Eastern Ukraine
Donetska & Luhanska Oblasts GCA

Last update:
28 January 2021

Public Health Situation Analysis

(PHSA) – Long-form

WHO INTERNAL/EXTERNAL VERSION (DELETE AS APPROPRIATE)

Initiated by: ☒ Country Office ☐ Regional Office ☐ HQ

Typology/ies of emergency	Main health threats	UN response level	WHO grade	Security level	INFORM risk (rank)
	COVID-19 NCDs Vaccine preventable diseases TB	Unknown	Grade 2	Unknown	5.2/10 (38) 2019
OCHA humanitarian icons v.02	List of pandemic, epidemic diseases	UN response levels online	WHO graded countries	UN security levels	Inform Index

DISCLAMER:

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Executive Summary

Now in its seventh year, the conflict in Donetska and Luhanska oblasts in eastern Ukraine continues to significantly impact the lives of more than five million people living in the region, 3.4 million of whom require humanitarian assistance and protection services. Since the start of the conflict in 2014, more than 13,000 civilian men, women and children have been killed and approximately 30,000 have been injured. As the crisis persists, civilians continue to bear the brunt of the conflict. Fear of shelling, violent clashes, and the threat of landmines and explosive remnants of war are the daily reality for millions of people living on both sides of the more than 420 kilometre-long 'contact line', equivalent to the length of the French-German border. Today, eastern Ukraine is considered one of the most mine-contaminated areas in the world (1).

The conflict has severely impacted the quality of life in eastern Ukraine, with daily hostilities damaging critical infrastructure and often disrupting essential water and sanitation services. Many people are increasingly affected by mental health issues, both due to the fear of violence as well as the long-term socio-economic impacts of the conflict. Once considered the industrial heartland of Ukraine, the region of Donbas has experienced a sharp decline in economic activities since 2014. The quality of life for those who have stayed has declined, with job security a persistent challenge. The COVID-19 pandemic has exacerbated many of these challenges, as well as access constraints for Government- and non-Government controlled areas (1).

According to the OCHA 2020 Humanitarian Needs Overview, of the 1.1 million people living 0-5km away from the 'contact line' (0-5km zone) in (GCA). 20% of the conflict-affected people with humanitarian needs are elderly, people with disabilities and children (2).

Within the 5-20km away from the 'contact line' in GCA, there are approximately 447,000 people in need of humanitarian assistance (15). This zone remains heavily contaminated with landmines and explosive remnants of war (ERW) and require special attention as it hosts the majority of basic services and facilities that service the conflict-affected regions (33 per cent of operational education facilities and some 40 per cent of the "reorganized administrative hubs")(2).

Beyond 20km of the 'contact line' in GCA, there are approximately 518,000 people in need of humanitarian assistance (15). Even though this area does not currently experience hostilities, the

toll of the conflict remains relatively high, particularly with regards to socio- economic pressure (2). Finally, 220,000 internally displaced people who live in Donetska and Luhanska oblasts and in other locations across Ukraine, especially among the estimated 6,800 IDPs living in dire conditions in collective centres (2).

Power shortages, damaged infrastructure, and disruptions in water systems have affected the functioning of health facilities, especially in NGCA. Many health professionals, especially among younger population, fled in 2015 and continue to leave the region. Healthcare is characterised by high prices, medicine shortages, and outdated equipment. This is particularly concerning given that 30% of the population in conflict-affected areas are elderly and suffer from chronic diseases (3).

The elderly, children, the disabled and women are particularly vulnerable. Fifty-six per cent of the people in need are women, 12 per cent are people with disabilities and over 30 per cent are elderly - the highest proportion in the world. Some 700,000 pensioners from NGCA have lost access to their pensions since 2014, which is more than half of all pensioners registered in NGCA in 2014; over 40 per cent of them rely on their pension as the main source of income. Nearly 60 per cent of the people who regularly cross the 'contact line' are elderly, and most of them cross from NGCA to GCA to access their social entitlements, including pensions, state administrative services, hospitals, markets or withdraw cash. Some 240,000 children living near the 'contact line' regularly experience direct shelling and exposure to landmines and explosive hazards (2).

Prior to the closure of the 'contact line' due to the COVID-19-related restrictions, which separates Government and non-Government controlled areas, an estimated 1.1 million people regularly crossed each month to access vital services or visit family. Many waited long hours in the bitter winter cold or in the scorching summer heat to reach the other side. The journey was particularly arduous for the elderly, who account for more than 30 per cent of people in need in eastern Ukraine, the highest proportion of elderly living in a conflict-affected area in the world (1).

Hostilities have also damaged essential community infrastructure and civilian assets. Shelling incidents have routinely affected water, sanitation, health and education facilities cutting the affected population off from basic services. Shelling and other conflict-related incidents affected water and sanitation facilities 88 times in 2019 with more than 300 incidents recorded in the last three years – disrupting access to water for millions of people. Over 35 per cent of some 600 health-care facilities in conflict-affected Donetska and Luhanska oblasts have sustained damage. Since 2017, schools have come under fire at least 95 times, disrupting access to education for thousands of children on both sides of the 'contact line'. Infrastructure that has not been directly impacted by hostilities has deteriorated due to ageing and the impossibility of upkeep and repair due to the ongoing violence (2).

Acronyms and abbreviations

Example

EECPs	Entry/Exit crossing points
ERW	Explosive remnants of war
GCA	Government-controlled area
HeRAMS	Health Resources Availability Monitoring System
HIV	Human immunodeficiency virus
IDP	Internally displaced person
LoC	Line of contact
MICS	Multiple Indicator Cluster Survey
NGCA	Non government-controlled area
NGO	Nongovernmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
UNHCR	Office of the United Nations High commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WHO	World Health Organization

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Preface

Public health threats represent a significant challenge to those providing health-care services in a crisis. The health issues and risk factors addressed in this document have been selected on the basis of the known burden of disease in this country, crisis-emergent health issues, and their potential impact on morbidity, mortality, response and recovery. It is hoped that this PHSA will facilitate the coordination of activities among all agencies working with the populations affected by the crisis. The document contains a short summary of the crisis, health status of and threats to the affected population, health system needs, humanitarian health response, and information gaps. This document presents the best available data at the time of publication, and may be updated, as needed.

1. Summary of the crisis

Key features

Location (country, region):	Donetska and Luhanska Oblasts, Eastern Ukraine (Eastern Europe)(4)
Start date of crisis:	2013
Typology:	Conflict, Displacement, Insecurity
Brief description of event:	The protracted conflict, now lasting seven years, in Eastern Ukraine continues to cause significant human suffering. According to the 2020 Ukraine Humanitarian Response Plan (HRP), there are approximately 3.4 million people in need of humanitarian assistance and protection spread between Government Controlled Areas (GCA) and areas controlled by armed non-state actors, collectively known as Non-Government Controlled Areas (NGCA). The political separation of the area under the control of the GCA and NGCA, divided by the 'Line of Contact' (LoC), has caused significant constraints to the movement of people and goods. This has led to NGCA becoming increasingly isolated, with decreasing access to goods and basic services, which continues to affect the population's ability to meet their basic needs (12). The NGCA covers approximately a third of Donetsk and Luhansk oblasts area and includes the most densely populated areas of these oblasts, making up to approximately half of the total population of 6.64 million (12). The majority of people crossing Entry Exit Checkpoints (EECPs) are residents of the NGCA crossing into the GCA for temporary trips, often to access financial and administrative and health services. Power shortages, damaged infrastructure, and disruptions in water systems have affected the functioning of health facilities, especially in NGCAs. Many health professionals fled in 2015. Healthcare is characterised by high prices, medicine shortages, and outdated equipment. This is particularly concerning given that 30% of the population in conflict-affected areas are elderly and suffer from chronic diseases
Operational constraints:	Despite a decrease in hostilities in the past few years, insecurity and the presence of landmines and explosive remnants of war represent major access constraints. As of March 2020, EECPs in LoC remained closed due to restrictions imposed while attempting to curtail the spread of COVID-19. People in non-government-controlled areas are particularly hard to reach due to logistical constraints and administrative requirements imposed by separatist authorities (5). In November 2020. Russia deploys 100th humanitarian convoy to Donbas with 95 tons of humanitarian aid which included medical devices and medicine (49). De-facto authorities in Luhansk NGCA previously permitted limited humanitarian access through the Stanytsia Luhanska EECP in July; however, bridge weight limitations prevented the direct transport of relief commodities through the crossing, requiring humanitarian actors to manually transfer assistance across and restricting the type and quantity of emergency assistance. The new crossing process will enable a larger volume of humanitarian cargo including heavy materials such as construction supplies to reach vulnerable populations in Luhansk NGCA (7).

Humanitarian profile

3.4 million [(3)](#)

AFFECTED POPULATION

1.3 million [(3)](#)

POPULATION IN NEED OF HUMANITARIAN ASSISTANCE

13,000

DEATHS (APPROX)

30,000

INJURIES (APPROX)

1.5 million

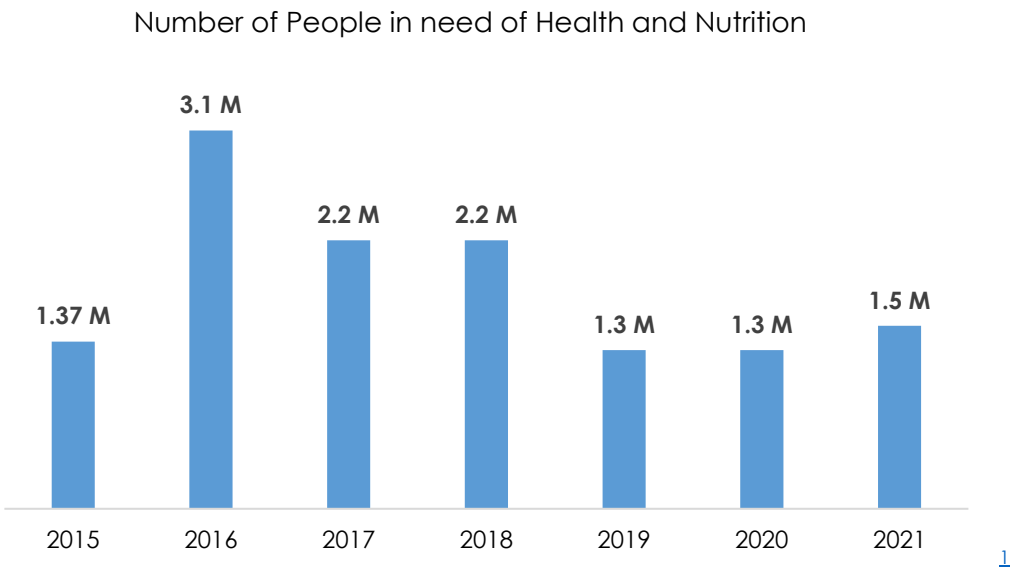
NUMBER OF IDPS

Breakdown of IDPs in Donetsk & Luhansk oblast [(8)](#).

1.5 million – 510,861 registered IDPs in Donetsk oblast and 280,520 registered IDPs in Luhansk oblast [(8)](#).

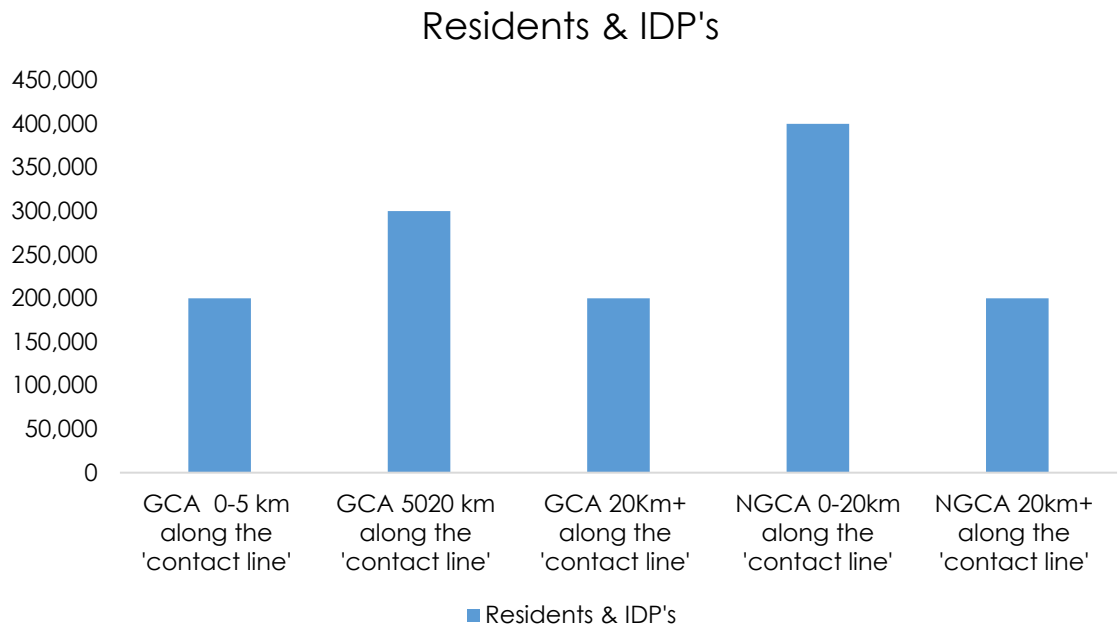
People in need of health services

Population in need of humanitarian assistance by region [(2).](#)



[1](#)

[1] Based on corresponding HNO figures ([15](#), [42](#), [43](#), [44](#), [45](#), [46](#), [47](#))



2. Health status and threats

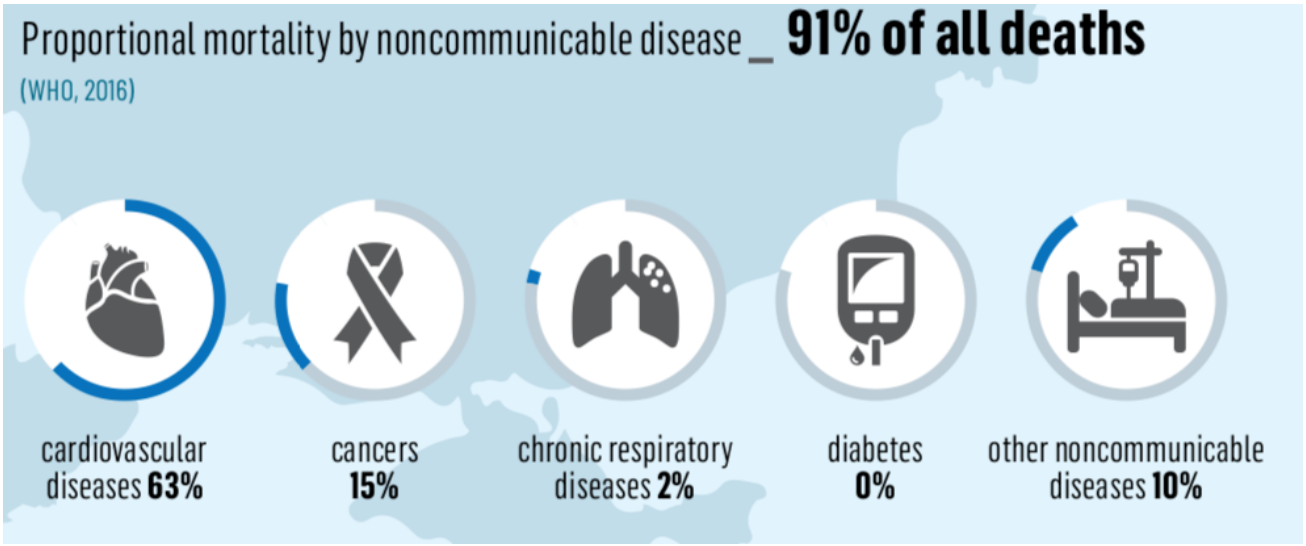
Population mortality

According to UNICEF statistics, the maternal mortality rate (MMR) in Ukraine remained stable at 33 deaths per 100,000 live births from 2000 – 2009, and thereafter decreased to 19 deaths per 100,000 live births in 2017 (9).

The infant mortality rate (IMR) in Ukraine has been declining from 17 deaths per 1,000 live births in 2000 to 7 deaths per 1,000 live births in 2020 (9).

According to the WHO Regional Office for Europe report on risk factors for noncommunicable diseases in Ukraine in 2019, noncommunicable diseases are the leading cause of death in Ukraine (10).

Proportional mortality of noncommunicable disease in Ukraine (2016) (10).



There is no data available on mortality rates in Donetska & Luhanska oblasts.

Vaccination coverage

National Ukraine vaccination figures provided by the WHO vaccine-preventable diseases: monitoring system 2020 (11):

Immunization type	2017	2018	2019
BCG (Tuberculosis)	84	90	84
DTP1 (Diphtheria, Tetanus, Pertussis 1st dose)	65	87	92
DTP3 (Diptheria, Tetanus, Pertussis 3rd dose)	50	69	80
Pol3 (Polio containing vaccine 3rd dose)	48	71	78
IPV1 (Inactivated Polio vaccine 1st dose)	43	92	83
MCV1 (Measles containing virus 1st dose)	86	91	93
MCV2 (Measles containing virus 2nd dose)	84	90	92
HepB BD (Hepatitis B birth dose)	49	60	60
HepB3 (Hepatisis B vaccine 3rd dose)	52	67	76
Hib3 (Haemophilus influenzae type b 3rd dose)	39	58	80
RCV1 (Rubella containing vaccine 1st dose)	86	91	93

All immunization coverage has increased from 2017-2019 except for BCG which has returned to the 2017 rate of 84%. Hib3 vaccine coverage increased significantly from 39% in 2017 to 80% in 2019. MCV1, MCV2, RCV1 have increased marginally from 2018 to 2019. HepB BD remains unchanged from 2018 to 2019 at 60%.

In 2018, Ministry of Health of Ukraine published 5 important facts about immunization in Ukraine to dispel myths about the safety of vaccines which were being spread by Russian bots and trolls

that were fueling anti-vaccination attitudes by spreading lies and posting anti-vaccine messages on social media to erode public trust in vaccination, healthcare systems and democratic societies (12).

On 6th July 2018, the Ministry of Health of Ukraine approved the Measles vaccination campaign for specific adult population groups at increased risk of contracting measles due to the increase in number of measles cases among adults since the beginning of 2018 (13). In particular, increased prevalence rates were recorded amongst the high-risk groups of acquiring measles through occupation exposure: medical and non-medical staff of health care institutions, employees and students of educational institutions and representatives of law enforcement agencies (13). As noted in the table above, the MCV1 & MCV2 vaccination rate each increased by 2% between 2018 (91% & 90%) respectively to (93% & 92%) in 2019.

According to the UNICEF Flash Report COVID-19 impact on Children in Ukraine 3rd August 2020, The Ministry of Health of Ukraine, reported a large number of children have missed scheduled vaccinations due to the disruption of immunization programmes caused by the COVID-19 pandemic and quarantine measures in many oblasts in spring 2020. As of 1 June 2020, only 28.3 per cent of children aged 1 year received the first dose of the measles, rubella, and mumps vaccine (com- pared to 41.9 per cent for the same period of 2019) (14).

Routine vaccination against measles-mumps-rubella among children under six has been severely hampered by the COVID-19 national quarantine, with a 30 per cent decline in annualized coverage rates compared to 2018-2019 data. Routine immunization efforts have been scaled-up since late April to maintain routine vaccination and post-exposure prophylaxis during the COVID-19 pandemic. More targeted efforts are required to cover unimmunized population pockets accumulated during March-April. Over 57,000 measles cases were reported in Ukraine in 2019, representing over half of European cases as reported by the WHO Regional Office for Europe (15).

There is no data available on vaccination coverage in Donetska & Luhanska oblasts. These services may be impacted by the crisis and further impacted by COVID-19 restrictions. If vaccination rates have declined, then an immunization campaign can be undertaken to prevent an increase of vaccination preventable diseases.

Priority health threats in Eastern Conflict Areas (Donetska & Luhanska oblasts)

Table 1 summarises the current analysis of the magnitude (in terms of excess morbidity and mortality) of different health problems impacting the crisis-affected population, grouped into major disease types. Changes in the projected magnitude of these problems are also shown: these assume that the humanitarian health response (availability, coverage, quality) remains unchanged from its current status. **Table 1a covers expected physical health issues, and Table 1b covers acute psychological distress, chronic mental health problems, and psychosocial support problems.**

Table 1a. Magnitude[1] of expected physical health threats and their expected evolution over time[2].

HEALTH PROBLEM				
Months starting now	**1**	**2**	**3-6**	**6-12**
Worse outcomes in:				
Sexual health				
Reproductive health				

HEALTH PROBLEM				
Months starting now	**1**	**2**	**3-6**	**6-12**
Worsening:				
Child health				
Increased burden of endemic infectious diseases: (Add or remove as applicable)				
Waterborne diseases				
HepB				
Risk of epidemics: (Add or remove as applicable)				
COVID-19				
Measles				
Increased burden of:				
HIV				
TB				
Increased burden of:				
NCDs				
Technological and environmental health risks				
Trauma:				
Crisis-attributable injuries				
Gender-based violence				

[1] Red: **Very high risk**. Could result in high levels of excess mortality/morbidity.

Orange: **High risk.** Could result in considerable levels of excess mortality/morbidity.

Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity.

Green: **Low risk.** Will very probably not result in any excess mortality/morbidity.

Grey: No plausible assessment can be made at this time.

[2] Changes in risk over time shows the expected progression after an acute onset emergency, or predicable seasonality of morbidity.

Sexual and reproductive health

Sexual and Reproductive health

Sexual & reproductive health interventions (%) 2020 (16).

Contraceptive prevalence rate women aged 15-49, any method – All women (%)	53%
Unmet need for family planning rate women aged 15-49 (%)	6%
Decision making on sexual and reproductive health and reproductive rights (%)	81%

Maternal health

Maternal health interventions (%) 2012 (9).

Antenatal care coverage 4+ visits (%)	87%
Institutional deliveries - % of deliveries in a health facility	99%

Postnatal care for mothers - % of women (aged 15-49) who received postnatal care within 2 days of giving birth	96%

Maternal and Newborn Health services in 12 Tertiary Hospitals in Donetska according to 2017 HeRAMS.

Maternal and Newborn Health	Fully Available (%)	Partially Available (%)	Not Available (%)	Not Normally Provided (%)	Total (100%)
Family planning	8.3%	0%	0%	91.7%	100%
Antenatal care	17%	0%	0%	83.3%	100%
Normal delivery	0%	0%	0%	100%	100%
Essential newborn care	0%	0%	0%	100%	100%
Basic Emergency Obstetric Care (BEmOC)	0%	0%	0%	100%	100%
Comprehensive Emergency Obstetric Care (CEmOC)	0%	0%	0%	100%	100%
Post-partum care	8.3%	0%	0%	91.7%	100%
Comprehensive abortion care	8.3%	0%	0%	91.7%	100%
Total (%)	5.2%	0%	0%	94.8%	100%

There is no data available on sexual, reproductive and maternal health interventions in Donetska & Luhanska oblasts. These services may be impacted by the crisis and further impacted by COVID-19 restrictions.

Malnutrition and child health

Malnutrition

According to the MICS survey conducted in Ukraine in 2000, 1.3% of children under age of five in Ukraine were wasted. No other information on acute malnutrition both pre- and post-crisis exists for children, pregnant and lactating women, older people and other vulnerable groups. The most recent MICS survey in 2012 did not have data on wasting among children, but it is expected that between 2000 and 2012, the percentage of wasted children did not deteriorate substantially as economic situation in Ukraine remained approximately the same during this period, with exception of 2008-2009 crisis where there might have been a slight chance in the nutritional situation deterioration. As per the pre-crisis data, the prevalence of wasting was far below the 5% acceptable rate by WHO. Therefore, given the low rate of wasting pre- crisis, if promotional and preventive activities are stepped up and complemented by adequate general food distribution, health, water and sanitation services, increase in wasting could be prevented (17).

There is no data available on malnutrition in Donetska & Luhanska oblasts.

Child health

Anaemia

According to WHO Nutrition Landscape Information system of 2002, anaemia prevalence in children 6-59 months in Ukraine in was 22.2%, however, no other data was found. As a result of the conflict, access to meat, fish and seafood, eggs and vegetables by IDPs and the rest of the people affected by the conflict is limited (PIN assessment in November 2014, partners reports, ACAPs bi-weekly situation overviews). Thus, anaemia prevalence is expected to be higher,

however no assessment on this was conducted recently in Ukraine. Unlike many middle income countries, Ukraine has no policy on distribution of micronutrient supplements and there is therefore no distribution of micronutrient activities such as Vitamin A or multiple micronutrient supplementation of children, iron and folic acid supplementation for pregnant women in Ukraine, however UNICEF has recently launched a micronutrient supplementation project in some parts of Ukraine (17).

There is no data available on childhood anaemia in Donetska & Luhanska oblasts.

Breastfeeding

Caring practices such as breastfeeding, appropriate complementary feeding, as well as hygiene and health seeking behaviours support good nutrition. Early initiation of breastfeeding is a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, however, the 2012 MICS report indicated that, only 65.7% of mothers in Ukraine start breastfeeding newborns within one hour of birth. The same survey further showed that, children born to mothers in households in the poorest quintile were less likely (62.1%) to start breastfeeding within one hour after birth, compared to children born to mothers in households in the richest quintile (73.5%). While only 19.7% of children below six months of age were exclusively breastfed, whereas 51.6% of children of this age were predominantly breastfed. By the time infants are 12–15 months-old, only 37.9% of them are breastfed, and by 20–23 months-old, 22.0% of children are breastfed. Newborns in the rural areas are more likely to be exclusively breastfed during the first 6 months of their lives compared to children in urban communities, 29.0% and 16.0% respectively (17).

There is no data available on breastfeeding practices in Donetska & Luhanska oblasts.

Endemic infectious diseases

HBV

Due to the low vaccination rate for HepB BD and HepB3 (see above table), there may be an increased risk of HepB incidence during this crisis and COVID-19 restrictions. Further disease surveillance for HepB is needed.

Waterborne diseases

According to the WASH assessment findings, four per cent of households in GCA have experienced cases of sickness due to the water quality in the past 12 months, including indigestion or stomach complaints, such as diarrhoea. This situation poses serious concerns with regards to the quality of water and requires humanitarian actors to undertake localized water tests to either reassure people about the quality of their water or provide means to improve its quality (18).

Due to the deteriorated WASH situation in Donetska & Luhanska oblasts, there is an increased risk of waterborne diseases which would exacerbate existing health conditions. Further disease surveillance for waterborne disease is needed.

Epidemic-prone diseases

Surveillance/early warning, alert and response capacity

The Public Health Response Monitor (PHRM) is a new monitoring tool developed by WHO and the Public health Center of Ukraine (UPHC) which was launched in May 2020 October 2020 which allows Ukraine to systematically monitor the polices and epidemiological situation across the different regions of the country. The PHRM consists of a questionnaire with six blocks of questions

covering areas including regional management and coordination, funding, planning of services, case management and supporting essential health services during the pandemic. Public health data is supplemented with data on the epidemiological situation in each specific region. To ensure easy access to the information collected, in October 2020 the electronic PHRM portal launched (19).

Measles

Since the beginning of 2017, a measles outbreak continues in Ukraine. During this time period, almost 70,000 people in different regions of Ukraine have measles.

A November 2019 study on the Measles situation in Ukraine during the period 2017 – 2019 published in the European Vaccination coverage of MMR1 and MMR2 vaccines were significantly decreased during the period 2008 – 2016 from 96% to 45% due to challenges in the procurement of vaccines in the country and antivaccination campaigns (20).

A summary table of measles outbreak during the period of 2017 – 2019 (20).

Year	# of cases	Incidence rate per 100,000 population su	% of children	MCV1 coverage (%)	MCV2 coverage (%)
2016				42%	31%
2017	4,782	11.2	66.6%	86%	84%
2018	53,219	125.2	55.3%	91%	90%
2019 (Jan, Feb, March)	34,188	80.4	47.8%	93%	92%

The Ministry of Health of Ukraine, on 2 August 2020, a large number of children have missed scheduled vaccinations due to the disruption of immunization programmes caused by the COVID-19 pandemic and quarantine measures in many oblasts in spring 2020. As of 1 June 2020, only 28.3 per cent of children aged 1 year received the first dose of the measles, rubella, and mumps vaccine (compared to 41.9 per cent for the same period of 2019) (14).

Circulating vaccine-derived poliovirus

September 2015, 2 confirmed cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) with dates of onset of paralysis on 30 June and 7 July 2015 both are from the Zakarpatskaya oblast. In 2014, with only 50% of children were fully immunized (20). As shown in the above immunization table, IPV1 was 78% and Pol3 was 83%.

COVID-19

According to the WHO Health Emergency COVID-19 Dashboard, from 3 January 2020 to 17 December 2020, there have been 931,751 confirmed cases of COVID-19 with 15,996 deaths (19).

The epidemiological situation in Ukraine continues to increase, with the number of COVID-19 cases doubling every five weeks countrywide and every three weeks in the eastern part of the country (from 4,600 at the end of September to over 14,000 by the end of October). In response to this exponential rise, the Government of Ukraine extended the adaptive quarantine and the emergency situation that had been introduced in March, until the end of the year (24).

Additional restrictive measures were introduced in November 2020 with adoption of "weekend quarantine" which lasted for three weeks (14 - 30 November). In addition, On December 9, the Government of Ukraine introduced an intensified quarantine from January 8 to January 24, 2021.

Such measures have been adopted to prevent a new wave of morbidity, which may occur following the celebration of New Year and Christmas.

OCHA Ukraine Humanitarian Snapshot in May 2020 reported an alarmingly low rate of COVID-19 sample collection in Luhanska and Donetska oblasts (GCA) due to the lack of personal protective equipment and training for mobile health teams. It is feared that the low sample collection levels are masking the full extent of the virus's local transmission. Additionally, in NGCA, the testing capacity remains insufficient mainly due to limited test kits and reagents (21).

The situation is particularly concerning in the Government-controlled areas (GCA) and non-Government-controlled areas (NGCA) of Luhanska oblast. In GCA, the bed occupancy rate at COVID-19 designated hospitals exceeded 70 per cent during October. Considering the acceleration of the pandemic in the region, the Government closed the only operational crossing point in Luhanska oblast – 'Stanytsia Luhanska' – from 15 October until 15 November. In Luhanska oblast (NGCA), the shortage of basic medicines, particularly antibiotics and anti-viral drugs, was reported in both urban and rural areas (24).

Government Response

In October 2020, the Government further amended the adaptive quarantine measures aimed to slow down the spread of COVID-19 in Ukraine. By its Resolution #9562 of 13 October, the Cabinet of Ministers prolonged the quarantine until 31 December 2020. As previously, a system of classification per zone with different restriction levels (from "green", "yellow", "orange" to "red", with red being most restrictive) remains in place and still depends on the average daily number of identified COVID cases in a given locality over the last 14 days. Decisions on classification into "yellow", "orange" and "red" zones are reviewed at least bi-weekly. However, due to the rapid increase in the number of active cases in October, the classification per zone was reviewed on a weekly basis (22).

Tuberculosis and HIV

Tuberculosis

TB morbidity in Ukraine and Luhansk NGCA in 2019 and 2020 (23).

	Ukraine (1st quarter 2019)	Ukraine (1st quarter 2020)	Ukraine (June 2020)	Luhansk NGCA (average quarter 2019)	Luhansk NGCA (2019)
Population	42,144,068	42,144,068	42,144,038	1,452,923	1,452,923
# of registered cases/per 100,000)	7,094/16,8	6049/14,35	1199/8,53	259/17,8	1036/71,3
# of new cases/per 100,000)	5,818/13,8	4,943/11,8	971/6,9	203/14,0	513/56,0
# of relapse cases/(per 100,000)	1,276/3,02	1,076/2,55	228/1,62	40/2,75	160/11,01

COVID-19 estimated impact on TB morbidity and mortality (23).

	Excess TB cases between 2020-2025 (% increase)		Excess TB deaths between 2020-2025 (% increase)	
	2-month lockdown + 2-month recovery	3-month lockdown + 10-month recovery	2-month lockdown + 2-month recovery	3-month lockdown + 10-month recovery
Ukraine	2,348 (1.19%)	7,589 (3.86%)	455 (2.40%)	1,578 (8.31%)

COVID-19 related challenges to TB services in Ukraine include the following (23):

- Increased risk of acquiring COVID-19, especially in congregated settings (hospitals, prisons etc).
- Availability of PPE and COVID-19 tests.
- NTPs involved in response to COVID-19, with personnel, some reported that facilities were reprogrammed.
- Ensuring proper monitoring of patients
- Active case finding is affected, decrease in case detection due to lockdown.
- Programmatic disruptions are possible: transportation of sputum, biosafety, use of GX for COVID-19 testing, monitoring visits to regions, training & provision of psychosocial support.
- Evidence of potential drug-drug interactions between experimental therapies for COVID-19 and TB.

It is a concern that the COVID-19 pandemic will hamper essential TB health.

Impact of COVID19 on TB service delivery in Ukraine

WHO, together the Ministry of Health and the Ukrainian Public Health Centre, closely monitors and assesses the TB epidemic and response in Ukraine, including the impact of COVID19 pandemic on TB diagnostics and case finding.

In the first six-months of 2020 Ukraine reported[2]:

- decreased incidence of tuberculosis in the first half of 2020 (23 per 100 thousand population) compared to the same period in 2019 (31.7 per 100 thousand population), representing a 27.4% decrease;
- decreased cases of TB, MDR/TB and TB/HIV (see Table 1 below);
- decreased new and relapsed cases and cases lost to follow up (see Table below)

National data also show a decrease in the number of people diagnosed with TB since the COVID19 lockdown started. In the three months from January to March 2020, on average 1,900 people were diagnosed with TB. From April to June, the number of new cases dropped to around 1,200.

[2] Ukraine country reports at the National TB, HIV and viral Hepatitis Programme Managers and partners meeting 23-24 September 2020, organized by Euro WHO and ECDC and at the Global Fund Strategic Initiative *Finding the missing people with TB* meeting 9 -10 November 2020, organized by WHO, the Global Fund, Stop TB Partnership and UNOPS

Table 1 - Registration of TB cases in Ukraine

	January – June 2019	January – June 2020
TB cases (new + relapse)	13 512	9 644 (decrease 28,6%)
MDR TB	4 048	2 934 (decrease 27,5%)
TB/HIV	2995	2 088 (decrease 30,2%)

Table 2 – Registration of TB cases in Ukraine by patient type

	January – June 2019	January – June 2020
New case	11 000	7 829 (decrease 28,8%)
Relapse case	2 512	1 815 (decrease 27,7%)
Treatment after failure	749	609 (decrease 18,7%)
LTFU	316	199 (decrease 37%)
Others	718	315 (decrease 56%)

In Lugansk and Donetsk NGCA X-ray coverage among total population >15 years of age increased from 19,5% in 2019 to 24,5% in 2020; X-ray coverage among HIV-infected decreased from 32,5% in 2019 to 17,0% in 2020; chemoprophylaxis coverage in adults (% of those registered in the recent 2 years) was at the same level – 32% in 2019 and 32,5% in 2020; and chemoprophylaxis coverage in children increased from 40% in 2019 to 46,5% in 2020

It is reported[3] that COVID19 quarantine measures, travel and related restrictions have:

- reduced the availability of all types of medical care for patients;
- reduced the availability of primary TB diagnosis (microbiological and radiological) at all levels of medical care;
- reduced the accessibility of direct observed treatment (DOT) for patients and monitoring of outpatient treatment;
- delayed international deliveries of anti-TB drugs and consumables for microbiological diagnosis of TB;
- restricted the redistribution of drugs between regions;
- reduced the availability of social support, legal support, and gender related services (non-governmental and governmental);
- led to reassignment of some TB staff to COVID19 related duties

COVID 19 related challenges in the NGCAs reported to Health Cluster Working Group on HIV and Tuberculosis 15 September 2020 included:

[3] Ukraine country reports at the National TB, HIV and viral Hepatitis Programme Managers and partners meeting 23-24 September 2020, organized by Euro WHO and ECDC and at the Global Fund Strategic Initiative *Finding the missing people with TB* meeting 9 -10 November 2020, organized by WHO, the Global Fund, Stop TB Partnership and UNOPS

- Forced switch of TB patients in outpatient treatment phase from regular DOT format into "home mode"; daily sets of anti-TB drugs for 7-10 days and video DOT or SMS DOT were used maximum in 30% of patients who had appropriate devices
- In sputum bacterioscopy sites the number of diagnostic bacterioscopies from coughing patients was minimized; in order to perform it, one had to wait for a negative PCR test result or refute the clinically suspected Covid-19

The extent to which COVID19 quarantine measures, travel and related restrictions have impacted access to TB diagnostics and treatment in Ukraine in general and specifically in Donetsk and Lugansk is yet uncertain. In general TB treatment providers report that TB patients in Ukraine have continued to have access to TB treatment and care, however some patients are facing problems accessing treatment related to quarantine measures and movement restrictions.

As more data becomes available early in 2021 it will be important to consider the data pre-COVID compared to the period of strict lock-down during April-June 2020 and during the period when restrictions were eased. There are some early indications of increased patient enrolment in July-August 2020. Analysing regional differences, particularly in the conflict impacted regions of Donetsk and Lugansk, to compare treatment access during different time periods according to the severity of restrictions will also provide better understanding of the impact of COVID19 on TB service delivery.

HIV

Ukraine is at a critical juncture in the evolution of its HIV epidemic. As the country with the second highest burden of HIV in the WHO European Region, Ukraine is a fast-track priority country for scaling up HIV treatment towards reaching 2020 90:90:90 (2025 95:95:95) HIV testing and treatment targets and achieving the goal of ending the AIDS epidemic as a public health threat by 2030. There have been demonstrable improvements across the national HIV treatment cascade. Achievements include: increases in the number and percentage of persons living with HIV who know their status (from 56% in 2017 to 68% in 2019); receiving antiretroviral therapy (ART) (from 72% in 2017 to 80% in 2019) and achieving viral suppression (from 89% in 2017 to 94% in 2019). Although the number of people receiving anti-retroviral therapy (ART) for HIV is increasing (from 4,777 in 2006 to 136,105 in 2019); to achieve 95:95:95 targets there is urgent need to reach the 22% of all people living with HIV in Ukraine who remain undiagnosed, scale up ART to an estimated 203 447 people living with HIV, to retain patients in treatment and to achieve sustained viral load suppression in those treated.

UNAIDS Ukraine HIV and AIDS Estimates 2019 [(27)](#).

Adults aged 15 and over living with HIV	250,000
Adults and children newly infected with HIV (2019)	13,000
Adults and children deaths due to AIDS	5,900
People living with HIV who are on ART	136,000
Coverage of adults and children receiving ART (%)	54%
Coverage of pregnant women who receive ARV for PMTCT (%)	92%
Early infant diagnosis (%)	70%

HIV treatment cascade Ukraine, Donetsk & Luhansk oblasts

Region/oblast	Date	People living with HIV (PLHIV)	PLHIV who know HIV status	PLHIV receiving ART	PLHIV achieving viral suppression
Donetsk GCA[4]	2019	16211	11499	9760	7264
Donetsk NGCA[5]	2020			12323	
Lugansk GCA[6]	2020	3207	2141	1882	1391
Lugansk NGCA[7]	2020			2500	

In 2020 ARVs were delivered through ICRC for 12 323 patients in Donetsk NGCA and approximately 2 500 patients in Lugansk NGCA. All ARVs are WHO recommended, leading to high level of treatment optimization. ART optimization has resulted in decreased costs for ARVs in NGCAs. Uninterrupted supply of ART during 2020 for all patients was achieved. Other commodities including: laboratory equipment; viral load, CD4 and Elisa test kits were successfully supplied and delivered during 2020

ARV supply in 2020 and forecasts 2021-2023 for NGCAs are as follows:

	2020	2021	2022	2023
Donetsk NGCA	12323	13 500	14 000	14 500
Lugansk NGCA	2500	2 600	2 800	3 000
Total	14823	16 100	16 800	17 500

Availability of STI & HIV/AIDS Health Services in 12 Tertiary Hospitals Donetska according to the 2017 HeRAMS.

STI & HIV/AIDS	Fully Available (%)	Partially Available (%)	Not Available (%)	Not Normally Provided (%)	Total (100%)
Management of sexually transmitted infections	33.3%	8%	0%	58.3%	100%
Standard precautions	92%	0%	0%	8.3%	100%
Availability of free condoms	16.7%	0%	0%	83.3%	100%
Prophylaxis and treatment of opportunistic infections	25%	25%	0%	50%	100%
HIV counselling and testing	58.3%	0%	0%	41.7%	100%
Prevention of mother-to-child HIV transmission (PMTCT)	16.7%	0%	0%	83.3%	100%
Antiretroviral treatment (ARV)	16.7%	0%	0%	83.3%	100%
Total (%)	36.9%	4.8%	0%	58.3%	100%

[4] Regional HIV profile Donetsk: WHO and UPHC 2019 (unpublished)
[5] Health Cluster Working Group on HIV and Tuberculosis 15 September 2020
[6] Regional HIV profiles Lugansk: WHO and UPHC 2020 (unpublished)
[7] Health Cluster Working Group on HIV and Tuberculosis 15 September 2020

Availability of STI & HIV/AIDS Health Services in 11 Tertiary Hospitals in Luhanska according to the 2017 HeRAMS.

STI & HIV/AIDS	Fully Available (%)	Partially Available (%)	Not Available (%)	Not Normally Provided (%)	Total (100%)
Management of sexually transmitted infections	9.1%	18.2%	0%	72.7%	100%
Standard precautions	72.7%	0%	0%	27.3%	100%
Availability of free condoms	9.1%	0%	18.2%	72.7%	100%
Prophylaxis and treatment of opportunistic infections	9.1%	9.1%	0%	81.8%	100%
HIV counselling and testing	63.6%	9.1%	0%	27.3%	100%
Prevention of mother-to-child HIV transmission (PMTCT)	9.1%	0%	0%	90.9%	100%
Antiretroviral treatment (ARV)	18.2%	0%	0%	81.8%	100%
Total (%)	27.3%	5.2%	2.6%	64.9%	100%

HIV and AIDS health service utilisation in Donetsk & Luhanska oblasts is needed.

A summary of COVID-19 related disruptions to HIV and TB service delivery and mitigation actions in NGCAs presented at the Health Cluster Working Group on HIV and Tuberculosis 15 September 2020 included:

- Viral load diagnostics not provided in Luhansk (there is a need to calibrate the equipment; lack of cartridges).
- In Donetsk NGOs were provided by personal protective equipment by 100% Life: 24 400 medical masks; 440 bottles (1L) of disinfectants.

Non-communicable diseases

NCDs are the leading cause of premature death (death occurring before the age of 70 years) in Ukraine, accounting for 91% of the total number of deaths.2 Among the four leading NCDs, the main causes of death are CVDs (accounting for 65.8% of all deaths from all causes in 2012; 67.0% in 2017), followed by cancer (14.0% in 2012; 13.6% in 2017) (25).

Given the ageing population and the limited health measures currently in place, it is likely that the NCD burden in Ukraine will increase in the coming decades. Life expectancy in Ukraine remains relatively low compared to other countries of the WHO European Region: 72.2 years in 2017, compared to 82.7 years (for example) in France. Ukraine is experiencing gradual ageing of the population because of low birth rates and increasing life expectancy: the proportion of pensioners (men from 60 years; women from 58 years) in the country was 28.1% in 2017. As in other European countries, this has resulted in growing morbidity and mortality due to NCDs and hence an increasing financial and social burden on the national health system (25) .

NCD data in Donetsk & Luhanska oblasts is not available.

NCD Risk factors

Population ageing and several common behavioural, biological, environmental and social risk factors interact to determine NCD frequency and distribution in the population, often creating

health inequalities as they do so. Such risk factors are, for the most part, known and modifiable. However, in order to address them, countries need timely, accurate and comparable information about their frequency and distribution in populations. Such information is indispensable in order to plan health policies and strategies, to implement health interventions at both population and individual levels, to establish targets and monitor progress, and to evaluate health system performance (25).

In 2019, a national survey of prevalence of major NCD risk factors utilising the STEPwise approach to surveillance (STEPS) methodology was conducted in conjunction with the Ministry of Health of Ukraine and World Health Organization Regional Office for Europe (25).

Table below outlines the NCD risk factors including overall population % and % of male/female (10)

NCD Risk Factor	Overall population %	% of Male	% of Female
Tobacco – Current smokers	33.9%	50.3%	16.7%
Alcohol – Current drinkers of alcohol	55.6%	66.1%	44.6%
Fruits and Vegetables – Low intake of fruits and vegetables	66.4%	73.2%	59.4%
Salt – Salt intake of 5g or more per day	86.9%	N/A	N/A
Physical activity – Insufficient physical activity	10%	9.1%	10.8%
Overweight	59.0%	58.0%	60.2%
Obesity	24.8%	20.1%	29.8%
Blood Pressure – Raised blood pressure	34.8%	34.5%	35.0%
Blood Glucose – Raised fasting plasma glucose	7.1%	6.7%	7.4%
Cholesterol – Raised total cholesterol	40.7	40.6	40.9
Multiple risk factors – Three or more NCD risk factors	32.8%	39.9%	25.2%

There is no data available on NCD rates in Donetska & Luhanska oblasts.

Technological and environmental health risks

Environmental health risks

The degradation of the environment caused by war and its constituent activities comes in many forms: air pollution from the building of and the follow-on emissions from military vehicles; trash and surface waste that remains uncollected, promoting disease and the contamination of water resources; soil and water pollution caused by toxic unexploded ordnance and detonated munitions; and particulates and other air pollutants emitted from destroyed and smouldering buildings (26).

The long history of mining and industrial production in the Donbas region has resulted in the accumulation of environmentally risky sites that contain pollutants, ranging from heavy metal toxins in mining tailings to industrial chemical pollution around manufacturing buildings. Before the current war, the Ministry of Ecology and Natural Resources (MENR) designated 4,240 sites as potentially hazardous. Specifically, 2,160 sites are deemed potentially explosive due to methane content, 24 are flagged due to radiation hazards, 909 are hydro-dynamically hazardous, and 34

are biohazardous. Before armed conflict began, the MENR actively monitored and managed each of these sites to mitigate the environmental and health risks (26).

There is no updated information on environmental health risks in Donetska & Luhanska oblasts.

Crisis-attributable injuries

It is estimated 30,000 injuries can be attributed to this crisis.

There is no updated data on crisis-attributable injuries in Donetska & Luhanska oblasts.

Vulnerable groups affected

People over the age of 60

People over the age of 60 account for 30% of the people in need. As a comparison, people over 60 made up 22.5% of the demographics of the country in 2016. Older people present higher rates of disability, are more likely to be separated from their families, and are highly susceptible to economic insecurity. In Ukraine, many elderly people face great difficulties in accessing social benefits. In particular, the government requires pensioners living in NGCA to register as IDPs in GCAs and provide addresses in government-controlled areas in order to receive their pensions. Retirement age in Ukraine varies from 60 to 65 years old, depending on the type of work. The practice has been described as discriminatory by Human Rights Watch and puts elderly people in a vulnerable situation. Once every 60 days, they are forced to travel through Ukrainian crossing points, which can be tedious as well as dangerous. The government refuses to pay their pension if they do not comply with this requirement. Many rely on pensions to survive, yet as of December 2018, only 562,000 pensioners out of the 1.2 million registered in NGCA were receiving their pensions (6).

Humanitarian needs of older women and men in government controlled areas of Donetsk and Luhansk oblasts (30).

Livelihoods
99.5% of older women and men rely on a pension as their main source of income The pension is the only source of income for 87.25% OF this population
Older people spend the majority of their income on medicines (58.86%) and food (21.86%)
6.5% of older people are in debt, including arrears on utilities

Protection
75.7% of older people are experiencing various conflict-related psychosocial issues
36.3% of older people report that they are living alone Of which 87% are women
31.8% of IDPs are not registered as IDPs officially and do not receive any additional support from authorities
2.3% of older people (86% women) reported experiencing at least one type of violence and abuse

Health
95.7% of people interviewed (76.8% women) have at least one chronic disease
45.2% of older people have limited mobility and partly in need of the help of other (78% women), 12.2% of older people are immobile

Shelter/NFI's
83.2% of older people (76.2% of women) report that they require NFI support
52.9% of older people (78.5% of women) reported that they are need of assistive devices such as toilet chairs (47%); Canes (41.6%); Walking frames (18.5%) and Crutches (5.3%)

WASH
81.3% of older people (76.2% of women) require basic hygiene items (99.5%) and diapers for adults (39.1%)
24.8% of older people (74.5% women) reported they have limited (73.4%) or no access (26.6%) to safe drinking water
18% have difficulties with access to sanitation, limited access (48.4%); rare access (26.3%) and (25.3%) have no access at all

Food security and Nutrition
57% of older people (77% women) stated that they had to decrease their food intake during last 6 months
1.43% of older women and men indicate a lack of access to places of food purchasing

People with disabilities

According to the State Statistics Service of Ukraine, in January 2020 there was a total of 2,703,006 persons with disabilities registered in Ukraine. As some of the most densely populated regions of Ukraine, Donetsk and Luhansk Oblasts contain an estimated 210,224 (160,749 in Donetsk oblast and 210,224 in Luhansk oblast) persons with disabilities, representing about 8% of the total Ukrainian population of people with disabilities.

Key concerns for people with disabilities include: security concerns due do challenges in evacuating from places under shelling, lack of adequate health care including access to physical rehabilitation support, higher risk of psychosocial distress, lack of accessibility and disability-friendly environment, lack of accessible information, low socio-economic opportunity and protections risks (28).

As reported in the February 2020 Multi-Sector Needs Assessment Non-Government Controlled Areas of Donetsk and Luhansk Oblasts found that education services are available but a high proportion are not fully accessible to people with disabilities (PWD), as reported by most respondents (5) .

The report shows that while most areas have social services facilities but many of these are not fully accessible to People with Disabilities (PWDs), a demographic who could be more in need of social services than the general population (5).

There is no data available on the number of people with disabilities residing in the Donetsk and Luhanska oblasts.

Children and youth

Children and youth in the east of Ukraine suffer from unfavourable factors of the surroundings because of the ongoing conflict, including such factors: families suffering from psychological trauma, interruption of studies, constant uncertainty, lack of prospects (29).

Since the start of the conflict, between June 2014 and October 2018, a total of 827 ERW accidents were recorded of which there were 105 children were in Donetsk and Luhansk oblasts.

According to the Danish Refugee Council-Danish Demining Group and UNICEF Mine victim assistance needs assessment report, landmines, ERWs and unexploded ordinance were the leading cause of conflict-related child casualties in Ukraine in 2017, accounting for approximately two-thirds of all recorded deaths and injuries and leaving many children with lifelong disabilities. Of all the injuries received by child mine/ERW survivors assessed in this report, 65% of injuries were to upper limbs, 53% to lower limbs and 53% to the head/neck. An analysis of the cause of accident reports 15 accidents were from picking up/tampering with/handling/ playing with ERWs, 1 accident due to travelling and 1 accident due to collecting wood. Health care issues for children with injuries received by ERWs in Donetsk and Luhansk oblasts include: lack of qualified specialists and equipment, the quality and capacity of medical facilities in Donetsk and Luhansk oblasts and access to ongoing medical care after discharge for hospital (40).

The adolescents and young people are at risk of developing negative stress management mechanisms, which include alcohol and drug abuse, disorderly sexual life which increases the risk of contracting HIV/AIDS and aggressive behaviour (29).

The combined effects of psychological trauma, fear of a new escalation of the conflict, daily risk of injury and restrictions on freedom of movement can lead to mental health problems and the need for protection and humanitarian assistance among both vulnerable groups and other residents of Donetsk and Luhansk oblasts (29) .

Women and girls

Women and girls remain disproportionately affected by the crisis, representing over half of the population in need, some 1.8 million people. Women are more exposed than men to COVID-19-related health risks as four-fifths of all healthcare and social workers in Ukraine are female. Overall, female- headed households are more heavily impacted by the social and economic consequences of the health crisis (33).

Women represent over 70 per cent of low-income earners in need of social assistance, and are at increased risk of adopting negative coping mechanisms when their access to social benefits is cut off due to COVID-19-related restrictions (33).

Gender-based violence

Gender-based violence has long been a serious problem in Ukraine with approximately 75% of women stating they had experiences some form of violence singe age 15, and one in three had experienced physical or sexual violence (31).

Gender-based violence attitudes/beliefs according to the OSCE-led survey on violence against women (2018) (32).

	Totally agree/ Tend to agree	Totally disagree/ Tend to disagree
Views on whether or not domestic violence is a private matter	26%	63%

	Intimate partner	Non-partner

Prevalence of physical and/or sexual violence in the 12 months prior to the survey	7.6%	5.9%

	Since the age of 15	In the 12 months prior to the survey
Prevalence of all forms of sexual harassment	49%	16.9%

	Partner fought in an armed conflict	Partner did not fight in an armed conflict
Prevalence of physical and/or sexual violence, by current partner's involvement in conflict	31%	15%

Currently, under the COVID-19 pandemic, there is a worsening GBV situation with the national hotline on domestic violence receiving a 23% increase in call during the first month of quarantine and a 72% increase in the second month of quarantine (31).

In 2017, Ukraine initiated a reform of legislation on domestic and sexual violence and in 2019 Ukraine's new domestic violence law came into effect (41).

Victims of human trafficking

Ukraine is a country of origin, transit, and destination for human trafficking. According to IOM, over 230,000 Ukrainians have become victims of human trafficking since 1991. The conflict exacerbates the risks of human trafficking, especially for women and girls who are reported to be recruited for sex labour trafficking. Ukrainian children are also at risk of being subjected to forced begging, sex, and labour trafficking. A 2019 IOM survey of over 2,000 vulnerable youths in the country found that 40% declared being ready to accept at least one offer that may lead to their involvement in human trafficking. In NGCA, there are reports of children being used as soldiers, human shields, informants, and checkpoint guards by armed secessionists. In conflict areas, there have been reports of adolescents and young men pressured or forced to fight against Ukraine in the East. Men are recruited for forced labour in different sectors including construction, agriculture, manufacturing, lumber industry, etc. An estimated 2,000 to 3,000 Ukrainians have ended up in prisons in Russia since 2015 on drug charges, after having been promised legal employment as couriers. The majority of forced disappearances have been attributed to separatists forces in NGCA (6).

Table 2b. Magnitude of expected mental health and psychosocial support problems and their expected evolution over time.

MENTAL HEALTH, AND PSYCHOSOCIAL SUPPORT				
Months starting now	**1**	**2**	**3-6**	**6-12**
Acute psychological distress				
Exacerbation of chronic mental health problems				
Psychosocial support problems				

Red: Could result in high levels of excess mental health/psychosocial support problems.

Orange: Could result in considerable levels of excess mental health/psychosocial support problems.

Yellow: Could make a minor contribution to excess mental health/psychosocial support problems.

Green: Will very probably not result in any excess mental health/psychosocial support problems.

Grey: No plausible assessment can be made at this time.

Mental health and psychosocial support

Armed conflicts have a significant impact on the mental health of the people affected. Since 2014, the psychosocial support needs of the population affected by the conflict have changed, with many people suffering from the effects of violence, while the public medical infrastructure has remained unchanged, or even become more limited. Currently, humanitarian actors provide most of the available psychosocial services. Mental health services, on the other hand, are only provided by state service providers, and outreach assistance is very limited or not available not at all to communities along the contact line. Almost 40% of the residents of Donetsk and Luhansk have experienced trauma resulting in stress, depression, anxiety, and post-traumatic stress disorder. Being unable to identify signs of mental disorders, people apply negative coping strategies like alcohol abuse, self-medication, and overloading with work. A large majority (83%) of people in Donetsk and Luhansk regions (GCA) do not know about psychosocial help centres in their area. The impact of the conflict on children could have long-term consequences for their mental health and sustainable development (3).

As outlined in the 2018 report on Mental health, the conflict in these areas of Donetsk and Luhansk oblasts has led to significant human losses, large suffering, large scale civilian displacement as well as the destruction of private property and public infrastructure. As a result, the population of these oblasts is more vulnerable to mental health problems due to the reaction to traumatic event and unfavourable external circumstances. Due to the conflict, stress factors often lead to family conflict, alcohol abuse, fear of the future, loneliness or lack of communication and sense of loss which can increases the risk of mental health problems (29).

The 2017 HeRAMS reported Mental Health Services availability in 12 Tertiary Hospitals (Donetska)

	Fully Available (%)	Partially Available (%)	Not Available (%)	Not Normally Provided (%)	Total (100%)
Support of acute stress and anxiety and front line management of common mental disorders	8.3%	0%	0%	91.7%	100%
Management of severe mental disorders (e.g. psychotic disorders)	8.3%	0%	0%	91.7%	100%

The 2017 HeRAMS reported Mental Health Services availability in 12 Tertiary Hospitals (Luhanska)

	Fully Available (%)	Partially Available (%)	Not Available (%)	Not Normally Provided (%)	Total (100%)
Support of acute stress and anxiety and front line management of common mental disorders	36.4%	0%	0%	63.6%	100%
Management of severe mental disorders (e.g. psychotic disorders)	36.4%	0%	0%	63.6%	100%

Health Determinants

Water, sanitation and hygiene (WASH)

Active conflict has damaged water treatment facilities, pipelines, and pumps and limits repairs. Water cuts, limited water treatment options, and inability to pay for hygiene products are common. Additionally, 81% of heating in Donetsk and Luhansk relies on water-based systems (33).

Donetsk oblast in eastern Ukraine is officially water scarce. Started in the 1950s, the water supply systems there are centralized, much more extensive than required and extremely inefficient. State company Voda Donbassa owns the system – including treatment and transportation – supplying water to 3.9 million people. Most secondary water providers in the region then buy water from Voda Donbassa to supply it to cities and small towns and treat sewage for consumers. Water is also an essential resource for electricity production and centralised heating in the area. The obsolete supply system uses an excessive amount of power, causing financial challenges to pay the bills, and subject to an excessive corrosion of water pipes, which together with legal issues of working across the line of contact, adversely affecting the clean water supply systems. (33).

Ongoing hostilities have significantly increased the damage to the system and further hampered utility companies' capacities to repair the damaged infrastructure. In 2017, ceasefire violations hindered access to safe drinking water for 3.7 million people in Donetsk and Luhansk oblasts and cut services for 3.0 million people. That year, shelling or other conflict-related problems directly affected water and sanitation systems 135 times. Due to its location right on the 'contact line', one of the facilities hardest hit by the conflict is the Donetsk Filter Station; it officially supplies water to 345,000 people in Donetsk Oblast (33).

All water intakes are located in the government-controlled area, along the Siverskyi Donets River – the main water source in the region, leaving non-government-controlled areas (NGCA) dependent for water, likewise the converse is true, further downstream where Mariupol city is dependent on the NGCA areas. Whilst the water company in the government-controlled area bears the costs of water extraction, the defacto authorities maintain water tariffs that are artificially low in the NGCA, where most of the population lives. This has resulted in tensions, including disputes between parties across the 'contact line' regarding payments to the main water company, further leading to major utility cuts when the bills are not paid (33).

A February 2020 Multi-Sector Needs Assessment Non-Government Controlled Areas of Donetsk and Luhansk oblasts report that while 94% of assessed households reported having access to improved water sources, 37% reported that the reliability of the centralized water system has become worse since the beginning of the conflict. The heavy reliance on the fragile regional water systems represents a clear risk especially given the conflict related incidents near critical infrastructure, such as the Donetsk Filter Station. The sanitation situation also showed clear gaps in the assessed area, with rural households reporting needing support for sewage collection and resorting to burning garbage. While burning garbage is a common practice around Ukraine, this practice has clear health and environmental impacts that should be mitigated. Finally, hygiene-related indicators show that only 38% of respondents reported knowing to wash their hands after using the toilet, a low figure that is especially concerning in the context of COVID-19 (5) .

Access to water remains a key concern in both GCA and NGCA. The active conflict in communities close to the 'contact line' creates risks for populations relying on centralized utility systems which often become the subject of shelling. Some pipelines have been damaged repeatedly, which increases the cost and complexity of such repairs, for example near Toretsk

city. This affects the resilience of water systems and the ability of water utilities to repair damages. Furthermore, it impacts services in locations between opposing forces (34).

Within 20km of the 'contact line', access to water is considered more difficult than in the rest of GCA: fewer households have access to the centralised water supply (59 per cent compared to 72 per cent in the rest of GCA), and less access to bottled water (15 per cent compared to 29 per cent) and trucked drinking water (5 per cent compared to12 per cent). Over a quarter of the respondents of a 2019 WASH Cluster Assessment Study reported a deterioration of the water situation since the beginning of the conflict (34).

In addition, access to water has been identified as a primary concern for households in isolated settlements. According to the recent study on isolated settlements conducted by REACH and the Protection Cluster, 35 per cent of households have experienced water shortages occasionally, while 11 per cent of households experience such shortages on a weekly basis. This not only creates additional costs for purchasing and transporting water, but also affects people's ability to maintain hygiene and livelihoods. Among the surveyed residents of the 20km area along the 'contact line', 30 per cent noted that their situation with hygiene has become worse and about the same number reported that frequent stoppages of water have affected their gardening practices (34).

As a result, 31 per cent of households on both sides of the "contact line" require help with water supply. This need is even more acute for people living within 20km of the "contact line", people living in rural areas and households with disabled members (34).

The quality of water in the conflict-affected areas is yet another concern. According to the recent WASH assessment, almost two thirds (63 per cent) of households in GCA perceive the drinking water quality as unsuitable. Ten per cent of households have purification needs but cannot afford the costs of purification. Local wells are often poorly maintained (no lid or the rope to collect water is unhygienic) and water storing practices are not hygienic. Seven per cent of household's store water in open containers, such as a bathtub or a bucket without a lid. The level of confidence in the quality of tap water is very low as no household level water testing has been conducted by the utility services (34).

Some 14 per cent of households in GCA and 13 per cent in NGCA have unsatisfactory hygiene practices, including the use of unhygienic menstrual hygiene materials, poor water handling or a lack of access to basic hygiene products, such as soap, laundry detergent, toilet paper and shampoo. This problem is more severe for households in rural areas, poor households and households with disabled and elderly people (34).

Food security

According to the REACH 2020 Analysis of Humanitarian Trends in Government Controlled Areas of Donetsk and Luhansk Oblasts within 20km of the Line of Contact, a slightly lower proportion of households were found to experience food insecurity in the assessed area than in 2018. Overall, 12% of households were found to be moderately or severely food insecure, which is an increase from 8% in 2018.

Food security levels varied significantly between the assessed areas. Households residing in rural areas were less likely to be food insecure than their urban counterparts. In the area between 5-20 km of the LoC, for example, 10% of rural households were found to be moderately or severely food insecure compared to 12% of urban households in the same area. Much greater levels of food insecurity are observed among urban and rural populations within 5 km of the LoC, with 12% of urban and 19% rural found to be moderately or severely food insecure. The higher proportion

of food secure households in rural areas further from the LoC may potentially relate to improved access to arable land due to reduced conflict incidence further from the LoC.

Food consumption patterns also appear to have slightly worsened since 2019, with 11% of households found to have poor or borderline Food Consumption Scores, an increase from the 11% found in the 2019 in the assessed area. This score is especially worrying in the 0-5 kilometres distance from the contact like, with almost 20% households reporting poor or borderline consumption.

In total, nearly two-thirds (63%) of households reported resorting to at least one livelihoods-related coping strategy in the 30 days prior to data collection. However, it should also be noted that this assessment was conducted in July and August. With financial burdens on households higher in winter periods, it can be forecasted that the use of such coping strategies might reasonably increase in that period. Most notable coping strategies utilised by households include reducing healthcare expenditures (38%), borrowing food (28%) and spending savings (16%).(37).

More information on food security in Donetsk & Luhansk oblasts is needed.

Shelter

Conflict-related damage to infrastructure, including personal accommodation, continues to be a risk in areas experiencing active conflict. Of the 93% of non-displaced households, one-quarter (25%) reported that their primary shelter was damaged due to the conflict at some point. However, the majority of such damage reportedly occurred in 2014 and 2015 (84%). Of those households reporting that their shelter experienced conflict- related damage, 81% reported that the damage had been partially or fully repaired, and those who reported unrepaired damage most frequently noted that it was due to lack of financial resources to purchase supplies (though due to the small subset, this finding should be considered indicative). Humanitarian agencies continue to provide shelter support in a form of housing repairs and a distribution of NFI materials to the affected population. The most acute needs are still concentrated in the 0-5 km zone from the "line of contact" both in GCA and NGCA of the eastern-conflict area. There are around 1,200 families in a need of shelter interventions of this type in GCA and up to 9,000 families in NGCA according to the Shelter/NFI cluster.

Regarding utilities, 79% of households reported not having access to central heating, instead using coal or wood. Nearly half of households (46%) reported having experienced electricity shortages in the 30 days prior to data collection. The relatively high proportion of households without access to central heating underlines the importance of winterisation aid to be provided to households, especially those within 5 km of the LoC due to the higher costs of coal and other fuels (37).

The winterization remains a high priority need for the affected population. There are around 40,000 families who live in isolate settlements and require immediate assistance of this type (according to the Shelter/NFI Cluster estimations). The overall need in winterization solutions is around 70,000 households. The partners also observed a trend when families are switching back from the gas-supply to solid fuel materials to heat their homes. The situation occurred due to constantly rising prices for this type of heating. It forces people to seek for cheaper fuel on the market and in wildwoods. It creates additional security concerns due to mine contamination of the area and a military presence.

Security

Landmines and IEDs pose a significant risk, especially near the contact line, where up to 1 million crossings are recorded monthly, the majority are pensioners traveling to collect social payments. Checkpoints require vulnerable populations to stand for hours, exposed to natural elements and the most conflict-affected areas. Civil documentation issued by separatist authorities is not recognised by Ukraine, and around 57% of births in NGCAs are unregistered (2).

According to the International NGO Safety Organisation (INSO), there were 8,897 security incidents in 2019, compared to 11,438 in 2018 (50).

In total there were 167 civilian casualties in 2019 (27 people killed and 140 injured). This represents a 40% drop compared to 2018 and the lowest annual figures since the beginning of the conflict.2 The primary cause of death was related to mines and handling of explosive remnants of war, followed by shelling, small arms and weapons fire, which was also the primary cause of injury. It is important to highlight that of 105 Small Arms and Light Weapons (SALW) casualties, 87 of them were in the NGCA. This drop in casualties is aligned with data from OSCE Ceasefire Violations (CFVs). In 2019, the number of CFVs decreased by 4% compared to 2018 and by 35% compared to 20173. Nonetheless, with close to 300,000 CFV recorded in the year 2019 (about 830 per day), the conflict remains very much active in the five hotspots where 90% of CFVs occurred. These include the areas: east of Mariupol, north of Donetsk, north of Horlivka, around the Svitlodarsk arch and near Pervomaisk. According to OSCE data, military confrontations are causing less direct civilian harm with the number of casualties per thousand CFVs dropping from 1.39 in 2016 to 0.49 in 2019 (50).

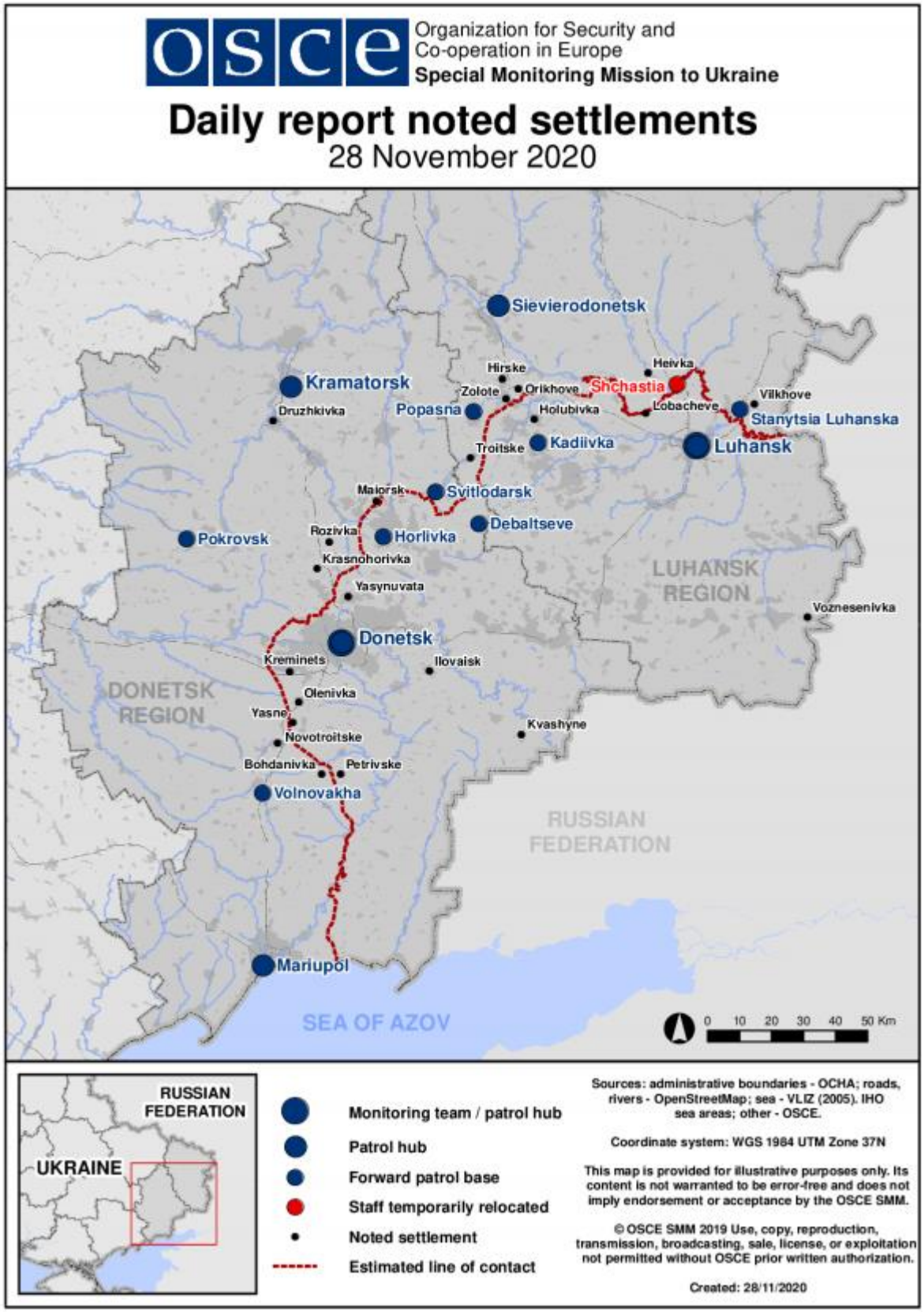
According to the 28 November 2020 Daily Report 284/2020 of the Organization for Security and Co-operation in Europe (OSCE) Special Monitoring Mission (SMM)to Ukraine, In Donetsk region, the SMM recorded 24 ceasefire violations, including 12 undetermined explosions, almost all of which were recorded in areas near the Donetsk Filtration Station (DFS) (15km north of Donetsk). In the previous reporting period, the Mission recorded 38 ceasefire violations (35).

In Luhansk region, the SMM recorded five undetermined explosions in areas south-south-west of Holubivka (formerly Kirovsk, non-government-controlled, 51km west of Luhansk). In the previous reporting period, it recorded no ceasefire violations (35).

Following agreement reached at the meeting of the Trilateral Contact Group on 22 July regarding additional measures to strengthen the ceasefire, from 00:01 on 27 July until the end of the reporting period, the SMM has so far recorded a total of 2,593 ceasefire violations in both Donetsk and Luhansk regions (including 1,027 explosions, 81 projectiles in flight, 33 muzzle flashes, 27 illumination flares and 1,425 bursts and shots) (35).

The SMM facilitated and monitored adherence to localised ceasefires to enable repairs to as well as the maintenance and operation of critical civilian infrastructure (35)

Map of Donetsk and Luhansk regions [10]



Source: OSCE, November 2020

Restriction of movement

As of the 22nd of March, EECPs in Donetsk and Luhansk remained closed due to restrictions imposed while attempting to curtail the spread of COVID-19. The full effects that this closer will have on the population of the NGCA remain to be known, but considering the high proportion of an older population living in the NGCA, the small average household size, the decreasing population of working age people in most assessment areas and the high proportion of respondents who reported benefits a their most important source of income, the closures of the LoC has the potential to lead to extreme economic hardship (50).

Reported reasons to travel to GCA reported by assessed NCGA residents crossing the LoC 2019, (50).

Donetsk oblast					
	City (%)	East (%)	North (%)	South (%)	Oblast (%)
Confirm pension/social benefits	61%	70%	59%	67%	63%
Collecting benefits (pension, social payments)	54%	59%	48%	52%	53%
To visit family/friends	26%	25%	21%	28%	25%
Buy goods/food	21%	20%	10%	19%	18%
Withdrawing cash	18%	12%	21%	5%	16%
Issues with documents	12%	12%	7%	11%	11%
Postal service	5%	4%	2%	2%	4%
Health care	2%	3%	1%	7%	3%
Luhansk oblast					
	City (%)	East (%)	North (%)	South (%)	Oblast (%)
Confirm pension/social benefits	52%	42%	61%	56%	51%
Collecting benefits (pension, social payments)	32%	33%	37%	30%	33%
To visit family/friends	13%	20%	15%	33%	22%
Buy goods/food	13%	14%	13%	15%	14%
Withdrawing cash	41%	29%	33%	24%	30%
Issues with documents	29%	22%	19%	21%	22%
Postal service	5%	10%	6%	2%	6%
Health care	5%	5%	4%	9%	6%

In August 2020, an estimated 84,000 people passed through Luhansk's Stanytsia Luhanska and Donetsk's Novotroitske border crossings, the two-official entry-exit checkpoints (EECP) in eastern Ukraine, according to UN. While August crossings were more than double the 38,000 crossings recorded in July, civilian crossings in August represented only 7 percent of the approximately 1.3 million crossings recorded in August 2019, as movements remain impeded by COVID-19-related restrictions, the UN reports. Although the GoU began gradually easing restrictions in mid-June, crossing remains difficult for individuals lacking approved humanitarian exemptions, and requires extensive preparation, as well as costly self-isolation or 14-day quarantine. The restricted and unpredictable EECP process has hindered the ability of vulnerable populations to return to areas of origin, access health care and other services, receive pension benefits, and reunite with family members. The Office of the UN High Commissioner for Refugees (UNHCR) and relief actors continue to advocate for improved services to support the safety and rights of individuals using EECPs. According to the UN, contact line crossings dropped from nearly 1.2 million crossings in September 2019 to 86,000 in September 2020—an approximately 93 percent reduction (7).

The more than 90 percent decrease in EECP crossings has particularly affected older people in eastern Ukraine, limiting access to vital services, family visits, and pension withdrawals. Older individuals represent more than 30 percent of the population in need in eastern Ukraine, the highest proportion of older people in a conflict-affected area globally, according to the UN. Although Oschadbank—the Ukrainian state bank responsible for pension payments—has extended card expiration dates for pensioners due to the COVID-19-related movement restrictions, more than 300,000 older individuals remain unable to withdraw the pensions they rely on for income in GCAs, the UN reports. As a result, older people have adopted negative coping strategies such as borrowing money, pursuing costly legal aid to access their pensions, or utilizing savings, according to the UN. In addition, authorities in the Luhansk NGCA imposed new rules in late September restricting individuals residing in the area to one crossing per month, further hindering access to pensions and other services. However, individuals with permanent residency in the Luhansk GCA can continue to cross the line of contact if they qualify for a humanitarian need exemption (7).

According to the Ukraine Humanitarian Response Plan At A Glance 2021, The 'contact line' is likely to remain substantially closed at least until summer 2021. On a positive note, once the two new crossing points in Luhanska oblast are fully operational,50000 they will bring a long-awaited relief to the communities in the region. People will be able to cross the 'contact line' more swiftly and have better access to a wide range of banking, administrative and medical services (51).

During September 2020, only 86,000 civilian crossings of the 'contact line' were recorded, representing a drop of 93% compared to 1.2 million crossing of September 2019. The number of crossings in September 2020 remained at a level similar to August 2020, with an average of approximately 20,000 crossings in both directions per week. The entry-exit crossing point (EECP) in "Stanytsia Luhanska", the only operational crossing point in Luhanska oblast, accounted for over 95% of all individual crossings (1).

Proportion of assessed NGCA residents crossing Donetsk and Luhansk EEP by vulnerability type of at least one member of household, by NGCA of residence (50).

Vulnerability type	Donetsk	Luhansk
Not vulnerable	21%	43%
Pensioner	94%	89%
Disability	15%	12%
Chronic illness	24%	7%

ENTRY/EXIT CROSSING POINTS (EECPs) MAP

CIVILIAN CROSSINGS AT EECPs

EECP	GCA to NGCA		NGCA to GCA	
	NOV	DEC	NOV	DEC
STANYTSIA LUHANSKA	14,262	↑25,236	13,968	↑21,322
NOVOTROITSKE	1,084	↓ 941	107	↑ 507
MAIORSKE	0	↑ 3	0	↑ 2
MARINKA	14	↑ 18	14	↑ 21
HNUTOVE	0	0	0	0
TOTAL	15,361	26,198	14,476	21,852

Source: OCHA, December 2020

January – September 2019/2020 comparison of the monthly civilian crossings (2).

	Number of crossings in 2019	Number of crossings in 2020
January	900,000	1,100,000
February	900,000	950,000
March	1,100,000	590,000
April	1,100,000	143,000
May	1,150,000	197,000
June	1,130,000	18,000
July	1,200,000	38,000
August	1,200,000	84,000
September	1,100,000	86,000

The first UN-organized humanitarian convoy to reach non-Government-controlled areas (NGCA) of Luhanska oblast via Donetska oblast (NGCA) since the start of COVID-9 pandemic tookplace on 10 September 2020. Despite the success of the convoy, such transit remained challenging as a second convoy scheduled to transit Donestska oblast (NGCA) on 17 September 2020 was not approved by relevant actors in NGCA. The manual transfer of humanitarian aid via the EECP "Stanytsia Luhanska" is not a viable option for large or heavy humanitarian cargo such as construction material (1).

The operation of EECP "Stanytsia Luhanska" was impacted by the wildfires that erupted in Government-controlled areas (GCA) of Luhanska oblast in late September. This forced the EECP to cease operations for four days and reopened on 5 October 2020 (1).

Starting from late September 2020, newly imposed rules in NGCA Luhanska limit the frequency of crossings of persons with permanent residency in NGCA of Luhanska oblast to one time per month. This rule is presumable in response to the increase of COVID-19 cases in the regions. It is unclear whether the new provisions will apply to staff of humanitarian organizations. People with registration in Luhanska oblast (GCA) to cross the 'contact line' are still subject to inclusion on the pre-approved list for crossing based on humanitarian grounds. Luhanska oblast (NGCA) also tightened the regulations for the transportation of good and personal belongings across the 'contact line' (effective from 3 October 2020), mirroring those applied by the Government of Ukraine. Restrictions on the amounts and type of goods that can be carried across the 'contact line' place significant burden and limitations on limitations on individuals (1).

Extreme winter conditions

Ukraine experiences extreme weather conditions during winters, lasting from November to March, with temperatures dropping as low as -20 degree Celsius. The impact of the conflict is felt even more during winter months, and humanitarian needs are exacerbated due to freezing temperatures, frequent stoppages of water, gas, and electricity, and decrease in food availability. According to results of an assessment conducted by REACH Initiative in February 2018, 74% of households surveyed in Donetsk and Luhansk experienced more health problems. Access to healthcare was more difficult during winter for 40% of households (51% in rural areas), often because of the long distances to access health facilities. In addition, households are most likely to spend more money in winter, when utility expenses (electricity, water, heating, etc.) constitute around 30% of their monthly expenditure. As a consequence, households are likely to reduce their food consumption so they can pay for these other expenses. The situation is likely to be particularly dire in NGCA in Donetsk during winter 2019, given authorities announced on 30 August an increase in utility bills such as disposal costs (30% increase), cold water supply (57%), and sewerage (57%) (6).

Wildfires

Luhansk GCA experienced a series of destructive wildfires from June to September 2020 in Government-controlled areas (GCA) of Luhanska oblast A wildfire in early September burned nearly 3,000 acres and quickly spread to more than a dozen settlements located along the line of contact; in addition, the fire damaged numerous houses and injured several firefighters and soldiers, including at least one person who was injured when unexploded ordnance detonated in the heavily mined area, according to the UN. As of September 30, additional wildfires in Luhansk GCA had impacted more than 49,000 acres, causing at least 11 deaths, injuring 19 people, damaging or destroying 500 houses in 31 settlements, and forcing the evacuation of more than 1,000 people. The wildfire also damaged administrative structures at the Stanytsia Luhanska EECP, forcing the temporary closure of the crossing, according to the UN. The September wildfires, the third outbreak of the year, are the worst on record and follow a large-scale blaze that displaced hundreds of people in Luhansk and burned more than 12,000 acres across the GCA in July (7).

The October 2020 OCHA Ukraine Situation Report reported that about 500 houses, 1,800 outbuildings, and 60 vehicles were damaged or destroyed in the fires. Wildfires severely affected critical civilian infrastructure in several settlements, leaving them without power supply or water. In addition, over 630 head of livestock and 450 head of poultry also died in the fires which many residents rely heavily on farming and livestock to make ends meet (1).

The Government of Ukraine announced a compensation mechanism* for the fire survivors. For many civilians, receiving such compensations will be problematic as they do not have documents proving ownership of their house, either because they did not have documents, or they lost them in the fires. It is expected that legal assistance to fire survivors will be one of the most in-demand humanitarian services in the coming months to enable them to receive compensation (1).

The only operational entry-exit crossing point (EECP) in Luhanska oblast was forced to close on 1 October for four days when the fire reached the EECP. The fires destroyed the first-aid point, heating shelter, and waiting area on the Government-controlled side of the crossing point. All civilians waiting to cross the 'contact line' were safely evacuated, and the EECP's equipment was relocated in time. At the moment, the EECP's damaged infrastructure is being rebuilt (1).

3. Health system needs

Disruption of key health system components

Various disruptions of the local health system continue to affect delivery of preventive and curative health services. These are summarised in Table 2

DISRUPTION				
Months starting now	**1**	**2**	**3-6**	**6-12**
Access to healthcare				
Disrupted management				
Reduction in financing				
Inability of non-state providers to maintain services				
Supply (including pharmaceutical) chain disruption				
Degraded alert and response				
Health workforce disruption				
Damage to health facilities				
Attacks against health				

Red: The majority of the health system feature / health service has been or could be rendered non-functional. Most people / patients do not have access to healthcare. A major reduction in health service coverage or quality could occur.

Orange: A substantial minority of the health system feature / health service has been or could be rendered non-functional. A substantial minority of people / patients do not have access to healthcare. A moderate reduction in health service coverage or quality could occur

Yellow: A small minority of the health system feature / health service has been or could be rendered non-functional. A small minority of people / patients do not have access to healthcare. A small reduction in health service coverage or quality could occur

Green: The vast majority or entirety of the health system feature / health service is very probably still as functional as before the crisis. No risk factors for reduction in health service coverage or quality have been identified

Grey: No plausible assessment can be made at this time

Since the country gained independence from the Soviet Union in 1991, successive governments have sought to overcome funding shortfalls and modernize the health care system to meet the needs of the population's health. However, no fundamental reform of the system has yet been implemented and consequently it has preserved the main features characteristic of the Semashko model (a hierarchical, nationally controlled system); there is a particularly high proportion of total health expenditure paid out of pocket (42.3% in 2012), and incentives within the system do not focus on quality or outcomes (52) .

The health system is a complex, multi-layered sometimes parallel systems in which responsibilities in the health care sector are fragmented. Responsibility is shared between the central government (the Ministry of Health, other ministries and public authorities), 27 oblast administrations and numerous administrative bodies at oblast, municipal, district and community levels (36). There are three functional layers of the health care system and are organized as: primary & preventive care, secondary care and tertiary care (36).

There has been considerable decentralization in the system since independence; however, in most other respects, the system remains largely unreformed. Decentralization has largely meant passing functional and managerial powers to the 27 units and the local level (see section 1.1). Regional and local health authorities are responsible for health care facilities in their territory and are functionally subordinate to the Ministry of Health, but managerially and financially answerable to regional and local government. Decentralization and its effects for the health system have become important topics of debate in recent years in Ukraine. The policy debate about the right combination of national and local responsibilities in health, and the coordination among them is not yet fully settled in Ukraine. The private sector in the Ukrainian health system is small in organizational terms and consists mostly of pharmacies, diagnostic facilities and privately practising physicians (52).

Health reform began in 2010 and sought to strengthen primary and emergency care, rationalize hospitals and change the model of health care financing from one based on inputs to one based on outputs. Fundamental issues that hampered reform efforts in the past re-emerged, but conflict and political instability have proved the greatest barriers to reform implementation and the programme was abandoned in 2014. More recently, the focus has been on more pressing humanitarian concerns arising from the conflict in the east of Ukraine. It is hoped that greater political, social and economic stability in the future will provide a better environment for the introduction of deep reforms to address shortcomings in the Ukrainian health system (52).

The Ministry of Health develops and approves state quality standards and clinical protocols. The Ministry is responsible for the organization and implementation of the mandatory accreditation of health care facilities and issuing licences to legal entities and individuals that are engaged in the delivery of medical services, or the production and sales of pharmaceuticals and medical equipment. However, the regulatory process is largely a formality and has no real impact on the quality of care as there is a lack of suitable enforcement mechanisms (52).

In 2015, the Government of Ukraine initiated transformative reforms of its health system with the goal to improve health outcomes of the population and ensure financial protection from the burden of excessive out-of-pocket (OOP) payments by increasing efficiency, modernizing the obsolete service delivery system and improving access to better quality of care. The overarching strategy consisted of focusing on health financing reforms first to catalyse transformation in service delivery (both individual and population) and to use information solutions as accelerators. The health financing strategy was articulated in a concept paper, which was approved by the Cabinet of Ministers of Ukraine[8]. In October 2017, parliament adopted the new health financing Law on "Government Financial Guarantees of Health Care Services" (Law 2168)[9] and a package of related by-laws. These set of documents created a strong legal and political framework to implement new health financing arrangements. For the first time the principle "money follows the patient" was implemented. The implementation of the reform was envisaged in a phased approach. The first phase of the reform launched in 2018 focused on primary health care (PHC), while the second phase targeted secondary and tertiary care with roll out in 2020. Parallel to these efforts, the Government launched coverage for essential outpatient medicines under the Accessible Medicines Programme in 2017. The Programme provided millions of people with subsidized essential drugs mainly for primary care sensitive conditions such as cardiovascular disease, type II diabetes and bronchial asthma. The positive list of essential outpatient medicines under the Programme is a part of the Medical Guarantees Programme since 2019.

[8] Cabinet of Ministers Decree No. 1013-p on Approval of the Health Financing Reform Concept (https://www.kmu.gov.ua/npas/249626689, accessed 22 January 2021, in Ukrainian).
[9] Law of Ukraine on Government Financial Guarantees of Public Medical Services No. 2168-VIII (https://zakon.rada.gov.ua/laws/show/2168-19#Text, accessed 22 January 2021, in Ukrainian).

On 1 April 2018, the Government of Ukraine established a new single purchasing agency, the National Health Service of Ukraine (NHSU), and approved the regulations required for the functioning of the agency. The NHSU is a national insurance agency providing coverage for a set of explicit benefits for the population within the available fiscal space. The NHSU was established to begin strategic purchasing with health care providers meeting the requirements for services stipulated in the benefit package – the Medical Guarantees Programme (PMG). The PMG includes the following health care service packages: PHC including drug reimbursement, specialized and highly-specialized care, emergency, palliative care, rehabilitation and COVID-19. Each service package corresponds with certain payment methods and rates and specific requirements for service organization, provision and access. Paying providers for outputs rather than inputs is a critical design feature, enabling the NHSU to pay autonomous and private providers of health services using methods that allocate resources equitably, and create incentives for provider efficiency and performance improvement. Currently payments are not adjusted for health providers in the regions adjacent to the war zone and separate funding regulations are needed for all levels of medical care with additional funding "for readiness" to provide services. The amount of provided medical services may not be enough to ensure sufficient funding of service providers in these two regions with the significant level of emigration and taking into consideration COVID-19. In 2020 NHSU concluded contracts with 122 health care providers in GCA of Donetsk region, 80 of which had a budget deficit after the transition to the new funding system and were provided with a transitional financial support by the NHSU. In GCA of Luhansk region out of 54 health care providers contracted 30 experienced budget deficit and received transitional financial support.

Special financial arrangements can also be considered for PHC providers. The NHSU is contracting PHC providers using a capitation formula. The optimal size of a PHC practice is defined as 2000 declarations for a therapist, 1800 declarations for a family doctor and 900 for a paediatrician. If these limits are exceeded, then reduction coefficients are applied for payments. Considering that there might be not enough PHC providers on territories adjacent to the war zone and available PHC providers have to conclude declarations above the limits of optimal size of a PHC practice, forgoing reduction coefficients in these cases might be contemplated in order to prevent the unmet need in PHC services. In 2017, after years of debates and gridlock, major steps towards health care reform were made. On 19 October, Ukraine's Verkhovna Rada adopted the law No. 2168-VIII "On state financial guarantees of medical services for the population". The reform makes a shift from financing a medical institution to financing (the services provided to) the patient (36). The first phase of the reform focused on primary health care (PHC), while the second phase targeted secondary and tertiary care.

At the same time the model of a National Health Service was confirmed and the National Health Service of Ukraine became the main central executive organ which administers budgetary funds allocated for financing the services, contracts providers of health care and controls quality of services (36).

Access to healthcare

The health system in the conflict-affected areas of Donetsk and Luhansk regions faces several distinct patterns of disruption. Approximately 38% of households in the 20 km area along the contact line and 57% of households in the 5 km area along the 'contact line' reported having problems accessing health care. The cost of medicines, distance to health care facilities, and the cost of travel were the most reported difficulties. Access to health care services by the communities along the contact line remains a key challenge due to limited availability of public transport, damage to road infrastructure, and restricted movement through military checkpoints. Restrictions of movements also mean that ambulances have restricted access to many settlements near the contact line. People with disabilities, the elderly, and families with young

children, are among the most affected. Almost every third household (30%) located in the 20-km zone along the contact line finds the distance to a medical facility a significant barrier to accessing health care services (3).

Secondary date review showed that older persons and PWDs living closer to the line of contact had a significantly lower level of access to health-care services. Older persons and PWDs rely heavily on their pensions, which are rarely enough to cover their day-to-day needs, and the situation is even worse for those living in conflict-affected areas. Medication accounted for the biggest share of spending of people. There was a marked variation in expenditure between those who had good access to health care and those who did not: in 2019, 43% of those with good access to health care reported that medication was their major area of expenditure, while the corresponding figure for those who did not have good access was 72%. It implies that those who needed health services most were unable to get them, and so had to spend much of their income on medication (48).

Access to the health care at the five Exit-Entry Check Points (EECPs) is also very limited, which is disturbing as the majority of people crossing the 'contact line' are older people. During the first four month of 2019 only, 25 persons died at the EECPs due to health complications. Medical assistance at the checkpoints is provided by humanitarian actors and is only available during limited hours. In case of necessary hospitalization, the nearest medical facilities are 20-40 km away from the checkpoints. Waiting time for a public ambulance is up to 30 minutes and the waiting points for an ambulance cannot provide proper medical care in case of a sudden deterioration of health, which is likely given that people are queuing outside for extended periods in extreme weather conditions, in summer and winter (3).

According to the REACH July 2019 Analysis, Fifty-four percent (54%) of households reported difficulties accessing healthcare in 2019, nearly unchanged from 2018 (53%). This proportion remained relatively the same across all strata. The stratum with the highest proportion of households reporting difficulty in accessing healthcare in 2019 was rural areas within 5 km of the LoC, where 64% of households reported such. The cost of medicine was still found to be the most reported barrier to accessing healthcare (63% in 2019, 60% in 2018 but down from 74% in 2017), with 70% of households in 0-5 km urban areas reporting cost as a barrier (37).

Disrupted management

In 2017, after years of debates and gridlock, major steps towards health care reform in the primary care sector was made. On 19 October, Ukraine's Verkhovna Rada approved the draft law No. 6327 "On state financial guarantees for the provision of medical services and medicines. The reform focusses on primary care, making a shift from financing a medical institution to financing (the services provided to) the patient.

At the same time the model of a National Health Service was confirmed and the National Health Service of Ukraine became the main central executive organ which administers budgetary funds allocated for financing the services, contracts providers of health care and controls quality of services (36) .

Major health reform and change in leadership is underway within the government and MOH resulting in limited government leadership capacity to coordinate the response program. In addition, there is high staff turnover access MOH and PHC and lack of continuity in leadership in these organizations, requiring ongoing engagement with authorities at the central level.

Reduction in financing

Under Article 49 of the Constitution of Ukraine of 1996, Ukrainian citizens are entitled to a comprehensive guaranteed package of health care services, provided free of charge at the point of use, as a constitutional right. However, this broad commitment to universal coverage free at the point of use for all citizens has not been backed by sufficient financing (36).

Officially the system is financed by general taxation (VAT, business income taxes, international trade and excise taxes). At the same time, due to chronic underfunding of health services out-of-pocket payments constitute a considerable proportion of the expenditures in Ukraine, reaching approximately up to 3% of GDP. About 55 % of all health expenditure in Ukraine consist of private out-of-pocket payments (36).

The health system has come to rely increasingly heavily on out-of-pocket payments, partly in response to a fall in public spending on health, which was in turn linked to recent conflict and political instability and to dramatic economic decline in 2014 and 2015. Household budget survey data show that the share of households reporting out-of-pocket payments grew from 86% in 2010 and 90% in 2013 to 93% in 2015. The level of out-of-pocket payments per person fell slightly in real terms between 2010 and 2015 overall but increased for the poorest quintile.

Financial hardship has also increased over time. Between 2010 and 2015, the incidence of impoverishing out-of-pocket payments rose from 7.6% of households to 9.0%, while the incidence of catastrophic out-of-pocket payments rose from 11.5% to 14.5%. Catastrophic spending on health is heavily concentrated in the poorest quintile. Medicines and inpatient care are the largest drivers of catastrophic spending overall. For the poorest households, catastrophic spending is mainly caused by medicines; for the richest households, it is mainly caused by inpatient care (39).

While most health care services are meant to be free of charge, real out-of-pocket costs borne by the affected population have significantly increased (e.g., transport, diagnostics, and medications), deterring many from seeking medical assistance, and further diminishing their health status and resilience. 46% of households reported that at least one household member has difficulty accessing health care services due to cost10 and 80% of households living within the 20-km zone along the contact line identify the cost of medicines as the main difficulty in accessing health care. Another 20% also mentioned the cost of travel to a medical facility as a barrier to accessing health care (3).

Inability of non-state providers to maintain services

Humanitarian constraints: Despite a decrease in hostilities, insecurity and the presence of landmines and explosive remnants of war represent major access constraints. People in non-government-controlled areas are particularly hard to reach due to logistical constraints and administrative requirements imposed by separatist authorities (5). On September 10 2020, a humanitarian convoy transporting nearly 90 metric tons of humanitarian aid reached the Luhansk NGCA via the Donetsk NGCA for the first time since the start of the pandemic, according to UNHCR. De-facto authorities in Luhansk NGCA previously permitted limited humanitarian access through the Stanytsia Luhanska EECP in July; however, bridge weight limitations prevented the direct transport of relief commodities through the crossing, requiring humanitarian actors to manually transfer assistance across and restricting the type and quantity of emergency assistance. The new crossing process will enable a larger volume of humanitarian cargo—including heavy materials such as construction supplies—to reach vulnerable populations in Luhansk NGCA (7).

Supply (including pharmaceutical) chain disruption

Most pharmaceuticals are purchased directly by patients, so the scope for influencing prescribing patterns is rather limited, and is further hampered by de facto liberal pharmacy dispensing procedures and the strong influence pharmaceutical companies have on prescribing practices (52).

Since the beginning of the global financial crisis in 2008, pharmaceutical prices have increased considerably (by 40–70%), largely as a result of currency devaluation. To stabilize the situation in the pharmaceutical market, the government adopted a number of potential solutions to curb rising pharmaceutical prices, including initially by significantly expanding the list of pharmaceuticals subject to state price regulation to cover almost the entire Essential Medicines List – 903 generic drugs or 85% of all registered drugs in Ukraine (52).

Medicines illustrate the need for comprehensive action combining increased investment, better coverage design, efforts to enhance efficiency and greater transparency and accountability. Public spending on medicines is extremely low; current coverage design exposes people to the cost of many medicines, which is particularly challenging for households when living standards are falling and prices are rising; there is almost no regulation of medicine prices; and policies to ensure appropriate prescribing and dispensing are limited (39).

The recently introduced Affordable Medicines Programme is a welcome step towards improving access to medicines and financial protection for people with chronic conditions. This approach should be extended, with increased public investment, to include more international non-proprietary names based on agreed criteria and to enable the introduction of exemptions for vulnerable groups of people. Inappropriate prescribing and dispensing also increase out-of-pocket payments and require policy attention, accompanied by strategies to change the culture of medicine use (39) .

During armed conflict, medical supply chains often break down, creating shortages of medicines, medical commodities, and basic medical equipment. This disruption in the medical supply chain leads to the use of sub-quality medicines and equipment. In NGCA, restricted movement of goods, including medical supplies and equipment, compels many to travel across the contact line to purchase needed medication in GCA. Humanitarian agencies operating in NGCA report shortage of medication for diabetes, cardiovascular conditions, cancer, and other non- communicable diseases. Currently, many health care facilities in both GCA and NGCA Donetsk and Luhansk oblasts experience limited access to surgical supplies, anaesthetics, safe blood products, and lifesaving medicines. Lack of medicines and medical supplies has serious consequences not only for patients but also for health care workers (3).

Further data on medical equipment and medical supplies is needed in Donetsk and Luhansk oblasts.

Degraded alert and response

Eastern Ukraine already had weak systems for medical data collection and evidence generation before the conflict broke out; the conflict led to a further decline in data collection. Information from health care facilities has declined and is less comprehensive as people have more difficulty accessing these facilities. Without the necessary evidence and data, it is difficult to make decisions about where to target medical resources and which interventions to prioritize. These gaps also undermine the ability to monitor the quality and effectiveness of the services provided to ensure health care actors are accountable to the people they assist (3).

Health workforce disruption

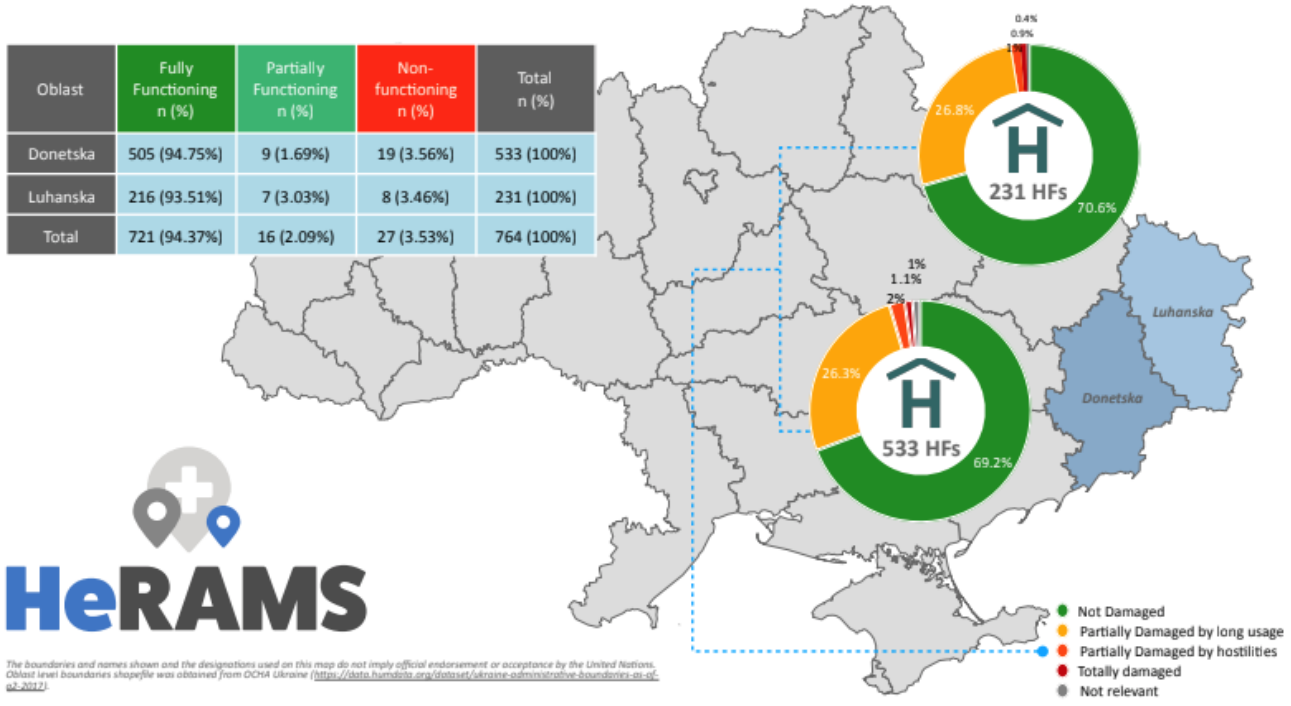
Attracting and retaining health care workers is critical to a health care system's functioning. During a conflict, health care workers are overburdened and overworked, at risk of contracting infectious diseases due to inadequate medical supplies or equipment and often witness potentially traumatizing events. Given these challenges, many healthcare workers have left eastern Ukraine, leading to healthcare worker shortages. The healthcare staff shortages in NGCA are unknown. In NGCA, such shortages are also impacted by very low wages. The shortage of specialized health care staff is of particular concern, as many remaining health care workers lack training, experience, and the specialized skills which are needed to treat patients with trauma injuries and medical complications. As a result, health care workers take on practices beyond the scope of their training and knowledge (3).

Damage to health facilities

Armed conflict adversely affects health care infrastructure through damage or disrepair due to lack of maintenance. The facilities that sustain damages or fall into disrepair end up shutting down or reducing services. The impairment of the health care infrastructure in eastern Ukraine is significant, especially in rural areas. About 35% of primary health care facilities have sustained damages as a result of hostilities, and an unknown number are in disrepair due to lack of maintenance. Vital infrastructure is interconnected, and damage to one type impacts others. For example, disruption in electricity supply affects water supply and functionality of health care facilities. There are about 600 primary health care facilities in the conflict-affected Donetsk and Luhansk regions in GCA and along the contact line in NGCA.8 Mapping precise health care infrastructural damage resulting from military engagements is challenging and it is unknown how many are falling into disrepair due to lack of maintenance (3).

2017 Health Facility Damage and Functionality Donetska and Luhanska Oblast in Ukraine (n=794) (2017 HeRAMS Report [Donetska and Luhanska, Ukraine)

Oblast	Fully Functioning n (%)	Partially Functioning n (%)	Non-functioning n (%)	Total n (%)
Donetska	505 (94.75%)	9 (1.69%)	19 (3.56%)	533 (100%)
Luhanska	216 (93.51%)	7 (3.03%)	8 (3.46%)	231 (100%)
Total	721 (94.37%)	16 (2.09%)	27 (3.53%)	764 (100%)



Availability of Health Services in 12 Tertiary Hospital in Donetska (HeRAMS 2017).

General Clinical Services and Trauma Care	Fully Available (%)	Partially Available (%)	Not Available (%)	Not Normally Provided (%)	Total (100%)
Outpatient services	83.3%	0%	0%	16.7%	100%
Primary injury care	0%	8.3%	0%	91.7%	100%
Post-surgery rehabilitation	8.3%	0%	0%	91.7%	100%
Trauma & surgical care and elective surgery	8.3%	0%	0%	91.7%	100%
Intensive care unit	8.3%	0%	8.3%	83.3%	100%
In-patient capacity	41.7%	0%	0%	58.3%	100%
Basic laboratory services	58.3%	8.3%	0%	33.3%	100%
Basic imaging services	50%	0%	0%	50%	100%
Blook bank service	0%	0%	0%	100%	100%
Pharmacy of essential drugs	58.3%	41.7%	0%	0%	100%
Referral capacity	50%	16.7%	0%	33.3%	100%
Ambulance service	16.7%	0%	0%	83.3%	100%
Dental care	8.3%	0%	0%	91.7%	100%
Total (%)	30.1%	5.8%	0.6%	63.5%	100%

Availability of Health Services in 12 Tertiary Hospital in Luhanska (HeRAMS 2017).

General Clinical Services and Trauma Care	Fully Available (%)	Partially Available (%)	Not Available (%)	Not Normally Provided (%)	Total (100%)
Outpatient services	63.6%	18%	0%	18.2%	100%
Primary injury care	9%	0%	0%	90.9%	100%
Post-surgery rehabilitation	0%	9%	0%	90.9%	100%
Trauma & surgical care and elective surgery	273%	0%	0%	72.7%	100%
Intensive care unit	45.5%	0%	0%	54.5%	100%
In-patient capacity	100%	0%	0%	0%	100%
Basic laboratory services	72.7%	18.2%	0%	9.1%	100%
Basic imaging services	36.4%	36%	0%	72.7%	100%
Blook bank service	18%	9%	0%	72.7%	100%
Pharmacy of essential drugs	63.6%	36.4%	0%	0%	100%
Referral capacity	63.6%	18.2%	0%	18.2%	100%
Ambulance service	9.1%	0%	0%	90.9%	100%
Dental care	0%	9%	0%	90.9%	100%
Total (%)	39.2%	11.9%	0%	49%	100%

Attacks against health

No available data.

4. Humanitarian health response

Health response organization / coordination

According to the OCHA Ukraine: 3W Operational presence, as of 30 September 2020 there are (38) :

Oblast	Health partners
Donetska	10
GCA	8
NGCA	3
Luhanska	5
GCA	5
NGCA	1

Availability / functionality of humanitarian health resources

Partner support according to the 2017 HeRAMS report.

Partial external support	16.7%
No external support	83.3%

Partial external support included: Governance/Oversight/Policy Advice, Provision of medical supplies, Provision of health services and Reconstruction/Rehabilitation of health facilities.

Partner support in Luhanska oblast according to the 2017 HeRAMS report.

Major external support	9%
Partial external support	27.3%
No external support	63.6%

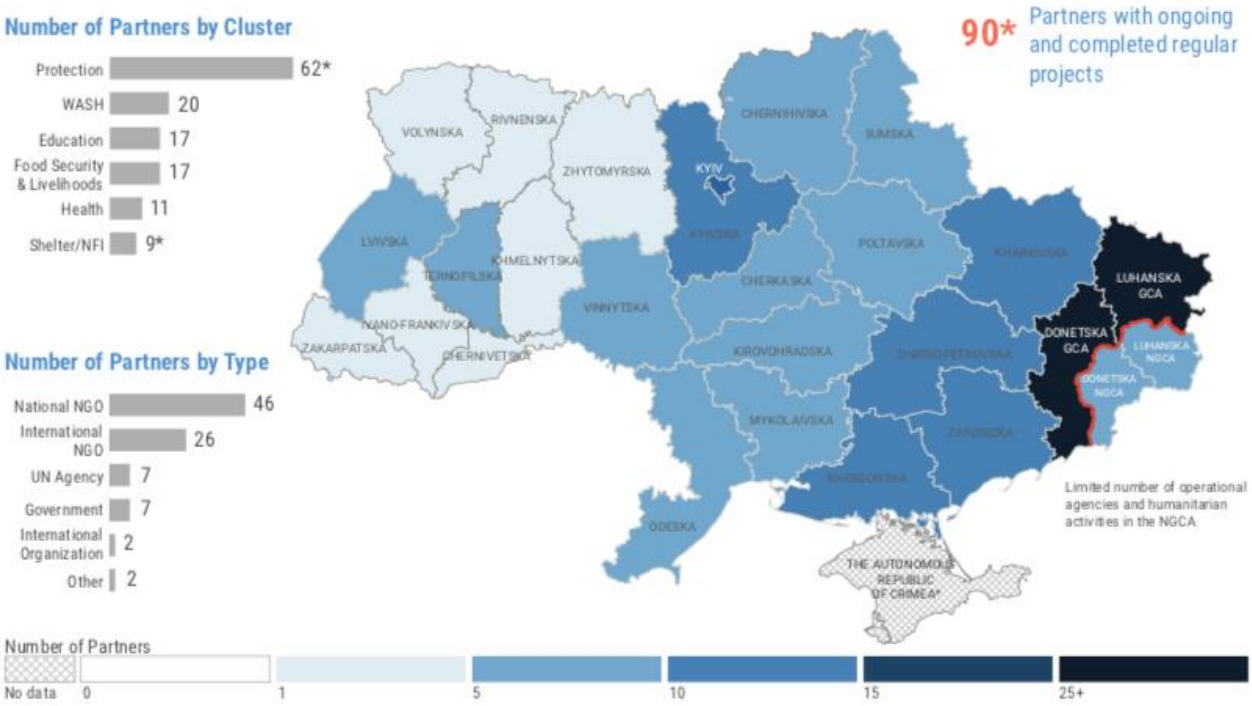
Major and partial external support included: Provision of medical supplies, Governance/Oversight/Policy Advice, Training of health staff and Reconstruction/Rehabilitation of health facilities.

No recent data on availability & functionality of humanitarian health resources.

Facilities data (e.g., HeRAMS)

See above tables.

4Ws Matrix



Source: OCHA, September 2020

Humanitarian health system performance

Utilisation of services

No data available.

Quality of humanitarian health services

No data available.

5. Information gaps

	Gap	Recommended tools / guidance for primary data collection
Health status and threats	Regional Mortality data	
	Regional Vaccination data	
	TB data (Donetska)	
	Regional Sexual & Reproductive health data	
	Regional Mental Health data	
	Regional data on people with disabilities	
Health System Needs	Medical equipment & supplies	
	Utilisation of Health Services	

Health response organization / coordination		
Availability / functionality of humanitarian health resources	Quality of health services	
Humanitarian health system performance		

6. Additional Resources

Key documents

1. OCHA. Ukraine Situation Report 27 October 2020 (English).
2. OCHA. Humanitarian Response plan Ukraine January 2020.
3. Protection Cluster Ukraine & Health Cluster Ukraine. Exploring access to health care ervices in Ukraine : A protection and health perfective July 2019.
4. OCHA. Ukraine at a glance : 2020 Humanitarian Needs Overview January 2020.
5. REACH. Multi-Sectoral Needs Assessment Ukraine 2020 Government controlled Areas (GCAs) of Donetsk and Luhansk oblasts July-August 2020.
6. ACAPS. Ukraine conflict in Donetsk and Luhansk Briefing note – 4 November 2019.
7. USAID. Ukraine – Complex Emergency Fact Sheet #4 30 September, 2020.
8. IOM UN Migration. National monitoring system report on the situation of internally displaced persons June 2020.
9. UNICEF. Ukraine data.
10. World Health Organization Regional Office for Europe. Risk factors for noncommunicable diseases in Ukraine in 2019.
11. World Health Organization. Ukraine WHO vaccine-preventable diseases : monitoring system 2020.
12. Ministry of Health of Ukraine. 5 important facts about immunization in Ukraine 17 October 2018.
13. Ministry of Health of Ukraine. Ukraine starts measles vaccination of adults in at-risk groups 6th July 2018.
14. UNICEF. COVID-19 Impact on Children in Ukraine (Flash Report), 3 August 2020
15. OCHA. Humanitarian Needs Overview Ukraine January 2020.
16. World Health Organization Regional Office for Europe. WHO analytical tool helps Ukraine monitor how regions respond to COVID-19.
17. Global Nutrition Cluster. GNC Scoping Mission to Assess Nutrition Needs, Response and Coordination - Ukraine, 3 -14 February 2015
18. World Health Organization. Circulating vaccine-derived poliovirus – Ukraine. 1 September 2015.
19. World Health Organization. WHO Health Emergency COVID-19 Dashboard 17 December 2020.
20. Rodyna, R. Measles situation in Ukraine during the period 2017 – 2019. European Journal of Publi Health 29(4), 4 November 2019.
21. OCHA. Ukraine Humanitarian Snapshot May 2020.
22. UNHCR. Ukraine Thematic Updates October 2020. Legislative Update UNHCR update on displacement-related legislation.

23. World Health Organization Country Office Ukraine. Dr Georgii Dymo, NPO (Tuberculosis) Joint Tuberculosis, HIV and Viral Hepatitis Team. Overview of COVID 19 related challenges to TB services in Ukraine and response during March – June 2020.
24. OCHA. Ukraine Humanitarian Snapshot October 2020.
25. The Ministry of Health of Ukraine and World Health Organization Regional Office for Europe. STEPS Prevalence of NonCommunicable Disease Risk Factors in Ukraine 2019.
26. Hook, K & Marcantonio R. War-related enviromental disaster in Ukraine 16 October 2018.
27. UNAIDS. Ukraine country factsheet 2019.
28. Protection Cluster Ukraine. Persons with Disabilities October 2015.
29. Kyiv Institute of Sociology & Swiss Cooperation Bureau. Mental health in donetsk and Luhansk oblasts 2018.
30. HelpAge. Humanitarian needs of older women and men in government controlled areas of Donetsk and Luhansk oblasts Ukraine. Needs Assessment Analysis Sept-Oct 2019.
31. UNFPA. Ukraine steadfast in tackling gender-based vilence, despite pandemic-related increases 13 November 2020.
32. OSCE. OSCE-led survey on violence against women : Main report 2018.
33. UNICEF. Water, Sanitation and hygiene Ukraine.
34. UNICEF. WASH Cluster Study of Humanitarian Needs in Eastern Ukraine 2019
35. Organization for Security and Co-operation in Europe (OSCE) Special Monitoring Mission to Ukraine Daily Report 284/2020 28 November 2020.
36. Orange Health Consultants. Health care in Ukraine November 2018.
37. REACH. Analysis of Humanitarian Trends Government Controlled Areas of Donetsk and Luhansk Oblasts within 20 km of the Line of Contact July 2019.
38. OCHA. Ukraine: 3W Operational Presence as of 30 September 2020.
39. World Health Organization Regional Office for Europe. Can people afford to pay for health care ? New evidence on financial protection in Ukraine 2018.
40. Danish Refugee Council, Danish Demining Group and UNICEF. Mine victims assistance needs assessment report.
41. Open Democracy. Ukraine's legislation on domestic violence gets a reboot – but is it enough? 4 March 2020.
42. OCHA. Humanitarian Needs Overview Ukraine December 2018.
43. OCHA. Humanitarian Needs Overview Ukraine November 2017.
44. OCHA. Humanitarian Needs Overview Ukraine November 2016.
45. OCHA. Humanitarian Needs Overview Ukraine November 2015.
46. OCHA. Humanitarian Needs Overview Ukraine December 2014.
47. OCHA. 2021: Needs Overview November 2020.
48. WHO, 2020. Access to health-care services for older persons and persons with disabilities living in Eastern Ukraine along the Line of Contact.
49. 112 International. Russia deploys 100th humanitarian convoy to Donbas. 26 November 2020.
50. REACH. Multi – sector Needs Assessment Non-Government Controlled Areas of Donetsk and Luhansk Oblasts. February 2020
51. ReliefWeb. Ukraine Humanitarian Response Plan 2021 At a glance 25 November 2020.
52. European Observatory on Health Systems and Policies. Health Systems in Tansition Vol. 17 No. 2 2015. Ukraine health system review.

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