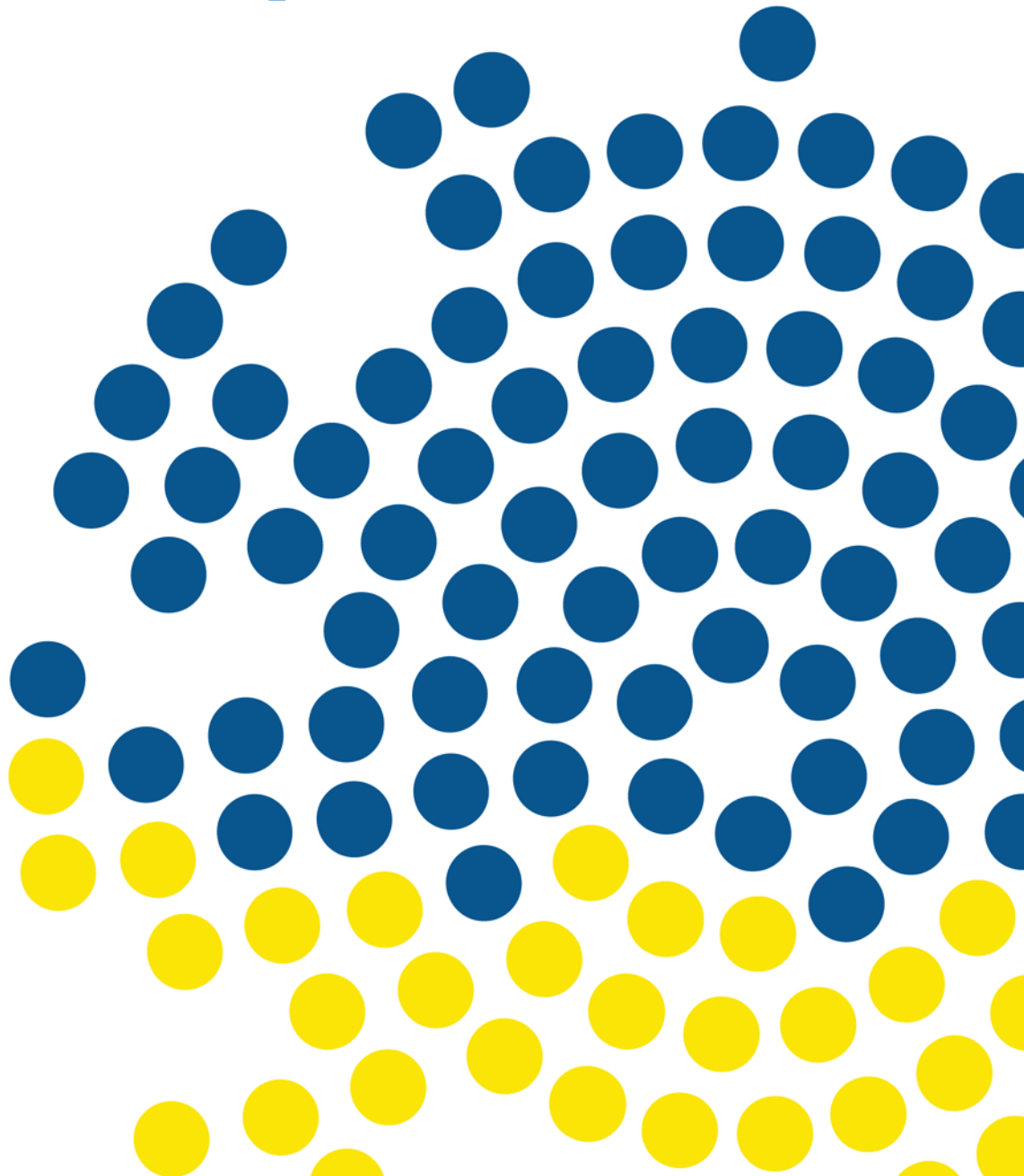




World Health  
Organization

European Region

# WHO Country Office in Ukraine annual report 2024







European Region

# **WHO Country Office in Ukraine annual report 2024**

## Abstract

This report provides an overview of the operations and activities of the World Health Organization (WHO) Country Office in Ukraine during 2024. Despite the ongoing war in Ukraine, the Country Office continued its work according to its core mandate. WHO supported the Government of Ukraine to manage the acute health impacts of the war, responding to health emergencies and pursuing existing priorities set out in WHO's General Programme of Work (GPW), the European Programme of Work 2020–2025, the Biennial Collaborative Agreement 2023–2024 signed with the Government of Ukraine and the Country Cooperation Strategy 2024–2030. This report provides an account of the achievements of the WHO Country Office in Ukraine during 2024 in the context of the war's devastating toll on health and the resilience of Ukraine's health system in response.

## Keywords

UKRAINE; EUROPE; EMERGENCIES; UNIVERSAL HEALTH COVERAGE; HEALTH REFORM; HEALTHIER POPULATIONS; MENTAL HEALTH; REHABILITATION; RECOVERY AND LIFESAVING;

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# Foreword

In 2024, Ukraine's health system continued to operate under extraordinary pressures. The resilience of health workers, institutions and communities remained a beacon of strength, ensuring access to care despite the persistent toll of war. The ability to sustain and adapt health services under these circumstances has reinforced a key lesson: Ukraine's health response must not only address immediate needs, but also lay the foundation for long-term recovery and systemic reform. Our work thereby supports the Ukrainian people and their health, improving underlying health conditions, emergency response and outcomes.

This year marked a significant milestone with the launch of the WHO Country Cooperation Strategy for Ukraine 2024–2030, a guiding framework that aligns with national health priorities and ensures a balanced approach across Response, Recovery and Reform. These three pillars define WHO's work in Ukraine, enabling a systemwide approach to health interventions that go beyond immediate relief to build lasting resilience.

WHO's response in 2024 remained deeply rooted in supporting Ukraine's health system to withstand the ongoing crisis. Immediate interventions included the delivery of essential medical supplies, the expansion of mobile health services and rapid support for front-line health facilities. Strengthening disease surveillance and outbreak response mechanisms also remained critical to prevent secondary public health crises. At every stage, WHO has worked through and with Ukraine's health system to ensure sustainability, not just short-term relief.

At the same time, recovery efforts gained momentum in restoring and expanding health services, particularly in deoccupied and war-affected areas. From rehabilitating damaged infrastructure to strengthening mental health services and supporting displaced populations, WHO's work has aimed to rebuild not just facilities, but also the systems and capacities that sustain them.

Importantly, reform remains at the heart of WHO's engagement in Ukraine. The Country Cooperation Strategy, together with the newly launched National Health Strategy 2030, provides a strategic roadmap for ensuring universal health coverage, modernizing public health systems and strengthening health financing. WHO has worked alongside the Ministry of Health, the National Health Service of Ukraine, other key institutions to ensure reforms continue despite the ongoing crisis. The focus remains on building a health system that is adaptive, efficient and resilient to future shocks.

Ukraine also contributed to the global health debate and to building stronger international health institutions in 2024. WHO and the Government of Ukraine co-chaired the development of a resolution on mental health in times of war and disaster, adopted by the Seventy-seventh World Health Assembly.

WHO engages the world on the topic of health in Ukraine and provides support for Ukrainian participation at events such as the Ukraine Recovery Conference in 2024 in Berlin. The WHO Country Office in Ukraine rigorously documents and

reports on the health situation; that information is then shared on international platforms, at regional conferences and in local meetings. In this way, support is coordinated at all three levels of our Organization and beyond. Those of us working on the ground at WHO Country Office in Ukraine deeply appreciate these partnerships, including our donors, for their support.

The health achievements in Ukraine would not have been possible without the country's strong health institutions and the dedication of its workforce. The success of the response has not been about isolated interventions but about supporting systems that deliver care at scale – from emergency medical evacuations (medevac) to digital health innovations that enhance service delivery. WHO trained thousands of health-care workers through capacity-building efforts, both directly and through cascading training-of-trainers programmes. Strengthening procurement mechanisms, supply chains and health governance has ensured that emergency response efforts contribute to long-term resilience.

Ukraine's progress in health reform since 2015 has proven to be a critical asset in maintaining stability through this crisis. Institutions such as the National Health Service of Ukraine, the Medical Procurement of Ukraine and the Ukrainian Public Health Centre have played pivotal roles in driving forward improvements, even in the most difficult circumstances. WHO remains committed to strengthening these institutions and ensuring that every intervention contributes to a more robust and future-ready health system.

WHO Country Office in Ukraine own workforce was not forgotten in the drive for continuous improvement. Staff repeatedly took up the professional development opportunities offered to them, helping to advance a high-performing team. The Country Office has worked to ensure the health, well-being and safety of our staff at all times, including by improving security measures. I thank the whole team at WHO Country Office in Ukraine, over 300 staff, for their exemplary work in 2024.

As we look ahead, we recognize that challenges remain. But 2024 has reinforced the power of resilience, strategic partnerships and a systems-driven approach to health. By maintaining the balance between response, recovery and reform, Ukraine is not just withstanding the crisis – it is laying the groundwork for a stronger, more sustainable health system for the future.



WHO Representative in Ukraine Dr Jarno Habicht

**Dr Jarno Habicht,**  
WHO Representative / Head of the WHO Country Office in Ukraine

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United Nations Partnership to Promote the Rights of Persons with Disabilities  
WHO Foundation

# Abbreviations and acronyms

AMR	antimicrobial resistance
BOS	Business Operations Support
CBRN	chemical, biological, radiological and nuclear
CCS	Country Cooperation Strategy
CMHC	community mental health centre
CRSV	conflict-related sexual violence
CVA	Cash and Voucher Assistance
DoH	Department of Health
EMS	emergency medical services
EMT	emergency medical team
EUCAST	European Committee on Antimicrobial Susceptibility Testing
GBV	gender-based violence
GER	gender, equity and human rights
HeRAMS	Health Resources and Services Availability Monitoring System
ICT	Information and Communications Technology
IDP	internally displaced person
IHR	International Health Regulations 2005
IPC	infection prevention and control
JID	joint infectious diseases
mhGAP	Mental Health Gap Action Programme
MHPSS	mental health and psychosocial support
MHU	mobile health unit
MoH	Ministry of Health
MPU	Medical Procurement of Ukraine
NAPHS	National Action Plan for Health Security
NCD	noncommunicable disease
NGO	nongovernmental organization
NGS	next-generation sequencing
NHSU	National Health Service of Ukraine
OAMT	Opioid Agonist Maintenance Treatment
OCDC	Oblast Center for Disease Control and Prevention
OHU	outreach health unit
OPD	organization of persons with disabilities
OSL	operational support and logistics
OTC	over-the-counter
PCR	polymerase chain reaction
PHC	primary health care

PIP	pandemic influenza preparedness
PMG	Program of Medical Guarantees
PMU	Programme Management Unit
PRSEAH	preventing and responding to sexual exploitation, abuse and harassment
RCCE	risk communication and community engagement
RCCE-IM	risk communication, community engagement and infodemic management
SCI	spinal cord injury
SCRC	Standing Committee of the Regional Committee
SHW	staff health and well-being
SOP	standard operating procedure
SWG	Sectoral Working Group
TB	tuberculosis
ToT	Training of Trainers
UHC	universal health coverage
UNICEF	United Nations Children’s Fund
UPHC	Ukrainian Public Health Centre
WASH	water, sanitation and hygiene



# 1. WHO's role in Ukraine: local, regional and global context

## 1.1. WHO's commitment to Ukraine

The WHO Country Office in Ukraine has supported the country through significant adversity, guided by its Country Cooperation Strategy (CCS) for Ukraine 2024–2030. This strategy, also known as the Ukraine Programme of Work, aligns with Ukraine's health priorities and fosters resilience through partnership, all of which aims to achieve measurable improvements in health outcomes.

WHO's approach is a people-centred, human rights-based approach to health care. In Ukraine, WHO emphasizes resilience, adaptability and alignment with Ukraine's health reform agenda, as well as global priorities including the Sustainable Development Goals. In 2024, WHO focused its activities on three overarching strategic priorities outlined in the CCS, which framed its support: response, recovery and reform.

WHO has been instrumental in advancing universal health coverage (UHC) in Ukraine, ensuring equitable access to essential, high-quality health services. Despite the ongoing war, WHO has supported primary health care (PHC) reforms, improved service delivery for displaced and conflict-affected populations and expanded emergency medical and



Dr Jarno Habicht, WHO Representative in Ukraine, and Dr Viktor Liashko, Minister of Health of Ukraine, during a mission to Lyman, Donetsk oblast, to support front-line health facilities, December 2023.

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surgical care access. Collaborating with the Ministry of Health (MoH) and other local partners, WHO has reinforced health workforce capacity through targeted training programmes and provided critical medical supplies to front-line facilities over many years.

*“Despite the ongoing war, Ukraine remains committed to strengthening its health-care system through response, recovery and reform. Working alongside WHO and international partners, we continue to drive forward critical health reforms that ensure access to care and align our system with global standards.”*

**Dr Viktor Liashko, Minister of Health of Ukraine**

Within the emergency context, key achievements in 2024 focused on the eastern oblasts, including establishing modular PHC centres, supporting the restoration of health infrastructure in conflict-affected areas. WHO scaled up PHC services tailored to vulnerable populations including internally displaced persons (IDPs), enhanced access to medicines through innovative programmes such as over-the-counter (OTC) kits in hard-to-reach areas, ensured winter preparedness via autonomous heating-stations and supported the implementation of Ukraine’s Program of Medical Guarantees (PMG) to expand financial protection in health care.



Strategic planning meeting between Dr Jarno Habicht, WHO Representative in Ukraine, and Dr Viktor Liashko, Minister of Health of Ukraine, February 2024.

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WHO's commitment to building long-term, resilient health systems and institutions also achieved strong results in 2024. The Organization worked closely with the Government of Ukraine to strengthen health governance, transparency and accountability within institutions, thereby aligning reforms with European Union (EU) standards. Key actions included developing policies and operational frameworks for emergency preparedness and response such as chemical, biological, radiological and nuclear (CBRN) threats, supporting the digitalization of health systems to enhance data-driven decision-making and reinforcing the capacity of national health institutions. WHO led inter-sectoral collaboration in the health sector with partners including the National Health Service of Ukraine (NHSU) to achieve integrated health outcomes such as managing public health programmes and health financing effectively.

As Ukraine progresses out of this challenging period, WHO's commitment to the country remains steadfast. Guided by the CCS for 2024–2030, the Organization will continue to align its priorities with Ukraine's health reform agenda and emerging health needs, driving impactful interventions that promote resilience, equity and sustainable outcomes for all Ukrainians. By fostering partnerships and leveraging innovation, WHO aims to support a healthier, more resilient Ukraine in the years to come.

## 1.2. Decentralization: Local-level engagement by the Country Office

The Country Office commitment to decentralization and localization in 2024 has been instrumental in ensuring equitable access to health-care services across the country. Recognizing that effective health interventions must be embedded within local systems, WHO has worked closely with oblast-level health departments, hromadas and individual health-care facilities to provide tailored support in response to immediate humanitarian needs while strengthening long-term recovery and reform efforts. Through a decentralized yet nationally coordinated approach, WHO has reinforced health-care delivery across Ukraine, from front-line conflict zones to regions hosting displaced populations and those focusing on strengthening their health-care infrastructure.

In northern Ukraine, WHO concentrated efforts on strengthening resilience in conflict-affected and border regions, particularly in Chernihiv, Sumy and Zhytomyr oblasts. These regions faced continued challenges due to security threats and infrastructure damage,

requiring WHO's sustained engagement. Mobile medical teams reached remote and conflict-exposed communities, providing PHC, mental health support and vaccinations. Hospitals were equipped with trauma and surgical kits, while emergency response mechanisms were enhanced through training programmes for local health-care workers. In Chernihiv oblast, WHO collaborated with regional health authorities to reinforce disease surveillance, ensuring early detection of potential outbreaks in war-affected areas. New equipment for infection prevention and control (IPC) improvements, laboratories and surveillance was delivered to Sumy and Zhytomyr oblasts.

*"The health response in Ukraine has evolved alongside the changing realities of the war. Led by WHO, the United Nations continues to support the strengthening of both national and local emergency medical services and in parallel longer term and more resilient pathways towards Ukraine's health system and services for people affected by the war."*

**Matthias Schmale, Assistant Secretary-General, United Nations Resident and Humanitarian Coordinator in Ukraine**

In eastern Ukraine, where Donetsk, Dnipropetrovsk, Kharkiv and Zaporizhzhya oblasts remained heavily impacted by the ongoing conflict, WHO prioritized direct health-care service delivery and infrastructure rehabilitation. Improvements in PHC financing nationally helped local administrators in front-line and rural oblasts to receive more funds for their increased needs. This was achieved through capacity-building activities in PHC costing, such as the PHC Costing Forum attended by regional authorities, and changes to the capacitation rate used by the NHSU to distribute funds under the PMG.

In Kharkiv, WHO facilitated the reconstruction of damaged health-care facilities, ensured the availability of winterization supplies and implemented protection measures for health-care workers operating in high-risk areas. In Donetsk and Zaporizhzhya, mobile clinics played a crucial role in bringing essential health services to civilians unable to access traditional health-care facilities due to security threats. Dnipropetrovsk focused on emergency medical training, equipping front-line hospitals with advanced trauma care capabilities and life-saving medical supplies to treat patients injured in hostilities. WHO also provided psychological support programmes in front-line areas, addressing the long-term mental health consequences of war.

In central Ukraine, including Kyiv oblast, Kyiv City, and Kirovohrad, Poltava and Vinnytsya oblasts, WHO played a crucial role in reinforcing health-care systems and emergency



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Regional Director visited a WHO-installed heating unit at a health-care facility in Chuhuiv, Kharkiv oblast, during his mission to Ukraine, September 2024.

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preparedness. Kyiv City saw an expansion in mental health and psychosocial support (MHPSS) services, recognizing the growing burden of war-related stress disorders. In Poltava and Vinnytsya, WHO worked with local health-care providers to expand telemedicine services, ensuring continued access to specialist care for patients unable to travel. Kirovohrad benefited from WHO's targeted intervention in managing noncommunicable diseases (NCDs), particularly in providing essential medications and screening programmes to prevent disease progression. In addition, WHO reinforced emergency preparedness in hospitals by equipping them with contingency stocks of life-saving medicines and medical equipment.

In western Ukraine, where Chernivtsi, Ivano-Frankivsk, Khmelnytskyi, Lviv, Ternopil, Volyn and Zakarpattia oblasts became key reception points for displaced populations, WHO focused on health-care integration for IDPs. In Lviv, WHO established specialized rehabilitation programmes for war-injured patients, ensuring access to prosthetics, physical therapy and psychological support. Zakarpattia and Volyn, situated near international borders, saw WHO's emphasis on cross-border disease surveillance and cooperation with neighboring countries to prevent outbreaks. Immunization efforts were strengthened in Ivano-Frankivsk and Ternopil, targeting both local and displaced populations to ensure high vaccine coverage and prevent the resurgence of vaccine-preventable diseases. WHO also supported the expansion of PHC services in rural areas of Chernivtsi and Khmelnytskyi, bringing medical care closer to underserved communities.

In southern Ukraine, particularly in Kherson, Mykolayiv and Odesa oblasts, WHO's efforts focused on emergency medical services (EMS) and recovery initiatives. Odesa strengthened its regional health surveillance systems with WHO's support, ensuring rapid detection and response to public health threats. In Mykolayiv, where water supply disruptions posed severe health risks, WHO provided IPC measures, supporting hospitals with water purification systems and hygiene supplies. In Kherson, a region frequently affected by infrastructure attacks, WHO played a critical role in restoring maternity and paediatric care services. Emergency medical teams (EMTs) were deployed to stabilize health-care access and direct medical supply deliveries ensured that essential medicines and medical equipment reached the most vulnerable populations.

In eastern Ukraine, where Dnipropetrovsk, Donetsk, Kharkiv and Zaporizhzhya oblasts remained heavily impacted by ongoing conflict, WHO prioritized direct health-care service delivery and infrastructure rehabilitation. In Kharkiv, WHO facilitated the reconstruction of damaged health-care facilities, ensured the availability of winterization supplies and implemented protection measures for health-care workers operating in high-risk areas. In Donetsk and Zaporizhzhya, mobile clinics played a crucial role in



Regional Director's visit to Chohodarivka prefab in Odesa region, September 2024.

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bringing essential health services to civilians unable to access traditional health-care facilities due to security threats. WHO also provided psychological support programmes in front-line areas, addressing the long-term mental health consequences of war. Dnipropetrovsk focused on emergency medical training, equipping front-line hospitals with advanced trauma care capabilities and life-saving medical supplies to treat patients injured in hostilities.

Across all regions, WHO's nationwide integration efforts ensured that decentralization was not only about localizing service delivery but also about embedding these actions within the national health framework. WHO worked closely with the MoH and regional health departments to align decentralized efforts with national health reforms, ensuring long-term sustainability. By balancing emergency response with health-care recovery and systemic reform, WHO ensured that health-care delivery remained resilient despite the challenges of war. Throughout 2024, Country Office's decentralized engagement has been a testament to its commitment to working across all oblasts, reaching every hromada and ensuring that health-care services are strengthened from the ground up while remaining fully integrated within national strategies. The breadth and depth of WHO's local engagement demonstrate its unwavering dedication to improving health outcomes across Ukraine, making health care more accessible, resilient and inclusive for all.

### **1.3. Leadership: driving impact through international cooperation and strategic engagement**

In 2024, the WHO Country Office in Ukraine demonstrated leadership through active participation in international health forums, coordination of high-level missions and engagement with national and global stakeholders. Amid the ongoing challenges of war and recovery, WHO's leadership role was pivotal in strengthening global partnerships, including showcasing Ukraine's health priorities on international platforms to ensure ongoing practical and financial support from health bodies, which is producing real results in Ukraine.

High-level missions to and from Ukraine by WHO Country Office in Ukraine, WHO Regional Office for Europe and WHO headquarters maintained support for Ukraine across the three levels of the Organization. Visits by representatives of the Government



Regional Director and the WHO team met with Oleh Synyehubov, Governor of Kharkiv oblast, during a field mission, September 2024.

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of Ukraine as well as national and international stakeholders solidified these essential partnerships in coordinating international health support. In 2024, global collaboration reached pre-COVID-19 levels, after the pandemic impeded travel and changed the nature of work. More recently, both of these means have been used by dedicated WHO leaders, managers and teams to foster international engagement, producing strong partnerships.

In February 2024, WHO Representative in Ukraine Dr Jarno Habicht participated in the Ukrainian-German Conference on Mental Health and Rehabilitation in Berlin. The event brought together high-profile participants, including German Minister of Health Professor Dr Karl Lauterbach and German Minister for Economic Cooperation and Development Svenja Schulze. Dr Habicht's engagement underscored WHO's strategic role in fostering partnerships and advancing mental health and rehabilitation initiatives. This conference, organized by the German Ministry for Economic Cooperation and Development through the German Platform for the Reconstruction of Ukraine, also marked a critical milestone in preparing for the Ukraine Recovery Conference 2024 (URC2024).

The prominent participation of the Country Office in URC2024 was one of the defining moments for the Organization in 2024. Held in Berlin in June, this high-profile event was co-hosted by Germany and Ukraine, continuing an annual conference series dedicated to Ukraine's recovery and reconstruction. The conference emphasized the mobilization of international support for recovery, reconstruction, reform and modernization, and covered topics such as business engagement, social recovery, local and regional development, EU accession and further reforms. WHO's contributions to the conference highlighted Ukraine's health sector recovery and reform, reinforcing WHO's leadership in health diplomacy and strategic engagement.

Further health leadership and information-sharing missions by Dr Habicht included participating in the Geneva Health Forum, where a special event highlighted Ukraine's response to NCDs, as well as the World No Tobacco Day award ceremony in Copenhagen, where awards were presented to the MoH of Ukraine and the Lviv Public Health Center. The WHO Representative also served as a speaker at the annual emergency care forum in Tartu, Estonia; as a keynote speaker at the European Forum for Primary Care Conference in Ljubljana, Slovenia; and spoke at a seminar in Brussels coordinating support strategies for Ukraine across the humanitarian-development nexus. His contributions offered insights from WHO's work in Ukraine and strengthening WHO's engagement with key partners.



WHO Representative in Ukraine Dr Jarno Habicht and the Minister of Health of Ukraine Viktor Liashko at the Ukraine Recovery Conference 2024 in Berlin.

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Ukraine's representation in WHO's governing bodies, including the Executive Board and the Standing Committee of the Regional Committee (SCRC), played a crucial role in amplifying the country's voice. Minister of Health Dr Viktor Liashko's membership in the Executive Board and First Deputy Minister Dr Serhii Dubrov's involvement in the SCRC ensured Ukraine's active participation in shaping global health policies. The MoH's engagement in the World Health Assembly and the WHO Regional Committee Meeting further highlighted Ukraine's contribution to the global health conversation and the country's reform efforts, despite adversity. In November, Dr Viktor Liashko visited Copenhagen to meet with the Regional Director and discuss the country's reform efforts.

This international leadership was extended by the active diplomacy of the WHO Regional Director for Europe. Dr Hans Henri P. Kluge visited Ukraine in September to assess health service delivery and meet national officials. His participation in the Fourth Summit of First Ladies and Gentlemen themed "Protecting Childhood: Ensuring a Safe Future", and the inaugural eHealth Summit, both in Kyiv, highlighted WHO Regional Office for Europe commitment to Ukraine, as well as support for digital health transformation and health system recovery.

Dr Kluge also advocated for support for Ukraine's health system in the media through articles (1) and interviews, and proactively engaged in health diplomacy at international forums. Such international support for Ukraine is important for advancing WHO's response to the health crisis in the country caused by the war. This ensured that humanitarian assistance for Ukraine's health crisis remained a priority on the European agenda. Fostering international cooperation and amplifying the need for continued health system support is also linked to the refugee humanitarian response, which is described in detail in the report of the Regional Director for 2023–2024 (2).

Other high-level WHO missions to Ukraine in 2024 included the visit of Director of the Division of Country Health Policies and Systems Dr Natasha Azzopardi Muscat which focused on health system recovery strategies. In June, WHO's Art and Health Lead Christopher Bailey visited to promote the integration of cultural initiatives to promote psychosocial well-being. WHO also coordinated critical three-level emergency missions in April and November, reinforcing the organization's coordinated approach to health emergencies in Ukraine.

WHO further elevated Ukraine's health agenda at the United Nations General Assembly, the European Health Forum Gastein and at the Ukraine Recovery Conference in Berlin. Events such as the "Health in a Time of War" session at the European Health Forum showcased the country's health system reforms and recovery trajectory.



Regional Director's visit to Dnipro, September 2024.

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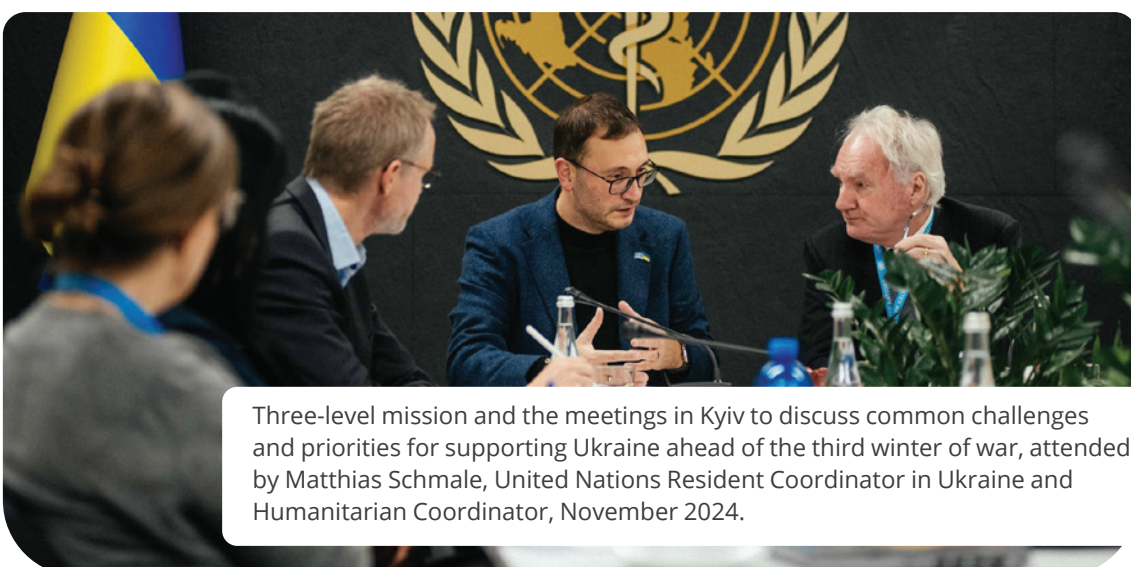
At the local level, the WHO Country Office in Ukraine was critical in fostering collaboration through bilateral meetings with key government officials, including the MoH, the Cabinet of Ministers, the National Security and Defense Council and the Parliamentary Committee on Public Health. These engagements facilitated a dialogue on pressing health issues, ensuring alignment with national priorities and enhancing coordination between WHO and Ukrainian authorities.

*"As Ukraine navigates the fourth year of war, its health system continues to stand strong against immense challenges. WHO remains fully committed to supporting the country's health response, driving recovery efforts and advancing reforms that will shape a resilient health-care system for the future."*

**Dr Hans Henri P. Kluge, WHO Regional Director for Europe**

WHO's coordinated efforts across the local, regional and global health landscape extended to strategic policy interventions. WHO collaborated with stakeholders to estimate damages and needs through the Third Rapid Damage and Needs Assessment and contributed to implementing the Health Strategy 2030.

These efforts aligned with Ukraine's move towards EU accession. This included modernizing surveillance and diagnostics, ensuring sustainable health financing, implementing PHC, workforce development and strengthening emergency preparedness. As a longstanding and trusted partner, WHO is well positioned to provide strategic



Three-level mission and the meetings in Kyiv to discuss common challenges and priorities for supporting Ukraine ahead of the third winter of war, attended by Matthias Schmale, United Nations Resident Coordinator in Ukraine and Humanitarian Coordinator, November 2024.

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First Deputy Minister of Health of Ukraine Dr Serhii Dubrov presented an individual statement during the public nomination of Dr Hans Henri P. Kluge at the 74th session of the WHO Regional Committee for Europe, October 2024.

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and technical support to Ukraine in navigating the complex landscape of health policy reforms under the EU accession process. This is particularly important given the centrality of health in the accession process, reflected in the comprehensive scope of Chapter 28 on consumer and health protections and its interlinkages with other key chapters. In December 2024, WHO proactively supported the MoH by contributing to mock sessions designed to practically prepare officials for crucial bilateral screening meetings on Chapter 28 scheduled for February 2025 in Brussels.

The primary objective of these mock sessions was to equip the MoH with the skills and knowledge necessary to effectively present Ukraine's current level of compliance with the EU acquis in the health domain. Furthermore, they provided a platform for the MoH to articulate a clear roadmap for future legislative and policy alignment, demonstrating Ukraine's commitment to meeting EU standards. WHO's technical experts played a key role in these sessions, providing in-depth guidance and feedback to MoH officials on critical health areas. This included public health, NCDs, mechanisms for cross-border health care and the development of robust health information systems.

As WHO looks ahead to 2025, its leadership role remains central to advancing health system reform, recovery and resilience in Ukraine. Building on the achievements of 2024, the Organization will continue to strengthen its engagement with governing bodies, facilitate high-level missions and support Ukraine's representation on global platforms. Through these efforts, WHO reaffirms its commitment to driving impactful change and supporting the health and well-being of the Ukrainian people.



Strategic discussion between Dr Viktor Liashko, Minister of Health of Ukraine, Dr Habicht Jarno, WHO Representative in Ukraine, and Dr Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems during her visit to Ukraine, November 2024.

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# 2.

## Health at the centre of the Ukraine emergency response

The ongoing conflict in Ukraine has created critical challenges for the health-care system, significantly impacting the health and well-being of its population. Civilian casualties continue to rise, with over 40 838 people – including women and children – injured or killed since the beginning of the war in early 2022 (3).

The health-care sector itself has become a target, with 2207 documented attacks on health facilities resulting in 205 deaths and 698 injuries. These attacks have disrupted 1860 health-care facilities, further straining service delivery and worsening existing health inequities (4).

The humanitarian crisis has displaced millions, including over 3.6 million IDPs and 6.7 million refugees globally as of late 2024 (5,6). This displacement, combined with damage to health-care infrastructure and interruptions in access to essential medications, has left vulnerable populations with unmet health needs. The toll on mental health is severe, with an estimated 9.6 million people at risk of or living with mental health conditions, including 3.9 million experiencing moderate to severe symptoms.



WHO Health Emergencies Delegation with the MoH, Chief State Sanitary Doctor Ihor Kuzin and First Deputy Minister of Health Serhii Dubrov, April 2024.

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The health landscape is further complicated by the high burden of NCDs, which are the leading cause of mortality in Ukraine. The country also faces a significant burden of communicable diseases, including one of the highest rates of HIV and tuberculosis in Europe, as well as high maternal mortality rates. Compounding these challenges is the elevated risk of outbreaks of vaccine-preventable and water- and foodborne diseases, particularly hepatitis A and measles, in areas where routine vaccination and access to clean water have been disrupted.

Additionally, the threat of a CBRN emergency persists, especially around the Zaporizhzhya Nuclear Power Plant. This risk highlights the need for robust preparedness and mitigation measures to address potential technological hazards.

Despite humanitarian access issues, WHO in Ukraine continues implementing life-saving interventions and delivering critical support to emergency and PHC services, ensuring that health remains central to the humanitarian response. Collaborative efforts focus on restoring essential health services, building resilience and safeguarding the health and dignity of affected populations.

## 2.1. Emergency field offices

WHO Emergency Field Offices (hubs) are crucial operational centres established to address the urgent health-care needs of populations in regions severely affected by the ongoing conflict. Located in Dnipro, Kharkiv and Odesa, these hubs are vital in implementing health interventions for millions of people, including IDPs and those impacted by hostilities.

The primary function of the hubs is to collaborate with local health authorities to strengthen health care systems and ensure they can effectively respond to the needs of affected populations. This includes providing emergency surgical care, rehabilitation services and support for health services catering to IDPs. The hubs also ensure access to primary and specialized health care, especially in areas close to the front lines.

A key strength of the hubs is their ability to foster collaboration between WHO, local authorities and partners. They support programme implementation across various sectors while ensuring a continuous supply chain and logistical support. The hubs have delivered essential medicines, regular medical supplies and equipment to high-risk areas through innovative approaches and partnerships. This includes maintaining reserves of life-saving medications, medical consumables, equipment and trauma kits in regional warehouses for rapid deployment during acute emergencies.

The hubs have been instrumental in organizing interagency convoys to deliver critical medicines and supplies to high-risk areas, ensuring that even the most vulnerable populations have access to essential health-care services. The field offices have also facilitated the distribution of OTC kits to hard-to-reach regions. These kits provide basic medicines and supplies, enabling people in remote areas to manage their health needs when access to health-care facilities is limited.



Three-level mission and the water and heating stations in Bobrovitsya, November 2024.

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By addressing the challenges faced in conflict-affected regions, the emergency field offices have become an essential component of the health response in Ukraine. They have ensured that urgent health-care needs are met despite the complexities of the ongoing crisis.

## 2.2. Emergency health operations and service delivery

In 2024, the Country Office in Ukraine remained at the forefront of the emergency health response and service delivery, ensuring the resilience of the health-care system. Working closely with the MoH, local authorities and other national stakeholders, WHO sustained critical EMS while strengthening national readiness and risk prevention measures.



Lviv coordination training in emergency response, WHO coordination team, January 2024.

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WHO's interventions focused on maintaining uninterrupted access to essential health services, particularly in front-line regions and recently liberated areas. EMTs and outreach health units (OHUs) reached communities with limited or no access to care, providing life-saving interventions, trauma stabilization and PHC services. To further reinforce emergency response capacities, WHO facilitated the provision of essential medical supplies and equipment, significantly enhancing the ability of health-care facilities to manage acute and chronic conditions.

As part of the effort to upgrade Ukraine's pre-hospital and trauma care systems, WHO supported the deployment of new ambulances, conducted specialized training programmes for health-care professionals and coordinated the medevac process for those in critical need. These measures were complemented by the development of new policies and frameworks aimed at strengthening emergency medical systems and ensuring a coordinated and sustainable response to ongoing and future health crises.

Through these multifaceted strategies, WHO enhanced Ukraine's emergency health infrastructure in 2024, ensuring that health services remained accessible and responsive in a time of crisis.

### 2.2.1 Medical services and emergency medical teams

EMS and EMTs Unit played an essential role in improving Ukraine's emergency system in 2024. These efforts were focused on enhancing pre-hospital care, hospital readiness, mass casualty response and national coordination, in line with Ukraine's Emergency Medical Teams 2030 Strategy. This support ranged from capacity-building to promoting systemic reforms, ultimately aligning Ukraine's EMS with global best practices and EU standards.

WHO strengthened emergency response in Ukraine, including pre-hospital and early-hospital trauma care, by supporting medevac processes, deploying equipment, promoting system-wide reforms and through comprehensive training initiatives. Medevac and repatriation support were crucial during crises, such as the attack on Okhmatdyt Hospital in July. WHO supported the medevac of 16 critically injured children through a dedicated partner working with the pre-hospital EMS service (i.e., Artesans ResQ), which enabled the medical evacuation of both the patients and their families.



European Trauma Course, Ternopil, May 2024.

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WHO supported updating guidelines and clinical protocols for pre-hospital and early-hospital trauma care, ensuring a comprehensive overview of the EMS system. WHO strengthened pre-hospital care and medical transport capabilities, ensuring that patients received immediate attention before reaching health-care facilities.

Efforts to strengthen the clinical management of trauma patients included establishing a national faculty for critical care transfer training, where 53 employees of EMS centres (approximately two from each EMS centre in the country) completed the critical care transfer trainer's path.

To ensure that life-saving procedures were taught and spread effectively, WHO also established partnerships with medical education institutions in Dnipro, Kharkiv, Kyiv, Lviv, Odesa, Poltava, Ternopil, Vinnytsia and Zhytomyr. WHO works closely with these institutions to introduce capacity development programmes at undergraduate and postgraduate levels to enhance medical education. Additionally, WHO supported postgraduate education reform for emergency care specialists by providing specialized mannequins to enhance simulation-based medical education.

Similarly, the Basic Emergency Care programme trained 355 participants in cooperation with nine educational institutions, integrating the curriculum into undergraduate and postgraduate levels. Updated and translated materials, including the conflict-related injuries module, enhanced the programme's effectiveness. Of the 267 Basic Emergency Care programme graduates, 104 were identified as instructor candidates, 55 achieved provisional facilitator status and 11 completed their pathways as master trainers, ready to share life-saving knowledge with front-line workers.

Over 1000 health-care professionals in Ukraine participated in WHO's internationally accredited training programmes, strengthening the nation's emergency response and advanced care capacities. This partnership involved close collaboration between WHO and state educational institutions, ensuring a sustainable, pyramid-style approach to capacity building. The Hostile Environment Surgical Training was expanded to include anaesthesia and nursing components, training over 200 specialists – 124 surgeons, 75 anaesthesiologists and 15 nurses – focusing on life-saving damage control surgery, anaesthesia and nursing support for critically injured patients in hostile environments.



Medevac process at Okhmatdyt – medical referral of paediatric oncology patients for treatment in Germany.

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WHO also introduced an updated global mass casualty management training package, which combines online theory, tabletop exercises and full-scale simulations. A training session for 29 participants helped to standardize hospital-level mass casualty management and laid the foundation for establishing a national faculty. Plans are under way to further upgrade the mass casualty management course curriculum in collaboration with the WHO Academy and the MoH in 2025. Of the 29 participants, 17 were identified as potential trainers to expand national expertise.

WHO supported regional prehospital training centres with specialized training in Advanced Life Support, Advanced Paediatric Life Support and Trauma and Disaster Team Response. This resulted in 126 trained participants. As a follow-up, 72 participants who successfully passed the training pathway participated in the Instructors for Prehospital Care course.

WHO supported more courses and training in trauma care, including the European Trauma Course, which certified 166 participants, with 97 advancing as instructor candidates and 20 becoming full instructors. The programme emphasizes teamwork, human factors and non-technical skills to improve trauma care outcomes. In another pilot project, 18 nurses and paramedics were certified as trauma support practitioners, fostering greater interprofessional collaboration in advanced trauma care.

The development of EMT capacities marked several milestones in 2024. Numerous practical deployments of EMTs were carried out to test the teams' surge capacity in responding to emergencies and a variety of trainings and improvements to protocols were implemented.

The EMT Coordination Cell training equipped 40 new participants with essential skills to manage national and international EMT deployments. This included staff from the MoH and from key partner organizations.

Two Ukrainian EMTs are undergoing WHO classification and certification: a Type 1 fixed/mobile team and a specialized patient transfer team. More than 70 new standard operating procedures (SOPs) were developed for medevac processes and submitted to mentors for review, while several specialized assessments of water, sanitation and hygiene (WASH) and logistics processes were also conducted. As part of implementing a Burns in Mass Casualty Incidents protocol for EMTs, a workshop was provided to present new guidelines and pathways to its implementation in the country.

Providing the necessary supplies and equipment to first responders in the country also remained a priority. Special emphasis was placed on the provision of medical equipment, followed by the necessary training support. For example, the provision of ultrasound devices was supported by the provision of point-of-care ultrasound training for 260 participants from the receiving facilities.

The EMS and EMT Unit collaborated with other WHO units and partners to foster cross-cutting initiatives, including acute trauma rehabilitation with the Rehabilitation Unit; emergency care training for nurses with the Nursing Unit; developing professional standards for paramedics with the Health Policy Unit; and distributing ambulances and other biomedical equipment with the Readiness and Structures and Operational Support and Logistics (OSL) units.

*“The intensive care units of the Emergency (urgent) medical care department (VET(N)MD) and the anaesthesia service of the Zaporizhzhia Regional (or Oblast) Clinical Hospital (ZOKL/ZOKH) of the Armed Forces of Ukraine provide round-the-clock care to severely injured military patients with surgical trauma, cardiac surgery and civilian patients with acute surgical pathology requiring high-quality artificial lung ventilation, monitoring of vital functions and depth of sedation during surgery. The Mindray A9 ventilator with the Mindray N19 monitoring station and a set of infusion pumps will allow the specialists of the Anaesthesiology Department of the ZOKH to provide high-quality anaesthesia care in accordance with the latest international standards and will ensure high-precision monitoring of the depth of sedation, reducing the need for the use of narcotic analgesics and muscle relaxants, quick and smooth awakening after surgery, reduce the percentage of transfers to intensive care units.”*

**Yuriy Semenets, anaesthesiologist, coordinator of the Intensive care units (BIT) of the VET (N) MD No. 1**

## 2.2.2 Service delivery in emergencies

The Service Delivery in Emergencies Unit maintains health-care access for conflict-affected communities, especially those in front-line oblasts. WHO’s efforts have concentrated on ensuring the continued operation of PHC services and providing care for NCDs as well as addressing urgent humanitarian needs.

A key aspect of WHO’s work has been organizing and coordinating interagency convoys (7) to deliver essential medicines, basic equipment and supplies to health-care facilities near the front lines. In 2024, WHO delivered over 663 metric tonnes of medical supplies worth US\$ 29.26 million, benefiting 871 health facilities. WHO coordinated 31 convoys to ensure humanitarian aid reached the most affected communities. Unit representatives directly accompanied 16 of the convoys.

A thorough assessment of health-care facilities in Kharkiv oblast was also conducted, in collaboration with local authorities and WHO teams. This informed the procurement and planned distribution of vital equipment to strengthen PHC service delivery in front-line areas.

OHUs have been essential in extending health-care services to remote and conflict-affected regions. In the past 12 months, OHUs conducted 756 visits across 161 locations in eight contact-line oblasts, providing over 24 000 consultations to populations otherwise cut off from regular health-care services. OHUs received essential equipment, consumables and medications from WHO to provide medical care in remote locations. The Units deliver PHC services by order of the MoH and the PMG.

*“We could only dream about Mindray ventilators or see them during our internships in other countries. And then the day came – on my next shift, I walked into the surgical operating theatre and saw this miracle of engineering. The Mindray device is self-testing, has all the necessary ventilator modes, the maximum amount of monitoring and much more. These features allow for the safest and most comfortable ventilation for the most seriously ill patients. Therefore, the device makes an impression of aviation or space technology!”*

**Anatoliy Galushchak, Head of the Intensive Care and Polytrauma Unit**

The OHU intervention programme was organized by drawing on lessons learned from WHO’s extensive experience in responding to health emergencies. These include focusing on Noncommunicable diseases in emergencies (8) in a PHC setting and defining WHO classifications and standards for EMTs to allow seamless collaboration between the essential parts of an emergency health response (9).

At the same time, the Service Delivery in Emergencies Unit has made significant strides in capacity-building efforts to strengthen Ukraine’s PHC system. The WHO package of essential NCD interventions protocols (10) have been adapted and integrated into postgraduate education for family doctors, supported by Training of Trainers (ToT) sessions for faculty members from medical education institutions. Building upon this foundation, WHO initiated the development of training hubs in collaboration with local medical education systems, which promote professional development and equip health-care providers with evidence-based approaches to NCD management at the PHC level.

WHO developed and piloted an OTC medication initiative to address the lack of pharmaceutical services in hard-to-reach areas. This project delivered 1200 medication kits to households in 14 locations in Kherson oblast, benefiting 2270 people, and provided 259 kits to front-line communities in Donetsk oblast, impacting 870 people. Post-distribution monitoring was conducted to ensure appropriate usage of and support for this intervention’s future scalability.

WHO has collaborated with various partners to address cross-cutting needs for patients in conflict-affected areas, such as developing communication materials for OTC beneficiaries and integrating rehabilitation services into acute care. Despite challenges, including restricted access due to security concerns and limited human resources, WHO remains dedicated to strengthening Ukraine’s health system. By ensuring access



Delivery of intensive care unit beds in Dnipro, December 2024.

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to essential health services, enhancing capacity and leveraging innovative solutions, the Service Delivery in Emergencies Unit has established a foundation for a more resilient and responsive health system in Ukraine.

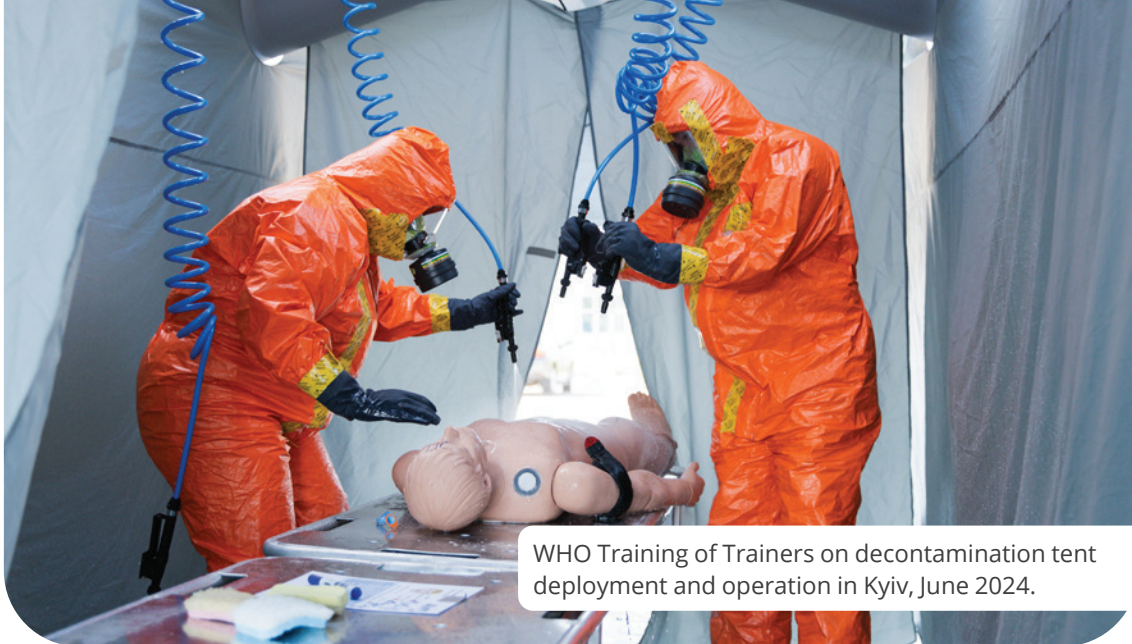
Comprehensive needs assessments were conducted in 529 health facilities, including 41 PHC centres in Kharkiv oblast, to analyse the needs in medical equipment, human resources and training. This exercise enabled the Department of Health (DoH) and WHO to develop a PHC infrastructure development and restoration plan, which will ensure the provisioning of PHC facilities with medical equipment and supplies. Based on the assessment, evidence-based distribution of supplies and medical equipment was conducted in 71 PHC centres in front-line areas based on their real needs. A similar assessment scheduled for Sumy oblast's medical facilities will allow for accurate provisioning of medical equipment to health-care facilities in that region.

Innovations in OTC medications and developments in OHUs service delivery provide a solid foundation for extending these services in the future. WHO plans to deliver thousands more OTC kits to front-line locations in the coming year and will continue to support OHUs in seven oblasts across 90+ locations.

### **2.2.3 Chemical, biological, radiological and nuclear threats**

The CBRN Unit is crucial for strengthening Ukraine's defenses against chemical and radiological threats, which are particularly concerning given the conflict and risks to technological facilities such as chemical plants and nuclear power stations. WHO focuses on capacity building, preparedness and response, and provides health-care facilities, first responders and national stakeholders with the necessary tools and expertise to manage emergencies involving hazardous materials. To achieve maximum efficiency, the CBRN Unit cooperates closely with other units and sections within WHO at local, regional and global level, as well as with other United Nations agencies and the appropriate international organizations, and with national stakeholders.

In 2024, WHO significantly improved Ukraine's preparedness for chemical and radiation-related incidents through extensive training and capacity-building programmes. WHO procured and distributed 12.83 metric tonnes of essential CBRN supplies to medical facilities in 23 oblasts, ensuring risk readiness in 167 facilities. The supplies included



WHO Training of Trainers on decontamination tent deployment and operation in Kyiv, June 2024.

© WHO

equipment essential for early detection, measurement and monitoring of ionizing radiation, such as different types of radiation dosimeters, radiometers, whole-body spectrometers and personal dosimeters. Additionally, chemical protective suits and 27 decontamination tents were distributed across 14 oblasts. Decontamination tents are used during emergency CBRN situations and are essential for managing hazardous materials and ensuring the safety of patients and health-care workers.

Training programmes conducted by WHO reached a broad range of 858 professional participants who work in relevant industries. Notably, 180 medical professionals participated in 11 chemical preparedness training sessions, including three ToT courses on decontamination tent deployment, and eight on chemical preparedness and response. On radiation emergency preparedness, 299 medical professionals participated in 15 training courses, including seven courses on managing exposure assessment and medical responses to a radiation emergency. An educational webinar was dedicated to the 37th anniversary of the Chernobyl accident. Two courses were conducted for automated dosimetry control systems preparedness and one ToT dosimetry course. Two courses on ensuring preparedness for radiation events and emergencies were conducted jointly with the George Kuzmycz Training Center of the Institute for Nuclear Research.

Two tabletop exercises were conducted with 64 participants in two oblasts, simulating an incident at a fictional nuclear power plant. The CBRN team reviewed SOPs for emergency situations and examined different agencies' roles, coordination, communications and referral pathways. The exercises involved stakeholders from various departments, including the Department of Health Care; the State Emergency Service of Ukraine; hospitals; the Ukrainian Scientific and Practical Center for Emergency Medical Care and Disaster Medicine; and Oblast Centers for Disease Control and Prevention (OCDs). International organizations such as the International Committee of the Red Cross and the International Atomic Energy Agency also participated.

The CBRN Unit collaborated in cross-sectoral efforts working with both the Public Health and Health Information units to assess Ukraine's laboratory network capacities and identify gaps, particularly in radiological and clinical laboratory capabilities at the oblast level. Support was offered for developing Ukraine's National Action Plan for Health Security (NAPHS) (11). CBRN training sessions were also extended to

WHO staff and United Nations personnel in coordination with the Staff Health and Well-being (SHW) team.

Looking ahead, WHO will continue to enhance Ukraine's resilience against CBRN threats by expanding its training programmes, strengthening cross-sectoral collaboration and advocating for sustainable funding mechanisms to support and grow its essential preparedness and response initiatives. WHO aims to safeguard public health from technological hazards and ensure readiness for emergencies in an increasingly complex threat landscape.

## 2.2.4 Readiness and structures

The Readiness and Structures Unit has ensured that health facilities in front-line and conflict-affected regions remain operational. Through strategic planning, mapping and targeted interventions, WHO has reinforced the autonomy and resilience of health structures, providing technical guidance on service delivery and facility design in both emergency response and recovery contexts. By implementing modular health-care solutions, alternative energy installations and procuring critical supplies, the Unit has addressed immediate needs and contributed to long-term development of the health system.

A key achievement in 2024 was advancing energy resilience and infrastructure development. The destruction of Ukraine's thermal and energy infrastructure since the beginning of the war has severely impacted health facilities. This makes independent heating solutions a priority. In response, WHO has supported the installation of modular boiler houses in health-care facilities across the most affected regions, ensuring that hospitals can maintain essential medical services despite disruptions to centralized heating. These fast-to-install and easy-to-use modular units operate on alternative fuel sources such as wood, briquettes and pellets, significantly reducing reliance on natural gas while providing a stable, autonomous heat supply.

Among the hospitals benefiting from these efforts is Bobrovytska Core Hospital and Koropsk Central Hospital in Chernihiv oblast, now equipped with independent heating capacities supporting respectively: 190 beds serving a population of nearly 31 000 people; and 120 beds serving a population of almost 23 000 people. In Odesa oblast, the Izmail City Central Hospital also was supported with a heating system, ensuring uninterrupted services for 320 beds, serving up to 300 000 residents. The installation of a heating system in Chuhuiv Central Hospital named after M. I. Kononenko supported 370 beds, covering around 200 000 residents in Kharkiv oblast. These installations, along with the 22 additional heating units planned for various oblasts, will ensure that health-care facilities remain functional despite infrastructure damage and power supply disruptions.

Beyond heating, WHO has taken significant steps to enhance health-care autonomy at the local level through renewable energy and water treatment solutions. Installing water treatment systems in eight hospitals has improved access to safe water, with plans to expand this to 10 more facilities in 2025. Introducing solar-powered energy solutions, including installing four solar power sheds, also represents a forward-looking approach to energy independence, ensuring that health facilities can function sustainably.



Mission to Chernihiv region to inspect the heating units, Bobrovytska, May 2024.

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To further support front-line service delivery, WHO established 17 modular PHC centres and one EMS facility, which support over 30 000 patients in five conflict-affected regions. These modular structures are designed to be rapidly deployable, ensuring continuity of care in areas where permanent health-care infrastructure has been damaged or destroyed. Meanwhile, WHO has strengthened emergency response capacity by procuring and distributing 23 ambulances, bringing the total to 119 since 2022. Additionally, the Unit has evaluated the biomedical equipment of 16 regional EMS centres and overseen the procurement of more than 2000 medical devices.

Building local capacity has remained a core priority. WHO conducted workshops on the operation of EMS biomedical devices and advanced anaesthesia systems, ensuring that health-care workers can use newly installed medical equipment effectively. Localization efforts have been central to all initiatives. WHO works closely with oblast and municipal health authorities to align interventions with national policies while addressing oblast- and rayon-specific needs. This decentralized approach strengthens health-care resilience and ensures that response efforts are sustainable in the long term.



Tsyrkuny prefab, September 2024.

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WHO is set to refine these strategies further in the future, prioritizing the quality, efficiency and sustainability of modular health-care structures, heating and water sanitation, including renewable energy solutions. Supporting Ukraine's health facilities in this way is essential to overcoming the challenges posed by the war.

## 2.2.5 Operational support and logistics

The Operational Support and Logistics (OSL) Unit was a crucial component of the Country Office emergency response in 2024, playing a key role in the efficient and accountable management of the health supply chain. WHO operated at the intersection of warehousing, distribution and partner coordination, ensuring the seamless flow of essential supplies to support the country's health programmes during emergencies. Through close collaboration with colleagues internal and external to the Organization, the OSL Unit meticulously planned the distribution of supplies, guaranteeing their timely and accurate delivery to beneficiaries across Ukraine.

WHO oversaw comprehensive warehouse management, including the receipt of goods and rigorous quality control standards. Accurate stock-in and stock-out reporting is central to these operations, enabling precise inventory tracking and preparation of consignments for dispatch. WHO strongly emphasized the integrity of temperature-sensitive supplies, such as vaccines, by maintaining effective cold chain and temperature-controlled storage and transportation systems.

The WHO team excelled at packaging essential supplies, preparing the necessary equipment for delivery operations and organizing transport to final destinations. This process was supported by thorough recordkeeping and issuance of necessary documentation, such as donation certificates and letters of request, which ensure transparency and accountability.



Delivery to Dobropillya in Zaporizhzia region, February 2024.



Delivery of medicines in Zaporizhzhya, July 2024.

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As a vital liaison between WHO and other humanitarian organizations, the OSL Unit represented the organization in the Health and Logistics Clusters. This coordination enhanced collaboration with United Nations agencies and humanitarian partners, further strengthening logistical response efforts.

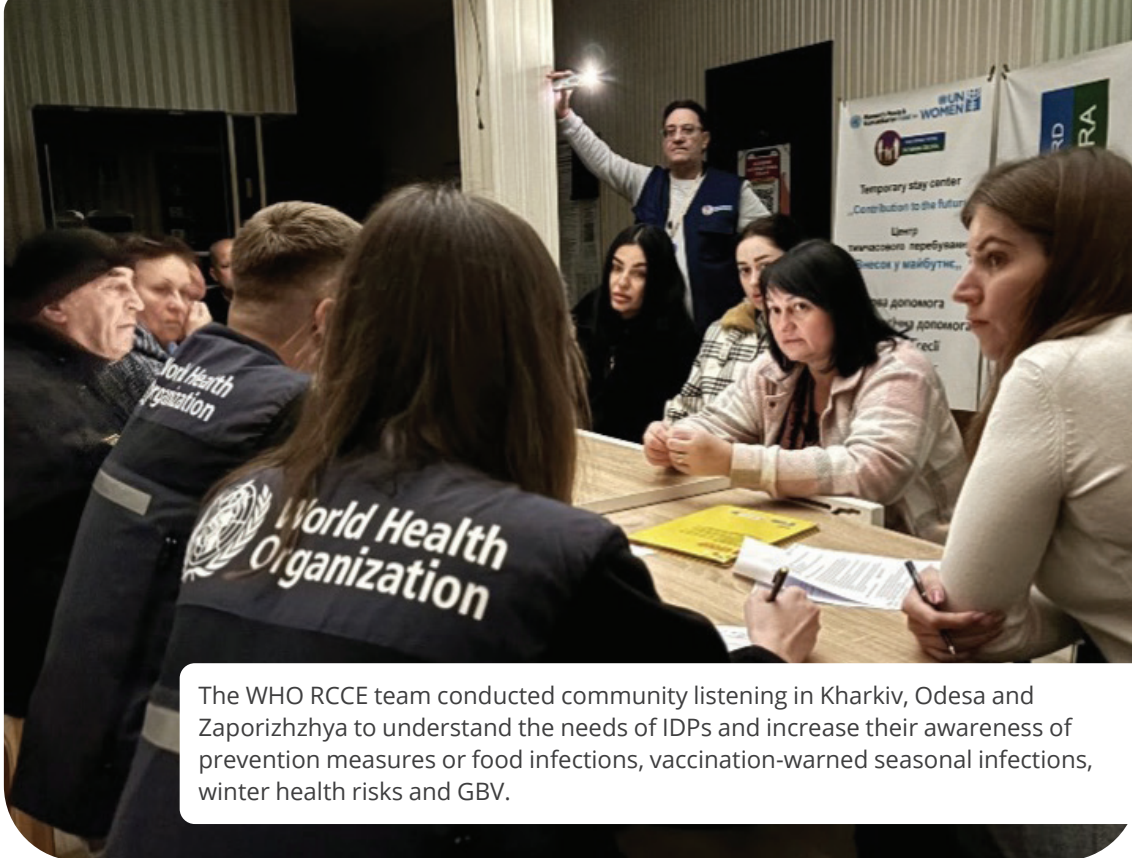
Additionally, WHO provided valuable support to government counterparts, fostering operational networks within the health sector to ensure that logistics needs were met efficiently. In 2024, WHO achieved significant milestones, including distributing 663 metric tonnes of supplies valued at US\$ 29.26 million. Logistically, this entailed delivering 470 metric tonnes of goods to five warehouses in strategic locations throughout the year. WHO managed over 900 donation agreements and issued more than 2700 agreements, while fulfilling 140 Health Request Planning and Response requests from Health Cluster partners, valued at over US\$ 700 000.

Looking ahead to 2025, WHO will prioritize increasing supply delivery while fostering team capacity development and implementing a robust business management system. Efforts will also focus on improving stakeholder communication flows to ensure smooth coordination and continued success in logistics operations.

## 2.2.6 Risk communication and community engagement

The Risk Communication, Community Engagement and Infodemic Management (RCCE-IM) Unit improves communication strategies, enhances risk perception among the population and encourages behavioural change to prevent diseases and promote health and well-being. Infodemics refer to the overload of unreliable information that can occur during health crises. By engaging with communities through targeted communication, community listening and preparedness initiatives, WHO ensures that critical information reaches those who need it most.

Public health campaigns pursued by the RCCE-IM Unit have helped to reduce these risks and improve access to health services. In 2024, WHO provided essential public health information to vulnerable populations, especially in high-risk areas and among IDPs. Seasonal public health topics – heat safety, winter risks, floods and vaccinations – were addressed through printed and digital materials. Preparedness efforts involved disseminating comprehensive guidance on preventing waterborne and infectious diseases and ensuring communities were well-informed about potential health threats.



The WHO RCCE team conducted community listening in Kharkiv, Odesa and Zaporizhzhya to understand the needs of IDPs and increase their awareness of prevention measures or food infections, vaccination-warned seasonal infections, winter health risks and GBV.

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A strong focus was placed on social listening, community engagement and message testing. The RCCE-IM Unit gained insights into the needs and risk perceptions of the affected populations through regular community consultations. Social listening efforts addressed rumours, fears and misinformation, ensuring that public health advice was clear, relevant and tailored to the community's needs. This approach built trust and fostered collaboration between the Government and social groups such as IDPs and host communities, while also increasing health literacy and promoting protective measures such as vaccination.

WHO engaged communities in co-designing health interventions to further strengthen its infodemic management system, to quickly detect and counter misinformation while fostering resilience.

*“Public health plays a crucial role in Ukraine’s ongoing response and recovery. With WHO’s support, we are strengthening disease surveillance, expanding preventive services and ensuring that essential health care remains accessible, even in the most affected regions.”*

**Mykhailo Rosada, Director General of the UPHC**

Five new risk communication products were produced in 2024, focused on evacuation, heat safety, winter safety, hepatitis and flood preparedness, all developed in collaboration with the MoH and the Ukrainian Public Health Centre (UPHC). Messages on COVID-19 and influenza safety were also distributed. WHO disseminated 2.1 million printed materials on these topics. The MoH received 711 300 of these materials that were distributed to the oblasts in collaboration with the World Food Programme; while 1.4 million printed materials reached the high-risk oblasts of Dnipropetrovsk, Donetsk, Kharkiv, Luhansk and Zaporizhzhya.



The regional Centers for Disease Control and Prevention in Zaporizhzhya, June 2024.

© WHO

Community listening aimed at understanding the needs of the most vulnerable groups and to increase their awareness of prevention measures against waterborne infections, seasonal infections, winter health risks, as well as the benefits of vaccination. Detailed information on gender-based violence (GBV) was expanded to Kharkiv, Odesa and Zaporizhzhya oblasts, reaching 215 people and addressing topics such as access to health services and mental health support.

Digital social listening led to 28 reports and 12 presentations among partners to share this information, which also helped to foster collaboration between risk communication and community engagement (RCCE) partners. Partnerships with RCCE stakeholders, including UK-Med, World Food Programme, United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees, and internal teams within the Country Office, were strengthened through these regular meetings.

WHO will continue to explore new bilateral partnerships to broaden the dissemination of risk communication materials and expand community listening efforts to high-risk oblasts. Digital communication and social listening have been shown to contribute to managing infodemics and therefore WHO will continue to pursue this impactful and community-centred communication strategy.

## 2.2.7 Gender-based violence and conflict-related sexual violence

WHO supports the MoH to align national health frameworks with the goal of preventing GBV and conflict-related sexual violence (CRSV). WHO's specialist staff also work to enhance the capacity of Ukrainian health-care professionals to effectively respond to GBV and CRSV incidents.

GBV poses a significant public health concern in Ukraine. In 2023, over 300 000 cases of domestic violence were reported to the police; and between 2022 and October 2024, 321 cases of CRSV were documented (12). Two out of three Ukrainian women have experienced psychological, physical, or sexual violence in their lifetime, and 24% of girls under the age of 20 have reported experiencing sexual violence.



Offline focus group discussion aimed to test GBV messages among health-care workers, Odesa.

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Access to health care in front-line and rural areas compounds GBV and CRSV risks, along with socio-economic barriers and bias among health-care workers. The lack of clear legal frameworks related to GBV and CRSV further complicates effective response mechanisms, leaving many health-care providers without the skills or knowledge to address GBV as part of their responsibilities.

In 2024, an emphasis was placed on making health-care services accessible and sensitive to the needs of survivors by supporting survivor-oriented services, while promoting cooperation across different sectors to ensure a comprehensive response. This included building the capacity of health-care professionals and supplying critical resources such as post-exposure prophylaxis kits.

Technical support was also extended to the MoH to align national frameworks with WHO guidelines and international best practices. In partnership with WHO, the MoH has reviewed and identified gaps in the current legal framework for GBV prevention and response, namely MoH Decree No. 278. An amended version of the law is expected to be published in the first half of 2025. In addition, the Ministry has included additional specific actions on GBV in its health development strategy up to 2030.

Intersectoral cooperation was strengthened by fostering collaboration between providers in HIV prevention and care, MHPSS, gender equity and protection services. A World Mental Health Day online webinar on GBV and mental health was conducted by the WHO Country Office in collaboration with the UPHC, for 200 medical professionals from CDCs across Ukraine. Additionally, awareness-raising campaigns were conducted, aimed at the medical community and the public, seeking to reduce stigma and enhance understanding of GBV issues.



Offline focus group discussion aimed to test GBV messages among health-care workers, Odesa.

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Communication materials were developed and distributed during the “16 Days of Activism Against Violence” campaign to raise awareness among health-care providers and communities. This involved collaborative efforts with partners, including UNFPA and local nongovernmental organizations (NGOs).

Five advocacy meetings also took place in 2024, involving the MoH, United Nations partner organizations and medical schools, supporting the integration of GBV care into health-care services.

Messaging for such campaigns is informed by research conducted by WHO. For example, five focus group discussions were conducted involving 58 health professionals, within selected primary health-care facilities in Dnipro, Mykolayiv and Odesa.

WHO’s training initiatives for health-care providers in 2024 concentrated on medical care for GBV survivors, addressing the shortage of trained health-care providers, improving communication between providers and survivors and strengthening referral systems. Training on organizing services for GBV survivors at the PHC level reached 31 health managers. Comprehensive care models for CRSV survivors were also introduced.

Eight training sessions on integrating GBV and HIV services at the primary care level were conducted for over 300 health professionals, targeting regional HIV/AIDS centres and health managers. These were conducted in eight strategically located oblasts, aiming to cover as many regions as possible (for example, in Odesa, the training was conducted for health managers from Kherson, Mykolayiv and Odesa). This activity was conducted in collaboration with the Joint Infectious Diseases (JID) Unit in the Country Office.

In collaboration with UNFPA, WHO also delivered three five-day trainings on clinical management of rape and intimate partner violence for 63 health workers and Health Cluster partners.

Six three-day trainings on providing services to GBV and CRSV survivors were provided for 103 doctors and paramedics. This activity was carried out in three strategically-located oblasts (Dnipropetrovsk, Kyiv and Odesa) with the participants from ten of the most war-affected oblasts in Ukraine.

## 2.3. Health Cluster in emergencies

The Health Cluster in Ukraine serves as the key coordination platform for more than 200 humanitarian partners, ensuring a principled health response to the emergency in Ukraine and supporting the MoH. In 2024, the humanitarian response focused on the eastern, northern and southern regions along the front line, where the needs of conflict-affected communities were most acute. Collectively, the Health Cluster supported 3.04 million people out of the 3.8 million people targeted in the Humanitarian Response Plan 2024.

As the Cluster Lead Agency, WHO ensures effective coordination across national and regional humanitarian hubs, preventing duplication and filling gaps in service delivery. The Health Cluster's Strategic Advisory Group, with WHO as a key member, supports the Health Cluster Coordination Team to define the strategic direction of the group and ensures that key decisions are well-informed and represent the views of all cluster partners.

The Health Cluster is thereby able to manage health emergencies at the local level in tandem with local health authorities. Hubs are currently located in Dnipro, Kharkiv, Kyiv and Odesa. Coordination teams facilitate localized decision-making, enabling partners to respond promptly in affected communities, while aligning efforts in these high-priority areas with accepted MoH procedures and standards.



Since the beginning of the war, the Health Cluster coordinated partners' service delivery and donations at the Kharkiv City Transit Center, conducted rapid assessments and deployed mobile medical units at collective centers. In May alone, health partners provided PHC and MHPSS services to more than 1700 people at the Kharkiv City Transit Center, May 2024.

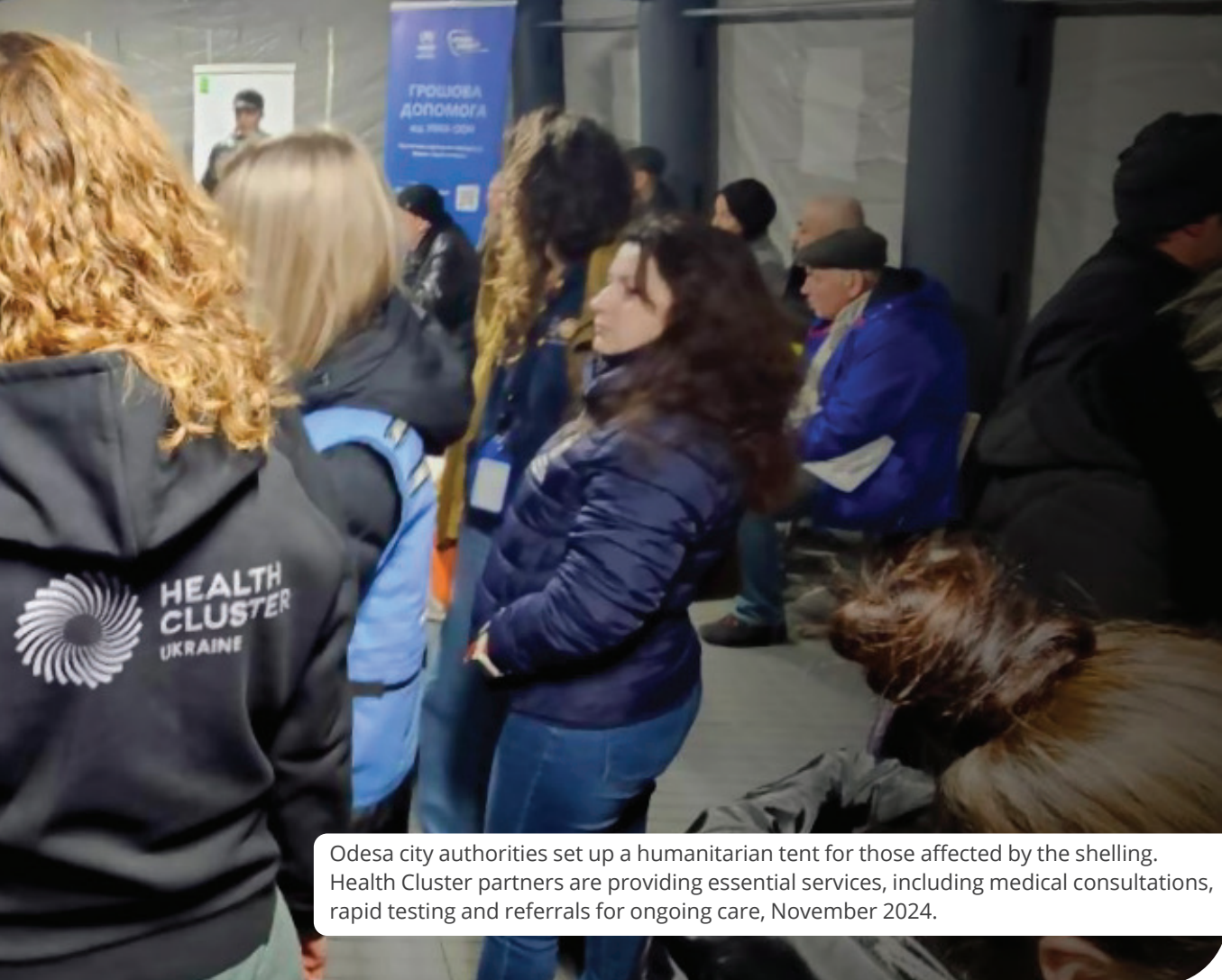


At higher levels of national and international health aid coordination, WHO represents the Health Cluster within meetings of Ukraine's Humanitarian Country Team. WHO also participates in and influences decisions within the InterCluster Coordination Group, which aims to strengthen collaboration between humanitarian sectors such as the Protection and WASH clusters.

In 2024, WHO led the Health Cluster's contributions to developing the 2025 Humanitarian Needs and Response Plan (13). This yearly assessment identifies those in need of health assistance and the severity of their needs. Similar contributions were made towards identifying the health-specific needs within the intersectoral Winter Response Plan for October 2024 to March 2025 (14).

In 2024, WHO coordinated seven technical working groups dedicated to MHPSS; RCCE; Sexual and Reproductive Health; Trauma, Rehabilitation; Nutrition; and Assessment and Analysis. WHO also coordinated two task teams: Cash and Voucher Assistance (CVA) for Health, and HIV/TB/Opioid Substitution Treatment, to provide technical guidance and ensure that these groups meet international standards.

WHO guided effective decision-making and response planning within each of these forums by providing evidence-based information from assessments, public health data and published reporting. Key achievements included the publication of the sixth Public Health Situation Analysis (15) in August, offering insights into Ukraine's health resources, risks and population health. WHO also updated the Health Cluster Assessment Tool (16), uploading over 100 assessments and ensuring easy access



Odesa city authorities set up a humanitarian tent for those affected by the shelling. Health Cluster partners are providing essential services, including medical consultations, rapid testing and referrals for ongoing care, November 2024.

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to high quality health information. A Partner Training Calendar (17) and Training Dashboard (18) were developed to enhance training coordination and alignment with technical standards.

WHO maintained the Response Dashboard (19) to help partners to visualize overall activities, reduce duplication between them and ensure alignment. Monthly Bulletins (20) highlighted key health needs and progress, while more than 15 infographics raised awareness on urgent topics such as hospital relocations (21), evacuations (22) and other updates.

WHO tracked partner responses to attacks on civilian areas (23), ensuring the rapid mobilization of services through partners to address imminent health service gaps; and conducted follow-up Post-Distribution Monitoring surveys to evaluate these interventions. Two Post-Distribution Monitoring analyses in June (24) and December (25) assessed medical supply distributions in health facilities in Ukraine. WHO coordinated 626 submissions through the Health Requests, Planning and Response Tool (26), delivering 76.7 metric tonnes of medical supplies through this distribution channel.

To ensure that ongoing health interventions continued to be relevant and impactful, WHO conducted 35 supportive monitoring visits to partner projects in war-affected oblasts, namely Chernihiv, Donetsk, Dnipropetrovsk, Kharkiv, Mykolayiv, Odesa, Sumy and Zaporizhzhya. The projects were evaluated on their continued relevance in those locations and suggestions were provided to the partners to improve their approach to delivering health services to the targeted, needy populations.

In 2024, WHO prioritized strengthening the capacity of local partners through tailored capacity-building and support. In October, WHO organized two in-person capacity-building workshops. These workshops were designed to empower local health organizations by enhancing their ability to mobilize resources (27) and mainstream gender-sensitive (28) approaches into their health programming, aiming to improve the competitiveness of donor proposals for 2025 and beyond.

Additional advice for partners was provided in May, when WHO produced a guideline document on the CVA for Health Framework 1.0 (29). And in October, partner organizations implementing CVA worked together in a workshop to refine (30) the framework to ensure it complements national health systems and maintains accountability. In December, the Health Cluster's CVA task team assessed the progress, based on feedback from 16 partners, and highlighted growth in scale and targeted programming. The analysis provided recommendations for strategic and programmatic improvements in 2025.

Strengthened collaboration between the Health and Protection clusters aimed to mobilize intersectoral assistance. Following a joint visit to Kharkiv in July, a joint workshop (31) was held in August to improve MHPSS, referral systems, rehabilitation and disability inclusion in health responses. With 50 participants from 32 organizations, including organizations of persons with disabilities (OPDs), the discussions resulted in short- and long-term planning recommendations. A follow-up operational-level workshop in Kharkiv (32) in December 2024 enhanced collaboration among 23 organizations, strengthening referral pathways between health and protection actors.

WHO continued to collect, verify and consolidate data for the WHO Surveillance System for Attacks on Health Care (4) through the Health Cluster. Since 24 February 2022, WHO has verified more than 2200 attacks on health care in Ukraine. These attacks resulted in 205 deaths and 697 injuries among health workers and patients.

To better understand the extent and nature of the attacks and the impact on safe health services delivery, the Health Cluster and WHO published a peer-reviewed article, *Typology and Implications of Verified Attacks on Health Care in Ukraine in the First 18 Months of War* (33), in *PLOS Global Public Health*. The article provides a consolidated analysis of SSA data from the WHO Surveillance System for Attacks on Health Care from February 2022 to August 2023.

WHO also organized two workshops on attacks on health care in Dnipro and Odesa in May, with 42 participants from 23 partner organizations. Focused on regions heavily impacted by attacks, the event aimed to gather data on unreported incidents and improve reporting and awareness amongst partners implementing in high-risk areas.

In 2025, some 9.2 million people across Ukraine are estimated (34) to need health assistance. Health Cluster partners aim to reach 3 million people in the coming year, targeting the most vulnerable in war-affected areas. WHO and its partners will continue to support the provision of quality health services through the Health Cluster in collaboration with national authorities.

## Health Cluster

### Pavlohrad Transit Center:



*"I just arrived yesterday and haven't yet recovered or gathered my thoughts. I'm still unable to articulate them clearly. However, the support from all the staff has been incredibly helpful, giving me strength, encouragement and hope for the future and a return to a normal life. The doctors were very attentive and professional and I am deeply grateful for their help."*

Dina from the village of Zelenyi Hai, Komarska hromada, at the Pavlohrad Transit Center, where she received PHC assistance and mental health support from International Rescue Committee teams – a Health Cluster partner



*"So far, everything is okay. We lived there without hospitals, three years without water or gas. When the shelling became intense, paramedics evacuated us. We've been at the centre for a week. Dressings are changed every day except Saturday and Sunday."*

Mykola from village of Ivanopillya, Kramatorskyi raion, at the Pavlohrad Transit Center, where he received PHC assistance and mental health support from International Rescue Committee teams – a Health Cluster partner



*"My family and I evacuated, but I left later because of work and the hope that the situation would stabilize," Ihor shares. "You can only take very little when evacuating, so this kind of help is essential."*

Ihor from Pokrovsk, evacuated to the Pavlohrad Transit Center, received medical assistance from Project HOPE teams – a Health Cluster partner

### Partner Mobile Medical Teams



*"I've had type 2 diabetes for 20 years. I take medication to control my blood sugar, prescribed by my family doctor. I also need blood pressure pills. It's great to have this kind of help. Today, I had my blood sugar checked, which I can't afford to do regularly because test strips are too expensive. They also measured my blood pressure."*

Natalia, a resident of Nikopol, provided with medical assistance by the Health Cluster partner Project HOPE Mobile Medical Teams



*"My husband is 65 years old and has diabetes. Doctor Mykola from the mobile unit saved his life only because we sought his help in time. We have also received free medicines several times. At the moment we cannot afford to spend a lot of money because our pension is small. We are very grateful for this help."*

Halyna, pensioner, left her home last year and settled in Hubarivka with her husband, who received medical assistance from Project HOPE Mobile Medical Teams in Kharkiv region

## 2.4. Health information and risk management in emergencies

The Health Information and Risk Management Unit plays a crucial role in addressing the humanitarian crisis in Ukraine. By generating, verifying and analysing health data, the unit supports evidence-based decision-making, enabling stakeholders at all levels of the health system to optimize resource allocation and respond effectively to the population's evolving needs.

The unit conducts comprehensive data collection efforts, including the Health Resources and Services Availability Monitoring System (HeRAMS), health needs assessments and front-line needs assessments. Focused public health assessments, such as winter risk assessments and energy assessments of specialized health-care facilities, complement the broader data collection initiatives.

WHO supported the implementation of Ukrainian national studies such as the Health Index Ukraine Survey, to help local institutions to analyse and seek insights on key issues related to health and access to health services in the face of new challenges, including those associated with the full-scale war.

Collaboration is essential to these information-collecting operations. As such, the Unit has strong and active partnerships with the MoH, the regional DoHs, Information and Analytical Centers for Medical Statistics, Centers for Disaster Medicine and the UPHC.

Through these collaborations, the Unit has supported major studies on NCDs, such as the Childhood Obesity Surveillance Initiative Survey (35), Health Literacy Survey (36) and the STEPS survey. Various projects within the Country Office have also been supported, including studies on shelters and prefabricated facilities, and initiatives aimed at mitigating the impact of attacks on health-care facilities.

In 2024, the unit achieved significant milestones, including publishing 20 products. These were: two HeRAMS reports (37,38), ten HeRAMS status updates (39–48), three HeRAMS verification reports (49–51), two Health Needs Assessment reports (52), a Front-line Needs Assessment Factsheet (53), the Winter Risk Assessment report (54). Energy assessments were also conducted and the results were shared with key partners and the Government.

The team handled nine specific data analysis requests, supporting priority WHO health programme areas. These included detailed analyses of cost barriers to health care and health expenses. Additionally, the team provided data on the Affordable Medicines Programme, winterization indicators and regional analysis for IDPs, ensuring such information is available across multiple platforms.

These products are in high demand and widely used by WHO teams and the MoH for decision-making. Significant progress has been made in creating dashboards, GIS mapping and digitizing emergency medical processes to make the information available.



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In 2024, Power BI dashboards based on HeRAMS, health needs assessments, front-line health needs assessments and surveillance data were developed and released for internal use.

Another significant initiative has been the development of a disaster medicine tool to enhance emergency medical responses. Once complete, this tool will unify case management in a centralized database, enable data-driven analytics to identify trends and facilitate rapid communication of necessary actions from EMTs across Ukraine. A comprehensive assessment of the disaster medicine system is also planned, aiming to strengthen the system's capacity to deliver timely, effective assistance.

The Country Office has developed a twofold information strategy that it will continue to pursue in the future: first is to provide support to WHO teams through a central data repository, with clear guidelines to maintain high standards for studies, assessments and surveys. Second, WHO aims to extend this support to the MoH and government agencies, focusing on the effective use of health information for recovery, reform and response.

## 2.5. Transitioning from response to recovery

The transition from emergency response to structured recovery has been a key priority throughout 2024. Over the past year, Country Office has worked closely with national authorities and international partners to stabilize the health system, restore essential services and build resilience against future shocks. While humanitarian needs persisted in many regions, 2024 marked the continued shift towards early recovery efforts, ensuring that critical health services remained accessible while laying the groundwork for long-term system strengthening.



WHO Representative Dr Jarno Habicht during his mission to Izyum, Kharkiv region, where WHO installed a modular PHC clinic replacing the previously destroyed one, July 2023.

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The third round of the Rapid Damage and Needs Assessment, jointly prepared by the Government of Ukraine, the European Commission, the United Nations and the World Bank, costed the immediate priorities for 2024 recovery and reconstruction in the health sector at US\$ 873 million. Among the priorities identified, WHO invested over US\$ 41 million in 2024 in PHC services and medicines, health emergency preparedness and response, emergency medical care, mental health, rehabilitation and hospitals, including in infrastructure across these domains. WHO actively supports the health system response, reform and recovery in Ukraine, through the Organization's daily work. WHO also launched a new area of work in this field in 2024, examining how capital investments are planned and implemented in the country.

Throughout the year, Country Office played a critical role in supporting the rehabilitation and reconstruction of damaged health-care infrastructure, with a focus on restoring functionality in war-affected areas. Mobile medical units and field hospitals provided essential services while permanent facilities were being repaired. Additionally, WHO worked closely with local authorities to assess and prioritize reconstruction needs, ensuring that investments were directed towards facilities that would have the greatest impact on vulnerable populations. Beyond physical reconstruction, efforts were made to improve supply chain resilience, particularly for essential medicines, medical equipment and trauma care supplies, which were frequently disrupted due to the conflict.

Mental health and psychosocial support emerged as a central pillar of WHO's recovery strategy, recognizing the long-term psychological toll of the war on civilians and health-care workers. In 2024, Country Office expanded community-based mental health programmes, integrating psychosocial support into PHC services to make it more accessible. Capacity-building initiatives trained health-care professionals to identify and respond to mental health conditions, ensuring that services were available in hospitals, local clinics and community centres. WHO also supported the rollout of mental health hotlines, mobile crisis teams and peer support networks, which provided critical assistance to displaced persons, veterans and survivors of trauma.

Another key area of focus was disease prevention and outbreak preparedness. The war significantly disrupted immunization programmes, leading to a heightened risk of vaccine-preventable diseases. WHO worked with the MoH to re-establish routine immunization services, expand coverage in hard-to-reach areas and strengthen cold-chain logistics to ensure that vaccines remained available where they were needed most. Disease surveillance systems were reinforced to enable early detection and rapid response to potential outbreaks, with WHO providing technical guidance, laboratory support and training to health-care professionals to strengthen epidemiological capacities.

Recognizing the importance of a stable and well-supported health-care workforce, WHO launched several initiatives to address staff shortages and burnout among medical personnel. Financial incentives and psychosocial support programmes were introduced to retain skilled professionals, particularly in high-risk areas where health workers faced immense pressure. Training programmes focused on upskilling health-care providers in emergency care, trauma management and rehabilitation services, ensuring that the workforce was equipped to meet both immediate and long-term health needs. Special efforts were also made to reintegrate displaced health professionals back into the system; and support medical students and young professionals to continue their education and training despite the challenges posed by the war.

As Ukraine moves forward into 2025, the progress made in 2024 will serve as the foundation for scaling up recovery and reconstruction efforts. The experiences gained throughout the year have underscored the importance of integrating resilience-building measures into health recovery planning, ensuring that future shocks – whether related to conflict, public health emergencies, or economic instability – can be mitigated. The Country Office remains committed to working alongside national and international partners to sustain and accelerate health system transformation, ensuring that recovery is inclusive, resilient and responsive to the evolving needs of the population.

# 3.

## Health programmes: strengthening, reforms and recovery



Despite the complex and evolving environment, significant progress was made in 2024 to ensure access to essential health services; to strengthen health sector governance; and to expand disease prevention and control measures. WHO's health programming efforts, which look to long-term health systems, enhancing the capacity of health-care institutions, supporting critical national reforms and training front-line health-care workers, have played a vital role in safeguarding the health and well-being of the population. This work highlights WHO's strong commitment to building a more resilient health system capable of withstanding challenges and improving health outcomes for all Ukrainians.

### 3.1. Health system

#### 3.1.1 Health governance, partnership and recovery

Health Governance Unit in the Country Office significantly contributed the development of health sector policies and reforms within the country in 2024. This was especially important given the need for constant adjustment to shifting circumstances within a war context and alignment with Ukraine's broader EU accession process.



WHO conducting key informant interviews with regional health authorities.

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WHO collaborated closely with the Government of Ukraine to develop effective health policies, adapt health governance structures and foster partnerships. Through its strategic initiatives, WHO aimed to address urgent health needs while supporting long-term recovery goals, by strengthening Ukraine's health governance framework and ensuring the resilience and sustainability of these health-system reforms.

A key focus of WHO's work was to support the development, revision and implementation of overarching national health policies, including the National Health Strategy 2030(55) and its Action Plan. WHO facilitated policy dialogues on technical issues, ensuring the active involvement of diverse stakeholders throughout these processes. The aim was to align the country's existing pre-war reform agenda with wartime adaptations and recovery efforts.

The Unit contributed to maintaining health recovery as a high priority on both national and international agendas through numerous interventions. In preparation for URC2024 in Berlin, the Unit drafted a policy note on community perceptions about health sector recovery and presented it at the conference. This represented a significant contribution towards ensuring a continuous dialogue with partners and authorities on community and health worker expectations and experiences in the health sector, following earlier work at the recovery conferences in Lugano and London.



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Health governance work extended to coordinating and contributing to multisectoral assessments, working with important international stakeholders. The third round of the Rapid Damage and Needs Assessment was published in February, collaboratively produced with the Government of Ukraine, the European Commission, the United Nations and the World Bank (56). Of the immediate priorities identified for health recovery and reconstruction in 2024, costed at US\$ 873 million, WHO invested over US\$ 41 million. This investment funded a wide range of essential activities, including infrastructure investments. The areas covered included: emergency medical care, mental health, health emergency preparedness and response, PHC services, rehabilitation, medicines and hospitals. Work by the Health Governance Unit continued throughout the year on the fourth round of the Rapid Damage and Needs Assessment, released the following year.

As the conveners and/or co-chairs for the key health coordination platforms such as Health Partners Group and the Sectoral Working Group (SWG) "Health", WHO promoted effective collaboration between health governance stakeholders. In 2024, WHO chaired 11 Health Partners meetings and co-chaired three SWG meetings in conjunction with the MoH. These platforms provided a structured mechanism for dialogue, aligning national and international efforts, and positioned WHO as a trusted partner in coordinating support internationally for Ukraine's health system during recovery.

The Unit also played a vital role in streamlining WHO's technical support. This included coordinating with WHO technical teams and providing analytical insights into how the health sector aligns with the EU *acquis communautaire* (57). Regular monitoring and analysis of Ukraine's progress towards EU membership, especially regarding the health sector's role, ensured that WHO's support remained relevant and impactful. WHO's technical experts assisted the MoH in mock sessions to effectively present Ukraine's current level of compliance with the EU *acquis*. The sessions covered critical areas such as public health, NCDs and mechanisms for cross-border health care, and provided a platform for the MoH to articulate a clear roadmap for future legislative and policy alignment.

Capacity building and institutional strengthening were integral to WHO's activities. Efforts focused on assisting the MoH in adapting governance structures, monitoring leadership changes and engaging with the Parliament and the Cabinet of Ministers to advocate for best practices in health governance. WHO also supported MoH participation in high-level international events, such as the Warsaw conference, and provided training and logistical and translation assistance to enhance institutional capacity.

Among its significant achievements in 2024, WHO conducted a comprehensive study on community perspectives regarding health system recovery. This study, which involved 14 focus groups and over 300 key informant interviews, offered invaluable insights into public perceptions and priorities regarding health system change, continuation and recovery. The initial findings were presented in the awareness material, "Voices from the Front Line: Perspectives on Health System Response and Recovery in the War-Affected Areas of Ukraine" (58), which will inform policy discussions in 2025 and the finalization of a more detailed analysis.

Looking ahead to 2025, the Health Governance Unit aims to deepen its support for Ukraine's recovery and EU accession journey. Priorities include developing monitoring and evaluation frameworks for the National Health Strategy 2030 and continuing to facilitate multistakeholder dialogues on health governance.

### **3.1.2 Health financing**

Driving reforms to improve transparency, efficiency and resilience in the Ukraine's health financing system is a high priority for the Country Office. The Health Financing Unit's work in 2024 focused on improving public health spending, reducing informal payments and developing high-quality, accessible medical services, with particular emphasis on PHC, rehabilitation and mental health support. Through close collaboration with national stakeholders and international partners, WHO's efforts aimed to strengthen governance, promote strategic investments and align financial systems with Ukraine's broader health sector priorities.

A key component of WHO's work in 2024 was the biennial review of Ukraine's health financing reforms, conducted in partnership with the World Bank. The "Health financing in Ukraine: reform, resilience and recovery" (59) report provides essential insights into the state of Ukraine's health financing system. It examines the progress of the reforms' implementation and considers the adaptations to and impact of the war. The report offers evidence-based recommendations that aim to inform future health financing policy decisions.

WHO also prioritized strengthening PHC financing by supporting the Government of Ukraine with costing exercises, designing payment methods and developing PHC networks. This work culminated in the adoption of a detailed methodology for calculating the capitation rate for PHC services, which was approved by the MoH in July – a significant milestone in enhancing budget transparency. A PHC costing forum held in May convened around 80 representatives from national and regional authorities, PHC providers and professional associations to share insights and discuss practical



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aspects of PHC costing. Two reports on PHC finance were also published – “Results of costing for provider payments in primary health care in Ukraine: technical report” (60) and “Impact of the conflict on the costs of primary health care and investments in Ukraine: survey of war effects” (61) – to provide detailed analyses and policy guidance.

WHO’s technical support on PHC costing and financing has led to important adjustments in the PMG for 2025. The PHC costing results and the new methodology for capitation rate calculation have been utilized by the NHSU to adjust the capitation rate for 2025. This ensures a more evidence-based and equitable allocation of resources. With WHO’s support, the NHSU has calculated the cost of mental health services, which have been integrated into the core PHC service package for 2025. Payments for these services are now incorporated into the core PHC per capita financing methodology. Additionally, following WHO’s recommendations, the NHSU has introduced an adjustment coefficient in the PMG 2025 to ensure additional funding for PHC providers located in rural settlements on the areas affected by active hostilities.

*“WHO remains a reliable partner of the NHSU. Thanks to its continued support, millions of Ukrainians continue to have access to vital medical services. The cooperation allows us to maintain the stability of the health-care system and continue the development of the PMG. In particular, in 2024, a great deal of work has been done on primary care costing, as well as the integration of mental health and psychosocial support at the primary care level. Our cooperation allows us to strengthen the health-care system in this extremely difficult time.”*

**Natalia Husak, Head of the NHSU**

Efforts to improve the governance of the PMG were another major activity. WHO collaborated with the MoH, NHSU and other stakeholders to design governance arrangements that ensure transparency and accountability. A vision for enhancing PMG processes was developed and published in a WHO report titled “Strengthening the Program of Medical Guarantees in Ukraine: options for improved processes, transparency and accountability” (62). Draft regulations defining the PMG process cycle and establishing a PMG Governance Board are set to be submitted for government approval in early 2025.

Rehabilitation care financing also received focused attention. WHO launched research in partnership with the European Observatory on Health Systems and Policies and the WHO Barcelona Office for Health Systems Financing to map rehabilitation services in European countries and to apply these insights to Ukraine. Initial findings were presented during a policy dialogue event in November 2024, with the full report planned for publication in April 2025. These efforts aim to develop a new financing mechanism for rehabilitation care, incorporating international best practices to improve service provision in Ukraine.

Capacity-building initiatives were central to the Unit's approach in 2024. The second WHO Barcelona Health Financing Course in Ukraine was held in Kyiv in August, bringing together over 50 participants from national and regional institutions, including the MoH, NHSU, Ministry of Finance and other key stakeholders. In addition, Ukrainian experts participated in the Barcelona Health Financing course during September in Spain, including the Deputy Minister of Health and experts from the NHSU and the Ministry of Finance.

During the health financing course, experts from Ukraine participated both in lectures and facilitated group work together with Estonian counterparts. Participation in the course provided an opportunity to dive deep into health financing and health system approaches and tools for strengthening health systems. These course, along with WHO headquarters' online health course "Health Financing Policy for Universal Health Coverage" (63), which has been translated into Ukrainian, has enhanced the expertise in health financing of national stakeholders in Ukraine. Specific training sessions on capitation rate calculations and public financial management further supported the professional development of health sector leaders.

The war has generated significant national and international support for investing in Ukraine's health sector, and Ukraine's intention of joining the EU has opened additional opportunities. This has created a historic chance for Ukraine to transition to a people-centred health system, following the path of many former EU accession states over the last two decades.



Policy dialogue in Kyiv by the WHO Country Office in Ukraine, the WHO Barcelona Office for Health Systems Financing and the European Observatory on Health Systems and Policies to launch the preliminary results of the study "Rehabilitation services financing and organization: learning from European countries towards strengthening rehabilitation care in Ukraine", November 2024.



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In 2024, WHO launched a new area of work examining how capital investments are planned in the health sector in Ukraine. In May, a mission was conducted to five war-affected regions to review the hospital network and capital investment plans in the regions. The mission, along with online meetings that have followed with regions, national authorities and international financial institutions, provided insights into capital investment planning, the challenges of ensuring that capital investments are aligned with the health sector reforms. In December WHO organized an event with the participation of the MoH, NHSU, international experts from Estonia, Lithuania, Poland and Slovakia, as well as international financial institutions and donors, to discuss the strengths and limitations of current approaches to capital investment decision-making at the national, regional and local levels. Participants discussed the steps which Ukraine's health sector needs to take to maximize its access to capital funds for investments, including by adapting to the requirements of national authorities, international financial institutions and donors.

Improved financial protection and service accessibility for the population depends on building a resilient, evidence-based health financing framework that supports



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WHO worked alongside the Ministry of Health, the National Health Service of Ukraine (NHSU), and other key institutions to ensure reforms continue despite the ongoing crisis, November 2024.

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recovery and long-term development. By supporting policy development with technical guidance, detailed advice and advocacy, WHO has strengthened sustainable health financing arrangements and the ongoing reform process in Ukraine.

### 3.1.3 Service delivery

In 2024, the Country Office's service delivery and PHC efforts focused on fortifying the health-care system to address immediate needs and build resilience in the face of the ongoing war. WHO concentrated on key areas: PHC, antimicrobial resistance (AMR), IPC, human resources for health (HRH), medicines policy and nursing. WHO's initiatives in these areas reflected a commitment to ensuring the health-care system could meet the evolving needs of the population.

*"As Ukraine enters the fourth year of the Russia's war of aggression, ensuring access to rehabilitation services remains a priority. The European Union, in collaboration with WHO, is supporting efforts to expand and strengthen rehabilitation programs, helping people regain mobility and independence and to ensure that those affected by war-related injuries receive the care and support they need for long-term recovery. The war of aggression also impacts the fight against cancer – the answers are strong partnerships and long-term commitment. Through our collaboration with WHO and Ukraine, we are working to enhance early detection and treatment services despite the challenges posed by the conflict."*

DG Enest

## PHC

Country Office supported continuous policy dialogue and PHC prioritization during 2024, making notable strides in strengthening health system. This included providing PHC managers and providers with support in areas such as data analysis, capacity building and detailed guidelines.

In May, WHO, the MoH and NHSU held the second PHC conference in Kyiv. The event convened more than 500 PHC professionals along with health authorities and international partners to discuss the evolution of PHC under wartime conditions. The conference advanced policy dialogue on PHC development and prioritized the changing health needs of Ukrainians.



Primary Health Care Conference, May 2024.

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To advance the quality of care at the PHC level, WHO provided technical support to the NHSU and MoH to further develop performance monitoring at the national and regional levels. The draft policy document is now undergoing the approval process.

An analytical report on PHC service provider performance, released every quarter by the NHSU and reaching over 2000 providers across all regions, underscored a systematic approach to improving the quality of care in PHC at both national and regional levels.

Chernivtsi City was selected as a pilot hromada to introduce a systematic approach to improve PHC care, which consisted of three components: 1) PHC monitoring, 2) engaging with patients, and 3) capacity development for doctors and nurses. The project's goal was to support local authorities and PHC facilities in launching a systematic approach to continuous improvements.

As part of the project, a framework of indicators for evaluating PHC provision was created based on international recommendations and lessons learned from an earlier Lviv city project, while also considering the current regulatory framework. Health management specialists analysed the indicators and conducted a round of discussions of the results as well as further steps for performance improvement for PHC providers in the city.



Primary Health Care visit to Chernivtsi, where WHO piloted a hypertension project, June 2024.

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Another component of the pilot project was a communication campaign titled “Improving the health of the community through patient engagement”, with the theme of arterial hypertension. The campaign was initiated jointly by the local Health Department of the City Council and WHO. The communication campaign reached over 160 000 citizens aged over 40 (the risk group for arterial hypertension) via different communication modes, including: external advertising, in-person meetings, advertisement in PHC facilities and media engagement.

Twelve capacity-development training sessions were also conducted for PHC doctors and nurses in Chernivtsi, covering 75% of all PHC staff in the city. This part of the project aimed to strengthen PHC providers’ capacity to deliver integrated, people-centred care for NCDs, thereby contributing to improved health outcomes and reduced morbidity and mortality rates associated with arterial hypertension and diabetes.

To further support PHC providers, WHO distributed over 10 000 copies of the Pocket book of primary health care for children and adolescents. In 2024, Ukraine became the first country to localize a mobile application, which is a digitalized version of the Pocket book.

## **Human resources for health**

WHO’s HRH team has played a crucial role in addressing the severe workforce shortages in Ukraine. This problem has been worsened by the combined impacts of COVID-19 and the ongoing war. However, WHO has helped to lay a strong foundation for a resilient health workforce that meets the country’s evolving needs, by focusing on workforce planning, establishing international partnerships and enhancing capacity-building.

One of the key achievements in 2024 was the publication of the initial results of the Health Labour Market Analysis report in Ukraine (64). This comprehensive analysis, supported by WHO, highlighted critical shortages in the health workforce, particularly in nursing, where trends of retrenchment have reached alarming levels. The report provided actionable recommendations to address these gaps, such as improving human resource management, enhancing recruitment processes and aligning health workforce policies with EU standards. These strategic actions would aim to retain health-care professionals, meet immediate health-care demands and prepare the workforce for future challenges.

WHO further supported the MoH by developing a workforce planning tool to effectively forecast health-care workforce requirements. This tool integrates labor market analyses and strategic forecasting to guide evidence-based decision-making, ensuring that health-care personnel are appropriately distributed to meet the population’s needs.

Together with the MoH and WHO, an open dialogue was initiated with representatives of the medical college community to draw attention to the training of nurses and to maintain their numbers in the workforce in Ukraine. This initiative brought together representatives of the MoH and Ministry of Education and Science and the NHSU to discuss and develop a strategy for preserving human capital, including nurses, in Ukraine.



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Additionally, WHO advanced a vision for improving medical practices to align with EU standards. This vision emphasizes the importance of retaining the current workforce and enhancing training programmes and professional standards. These efforts are vital for addressing the high attrition rates among nurses and other health-care professionals, which threaten the sustainability of Ukraine's health system.

Through these initiatives, WHO has made significant strides in strengthening Ukraine's health workforce, ensuring it is prepared to tackle immediate challenges while building long-term resilience. The HRH subunit contributes to WHO's overarching goals of response, recovery and reform by supporting workforce planning, fostering collaboration on this topic and promoting policy alignment with EU standards.

## Medicines

In 2024, the Medicines team at the Country Office focused on advancing regulatory frameworks and improving distribution practices to ensure that the population has safe and effective access to health-care products. Through technical support and strategic guidance, WHO strengthened the capacity of national institutions to align with international standards, thus contributing to the resilience and reform of Ukraine's health system.

WHO provided technical guidance to the government body Medical Procurement of Ukraine (MPU), as it worked towards Good Distribution Practice certification established by WHO and the EU. This certification is a critical milestone for ensuring high-quality medicines and health-care products throughout the supply chain. The Good Distribution Practice standards are largely aligned and apply to organizations involved in the storage, transportation, distribution and trade of health-care products, including medicines, vaccines and diagnostics. Achieving compliance with these standards ensures that health-care products are handled and distributed safely, reducing risks to patients and reinforcing trust in the supply chain.



WHO staff and MPU staff discuss action plan to obtain Good Distribution Practice certification.

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WHO actively engaged in the political dialogue surrounding the development of Ukraine's medicines pricing policy. Key contributions included enhancing the external reference pricing methodology and refining mechanisms for regulating the market pricing of medical products. Furthermore, WHO coordinated a collaborative meeting with key partners to develop a comprehensive proposal for improving the overall pricing system for medicinal products within Ukraine.

In line with WHO's commitment to providing essential medicines, updates were provided regarding WHO Model List of Essential Medicines. To support the MoH's decision to incorporate the medicines on that list into the National Essential Medicines List, an assessment of market consumption and government coverage (reimbursement) of antihypertensive medications was initiated.

*"Collaborating with WHO each year brings new insights that impact the way the MPU team operates. WHO's expertise has been invaluable in helping the MPU team to raise operational standards and improve procurement and supply practices."*

**Oleg Klots General Manager SE, MPU**

## Nursing

The critical importance of nursing has been highlighted in recent years in Ukraine and around the world, by the ongoing war and the COVID-19 pandemic. The central role that nurses play in health care cannot be underestimated. WHO has focused on developing a resilient and skilled nursing workforce in Ukraine capable of meeting the health system's immediate and long-term needs. Increasing the prestige of the nursing profession in Ukraine is an important aspect of this work, contributing to retaining staff and encouraging high standards in professional development.

A key part of WHO's work in 2024 has been supporting the creation of a strategic-directions framework for nursing in Ukraine (65). The framework addresses issues such as the quality of education that meets today's requirements; work and a supportive work environment; the development of leadership in nursing; and improvement of quality of service. Goals include encouraging the professional growth of nurses, improvements in the quality of medical services, integration of international standards and promoting innovations in nursing work. The basis for the framework was an earlier Global Strategic Directions for Nursing and Midwifery document produced by WHO.



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By emphasizing leadership development within the nursing profession, WHO aims to elevate nurses' roles as key decision-makers in health-care delivery. This includes fostering a culture of continuous learning and innovation, which is essential for adapting to the changing demands of health care during wartime and in the recovery phases.

Development of professional standards for nursing in Ukraine has been another significant area of work. With the support of WHO, for the first time a consistent set of professional standards has begun to be developed, which will continue in 2025. The professional standards clearly define what knowledge and skills a nurse should possess to ensure the quality of patient care; and be aligned with the best international practices.

These efforts reflect WHO's commitment to strengthening human capital in Ukraine's health sector, with nurses playing a critical role in ensuring the health-care system's resilience and responsiveness. The progress made in 2024 lays the foundation for future initiatives aimed at enhancing the nursing profession, improving health-care delivery and ensuring that nursing remains a cornerstone of the country's health system reforms and recovery efforts.

## **Antimicrobial resistance and infection prevention and control**

WHO's initiatives on AMR and IPC tackled these related, critical challenges to stop the spread of ant-bacterially resistant drugs and prevent infections in health-care settings.

A significant milestone in 2024 was the approval of the National Action Plan on AMR (66), which WHO has supported throughout, from its development to implementation. This strategic document outlines essential actions to combat AMR, emphasizing the promotion of antimicrobial stewardship and the responsible use of antimicrobials. WHO conducted capacity-building and knowledge-sharing activities for decision-makers around the country to strengthen the shared consensus on IPC and AMR; and conducted practical trainings in numerous health-care contexts for health-care workers nationwide.

The timeline for AMR and IPC underscores WHO's extensive engagement in roundtable discussions on IPC requirements conducted in both the southern and northern regions, promoting regional dialogue and collaboration. Onsite mentoring sessions concentrated on antimicrobial stewardship programmes in Dnipro, providing tailored support to health-care facilities. Training on point prevalence surveys, medical device reprocessing and European Committee on Antimicrobial Susceptibility Testing (EUCAST) methodologies highlighted cutting-edge practices in Ukrainian health care.



Joint meeting with representatives from the NHSU, UPHC and WHO personnel focused on implementation and monitoring the minimum requirements for IPC in health-care facilities.

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Notable achievements included training on EUCAST methodologies to enhance antimicrobial susceptibility testing, workshops on the reprocessing of medical devices to ensure safer practices in health-care settings and the launch of the autumn and winter IPC Schools, which offered in-depth training for IPC professionals. This initiative strengthened practical IPC knowledge and skills, with international experts providing advanced mentoring sessions.

In addition to these efforts, WHO supported the implementation of mandatory IPC minimum requirements for all health-care facilities (67). This initiative marked a significant advancement in integrating robust infection prevention practices into the health-care system. WHO provided ongoing monitoring and technical support to ensure the consistent application of these standards, which are crucial for protecting both patients and health-care workers.



Antimicrobial equipment donation, January 2024.

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Through these efforts, WHO has assisted Ukraine to establish a foundation for a resilient health-care system capable of combating AMR and ensuring effective IPC. Looking ahead, the AMR and IPC team will continue to enhance surveillance, strengthen governance and provide training to address the threat of AMR while safeguarding the health and safety of patients and health-care workers.

## 3.2. Noncommunicable diseases

WHO's NCD Unit made significant contributions in 2024 in reducing the mortality, morbidity and disability associated with NCDs in Ukraine. Guided by WHO's best buys guide for NCD prevention and control (68), the unit adopted a comprehensive and multidisciplinary approach to address risk factors, improve chronic disease management and promote evidence-based policy interventions.

WHO facilitated stakeholder engagement and policy dialogue to advance key priorities, including tobacco control, nutrition, stroke care and alcohol policy. Tobacco control has emerged as a flagship achievement, with Ukraine's comprehensive legislation aligned with EU standards receiving high rankings in the EU-Ukraine assessment report. WHO supported advocacy efforts for the taxation of tobacco and sugar-sweetened beverages, promoting the WHO Framework Convention on Tobacco Control to eliminate illicit trade and reduce tobacco consumption. A new three-year tobacco taxation plan was developed and adopted, guided by the positive impact of tobacco tax increase since 2019.



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Three-day training on laboratory analysis of trans-fatty acids for oCDC.

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In 2024, WHO held an awards ceremony in Copenhagen on World No Tobacco Day 2024, where an award was presented to the MoH of Ukraine and the Lviv OCDC, for their public-health work on tobacco consumption reduction. WHO and MoH also presented the Ukrainian case of tobacco control measures implemented during emergencies at the 9th European Conference on Tobacco Control in Greece.

On nutrition, progress included further enforcement of the national policy for eliminating trans fats from food products. WHO supported this process by training more than ten laboratories' staff on trans fat analysis (69). The FEEDcities survey was used as baseline data that informed Ukraine's policy development.

Significant steps were taken to reform stroke care in 2024. WHO led technical and policy discussions and conducted clinical audits to support the MoH's monitoring of over 50 health-care facilities. WHO also published a second report on stroke care (70). Recommendations were presented at national and regional levels, prompting new health-care facility regulations and the establishment of a capable stroke care network framework. Three webinars that reached over 2000 participants were conducted, disseminating updated stroke care guidelines and emphasizing best practices in stroke clinical care and prevention. A third national meeting on stroke care quality was held, uniting stakeholders on the importance of stroke epidemiology, quality assurance and rehabilitation services. This event has informed plans for stroke care management in 2025.

The NCD surveillance and data analysis portfolio expanded in 2024 with surveys such as Global Youth Tobacco Survey, Computer-Assisted Telephone Interviewing for alcohol and tobacco and the Health Index Ukraine Survey. These studies informed national strategies and provided critical data for decision-making. WHO also supported the development of fact sheets, policy briefs and media campaigns to effectively disseminate the findings of these studies (71) For example, campaigns focusing on stroke awareness, alcohol risks and tobacco cessation reached millions nationwide, raising public awareness about NCD risk factors and prevention.

WHO played a crucial role in advancing the "Every School is a Health School" initiative for school health promotion, providing support to implement school meals nutrition reform. In collaboration with OCDCs, the programme reached over 100 schools across seven oblasts, fostering healthier environments through school nutrition reform and tobacco-free policies. As with the Kyiv-based "Tobacco- and Nicotine-Free School" project, such initiatives have built capacity in over 10 OCDCs to implement NCD prevention strategies, embedding health promotion at the community level.



The MoH and Lviv OCDC receive two WHO World No Tobacco Day Awards in Copenhagen, May 2024.

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WHO ensured comprehensive technical support for the national school meals nutrition reform by advocating a universal school meals approach. WHO created more visibility among international donors for this initiative, facilitating Ukraine’s participation in the School Meals Coalition (72). Joint partners’ efforts around the Coalition’s high-level meeting in Kyiv allowed the government to secure enough funds for free meals for eligible pupils in 2025.

In terms of NCD service delivery, WHO provided technical assistance in developing and implementing national guidelines for hypertension, cervical cancer screening and alcohol disorder treatment. This was done using WHO guidelines (73,74). The Package of Essential NCD Interventions online course was launched for PHC providers, supporting grassroots capacity-building efforts. NCD management training sessions were also tailored and piloted for a cohort of 50 nurses in Volyn oblast to support PHC services.



Third Technical Meeting on improving the quality of medical care for stroke, Kyiv, November 2024.

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In 2024, the integration of health financing into NCD work was also emphasized, focusing on sustainable approaches to reducing risk factors and improving health-care access. Policy recommendations for taxation of sugar-sweetened beverages and alcohol as well as salt reduction benchmarks were presented at parliamentary and high-level meetings, drawing on policy documents produced by the Country Office and WHO headquarters in recent years, which identify the best practices worldwide (75–77).

These efforts by the NCDs Unit have contributed to Ukraine’s health leadership worldwide in integrating emergency response measures and long-term health-development strategies at the same time. To share these efforts, WHO co-hosted a dedicated session on NCDs in emergencies during the Geneva Health Forum in May, featuring the lessons learned and informing future crisis response strategies.

### **3.3. Rehabilitation and disability**

The Rehabilitation and Disability Unit aims to ensure timely and equitable access to rehabilitation services, assistive technologies and long-term care for all people, regardless of age, gender, or disability. Guided by a multidisciplinary approach, in 2024 the unit worked to address immediate rehabilitation needs in Ukraine, while also driving systemic reforms to build a resilient and inclusive health and social care system.

WHO focused on five strategic rehabilitation and disability pillars: acute and subacute rehabilitation, non-specialized in-patient rehabilitation and assistive technologies, rehabilitation and social care, systems strengthening and coordination, and disability inclusion. The unit collaborated with Ukrainian State bodies and national stakeholders, international partners and technical experts to strengthen policies, improve service delivery and build the rehabilitation workforce.

WHO played a strategic role in the further development of the regulatory framework for rehabilitation care, in collaboration with the MoH. Notable achievements included developing national regulations for rehabilitation and assistive technologies, including the creation of lists of rehabilitation equipment for children in rehabilitation departments, as well as regulations on rehabilitation pathways for stroke patients. WHO supported education pilot programmes and aligning the physical medicine and rehabilitation specialization with the requirements of European PRM teaching bodies. WHO also worked with the NHSU to update reimbursement packages and introduce assessment tools to standardize rehabilitation care for all persons in need nationwide.

On promoting disability-inclusive health, WHO conducted a comprehensive analysis of the implementation of the United Nations Convention on the Rights of Persons with Disabilities in Ukraine (78). This analysis identified barriers to humanitarian services and informed actionable recommendations. Led by Organizations of Persons with Disabilities (OPDs), this process engaged multiple ministries, the Office of the President of Ukraine, United Nations agencies and civil society organizations. WHO’s efforts increased OPD participation in humanitarian response planning, interagency coordination and decision-making, contributing to establishing inclusive health and humanitarian systems.



Rehabilitation professionals engaged in training.

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Long-term care and local partnerships were other critical focuses. In collaboration with the Ministry of Social Policy, WHO supported the development of a national deinstitutionalization strategy and action plan. Seven pilot projects served as alternative care models, including supported living-and-training apartments in Dnipro, Kyiv, Lviv and Vinnytsya. Field visits and consultations with local stakeholders informed sustainable care designs, while training for staff at 246 institutions addressed the needs of children, older adults and people with psychosocial disabilities. Advocacy efforts targeted local governments to promote the disability inclusion strategy and encourage the adoption of community-based care.

WHO also coordinated the Rehabilitation Working Group, working within the Health Cluster. The Rehabilitation Working Group conducted a workshop that facilitated operational collaboration among partners, offered technical guidance to them and helped to establish standards for rehabilitation services.

WHO continued to support standardized team-to-team and on-the-job training for multidisciplinary rehabilitation teams. WHO supported 28 teams from non-specialized rehabilitation departments located in 11 oblasts and from three Clinical Multidisciplinary Rehabilitation Training Centers of Excellence located in three oblasts. WHO supported the establishment of splinting labs in 10 health-care facilities and the provision of associated on-the-job training within 13 facilities in eight oblasts.

Sets of assistive products were also provided for patients exiting hospitals. These were cabinets of assistive technologies donated to in-patient rehabilitation departments in 40 hospitals.

To further support the rehabilitation workforce, the Rehabilitation and Disability Unit collaborated with the Mental Health Unit to launch a stress management programme in Dnipro. This initiative served multidisciplinary rehabilitation teams, with the aim of enhancing personal and professional resilience among rehabilitation professionals working in high-stress environments.



Rebuilding lives: WHO supports rehabilitation efforts in Ukraine, Dnipro 2024.

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WHO also developed the local rehabilitation capacities for the treatment of spinal cord injuries (SCI) across the acute rehabilitation phase of care. This involved providing support to local training teams from the National SCI Rehabilitation Center, which in turn provided training for over 200 health-care professionals across eight oblasts.

*“Conducting a training on the effective organization and functioning of a multidisciplinary rehabilitation team and other trainings for specialists from the department and on the basis of the rehabilitation department contributed to an increase in the size of the multidisciplinary team; increase in the number of patients receiving rehabilitation care; increase in the number of patients with severe and combined pathology who received rehabilitation care; expanding the range of interventions carried out with patients in the acute, subacute and long-term rehabilitation periods; forming a clear concept of the department’s work; using only evidence-based rehabilitation principles; improving the quality of assessment and intervention by rehabilitation specialists; building horizontal management of the department; development of orthotics in the hospital and individual production of orthoses at all stages of rehabilitation; individualization of rehabilitation programmes; formulating goals and directions for the department’s development.”*

**Daryna Prudenko, Head of the Department of Physical and Rehabilitation Medicine**

WHO participated in numerous conferences, congresses and events that brought together rehabilitation and disability experts to discuss progress and new strategies in 2024.

A urodynamics conference brought together 800 participants to address gaps in SCI rehabilitation. This was followed up with on-the-job training for rehabilitation teams in Dnipro and Vinnytsya, focusing on conducting urodynamic assessments. This enabled the successful launch of capacity for urodynamic laboratories in these two locations.

In September, WHO staff and the Ukrainian team from the National SCI Rehabilitation Centre gave four presentations at the 63rd International Spinal Cord Society (ISCoS) Annual Scientific Meeting held in Antwerp, Belgium. The group also participated in an instructional course and workshop. In November, the 3rd ISCoS Regional Symposium was also held in Slovenia, where WHO supported an OPD “Group for Active Rehabilitation” representative to participate.

The seminal event on the Ukrainian SCI rehabilitation agenda was held in Lviv in November. The first National SCI Conference gathered over 1200 participants from across Ukraine. WHO opened the conference with a keynote presentation jointly with the MoH.

Also, in September, the 2nd Congress for Physical Therapy was held in Lviv, and the 4th National Congress on Physical and Rehabilitation Medicine took place in Kyiv. These events advanced knowledge sharing and professional development for rehabilitation specialists.

WHO trained 696 professionals in rehabilitation-related skills in 2024, including through an International Society of Wheelchair Professionals and WHO training for wheelchair providers. Thereby, WHO enabled 80 rehabilitation professionals to obtain international certification at the basic level, with 11 professionals becoming certified at the intermediate level. This approach includes developing local trainers to cascade skills and knowledge within Ukraine.

### 3.4. Mental health and psychosocial support

In 2024, the Mental Health Unit in the Country Office worked toward its vision of ensuring that all people in Ukraine achieve the highest possible level of mental well-being. Guided by the overarching goals of reducing suffering, improving MHPSS for populations affected by war and developing a comprehensive and sustainable mental health system, the Unit advanced its mission through coordinated actions in leadership, governance, service delivery and human rights across Ukraine.

WHO provided essential leadership and governance support the All-Ukrainian Mental Health Program, supporting national coordination mechanisms. In collaboration with the Coordination Center for Mental Health of the Cabinet of Ministers, the MoH and other stakeholders, WHO helped to establish a comprehensive framework to guide reform of mental health support systems. The Center for Mental Health played a pivotal role in assisting the ministries, oblast authorities and partners, aligning investments with national priorities. The Inter-Ministerial Council on MHPSS, chaired



Meeting at the Mykolayiv Oblast Military Administration during a WHO headquarters mission to support oblast-level MHPSS coordination, September 2024.

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Client of a community mental health team meets with team members outside his home.

© WHO

by the Prime Minister, also engaged 13 ministries in intersectoral collaboration. WHO linked emergency and recovery coordination efforts through the MHPSS Technical Working Group and the SWG on Health, ensuring cohesive action among stakeholders.

Key achievements included developing and launching a target model for the MHPSS system in Ukraine, operating under the auspices of the All-Ukrainian Mental Health Program. The 2024–2026 National Mental Health Action Plan was also launched, along with 24 oblast-level strategic plans set in motion.

WHO also advanced the legislative agenda by aiding the developing the new Law on Mental Health System of Ukraine. Similarly, WHO supported production of a National Mental Health Concept Note (2017–2030) (79) and a Roadmap for Prioritized Multisectoral MHPSS Actions.

WHO's service delivery efforts focused on integrating mental health care into PHC and expanding community-based services. Through the Mental Health Gap Action Programme (mhGAP), over 2200 PHC workers were trained in 2024. Since 2029, this brings the total number trained to over 7600, and more than 117 000 health-care workers have passed the mhGAP-based online learning module. These extensive training initiatives have enabled more than 580 000 people to receive mental health services in PHC settings.

To ensure the sustainability of these achievements, WHO is supporting the incorporation of mhGAP training into medical university curricula. In 2024, WHO trained 87 educators to integrate the programme into both undergraduate and postgraduate studies.

Significant progress was also made in specialized community-based mental health services. WHO supported the establishment of community mental health centres (CMHCs) within general health hospitals. This development promotes deinstitutionalization and further integrates mental health care into general health services. In 2024, 31 facilities were enrolled in a year-long training programme for multidisciplinary CMHC staff, with 144 professionals from 18 oblasts taking part. This model emphasizes recovery-oriented, rights-based care.



Consultations on MHPSS reporting hosted by the MHPSS Technical Working Group and WHO headquarters in Kyiv, August 2024.

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WHO significantly scaled up psychological interventions to support people affected by adversity. WHO trained 51 trainers and 507 facilitators through the Problem Management Plus cascade training programme; professionals who then reached over 800 people. Similarly, 304 social care providers across 137 hromadas were trained under the Self-Help Plus (SH+) programme; who then conducted stress management group sessions for over 5800 participants. In Dnipropetrovsk oblast, SH+ facilitation groups trained 569 health-care workers to enhance resilience and preparedness in supporting patients.

Promoting human rights in mental health care remains a high priority. Therefore, WHO launched the QualityRights Initiative, conducting a five-day training session in Kyiv for 42 participants. This included mental health professionals, social protection representatives and people with experience of mental health conditions. The initiative emphasized recovery-oriented and human rights-based approaches, aligning with the United Nations Convention on the Rights of Persons with Disabilities.



WHO headquarters mission to support oblast-level MHPSS coordination in Kropyvnytskyi, February 2024.

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Global knowledge exchange on mental health was also promoted throughout the year. To reflect on the achievements of the All-Ukrainian Mental Health Program, which was initiated by the First Lady of Ukraine Olena Zelenska earlier in 2022, with the support of WHO, the Second Mental Health Forum “Human Resilience – System Resilience” was organized in Kyiv and convened over 1400 participants. WHO and national specialists also took part in study visits to Denmark, Canada, the United Kingdom and the United States, and participated in the WHO Mental Health Forum in Geneva.

### 3.5. Public health regulations and policies

WHO’s public health and International Health Regulations 2005 (IHR) preparedness activities have significantly enhanced Ukraine’s public health system by providing international expertise, evidence-based guidance and technical assistance. This Unit covers several technical streams, but coalesces around developing robust public health laws, policies and practical implementation of scientifically-backed measures. This includes professionalizing the public health workforce and improving compliance with IHR. Additionally, WHO emphasizes preparedness for health emergencies, zoonotic diseases and environmental health challenges, ensuring a resilient public health system. The Unit also encompasses gender, equity and human rights (GER) activities, integrating these essential principles into all aspects of public health governance and service delivery.

In 2024, synergies and efficiencies between all these important areas of work were explored using digital innovations in the health sector, when WHO successfully organized Ukraine’s second Health Hackathon in Kyiv (80). This event involved over 170 IT developers, health professionals and mentors, tasked with creating cutting-edge digital solutions for key public health challenges. Specific health problems explored included cardiovascular diseases, diabetes, cancer and mental health issues. Participants benefited from an international pre-acceleration programme, which equipped them with the necessary skills and mentorship to refine their projects. One winning team, ExtraVision, secured US\$ 50 000 in seed funding, to help to kickstart the transformative potential of merging technology with health innovation.



Second Health Hackathon in Kyiv, April 2024.

### 3.5.1 Public health

In 2024, WHO advanced the professionalization of Ukraine's public health workforce by developing a comprehensive Public Health Workforce Development Programme through to 2030, which was adopted by the MoH in December (81). This initiative aligns with the Roadmap for professionalizing the public health workforce in the European Region, developed by WHO and the Association of Schools of Public Health in the European Region (ASPHER) (82).

Other notable achievements on building the workforce include the launch of the Public Health Leadership Program (83) in collaboration with the MoH and UPHC, which provided leadership training to 75 participants from 20 regions. WHO also facilitated partnerships between Ukrainian public health institutions and international counterparts, such as the University of Maastricht and the National University of Kyiv-Mohyla Academy, to upgrade public health curricula with a focus on One Health, emergency preparedness and leadership.

WHO specialists presented Ukraine's achievements in public health workforce professionalization as a case study at the European Public Health Conference, thereby fostering international collaboration between public health experts (84). Ukraine's accomplishments in this field have positioned the country as a model for public health reforms in the European Region.

WHO pushed the public health agenda forward in Ukraine through a series of national and regional dialogues. A major highlight was the development of the National Strategy and Operational Plan to Eliminate Rabies in Ukraine by 2030. Experts from a broad range of sectors and institutions participated in developing this strategic plan. These included officials from the MoH, UPHC, the State Service of Ukraine on Food Safety and Consumer Protection, the Ministry of Education, the State Forestry Agency, the Ministry of Defense and the academic community.



WHO European Public Health Leadership Course for public health leaders in Ukraine.

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WHO also contributed to updating the legal framework for infectious disease management; as well as strengthening Ukraine's capacities for interconnected clinical management to address priority infectious threats. Technical exercises for five priority infectious diseases were conducted, along with legal reviews, to ensure alignment with international standards. Multisectoral risk assessments followed, reviewing response plans and clinical protocols.

A national tabletop simulation exercise on cholera was conducted to test and improve national contingency planning and response systems. This effort brought together over 50 participants, including representatives from MoH, ODCs, infectious disease centres and hospitals.

Health-care worker capacity-building exercises were carried out in six high-risk oblasts (Kharkiv, Kherson, Mykolayiv, Odesa, Vinnytsya and Zaporizhzhya) to address waterborne and foodborne diseases. These included hepatitis A, cholera, shigellosis, leptospirosis, salmonellosis, typhoid fever and botulism, as well as zoonotic diseases such as tularemia, anthrax, brucellosis and rabies.

In collaboration with national and international partners, WHO promoted the One Health approach to maintaining the health of people, animals and the environment; through workshops and events focused on zoonotic diseases such as rabies, avian influenza and tularemia. These educational initiatives aimed at enhancing preparedness and at developing curricula for both the human and animal health sectors.

### **3.5.2 One Health**

In 2024, the One Health Programme approach in Ukraine gained significant momentum, driven by the need to tackle health challenges that span human, animal and environmental domains. Recognizing the interconnectedness of these areas, the Unit ramped up implementation of the One Health strategy, focusing on priority infectious diseases and promoting intersectoral collaboration.

A key achievement was the National Bridging Workshop, which brought together 76 participants, including 64 from national institutions, to assess the current state of intersectoral collaboration. The workshop resulted in a comprehensive One Health Diagnosis and a detailed roadmap with actionable steps that align with the NAPHS.

Progress has been notable in raising awareness of zoonotic diseases, particularly rabies. To empower communities in the fight against rabies, WHO supported Ukraine in developing a powerful public awareness campaign. A key component of this campaign is an informative video on rabies prevention. This video, crafted in collaboration with experts across sectors, provides crucial guidance on safe animal interactions, vaccination and first aid. To maximize its impact, WHO secured approval from the National Council of Television and Radio Broadcasting to broadcast the video as a public service announcement. Additionally, communication efforts included creating and disseminating educational materials, such as FAQs for medical doctors and the public, brochures for children and decision trees on post-exposure prophylaxis. These initiatives dovetailed with the global "Zero by 30" strategy for rabies elimination.



Facilitating One Health Mural for a group of students.

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Academic initiatives have further advanced awareness and integration of the One Health concept. Modules based on ASPHER frameworks have been incorporated into national public health curricula in Ukraine, with support from Maastricht University and the European Public Health Leadership Course.

An innovative One Health Mural game was also introduced in Ukraine to engage academia, health-care professionals and students in understanding One Health principles. WHO actively supported these efforts, fostering the spread of the card game in different teaching and learning contexts. The game was designed by ENSV-FVI VetAgro Sup to explain the interconnectedness of the human-animal-environment interface. Playing the game also identifies barriers and levers for One Health implementation. The game has been introduced in leading universities, inspiring the next generation of health professionals.

Laboratory capacity-building interventions were also conducted for public health and veterinary laboratory staff, improving quality management, sample collection, testing techniques and biosafety and biosecurity measures for managing zoonotic diseases. These efforts were closely coordinated with laboratory teams to ensure a comprehensive approach.

### 3.5.3 International Health Regulations

The IHR Programme is crucial for strengthening Ukraine's health security by ensuring compliance with the IHR (85) and aligning national public health systems with global and European standards. WHO focused on building health security capacities, fostering governance mechanisms and supporting the development and implementation of the NAPHS (11).

In 2024, Ukraine made significant progress in advancing its health security agenda. With support from WHO, a multistakeholder national policy dialogue was initiated, bringing together over 100 participants from various sectors to strengthen cross-sectoral governance, operationalize IHR recommendations and align with EU frameworks as part of Ukraine's EU enlargement process. This effort culminated in the finalization, costing, adoption and publication of the NAPHS, which establishes a roadmap for comprehensive health security improvements.



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To enhance governance and monitoring, WHO supported the establishment of a national mechanism for IHR accountability, ensuring the timely submission of State Parties Annual Reporting (86). A policy brief on strengthening the health security agenda in Ukraine was developed to facilitate dialogue and coordination for resource mobilization, including applications to the Pandemic Fund. The brief highlighted the importance of cross-sectoral collaboration in sustaining health security efforts (87).

Ukraine also took a leadership role in capacity building for health emergency preparedness by becoming the first country in the WHO European Region to conduct the WHO Simulation Exercise Management Training Course. This initiative trained 37 participants, including national representatives and the WHO Country Office team, as trainers for the WHO simulation exercise tool, laying the groundwork for the development of Ukraine's National Health Simulation Exercise Programme (88).

WHO's efforts also included strengthening the National IHR Focal Point capacity for managing public health emergency notifications and supporting the integration of public health emergency frameworks within broader civil protection systems.

### 3.5.4 Gender, equity and human rights

The GER Programme has worked tirelessly to incorporate principles of gender equality, health equity and human rights into Ukraine's health policies, systems and services. By focusing on capacity building, policy development and service delivery, WHO has supported the MoH and other stakeholders to ensure that health services are gender-responsive, inclusive and aligned with global best practices.

In 2024, significant progress was made in integrating GER principles into national health strategies and operations. Through a series of capacity-building initiatives, WHO trained 156 representatives from national health institutions (including the MoH, UPHC, NHSU, ODCs and Medical Procurement of Ukraine), 50 WHO staff members and five Health Cluster representatives, as well as 20 representatives from 17 health NGOs. Training topics included gender-responsive communication, gender mainstreaming in health programmes, proposal writing and the application of gender, age and disability markers. Participants also gained expertise in conducting gender analyses and interpreting sex-disaggregated data to inform policy and programmatic decisions.



Training on gender mainstreaming in health for the Health Cluster partners.

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As a result of a comprehensive national policy review, a conceptual vision for integrating gender equality, equity and inclusivity into health-care policy-making was developed and shared with the MoH. This vision identifies critical entry points for fostering equitable health-care access and service delivery in Ukraine, ensuring that health systems address systemic barriers and promote inclusivity at every level.

To strengthen GBV prevention and response, WHO facilitated the revision of national GBV-related health regulations and adopted two online courses on GBV support and referrals available through the NHSU Academy Platform. These revisions aligned national training with WHO policies and protocols. Additionally, the integration of the GBV training package into public health curricula at designated schools was successfully launched, equipping future health-care professionals with the skills needed to address and mitigate GBV effectively. Moreover, awareness-raising and outreach interventions, including dissemination of visibility materials with referral pathways for GBV survivors, were arranged. The progress of initiatives to address GBV challenge in Ukraine showcased at the 17th European Public Health Conference.



Training on gender mainstreaming for health managers for representatives from the MoH, NHSU, PHC and MPU.

© WHO

Key achievements included the development of practical tools such as a GER Glossary and a framework for addressing harassment and discrimination in health-care settings. A concept for carrying out the Health Barriers Assessment (89) to identify challenges to equitable health access was also completed, laying the groundwork for further interventions. A mechanism for prevention and response to Sexual Harassment and Gender Discrimination in the Health system of Ukraine has been started to be developed to be implemented in health institutions to address the challenges such as gender discrimination and sexual harassment that female health workers and patients face.

WHO played a pivotal role in advocating for and promoting social behaviour change initiatives and strengthening GBV prevention and response measures while fostering cooperation within WHO and the broader United Nations system. Through the multifaceted approach, WHO has significantly contributed to advancing gender equality, health equity and human rights in Ukraine's health sector.

### **3.6 WASH and environmental health**

The WASH and Environmental Health Programme in Ukraine has focused on building resilience, readiness and capacity to address health challenges related to water quality, sanitation and environmental risks. By enhancing national policies and providing technical and operational support, WHO has worked closely with national and local stakeholders to ensure compliance with international standards and improve the health and well-being of affected communities.

In 2024, the WASH programme concentrated on improving health-care facilities' water and sanitation services, monitoring frameworks and readiness plans. Ten health-care facilities in emergency settings (Dnipro, Donetsk, Kharkiv, Kherson, Mykolayiv and Odesa oblasts) received technical and mentoring support to assess their WASH services, develop improvement plans and secure targeted investments from WHO and UNICEF. The HeRAMS WASH monitoring indicators were expanded, enabling a more comprehensive understanding of WASH service availability and gaps in health-care facilities. Additionally, a situational analysis of legal, technical and operational frameworks for WASH services contributed to the development of a Ukrainian case study report. An article was published to demonstrate improved WASH and waste services in health-care facilities in Ukraine. Training materials (manual and online course) to implement the WASH Facility Improvement Tool (WASH FIT) (90) to improve WASH in health care have been translated into Ukrainian and will be further promoted among health-care professionals.

A WASH Readiness and Resilience Checklist was finalized to guide local authorities and municipalities in WASH preparedness and rapid restoration efforts in emergencies, particularly in the context of war. This checklist is a critical tool for enhancing community resilience and readiness to address disruptions in WASH services caused by war-related emergencies.



Training on WASH FIT application conducted for 10 selected health-care facilities in emergency settings.

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Water safety planning (91) efforts were advanced through a detailed legal analysis of national drinking water standards and their alignment with the EU Drinking Water Directive. A policy brief was developed to support Ukraine's adoption of water safety planning principles and guide its roadmap for improving water safety, with consultations planned for 2025. The practical guidance to support the development and implementation of water safety planning by national stakeholders has been translated into Ukrainian.

In the environmental health domain, WHO provided technical assistance to strengthen Ukraine's capacity for environmental risk assessments and climate change adaptation. Efforts included developing vulnerability assessments and integrating environmental and climate aspects into national and cross-sectoral strategies. WHO also contributed to outlining the Environmental Health Portfolio of Action, ensuring alignment with the Ostrava Declaration and identifying priority actions for environmental health programming.

By focusing on cross-sectoral integration, capacity building and policy alignment, the WASH and Environmental Health programme has contributed to Ukraine's efforts to ensure compliance with international frameworks in WASH and water safety planning. WHO has improved the quality and resilience of essential services in the health-care sector and addressed emerging environmental health risks by identifying priority actions.

### 3.7 Joint Infectious Diseases

The JID Unit of the Country Office has been instrumental in strengthening Ukraine's ability to address significant public health issues, including HIV, tuberculosis (TB), multidrug-resistant TB, viral hepatitis and sexually transmitted infections. Working closely with the MoH, UPHC and international partners such as the United States CDC/ President's Emergency Plan for AIDS Relief, Austria and Netherlands projects, and the Joint United Nations Programme on HIV/AIDS, the Unit provides essential clinical, scientific and policy expertise.

These efforts focus on bridging health inequities and delivering life-saving interventions to disproportionately affected groups, including IDPs, conflict-affected communities and key populations such as people living with HIV and TB.

The Unit's initiatives align with Ukraine's National Strategy on Combating HIV/AIDS, Tuberculosis and Viral Hepatitis until 2030, focused on reducing health inequities and improving outcomes for disproportionately affected key populations. In a country grappling with the dual burden of a protracted conflict and a strained health-care system, the Unit's work directly targets the needs of vulnerable and marginalized populations.

In 2024, the JID Unit achieved significant progress in TB prevention, diagnosis and care. A comprehensive analysis of TB screening policies across Ukraine was conducted, which included data on risk groups, screening tools and algorithms. The findings informed the development of operational recommendations using the ScreenTB 2.0 tool, balancing cost-effectiveness with diagnostic yield.

Substantial progress was made in strengthening the TB laboratory network. Collaboration with WHO TB Supranational Reference Laboratory in Germany supported training for 33 regional TB laboratory specialists. Country Office introduced a GeneXpert performance analysis tool to optimize TB diagnostic processes. In alignment with WHO recommendations, the JID Unit also facilitated significant advancements in updating recording and reporting statistical forms and revising diagnostic protocols for TB. Preparations for implementing next-generation sequencing (NGS) technologies for drug-resistance surveillance also began. The Unit initiated preparations for a study to validate Illumina and Oxford Nanopore Technologies sequencing platforms for targeted NGS in TB diagnostics. WHO also provided remote technical support to the National Reference TB Laboratory. These initiatives were particularly critical in conflict-affected regions, where traditional diagnostic infrastructure was often disrupted.

Capacity-building efforts included training programmes in TB and HIV care, featuring an exchange visit to Latvia for Ukrainian health-care practitioners. These professionals learnt best practices in outpatient TB care and attended the European Respiratory Society Congress in Vienna.





HIV testing services scale-up at the secondary health care level.

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The JID Unit significantly expanded HIV testing services at both primary and secondary health-care levels. It conducted comprehensive training for 855 managers across 24 regions on topics including GBV, HIV prevention, testing and vertical transmission. Participants were presented with an approach based on the provider-initiated testing and counselling tool for monitoring HIV indicator conditions and calculating the need for rapid diagnostic tests. The secondary health-care level was also targeted, with technical assistance provided to 31 health-care facilities from five regions. This promoted the integration of HIV testing into routine care. Another milestone was providing technical support to the piloting of the innovative long-acting injectable medication cabotegravir for HIV prevention in Ukraine, with 194 injections administered to men who have sex with men patients in Kyiv and Lviv as of November 2024.

Opioid Agonist Maintenance Treatment (OAMT) services were enhanced by integrating them with mental health and hepatitis care for people affected by substance use disorders. Technical study visits to Portugal in June 2024 inspired discussions about innovative approaches to OAMT, including decriminalization and low-threshold service models, which are vital for conflict-affected populations facing barriers to care. Advocacy efforts led to a roundtable discussion on this topic in September 2024, culminating in a resolution with recommendations for expanding OAMT in Ukraine. Additionally, technical assistance was provided to open new OAMT sites in the Kyiv region and to introduce new medications. The JID team, along with representatives from the WHO Regional Office for Europe and several international partners, conducted a training session in September on the integration of OAMT, viral hepatitis and mental health services to further support this integration.

Responding to the challenge of viral hepatitis, the Unit focused on integrating hepatitis services into broader health programmes, promoting vaccination and expanding access to treatment and diagnostics. Preparations are also under way for a national campaign and conference in 2025 aimed at improving awareness and coverage of this disease. The effort will focus on raising diagnostics and treatment for populations who might otherwise be left behind.

## 3.8 Vaccine-preventable diseases and immunization

The Vaccine-Preventable Diseases and Immunization (VPI) Unit within the Country Office in Ukraine has played a crucial role in advancing national vaccination initiatives, ensuring that citizens across the country have equitable access to life-saving vaccines. Guided by the European Immunization Agenda 2030 (92), the Unit focuses on strengthening routine immunization systems, enhancing the use of vaccine coverage data, improving cold chain management practices, addressing barriers to immunization and supporting disease elimination goals through robust epidemiological surveillance. In 2024, the Unit achieved significant progress in several critical areas.

In collaboration with the MoH, the VPI Unit contributed to the implementation of the National Immunization Strategy 2030 (93) by providing technical guidance and recommendations during key meetings, including those with the MoH Task Force on Vaccine-Preventable Diseases, National Immunization Technical Advisory Group sessions and discussions with the NHSU. The Unit supported the forecasting of vaccine needs – ranging from routine immunizations to COVID-19 vaccines – and facilitated updates to immunization policies.

A cornerstone of the Unit's work in 2024 was strengthening outbreak preparedness and response mechanisms. Comprehensive assessments of the epidemiological systems for measles (Chernihiv and Odesa) and polio (Zakarpattia and Rivne) were conducted, desk review for polio, alongside simulation exercises of measles outbreak (Chernivtsi and Odesa) and the development of 25 subnational regional strategies. Additionally, the VPI Unit supported strengthening the national laboratory component by verifying clinical samples for measles and rubella at the regional reference laboratory level, ensuring the transportation of enzymes for polymerase chain reaction (PCR) testing and assessing the needs of the laboratory itself. These efforts were complemented by the launch of supplementary immunization activities, including DTP vaccination campaigns and planning sessions with all oblast-level CDCs and DoHs to establish a cohesive routine immunization framework for 2025.

Data management was another critical focus area. The Unit advanced immunization data tools and continuously analysed vaccination coverage levels and cases of vaccine-preventable diseases. This included creating regional profiles and identifying data gaps within the e-health system, resulting in actionable recommendations to the MoH to enhance data-driven decision-making processes.

The VPI Unit also led significant advancements in cold chain management. For the first time in Ukraine, a temperature monitoring study was conducted with the involvement of national operators (Ukrvaktsyna, MPU and outsourcing company) across nine oblasts and 18 districts, encompassing 54 health-care facilities. This study assessed compliance with cold chain requirements throughout the vaccine distribution process, from national warehouses to health-care providers. Additionally, performance qualifications for vaccine cold rooms were implemented in five pilot facilities (Ukrvaktsyna, Dnipro CDC, Lviv CDC, Zhytomyr CDC and Kyiv City CDC), marking a significant improvement in the country's vaccine storage infrastructure.



Strengthening capacity for preparedness and response to potential outbreaks of vaccine-preventable diseases.

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Capacity building remained a priority, with training sessions and educational programmes designed to enhance the skills and knowledge of health-care professionals, pharmacists and public health specialists. Notable initiatives included risk communication training, cold chain workshops, supportive supervision sessions and the development of a revised immunization curriculum. The team has also undertaken the task of evaluating the development of immunization competencies for future service providers in training programmes at four medical universities (Dnipro, Kharkiv, Kyiv, Odesa) and three medical colleges (Kyiv, Lutsk and Lviv). The Unit also organized Ukraine's first Summer School on Vaccination, a joint session with the Regional Office during the annual conference "Infection meets immunity" by the Ukrainian Association of Pediatric Immunology, and two training sessions for pharmacists jointly with the NGO Academy of Family Medicine of Ukraine, providing a platform for knowledge exchange and professional development.

Behavioural and cultural insights studies strengthened efforts to generate demand and raise awareness about immunization, identifying barriers and drivers of vaccination among IDPs. Public engagement was enhanced through initiatives such as the 50th anniversary celebration of the Expanded Programme on Immunization, an exhibition on vaccine-preventable diseases in partnership with the Museum of Science and the dissemination of informational materials to ODCs. Social advertising campaigns, including a video on pertussis aired on national television, further amplified these outreach efforts.

This year unit contributed to the publication of an educational project, developed jointly with the Regional Office and WHO Collaborating Centre, to promote COVID-19 vaccination information among professionals and the general population (94).

The Unit's coordination with partners was instrumental in achieving these milestones. Regular meetings with stakeholders, including the MoH, the National Immunization Technical Advisory Group and international partners, ensured a unified approach to advancing immunization efforts in Ukraine. A key highlight was the signing of the Fragility Support Program agreement with GAVI, the Vaccine Alliance, which guarantees the availability of routine vaccines for the National Immunization Program in 2025, saving the national budget an estimated US\$ 6.5 to US\$ 8 million.

The department also participated in the Regional Office's initiative to update training materials on false contraindications to vaccinations.



Strengthening of immunization cold chain system.

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Furthermore, the VPI Unit successfully introduced immunization services in pharmacies, starting with influenza vaccines. Policy amendments, training programmes and discussions on educational reforms facilitated the rollout of this new service delivery platform, setting the stage for its potential expansion to other vaccines.

### 3.9 Laboratory system

The Country Office Laboratories Unit has been essential in strengthening the laboratory systems in Ukraine. This Unit ensures the systems meet international standards and enhances the country's readiness for public health emergencies. Throughout 2024, the Unit has concentrated on several critical areas, including legislative reform, capacity building, technical support and infrastructure development. These initiatives have reinforced the resilience of Ukraine's laboratory network and have significantly contributed to the national response to health threats.



Building human resource capacities for Ukrainian laboratories.

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One of the key achievements of the Laboratories Unit is the comprehensive assessment of laboratory capacities across Ukraine. Over 100 technical support missions were conducted to evaluate essential areas such as PCR diagnostics, water testing, radiology and clinical laboratory services. At the request of the MoH, all 74 laboratories in Chernihiv oblast, including 33 at primary health-care facilities, were assessed. This evaluation revealed critical gaps in quality management, biosafety, workforce skills and testing capabilities. The findings informed actionable recommendations, procurement strategies and targeted interventions to enhance the capacity of Ukraine's laboratories.

Building human resource capacity has been a cornerstone of the Unit's efforts. In 2024, 54 face-to-face laboratory training sessions were organized, engaging over 1000 participants from public health institutions, hospital laboratories and veterinary facilities. This training covered essential topics such as NGS, clinical diagnostics, PCR diagnostics, laboratory management, quality assurance, biosafety and water testing. Additionally, the Unit conducted 22 webinars that reached more than 7500 participants and five online training sessions involving over 600 specialists in areas of rabies diagnosis and biosafety risk assessment. These initiatives have significantly improved the technical capabilities and emergency response readiness of laboratory professionals across Ukraine.

To further strengthen the laboratory system, a strategic approach was developed for hospital clinical diagnostic laboratories, including those within PHC facilities, with a focus on improving diagnostic standards and services. The Laboratories Unit provided substantial support for NGS to monitor pandemic and pandemic-prone pathogens, AMR and JID pathogens. The Unit also supported the monitoring of especially dangerous pathogens, chemical compounds and radiation in diverse environments, including those affected by military actions.

The Laboratories Unit has also made considerable progress in genomic surveillance, building on its established SARS-CoV-2 sequencing capabilities. Over 3000 samples are sequenced each year, contributing to national and global surveillance efforts. In 2024, the Unit supported the establishment of sequencing capacities for influenza and AMR, which enabled the submission of over 250 influenza samples to the Global Initiative on Sharing All Influenza Data database. Two new sequencing laboratories were launched: the Bacteriology Laboratory of the UPHC and Ternopil OCDC, receiving comprehensive support that included the development of SOPs, training in AMR sequencing and ongoing technical assistance. These advancements have strengthened Ukraine's ability to effectively monitor pandemic-prone pathogens and AMR trends.

The Laboratories Unit has also prioritized providing critical resources to support laboratory operations. In collaboration with WHO's Operational Support and Logistics (OSL) team, laboratory supplies and equipment valued at over US\$ 2.5 million were procured and distributed. This included PCR tests, DNA extraction kits, rapid diagnostic tests, robotic PCR stations, automated analysers, PCR and biosafety cabinets, pipettes, chemical reagents and consumables. These efforts were supplemented by training on equipment usage and maintenance, certification of biosafety cabinets, infrastructure repairs and ongoing technical support to ensure operational continuity.



Technical support visits and laboratory capacity assessment

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In addition to these operational and technical achievements, the Laboratories Unit significantly contributed to legislative and strategic policy advancements that are now under development in Ukraine. It has supported the development of vital national policies, including a Biosafety and Biosecurity Law, quality management legislation, a National Laboratory Strategy and a National Sequencing Strategy. Landscape analyses were conducted to align Ukrainian legislation with EU directives, ensuring that national frameworks meet European standards. These efforts have created a robust regulatory environment promoting quality laboratory practices and enhancing Ukraine's public health preparedness.

Through these initiatives, Laboratories Unit continues to play a critical role in developing a resilient, high-performing laboratory system in Ukraine. By addressing gaps, advancing genomic surveillance and strengthening operational capabilities, the Unit ensures that laboratories are well-equipped to meet today's challenges while laying the groundwork for a sustainable and effective public health response in the future.

## 3.10 Data systems and surveillance

### 3.10.1 Infectious disease surveillance

The Infectious Disease Surveillance Unit plays a vital role in enhancing public health surveillance and health information management in Ukraine. By improving data collection and analysis and advancing preparedness for routine health monitoring and emergency responses, the Unit aims to align national systems with international standards. Its focus encompasses routine disease surveillance, pandemic preparedness and strengthening the early warning and response system.



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In 2024, the Unit achieved significant milestones that contributed to Ukraine's public health resilience. Surveillance systems were substantially strengthened and standardized, with key contributions to the Resolution of the Cabinet of Ministers on epidemiological surveillance and the drafting of technical guidance documents and contributing to legislative acts for nine priority diseases, including rabies, invasive meningococcal disease, acute intestinal infections and zoonoses. These efforts were further supported by the training of 25 specialists from the OCDCs as part of Rapid Response Teams, ensuring readiness to address biological hazards and infectious disease outbreaks.

The support for the rollout of the Electronic Surveillance System was another significant achievement. The system improved infectious disease surveillance by automating case tracking, outbreak reporting and data visualization. Following initial training for 90 specialists, targeted sessions reached an additional 80 professionals across nine oblasts, ensuring wider adoption and effective utilization of the system. Event-Based Surveillance and Epidemic Intelligence from Open Sources system were also successfully implemented at the national level. These systems were enhanced by incorporating over 500 Ukraine-specific sources and developing a SOP to guide their use. A roadmap for Event-Based Surveillance/Epidemic Intelligence from Open Sources for 2024–2025 was agreed upon with the UPHC, laying the groundwork for sustained implementation and capacity building.

Collaboration across WHO teams and stakeholders was a cornerstone of the Unit's success. The Unit contributed to the rabies elimination strategy led by a One Health officer, supported pandemic preparedness efforts together with the Pandemic Influenza Preparedness (PIP) officer in monitoring visits and training in oblasts with sentinel surveillance sites, and contributed to the cholera response tabletop exercise organized by the Clinical Management Officer. Surveillance-related input was provided to the laboratory strategy developed by the Lab Unit, and mental health support was integrated into the Rapid Response Team training, highlighting the importance of psychological resilience in emergency response.

Through these actions, the Infectious Disease Surveillance Unit has solidified its reputation as a leader in public health innovation, ensuring that Ukraine is equipped to address emerging challenges while maintaining robust routine health monitoring systems.

### **3.10.2 Health information in health programmes**

The Health Information Unit has shown its commitment to strengthening health information systems through initiatives designed to improve data quality, integration and utilization. Despite the challenges posed by the ongoing conflict, WHO's efforts have significantly contributed to Ukraine's capacity to generate, manage and use health information to address public health needs and support long-term resilience within the health system.

In 2024, a key achievement was the delivery of five capacity-building activities for the CDCs and the Centers for Medical Statistics. These training sessions included 50 participants from OCDCs and 200 from Centers for Medical Statistics, focusing on health data management, analysis and visualization. The training also provided software to enhance data management capabilities at the regional level. Furthermore, WHO, in collaboration with Oxford University, assisted the MoH in strengthening population estimates for Ukraine by identifying alternative data sources to address gaps in demographic information, a crucial step for accurate health planning and policy-making.

The completed work focused on the readiness aspect of humanitarian support by equipping national and regional public health professionals with the skills and tools needed to use health data effectively. Through targeted activities, these professionals received training to analyse data, allowing them to identify and describe disease trends. This training facilitated evidence-based decision-making to tackle public health challenges. A key initiative within this effort was the population estimates project, which aimed to refine demographic data and enhance the accuracy and reliability of health indicators.

To prepare for a comprehensive health information system assessment, WHO completed essential groundwork to evaluate Ukraine's current health information landscape. This assessment aimed to identify strengths, gaps and improvement opportunities, paving the way for an action plan to guide health information system enhancements in the coming years. WHO also supported the integration of digital health solutions into the national surveillance system, including a pilot initiative with the Lviv OCDC to use e-health data for calculating community health indicators. Additionally, WHO collaborated with the MoH to digitize annual and pre-employment medical exams for professional groups, laying the groundwork for broader digital health integration.

The Health Information Unit worked closely with other Country Office teams, such as the Surveillance Unit and JID Unit, to produce products related to health information. It also supported the UPHC in preparing for the implementation of ICD-11 coding. This included translating the ICD-11 reference guide (95) into Ukrainian and assisting in drafting methodological recommendations for ICD-11 coding. These efforts ensure that Ukraine remains aligned with global health data standards, a key component of the country's aspirations for EU accession.



First pharmacy in Ukraine approved to provide flu vaccination directly at the pharmacy. Among the first to use the service were Minister of Health Viktor Liashko and WHO Representative in Ukraine Jarno Habicht.

© WHO

Through these initiatives, WHO strives to ensure that Ukraine’s health information systems are robust, resilient and aligned with international standards, thereby supporting evidence-based decision-making and the country’s broader health and development goals.

### 3.10.3 Pandemic Influenza Preparedness

The PIP programme in the Country Office achieved significant progress in strengthening Ukraine’s capacity to prevent, detect, and respond to influenza outbreaks and other virus respiratory illnesses in 2024. Through comprehensive monitoring visits to all sentinel sites, the programme delivered essential training to medical and laboratory staff, engaging key stakeholders in major cities, including Chernivtsi, Dnipro, Kharkiv, Kropyvnytskyi, Kyiv, Lviv, Odesa, Rivne and Vinnytsya. Additionally, tailored online training sessions were provided to regions facing security constraints, such as Chernihiv, Sumy and Zaporizhzhya. These efforts substantially enhanced the national surveillance system and improved the preparedness of health-care facilities across the country.

National influenza meetings and training sessions provided a vital platform for sharing knowledge about seasonal influenza, with WHO PIP officers facilitating discussions and presenting global and local updates. These events, well-organized and supported by the PIP programme, fostered effective communication between ODCs and the UPHC, ensuring a shared understanding of common goals in tracking the current situation with circulating strains of influenza viruses among Ukrainian citizens. This collaboration informed the WHO Vaccine Committee’s decisions on proposing the most suitable

combination of strains for the Northern Hemisphere vaccine. The correct collection of data from sentinel sites, followed by a reliable delivery chain to the UPHC sequencing laboratory and then to the London influenza laboratory, is a crucial annual activity. A notable new initiative was the expansion of influenza vaccination availability at pharmacies, made possible by the successful development and implementation of a hybrid training programme at Bogomolets National Medical University. This innovative initiative, supported by extensive communication campaigns and collaboration with the MoH, increased access to influenza vaccines for communities by using pharmacies as convenient health-care points.

PIP programme made significant strides in 2024. One key achievement was the support provided for the technical development of the draft Sentinel Influenza Order and the drafting of an updated PIP Plan. These frameworks were designed to align with the needs of a country in wartime conditions, ensuring that Ukraine is well-prepared to respond to influenza outbreaks. WHO officers provided technical guidance and facilitated knowledge exchange, aiding in the reporting of respiratory viruses, including respiratory syncytial virus and COVID-19, within integrated surveillance monitoring guidelines.

The programme also played a crucial role in promoting a One Health approach by addressing zoonotic influenza risks and supporting genomic surveillance of pandemic-prone pathogens. These activities bolstered Ukraine's pandemic preparedness and response framework, with plans underway to further develop and implement comprehensive pandemic influenza strategies in the coming year. Moreover, the programme's communication efforts made noteworthy progress in popularizing influenza prevention measures through social media and other platforms, ensuring public awareness of these measures.

## 4. Cross-cutting units



### 4.1 Business Operations Support

The Business Operations Support (BOS) Unit is fundamental to the WHO Country Office in Ukraine, ensuring smooth operations. The BOS team made significant strides in improving operational efficiency, fostering innovation and enhancing staff well-being despite complex challenges. The unit encompasses various functions, including operations, finance, information and communications technology (ICT), facilities, procurement, fleet, human resources, preventing and responding to sexual exploitation, abuse and harassment (PRSEAH) and SHW. Across these organizational capacities, the BOS Unit coordinates its work with United Nations organizations in Ukraine to seek out synergies and apply efficiency measures.

The Operations and Finance team strengthened financial oversight by implementing robust third-party risk management practices, raising the financial ceiling for transactions in Ukraine from 40 million hryvnias to 63.2 million hryvnias. A dedicated Travel and Protocol Support team was established to streamline travel processes, which included developing SOPs for travel to and from Ukraine. The team created intranet travel information pages and introduced efficient processes for United Nations laissez-passer applications.



BOS team retreat.

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Human resources focused on recruiting urgently required staff, including a national SHW counselor. A total of 147 staff positions and 128 consultancy roles were successfully filled. HR introduced an updated induction programme tailored specifically for the Country Office, leading to 21 sessions held in 2024. Collaboration with the WHO Regional Office and WHO headquarters helped to streamline HR policies across the Organization.

Several training programmes were also organized in areas such as leadership development, cultural awareness and workplace safety, enhancing staff competencies. In 2024, the 360° Feedback Programme for senior and mid-level managers was launched. The programme aimed to foster self-awareness, enhance leadership effectiveness and drive continuous professional development, reinforcing the commitment of the Country Office to building a strong and adaptive leadership culture.

The HR team also conducted a comprehensive staff well-being survey. Efforts to promote diversity and inclusion were strengthened through gender equity initiatives and inclusive recruitment practices.



David Allen, Director of Business Operations at WHO Regional Office for Europe, with the Country Office BOS Team visiting health-care facilities in Dnipro, supported by the Country Office under the laboratory and rehabilitation component, June 2024.

© WHO

The ICT team bolstered technological resilience by enhancing network stability and cybersecurity through targeted training in collaboration with the WHO Regional Office ICT team. Significant innovations included installing Starlink systems in 10 vehicles, implementing a ticketing system for ICT requests and preparatory work for the Windows 11 migration. Additionally, system upgrades, such as a new identity system and improvements to the business management system, ensured greater efficiency and reliability in IT services.

Facility management focused on workplace enhancements, including winterization preparedness, gender-sensitive modifications and the addition of silent workspaces and gym corners to support staff well-being. Cleaning services were upgraded and office infrastructure improvements were introduced to create a healthier and more inclusive work environment.

Procurement processes underwent significant optimization, transitioning goods procurement from OSL to BOS and achieving a 70% shift to local procurement. This transition resulted in reduced lead times and improved after-sales service. Key projects included launching the Local Contract Review Committee and providing INTEND training in collaboration with the Regional Office in Istanbul. Long-term agreements were established for critical needs such as anti-shelling shelters, water treatment systems and biomedical equipment.

Fleet management achieved operational optimization by implementing a fair duty trip scheduling system, acquiring new fleet vehicles and providing safe-driving training for drivers. Connectivity was enhanced with the installation of Starlink systems in vehicles, with ICT team support, and reporting mechanisms were improved to enable precise tracking of fuel consumption and maintenance costs. The fleet was also prepared for rapid deployment in emergencies, ensuring readiness for crisis response.

The SHW team conducted training sessions on stress management, psychological safety and physical wellness. Programmes were tailored based on insights from staff

surveys. Strategies were implemented to enhance the office environment, promote work-life balance and address burnout symptoms. In 2024, the SHW team delivered over 140 mental health sessions, organized preventive care initiatives and ensured occupational safety through workplace assessments and webinars, including vision checks. Key initiatives also included occupational health services such as ergonomics hospital assessments and psychological risk prevention and workplace safety checks.

The team's efforts also focused on emergency preparedness and medical response preparedness, equipping key personnel with essential training for crisis situations. Collaboration with medical coordinators helped to strengthen evacuation plans and supported comprehensive workplace risk assessments, contributing to a safer and healthier work environment.

PRSEAH activities have been vital in safeguarding both internal and external stakeholders since the outbreak of the war. Since that time, WHO staff and those from partner organizations have engaged in a wide range of PRSEAH activities, including training sessions, sensitization, refreshers and awareness-raising through live exchanges. WHO's guidance on PRSEAH has also been incorporated into SOPs and awareness programmes of United Nations partner organizations such as the International Organization for Migration and United Nations Development Programme. The #NoExcuse campaign was advanced to enhance workplace accountability and promote a zero-tolerance policy for exploitation, abuse and harassment.

Of the Country Office's PRSEAH activities, 70% were conducted face-to-face and 30% – virtually. Knowledge gains from face-to-face training sessions were impressive, with participants scoring improvements as high as 45% on some metrics, while averaging a 12.75% improvement. Targeted PRSEAH trainings were delivered through the OpenWHO platform in 2024, leading to increased participation among staff and implementing partners. Field engagement has been equally robust, with 13 missions carried out across five cities and three Inter-Agency ToT sessions prepared, co-facilitated and carried out. By integrating PRSEAH across health programmes and engaging in interagency leadership, WHO has established a solid foundation for accountability and awareness.



PRSEAH capacity-building workshop for WHO National Implementation Partners in Kyiv, October 2024.

## 4.2 Executive Office

The Executive Office at the Country Office played a crucial role in 2024, providing strategic leadership and operational support to ensure the efficient operation of the Country Office. The Unit served as a central hub for facilitating communications and interdepartmental initiatives among all WHO Country Office Units, including WHO Health Emergencies, Health Service, Health Programme, Business Operations Support, as well as with the WHO Regional Office for Europe and WHO headquarters in Geneva. The Executive Office ensured that health programmes and emergency efforts were aligned with WHO's overarching objectives while promoting collaboration with national and international stakeholders.

Throughout the year, the unit worked diligently to uphold WHO's reputation as a trusted partner and a leading health authority in Ukraine. The Country Office has established a continuous and effective dialogue with the Government of Ukraine, using the framework of Ukraine's participation in WHO governing bodies alongside other Member States. The Executive Office played a crucial role liaising with the United Nations Country Team in Ukraine, facilitating WHO's participation in that forum, which coordinates activities between agencies.

The unit demonstrated effective coordination by organizing and facilitating high-level engagements for the WHO Representative and senior Ukrainian leadership. This included strategic sessions and regular bilateral meetings with MoH leaders and other key national stakeholders, such as the Cabinet of Ministers of Ukraine, the National Security and Defense Council, relevant parliamentary committees and heads of diplomatic missions. The Executive Office meticulously managed the preparation, execution and follow-up for these engagements, including keeping detailed records, tracking action points and ensuring accountability for follow-up actions.

*"Health system resilience is built through strategic investments. Together with WHO and our partners, Ukraine is modernizing health-care governance, ensuring that even in the face of conflict, essential services remain accessible and the system is prepared for future challenges."*

**Serhii Dubrov, First Deputy Minister**

By facilitating the MoH active involvement in key WHO governing bodies, such as the World Health Assembly and WHO Regional Committee meetings, the Executive Office ensured that Ukraine remained a priority on the international stage. This included securing Ukraine's presence in high-level forums, such as the European Health Forum Gastein, where the session on Ukraine, "Health in a Time of War: Reforms, Resilience and Recovery in Ukraine", took centre stage. At the Ukraine Recovery Conference in Berlin, the country's health priorities and challenges were also amplified.

The Executive Office collaborated closely with the WHO Executive Board and SCRC members from Ukraine. This partnership facilitates timely updates on important developments, encourages Ukraine's active participation in the preparation of key documents, and enhances the MoH's understanding of relevant procedures.



Regional Director's visit to Kharkiv, September 2024.

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All high-level missions and visits by WHO leaders to Ukraine, such as those involving WHO Regional Director Dr Hans Henri P. Kluge and Director of the Division of Country Health Policies and Systems Dr Natasha Azzopardi Muscat, as well as two WHO Health Emergencies missions, were planned and successfully executed by the Executive Office, reinforcing WHO's strategic presence in the country.

To enhance operational efficiency, the Executive Office introduced and implemented several organizational tools, including systems for managing correspondence, tracking and follow-up mechanisms, and regularly updated the master contact list, national and international counterparts list and missions, event calendars and others. The team also developed SOPs for handling correspondence, mission preparation and interpreter engagement, ensuring consistency and efficiency in day-to-day operations. Regular communication and updates regarding changes in Ukrainian government structures further supported WHO's ability to adapt to evolving national priorities.

In addition to external engagement, the Executive Office contributed to internal organizational development by planning and executing staff retreats, leadership meetings and training programmes. Two staff retreats were organized, one in March and the other in December, to foster collaboration and alignment between teams. The first retreat focused on the strategic planning, based on a detailed analysis of the situation in Ukraine; the second served as a platform to reflect on the year's achievements and to align new priorities with global strategies. The Executive Office worked with the Human Resources and Business Operations teams to implement capacity building and learning programmes for staff. An additional leadership retreat took place in July, bringing together 25 members of the extended leadership team. This day of facilitated discussions and collaborative activities helped to develop a deeper and shared understanding of the Organization's strategic goals, enhance managerial practices and strengthen team coordination.



WHO communications officer gathers testimony from the parents of a child set to be evacuated for treatment abroad after the attack on Ukraine's main children's hospital, July 2024.

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## 4.3 Communications and public engagement

The Communications Team at the Country Office played a crucial role in promoting the organization's impact during the ongoing health emergency. Through strategic messaging and effective engagement, the unit ensured transparent communication with the public, media and stakeholders, highlighting WHO's essential role in addressing health challenges in Ukraine.

The unit successfully implemented an approved strategic communications plan by developing tailored, country-level communications products that were aligned with WHO's messaging, local health priorities and emerging needs. This approach ensured that all campaigns and initiatives resonated with both Ukrainian and international audiences. Their media outreach and engagement efforts resulted in widespread national and international coverage through interviews, press releases, social media and blogs, reaching people with compelling stories and publications.

Supporting high-level events and missions was another significant achievement for the Communications Unit in 2024. The team promoted and covered WHO's activities, showcasing its role in addressing critical health challenges in Ukraine. Their multimedia production included impactful videos that reached a wide audience and generated considerable engagement, further enhancing WHO's visibility.

The unit's strategic communication efforts were reinforced by the implementation of a comprehensive communication strategy, ensuring that WHO's messaging aligned with health priorities and resonated with diverse audiences.

In the digital space, the Communications Unit significantly increased social media engagement in 2024. A new LinkedIn channel was launched in May 2024, enhancing the Country Office's engagement with a wide range of audiences. The Country Office posts reached over 940 000 accounts on Twitter, over 700 000 on Facebook, over 350 000 accounts on LinkedIn and over 56 000 on Instagram. Top posts covered issues such as attacks on health-care facilities and practical information about health care in Ukraine such as preventing AMR and promoting an innovative new mobile PHC application for doctors. WHO used digital media analysis tools and adopted innovative strategies such as stories and collaborations, to significantly boost the effectiveness of WHO's digital and social media campaigns.

To promote healthy behaviours and communicate key issues to the population, WHO collaborated closely with national stakeholders, local authorities, as well as international partner organizations and donors, to develop messaging and reach wider audiences. This included media campaigns recognizing and elevating the role of health-care workers in Ukraine.



Video recording during a WHO mission to open a heating unit in Bobrovytsia, May 2024.

The Communications Team also played a key role in coordinating and streamlining WHO's messaging across the national, regional and global levels of the Organization, in collaboration with international colleagues. At the country level, a United Nations communications group synchronized communications efforts between United Nations partner organizations.

Event promotion and coverage were pivotal to the unit's efforts, as they supported high-level events and missions to ensure their visibility and impact. Multimedia communication was another area of focus, with the production of many videos that achieved impressive reach and engagement.

The Unit also ensured that the scientific evidence of the Country Office's work, in terms of medical assistance and research, was published in a timely manner through reports and articles made available on the WHO website in both English and Ukrainian.

To further enhance WHO's visibility, the unit conducted thorough analyses of media coverage on WHO-related topics and established social media connections that acknowledged donor contributions. These targeted efforts aligned with donor priorities, strengthening WHO's reputation and fostering stakeholder trust.

Through these comprehensive initiatives, the Communications Unit reinforced WHO's position as a trusted health partner in Ukraine, effectively bridging the gap between humanitarian efforts, public awareness and stakeholder engagement. The team's achievements in 2024 laid a strong foundation for sustained impact and visibility in the years to come.

## 4.4 Programme Management Unit

Amid the ongoing humanitarian crisis caused by the war, the Programme Management Unit (PMU) at the Country Office played a crucial role in enhancing the organization's ability to plan, budget, monitor and report effectively. By improving accountability, transparency and coordination, the PMU enabled WHO to mobilize and leverage resources efficiently during exceptionally challenging years.

In 2024, the PMU successfully mobilized 73% of the required emergency appeal funds and renewed partnerships with key stakeholders, while also building new ones. The unit managed 60 active awards and oversaw the execution of 260 top tasks, ensuring alignment with WHO's operational goals. Furthermore, the PMU delivered high-quality and timely reporting and progress under the CCS for 2024–2030. Despite the challenges presented by the conflict, the PMU moved forward on strategic priorities, such as the Biennial Collaborative Agreement for 2024–2025, maintained effective reporting and information management, and established comprehensive monitoring and evaluation systems, including Third-Party Monitoring.

A focus for the Unit in 2024 was coordinating the finalization of the Sustainable Development Cooperation Framework between the Government of Ukraine and the United Nations 2025–2029 (96), in coordination with the United Nations Country Team

in Ukraine. The framework focuses on recovery and development, guiding the United Nations family of organizations in Ukraine to achieve the 2030 Agenda for Sustainable Development. The PMU supported the WHO Representative in Ukraine in his role of representing WHO within the United Nations Country Team in Ukraine, which brings together United Nations organizations active in the country, and the Humanitarian Country Team, which involves a wide range of humanitarian actors. Participation in these coordination forums ensured alignment and agreement on common actions.

The unit significantly enhanced WHO's operational capacity by focusing on planning, budgeting and resource mobilization. It achieved this by streamlining workplans and project organization while implementing advanced operational tools such as award management systems to ensure efficient resource utilization. The PMU strengthened collaboration with national health authorities and fostered partnerships with key stakeholders, thereby improving coordination and partner engagement. Through capacity-building initiatives, the team empowered WHO units to better manage budgets, develop proposals and execute workplans. Accountability, measurement and reporting practices were also important parts of operational capacity addressed throughout the year.

By integrating strategic planning, resource mobilization and partnership coordination into its operations, the PMU not only supported WHO in responding to the most urgent health crisis needs of the Ukrainian population, but also laid the foundation for early recovery and resilience in Ukraine's health system.

The PMU will continue to enhance operational efficiency, notably by fostering cross-unit collaboration, integrating cross-cutting issues (such as gender equity, disability inclusion and climate change) into project design and adopting systematic approaches for multiyear planning and funding.

## 4.5 Security

Amid the ongoing challenges of war, the Security Unit at in the Country Office stood at the forefront of ensuring the safety and well-being of its personnel, assets and operations throughout 2024. Operating in a volatile and high-risk environment, WHO conducted comprehensive security risk assessments and adhered to United Nations security policies. It also provided continuous safety training tailored to the complexities of working in conflict zones.

WHO communicated and coordinated its security measures with staff in the field and those of partner organizations; as well as with the United Nations Security Management Team in Ukraine, where the Country Office was represented by the WHO Representative; and with the United Nations Department of Safety and Security. Through these local, national and international channels, the Country Office's security team was able to implement effective security measures for operations across the country.

The Security Unit's efforts were essential in enabling WHO to deliver humanitarian aid and health services amid widespread devastation. Through operational safety measures



implemented for humanitarian convoys, the team facilitated the timely delivery of essential medical supplies to communities in need. Advanced risk management practices and enhancements to physical security at operational hubs significantly strengthened WHO's capacity to operate effectively despite ongoing hostilities.

Throughout 2024, the Security Unit undertook a wide range of activities to maintain operational safety and support WHO's mission. The team conducted over 6000 Signal group updates and 365 staff list updates to ensure seamless communication. The Warden system was updated more than 200 times, accompanied by 20 targeted training sessions to enhance effectiveness. Additionally, over 100 induction briefings and 40 pre-departure briefings were delivered to ensure staff preparedness for operations in high-risk areas. The unit processed more than 1000 travel approvals while maintaining strict safety protocols for personnel movement. More than 300 very high frequency radios were programmed and issued, and critical infrastructure was upgraded, including access control systems, closed-circuit television, intrusion alarms and the installation of 150 shutter-resistant films in private accommodations to safeguard operational hubs and private residences.



Security team working in the field, January 2024.

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The unit also contributed to resilience-building efforts. Through targeted training programmes, including seven WHO individual first aid kit (IFAK) training sessions and support for 20 Safe and Secure Approaches in Field Environments/IFAK initiatives for other agencies, staff were equipped with essential skills to navigate security challenges in active conflict zones. Additionally, over 10 drills and exercises were conducted to strengthen preparedness for emergencies.

Compliance and incident management were also central to the unit's efforts. More than 100 compliance analyses were conducted to ensure adherence to United Nations security policies and over 10 incidents were processed, demonstrating the unit's capacity to respond effectively to threats. Regular updates, including over 1000 informational notifications and 50 weekly security reports, ensured that WHO personnel had access to timely and critical security information. These actions ensured the continuity of WHO's mission to support Ukraine's health system, contributing to the country's broader response, recovery and reform efforts.

# 5. Key objectives and strategic directions in 2025



In 2025, WHO is committed to promoting health, ensuring global safety and supporting the vulnerable. Guided by the CCS for 2024–2030 and informed by its achievements in 2024, WHO's priorities in Ukraine are centred on building a healthier and more resilient future. The organization's activities are strategically aligned with three overarching objectives: ensuring universal access to quality health services, reducing major health risks and strengthening robust health institutions.

WHO's mission in Ukraine is deeply rooted in the principles of equity, inclusiveness and resilience. These principles underpin its efforts to respond to the ongoing humanitarian crisis in Ukraine, to support recovery and to implement health reforms that align with international standards, including those of the EU. WHO's work reflects a dynamic approach that balances immediate emergency response with long-term health system strengthening, ensuring sustainability and adaptability in a rapidly changing context.

Building on the accomplishments of 2024, WHO will continue to prioritize UHC by addressing critical gaps in health service delivery. This includes supporting the restoration of PHC networks in conflict-affected regions and ensuring that vulnerable populations, including IDPs, have access to essential health services. Training and capacity-building initiatives will remain central to WHO's efforts, with a focus on expanding the health-care workforce, enhancing emergency medical response capabilities and promoting the use of innovative solutions such as digital health tools.



The Country Office Team Retreat in Kyiv, December 2024.

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In its commitment to reducing major health risks, WHO will sustain and expand programmes aimed at mitigating the burden of NCDs and communicable diseases. Vaccination campaigns will continue to play a vital role in preventing outbreaks of vaccine-preventable diseases, while MHPSS initiatives will address the psychological toll of the conflict on Ukraine's population. Additionally, WHO will work to strengthen environmental health systems to address challenges such as waterborne diseases and the health impacts of damaged infrastructure.

WHO's third objective – building robust institutions – will focus on fostering governance and transparency within Ukraine's health sector. By supporting the implementation of EU-aligned health policies, WHO aims to strengthen institutional frameworks, enhance public health surveillance and ensure that health system reforms are inclusive and effective. Collaboration with national and international stakeholders will be pivotal in achieving these goals, leveraging partnerships to maximize impact and efficiency.

As WHO looks to 2025, it remains committed to adapting its mission to Ukraine's evolving needs. The organization's goals are to address the immediate health challenges posed by the ongoing conflict and lay the groundwork for a resilient, equitable and sustainable health system. Through its strategic priorities and unwavering dedication, WHO will continue to make a measurable difference in the lives of the Ukrainian people, ensuring that health remains a cornerstone of the country's recovery and future development.

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## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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