The humanitarian situation in parts of eastern Ukraine remains volatile and is continuing to deteriorate. As a result of ongoing hostilities between armed groups and government forces, as well as the events that occurred in the Autonomous Republic of Crimea in March 2014, Ukrainians have fled their homes and become increasingly vulnerable. Since the start of hostilities in April 2014, more than one million people have been displaced within Ukraine or in other countries.

Those remaining in conflict-affected areas, particularly in densely populated urban areas, face continued security threats due to military activities. Basic life-saving services have been disrupted, access to financial services is limited and food and provisions are increasingly rare and expensive.

**Health Sector Situation**

The health system in Ukraine, already weak, has been severely affected by the crisis. While the overall budget for health care has increased in the Ukraine over the last six years, it is still comparatively low at around 3.2% of GDP. WHO recommends at least 5%. This, compounded with the ongoing devaluation of the local currency, means that Ukraine’s 2015 health budget will only cover approximately 30% of needs.

There are no budgetary resources allocated to health services for IDPs, requiring these people to make out-of-pocket payments for health care, despite many of them no longer having an income. The absence of a unified and centralized IDP registration system is also limiting access to services as public health care is usually provided to citizens in their location where they are registered.

In total, WHO estimates that 4.5 million people, including IDPs, host communities and those remaining in conflict zones are in need of assistance. Vulnerable populations, especially children, women, the elderly and disabled people are particularly at risk. There is limited emergency primary and specialized health-care (including care for chronic non-communicable diseases, maternal and newborn care and mental health care) to cater for these populations.

There is a lack of medical supplies and medicines in Ukraine. Hospitals are running out of stocks, with some medical staff reporting that they have not received funding for several months. Timely procurement is hampered by lengthy legal procedures and there have been failures in the tendering process for the supply of medical supplies, notably for vaccines, tuberculosis (TB) and HIV/AIDS treatments and medications for hypertensive and cardiovascular conditions. Areas of particular concern include:

**Maternal health:** A lack of access to reproductive health services was reported in three areas: Sloviansk, Sviatohirsk and Popasnaya.

**Communicable diseases:** Winter weather increases health risks, particularly for those without adequate shelter or heating. Low immunization rates among children further exacerbate the risk of infection. The prevalence of HIV/AIDS and poor nutrition among the IDP and returnee population makes them more vulnerable to developing active TB.

**Mental health:** Very limited psychosocial support is offered to IDPs. The majority of IDPs with mental disorders and psychological distress do not receive any form of treatment.

**Health Sector Objectives**

**Objective 1:** To fill gaps and enhance access to quality preventive and curative health services, including medication and health technology.
Planned outputs:

- Improve access to comprehensive primary health care services and care at secondary and tertiary levels
- Support to HIV-exposed and affected persons lacking treatment due to the emergency
- Support delivery of emergency reproductive health-care to vulnerable women,
- Direct support to hospitals with surge personnel and supplies
- Support in improving quality of emergency care provision for children through implementing Integrated Management of Childhood Illnesses
- Improve identification, referral and access to mental health care support
- Improve identification, referral and access to medical care for gender-based violence, with 15% of health facilities providing clinical management of rape survival services
- Strengthen the preparedness for and management of trauma care
- Promote an enabled working environment for volunteers, and provide specialized training according to needs

Objective 2: To provide reliable health information for evidence-based emergency response, monitoring and policy decision-making

Planned outputs:

- Conduct joint assessments related to safe and equal access to primary health care services among the most affected populations, including women, children and people with disabilities
- Strengthen the health information management system for emergency and regular health-care, with all mobile emergency primary healthcare units and emergency primary care posts reporting at least 10 times over a 12-month period
- Strengthen the Health Cluster and sub-cluster nutrition coordination to address the protection needs of the crisis affected and displaced people
- Support selected health services and infrastructure affected by the crisis, in line with the health system reform, and enhance revitalization and restoration of health services and health facilities in affected areas
- Development of health communication activities to the general population and to health personnel

Objective 3: To strengthen disease surveillance and response, including laboratory capacities and technical guidance on priority public health issues and threats

Planned outputs:

- Strengthen syndromic surveillance, disease monitoring and early warning systems, assessing the vaccination status of 85% of children
- Prevent, detect and respond to epidemic-prone diseases (including polio and measles), with 100% of alerts responded to within 48 hours
- Pre-position emergency medical supplies and materials to ensure a timely response to epidemic-prone diseases outbreaks, with 20 emergency health hospitals receiving Interagency Diarrheal Diseases Kits

Beneficiaries targeted by health partners in 2015
The cluster is targeting 3.17 million people, out of a total of 4.5 million estimated to be in need. In the total number of people in need: 7% are children under 59 months of age; 15% are adolescents; 3% are pregnant or lactating women; 20% are elderly; and 10% are disabled; 16% have communicable or non-communicable diseases.

Geographical areas targeted by health partners in 2015
The Health Cluster will carry out activities in Kharkiv, Dnipropetrovsk, Zaporizhzhia, Luhansk and Donetsk regions, with support provided across Ukraine to selected health services and infrastructure affected by the crisis.

Health sector funding requirements for 2015
US$ 50 000 000 (including WHO)

WHO funding requirements for 2015
WHO is appealing for a total of US$ 15 000 000

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<tr>
<th>WHO projects</th>
<th>Requested funds (US$)</th>
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<tbody>
<tr>
<td>Health activities</td>
<td></td>
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