



World Health Organization

REGIONAL OFFICE FOR Europe

WHO situation report

Ukraine

October–December 2017



Participants in the training on early physical rehabilitation organized by WHO in Mariupol, Donetsk region, examine a patient during the practical module. Photo: WHO

 <p>600 000 people live in mine-contaminated areas along the contact line</p>	 <p>130 health facilities require rehabilitation</p>	 <p>2.2 million people are in need of essential health services</p>	 <p>47 conflict-related injuries were recorded in the reporting period* <small>* Data from the Office of the United Nations High Commissioner for Human Rights (OHCHR)/ Organization for Security and Co-operation in Europe (OSCE)/WHO</small></p>	 <p>6 conflict-related deaths were recorded in the reporting period* <small>* Data from the Office of the United Nations High Commissioner for Human Rights (OHCHR)/ Organization for Security and Co-operation in Europe (OSCE)/WHO</small></p>
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<p>WHO Country Office presence</p>	
<p>37 employees in the country</p>	<p>1 main office: Kyiv 4 field offices: Severodonetsk, Kramatorsk, Luhansk, Donetsk</p>

Humanitarian situation – highlights

- **The situation in eastern Ukraine remained tense.** The overall number of ceasefire violations decreased, but remained critically high, with an average of 1722 ceasefire violations reported per month.
- **Security incidents near civilian infrastructure increased** during the reporting period. The Donetsk Filter Station was shelled three times in 72 hours in the first week of November, putting at risk the water supply for over 345 000 children, women, the elderly and people with disabilities, on both sides of the contact line.
- **Crossings through the five operational exit/entrance checkpoints (EECP)** remain intensive, with up to 40 000 individual crossings per day recorded in the reporting period, whilst EECPs' operating hours were reduced on 29 October 2017. While queuing, people are exposed to snow, wind and freezing conditions, putting their health at risk. This is particularly challenging for the elderly, those with disabilities, children and pregnant women. In 2017, at least 14 civilians reportedly died or suffered serious health complications whilst waiting.
- **The United Nations 2018 Humanitarian Response Plan (HRP)** was launched on 4 December 2017. It describes planned ways for the provision of critical humanitarian assistance and protection for 2.2 million people throughout 2018. The funding requested to implement this plan amounts to US\$ 187 million; of this, US\$ 21.1 million is required to address health and nutrition for about 1 million of the 2.2 million people in need of humanitarian assistance.

Summary of WHO's activities and main concerns in October–December 2017

Activities

- **Medical supplies:** in the reporting period, WHO and the United Nations Refugee Agency (UNHCR) procured 580 Interagency Emergency Health Kits for health facilities in both government-controlled areas (GCA) and nongovernment-controlled areas (NGCA). Each kit is designed to meet the basic health needs of 10,000 people for approximately 3 months.
- **Building capacity of health-care staff:** in GCA, 57 physiotherapists and traumatologists completed training on the principles of early physical rehabilitation to improve the results of inpatient trauma treatment, organized by WHO in GCA of Donetsk and Luhansk regions. In NGCA, WHO organized a workshop on trauma care for 69 traumatologists, surgeons, emergency doctors and anaesthesiologists in Donetsk city. Specialists from the WHO collaborating centre at the Karolinska Institute (Sweden) ran the workshop.
- **Control of TB and HIV:** together with the United Nations Children's Fund (UNICEF), WHO continues to provide technical support on assessing the HIV and tuberculosis (TB) situation in NGCA. Approximately 10 physicians specialized in HIV were trained online in clinical aspects of antiretroviral therapy, organized by WHO on 2 November 2017. WHO also helped ensure funds specifically for programme activities in NGCA within the Global Fund grant to Ukraine.
- **Response to measles outbreak:** measles continues to spread in Ukraine with over 3000 cases and 4 deaths reported in 2017. The country has had the lowest immunization coverage in the WHO European Region in recent years and therefore has a large population of susceptible individuals. WHO provided measles test kits to NGCA in Donetsk region for confirmation of suspected cases, and organized a mid-level management training for immunization programme managers in Slavyansk, Donetsk region (GCA) together with Save the Children. A total of 28 participants completed the course, including health-care staff engaged in the Donetsk region immunization programme and representatives of international organizations. WHO and partners worked closely with the Ministry of Health of Ukraine and other national institutions to ensure proper supplemental immunization coverage and to build capacity on measles and rubella surveillance.

Main concerns

- WHO remains deeply concerned about **continuing attacks on health-care facilities.** Up to 66% of health-care facilities within 5 km of the contact line have reported damage since the start of the conflict. In December 2017 only, 2 hospitals, 1 outpatient hospital and 3 kindergartens were damaged, out of a total of 260 items of infrastructure damaged in the reporting period.
- **Health services for people with chronic disease** are of particular concern in the conflict-affected area of eastern Ukraine because of the high

proportion of elderly residents, many of whom have little support and live alone.

- The **risk of communicable disease outbreaks in the conflict area is increasing**. This is due to frequent water supply damage and interruption, damaged heating systems, as well as immunization gaps.
- **Surveillance remains weak in conflict-affected areas** for both vaccine-preventable and water-borne diseases. Limited data sharing and early notification, along with gaps in laboratory capacity, significantly increase the potential for outbreaks to go undetected and decrease response effectiveness.

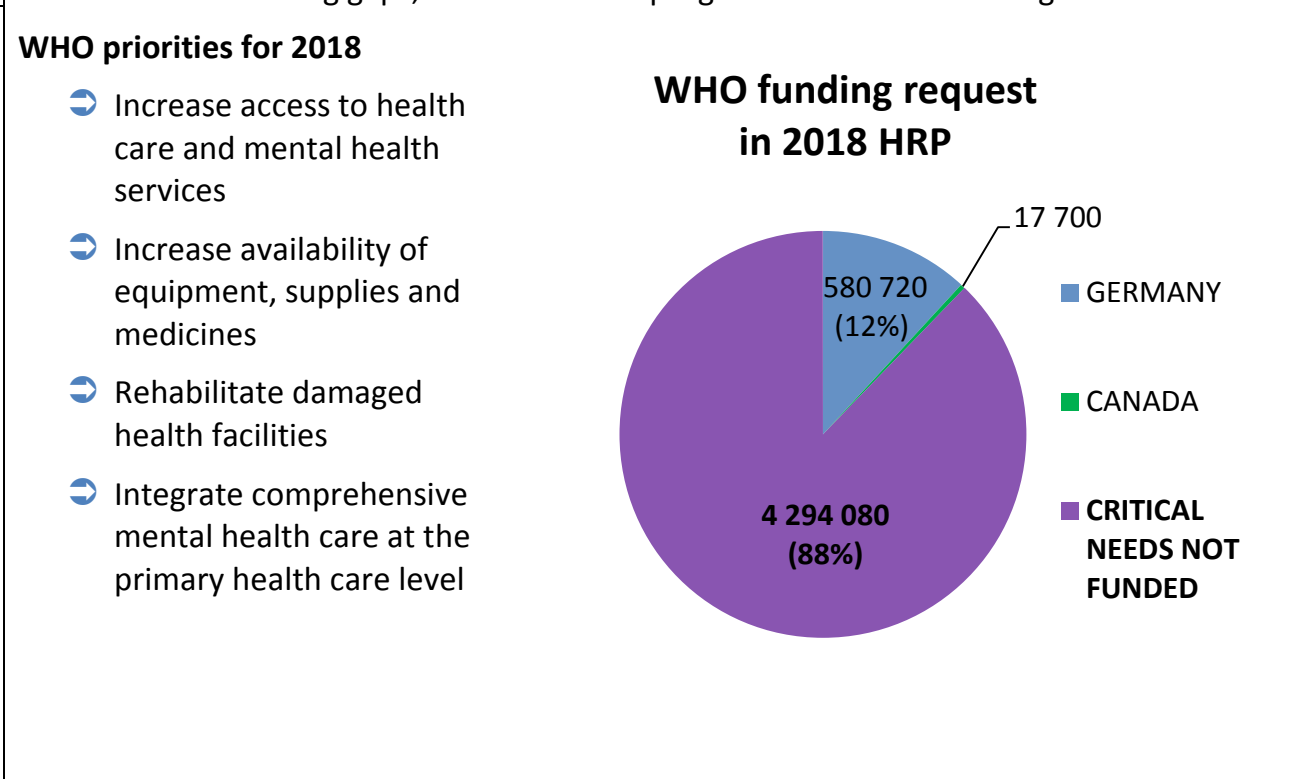
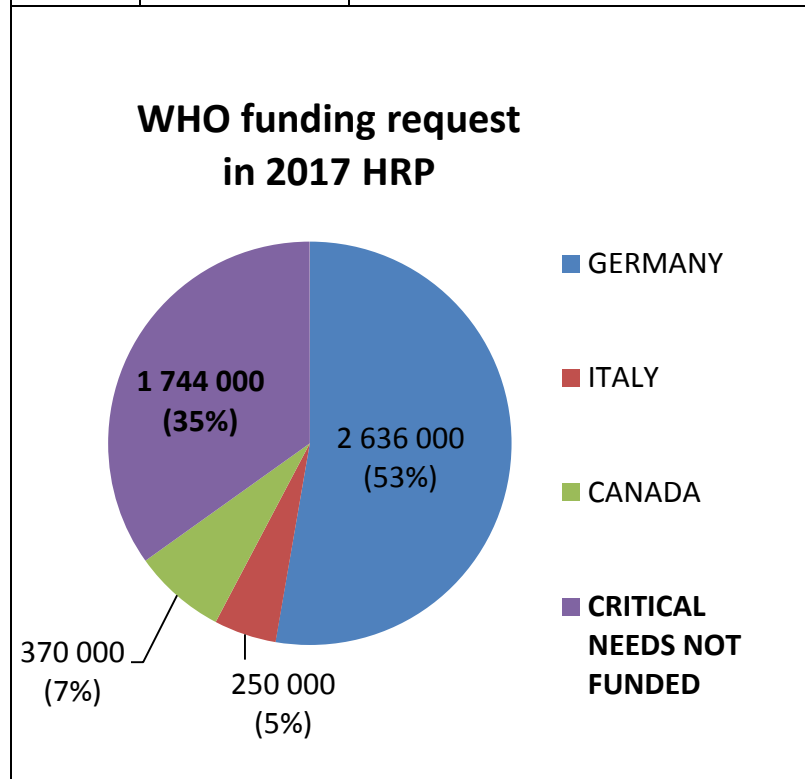
WHO 2017 funding (US\$)	WHO 2018 funding requirements (US\$)
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	65%	% of WHO's 2017 Humanitarian Response Plan (HRP) programmes funded
	1.6 million	US\$ required for 2017 by WHO for acute needs (within HRP)
	35 million (preliminary assessment)	US\$ required for reconstruction and maintenance programmes (outside HRP)

As leading agency for the Health and Nutrition Cluster, 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.

The WHO funding request in the 2018 HRP (US\$ 4.9 million) covers critical health interventions for filling gaps, disease control programmes and monitoring.



- WHO priorities for 2018**
- ➔ Increase access to health care and mental health services
 - ➔ Increase availability of equipment, supplies and medicines
 - ➔ Rehabilitate damaged health facilities
 - ➔ Integrate comprehensive mental health care at the primary health care level

WHO medical supplies

580 000 people supported

WHO provided measles test kits to Donetsk (NGCA) intended for confirmation of 96 suspected cases.

WHO health action

7618 consultations performed

154 health professionals trained

- WHO supported three primary health care mobile units operated by Hyppocrate (Greek nongovernmental organization). Mobile units provide primary health care services to populations along the contact line in GCA. Within the reporting period, mobile units provided 7449 consultations.
- The WHO-supported mobile psychosocial support team in Slavyansk, Donetsk region (GCA) provided 169 consultations to people with medium and severe mental health disorders within the reporting period.

Update on local health-care conditions, medicine availability and access to health services

Lack of medications and treatment is life-threatening for patients suffering from diabetes, cancer and cardiovascular conditions, including extremely common ones such as hypertension, which affects more than half of those older than 50. The great majority of older people (70–87%) suffer from at least one chronic disease, while 63% cannot afford their required life-saving medicines. This applies to both GCA and NGCA of the two conflict-affected regions.

In GCA, as of December 2017, a large number of primary health care facilities were closed, and those still operating continue to be cut-off from their previous specialized referral centres.

- In NGCA:
- about 115 000 people need life-saving health care for chronic conditions (20 000 insulin-dependent diabetic patients; 94 700 cancer patients, including children; and 270 patients in need of haemodialysis);
 - about 27 000 people need support under critical diseases control programmes for communicable diseases (i.e. around 17 500 potentially undetected people living with HIV, as every second HIV case is not detected; around 8750 people living with HIV at risk of interruption of treatment; more than 650 potential unregistered new TB patients, as 4 out of 10 TB cases are not detected; and 875 patients with multidrug-resistant TB (MDR-TB) who are not enrolled in treatment, representing more than half of all detected MDR-TB cases).

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