

**WHO UKRAINE CRISIS RESPONSE  
AUGUST 2022 BULLETIN**

WHO visiting health facilities in western Ukraine to assess readiness to respond to a polio outbreak. ©WHO


**7M**

refugees from Ukraine in Europe


**516**

verified reported attacks on healthcare


**13 917**

civilian casualties

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WHO has moved from biweekly situation reports to monthly bulletins. The monthly bulletin will provide a deep dive on a technical topic, updates on the [strategic response plan](#) (SRP) pillar areas, and stories from the field.

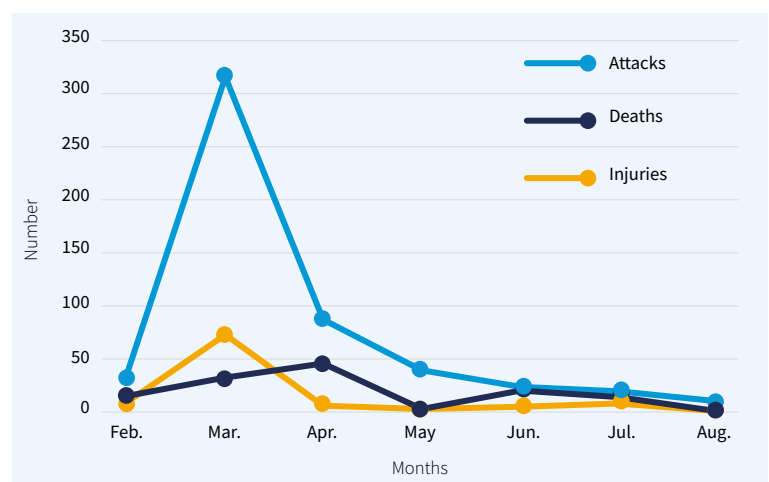
This bulletin focuses on the situation in Ukraine and several key refugee-receiving countries (Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania, and Slovakia), with the understanding that other countries in the European Region are also receiving Ukrainian refugees and WHO is providing technical support to them.

**Humanitarian Situation as of 30 August 2022**

As of 30 August 2022 the Office of the United Nations High Commissioner for Human Rights (OHCHR) has reported 13 917 civilian casualties in Ukraine, of which 5718 have been killed and 8199 have been injured.

In line with the standard operating procedures of the global Surveillance System for Attacks on Health Care (SSA), WHO has verified 516 reported attacks on health care between 24 February and 31 August. These have resulted in 129 reported injuries and 100 reported deaths of health-care personnel and patients.

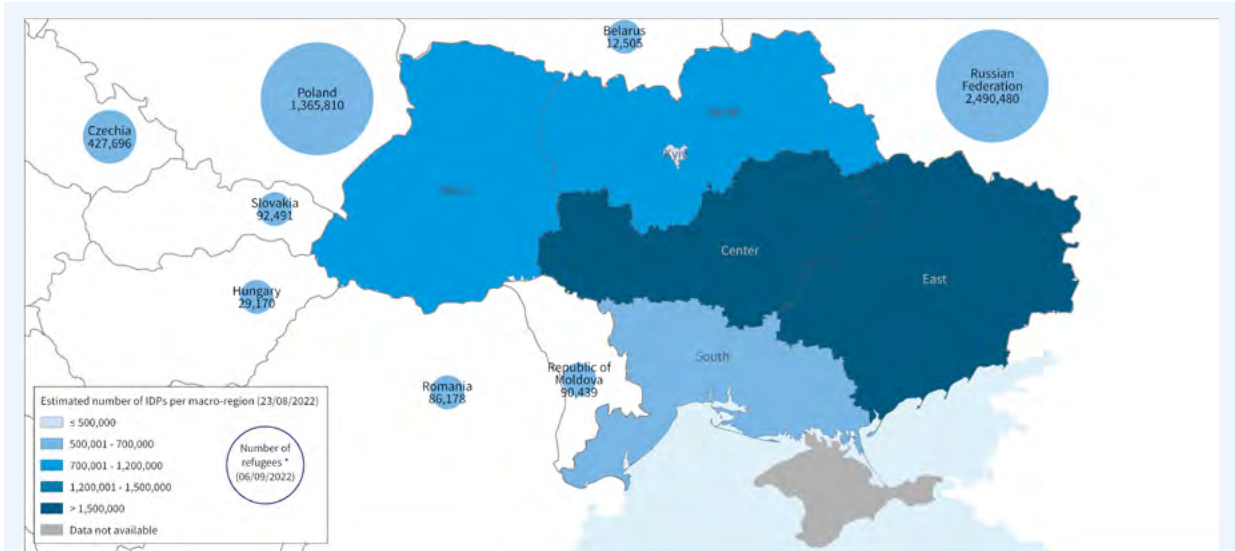
Fig. 1. Attacks on health care in Ukraine



As of 30 August, the United Nations High Commissioner for Refugees (UNHCR) has recorded 7 007 381 refugees from Ukraine in Europe. A total of 3 969 537 refugees have registered for EU temporary protection or similar national protection schemes in Europe. In addition, there have been 11 976 498 border crossings out of Ukraine, and 5 324 798 border crossings into Ukraine. These figures reflect cross-border movements and not individuals.

According to the [rapid representative assessment](#) conducted on 17–23 August 2022 by the International Organization for Migration (IOM), the number of internally displaced persons (IDPs) in Ukraine has risen from 6.6 million in late July to 6.9 million, with most of the over 300 000 new displacements occurring in the south and east of Ukraine.

Fig. 2. 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 boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not be full agreement.

0 100 200  
Km

Data source: World Health Organization, United Nations High Commissioner for Refugees, International Organization for Migration  
Map Production: WHO Health Emergencies Programme  
Map Date: 13 September 2022

\*Individual refugees from Ukraine recorded across Europe



The first batch of WHO donation of drugs for treatment of DR-TB was delivered to the warehouse. Lodz, pharmaceutical warehouse. WHO Poland medical staff inspect TB drugs purchased through KSRelief donation. ©WHO Ukraine Country Office

## Highlights

Despite WHO's efforts to support the Ukrainian Ministry of Health (MoH), health services across Ukraine continue to be disrupted owing to the war, which also makes access to health data quite difficult.

- Over 250 health facilities are located in temporarily occupied territories.
- COVID-19 cases continued on an increasing trend. A total of 11 437 new cases were reported in the last week of August (26% increase from the previous week), 3020 beds were occupied as at 28 August (20% increase from the previous week), the seven-day average daily number of polymerase chain reaction (PCR) tests and antigen rapid diagnostic tests was at 2026 and 6830, respectively,

compared to 42 460 and 51 484 just before the start of the war (23 February 2022).

- The two rounds of needs assessment conducted with Premise using crowdsourced data show improved access to health services and medicine between April/May and July/August. Access in active combat areas in the eastern and southern parts of the country remains more challenging than in other regions.
- As of 31 August sufficient deliveries of noncommunicable disease (NCD) kits, pre-packaged sets of essential medicines and medical devices have been made to cover an estimated catchment population of 1.5 million for three months.

**+250**

health facilities are located in temporarily occupied territories

**11 437**

new cases of COVID-19 were reported in the last week of August (26% increase from the previous week)

## Special focus on mental health and psychosocial support

Mental health and psychosocial support (MHPSS) needs are one of the priority areas of work for WHO and needs will further increase as the conflict in Ukraine continues and more people experience acute psychological distress and exacerbations of chronic mental health issues. Several key challenges have arisen across Ukraine and refugee-hosting countries. This includes the integration of licensed Ukrainian mental health professionals into national health systems, adequate translation for patients, linking of different MHPSS services to an already-functioning referral system and the cohesion of MHPSS resources/trainings across multiple non-governmental organizations to avoid duplication of work.

Across refugee-hosting countries, the perception of MHPSS is different from country to country. Negative perceptions and stigma around help-seeking behaviours has led to significant challenges for MHPSS providers, in terms of reaching people who need services the most. In Ukraine, conflict-affected areas prevent those in need from accessing essential health services, including access to continued MHPSS support. WHO continues to prioritize MHPSS as one of the key

areas of urgent support under the Refugee Response Plan and National Health Action Plans in neighbouring countries. To support and improve coordination between national and international MHPSS actors, the MHPSS Technical Working Groups (TWG) in Hungary, Poland, Republic of Moldova, Romania and Slovakia continue to hold meetings, led by WHO and other key MHPSS actors since their establishment in March 2022. Each MHPSS TWG is developing a robust MHPSS framework to ensure easy access to MHPSS services for those who need them by communicating with international and national stakeholders to identify gaps and needs to strengthen the overall response.

WHO is the main advisor for the National Mental Health and Psychosocial Support Programme in Ukraine and is involved in various advocacy events. WHO is leading the development of a framework guidance document for multisectoral MHPSS actions, with the overall goal of reducing suffering and improving the mental health and psychosocial well-being of all people in Ukraine, both during the war and in the recovery and rebuilding phases.

## Updates on the response in Ukraine

WHO is firmly committed to supporting Ukraine in addressing immediate health challenges and humanitarian health needs, and investing in longer-term efforts to reconstruct the health system.

### PILLAR 1:

Access to life-saving, critical care and essential services, and support for health system recovery

#### As of 31 August 2022:

- A total of 13 857 WHO-coordinated emergency medical team (EMT) consultations have taken place, of which 1265 occurred in August.
- WHO has provided 983 metric tonnes of supplies and equipment to Ukraine.
- Trauma and emergency surgery kits suitable for treating up to 20 545 patients have been delivered. Interagency emergency health kits and noncommunicable disease kits, both to reach a catchment population of 1.5 million have also been delivered. There are major constraints in the delivery of goods to oblasts most affected by the conflict, such as reduced accessibility of fuel across the country, reduced availability of trucks and drivers, delays in border crossing and delays in approval of distribution plans.
- WHO has supported 13 762 consultations on MHPSS.
- In the above period, 1367 medical evacuations were successfully completed with the support of the European Union and WHO, which included providing support to the Ukrainian MoH to maintain the current medical evacuation referral system. Evacuated patients are primarily being treated for cancer, conflict-related injuries, and emergency trauma.

Based on a non-representative sample obtained through crowdsourcing conducted between 11 April and 10 May, 33% of those who sought health-care services had serious problems accessing them. The rates were considerably higher in Donbas, Kharkiv, Zaporizhzhya, and Kherson. A subsequent assessment conducted between 27 July and 3 August showed slight improvement, with 23% of those who sought health-care services reporting serious problems with accessing services.

983

tonnes of supplies and equipment have been provided by WHO to Ukraine

13 762

consultations have been carried out by WHO to support MHPSS

5953

different vaccines have been delivered

### PILLAR 2:

Timely and effective prevention of and response to infectious diseases

- From April 2022 WHO has continued to support COVID-19 and routine vaccination activities in shelters and centres for IDPs, focused mainly on western regions. COVID-19 vaccination coverage before the war was 47%.
- WHO continues to support an outreach vaccination campaign among IDPs. In August mobile teams visited 175 locations hosting approximately 60 000 IDPs across eight western oblasts. They delivered a total of 5953 doses of different vaccines (approximately 3200 doses of the COVID-19 vaccine; 2023 doses of the diphtheria vaccine, 237 doses of the measles vaccine, 451 doses of the polio vaccine, and 30 doses of the tuberculosis (TB) vaccine).
- In August WHO supported two in-person trainings on COVID-19 vaccination for 60 health-care workers in the Kirovohrad Oblast Immunization Training Club.
- WHO also conducted five online support sessions for regional immunization trainers and staff of regional centers for disease control. Each session was attended by approximately 60 participants.
- All suspected cases of diphtheria and measles have been fully investigated, and there have been no new confirmed cases.



### PILLAR 3:

#### Emergency health information and surveillance for evidence-based decision-making in health

- WHO produces [weekly health information situation reports](#), which include updates on surveillance, needs assessment, attacks on health facilities, medical supplies, and service delivery.
- WHO conducted a historical surveillance data analysis of the last three years to identify priority diseases and conditions.
- In August a total of 73 signals were detected through event-based surveillance (EBS), of which 33 were infectious disease signals, eight were technological hazard signals and four were mass casualty signals.

### PILLAR 4:

#### Effective leadership and coordination of humanitarian interventions in the health sector

- To meet the rising humanitarian needs in Ukraine, the [UN Office for the Coordination of Humanitarian Affairs \(OCHA\)](#) released the third iteration of the [Ukraine Flash Appeal](#) in August. The Health Cluster in Ukraine and its Partners shaped the health response, estimating that there are 14.5 million people in need of health assistance, targeting 9.5 million people for the health response, and identifying a requirement of US\$ 310 million to meet the estimated needs. Access to health care continues to be severely impacted due to security concerns, restricted mobility, broken supply chains and mass displacement.
- WHO has maintained an incident manager and incident management team in its Dnipropetrovsk hub, actively participating in humanitarian coordination meetings and health operation planning and coordination.
- The Health Cluster in Ukraine continues to serve as the coordinating link for 153 Partners.
- The [August 2022 Health Cluster Bulletin #18](#) was released on 2 September. In the report, the Ukraine Health Cluster included a chapter on Partners' mobile health services.
- As of 30 August the number of beneficiaries reached by Health Cluster Partners was 7.3 million, with an initial target of six million. Health Cluster Partners supported 650 health facilities and 72% of Partners participated in TWG meetings.



The Medevac train is a project by the office of the Prime Minister and the Minister of Interior in close collaboration with the MoH (crisis management department). For the set-up of the initiative, several other ministries were involved such as infrastructure and public transport. The team expressed an interest in becoming a governmental EMT and would like to be classified by WHO. ©WHO Ukraine Country Office

## Updates from refugee-hosting countries

WHO is committed to providing operational and technical support to refugee-receiving countries' MoHs as their health systems continue to cope with an unprecedented wave of refugee arrivals. WHO support is provided in response to specific needs and requests of the refugee-hosting countries. The primary refugee-hosting countries receiving WHO support are Czechia, Bulgaria, Hungary, Poland, Republic of Moldova, Romania and Slovakia. Support has also been extended to country offices in Estonia, Latvia, Lithuania and Slovenia.

## US\$ 3.2 million or 78 tonnes

of supplies and equipment have been delivered by WHO to refugee-hosting countries from March to August 2022

### Regional Refugee Health Extension

The Refugee Health Extension (RHE) is an interagency initiative established in March 2022. It is led by WHO in close collaboration with the European Centre for Disease Prevention and Control, UNHCR, and UNICEF, who were joined in July by the IOM and the United Nations Population Fund (UNFPA). The RHE was established in the spirit of the refugee coordination model, the global Memorandum of Understanding between WHO and UNHCR, and the [Strategic Collaboration Framework](#) between WHO and UNICEF. Based in Kraków, Poland, the RHE is an extension of the agencies' respective regional offices/bureaus, providing immediate operational support to the refugee-hosting countries, and drawing on the expertise and complementary mandates of each organization. In August, in addition to other activities included in the Refugee Response Pillars below, the Refugee Health Extension:

- supported countries, upon request, in the UNHCR-led recalibration exercise of the Refugee Response

Plan to include winterization and health strategy adaptations for the remainder of 2022;

- continued collaborating with UNHCR and partners on identifying entry points for advocating for and supporting gender-based violence health referral pathways in Poland;
- initiated the introduction of the WHO Refugee and Migrant Health: Country Health System Assessment Tool in refugee-hosting countries;
- conducted an analysis of minimum datasets provided by EMTs in Poland on the number of consultations, health events, outcomes and demographics of patients for May through August 2022, and developed an online visualization platform; and
- continued interagency coordination, collaboration, and support on MHPSS in refugee-hosting countries, including verification and validation of multisector monitoring reports from MHPSS and health partners in Poland and Romania.

### REFUGEE RESPONSE PILLAR 1:

#### Streamlining and reinforcing health leadership and governance mechanisms

WHO provides support to national authorities in refugee-hosting countries through nationally led and country-focused interagency coordination mechanisms.

- MoHs continued to operate health sector working groups with direct support from WHO. WHO is providing key support to existing health working groups at country level in Poland, Republic of Moldova, Romania and Slovakia with various health sector partners, which meet weekly, biweekly or monthly.

## REFUGEE RESPONSE PILLAR 2:

### Refugee Response Pillar 2: Removal of financial barriers to accessing health care

WHO provides support to governments and health authorities in refugee-hosting countries to design policies to increase access to health services, medicines and medical products. To provide health services, countries must grant refugees entitlements to access services within the hosting country.

- The governments of Bulgaria, Czechia, Hungary, Poland, Romania and Slovakia and other countries in the Region offer primary and/or emergency health care for refugees from Ukraine under the Temporary Protection Directive (TPD). Reported cases of barriers to access faced by refugees who are registered under the TPD have surfaced in many refugee-receiving countries. For some refugees, the TPD has ended and WHO and partners continue to monitor and follow up on these cases, providing support to local organizations and individuals to improve access or provide referrals to free or subsidized services.
- Based on [figures from UNHCR](#), the percentage of refugees registered with temporary protection status or similar protection schemes that often provide the same entitlement to health access as the local population increased across all countries in August, with Romania seeing the biggest

increase (16%), followed by Poland (9%), Hungary (6%), Slovakia (5%) and Czechia (4%).

#### WHO has continued to prioritize activities that increase access to health care.

- In Poland, WHO helped to develop a guide to assist refugees in obtaining a number from the Universal Electronic System for the Registration of the Population (PESEL) to enable access to emergency, primary and specialist health services. The guide was disseminated in poster/leaflet format and on social media.
- In the Republic of Moldova, WHO supported a rapid assessment among Ukrainian refugees on access to and utilization of health care. The rapid assessment was carried out in coordination with the MoH in the Republic of Moldova, to assess primary health care service availability with respect to access and financial protection of refugees.
- In the Republic of Moldova, a national action plan was developed with support of WHO and in coordination with national authorities and UNICEF to integrate immunization into primary health care by the end of 2023.

446

patients received primary health services at the Romexpo clinic

16%

increase in Romania of refugees registered with temporary protection status

## REFUGEE RESPONSE PILLAR 3:

### Strengthening access to primary and emergency health services

WHO provides support to refugees to access health-care services through national systems, ensuring inclusive access to quality health services, diagnosis and continuity of care. The following activities were prioritized in August:

- In Czechia, WHO supported the development of a national information and awareness campaign on monkeypox that was launched in Czech, Ukrainian and Russian.
- Through the deployment of EMT coordination centres in Poland and the Republic of Moldova, WHO has supported broader access to primary and emergency health services. Through medical consultations, EMTs have continued to provide support on MHPSS services. Specific

MHPSS support provided in August included supporting refugees living with HIV in Czechia.

- In Romania, WHO continues to support service provision at the Romexpo clinic. From 20 June to 22 August a total of 446 patients received primary health services, reproductive and sexual health services and psychological counselling and emotional support for children and adults. The medical team is composed of 18 permanent specialists, supported by a WHO centre coordinator and an interpreter.
- WHO continues to engage with refugee-hosting countries in contingency planning, including for winterization and supply chain management.

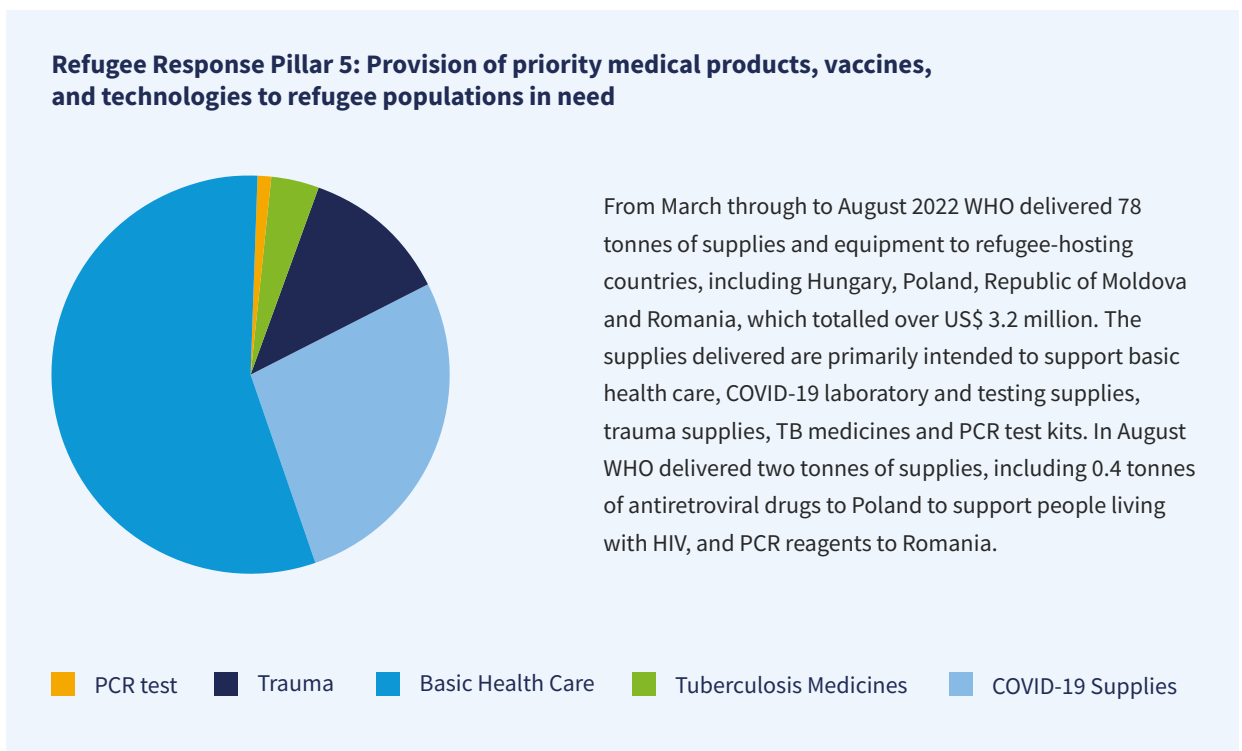
### REFUGEE RESPONSE PILLAR 4:

#### Reinforcing emergency health information and surveillance for evidence-based decision-making in health

WHO continues to closely monitor signals of potential outbreaks in all refugee-hosting countries and to follow up on any infectious disease outbreaks reported. Data are collected through EBS based on predefined criteria, primarily through publicly available media articles. From February to August 2022 there have been 49 qualifying signals detected in the five primary refugee-hosting countries. These signals have covered 14 areas, including

population movement, medical supplies, technological hazards, water supplies, mass casualties, infectious diseases, health facilities and capacity, food supplies, and extensions of the conflict. Between February and August in the Republic of Moldova, two signals have been reported related to infectious diseases, four related to mass casualties and one signal for the extension of the conflict. In August no new signals have been detected.

Fig. 3. Top 5 supplies delivered to refugee-hosting countries



### REFUGEE RESPONSE PILLAR 6:

#### Supporting health workforce to provide health care to refugees

During trainings and workshops held since June 2022 over 1500 participants have been trained to provide services to refugees, particularly in the areas of:

- mass casualty management
- infectious disease diagnostics and management
- self-benchmarking for quality assurance and emergency procurement

These trainings primarily took place in Poland and the Republic of Moldova. In August two trainings were carried out on the epidemiology and lab diagnostics of cholera as well as on the principles of benchmarking for quality assurance, safety, and efficacy of medical products.



## Prevention of and response to sexual exploitation, abuse and harassment

WHO is committed to the prevention of and response to sexual exploitation, abuse, and harassment (PRSEAH) in Ukraine and refugee-hosting countries. A team of PRSEAH experts coordinates efforts in and across countries in line with the overall strategic WHO PRSEAH approach, identifying areas for collaboration in interagency efforts and strengthening internal accountability mechanisms.

In the refugee-hosting countries, the PRSEAH team has carried out various activities, including:

- Facilitating in-country and interagency coordination mechanisms and activities. The PRSEAH team continues to contribute to and actively support 12 interagency coordination fora for the Ukraine response.
- Training for EMTs in Poland and frontline workers in the Republic of Moldova with UN Women and the Gender Task Force.
- Prioritizing the Regional Gender Task Team and the analysis on gender for the Ukraine Response.





Trainers demonstrate the primary and secondary survey of a trauma patient. ©WHO Republic of Moldova

## Operational update from the field on building national surge capacities in mass casualty coordination through EMT trainings

Mass casualty management (MCM) addresses health personnel coordination and actions in an emergency unit in the first 30 minutes after a mass casualty incident has been declared. Effective MCM requires a complex partnership involving the MoH, relevant government sectors, agencies, private sector, and others, to reduce the impacts and adverse outcomes of mass casualty incidents. MCM trainings have been regularly carried out in various oblasts across Ukraine. Three MCM trainings were conducted in the last week of August in the Zhytomyr and Cherkasy oblasts, with more than 150 attendees each.

From April to June 2022 the [WHO EMT](#) Secretariat, together with WHO in Kazakhstan and the Republic of Moldova, delivered a series of courses on mass casualty management, focusing on the coordination process.

### The courses aimed to:

- transfer knowledge and skills to local EMT health workers; and

- help them to manage patients in mass casualty events, both before and after admission to hospital.

Modules were contextualized and adapted for each country, with theoretical and practical sessions demonstrating how to efficiently provide pre-hospital and hospital responses to emergency situations when the number of seriously injured patients exceeds available resources. This gave participants the opportunity to review and update their teams' emergency plans for mass casualty response. The globally standardized ABCDE (Airway, Breathing, Circulation, Disability, Exposure) clinical management approach was also covered.

The training was provided by a joint team of instructors, which included WHO staff and doctors from Ukraine and the Republic of Moldova. The participants included doctors, nurses, engineers and administrators from the pre-hospital sector and hospital departments, including emergency medicine, trauma care, intensive care and surgery.

## Latest guidance

1. The June–December 2022 **Ukraine crisis strategic response plan** has been published and is available [here](#).
2. The February–June 2022 interim report on **WHO's Response to the Ukraine Crisis** has been published and is available [here](#).
3. The latest **War in Ukraine: situation report from the WHO Ukraine Country Office** is available [here](#).
4. The **Public Health Situation Analysis (PHSA)** published on 1 August 2022 is available [here](#). The update, published in April 2022, is now also available online in Ukrainian.
5. The **May–July 2022 Health Cluster Ukraine Bulletin** is available [here](#).
6. The **Treatment for Ukraine** website provides information on the availability of health care in Europe for Ukrainians who were forced to leave Ukraine. It includes specific information for Ukrainians who live with HIV, hepatitis, TB, and those who are on substitution therapy.
7. A **technical note on health financing in Ukraine: resilience in the context of war** was published [here](#). It summarizes international evidence and accounts for specific features of health financing reform in Ukraine. The primary focus will be on short-term adjustments and, to a lesser extent, on medium-term measures.