

WHO 2023 Emergency Appeal: Ukraine & Refugee-Receiving Countries

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Maryna, a nurse at the Institute of Epidemiology and Infectious Diseases in Kyiv, Ukraine, stands in the basement of the hospital where staff and patients hide during air raids.



World Health
Organization

Foreword

Dear Partners,

Your support has enabled WHO and partners to deliver essential, lifesaving supplies and health care services amid the war, reaching the most vulnerable. Because of your unwavering commitment, WHO has further amplified its support to Ukraine's Ministry of Health and continued to lead the health response by partners in Ukraine and refugee-receiving countries. Overall, our Ukraine crisis response appeal for 2022 was almost fully funded, which is a remarkable achievement.

Over this past year we saw consistent attacks on health infrastructure, institutions, and services; restricted access to services; and disruption of supply chains and humanitarian corridors to reach those most in need. There are also additional complexities of a possible chemical, biological, or radio-nuclear emergency in Ukraine, should related security events take a turn for the worse.

This increase in violence and instability in the region has had a devastating impact on the health and well-being of the Ukrainian people, especially during the winter months with many struggling to access the medical care they need. However, this is just the 'tip of the iceberg' and the real impacts of the conflict on public health will most likely continue well into 2023 and beyond. The geopolitical uncertainty caused by the conflict can be seen to have a far-reaching, ripple effect around the globe. It has heightened inflation, stifled economic growth, and damaged globalised supply chains, trade and investments.

As a result, WHO is ramping up its efforts to continue to provide vital health care services to those affected, and our appeal is an important enabler for us in doing so. In 2023, we will continue to facilitate access of vulnerable, internally displaced people and refugees to critical health care services and supplies. We will reinforce health governance mechanisms and strengthen technical capacities in public health, to support those most in need. Essential emergency preparedness and recovery activities for the health sector will constitute an integral part of our operations in Ukraine.

Our cross-cutting priorities for prevention of sexual exploitation, abuse and harassment, as well as community engagement for promotion of positive and

preventive health-seeking behaviour, will continue to be front and centre of all our work.

This is an enormous undertaking, and we cannot do it without your support.

We are deeply grateful for all your contributions, and we hope that you will continue to support our efforts to help the people of Ukraine, along with those who have fled to surrounding countries, during this difficult time.

Hans Henri P. Kluge
Regional Director
WHO Europe

WHO is deeply grateful for the unwavering support and commitment of all its contributors.

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Hans Henri P. Kluge, Regional Director

Current Situation and Impact on Health

- **11 144 civilian casualties** since the start of the conflict, including women and children
- **745 attacks on health**, resulting in 101 deaths and 131 injuries. 630 health facilities were damaged, where on average 454 768 people are treated every month
- **9.6 million people in Ukraine are estimated to be at risk of or living with a mental health condition**, and 3.9 million people are estimated to suffer from moderate to severe symptoms
- **Noncommunicable diseases (NCDs) are the leading cause of morbidity and mortality** in Ukraine, accounting for 84% of all deaths
- **Ukraine has one of the highest burdens of HIV, tuberculosis and maternal mortality ratios in Europe**
- **COVID-19 continues to be a major health risk**, as are other infectious disease outbreaks if the situation remains the same
- **Unprecedented threat of a nuclear emergency** in Ukraine, with shelling in the vicinity of the Zaporizhzhya Nuclear Power Plant, and intermittent power supply to nuclear reactors.

WHO Ukraine and Refugee Response Priorities in 2023

- Provide **life-saving trauma and emergency health care**
- **Strengthen primary health care** (PHC) services, and ensure continuity of care for priority causes of morbidity and mortality
- **Lead effective coordination** of humanitarian health interventions, information management, surveillance, and early warning systems
- **Support resilience, preparedness, and early recovery** of public health systems
- **Support health governance and leadership**, including advocacy for policy reforms
- **Prioritize response readiness** for chemical, biological and radio-nuclear (CBRN) emergencies.

People in need



17.6 million
people affected by the war in Ukraine

12.1m
Feb 2022

17.6m
Jan 2023



11.4 million
people targeted for health assistance

6m - Feb 2022

11.4m
Jan 2023

Funding requirements



US\$ 240 million
required in 2023

US\$167.5m
2022

US\$240m
2023

WHO impact in 2022



8.4 million people
reached with various health interventions in Ukraine



5.1 million
healthcare services provided to Ukrainian refugees



192 operational
health partners engaged in Ukraine



1 233.66 metric tonnes
of supplies distributed in Ukraine



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WHO field officers visit an immunization center in the Rivne Oblast in Ukraine. WHO is supporting the Ministry of Health in rolling out vaccination as well as ensuring children, adolescents and adults receive any vaccines they may have missed.

Emergency Health Care Needs in Ukraine

There is no immediate end to the war in sight, and it is likely to continue well into 2023, possibly longer. In Ukraine, more than 17 million people are affected by the war and, nearly one year later, there are still more than 8 million Ukrainian refugees reported across Europe, of which 3.65 million are in neighbouring, refugee-receiving countries.

WHO needs to substantially increase its support to Ukraine and refugee-receiving countries in order to reach over 11.4 million people in 2023. This is up from 6 million people targeted in 2022.

As of January 2023, UNOCHA reports that more than 17.6 million people have been affected by the war in Ukraine. Between February 2022 and January 2023, the OHCHR has reported 6952 conflict-related civilian deaths in Ukraine, including more than 2017 women and girls, and 38 children. Furthermore, OHCHR reports 11 144 serious civilian injuries, including to 1959 women and girls, and 254 children.

WHO is supporting the health sector and continues to work with the Ministry of Health (MoH) and partners

in Ukraine to deliver essential, life-saving health care in the country. However, there are several challenges in the delivery of health care services in Ukraine to address existing and emerging needs of vulnerable, conflict-affected populations. After nearly one year of conflict, living conditions have deteriorated sharply, with the destruction of infrastructure, power and water supplies making the winter months very difficult.

By January 2023, WHO has verified reports of **745 attacks on health** with 101 deaths and 131 injuries. Of these, 659 attacks were reported to have seriously affected health facilities, around 25 attacks affected patients, 61 impacted health personnel, while 182 attacks impacted medical supplies. In addition, 13 attacks also affected medical warehouses. These attacked facilities provided essential medical care and treatment to an average of more than 454 000 people per month.

The public health sector in Ukraine is overwhelmed dealing with the magnitude of **conflict-related injuries**, and patients requiring urgent medical attention and resuscitation. Many injured people are admitted to hospitals during mass casualty events, where the demand for health care disproportionately exceeds available resources.

Crisis and displacement have exacerbated immunization gaps and increased the risk of vaccine-preventable disease outbreaks such as measles and polio. In general, the risks of acute **infectious disease outbreaks** remain high and can be directly attributed to displacement, lack of access to health care, and reduced preventive and diagnostic capacities of the public health care system. Ukraine also has one of the highest burdens of HIV and tuberculosis in Europe. Similarly the risk can increase due to lack of access to prevention, diagnostic and treatment programmes.

WHO continues to monitor the risks of potential epidemics including for COVID-19. Apart from routine surveillance activities, WHO is also supporting event-based surveillance, to ensure timely investigation and response to outbreak-prone diseases.

There remains an unprecedented threat of a Nuclear Emergency in Ukraine. The country's chemical and extractive resources present severe risks if affected by the escalating hostilities.

Nuclear based resources are also used in various health care settings nationwide, with many health care facilities relying on them for their power supply. Damages to these resources (e.g. shelling in the vicinity, lack of maintenance etc) can cause power outages or interruptions in power supply to health facilities.

Noncommunicable diseases (NCDs) are the leading cause of morbidity and mortality in Ukraine, with the five major NCDs – cardiovascular disease, diabetes, cancer, chronic respiratory disease, and mental health conditions – accounting for 84% of all deaths.

A recent community-level Rapid Needs Assessment exercise led by WHO in Ukraine suggests that lack of medicines, and access to specialized medical care are the top two concerns of communities affected by the war. Nearly one third of surveyed households had at least one family member with a chronic non-

communicable disease, who reportedly experienced reduced access to health care for those conditions. The first-hand accounts of primary health care (PHC) workers corroborate that up to 15% of the health workforce from war-affected oblasts have left their places of work, and many have fled the country in fear for their lives.

Ukraine has one of the highest **maternal mortality** ratios in Europe – 19 deaths per 100 000 live births, which is nearly 10 times higher than for e.g., in neighbouring Poland. Currently, 265 000 women in Ukraine are estimated to be pregnant, with around 1000 childbirths per day. Disruptions to antenatal, childbirth and postnatal care increase the risks of life-threatening obstetric and neonatal complications.

People in Ukraine are experiencing a range of stressors caused by the war. These include exposure to violence; displacement; separation from or loss of loved ones; loss of income; altered sense of normalcy; lack of basic necessities; and violation of fundamental human rights and dignity. These stressors invariably impact the **mental health** of vulnerable, conflict-affected individuals.

WHO estimates that around 9.6 million people in Ukraine are either at risk of or are living with some form of mental health condition, and at least 3.9 million may suffer from moderate to severe symptoms.

The first year of the emergency response was characterized by several complex challenges in reaching the most vulnerable target groups. New territories with substantial needs have become accessible, and effective coordination of humanitarian responders is necessary more than ever before, to reach them.



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Dmytro, 38, donates blood at the Blood Bank in Kyiv, Ukraine.

WHO Response in 2022

WHO has been leading humanitarian health interventions in Ukraine since the start of the conflict and continues to be front and centre of the emergency health response in the country.

In line with the priorities of the interagency Humanitarian Response Plan (HRP) led by OCHA, in 2022 WHO delivered 33 ambulances and supported 1635 emergency medical evacuation (MEDEVAC) operations to various hospitals in the EU.

WHO and 192 health partners have established an extended presence in Ukraine. WHO operates out of 10 hubs and offices across the country.

WHO operational hubs in Ukraine



In 2022, WHO coordinated the deployment of **emergency medical teams (EMTs)** which provided a total of 18 744 patient consultations. Of these, most were provided to women including expectant mothers. Moreover, 58% of patient consultations were either directly or indirectly related to the war. The mobile health units and non-communicable diseases teams supported and/or coordinated by WHO provided 13 708 and 19 692 patient consultations respectively.

WHO supported the Ukraine Ministry of Health to conduct **Medical evacuation (MEDEVAC) operations**

prioritizing patients either directly injured by the war, or other chronically ill patients affected by disruptions to services, such as for cancer treatments.

The interagency emergency health kits (IEHK) and trauma and emergency surgery kits (TESK) supplied by WHO were used to treat over 1.93 million patients. WHO also provided rehabilitation kits which were used to treat 3500 patients, and 5 570 000 people with chronic NCDs were supported with NCD kits (NCDK) supplied by WHO.

During the same period, WHO supported 23 000 patient consultations for mental health and psychosocial support services. WHO continues to lead the Mental Health and Psychosocial Support Technical Working Group (MHPSS TWG) for provision of technical support to partners and coordination of humanitarian interventions in mental health.

More than 25 000 doses of tetanus antitoxin were distributed to severely affected and at-risk regions, and around 10 000 routine vaccine doses including for COVID-19 were administered through outreach sessions. OpenWHO training materials on routine and COVID-19 vaccination were adapted and disseminated to the Ukrainian health care workforce.

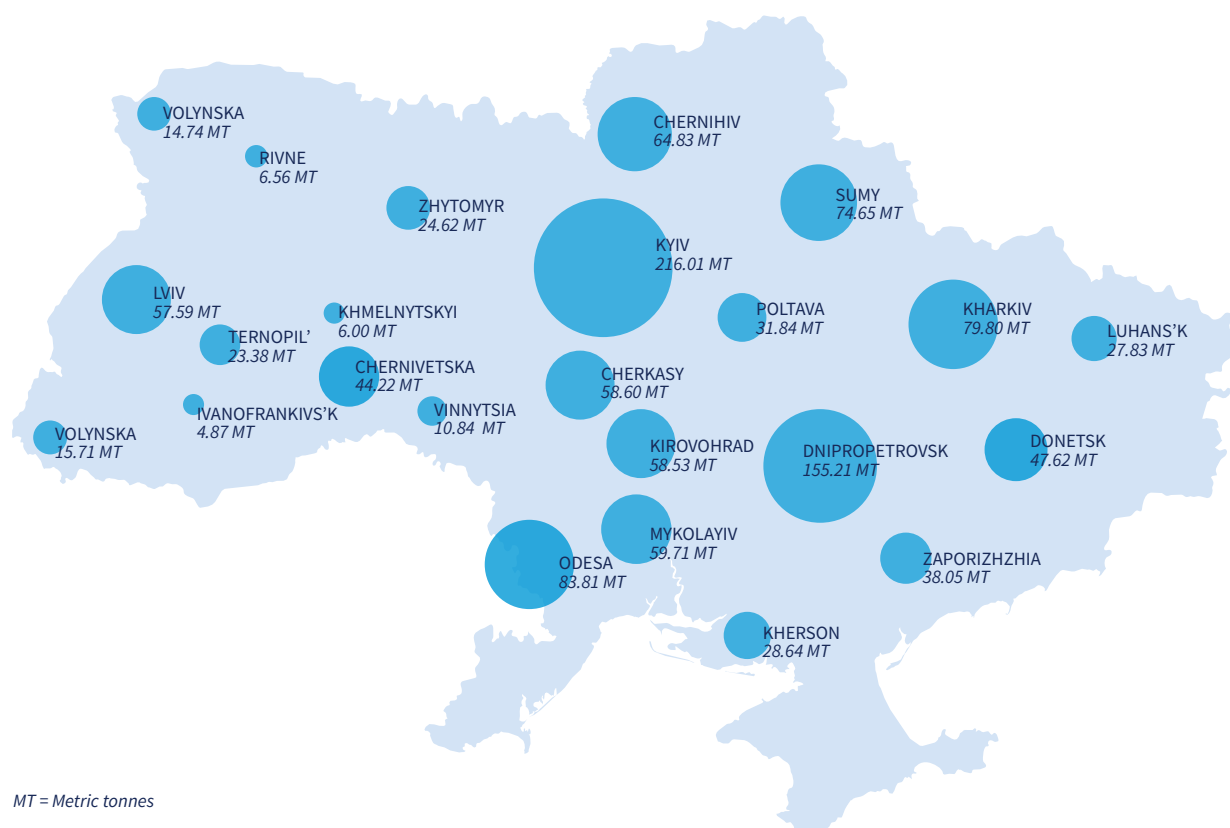
Overall, 850 000 people benefited from various WHO infection prevention and control (IPC)-related communication materials.

Surveillance activities carried out by WHO in 2022 supported development and dissemination of weekly health situation updates. These updates were pivotal for disease surveillance, needs assessments, monitoring attacks on health facilities, supplies and logistics and health service delivery. A real-time platform was put in place to enable health facilities mapping, such as for EMT operations, bed and surgical capacities, personnel, referral hospitals, available health services, as well as mapping of cancer treatment centres and referral pathways.

WHO continues to lead the humanitarian health cluster in Ukraine, to enable essential coordination of interventions in a volatile environment. Through effective coordination of humanitarian interventions in public health, WHO and its health cluster partners reached more than 8.4 million people with various public health initiatives and supported at least 589 health facilities. WHO will continue to lead effective coordination and information management, to deliver value-added operational partnerships, and facilitate evidence-based decision-making in humanitarian health care.

More than 1233.66 metric tonnes of medical supplies and equipment delivered by WHO have reached their intended destinations or are in transit towards them as of December 2022. Deliveries in Kyiv mostly represent those to MoH warehouses for onwards deliveries and handover to intended health facilities across the country.

WHO has delivered trauma and emergency medical supplies to the following oblasts (districts): Cherkasy, Chernihiv, Chernivetska, Dnipropetrovsk, Donetsk, Ivano-Frankivsk, Kharkiv, Kherson, Khmelnytskyi, Kirovohrad, Kyiv, Luhansk, Lviv, Mykolayiv, Odesa, Poltava, Rivne, Sumy, Ternopil, Vinnytsia, Volynska, Zakarpatska, Zaporizhzhia and Zhytomyr. WHO continues to call for safe passage to deliver life-saving supplies, medicines, and humanitarian assistance.



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WHO health supplies are stocked in the warehouse outside Lviv, Ukraine, in preparation for onward distribution across the country.

WHO Response Results Framework in Ukraine (2023)

The primary goal of WHO's response in Ukraine remains to minimize mortality and morbidity for all people affected by the war. WHO works to ensure life-saving emergency assistance and non-discriminatory access to essential health services. It prioritizes preventive activities and works to lay the foundations for long-term recovery and strengthening of health systems.

In 2023, together with its partners, WHO is committed to scaling up its response in Ukraine, to address the health care needs of over 7.8 million people affected by the conflict or at risk of being affected by service disruptions caused by the conflict. Critical cross-cutting interventions for **prevention of sexual exploitation abuse and harassment (PSEAH)** as well as **risk communication and community engagement to foster preventive and positive health-seeking behaviours** will be mainstreamed into all areas of WHO operations in Ukraine.

Specific objective 1: Strengthen essential trauma and emergency medical services including control and prevention of infectious disease outbreaks in health care settings, to prevent and respond to life-threatening health risks of vulnerable, conflict-affected communities

Support delivery of critical life-saving emergency trauma and medical care, including for prevention and control of infectious diseases in clinical settings and necessary emergency preparedness activities, prioritizing assistance to severely wounded, trauma-affected individuals, survivors of sexual abuse and violence, women, children, and the elderly.

Specific objective 2: Enable access to PHC services and continuity of care for people suffering from infectious and chronic noncommunicable diseases in conflict-affected areas, at risk of or impacted by service disruptions

Support delivery of essential primary health care (PHC) services to vulnerable, conflict-affected and/or at-risk communities, including essential maternal and reproductive health interventions in clinical settings, distribution of life-saving supplies, provision of technical and operational assistance, development of referral pathways, as well as support for necessary mental health and psychosocial well-being of relevant communities.

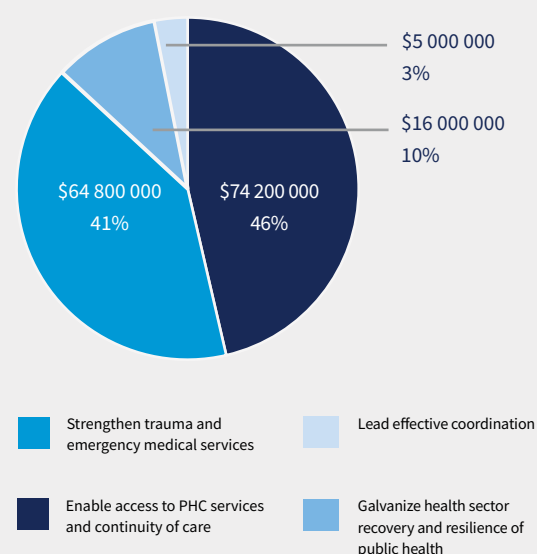
Specific objective 3: Lead effective coordination of humanitarian interventions, assessments, and information management in public health to deliver value-added partnerships and reinforce evidence-based decision-making in the sector

Provide strategic direction for coordination of humanitarian health responders including those implementing MHPSS and GBV interventions, ensuring effective assessments and information management to enable accessibility, quality, affordability, and availability of health care to vulnerable communities across humanitarian hubs, and produce data to timely and accurately monitor public health resources.

Specific objective 4: Galvanize health sector recovery and resilience of public health systems through support to priority clinical and health care services and essential preparedness activities

Assist national health authorities with strategic, operational, and legal interventions to enable continuity of care, and to timely detect and respond to new outbreaks. This includes further strengthening of disease surveillance mechanisms, provision of essential supplies and assistive technologies to inter alia strengthen technical capacities, facilitate policy reforms in public health for response readiness, and foster systemic resilience.

Funding needs by specific objective in Ukraine (US\$)



WHO Funding Needs in Ukraine

Specific objective 1: Strengthen trauma and emergency medical services including control and prevention of infectious outbreaks in health care settings

Strengthen humanitarian health response and emergency medical services in hospital, surgical, EMT/EMS and/or mobile health care contexts through inter alia reinforcement of the disaster medicine capacity and creation of national emergency medical teams	\$5 200 000
Provide life-saving medicines, medical supplies, equipment, and training	\$56 000 000
Implement infection prevention and control (IPC) clinical bundles, programmes, and protocols	\$4 000 000
Response readiness for chemical, biological and radio-nuclear (CBRN) emergencies	\$5 000 000
Support post traumatic rehabilitation services for people injured or affected by the war	\$2 000 000
Support protection and rehabilitation services for survivors of sexual abuse and violence	\$2 000 000
Specific objective 1	\$74 200 000

Specific objective 2: Enable access to PHC services and continuity of care for people suffering from infectious and chronic noncommunicable diseases in conflict-affected areas, at risk of or impacted by service disruptions

Provide technical support and develop referral pathways to detect, manage and/or rapidly respond to critical infectious diseases and noncommunicable conditions in humanitarian contexts, as well as life-saving maternal and reproductive health interventions in clinical settings	\$6 500 000
Provide essential medicines, medical supplies, equipment, and technical/operational assistance including training	\$35 000 000
Support Ukraine's capacities to prevent, detect and respond to communicable diseases	\$14 600 000
Support mental health and psychosocial interventions for conflict-affected and/or at-risk populations including frontline health workforce, through inter alia necessary assistance for implementation of the national action plan for mental health	\$7 500 000
Advocacy, risk communication, and community sensitization to reduce risks, prevent diseases, navigate health services and promote health-seeking behaviours, including for prevention and management of infectious and noncommunicable diseases	\$1 200 000
Specific objective 2	\$64 800 000

Specific objective 3: Lead effective coordination of humanitarian interventions, assessments, and information management in public health

Health cluster/sector coordination systems are established, key capacities activated at the national and regional levels including for MHPSS and PSEAH, and regular updates provided to government and health partners on needs, constraints and priorities	\$3 000 000
Strengthen information management and public health intelligence through health needs and impact assessments, monitoring drivers of morbidity/mortality, and health facilities mapping by type of service packages	\$2 000 000
Specific objective 3	\$5 000 000

Specific objective 4: Galvanize health sector recovery and resilience of health systems through priority health care services and preparedness activities

Facilitate health services reinforcement and resilience building	\$4 500 000
Support national laboratory and surveillance systems to detect and monitor outbreaks and other life-threatening conditions	\$7 000 000
Support policy reforms in public health to enable response readiness and foster systemic resilience	\$2 500 000
Strengthen core IHR capacities in priority areas	\$1 000 000
Support recovery of health governance capacities and systems	\$1 000 000
Specific objective 4	\$16 000 000

Total: \$160 000 000



WHO / Agata Grzybowska/RATS Agency
Portrait of Tatiana and Nikita in Medyka, Poland

Health Care Needs and WHO Response in Refugee-Receiving Countries

As of December 2022, UNHCR had recorded more than 8 million Ukrainian refugees across Europe, of which over 3.65 million were in Poland, Moldova, Romania, Czech Republic, Slovakia and Bulgaria.

Aligned with the priorities of the Regional Refugee Response Plan (RRRP) led by UNHCR, and the varied health care needs of target populations, WHO has been implementing a multifaceted response in these countries since the start of the conflict in Ukraine. In 2022, WHO and partners provided 5.1 million individual services to refugees including targeted health assistance. WHO also supported 166 000 patient consultations for mental health and psychosocial support.

In its second year of implementation, WHO's response in refugee-receiving countries aims to deliver targeted health care solutions for the various identified needs of refugees as well as build on the critical, life-saving interventions implemented to date. Furthermore, essential cross-cutting priorities for **PSEAH** and **risk communication and community engagement (RCCE)** will be fully incorporated in all aspects of WHO operations in refugee-receiving countries.

Poland

As of January 2023, Poland continues to shelter over 1.5 million refugees. To deliver a targeted response

vis-à-vis the multifaceted health care needs of refugees, WHO Poland recently completed a public health care survey in close partnership with the national statistics office.

The most frequently mentioned barriers in refugees' access to health care are: lack of information, language or cultural barriers, as well as long waiting times for patient consultations and receiving care.

The most common health care concerns of refugees relate to fever, diarrhoea, cold and cough etc. A sizeable proportion also suffer from chronic illnesses such as cardiovascular diseases, diabetes, cancer, and pulmonary diseases. Against Poland's national average of 60%, in the general population in Ukraine, the COVID-19 vaccination uptake is only 37%. Vaccination uptake was also observed as a major setback to the health and well-being of refugee children for DTP (diphtheria, tetanus, pertussis), MMR (measles, mumps, rubella) and polio. Overall vaccination of children in Ukraine ranges between 78-86% against Poland's national average of 90-95%.

Survey results showed that many refugees experience emotions and stressors that impact daily functioning, and the majority of those surveyed indicated the

need for targeted mental health interventions. The most frequently mentioned barriers in refugees' access to health care are: lack of information, language or cultural barriers, as well as long waiting times for patient consultations and receiving care. The response in Poland thus far has focused on strengthening the diagnostic, therapeutic and preventive care capacities of the health system, including essential TB and anti-retroviral treatments for HIV. The next phase of the response will focus on further strengthening access to primary and emergency health care for refugees, supporting the health workforce in delivering services to refugees, reinforce essential surveillance and health information activities as well as streamline health leadership and governance mechanisms.

refugees feel the need to reduce primary health care expenses, to cope with their lack of livelihoods.

In Moldova, there is a need to improve onsite health care services at the community level and those at border crossing points, especially for refugees with chronic illnesses, disabilities, survivors of gender-based violence (GBV), pregnant and lactating women, older people, and people with mental health needs. Furthermore, concerted efforts are required to strengthen and supplement outbreak and emergency preparedness activities of the health system including through targeted operational support, preventive measures, health promotion and protection, and through capacity building activities.

In 2022, the response in Moldova prioritized strengthening of basic, emergency and primary health care services, as well as diagnostic capacities of the health system.

The next chapter of the WHO response in Moldova will work to strengthen access to primary and emergency health services for refugees, address financial barriers in refugees' access to health services, as well as reinforce health leadership and governance mechanisms.

Surveillance and health information activities will be carried out to ensure evidence-based decision-making in public health, in addition to supporting the health workforce in delivering essential health services to refugees.



© WHO
These aren't just boxes but critical medical and health supplies for Ukrainian refugees in Moldova - acquired through the support of the European Union.

Moldova

At the start of the conflict, over 614 000 refugees were reported to have crossed the border to the Republic of Moldova. According to UNHCR, as of January 2023, Moldova continues to host over 102 000 people.

Health is one of the top three primary needs of refugees in Moldova, especially for refugee families with children, and older people. The most needed health care services are for general medical care and pharmacies. A recent survey completed in Moldova, in context of the RRRP, confirmed that 30% of

Romania

Romania hosted over 2 million refugees at the start of the conflict, and more than 106 000 refugees are registered for temporary protection to remain in the country.

WHO's response in Romania remains agile in light of the varying health care needs of the affected population. Interventions are needed to further strengthen access to primary health care, as well as referral to specialist services including non-communicable diseases, sexual and reproductive health and dentistry. Official data from the Ministry of Health (MoH) confirmed a weekly case-load of 2929 cases of COVID-19 including 844 reinfections and on average 21 deaths per week. National authorities also reported acute respiratory and diarrhoeal infections among refugees. Some refugees were also found to suffer from diphtheria, jaundice, and acute eruptive syndrome.

In Romania, WHO's efforts have been centred on strengthening access to primary health care, including sexual and reproductive health, mental health and psychosocial support.

In its first year of implementation, WHO's response in Romania focused on increasing the diagnostic and vaccination capacities of the health system, including through provision of critical medical supplies. Essential information on accessing health care services and benefits was also disseminated to refugees. Interventions were guided by a WHO qualitative study on health service needs and gaps for Ukrainian refugees in the country.

In the next phase of the response, WHO Romania will further strengthen refugees' access to primary and emergency health care services, and will continue to provide essential supplies and equipment for doing so.

It will work to remove financial barriers in refugees' access to health care, and reinforce health leadership and governance mechanisms for effective delivery of services to refugees. The Romanian health workforce will be supported, and essential health surveillance and information management interventions will be put in place to facilitate evidence-based decision-making in delivering health care services to refugees.

Czech Republic

Since the start of the conflict, Czech Republic has sheltered around 500 000 refugees and continues to host more than 476 000.

In Czech Republic, the main health risks of the refugee population were identified as infectious and vaccine-preventable diseases i.e., polio, measles, monkeypox and COVID-19. Sustained interventions in the areas of mental health and psychosocial support are also necessary to ensure the overall well-being of the target population.

WHO response in Czech Republic has prioritized key interventions vis-à-vis the support needs of national health authorities, for delivering equitable health care services to refugees.

This has included support to the MoH in Czech Republic for coordination of the humanitarian health response, including strategic and supplementary interventions in mental health as well as support to national immunization programmes, HIV services, disease surveillance and health information activities.

In its second year, WHO humanitarian response in Czech Republic will further strengthen refugees' access to primary and emergency health services



WHO / Agata Grzybowska
During a visit to one of the Ukraine refugees reception points in Poland, the WHO team met Yana, who's little daughter Olha soon will need her 2nd dose for diphtheria.

including through provision of essential health care supplies and equipment. Health leadership and governance mechanisms will be reinforced to deliver equitable and quality health care to refugees. Disease surveillance and information management activities will continue, as will interventions to support the health leadership and workforce.

Slovakia

According to UNHCR, as of January 2023, Slovakia continues to host over 105 000 Ukrainian refugees. WHO Slovakia in partnership with the regional public health authority, and the City of Kosice have completed the first epidemiological survey to assess the needs and access to health care in East Slovakia. For more comprehensive analysis WHO Slovakia also conducted a second rapid assessment of refugee's health needs following the first one in May 2022. The "Public Health Situation Analysis' and Health Needs Assessment for Refugees from Ukraine living in Slovakia" reports were shared with all counterparts and partners. These reports serve as important resources for planning and decision making of the health sector response in Slovakia and will therefore help inform the work of WHO Slovakia in 2023.

Closer consultations with Slovakian health authorities and partners thus far have highlighted the need to supplement national efforts in implementing holistic treatment and diagnostic protocols for HIV and tuberculosis for Ukrainian refugees.

WHO response in Slovakia focused on assisting national authorities address and prevent the spread of HIV and TB among the refugee population.

Additionally, strengthening national health system capacities through provision of diagnostic and laboratory equipment, cold chain supplies, hospital beds for children with special needs to Slovak public health authorities is in progress. As part of the refugee coordination forum, WHO Slovakia also leads inter-agency coordination mechanisms, including the health sector working group, MHPSS and other thematic subgroups, to provide strategic, operational, technical direction to all humanitarian health partners involved in the Ukraine refugee response. These partner organizations include UNICEF, IOM, UNFPA, Médecins du Monde, Equita and UNHCR.

The next chapter of WHO response in Slovakia will focus on further strengthening access to primary services for refugees, including through extending

and ensuring continuity of essential health services within existing systems in capital and regions and provision of essential supplies and equipment. Targeted interventions will be carried out to set up and strengthen early warning and surveillance mechanisms, in close consultation with the national health authorities. Information management and



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Representatives of WHO meet Bulgarian Red Cross at the Bulgarian Red Cross center on 23 August 2022.

surveillance activities will be continued, to facilitate evidence-based decision-making in public health. Furthermore, targeted support will be provided for health workforce development to ensure delivery of equitable and quality health care services to refugees.

Bulgaria

Since February 2022, more than half a million refugees crossed from Ukraine into Bulgaria, with some staying and others passing through. According to UNHCR, as of January 2023, Bulgaria continues to host over 51 000 Ukrainian refugees. To meet their multi-faceted needs and provide coordinated support, WHO Bulgaria partners closely with the Government of Bulgaria, Bulgarian civil society, UNICEF, UNHCR, IOM, the Bulgarian Red Cross and other international NGOs.



© WHO / Uka Borregaard
Response to the Ukraine refugee crisis – Rzeszów train station, Poland

Consultations with the Ministry of Health and other relevant counterparts have highlighted the need for concerted efforts for prevention and response to respiratory infections, HIV, TB, measles and other vaccine-preventable diseases, vector-borne infections as well as hepatitis, particularly among the refugee population in Bulgaria.

WHO Bulgaria will focus on further strengthening access to primary and emergency health care for refugees, including provision of essential medical supplies and equipment, and by addressing financial barriers to refugees' access to health care services.

Concerted efforts will be carried out to support health governance mechanisms and the national health workforce, for delivering equitable and quality health care to refugees. Access to MHPSS will be supported through working with government partners, UN agencies and NGOs following the principles of the Inter-Agency Standing Committee (IASC). In Bulgaria, essential disease surveillance and health information activities will be streamlined, to enable evidence-based decision-making in public health.

Hungary

In March 2022, Hungary became host to the second largest refugee population from Ukraine, after Poland. As of January 2023, UNHCR reports that Hungary continues to shelter over 33 000 refugees. WHO response in Hungary therefore needed to be agile vis-à-vis the varied needs and numbers of the target population. In 2022, WHO Hungary provided technical and policy guidance on TB control in humanitarian settings. Efforts were undertaken for planning and responding to radiological and nuclear emergencies, and continuation of treatment

for cancer patients. Regular coordination meetings were held with national health authorities to discuss situational analysis, access to health services for refugees, and potential gaps or bottlenecks.

Essential supplies and equipment were provided to the national health authorities, to strengthen refugees' access to health care in the country. This included critical laboratory, cold chain, diagnostic and therapeutic supplies for vaccine-preventable diseases, and for COVID-19. Consultations to support national efforts in the sphere of noncommunicable disease prevention and response are also ongoing.

WHO Hungary supported national health authorities with policy guidance for surveillance of TB, HIV and Polio.

Health authorities and NGO partners in Slovakia, Romania and Hungary were assisted with the deployment of a specialist MHPSS coordination focal point, who helped set up crucial MHPSS coordination mechanisms in these countries and organized relevant workshops with participation from 10 countries.

In its second year of implementation, WHO response in Hungary will mainly work to promote positive health-seeking behaviours among refugees as well as address any barriers, such as long waiting times for patient consultation, trust in providers, travel time and costs. WHO Hungary will also help address any financial barriers in refugees' access to health care, and will support health leadership and governance mechanisms for effective delivery of services to refugees. It will continue to closely liaise with national health authorities, to identify and support their essential health care supplies and equipment needs. Disease surveillance and information management activities will be carried out to facilitate evidence-based decision-making in public health.

WHO Response Result Framework in Refugee-Receiving Countries

Dedicated to the well-being of all people and guided by science, WHO leads and champions global efforts to ensure everyone, everywhere has an equal chance at a safe and healthy life.

Specific objective 1: Health leadership and governance mechanisms are streamlined and reinforced

Support national authorities in refugee-receiving and hosting countries through interagency coordination (notably national and international NGOs and community-based organizations, WHO, UNHCR, UNICEF and ECDC), including provision of policy guidance and technical support to continually assess and address emerging health needs of Ukrainian refugee populations.

Specific objective 2: Financial barriers to health care access of refugees are reduced or removed

Support health authorities to design policies for eliminating financial barriers to accessing health services, including medicines and medical products.

Specific objective 3: Access to adapted and appropriate primary and emergency health care services for refugees regardless of legal status

Facilitate the systematic access to primary and emergency care by refugees, provide technical support to facilitate medical evacuations, coordinate EMTs to manage referrals from Ukraine, and provide mental health and psychosocial support services.

Specific objective 4: Information management and surveillance is reinforced for evidence-based decision making in public health

Conduct relevant health assessments, monitor access and utilization of health services and barriers, and work alongside national health systems to set up early warning mechanisms and strengthen surveillance systems.

Specific objective 5: Equitable access to essential medical products, vaccines, and technologies to vulnerable refugee populations

Provide priority health supplies and medicines, including personal protective equipment, rapid diagnostic testing kits, vaccines, HIV and tuberculosis treatments, etc.

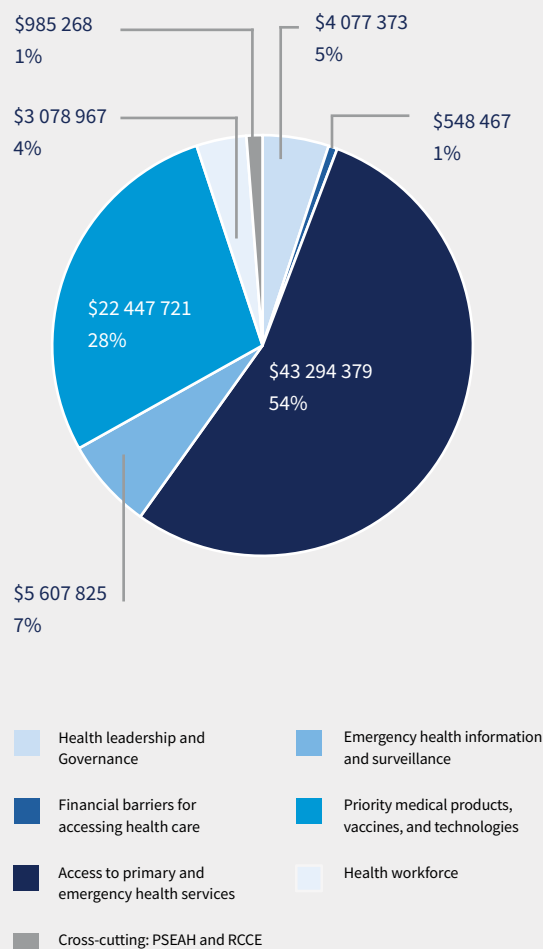
Specific objective 6: Health workforce is supported and strengthened to provide health care services to refugees

Provide technical and operational support for national health workforce planning. Conduct capacity building activities and provide guidance and tools to health workers to facilitate provision of health care to refugees.

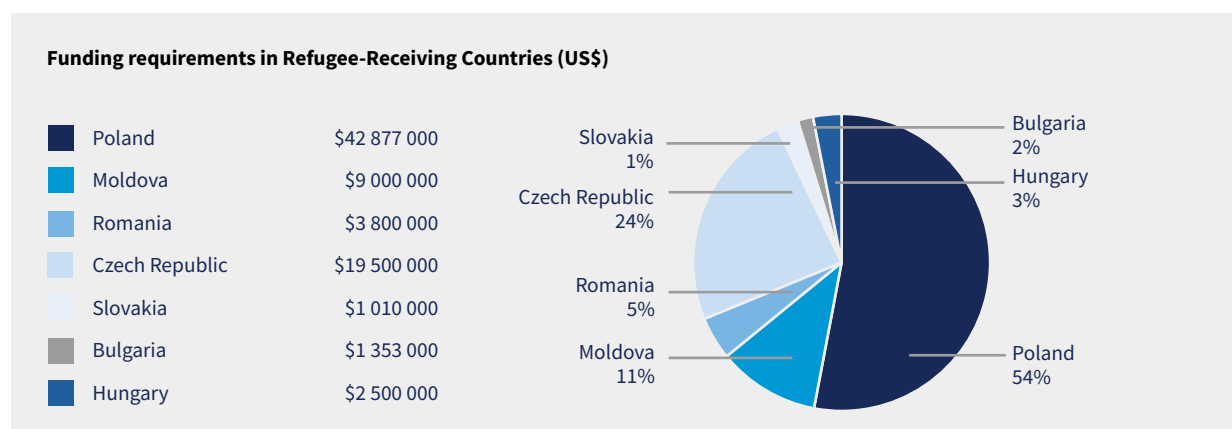
Cross-cutting priorities: Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) is mainstreamed into the emergency operations, and Risk Communication and Community Engagement (RCCE)

RCCE activities are carried out to address health needs and encourage access to health services, through the development, implementation and evaluation of country RCCE strategic plans in coordination with the UN and other health partners.

Funding needs by specific objective in Refugee-Receiving Countries (US\$)



WHO funding needs in refugee-receiving countries



Specific objective 1: Health leadership and governance mechanisms are streamlined and reinforced

Develop or strengthen health sector policies and regulations that are inclusive of refugees, response, and contingency plans in coordination with all relevant ministries	\$1 617 484
Programme expansion and scale up of operational services	\$410 529
Support interagency coordination mechanisms, including health sector working groups	\$1 497 609
Support thematic working groups, such as MHPSS, SRH, GBV, PSEAH, information management, and RCCE, as appropriate	\$551 751
Specific objective 1	\$4 077 373

Specific objective 2: Financial barriers to health care access of refugees are reduced or removed

Eliminate financial barriers to accessing health services, and to medicines and medical products	\$8 210
Extend entitlement to the full range of publicly financed health services to refugees	\$164 212
Integrate the purchasing of health services for refugees into existing contracting and payments systems	\$14 779
Support timely and effective delivery of services to refugees through bespoke operational assistance programmes	\$197 054
Support simplification of registration processes for refugees and remove administrative and communication barriers in health care access	\$164 212
Specific objective 2	\$548 467

Specific objective 3: Access to adapted and appropriate primary and emergency health care services for refugees regardless of legal status

Facilitate systematic access to health care including for sexual and reproductive health (SRH), emergency treatment, referral, and continuity of essential health services (including for NCD, TB and HIV) through existing systems, EMTs and international and local NGOs	\$12 241 648
Provide information and health education to refugees, and training of health workers to provide adapted and appropriate health services to address barriers such as institutional and administrative, language and cultural, transportation and financial	\$2 110 443
Provide information and support to develop referral pathways for refugees on health care services and entitlements in host countries	\$3 062 546
Policy guidance and technical support to assess and address emerging health needs of Ukrainian refugee populations	\$3 267 810
Provide preventive care, early detection and response for vaccine-preventable diseases such as measles, polio and COVID-19 through health messaging, risk communication and community engagement and targeted advocacy interventions, and strengthening the early warning and response systems	\$2 364 647
Response readiness for chemical, biological and radio-nuclear (CBRN) emergencies	\$574 740
Support mental health and psychosocial support services, including psychological first aid, referral pathways, capacity-building and clinical management	\$6 190 776

Provide technical support, training and supplies as needed to ensure referral and medical evacuation pathways exist and are resourced	\$12 332 288
Strengthen emergency medical, surgical and obstetric care	\$229 896
Strengthen trauma care and rehabilitation through capacity-building, including through deployed EMTs and EMTCCs	\$919 585
Specific objective 3	\$43 294 379

Specific objective 4: Information management and surveillance is reinforced for evidence-based decision making in public health

Needs assessments, health situational and risk analyses to understand the needs, health status and potential health risks of refugees	\$1 642 116
Conduct RCCE situational analyses and social listening/feedback activities	\$738 952
Monitor and evaluate access to/of health services, gaps, and barriers, especially among vulnerable populations	\$1 273 950
Inclusion of refugees into health information systems including disaggregation by status, and confidentiality and protection of refugee data	\$466 693
Conduct targeted research activities for innovation and evidence-based decision-making in public health	\$328 422
Support national health systems to set up early warning mechanisms for strengthening surveillance that can detect and respond to potential threats to public health	\$1 157 692
Specific objective 4	\$5 607 825

Specific objective 5: Equitable access to essential medical products, vaccines, and technologies to vulnerable refugee populations

Provide equitable access to medicines, medical supplies, vaccines and equipment of assured quality, safety, efficacy and cost-effectiveness and their scientifically sound and cost-effective use	\$16 394 957
Provide information and support to refugees and training to health workers to provide health education and health literacy for effective and appropriate use of medicines and to remove financial and administrative barriers	\$4 040 502
Support the government to develop or update policies for the use of medications not previously used such as TB and HIV medications	\$2 012 262
Specific objective 5	\$22 447 721

Specific objective 6: Health workforce is supported and strengthened to provide health care services to refugees

Support national action planning exercises for continuity of services post phase-out of voluntary responses	\$468 003
Provide training and support to detect and respond to GBV, SEAH and SRH	\$389 421
Provide training, guidance and tools for health workers working with refugees including through WHO's Global Competency Standards for refugee and migrant health to provide people-centred and culturally sensitive care	\$1 258 880
Provide additional roles to the health workforce including interpreters and cultural mediators	\$234 583
Provide options to support the government to include refugees into the health workforce	\$427 812
Develop technical capacities for effectively responding to chemical, biological and radio-nuclear (CBRN) emergencies including risk assessments and laboratory support	\$65 685
Provide MHPSS and staff support to avoid stress and burnout	\$234 583
Specific objective 6	\$3 078 967

Cross-cutting priorities: Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) is mainstreamed into the emergency operations, and Risk Communication and Community Engagement (RCCE)

Integrate SEAH risk mitigation and prevention measures in the response operations	\$607 583
Provide health information, support patient referrals to essential health care and mental health services, including information on health care entitlements in refugee-receiving countries as well as promote health-seeking behaviours of refugees	\$377 685
Cross-cutting priorities	\$985 268

Total: \$80 040 000

