Eastern Ukraine
Donetska and Luhanska Oblasts GCA

Date: 01 December 2021

Public Health Situation Analysis (PHSA) – Short-form

Initiated by: ☒ Country Office ☐ Regional Office ☐ HQ

Typologies of emergency	Main health threats	UN response level	WHO grade	Security level	INFORM risk (rank)
	COVID-19 NCDs Vaccine preventable diseases TB/HIV	Unknown	Protracted 2	4 (Substantial)	4.5/10 (61) 2022

Summary of crisis & key findings

Location: Donetska and Luhanska oblasts, Eastern Ukraine

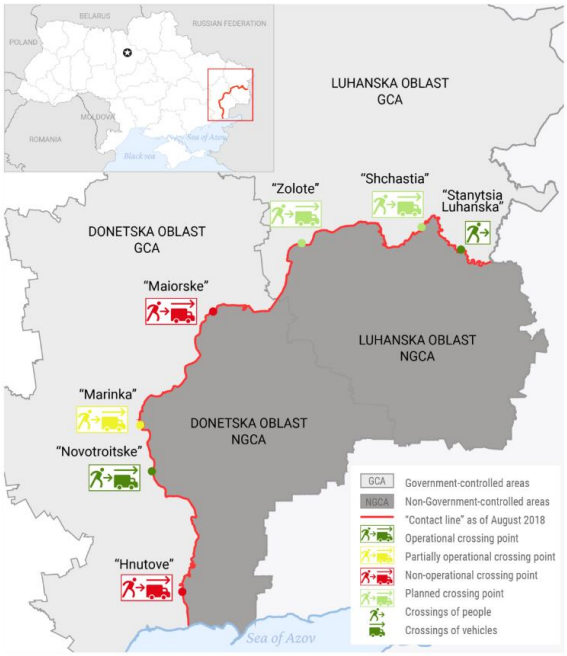
Start date of crisis: February/March 2014

Typology of crisis: conflict, displacement, insecurity

Since the start of the conflict, >13 000 people have been killed and 1.46 million people have been internally displaced. An estimated 3.4 million people are in need of humanitarian assistance, of which 1.52 million are in need of humanitarian health care. Elderly people constitute 38% of those affected by the conflict. Non-communicable diseases are the leading cause of death in the region, and the prevalence of HIV and TB are among the highest in the country. The conflict-affected population is in need of mental health and psychosocial support services. The COVID-19 pandemic has intensified needs and highlighted health system deficits. The health system suffers from insecurity due to the conflict, lack of maintenance of aging health facilities and medical equipment, shortages of medicines and medical supplies, understaffing, and disruptions to management due to government health care reform and decentralization.

Of the population in need from the health sector, an estimated 748 000 are in Government-Controlled Areas (GCA) and 772 000 are in areas controlled by armed non-state actors, collectively known as Non-Government-Controlled Areas (NGCA). The political separation of GCA and NGCA, divided by the 427km-long 'Line of Contact' (LoC), has caused significant constraints to the movement of people and goods. Active hostilities, political insecurity, landmines, and COVID-19 restrictions also impede humanitarian access.

Map of Eastern Ukraine



A map of eastern Ukraine divided by the 427-kilometre-long "contact line".

Source: OCHA

Along the LoC, there are seven Entry Exit Checkpoints (EECPs) allowing humanitarian and civilian movement. Currently, only the Stanytsia Luhanska EECP is open.

Humanitarian profile

3.4 million	1.5 million	13 000	30 000	1.46 million
POPULATION IN NEED OF HUMANITARIAN ASSISTANCE	POPULATION IN NEED OF HUMANITARIAN HEALTH CARE	DEATHS (APPROX)	INJURIES (APPROX)	NUMBER OF IDPs

Health status and threats

Population mortality

The national mortality rate (number of deaths per 1000 people) for 2020 was 16.2. In eastern Ukraine the reported rates were higher: 19.8 per 1000 people in Donetska oblast (GCA) and 22.5 per 1000 people in Luhanska oblast (GCA). The under-5 mortality rate in Ukraine has been gradually decreasing from 20 deaths per 1000 live births in 1990 to eight deaths per 1000 live births in 2019.

Vaccination coverage

The pace of vaccination in 2021 has been slow. According to the Public Health Centre, by the end of the first half 2021, only 38% of 6-year-olds had been vaccinated against polio and 31.6%, against diphtheria and tetanus.

Table 1: Coverage estimates for immunizations administered in 2020 for Ukraine, Donetska oblast & Luhanska oblast (GCA)

Vaccine	Ukraine %	Donetska %	Luhanska %	Target* %
BCG (Tuberculosis)	89	85	76	>79
DTP1 (Diphtheria, Tetanus, Pertussis - 1st dose)	93			
DTP3 (Diphtheria, Tetanus, Pertussis - 3rd dose)	80	79	86	>79
Pol3 (Polio - 3rd dose)	83	87	92	>89
IPV1 (Inactivated Polio - 1st dose)				
MCV1 (Measles - 1st dose)	85	93	93	
MCV2 (Measles - 2nd dose)	82	87	93	>95
HepB BD (Hepatitis B - birth dose)	69	95	98	>90
HepB3 (Hepatitis B - 3rd dose)	81	82	90	
Hib3 (Haemophilus influenzae type b - 3rd dose)	84	74	95	>79
RCV1 (Rubella - 1st dose)	85	93	93	>79

* Coverage needed for immunity sufficient to likely confer either herd (community) protection or a high level of individual protection.

COVID-19 Vaccination

COVID-19 vaccination roll-out and uptake in Ukraine has been slow. Vaccination against coronavirus in Ukraine began on 24 February, 2021. As of 7 October 2021, Ukraine had the 3rd lowest rates of vaccine uptake in Europe, with 17.4% uptake of at least one dose and 13.9% uptake of a complete vaccine series. Rates were worse yet in Donetska (7.2% and 5.5%) and Luhanska (6.1 and 5.0%) oblasts. The health care workforce has not yet been fully-vaccinated: 567 029 (83.2%) had received one dose and 448 290 (65.8%) had received a complete vaccine series by 10 October, 2021. The Ministry of Health (MOH) and the Office of the National Security and Defense Council of Ukraine both maintain dashboards tracking vaccinations.

Table 2: COVID-19 vaccination coverage for Ukraine, Donetska oblast & Luhanska oblast (GCA), as of 7 October 2021

Region	Vaccinated at least one dose			Fully-Vaccinated		
	#	%	per 100 000	#	%	per 100 000
Ukraine	7 421 450	17.8	17 845	6 008 605	14.4	14 448
Donetska	293 945	7.2	7168	223 487	5.5	5451
Luhanska	129 765	6.1	6117	106 192	5.0	5006

Key health risks over coming 12 months				
Public health risk	**Level of risk**			**Rationale**
Months starting now	**Dec-Jan**	**Feb-Apr**	**May-Nov**	
COVID-19				Slow vaccination uptake; new variants
Sexual & reproductive health				Disruption to access due to pandemic
Child health				Disruption to access due to pandemic
Waterborne diseases				Poor condition of water system
Hepatitis B & C				Poor surveillance
Influenza				Influenza season
Measles				Disruption to vaccination programmes due to pandemic
Polio				Disruption to vaccination programmes due to pandemic
TB				Disruption to programme by pandemic
HIV				Disruption to programme by pandemic
NCDs				Disruption to access due to pandemic
Technological and environmental health risks				Insufficient surveillance to estimate risk
Crisis-attributable injuries				Threat of escalating hostilities
Gender-based violence				Impact of pandemic on social conditions

Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming six months.
Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming six months,
Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming six months.
Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming six months.

Epidemic-prone diseases

Surveillance/early warning, alert and response capacity

The Public Health Response Monitor (PHRM), a tool launched in October 2020 as part of the country's COVID-19 response, is used to assess the polices and epidemiological situation across the different regions of the country. The PHRM collects data on regional management and coordination, funding, planning of services, case management and supporting essential health services. Public health data are supplemented with data on the epidemiological situation in each specific region and is accessible through an electronic portal.

Key diseases

COVID-19

As of 7 October, COVID-19 rates were generally lower in Donetska and Luhanska oblasts than those for Ukraine as a while, with the exception of the death rate in Luhanska (Table 3). Testing rates are approximately a two-thirds lower in the conflict-affected oblasts than for Ukraine as a whole. Vaccination roll-out has been slow. As of 7 October 2021, Ukraine had the 3rd lowest rates of vaccine uptake in Europe, with 17.4% uptake of at least one dose and 13.9% uptake of a complete vaccine series. Rates were worse yet in Donetska (7.2% and 5.5%) and Luhanska (6.1 and 5.0%) oblasts. Vaccine hesitancy is high in Ukraine – 54% as of October 2021.

Table 3: Cases of COVID-19 in Ukraine, Donetska oblast and Luhanska oblast (GCA), as of 7 October 2021

	Ukraine		Donetska		Luhanska	
Cases	#	per 100 000	#	per 100 000	#	per 100 000
Confirmed	2 497 643	6558	105 749	5631	36 463	5423
Deaths	57 840	152	2715	145	1166	173
Recovered	2 277 762	5981	94 266	5019	28 937	4304
Active	162 041	425	8768	467	6360	946

Table 4: SARS-CoV-2 testing rates in Ukraine, Donetska oblast and Luhanska oblast (GCA), as of 7 October 2021

	# tests	# tests per 100 000
Ukraine	13 058 358	31 399
Donetska	459 451	11 205
Luhanska	222 571	10 492

Twelve dashboards currently track COVID-19 and related health system data in Ukraine. The MOH operates ten dashboards in Ukrainian, including one which maps cases and deaths. The Office of the National Security and Defense Council of Ukraine has created a health care system dashboard that maps medical services, pharmacies, hospitalizations, hospital bed type and occupancy and vaccinations. The WHO Regional Office for Europe operates a dashboard with MOH data on regional bed occupancy and oxygen availability.

Table 5: COVID-19 bed occupancy in Ukraine, Donetska oblast and Luhanska oblast (GCA), as of 7 Oct 2021

	COVID-19 allocated beds			COVID-19 allocated beds with oxygen		
	#	#Occupied by suspected /confirmed cases	%	#	#Occupied by suspected /confirmed cases	%
Ukraine	53 475	27 004	50	51 081	25 633	50
Donetska	2746	1846	67	2459	1583	64
Luhanska	1392	684	49	1392	681	49

Polio

In September 2021, Ukraine recorded a case of poliomyelitis (polio), caused by circulating vaccine-derived poliovirus type 2 (cVDPV2). The virus was isolated from an unvaccinated 17-month-old girl with acute flaccid paralysis from Rivne oblast in north-west Ukraine. The child's parents refused vaccinations on the grounds of their religious beliefs. A total of 20 individuals' residing in two oblasts (Rivne and Zakarpattya) had positive isolation of cVDPV2 in stool specimens; all specimens were closely related.

Measles

Measles is currently endemic in Ukraine. While Ukraine only reported 11 measles cases and no measles deaths from 1 January - 30 September 2021, the country recently experienced a national epidemic between 2017-2020. During the outbreak, the MOH reported 115 543 measles cases and 40 measles deaths to WHO. Of the measles cases, 1472 were reported from Donetska oblast (GCA) and 164 from Luhanska oblast (GCA).

Endemic infectious diseases

Hepatitis B and Hepatitis C

The national government estimates the prevalence of hepatitis B and hepatitis C to be 1-2.5%, but notes that epidemiological surveillance for viral hepatitis is limited. As vaccination coverage for hepatitis B does not meet population targets (see Table 1), diagnostics and treatment are limited in the conflict-affected areas, and a large portion of the population is elderly, there may be an increased risk of hepatitis B and hepatitis C incidence and morbidity in the regions.

Waterborne diseases

Due to the deteriorated WASH situation in Donetska and Luhanska oblasts, there is an increased risk of waterborne diseases which would exacerbate existing health conditions; however, surveillance of these conditions is limited.

Influenza

During the 2020-2021 influenza season, 4417 influenza-like illness (ILI) cases (418.1 per 100 000) were reported by the Ukraine influenza sentinel surveillance system; no sentinel sites were in Donetska or Luhanska oblasts. According to national mortality data, there were three deaths in 2020 and one death in 2019 attributed to influenza in Donetska oblast, and none in either year reported from Luhanska oblast. WHO predicts the 2021-2022 influenza season will be worse than the last due to a relaxing of public health and social measures related to COVID-19. Vaccines against influenza are expected to be available for free for health care workers and at cost from pharmacies for the general public. Pharmacies are expected to receive approximately one million doses.

Malnutrition and child health

No recent data were found on malnutrition in Donetska and Luhanska oblasts, apart from anaemia. Reports of anaemia in the population under 18 were lower in Donetska and Luhanska than Ukraine overall (0.08% and 0.04% vs. 0.19%).

Sexual and reproductive health

There are no data available on sexual, reproductive and maternal health interventions in Donetska and Luhanska oblasts. In Ukraine in 2021 for women aged 15-49, the contraceptive prevalence rate of any method was 53%, while the unmet need for family planning rate was 6%. The maternal mortality ratio was 19 deaths per 100 000 live births in 2017.

Tuberculosis and HIV

In 2020, Donetska and Luhanska oblasts (GCA) had the 4th and 8th highest incident rates of TB among the 24 oblasts in Ukraine, with 56.5 and 47.8 new cases and relapses per 100 000 population, respectively. WHO has identified Ukraine as one of the top 20 countries with the highest estimated number of incident drug-resistant cases in 2020 - 4257 (24% of bacteriologically confirmed cases). The COVID-19 response has made an impact on tuberculosis programmes. Ukraine made the 14th largest contribution to the global shortfall of TB notifications in 2020 compared to 2019. Regionally, comparing the first quarter of 2020 to the same period in 2021, new and relapse cases registered in Donetska and Luhanska generally decreased, except paediatric cases in Donetska and TB/HIV coinfections in Luhanska.

In 2020, Donetska oblast (GCA) had the second highest rate of new HIV infections (41.0 per 100 000), the second highest rate of AIDS cases (10.8), and the third highest rate of deaths from AIDS (28.2) of all the Ukrainian oblasts. In Luhanska oblast (GCA), HIV/AIDS rates were lower than those for Ukraine or Donetska: new HIV infections: 18.0, rates AIDS cases: 5.3, and deaths from AIDS: 4.7. As of 31 March 2021, the estimated number of people living with HIV (PLHIV) in Donetska was 16 211; 12 033 (74%) were aware of their HIV status, out of whom 10 797 (89%) were receiving treatment. In Luhanska, there are an estimated 3207 PLHIV; 2156 (67%) were aware of their HIV status, out of whom 1882 (62%) were receiving treatment.

Non-communicable diseases (NCDs)

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. In 2020, cardiovascular disease (CVD) was the leading cause of death in nationally and in the conflict-affected regions.

Table 6: 2020 Death rates for selected NCDs in Ukraine, Donetska oblast and Luhanska oblast

	Ukraine	% of all deaths	Per 100 000	Donetska (GCA)	Per 100 000	% of deaths in Donetska	Luhanska (GCA)	Per 100 000	% of deaths in Luhanska
All deaths	616 835	100	1620	37 131	1977	6	15 113	2248	3
CVD	408 163	66	1072	24 335	1296	66	10 327	1536	68
Cancer	77 880	13	204	4812	256	13	1685	251	11
Diabetes	2122	<1	6	110	6	<1	67	10	<1

Trauma

Crisis-attributable casualties

Since the start of the conflict in 2014, more than 13 000 people have been killed, including 3092 civilian men, women and children; and approximately 30 000 (7000 civilians) have been injured. From 1 January to 30 September 2021, OHCHR recorded a total of 84 civilian casualties; 18 people were killed and 66 injured, a 33.9% decrease compared with the same period in 2020, when 127 civilian casualties (21 killed and 106 injured) were recorded. The majority of casualties were due to mines, unexploded ordnance and other explosive objects.

Gender-based violence

Gender-based violence has long been a serious problem in Ukraine, with approximately 75% of women stating they had experienced some form of violence since age 15, and one in three had experienced physical or sexual violence. COVID-19 pandemic conditions have increased the reports of violence.

Technological and environmental health risks

Conflict-related environmental health risks

The conflict and its constituent activities have caused: air pollution from the building of and the follow-on emissions of military vehicles; uncollected waste 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.

Industrial environmental health risks

Eastern Ukraine has a long history of mining and industrial production. Before the conflict, the Ministry of Ecology and Natural Resources (MENR) designated 4240 sites as potentially hazardous. Of particular concern are the neglected and abandoned mines that are filling with toxic groundwater, threatening to contaminate drinking water and soil. To prevent disaster, local authorities have had to continually pump water out of the mines. Additionally, methane gas from the mines is being pushed to the surface in some cases, threatening to cause earthquakes and explosions.

Water treatment processes in the region are also a health risk due to the liquefied chlorine gas they use to disinfect water and to treat sewage. Exposure to chlorine gas can cause respiratory damage.

Extreme winter conditions

Ukraine experiences extreme winter weather conditions lasting from November to March, with temperatures dropping as low as -20°C. 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 decreased food availability.

Mental health and psychosocial support

Almost 40% of the residents of Donetska and Luhanska have experienced trauma resulting in stress, depression, anxiety, and post-traumatic stress disorder. Pre-existing mental health and psychosocial support needs are intensifying as a result of the significant distress and indirect socio-economic effects caused by the COVID-19 pandemic. There is generally low mental health awareness in Ukraine and stigma associated with mental illness. In the conflict-affected areas, humanitarian actors currently provide most of the available psychosocial services, while mental health services are mainly offered by state service providers, and outreach assistance is very limited or unavailable in communities along the LoC. The MHPSS working group maintains an online map of MHPSS and prevention of GBV services available in Ukraine.

Determinants of health

Water, sanitation and hygiene (WASH)

Security incidents have damaged water treatment facilities, pipelines, and pumps, and limit repairs to the aging system. In addition to individual consumption and hygiene, water is also an essential resource for electricity production and centralised heating in the area; 81% of heating in the region uses water-based systems. The COVID-19 pandemic has intensified the needs for water supply, solid waste and medical waste management, and hygiene. The WASH Cluster maintains a 5W dashboard of partner activities.

Food Security

Food and economic security have been measured using food consumption scores (FCS) through seven surveys conducted between 2017 and 2020; over time, FCS have not deteriorated. Food insecurity is generally greater closer to the LoC and in rural areas.

Shelter

Out of the over 55 000 residential buildings damaged by military activities on both sides of the LoC, it is estimated that as of the end of 2020, 200 households in GCA and 3924 in NGCA continue to have a humanitarian need for repair of their homes. In GCA, 2020 marked the last year of emergency shelter assistance; for the first time since the start of the response, state actors - primarily the State Emergency Service of Donetska oblast - were the main responders. The winterization of dwellings is also a high priority as severe winter weather poses a health threat. The Shelter Cluster identified 2301 households in critical need of winterization support in a 2021 assessment. The Shelter Cluster maintains a 4W dashboard of partner activities.

Security

Security risks include severe mine and explosive remnants of war (ERW) contamination, systematic shelling close to civilian property and utility infrastructure, and heavy presence of military in densely populated areas. Ukraine ranks fifth in the world for civilian landmine and ERW casualties, and in the top three for antivehicle landmine accidents. More than 10 000 landmines have been observed on both sides of the LoC, threatening 2 million people in eastern Ukraine. The Protection cluster maintains a 5W dashboard of partner activities.

Restriction of Movement

Access to NGCA for the delivery of humanitarian assistance and for the movement of staff has been extremely limited since July 2015, when most aid agencies were asked to leave NGCA following the introduction of extensive bureaucratic restrictions for humanitarian operations. Humanitarian and civilian movement across the LoC occurs through EECPs. Currently, only the Stanytsia Luhanska EECP is open. Temporary restrictions put in place in March 2020 to contain the spread of COVID-19 have prevented hundreds of thousands of people from travelling across the LoC to access essential services (e.g., recover a pension, access health care, withdraw cash) and maintain social connections with the other side. Since October 2021, customs control points between the two NGCAs were abolished. UNHCR maintains a monitoring dashboard for the checkpoints.

Health system status & local health system disruptions

Key information on disruption of key health system components

ACCESS TO HEALTHCARE

Barriers to access in the conflict-affected areas include: cost of medicine, distance to a health care facility, limited availability of public transport, poor road/transport conditions, increased costs due to poor roads, restricted movement through military checkpoints, safety concerns at health facilities, inadequate health care facility density, lack of specialized beds and equipment, few disability accommodations, insufficient provider outreach and information-sharing, limited remote options, health workforce shortages, poor patient satisfaction, inadequate information systems, and poor specialized health care outcomes. Many isolated settlements do not have pharmacies or medical centres.

DISRUPTION TO SUPPLY CHAIN

Many health care facilities have limited access to personal protective equipment (PPE), surgical supplies, anaesthetics, safe blood products, and lifesaving medicines.

DAMAGE TO HEALTH FACILITIES

About 35% of primary health care facilities have sustained damage due to the hostilities, and an unknown number are in disrepair due to a lack of maintenance.

ATTACKS AGAINST HEALTH

One attack in 2021: Mariinsky Central District Hospital, Krasnohorivka, Donetska oblast. Damage: windows, ambulance station, ambulance, powerline (loss of electricity).

Humanitarian health response

69 HEALTH PARTNERS

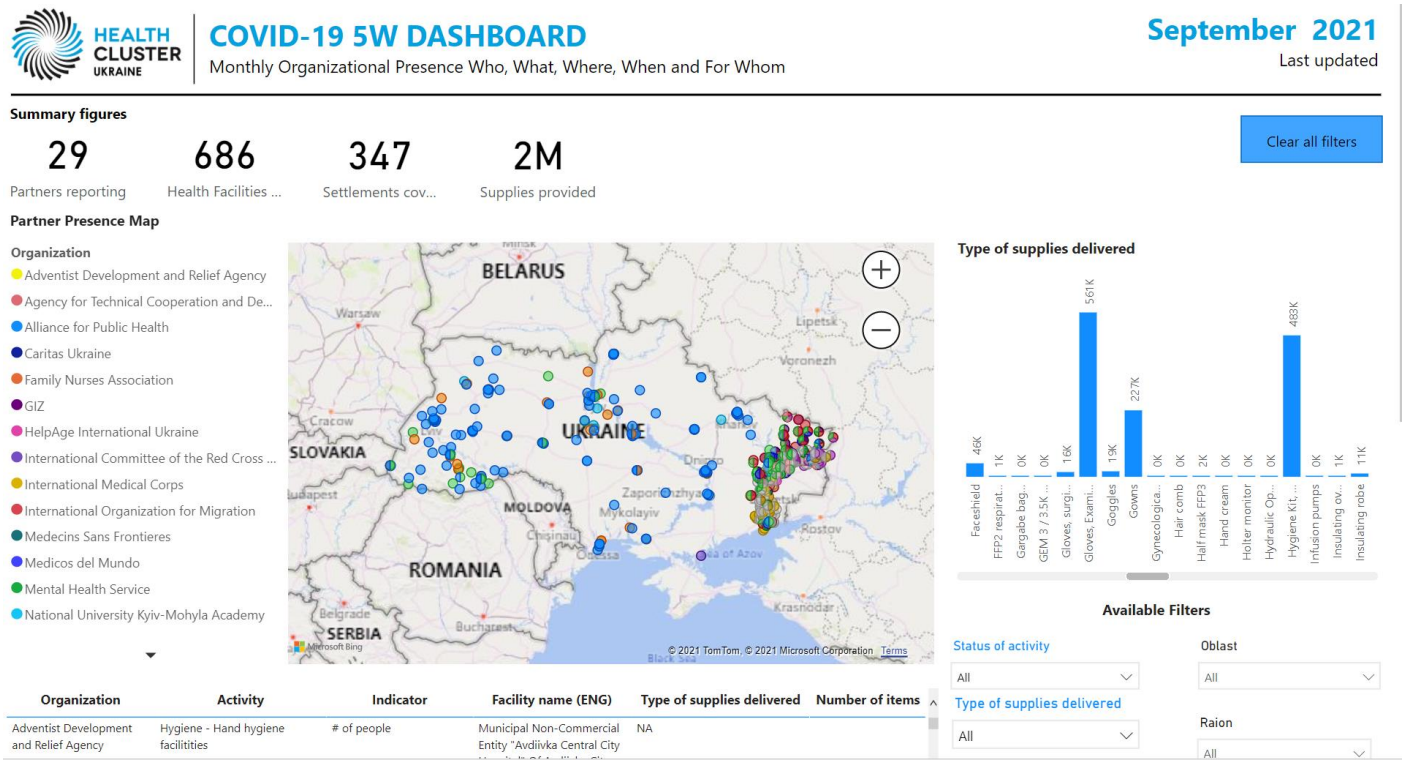
Health response coordination and health actor response

The Health Cluster, led by WHO, currently links 69 partners (NGOs, UN agencies, national authorities, donors, and observers) engaged in the humanitarian health response in Ukraine. The Health Cluster secretariat gathers and disseminates relevant information to guide partners' response; identifies and addresses gaps in technical knowledge to ensure global best practices and standards are followed; and promotes and advocates for humanitarian health action.

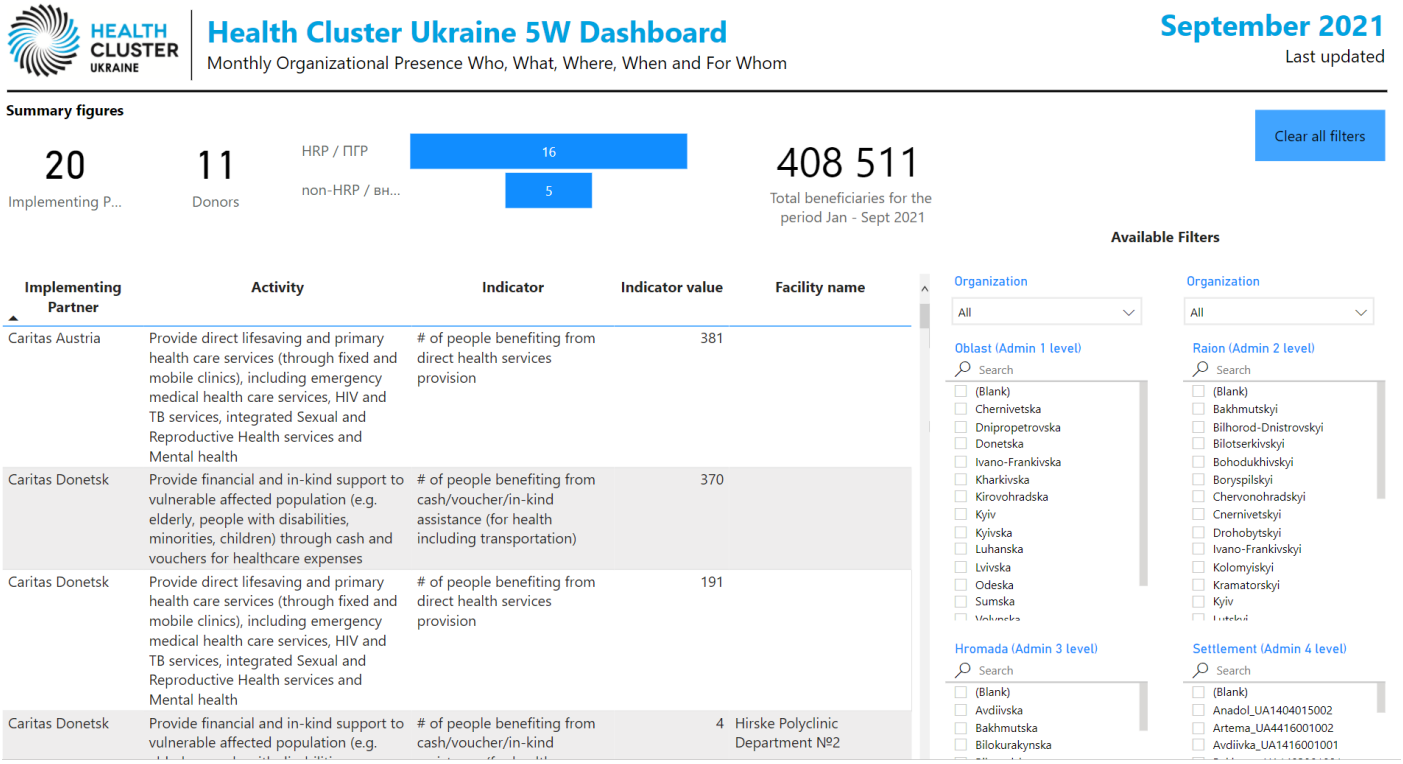
Health Cluster Ukraine maintains two dashboards to visualize the operational presence and activities of humanitarian health sector partners in Ukraine by reporting period and location. The COVID-19 5W Dashboard reports the organizational presence of Who, What Where When and For Whom, outlining the partners participating in the COVID-19 response (see below). There are 13 humanitarian health sector partners operating in Donetska oblast and ten in Luhanska oblast, as of September 2021.

The Health Cluster Ukraine 5W Dashboard reports the monthly organizational presence of Who, What Where When and For Whom, outlining the health sector partners implementing activities in Ukraine. As of June 2021, 14 partners reported activities in Donetska oblast and 11 in Luhanska oblast. The Health Cluster also maintains a monthly log of requests for COVID-19 humanitarian assistance and the partners who are responding, visible through the web-based Health Cluster Referrals Tracking Tool.

COVID-19 5W Dashboard



Health Cluster Ukraine 5W Dashboard



Health system status

Overall, Ukraine has 4.42 primary health care facilities per 100 000 population; Donetska has 1.89; Luhanska 3.02.

In 2020, there were 147 361 doctors in Ukraine, 5192 doctors (276 per 100 000) in Donetska and 1869 (278 per 100 000) in Luhanska. Along the LoC, there is a shortage of medical staff (from 20% to 40% depending on the settlement), and about 60% of available primary care physicians are of pre-retirement and retirement age.

The health system suffers from insecurity due to the conflict, lack of maintenance of aging health facilities and medical equipment, shortages of medicines and medical supplies, understaffing, and disruptions to management due to government health care reform and decentralization.

The COVID-19 pandemic has made the health system more fragile and more inaccessible to patients. Healthcare facilities have had to shift available resources and trained personnel to the COVID-19 response. This has limited other essential medical services, including HIV/AIDS and tuberculosis programmes, safe delivery and new-born childcare, routine childhood vaccination programmes, dialysis and treatment of other chronic diseases requiring continuous care in health facilities.

Information gaps / recommended information sources

	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Mortality data - disease-specific (National & GCA)	Census; facility-based surveillance
	Sexual and reproductive health - updated data (National & GCA)	Facility-based surveillance
	Child health - malnutrition data (National & GCA)	Anthropometric survey, desk-based nutritional risk assessment
	Hepatitis B & C - incidence/prevalence/treatment data (National & GCA)	Facility-based morbidity and mortality data
	Waterborne diseases – incidence/prevalence data (National & GCA)	Facility-based morbidity and mortality data; analysis of laboratory surveillance data; routine environmental monitoring
	NCDs - incidence/prevalence data (National & GCA)	Survey to measure point prevalence of chronic diseases; facility-based morbidity and mortality data
	Environmental health - impact data (National & GCA)	Facility-based morbidity and mortality data
	Mental health - incidence/prevalence/treatment data (GCA)	Query mental health symptoms as part of facility-based surveillance and general health surveys, services mapping, participatory assessment
	People with disabilities – health data (GCA)	Facility-based morbidity and mortality data
Health system needs	Medical equipment and supplies data (GCA)	Facility audits and spot checks, monitoring and analysis of requests for assistance
Humanitarian health system performance	Utilisation of health services (GCA)	Facility-based morbidity data; coverage survey, comparison of actual programme outputs vs. target beneficiaries; focus groups, other qualitative methods for exploring service utilisation and barriers
	Quality of health services (GCA)	Facility-based morbidity and mortality data; facility audits and spot checks, patient exit interviews

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