

WHO RESPONSE TO THE UKRAINE CRISIS: **DECEMBER 2022 BULLETIN**


7.9 M

refugees from Ukraine
in Europe

747

verified reported attacks on
healthcare

17 994

civilian casualties

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WHO has moved from biweekly situation reports to monthly bulletins. The monthly bulletin will provide a deep dive on a technical topic, updates on the [strategic response plan](#) (SRP) pillar areas, and stories from the field.

Highlights

- WHO supported the Ministry of Health (MoH) of Ukraine and the Interdepartmental Coordination Council led by the Prime Minister of Ukraine Denys Shmyhal, on the national roadmap for the mental health programme initiated by the First Lady of Ukraine Olena Zelenska in May 2022. Launched on 9 December 2022 by the First Lady and Prime Minister, the operational roadmap will facilitate a humanitarian response built on existing structures, resources and innovations.
- WHO produced a [rapid risk assessment for Ukraine, focusing on winter](#) as a hazard. In the context of escalating war, high population movement and displacement, damaged infrastructure and disrupted health systems, with winter comes the risk of excess cold-related morbidity and mortality. The risk assessment considered the potential impacts of winter and actions that could be taken to reduce the risk to affected populations, and also to health service delivery.
- WHO published a [study](#) describing the different ways in which access to medicines and medical devices was disrupted in the early stages of the war. It indicates how problems due to damage to infrastructure, logistics difficulties and lack of health-care staff were mitigated through streamlined legislation and volunteer involvement.
- WHO worked with the European Union (EU) Delegation to Ukraine, the United States Agency for International Development (USAID) Mission in Ukraine, and the World Bank to develop a [discussion paper on health system recovery in Ukraine](#). It will support the development of plans for early recovery efforts by suggesting key priorities for the sector over the next 18–24 months.

Humanitarian situation

Ukraine has seen intense hostilities since 24 February 2022. This has led to a grave humanitarian crisis with millions of people in dire need. This includes refugees who have arrived in other countries, those who have been displaced within Ukraine, and those in areas either not under Government control or recently retaken.

Darina poses for a photograph with her child at the Bulgarian Red Cross center. ©WHO

As of 2 January 2023, the Office of the United Nations High Commissioner for Human Rights (OHCHR) has reported a total of 17 994 civilian casualties in Ukraine since the war began, of which 6919 were killed and 11 075 were injured.

For the month of December, OHCHR recorded 801 civilian casualties in Ukraine, of which 188 were killed and 613 were injured.

In line with the standard operating procedures of the global Surveillance System for Attacks on Health Care, WHO has verified 747 reported attacks on health-care between 24 February and 30 December. These have resulted in 131 reported injuries and 101 reported deaths of health-care personnel and patients.

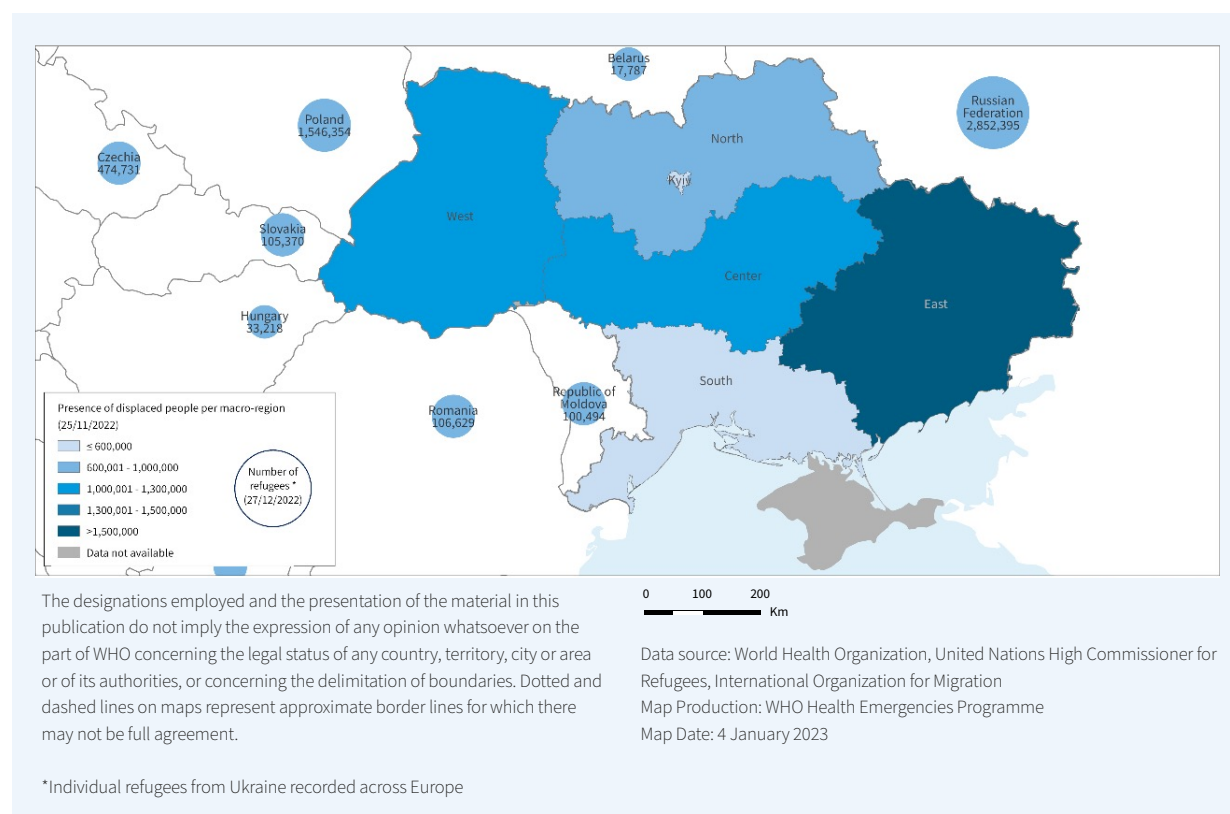
As of 27 December, the United Nations High Commissioner for Refugees has recorded 7.9 million refugees from Ukraine in Europe. A total of 4.9 million were registered for temporary protection or similar national protection schemes in Europe. For cross-border movements, 16.9 million border crossings out of Ukraine and 8.9 million border crossings into Ukraine were recorded. These latter figures reflect cross-border movements and not individuals.

The [International Organization for Migration \(IOM\)](#) estimates that, as of 5 December, 5.9 million people are internally displaced across Ukraine, a slight decrease from 6.5 million at the end of October. Of these 5.9 million, 680 000 were newly displaced within the 30 days prior to the 5 December. Most of these new displacement movements took place from locations in the east (43%) and south (25%) of Ukraine.

Between 1 and 31 December, 50 signals were detected through event-based surveillance, of which 24 were infectious disease signals, 16 pertained to health-care capacity, three – to mass casualties, two related to technological hazards, and two – to water supply.

As of 29 December, the average number of new COVID-19 cases was 487 per day, a decrease from 458 per day in the previous week. The seven-day average polymerase chain reaction (PCR) tests performed increased to 2701 per day from 2677 per day in the previous week (compared to 42 460 per day in the last week before the war). A similar trend was observed with rapid diagnostic tests performed in laboratories and at primary health-care and hospital level.

Fig. 1: Distribution of displaced people and refugees in Ukraine and neighbouring countries as of 27 December 2022



Special Focus: WHO HEALTH NEEDS ASSESSMENT

The full-scale invasion of Ukraine has caused a deterioration in the level of access to health-care services and medicines in the country, particularly for people living in regions close to the front line and areas that are not partially or fully controlled by the Government of Ukraine, and for people who have been internally displaced. Cost and time constraints involved in getting to and from health facilities, as well as limited transportation options were the main barriers to accessing essential health-care services. At the same time, the findings show that the country's health system remains resilient and that overall access to health services is fairly high.

To better understand the ongoing need of the population, WHO conducted a quantitative, serial and cross-sectional study to assess self-reported health needs and access to health services among the adult population in Ukraine. The total sample of Round 1 (September 2022) consists of 4000 respondents. Using a questionnaire, data were collected by the Sociological group "Rating" through computer-assisted telephone interviews on 9–14 September 2022.

The survey results show that half of those who sought various types of health care faced at least one barrier. Due to the war, the major barriers to accessing health care are cost, time constraints to get to and from health facilities, as well as limited transportation options. The findings show that the health system remains resilient and that some level of health services is often still available. Of those who sought care, 95% reported having received primary care services and up to 90%

had access to health services for chronic conditions. Moreover, 93% had access to a family doctor – mostly in person (83%) or by phone (81%).

One in five people in recently retaken areas (20%) and areas not under Government control/experiencing active hostilities (18%) stated that they were unable to get to a pharmacy – the top three barriers being increase in price (reported by 84% of respondents), unavailability in a nearby pharmacy (46%), and long queues in local pharmacies (45%). Residents of areas not under the control of the Government of Ukraine and areas experiencing active hostilities have a lower level of access to health care. Fewer of them have access to a family doctor (85% in recently retaken areas compared to 86% in the rest of the country), tried to obtain primary health-care services and assistance for a chronic disease, managed to receive medical care for a child or for an injury, and were able to obtain the necessary medicines (one third have problems with obtaining medicines).

People who have been internally displaced experienced more problems as well in comparison to those who are not displaced. Only 80% of them have access to a family doctor. A higher share of displaced people sought emergency and primary health care and medical care for injuries than people who have remained in their home communities. People who have experienced displacement also reported having lower levels of access to medicines (one in three have problems with obtaining medicines) and the COVID-19 vaccine (23% were unable to obtain the vaccine). For more information, please find the complete report available [here](#).



WHO delivered insulin and pharmaceutical refrigeration equipment to recently liberated Kherson. ©WHO

Updates on the response in Ukraine

WHO is supporting Ukraine in addressing immediate health challenges and humanitarian health needs and investing in longer-term efforts to reconstruct the health system.

PILLAR 1:

Access to life-saving, critical care and essential services, and support for health system recovery

From the beginning of the response and as of 31 December, emergency medical teams (EMTs) coordinated by WHO and Health Cluster Partner organizations have provided over 18 892 consultations across 10 oblasts, of which 13% were trauma-related and 7% were for infectious diseases. In November 14% were trauma-related and 9% were for infectious diseases. EMT activities include outpatient and inpatient, hospital surgical support, trauma care, patient transfer and medical evacuation, training, and acute rehabilitation (including spinal cord and traumatic brain injury and burn care).

WHO continues to deliver vital medical supplies to the recently retaken territories, and other parts of Ukraine. In December, WHO delivered:

- insulin and pharmaceutical refrigeration equipment to medical facilities in Kherson;
- critical life-saving medical supplies, medicines and consumables to Bakhmut in the Donetsk region via a UN interagency convoy; and
- up to 4000 assistive products, including crutches, walking canes, walking frames, wheelchairs and catheter kits to 12 hospitals in eastern Ukraine.

Since the beginning of the war and as of 29 December, WHO has provided 1723 metric tonnes of supplies and equipment to Ukraine, including:

- 33 ambulances
- trauma and emergency surgery supplies for up to 36 870 patients
- interagency emergency health supplies for a catchment population of 1.9 million
- noncommunicable disease supplies for a catchment population of 5.6 million.

As of 26 December, 1689 medical evacuations were successfully completed by the MoH of Ukraine with the support of WHO and the EU. This support included assisting the Ukrainian MoH in maintaining the current medical

evacuation referral system. Evacuated patients are primarily being treated for cancer, war-related injuries, and emergency trauma.

WHO supported the MoH of Ukraine and the Interdepartmental Coordination Council led by Prime Minister Denys Shmyhal on the national roadmap for the mental health programme initiated by First Lady Olena Zelenska in May 2022. Launched on 9 December 2022 by the First Lady and Prime Minister, the operational roadmap will facilitate a humanitarian response built on existing structures, resources and innovations.

A number of training activities were undertaken by WHO in December 2022. These included:

- a two-day workshop for staff from Oblast Centers for Disease Control and Prevention (OCDCs), Departments of Health, and information and analytical centres from 10 regions to discuss best practice for proper management of medical waste;
- training on the proper use of assistive technology (AT10) kits via a WHO online training platform, containing modules on how to assess and fit people in need;
- six training courses on developing mass casualty response plans, triage and trauma care for approximately 300 health-care providers in the Khmelnytsky and Rivne oblasts;
- training for over 300 medical workers from more than 60 health-care institutions on infection prevention and control measures, aimed at reducing the number of health-care-associated infections;
- a three-day training course on pre-hospital stage trauma care for 18 emergency health-care providers from Zhytomyr and Cherkasy; and
- a five-day workshop on the basics of PCR, biosafety and biosecurity in the context of COVID-19 diagnostics for 23 staff from the Khmelnytsky OCDC, aimed to improve the professional competencies of laboratory personnel involved in PCR diagnostics of COVID-19.

PILLAR 2:

Timely and effective prevention of and response to infectious diseases

WHO continues to assess the basic quality and biosafety requirements of public health laboratories implementing COVID-19 testing using WHO-designed laboratory assessment tools. Two laboratories within the Kyiv OCDC, capable of performing up to 6500 PCR tests for COVID-19 daily, were assessed on 20 December.

WHO supports OCDC and hospital laboratories in the urgent repair and calibration of laboratory equipment. Testing of

four biosafety cabinets and one HEPA filter replacement was initiated at the Chernihiv OCDC, the Sumy Oblast Children's Clinical Hospital, and the Cherkasy OCDC.

WHO and UNICEF made joint visits to the Lviv oblast to assess cold chain/vaccine storage and management in the Lviv City Hospitals, the Lviv OCDC, the Chernivtsi Regional Children's Hospital, the regional warehouse, the Chernivtsi City Children's Hospital, and the Chernivtsi OCDC.

PILLAR 3:

Emergency health information and surveillance for evidence-based decision-making in health

WHO produced a [rapid risk assessment for Ukraine, focusing on winter](#) as a hazard. In the context of escalating war, high population movement and displacement, damaged infrastructure and disrupted health systems, with winter comes the risk of excess cold-related morbidity and mortality. The risk assessment considered the potential impacts of winter and actions that could be taken to reduce the risk to affected populations, and also to health service delivery.

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WHO worked with the EU Delegation to Ukraine, USAID Mission in Ukraine, and the World Bank to develop a [discussion paper on health system recovery in Ukraine](#). It will support the development of plans for early recovery efforts by suggesting key priorities for the sector over the next 18–24 months.

The Health Service Delivery Unit launched the first round of the health resources and service availability monitoring system, targeting nine priority oblasts: Kharkiv, Donetsk, Zaporizhzhya, Sumy, Kyiv, Chernihiv, Mykolayiv, Odesa, and Dnipropetrovsk. Nearly all public health facilities have been assessed in the Kharkiv and Donetsk oblasts, while in other priority oblasts, between 25% and 75% of all public health facilities have been assessed. Data collation, analysis and presentation to the MoH are ongoing.

PILLAR 4:

Effective leadership and coordination of humanitarian interventions in the health sector

The Health Cluster comprises 196 international and local Partners providing activities in 968 Ukrainian settlements in 24 oblasts. Health Cluster Partners have reported completed and/or ongoing activities reaching, as of 20 December, 9.4 million people.

Since 24 February, the number of Health Cluster Partners has increased significantly, from 73 to 196. The number of Technical Working Groups (TWG) has increased from two to eleven.

Since its launch on 15 April 2022, the Health Requests,

Planning and Response tool has been revised and upgraded, and 452 requests have been logged. The tool is used by Health Cluster Ukraine to collect information on requests for humanitarian health assistance and refer them to relevant Partners for support. The most requests were recorded in the Zhytomyr, Dnipropetrovsk and Mykolayiv oblasts.

To better coordinate the distribution of generators across the country, Health Cluster Ukraine is also supporting the mapping of generators donated to health facilities. As of the end of December, Health Cluster Partners have

donated 352 generators to health facilities across Ukraine, primarily to the Kharkiv, Kyiv, and Dnipropetrovsk oblasts. At least 25 Partners have reported ongoing, completed and/or planned activities in the recently retaken areas in the Kharkiv, Donetsk, Kherson and Mykolayiv oblasts. The support provided by Partners includes activities as varied as delivery of medicines and supplies, donations of generators, minor infrastructure repairs, and deployment of mobile health services. By the end of December, at least six Partners have participated in UN-led interagency convoys to deliver critical assistance in areas where the Government of Ukraine recently regained control.

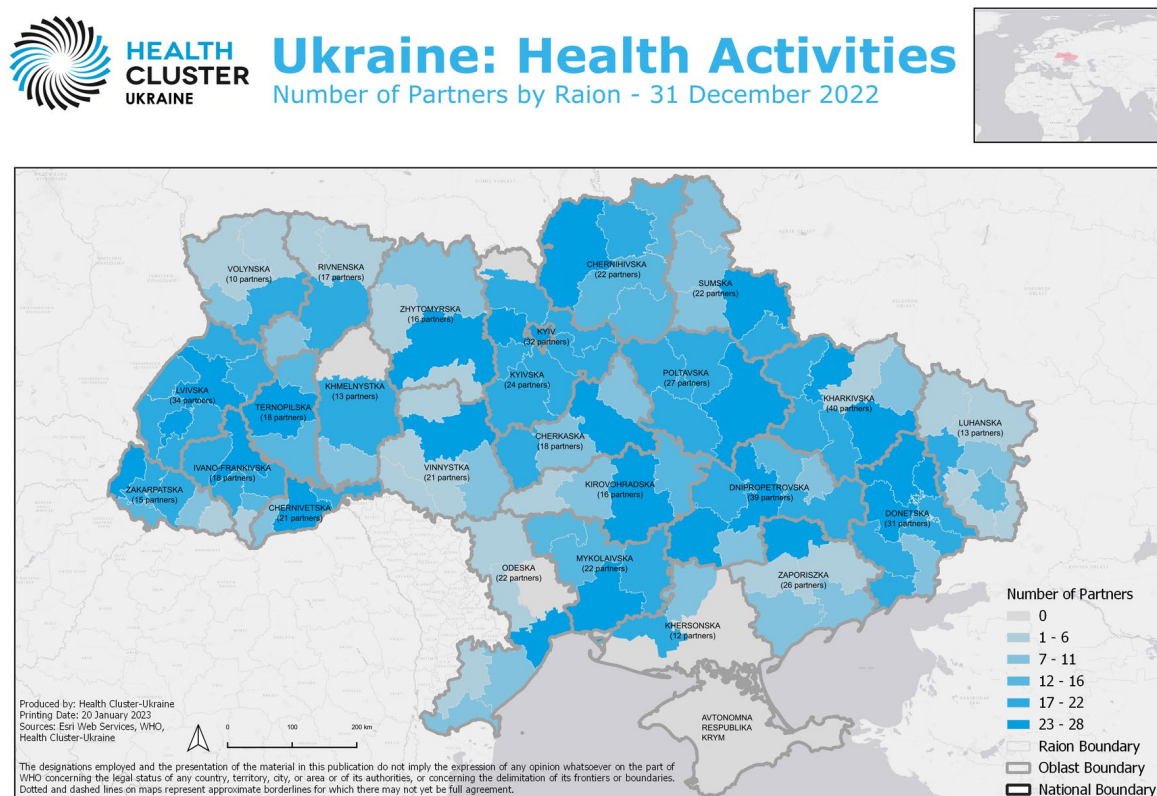
To ensure a standardized approach in identifying needs in recently retaken areas, the Health Cluster Team and

Partners finalized a simplified [Rapid Health Facility Assessment](#) tool and a [Rapid Community Assessment](#) tool to gather information from key informants.

The Health Cluster performed a cluster performance monitoring survey. This survey gives Partners the opportunity to provide feedback on how the Health Cluster functions, and to ensure that actions taken are both well-aligned with the core functions of the cluster and accountable to affected populations. The results were incorporated into the Health Cluster 2023 workplan.

Health Cluster Ukraine published the [November 2022 Bulletin #21](#), highlighting achievements from November.

Fig. 2: Health Cluster Partner presence across Ukraine



196

international and local partners make up The Health Cluster providing activities in 968 Ukrainian settlements in 24 oblasts.

1689

medical evacuations were successfully completed by the MoH of Ukraine with the support of WHO and the EU as of 26 December.

Updates from refugee-hosting countries

WHO is providing operational and technical support to refugee-receiving countries' MoHs as their health systems continue to cope with refugee arrivals. The primary refugee-hosting countries receiving WHO support are Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia.

Refugee Health Extension

The Refugee Health Extension (RHE) interagency initiative is led by WHO in close collaboration with the European Centre for Disease Prevention and Control (ECDC), IOM, United Nations Population Fund (UNFPA), UNHCR and UNICEF. Based in Kraków, Poland, the RHE is an extension of the agencies' respective regional offices/bureaus, providing immediate operational support to the refugee-hosting countries, and drawing on the expertise and complementary mandates of each organization.

In December, in addition to other activities included in the Refugee Response Pillars below, the RHE:

- participated in sessions during the Inter-Agency Standing Committee Mental Health and Psychosocial Support (MHPSS) Regional Annual meeting in Hungary, contributing to the Minimum Service Package Workshop;
- ensured regular weekly coordination among RHE partners on contingency planning; discussion of key concerns for refugee-hosting countries, including with regard to misinformation/disinformation for host and refugee populations;
- carried out a five-day country support mission to Romania; held meetings with WHO, UNICEF, IOM, UNFPA, and nongovernmental organizations; and visited accommodation centres, Romexpo, Centre for Autism, and other facilities;
- supported and met with the Bulgaria interagency team to advocate for MHPSS as cross-cutting in country Refugee Response Plans, which included revising technical components;
- met and collaborated with UNHCR regarding development of country technical strategy and guidance for MHPSS;
- provided in-country technical capacity building and support, including introductory training on MHPSS for 21 participants (UNHCR, IOM, Menedék), which covered topics such as psychosocial models, basic helping skills, psychological first aid, signs of stress and distress, and self-care and burnout prevention; and
- met with and visited multiple partners and key actors during a country mission to Hungary, including the Hungarian Red Cross, IFRC, Trauma Centre, Cordelia, and Unity, to ensure a better understanding of respective technical components and approaches, as well as areas and needs for technical guidance, support, and collaboration.

Ukrainian paramedics from EMS (Emergency Medical Service) transporting severely ill patients from the White Bus to the Norwegian MEDEVAC aircraft, Rzeszów Airport. ©WHO



REFUGEE RESPONSE PILLAR 1:

Streamlining and reinforcing health leadership and governance mechanisms

WHO provides support to national authorities in refugee-hosting countries through nationally led and country-focused interagency coordination mechanisms.

- MoHs continue to operate health sector working groups with direct support from WHO. WHO is providing key support to existing health working groups at country level in Poland, the Republic of Moldova, Romania and Slovakia with various health sector partners, which meet weekly, biweekly or monthly.

- WHO continues to support all refugee-hosting countries in contingency planning.
 - In Czechia, WHO has contributed to the development of the Refugee Response Plan regarding the Ukrainian refugee crisis for 2023 and helped to propose health-related targets.

REFUGEE RESPONSE PILLAR 2:

Removal of financial barriers to accessing health care

WHO provides support to governments and health authorities in refugee-hosting countries to design policies to increase access to health services, medicines and medical products. To provide health services, countries must grant refugees entitlements to access services within the hosting country.

- The governments of Bulgaria, Czechia, Hungary, Poland, Romania, Slovakia and other countries in the region offer primary and/or emergency medical care for refugees from Ukraine under the [Temporary Protection Directive](#) (TPD). For some refugees, the TPD has ended, and WHO and partners continue to monitor and follow up on these cases, providing support to local organizations and individuals.

- Based on [UNHCR figures](#), the percentage of refugees registered under temporary protection status or similar protection schemes that often grant refugees the same entitlement to health access as the local population increased across all countries in December, with Romania seeing the biggest increase (13%), followed by Slovakia (3%), Hungary (3%), Poland (2%) and Czechia (2%).
- Based on the [needs assessment](#) from WHO and Statistics Poland, for one in three refugees, the cost of services remained a barrier in accessing health care. The need for prescriptions and the cost of buying medication was a challenge, although electronic prescriptions were found to be helpful.

REFUGEE RESPONSE PILLAR 3:

Strengthening access to primary and emergency health services

WHO provides support to refugees to access health-care services through national systems, ensuring inclusive access to quality health services, diagnosis and continuity of care.

- WHO has continued to provide policy guidance and technical support to refugee-hosting countries for disease prevention programmes.
 - In Czechia, WHO continues to support Česká společnost AIDS pomoc in their provision of access to services/care for Ukrainian refugees living with HIV. As of December 2022, 300 HIV patients fleeing the war in Ukraine received access to services through Česká společnost AIDS pomoc.
 - In Czechia, WHO is also working with the MoH

and Ernst & Young to ensure support to Bulovka University Hospital, one of the largest health-care access points and HIV service providers for Ukrainian refugees. WHO has supported the procurement of essential medical equipment to ensure high-quality care for patients.

- In Slovakia, WHO is developing a proposal on the “Prevalence of HIV and sexually transmitted infections in migrant communities in Slovakia, with a special emphasis on refugees from Ukraine” with the Institute of Epidemiology, Faculty of Medicine, Comenius University Bratislava. In addition, WHO is developing a second proposal on the “Diagnosis

and treatment of tuberculosis (TB) with a focus on multidrug-resistant TB and extensively drug-resistant TB among refugees from Ukraine and other vulnerable populations in Slovakia” with experts from the National Institute for Tuberculosis, Lung Diseases and Thoracic Surgery.

- WHO has continued to emphasize the importance of MHPSS programmes and implement them in refugee-hosting countries.
 - Based on the [needs assessment](#) from WHO and Statistics Poland, at least 10% of respondents reported that emotions and stress were causing problems with daily functioning, and over half of those (56%) said they would benefit from mental health support. Lack of child care has been identified as a major barrier for mothers to access mental health services.
 - In Czechia, WHO continues to coordinate working groups on mental health at the MoH and supporting MHPSS programmes for Ukrainian refugees. The school mental health programme supported by WHO and UNICEF has been launched.
 - In Slovakia, the MHPSS working group coordinated by WHO is providing a platform for all service providers to gain access to information about strategic initiatives and engage with responsible national authorities to promote further dialogue and collaboration.
 - In Slovakia, WHO has established several key contracts on MHPSS service provision at national level. WHO has contracted the partner organization Tenenet, which will, together with partner organizations, prepare a framework for transposition of MHPSS concepts and guidelines into national legislative and institutional frameworks for service delivery, to support institutional development and sustainability of MHPSS services in Slovakia. WHO has also established a partnership with the League for Mental Health to support the introduction of lived experience-based peer support services, designed to bridge gaps in accessibility of mental health support to refugees and prepare a baseline for community mental health services for refugees and host communities, based on lessons learned and best practices from other countries.
- Through the deployment of EMT coordination centres in Poland and the Republic of Moldova, WHO has continued to support broader access to primary and emergency health services. EMTs have continued to provide support on MHPSS services through medical consultations.
- WHO has continued to develop messages to meet the health needs of refugees and host communities.
 - In Poland, the [health information booklet](#) developed by WHO is available in a trilingual (Polish/[Ukrainian](#)/[Russian](#)) version, of which 4000 copies have been printed and distributed in the cities of Lublin, Rzeszów and Przemyśl, at the Blue Dots and through other health partners. Other printed health information materials, including but not limited to COVID-19 and influenza posters, MHPSS and gender-based violence (GBV) materials, have been distributed via the same pathways.
 - In Poland, WHO has developed a video as part of an International HIV Campaign. The video promotes key WHO messages that people must have access to HIV prevention, testing, quality treatment and care regardless of their gender, race, individual circumstances or social background. Moreover, it depicts a fruitful collaboration between WHO and the MoH in securing continuity of HIV care and treatment for refugees.
 - Based on the [needs assessment](#) from WHO and Statistics Poland, the most frequently mentioned obstacles to accessing health care were lack of information, language and cultural barriers. Many respondents wanted more information about specialized care, prevention services and vaccinations. For the elderly, people with disabilities and those who do not speak Polish or English, this was a particular issue. Information from other refugees, such as through social media posts and face-to-face communication, was regarded as the most trustworthy.
 - To continue to tackle this issue, WHO is working with civil society organizations such as the Fundacja Rozwoju Europy Środkowo-Wschodniej to increase information and reduce barriers (mainly language) for Ukrainian refugees accessing the Polish health system in Lublin.



REFUGEE RESPONSE PILLAR 4:

Reinforcing emergency health information and surveillance for evidence-based decision-making in health

WHO continues to closely monitor the utilization of health-care services among Ukrainian refugees within hosting countries. Since March 2022, WHO has carried out 13 surveys or assessments on access to health care to better understand the barriers refugees may face in receiving care. Assessments continue to be carried out across all refugee-hosting countries to reinforce access to emergency health information.

- In December 2022, WHO continued to collect data for the epidemiological study on assessing health needs and perceived morbidity among refugees from Ukraine living in Slovakia. This work is carried out by WHO within a cooperation framework between the Regional Public Health Authority in Košice, the company Amadeus and the City of Košice. WHO is assisting partners in Košice to finalize the analysis of and report from the survey among Ukrainian refugees, and supporting them by providing technical expertise.
- In Slovakia, WHO intensified the contact and exchange of information on the provision of health care for Ukrainian refugees at the Polyclinic in Bratislava. WHO is monitoring the distribution of clinical diagnoses among patients,

in order to better understand the needs of the refugees in comparison to the self-reporting from the survey on health-care needs from Košice. In parallel, this allows for indirect estimation of eventual outbreaks of infectious diseases, as well as estimation of the gaps in the existing health-care system in the region.

- In Slovakia, WHO also visited a collective accommodation facility in Gabčíkovo, a large accommodation centre in the Trnava region, to exchange information with the officers of the Migration Office of the Slovak Republic and the regional public health authority on the current situation of the accommodated refugees in terms of health and health care provision at the site.
- WHO and Statistics Poland continued the finalization of the survey report, for which the data collection took place between May and August 2022. The [launch of the results](#) was held on 13 December at the Statistics Poland office in Warsaw. The aim of the study was to obtain basic information about refugees from Ukraine who left their country through the Polish-Ukrainian border, with a particular focus on their health needs.

Results of the behavioural insights study were shared with Slovakia and Slovenia. A second round of qualitative data collection also began in Romania.

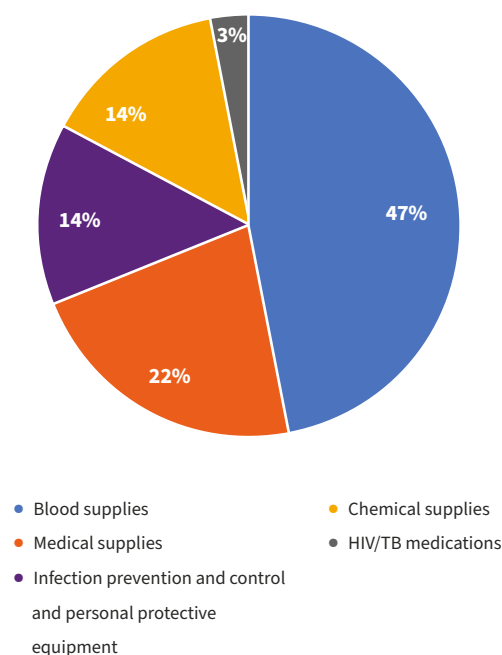
Across the four countries participating in the study, there are several key findings in common. Overall, people express gratitude for the welcome they have received and the quality of health care available in the host countries. However, difficulties exist in understanding and use of referral systems, as well as challenges in accessing prescription medication, lack of access to complete care for those with special needs, such as chronic illnesses and disabilities, and a lack of support for mothers who care for children (and often older relatives) without their usual social networks.

Language is often cited as a barrier to accessing care, and refugees tend to primarily trust information from other refugees or people they know. Dentistry is an important, largely unmet need, and interest is often expressed in understanding more about schedules and procedure for both child and adult vaccination. Mental health services vary by country and may present challenges in terms of motivation among refugees to use them and acceptability of the way services are provided, as well as associated logistics, such as child care and transportation.

REFUGEE RESPONSE PILLAR 5:

Provision of priority medical products, vaccines, and technologies to refugee populations in need

Fig. 3: Top five supplies delivered to refugee-hosting countries in February–December 2022



From March to December 2022 WHO delivered 54 002 kg of supplies and equipment to refugee-hosting countries, including Hungary, Poland, Republic of Moldova and Romania, for a total value of over US\$ 3.28 million. The supplies delivered are blood supplies, medical supplies, personal protective equipment and other infection prevention and control supplies, chemical supplies (such as oropharyngeal airway tubes for oxygen masks), HIV and TB medications, rehabilitation and laboratory supplies (Fig. 3).

In December WHO delivered 9710 kg of laboratory supplies and medical kits to Poland and the Republic of Moldova.

Since the beginning of the response, 52.5% of the supplies requested from refugee-hosting countries have been delivered.

54 002 kg

of supplies and equipment have been delivered by WHO to refugee-hosting countries from March to November 2022

52.5%

of the requested supplies from refugee-hosting countries have been delivered since the beginning of the response

REFUGEE RESPONSE PILLAR 6:

Supporting health workforce to provide health care to refugees

WHO has continued to support refugee-hosting countries and the health workforce by providing trainings. From May to December 2022, WHO has provided webinars, workshops and trainings to over 6500 health-care workers. In December, trainings and workshops continued to be held to support health workers to provide services to refugees.

- In Czechia, WHO and the National Institute of Mental Health supported the first trainings held on Acute Stress Syndrome Stabilization Treatment (ASSYST) and EmotionAid programmes for health-care workers.

In Poland, WHO is supporting the MoH in its efforts to review and fast-track the applications of Ukrainian doctors who are currently residing in Poland and have applied or would like to apply for a temporary medical licence. A call centre staffed by 10 Ukrainian- and five Russian-speaking agents has gone live and is fielding questions regarding the application process for a temporary licence. In addition, an education course on the organization of health care in Poland will be launched by the Institute of Postgraduate Education in Warsaw, with support from WHO.

Both initiatives are expected to increase the number of Ukrainian doctors and dentists being granted a temporary medical licence in Poland, which will ultimately lead to more available specialists (with Ukrainian language skills) within the Polish health system and ensure equal access to adequate medical treatment for both Ukrainian refugees and the Polish host population. One of the findings from the qualitative survey [Health of refugees from Ukraine in Poland 2022](#) was that in addition to leaflets and printed information, Ukrainian refugees would benefit from a hotline that provides information on how to access primary/specialist services. Therefore, WHO is working to repurpose its existing hotline for doctors and dentists who would like to know how to obtain a temporary licence in Poland and also make it available to Ukrainian patients who have questions on how to access health services provided by the Polish national health system.

Prevention of and response to sexual exploitation, abuse and harassment

WHO is committed to PRSEAH in Ukraine and refugee-hosting countries. A team of PRSEAH experts coordinates efforts in and across countries in line with the overall strategic WHO PRSEAH approach, identifying areas for collaboration in interagency efforts and strengthening internal accountability mechanisms.

In December the PRSEAH team continuously provided technical support in country and at interagency level to move the portfolio priorities forward.

- For the Republic of Moldova, the dedicated PRSEAH team remains supportive of the agency-based activities (PRSEAH session with WHO staff, partners) and heavily extending coordination leadership to the PRSEAH network.
- For the refugee-hosting countries and Ukraine, there was an operational review on PRSEAH that convened those working on PRSEAH, as dedicated specialists, and those supporting GBV as a cross-cutting function from other sectors (i.e. HR, GBV, MHPSS). Five out of seven countries (Ukraine, Poland, Republic of Moldova,

Romania, Slovakia) on the response were represented and participated either in person or virtually. The three-day review helped to identify lessons learned, best practices and priorities for the path forward on PRSEAH for the whole-of-Ukraine response.

- Initial results of the review were shared and used as inputs to the succeeding PRSEAH Regional Workshop, to ensure that the lessons learned from the Ukraine response are included in the ongoing strategic planning for the European Region. A full report and strategy following the review are being developed.
- On 6 December WHO provided core technical inputs for the “Technical workshop on the adaptation of international guidelines for the health response to survivors of sexual violence to the Polish context”, strategically organized via the GBV Sub-sector. WHO has been leading discussions on the clinical management of rape in Poland, which included engaging leading academics to verify Polish translations of key WHO guidelines in this area.

Latest guidance and publications

1. [War in Ukraine: situation report from the WHO Ukraine Country Office](#)
2. [WHO Ukraine crisis response: November 2022 bulletin](#)
3. [Ukraine: Health Cluster Bulletin, November 2022](#)
4. [Response to the Ukraine Crisis: interim report, February to June 2022](#)
5. [Emergency appeal: Ukraine and refugee receiving and hosting countries](#)
6. [Priorities for health system recovery in Ukraine – joint discussion paper](#)
7. [Risk assessment for winter in Ukraine, December 2022](#)
8. [Disruption of access to medicines and medical devices in Ukraine: February-June 2022](#)

Thanks

WHO would like to thank donors who are supporting its response in Ukraine, and countries receiving and hosting refugees.

Donors

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- European Civil Protection and Humanitarian Aid Operations
- European Commission – Directorate-General for Neighbourhood and Enlargement Negotiations
- Germany
- Ireland
- Japan – Asia-Europe Foundation
- King Salman Humanitarian Aid & Relief Centre
- Kuwait
- Norway
- Novo Nordisk Foundation
- Socialist Republic of Viet Nam
- Switzerland
- UN Central Emergency Response Fund
- United Kingdom
- UN Ukraine Humanitarian Fund
- United States Bureau of Population, Refugees, and Migration
- USAID's Bureau for Humanitarian Assistance
- WHO Foundation



Demian plays in one of the rooms for games in the Ukrainian Integrational Educational Centre. ©WHO