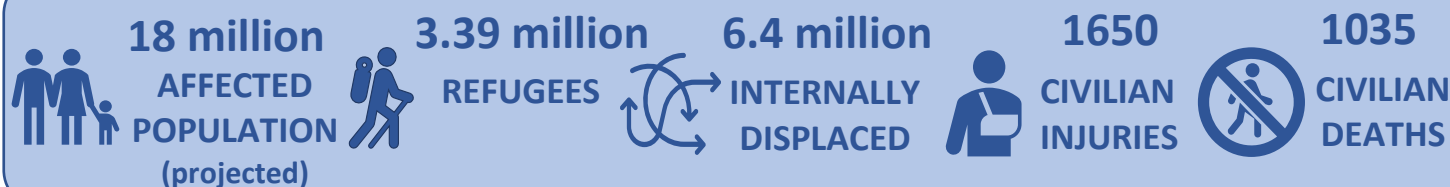


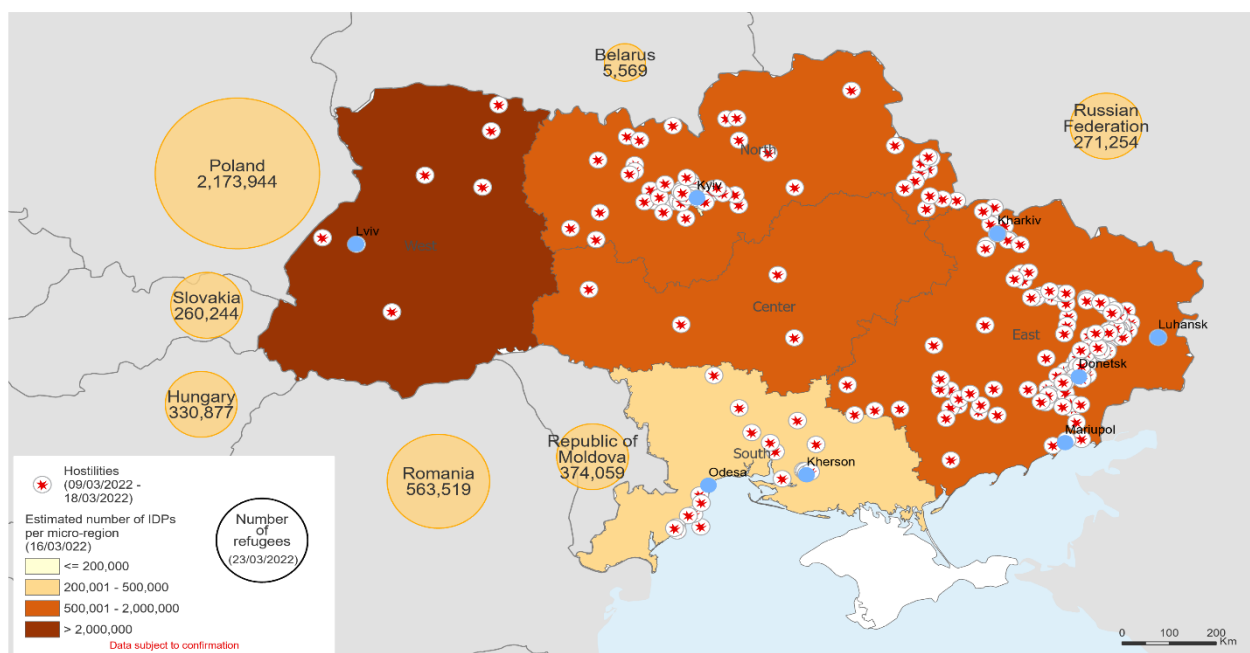
# Emergency in Ukraine

External Situation Report #4, published 24 March 2022, corrections added 28 March  
Reporting period: 17–23 March 2022



## 1. SITUATION UPDATE

**Figure 1. Distribution of internally displaced persons (IDPs) and refugees in Ukraine and neighbouring countries as of 23 March 2022**



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization, United Nations High Commissioner for Refugees, United Nations Office for the Coordination of Humanitarian Affairs, ACLED, International Organization for Migration  
Map Production: WHO Health Emergencies Programme  
Map Projection: WGS 1984 World Mercator

### 1.1 Population displacement and refugees

The overall situation continues to deteriorate across Ukraine. To date, over 18 million people have been affected by the conflict. According to the latest government data compiled by the United Nations High Commissioner for Refugees (UNHCR), over three million refugees have now left Ukraine for surrounding countries, with 59% of them in Poland followed by Romania (15%). It is estimated that over four million people could leave Ukraine and seek protection and support across the region.

## 1.2 Current risk assessment and priority public health concerns in Ukraine

### 1.2.1 Access to health care

There are many challenges to accessing health care, with active hostilities and a lack of public transport restricting movement. More than 300 health-care facilities are in areas experiencing active hostilities and approximately 600 facilities are located within 10 kilometres of ongoing conflict, leaving the health system vulnerable to infrastructural damages and severe disruptions of critical services. WHO has verified 64 attacks on health care since 24 February, resulting in 37 injuries and 15 deaths. Further attacks are being verified. Interruptions in supply of medicines have been reported in cities with active hostilities. Some areas, such as the city of Mariupol in the south, have suffered critical shortages of medical supplies.

The overall number of beds available for patients with COVID-19 has decreased by 27% from 23 February to 23 March; differences are seen between oblasts, with the largest decrease (80%) reported in the Luhansk oblast, followed by the Volyn (69%) and Chernihiv (56%) oblasts. Furthermore, the number of beds occupied by COVID-19 patients has decreased nationally by 83%, reflecting potential challenges in accessing hospitals, limited data reporting, and a potential decrease in actual hospitalizations following the peak of the Omicron wave earlier in February.



A visit to one of the Ukraine refugee reception points in Poland. The WHO team met Yana, whose young daughter Olha will soon need her second dose of the diphtheria vaccine. Ensuring access to routine immunization is vital to keep everyone safe from preventable diseases. © WHO/Agata

## 1.2.2 Priority public health concerns

Current health priorities are described below, while WHO awaits a response from the Government of Ukraine regarding the collection of health emergency data from health facilities.

Conflict-related trauma and injuries	<p>Between 24 February and 23 March 2022, the Office of the High Commissioner for Human Rights (OHCHR) recorded at least 2685 civilian casualties in Ukraine, including 1035 deaths.</p> <p>Civilian casualties continue to be caused by the use of explosive weapons. Limited access to health care may increase the risk of wound infections and trauma-related deaths. Furthermore, given the previous high rates of over-the-counter antimicrobials and limited access to treatment, the potential for multidrug-resistant infections remains a big concern.</p>
Maternal and newborn health	<p>It is estimated that 80 000 women will give birth in Ukraine over the next three months. Disruptions to antenatal care may increase the risk of obstetric and neonatal complications. There is also a reduced ability to manage obstetric complications, including performing procedures such as caesarean sections, and providing neonatal intensive care due to challenges in accessing health care, limited power and oxygen supply, and attacks on health-care centres, including maternity hospitals.</p>
Food security and nutrition	<p>The large-scale population displacement, damage to agricultural infrastructure, disruption to markets and food supply chains are likely to have significant impacts on food security and agriculture-based livelihoods in Ukraine, specifically in rural communities, home to one third of the population (12.6 million people). It is estimated that over two million children under the age of five and pregnant and breastfeeding women in Ukraine are in need of life-saving nutrition assistance. In Ukraine, rates of exclusive breastfeeding are low and a high percentage of infants are partially or fully dependent on infant formula. As the normal environment for accessing and hygienically preparing infant formula is disrupted, a priority for WHO is to support families to safely and appropriately feed their infants in these difficult times. WHO is also giving guidance on safe and appropriate complementary foods to be supplied to infants and children 6-months-old and above as needed.</p>
Risk of emergence and spread of infectious diseases	<p><b>Ongoing epidemics</b></p> <p>The incidence of COVID-19 continues to decrease, with 27 671 new cases and 384 new deaths reported between 17 and 23 March. However, these numbers should be interpreted carefully as from 23 February to 23 March, the seven-day average number of polymerase chain reaction tests and antigen-rapid diagnostic tests has dropped significantly, with a 96% (from 42 460 to 1634) and 88% (from 51 484 to 6047) decrease respectively suggesting underreporting of COVID-19 cases and deaths. Private laboratories in most of the regions in Ukraine did not report or conduct any tests. The vaccination uptake remains low, particularly in vulnerable populations, and the disruption in testing and treatment puts those most vulnerable at increased risk of severe illness and death.</p> <p><b>Epidemic risk</b></p> <ul style="list-style-type: none"> <li>• Poor ventilation and overcrowding increase the risk of spread of respiratory infections, including COVID-19. Lack of access to water, sanitation and hygiene (WASH) heightens the risk of emergence of foodborne and waterborne diseases. Of note, an outbreak of cholera was identified in Ukraine in 2011 in the Mariupol region, an area currently experiencing armed conflict. A single case of cholera was also detected in the Zaporizhzhia oblast in 2016, highlighting the risk of cholera outbreak.</li> <li>• Suboptimal vaccination coverage for routine and childhood immunizations, including measles and poliomyelitis (polio), increases the risk of re-emergence and transmission of vaccine-preventable diseases. <ul style="list-style-type: none"> <li>◦ Notably, two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Ukraine in 2021. On 1 February 2022, a</li> </ul> </li> </ul>

	<p>national supplemental polio immunization campaign targeting nearly 140 000 children was launched, but due to the current situation it has been deprioritized and significantly slowed down. Surveillance activities to detect and report new cases have also been disrupted, increasing the risk of undetected spread of the disease among vulnerable populations.<sup>1</sup></p> <ul style="list-style-type: none"> <li>○ On 22 March 2022, media reported three suspected cases of measles detected among Ukrainian refugees arriving to Romania and staying in camp settings. WHO has verified these suspected measles cases were not among the Ukrainian refugee population, but Romanian residents, and were eventually laboratory confirmed. To date, WHO is not aware of any confirmed measles cases among the Ukrainian refugee population in Romania. This alert highlights the importance of strong surveillance to detect and investigate suspected (measles) cases and of providing vaccines to all unimmunized persons—refugee or domestic—to ensure access to health care services.</li> <li>• With the arrival of spring and rising temperatures, disrupted access to WASH and damage to homes may increase the risk of vector-borne diseases such as West Nile fever and tick-borne encephalitis. As of 18 March, an estimated 120 000 people do not have access to water in the Luhansk oblast, while around 460 000 across non-Government-controlled areas are short of water supply.</li> <li>• Lack of access to contraception and increased risk of sexual and gender-based violence (SGBV) increases the risk of sexually transmitted infections.</li> </ul>
Management of chronic diseases	<p>The provision of medicines and care for patients with chronic communicable diseases such as HIV and tuberculosis (TB) and with noncommunicable diseases (NCDs), including but not limited to cardiovascular disease, hypertension, diabetes, chronic kidney disease, chronic respiratory disease, epilepsy and cancer, remains challenging. Interruptions in treatment for NCDs can result in life-threatening complications. Long-term disruption to treatment for HIV or TB may result in the development of drug resistance and poor disease outcomes. Meeting the medical needs of people with long-term illnesses such as mental illness, renal disease, diabetes, and cancer in Ukraine and neighbouring countries is a key priority.</p> <p>Outreach to older people in remote areas, who belong to the most vulnerable groups, and provision of basic commodities including water and food, and urgently needed medicines to continue treatment of chronic diseases, is hampered by security concerns and destruction of infrastructure.</p>
Environmental health risks	<p>There are four operational nuclear power plants (NPPs) in Ukraine and a decommissioned NPP at Chernobyl. There were concerns about the nuclear safety of the Chernobyl and Zaporizhzhia NPP facilities following recent power outages, and the risk to health, safety and well-being of the workers of these facilities. Power is reported to have been restored and workers are allowed to rotate. As of 21 March there has been no documented increase in radiation levels reported in Ukraine around any of the NPPs or sites. However, the risk of a nuclear emergency as a result of direct damage due to shelling of NPPs or failure of a reactor's power supply, or the inability to provide regular maintenance, remains a concern, as stated by the <a href="#">UN High Representative for Disarmament Affairs on 11 March 2022</a> and as underlined in <a href="#">IAEA's daily updates</a>.</p>
Mental health and psychosocial health	<p>As the conflict continues, the risk of development or exacerbation of mental health problems including anxiety, post-traumatic stress disorder and depression increases.</p>
Protection issues: risk of human trafficking and escalated risk of SGBV	<p>As people leave their homes to flee the conflict, there is a risk of human trafficking. There are numerous children and young women travelling</p>

<sup>1</sup>Global Polio Eradication Initiative: <https://polioeradication.org/ukraine/>



unaccompanied to countries receiving refugees, who are at particular risk. The risk of SGBV increases during periods of conflict as a result of insecurity and absence of law. Most of those fleeing Ukraine are women and children, often travelling alone and therefore particularly vulnerable.

### 1.3 Current risk assessment and priority public health concerns among refugee populations in refugee-receiving countries

The [Public Health Situation Analysis](#) (PHSA) for refugee-receiving countries was published on 17 March and contains a detailed analysis of the key public health priorities and health risks faced by refugees leaving Ukraine. The health threats are similar to those for Ukraine but need to be interpreted in the light of the population demographics (with proportionally more children and women than for the general population in Ukraine) and factors linked to displacement that may worsen health conditions or increase the risk of disease.

## 2. WHO ACTIONS IN UKRAINE TO DATE

### Leadership and coordination

- WHO has reviewed the priority needs for staff supporting the response both in Ukraine and remotely.
- WHO continues to engage with the Government of Ukraine to allow direct access to health facility data.

### Risk communication and community engagement (RCCE)

- **RCCE material production, including health information and tracking health information gaps and misinformation**
  - Weekly social listening is in place, using various digital tools to monitor priority health information needs, sentiment, priority misinformation and disinformation, and information voids.
  - Messages and materials on priority health topics are in process (available on [Canto](#), including on mental health and psychosocial support (MHPSS), preventing and responding to sexual exploitation, abuse and harassment, and attacks on health, and maternal health).
- **Sociobehavioural insights**
  - The RCCE and Behavioural and Cultural Insights teams are developing a rapid message testing protocol to improve the effectiveness of RCCE public health advice to at-risk communities. The first pilot will take place next week.
- **Civil society organizations (CSOs)**
  - A community engagement mission is ongoing in Poland and the Republic of Moldova, from 22 March to 1 April. The mission aims to assess civil society capacities and capabilities to respond to the arrival of large numbers of refugees from Ukraine, as well as explore opportunities for dialogue between health authorities and civil society.
- **Partners**
  - WHO is coordinating RCCE efforts in collaboration with UNHCR, United Nations Children's Fund (UNICEF), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Global Outbreak Alert and Response Network (GOARN). Coordination will also include Collective Service partners who focus on risk communication and community engagement expertise.

### External communications

- The following stories were published on 17–23 March:
  - [Poland: Understanding the mental health and psychosocial needs of Ukraine's refugees – Olga's story](#)
  - [Running the health response to Ukraine's emergency: Interview with WHO Representative Jarno Habicht](#)

- Hungary: the importance of mental health and psychosocial support to refugees and displaced people – one mother’s story of a life upended through the Ukraine war
  - Prioritizing the health of refugees and migrants: an urgent, necessary plan of action for countries and regions in our interconnected world
- Press releases
  - “Ukraine: 28 days of war, 64 verified attacks on health care, and 18 million people affected”, published on 24 March.

## Health information

### Publications

- A [PHSA](#) for the refugee-hosting countries was published on 17 March with key health risks, recommendations and priority considerations due to population displacement to neighbouring countries.

### Activities

- WHO is developing a checklist to assess the current status and needs of the regional Centres for Disease Control and Prevention. This checklist will be presented to the Communicable Disease Technical Working Group.
- WHO is supporting the development of tools for surveillance, including a compendium of communicable diseases/syndromes of which those who are internally displaced may be at risk.
- The mapping of health facilities and other key information is ongoing, with WHO supporting the assessment of health facilities. A needs assessment tool has been developed, and as of 18 March 125 health facilities have submitted data.
- Event-based surveillance activities continue for the various potential hazards. These include the use of Epidemic Intelligence from Open Sources.
- Health facility baseline data have been established, including the types of service packages and number of patients before the conflict, including data from the National Health Service of Ukraine.

## Health operations

- Support was provided to the Ministry of Health (MoH) in establishing a referral pathway for patients in need of medical care within Ukraine and their transfer to countries in the European Union.
- Developed a package to prepare and respond to chemical exposure, targeted to Ukraine.
- Coordinated the deployment of 15 Emergency Medical Teams (EMTs) of experts to provide support for Ukrainian hospitals and evacuations of patients from different regions.
- Compiled a list of health-care resources requested by the MoH, such as personal protective equipment (PPE) and mobility aids.
- Mapping of the needs for insulin, renal dialysis, cancer treatment is ongoing to determine the locations and types of support needed to address supply requirements and identify needs for medical evacuations.
- Psychiatric hospitals are being integrated into the Health Cluster’s health facility needs mapping. The MHPSS team continues to support the MoH in the assessment process to include not only psychiatric needs but also basic needs at the residential facilities.

## Supplies and logistics

- On 8 March five metric tonnes of trauma and emergency medical supplies were delivered to Kyiv. Furthermore, as of 22 March WHO has delivered about 150 metric tonnes of medical supplies to support trauma, surgical and primary health care in Ukraine. The shipments include oxygen, insulin, surgical supplies, anaesthetics, and transfusion kits to collect, test and safely transfuse blood. Additionally, defibrillators, monitors, rehydration salts, gauze and bandages, have also been delivered.
- On 22 March WHO delivered 25 000 vials of anti-tetanus immunoglobulin to Lviv. The distribution of life-saving medical supplies to various locations in Ukraine hardest hit by the conflict is ongoing. WHO has successfully delivered trauma and emergency medical supplies to: Cherkasy, Dnipropetrovsk, Kharkiv, Kherson, Kyiv, Odesa, Sumy, Zaporizhzhia and Zhytomyr.

- On 18 March a United Nations (UN) humanitarian convoy arrived safely in the city of Sumy. It included a WHO truck carrying five metric tonnes of trauma (TESK) and interagency emergency medical supplies (IEHK).
  - On 22 March 3.6 metric tonnes of trauma and emergency supplies were successfully delivered to the city of Kharkiv.
  - Additional shipments of medical supplies have been dispatched to various destinations across Ukraine.
- WHO has also sent medical supplies to nongovernmental organization (NGO) partners in Ukraine, including Médecins Sans Frontières and INTERSOS, to support the emergency response.
- WHO has issued guidelines for supply donations to support the Ukraine emergency response, including a list of critical supplies for which support is urgently needed. The [Guidance Note for Medical Supply Donations](#) is now available on the WHO website.

### Operational partnerships

- EMT Coordination Cells have been established to coordinate operations in Ukraine and in neighbouring countries. More than 10 EMTs are present in Ukraine and Poland and another cell has been established in the Republic of Moldova to coordinate EMTs with a focus on MHPSS and primary care.
- The teams in Ukraine are focused on providing services to IDPs, as well as managing trauma and providing rehabilitation and medical evacuation.
- More than 66 individuals from 24 partner institutions have expressed interest in being deployed through the GOARN mechanism to support the response in Ukraine and affected countries in the area of case management, coordination, data management, epidemiology, lab, operations management, Infection prevention and control (IPC), RCCE and information management.
- On 18 March a Technical Working Group on Displacement and Health was launched in coordination with the International Organization for Migration (IOM).
- The Health Cluster continues to engage with both national and international NGOs to support health activities in Ukraine.

### Funding

- To support the response efforts, WHO has so far released US\$ 10.2 million from the Contingency Fund for Emergencies (CFE). Additional funds may be released from the CFE to address increasing needs.
- To date, WHO has only received US\$ 9.6 million against its appeal for US\$ 57.5 million over the next three months.
- WHO would like to thank Norway, Switzerland and the UN Central Emergency Response Fund for their timely contributions. However, WHO continues to face a huge funding gap that prevents it from delivering urgent life-saving assistance

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_23283](https://www.yunbaogao.cn/report/index/report?reportId=5_23283)

