



World Health Organization

REGIONAL OFFICE FOR Europe

WHO situation report

Ukraine

January–March 2018



People crossing the contact line at Mayorske exit/entrance checkpoint. Harsh winter conditions and long queues put their health at risk, especially for vulnerable people. Up to 40 000 individual crossings per day were recorded at five checkpoints. Photo: WHO



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

* Data from the Office of the United Nations High Commissioner for Human Rights (OHCHR)/Organization for Security and Co-operation in Europe (OSCE)/WHO



228 health facilities in government-controlled areas (GCA) require rehabilitation due to their age and the damage caused by the conflict*

* Data from the Health Resources Availability Monitoring System (HeRAMS) 2017



2.2 million people are in need of essential health services



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

* Data from the OHCHR/ OSCE/WHO



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

* Data from the OHCHR/ OSCE/WHO

WHO Country Office presence

37 employees in the country

1 main office: Kyiv

4 field offices: Severodonetsk, Kramatorsk, Luhansk, Donetsk

Humanitarian situation – highlights

- Security incidents near civilian infrastructure increased during the reporting period. According to [WASH Cluster reports](#), **12 conflict-related incidents affecting water supply infrastructure** were recorded in January–March 2018. Damage to the Donetsk Filter Station, serving 345 000 people on both sides of the contact line, led to interruptions in water supply and heating systems (source: [WASH Incident Report No.119 – 25 March 2018](#)).
- Crossings through the five operational exit/entrance checkpoints (EECP) remain intense**, with up to 40 000 individual crossings per day recorded in the reporting period. EECP's operating hours have been extended since 1 March 2018, in accordance with the summer schedule (source: [OCHA](#)). While queuing, people are exposed to snow, wind and freezing conditions, putting their health at risk. At least five periods of utterly inclement weather conditions occurred in January–March 2018. This is particularly challenging for the elderly, those with disabilities, children and pregnant women. Heavy snowfalls and temperatures plummeting to -19 °C in February further restricted movement and limited access to health services and critical facilities for thousands of people living in conflict-affected areas.
- Protection and well-being of civilians** is threatened by daily shelling and heightened risk of explosion of mines, explosive remnants of war (ERW) and unexploded ordnance (UXO), and remains a major concern. In 2017, at least 238 men, women and children were either killed or injured by mines, ERW, booby traps or UXO (source: [OCHA](#)).
- Lack of medical staff** has been reported as a leading factor (73%) in limiting the delivery of health services in GCA. Of the 37 partially functioning and non-functioning health facilities that reported in HeRAMS, 27 identified this as a key factor. In total, 812 health facilities in GCA reported on their functionality (source: HeRAMS 2017).

Summary of WHO's activities and main concerns in January–March 2018

Activities

- Providing medical supplies:** WHO delivered four emergency trauma kits to four health facilities in GCA (Donetsk (Bakhmut, Mariupol) and Luhansk (Popasna, Schastya) regions). The kits provide medical supplies and drugs to meet the needs of 100 patients requiring surgical care.
- Building capacity of health staff:** 34 staff in the public health laboratories of Severodonetsk, Kramatorsk and Mariupol were trained on-site in internal quality control by WHO. The training was part of the third phase of mentoring visits within the WHO "Better labs for better health" initiative.
- Building capacity in emergency risk communication (ERC):** over 40 experts from sectors involved in emergency response in Ukraine, including those from conflict-affected regions, from United Nations agencies and nongovernmental organizations, enhanced their ERC skills through a training and capacity mapping workshop organized by WHO. At the end of the workshop, a list of potential partners was compiled and used as input for the draft ERC plan.
- Providing mental health services:** after a pilot phase, WHO's methodology Problem Management Plus (PM Plus) was adapted by Médecins du Monde and showed potential for scaling up as a low-intensity psychological intervention for people living in conflict-affected areas in Ukraine.

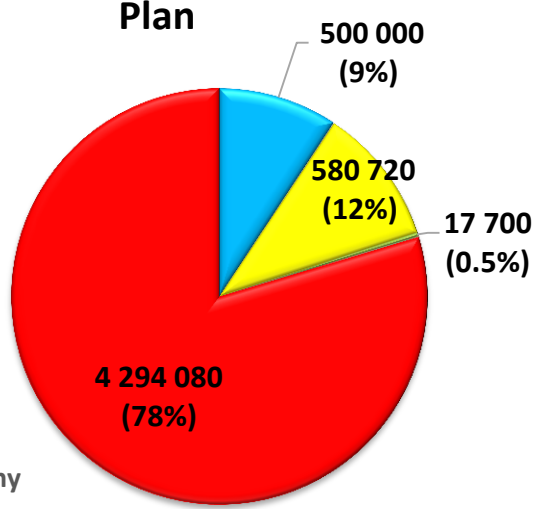
Main concerns

- **Insufficient health services for chronic disease patients:** in conflict-affected areas of eastern Ukraine, elderly people make up a high proportion of the population and represent the majority of chronic disease patients. Many of them have little support and live alone, and are often not covered by health services.
- **High risk of communicable disease outbreaks:** this is due to frequent water supply damage and interruption, and damaged heating systems, as well as immunization gaps, which expose the conflict-affected population to increased risks of vaccine-preventable diseases.
- **Weak surveillance:** this remains an issue for both vaccine-preventable and water-borne diseases on both sides of the contact line. Limited data sharing and early notification, along with gaps in laboratory capacity, significantly increase the potential for outbreaks to go undetected and decrease response effectiveness.
- **Ongoing measles outbreak:** more than 8430 measles cases were reported in January–March 2018 in Ukraine. At least 1950 of these cases were identified in March, including five associated deaths. Most of the cases reported during 2018 occurred in western regions of Ukraine (Chernivtsi, Ivano-Frankivsk, Lviv, Odesa and Transcarpathia).

WHO funding for 2018 (US\$)

	22%	of WHO's 2018 Humanitarian Response Plan (HRP) programmes funded	WHO priorities for 2018 ➔ Increase access to health care and mental health services ➔ Increase availability of equipment, supplies and medicines ➔ Rehabilitate damaged health facilities ➔ Integrate comprehensive mental health care at the primary health care level
	US\$ 4.9 million	required for 2018 by WHO for acute needs (within HRP)	

WHO funding request in 2018 Humanitarian Response Plan



Category	Amount (US\$)	Percentage
Critical needs not funded	4 294 080	78%
Germany	580 720	12%
Japan	500 000	9%
Canada	17 700	0.5%

Advocacy

On 28 February, the European Commission Humanitarian Aid and Civil Protection department (ECHO) and the United Nations organized a high-level conference in Brussels with the aim of bringing international attention to the plight of 4.4 million people affected by the conflict. WHO briefed conference participants on the impact that four years of violence has had on the health-care system, and the most urgent health needs of the population.

New donor

The Government of Japan granted US\$ 500 000 to WHO to enhance health-care services in hospitals for people and communities in conflict-affected areas of eastern Ukraine. Based on the results of a needs assessment, WHO will support selected health facilities by providing medical equipment and building capacity.

Update on local health-care conditions, medicine availability and access to health services

- The continued restrictions on movement of people and goods across the contact line further isolates nongovernment-controlled areas (NGCA), hampering people's access to essential medicines and delivery of essential medical supplies, such as laboratory tests and other crucial consumables. People in NGCA are regularly cut off from primary health care especially in the areas near the contact line.
- In GCA, internally displaced people and local populations face difficulty accessing primary health care services due to the insecurity and problems with acquiring necessary documents. Since most of the secondary- and tertiary-level hospitals remain in NGCA, access to treatment services is limited for people living in GCA.

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