

Emergency in Ukraine

External Situation Report #12, published 19 May 2022

Reporting period: 12–18 May 2022



6.3 million
REFUGEES



8 million
INTERNALLY
DISPLACED



8089
CIVILIAN
CASUALTIES



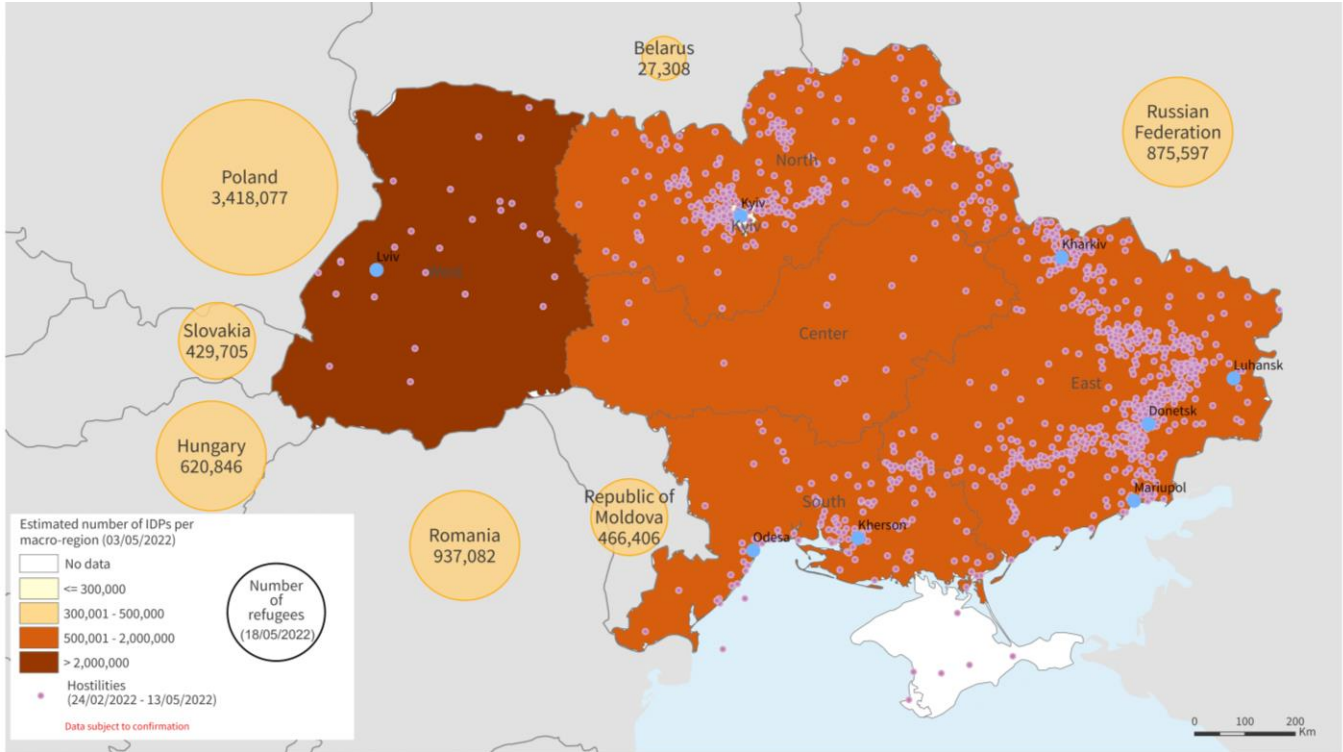
3811
CIVILIAN
DEATHS

Key updates

- Attacks on health care (including those against health facilities, transport, personnel, patients, supplies and warehouses) continue, with 24 new attacks reported from 12 through 18 May. Cumulatively, between 23 February and 18 May, there have been 235 attacks reported, resulting in 59 reported injuries and 75 reported deaths. These attacks deprive people of urgently needed care, endanger health-care providers, and undermine health systems.
- Provision of care for cancer patients continues in Ukraine, despite disruptions in health-care services. According to the preliminary results of a rapid cancer capacity assessment conducted in 32 cancer facilities in Ukraine, 88% of facilities reported diminished ability to provide services for patients.
- Five online trainings were conducted for health-care workers in Ukraine on routine immunization, including for measles, mumps, pertussis, rubella and tetanus.
- Efforts are ongoing to deliver medical supplies from the WHO supply and logistics base in Lviv, amidst fuel shortages and access limitations that pose challenges to delivering supplies to areas most affected by the conflict. WHO has prepositioned contingency stocks of emergency medical kits in Odesa and Poltava to support delivery efforts in these oblasts.
- Two needs assessments were conducted to gain a better understanding of the health-care needs of people in Ukraine.
 - In one assessment conducted between 18 and 22 April, six Health Cluster Partners conducted 379 interviews across 11 oblasts to assess health needs at household and community/shelter levels. Analyses of these interviews are ongoing.
 - In another assessment conducted between 11 April and 16 May, a crowd-sourcing platform was used to assess household health needs. Among 1700 respondents who contributed to the online survey, one in three reported that at least one member of their household sought health care since 24 February. Of those, one third (10% of total respondents) experienced serious problems with accessing health care. Security and availability were the two main barriers.

1. SITUATION UPDATE

Figure 1. Distribution of Internally Displaced Persons (IDPs) and refugees in Ukraine and in refugee-hosting countries as of 18 May 2022



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



Table 1. Key humanitarian figures as of 18 May 2022

People affected	
Internally displaced persons	8 million
Refugees	6.3 million
Ukrainians entering Ukraine	1.8 million
Injuries among civilians	4278
Deaths among civilians	3811

1.1 Population displacement and refugees

According to government data compiled by the Office of the United Nations High Commissioner for Refugees (UNHCR), over 6.3 million refugees have left Ukraine for surrounding countries between 24 February and 17 May, with the highest proportion, 53%, in Poland, followed by 14.7% in Romania. According to the International Organization for Migration (IOM), as of 3 May approximately eight million people have been internally displaced, which represents 18% of the country’s population. Based on a routine assessment conducted by the IOM, over 167 000 IDPs arrived in western Ukraine’s Lviv and Zakarpattya oblasts between 15 and 30 April. These numbers were sourced from official registration data, and are therefore likely lower than the true number of IDPs.

As the crisis evolves, displacement and mobility patterns continue to change, requiring scaled-up and integrated response interventions that address both emerging and existing needs.



1.2 Overall WHO response

WHO is supporting the health sector in Ukraine and in 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 and response to sexual exploitation and abuse, risk communication and community engagement (RCCE), and information management. WHO continues to support the ministries of health (MoH) of Ukraine and of the 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. As of 9 May at least 205 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).

External communications

During his third visit to Ukraine this year, WHO Regional Director for Europe Dr Hans Henri P. Kluge further stressed the importance of addressing both immediate and long-term health needs: “Even as we try to meet Ukraine’s urgent health needs today, we are also looking ahead to the future, and how we can help Ukraine’s health system build back smarter, stronger and greener.”

¹ EU Civil Protection Mechanism (europa.eu).

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 (which includes attacks against health facilities, transport, personnel, patients, supplies and warehouses), with 24 new attacks reported between 12 and 18 May; and a total of 235 attacks² on health care, resulting in 59 injuries and 75 deaths, reported between 24 February and 18 May.³ 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 authorities, 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. On 16 May Ukrainian authorities reportedly stated that the Kherson oblast is expected to run out of essential medications and oxygen in the next two weeks because humanitarian aid workers and volunteers are not able to enter the region.

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	Civilian casualties continue to rise, largely due to the use of explosive weapons. Disruption of health-care facilities and closure of many pharmacies in Ukraine has limited access to trauma care.
Maternal and newborn health	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.
Management of chronic diseases and noncommunicable diseases (NCDs)	Provision of care for cancer patients continues in Ukraine, despite disruptions in health-care services. According to the preliminary results of a rapid cancer capacity assessment survey conducted in 32 cancer facilities in Ukraine, 88% of facilities reported diminished ability to provide services for patients. These facilities face challenges in providing palliative care, radiotherapy and diagnostic imaging. Cancer facilities that have the most capacity to care for patients are located outside conflict-affected areas. The majority of Ukrainian adult cancer patients, estimated to be over 50 000 people, remain in Ukraine. On the other hand, the majority of children with cancer are being treated outside Ukraine.
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 COVID-19 immunizations.</p> <p>As of 10 May, 60 cases of watery diarrhoea have been reported by EMTs in Ukraine, of which 10 cases are among those under five years of age. One case of bloody diarrhoea was also reported. EMTs on the ground are closely monitoring the situation.</p> <p>Two cases of botulism were reported in the city of Kyiv, according to local authorities. Both patients have reportedly been hospitalized.</p> <p>Between 12 and 18 May a total of 2841 new cases of COVID-19 and 48 new deaths were reported. This represents a 21% decrease in cases and 26% increase in deaths compared to the previous week. These numbers should be interpreted with caution due to underreporting of COVID-19 cases and deaths.</p>

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

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

	<p>An outbreak of COVID-19 was reported in an orphanage in the Dnipropetrovsk oblast. Five children have reportedly been hospitalized in relation to this outbreak.</p> <p>Between 23 February and 15 May the overall number of beds available and beds occupied by patients with COVID-19 decreased by 45% and 92%, respectively, reflecting potential challenges in accessing hospitals, limited data reporting, and a potential decrease in actual hospitalizations. The most notable decrease was reported from the Luhansk oblast (100%), followed by the Zhytomyr (76%) and Chernivtsi (75%) oblasts.</p>
Protection issues: risk of human trafficking and escalated risk of sexual and gender-based violence (SGBV)	<p>There is an increased risk of physical injury, psychological distress and long-term mental health problems, unwanted pregnancy, STIs, and negative coping strategies such as addiction. Prevention and protection from GBV, trafficking, sexual exploitation and abuse remain key concerns.</p>
Mental health and psychosocial support (MHPSS)	<p>Mental health stressors continue at extreme levels 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>
Technological hazards and health risks	<p>Potential nuclear hazards</p> <p>There are both operational and decommissioned nuclear facilities in Ukraine. In addition, numerous radioactive sources are used in industry and in health-care facilities. According to the International Atomic Energy Agency's (IAEA) analysis, the current nuclear safety situation appears under control. However, the ongoing armed conflict puts nuclear installations at risk of accidental or deliberate damage and jeopardizes the security of radioactive sources.</p> <p>WHO has developed technical guidance and public communication materials placed on a dedicated website. A training module on the application of the MHPSS framework in nuclear emergencies has been added to the MHPSS in emergencies training on the OpenWHO learning platform. In addition, the WHO Collaborating Centre in Kyiv has developed a training webinar for medical specialists on clinical management of radiation overexposure (in Ukrainian).</p> <p>Potential chemical hazards</p> <p>During the current reporting period there have been several rumours of events involving the release of toxic industrial chemicals, specifically those stored at agricultural facilities affected by the conflict. However, these events did not result in significant public health risk. WHO continues to assess the risk of toxic industrial chemical releases as significant, given the number of sites storing or producing industrial chemicals. 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>
Food security and nutrition	<p>The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimates that between March and August approximately 10.2 million people in Ukraine will need food and livelihood assistance.</p> <p>According to estimates by the Food and Agriculture Organization of the United Nations (FAO), at least 20% of winter crops in Ukraine, mostly wheat, may not be harvested or planted. Preliminary assessments suggest that almost 50% of winter wheat and almost 40% of rye crops, which should be harvested between July and August, are located in areas that are occupied, conflict-affected, or heavily contaminated with explosive ordnance. There is uncertainty as to whether farmers will be able to harvest and plant crops, sustain livestock or market their products. This will decrease food availability in Ukraine and reduce food supply globally, including for Europe, central Asia and other regions.</p> <p>From March to April six organizations dedicated to nutrition support provided complementary foods for 39 442 children aged 6–23 months in 17 regions of Ukraine. Additionally, they provided 19 667 pregnant women with nutrition items, and 347 430 people with communication about infant and young child feeding.</p>

2.3 WHO and partner actions in Ukraine to date

Leadership and coordination

- The WHO Ukraine leadership retreat took place on 12 and 13 May to review the initial phase of the response, taking stock of challenges and lessons learned, and to focus on plans for the next period of action. Furthermore, the meeting allowed for in-person technical discussions on a range of topics.
- WHO continues to hold key meetings at national level with various ministries and at subnational level at its Lviv, Vinnytsya and Dnipropetrovsk hubs.
- WHO facilitated a visit to Ukraine by the WHO Regional Director for Europe on 14–19 May, which included a visit to Lviv, Kyiv and Chernihiv, and meetings with government leaders to discuss health needs, response and recovery.

Health information and operations

Saving lives continues to be the priority of WHO's response in Ukraine. Action focuses on ensuring access to care and basic health services for wounded people and others affected by the armed conflict; continuity of treatment and care for people with NCDs, including diabetes, cardiovascular disease and cancer; prevention of epidemics such as poliomyelitis (polio) and measles; and prevention of other health threats, including technological hazards (chemical or radio-nuclear).

- Between 3 and 5 May three online trainings for routine immunization were conducted in Ukraine. The webinars were addressed to trainers of the regional immunization training hubs on the topics of measles, rubella and pertussis. On 10 and 11 May additional trainings on immunization for tetanus and mumps were conducted.
- Event-based surveillance activities continue for potential health hazards, including through the use of Epidemic Intelligence from Open Sources and through syndromic surveillance by EMTs and Health Cluster Partners. WHO continues to support the Ukraine Public Health Centre (UPHC) and Regional Centres for Disease Control and Prevention to strengthen capacities for disease surveillance and outbreak response. The first meeting on drinking water rapid assessment tools/algorithms took place on 5 May, with 14 participants from WHO, the MoH of Ukraine, and the UPHC.
- A rapid risk assessment checklist was developed with WHO technical support and first applied in parts of the Kyiv oblast released from the occupation. It will be tailored for further application in other areas to follow an all-hazards approach.
- Seven trauma and mass casualty trainings for Emergency Medical Services (EMS) were conducted for more than 80 emergency care doctors in the city of Kyiv and the Zhytomyr oblast, and requests for trainings for additional EMS staff have been received. Two webinars were conducted on nursing care for trauma and burn patients. The webinars were attended by more than 600 health-care providers. Between 2 and 11 May the EMS team visited facilities in Dnipropetrovsk and Zaporizhzhya. The hospitals approved the trauma kits received and hospital staff was instructed on their proper use.
- WHO's work to support chemical preparedness and response continues. Since March WHO has trained over 1530 health workers on chemical preparedness and response, with additional training ongoing in Kyiv and in eastern oblasts in the coming weeks. WHO has shipped to the country antidotes and autoinjectors for the management of specific highly toxic chemicals, and their distribution is being planned with the MoH.

Supplies and logistics

As of 18 May WHO has delivered 500 metric tonnes of medical supplies to Ukraine, comprising trauma and emergency surgery supplies (TESK), interagency emergency medical supplies (IEHK), blood transfusion materials, essential medicines, and other critical supplies, including body bags, ambulances, power generators, refrigerators and other equipment. Of the 500 metric tonnes of medical supplies, 240 metric tonnes have been delivered to beneficiaries in 24 oblasts across Ukraine. Fuel shortages and access problems continue to pose challenges in the delivery and distribution of medical supplies.

- Efforts are ongoing to deliver medical supplies from the WHO supply and logistics base in Lviv, amidst fuel shortages and access limitations that pose challenges to delivering supplies to areas most affected by the conflict. WHO has prepositioned contingency stocks of emergency medical kits in Odesa and Poltava to support delivery efforts in these oblasts.
- To date WHO has received US\$ 4 million in product donations and in-kind services for the Ukraine response. WHO is engaging with governments, private organizations, and biomedical and shipping companies to secure more donations.

Risk Communication and Community Engagement

Focus groups with IDPs were conducted in Ternopil, to understand IDPs' health information needs. One key insight is that information on access to health services is available at the key points of congregation of IDPs, but people are not fully aware of the availability of services and their rights to medical assistance.

Operational partnerships

- Medical evacuations have been conducted by CADUS EMTs supported by two ambulances, in cooperation with other EMTs, such as Global Response Management (GRM), Médecins Sans Frontières (MSF) and the Polish Center for International Aid (PCPM). As of 1 May the following evacuations have been reported: from Ukraine to Poland (Rzeszów Airfield): 28; Chernihiv and Kyiv to Lviv: 2; and reception from the train ambulance, followed by transfer within Lviv: 48. Data are provided by 16 network partners on the ground.
- As of 4 May several trainings have been conducted on topics such as advanced trauma life support (for adults and children), basic emergency medicine and trauma, surgical management of penetrating trauma, and tactical emergency casualty care. The trainings using mixed modalities (virtual and/or face-to-face) were attended by up to 1150 participants across 28 sessions.
- Between 13 March and 10 May EMTs in Ukraine responded to 3602 health events, of which 17% were infectious diseases and 12% were trauma. Among infectious diseases, 88% were acute respiratory infections.

Health Cluster

WHO plays an essential coordination role as part of the response, as the lead agency of Health Cluster Ukraine. As of 16 May Health Cluster Ukraine has 122 international and local partners, with planned, ongoing and/or completed health-related activities in 24 oblasts. The Health Cluster team continues to support the review of new projects submitted to the Ukraine Humanitarian Fund (UHF). For the second UHF allocation, nine partners were approved to implement life-saving interventions in 20 oblasts. A third allocation was released by OCHA with an envelope of US\$ 50 million; seven Health Cluster Partners have applied; review of these projects is ongoing.

Additional information is provided in the Health Cluster Ukraine Bulletin ([February–April 2022](#)) and on the Health Cluster Ukraine [website](#).

- As of 16 May Health Cluster Partners have reached over 1.52 million people, including over 500 000 people in the past two weeks. Most of the people who have benefited from health interventions, supplies and medicines reside in the Kyiv oblast (322 200), and the western Chernivtsi (215 100) and western Ternopil (211 600) oblasts.

- Dnipro Subcluster: A satellite Health Cluster meeting was held on 16 May with 20 representatives of 11 partner agencies to discuss the local response.

Health Cluster Partners' presence and activities across Ukraine are mapped weekly through the 5Ws (who, what, where, when and for whom) to chart the continuously changing humanitarian response landscape. Health Cluster Partners have completed or ongoing activities in 193 settlements in 24 oblasts and have provided support to 162 health facilities across Ukraine.

Health Domain of response activities	Number of Partners
HIV/TB	29
Trauma/mass casualties	18
NCDs	14
Sexual and reproductive health, child health and GBV	11
Mental health	10
Other communicable diseases	8
Child health	4
COVID-19	4
Palliative care	2

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

- The [health requests, planning and response tool \(HRPR\)](#) being used to respond to requests for humanitarian health assistance from partners and health facilities is currently tracking nearly 90 requests.
- **Health Cluster rapid needs assessments**
 - Between 18 and 22 April six Health Cluster Partners (five international NGOs and one national NGO) conducted 379 interviews across 11 oblasts (Donetsk, Zaporizhzhya, Dnipropetrovsk, Poltava, Cherkasy, Zhytomyr, Vinnytsya, Khmelnytsky, Rivne, Chernivtsi, and Lviv). Data were collected opportunistically and are not representative.
 - To conduct the interviews, partners utilized two KoBoToolbox-based rapid assessment tools, developed in collaboration with WHO; one to assess health needs at household level and another to assess health needs at community/shelter level.
 - The WHO/Premise needs assessment tool (see below) was based on the Health Cluster household tool to harmonize the data collected for comparability. A preliminary analysis is provided below.
 - Household-level needs assessment: five Health Cluster Partners conducted 276 interviews across eight oblasts (Donetsk, Dnipropetrovsk, Poltava, Zhytomyr, Vinnytsya, Rivne, Chernivtsi and Lviv). The majority of respondents (approximately 90%) were not staying in their own home and roughly 65% of respondents were in the Dnipropetrovsk oblast. Approximately 43% of household-level survey respondents reported that at least one member of their household had needed to seek health care since 24 February. Among those, 45% reported serious problems with access (19% of the total sample). Security and transport were the two most commonly reported barriers to health services. Almost half (47%) reported not knowing the location of the primary health centre in their area, but 96% reported a functioning ambulance service. Almost two thirds (61%) reported that they could not access their family doctor in person, by phone or online. Almost half (46%) of the respondents reported problems accessing medications for themselves or members of their household, with cardiovascular medications (i.e., heart or blood pressure medicines) being the most commonly cited.
 - Community-/shelter-level needs assessment: five Health Cluster Partners conducted 103 interviews across nine oblasts (Donetsk, Zaporizhzhya, Dnipropetrovsk, Poltava, Cherkasy, Vinnytsya, Khmelnytsky, Chernivtsi and Lviv). Approximately 43% of

respondents were in eastern Ukraine (Donetsk, Zaporizhzhya and Dnipropetrovsk). Approximately 41% of community-/shelter-level survey respondents reported serious problems with access, with the cost of medicines (67%) and transport (48%) being the most commonly reported barriers. Almost two thirds (63%) reported that there was at least one health worker serving the community/shelter, and 86% reported that a functioning ambulance service was available nearby. Almost two thirds (63%) of the respondents reported that someone in their community/shelter had a serious problem accessing medication, with cardiovascular medications (i.e., heart or blood pressure medicines) being the most commonly cited.

- The preliminary analysis and data have been shared with Health Cluster Partners to inform the response.
- **Technical Working Groups (TWGs):**
 - The MHPSS TWG includes over 50 partners at national and subnational levels.
 - A new subnational MHPSS working group was launched in the Lviv oblast; the first two meetings took place in April; additional groups are planned in Chernivtsi and Zakarpattia.
 - WHO launched a course “Introducing Mental Health and Psychosocial Support (MHPSS) in emergencies” on the OpenWHO platform.

FOCUS: WHO health needs assessment conducted with the Premise application

The WHO Ukraine Country Office conducted a health needs assessment through the crowd-sourcing platform Premise using their data contributors (application users). Based on the household needs assessment tool developed in collaboration with Health Cluster Ukraine, the WHO/Premise tool includes questions on existing health needs, primary and specialized health-care access, medicines, vaccination, and anticipated health challenges. Premise app contributors from all parts of Ukraine were invited to submit their responses. Between 11 April and 16 May, 1700 unique contributors submitted their responses through the online platform.

The majority of the respondents (approximately 70%) reported staying in their home, while 12% reported staying with friends/family, and 9% – being on the move. The Odesa, Dnipropetrovsk, Lviv, Zaporizhzhya oblasts and the city of Kyiv accounted for approximately 40% of the contributions.

Within this sample, one in every three people reported that at least one member of their household had needed to seek health care since 24 February. Among those, one in three people reported serious problems with access (10% of the total sample). An overwhelming majority reported knowing the location of the primary healthcare facility in their area (89%) and if these facility and ambulance services were functioning, 75% and 81%, respectively. Two out of every three contributors reported that they could access their family doctor in person, by phone or online. Security and availability were the two key reported barriers to health-care services.

Contributors from the Luhansk, Donetsk and Kharkiv oblasts reported poorer access to health care, and overall access varied with proximity to the front line and burden of damage. One third (34%) of the contributors reported problems accessing medications for themselves or their household members, with the top three barriers being closed pharmacies, lack of medications, and high cost of medications. These results have been shared internally within WHO and with Health Cluster Ukraine Partners to inform response planning and future needs assessments.

3. SITUATION AND ACTIVITIES IN REFUGEE-HOSTING COUNTRIES

Specific WHO actions in select refugee-hosting countries

Czechia

Situation update

Between 24 February and 18 May over 340 000 Ukrainian refugees entered Czechia. According to estimates from the country's 14 regions, there are currently around 200 000 refugees from Ukraine in Czechia. Roughly 140 000 people are believed to have left the country, mostly for western Europe.

WHO actions

- WHO provided advice to Czech authorities on contingency planning for addressing the potential risk of polio importation in the context of arrivals of large numbers of refugees.
- On 12 May WHO met with the International Affairs Department of the MoH. The MoH flagged concerns about the capacity of health care, particularly due to the lack of paediatricians.
- On 16 May WHO held a bilateral meeting with the Ministry of the Interior to discuss WHO operations and further collaboration.
- On 12 May a bilateral meeting with the Czech Red Cross was held to discuss Red Cross activities and key needs and concerns identified through their activities. A wider meeting with the NGO consortium discussed mental health services currently being delivered and the needs/gaps in the response.

Hungary

Situation update

Between 24 February and 18 May an estimated 620 846 Ukrainian refugees entered Hungary.

WHO actions

- WHO participated in Hungary's Refugee Coordination Forum on 13 May.
- WHO contributed to developing a multisectoral needs assessment survey for Hungary.
- WHO participated in the MHPSS working group for Hungary, discussing mental health and well-being for volunteers.

Poland

Situation update

- Between 24 February and 18 May an estimated 3 418 077 Ukrainian refugees entered Poland, accounting for 53% of the total refugee population.
- According to the MoH, approximately 23 760 patients from Ukraine have been treated in Poland since 24 February, of whom 23 402 were treated in hospitals, 67 are currently in hospitals, and 261 are currently in psychiatric hospitals. Most of the treatments were provided in the Masovian/Mazowieckie voivodship (17%), followed by the Lower Silesian/Dolnośląskie (12%) and Lesser Poland/Małopolskie (11%) voivodships.
- According to the MoH, approximately 170 patients have been relocated to third countries for treatment, mainly to Spain (100), Italy (21), Norway (13) and Portugal (6); and the rest to Austria, Denmark, Germany, Ireland, Luxembourg and Sweden.

WHO actions

- From 10 to 13 May a WHO tuberculosis (TB) assessment team worked in Poland, visiting the main medical facilities and meeting with officials dealing with TB treatment in Poland and Ukraine. Currently 74 TB patients from Ukraine, including 37 with multidrug-resistant tuberculosis (MDR-TB), are staying in Poland, and only six of them have contacted Polish TB treatment facilities. The next steps to improve the situation are planned.
 - Meetings were also held with the National Institute for Tuberculosis and Lung Diseases, the MoH, the National AIDS Committee and civil society, among others.
 - Poland will receive TB and MDR-TB drugs to strengthen TB activities in the context of the refugee crisis and discuss further issues concerning access to treatment for TB and MDR-TB for Ukrainian refugees, current clinical monitoring and service delivery models of care; and propose possible ways of improvement.
- On 13 May WHO visited the UNHCR/UNICEF Blue Dot in Kraków. Several Blue Dots have now been opened to provide information as the refugees disperse in Poland and in surrounding countries. People with visible special needs are prioritized from the queue, including women with babies, and people with mobility needs. About 90% of the major concerns and requests for support are health-related.
 - The lack of referral pathways is a major problem: there is a need for specific verified, updated and contextualized health system and referral information. This is a gap due to the decentralization of the health system, as there is no health sector coordination mechanism for Kraków.
- EMT Coordination Cell (EMT CC) in Poland: EMTs met with the MoH on 13 May to discuss reporting of clinical activity by Health Partners in the field in Minimum Data Set (MDS) format and assisting the Polish health authorities in conducting joint quality assurance visits to teams providing direct clinical care in the field.

Republic of Moldova

Situation update

- Between 24 February and 18 May an estimated 466 406 Ukrainian refugees entered the Republic of Moldova.
- To date 90 refugee accommodation centres are providing shelter to 4326 people (capacity: 7568). Of these, 23% are pregnant and lactating women, 30% are people with disabilities, 2% are people with serious medical conditions, 5% are children aged 0–2 years, 38% are children aged 2–18 years, and 8% are older people.
- From 9 to 10 May, during an official visit to Moldova, UN Secretary-General António Guterres met with the President, the Speaker of the Parliament, and the Prime Minister of the Republic of Moldova. The officials discussed the consequences of the war in Ukraine for the Republic of Moldova and the Government's efforts to continue development projects, despite the difficult security situation in the region.
- On 5 May the GBV Sub-Working Group met under the co-leadership of UNHCR and the United Nations Population Fund (UNFPA) to kick off the development of GBV standard operating procedures.
- The National AIDS Programme in the Republic of Moldova, which is supported by the Joint United Nations Programme on HIV and AIDS (UNAIDS) and NGOs, provided antiretroviral treatment to 127 people living with HIV: 43 men and 84 women (including seven pregnant women, two children, and four newborn children on prophylactic HIV treatment).
- Between 5 and 7 May IOM MHPSS teams provided psychological counselling to 21 refugees and third-country nationals (both individuals and groups) staying at the Ceadir-Lunga refugee accommodation centres.
- Nurses and other health-care workers are [providing care for refugees from Ukraine](#), recognizing that when people move due to conflict, their health needs move with them.

WHO actions

- A Primary Health Care Assessment Tool was developed through participatory approaches led by WHO in collaboration with UN Agencies. A series of technical working groups, including UNFPA, UNICEF, UNAIDS, NGOs, and other organizations, agreed on the assessment tool's content and methodology. On 6 May the Primary Health Care Assessment Tool was piloted in several primary health care facilities in Stefan Vodă and Căușeni.
 - The hospitals in Stefan Vodă and Căușeni have both been assessed by WHO in terms of the development and operationalization of the hospital mass casualty management contingency plan.
- On 11 May WHO participated in the ninth Interagency Health Technical Working Group Meeting to discuss the updates on the Ukraine refugee response emergency management, including the monitoring and evaluation of the Refugee Response Plan.
- On 13 May a regional immunization training took place in Soroca, attended by WHO, the MoH and representatives of the Medical University. The training was conducted for 25 primary health care coordinators from Soroca, Șoldănești, Rezina and Florești, with the aim of strengthening the vaccination campaign for COVID-19 and implementing a routine immunization catch-up campaign, including for refugees.
- As part of the ongoing "Sport is vaccinated" campaign, on 13 May, at the opening of the national Division A football match, WHO educated more than 400 spectators about the importance of routine immunizations and vaccination against COVID-19.

Romania

Situation update

- Between 24 February and 18 May an estimated 937 082 Ukrainian refugees entered Romania. However, most are in transit to other countries, primarily to Hungary (33%) and Bulgaria (24%).
- As of 10 May the current refugee accommodation centre occupancy is at 23.7% capacity.
- As of 17 May, 187 refugees have received inpatient care.
- Based on UNHCR and REACH data, 81% of people coming from Ukraine are women (54% adult women), though there has been a small increase in the arrivals of men as well. There is an increasing trend of people staying in Romania (not in transit), with more requesting temporary protection. The number of people seeking temporary protection is expected to increase as the 90-day short-term stay period comes to an end.

WHO actions

- WHO conducted a field mission to Iași and Suceava counties on 11-14 May, to visit the Iași (Nicolina) refugee centre managed by NGOs. The team also visited the Suceava County hospital and the Siret point of entry, including the Blue Dot information point.
- From 16 to 18 May WHO conducted a field mission in Brașov to visit the CATTIA refugee centre managed by the mayoralty, as well as several health facilities, including a paediatric hospital and family doctors' practices.
- On 13 May WHO gave a presentation on MHPSS activities to the interagency Refugee Coordination Forum.

Slovakia

Situation update

- Between 24 February and 18 May an estimated 429 705 Ukrainian refugees entered Slovakia.
- As of 17 May, 76 339 refugees have requested temporary protection in Slovakia and 186 people have applied for asylum.
- The war in Ukraine is sending mainly women, children and elderly people across the border to Slovakia in search of a safe haven. On 12 May, 1635 women, 494 children and 722 men entered Slovakia via the Slovak-Ukrainian border.

WHO actions

- On 11 May WHO carried out a visit to the Gabčíkovo humanitarian centre, alongside a representative from UNICEF. The centre currently provides accommodation for approximately 770 refugees, including 320–350 children. The purpose of the visit was to observe the situation of Ukrainian refugees housed at the centre and conduct a meeting with Fire Medical, an NGO providing basic medical care at the site.
- There are concerns regarding access to the local general practitioner as there is only one available for the entire town. The added pressure of the 770 refugee patients could create access problems for both residents and refugees. This service is urgently needed to provide referrals to polyclinics and vaccination services. Infectious diseases, particularly vaccine-preventable diseases, are a significant risk.
- On 16 May a coordination meeting was held with representatives from WHO, the MoH, the Ministry of the Interior, the IOM, UNHCR, UNICEF, and the Red Cross to discuss crisis-related consequences in Slovakia, such as unaccompanied minors, refugees with disabilities, access to psychosocial help, and other health-care needs.
- WHO is working with UNICEF and UNHCR to support health-care services for migrants.
- WHO is working with UNICEF and the Ministry of Education on potential support for schooling of children.

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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