Supporting Ukraine’s health emergency preparedness for radiological hazards

As the war in Ukraine enters its third year, the country continues to face risks related to chemical, biological, radiological, and nuclear (CBRN) hazards. To bolster the preparedness of the national health systems for such risks, WHO has conducted an in-country mission on 8–20 March 2024, led by Dr Zhanat Kenbayeva, Radiation Emergency Medical Preparedness and Assistance Network Coordinator from WHO headquarters. Response to a radiation emergency requires a comprehensive multidisciplinary approach and needs to be planned and regularly tested in advance in a well-coordinated fashion due to its cross-sectoral nature.

To guide hospital preparedness as part of the health system response to the radiological hazards, a newly developed hospital preparedness checklist for radiation emergency response was piloted. This tool complements the 2011 Hospital emergency response checklist and focuses on a process-oriented approach. It is designed to assist health facilities in evaluating their capacity to manage a mass casualty event stemming
from a radiation emergency. The checklist comprises five comprehensive modules: incident management; triage and decontamination procedures; equipment and supply availability; clinical management protocols; and detailed operational procedures. The tool was introduced across four regions in Ukraine hosting nuclear power plants and in the Kyiv region through a series of workshops and field visits conducted in March in health facilities located in Dnipropetrovsk, Zaporizhzhya, Kyiv, Rivne, and Netishyn.

The pilot exercise engaged hospital administrators, emergency department heads, and other health-care professionals in detailed discussions on patient reception planning, secondary radiological assessment and clinical triage. It provided end-user feedback and recommendations for the tool's improvement, which will be instrumental in refining the tool before its broader implementation in other countries. During the mission, 75 health facility leaders and managers responsible for emergency response were trained on the content of the tool and gained the knowledge and skills to improve awareness of the requirements for health facility preparedness for radiation emergencies.
Since the start of the full-scale war in February 2022, WHO has trained more than 2000 emergency medical service first responders and clinicians on chemical and radiation emergency preparedness and response. Monthly training sessions on radiation emergency response are facilitated by the WHO Collaborating Centre – National Research Center for Radiation Medicine. In addition, WHO supplied critical CBRN materials to all relevant public health actors.

© WHO. Workshop in Zaporizhzhya

Comparative analysis report January 2023 versus January 2024 – The Ten Most Affected Oblasts in Ukraine

The HeRAMS Ukraine: Comparative Analysis Report January 2023 versus January 2024 – The Ten Most Affected Oblasts in Ukraine provides a comparative analysis of the health infrastructure in the 10 most affected oblasts in Ukraine. It also presents a detailed perspective on service availability changes across various health domains, including trauma and general services, child health, communicable diseases, sexual and reproductive health, maternal and newborn care, noncommunicable diseases, and mental health support. The report compares the operational statuses and service
availability between January 2023 and January 2024, offering insights on affected territories collectively, as well as for individual oblasts and respective raions in the oblasts. Caution should be exercised in interpreting the report’s findings, as the HeRAMS methodology was not designed for longitudinal comparisons and changes may be misinterpreted.

Cross-cutting findings:

- analysis indicates a stable situation overall between 2023 and 2024 in the 10 most affected oblasts, making it difficult to identify differences between oblasts and raions that have recovered and those still under continuous impact;
- encouragement is given for more granular data presentation for each oblast and raion, especially for operational purposes and decision-making; and
- variations in building damage, equipment damage, facility functionality, and service availability across the 10 oblasts and raions within them highlight a complex health service landscape with different challenges and priorities.

Operational status changes:

- there has been an increase in both fully (0.45%) and partially (1.58%) damaged buildings, suggesting ongoing damage to health infrastructure; and
- a slight increase (0.91%) in non-functioning facilities is noted, along with a decrease (-0.85%) in partially functioning facilities and an increase (0.58%) in fully accessible facilities, indicating some recovery or restoration efforts.

Health service domain availability:

- there are slight improvements in availability of services for trauma and general services (0.30%), child health (0.77%), communicable diseases (0.53%), and sexual and reproductive health (0.87%), and a slight decrease in maternal and newborn care (-0.01%), suggesting stability in these services despite the conflict; and
- an increase in availability of services for noncommunicable diseases (1.69%) and mental health and psychosocial support services (3.41%) reflects prioritization in these areas.

Key uses of the report include evidence-based decision-making, humanitarian operations planning, Health Cluster partnerships, support for external missions, strengthening official communications, and facilitating long-term planning for the recovery of Ukraine’s health-care system.
Inter-Agency (IA) Working Group on Conflict-Related Sexual Violence (CRSV) Response and UN action project to mainstream prevention of sexual exploitation and abuse (PSEA) in Ukraine

The Prevention and Response to Sexual Exploitation, Abuse and Harassment Team extended full support for the mission to Ukraine from 27 to 29 March 2024, led by Under-Secretary-General (USG) Mr Christian Saunders, Special Coordinator (SC) on improving the United Nations response to sexual exploitation and abuse. Active participation was demonstrated in various meetings representing the WHO Country Office. Highlights are presented below.

On 28 March, a meeting was held with the Holistic Service Provision Sub-Group of the Inter-Agency Working Group on Addressing CRSV & Assisting Survivors and the UN Action Project titled United Actions to Empower Survivors of CRSV. Discussions revolved around the collaboration between the PSEA Network and the State-led Inter-Agency Working Group on CRSV Response and UN Action Project to mainstream PSEA in Ukraine.
Also on 28 March, a dialogue took place with Denise Brown, UN Resident Coordinator in Ukraine, and Christian Saunders, Special Coordinator on Improving the UN Response to Sexual Exploitation and Abuse. The discussion covered the status and prospects of PSEA in Ukraine, regional risks, and effective mitigation strategies.

On 29 March, an Extraordinary PSEA Network Meeting was convened with USG SC SEA Christian Saunders, and Denise Brown. The attendees, including IA PSEA Network members such as UN agencies and local NGOs, discussed the leading role of the Inter-Agency PSEA Network in preventing and responding to SEA cases in Ukraine. Accomplishments in PSEA from the WHO Country Office were shared, along with contributions from other Network members.
## Key Figures

### Key Humanitarian Numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attacks on Health Care reported by WHO SSA tool</td>
<td>282</td>
</tr>
<tr>
<td>People in need</td>
<td>7 800 000</td>
</tr>
<tr>
<td>People targeted by Health Cluster partners</td>
<td>3 800 000</td>
</tr>
<tr>
<td>Internally displaced persons (IDPs)</td>
<td>3 522 045</td>
</tr>
</tbody>
</table>
First Strategic Advisory Group (SAG) meeting of 2024 held in Kyiv

On 22 March, the Health Cluster welcomed the newly elected Strategic Advisory Group (SAG) for its first meeting of 2024 in Kyiv. The assembly was a platform for collaborative decision-making and strategic planning aimed at enhancing the health outcomes of people affected by the war in Ukraine.

Recognizing the extensive scope of the Health Cluster’s response and the diverse expertise of its members, the SAG was established to facilitate informed and balanced decision-making on behalf of the broader membership. The group’s mandate includes providing overarching strategic guidance and policy direction to bolster the Cluster’s efforts. The 2024 SAG comprises national and international nongovernmental organizations, UN agencies, and the Red Cross Movement, elected by the Health Cluster partners during the Cluster Coordination Performance Monitoring Workshop held on 13 December 2023 in Kyiv. In addition to the Cluster lead agency WHO, the cohort includes partner organizations.

© WHO. Dr Penn Amaah (Health Cluster Coordinator) discusses the Health Cluster Workplan 2024 with Jetri Regmi (WHO), Marko Isajlovic (International Rescue Committee), Khachatur Malakyan (Premiere Urgence Internationale), Irad Belmont (UK-Med), Judicael Ahouansou (International Organization for Migration), Natalia Tulinova (NAHA ZDOROVI), Irma Danielyan (UNFPA), Daria Kuznietzova (International Medical Corps), and Lisa Woods (Deputy Health Cluster Coordinator).
During the 22 March induction session, which brought together 11 participants, the Health Cluster SAG undertook an extensive dialogue to explain how to engage in balanced decision-making, emphasizing the importance of avoiding the promotion of unique organizational goals in SAG member discussions.

The Health Cluster coordination team presented the Health Cluster workplan for 2024, outlining key expected milestones, as SAG members were required to stay informed of the workplan timeline, ensuring preparedness for active engagement. This proactive approach is key as the 2024 health response will centre around the implementation of the Humanitarian Needs and Response Plan (HNRP), which articulates the health strategy.

Furthermore, the Cluster coordinators highlighted several key documents currently in preparation, including the Cash and Voucher Assistance Guidance for Health Cluster partners, reflections on local partner engagement in the response, and lessons learned on primary health-care delivery by health partners in Ukraine. These documents, once finalized, will be shared with the SAG, providing valuable insights and guidance for the ongoing health response efforts.

The SAG is set to convene bimonthly, with ad hoc meetings arranged to address any pressing issues that may emerge.

© WHO. Health Cluster Coordinator Dr Penn Amaah presents the partner progress in reaching people through the implementation of HNRP 2024 and non-HNRP activities, as reported by partners in January and February 2024.
KEY FIGURES

Key operational numbers

Health Facilities reached

Week 12 and 13: 124
Overall: 452

People provided with supplies

Week 12 and 13: 34,116
Overall: 292,351

Supplies distributed

Week 12 and 13: 17.5 MT
Overall: 312,603 MT

Interagency convoys conducted

Week 12 and 13: 1
Overall: 8
WHO Representative
Incident Manager
Health Emergencies Lead

Contact us

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