

Investing for a safe and healthy Ukraine

WHO Health Emergencies Programme
at the country level



© World Health Organization 2019 All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full. 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 the World Health Organization 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 lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Design and layout: Djordje Novakovic

Investing for a safe and healthy Ukraine

WHO Health Emergencies Programme at the country level

Disasters and emergencies disrupt communities and destroy livelihoods – most of all they threaten people’s health. In a typical year, Europe suffers economic losses of € 10 billion from disasters and emergencies,¹ which result in hundreds of people dying or becoming severely ill.

Europe’s 21st century emergencies include a wide range of hazards:

- Many countries have measles epidemics.
- Countries in southern, central and eastern parts of the Region have outbreaks of vector-borne diseases, such as West Nile Virus and Crimean-Congo haemorrhagic fever.
- All national health systems in the European Region have to respond to outbreaks of foodborne diseases, and antimicrobial resistance is growing at an unprecedented pace.
- Many countries are prone to floods, heatwaves, forest fires and other extreme events. Climate change means Europe is likely to see many more such emergencies in the coming years.
- The threat of earthquakes and other natural disasters in Europe – possibly combined with chemical or nuclear contamination – never goes away.
- Conflicts and terrorist attacks affect European countries directly and as spill-over effects from neighbouring countries and regions.

¹ Estimate quoted in EFDRR. High-Level Dialogue Communiqué from 2017. European Forum for Disaster Risk Reduction, Istanbul, 26–28 March 2017. Geneva: European Forum for Disaster Risk Reduction; 2017. (https://www.preventionweb.net/files/52533_2017efdrhlcommuniquefinal.pdf, accessed 23 August 2019).

The European Region is part of a highly interconnected world. Diseases can spread at the speed of an aeroplane, and people fleeing emergencies often cross international frontiers. Recent striking examples of international emergencies with repercussions in Europe are the outbreaks of the Ebola and Zika viruses, and the Syrian humanitarian crisis.

Ukraine: The case for action

Since 2014, WHO has actively supported the response to the humanitarian crisis caused by the conflict in eastern Ukraine. In addition, the country is exposed to flood, chemical, environmental, nuclear and radionuclear hazards. Ukraine's low vaccine coverage makes it vulnerable to epidemics of measles, and even the possibility of polio cases. Given all these challenges, the Ministry of Health recognizes the need to strengthen Ukraine's health emergency capacities. WHO is working with Ukraine to achieve this, which is why it is one of the WHO Health Emergencies (WHE) Programme's priority countries in the European Region.

The WHE Programme will continue to scale up support to priority countries and territories to help them to strengthen their International Health Regulations (IHR) core capacities. Each of the priority countries faces significant hazards, and each has vulnerabilities in their health emergency response capacities. This means health emergencies can have a high impact in these countries and territories. It also means they are the places in the Region where investment in IHR core capacities can produce the greatest return.

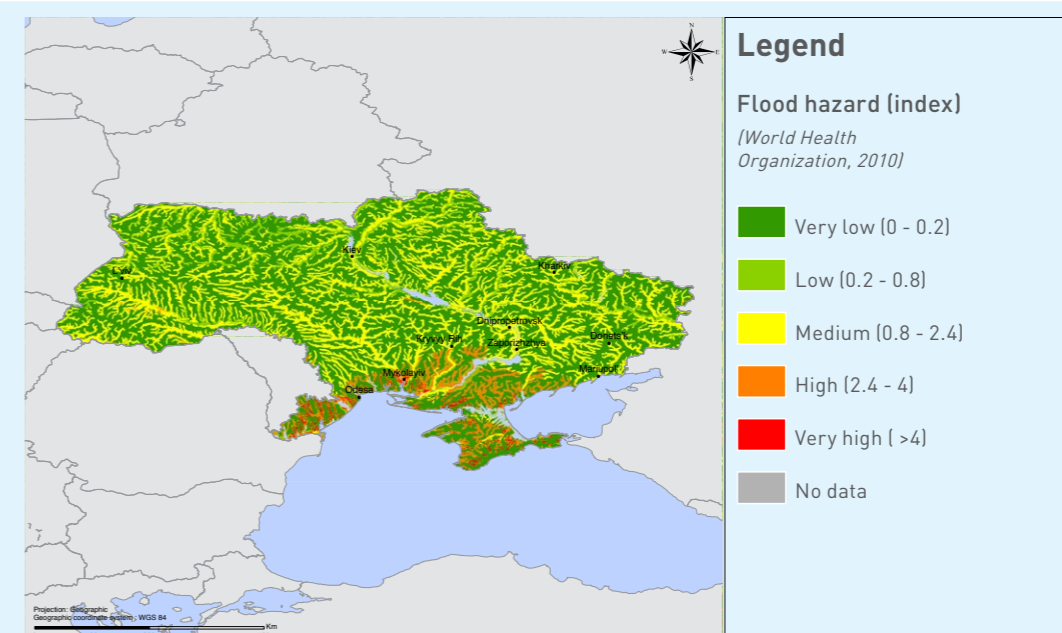
1 BOX

Box 1: Key emergency threats in Ukraine

- Conflict in eastern Ukraine with consequences for access to health services
- Very low vaccine coverage making Ukraine vulnerable to epidemics
- Risk of poliovirus circulation, and even polio cases
- Flood hazards (Map 1)
- Chemical, environmental, nuclear and radionuclear hazards
- Food and water availability compromised especially in conflict-affected areas

1 MAP

Ukraine: Flood risk²



Disclaimer
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization 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 lines on maps represent approximate border lines for which there may not yet be full agreement. All reasonable precautions have been taken by WHO to produce this map. However this map is being distributed without warranty of any kind, either express or implied regarding its content. The responsibility for its interpretation and use lies with the user. In no event shall the World Health Organization be liable for damages arising from its use.
© WHO 2010. All rights reserved.

² WHO. The WHO E-Atlas of Disaster Risk for the European Region. Volume 1. Exposure to Natural Hazards. Version 2.0. Copenhagen: WHO Regional Office for Europe; 2011. (<http://www.euro.who.int/en/health-topics/emergencies/disaster-preparedness-and-response/publications/2011/who-e-atlas-of-disaster-risk-for-the-european-region-the.-volume-1.-exposure-to-natural-hazards.-version-2.0>, accessed 23 August 2019).

Ukraine is striving to achieve Universal health coverage (UHC), in line with the UN's Sustainable Development Goals (SDGs). Investing in health emergency capacities supports the country's progress towards these and other SDGs. The investment will safeguard social and economic progress, by reducing the impact of emergencies when they happen.



“Universal health coverage and health emergencies are two sides of the same coin”



Dr Tedros Adhanom Ghebreyesus
Director-General of World Health Organization

Universal health coverage and health emergency capacity, or emergency preparedness, are two sides of the same coin in a people-centred health system. When countries strengthen their emergency preparedness and response capacities, they also strengthen their health system's ability to provide universal health coverage. In the same way, when countries strengthen their health systems, they strengthen their capacity to be prepared for and respond to emergencies. True universal health coverage means people can access quality, affordable, safe and culturally sensitive life-saving services when they need them most – including when they have been hit by an emergency.

2
BOX

Investing in emergency preparedness makes economic sense

Many health emergencies are partly or fully preventable. Where they are not, harm can often be reduced through prevention, preparedness, early detection and rapid response.

Total global investment required over the coming five years to effectively prepare for, prevent, detect and respond to health emergencies is estimated at US\$ 28.9 billion. Success will be measured against the goal of better protecting at least 1 billion more people from health emergencies and providing life-saving health services to 100 million vulnerable people. It will save approximately 1.5 million lives and provide estimated economic gains of US\$ 240 billion.

Extract from A Healthier Humanity: The WHO Investment Case for 2019–2023³

The return on investment is US\$ 8.30 for every US\$ 1 provided – a more than eightfold return. The investment pays back in multiple ways:

- it saves people, society, economy from the next emergency
- it strengthens the health system
- it helps to meet several Sustainable Development Goals
- it contributes to global efforts to protect 1 billion more people worldwide.

3 WHO. A Healthier Humanity: The WHO Investment Case for 2019–2023, pp. 24–28. Geneva: World Health Organization; 2018. (<https://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 23 August 2019).

3 BOX

Investing in health emergency preparedness is key to achieving the SDGs

Investing in health emergency preparedness and response is key to achieving SDG 3 “Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development”. It is particularly relevant to target 3.D, which deals with strengthening health emergency capacity, and targets 3.1 (maternal mortality); 3.2 (infant mortality); 3.8 (universal health coverage) and 3.9 (deaths from chemical contamination).

Investment in health emergency capacity also plays an important role in achieving other SDG goals such as: eliminating poverty and hunger (SDG 1, SDG 2); gender equality (SDG 5); decent work and economic growth (SDG 8); reduced inequalities (SDG 10); Climate Change (SDG 13); and Peace, justice and strong institutions (SDG 16).



WHO representative talks to a displaced family in Krasnohorivka, a conflict-affected area of Ukraine. Photo credit: WHO/Volodymyr Shuvayev

4 BOX

The International Health Regulations: a framework to protect people from health emergencies

Since 2007, the IHR have made a difference to the way the world prepares for and responds to emergencies. The IHR (2005) is a central mechanism within the WHE Programme to guide countries towards achieving common approaches and capacities to detect, assess and respond to health threats. The IHR (2005) is a legally binding treaty signed by all WHO Member States. What it commits them to is:

1. Sharing information with WHO, and each other, about all hazards – disease outbreaks and other health threats (e.g. chemical or nuclear contamination) – that could spread across international borders.
2. Developing and maintaining the **core capacities** needed to prepare for, detect and respond to disease outbreaks, and other health threats.
3. Reporting annually on their implementation of the IHR.

The IHR have already strengthened international cooperation and country capacities to deal with health emergencies. Nonetheless, many Member States in the European Region, and indeed around the world, have scope to further strengthen their IHR core capacities.

For more information about the IHR see:

https://www.who.int/topics/international_health_regulations/en/

IHR core capacities for monitoring and evaluation

1. Legislation and financing
2. IHR coordination and national IHR focal point functions
3. Zoonotic events and the human–animal interface
4. Food safety
5. Laboratory
6. Surveillance
7. Human resources
8. National Health Emergency Framework
9. Health Service Provision
10. Risk communication
11. Points of entry
12. Chemical events
13. Radiation emergencies

Ukraine's emergency preparedness and response capacities

Overview of IHR monitoring and evaluation in Ukraine

Four complementary components of monitoring and evaluation help to provide a comprehensive overview of the current status of IHR country capacities.⁴ The States Parties Annual Reporting is mandatory; the Joint External Evaluation (JEE), After Action Reviews (AARs) and Simulation exercises are voluntary.

In particular the JEE fosters a peer-to-peer discussion between international and national experts to identify strengths and weaknesses in emergency preparedness and response within the national health system. Results and recommendations from these activities are the basis for the development of a National Action Plan for Health Emergency Preparedness.

Done or in process:

- States Parties Annual Reporting: 2019
- Joint External Evaluation: planned for 2020

Recommended:

- After Action Reviews
- Simulation exercise
- National Action Plan for Health Emergency Preparedness

⁴ WHO. IHR monitoring and evaluation: a key element for public health emergency preparedness and response. Copenhagen: WHO Regional Office for Europe; Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0006/375819/IHR-Brief_WEB.pdf?ua=1, accessed 23 August 2019).

Highlights from Ukraine's 2019 self-assessment report on its IHR core capacities

Analysis of Ukraine's annual reporting data for 2019 shows the IHR core capacities with most room for improvement in Ukraine are currently:

- Risk Communication
- Chemical events
- Health Service Provision

The government of Ukraine is committed to further developing the country's emergency preparedness and response capacities. In 2015, Ukraine performed a voluntary external evaluation of its preparedness and response capacities for health emergencies.⁵ This was carried out by the Global Health Security Agenda (an ad hoc alliance of countries led by Finland, the USA and Indonesia) and looked at the extent to which Ukraine had the core capacities required by the IHR in place (Box 4). These assessments were a forerunner of the system of WHO-led Joint External Evaluations of IHR core capacities, which has been in place since 2016.



Emergency health care professional practice new skills in the management of patients with trauma at the Advanced Trauma Care Training (ATCT) held in Mariupol, Donetsk region. Photo credit: WHO/Laura Sheehen.

⁵ Global Health Security Agenda. Global Health Security Agenda Assessment of Ukraine, November 2–6 2015, Helsinki: GHSA; 2016 (<https://www.ghsagenda.org/docs/default-source/jee-reports/ukraine-jee-report.pdf>; accessed 3 September 2019).

Findings from 2015 Global Health Security Agenda assessment of IHR core capacities in Ukraine⁶

Key findings and recommendations from the 2015 assessment:

- The health security sector is evolving and Ukraine is in the process of making substantive changes to its public health infrastructure.
- Following the recommendations, a National Public Health Centre and a National Food Safety Centre (incorporating Veterinary Services) have been established and in the process of developing a regional structure.
- Ukraine needs to streamline its legislative measures and practices to facilitate licensing and procurement of essential vaccines, laboratory reagents and other medical supplies from a variety of new and existing sources.
- Ukraine needs to embrace a human and animal health joint assessment of its capacities.

Other areas for intervention

- Understanding of the IHR needs improvement across the whole of the public health workforce. As the public health workforce is small, predominantly made up of younger people and has a rapid turnover, capacity-building is challenging.
- The public health system in a state of transition. With health decentralized to the regions, the roles, responsibilities and service standards between the national level and the regions need to be defined.
- Progress was made in area of One Health (human health/veterinary coordination), but more needs to be done on multisectoral working.
- Violence, poverty and displacement caused by the conflict in eastern Ukraine causes substantial public health challenges.

⁶ Ibid.

Ukraine's health emergency preparedness initiatives

Emergency operation plan

Ukraine is committed to start the process to design an all-hazard emergency operation plan by 2019. This will address the current fragmented approach among sectors to ensure consolidated and efficient emergency preparedness.

Strategic risk assessment for emergency planning

A strategic risk assessment – guiding planning for most relevant hazards for the country – will enable Ukraine to prioritize its resources, contribute to in-depth capacity and vulnerability evaluation to elaborate emergency response and contingency plans. This follows a risk assessment exercise, using the WHO STAR tool, conducted in July 2019.

Infection prevention and control (IPC)

According to the 2018/2019 Global Monitoring of Country Progress on Antimicrobial Resistance, in Ukraine a national IPC programme or operational plan needs to be developed.

Risk communication

The Regional Office has launched an Emergency Risk Communication (ERC) five-step package⁷ for tailored support to each enrolled country to scale up their capacity in this area, by developing, testing and adopting their ERC national plan under the IHR. Ukraine has completed steps 1 to 3 of the ERC capacity-building package including training, capacity mapping and plan writing.

⁷ <http://www.euro.who.int/en/health-topics/emergencies/international-health-regulations/emergency-risk-communications/emergency-risk-communications-tools/national-health-emergency-risk-communication-training-package>

Opportunities for further progress

With the broad health reform ongoing with focus on primary health care, there is an opportunity for Ukraine, and the WHO country office, to shift from emergency response to longer term capacity development.

An official Joint External Evaluation (JEE) of Ukraine's IHR core capacities could provide much of the information and analysis needed for a long-term strategy in this area. The process of preparing for, and then going through, a JEE gives the government and its partners a clearer insight into Ukraine's current level of health emergency capacity. The JEE report gives recommendations from international experts on where and how these capacities need to be strengthened, including priority recommendations for action.

The JEE report and its recommendations should then enable Ukraine to develop a National Action Plan for Health Emergency Preparedness. This sets out a multi-year plan for strengthening IHR core capacities, and providing the resources needed to keep them sustainable and robust.

Once the National Action Plan is in place and being implemented, there is a clear strategy supported by domestic resources. WHO and international partners then will be in a good position to identify areas where they can offer support or additional resources for strengthening IHR core capacities in Ukraine.

WHO response to the humanitarian emergency in Ukraine

The humanitarian crisis in Ukraine has affected 4.4 million people and led to the displacement of 1.6 million. Of those, over 3 million needed humanitarian assistance. After years of conflict, health care resources in conflict-affected areas of Ukraine are severely stretched and humanitarian funding is plummeting. At the same time, health facilities continue to be damaged by heavy shelling and health care staff fear being killed or having to leave their country. In the midst of Europe, the health of millions of Ukrainians is hampered by limited access to health facilities, services and medicines for both acute and chronic conditions, and by insufficient funding for humanitarian health interventions.



WHO staff in front of a truck of health kits and medical supplies
Photo credit: WHO

Since 2014, WHO has led and coordinated the health strand of the international humanitarian response in Ukraine. Working with local and international partners, WHO helps provide primary care services and essential medication on both sides of the conflict line. It facilitates access to emergency and specialist care when needed, including the provision of ambulances. WHO is one of the few organizations with access to all areas, on both sides of the conflict line.

The WHO Health Emergency programme operates through its main office in Kyiv and four field offices in Donetsk, Kramatorsk, Luhansk and Severodonetsk. In 2017–2018, WHO and partners supported around 2.5 million people in eastern Ukraine with medical supplies. These included: supplies for primary and secondary care, supplies for complex surgical operations, safe deliveries, neonatal services and safe blood transfusions, and also treatments for a range of infectious and noncommunicable diseases. Funding for the ongoing humanitarian response will determine how the health needs of those affected by the conflict will be covered. WHO has identified some important opportunities to prevent future health emergencies in the country. There is low vaccine coverage across the whole country, but particularly in the conflict areas. Support by WHO and partners for Ukraine's vaccination programme and its wider disease control capacities could prevent future epidemics of measles, mumps, rubella and remove the risk that polio might re-emerge in the country.

Protecting people from health emergencies together: The way W(H)E work



The WHE Programme is providing the Organization's response to increasingly demanding crises. Mainstreamed across all levels of the Organization, it is geared to better protect people from health emergencies by establishing people-centred health systems which can detect, assess, communicate and respond to crises in a matter of hours.

Since each country is unique, the Programme tailors its support to countries' specific hazards, vulnerabilities and systems. It recognizes that structures and people with the right skills need to be in place where disease outbreaks occur, where disasters and conflicts strike, and where people fall sick and die. Therefore the Programme places countries at its centre.

The health emergency management cycle defines the rhythm of the Programme. Its four phases – prevention, preparedness, response and recovery – are grounded in the requirements of the IHR and seamlessly complement each other to save lives. Here's how it works:

1. **Prevention** and control of infectious diseases – through vaccination, for example – help prevent outbreaks in the first place.
2. At the same time, countries need to develop, test and evaluate their national plans and strengthen their capacities to be **prepared** for the next emergency of any type. This includes, for example, assessing hospitals for safety and functionality, establishing a laboratory network of excellence, setting up systems for disease surveillance, and engaging communities to communicate risks.
3. During the **response**, life-saving health interventions and pre-positioned essential health packages are delivered in collaboration with health partners to ensure that affected populations have timely access to quality health services, leaving no one behind.
4. The **recovery** phase is the time to learn from experience and build back better; it is the opportunity to make health systems stronger for the future.

Bridging health emergencies and universal health coverage – two sides of the same coin – will pave the way for countries to achieve the related Sustainable Development Goals. To make this a reality, the WHE Programme has tailored the global strategy into a European Action Plan. The Plan bonds countries with comparable levels of capacity and capability to avert or respond to emergencies. This requires cooperation across sectors and across borders.

As a strong believer in partnership, WHO invites all governments, sectors, partners and people in the European Region to implement the Action Plan jointly. Together we have the expertise and know-how, and together we can support global efforts to prevent, prepare for, respond to and recover from all health emergencies, while contributing to protecting 1 billion more people worldwide.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
E-mail: euwhocontact@who.int
Website: www.euro.who.int