HEALTH CLUSTER BULLETIN # 1
March 2018

Ukraine
Emergency type: Protracted Emergency
Reporting period: 1 – 31 March 2018

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<tbody>
<tr>
<td>4.4 MILLION</td>
<td>people affected</td>
</tr>
<tr>
<td>2.2 MILLION</td>
<td>people in need of health support</td>
</tr>
<tr>
<td>0.9 MILLION</td>
<td>people the Health Cluster aims to assist</td>
</tr>
<tr>
<td>$21.1 MILLION</td>
<td>funds requested</td>
</tr>
<tr>
<td>5.0 %</td>
<td>funded</td>
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Assistance provided by Health Cluster in the 1st Quarter - January-March 2018

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<td>77,407 People reached</td>
<td></td>
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<tr>
<td>26 Health Facilities</td>
<td></td>
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<tr>
<td>512 Health Professionals Trained</td>
<td></td>
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<tr>
<td>3 Public Health Laboratories</td>
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HIGHLIGHTS

- Quarterly HRP reporting completed for the first quarter of 2018. Thank you very much, to all the partners who have responded in a very timely manner.

HEALTH CLUSTER

Health Cluster Partners: 59
- International NGOs: 26
- National NGOs: 17
- UN agencies: 4
- National authorities: 2
- Donors: 4
- Others: 6

Situation Update

- Health facilities and personnel, who are strictly protected under international humanitarian law, are not a target for violence, and must be protected from harm. According to reports during the last six months, four (4) health care facilities and three (3) ambulances were damaged during the conflict with three people killed (WHO).
- It is especially alarming that the people maintaining critical public infrastructure are being targeted in the violence (UN RC/HC, 2018).
- Lack of medical staff was identified as a major cause (27 of 37) of health facilities reported as partially functional or non-functional, based on initial analysis of 747 facilities in GCA (HeRAMS, 2017).
- Crossings through the five operational exit/entrance checkpoints (EECP) remain an issue for civilians, with up to 40,000 individuals crossing per day over last three months to receive social payments and to access healthcare and markets in the GCA. People crossing are exposed to risks to their health and safety; long queues in adverse weather conditions, sanitary and other facilities are lacking, and landmines are present in some areas.
- IDPs face difficulty accessing primary healthcare, in some areas due to insecurity, but as well due to health care availability and costs.
• Continued restrictions on the movement of people and goods between GCA and NGCA reinforces social isolation and decreases the availability of quality health care services. People in the areas near the ‘contact line’ are regularly cut off from healthcare, people with chronic diseases are highly vulnerable and at risk of treatment interruption (OCHA).

• According to weekly operational data provided by the Ministry of Health of Ukraine a total of 9,091 measles cases and 7 deaths have been reported since the start of 2018 through March 30, including 112 measles cases in Donetsk GCA and 4 measles cases in Luhansk GCA.

Public Health Risks, Priorities, Needs and Gaps

• The wellbeing and safety of civilians is threatened by shelling and risk of mines on a daily basis. In March 2018, OHCHR recorded 18 conflict-related civilian casualties: 5 people killed and 13 injured; 15 of the civilian casualties are caused by ERW and mine-related incidents.

• Water-borne disease risk remains high due to system disruptions caused by damage due to shelling, breakage and lack of maintenance.

• Shortage of key medical providers: overall functioning of health care is decreased in the conflict affected area partly due to the lack of qualified health care staff in key service areas; especially affecting the area along the contact line and in NGCA.

• Vaccination coverage - According to the Ministry of Health, only 30% of children in Ukraine are fully immunized against measles, only 10% against hepatitis B, and only 3% against diphtheria, pertussis and tetanus. Surveillance remains weak for both vaccine-preventable and water-borne diseases. Limited data sharing and early notification, along with documented gaps in laboratory capacity increase the risk of outbreaks.

• Medicines and medical equipment – restrictions on the movement between GCA and NGCA limits supply of crucial medical consumables and prevents proper technical maintenance of medical and laboratory equipment; directly effecting the quality of health care.

• Overall inadequate funding of critical disease control programs.

• Limited reporting by health authorities on key epidemiological and health system indicators significantly limit proper understanding of health needs and gaps.

• Training – health authorities recognize the need for up-to-date training of medical professionals to maintain quality of care standards; this is a particular challenge in NGCAs where access is limited.

• Restrictions to field operations by NGOs, that historically provide the bulk of targeted services for example in HIV prevention and follow-up of patients remain, especially in NGCA and areas along the contact line.

Health Cluster Action

Health Resources Availability Mapping System (HeRAMS) - Mobile Clinics

Partners provide support national and local authorities to improve the availability of services and directly provide services to the neediest through mobile clinics offer flexible and viable options for reaching isolated and vulnerable groups. Increasingly there is an increased focus on supporting health system improvement and restructuring to meet current population demands in response displacement and violence; and health system disruption.

The health cluster working together with the MoH have collected data on over 800 HCFs in the GCA of eastern Ukraine. The next step for HeRAMS is to collect data on Mobile Clinics operated by partners along-side routine health services. All partners operating or supporting mobile health services delivering primary, specialized and mental health care are encouraged to contact HC IMO, Paul Jaskierniak by email pauljaskierniak@gmail.com
**Attacks on Health Care (SSA)**

The Surveillance System for Attacks on Health Care (SSA) (WHO/Global Health Cluster) provides a systematic mechanism to document attacks; with the aim to minimize loss of life and disruptions to health care due to violence. The lack of information on the impact of attacks on service delivery and the health of affected populations limits the ability to advocate against this violence, in an effort to protect health care providers, patients and infrastructure.

Partner organizations are invited to actively participate in the SSA. Registration as a 'contributing partner' allows system access in order to submit information on attacks on health care. Once provided with credentials, Partners will have access to the ‘Partners Dashboard’- with data from all priority countries available. This dashboard has the ability to export data, and users will be able to view published data points.

Please contact Paul Jaskierniak, (pauljaskierniak@gmail.com), for registration and further information.

**WHO: Attacks on Health Care**

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**TB/HIV Working Group**

After the start of the armed conflict in the eastern part of Ukraine in March 2014 the provision of TB and HIV treatment services reduced significantly because of damage to health facilities and crucial lab equipment; as well as the restriction of movement for people and goods to non-government controlled areas (NGCA); and overall inadequate funding of disease control programs. However, despite many remaining operational challenges the overall situation has significantly improved since then.

Massive shortages in HIV treatment drugs and critical lab consumables in NGCA have been avoided due to proactive assistance by the international community. HIV treatment was optimized in-line with WHO recommendations (to one pill once a day) for the majority of patients. By April 2018, access to HIV treatment expanded considerably, with now more than 10 thousand people receiving life-saving medications. Over the last year procurement of second-line TB medicines and maintenance of laboratory equipment resumed in Donetsk (NGCA). Swiss donor assistance provided much needed TB diagnostic machines (XpertMTB/Rif and BACTEC-MGIT-960) and required reagents for 2018 were delivered to Lugansk (NGCA).

Successful application of Ukraine to the Global Fund to Fight AIDS, TB and Malaria (GFATM) with substantial TB and HIV funding earmarked for NGCAs helps to alleviate risks for interruption of treatments for the period of 2018-2020. GATFAM provides critical lab equipment, basic medical consumables, modern medications.

Outstanding challenges include: the lack of formal reporting by the de-facto authorities on the key epidemiological and health system indicators, limiting proper understanding of the real situation; limited opportunities for continuing education of medical professionals isolated in the NGCA; poor communication of needs leading to either stock-outs or over-supply at times; and the risk of periodic interruptions in the delivery of medications and health products to NGCA.
Mental Health and Psychosocial Support (MHPSS) Working Group

Structure updates

International Medical Corps (IMC) remains co-chair with World Health Organization (WHO) for the MHPSS Working Group. The group welcomed Andrew J Jones (IMC) (ajjones@internationalmedicalcorps.org), and Alisa Ladyk-Bryzghalova, WHO (ladykbryzghalovaa@who.int), as Co-Coordinators of the MHPSS Working Group.

Advocacy updates

The Concept Note on Mental Health Care development in Ukraine (2018 – 2030) was adopted by the Cabinet of Ministers of Ukraine. The Concept addresses the specific needs of individuals exposed to a negative influence of the armed conflict in Ukraine; including internally displaced persons and former combatants.

In response a call in March by the Ministry of Health the MHPSS Working Group compiled comments and suggestions from partners addressing various areas of the proposed Action Plan, including examples of best practices, a call for strengthened language and clear indicators, improved integration and coordination mechanisms. National Consultations on the National Mental Health Action Plan were held in Kyiv, March 22-23 2018 and was attended by a number of MHPSS Working Group partners.

Partner Organizations in the Spotlight

The Center for Mental Health and Psychosocial Support within the National University of Kyiv-Mohyla Academy (NaUKMA) launched an online course ‘Training of Teachers for the Development of Children Resilience at Schools’ in March. The manual and on-line course provides practical-oriented resources for teachers, school psychologists, social educators and school leaders. Financially supported by UNICEF and the European Commission, interested persons have access to this distance-learning course to build skills in working with distress children, maintaining a safe and child-friendly class environment and prevention of emotional and professional burnout.

The course may be accessed here: http://distedu.ukma.edu.ua/course/view.php?id=284

Medecins du Monde (MdM) completed their pilot on improved integration of MHPSS into Primary Health Care (PHC) services in the Luhansk (GCA) region. Aimed at improving the availability of brief, evidence-based psychological support at the community level, community counsellors received training and supervision in the use of the WHO low-intensity psychological intervention Problem Management Plus (PM+). Lessons learnt from MdM will be available in May to share with interested stakeholders. PM+ manuals in Russian and Ukrainian languages will be available on the WHO webpage in May.

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