

Emergency in Ukraine

External Situation Report #10, published 5 May 2022

Reporting period: 28 April–4 May 2022

Erratum: There was an error in the map (Figure 1) published on 5 May. The map has been corrected below.



5.6 million
REFUGEES



7.7 million
INTERNALLY
DISPLACED



6731
CIVILIAN
CASUALTIES



3280
CIVILIAN
DEATHS

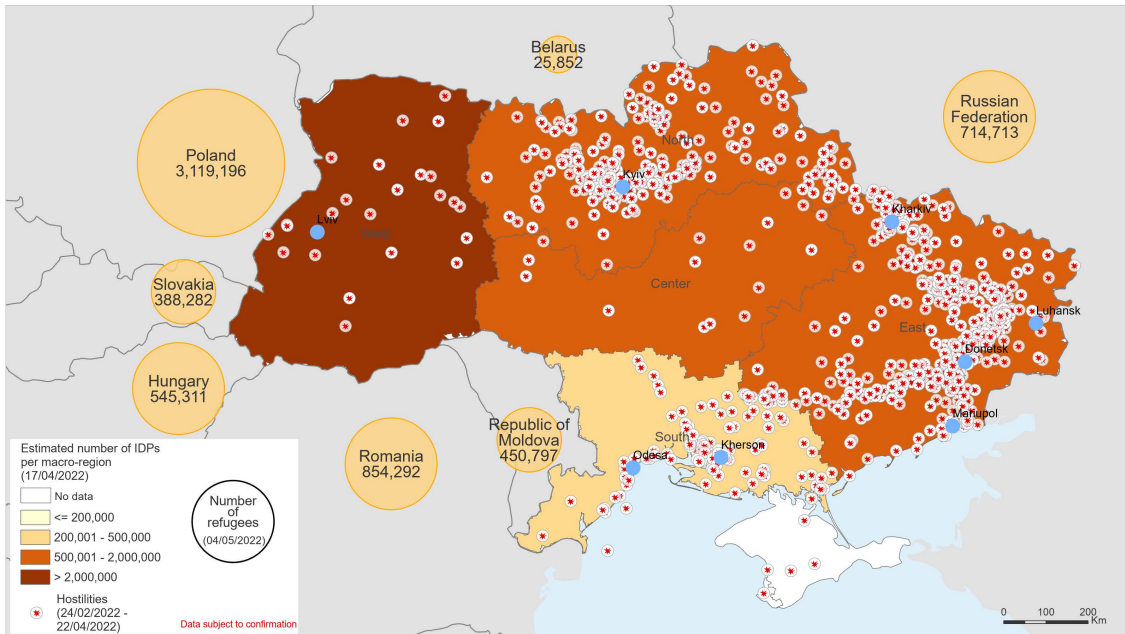
Key updates

- Attacks on health care (including those against health facilities, transport, personnel, patients, supplies and warehouses) continue, with 11 new attacks between 28 April and 4 May. Cumulatively, between 23 February and 4 May there have been 186 attacks reported, resulting in 52 injuries and 73 deaths reported. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.
- Due to the severe disruption to the Ukrainian health system, including routine immunization activities, there are serious concerns about possible infectious disease outbreaks, including measles outbreaks. Outbreaks of measles were reported in 2012 and from mid-2017 to late 2019, when Ukraine experienced one of the largest reported measles outbreaks in the world.
- Based on information submitted between 12 March and 30 April, EMTs provided clinical care for 3472 health events, of which 17% were infectious diseases, 12% were trauma, and 62% were other key diseases.
- Conflict and insecurity continue to disrupt supply chains, aggravate food insecurity and malnutrition across the country. In eastern Ukraine, there have been reports of food shortages in Kramatorsk (Donetsk oblast) as supplies were mostly coming from Kharkiv.
- As of 28 April, WHO has received US\$ 46.5 million (81%) against its appeal for US\$ 57.5 million covering the period from March to May to address the needs of six million people.

1. SITUATION UPDATE

Figure 1. Distribution of Internally Displaced Persons (IDPs) and refugees in Ukraine and in refugee-hosting countries as of 4 May 2022

Distribution of internally displaced persons (IDPs) and refugees in Ukraine and neighbouring countries



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization, United Nations High Commissioner for Refugees, United Nations Office for the Coordination of Humanitarian Affairs, ACLED, International Organization for Migration
Map Production: WHO Health Emergencies Programme
Map Projection: WGS 1984 World Mercator

World Health Organization
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Table 1. Key humanitarian figures as of 4 May 2022

People affected	
Internally displaced persons	7.7 million
Refugees	5.6 million
Injuries among civilians	3451
Deaths among civilians	3280

1.1 Population displacement and refugees

According to government data compiled by the United Nations High Commissioner for Refugees (UNHCR), over five million refugees have left Ukraine for surrounding countries in the last eight weeks of the conflict, with the highest proportion, 54%, in Poland, followed by 15% in Romania. According to the International Organization for Migration (IOM), as of 4 May approximately 7.7 million people have been internally displaced, which represents 17% of the country’s population. Additionally, IOM estimates that 2.8 million people have moved back to their homes following earlier displacement.

1.2 Overall WHO response

WHO is supporting the health sector in Ukraine and the refugee-hosting countries. WHO has mobilized experts and is working with partners, including the Global Outbreak Alert and Response Network (GOARN), Emergency Medical Teams (EMTs), Health Cluster, and Standby Partners, to provide support with access to health services

– primary health care, routine and COVID-19 vaccination, mental health and psychosocial support (MHPSS), trauma care, supply and logistics, prevention of sexual exploitation and abuse, risk communication and community engagement (RCCE), and information management.

WHO continues to support the Ministry of Health (MoH) of Ukraine and refugee-hosting countries to ensure safe medical evacuation of patients. Transportation of patients within Ukraine is ensured by the national emergency services, while transportation across the border to the European Union (EU) is managed by international EMTs and coordinated by the CADUS team, a German nongovernmental organization (NGO) providing EMT support. To date, over 200 Ukrainian patients have been evacuated from both Poland and Ukraine via the EU Civil Protection Mechanism¹ to 11 European countries (Belgium, Denmark, Germany, Ireland, Italy, Luxembourg, Norway, Portugal, Romania, Spain and Sweden). In addition, 110 psychiatric patients were evacuated from Ukraine through Poland to facilities in Spain. WHO and the EU Civil Protection Mechanism conducted an assessment of a potential site for a reception centre for transitioning Ukraine patients through Poland to other EU Member States. The centre will provide basic health services for stable patients, coordinate patient flow and planning for medical evacuations, ensure transportation and logistic support for EMTs, and provide psychological support for patients and family members.

Operational Partnerships

Standby Partners have strengthened WHO's capacity for this response by confirming 13 positions to support operations in Ukraine and refugee-hosting countries. Most of these deployments are scheduled for six months. Of the 13 experts, 10 have already been deployed (one completed) and three are completing pre-deployment formalities. Roles mobilized through Standby Partners include: MHPSS – one expert, RCCE – two experts, Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) – four experts, Geographic Information System (GIS) – one expert, Information Management – two experts, and Health Cluster coordination – two experts. These positions are supported through partners including the Norwegian Refugee Council (NORCAP) – five deployments, UK-Med – two deployments, Dutch Surge Support – one deployment, the Canadian International Civilian Response Corps (CANADEM) – three deployments, and iMMAP – two deployments. The UK Foreign, Commonwealth and Development Office (FCDO) has funded three deployments.

External communications

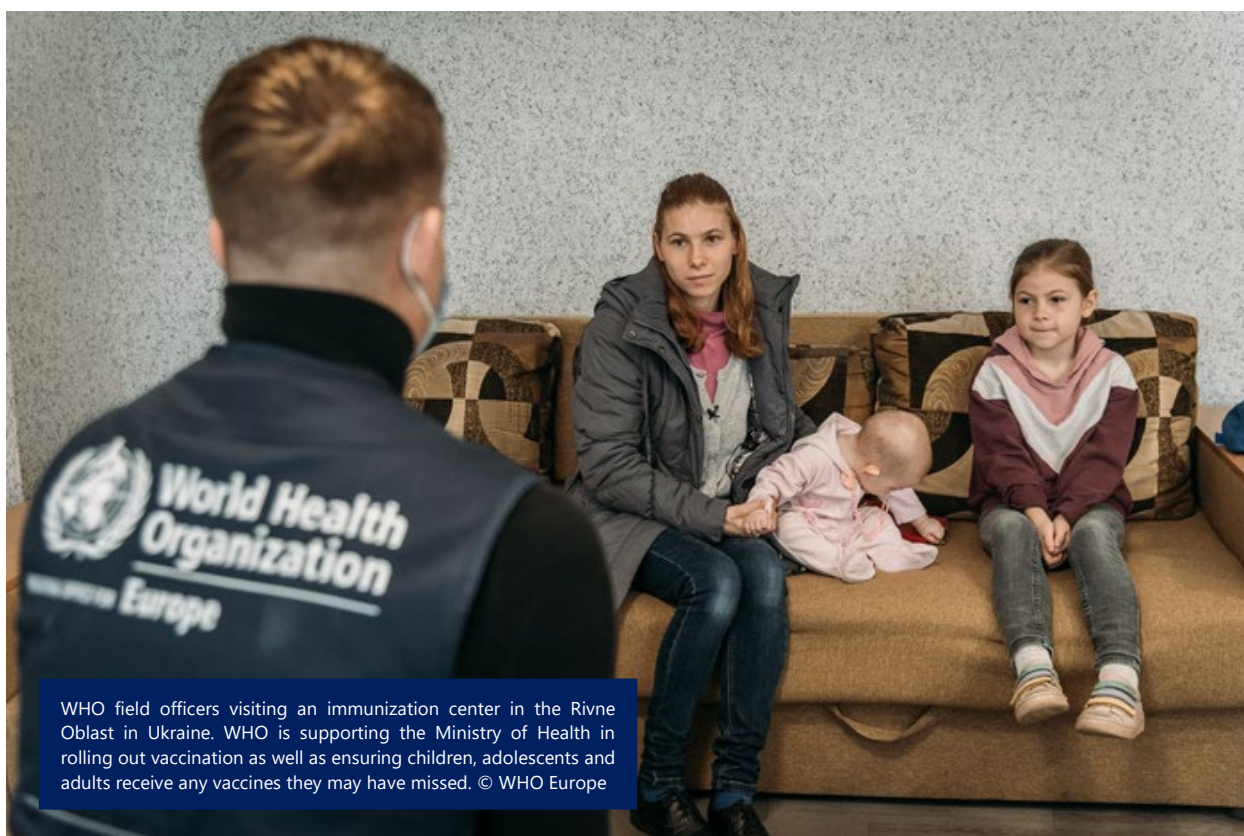
- Joint [WHO and UNICEF statement](#) on European Immunization Week 2022, including references to the Ukraine situation.
- [Live reports from WHO spokesperson in Ukraine at the twice-weekly UN briefing at the Palais in Geneva.](#)

Funding

- As of 4 May WHO has received US\$ 46.5 million (81%) against its appeal for US\$ 57.5 million covering the period from March to May 2022 to address the needs of six million people. Of these funds, US\$ 45 million is for health response in Ukraine and another US\$ 12.5 million for the health needs of Ukrainian people affected by the conflict in neighbouring counties.
- WHO's updated requirement for the response to refugee needs in neighbouring countries is US\$ 67.5 million for the period from March to December 2022.
- WHO would like to thank Canada, European Civil Protection and Humanitarian Aid Operations (ECHO), Ireland, Japan, the King Salman Humanitarian Aid & Relief Centre, Norway, Switzerland, Novo Nordisk Foundation, and the UN Central Emergency Response Fund (CERF), and the United States Bureau of Population, Refugees, and Migration for their timely contributions.
- During the first weeks of the response WHO released US\$ 10.2 million from its [Contingency Fund for Emergencies](#) to kick-start activities. These funds have been fully absorbed.

More information on funding can be found [here](#).

¹ [EU Civil Protection Mechanism \(europa.eu\)](#).



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

2. HEALTH PRIORITIES AND WHO ACTIONS IN UKRAINE TO DATE

2.1 Access to health care in Ukraine

Ukraine's health system is facing multiple challenges. Access to health care is severely impacted due to security concerns, restricted mobility, broken supply chains and mass displacement. Health care continues to come under attack (including those against health facilities, transport, personnel, patients, supplies and warehouses), with 11 new attacks reported between 28 April and 4 May, and a total of 186 attacks² on health care reported, resulting in 52 injuries and 73 deaths between 24 February and 4 May.³ Cumulatively, between 23 February and 4 May there have been 186 attacks reported, resulting in 52 injuries and 73 deaths reported. Further attacks are being verified. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.

Through engagement with the MoH, national health institutions and many partners and donors, WHO has been able to provide populations with life-saving supplies, equipment and medicines. However, reaching some of the hardest-hit areas in the east, where health systems have been severely disrupted, remains a challenge.

² Attacks on health care include those against health facilities, transport, personnel, patients, supplies and warehouses.

³ [Surveillance System for Attacks on Health Care \(SSA\)](#).

2.2 Priority public health concerns

Current health priorities are listed below (more details on each of these public health concerns can be found in the previously published [situation reports](#)).

Conflict-related trauma and injuries	<p>Civilian casualties continue to rise due to the use of explosive weapons. Limited access to health care results from infrastructure disruption of health-care facilities and closure of many pharmacies in Ukraine.</p>
Maternal and newborn health	<p>While only limited data are available on the current situation of maternal and newborn health, there have been reports on disruptions to antenatal, intrapartum and postnatal care.</p>
Management of chronic diseases and noncommunicable diseases (NCDs)	<p>Provision of medicines and care for patients with chronic communicable diseases, such as HIV and tuberculosis (TB), as well as NCDs, remains challenging. WHO, collaborating with international and local partners, continues to coordinate supply efforts to ensure mitigation of shortfalls of drugs for HIV, TB and NCDs in affected oblasts.</p> <p>Approximately 30% of households have at least one person with a chronic disease who reported challenges in accessing care for their condition. Two out of five households (39%) have at least one member with a chronic illness, such as cardiovascular disease, diabetes or cancer.</p>
Risk of emergence and spread of infectious diseases	<p>The risk of disease outbreaks, such as cholera, measles, diphtheria or COVID-19, has been exacerbated due to lack of access to water, sanitation and hygiene, crowded conditions in bomb shelters and collective centres, and suboptimal coverage for routine and childhood immunizations.</p> <p>Due to the severe disruption to the Ukrainian health system, including routine immunization activities, there are serious concerns about a possible measles outbreak. Outbreaks of measles were reported in 2012 and from mid-2017 to late 2019, when Ukraine experienced one of the largest reported measles outbreaks in the world. Additionally, the risk of vaccine-derived poliovirus type 2 outbreaks remains, as it has been previously reported in two children. Currently Ukraine has sufficient polio vaccine stocks to meet immunization needs and has resumed the vaccination campaign halted just a few weeks after its launch on 1 February. As of 24 April only 48% (approximately 69 000) of the children who were targeted in the campaign have been vaccinated. There is also increased risk for tetanus and diphtheria due to increased risk of injury and overcrowding conditions.</p> <p>As of 3 May approximately 60 cases of acute watery diarrhoea were reported by EMTs in Ukraine, of whom 10 are children under five years of age. These cases are currently being monitored by EMTs on site.</p> <p>Between 28 April and 4 May a total of 2886 new cases and 52 new deaths of COVID-19 have been reported. This represents a decrease of 37% and 29%, respectively, compared to the previous week. These numbers should be interpreted carefully due to underreporting of COVID-19 cases and deaths.</p> <p>Between 23 February and 1 May the overall number of beds available and beds occupied by patients with COVID-19 has decreased by 44% and 92%, respectively, reflecting potential challenges in accessing hospitals, limited data reporting, and a potential decrease in actual hospitalizations.</p>

<p>Protection issues: risk of human trafficking and escalated risk of sexual and gender-based violence (GBV)</p>	<p>Increasing numbers of reports in Ukraine of unaccompanied children, women travelling alone, interim care arrangements, limited access to protection/treatment/support, and many vulnerable populations (including men and the elderly). There is an increased risk of physical injury, psychological distress and long-term mental health problems, pregnancy, STIs, and negative coping strategies, such as addictions. Prevention and protection from GBV, trafficking, sexual exploitation and abuse remain key concerns.</p>
<p>Mental health and psychosocial support (MHPSS)</p>	<p>Mental health stressors continue in Ukraine, with limited access to psychological and psychiatric support. Psychosocial support is much needed, particularly in view of a likely increase in negative coping mechanisms, including abuse and self-harm.</p>
<p>Technological hazards and health risks</p>	<p>Potential nuclear hazards</p> <p>There are 15 nuclear reactors at four operational nuclear power plants (NPPs) in Ukraine, one decommissioned NPP in Chernobyl, and a research reactor in Kharkiv. In addition, numerous radioactive sources are used in industry and health-care facilities.</p> <p>According to the International Atomic Energy Agency's (IAEA) daily updates, currently the nuclear facilities are operating normally, and the nuclear safety situation appears under control. However, the Zaporizhzhya NPP, located in the southeast and in proximity to the military operations, remains at risk of being affected by shelling. The risk of a nuclear emergency as a result of direct damage due to shelling of NPPs or failure of a reactor's power supply, or the inability to provide necessary maintenance, remains high.</p> <p>Potential chemical hazards</p> <p>Reports of toxic chemical events continue to be closely monitored and assessed. WHO is working with the MoH of Ukraine and with health partners on the ground to prepare for all public health hazards, including those that may be caused by unintentional or intentional release of toxic chemicals.</p>
<p>Food security and nutrition</p>	<p>Conflict and insecurity continue to disrupt supply chains, aggravate food insecurity and malnutrition across the country. In eastern Ukraine there have been reports of food shortages in Kramatorsk (Donetsk oblast) as supplies were mostly coming from Kharkiv. Based on the revised estimates by the UN Flash Appeal (March to August), approximately 10.2 million people across Ukraine are in need of food and livelihood assistance, which represents an increase of over 350% compared to estimates in the initial UN Flash Appeal of 2.25 million people. This is in line with World Food Programme's recent food insecurity survey – one in three households in Ukraine are now food-insecure.</p>

2.3 WHO actions in Ukraine to date

Leadership and coordination

The WHO Regional Office for Europe is deploying a team to Kyiv, for the first time since the start of the emergency, which will meet with the WHO Country Office staff members on the ground. The WHO representative will be visiting recently liberated areas in the Kyiv oblast and holding several high-level in-person meetings with government counterparts, speaking with members of the national and international press corps, and handing over WHO donations.

Health information and operations

- As of 2 May, 3153 civilians have been killed (1115 men, 722 women, 71 girls, 83 boys, as well as 72 children and 1090 adults whose sex is not yet known) and 3316 have been injured (395 men, 324 women, 69 girls, 80 boys, as well as 170 children and 2278 adults whose sex is not yet known).
- As of 1 May, over 5.6 million Ukrainians crossed the border to neighbouring countries, of whom just over 3 million crossed the border to Poland and 0.8 million to Romania.

- WHO, together with Premise, a crowdsourcing organization, conducted a household health needs assessment based on crowdsourced data.
 - Of the 1495 households who responded to the survey, 30% have sought health-care services. Of those, 33% reported having problems accessing services, while 33% had difficulty accessing routine medication. Among the respondents who sought out health-care services, 39% cited the security situation as the main barrier to access, while 23% reported that no health-care services were available in their area.
 - The top three medications that households are having difficulty accessing are pain medicine, medicine for cardiovascular diseases and medicine for hypertension, respectively, for 46%, 40% and 39% of households who tried to obtain the medications.
- A WHO team has travelled to Zaporizhzhya to jointly coordinate the evacuation of civilians from Mariupol. The team delivered medical supplies to a local hospital in the region and is closely working with the UN team on the ground. The mission also assessed the preparedness of the hospitals and reception centres, in close collaboration with the local authorities in the region, to care for evacuees, and replenished the needed medical supplies from the WHO warehouse in Dnipropetrovsk. It will continue assessing and addressing the needs of frontline hospitals in the Kharkiv oblast, before returning to Lviv via Kyiv with support from the MoH.

Supplies and logistics

- The WHO Operations Support and Logistics (OSL) unit is fully engaged in emergency operations to provide medical supplies and assistance to oblasts across Ukraine that were hit the hardest by the conflict.
- WHO OSL is working closely with UN partners and the Ukrainian MoH to deliver supplies across Ukraine, in accordance with the Ukrainian MoH's distribution plan. Additional supply hubs are being set up in Dnipropetrovsk, Odesa, Poltava and Kyiv to facilitate the delivery of medical supplies to the most severely affected areas across Ukraine.
- As of 3 May WHO has delivered to Ukraine 393 metric tonnes of medical supplies, comprising trauma and emergency surgery kits (TESK), interagency emergency medical supplies (IEHK), essential medicines, and other critical supplies, including body bags, ambulance vehicles, power generators, refrigerators and other equipment.
- Procurement of supplies for the Ukraine response includes (not exhaustive):
 - US\$ 4.8 million in trauma/surgical supplies, with US\$ 3 million delivered
 - US\$ 6.4 million for primary health and NCD management, with US\$ 1.9 million delivered
 - US\$ 431.5 thousand for cold chain management, with US\$ 360 thousand delivered, including refrigerators, freezers, and other essential cold chain equipment
 - US\$ 1.62 million for chemical, biological, radiological and nuclear and explosives, with US\$ 436 thousand delivered.
- The distribution of supplies is being coordinated with the MoH. To date, 167 metric tonnes of medical supplies have reached beneficiaries within Ukraine across the oblasts of Kyiv, Dnipropetrovsk, Kharkiv, Kherson, Chernihiv, Zaporizhzhya, Sumy, Mykolayiv, Donetsk, and Luhansk.
- In coordination with the MoH, WHO OSL is processing donations of medicines, medical equipment and consumables from various organizations, including pharmaceutical and biotechnology companies (Roche, Reig Jofre, Novo Nordisk and Seegene), government partners (Ontario, Canada and the European Commission (EC)), and NGOs (FootPrint Project, Direct Relief and European Blood Alliance).
- WHO OSL remains focused on maintaining the flow of essential medical supplies and supporting MoH and partner gaps to ensure the continued functioning of critical health services and life-saving activities in Ukraine through the duration of the conflict.

Operational partnerships

EMT Coordination Cell (EMT CC) and Trauma & Rehabilitation Working Group (TRWG)

Since the start of the response, the EMT initiative has established the EMT CC in Ukraine integrated with the Health Cluster TRWG, as a joint operational mechanism working closely with partners.

- Based on information submitted between 12 March and 30 April, EMTs provided clinical care for 3472 health events, of which 17% were infectious diseases, 12% were trauma, and 62% were other key diseases.
 - Among infectious disease events, acute respiratory infections were most frequently reported (88%, 535/610), followed by acute watery diarrhoea (10%, 60/610).
 - Among trauma events, minor injuries were most frequently reported (62%, 256/413), followed by moderate injury (23%, 94/413).
- Further EMT network activities can be found [here](#).

Health Cluster

- The Ukraine Health Cluster currently has 106 partners, 87 of whom are operational partners, and 19 have planned activities.
- **5W** (who, what, where, when, why): Health Cluster Partners' presence and activities across Ukraine are mapped weekly to chart the continuously changing humanitarian response landscape. Health Cluster Partners have completed or ongoing activities in **160 settlements in 24 oblasts** in Ukraine.



Health domains of Partners' response activities: Health Domain	Number of Partners
HIV/TB	29
Trauma/mass casualties	13
Sexual and reproductive health, child health and GBV	10
NCDs	9
Mental health	8
NCDs	8
Other communicable diseases	6
COVID-19	3
Child health	3
Palliative care	1

Note: Not all Partners reported the health domains of their activities.

- Health activities provided by the Health Cluster include providing direct life-saving and primary health care services through fixed and mobile clinics, providing health facilities with necessary medical equipment and supplies, procuring and distributing medical supplies, and supporting community-based health-care services, among others.
- **National meetings** for Health Cluster Partners are held weekly. Since the beginning of the emergency, each meeting has been attended by over 100 participants from the humanitarian health sector.
- **Technical working groups (TWG):** Eight new TWGs have been created since 24 February, including for communicable diseases, sexual, reproductive, maternal and child health; NCDs; trauma and rehabilitation; displacement and health; health logistics and supply, RCCE; and assessment and analysis. Prior to 24 February the Ukraine Health Cluster had an MHPSS TWG and an HIV and TB TWG.
 - Public Health Situation Analysis (PHSA) for Ukraine: A PHSA provides an overview of the health status of a population, potential health threats, the status of the health system, and the humanitarian health response. The document is a synthesis of the secondary data available at the time of publication. The latest [PHSA for Ukraine – April Update](#) released on 29 April builds upon the rapidly developed document published on [3 March 2022](#). The update adds depth to the information presented in the previous version, tracks changes in the situation, considers additional threats, and incorporates data from assessments. A translation into Ukrainian will be available in the coming days.
- **Health Cluster rapid needs assessments**
 - The Ukraine Health Cluster, in collaboration with WHO, developed two rapid health needs assessment tools: one aimed at collecting information from households and another designed to be answered by key informants from communities or shelters.
 - Partners are encouraged to conduct household-level and community-level assessments as part of their response activities. Briefing sessions for partners on the KoBo-based tools were held on 14 and 15 April and attended by over 70 participants from 52 organizations.
 - Between 18 and 22 April six partners (five international NGOs and one national NGO) conducted 379 interviews across 11 oblasts.
 - **Household-level assessments:** five Health Cluster Partners conducted 276 interviews across eight oblasts.
 - **Community-/shelter-level assessments:** five Health Cluster Partners conducted 103 interviews across nine oblasts.
- The [health requests, planning and response tool \(HRPR\)](#) developed by the Health Cluster enables organizations and facilities to log requests for assistance from the humanitarian health sector. The Health Cluster Secretariat then engages with partners who are able respond to and fulfil the request. This tool simplifies the previous request and referral tracking system. Over 69 requests have already been logged with the new tool since its launch on 15 April; 63 of them have already been shared with partners to coordinate the response.
- **Mission to Dnipropetrovsk (26–29 April):** a mission to Dnipropetrovsk was undertaken and a meeting with 11 partners was held to better understand how the National Health Cluster can support eastern Ukraine, and to gain a clearer picture of subnational coordination needs, and the needs, gaps, challenges and bottlenecks faced by partners working or planning response activities in the region.

Risk Communication and Community Engagement

As part of World Immunization Week, WHO stressed the importance of scaling up routine vaccination, even during conflict, with a press release, a UN Geneva Palais press briefing from a vaccination centre in the Rivne blast, and Twitter and Facebook posts. All yielded strong media coverage.

3. SITUATION AND ACTIVITIES IN REFUGEE-HOSTING COUNTRIES

3.1 Overall WHO actions in some refugee-hosting countries

While priority public health concerns for Ukraine (section 2.1) remain the same for refugee-hosting countries, this week we are highlighting the following information on the risk of emergence and spread of infectious diseases, GBV, MHPSS and maternal health issues.

Risk of emergence and spread of infectious diseases	Ongoing epidemics The incidence of COVID-19 continues to decrease among all refugee-hosting countries. COVID-19 vaccination uptake in refugee-hosting countries also varies, with a majority of countries having a vaccination rate of over 60% among the national population for the complete series of the vaccine. The lowest vaccine uptake of the primary series is reported in the Republic of Moldova (26.3% uptake among the national population) and Romania (42% uptake).
	Epidemic risk As of 3 May a total of 115 cases of acute watery diarrhoea were reported at refugee reception centres in the Republic of Moldova, of whom 18 are children under five years of age. These cases are currently being monitored by EMTs on site.

3.2 Overall WHO actions in some refugee-hosting countries

Countries neighbouring or close to Ukraine have triggered emergency response systems for receiving refugees. In other countries WHO is strengthening operations to support the needs of refugees.

Health operations

- WHO supported the interagency coordination forum for Slovakia and Hungary.
- WHO has worked to establish links with counterparts in Poland and Ukraine for PRSEAH activities.

Czechia

Situation update

- Between 24 February and 4 May over 300 000 Ukrainian refugees entered Czechia.
- A total of temporary 322 822 Ukrainian refugees received protection status.

WHO actions this week

On 5 May WHO will visit KACPU, a Regional Centre for Help and Assistance to Ukraine, to understand more about health information and refugee needs to aid response planning. WHO is preparing a preliminary study of the data that is generated by UA points, or general practice points at university hospitals in Czechia, which provide primary health care to Ukrainian refugees. Currently WHO is piloting the study at one university hospital in Prague. It will be a retrospective review of data on Ukraine and the refugees who came to the UA points in the last two months to understand who they are, why they came to Czechia, what assistance they received and what the follow-up was. It will provide a snapshot of the utilization of health-care services. Emergency room data will also be included in this pilot.

Hungary

Situation update

Between 24 February and 4 May an estimated 545 311 Ukrainian refugees entered Hungary.

WHO actions this week

- WHO and the Hungarian health authorities have discussed a plan to establish an alternative medical supply line for Ukraine. On 4–6 May WHO deployed OSL support development of a plan for an alternative supply line. During the mission WHO will hold meetings with the Ministry of Foreign Affairs, followed by the health authorities, the airport, and meet with companies that can provide logistic

support. This and other potential supply lines will only be needed if the existing one through Poland is no longer operable.

- On 3 May WHO presented the Hungarian chapter of the regional response plan to the UN and partners.
- During European Immunization Week, WHO met with the National Public Health Institute and the parties in charge of the immunization programme.
- WHO is supporting the translation of a package of priority MHPSS documents into Hungarian.

Poland

Situation update

- Between 24 February and 4 May an estimated 3 119 196 Ukrainian refugees entered Poland, accounting for 54% of the total refugee population.
- UNHCR has announced its survey of the refugee reception centres, which will be implemented soon through its partner Reach and provide a much better overview of the centres.

WHO actions this week

- On 29 April and 2 May WHO held two online trainings on data processing and the reporting tool that will be implemented to facilitate surveillance at border crossings and accommodation centres.
- All partners providing direct health care are expected to contribute to this collection to allow efficient coordination by the MoH, and for sanitary inspections to follow up on communicable disease presentations of concern. WHO will support the MoH with the data processing.
- A medical evacuation (medevac) system is being put in place in cooperation with the MoH of Ukraine, the MoH of Poland, WHO, the European Commission and other partners. WHO has helped to identify a location for a potential medevac centre. Coordination with the MoH, the European Commission and other partners is ongoing for further implementation. The medevac centre is established to enhance the capacities of existing medevac protocols, guarantee patient safety, traceability and accountability, and to ensure effective use of available transport resources.

Republic of Moldova

Situation update

- Between 24 February and 4 May an estimated 450 797 Ukrainian refugees entered the Republic of Moldova.
- Starting on 19 April refugees from Ukraine will be eligible to receive free reproductive health care at all medical centres in the country. UNFPA has taken over funding for services that were previously State-funded. Ukrainian women will continue to receive free assistance before and after birth, alongside services related to family planning, childbirth, caesarean sections, treatment of various infections, and cytology tests as part of cervical cancer screening.
- UNICEF is procuring a new batch of 50 000 baby hygiene kits, mainly for the Children and Family Support Hubs (Blue Dots).
- Between 28 March and 26 April IOM provided psychological counselling (for individuals and groups) for 83 refugees and third-country nationals at refugee accommodation centres.

WHO actions this week

- On 22 April WHO, jointly with the MoH, conducted rapid assessments of hospital health services available at the Bălți Clinical Hospital and Edineț District Hospital in the context of mass casualty management (MCM) in the north-eastern part of the country.
- On 26–28 April WHO organized a second round of three-day trainings on MCM in responding to health emergencies for more than 40 representatives of the main stakeholders, including the MoH, the

National Agency for Public Health and the “Nicolae Testemițanu” State University of Medicine and Pharmacy, as well 14 hospitals from the northern and central part of the country.

- Based on the needs assessment for mass casualty events, WHO contracted additional 10 surgical tables, 20 mobile surgical lights, 30 trauma backpacks and intraosseous infusion kits to strengthen the health system with sufficient instruments and equipment.
- On 27 April WHO contracted a new batch of disinfectants and personal protective equipment to support infection prevention and control measures against COVID-19 and other infectious pathogens for refugees staying at refugee accommodation centres.
- On 28 April WHO held a meeting on MHPSS with the International Committee of the Red Cross (Red Cross) Mission in Chișinău and the MoH.
- On 28 April a national workshop was organized by the Red Cross in collaboration with WHO and the MoH to outline the achievements, challenges and new activities in educating the population on the importance of COVID-19 and routine immunization.
- WHO and UNICEF participated in a press conference organized by the MoH to celebrate European Immunization Week. WHO continues to provide the Republic of Moldova with the assistance it needs to achieve equitable and expanded access to immunization services for its citizens and refugees.

Romania

Situation update

- Between 24 February and 4 May an estimated 846 521 Ukrainian refugees entered Romania. However, most are in transit to other countries, primarily to Hungary (35%) and Bulgaria (22%).
- As of 2 May the current refugee accommodation centre occupancy is at 22.9% capacity.
- The Romanian Red Cross and the Italian Red Cross launched a humanitarian hub in north-eastern Romania (the city of Suceava), to facilitate the help for Ukrainian citizens. The operational base, built by the Italian Red Cross with financial support from the Monaco Red Cross, was launched on 1 May.
- UNHCR has provided over 13 900 people with in-person counselling at the eight border crossing points into Romania, as well as information and counselling by phone.

WHO actions this week

- On 4 May WHO organized the third virtual meeting of the Refugee Coordination Forum Health Working Group.
- On 29 April WHO organized a meeting with of the MHPSS sub-working group, attended by the MoH's mental health adviser.
- WHO has continued to liaise with the MoH to verify and validate the procurement of cold chain equipment for vaccination, to nominate a focal point for GBV work and work with hospital staff to understand the data information flow from the hospital level to the MoH (collecting data and reporting on beds available for Ukrainian refugees, as well as admissions and discharges).

Slovakia

Situation update

- Between 24 February and 4 May an estimated 385 284 Ukrainian refugees entered Slovakia. More than 2200 Ukrainians have crossed the Slovakia–Ukraine border back to Ukraine as of 26 April.
- As of 3 May, 71 191 refugees have requested temporary protection in Slovakia and 184 people have applied for asylum.

WHO actions this week

WHO deployed an Emergency Coordinator to Slovakia as of 1 May. The Emergency Coordinator is advising the WHO Emergency Team on data and information management activities, enabling the development,

implementation and monitoring strategies that maximize the individual and collective impact of WHO's actions throughout the course of the emergency. The coordinator is engaging with local authorities, UN partners and non-health actors to establish strategic partnerships for multidimensional information management processes.

Resources

- [Public Health Situation Analysis \(PHSA\) Ukraine, 29 April 2022](#)
- [Public health situation analysis: refugee-hosting countries, 17 March 2022](#)
- [Previously published Situation Reports: Emergency in Ukraine](#)
- [Guidance Note for Medical Supply Donations](#)
- [Ukraine emergency webpage](#)
- [Health cluster; Emergency Medical Teams \(EMT\)](#)
- [Dashboards with the most recent posts across Facebook, Instagram and Twitter](#)

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