

Emergency in Ukraine

External Situation Report #14, published 2 June 2022

Reporting period: 26–1 June 2022



6.8 million
REFUGEES



8 million
INTERNALLY
DISPLACED



9151
CIVILIAN
CASUALTIES



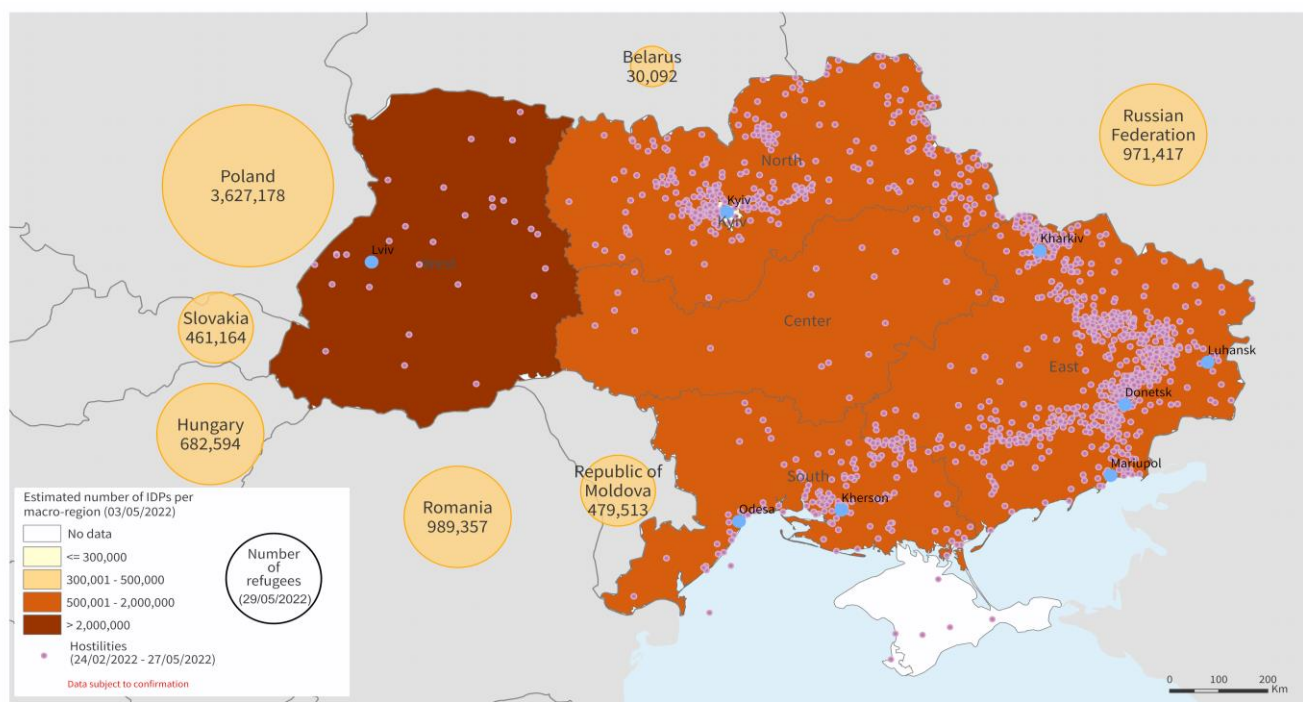
4169
CIVILIAN
DEATHS

Key updates

- Between 13 March and 30 May Emergency Medical Teams (EMTs) in Ukraine responded to 3983 health events, of which 16% were infectious diseases and 11% were trauma-related. Among infectious diseases, 87% were acute respiratory infections.
- During the Seventy-fifth World Health Assembly, 88 Member States supported the resolution “Health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation’s aggression.” Among other issues, the resolution brought attention to the direct and indirect health impacts in Ukraine, in the region and beyond, condemned attacks on health care and urged the Russian Federation to immediately cease any attacks on hospitals and other health-care facilities. For more information, click [here](#).
- As documented by [WHO’s Surveillance System for Attacks on Health Care](#), attacks on health care (including those against health facilities, transport, personnel, patients, supplies and warehouses) continue to be reported, with 269 attacks on health care, resulting in 59 injuries and 76 deaths, reported between 24 February and 1 June. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.
- To support the country’s recovery and reconstruction process led by the Government of Ukraine, with national and international partners, WHO has prepared a policy note outlining strategic directions for health system recovery in the short and longer term, while sustaining essential health services during the ongoing conflict. The policy note identifies five principles, or tenets, that may be used as criteria to assess potential investments in health system recovery in Ukraine, aimed at transforming the system to enable optimal delivery of quality individual and public health services to the population, rather than merely rebuilding what was destroyed by the war. For more information, click [here](#).

1. SITUATION UPDATE

Figure 1. Distribution of Internally Displaced Persons (IDPs) and refugees in Ukraine and in refugee-hosting countries as of 29 May 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

World Health Organization
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Table 1. Key humanitarian figures as of 1 June 2022

People affected	
Internally displaced persons	8 million
Refugees	6.8 million
Ukrainians entering Ukraine	2.2 million
Injuries among civilians	4982
Deaths among civilians	4169

1.1 Population displacement and refugees

According to government data compiled by the Office of the United Nations High Commissioner for Refugees (UNHCR), over 6.8 million refugees have left Ukraine for surrounding countries between 24 February and 29 May, with the highest proportion, 53%, in Poland, followed by 14.5% in Romania. According to the International Organization for Migration (IOM), as of 26 May approximately 8.02 million people have been internally displaced. 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), 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 Ministry of Health (MoH) of Ukraine and the Ministries of Health 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 31 May at least 464 patients (67% of the requests) have been evacuated from both Poland and Ukraine via the EU Civil Protection Mechanism to 13 European countries (Belgium, Denmark, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Romania, Spain and Sweden).

Standby Partnerships

Standby Partners have strengthened WHO's capacity for this response by confirming 13 positions to be deployed for operations in Ukraine and refugee-hosting countries. Most of these deployments are scheduled for six months. Roles mobilized through Standby Partners include: MHPSS – one expert, RCCE – two experts, Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) – four experts, Geographic Information System (GIS) – one expert, Information Management – two experts, and Health Cluster coordination – two experts. These positions are supported through Partners, including the Norwegian Refugee Council (NORCAP) – five deployments, UK-Med – two deployments, Dutch Surge Support – one deployment, the Canadian International Civilian Response Corps (CANADEM) – three deployments, and iMMAP – two deployments. The UK Foreign, Commonwealth and Development Office (FCDO) has funded three deployments. Another request has been submitted to Partners for a gender-based violence (GBV) specialist (Poland), for which funding needs to be confirmed."

Funding

- WHO issued an [updated appeal](#) detailing its resource needs for Ukraine and countries receiving and hosting refugees for March–August for Ukraine and March–December for other countries. As of 2 June WHO has received US\$ 72.7 million (49%) against its appeal for US\$ 147.5 million.
- A Strategic Response Plan outlining WHO's objectives and response pillars through the end of the year will be launched soon.
- WHO would like to thank the [donors](#) who are supporting its response in Ukraine and countries receiving and hosting refugees including: Canada, European Civil Protection and Humanitarian Aid Operations (ECHO), European Commission – Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR), Ireland, Japan/Asia Europe Foundation, the King Salman Humanitarian Aid and Relief Centre (KSRelief), Novo Nordisk Foundation, Norway, Switzerland, the UN Central Emergency Response Fund (CERF) and Ukraine Humanitarian Fund (UHF), the United States Agency for International Development's Bureau for Humanitarian Assistance, and the United States Bureau of Population, Refugees, and Migration for their timely contributions.
- During the first weeks of the response, WHO released US\$ 10.2 million from its [Contingency Fund for Emergencies](#) to kick-start activities. These funds have been fully absorbed.

More information on funding can be found [here](#).

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 13 new attacks reported between 26 May and 1 June; and a total of 269 attacks¹ on health care, resulting in 59 injuries and 76 deaths, reported between 24 February and 1 June.² 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, where health systems have been severely disrupted, remains a challenge.

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.
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>Between 26 May and 1 June, no new cases and deaths have been reported. This could be due to reporting challenges due to the ongoing conflict.</p> <p>Between 23 February and 28 May the overall number of beds available and beds occupied by patients with COVID-19 decreased by 45% and 93%, respectively, reflecting potential challenges in accessing hospitals, limited data reporting, and a potential decrease in actual hospitalizations. The most notable decrease was reported in 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)	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.
Mental health and psychosocial support (MHPSS)	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.

¹ Attacks on health care include those against health facilities, transport, personnel, patients, supplies and warehouses.

² [Surveillance System for Attacks on Health Care \(SSA\)](#).

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 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 delivered a training webinar for medical specialists on clinical management of radiation overexposure (in Ukrainian) on 26 May. Other training programmes focusing on first response to radiation emergencies are also being developed in collaboration with national partners in Ukraine.</p> <p>Potential chemical hazards</p> <p>Between 26 May and 1 June WHO was made aware of two rumours of toxic industrial chemical releases in Ukraine, involving ammonia and nitric acid. Both incidents were reported during intense military conflict. No immediate public health impact was reported. 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 conflict is affecting food security within and outside Ukraine. According to World Food Programme, one in three households in Ukraine is now food-insecure.</p> <p>Since 24 February over six million people received food assistance from the United Nations and humanitarian partners.</p>

2.3 WHO and partner actions in Ukraine to date

Leadership and coordination

During the Seventy-fifth World Health Assembly, 88 countries supported the resolution "Health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation's aggression". Among other issues, the resolution brought attention to the direct and indirect health impacts in Ukraine, in the region and beyond, condemned attacks on health care, and urged the Russian Federation to immediately cease any attacks on hospitals and other health-care facilities. For more information, click [here](#).

Health information and operations

Saving lives and protecting mental health continue to be the priorities of the health sector response. Actions focus on ensuring access to emergency health care and priority essential health services for wounded people and others affected by the armed conflict, COVID-19, poliomyelitis (polio), and other health threats – including technological, industrial, and chemical, biological, radiological, and nuclear hazards. Continuity of treatment and care for people with noncommunicable diseases – including diabetes and cancer – is a top priority.

- Seven trainings on Trauma and Mass casualty for Emergency Medical Services (EMS) were conducted for more than 80 emergency care doctors in the city of Kyiv and the Kyiv oblast. Eight on-site trainings will take place from 23 to 27 June for more than 90 participants in the city of Kyiv and the Chernihiv oblast.
- On 26–27 May an on-site chemical preparedness and response training was conducted in the city of Kyiv for 16 participants from referral hospitals and 20 EMS first responders. Two trainings on chemical preparedness and response are ongoing (31 May–1 June) in Dnipropetrovsk. Further trainings are planned for 2–3 June in the Donetsk and Luhansk Oblast EMS. To date, WHO has trained 1613 health workers across the country.
- Following a request from the MoH for support in establishing an inpatient Department of Physical and Rehabilitation Medicine at the Poltava Oblast Clinical Hospital, WHO visited the hospital and assessed the premises. The department will provide non-specialized rehabilitation services in acute and subacute rehabilitation phases.

- To support the country's recovery and reconstruction process led by the Government of Ukraine, with national and international partners, WHO has prepared a policy note outlining strategic directions for health system recovery in the short and longer term, while sustaining essential health services during the ongoing conflict. The policy note identifies five principles, or tenets, that may be used as criteria to assess potential investments in health system recovery in Ukraine, aimed at transforming the system to enable optimal delivery of quality individual and public health services to the population, rather than merely rebuilding what was destroyed by the war. For more information, click [here](#).
- With many countries across the world reporting cases of monkeypox, an interim guidance on [Laboratory testing for the monkeypox virus](#) was translated into Ukrainian and shared with the MoH, the Ukraine Public Health Centre (UPHC) and wider laboratory community as part of preparedness measures. As of 29 May no cases of monkeypox have been detected in Ukraine. For more information, please see the [Disease Outbreak News published on 29 May](#).
- The University of Cambridge, in coordination with WHO, organized an online training titled "Introduction to SARS-CoV-2 Genomic Analysis". The training was attended by 10 participants from Ukraine, including nine UPHC employees. The workshop serves to improve the professional competence of laboratory specialists performing SARS-CoV-2 genome sequencing in Ukraine.
- WHO conducted webinars on handling mass casualty incidents, which are now available on the WHO and the MoH's webpages (for more information, click [here](#)). The webinars provide structured information on how to prepare an effective plan and action in case of a mass casualty event.

Supplies and logistics

- As of 31 May WHO has delivered 530 metric tonnes of medical supplies to Ukraine, comprising trauma and emergency surgery supplies (TESKs), interagency emergency medical supplies (IEHKs), blood transfusion materials, essential medicines, and other critical supplies, including body bags, ambulances, power generators, refrigerators and other equipment. Of the 530 metric tonnes of medical supplies, 252 metric tonnes have been delivered to beneficiaries in 24 oblasts across Ukraine.
- WHO has delivered emergency surgery and trauma supplies to treat approximately 11 839 people, and other essential medical supplies to treat an estimated one million people for three months.
- Efforts are ongoing to deliver medical supplies from the WHO supply and logistics base in Lviv to affected oblasts amidst fuel shortages, limited warehouse capacity, and security restrictions due to ongoing military operations. Delivery of life-saving supplies to hard-to-reach locations remains a foremost priority for WHO.
- WHO has prepositioned contingency stocks of emergency medical kits in Odesa and Poltava and has opened supply hubs in Dnipropetrovsk and Rzeszów, in addition to Lviv and Kyiv. Preparations are also under way to open WHO sub-offices in Vinnytsya and Odesa.
- A distribution plan for 50 Assistive Technology (AT6; includes wheelchairs and cushions, elbow and axilla crutches, walking frames and mobile toilet and shower chairs) kits was approved by the MoH (Zaporizhzhya, Kharkiv, Mykolayiv, Poltava, Pershotravensk, Dnipropetrovsk). The selected hospitals will be provided with TSKs and external fixators (frames used in surgeries to stabilize broken bones, which can be included with trauma and emergency surgery supplies).
- Guidelines on donations of urgently needed supplies to support the emergency response in Ukraine and neighbouring countries are available on WHO's website. WHO continues to engage with governments, private organizations, and biomedical and shipping companies to secure medical supply donations.

Risk communication and community engagement (RCCE) and external communications

RCCE activities continue in Ukraine.

- A Ukrainian-language update on monkeypox was published and disseminated on [Facebook](#) and [Twitter](#).
- [Video](#): Dr Hans Henri P. Kluge, WHO Regional Director for Europe, during his visit to a tuberculosis (TB) hospital in Chernihiv that has been severely damaged by attacks.

Operational partnerships

- In the past week (23 to 29 May), four international EMTs collaborated and conducted four operations related to 24 patients. The following transfers and evacuations have been reported from CADUS, Global Response Management, Brandenburg Paramedic and Samaritan's Purse: from Kyiv to Lviv: one; from Lviv to Rzeszów: one; from the Lviv Railway Station to Rivne: 10; and from Ukraine to Poland (Rzeszów Airfield): 12.
- As of 1 June several trainings using mixed modalities (virtual and/or face-to-face) 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.
- Between 13 March and 30 May EMTs in Ukraine responded to 3983 health events, of which 16% were infectious diseases and 11% were trauma. Among infectious diseases, 87% were acute respiratory infections. From 2 March to 1 June the GOARN institutions/network have been providing technical support with 129 experts. Currently 11 experts are deployed (two in Denmark, two in Poland, two in Romania, two in Czechia, two in Slovakia, one in Ukraine remotely) and four experts are scheduled to be deployed soon (two in Poland, one in Ukraine, one in Denmark). So far five experts have completed their deployment (two in Poland, one in Denmark, one in the Republic of Moldova, and one in Czechia).

Health Cluster

WHO plays an essential coordination role as part of the response, as the lead agency of Health Cluster Ukraine. As of 20 May, Health Cluster Ukraine has 129 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).

Additional information is available on Health Cluster Ukraine's [website](#).

- As of 18 May Health Cluster Partners have reached over two million people.
- From 21 to 28 May the Health Cluster Coordinator visited Kyiv and towns in the northeast – Bucha, Irpin and Borodyanka – to announce the following:
 - Health facilities are functioning with conflict- and pre-conflict-related limitations.
 - Rehabilitation of health facility war damage is in progress in urban/peri-urban areas; rural areas are not served as well.
 - Essential medicine supply is slowly improving.
 - Health staff are hard to find due to flight and low salaries.
 - People cannot afford treatment.
 - Department of Health, civil society organizations (CSOs) and some local NGOs are present, supported by international NGOs (International Medical Corps, Red Cross, Médecins Sans Frontières (MSF), Médecins du Monde (MDM), Project Hope).
 - Access to medicines and MHPSS services is cited as the greatest need.
- From 28 May to 4 June the Health Cluster Coordinator will be in Dnipropetrovsk to meet with partners

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