








UKRAINE

JUNE–SEPTEMBER 2017



WHO–United Nations Children’s Fund (UNICEF)–United Nations High Commissioner for Refugees (UNHCR) convoy delivered WHO medical kits, including essential medicines, supply and equipment to Luhansk (non-government-controlled area). Photo: WHO

 <p>4 400 000 PEOPLE AFFECTED* SINCE THE BEGINNING OF THE CONFLICT * data from UNHCR</p>	 <p>160 HEALTH FACILITIES SHELLED SINCE THE BEGINNING OF THE CONFLICT</p>	 <p>1.59 MILLION PEOPLE INTERNALLY DISPLACED* * data from the Ministry of Social Policy of Ukraine</p>	 <p>145 CONFLICT-RELATED INJURIES IN REPORTING PERIOD (total: 7000–9000)* * data from the Office of the United Nations High Commissioner for Human Rights (OHCHR)/ Organization for Security and Co-operation in Europe (OSCE)/WHO</p>	 <p>28 CONFLICT-RELATED DEATHS IN REPORTING PERIOD (total: over 2000)* * data from OHCHR/OSCE/the United Nations Department of Safety and Security (UNDSS)/WHO</p>
---	---	--	--	--


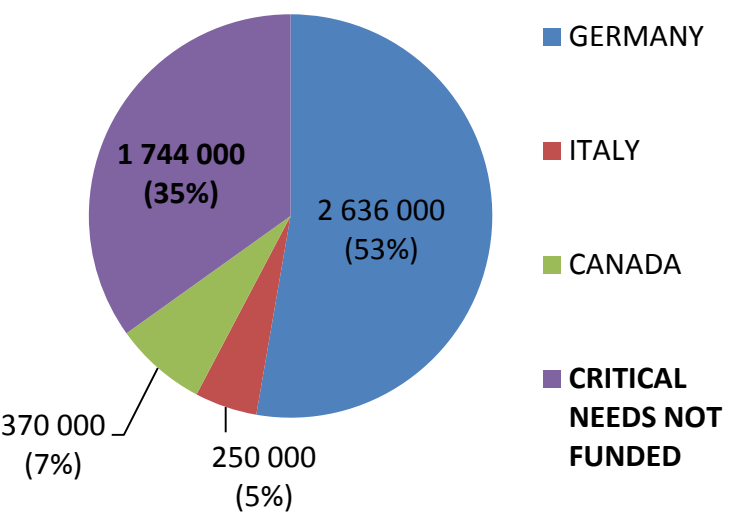


WHO COUNTRY OFFICE PRESENCE	
35 EMPLOYEES IN THE COUNTRY	1 MAIN OFFICE: KYIV 4 FIELD OFFICES: SEVERODONETSK, KRAMATORSK, LUHANSK, DONETSK

HUMANITARIAN SITUATION – HIGHLIGHTS

- **The situation in eastern Ukraine remained tense.** The overall number of cease-fire violations decreased, but remains critically high, with an average of 40 000 cease-fire violations reported per month.
- **Crossings through the five operational exit/entrance checkpoints continued to increase steadily,** with over 1.1 million individual crossings per month recorded in the reporting period. Crossing procedures are inadequate and high demands exceed the weak health care capacity around the front line. Long waiting periods and rising temperatures caused health effects on civilians, particularly elderly and vulnerable people.
- **About 20 settlements with 3500 people living near the contact line in the Donetsk non-government controlled areas (NGCA) are subject to continuing hostilities.** Access to health care along the contact line in both government-controlled areas (GCA) and NGCA is low, as facilities are barely operational, and dispensary facilities are destroyed, especially in rural areas.

SUMMARY OF WHO’S ACTIVITIES AND MAIN CONCERNS IN JUNE–SEPTEMBER 2017

- Activities**
- As to **medical supplies**, WHO delivered life-saving medicines to health facilities in conflict-affected areas in both GCA and NGCA. These enabled complex surgical operations, treatments, safe deliveries and neonatal services, safe blood transfusions, asthma prevention in paediatrics, and preparedness for diarrhoeal diseases and cholera.
 - As to **building capacity of health care staff**, WHO trained 90 laboratory staff working in GCA on laboratory quality-management systems.
 - As to **mental health training**, WHO developed a training package to help non-mental-health professionals provide mental health services in conditions of limited resources. The package includes a humanitarian intervention guide to address gaps in mental health service provision in Ukraine. The first training of trainers, conducted in Slavyansk (GCA), trained 12 medical staff
 - As to **measles outbreak response**, WHO continues advocacy and technical support activities to address the increase in measles cases recorded since January 2017. This reflects a sharp decrease in immunization rates over the past few years. Along with UNICEF, WHO supports the Ministry of Health in coordination, outbreak investigation, training, surveillance and the independent monitoring of supplementary immunization activities (SIAs). On 11 September 2017, the Ministry of Health of Ukraine approved an action plan on measles outbreak response, developed with support from WHO, and started SIAs for children aged 1–9 years in the whole country. These complement increased efforts to restore high routine immunization coverage.
- Main concerns**
- WHO remains deeply concerned about **attacks on health care**: the number of health facilities affected by hostilities in eastern Ukraine, including some crucial laboratory equipment for the diagnosis of tuberculosis (TB) and multidrug-resistant TB, especially in NGCA.
 - Although no cases of poliomyelitis (**polio**) were detected in the last 12 months in Ukraine, the International Health Regulations (IHR) Emergency Committee concluded that **the risk of international spread of poliovirus remains high** due to low polio vaccination coverage, and recommended the extension of revised temporary recommendations for Ukraine for three further months (until the end of 2017).
 - **Environmental health is at risk** due to the breakdown of water purification systems, waste-related hazards and a high likelihood of accidents involving industrial chemicals.
 - **Funding gaps prevented WHO from performing critical activities for the health of the people of Ukraine**, such as surveillance, life-saving support against some noncommunicable diseases and maintenance of equipment.
 - As to **access to donor funding**, WHO is concerned that the late arrival of funding would cause severe disruption in the operations of WHO and its partners, as experienced in previous years.

WHO PROGRAMME			HIGHLIGHTS														
FUNDING (US\$)			CRITICAL FUNDING REQUIREMENTS														
	65%	% OF WHO'S 2017 HRP PROGRAMMES FUNDED	<p>The WHO funding request in the 2017 Humanitarian Response Plan (HRP) (US\$ 5 million) covers critical health interventions for filling gaps, disease control programmes and monitoring.</p> <p>➔ WHO operations are supported by the generous contributions of Germany, Canada and Italy.</p> <p>➔ Funding gaps will not allow WHO to achieve the following HRP objectives.</p> <ul style="list-style-type: none"> WHO lacks US\$ 300 000 to support infectious diseases surveillance. This means that millions of children are at risk due to low vaccination rates and poor surveillance systems. WHO lacks US\$ 1 000 000 to provide full support required for noncommunicable diseases: mental health, trauma and rehabilitation care, and cancer treatment. WHO lacks US\$ 300 000 to assess and fulfil the most acute requirements for equipment maintenance. <p>➔ WHO encourages donors to commit 2018 funding for Ukraine as early as possible. In previous years, funding gaps in the first months of the year caused significant disruptions in WHO's and partners' capacity to respond, forcing them to cut and then re-establish activities and staff contracts.</p> <p>➔ Early results of the ongoing country needs assessments show levels of needs slightly higher than those for 2017. The WHO funding requests for 2018 will be slightly higher than those for 2017.</p>														
	1.6 million	US\$ REQUIRED FOR 2017 BY WHO FOR ACUTE NEEDS (WITHIN HRP)															
	35 million (preliminary assessment)	US\$ REQUIRED FOR RECONSTRUCTION AND MAINTENANCE PROGRAMMES (OUTSIDE HRP)															
<p>WHO FUNDING REQUEST IN 2017 HRP</p>  <table border="1"> <caption>WHO Funding Request in 2017 HRP</caption> <thead> <tr> <th>Country/Category</th> <th>Amount (US\$)</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>GERMANY</td> <td>2 636 000</td> <td>53%</td> </tr> <tr> <td>CRITICAL NEEDS NOT FUNDED</td> <td>1 744 000</td> <td>35%</td> </tr> <tr> <td>CANADA</td> <td>370 000</td> <td>7%</td> </tr> <tr> <td>ITALY</td> <td>250 000</td> <td>5%</td> </tr> </tbody> </table>			Country/Category	Amount (US\$)	Percentage	GERMANY	2 636 000	53%	CRITICAL NEEDS NOT FUNDED	1 744 000	35%	CANADA	370 000	7%	ITALY	250 000	5%
Country/Category	Amount (US\$)	Percentage															
GERMANY	2 636 000	53%															
CRITICAL NEEDS NOT FUNDED	1 744 000	35%															
CANADA	370 000	7%															
ITALY	250 000	5%															
BENEFICIARIES OF WHO MEDICAL SUPPLIES IN JUNE–SEPTEMBER 2017																	
	2 431 279	People supported with medicines for complex surgical operations, treatments, safe deliveries and neonatal services, safe blood transfusion, asthma prevention in paediatrics and preparedness for diarrhoeal diseases and cholera.	<p>NGCA/ Donetsk</p> <ul style="list-style-type: none"> 10 surgical supply kits delivered to health facilities (100 operations and treatment for 10 days each) 29 neonatal resuscitation kits 20 interagency emergency health kit (IEHK) basic modules (1000 people for 3 months) 2 IEHK supplementary module pharma (10 000 people for 3 months) 1000 boxes of salbutamol (prevention of asthma in pediatrics) 500 boxes of oxytocin (prevention of postpartum hemorrhage (PPH) in maternity care) 														
	Donetsk NGCA: 42 529			<p>NGCA/Lugansk</p> <ul style="list-style-type: none"> 67 IEHK basic modules (1000 people for 3 months) 12 IEHK supplementary modules pharma (10 000 people for 3 months) 12 IEHK supplementary modules equipment (10 000 people for 3 months) 12 IEHK supplementary modules renewable (10 000 people for 3 months) 2 IEHK postexposure prophylaxis (PEP) supplementary module (60 people) 56 transfusion kits and 200 boxes of 200 doses of salbutamol 40 boxes of oxytocin 1 complete WHO diarrhoeal disease kit, as contingency stock to treat 700 persons per kit 													
	Luhansk NGCA: 428 060 (and 56 transfusion kits)																
	GCA: 1 960 700																
	<p>GCA:</p> <ul style="list-style-type: none"> 760 IEHK basic modules (1000 people for 3 months) 60 IEHK supplementary modules pharma (10 000 people for 3 months) 30 IEHK supplementary modules equipment (10 000 people for 3 months) 30 IEHK supplementary modules renewable (10 000 people for 3 months) 1 diarrhoeal disease kit (interagency), complete 																
WHO HEALTH ACTION		UPDATE ON LOCAL HEALTH-CARE CONDITIONS, MEDICINE AVAILABILITY AND ACCESS TO HEALTH SERVICES															
	19 684	CONSULTATIONS PERFORMED	<ul style="list-style-type: none"> The impact of the conflict increases risks for developing mental health problems, while people with pre-existing mental disorders need access to care. Conflict-related injuries continue, with an average of 60–70 casualties each month since February 2017. WHO will provide training in trauma care to strengthen the capacities of health staff in conflict-affected areas. Access to PHC services remains insufficient in NGCA and along the contact line (GCA and NGCA). Recently released data for 2016 show that significant numbers of people from GCA have to cross the contact line to receive tertiary health care services in the cities of Donetsk and Luhansk in NGCA (15 000 people, according to the de facto health authorities of Donetsk and Luhansk (NGCA)). The performance of the routine immunization system remains unsatisfactory in Ukraine in both GCA and NGCA. The information available indicates a lack of basic childhood vaccines, including for polio and measles, in NGCA. Only up to 60% of needed staff doctors are available in both GCA and NGCA. Health care workers lack access to continuous education, and need training, including in internationally recognized best practices in various areas. 300 haemodialysis patients in NGCA lack life-saving treatment, owing to disruption in supplement provision. 101 000 cancer patients (50% in NGCA) have incomplete access to treatment, with the most acute needs in NGCA. Approximately 19 000 diabetic patients in NGCA, including children, have incomplete access to insulin and test strips. 														
	124	HEALTH PROFESSIONALS TRAINED															
	<ul style="list-style-type: none"> The WHO-supported mobile psychosocial support team in Slavyansk, Donetsk region (GCA) provided 272 consultations within the reporting period. WHO supported 5 primary health care mobile units operated by Médecins du Monde and Hyppocrate (Greek medical centre). Mobile units provide health care services to population along the contact line in GCA. A WHO assessment of public health laboratories of the Luhansk and Donetsk regions in GCA showed that regulatory documents would need to be developed to improve the quality of the laboratory management system. WHO delivered training on the humanitarian intervention guidelines (HIG) of mhGAP (the mental health global action plan) to ensure access to mental health services within limited resources (assistance provided by non-specialists). The complete package of the mhGAP HIG training materials was translated into Russian. 																
<p>Contact: Craig Hampton, Health and Nutrition Cluster Coordinator (email: hamptonc@who.int; tel.: +380 44 425 8828)</p> <p>Anna Borshchevska, Communication Officer (email: borshchevskaa@who.int; tel.: +380 93 753 1827)</p>																	