



World Health Organization

REGIONAL OFFICE FOR Europe

WHO situation report

Ukraine

April–June 2018



WHO-supported community mental health mobile team during their visit to a patient. Photo: WHO



2.2 million people are in need of essential health services



120 conflict-related injuries were recorded in the reporting period*

* Data from the Office of the United Nations High Commissioner for Human Rights (OHCHR)



25 conflict-related deaths were recorded in the reporting period*

*Data from the OHCHR/OCHA



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

* Data from the OHCHR/Organization for Security and Co-operation in Europe (OSCE)/WHO

WHO Country Office presence

1 main office: Kyiv

4 field offices: Donetsk, Kramatorsk, Luhansk, Severodonetsk

Humanitarian situation – highlights

- **The security situation** in the eastern conflict area has deteriorated* since April 2018, with the hottest spots being the Svitlodarsk arch, Kirovsk, Troitske–Krymske cluster, Dokuchayivsk, Horlivka–Zaitseve and the Avdiivka–Yasynuvata–former Donetsk airport triangle. 120 conflict-related injuries and 25 deaths have been recorded in the reporting period. Since the beginning of the conflict in April 2014, at least 2725 civilians have been killed; the OHCHR estimates the total number of conflict-related civilian injuries to be between 7000 and 9000.
- **Serious water, sanitation and hygiene (WASH) incidents**** were documented within the reporting period. Critical water facilities came under fire with an average frequency of one incident every 48 hours in May and June. On 17 May, heavy shelling damaged the power lines of the Donetsk Filtration Station, cutting the supply of clean water for 345 000 people for six days.
- **Crossings through the five operational exit/entrance checkpoints** were suspended four times due to intensive fighting, according to the OHCHR. In May 2018, a bridge collapse between Donetsk and Luhansk non-government controlled areas resulted in suspended movements for several days. Four people died while crossing checkpoints during the reporting period.

* Data from the OHCHR: https://www.ohchr.org/Documents/Countries/UA/ReportUkraineNov2017-Feb2018_EN.pdf

** Data from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA): https://reliefweb.int/sites/reliefweb.int/files/resources/humanitarian_snapshot_20180622_en.pdf

Summary of WHO's activities and main concerns in April–June 2018

Activities

- **Supplying medicines and medical equipment:**
 - two trauma kits for the treatment of 200 people were delivered to the hospitals in Liman and Severodonetsk;
 - two interagency emergency health kits for serving 20 000 people for three months were supplied to Severodonetsk Hospital;
 - test systems for measles and rubella and laboratory supplies and reagents were delivered to the health facilities in Donetsk.
- **Improving infection prevention and control (IPC) in hospitals:** WHO completed assessments in three hospitals and started an IPC project to train health-care workers. WHO is procuring and installing disinfection equipment in the adult and children's hospitals in Lysychansk, Luhansk region to reduce preventable infections.
- **Conducting onsite needs assessments in seven health facilities:** WHO conducted assessments in seven health facilities in Mariinka and Volnovakha rayons, and in the Mariupol area, within the joint United Nations area-based initiative. The objective of the assessments was to collect information on the availability of basic resources needed for the provision of health-care services.
- **Improving access to mental health services:** during the reporting period, more than 30 patients with moderate to severe mental health disorders received support by the WHO-supported community mental health mobile team in Slavyansk, Donetsk region. The team consists of a psychiatrist, a psychologist, a nurse and a social worker, and operates under WHO technical guidance. The mobile team also cooperates with the local psychiatric hospital, primary health care units and social services in order to implement a patient-centred model of care to ensure continuous psychosocial support.

- Building capacity in emergency risk communication (ERC):** Ukraine developed a draft ERC plan aimed at improving the preparedness and response capacities for all types of health emergencies, and mitigating negative consequences on people’s health. The plan was developed by key stakeholders including the Ministry of Health (MoH), National Public Health Centre, State Emergency Service, Food Safety Agency and United Nations Children’s Fund (UNICEF).

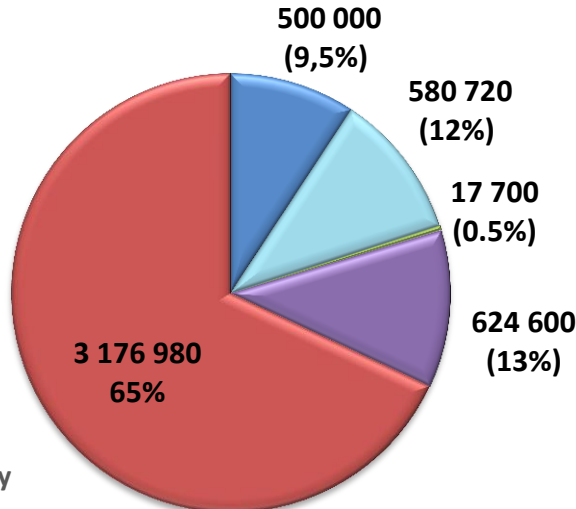


Participants of the ERC Plan writing workshop in Kyiv. Photo: WHO

Main concerns

- Ongoing measles outbreak:** since January 2018, over 24 000 people have been affected by measles, including 14 345 children. Most of the cases reported so far in 2018 have occurred in western regions of Ukraine (Chernivtsi, Ivano-Frankivsk, Lviv, Odesa and Transcarpathia).
- In June 2018, the MoH initiated a vaccination campaign for adults, in addition to the ongoing routine and supplementary immunization of children. Immunization of children and adults will help close immunity gaps in the population. WHO, UNICEF and health partners continue to provide support to improve immunization planning and surveillance systems. The MoH made significant progress in implementing WHO’s recommendations, including the endorsement of key documents developed with WHO technical support:
- an optimized national immunization schedule
 - the methodology for multiyear forecasting and planning for the immunization programme
 - a national immunization strategy and roadmap.
- Diphtheria:** on 21 June, the MoH reported a second case of diphtheria for 2018 in Rubizhne, Luhansk region (GCA). Vaccination against diphtheria remains low in Ukraine – only half of children eligible to receive the diphtheria, tetanus and pertussis (DTP) vaccine according to the national routine immunization schedule received all three recommended doses in 2017. Safe and effective vaccines are available in all regions of Ukraine and provided free of charge to children and adults.

WHO funding for 2018 (US\$)

	35%	of WHO's 2018 Humanitarian Response Plan (HRP) programmes funded	New donor funds The WHO project <i>Delivery of emergency, trauma and essential emergency health-care services in non-government controlled areas of eastern Ukraine</i> received financial support from the United Nations Central Emergency Response Fund (CERF). CERF allocated US\$ 624 600 to implement three elements of the WHO response: • delivering emergency life-saving health interventions • training health-care workers in trauma care and mass casualty management • enhancing disease surveillance.																		
	US\$ 4.9 million	required for 2018 by WHO for acute needs (within the HRP)																			
WHO funding request in 2018 Humanitarian Response Plan (US\$) <table><thead><tr><th>Donor</th><th>Amount (US\$)</th><th>Percentage</th></tr></thead><tbody><tr><td>Critical needs not funded</td><td>3 176 980</td><td>65%</td></tr><tr><td>CERF</td><td>624 600</td><td>13%</td></tr><tr><td>Germany</td><td>580 720</td><td>12%</td></tr><tr><td>Japan</td><td>500 000</td><td>9,5%</td></tr><tr><td>Canada</td><td>17 700</td><td>0,5%</td></tr></tbody></table> Japan Germany Canada CERF Critical needs not funded			Donor	Amount (US\$)	Percentage	Critical needs not funded	3 176 980	65%	CERF	624 600	13%	Germany	580 720	12%	Japan	500 000	9,5%	Canada	17 700	0,5%	Critical interventions that require additional funding • Improving access to primary health care services including mental health for people living along the contact line • Supplying medicines and medical equipment to government-controlled areas (GCA) • Improving the quality of public health surveillance in GCA, through training of health-care workers, provision of laboratory mentoring activities, support for re-organization of the laboratory network, provision of the required equipment and consumables • Improving access to health-care services for people with noncommunicable diseases through training of health-care workers
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