medical condition.
- Nearly 39 000 civilian casualties have been officially recorded since February 2022, including over 12 000 deaths, generating a considerable trauma burden requiring emergency care, surgical services and early rehabilitation. The rise in war-related traumatic injuries (blast, fragmentation, crush injuries, burns and spinal cord/brain injury) results in an increased demand for surgery, blood products, infection prevention and control (IPC) and rehabilitation.

People in need in 2026

Health Cluster Humanitarian Needs & Response Plan - Figures 2026



10.8 million

People in Need



4.47 million

People in Need of health assistance



1.5 million

People targeted by the Health Cluster partners



700 000

People targeted by WHO

WHO funding requirements



US\$ 42 million

required in 2026 (out of US\$ 90 million total requirement for the health sector)

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A family benefiting from a paediatric consultation in Kovyahy, Kharkiv oblast in a WHO-supported modular clinic to ensure access to basic care for the affected population

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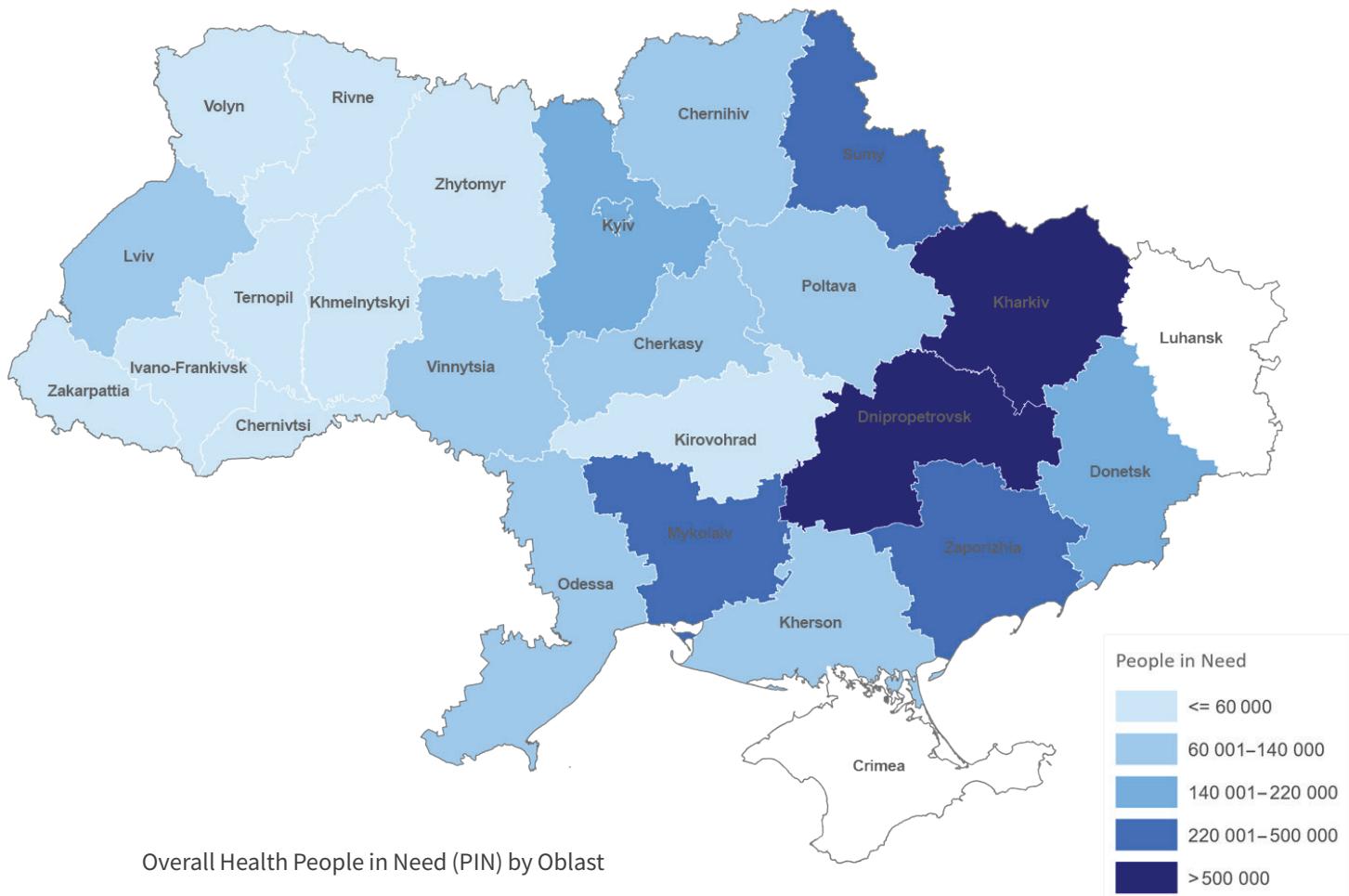
- The disruption of routine health services – such as immunization, maternal and newborn care and management of NCDs – affects preventable morbidity and mortality, with irreversible impacts on the health status of the population.
- Ten million people in Ukraine are estimated to be suffering from mental health conditions as a result of the war, including anxiety, depression, post-traumatic stress disorder and psychosocial distress.
- The declared number of people with disabilities has increased by nearly 390 000 (or more than 10%) since February 2022, reaching about three million in 2025. Sources indicate that more than 100 000 amputations were performed since the beginning

of the war and more than 130 000 veterans were reported to have war-related disabilities. Access to rehabilitation remains severely limited, with only 4% of hospitals providing inpatient rehabilitation and only 3% of facilities offering assistive technologies such as prosthetics and corrective devices.

- Repeated attacks on Ukraine's energy infrastructure have severely damaged the capacity of power plants and increasingly compromised the delivery of essential health services. The Humanitarian Reset that took place in 2025 led to a greater prioritization of vulnerable populations in Ukraine, as a necessary step to adapt and prioritize the needs to the uncertain funding levels. The number of people in

need remains stable in 2026 (10.8 million) compared to 2025 (10.7 million). However, the number of people with humanitarian health needs decreased (4.47 million) compared to 2025 (9.2 million), largely due to the calculation methodology, increased prioritization of people in greatest need (which includes limiting the focus to just four strategic priorities), rationalized geographical scope of the humanitarian response and the protracted nature of the humanitarian situation, calling for a continuum

of care and structural support to the health system that go beyond the scope of the humanitarian response. Many vulnerable people in need of health assistance depend on reconstruction and development funding due to the protracted nature of the war. The humanitarian response has been defined to cater uniquely to caseloads resulting from the immediate effects of the war, while the recovery covers needs in a more sustainable manner.



WHO Ukraine priorities in 2026



WHO's 2026 strategy prioritizes interconnected areas aligned with Humanitarian Country Team priorities.

- 1. Strengthen immediate emergency response capacity following air-strikes** through quality trauma care across the trauma pathway from the point of injury to early rehabilitation, including capacity building, safe PHC spaces and power and heating sources in health facilities along the front line with degraded capacity due to strikes.
- 2. Foster health-care access and system resilience in frontline areas**, including gender-sensitive care, management of NCDs, MHPSS, rehabilitation and GBV.
- 3. Implement the National Action Plan for Health Security across the country.** This includes preparedness for chemical, biological, radiological

and nuclear (CBRN) risks, supporting integrated surveillance systems, communication on risks and prevention measures, and maintaining essential services alongside energy sufficiency measures for frontline health facilities.

- 4. Support vulnerable groups in transit and evacuation centres** to reach PHC, including NCD, MHPSS, GBV and rehabilitation services and **coordinate and support the medical evacuation of patients** requiring specialized treatment unavailable in Ukraine.
- 5. Coordinate and enable humanitarian response and national systems**, including cluster coordination, HIM, RCCE, early recovery and system strengthening.

WHO impact in 2025



Reached a total of 1.9 million people with various health interventions.



Delivered over 320 metric tons of medical supplies to 954 health facilities.



Facilitated 19 824 PHC consultations in hard-to-reach locations through outreach health units.



Completed a total of 1231 medical evacuations.



Enabled 170 000 people to benefit from restored access to safe health care through the installation of modular prefabricated units, heating units and water stations to strengthen PHC and emergency medical services in 60 critical health facilities.



Delivered MHPSS training to 1413 healthcare workers.



Delivered specialized medical training to 1566 national health professionals, which included 200 trainers certified to cascade knowledge and skills at the local level.



Emergency responders stabilize an elderly patient at Mechnikov Hospital in Dnipro, using WHO procured hospital beds, amid ongoing emergency pressures, May 2025

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Emergency health-care needs in Ukraine

The public health situation in Ukraine continues to deteriorate, driven by ongoing hostilities, population displacement, direct attacks on civilians and health infrastructure, seasonal shocks (cold winter and hot summer) and widening gaps in funding and health service capacity.

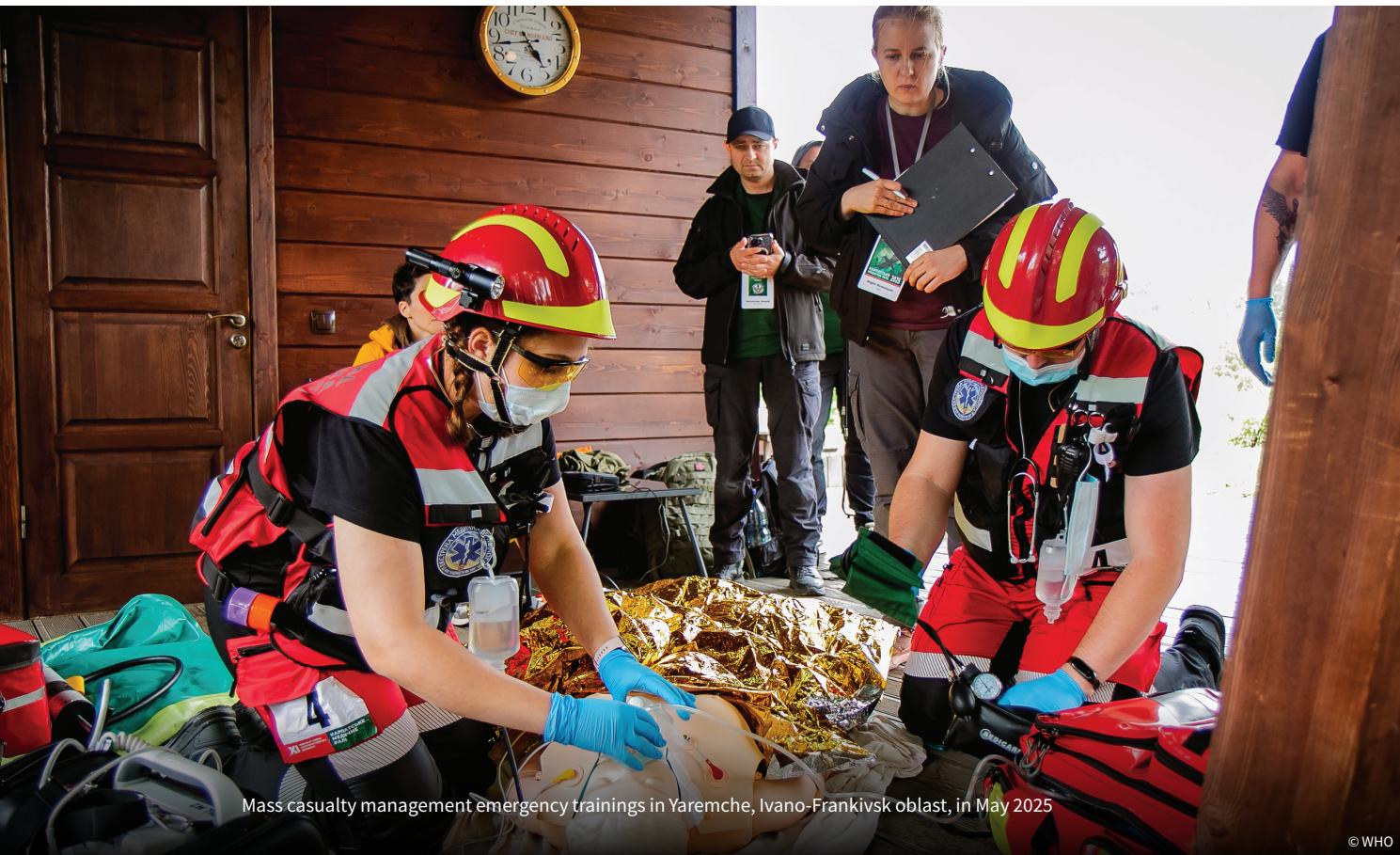
The Health Cluster partners, including WHO, will focus support on 1.5 million people who are among the most vulnerable, mainly located along the front line, but also those directly affected by war in other regions.

Despite the uncertainty of how the war will evolve in 2026, WHO will remain mobilized with the Ministry of Health of Ukraine to improve access to health for 700 000 people by strengthening emergency and trauma care, maintaining and restoring integrated essential PHC services and building preparedness and readiness capacity at national and local level.

- Over 2500 health-care facilities and assets have been reported as damaged or destroyed by hostilities since 2022, with 327 completely destroyed.

In frontline oblasts, clinics, hospitals, maternity wards and emergency transport have sustained repeated strikes, which reduced service capacity, displaced health workers and degraded primary and secondary care near active combat zones. Restoration efforts are slow and hampered by intensified hostilities, especially in frontline oblasts.

- Continued need for life-saving emergency and trauma care, enhanced surgical and stabilization capacity from the point of injury across the trauma pathway, blood supplies and rehabilitation services is observed. Maintaining stockpiles of surgical consumables and a reserve of trained surgical teams will remain critical.
- Early rehabilitation care remains insufficient, with the lack of functional recovery leading to high rates of avoidable lifelong disability.
- According to the Health needs assessment of the adult population in Ukraine (WHO Survey Report, April 2025), the main barriers to accessing PHC in Ukraine included high out-of-pocket cost of medicines and consultations, which many households cannot afford; transport challenges and long travel distances, especially in frontline

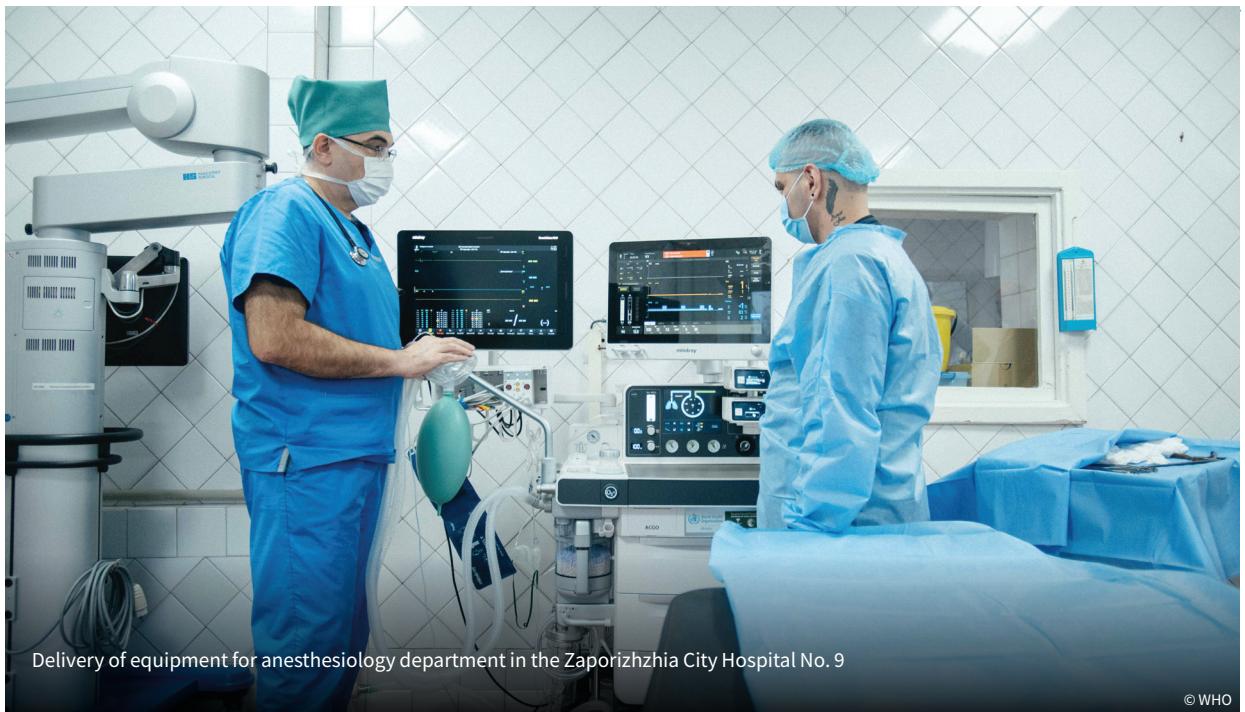


and rural areas; security risks and facility damage from ongoing hostilities, deterring travel and service continuity; health workforce shortages and overloaded clinics, limiting appointment availability; and uneven service availability for displaced people and vulnerable groups, reducing preventive care uptake and chronic disease management. These factors collectively impede timely, affordable and safe access to essential primary care services.

- The October 2024 WHO household assessment indicates that 68% of respondents reported a deterioration in their health since the start of the war. Mental health concerns, sleep disorders, musculoskeletal problems and unmanaged NCDs were frequently cited.
- Barriers to accessing medicines continue to impede control of chronic conditions: approximately 8% of households reported difficulties obtaining medications, with cost remaining a predominant barrier.
- All-hazards preparedness and readiness: civilian infrastructure – including electricity networks, heating systems, water supply and sanitation – has been repeatedly targeted, resulting in widespread outages. These disruptions impede hospital operations, compromise IPC and heighten the risk of waterborne disease outbreaks. With five nuclear power plants and more than 900 chemical industry

sites nationwide, as well as the risk of deliberate use of chemical agents and weapons of mass destruction, there is an urgent need to enhance Ukraine's CBRN preparedness and response capacity.

- Energy resilience and weather preparedness: As power, heat and/or water cuts increase cardiovascular and respiratory morbidity, interrupt cold chain and hospital function, severe winter impacts could precipitate hospital failures and secondary increases in mortality and/or morbidity.
- Infectious disease surveillance: Cold, humidity and poor housing conditions increase exposure to respiratory illness and further strain the health system, and crowded IDP settings can contribute to infectious disease outbreaks. Disease surveillance gaps are also observed due to damaged systems.
- Continuity of services for affected populations: Population movements continue to shape health needs and access across the country and beyond its borders, with significant barriers to continuity of care, especially for NCDs, mental health, maternal care and rehabilitation. Displacement reduces household income and increases reliance on already overstretched local health systems. Many displaced families report difficulty accessing pharmacies, referral hospitals or specialist services.
- Evacuations from frontline areas: People on the move, especially those in transit through frontline



or newly affected areas, face acute medical needs, including trauma care, dehydration, exposure-related illness, interrupted access to medications for the management of chronic conditions and limited safe access to health services during displacement.

- Coordinated cross-border approaches, such as the medical evacuation mechanism, remain necessary to support access to care in neighbouring countries while ensuring treatment continuity for those returning to Ukraine.
- GBV and CRSV: There is continued need for confidential, trauma-informed clinical management of rape, emergency contraception, prevention of sexually transmitted infections, post-exposure prophylaxis kits, safe referral pathways and protection services. Frontline areas, areas where the Government of Ukraine has recently regained control, and displacement settings experience increased risk due to insecurity, breakdown of social protection systems and limited access to survivor-centred services. Strengthening safe spaces, mobile GBV response capacity, survivor-centred case management and integration of GBV risk mitigation in all emergency health activities remain priority actions for 2026.
- Groups with special needs: As of 25 July 2024, there were 1.3 million veterans of war in Ukraine. This number is likely to increase. Access to a family doctor or in-person care fell to 77% among IDPs, compared to 91% among people in their home communities. IDPs families are also more likely to have a member with living with a disability or a chronic condition.
- Health system functionality and resilience: While 93% of households know the location of the closest PHC facility, gaps persist among IDPs, with 20% unaware of facility locations. Access to general health care remains challenging: 64% of people in need of health care encountered at least one barrier. The cost of medicines and treatment remains the top obstacle. In frontline regions, fewer people sought care, mainly for chronic conditions and PHC. Twelve per cent of household members with chronic diseases could not receive the care they needed due to the cost of medicines (59%), the cost of treatment (36%) and security concerns. The most common NCDs reported were cardiovascular disease, diabetes and kidney disease.
- Mental health needs remain high, with 72% of people surveyed experiencing issues in the past year, including anxiety and depression. Only 20% of those sought professional help.
- Rehabilitation services were used by 9% of respondents, but 60% faced obstacles and 25% could not access the services they needed.
- Twenty-four per cent of health facilities surveyed by WHO (Health Resources and Services Availability Monitoring System (HeRAMS), August 2025) have no adequate water storage and few have back-up sources of water supply that can be safely used without power.
- In 2024, more than 400 reported attacks had significantly damaged thermal and hydropower plants as well as high-voltage transmission lines. In early 2025, the International Energy Agency warned that intensified attacks had significantly weakened

the country's energy resilience despite its gas storage, due to unprecedented infrastructure damage.

- Significant exposure to cold temperatures in frontline areas, combined with potential damage to the energy and health-care infrastructure, increases winter-related risks. The demand for heating and energy is expected to be high in areas hosting significant numbers of IDPs.
- Despite the humanitarian response, the cumulative impact of war and seasonal cold disproportionately affects vulnerable groups.
- HeRAMS data and field assessments highlight that 40% of ambulances in frontline oblasts lack advanced trauma and resuscitation equipment and consumables, while 60% of hospitals report critical shortages in intensive care unit and operating room equipment.
- Mass casualty events in 2025 demonstrated systemic bottlenecks in pre-hospital stabilization, hospital trauma care and early rehabilitation care.
- In emergencies, barriers are compounded by the loss of ambulance capacity (with more than 350 emergency vehicles destroyed and 80 captured as of August 2025), the absence of reliable referral routes to trauma and intensive care units and the inability to transfer patients between primary and higher-level facilities due to decreased availability of human resources, security constraints and destroyed infrastructure.

● Before the war, patient care in Ukraine was underpinned by well-structured referral pathways, linking primary, secondary and tertiary facilities in a hierarchical network. The war has caused physical interruptions and impeded ambulance and family physician access and referrals, especially across front lines or in areas where the Government of Ukraine has regained control. In addition, displacement often results in lost, incomplete or inaccessible patient records, with interrupted treatment regimens and lost linkage to care for chronic diseases. Remaining hospitals, including intensive care units, are overwhelmed by both trauma and non-war emergencies, which lowers the overall care quality and increases mortality.

● Facility inaccessibility, distance or security concerns prevent people from seeking medical services in frontline areas. The restoration of referral pathways not only enables the flow of patients from PHC to appropriate levels of emergency, surgical or specialty care, but also ensures that vulnerable groups, including older people, people with disabilities, children and people with chronic diseases receive appropriate, continuous treatment. In view of the above, the supply of life-saving medical equipment to the hospital sector and the installation of modular clinics at key nodes to serve as both initial treatment hubs and waypoints for referral, are among the main strategic interventions that WHO plans to implement.



WHO achievements under 2025 emergency appeal

Overall, health interventions reached approximately 1.9 million people across the affected areas through a combination of service delivery, supplies, referrals and capacity-building activities, with a focus on hard-to-reach and frontline locations.

- **Medical supply distributions and inter-agency convoys:** WHO delivered 319 metric tonnes of medical supplies to 954 health facilities through participation in 41 of 52 inter-agency convoys (80%) and 40 direct WHO deliveries, supporting health services for more than one million people, including communities living close to the front lines.
- **Health-care structures:** Twenty-eight modular prefabricated units were installed to support PHC and EMS, expanding service capacity in areas where infrastructure was damaged or insufficient.
- **Winter response:** To improve continuity and safety of care, 22 heating units and 13 water stations were installed in hospitals, benefiting over 160 000 people each month and strengthening resilience during periods of increased demand and harsh conditions.
- **Over-the-counter kit initiative:** Deliveries of 9800 over-the-counter medicine kits were completed, which benefited more than 30 000 people by addressing common acute conditions and reducing pressure on overstretched health facilities.
- **Specialized medical training:** Over 2500 health professionals completed hospital- and pre-hospital-level training in trauma response (Essential Trauma Care) and mass casualty management and emergency life support (Basic Emergency Care, Hostile Environment Surgical Training, Point-of-Care Ultrasound) through specialized courses in Chernivtsi, Kharkiv and Kyiv, significantly strengthening national emergency response capacity, including across the frontline oblasts. A training of trainers was completed by 106 certified trainers.
- **Medical evacuations:** With the support of the European Union Civil Protection Mechanism, more than 1231 medical evacuations were facilitated, including 788 conducted through the European Union Civil Protection Mechanism, highlighting
- **PHC services:** Outreach health units conducted 19 824 PHC consultations across 131 hard-to-reach locations, improving access to essential services for communities with limited or no functional health facilities.
- **IPC:** Fifty health-care providers were trained in IPC, enhancing facility-level practices to reduce the risk of health care-associated infections.
- **NCDs:** NCD management training was completed by 182 physicians and 120 nurses. Additionally, 47 health-care professionals were trained in clinical diagnostics and IPC.
- **Mental health and psychosocial support:** A total of 1413 people were trained in MHPSS, strengthening community- and facility-based capacities to identify and manage mental health needs. As part of MHPSS scale-up, a Mental Health Gap Action Programme training was conducted for 338 health-care workers across 117 locations, improving the detection and management of priority mental, neurological and substance use conditions.
- **Rehabilitation:** In 2025 WHO trained over 600 health professionals serving approximately 80 health facilities across Ukraine on topics ranging from managing acute spinal cord injuries to wheelchair assessment and prescription. A total of 621 rehabilitation and allied professionals participated in workshops and courses delivered by WHO, eventually enhancing the capacity of the health workforce and providing quality care.
- **Gender-based violence / conflict-related sexual violence:** In support of GBV/CRSV response, 175 post-exposure prophylaxis kits were distributed

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and 550 health workers received training on clinical management of rape to help to improve timely, confidential and survivor-centred care.

- **CBRN threats:** WHO supported health facilities in Sumy and Zaporizhzhya oblasts with specialized equipment, distributing 200 kits of CBRN personal protective equipment and seven sets of decontamination tent kits. A total of 237 participants attended five cross-sectional simulation exercises to test national and regional stakeholders' emergency preparedness and response capabilities in the event of radiological incidents at nuclear power plants, chemical spills and industrial incidents. In Zaporizhzhya oblast, an urgent ad hoc session combining a tabletop exercise and in-field simulation exercises was held in response to a shutdown of the nuclear power plant cooling system. In addition, 354 health workers across the country underwent a preparedness training on evolving CBRN risks.
- **Risk communication and community engagement (RCCE):** RCCE remained a key pillar of WHO's humanitarian response in Ukraine, enabling communities to take informed action, access services and respond to evolving health risks. WHO delivered targeted, context-specific messaging while strengthening social cohesion between IDPs and host communities and systematically integrating community feedback to adapt operations and counter misinformation.

In 2025, through the development and dissemination of RCCE materials on communicable diseases, water, sanitation and hygiene, and emergency preparedness, WHO reached over 1.8 million people through printed materials, including 650 000 people in high-risk areas, while outdoor billboards reached an estimated 9.6 million people nationwide.

In areas such as Dnipropetrovsk, Mykolaiv and Zaporizhzhya oblasts, community engagement was strengthened through focus groups discussions engaging around 70 shelter residents, whose feedback directly informed RCCE strategies. Messaging focused on disease prevention and health promotion, including diabetes, hypertension, stroke, tuberculosis (TB), vaccination, One Health and seasonal health advice.

RCCE coordination was also supported through a biweekly technical working group co-chaired by WHO, which leveraged social listening and community engagement. Within this framework, 10 collaborations were established to strengthen social listening and address misinformation and disinformation.

- **Health sector coordination:** Health sector coordination: In 2025, despite funding reductions, the Humanitarian Reset and continued attacks on health care, the Health Cluster in Ukraine supported the delivery of essential health services

to more than 2.3 million people. Activities were reprioritized around four core areas: post-strike response, evacuations, frontline service delivery and support to displaced populations to maintain continuity of care in the most affected locations. The Health Cluster coordinated over 299 post-strike health interventions involving 27 partners. These interventions included trauma care, MHPSS, emergency referrals and pre-positioning of medical supplies. As a result, more than 14 000 people received PHC and MHPSS services following attacks, while over 11 000 medical supplies were pre-positioned to support health facility emergency readiness.

To support large-scale displacement, the Cluster coordinated health services across six transit centres in eastern and southern oblasts, reaching 22 878 evacuees with emergency PHC and MHPSS services. The introduction of standardized guidance on patient pathways, referral mechanisms and partner roles improved the quality, predictability and accountability of health care for displaced populations.

Financial barriers to health care were addressed through the expansion of cash and voucher assistance for health, with 12 partners reaching over 31 500 vulnerable people, supported by an updated cash and voucher assistance framework and standard operating procedures aligned with national guidance.

Despite severe access constraints, the Health Cluster facilitated the delivery of essential medicines and over-the-counter kits to frontline and hard-to-reach areas, reaching nearly 354 000 people across seven heavily affected oblasts. During the winter period (October–December 2025), 98 028 people were reached with winter health assistance, sustaining critical care amid widespread energy disruptions.

Based on identified health needs and local health priorities, the Health Cluster coordinated partner responses to improve coherence and coverage across 10 most war-affected oblasts, supporting 83 local nongovernmental organizations to operate within coordinated structures and deliver health services in hard-to-reach areas, contributing to a more localized response.

WHO's convening role extends beyond immediate response to supporting early recovery and longer-term health system strengthening. This approach reflects a deliberate effort to link humanitarian action with recovery and development priorities, ensuring continuity between emergency interventions and system-level support. This direction is grounded in [WHO Ukraine's Country Cooperation Strategy 2024–2030](#), which provides a long-term framework for supporting the Government of Ukraine in recovery and reforms of the national health system.



Two patients receive healthcare at Mechnikov hospital in Dnipropetrovsk using WHO-procured hospital beds, supporting continuity of lifesaving services, May 2025.

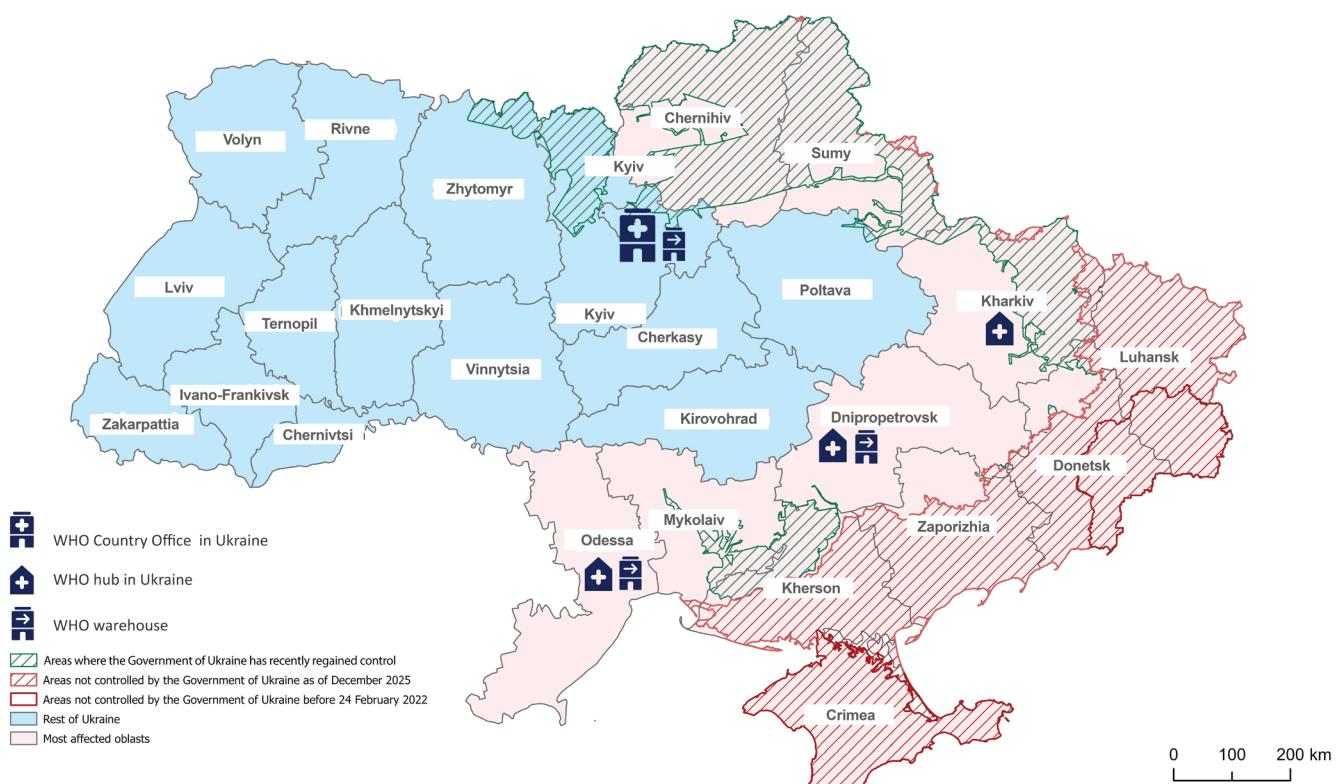
WHO convenes national policy-makers, health authorities and partners across the humanitarian, recovery and development spectrum through its normative and technical mandate to collectively contribute in the early recovery and reform agenda. In this sphere, WHO produces regular analytical products and technical guidance in areas such as integrated service delivery, health system decentralization and financial sustainability that reflect evolving health needs. These evidence-based outputs support joint planning with authorities and partners and inform early recovery priorities. This system-wide perspective supports national authorities in addressing immediate health needs while contributing to the gradual development of a coordinated and sustainable health system over the longer term.

- **Preventing and responding to sexual exploitation, abuse and harassment (PSEAH):** Sixteen partners and more than 700 health workers received training on PSEAH, reinforcing accountability and survivor-centred approaches across the response.

WHO operational presence in Ukraine

WHO maintains a strong operational footprint in Ukraine with the main office based in Kyiv and three operational hubs across frontline oblasts, as well as three pre-positioned warehouses enabling rapid distribution of essential supplies.

This presence geographically covers all war-affected oblasts, ensuring that life-saving assistance reaches populations with the greatest need. As a result, WHO can respond to frontline emergencies – often within hours – through close coordination with national and oblast health authorities and trusted local partners that enables the immediate deployment of pre-positioned medical supplies and context-specific interventions grounded in deep local and contextual knowledge.



WHO Response Results Framework for 2026 in Ukraine

Specific objective 1: Provide life-saving trauma interventions and emergency medical services to victims of air strikes in frontline and other affected areas

Specific objective 2: Ensure access to essential health-care services at the front lines

Specific objective 3: Sustain essential integrated health services for vulnerable groups, notably people on the move

Specific objective 4: Facilitate the evacuation of wounded and sick people, including from frontline areas

Specific objective 5: Coordinate and enable humanitarian response and national systems

Following the Humanitarian Reset and its reprioritization of the needs, WHO has aligned all interventions with the four core strategic priorities established by the Humanitarian Country Team. This focused approach ensures maximum life-saving impact with reduced resources.

WHO's work in 2026 will continue to address the unprecedented public health challenges, population displacement and destruction of the health-care network resulting from four years of the war. This situation calls for a comprehensive emergency management approach, with sustained investment in the readiness and response continuum. The main challenges in service delivery are the functionality and accessibility of the health-care network, infrastructural constraints, staff shortages, security concerns and physical barriers, highlighting the urgent need for targeted interventions to maintain health service provision and equitable access to the most vulnerable populations. However, there is also an opportunity to bring forth creative and innovative approaches, stronger partnerships and undertake streamlined activities that promote early recovery attempts and contribute to longer-term reform measures.

From this perspective, critical cross-cutting interventions aiming to strengthen early warning, rapid response

capacity, water, sanitation and hygiene, and IPC in health facilities and shelters will play an important role in building the readiness and resilience of the health-care system in Ukraine.

Specific objective 1: Provide life-saving trauma interventions and emergency medical services to victims of air strikes in frontline and other affected areas

WHO's response in Ukraine is designed to sustain the critical, life-preserving interventions implemented to date, while scaling up and extending essential health services to areas where the health system has been severely disrupted, including areas where the Government of Ukraine has recently regained control. Maintaining constant operational capacity is indispensable in such a volatile and high-risk environment. This requires reinforcing national emergency medical services (EMS) and ensuring the continuity of PHC through humanitarian assistance, including the supply of modular structural solutions to reestablish or maintain the provision of care. WHO will concentrate on strengthening these critical interventions in priority regions, with a focus on frontline oblasts. This includes supporting both pre-hospital and hospital-level EMS, ensuring the distribution of essential supplies and expanding the system's capacity to save lives, reduce preventable deaths and maintain continuity of care in frontline oblasts.

To deliver high-quality, time-sensitive care, EMS and PHC must be supported by reliable stocks of essential medicines and consumables, adequately trained health workers and safe spaces that can support the provision of medical care despite infrastructure disruptions.

Specific objective 2: Ensure access to essential health-care services at the front lines

Working in close coordination with the Ministry of Health and humanitarian partners, WHO will continue to support access to essential, life-saving health-care services for communities near the front line, particularly within the 0–20 km radius, where needs are most acute. WHO will sustain integrated PHC, trauma and emergency care, essential medicines and medical supplies, as well as referral pathways to restore health systems where they are severely disrupted. Through mobile health teams, outreach services and support to damaged or overstretched health facilities, WHO will help to maintain continuity of care for older people, persons with disabilities, women, children and people with chronic conditions. Providing safe spaces for

health workers and patients within health facilities will be paramount to prevent postponement of care. Energy resilience and preparedness activities (such as the provision of adapted heating, power storage and water filtration solutions) will also contribute to safety, continuity of care and comfort within critical health facilities.

MHPSS will be integrated across services to address the cumulative impact of trauma and prolonged exposure to hostilities, through capacity building, technical support and provision of essential supplies. WHO will also strengthen IPC, support winterization and resilience of health facilities and facilitate inter-agency convoys to reach hard-to-access communities. Guided by the protection, equity and “do no harm” principles, WHO’s frontline response will complement government systems, address critical gaps and help to prevent further deterioration of health outcomes among the most vulnerable populations.

WHO will strengthen the capacities of the PHC network to provide a solid package of services, tailored to need (training sessions and simulation education, technical/operational assistance). Hundreds of PHC facilities have been destroyed or are considered unsafe, leaving communities without access to essential medicines, preventive services or continuity of care for chronic conditions. Health workers themselves face direct risks, often delivering care without safe practice spaces and shelters. The collapse of PHC services pushes patients into already overwhelmed hospitals, exacerbating the service delivery challenges, especially for populations residing in hardest-to-reach areas.

WHO will ensure the continuity of services by supporting the installation of prefabricated modular structures to replace damaged PHC infrastructure and restore safe service delivery points. WHO will continue last-mile delivery of essential medicines, medical supplies and equipment to hard-to-reach areas through inter-agency convoys and bilateral deliveries, ensuring continuity of care where access constraints persist. Outreach health teams will be deployed in areas with limited coverage to provide surge support, essential consultations and strengthened referral pathways.

Due to insecurity, infrastructure destruction, medical supply chain disruptions and loss of workforce, Ukraine’s health system faces critical fragility. Continuity of medical services, preventive care and treatment cannot be guaranteed, causing irreversible

harm to patients. The deployment of outreach teams will be maintained in areas with limited health-care coverage, where surge support and referral pathways are needed. Given the growing burden of NCDs, WHO will prioritize the availability of life-saving NCD services and medicines. In 2024–2025, WHO and partners supported over 62 000 outreach consultations for 42 000 patients, of which 60% were related to NCDs¹. These interventions are essential to prevent excess mortality from untreated chronic conditions, which increasingly outpaces trauma-related deaths in humanitarian settings. This is particularly critical given the predominance of elderly people and people with disabilities living in hard-to-reach areas.

Specific objective 3: Sustain essential integrated health services for vulnerable groups, notably people on the move

Along displacement routes, WHO will help to ensure the continuity of PHC, essential medicines and referrals, with a strong focus on older people, people with disabilities, women, children and people with chronic conditions. At transit centres, WHO will work with health authorities and partners to strengthen accessible, integrated service delivery, including PHC, MHPSS, IPC and life-saving referrals. In relocation areas and collective sites, WHO will support the restoration and continuity of care through mobile and fixed services, improvements to accessibility and strengthened referral pathways to specialized care. Guided by the principles of protection, equity and disability inclusion, WHO will also reinforce health information and RCCE to enable informed decision-making. Across all stages, WHO will prioritize integration with national systems, building the capacity of local health-care providers and coordination with humanitarian partners to ensure safe, dignified and people-centred health services for newly displaced populations.

Population displacements create the conditions for potential outbreaks. Ukraine saw multiple concurrent outbreaks in 2025, signalling dangerous public health deterioration: 1377 measles cases across 19 regions, over 640 hepatitis A cases (with a significant increase in 2025) and more than 600 rabies cases nationwide. Vaccine shortages compound outbreak risks and routine immunization coverage in areas affected by the war remains suboptimal. It will be essential for WHO to ensure comprehensive public health security by strengthening the ability of the Government of Ukraine

¹ Mobile health units in war-related emergency in Ukraine to deliver primary health-care outreach services to address noncommunicable diseases: project review. Copenhagen: WHO Regional Office for Europe; 2023 (<https://iris.who.int/handle/10665/373340>). Licence: CC BY-NC-SA 3.0 IGO.

to fully implement the International Health Regulations core capacities, especially with respect to detecting and responding to outbreaks among people on the move and host communities.

Specific objective 4: Facilitate the evacuation of wounded and sick people, including from frontline areas

Ongoing hostilities generate large numbers of critically ill and injured patients, including those suffering trauma or burns, as well as paediatric and neonatal cases, who require higher-level or specialized care that is often unavailable near the front line. At the same time, repeated attacks on health-care facilities and infrastructure force hospitals to evacuate patients and redistribute care to safer regions or abroad.

WHO will support the transfer of critically ill patients requiring intensive care, including during evacuation. This includes the expansion of the critical care transfer capacity within EMS to address persistent gaps in patient safety and coverage. Standardized clinical guidelines, operating procedures and competency-based training for EMS staff will be embedded nationally to improve outcomes. The full integration of critical care transfer into the Ministry of Health's Medical Evacuation Coordination Unit will ensure coherent national coordination and alignment with international evacuations, including through the European Union Civil Protection Mechanism. Data sharing and joint dispatch models with regional EMS and hospitals will enhance traceability, efficiency and surge readiness.

By combining operational support with system strengthening, WHO aims to ensure that critically ill patients receive continuous, high-quality care during transfer, reinforcing medical evacuation as a core pillar of Ukraine's emergency health response.

Specific objective 5: Coordinate and enable humanitarian response and national systems

As the Health Cluster Lead Agency, WHO will ensure inclusive sectoral coordination through the Health Cluster and relevant technical working groups, including MHPSS, HIV/TB and PSEAH, to align partners around common priorities, reduce duplication and address critical gaps, particularly in frontline and hard-to-reach areas. Linkages will be strengthened at the local level to amplify area-based coordination efforts, while supporting the localization/nationalization agenda for sustainability. Coordination will strive to enforce accountability measures on partner

programming to align with acceptable standards based on WHO's guidance to the Ministry of Health. Regular reporting and joint analysis will support evidence-based decision-making and strategic planning.

WHO will strengthen health information management and public health intelligence by consolidating partner reporting, enhancing surveillance and supporting timely analysis of health risks, service availability and access constraints. This will enable early identification of emerging public health threats and inform adaptive response measures.

WHO will also support the Government of Ukraine and partners in exploring fit-for-purpose health financing strategies that complement humanitarian action, protect access to essential services and reduce financial barriers for vulnerable populations in a protracted war setting.

RCCE infodemic management (RCCE-IM) will remain central to WHO's approach. WHO will work with authorities, civil society and communities to ensure accessible, trusted and actionable health information, strengthen feedback and accountability mechanisms, and counter misinformation that undermines health-seeking behaviours, particularly among displaced people and those living near the front line.

WHO will lead and advocate for disability inclusion, gender equity and the prevention and management of GBV across the health response. This includes promoting accessible service delivery, survivor-centred approaches and the integration of protection principles into health programming. WHO will also support national supply chain systems by coordinating partners, addressing bottlenecks and strengthening last-mile delivery of essential medicines and medical supplies.

To foster systemic resilience, WHO will promote decentralized approaches to health governance and support public health policy reforms that strengthen local capacities and service continuity under crisis conditions. Lastly, WHO will support adaptive service delivery models and health workforce development, including task shifting, capacity building and protection of health workers, to sustain essential health services amid ongoing insecurity and system strain.

Funding needs by specific objective in Ukraine (US\$)

Specific objective 1: Provide life-saving trauma interventions and emergency medical services to victims of air strikes

Provide targeted capacity-building to the health workforce in key EMS/trauma management areas	1 000 000
Procure and distribute life-saving medicines, medical supplies and equipment	5 000 000
Build the capacity of community members as first responders in the stabilization and safe transfer of patients	700 000
Maintain/achieve minimum standards for IPC at all levels of trauma service delivery	300 000
Address acute rehabilitation needs for trauma patients and continuum of trauma care	2 000 000
Strengthen the national emergency medical teams as part of building surge capacity	700 000
TOTAL SO1	US\$ 9 700 000

Specific objective 2: Ensure access to essential health-care services at the front lines

Strengthen the capacities of the PHC network to provide a solid package of services, tailored to population needs	5 500 000
Improve safety for health-care workers and patients (prefabricated modular units) and sensitize communities to seek health care (pull factor)	4 000 000
Ensure last-mile delivery of essential medicines, equipment and medical supplies in PHC settings through convoys and bilateral deliveries	2 000 000
Reach vulnerable people in areas with limited health-care coverage, where surge support and referral pathways are needed	3 000 000
Address the burden of NCDs, including the large-scale mental health challenge, through better availability, continuity and quality of services	1 500 000
Ensure energy resilience and weather preparedness	4 000 000
TOTAL SO2	US\$ 20 000 000

Specific objective 3: Sustain essential integrated health services for vulnerable groups, notably people on the move

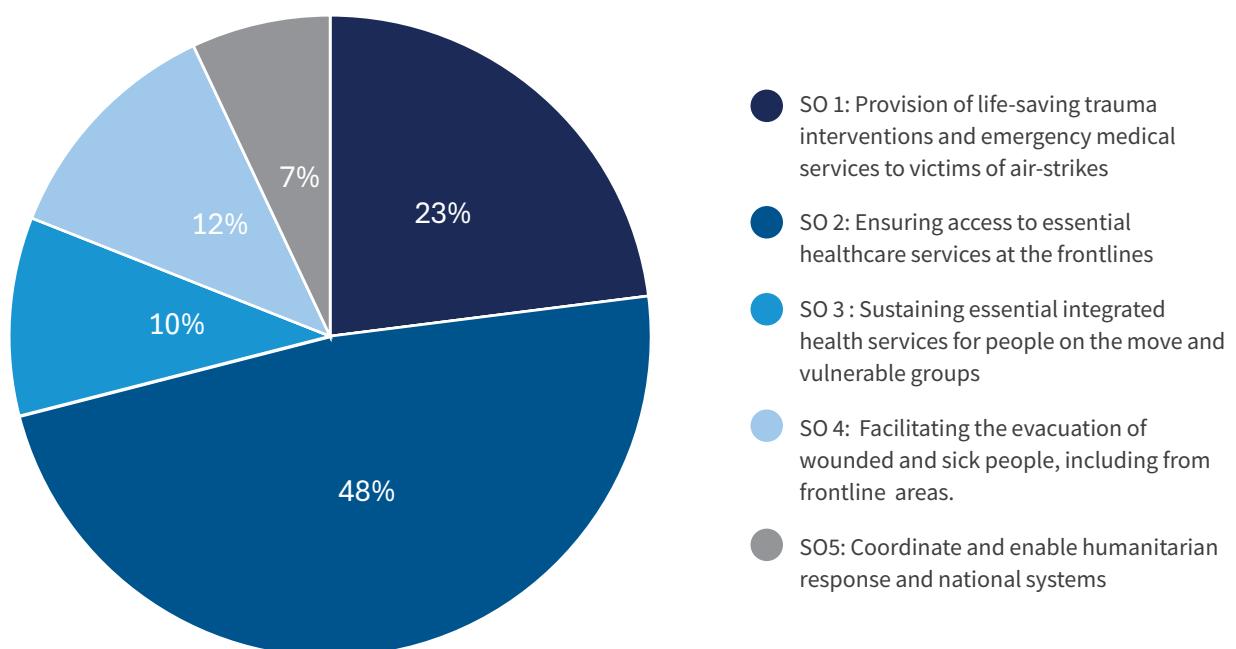
Deliver integrated, protection-centred essential PHC services in displacement contexts (transit and evacuation centres)	3 500 000
Strengthen public health security and outbreak preparedness, including in transit and evacuation centres	500 000
Ensure the availability of specific services targeting survivors of GBV and CRSV	300 000
TOTAL SO3	US\$ 4 300 000

Specific objective 4: Facilitate the evacuation of wounded and sick people, including from frontline areas

Support evacuation, stabilization and referral of people with health needs from frontline areas to evacuation/transit centres	2 000 000
Facilitate access to medical services and health information for evacuees and new IDPs	500 000
Provide key technical and operational support to medical evacuation efforts amid the war, working closely with the Ministry of Health's Medical Evacuation Coordination Unit	2 500 000
TOTAL SO4	US\$ 5 000 000

Specific objective 5: Coordinate and enable humanitarian response and national systems		
Ensure sectoral coordination and reporting through the Health Cluster and technical working groups (including MHPSS, HIV/TB and PSEAH)		300 000
Strengthen information management and public health intelligence (information management)		300 000
Strengthen RCCE-IM		100 000
Lead initiatives in favour of disability inclusion, gender equity, prevention and management of GBV		100 000
Support the national supply chain		200 000
Strengthen emergency-ready health systems by enabling flexible health financing, supporting decentralized service delivery, and reinforcing the health workforce to sustain life-saving services during future crises		2 000 000
	TOTAL SO5	US\$ 3 000 000
Programme oversight, quality assurance and technical support		US\$ 360 000
Total		US\$ 42 360 000

FUNDING REQUIREMENT PER STRATEGIC OBJECTIVE



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