

# Emergency in Ukraine

External Situation Report #19, published 11 August 2022

Reporting period: 28 July–10 August 2022

10.6 million  
BORDER  
CROSSINGS



6.2 million

REFUGEES  
RECORDED  
ACROSS EUROPE



6.64 million

INTERNALLY  
DISPLACED



12 867

CIVILIAN  
CASUALTIES



5401

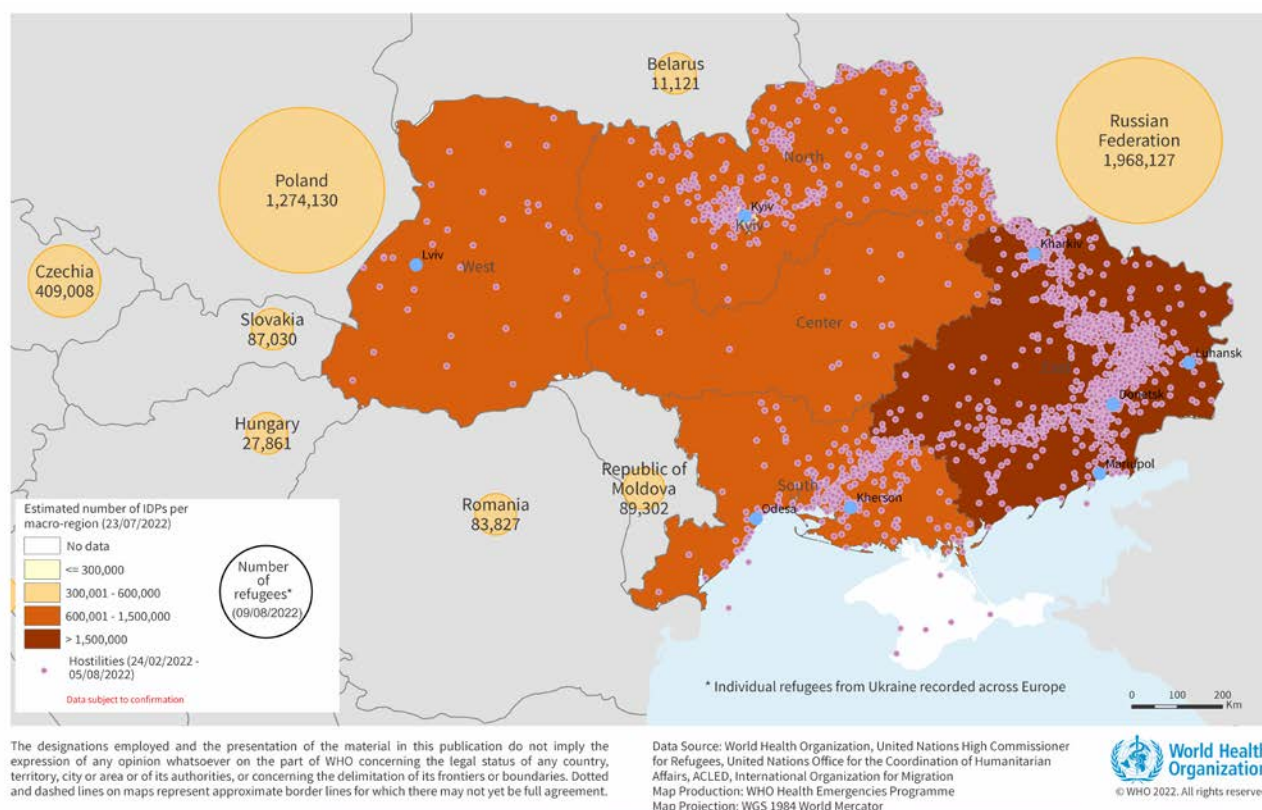
CIVILIAN  
DEATHS

## Key updates

- According to [WHO's Surveillance System for Attacks on Health Care](#), there have been 445 attacks on health care, resulting in 105 injuries and 86 deaths, reported between 24 February and 11 August. Attacks on health care include those against health facilities, transport, personnel, patients, supplies and warehouses. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.
- On 28 July a team of 32 Polish health-care professionals arrived via the medical evacuation (medevac) train. Under an initiative organized by the Government of Poland, they assessed which patients required medical evacuation and transferred them to Poland.
- United Nations (UN) Secretary-General Antonio Guterres appointed Denise Brown of Canada as the United Nations Resident Coordinator in Ukraine as of 30 July. She will also serve as Humanitarian Coordinator.
- WHO has supported the response to monkeypox by providing test kits and training health-care professionals on their use.

# 1. SITUATION UPDATE

**Fig. 1. Distribution of IDPs and refugees in Ukraine and in refugee-hosting countries as of 9 August 2022**



**Table 1. Key humanitarian figures as of 9 August 2022**

| People affected                            |                              |
|--|------------------------------|
| <b>Internally displaced persons (IDPs)</b> | 6.64 million (as of 23 July) |
| <b>Border crossings</b>                    | 10.6 million                 |
| <b>Refugees recorded across Europe</b>     | 6.3 million                  |
| <b>People entering Ukraine</b>             | 4.5 million                  |
| <b>Injuries among civilians</b>            | 7466 (as of 7 August)        |
| <b>Deaths among civilians</b>              | 5401 (as of 7 August)        |

## 1.1 Population displacement and refugees

Over 6.64 million people are internally displaced in Ukraine as of 23 July, according to the latest [survey](#) conducted by the International Organization for Migration (IOM). This represents 15% of Ukraine's general population and is an increase from the 6.3 million recorded at the end of June.

Five and a half million people who were previously displaced have returned home. Most of them were displaced within Ukraine and 16% have returned from abroad.

According to government data compiled by the Office of the United Nations High Commissioner for Refugees (UNHCR), 10.6 million border crossings<sup>1</sup> from Ukraine took place between 24 February and 10 August. Just under half entered Poland (49%), while significant proportions entered the Russian Federation (18.5%), Hungary (10.7%), Romania (9%), Slovakia (6%) and the Republic of Moldova (5.3%).

## 1.2 Overall WHO response

The role of WHO is to coordinate the response to health emergencies, promote health and well-being, prevent disease and expand access to health care.

In support of the health sectors in Ukraine and refugee-hosting countries, WHO is working with key stakeholders, including:

- Global Outbreak Alert and Response Network (GOARN) to provide support for infectious disease outbreaks;
- Emergency Medical Teams (EMTs) to deliver health-care services;
- Health Cluster Partners to coordinate humanitarian health activities;
- Standby Partners to deploy emergency health-care personnel; and
- the governments of Ukraine and of refugee-hosting countries to provide support to improve access to health care and to ensure safe medevac of patients.

## 1.3 Funding

As of 9 August WHO has received US\$ 93.8 million (64%) against its total funding requirement of US\$ 147.5 million under its [appeal for the Ukraine crisis](#) from 17 donors.

WHO would like to thank [donors](#) who are supporting its response in Ukraine, including: *Canada, European Commission – Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) and Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR), Germany, Ireland, Japan/Asia–Europe Foundation (ASEF), the King Salman Humanitarian Aid & Relief Centre (KSRelief), Kuwait, Norway, Novo Nordisk Foundation, Switzerland, the UN Central Emergency Response Fund (CERF) and the Ukraine Humanitarian Fund (UHF), the United States Bureau of Population, Refugees, and Migration and Bureau for Humanitarian Assistance (BHA), WHO Foundation, and the Socialist Republic of Viet Nam* for their timely contributions.

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<sup>1</sup> This does not equal the actual number of refugees.

## 2. HEALTH PRIORITIES AND WHO ACTIONS IN UKRAINE TO DATE

### 2.1 Access to health care in Ukraine

Access to health care continues to be severely impacted due to security concerns, restricted mobility, broken supply chains and mass displacement. Between 24 February and 10 August, 445 attacks on health care<sup>2</sup> were reported<sup>3</sup>, resulting in 105 injuries and 86 deaths, with one new attack reported in the past two weeks. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.

The conflict has disrupted supply lines, limiting the movement of medicines and consumables between and across institutions, cities and regions. Cargo movement by air has stopped, many roads are blocked, trains and train stations are damaged, and as movement on roads continues to be risky, the supplies of goods have been delayed.

Through engagement with the Ministry of Health (MoH) of Ukraine, national health authorities, partners and donors, WHO has been able to provide affected 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

More detail on each of the priorities listed below can be found in previously published [situation reports](#), the [Public Health Situation Analysis](#) and the [Strategic Response Plan](#).

|   |  |
|---|--|
| <b>Conflict-related trauma and injuries</b>                               | Emergency medical services, surgical departments and intensive care units have been overwhelmed with trauma patients. Access to health care has been limited and essential health services have been disrupted or are collapsing.  |
| <b>Maternal and newborn health</b>  | According to the United Nations Population Fund (UNFPA), damage to and destruction of medical facilities as well as a shortage of service providers and critical supplies have severely compromised the delivery of essential health services, including access to maternal care for the estimated 265 000 women who were pregnant when the conflict erupted.  |
| <b>Management of chronic diseases and noncommunicable diseases (NCDs)</b> | Noncommunicable diseases (NCDs) are the leading cause of morbidity and mortality in Ukraine, with the five major NCDs – cardiovascular disease, diabetes, cancer, chronic respiratory disease, and mental health conditions – accounting for 84% of all deaths. Disruptions in treatment for chronic cardiovascular and respiratory diseases increase morbidity and, most likely, mortality.   |
| <b>Risk of emergence and spread of infectious diseases</b>                | <p>Between 23 February and 7 August the overall number of beds available and beds occupied by patients with COVID-19 decreased by 47% and 93%, respectively, reflecting potential challenges in accessing hospitals, limited data reporting, and a potential decrease in actual hospitalizations. The most notable decrease in the number of available beds was reported in the Luhansk oblast (100%), followed by the Vinnytsya (88%) and Chernivtsi (82%) oblasts.</p> <p>An average of 226–252 hospitalizations per day were reported in the last week. However, COVID-19 remains a substantial threat given the country's low vaccination rates.</p> |

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

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

|   |  |
|---|--|
| <b>Protection issues: risk of human trafficking and escalated risk of sexual and gender-based violence (SGBV)</b> | <p>Women and girls face heightened risks of gender-based violence (GBV) and abuse, including conflict-related sexual violence and rape, while those fleeing their homes are exposed to increased risks to their safety and well-being.</p> <p>National protection systems and mechanisms for women survivors of violence have been compromised.</p>  |
| <b>Mental health and psychosocial support (MHPSS)</b>   | <p>The affected population is considered at high risk for adverse mental health outcomes and there is an urgent need for continued mental health and psychosocial support services. Health-care workers face challenges of working over capacity due to understaffing, and are at increased risk of psychological distress, burnout and mental health issues. This comes against a backdrop of already responding to the COVID-19 pandemic, which has overstretched systems.</p>   |
| <b>Food security and nutrition</b>  | <p>The conflict is affecting food security within and outside Ukraine. In July, the World Food Programme (WFP) served 2.8 million beneficiaries. Approximately two thirds of beneficiaries received food assistance in the form of ready-to-eat foods and dry goods. Food distribution has been concentrated on the eastern part of Ukraine, where the conflict is the most intense. The remaining beneficiaries were IDPs, who received mainly cash assistance.</p>   |
| <b>Technological hazards and health risks</b>   | <p><b>Potential nuclear hazards</b></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 <a href="#">technical guidance and public communication materials</a> on this subject, including materials in Ukrainian. Training courses and webinars focusing on medical and public response to radiation emergencies are also being delivered in collaboration with national partners in Ukraine.</p> <p><b>Chemical hazards</b></p> <p>The risks posed by industrial facilities or sites storing, transporting or producing toxic industrial chemicals remain, particularly to populations living near industrial facilities located close to the line of conflict. During the reporting period no new chemical events were reported. However, WHO continues to prepare health authorities, health responders and communities for such potential events.</p> |

## 2.3 WHO and partner actions in Ukraine – recent updates

### Leadership and coordination

- United Nations Secretary-General Antonio Guterres appointed Denise Brown of Canada as the United Nations Resident Coordinator in Ukraine as of 30 July. She will also serve as Humanitarian Coordinator.
- WHO has supported the response to monkeypox by providing test kits and training health-care professionals on their use.
- A team of physical rehabilitation experts travelled throughout Ukraine and shared their findings with the Government of Ukraine. This was part of WHO's continued operational support in the area of burns, spinal cord injuries, prosthetics and other physical rehabilitation needs.

### Medical evacuation of patients (medevac)

As of 9 August, 1000 patients requiring medevac (83% of the requests received from the European Commission) have been evacuated from Poland, Republic of Moldova, Slovakia, and Ukraine for medical



treatment in 18 other European countries via the European Union Civil Protection Mechanism. Among current requests, a further 5% are in transit. These evacuations are mainly due to chronic conditions and traumatic injuries.

Transportation of patients within Ukraine is provided by the national emergency services, while transportation across the border to other countries within the European Union is managed by international EMTs and coordinated by the CADUS team, a German nongovernmental organization (NGO) that provides EMT support.

On 28 July a team of 32 Polish health-care professionals arrived via the medevac train. Under an initiative organized by the Government of Poland, they assessed which patients required medical evacuation and transferred them across Poland.

### Health information and operations

The health sector response continues to prioritize saving lives and protecting mental health. Actions focus on ensuring access to health care for wounded people and others affected by the armed conflict, COVID-19, polio, and other health threats and hazards. Continuity of treatment and care for people with NCDs – including diabetes and cancer – is a top priority.

During the reporting period, WHO has supported the health response in Ukraine by providing, among other things:

- trainings on clinical laboratory diagnostics, chemical preparedness and response, and mass casualty management;
- support to coordinate and improve vaccination of IDPs;
- technical guidance and planning support for upcoming COVID-19 vaccinations; and
- a monkeypox information and awareness campaign.

### Supplies and logistics

- As of 10 August WHO has delivered to Ukraine 990 metric tonnes of medical supplies, valued at US\$ 27 million.
- Over the past week, more than 18 metric tonnes of medical supplies, valued at US\$ 4.9 million, were delivered to warehouses in Kyiv and Lviv. WHO also delivered 44.4 metric tonnes of medical supplies, valued at US\$ 948 900 to medical facilities in 11 oblasts. These supplies included NCD kits, laboratory items, personal protective equipment, trauma and emergency surgery supplies, venturi masks, oxygen concentrators, laboratory items, medicines and other essential equipment for clinical care.
- Discussions with the MoH of Ukraine are ongoing to coordinate allocation of donated financial resources to support the national health system.
- WHO continues to support procurement of supplies from German funds, BHA, UHF, ASEF and DG ECHO.

### Risk communication and community engagement (RCCE) and external communications

During the reporting period WHO has supported:

- the development of updated materials for chemical, biological, radiological and nuclear preparedness;
- online promotion of the [WHO report setting out its response in Ukraine to date](#).

### Operational partnerships

#### Emergency Medical Teams

Since the start of the EMT initiative response in Ukraine, the EMT Coordination Cell (CC) has been integrated within the Trauma and Rehabilitation Working Group (TRWG) of the Health Cluster.

The EMT CC currently coordinates 23 EMTs across Ukraine. The priority activities of these EMTs are trauma care, rehabilitation (including burns and spinal cord injuries), mobile health, patient transfer and medevac, and training.

- EMTs continue to carry out daily medical consultations addressing diverse health conditions, including trauma, outpatient, NCDs and infectious diseases.
- **An EMT Coordination Unit** is being established as part of transitioning the current coordination structure of the EMT TRWG into the MoH. The transition process will go through EMT CC mentorship of locally recruited staff to guide them through EMT methodology and coordination processes.
- **A national EMT awareness workshop** is being planned for 6–9 September in agreement with and at the request of the MoH.
  - More than 30 participants will join across different roles and oblasts, with representatives from the EMT Coordination Unit and the newly recruited staff from the national EMT concept.
  - The workshop will focus on the principles of the EMT initiative and the minimum standards, adapting to the local context.
- **The national EMT concept** developed by WHO in partnership with the MoH/Centre for Disaster Medicine and the All-Ukrainian Resuscitation Council is now approved. It aims to:
  - Focus on national capacity buildingThe workshop will focus on the principles of the EMT initiative and the minimum standards, adapting to the local context.
  - ultimately establish 25 Type 1 Mobile Teams, within coordination structures at national and regional level; and
  - adapt all-hazards capabilities.

### Standby Partnership deployments

From 2 March to 10 August, 17 experts were deployed to Ukraine, Hungary, Poland, and the WHO Regional Office for Europe. A further deployment has been confirmed to begin on 1 September.

They have provided expertise on:

- health information management
- Geographic Information System mapping
- risk communication and community engagement
- mental health and psychosocial support
- prevention of sexual exploitation and abuse
- sexual and reproductive health
- gender-based violence
- Health Cluster coordination

### Health cluster

WHO is the lead agency of Health Cluster Ukraine. As of 3 August Health Cluster Ukraine has worked with 152 international and local Partners, with activities in 24 oblasts. Between 24 February and 3 August, Health Cluster Partners have reached over 4.6 million people in the provision of medical supplies and services. They are engaged in activities in 571 settlements in 24 oblasts and have provided support to over 160 health facilities across Ukraine. The [health requests planning and response tool \(HRPR\)](#) being used to respond to requests for

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