

Emergency in Ukraine

External Situation Report #12, published 19 May 2022

Reporting period: 12–18 May 2022



6.3 million
REFUGEES



8 million
INTERNALLY
DISPLACED



8089
CIVILIAN
CASUALTIES



3811
CIVILIAN
DEATHS

Key updates

- Attacks on health care (including those against health facilities, transport, personnel, patients, supplies and warehouses) continue, with 24 new attacks reported from 12 through 18 May. Cumulatively, between 23 February and 18 May, there have been 235 attacks reported, resulting in 59 reported injuries and 75 reported deaths. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.
- Provision of care for cancer patients continues in Ukraine, despite disruptions in health-care services. According to the preliminary results of a rapid cancer capacity assessment conducted in 32 cancer facilities in Ukraine, 88% of facilities reported diminished ability to provide services for patients.
- Five online trainings were conducted for health-care workers in Ukraine on routine immunization, including for measles, mumps, pertussis, rubella and tetanus.
- Efforts are ongoing to deliver medical supplies from the WHO supply and logistics base in Lviv, amidst fuel shortages and access limitations that pose challenges to delivering supplies to areas most affected by the conflict. WHO has prepositioned contingency stocks of emergency medical kits in Odesa and Poltava to support delivery efforts in these oblasts.
- Two needs assessments were conducted to gain a better understanding of the health-care needs of people in Ukraine.
 - In one assessment conducted between 18 and 22 April, six Health Cluster Partners conducted 379 interviews across 11 oblasts to assess health needs at household and community/shelter levels. Analyses of these interviews are ongoing.
 - In another assessment conducted between 11 April and 16 May, a crowd-sourcing platform was used to assess household health needs. Among 1700 respondents who contributed to the online survey, one in three reported that at least one member of their household sought health care since 24 February. Of those, one third (10% of total respondents) experienced serious problems with accessing health care. Security and availability were the two main barriers.

1. SITUATION UPDATE

Figure 1. Distribution of Internally Displaced Persons (IDPs) and refugees in Ukraine and in refugee-hosting countries as of 18 May 2022

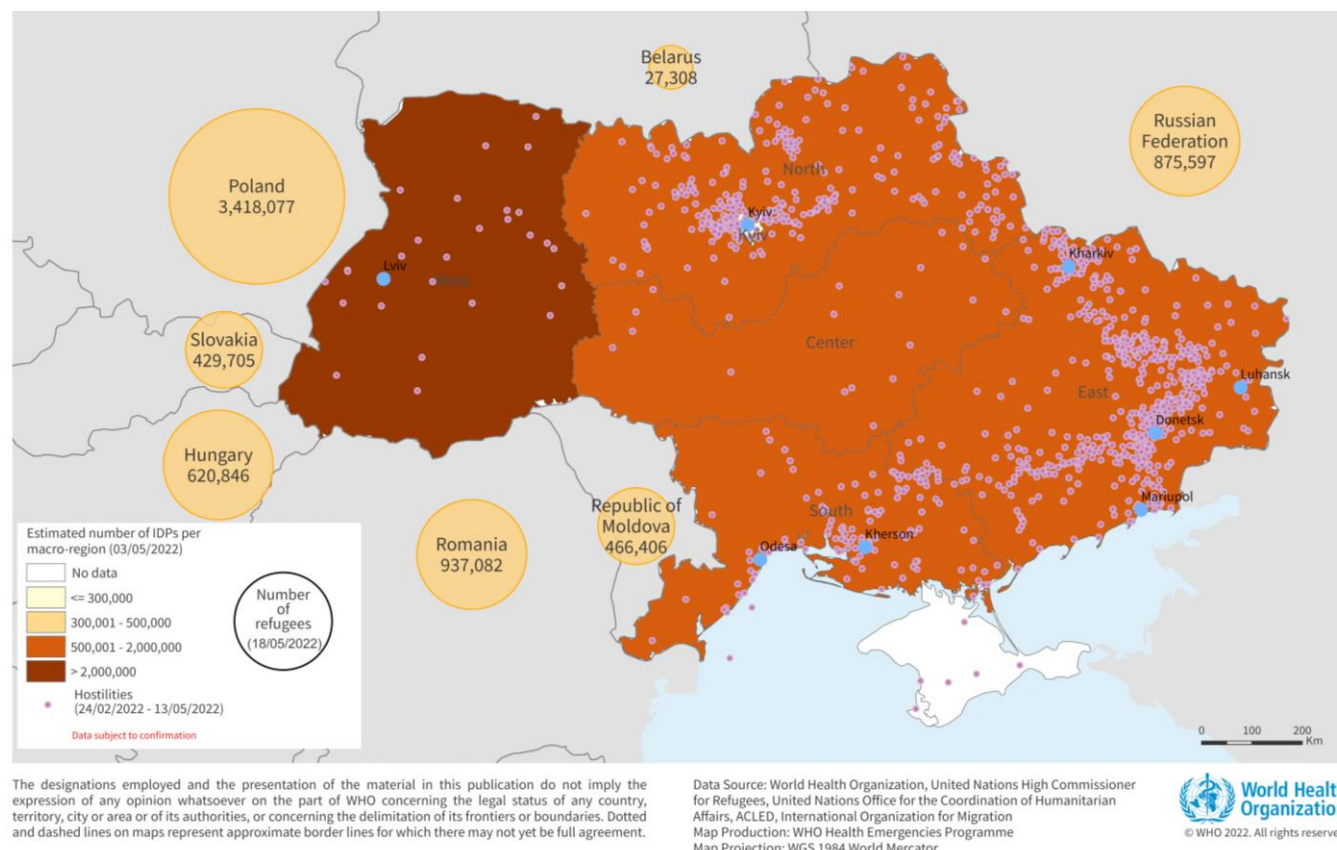


Table 1. Key humanitarian figures as of 18 May 2022

People affected	
Internally displaced persons	8 million
Refugees	6.3 million
Ukrainians entering Ukraine	1.8 million
Injuries among civilians	4278
Deaths among civilians	3811

1.1 Population displacement and refugees

According to government data compiled by the Office of the United Nations High Commissioner for Refugees (UNHCR), over 6.3 million refugees have left Ukraine for surrounding countries between 24 February and 17 May, with the highest proportion, 53%, in Poland, followed by 14.7% in Romania. According to the International Organization for Migration (IOM), as of 3 May approximately eight million people have been internally displaced, which represents 18% of the country's population. Based on a routine assessment conducted by the IOM, over 167 000 IDPs arrived in western Ukraine's Lviv and Zakarpattya oblasts between 15 and 30 April. These numbers were sourced from official registration data, and are therefore likely lower than the true number of IDPs.

As the crisis evolves, displacement and mobility patterns continue to change, requiring scaled-up and integrated response interventions that address both emerging and existing needs.



1.2 Overall WHO response

WHO is supporting the health sector in Ukraine and in the refugee-hosting countries. WHO has mobilized experts and is working with partners, including the Global Outbreak Alert and Response Network (GOARN), Emergency Medical Teams (EMTs), Health Cluster, and Standby Partners, to provide support with access to health services – primary health care, routine and COVID-19 vaccination, mental health and psychosocial support (MHPSS), trauma care, supply and logistics, prevention of and response to sexual exploitation and abuse, risk communication and community engagement (RCCE), and information management. WHO continues to support the ministries of health (MoH) of Ukraine and of the refugee-hosting countries to ensure safe medical evacuation of patients. Transportation of patients within Ukraine is ensured by the national emergency services, while transportation across the border to the European Union (EU) is managed by international EMTs and coordinated by the CADUS team, a German nongovernmental organization (NGO) providing EMT support. As of 9 May at least 205 patients have been evacuated from both Poland and Ukraine via the EU Civil Protection Mechanism¹ to 11 European countries (Belgium, Denmark, Germany, Ireland, Italy, Luxembourg, Norway, Portugal, Romania, Spain and Sweden).

External communications

During his third visit to Ukraine this year, WHO Regional Director for Europe Dr Hans Henri P. Kluge further stressed the importance of addressing both immediate and long-term health needs: “Even as we try to meet Ukraine’s urgent health needs today, we are also looking ahead to the future, and how we can help Ukraine’s health system build back smarter, stronger and greener.”

¹ EU Civil Protection Mechanism (europa.eu).

2. HEALTH PRIORITIES AND WHO ACTIONS IN UKRAINE TO DATE

2.1 Access to health care in Ukraine

Ukraine's health system is facing multiple challenges. Access to health care is severely impacted due to security concerns, restricted mobility, broken supply chains and mass displacement. Health care continues to come under attack (which includes attacks against health facilities, transport, personnel, patients, supplies and warehouses), with 24 new attacks reported between 12 and 18 May; and a total of 235 attacks² on health care, resulting in 59 injuries and 75 deaths, reported between 24 February and 18 May.³ Further attacks are being verified. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.

Through engagement with the MoH, national health authorities, partners and donors, WHO has been able to provide populations with life-saving supplies, equipment and medicines. However, reaching some of the hardest-hit areas in the east, where health systems have been severely disrupted, remains a challenge. On 16 May Ukrainian authorities reportedly stated that the Kherson oblast is expected to run out of essential medications and oxygen in the next two weeks because humanitarian aid workers and volunteers are not able to enter the region.

2.2 Priority public health concerns

Current health priorities are listed below (more details on each of these public health concerns can be found in the previously published [situation reports](#)).

Conflict-related trauma and injuries	Civilian casualties continue to rise, largely due to the use of explosive weapons. Disruption of health-care facilities and closure of many pharmacies in Ukraine has limited access to trauma care.
Maternal and newborn health	While only limited data are available on the current situation of maternal and newborn health, there have been reports on disruptions to antenatal, intrapartum and postnatal care.
Management of chronic diseases and noncommunicable diseases (NCDs)	Provision of care for cancer patients continues in Ukraine, despite disruptions in health-care services. According to the preliminary results of a rapid cancer capacity assessment survey conducted in 32 cancer facilities in Ukraine, 88% of facilities reported diminished ability to provide services for patients. These facilities face challenges in providing palliative care, radiotherapy and diagnostic imaging. Cancer facilities that have the most capacity to care for patients are located outside conflict-affected areas. The majority of Ukrainian adult cancer patients, estimated to be over 50 000 people, remain in Ukraine. On the other hand, the majority of children with cancer are being treated outside Ukraine.
Risk of emergence and spread of infectious diseases	<p>The risk of disease outbreaks, such as cholera, measles, diphtheria or COVID-19, has been exacerbated due to lack of access to water, sanitation and hygiene, crowded conditions in bomb shelters and collective centres, and suboptimal coverage for routine and COVID-19 immunizations.</p> <p>As of 10 May, 60 cases of watery diarrhoea have been reported by EMTs in Ukraine, of which 10 cases are among those under five years of age. One case of bloody diarrhoea was also reported. EMTs on the ground are closely monitoring the situation.</p> <p>Two cases of botulism were reported in the city of Kyiv, according to local authorities. Both patients have reportedly been hospitalized.</p> <p>Between 12 and 18 May a total of 2841 new cases of COVID-19 and 48 new deaths were reported. This represents a 21% decrease in cases and 26% increase in deaths compared to the previous week. These numbers should be interpreted with caution due to underreporting of COVID-19 cases and deaths.</p>

² Attacks on health care include those against health facilities, transport, personnel, patients, supplies and warehouses.

³ [Surveillance System for Attacks on Health Care \(SSA\)](#).

	<p>An outbreak of COVID-19 was reported in an orphanage in the Dnipropetrovsk oblast. Five children have reportedly been hospitalized in relation to this outbreak.</p> <p>Between 23 February and 15 May the overall number of beds available and beds occupied by patients with COVID-19 decreased by 45% and 92%, respectively, reflecting potential challenges in accessing hospitals, limited data reporting, and a potential decrease in actual hospitalizations. The most notable decrease was reported from the Luhansk oblast (100%), followed by the Zhytomyr (76%) and Chernivtsi (75%) oblasts.</p>
Protection issues: risk of human trafficking and escalated risk of sexual and gender-based violence (SGBV)	<p>There is an increased risk of physical injury, psychological distress and long-term mental health problems, unwanted pregnancy, STIs, and negative coping strategies such as addiction. Prevention and protection from GBV, trafficking, sexual exploitation and abuse remain key concerns.</p>
Mental health and psychosocial support (MHPSS)	<p>Mental health stressors continue at extreme levels in Ukraine, with limited access to psychological and psychiatric support. Psychosocial support is much needed, particularly in view of a likely increase in negative coping mechanisms, including abuse and self-harm.</p>
Technological hazards and health risks	<p>Potential nuclear hazards</p> <p>There are both operational and decommissioned nuclear facilities in Ukraine. In addition, numerous radioactive sources are used in industry and in health-care facilities. According to the International Atomic Energy Agency's (IAEA) analysis, the current nuclear safety situation appears under control. However, the ongoing armed conflict puts nuclear installations at risk of accidental or deliberate damage and jeopardizes the security of radioactive sources.</p> <p>WHO has developed technical guidance and public communication materials placed on a dedicated website. A training module on the application of the MHPSS framework in nuclear emergencies has been added to the MHPSS in emergencies training on the OpenWHO learning platform. In addition, the WHO Collaborating Centre in Kyiv has developed a training webinar for medical specialists on clinical management of radiation overexposure (in Ukrainian).</p> <p>Potential chemical hazards</p> <p>During the current reporting period there have been several rumours of events involving the release of toxic industrial chemicals, specifically those stored at agricultural facilities affected by the conflict. However, these events did not result in significant public health risk. WHO continues to assess the risk of toxic industrial chemical releases as significant, given the number of sites storing or producing industrial chemicals. WHO is working with the MoH of Ukraine and with health partners on the ground to prepare for all public health hazards, including those that may be caused by unintentional or intentional release of toxic chemicals.</p>
Food security and nutrition	<p>The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimates that between March and August approximately 10.2 million people in Ukraine will need food and livelihood assistance.</p> <p>According to estimates by the Food and Agriculture Organization of the United Nations (FAO), at least 20% of winter crops in Ukraine, mostly wheat, may not be harvested or planted. Preliminary assessments suggest that almost 50% of winter wheat and almost 40% of rye crops, which should be harvested between July and August, are located in areas that are occupied, conflict-affected, or heavily contaminated with explosive ordnance. There is uncertainty as to whether farmers will be able to harvest and plant crops, sustain livestock or market their products. This will decrease food availability in Ukraine and reduce food supply globally, including for Europe, central Asia and other regions.</p> <p>From March to April six organizations dedicated to nutrition support provided complementary foods for 39 442 children aged 6–23 months in 17 regions of Ukraine. Additionally, they provided 19 667 pregnant women with nutrition items, and 347 430 people with communication about infant and young child feeding.</p>

2.3 WHO and partner actions in Ukraine to date

Leadership and coordination

- The WHO Ukraine leadership retreat took place on 12 and 13 May to review the initial phase of the response, taking stock of challenges and lessons learned, and to focus on plans for the next period of action. Furthermore, the meeting allowed for in-person technical discussions on a range of topics.
- WHO continues to hold key meetings at national level with various ministries and at subnational level at its Lviv, Vinnytsya and Dnipropetrovsk hubs.
- WHO facilitated a visit to Ukraine by the WHO Regional Director for Europe on 14–19 May, which included a visit to Lviv, Kyiv and Chernihiv, and meetings with government leaders to discuss health needs, response and recovery.

Health information and operations

Saving lives continues to be the priority of WHO's response in Ukraine. Action focuses on ensuring access to care and basic health services for wounded people and others affected by the armed conflict; continuity of treatment and care for people with NCDs, including diabetes, cardiovascular disease and cancer; prevention of epidemics such as poliomyelitis (polio) and measles; and prevention of other health threats, including technological hazards (chemical or radio-nuclear).

- Between 3 and 5 May three online trainings for routine immunization were conducted in Ukraine. The webinars were addressed to trainers of the regional immunization training hubs on the topics of measles, rubella and pertussis. On 10 and 11 May additional trainings on immunization for tetanus and mumps were conducted.
- Event-based surveillance activities continue for potential health hazards, including through the use of Epidemic Intelligence from Open Sources and through syndromic surveillance by EMTs and Health Cluster Partners. WHO continues to support the Ukraine Public Health Centre (UPHC) and Regional Centres for Disease Control and Prevention to strengthen capacities for disease surveillance and outbreak response. The first meeting on drinking water rapid assessment tools/algorithms took place on 5 May, with 14 participants from WHO, the MoH of Ukraine, and the UPHC.
- A rapid risk assessment checklist was developed with WHO technical support and first applied in parts of the Kyiv oblast released from the occupation. It will be tailored for further application in other areas to follow an all-hazards approach.
- Seven trauma and mass casualty trainings for Emergency Medical Services (EMS) were conducted for more than 80 emergency care doctors in the city of Kyiv and the Zhytomyr oblast, and requests for trainings for additional EMS staff have been received. Two webinars were conducted on nursing care for trauma and burn patients. The webinars were attended by more than 600 health-care providers. Between 2 and 11 May the EMS team visited facilities in Dnipropetrovsk and Zaporizhzhya. The hospitals approved the trauma kits received and hospital staff was instructed on their proper use.
- WHO's work to support chemical preparedness and response continues. Since March WHO has trained over 1530 health workers on chemical preparedness and response, with additional training ongoing in Kyiv and in eastern oblasts in the coming weeks. WHO has shipped to the country antidotes and autoinjectors for the management of specific highly toxic chemicals, and their distribution is being planned with the MoH.

Supplies and logistics

As of 18 May WHO has delivered 500 metric tonnes of medical supplies to Ukraine, comprising trauma and emergency surgery supplies (TESK), interagency emergency medical supplies (IEHK), blood transfusion materials, essential medicines, and other critical supplies, including body bags, ambulances, power generators, refrigerators and other equipment. Of the 500 metric tonnes of medical supplies, 240 metric tonnes have been delivered to beneficiaries in 24 oblasts across Ukraine. Fuel shortages and access problems continue to pose challenges in the delivery and distribution of medical supplies.

- Efforts are ongoing to deliver medical supplies from the WHO supply and logistics base in Lviv, amidst fuel shortages and access limitations that pose challenges to delivering supplies to areas most affected by the conflict. WHO has prepositioned contingency stocks of emergency medical kits in Odesa and Poltava to support delivery efforts in these oblasts.
- To date WHO has received US\$ 4 million in product donations and in-kind services for the Ukraine response. WHO is engaging with governments, private organizations, and biomedical and shipping companies to secure more donations.

Risk Communication and Community Engagement

Focus groups with IDPs were conducted in Ternopil, to understand IDPs' health information needs. One key insight is that information on access to health services is available at the key points of congregation of IDPs, but people are not fully aware of the availability of services and their rights to medical assistance.

Operational partnerships

- Medical evacuations have been conducted by CADUS EMTs supported by two ambulances, in cooperation with other EMTs, such as Global Response Management (GRM), Médecins Sans Frontières (MSF) and the Polish Center for International Aid (PCPM). As of 1 May the following evacuations have been reported: from Ukraine to Poland (Rzeszów Airfield): 28; Chernihiv and Kyiv to Lviv: 2; and reception from the train ambulance, followed by transfer within Lviv: 48. Data are provided by 16 network partners on the ground.
- As of 4 May several trainings have been conducted on topics such as advanced trauma life support (for adults and children), basic emergency medicine and trauma, surgical management of penetrating trauma, and tactical emergency casualty care. The trainings using mixed modalities (virtual and/or face-to-face) were attended by up to 1150 participants across 28 sessions.
- Between 13 March and 10 May EMTs in Ukraine responded to 3602 health events, of which 17% were infectious diseases and 12% were trauma. Among infectious diseases, 88% were acute respiratory infections.

Health Cluster

WHO plays an essential coordination role as part of the response, as the lead agency of Health Cluster Ukraine. As of 16 May Health Cluster Ukraine has 122 international and local partners, with planned, ongoing and/or completed health-related activities in 24 oblasts. The Health Cluster team continues to support the review of new projects submitted to the Ukraine Humanitarian Fund (UHF). For the second UHF allocation, nine partners were approved to implement life-saving interventions in 20 oblasts. A third allocation was released by OCHA with an envelope of US\$ 50 million; seven Health Cluster Partners have applied; review of these projects is ongoing.

Additional information is provided in the Health Cluster Ukraine Bulletin ([February–April 2022](#)) and on the Health Cluster Ukraine [website](#).

- As of 16 May Health Cluster Partners have reached over 1.52 million people, including over 500 000 people in the past two weeks. Most of the people who have benefited from health interventions, supplies and medicines reside in the Kyiv oblast (322 200), and the western Chernivtsi (215 100) and western Ternopil (211 600) oblasts.

- Dnipro Subcluster: A satellite Health Cluster meeting was held on 16 May with 20 representatives of 11 partner agencies to discuss the local response.

Health Cluster Partners' presence and activities across Ukraine are mapped weekly through the 5Ws (who, what, where, when and for whom) to chart the continuously changing humanitarian response landscape. Health Cluster Partners have completed or ongoing activities in 193 settlements in 24 oblasts and have provided support to 162 health facilities across Ukraine.

Health Domain of response activities	Number of Partners
HIV/TB	29
Trauma/mass casualties	18
NCDs	14
Sexual and reproductive health, child health and GBV	11
Mental health	10
Other communicable diseases	8
Child health	4
COVID-19	4
Palliative care	2

Note: Not all Partners reported the health domains of their activities.

- The [health requests, planning and response tool \(HRPR\)](#) being used to respond to requests for humanitarian health assistance from partners and health facilities is currently tracking nearly 90 requests.
- **Health Cluster rapid needs assessments**
 - Between 18 and 22 April six Health Cluster Partners (five international NGOs and one national NGO) conducted 379 interviews across 11 oblasts (Donetsk, Zaporizhzhya, Dnipropetrovsk, Poltava, Cherkasy, Zhytomyr, Vinnytsya, Khmelnytsky, Rivne, Chernivtsi, and Lviv). Data were collected opportunistically and are not representative.
 - To conduct the interviews, partners utilized two KoBoToolbox-based rapid assessment tools, developed in collaboration with WHO; one to assess health needs at household level and another to assess health needs at community/shelter level.
 - The WHO/Premise needs assessment tool (see below) was based on the Health Cluster household tool to harmonize the data collected for comparability. A preliminary analysis is provided below.
 - Household-level needs assessment: five Health Cluster Partners conducted 276 interviews across eight oblasts (Donetsk, Dnipropetrovsk, Poltava, Zhytomyr, Vinnytsya, Rivne, Chernivtsi and Lviv). The majority of respondents (approximately 90%) were not staying in their own home and roughly 65% of respondents were in the

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