The WHO Country Office in Ukraine was established in 1994. WHO has been supporting Ukraine in achieving the health priorities and objectives that are laid out every two years in the Biennial Cooperation Agreement (BCA). The BCA reflects the vision of WHO Regional Office in Europe: **Better Health for Europe**, as well as the concepts, principles and values underpinning Health 2020, the European Policy for Health.

### Health 2020 priority areas for policy action:

- investing in health through a life-course approach and empowering people;
- tackling the Region’s major health challenges; noncommunicable and communicable diseases;
- strengthening people-centered health systems, public health capacity and emergency preparedness, surveillance and response;
- creating resilient communities and supportive environments.

The WHO Country Office with its field offices and field presence is the focal point for WHO activities in Ukraine. Currently, the country team consists of 35 staff members, including 15 experts in the fields of health emergency operations, HIV/AIDS, tuberculosis, immunizations and vaccine preventable diseases, maternal and child health, noncommunicable diseases, tobacco control, health systems, administration, communications and IT.

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WHO’S STRENGTHS IN UKRAINE

- WHO as normative organization sets norms and standards in all health areas: WHO is the most technically competent organization to deal with technically-complex and highly dangerous diseases such as vaccine-preventable diseases, HIV and tuberculosis (TB). In Ukraine this competence is absolutely necessary in view of the global switch to bivalent oral polio vaccine (OPV), the necessary facilitation of combined antiretroviral (ARV) use, and the treatment of the multidrug-resistant (MDR) TB for instance;
- WHO as an operational agency in Ukraine works with all available partners to monitor the healthcare situation in Eastern Ukraine and to offer relief to affected populations. WHO is the only organization with the technical bandwidth necessary to assess comprehensively the key deficiencies in healthcare systems in government-controlled areas (GCA) and non-government-controlled areas (NGCA) of Ukraine and to be able to offer solutions to the most acute problems of humanitarian importance, to coordinate this work with all other players and able to fill gaps that partners are not willing or able to cover.
- WHO possesses a unique technical capacity for health strategy development, implementation and monitoring, and WHO is the most influential global entity in terms of health advocacy.

WHO’S HUMANITARIAN MANDATE IN UKRAINE

WHO’s leading role in emergencies is documented and strengthened by Article 2(d) of WHO’s Constitution and World Health Assembly Resolutions: 34.26, 46.6, 48.2, 58.1, 59.22, 64.10, 65.20. WHO as Health Cluster Lead Agency has played an essential role in supporting the Ministry of Health to prepare for, respond to and recover from emergencies with public health consequences. WHO has clear obligations to the Inter-Agency Standing Committee (IASC) as Health Cluster Lead Agency, and to the International Health Regulations (2005) and to other international bodies and agreements related to emergency response.

Key functions of WHO’s humanitarian role in Ukraine

- Leadership and Coordination of all health partners, including support to importing medical humanitarian supplies;
- Operational delivery to fill-in identified public health gaps that no other partners can fulfil;
- Creating platform to ensure access to people-centred primary health services to the vulnerable and marginalized;
- Health information management to ensure that the Ministry of Health and the international and national partners are aware of the main health issues in both GCA and NGCA in terms of surveillance and early-warning, health information systems development and support, facilities assessments, training and supplies requirements;
- Linking the emergency response operation with mid- and long term upgrading and development of the health system;
WHO’s obligations to the Inter-Agency Standing Committee (IASC) for humanitarian emergencies

As an active member of the Inter-Agency Standing Committee, WHO has played a leading role, as agreed within the IASC, regarding leadership, coordination, accountability, effectiveness and predictability. WHO had a leading role in supporting the Ministry of Health (MOH) on the issuing several health related resolutions, such as the Resolution of the Cabinet of Ministers of Ukraine “Issues of Customs Clearance of Humanitarian Assistance” which is simplifying customs clearance procedure for humanitarian assistance provided by the International Committee Red Cross, the World Health Organization, NATO, the United Nations during the anti-terrorist operation” and the issuing of the Decree of the Cabinet of Ministers of Ukraine (CMU) #21 as of 30.01.2015 on the procedure of delivering humanitarian aid to the Donetsk and Luhansk oblasts that allows involving international humanitarian organizations (WHO, UNICEF and ICRC) into the distribution of the humanitarian aid on the conflict affected areas.

ACCESS TO HEALTH CARE IN UKRAINE

Non-government-controlled areas (NGCAs):

In NGCA diagnostic and treatment of tuberculosis (TB) is dysfunctional, especially in Lugansk. There is a lack of vaccines and prevention measures for IHR-notifiable diseases and lack of HIV-related drugs, with no other supply line than WHO and UNICEF on ART. Support to implementing the immunization schedules (incl. polio), supporting the laboratory testing capacity in NGCA is a priority. NGCA has improper mental health care for conflict-related trauma and dysfunctional reproductive and maternal health care.
Access to medical supplies: Medications are available but in short supply and specific life-saving drugs and medical equipment are lacking. There is unreliable and deficient supply line for vaccines, TB and HIV medicines, cancer treatment and other specialised drugs, insulin, laboratory reagents and insufficient donations of surgical equipment and anaesthetic drugs. Any drug produced outside of Russia is difficult to impossible to procure. In terms of medicines almost all medicines available in health facilities are coming from humanitarian donations from Russia, ICRC, AICM (French-Ukrainian NGO registered in Donetsk and still operating), UNICEF and WHO. This poses major problems for all non-communicable diseases treatments (e.g.: the only reliable available supply of insulin is deliveries from WHO and cancer mortality has jumped 300% since the beginning of the crisis, patients on haemodialysis survive only thanks to the support from ICRC, etc.), as well as for all scheduled vaccinations for children as only Russia supplies the area with vaccines and not with all types of vaccines are included into the Russian humanitarian cargoes, creating important vacuum in the vaccination schedules.

Health facilities: Close to the contact line health facilities are abandoned and some of them are used by soldiers as military points. There are no specialized military medical facilities and wounded soldiers are treated in civil hospitals and clinics. Physicians and specialized doctors largely stayed in or returned to the area and there is now no shortage of trained doctors but approximately 40% of the nurses have left their duties due to very low salaries and hospitals complain of a shortage of nurses, but which doesn’t critically affect the health system.

Communicable diseases: In NGCA diagnostic and treatment of TB is dysfunctional, especially in Lugansk. There is a lack of vaccines and prevention measures for IHR-notifiable diseases and lack of HIV-related drugs. Support to implementing the immunization schedules (incl polio), supporting the laboratory testing capacity in NGCA is a priority.

WHO action: WHO has limited access but is accepted by the local authorities, which have been asking for specific support when the situation becomes critical (e.g recent delivery to Lugansk). On 15 July WHO managed to deliver 58 tons of medicines and medical equipment to Lugansk, the biggest ever delivery of medical supplies to non-government controlled areas since the beginning of the conflict, supplying a lifeline for over 350 000 patients. WHO’s level of acceptance in NGCA is the best amongst all UN Agencies with UNHCR. WHO can visit hospitals, talks to authorities, receives requests and can deliver supplies through ICRC and a local NGO. Local authorities in Donetsk informed WHO that they are willing to provide formal authorization of work. However, not having funding to enhance the delivery capacity is an obstacle. In Lugansk, the situation is slightly more tense in view of a very dysfunctional health system and senior officials suspected of corruption and not willing to have much oversight on their activities. But WHO is accepted unofficially, a delivery mechanism is agreed with ICRC and with local authorities and WHO will probably be accepted officially if the delivery capacity is increased. With assurances of a strong WHO capacity on the ground Russia will also put pressure on both “LNR” and “DNR” to officially register WHO to work there.

For more information please read the July 2016 WHO web story “WHO delivers 58 tons of supplies to eastern Ukraine” here.
Government-controlled areas (GCA)

Primary healthcare is not available to many Internally Displaced People (IDPs) and to populations close to the contact line. There are problems with referral systems to tertiary healthcare facilities, insufficient vaccination coverage outside of the 2016 polio campaign.

Health facilities: Health facilities close to the contact line are abandoned. Military hospitals have been set up to take care of the wounded soldiers. There are now many medical NGOs providing direct primary healthcare, covering part of the network of mobile clinics that WHO used to manage. Out of 5 crossing points GCA-NGCA 3 are covered with a medical point. However all of these are operating illegally according to Ukrainian law (no medical licence). Moreover, dispersing the mobile clinics network among different smaller size NGOs each operating 1 to 3 medical units has led to sub-optimal coordination, health information management, return on investment and sustainability. Premiere Urgence International (PUI) also managed to obtain authorization to operate in the grey zone not in control of either forces. PUI asked for support by WHO to legalize the situation with MOH and for import of humanitarian medical supplies, which only WHO can do legally.

Surveillance system: In GCA a surveillance system is working sub-optimally due to complex and fragmented data collection systems.

WHO action: WHO’s mobile clinics reached 232,287 persons. However, direct provision of primary health care that WHO provided in GCA areas through mobile clinics was fully discontinued due to funding constraints. Only thanks to a WHO regional office for Europe core funding allocation, 4 mobile community-based mental health teams are still in operation until at least October and this is a service that the MOH is trying to legalize in Ukrainian law for them to operate them directly, although it will take time.

WHO AND PARTNERS IN UKRAINE

In the health sector there are only a small number of partners in the non-government-controlled areas (NGCA). In Ukraine, WHO established a network of Mobile Emergency Primary Health Care Units (MEPU) providing triage and acute care, noncommunicable diseases (NCD) and communicable disease management, Integrated Management of Childhood Illness (IMCI) and reproductive health counselling. Each MEPU established close links with health care facilities (5-7 PHCs/team). Referral pathways were established with district and city hospitals, child hospitals, dental polyclinics, TB hospitals and some psychiatric facilities.

Both these projects have been discontinued due to lack of funding. Various NGO partners have established or tried to establish health points and mobile clinics but they are very constrained by capacity, complex Ukrainian bureaucracy and complex health system, very restrictive legislation in terms of the medical licence, and very
complex medicines and medical materials importation legislation. WHO had managed to overcome all of these
issues through strong advocacy with the Parliament and the MoH which led to:

- A trilateral MoU with the MoH and the national Red Cross Society, allowing WHO to establish primary
  healthcare centers and mobile clinics and allowing Red Cross personnel to provide healthcare throughout the
  whole country under humanitarian circumstances.
- A similar MoU with the MoH and the local Hypocrates Greek Foundation.
- A law that allows WHO and ICRC to import any medicines and medical materials into Ukraine under an
  very simplified procedures cutting delays from several months to about a week (UNICEF is also included into this
  law but only for vaccines).
- A strong understanding of the Ukrainian bureaucratic context and of the Ukrainian healthcare system by very
  long-term established presence in the country.

**International Committee of the Red Cross (ICRC)**

ICRC is engaged on all humanitarian fronts (livelihoods generation, agriculture, food and water in zones with active
conflict, protection, mine action) and has a major health programme which has now reached maximum capacity. ICRC
has official authorization of work in NGCA, both in Donetsk and in Lugansk.
Overall ICRC activities are focused on the delivery of supplies, and ICRC has chosen several areas where they do
support: surgical supplies to major hospitals, blood banks and blood testing, several frontline hospitals, haemodialysis,
IEHK to frontline hospitals and clinics, maternal and child health, forensics. There are some other very important needs
that they chose not to support as it goes beyond their expertise and technical capacity: HIV/AIDS, TB, vaccines-
preventable diseases, diabetes, oncology, laboratories, maintenance of equipment.

**ICRC and WHO:** The mechanism for delivery of aid that was successfully done to Lugansk makes a precedent and ICRC
will be willing to support other similar operations whenever WHO has large quantities of supplies that can be delivered
to NGCA. ICRC is strongly lobbying donors and local authorities for a strong WHO operating in NGCA to cover some of
the gaps they cannot support (maintenance, NCDs, TB/HIV, surveillance surgical consumables in hospitals they don’t
cover, and technical expertise). ICRC would be interested in joint planning with WHO in terms of supplies deliveries so
that each can play on its strengths. The review by ICRC of the pilot NCD kit has been requested so that if the kit is
approved WHO and ICRC could work together on identifying what WHO and what ICRC is best placed to deliver. ICRC
work is absolutely essential but has reached maximum capacity and ICRC is calling on WHO to expand capacity to be
able to work in these critical areas that they don’t cover and also to contribute to capacity building and maintaining
basic services and functions during this protracted emergency.

**United Nations Children’s Fund (UNICEF)**

UNICEF capacity has been well strengthened over the last year in WASH especially, and in health UNICEF has co-
managed with WHO the recent polio campaign and is doing efforts on mother and child health in GCA.
In NGCA however UNICEF is not accepted by the local authorities: they don’t have access to authorities and are not
allowed to work with local partners.

**UNICEF and WHO:** UNICEF appreciates the continuous cooperation with WHO and would like to expand the joint
cooperation. UNICEF proposed to WHO to work on joint planning on HIV and scheduled vaccinations’ support to NGCA
where UNICEF would procure the supplies and WHO would manage the deliveries to NGCA and the technical advice
and monitoring on the ground.
United Nations High Commissioner for Human Rights (OHCHR)

OHCHR run a Ukraine human rights monitoring mission, which has unrestricted access to all areas of Ukraine and has a very strong support from human rights council members, including donor countries and Russia. Their reports have a very high resonance internationally and are regularly quoted by the press and influence strategic decisions made on Ukraine.

OHCHR and WHO: OHCHR noted a very good cooperation with WHO especially at the beginning of the crisis as WHO strongly helped the establishment of some of the core elements of the monitoring mechanism (casualty reporting, conditions monitoring in health facilities, methodological training for human rights monitors, etc). OHCHR would like to focus their next thematic report on the right to health and expect a release early 2017 and would like to cooperate strongly with WHO for that report. This will be a major support to advocacy on the importance of the issue in Ukraine. OHCHR is also open to the idea of seconding a staff member to WHO to specific right to health reporting and monitoring in NGCA or in GCA if this is seen as a good idea by WHO management.

Other UN agencies

- **OCHA** has a large presence on the ground which is almost oversized given the Ukrainian context (almost 20 staff in Kyiv, few staff in Kramatorsk, several staff in Donetsk, 1 international staff in Lugans) but given the limited scope of work by the international community in NGCA OCHA`s scope of coordination is limited.
- **UNFPA and FAO** had small programmes in the past but they have been stalled for over a year. FAO is working at expanding its programme of work around the contact line. WHO has cooperated with both organizations in the past by importing the UNFPA kits and by jointly managing successful projects with FAO on nutrition by small-scale farming development for IDP communities, and by working with veterinary and health authorities for vector-borne diseases such as leptospirosis.
- Only **UNHCR** operates in the NGCA in terms of shelter programmes and is re-building destroyed houses.
- **WFP** and **IOM** have offices in Donetsk and Lugansk but are not very active. WFP has a food parcels distribution programme to hospitals through **AICM (French-Ukrainian NGO)** and through PIN.

NGO community

- **People in Need (PIN)**: PIN is officially allowed to work there with a programme focused on food and WASH, largely food distribution. PIN does not have a health programme.
- **AICM (French/Ukrainian NGO)**: long-term established small structure in Ukraine, they are registered in Donetsk. They provide support to frontline clinics and to the main oncological dispensary in Donetsk. However this is a very small organization (2 administrative staff, 1 logistician, 1 international staff part-time) and they are not willing or capable to expand, but they have a very large network in local hospitals and with excellent understanding of the local context and are an excellent coordination partner, able to perform deliveries when requested and if at small scale.
- **AICM and WHO**: WHO works with AICM for needs assessments as well as for delivery of supplies and is in constant dialogue with them in terms of monitoring of the real situation on the ground.
- **Akhmetov Foundation** (humanitarian agency of a Ukrainian Billionaire): registered in Donetsk and very active in the area of food, WASH, shelter, nutrition, and some limited health activities (provisioning of pharmacies with basic drugs). The Akhmetov Foundation is not really willing to cooperate with UN organizations and other organizations in general.
- **PUI (Première Urgence Internationale)**: PUI has taken over the medical points in two checkpoints on the line of contact and is running a vouchers programme with 6 pharmacies in GCA and two pharmacies in NGCA. In NGCA, PUI is not allowed to work but works through an obscure partner (Donbass Recovery Agency) just set-
up and has no guarantee at all that the funds are used to the purpose. PUI also has several context-specific issues as they are de facto illegally performing medical acts on the checkpoints and cannot import medical supplies and don’t have any sort of agreement by the MoH for their work.

**PUI and WHO:** PUI counts on WHO’s lead in the Health Cluster and is calling on WHO’s support to help them legalize their medical support with the MoH, on providing supplies for their medical points (one IAHK would be enough to support them for three to six months), and on systematizing their collection of patients’ information on the checkpoints.

- **MDM (Medecin du Monde):** MDM manages 2 mobile clinics and a medical point at a checkpoint, and offers support to two hospitals close to the contact line in GCA. MDM has the same problems as PUI and no access to NGCA.

**MDM and WHO:** MDM has requested the same support from WHO as PUI.

- **ADRA (Adventist Development and Relief Agency):** ADRA’s programme in Ukraine is expanding and they want to expand to health. They are planning to open mobile clinics and to support a few health posts. They have no access to NGCA.

**ADRA and WHO:** same as other NGOs

- **Caritas:** Caritas provides direct care support in several hospitals close to the contact line. They have no access to NGCA.

**CARITAS and WHO:** Caritas counts on WHO as health cluster lead and has asked WHO to provide to them a tool for surveillance and health information management in the hospitals they support.

- **Arche Nova:** Arche Nova’s presence in Ukraine is new (five months). The first five months have all been focused on registering the organization in Ukraine and in fight with the bureaucracy. Arche Nova plans to establish one mobile health clinic but is facing many issues with the bureaucracy. They are not accepted in NGCA.

**Arche Nova and WHO:** Arche Nova has asked WHO to help with the registration and authorization of work for the mobile clinic project.

- **MSF:** Since MSF had serious problems with the MoH with regards to the medical licence in GCA and was expelled from NGCA, MSF Ukraine programme is now only focused on TB, and only in GCA.

**MSF and WHO:** MSF coordinate their actions with WHO within the health cluster.

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**WHO HUMANITARIAN ACHIEVEMENTS IN UKRAINE**

**Leadership**

Since the beginning of the Ukrainian Humanitarian crisis in 2014, WHO, as Health Cluster Lead Agency, has provided strategic leadership in assessing, analyzing and prioritizing the health sector strategy and objectives of the humanitarian response as well as the overall health sector coordination ensuring that identified needs and gaps are filled through adequate service delivery in most affected geographical locations (government-controlled areas (GCAs), along the contact line and in the non-government-controlled areas (NGCAs).
Coordination

The **Health and Nutrition Cluster was activated** in early January 2015 in Kyiv, Kharkiv, Severodonetsk, Lugansk (NGCA), Donetsk (NGCA) and Dnipropetrovsk. Health and Nutrition coordination structures have been established at national and sub-national levels, including monthly coordination meetings held at all hubs.

The coordination of health and nutrition cluster partners’ activities in Kyiv, Severodonetsk, Kramatorsk, Donetsk, Lugansk is ongoing, however coordination capacity has been reduced to core minimum due to funding.

As Cluster Lead Agency WHO leadership supported the Ministry of Health in enabling access to **primary and secondary health care services and facilities for the Internally Displaced People (IDPs)** and residents in the conflict zones in Eastern Ukraine.

**Five sub-clusters** were established at national level, namely, Tuberculosis, HIV&AIDS, Opioid substitution therapy (TB/HIV&AIDS/OST), Disability and Rehabilitation (DAR), Mental Health and Psychosocial Support, Vulnerable Population and Nutrition. WHO held 24 Health Sector/Cluster Coordination meetings at national and oblast levels. In addition, 33 sub-cluster meetings were held on Mental Health and Psychosocial Support, Nutrition, Polio, and HIV/Tuberculosis and Opioid Substitution Therapy (OST). The meetings were chaired by WHO and the Minister of Health.

WHO as Cluster Lead Agency facilitated and coordinated the 2014, 2015 and 2016 **Humanitarian Needs Overviews** that were leading to the development of the **Humanitarian Response Plan (HRP)** 2015 and 2016. For the 2016 HRS the number of people in need were revised to 3.7 million, including, 800,000 IDPs, 800,000 living along the contact line and 2.7 million living in the non-governmental controlled areas. The Health cluster targeted 2.3 million persons estimated in need of health related humanitarian assistance.

WHO has been a key player for relevant **communications and advocacy**, incl. risk communications, on public health risks and treats (e.g. Polio outbreak) and Resource Mobilization for the health cluster partners for delivering the most adequate and appropriate health services in the Eastern Ukraine.

Assessment

Out of the 708 primary and secondary health facilities in both government-controlled areas (GCAs) and non-government-controlled areas (NGCAs) of Donetsk and Luhansk and Kharkiv oblasts, close to 250 health facilities were assessed for the availability of health services (WHO field assessments, Cluster Partners Assessments, OSCE reports).

This activity is discontinued due to lack of funding. **Capacity building** was undertaken in mental health, tuberculosis, mother and child health, basic trauma care, disability and rehabilitation, nursing emergency medicine, emergency preparedness and management for health policy makers. These activities are discontinued due to lack of funding.

Information and Planning

WHO has been leading the **Health Information Management and Planning procedure** since the onset the emergency humanitarian situation through collecting, analyzing and disseminating information on health risks, needs, service delivery gaps and performance (including Cluster Performance), and used this information to develop and continually refine over the last two and a half years, the comprehensive health sector response strategies and plans, including WHO’s own response plan, with common health sector/cluster indicators and outputs. In addition WHO has played a strategic and leadership role in providing **technical advice and guidance to the Ministry of Health** not only for the emergency health related services delivery but at the same time for the **Health System Reform**.
Health Operations

Over the course of the Humanitarian crisis in the Eastern Ukraine, WHO had a leading and strategic role in supporting the Ministry of Health in adapting and promoting technical guidelines, such as:

i) the development and adoption of the new Integrated Management of Childhood Illness programme for Ukraine;

ii) the development of “Rural Health Care” Package and related guidance and capacity building for the establishment of Medical Emergency Primary care Units, linking the humanitarian live-saving health care with the Health System/Primary care Reform of the Ministry of Health;

iii) the development of the Ministry of Health Essential Medicine List for Ukraine.

WHO has provided to Ministry of Health staff as well as health care providers trainings to improve quality of care (see also chapter on Capacity Building), strengthen the surveillance and early warning systems, application of control measures including risk communications and public health messages, and provided patient care including medical supplies to fill service delivery gaps. WHO established a Tripartite Agreement between the Ministry of Health, WHO and the Ukrainian Red Cross (URC) allowing the URC and the Hippocrates Greek Medical Foundation to run Emergency Mobile Points (EMPs) to provide essential emergency/urgent primary health care services for IDPs, host communities and returnees in conflict-affected areas in the east and south of Ukraine to ensure health protection.

Procurement and delivery of supplies and drugs

WHO procured and delivered essential drugs, surgical materials and anaesthetics, insulin, drugs for selected non-communicable diseases, diarrheal diseases, neonatal resuscitation, laboratory re-agents, TB, HIV, vaccines. Overall WHO delivered supplies enabling the treatment of over 2 million patients since early 2015. WHO also manages an international health supply platform which supports all partners in importing humanitarian health supplies. WHO’s supply line is now broken due to lack of funding.
In 2015 WHO delivered the following medical supplies

- Interagency Emergency Health Kit 2011 (834 kits)
- Italian Emergency Trauma Kit A and B (42 kits each)
- Diarrhoeal Disease Kit (Inter Agency) (22 kits)
- Health post Kit (25 kits)
- Pneumonia Kit A and B (50 kits each)
- Field Sample Collection Kit (8 kits)
- Neonatal Resuscitation Kit (42 kits)
- Clinical Chemical Laboratory Kit (4 kits)
- Lab Supplies (7)
- Insulins (Insuman, Apidra, Lantus, Actrapid, Leverein, Mixtard, Novomix, Novorapid, Protaphane, Humilin, Humalog, pens) 28 Items in total
- Complimentary Kit (8 x kinds of Consumables) (61 units)
- Blood Pressure Monitor, Portable Glucometer, Portalectrocardiograph (6 units each)

Direct provision of care
WHO conducted 232,287 consultations and 58,086 referrals to IDPs with otherwise no access to primary healthcare and patients in areas of GCA without primary healthcare provision. This activity is discontinued by lack of funding. Mental health support with 4 mobile teams is maintained on core WHO funding until October.

Surveillance
WHO performed case-based, integrated disease surveillance of mental health, non-communicable and communicable disease from mobile emergency primary care surveillance system, coupled with a disease early-warning system. This activity is discontinued by lack of funding.

Early Warning and Surveillance System (EWARS): A functioning EWARS for communicable diseases with epidemic potential was established, adapted to the Ukraine context and is now available in Ukrainian, Russian and English to improve public health surveillance/monitoring of priority communicable diseases together with the further expansion of the Health Information System. Reporting mechanisms were enhanced through the procurement of specific tablets...
and the development of software upgraded as a web-based, real-time, people-centred field health management tool to link MEPUs mobile teams’ personnel with Primary Health Care and hospital facilities as well as WHO Country Office in Kyiv and WHO field Offices.

**Capacity building on surveillance techniques** and use of the tool was provided to all WHO field offices staff, MEPUs teams, and to 40 Roma health mediators. Health data has been regularly updated reporting on syndromic surveillance, outbreak investigation as well as patient care and referral monitoring needs. The system was reprogrammed to use mobile technology and an online framework. In total, over 72 sentinel sites have been established.

**Anemia surveillance system:** A real-time monitoring system of anaemia prevalence in vulnerable groups (infants and pregnant women), residing in Donetsk and Luhansk (GCA) has been set up with Ministry of Health and is collecting data on anemia monthly on 16 health facilities. The prevalence of anemia seen in these sentinel health facilities among pregnant women and infants under 1 year of age are reported monthly to monitor trends and identify needs for nutrition interventions. Agreement with the Ukrainian Ministry of Health to collect the data from the main national maternity and children hospitals and health care units was formalized.

**Vaccination**

WHO and UNICEF managed a **successful country-wide polio campaign**, reaching over 80% of coverage in the third round of vaccination, results not reached in Ukraine since the 1990s. Maintenance of medical equipment: This is a pressing demand in NGCA but WHO could not even start this activity due to lack of funding.

WHO, as global leading technical Health organization, also provided technical support and guidance to the Ministry of Health to ensure adequate leadership and coordination across the country and guarantee a “full government response” while meeting quality expectations as outlined in the **World Health Assembly 2015 polio resolution** and under IHR and PHEIC requirements. **WHO country** office facilitated the working relations and reporting between the de-facto authorities of the so called Donetsk People Republic and Luhansk People Republic with the Ukrainian authorities (e.g. laboratory and SES in Kyiv), and ensured the linkages with IHR as well as the immunization of the 1.4 million registered IDPs, and other vulnerable communities, i.e. Roma.

WHO country office supported the development of the **“National Response Plan Following an Outbreak of Polio”** and supported the urgent planning, implementation and monitoring of nationwide immunization activities to rapidly boost population immunity coupled with intensified AFP and environmental surveillance to ensure the timely identification of any new polio cases.
WHO’S STRATEGIC POSITIONING TO OPERATIONALISE A PROTRACTED EMERGENCY MANAGEMENT IN UKRAINE

Government controlled areas (GCA)
WHO will focus on coordination and health information management with the many NGOs now present in the area and WHO shall fill remaining gaps with mobile or fixed points where necessary and if funding is available. It is important to re-establish the surveillance system developed in 2015 and convince NGOs to use it. The mobile community-based mental health teams support must continue until taken over by the MoH. Specific training will be provided as requested by MoH (the training recently offered on health emergency management was highly commended by the MoH).

Non-government controlled areas (NGCAs)
WHO needs to establish a much stronger presence to avoid the health system to crack down completely and to contribute with ICRC to preventing a public health crisis. This should be on the basis of planned operations as the situation allows this now.

The areas where WHO will be well placed to support

- **Surgical supplies / neonatal consumables**: 4 or 5 deliveries per year to cover critical gaps can be organized with AICM as implementing partner on the ground.
- **Vaccines**: Identify the vaccines not available for scheduled vaccinations, organise international procurement through UNICEF, deliver and ensure VPI technical support on the ground. It shall be possible to schedule 1 delivery per year and there is a need for a VPI expert on the ground to ensure preparation, technical advice and follow-up/monitoring.
- **Generic labs support (re-agents)**: supplies delivery and VPI expert monitoring and technical advice.
- **TB/HIV**: Supplies deliveries are absolutely critical. UNICEF could best placed to order the supplies and WHO to organise the deliveries and technical advice on the ground.
- **Insulin**: this was done once at large scale and can be done again. Deliveries to be planned 6 months to 1 year for 1 or 2 scheduled delivery/ies by WHO per year. The local NCD health officer can ensure - preparations, follow-up, and monitoring.
- **Oncological support**: this is a life-saving area where WHO should be able to support. Most needed is 1st level drugs for stage 0/1/2 cancers which are completely absent. AICM can be a very good implementing partner and the local NCD health officer will be well placed for technical advice/ monitoring.
- **Other chronic diseases / NCD**: WHO needs to coordinate with ICRC on what they do and what can be done with long-term planning with realistic projections.
- **Maintenance support**: This requires open information from local health authorities to be able to do planning based on the usual scheduled maintenance that these materials should require. Based on this, WHO should be able to work out a mechanism through Member States of these countries the brands are from, so they can make donations from WHO and also release secondments to WHO of bio-engineers to be able to go train the local engineers. WHO could then work as intermediary to keep the health systems of these territories connected to the rest of the World and avoid them to crack-down due to isolation.
- **Technical expertise**: on temporary basis based on the needs expressed by local authorities WHO should be able to hire necessary expertise for training and capacity building such as war surgeons, TB experts, HIV experts, labs experts, surveillance experts, etc.