

# Emergency in Ukraine

External Situation Report #3, published 17 March 2022  
Reporting period: 11–16 March 2022

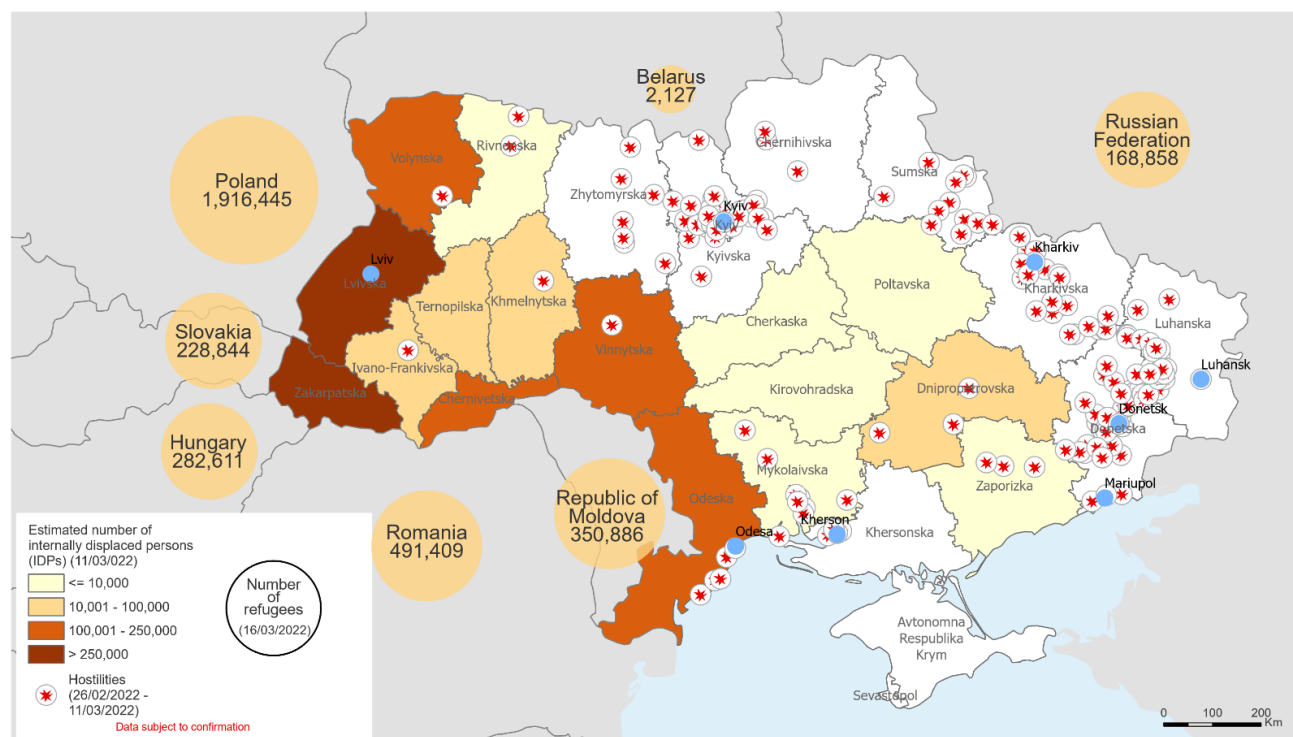
## 1. EVENT HIGHLIGHTS



## 2. SITUATION UPDATE

### 2.1 Population displacement and refugees

Figure 1. Distribution of internally displaced persons (IDPs) and refugees in Ukraine and neighbouring countries as of 16 March 2022



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

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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 over 60% of them in Poland. It is estimated that this number could rise to four million by July 2022.

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

### 2.2.1 Access to health care

There are many challenges to accessing health care, with active hostilities and a lack of public transport restricting movement. WHO has verified 43 attacks on health care since 24 February, resulting in 34 injuries and 12 deaths, of which eight of the injured and two of those killed were health workers. Further attacks are being verified. Some areas, such as the city of Mariupol in the south, have suffered critical shortages of medical supplies.

While the overall number of beds available for patients with COVID-19 has remained relatively stable with a decrease of 27% from 23 February to 13 March, differences are seen between oblasts, with the largest decrease (77%) reported in Luhansk. Furthermore, the number of beds occupied by COVID-19 patients has decreased nationally by 80%, reflecting challenges in accessing hospitals.

### 2.2.2 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.

#### i. Conflict-related trauma and injuries

Between 24 February and 16 March 2022, the Office of the High Commissioner for Human Rights ([OHCHR](#)) recorded at least 2032 civilian casualties in Ukraine, including 780 deaths.

Civilian casualties continue to be caused by the use of explosive weapons, including shelling from heavy artillery, multiple launch rocket systems, and missile and air strikes. Limited access to health care may increase the risk of wound infections. Furthermore, there is concern about the potential for multidrug-resistant infections given the previous high rates of over-the-counter antimicrobials, and limited access to treatments.

#### ii. Maternal and newborn health

There have been more than 4300 births since the start of the hostilities and 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.

#### iii. Food security and nutrition

The large-scale population displacement, damage to agricultural infrastructure, disruption to markets and food supply chains are likely to have significant impacts (both short- and long-term) on food security and agriculture-based livelihoods in Ukraine, specifically in rural communities, which are 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 mothers in Ukraine are in need of life-saving nutrition assistance. According to the United Nations Office for the Coordination of Humanitarian Affairs ([OCHA](#)), this includes a total of 92 000 children under five and 11 000 pregnant and breastfeeding women currently residing in the non-Government-controlled areas (NGCAs) of the Donetsk and Luhansk oblasts, who are unable to move. One of the key issues of importance is to ensure breastmilk substitutes and distribution.

#### **iv. Risk of emergence and spread of infectious diseases**

##### **Ongoing epidemics**

A total of 35 396 new cases of COVID-19 and 556 new deaths were reported in Ukraine from 10 to 16 March. However, the seven-day average number of polymerase chain reaction tests decreased from 42 460 to 3913 from 23 February to 14 March, and the seven-day average number of antigen rapid diagnostic tests dropped from 51 484 to 3038. Therefore, the number of COVID-19 cases is likely to be underreported.

##### **Epidemic risk**

Poor ventilation and overcrowding increase the risk of spread of respiratory infections, including COVID-19. Lack of access to safe water and sanitation heightens the risk of the emergence of water-borne diseases. Of note, an outbreak of cholera was identified in Ukraine in 2011 in the Mariupol region, an area currently experiencing an escalation in conflict. A single case of cholera was also detected in the Zaporizhzhia oblast in 2016, highlighting the possibility of cholera cases occurring in parts of the country.

Suboptimal vaccination coverage of routine and childhood immunizations, including measles and poliomyelitis (polio), increases the risk of re-emergence and transmission of vaccine-preventable diseases.

With the arrival of spring and rising temperatures, disrupted access to safe water, sanitation and hygiene, and damage to homes may increase the risk of vector-borne diseases such as West Nile fever and tick-borne encephalitis.

Lack of access to barrier contraception and increased risk of sexual and gender-based violence increases the risk of sexually transmitted infections

#### **v. Management of chronic diseases**

The provision of medicines and care for patients with chronic communicable diseases such as HIV and tuberculosis (TB) and 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 such as diabetic ketoacidosis, pulmonary oedema and hyperkalaemia, seizures, myocardial infarctions and stroke. 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.

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.

#### **vi. Environmental health risks**

There are four operational nuclear power plants (NPPs) in Ukraine and a decommissioned NPP at Chernobyl. There was concern about the safety of the nuclear power plant at Chernobyl following a recent power outage and the risk to health due to exposure to radiation. Power has now been restored to the Chernobyl NPP using emergency diesel generators. The risk of a nuclear emergency as a result of direct damage due to shelling from artillery and fires at NPPs remains a concern. As of 16 March there has been no documented increase in radiation levels reported in Ukraine around any of the NPPs or sites.

Extreme weather conditions including sub-zero temperatures increase the risk of development of hypothermia. This risk is further exacerbated in the absence of fuel and power to heat accommodation.

#### **vii. Mental health and psychosocial health**

As the conflict continues, the risk of development or exacerbation of mental health problems including anxiety, post-traumatic stress disorder and depression increases.



**viii. Protection issues: risk of human trafficking**

As people leave their homes to flee the conflict, there is a risk of human trafficking. There are numerous children travelling unaccompanied to countries receiving refugees, who are at particular risk.

**ix. Escalated risk of sexual and gender-based violence (SGBV)**

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.

**2.3 Current risk assessment and priority public health concerns among refugee populations in refugee-receiving countries**

The [Public Health Situation Analysis](#) for refugee-receiving countries was published on 17 March and contains a detailed analysis of the key public health priorities and health risks facing 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 of factors linked to displacement that may worsen health conditions or increase the risk of disease.



Volunteer nurse supporting refugees with their health needs at a reception centre near the Polish-Ukrainian border.  
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### 3. WHO ACTIONS IN UKRAINE TO DATE

#### Leadership and coordination

- Planning is under way for a joint United Nations (UN) operation with the UN Crisis Coordination team.
- WHO has reviewed the priority needs for staff at the WHO Country Office in Ukraine, supported by the WHO Regional Office for Europe and headquarters.

#### Risk communication and community engagement

- **Health information and tracking health information gaps and misinformation**
  - WHO has released health information through public social media channels on severe stress, awareness and avoidance of misconduct, and breastfeeding, as outlined below:
    - Reporting misconduct: [English – Ukrainian – Editable](#)
    - Severe stress management: [English – Ukrainian – Editable](#)
    - Breastfeeding: [English – Ukrainian – Editable](#)
  - WHO has also conducted weekly digital social listening reports identifying information voids, misinformation and rumours to be addressed.
- **Sociobehavioural insights**
  - Early work is ongoing on baseline perception studies for both displaced populations and host country populations on access to and acceptance of health care/guidance.
- **Civil society organizations (CSOs)**
  - WHO is developing guidance for CSOs working with displaced populations on health needs and ways in which countries can map existing CSOs and community-based organizations.
- **Partners**
  - WHO is coordinating efforts with the European Region and globally with the United Nations Children's Fund (UNICEF), International Federation of the 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

- A joint United Nations Population Fund (UNFPA)/UNICEF/WHO [statement](#) condemning attacks on health care was released on 13 March.
- Stories from Ukraine include a [press release](#) in Ukrainian and English issued on 14 March on WHO's response in Ukraine during the first two weeks in the war, and a [web story](#) on WHO getting medical supplies into Ukraine.
- Stories, video for news outlets, and photos from Poland have been made available by a deployed communication specialist, including:
  - [Poland offers safe haven for Ukrainians fleeing war](#)
  - Social media: [meet Beata, a nurse supporting refugees in Dorohusk. She's known as the "woman warrior"](#)
  - Social media: [a tweet on the need for continued vaccines for Ukrainian refugees in Poland](#)
  - Social media: [WHO mental health expert provides coping tips to 20-year-old Olha, a medical student from Ukraine.](#)
- A story on the civil society organizations' support in Romania was published [here](#).
- A spokesperson from headquarters was deployed to Lviv and is reporting on the health needs and WHO response to international media.

#### Funding needs

- To support its response, WHO has so far released US\$ 10.2 million from the Contingency Fund for Emergencies (CFE). Additional funds may be released from CFE to address increasing needs.

- WHO's funding requirement for the next three months is estimated at US\$ 45 million for the health response in Ukraine, of which only 18% has been received from the UN Central Emergency Response Fund as of 16 March.
- A further US\$ 12.5 million is needed to address the health needs of Ukrainian people affected by the conflict in neighbouring countries.

## Health information

### Publications

- A [PHSA](#) for the refugee-hosting countries was published on 17 March.
- The WHO Health and Migration Programme, in close collaboration with the WHO departments of Immunization, Vaccines and Biologicals and Health Emergency Interventions, released an operational guide titled "[Strengthening COVID-19 vaccine demand and uptake in refugees and migrants](#)". The operational guide provides details on key activities and considerations to increase the confidence in and uptake of COVID-19 vaccines in refugee and migrant populations. The guide aims to support the recently published [WHO interim guidance COVID-19 immunization in refugees and migrants: principles and key considerations](#).

### Activities

- Surveillance data from Ukraine remain limited and WHO has requested access to collect health emergency data from health facilities from the Government of Ukraine. However, health information system training has been completed and 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; and tools to assess the health needs in the community.
- The mapping of health facilities and other key information is ongoing with WHO supporting the assessment of health facilities.
- Event-based surveillance activities continue for the various potential hazards. These include the use of Epidemic Intelligence from Open Sources.

## Health operations

- WHO met with the Emergency Medical Teams (EMT) to determine the capabilities of the international teams and needs of health facilities to match teams and secure deployments, and with the Ministry of Health (MoH) and the European Union (EU) to discuss patient referrals from Ukraine to neighbouring EU countries.
- WHO compiled a list of health-care resources requested by the MoH such as personal protective equipment and mobility aids.
- WHO assessed the capability of various health facilities to generate power, and is exploring options for suppliers where required.
- Laboratory staff working in the NGCAs were trained in the genotyping of SARS-CoV-2 variants.
- A webinar on thoracic trauma was organized for health workers in the Donetsk and Luhansk oblasts on 16 March, and on 12 March WHO conducted a webinar on the management of mass casualties.
- Approval was granted for the installation of an oxygen pipe in the Emergency Medical Services hospital in the Luhansk NGCA.
- WHO is mapping needs for insulin, renal dialysis and cancer treatment to determine the locations and types of support required to address supply needs and identify requirements for medical evacuations.
- Psychiatric hospitals are being integrated into the Health Cluster's health facility needs mapping. The WHO Mental Health and Psychosocial Support (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.
- WHO has gathered key data for risk assessment and analysis for sexual and reproductive health (SRH) and GBV to inform the response.



## Supplies and logistics

- As of 16 March WHO has delivered a total of 99 metric tonnes of medical supplies to support trauma, surgery, and primary health care services in Ukraine, including 10 shipments of medical supplies which have been distributed to various cities across the country. Each shipment will serve about 150 trauma patients and 15 000 primary health care patients for three months, or 45 000 patients for one month.
- Additionally, supplies were delivered to Médecins Sans Frontières (MSF) to support emergency operations in Ukraine, including:
  - Four metric tonnes of trauma supplies and Interagency Emergency Health Kits (IEHKs) to MSF Holland in Kyiv
  - Four metric tonnes of trauma supplies and IEHKs to MSF France in Vinnytsia.
- Operations support and logistics has issued guidelines for donations to support Ukraine's 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

- 23 teams from various countries have been deployed or are prepared to deploy to support the response operations.
- Two EMT Coordination Cells (EMTCCs) have been established to coordinate operations in Ukraine and in neighbouring countries. More than 10 EMTs are present in Ukraine and Poland.
- The teams in Ukraine are focused on providing services to internally displaced people, as well as managing trauma and providing rehabilitation and medical evacuation.
- The EMT Secretariat at WHO is managing the Trauma and Rehabilitation Working Group of the Health Cluster for Ukraine to coordinate activities of the medical teams involved in the response operation.
- The Health Cluster is launching further new technical working groups for SRH, communicable diseases and NCDs.



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