HEALTH CLUSTER UKRAINE BULLETIN # 16
February – April 2022

Ukraine
Reporting period: February 24 – April 2022

Health Cluster - Summary

Photo: WHO Ukraine conducting training on victim management for health care workers.

Since the escalation of the conflict on 24 February 2022, there have been devastating effects to the country, including massive civilian displacement and casualties, impacting the health system and the population's health. An estimated 12.1 million people are in need of humanitarian health sector assistance. In response to this overwhelming need, Health Cluster Ukraine has scaled-up its activities.

National meetings with Health Cluster partners are held every Wednesday at 4pm (GMT+2). Since the beginning of the current crisis, each meeting has been attended by over 120 participants from the humanitarian health sector.

Eight new technical working groups (TWGs) have been created: communicable diseases; sexual, reproductive, maternal and child health; noncommunicable diseases (NCDs); trauma and rehabilitation; displacement and health; health logistics and supply; risk communication and community engagement; and assessments and analysis. Pre-established TWGs focusing on mental health and psychosocial support (MHPSS), and HIV/TB and opioid substitution therapy (OST) have been rapidly expanding.

To respond to requests for assistance, **the health requests, planning and response tool (HRPR),** developed by the Health Cluster, enables organizations and facilities to log their requests. The Health Cluster secretariat then engages with partners who are able respond and fulfil the requests. This tool simplifies the previous request and referral tracking system. Over 70 requests have already been logged with the new tool since its launch on 15 April 2022.

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Humanitarian Health Profile

12.1 million

People in need of humanitarian health assistance

Source: 2022 Flash Appeal- April revision

6 million

People targeted in the humanitarian health sector response

Source: 2022 Flash Appeal – April revision

US$110 million

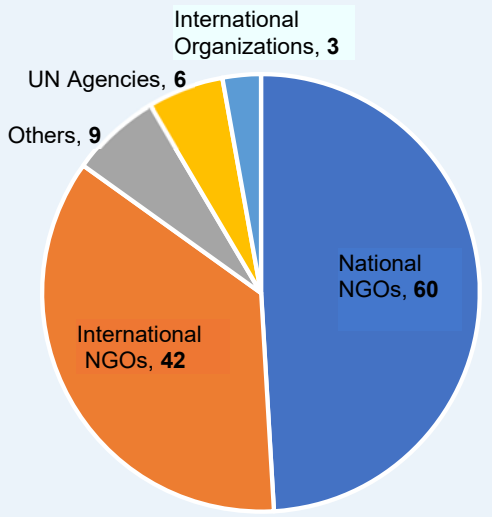
Funding requested, of which 87.9 million (or 79.9%) was received

Source: 2022 Flash Appeal – April revision

195 attacks on health care

Source: WHO Surveillance System for Attacks on Health Care (SSA)

120 Partners



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Health Cluster - Summary

The Public Health Situation Analysis (PHSA) for Ukraine was released on 3 March. The PHSA is intended to provide all health sector partners with a common and comprehensive understanding of the public health situation to inform evidence-based collective humanitarian health response planning. **An update was released on 29 April**.

The Humanitarian Flash Appeal for Ukraine and the Regional Refugee Response Plan for neighbouring countries — both originally launched 1 March — have been revised and published on 25 April. Health Cluster Ukraine identified the main health needs and priority activities as part of the response strategy to provide health sector assistance to 6 million people with a funding requirement of US$110 million.

The Health Cluster conducts **5W (who, what, where, when, for whom) mapping** to chart the presence and activities of partners across Ukraine. Mapping is done weekly to update the continuously changing number of partners and their movements in the field. The **5W Template** has been updated and is available on the Health Cluster website.

The **Attacks on Health Care Team,** part of Health Cluster Ukraine, monitors and reports on incidents of attacks on health care, registering them in **WHO's Surveillance System for Attacks on Health Care (SSA)** for verification.

The Health Cluster Team continues to support the review of new projects submitted to the **Ukraine Humanitarian Fund (UHF).** For the second UHF allocation, 9 partners were approved to implement lifesaving interventions in 20 oblasts. A third allocation was released by OCHA with an envelope of US$50 million; 7 Health Cluster Partners have applied; review of these projects is ongoing.

Health Cluster Ukraine, in collaboration with WHO, developed **two rapid health needs assessment tools**, one aimed at collecting information from households and another designed to be answered by key informants from communities or shelters. Data collection by partners was conducted between 18-22 April; analysis of the data is in process.

Pipeline data collected by the Health Cluster from partners contributes to the inter-cluster effort to coordinate the delivery of supplies. As of 25 April, 22 partners have contributed information on the status of supplies in the pipeline (delivered, to be delivered and ready for shipment).

Medicines, Medical Supply & Equipment				
Status	Items	Kits	Metric tonnes	US$
Delivered	1 500 000	80 000	570	1.5M
To be Delivered	175 000	9000	216	1.3M
To be Shipped	267 000	14 000	111	112K

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Partner Presence mapping: 5W (Who, What, Where, When and for Whom)

Operational Presence

The 5W matrix aims to understand the operational presence and activities of Health Cluster partners across Ukraine. Health Humanitarian Response Activities data are collected from partners on a weekly basis and mapped to chart the continuously changing humanitarian response landscape. Health Cluster partners have reported completed and/or ongoing activities in **164 Ukrainian settlements reaching 1.5M people**. Support has been provided to **162 health facilities** across Ukraine.

As of 30 April, Health Cluster Ukraine had collected 5W data from **120** implementing partners; **100 partners** reported completed and/or ongoing status of health activities, **20** reported planned activities. Further analysis of partners' reported completed and/or ongoing activities is provided below.

Number of implementing partners by oblast (Admin 1 level)

Oblast	Number of Partners
Kyivska	31
Donetska	26
Lvivska	23
Dnipropetrovska	16
Kharkivska	15
Zaporizka	13
Poltavska	12
Odeska	11
Chernihivska	10
Luhanska	10
Mykolaivska	10
Vinnytska	10
Zhytomyrska	10
Chernivetska	9
Khersonska	8
Sumska	8
Cherkaska	7
Kirovohradska	7
Ternopilska	6
Volynska	6
Zakarpatska	6
Khmelnytska	5
Rivnenska	4
Ivano-Frankivska	3

Number of implementing partners by organisation type

Organization Type	Number of Partners
National NGO	54
International NGO	28
Other	9
UN Agency	6
International Organization	3

Number of implementing partners by health domain

Health domain	Number of Partners
HIV/TB	29
Trauma/mass casualties	16
Sexual & reproductive health (SRH), child health and gender-based violence (GBV)	11
Non-communicable diseases (NCDs)	10
Mental health	9
Other communicable diseases (CDs)	8
Child health	4
COVID-19	3
Palliative care	2

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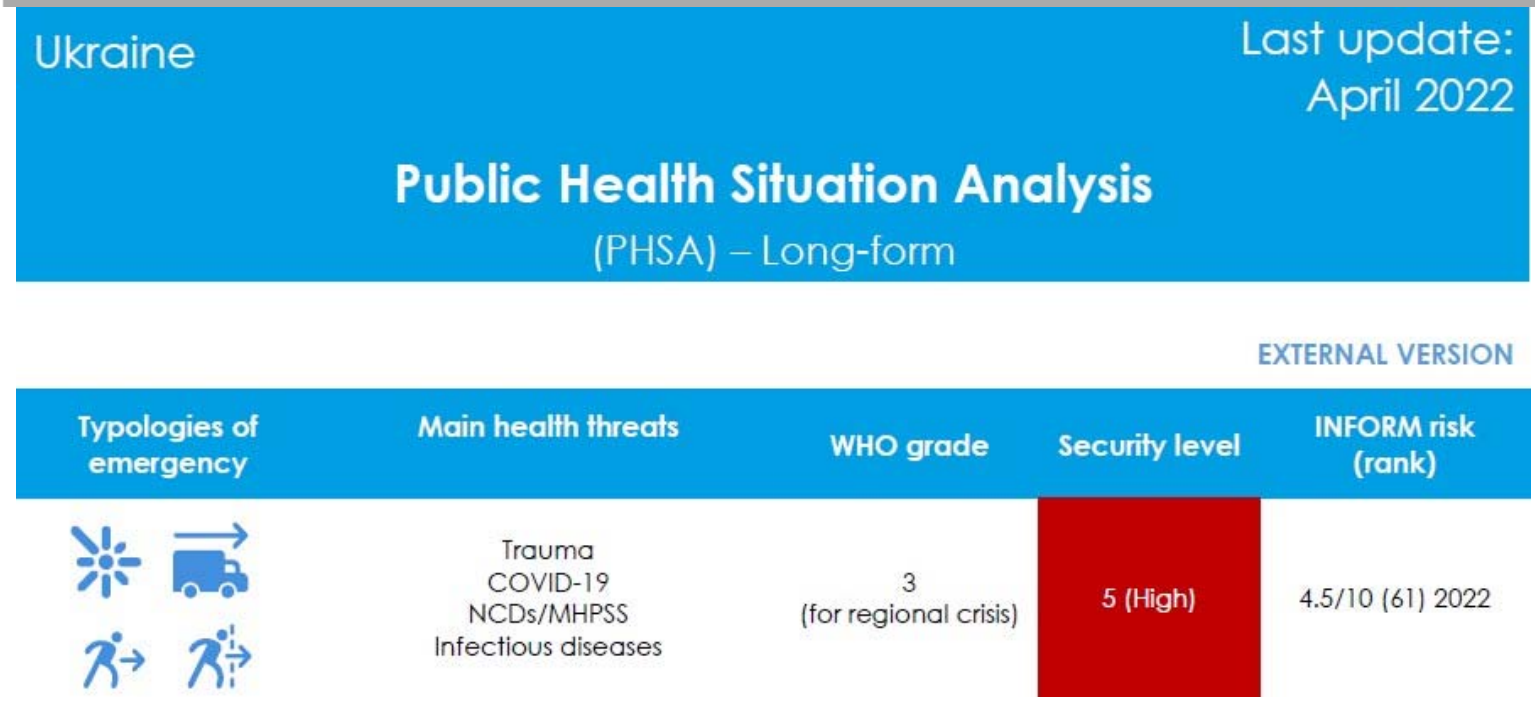
Public Health Situation Analysis (PHSA) – March 2022



On 3 March, the Ukraine Health Cluster released a Public Health Situation Analysis (PSHA) covering all of Ukraine. An update was published on 29 April, which adds depth to the information presented in the previous version, tracks changes in the situation, considers additional threats, and incorporates data from assessments. The PHSA provides an overview of the health status of the population, potential health threats, the status of the health system, and the humanitarian health response. The document is a synthesis of the currently available secondary data at the time of publication.

Key health concerns for the conflict-affected population over the course of the next three months: Non-communicable diseases (NCDs), crisis-attributable injuries, sexual & gender-based violence (SGBV), mental health and psychosocial health, and infectious diseases.

- NCDs, such as cardiovascular disease, are the leading cause of death in Ukraine. Reduced access to health care and medicines due to hostilities is likely to worsen the health status of the population, impacting quality of life and life expectancy.
- Crisis-attributable injuries and trauma cases are placing strain on health facilities and increasing long- and short-term rehabilitation support needs.
- Exacerbation of chronic mental health problems and high levels of acute psychological distress are of concern among all age groups within the population due to the significant psychosocial stressors associated with the active conflict and COVID-19 pandemic.
- Infectious disease prevention and treatment programmes, including those targeting COVID-19, measles, polio, TB, and HIV have been impacted by limited access to healthcare and medicines, destruction of infrastructure, inadequate vaccination coverage, lack of adequate sanitation and hygiene, as well as population movements and crowding.

The detailed report is available on the Health Cluster website.

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Key Completed Assessments (publicly-available) – February to early April

- **HelpAge** – Older persons in Luhanska/Donetska – 1-2 March
  - 34% of older people reported urgent need for medication for chronic illnesses.

- **UN Women / CARE**

  Rapid Gender Analysis – Ukraine – 1 March
  - Secondary data review
  - Ukrainian women outlive men by about 10 years
  - Access to sexual and reproductive health care fell during the pandemic and the conflict situation creates additional barriers
  - Gender-based violence (GBV) affects at least one fifth of women

  Civil Society Organization survey – 4-10 March
  - Key concerns: immediate safety threats, basic necessities, loss of livelihood, psychological impact, GBV, lack of communication, exclusion from planning/decision-making

  Rapid Gender Analysis of Ukraine – 29 March
  - Secondary data review
  - Impact on women and men different – exacerbating inequalities; differing roles; unemployment - informal sectors; diverse challenges to access; increased risk of GBV; displacement gendered; risks to women activists

  Rapid Gender Analysis – Ukraine – 4 May
  - Primary & secondary data
  - Area of life most affected by the war: mental health
  - Priority needs: protection, income, physical health, mental health
  - Key findings: Women are key responders, but not decision makers; exacerbation of inequalities/discrimination; women are disproportionately impacted.

- **IOM** - General population survey - rapid representative assessment of internal displacement & needs

  Round 1 – 9-16 March
  - Top needs: cash (financial support) and medicines and health services
  - 1% of non-displaced respondents say they cannot leave due to a health issue or disability
  - 35% of IDPs and 27% of non-displaced respondents reported a lack of medicines and health care services
  - The proportion of IDPs who report some of their current HH members are: 32% chronically ill, 56% elderly, 20% disabled, 28% infants, 61% children, 10% pregnant or breastfeeding

  Round 2 – 24 March-1 April
  - Top needs: (financial support) and medicines and health services
  - Medicines and health services was the most pressing need identified by 19% of those in northern Ukraine.
  - In Kyiv, 23% reported that very few or no pharmacies were open in their area.
  - Lack of medicines in health care centres or pharmacies was the most commonly reported barrier to health care.

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Completed Assessments (publicly-available) – February to early April

Round 3 – 11-17 April

- Top needs: (financial support) and medicines and health services
- 26% of IDPs and 28% of non-displaced respondents were in need of medicines/health services
- 22% of respondents indicated that they or someone in their household had to stop using their medication because of the war; 85% of whom indicated they were not able to secure the medicines due to availability; 44% stated that they could not afford to buy the medicines.
- The most reported barrier to health care was no medicines available in healthcare centres or pharmacies, experienced by 10% of IDPs and 13% of non-displaced respondents.

- **REACH/OCHA**

Rapid Needs Assessment of Conflict-Affected Areas, 22-25 March

- Eastern Oblasts
  - In 50% of settlements disruption to health care services was reported as a concern; among which 63% reported that emergency health care services had been inaccessible in the 7 days prior to data collection. Of these, 75% reported that more than half of the population was affected by lack of access.
  - Services were reported to be very inaccessible in Mariupol, Izium, Popasna, and Rubizhne.
  - It was also reported in all settlements that access to medication was a concern.

Rapid Needs Assessment of IDP-hosting areas – 23-31 March

- Western Oblasts
  - 16% of respondents reported IDPs faced difficulties in accessing health services.
  - Of the 10 most cited priorities, provision of medicines was 5th overall, psychosocial support 8th, and healthcare services 10th.
  - Access to medicines (21%) and psychological support (28%) was a high concern for most of assessed settlements in western oblasts.
  - 75% of assessed settlements in Rivnenska and 40% in Lvivska reported that the IDP population in the settlement faced concerns regarding access to medicines.

Rapid Needs Assessment of IDP-hosting Areas, 24 March-6 April

- Southern Oblasts
  - Mykolaiv - disruption to healthcare services was reported as a concern; emergency healthcare services had been very inaccessible within the 7 days prior to data collection; over 75% of people in the settlement were affected by healthcare inaccessibility.
  - 80% of settlements reported access to medication was a concern.
- Northern Oblasts
  - 48% of settlements reported disruption to healthcare services was a concern; 25% reported that emergency healthcare services had been inaccessible within the 7 days prior to data collection. Services were reported to be very inaccessible in Irpin (Kyivska oblast).
  - In Chernihiv and Irpin, over 75%, and in Malyn, over half of people in the settlement were reportedly affected by healthcare inaccessibility.
  - 76% of settlements reported that access to medication was a concern.

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Completed Assessments (publicly-available) – February to early April

- **WHO/Premise**

  Household Health Needs Assessment – 7-21 April – Preliminary Results

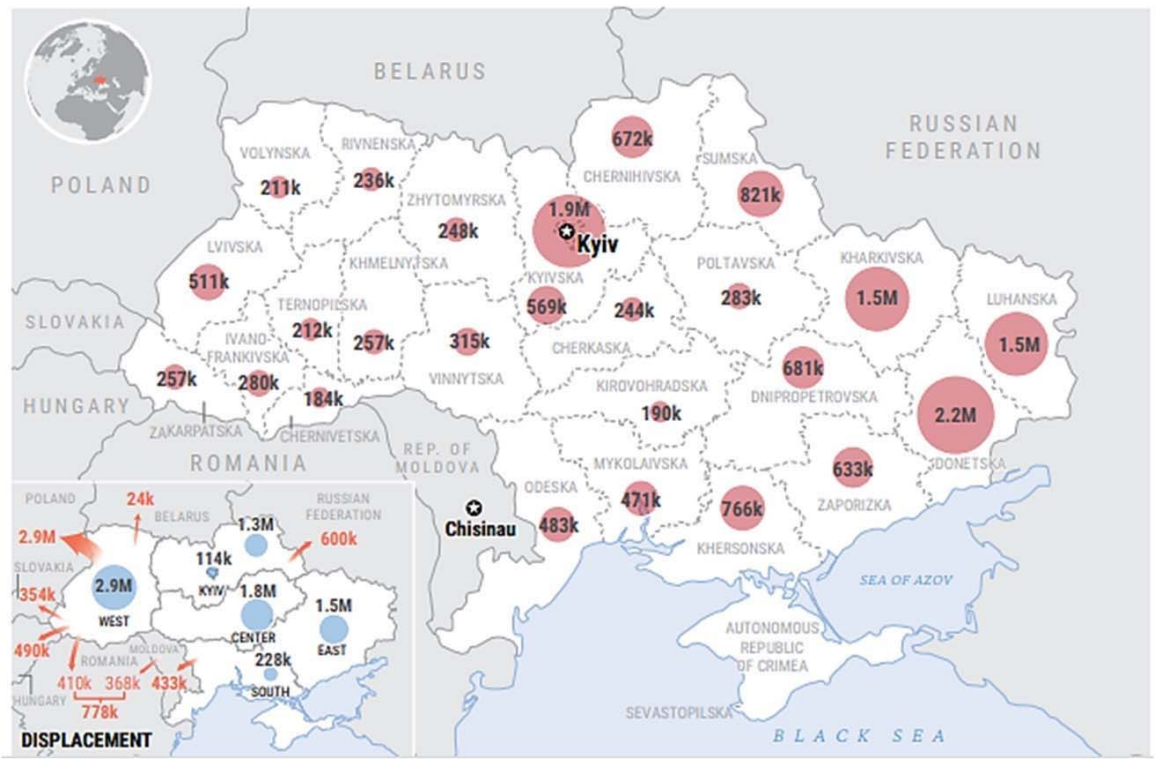
  - Crowd-sourced data
  - One in three (30%) households have at least one person with a chronic disease who reported challenges in accessing care for their condition. The survey also shows that two out of five households (39%) have at least one member with a chronic illness, such as cardiovascular disease, diabetes or cancer.
  - Less than a third (30%) of respondents sought out health-care services recently; of those, 39% cited the security situation as the main barrier, while 27% reported that no health-care services were available at all in their area.
  - Most households (70%) surveyed are sheltering in their own homes at this time, while 11% are staying with friends and family members in relatively safer areas, 8% are on the move within Ukraine, and 3% are in a shelter or camp for internally displaced persons.

Revision of the Ukraine Humanitarian Flash Appeal 2022

Two months on, needs have continued to rise, while the humanitarian response has expanded significantly in scale and scope — enabled by the rapid funding allocated against the initial Ukraine Flash Appeal — prompting a revision and extension of the Flash Appeal until August 2022.

Health Cluster Ukraine identified the main health needs and priority activities part of the response strategyto assist 6 million people in Ukraine with a funding requirement of US $110 million.

People in need per oblast



Download the new appeal by clicking here.

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Attacks on Health Care

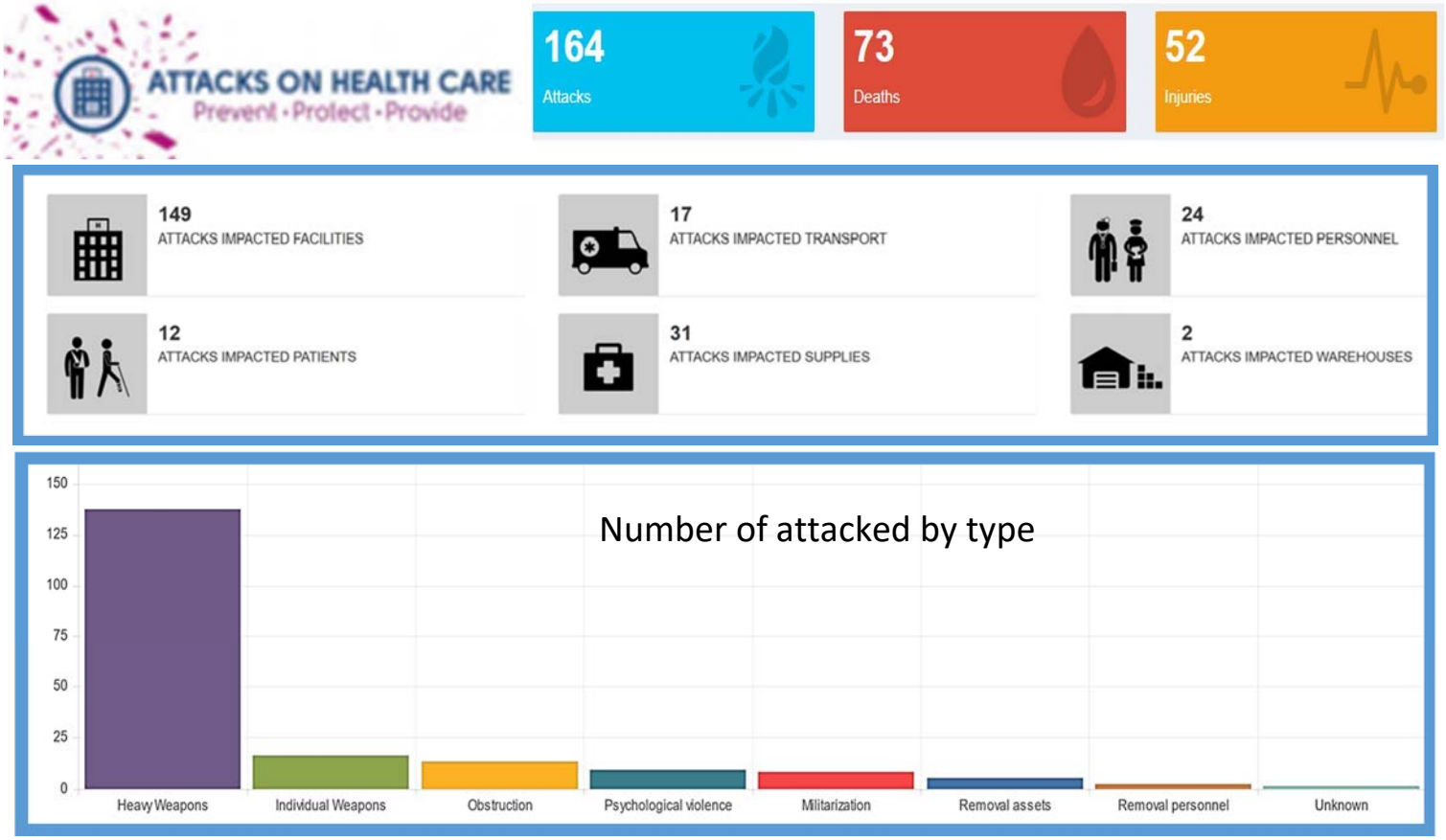
According to WHA Resolution 65.20 "WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies", paragraph 2(8) calls on the Director-General "to provide leadership at the global level in developing methods for systematic collection and dissemination of data on attacks on health facilities, health workers, health transports, and patients in complex humanitarian emergencies…". Therefore, a team working on monitoring and reporting incidents of attacks on health care was formed by the Health Cluster in coordination with WHO.

To verify the attacks, the Health Cluster Ukraine Attacks on Health Care Team collaborates with national stakeholders, most notably the Ministry of Health and the think-tank Ukrainian Healthcare Center (UHC).

The Team monitors and reports on incidents of attacks on health care, registering them in WHO's Surveillance System for Attacks on Health care (SSA), the main mechanism for collecting primary source data on such incidents. The resulting information is publicly available.

Any attack on health care should immediately be reported to the SSA focal point in Ukraine, Ms. Iryna Koval: kovali@who.int.

As of 25 April, **164 incidents** of attacks on health care have been verified and published on the SSA dashboard, reporting **73 deaths** and **52 injuries**.



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Update from the Technical Working Groups

Technical Working Group; Group Lead / Contact information	Update & Upcoming Events
Non-Communicable Diseases (NCDs) Focal point: **Andrii Skypalskyi** skipalskyia@who.int	▪ 10 organizations have requested to participate (2-5 specialists per agency) ▪ Priority has been given to ensure accessibility and affordability of medicines and medical products for people with NCDs/chronic conditions. Thus, partners have been focused on supplying medicines for diabetes, hemodialysis, and cancer treatment, based on the available needs assessments and government requests. ▪ Partners reviewed the contents of WHO NCD kit and its various modules, in order to be able to supply additional medicines and products for people with CVDs, respiratory diseases and mental health. WHO prepared an analytical note on NCD kit utilization and implication for MoH to align this strategy with government needs. ▪ Partners have actively moved towards planning and launching various mobile teamsthat will partially support the management of NCDs and chronic conditions. ▪ Provision of NCD kits with a greater focus on cardiovascular diseases and chronic respiratory diseases is planned.
Mental Health and Psychosocial Support Services (MHPSS) Focal points: **Alisa Ladyk-Bryzghalova** ladykbryzghalovaa@who.int **Oksana Dmytriak** dmytriako@who.int	▪ The MHPSS TWG includes over 50 partners at national and sub-national levels. ▪ A new sub-national group was launched in Lviv oblast; the first two meetings took place in April; additional groups are planned in Chernivtsy and Zakarpattya. ▪ The national TWG is co-chaired by WHO, IMC and MOH and holds meetings every second Thursday at 15h. ▪ THe MHPSS TWG collects data on partners' operational presence via this form. The mapping data can be provided upon request. ▪ The group supports MOH in collecting and referring requests for assistance from psychiatric hospitals and psychoneurological internats to partners, as needed. ▪ The TWG shares information and updates with partners via a regular newsletter, found here. ▪ The group also collects information on the capacity building needs of the partners and the resources available for trainings for basic skills and psychological interventions to fill gaps in MHPSS provision. ▪ The MHPSS TWG is being supported by the IASC MHPSS Reference Group and, as part of its mission, is co-chair to Ukraine in April-May. ▪ WHO launched a course "Introducing Mental Health and Psychosocial Support (MHPSS) in emergencies" at the Open WHO platform available here.

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Update from the Technical Working Groups

Technical Working Group; Group Lead / Contact information	Update & Upcoming Events
Sexual, Reproductive, Maternal & Child Health Focal point: **Andrey Poshtaruk** poshtaruk@unfpa.org	▪ SRH-MCH TWG, chaired and coordinated by UNFPA, has been functioning since 15 March and currently consists of 37 partners. ▪ The group collectively addresses SRH and MCH needs of the affected populations in line with the MISP principles in humanitarian settings, delivering life-saving interagency reproductive health (IARH) kits and services. ▪ The group has been actively engaged in the work of the Health Cluster, including through providing substantial inputs to the harmonized health needs assessment tools. ▪ The partners have been actively responding to urgent requests from medical facilities throughout the country, and working closely with the GBV subcluster to build effective referrals and provide reproductive health kits, post-exposure prophylaxis kits, emergency contraception, CRM training, and psychosocial support to the affected populations.
Communicable Diseases Focal point: **Vusala Allahverdiyeva** allahverdiyevav@who.int	▪ The Communicable Diseases TWG was launched on 18 March 2022 and is co-led by WHO and UPHC/MOH. ▪ TWG participants currently represent 12 organizations (>15 participants), and is expanding due to a high-level of interest from new partners. ▪ Participating organizations include: (**in alphabetic order**): *ALIMA, CORUS international, FHI360, IOM, IRC, the Ministry of Health/Public Health Center, PATH STBCEU Project (Strengthen TB control efforts in Ukraine project), Première Urgence Internationale, UK-Med, US CDC, Vaccination Coalition NGO, WHO.* ▪ Key focus on disease prevention, surveillance and response, particularly in IDPs. ▪ **Key deliverables as of now:** 1. Risk assessment focused on vaccine preventable diseases (measles, rubella, mumps, diphtheria, pertussis, tetanus, poliomyelitis) provided by WHO. 2. Recommendations on the verification of proof of vaccination for evacuated children for neighboring countries provided by WHO and UPHC. 3. SOP on outreach vaccination in IDP settings provided by WHO and confirmed by UPHC and MOH. 4. Vaccine stock review provided by UPHC. 5. Brief on 12 priority areas under public health provided by MOH. 6. Technical guidelines on foodborne and waterborne diseases surveillance and response provided by US CDC.

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Update from the Technical Working Groups

Technical Working Group; Group Lead / Contact information	Update & Upcoming Events
Communicable Diseases (cont) Focal point: **Vusala Allahverdiyeva** allahverdiyevav@who.int	7. Joint needs assessment for laboratory surveillance of communicable diseases prioritized by US CDC, UPHC and WHO. 8. Needs assessment from regions provided by Vaccination Coalition NGO 9. Regular updates and coordination on field activities from IOM, PATH project, RCI, US CDC, UK-Med, UPHC, WHO. A joint risk assessment for high-threat pathogens is planned to be conducted by MOH-US CDC and WHO.
Trauma & Rehabilitation Focal points: **Trauma:** **Flavio Salio** saliof@who.int; **Roy Cosico** cosicor@who.int **Rehabilitation and Assistive Technologies:** **Pete Skelton** skeltonp@who.int; **Volodymyr Golyk** golykv@who.int	▪ Coordinating Emergency Medical Teams (EMTs) – following assessments and planning – represented by 16 organizations in 37 locations across the country. ▪ Trauma Working Group focuses on three areas of operations: trauma care, transfer of patients (medical evacuation), and trainings. o Augmentation to health facilities with the provision of supplies and health care services, trauma and non-trauma related, and when permitted. o Medical evacuation of patients, within the country and crossing to Poland as needed. Transfer of patients is done through coordination between EMTs and MOH. o Face to face or virtual trainings provided to health care workers in selected health facilities. ▪ Coordination of activities related to Rehabilitation are integrated into the TR TWG. At present, due to the high level of activities, rehabilitation specific meetings continue with the agreed focal points in MoVA, MOH and key partners each week. A wider rehabilitation stakeholder meeting is organised every 3 weeks by the WHO Regional Office for Europe. ▪ Rehabilitation priorities have included: o **Service provision**: Mapping gaps in rehabilitation needs and services, coordinating the scale-up of national rehabilitation centers on spinal cord injury, burns and complex limb trauma and amputees, working with key government agencies and partners to strengthen referral pathways and post acute services, and engagement with NHSU on the development of new and the amendment of existing Packages of Medical Guarantees on rehabilitation. o **Assistive Technology:** Mapping of prosthetic and orthotic services and working with key government agencies to strengthen referral pathways. Working with partners to strengthen availability of assistive technology for people with injuries, and for meeting the needs of vulnerable people affected by the war. o **Training:** WHO is working with national associations, international bodies and INGOs to ensure the coordinated delivery of appropriate and quality training (both remote and in person), as well as to coordinate the translation of appropriate technical resources.

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Update from the Technical Working Groups

Technical Working Group; Group Lead / Contact information	Update & Upcoming Events
HIV/TB & Opioid Substitution Therapy Focal point: **Martin Donoghoe** donoghoe@who.int	▪ Co-chaired by WHO and MOH. ▪ Meetings are attended by almost 100 participants. ▪ Procurement and delivery HIV and TB medications are on track. ▪ Additional support is needed for the deliveries to hard-to-reach areas. ▪ Coordinating with UNICEF on diagnostic and harm-reduction commodities.
Displacement & Health Focal point: **Evita Sano** esano@iom.int	▪ The working group includes 26 partners. ▪ The latest data from the IOM general population survey is being shared on a biweekly basis. This is the assessment of the general population in Ukraine to gather initial insights into internal displacement and mobility flows, and to assess local needs. This assessment can serve as an additional source to identify areas with high humanitarian needs and to inform the targeting of response aiming to assist the conflict-affected population. ▪ The working group is addressing some of the legislation and policy questions related to IDP access to health care services. ▪ The unified mobile clinics data collection tool has been finalized together with WHO and MOH, and has been shared among the partners. This tool enables the data collected to be integrated into Ukraine's e-Health system.
Health Logistics & Supply Focal point: **Stuart A. Zimble** zimbles@who.int	▪ Simplification of the supply pipeline tracking report form is nearing completion. A new online HRPR form for this will be launched. ▪ SOPs for importation of narcotics and psychotropics is forthcoming.
Risk Communication & Community Engagement Focal point: **Olha Izhyk** izhyko@who.int	▪ The RCCE TWG was launched on 19 April and is chaired by WHO. Meetings take place every Tuesday at 15:00. ▪ Currently the TWG consists of 10 partners (17 participants). ▪ Current focus: social and community listening, accountably to affected populations. ▪ The TWG is mapping existing RCCE resources in Ukraine.
Assessment & Analysis Focal point: **Karien Stuetzle** stuetzlek@who.int	▪ Launched 29 April 2022 ▪ First meeting:18 participants from 14 organizations ▪ Plans include the discussion and review of tools, activities, analyses and assessment strategies to coordinate data collection and interpretation.

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Contact information: Health Cluster Team

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Dr. Emanuele Bruni, Health Cluster Coordinator	brunie@who.int
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Oleksandra Abrosimova, Health Information Lead	abrosimova@who.int
Dr. Karien Stuetzle, Public Health Analyst	stuetzlek@who.int

Useful Links and Resources

- Health Cluster Ukraine webpage
- Public Health Situation Analysis (PHSA) for Ukraine - April Update
- WHO surveillance system for attacks on health care (SSA)
- Health Cluster 5W template
- Health Requests, Planning and Response (HRPR) Form
  - ➢ Fill-in the form to request assistance from Health Cluster Partners
- Open WHO course catalogue

The updated contact information of other cluster leaders / co-lead agencies, cluster coordinators, and information management officers is available on the humanitarianresponse.info