

## WHO UKRAINE CRISIS RESPONSE SEPTEMBER 2022 BULLETIN



**7.5M**

refugees from Ukraine  
in Europe



**600**

verified reported attacks  
on healthcare



**15 246**

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.

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

### Humanitarian Situation

As of 2 October 2022 the Office of the United Nations High Commissioner for Human Rights (OHCHR) has reported 15 246 civilian casualties in Ukraine, of which 6114 were killed and 9132 have been injured.

From 1 to 30 September 2022, OHCHR recorded 1222 civilian casualties in Ukraine, of which 299 were killed and 923 were injured.

In line with the standard operating procedures of the global Surveillance System for Attacks on Health Care (SSA), WHO has verified 600 reported attacks on health care between 24 February and 30 September. These have resulted in 129 reported injuries and 100 reported deaths of health-care personnel and patients.

As of 27 September, the United Nations High Commissioner for Refugees (UNHCR) has recorded 7.5 million refugees from Ukraine in Europe. A total of 13.3 million border crossings from Ukraine and 6.2 million Ukrainians entering Ukraine were also recorded. These figures reflect cross-border movements and not individuals.

Fig. 1: Civilian casualties in Ukraine from 24 February to 2 October 2022, per month

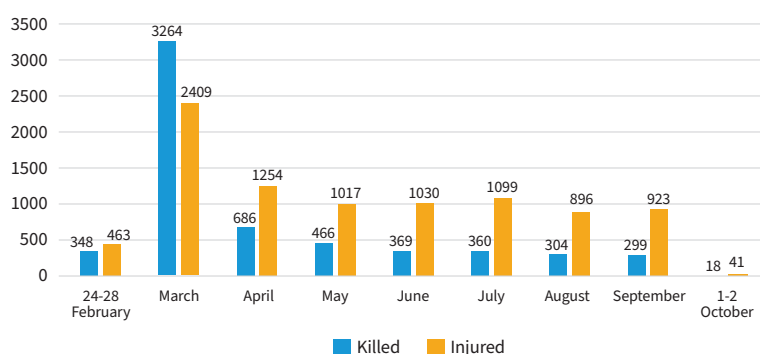
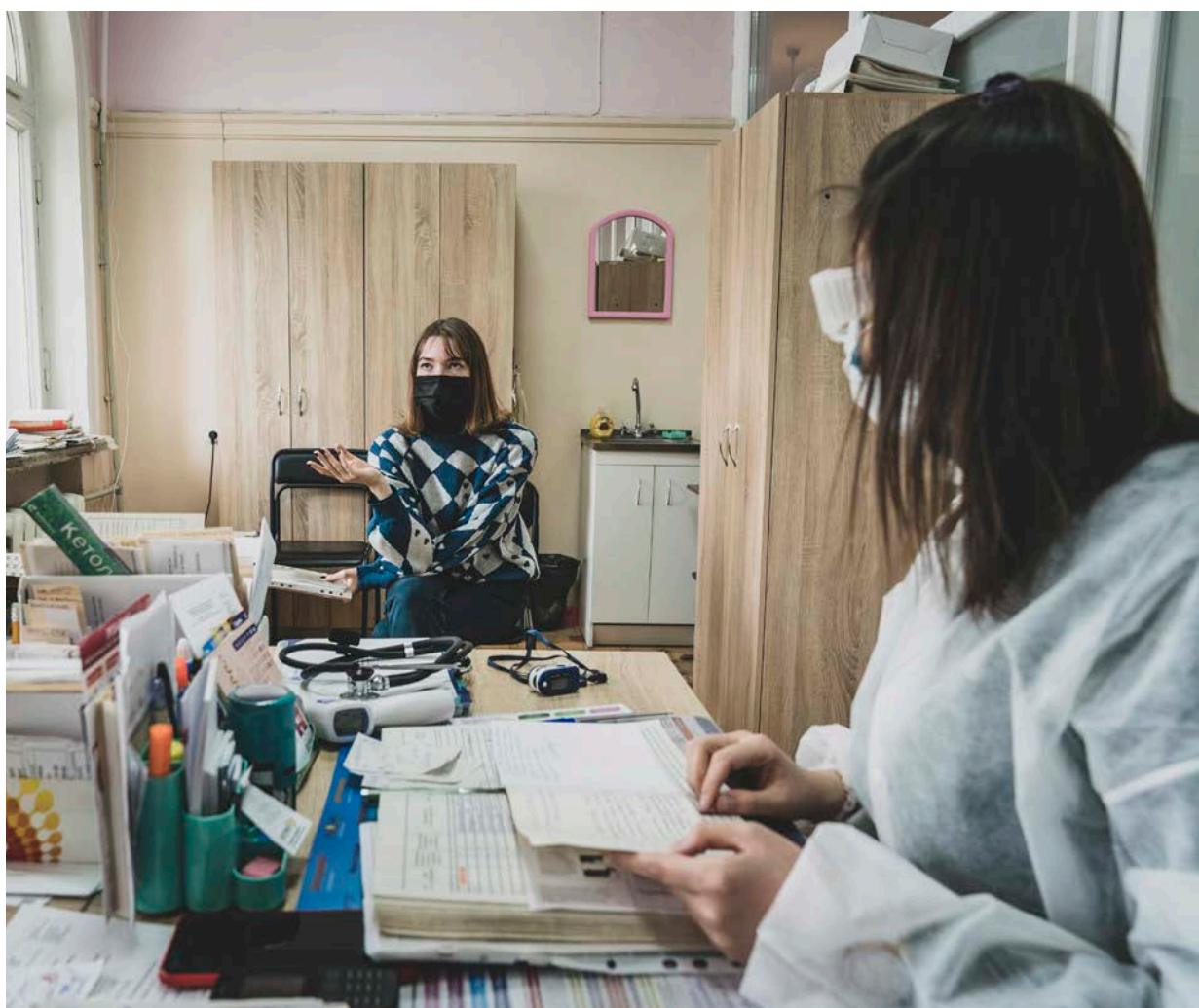
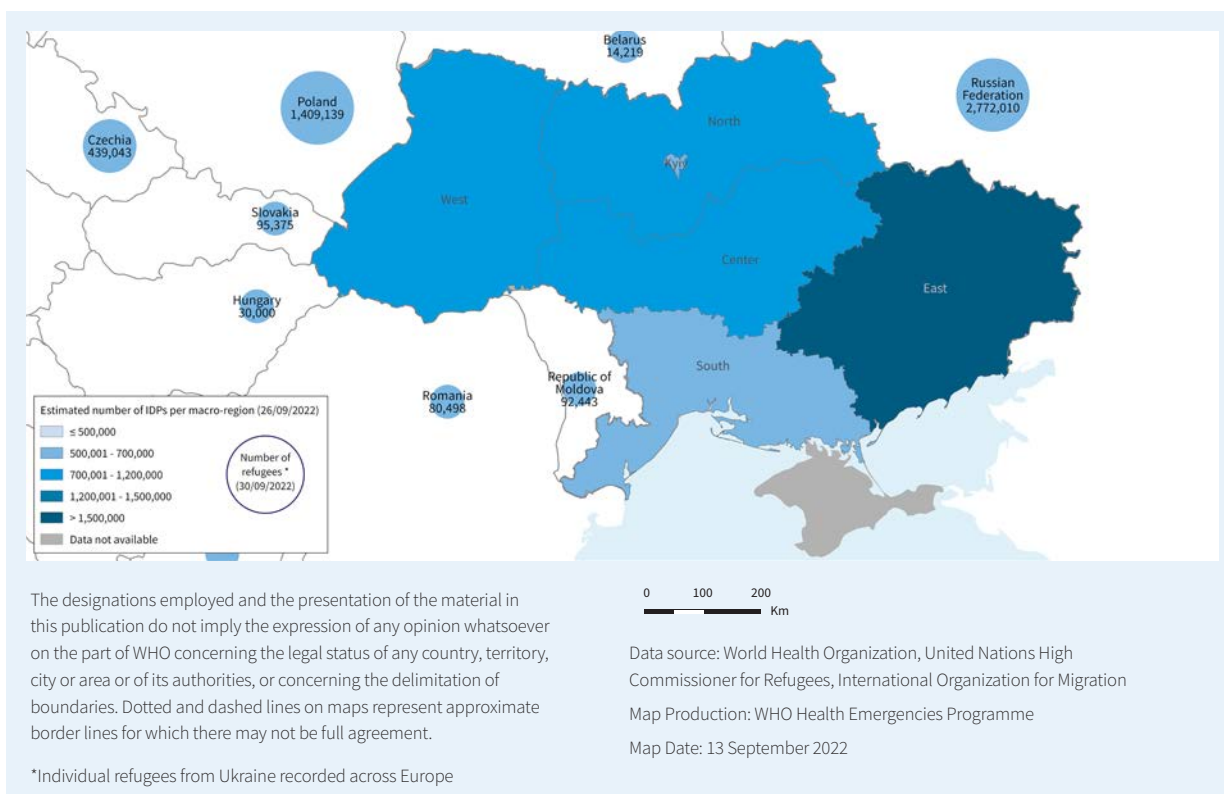


Fig 2. Distribution of internally displaced persons (IDPs) and refugees in Ukraine and neighbouring countries as of 30 September 2022





The number of IDPs in Ukraine was most recently assessed as 6.9 million, in a [rapid representative assessment](#) conducted on 17–23 August 2022 by the International Organization for Migration (IOM).

## Highlights

Health services across Ukraine continue to be disrupted owing to the war, as does access to health data.

- The Ukrainian counteroffensive has resulted in substantial territory being retaken. WHO is working actively to support the Ukrainian government in meeting the health needs of the population in these areas. The presence of mines and unexploded ordnance, and the disruption of critical infrastructure such as energy and water supplies in these areas all pose considerable challenges to those efforts.
- Surge support for the retaken areas in the eastern and the north-eastern part of Kharkiv oblast was provided by first-line surge supports from national capacity resources. Additional emergency medical team (EMT) surge support was provided, with support for evacuation and the establishment of a field hospital with surgical capacity.
- Mobile Health Units (MHUs) supported by WHO through its implementing partner, the Academy of Family Medicine of Ukraine, have been operating in seven oblasts since 15 September and have provided 3103 primary health-care consultations. These MHUs will scale up the successful practice of engaging the primary health-care sector in emergency response and providing essential NCD prevention and management services to populations in need.
- WHO continued its work on capacity building for immunization staff across Ukraine, delivering trainings on COVID-19 vaccination. WHO also provides monthly distant supportive supervision covering vaccine-preventable and other infectious diseases: measles, rubella, mumps, diphtheria, pertussis, tetanus, hepatitis B, rabies, seasonal influenza, tuberculosis (TB), leptospirosis, and tick-borne encephalitis. These sessions provide guidance on pathogens, clinical symptoms and signs, surveillance standards, pre- and post-exposure vaccination, clinical management (limited) and outbreak response.
- WHO has continued to support UNHCR-led activity to develop winterization and health strategy adaptations for the remainder of 2022.

## SPECIAL FOCUS ON RETAKEN AREAS

### Territorial gains

In September Ukrainian forces retook control of approximately 2% (10 600 square kilometres) of Ukrainian territory, mainly in the Kharkiv oblast. The retaken territory<sup>1</sup> comprises at least 420 settlements, including the cities of Balakliya, Chuhuiv, and Izyum. This territory had been under Russian control for the past five or six months.

Fig. 3: Changes in territorial control between 31 August and 30 September 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 boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not be full agreement.

Data source: World Health Organization, BBC  
Map Production: WHO Health Emergencies Programme  
Map Date: 22 October 2022

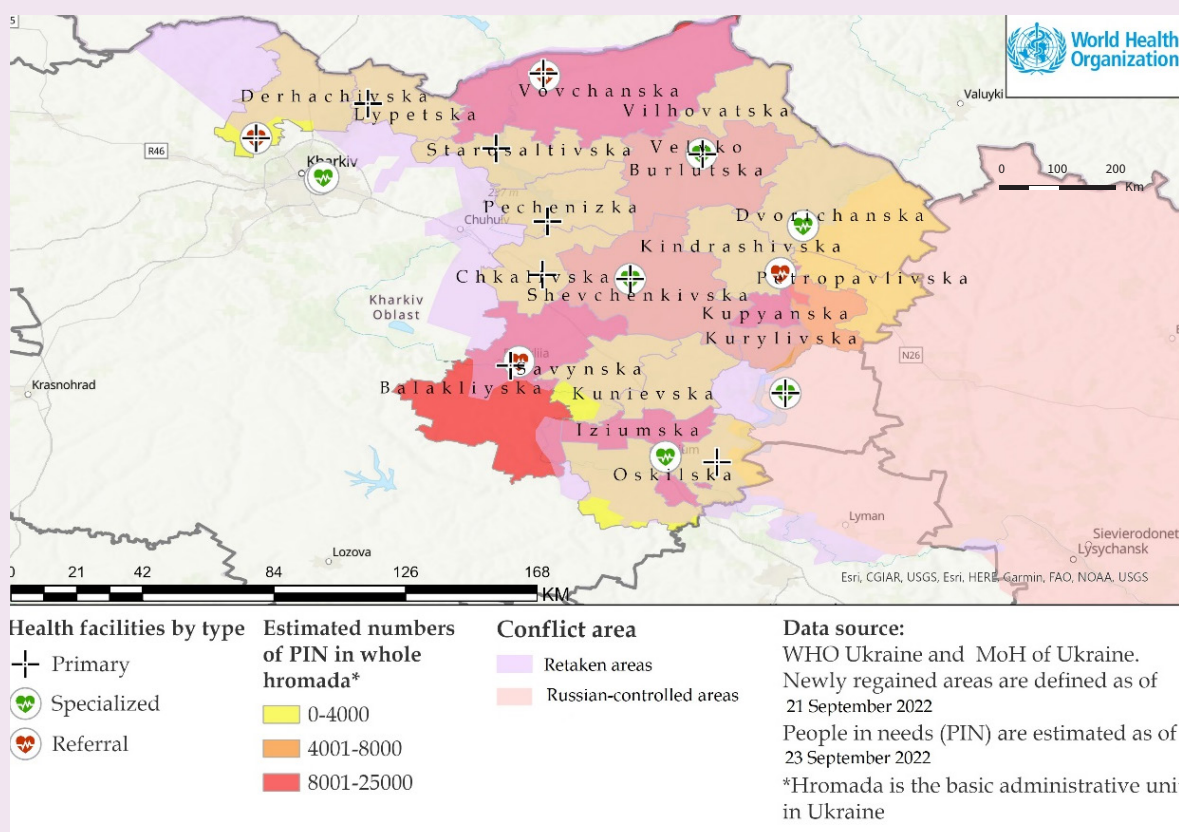
1. Ukrainian territory as defined by internationally recognized borders

## SPECIAL FOCUS ON RETAKEN AREAS CONTINUED

Following the start of the Ukrainian counteroffensive, retaliatory shelling by Russian forces was reported to be targeting civilian and critical infrastructure in the retaken areas and along the border with the Russian Federation in the Chuhuiv, Izyum, Kharkiv, and Kupiansk districts.

In the retaken areas, access for external agencies, including WHO, was initially limited, sometimes requiring permits issued by regional and local authorities.

Fig. 4: Overview of health-care facilities and needs in newly retaken areas as of 23 September 2022



## Needs assessment

Initial information from the front line pointed to immediate health needs and challenges arising from:

- lack of utilities (electricity and water), resulting in the limited ability of hospitals to provide services;
- a limited number of generators available in the area to provide alternative power supply;
- reduced health workforce due to displacement;
- the presence of land mines in health facilities;
- a high proportion of the elderly population and great need related to noncommunicable diseases;
- lack of access to immediate food sources and health care;
- the destruction of infrastructure, including severe damage to homes, lack of access to fuel and electricity and interruption of basic services; and

- living in a conflict zone, often in isolation for an elderly population, over several months – including the need for psychosocial support.

The Ministry of Health (MoH) of Ukraine and local health authorities conducted further health assessments, establishing as a priority: the restoration of essential non-structural aspects like electricity, water, heating; the setting up of back-up systems; and the renovation of roofs and windows of major hospitals. These assessments also outlined the need to support the following: the delivery of primary care, the staffing of health-care facilities, the supply of medicines and the restoration of the pharmacy network. These needs were discussed at a meeting between the Ukraine MoH, the Kharkiv Oblast Health Authority, WHO and relevant humanitarian partners.

## WHO response

To support the response, WHO has:

- delivered life-saving supplies, such as medicines, noncommunicable disease kits, and trauma and emergency surgery kits;
- deployed four national EMTs, and established one international EMT in coordination with national authorities; and
- supported assessment of health-care needs and gaps, working with the MoH of Ukraine and local health authorities.

## Ongoing challenges

Ongoing challenges remain. Security issues, including the heavy presence of land mines and unexploded ordnance, damaged bridges and roads, and concealed traps set up in civilian infrastructure, impede community access to health facilities. They hamper operations and cause civilian casualties. Persistent fighting in several areas has made those areas inaccessible to humanitarian actors.

Deminers from the State Emergency Service of Ukraine are working on the ground and have cleared most major roads. Demining efforts have not yet covered rural parts of the retaken areas. Entering forest areas is particularly dangerous. Given the speed of the advance by Ukrainian forces, International Non-governmental Organisations and UN demining organizations lacked the immediate capacity to respond and were also limited by the need to prevent staff security risks.

Damage to water and energy supply systems has led to disruptions in health service provision. The arrival of winter is expected to exacerbate the problem, and alternative energy sources may need to be identified in preparation for winter. Lack of water and power in facilities has rendered many of them either non-functional or very limited in functionality. The disruption in energy supply has also led to a breakdown in the cold chain network, which is required for the provision of critical medicines and vaccines.

Displacement of the health-care workforce, who have been displaced both internally and outside the country, will make it difficult to adequately staff health-care facilities. In addition, the lack of a functioning health-care system over the last six months has resulted in a backlog of chronic care needs and diagnostics, for example, for diabetes and hypertension.

A lack of information about health service access and utilization in retaken areas makes planning of health-care service delivery challenging.

## Future work

WHO will continue to work with the Ukrainian MoH to assess gaps in health-care services, in particular, in planning for winter in the retaken areas. WHO will also work with OCHA to ensure that WHO support complements the overall humanitarian action and is aligned to overarching humanitarian principles.

If further areas are retaken, WHO will be available with ongoing supplies and technical support.

Note: At the time of publication of this report (21 October 2022), the security situation is evolving. The counteroffensive by Ukrainian forces has continued, extending into the Kherson and Luhansk oblasts. The Russian Federation has attacked various cities across Ukraine via missiles and airstrikes. Further updates will be provided in the October bulletin.

# 1590

medical evacuations were successfully completed with the support of WHO and the European Union

# 3 103

primary health-care consultations have been provided since 15 September





## 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 30 September:

- EMTs coordinated by WHO and Health Cluster Partner organizations have provided 14 602 consultations across 10 oblasts, of which 14% were for trauma and 9% were for infectious diseases. Of these, 723 took place in September. The following EMT activities remain: trauma care (inpatient and outpatient), rehabilitation (including for burns and spinal cord injuries), mobile health, patient transfer and medical evacuation, and trainings.
- Surge support for the retaken areas in the eastern and the north-eastern part of Kharkiv oblast was provided by first-line surge supports from national capacity resources. Additional EMT surge support was provided with support for evacuation and the establishment of a field hospital with surgical capacity.
- Mobile Health Units (MHUs) supported by WHO through its implementing partner, the Academy of Family Medicine of Ukraine, have been in seven oblasts since 15 September and have provided 3103 primary health-care consultations. These MHUs will scale up the successful practice of engaging the primary health-care sector in emergency response and providing essential NCD prevention and management services to populations in need.
- WHO has provided 894 metric tonnes of supplies and equipment to Ukraine.

The following kits have been delivered to Ukraine:

- trauma and emergency surgery kits for up to 22 000 patients
- interagency emergency health kits for a catchment population of 1.5 million
- noncommunicable disease kits for a catchment population of 2.3 million
- cholera kits covering up to one million patients.
- 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 is supporting community mental health teams (CMHTs) in providing care to the most vulnerable people with severe mental health conditions. WHO also procures necessary medication and other supplies to address the basic needs of people with cognitive, intellectual and psychosocial disabilities residing in long-term care facilities. As of 30 September, 21 CMHTs provided 13 762 consultations. WHO provided supervision sessions to the CMHTs during this period.

As of 6 October, 1590 medical evacuations were successfully completed with the support of WHO and the European Union. This 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.



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## PILLAR 2:

### Timely and effective prevention of and response to infectious diseases

- WHO provided technical support for training on the treatment of TB in Ukraine, attended by 16 participants, including health leaders in TB treatment in Ukraine.
- WHO held a training session for health-care workers on improving diagnosis of and vaccination against poliomyelitis.
- WHO continued its work on capacity building for immunization staff across Ukraine, delivering trainings on COVID-19 vaccination. WHO also provides monthly distant supportive supervision covering vaccine-preventable and other infectious diseases: measles, rubella, mumps, diphtheria, pertussis, tetanus, hepatitis B, rabies, seasonal influenza, TB, leptospirosis, and tick-borne encephalitis. These sessions provide guidance on pathogens, clinical symptoms and signs, surveillance standards, pre- and post-exposure vaccination, clinical management (limited) and outbreak response.



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# 894

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

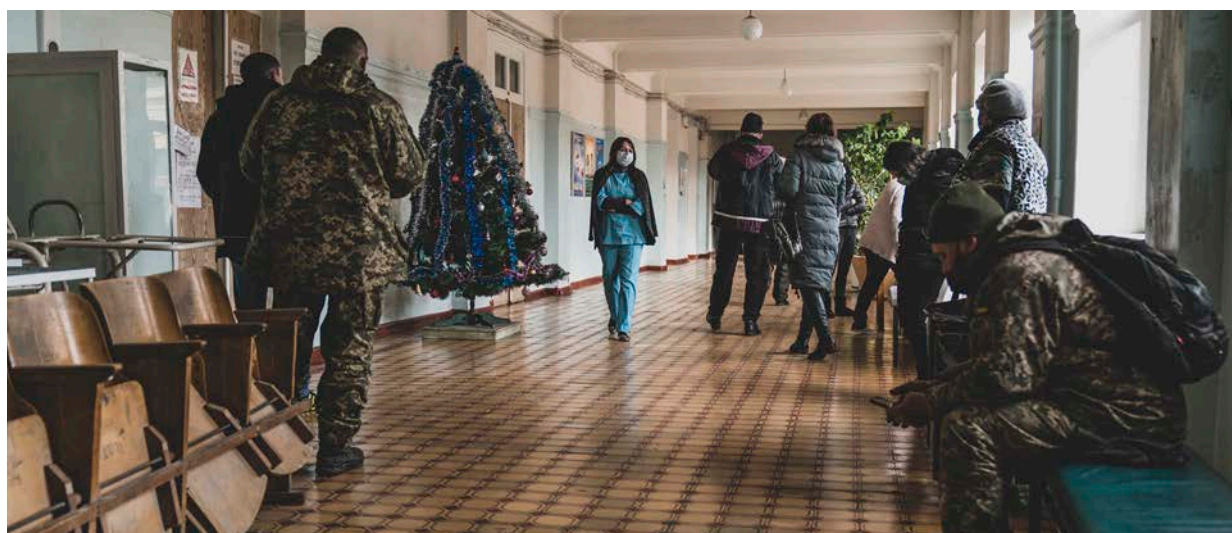
# 13 762

consultations have been carried out by WHO to support MHPSS.

## PILLAR 3:

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

- Between 1 and 30 September a total of 74 signals were detected through event-based surveillance (EBS), of which 45 were infectious disease signals, 18 pertained to health-care capacity, six were technological hazard signals and three were mass casualty signals.
- A real-time map was developed, which included health facility mapping, health facilities with bed capacity; surgical capacity, personnel; referral hospitals, availability of other major services; mapping of cancer treatment centres, and referral network. The map is only accessible internally within WHO for security reasons.



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## PILLAR 4:

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

- The Health Cluster (HC) comprises 155 international and local partners providing activities in 591 Ukrainian settlements in 24 oblasts.
- Health Cluster Partners [have reported completed](#) and/or ongoing activities covering 650 health facilities and, as of 26 September, reaching 8.6 million people.
- The Health Cluster continued to conduct biweekly national meetings and four subnational meetings per month in two subnational hubs.
- To provide technical guidance and capitalize on the expertise present in the WHO Country Office in Ukraine, the OCHA Humanitarian Coordination and Intercluster coordination teams, and partner organizations, the Health Cluster increased the number of technical working groups (TWGs) currently active across the country from two to ten. These cover (HIV/TB and opioid substitution therapy; mental health and psychosocial support (MHPSS); trauma and rehabilitation; sexual, reproductive, maternal and child health; communicable diseases; noncommunicable diseases (NCDs); displacement and health; health logistics and supply; risk communication and community engagement; assessments and analysis.
- Seventy-two percent of partners are actively involved in TWGs. To ensure the effectiveness of the TWG, the HC is reviewing the group's Terms of Reference, proactively seeking feedback from the Partners to increase their engagement and participation and to ensure that the group performs in line with the Partners' needs and expectations.
- In September, the Health Cluster received 342 humanitarian health-related requests via the Health Requests, Planning, and Response System. Eighteen percent of the requests have been fulfilled, 41% are in process, and most of the rest are pending an internal review.

[Health Cluster Bulletin #19 \(September 2022\)](#) was released on 12 October. In the report, the Health Cluster included a thematic chapter on Partners' winterization activities.





## 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. The primary refugee-hosting countries receiving WHO support are Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia.

### Regional Refugee Health Extension

- Continued to support countries in the UNHCR-led recalibration exercise of the Refugee Response Plan (RRP) to include winterization and health strategy adaptations for the remainder of 2022, and participated in initial planning for RRP 2023 revisions and health indicators;
- Initiated an interagency contingency planning exercise for different scenarios involving possible arrivals of large numbers of refugees in hosting countries during the winter months and due to an escalation of the conflict in Ukraine, including the development of a guidance document with tools and resources;
- Supported country-level operational planning for refugee health response activities and budgets in several countries, upon request, aligning with Strategic Response Plan and Refugee Response Plan priority areas;
- Facilitated a deep dive discussion among RHE partner agencies on the needs and priorities related to gender-based violence (GBV) and sexual and reproductive health in refugee-hosting countries and possible areas to strengthen interagency collaboration and efforts on these topics; and
- Continued interagency coordination, collaboration, and support on MHPSS, including by supporting and coordinating MHPSS TWGs in five countries, facilitating an MHPSS service mapping exercise in five countries and presenting at the interagency meeting in Copenhagen, Denmark, focused on MHPSS in the Ukraine refugee response.



## 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.

- In Slovakia, WHO, alongside the MoH, supported the preparations for the upcoming winter season, with the expected rise in respiratory diseases in conjunction with a potential increase of the refugee population. Planning included assessing the need for cold chain storage for COVID-19 vaccines and provision of medicines for vulnerable populations, including Ukrainian refugees living in Slovakia.
- In Slovakia, WHO participated in a review of the Strategy for controlled integration of refugees from Ukraine and the National Contingency Plan defined in support of response in case of escalation of the crisis.

- In Poland, WHO supported the drafting of the Measles Outbreak Response Plan and Rapid Diagnostic Tests for Measles Protocol.
- MoHs continue 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, the Republic of Moldova, Romania and Slovakia with various health sector partners, which meet weekly, biweekly or monthly.

1 500

surveys were carried out among Ukrainian households in Poland to better assess refugee needs.

## 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, Slovakia and other countries in the Region offer primary and/or emergency health care for refugees from Ukraine under the Temporary Protection Directive (TPD). 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.
- Based on [UNHCR figures](#), the percentage of refugees registered under temporary protection status or similar protection schemes that often grant refugees the same entitlement to health access as the local population increased across all countries in September, with Romania seeing the biggest increase (17%), followed by Slovakia (6%), Poland (5%), Czechia (5%) and Hungary (3%).

WHO has continued to prioritize activities that broaden access to health care.

- In Poland, a mission of experts from WHO took place on 19–23 September to meet with key national partners in logistics, distribution, and customs clearance to discuss areas of cooperation and the most efficient approach towards handling of goods donated to Poland by WHO.

- In Slovakia, WHO conducted a field visit to eastern Slovakia on 12–14 September to:
  - visit the WHO Collaborating Centre in Vyšné Hágy specializing in the treatment of pulmonary diseases, with a focus on assessing the capacity to provide care to patients from Ukraine for the treatment of TB- and COVID-19-related complications and relevant capacity-building needs;
  - learn about the structures and institutional programmes providing services to refugees in the Košice region and identify capacity-building needs in the context of health-related services as well as activities conducted in the reception centre, integration and accommodation centres and health facilities; and
  - discuss with the Public Health Authority and coordination team from the City Hall Refugee Centre the feasibility of implementing field epidemiological studies to assess health needs and perceived morbidity in a subset of the refugee population living in the Košice region.
- Following the refugee site assessments carried out by UNHCR and REACH, WHO has updated its online map of refugee sites in Poland. The list now includes more than 2450 locations, of which 105 are marked as currently active. Most of these locations need to be further verified as partners need to continuously adjust their services due to the continual movement of the refugee population.





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### 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 September.

- 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. EMTs have continued to provide support on MHPSS services through medical consultations.
- In Poland, WHO, in collaboration with the Statistics Office, carried out a survey among 1500 Ukrainian households to better assess refugee needs. Some preliminary results were produced by the Statistics Office in Rzeszów and presented to WHO in a working session on 23 September.
- The MHPSS team in Poland joined a technical consultation on MHPSS actions in Ukraine and neighbouring countries held in Copenhagen, Denmark, on 26–27 September 2022, and presented an overview of the Poland MHPSS TWG, including main achievements, gaps, and challenges.
- In Czechia, WHO is working to monitor the readiness of the country's mental health centres to provide psychosocial services to refugees from Ukraine and mapping the available MHPSS services with support from the National Institute of Mental Health.
- In Romania, WHO has conducted follow-up interviews for the behavioural and cultural insights study, three months after the initial data collection. The team spoke to 15 of the original 25 interviewees, and all expressed feeling more settled where they were and having more confidence in how to use health services. However, certain services continue to be challenging, including dentistry, vaccination services, support for new mothers, mental health care and prescription medications.
- Initial results from the behavioural and cultural insights study in Poland show that, overall, participants rate the medical services very high. There are similar challenges to those in Romania, such as securing prescription medications, not enough information about how to use the health system (especially health insurance) and long wait times to see specialists. WHO found that many Ukrainian mothers of children with disabilities struggle to secure a certificate of disability and access appropriate services in Poland. However, there are also several community-based organizations providing comprehensive support for disabled children that help significantly.
- WHO continues to engage with refugee-hosting countries on contingency planning, including for winterization and supply chain management.

## US\$ 3.8 million

or 107 tonnes of supplies and equipment have been delivered by WHO to refugee-hosting countries from March to September 2022

## REFUGEE RESPONSE PILLAR 4:

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

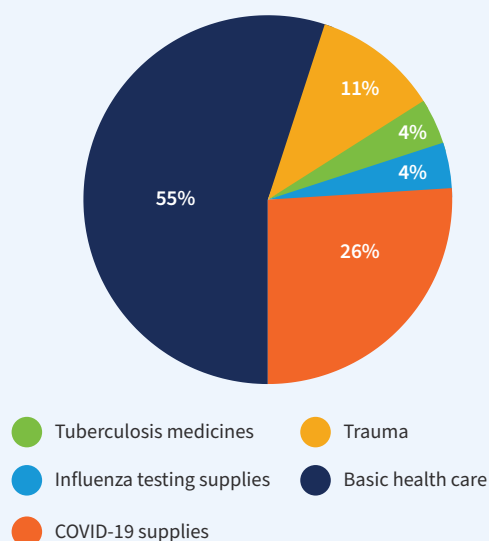
WHO continues to closely monitor signals of potential outbreaks in all refugee-hosting countries and to follow up on any infectious disease outbreaks reported. Data are collected through EBS based on predefined criteria, primarily through publicly available media articles.

From February to August 2022, 55 qualifying signals have been detected in the five primary refugee-hosting countries. These signals have covered 10 areas, including population movement, health-care capacity, technological hazards, mass casualties, infectious diseases, infrastructure, food supplies, medical supplies, water supplies, and extensions of the conflict. In September two new signals were detected in Poland around health-care capacity and technological hazards.



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



## REFUGEE RESPONSE PILLAR 5:

### Provision of priority medical products, vaccines, and technologies to refugee populations in need

From March to September 2022 WHO delivered 107 tonnes of supplies and equipment to refugee-hosting countries, including Hungary, Poland, Republic of Moldova and Romania, which totalled over US\$ 3.89 million. The supplies delivered are primarily intended to support basic health care, COVID-19 laboratory and testing supplies, trauma supplies, TB medicines and polymerase chain reaction test kits.

In September WHO delivered 11 tonnes of supplies, including 70 kilograms of influenza testing supplies and seven kilograms of TB medication to Poland and Romania.

## REFUGEE RESPONSE PILLAR 6:

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

During trainings and workshops held in September 2022, over 5000 participants, including educational staff and health-care workers, have been trained to provide services to refugees, particularly on:

- the importance of health promotion, particularly regarding routine immunizations prior to school enrolments;
- monkeypox prevention;
- how to conduct a multisectoral needs assessment; and
- the classification of EMTs.

These training sessions primarily took place in Czechia, Hungary and the Republic of Moldova.



## 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.

- The PRSEAH team has facilitated in-country and interagency coordination mechanisms and activities, and continues to contribute to and actively support 12 interagency coordination fora for the Ukraine response.
- For Poland, the team conducted a joint mission and [published a joint report](#) on GBV and protection against sexual exploitation and abuse (PSEA). The team also supported preparation for the October in-country training sessions, specifically setting up additional sample cases for discussion.
- For other refugee-receiving countries, priorities remain the same for both WHO and various interagency working groups with respect to extending technical assistance. This includes in-country support for the recruitment process. The Republic of Moldova has onboarded a new PSEAH specialist, while other countries, including Poland, are in the process of recruitment.

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## Latest guidance

1. Updated – Emergency appeal – Ukraine & refugee receiving and hosting countries. Available [here](#).
2. War in Ukraine: situation report from the WHO Ukraine Country Office. Available [here](#).
3. WHO Ukraine crisis response: August 2022 bulletin. Available [here](#).
4. Ukraine Health Cluster Bulletin, August 2022. Available [here](#).



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