

WHO Country Office in Ukraine annual report 2025



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Abstract

This report provides an overview of the operations and activities of the WHO Country Office in Ukraine during 2025. Despite the ongoing war in Ukraine, the Country Office continued its work according to its core mandate. WHO supported the Government of Ukraine in managing the acute health impacts of the war, responding to health emergencies and pursuing existing priorities set out in WHO's General Programme of Work, the European Programme of Work 2020–2025, the Biennial Collaborative Agreement 2024–2025 signed with the Government of Ukraine and the Country Cooperation Strategy 2024–2030. This report documents the achievements of the WHO Country Office in one of the most demanding operational environments in WHO's global portfolio. It also serves as a record of organizational resilience and a landmark contribution to health as a foundation for Ukraine's recovery.

Keywords

UKRAINE; EUROPE; EMERGENCIES; UNIVERSAL HEALTH COVERAGE; HEALTH SYSTEM STRENGTHENING; PRIMARY HEALTHCARE; HUMANITARIAN RESPONSE;

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Contents

Foreword	iv
Acknowledgements	vii
Abbreviations and acronyms	ix
Executive summary.....	x
Introduction	1
How we work	5
Partnerships	21
Ukraine's relationship with WHO	27
Impact: WHO in Ukraine	33
Health emergencies	35
Public Health, IHR and Preparedness	35
Surveillance, data and laboratories	37
Health operations.....	40
Emergency field offices	42
Chemical, biological, radiological and nuclear risk	44
Risk communication and community engagement	46
Health cluster	48
Operational support and logistics.....	49
Health programmes	51
Mental health	51
Rehabilitation	54
Health governance	59
Health financing	60
Service Delivery.....	63
Noncommunicable diseases.....	67
Vaccine-preventable diseases and immunization	70
Joint infectious diseases	71
Health information and statistics	74
Enabling WHO deliver	76
Business operations support	76
Executive office	77
Communications	77
Programme management	78
Oblast fingerprint.....	79
Technical guidance and publications	81
Financing and operational evolution (2018-2025).....	83
Looking ahead	87
References	89

Foreword

For millions of Ukrainians, 2025 was another tremendously challenging year. With the ongoing war showing no sign of slowing down, too many mothers, children and elderly people grappled with increasing health needs as civilian casualties mounted and attacks on health care intensified to their highest levels. All this in a shrinking funding environment marked by the suspension of major contributions and reduced development assistance globally.

This global contraction in official development assistance fundamentally reshaped the operating environment for health partners in Ukraine, including WHO. In 2025, the WHO Country Office in Ukraine faced significant and abrupt funding disruptions, requiring rapid restructuring and reprioritization. Through difficult organizational choices, sharper prioritization and strengthened coordination with partners, WHO focused its resources on protecting life-saving services and sustaining delivery at levels comparable to those achieved in 2024, despite substantially reduced financial inputs.

In financial terms, WHO's work in Ukraine in 2024–2025 was delivered with a consolidated but still exceptionally large operation compared to pre-war years. This marked a deliberate transition from peak emergency financing towards a more balanced response-recovery-reform model, ensuring continued frontline humanitarian assistance while safeguarding investments in recovery and health system reform.

Survey data from 2025 indicate that over 70% people in Ukraine reported stress, anxiety or other mental health conditions. Meanwhile, more than 80% of surveyed households reported difficulty obtaining the medicines they needed. Attacks in frontline regions intensified. Widespread damage to essential infrastructure continued while the health system remained functional under extraordinary pressure, demonstrating remarkable resilience.

In 2025, we received reports of more than 580 attacks on health care – a tragic all-time high in Ukraine. This resulted in more than 19 deaths and 204 injuries. It is no exaggeration to say that health is under threat like never before. This is unacceptable: we cannot allow the abnormal to become the new norm. Ultimately, it is a loss for all humanity – a painful reminder of the vulnerability of health-care systems in the face of war.



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**WHO Representative in Ukraine
Dr Jarno Habicht**

This is why WHO was there. We were there to provide life-saving health services to the people who needed them. We were there because we are committed to protecting the right to health, no matter how challenging a crisis may be. We were there then and we are there now – and we continue to contribute to recovery and resilience.

To deliver on this commitment in a rapidly evolving context, WHO restructured its Country Office in 2025 to operate closer to the front lines while simultaneously scaling recovery and reform work nationwide. Humanitarian operations were sharpened and decentralized to prioritize the most affected oblasts, while technical and programme teams were increasingly aligned behind recovery of essential services and long-term system transformation. This integrated operating model ensured that emergency response, early recovery and health reforms remained mutually reinforcing – even in a year defined by volatility.

In 2025 alone, WHO, together with its partners, supported over 1000 health-care facilities. We continued the support to medical teams after attacks, facilitating pre-outreach services, setting up 28 modular primary health-care clinics across affected regions, investing in heating and water stations in hospitals and expanding mental health and rehabilitation services (1) – investments that supported both emergency response and early recovery as part of WHO's response-recovery-reform approach.

But our work does not stop there. Every step of the way, WHO has worked with Ukraine's health system to ensure sustainability, not merely short-term relief. In addition to addressing immediate health needs, our focus remains on supporting recovery and driving reforms that will shape a stronger, more resilient health system to leave no one behind through a model that combines emergency response, system restoration and long-term transformation.

Throughout 2025, we worked closely with the Government of Ukraine to strengthen governance, transparency and accountability in the health sector, aligning reforms with European Union (EU) standards and taking into account WHO's Country Cooperation Strategy 2024–2030, also known in Ukraine as the Ukraine Programme of Work. Reforms need to remain at the centre of the recovery process as Ukraine advances the National Health Strategy 2030, clarifies the future hospital network and expands access to modern stroke care.

As the war continues and Ukraine responds, recovers and heals, but also progresses in its development, WHO adapts and adjusts its support. Recognizing the distinct needs of different communities and regions, we have adapted our approach to reflect local contexts across the country.

Ukraine's health system and workers have shown remarkable resilience. Travelling across the country, I have seen incredible examples of this resilience, including surgeons who choose to stay in operating theatres despite burnout and trauma, and ambulance drivers who are undeterred despite the risk of shelling, with all the courage it takes – supported by WHO's unique three-level operating model that brings together country, regional and global expertise, including both humanitarian and development missions.

I have been impressed by the strength and determination of the Ukrainian people and I have been equally impressed by the extraordinary dedication of our staff.

The WHO team navigates the same daily challenges of life as all Ukrainians. They continue to serve in an extremely volatile environment – when power goes out or when bombs and missiles are dropping – and they resume again after yet another sleepless night. Their tireless efforts translate into real change and I want to take this opportunity to thank them.

As you read this annual report, please keep in mind that behind every number is a human being. A mother who is unable to deliver her baby safely because the only hospital for miles has been destroyed; a family who is unable to take their sick child to a doctor because they are forced to leave their home in search of safety; and an elderly woman who is unable to seek medical care for her chronic illness because doing so is too scary or expensive for her.

These are the people that WHO supported in 2025. Working closely with the Ministry of Health and other key partners, we aim to support them all in 2026 as we shift towards more tailored oblast-level support, strengthen institutions and governance, the changed development and humanitarian resources available, deepen partner alignment, and continue to promote primary health care and domestic financing in line with the Lusaka Agenda.

To our donors and partners: we are deeply grateful. Your continued support is critical to sustaining vital work in Ukraine: protecting health, reducing disease and saving lives.

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Norwegian Agency for Development Cooperation

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Swiss Agency for Development and Cooperation

United Nations Children's Fund

United Nations Environment Programme

United Nations Multi-Partner Trust Fund Office

United Nations Office for the Coordination of Humanitarian Affairs

United States Agency for International Development

United States Department of State

WHO Foundation

Abbreviations and acronyms

AMR	antimicrobial resistance
BCA	Biennial Collaborative Agreement
CBRN	chemical, biological, radiological and nuclear
CCS	Country Cooperation Strategy 2024–2030
CDCP	Center for Disease Control and Prevention
COVID-19	coronavirus disease
EMT	emergency medical team
EPW2	Second European Programme of Work
EU	European Union
FAO	Food and Agriculture Organization
GBV	gender-based violence
GPW 14	Fourteenth General Programme of Work 2025–2028
HPV	human papillomavirus
IDP	internally displaced person
mhGAP	Mental Health Gap Action Programme
MHPSS	mental health and psychosocial support
NCD	noncommunicable disease
NHSU	National Health Service of Ukraine
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PCR	polymerase chain reaction
PEN	package of essential noncommunicable disease interventions
PHC	primary health care
RCCE	risk communication and community engagement
TB	tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
UPHC	Public Health Center of the Ministry of Health of Ukraine
WASH	water, sanitation and hygiene

Executive summary

Introduction

Since February 2022, the war in Ukraine has severely affected the health system, including through reported damage to health infrastructure. In 2025, WHO supported millions of people in Ukraine, while its work increasingly shifted towards an integrated response-recovery-reform approach, with health system strengthening taking a more central role delivering essential medicines and supplies, deploying outreach Primary health care (PHC) services to frontline areas, expanding mental health services and supporting health system reforms aligned with European Union (EU) standards, WHO helped the Government of Ukraine to restore, maintain and improve access to health care, including in some of the most dangerous and underserved parts of the country.

Context

In the past year, Ukraine remained one of the world's acute humanitarian health emergencies. The United Nations reported 12.7 million people in need of urgent humanitarian assistance, of whom 9.2 million required some form of health support. Civilian casualties rose by an estimated 31% compared to 2024, with 3.4 million people displaced inside Ukraine and 5.9 million abroad as refugees.

Attacks on health facilities reached an alarming all-time high, while abrupt cuts in international funding – including the suspension of contributions from the Government of the United States of America, representing approximately 16% of total resources for WHO in Ukraine – severely disrupted the delivery of health programmes and services. Globally, public funding was increasingly redirected towards military expenditure, leaving the health sector stretched and contributing to the broader humanitarian reset affecting all sectors.

Against this backdrop, the people of Ukraine faced several major health challenges: escalating trauma and rehabilitation needs; a mental health crisis affecting many; rising noncommunicable diseases (NCDs); uneven immunization coverage; persistent threats from tuberculosis, HIV and antimicrobial resistance; as well as disease outbreaks, such as measles, hepatitis A and rabies.

Impact

In 2025, WHO focused on three strategic objectives in progressing towards universal health coverage, addressing public health risks and supporting a resilient institutional approach – response, recovery and reform – guided by the Country Cooperation Strategy 2024–2030. WHO directed emergency operations towards the 1.9 million people with the highest health needs, while simultaneously investing in the recovery of essential health services and advancing legislative and institutional reforms. Across all areas of work, WHO increasingly provided rapid, practical technical support to national institutions, enabling the health system to function despite sustained shocks and reduced resources. The following 10 achievements are an example of WHO's far-reaching impact across different areas of work.

Response

- **Emergency medical supplies:** WHO procured and delivered more than US\$ 24.6 million worth of essential medicines, medical equipment and supplies to health facilities across the country. Over 100 000 people in frontline areas were reached via 41 interagency convoys and 40 direct deliveries under WHO's hard-to-reach delivery mechanism, which together distributed nearly 12 000 health kits to priority locations.
- **Mobile primary health care (PHC):** Twenty-two heating units, 15 water treatment systems and 12 power generators were installed in health facilities across the country. This ensured continued access to health care, even in the winter period and during attacks on the energy infrastructure, including during winterization efforts for the 2025–2026 period. In parallel, WHO supported mobile and outreach PHC teams to access communities in frontline and hard-to-reach areas. Twenty-eight prefabricated modular PHC units and emergency medical service bases were established across seven regions, ensuring access to essential services for over 145 000 people.



Jarno Habicht, WHO Representative and Head of the WHO Country Office in Ukraine, and Ihor Perehinets, WHO Regional Emergency Director, visited the transition centre for internally displaced people in Pavlohrad, Dnipro oblast, February 2026

- **Medical evacuation and critical care:** The Medevac Ukraine programme was launched in April 2022 at the request of the Ministry of Health of Ukraine, with the support of the EU, WHO and participating governments. Since then, the programme has enabled 6412 people affected by the war to access free medical treatment and rehabilitation abroad. In 2025 alone, 1240 medical evacuations were carried out, including 795 through the EU Civil Protection Mechanism.
- **Training the health workforce for emergencies:** WHO strengthened national health workforce capacity in 2025 by training and supporting more than 3000 health workers across Ukraine. Capacity-building covered a wide range of critical areas, including mental health and psychosocial support (MHPSS), trauma care and rehabilitation, mass casualty management, preparedness and response to chemical exposure, as well as infectious disease surveillance, outbreak detection and control. WHO also co-led the National Coordination Forum on Rabies Elimination, resulting in the Odesa Declaration on efforts to eradicate rabies by 2030. These efforts directly contributed to improving the quality, readiness and resilience of health service delivery in both emergency and recovery contexts.
- **Preparing for chemical, biological, radiological and nuclear (CBRN) incidents:** In 2025, a total of 54 training sessions were conducted for 1181 participants from 120 health-care entities to strengthen Ukraine's CBRN preparedness and response capabilities. WHO also conducted five simulation exercises on radiological, chemical and industrial emergencies involving 237 participants. These included nuclear incident scenarios in Rivne and Zaporizhzhya oblasts, as well as a mass casualty exercise involving trauma and chemical exposure to test hospital emergency response plans.
- **Humanitarian coordination:** As the Health Cluster lead, WHO coordinated over 135 partner organizations. Working closely with health authorities, the Health Cluster managed post-strike interventions following mass evacuations peaking at over 40 000 displaced persons in August. To ensure accountability, it also conducted 23 supportive monitoring visits to partner-implemented projects across war-affected oblasts.
- **Seasonal risk assessments and preparedness:** To anticipate and mitigate population health risks, WHO conducted summer and winter risk assessments in frontline and high-risk oblasts. These assessments informed preparedness measures for extreme weather, energy disruptions and disease risks, and guided prioritization of response activities, including winterization planning for the 2025–2026 period.
- **Monitoring attacks on health care and protection under international humanitarian law:** Throughout 2025, WHO monitored and verified attacks on health-care facilities, personnel and services, contributing to systematic reporting on violations of international humanitarian law. This monitoring informed advocacy, operational decision-making and efforts to protect the delivery of essential health services in conflict-affected areas.
- **Disease surveillance and public health risk mitigation:** WHO strengthened surveillance and data collection in frontline oblasts to rapidly detect and respond to public health risks. Response measures addressed priority communicable disease threats, including rabies and waterborne diseases, supported by targeted preparedness actions such as cholera simulation exercises and coordination with national and regional public health authorities.

Recovery

- **Mental health services at scale:** In the past year, WHO continued to support Ukraine's All-Ukrainian Mental Health Programme, launched in 2022, including the adoption of a new mental health law in January 2025 that integrates mental health across the health, education and social sectors. More than 450 organizations, including national and international nongovernmental organizations, public service providers and other partners, are working under the umbrella of Ukraine's MHPSS Technical Working Group, co-chaired by WHO, and collaborating with

the Government to support community projects, deliver services and conduct trainings. In 2025, 1051 PHC workers were trained under the WHO Mental Health Gap Action Programme (mhGAP). In addition, a full cycle of training for university faculty members was completed in 18 universities, with a view to integrating mhGAP into medical education. By the end of 2025, 395 faculty members had been trained under mhGAP Part 1 and 300 had completed the training of trainers and supervisor courses. These efforts reflect the integration between emergency mental health support and longer-term reforms, with WHO working simultaneously on community-based service delivery, workforce expansion and integration of mhGAP into medical education.

- **Rehabilitation:** Approximately 1100 health-care workers and rehabilitation professionals serving more than 90 health facilities were trained on topics ranging from acute spinal cord injury rehabilitation and service delivery to multidisciplinary rehabilitation team functioning to wheelchair provision. Trainings were delivered by clinical multidisciplinary rehabilitation centres of excellence. Backed by WHO's outreach and mentoring support, 11 frontline health facilities delivered more than 1500 rehabilitation services in south-central Ukraine. WHO reached nearly 170 000 people across 35 health facilities with 16 000 donated items (such as wheelchairs, walkers and prosthetics). Rehabilitation support in 2025 also contributed to broader system reforms, including early rehabilitation pathways in frontline oblasts and aligning service models with evolving National Health Service of Ukraine (NHSU) financing reforms.
- **Restoration of PHC services:** Modular PHC facilities, initially deployed as part of the emergency response, continued to support early recovery by restoring access to essential services in areas where permanent infrastructure was damaged or destroyed. These facilities enabled continued delivery of primary care services while longer-term reconstruction and reforms progressed.
- **Strengthening laboratory capacity and disease surveillance:** WHO supported the strengthening of laboratory services and surveillance systems to ensure early detection of health threats and continuity of essential public health functions. This included reinforcing capacity in frontline and recovery-phase oblasts to enable timely outbreak detection and informed public health decision-making. Two Ukrainian laboratories gained WHO accreditation for poliomyelitis (polio) diagnostics – enabling in-country testing rather than international sample referral.
- **Continuity of blood services and communicable disease control:** WHO supported recovery of blood services and sustained management of communicable diseases, ensuring that essential clinical and public health services remain functional despite prolonged disruption. Priority focus was placed on maintaining safe blood supplies and addressing infectious disease risks during the recovery phase.
- **Public health coordination and capacity building:** Recovery efforts included strengthening coordination and institutional capacity across the public health system, including national and regional public health institutions and Centers for Disease Control and Prevention (CDCPs). WHO supported workforce development, interinstitutional coordination and system readiness to enable public health authorities to sustain core functions and manage future shocks.

Reform

- **EU-aligned health legislation:** WHO collaborated with the Ministry of Health and national partners to develop more than 10 key normative documents harmonizing Ukrainian food safety, dietary supplements and chemical exposure regulations with EU standards. WHO also contributed to a draft roadmap for nationwide water safety planning – a key step to ensure safe drinking-water in health facilities and align with EU requirements. Furthermore, WHO trained staff from the state enterprise Medical Procurement of Ukraine on good distribution practice (international standards to ensure that medicines are stored and transported safely), which are consistent with EU and WHO best practices on quality control. This work formed part of Ukraine's accelerated EU



Primary prefabricated modular clinic in Sumy oblast, September 2025

accession preparations, where WHO supported the translation of EU acquis into national policies across public health, safety and regulatory systems.

- **Policy that informs change:** WHO supported the work that led to the Government's approval of Ukraine's National Health System Development Strategy until 2030 – the country's first officially adopted national health strategy. WHO helped to boost the PHC budget in 2025 by turning policy advice into additional payments for family doctors.
- **A stronger public health system:** WHO launched the Public Health Leadership Programme jointly with the Ministry of Health and the Public Health Center of the Ministry of Health of Ukraine, laying the foundation for public health leaders to strengthen the health system. To better protect people from health threats (such as pandemics), WHO supported the development of the National Action Plan for Health Security. To ensure transparent and efficient use of health funds, WHO trained more than 350 people in health financing – including representatives from the Ministry of Health, the NHSU and oblast departments. These reforms strengthened Ukraine's surveillance, laboratory accreditation, public health leadership and health financing capacity – areas that WHO increasingly supports with rapid technical advice to multiple ministries.
- **Partner coordination and recovery-oriented reform:** WHO strengthened coordination with national authorities, development partners and international financial institutions to align recovery priorities with health system reform. This ensured coherence between recovery efforts, reform implementation and partner investments, supporting a unified reform trajectory.
- **Capital investments and health financing reform:** WHO supported reform of health financing and strategic planning for capital investments to ensure that reconstruction and rehabilitation of health infrastructure strengthened service delivery networks and long-term system sustainability. This included evidence-based costing, prioritization and alignment of investments with national reform objectives.

Enabling impact

A strong network of partners enabled WHO to make a difference in 2025. WHO's impartial role, authority on health standards and long-standing experience in Ukraine positioned it as a trusted coordinating authority among health partners. WHO aligned the efforts of over 200 humanitarian health partners and up to 50 development partners, including embassies and international financial institutions.

Implementing partners played a crucial role in bridging the last mile and ensuring that health care reaches those who need it. Member States contributed expertise, personnel and resources that strengthened WHO's ability to deliver on the ground.

WHO's three-level operating model – country, regional and global level – was also key to achieving results. The WHO Regional Office for Europe provided expert knowledge, policy guidance and coordination across several areas. These include rebuilding the health system, aligning with EU standards and preparing for emergencies. In September 2025, all three WHO levels participated in a mission to Ukraine to assess the results of the emergency response and broader humanitarian operations, as part of the Humanitarian Reset – reaffirming that Ukraine's experience can inform WHO's health response in other humanitarian settings.

Cross-team collaboration within WHO was equally critical. In the past year, this was exemplified by an all-hands cholera simulation exercise – drawing simultaneously on teams across public health, infection prevention and control, risk communication, water, sanitation and hygiene (WASH), laboratories and surveillance. Another example was provided by the health financing team, working closely with rehabilitation and mental health colleagues to secure adequate government budget allocations for these growing priority areas. In 2025, WHO's work required unprecedented cross-team integration, with emergency operations, public health functions and health programmes working jointly across response, recovery and reform.

Ukraine's contribution

Ukraine was far from a passive recipient of international health support in 2025. As a WHO Executive Board member, the country actively shaped global and regional governance, contributing its lived experience of war to decisions that now guide WHO's action in humanitarian and fragile settings worldwide.

Ukraine's engagement in WHO governing bodies helped to anchor the protection of health care – including health workers, facilities and infrastructure – as a formal global health priority. Decisions adopted by Member States in 2025, shaped in part by Ukraine's advocacy, reinforced WHO's mandate to monitor attacks on health care, promote accountability under international humanitarian law and support other countries in protecting essential services during crises. Ukraine also increasingly shared its expertise with neighbouring countries on CBRN preparedness, critical care transfers, PHC in emergencies, mental health integration and procurement reforms – becoming a regional reference point in several technical areas.

The country also participated in multicountry research on rehabilitation policy and financing coordinated by WHO and the European Observatory on Health Systems and Policies, contributing insights that informed regional policy dialogue. Beyond governance, trained Ukrainian facilitators supported simulation exercises in other countries through the WHO Regional Office for Europe – demonstrating how skills built in Ukraine can benefit health security throughout the Region.



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Dr Jarno Habicht, WHO Representative in Ukraine together with Viktor Liashko, Minister of Health of Ukraine and Nataliia Husak, Head of the National Health Service of Ukraine during policy dialogue on rehabilitation financing in Kyiv, September 2025

The WHO Country Office in Ukraine contributed to regional and intercountry cooperation by sharing operational experience gained since February 2022. This included support to the Republic of Moldova on CBRN risk management and critical care; to Poland on mental health services; and to Tajikistan on radiation emergency preparedness, within broader WHO-led One Health and health security initiatives.

In addition, the Country Office contributed to global normative work based on Ukraine's experience. In 2025 alone, it authored or co-authored numerous publications – from journal articles and policy briefs to guidance documents, among others. Topics covered include modular PHC facilities; robust WASH in conflict settings; and preparedness for radiation and nuclear emergencies.

Conclusion

In 2025, WHO helped to improve health in Ukraine by working on three parallel tracks: delivering life-saving emergency care to millions of people in frontline areas; supporting the recovery of essential health services disrupted by war; and driving reforms that are modernizing Ukraine's health system and aligning it with EU standards. Behind each achievement – a mobile health service, a trained family doctor or a new public health regulation – is a commitment to ensuring that every Ukrainian can access quality health care and financial protection, regardless of where they live or how close they are to the front lines.

Looking ahead to 2026, WHO will focus on three priorities. First, sustaining and scaling the emergency health response – including trauma care, medical evacuations and pre-positioned supplies for the most vulnerable people living near the front lines. Second, expanding mental health and rehabilitation services to meet the growing needs of people and health workers affected by the war. Third, advancing recovery and health reforms that align Ukraine's legislation, financing and service delivery – ensuring that recovery builds a stronger, more equitable and more resilient health system for all Ukrainians. This work will continue to be grounded in a combined response-recovery-reform approach, reflecting Ukraine's complex and rapidly evolving needs.

Introduction

The full-scale invasion of Ukraine that began in February 2022 triggered mass displacement, destruction of civilian infrastructure and one of the most complex humanitarian crises in recent decades. By 2025, the crisis had evolved into a protracted, multidimensional emergency requiring simultaneous life-saving response, early recovery and the continued implementation of essential health system reforms.

In 2025, the United Nations (UN) reported that an astonishing 12.7 million people in Ukraine were in dire need of urgent humanitarian assistance, of whom 9.2 million required some form of health assistance. This includes the three million people with critical health needs on which WHO focused in 2025. These figures reflect not only the persistence of acute health needs, but also the progressive erosion of essential services and increased reliance on emergency health support in affected regions.



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WHO Representative in Ukraine Dr Jarno Habicht's visit to Mechnykov Hospital in Dnipro, May 2025

By 31 December 2025, a total of approximately 55 600 civilian casualties had been recorded since February 2022 (31% more in 2025 than in 2024) (2), while 3.4 million people remained displaced inside Ukraine and 5.9 million people had left the country as refugees (3).

The lives of Ukrainians have been disrupted by the destruction of schools, hospitals, homes and energy systems. Access to essential services, such as clean water and heating, is increasingly difficult, not only in the oblasts located along the front line, but across the country. This includes health care. Continued attacks on energy and civil infrastructure required WHO and health authorities to adopt increasingly adaptive service delivery models, including modular primary health care (PHC) units and alternative power and water systems, to sustain essential services.

Since February 2022, the war in Ukraine has had a profound impact on health across the country. Damage to health infrastructure continues to rise, with 17% of health service delivery units in the most affected regions structurally damaged (fully or partially damaged), compared to 1.5% across the rest of the country. WHO verified 582 attacks on health care (an alarming 19% increase compared to 2024) (4). These patterns underscore the continued need for emergency response capacity, with simultaneous strengthening of routine and specialized services as part of Ukraine's broader recovery and reform trajectory.

The war has significantly heightened the health needs of the Ukrainian people – either by aggravating existing needs or by creating new ones. The latest Public Health Situation Analysis in Ukraine (August 2025) (5) shows the following findings.

The burden of trauma and rehabilitation has intensified.

Already accounting for 84% of the total number of deaths, noncommunicable diseases (NCDs) worsened in 2025, especially in war-affected regions. Cardiovascular diseases and diabetes continue to rise, representing 68% of NCD-related mortality.

- Mental health needs remain pervasive, affecting the population at large, but especially in frontline oblasts. More than 70% of adults report anxiety, depression or severe stress.
- Immunization coverage for vaccine-preventable diseases continues to vary significantly across regions. While some oblasts meet the $\geq 95\%$ threshold required for herd immunity, others fall short due to access barriers and local perceptions. The resurgence of measles (almost nine times higher in western regions) shows the urgent need to boost vaccinations and awareness to improve coverage.
- Ukraine continues to be one of the countries with the highest incidence of tuberculosis (TB) and HIV infection in Europe. The war has complicated TB surveillance, with increased cases in host regions due to displacement. For HIV, regional disparities exist, with eastern Ukraine particularly affected by high HIV prevalence and disruptions to services linked to insecurity and access constraints, including in areas not under Government control.
- Antimicrobial resistance remains a major concern, made worse by health-care disruptions and cross-border transmission risks.

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“The work that we do together with WHO Country Office in Ukraine, whether it is ensuring that a frontline clinic receives the supplies it needs or investing in the public health workforce, is guided by a shared conviction that Ukraine’s health system must not only endure but also emerge stronger. The National Health Strategy 2030, which the Ministry adopted with WHO’s sustained technical partnership, provides a single framework for holding ourselves accountable to that ambition. It is our road map for building a resilient, people-centered system capable of serving every Ukrainian, in wartime and well beyond.”

Dr Viktor Liashko, Minister of Health of Ukraine

© Ministry of Health of Ukraine



Vulnerable populations, including older people, people with disabilities and those in rural or frontline areas, are disproportionately affected. The system struggles to meet needs related to mental health, NCDs, maternal and child health, HIV, TB and infectious disease outbreaks. In 2025 alone, Ukraine reported 1502 measles cases across 19 regions, 1079 hepatitis A cases and two confirmed human rabies cases, all amid a national vaccine shortage (6).

The war’s impact on public health is unquestionable. This is particularly concerning as public funding is redirected towards military expenses and as global humanitarian funding is shrinking. These financial pressures intensified the humanitarian reset, reinforced the need for sharper prioritization and localization, and required closer integration of humanitarian and programme teams – approaches that shaped WHO’s operational model throughout 2025.

Ongoing transformation of the health system

Despite the extraordinary pressure of a fourth year of full-scale war, Ukraine continued advancing priority reforms essential for maintaining health services and protecting the population. Instead of describing the health system itself – which is not the purpose of this report – this section focuses on how WHO supported Ukraine to keep core functions operating under extreme conditions.

In 2025, WHO worked closely with the Ministry of Health and national institutions to safeguard essential services, strengthen public health functions and ensure that critical reforms remain on track. This included supporting legislative updates, strengthening emergency preparedness, expanding mental health and rehabilitation services, reinforcing surveillance and laboratory capacities, improving financial protection mechanisms and advancing alignment with European and global standards. EU accession preparation became a major accelerant for reform across public health, quality and safety, AMR, surveillance, financing, and health governance frameworks.

Through technical expertise, evidence, policy advice and operational support, WHO helped to ensure that reforms remained practical, realistic and centred on people's needs – particularly those living in frontline or hard-to-reach areas. WHO's work increasingly relied on cross-ministry collaboration (including with the Ministries of Social Policy, Finance, Economy, and Veterans Affairs) and rapid, week-to-week technical support to keep essential functions operational, reflecting Ukraine's evolving expectations of WHO as both an emergency responder and long-term technical partner. The focus remained on continuity of care, quality, safety and equity, ensuring that even during wartime, progress towards a stronger and more resilient health system did not stall.

How we work

Ensuring the health and well-being of all people lies at the core of WHO's mandate, and to fulfil its mandate in Ukraine, WHO's approach has focused on three main pillars: response, recovery and reform. This means carrying out immediate actions to meet urgent health needs in the ongoing war; rebuilding and strengthening the health system to ensure access to essential services; and aligning Ukraine's health-care system with international best practices for quality of care. This is needed to progress towards universal health coverage, address public health risks and support institutions. Ukraine is taking a long-term view of health, responding to the ongoing crises while also driving much-needed reforms in the health sector. WHO is supporting Ukraine on this path through a unified, whole-office approach that integrates emergency operations, public health functions and health programmes, reflecting that Ukraine's challenges can no longer be addressed through siloed or sequential models.



Yevheniy Honchar, Deputy Minister of Health of Ukraine, representing Ukraine's delegation at the Seventy-fifth WHO Regional Committee for Europe, October 2025

Strategies guiding WHO's work in Ukraine

WHO's work in Ukraine is structured around three interconnected approaches: response, recovery and reform. This ensures that urgent health needs are met while long-term system strengthening continues in parallel. The Country Cooperation Strategy (CCS) supports this by strengthening equitable access to essential health services, reinforcing system resilience and preparedness, and ensuring that reforms respond to the needs of the most vulnerable populations. Guided by the CCS, endorsed by WHO and the authorities, WHO's approach aligns with national, regional and global priorities. In 2025, this strategic framing became even more relevant as the humanitarian reset required sharper prioritization, deeper localization and closer integration across technical areas.

The WHO Country Office in Ukraine, established in 1994, serves as a key interface between WHO's global and regional expertise and Ukraine's national health priorities. The Country Office supports national counterparts through policy dialogue, technical assistance and capacity building, operational service delivery, and helps to adapt global evidence and guidance to the Ukrainian context. This partnership enables WHO to support Ukraine's health system strengthening, while Ukraine provides vital real-world insights that inform WHO's broader understanding of what it takes to sustain and reform health systems in protracted crises. This strategic approach is implemented through the WHO Country Office in Ukraine, which acts as the key interface between global expertise and national priorities. In 2025, the Country Office also provided rapid, week-to-week technical advice to multiple ministries – including Social Policy, Finance, Economy, Veterans Affairs, The National Health Service of Ukraine (NHSU) and the Medical Procurement of Ukraine – reflecting the growing demand for real-time, actionable guidance.

On a national level, the Government of Ukraine and the Ministry of Health adopted the National Health Strategy 2030 – a comprehensive reform roadmap developed in close coordination with WHO (7). The strategy sets out the country's priorities for universal health coverage, public health modernization and EU alignment. EU accession accelerated progress across multiple thematic areas – from surveillance and AMR to public health law, food safety, financing and quality of care – and served as a major driver of coherence across Ukraine's reform agenda.

On a regional level, WHO's work in Ukraine follows the European Programme of Work and the Second European Programme of Work (2026–2030) (EPW2), which focuses on strengthening resilience, advancing universal health coverage, expanding PHC and addressing gender-based violence (GBV) as a regional priority. These directions reflect the Region's major health challenges and apply to all Member States, including Ukraine.

To tackle today's biggest health challenges – from climate change and ageing populations to rising chronic diseases and new security threats – EPW2 sets out a clear plan for Europe's health systems to become stronger, fairer and better prepared, with PHC at the heart of communities and a firm commitment to ending violence against women and girls.

In Ukraine, WHO works in a complex humanitarian and development setting to promote, provide and protect people's health – in partnership with the Government, international and local partners, and the wider UN system.



Dr Hans Henri P. Kluge, WHO Regional Director for Europe, taking the floor at the Seventy-fifth WHO Regional Committee for Europe, October 2025

On a global level, WHO's Fourteenth General Programme of Work 2025–2028 (GPW 14) continues to provide a global framework guiding WHO's support for national health priorities. Its vision of promoting, providing and protecting health is reflected in WHO's core Ukraine work to strengthen PHC, advance equity and inclusivity, and support sustainable health financing amid recovery and reform efforts. In a context shaped by ongoing emergency pressures and reconstruction needs, GPW 14 reinforces WHO's support to building resilient, people-centred services, expanding financial protection and ensuring that health system reforms translate to equitable access and improved health outcomes for all people in Ukraine.



WHO Director-General Dr Tedros Adhanom Ghebreyesus at the 157th Session of the WHO Executive Board in Geneva, May 2025

Biennial Collaborative Agreement: a structured cooperation to align strategies and programme budget

The strategic cooperation between the Government of Ukraine and the WHO Country Office is further structured through the Biennial Collaborative Agreement (BCA) 2024–2025, a formal two-year plan that defines WHO's specific commitments to the Government for that biennium. While the CCS provides medium-term strategic direction, the BCA aligns this further with short-term activities and programme budget.

The BCA provides a framework for accountability, which translates WHO's global and regional direction into country-specific outcomes and outputs, ensuring that cooperation remains transparent, measurable and aligned with national reform pathways. While earlier BCAs emphasized maintaining health system resilience amid the armed conflict while continuing reforms and advancing recovery planning, the same cooperation architecture continues to serve as the principal instrument through which WHO and the Government of Ukraine define shared priorities and coordinate delivery with partners. In 2025, our efforts also helped to integrate emergency, preparedness, public health and programme priorities into a single, coherent operational plan, supporting the shift towards more focused geographical prioritization under the humanitarian reset.



Ihor Kuzin, Deputy Minister of Health in Ukraine, together with representatives of the WHO Country Office in Ukraine, met with Dr Robb Butler, Director of the Division of Communicable Diseases, Environment and Health at the WHO Regional Office for Europe, who visited Ukraine to review frontline operational needs and strengthen coordination with national authorities, January 2025

Three levels of WHO coming together for Ukraine

WHO's country presence in Ukraine is an indispensable element of WHO's three-level operating model, which includes country offices, regional offices and headquarters. All three levels strive to operate together as "one WHO" to deliver a positive impact on health by addressing needs from different entry points and in a complementary way. In 2025, this three-level cooperation was further underscored by the recommendations of WHO's three-level mission, which reaffirmed Ukraine's grading as a protracted emergency and emphasized the need to bring operations and decision-making as close as possible to the front line.



Dr Ihor Perehinets, Health Security and Regional Emergency Director at the WHO Regional Office for Europe, together with Jarno Habicht, WHO Representative, and WHO staff from the WHO Country Office, during an official meeting at the Ministry of Health in Ukraine, September 2025

This cooperation matters because it enables WHO to translate high-level global policies into practical action tailored to local health needs.

Between January and December 2025, a total of 59 missions to Ukraine were conducted: five senior leadership-level missions, 53 technical-level missions and one mission involving all three WHO levels to Dnipropetrovsk, Kyiv, Mykolayiv, Odesa and Zaporizhzhya. These missions provided vital opportunities to join forces to solve complex problems across all organizations. They covered a comprehensive spectrum of urgent work, including public health and International Health Regulations, emergency medical services and teams, Chemical, Biological, Radiological, and Nuclear preparedness, rehabilitation and long-term care, Mental Health and Psychosocial Support, health financing and PHC. The missions also advanced critical initiatives in AMR, priority infectious diseases (TB, HIV, hepatitis, opioid agonist maintenance treatment), NCDs, health information management, business operations support, service delivery, environmental health, risk communication and community engagement (RCCE) and immunization.

In 2025, the WHO Regional Office for Europe continued to provide expert knowledge, policy guidance and coordination in several areas, including the recovery of the Ukrainian health system, the country's alignment for EU accession from a health perspective, as well as emergency preparedness. Beyond these focus areas, nearly all technical divisions of the Regional Office contributed support throughout the year – spanning public health surveillance and laboratories, NCDs, mental health and rehabilitation, environmental health, Water, Sanitation, and Hygiene, AMR, PHC, health workforce development, governance and health financing.



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Dr Ihor Perehinets, Health Security and Regional Emergency Director at the WHO Regional Office for Europe, together with Jarno Habicht, WHO Representative, and WHO staff from the WHO Country Office, during an official meeting at the Ministry of Health in Ukraine, September 2025

WHO Regional Office leadership remained closely engaged in Ukraine throughout 2025, demonstrating sustained institutional commitment to a health emergency that continues to be graded as protracted. Their presence ensured that Ukraine's priorities remained visible across all three levels of the organization and that strategic direction, political support and operational alignment were maintained during a year of escalating needs.



Dr Ihor Perehinets, Health Security and Regional Emergency Director at the WHO Regional Office for Europe, during an official visit to the local partners, September 2025

In early 2025, Dr Robb Butler, Director of the Division of Communicable Diseases, Environment and Health at the WHO Regional Office for Europe, visited Ukraine to strengthen technical cooperation with national authorities. The visit focused on water safety planning and alignment with the EU Drinking Water Directive, the health impacts of war-related environmental damage, AMR, vaccine-preventable diseases, and national targets for TB, HIV and viral hepatitis elimination. During a subsequent visit in March 2025, joined by a member of the WHO Executive Board, he reinforced international solidarity and cooperation on water safety and health recovery aligned with EU standards.

Later in the year, a second high-level mission brought together senior representatives from WHO headquarters, the WHO Regional Office for Europe and the WHO Country Office in Ukraine, including Dr Ihor Perehinets, Health Security and Regional Emergency Director at the WHO Regional Office for Europe. This autumn mission focused on leadership-level dialogue with the Government of Ukraine, reaffirming WHO's long-term engagement in supporting emergency response while guiding recovery and reform priorities. Rather than emphasizing operational outcomes, the mission highlighted WHO's unified leadership stance, its continued commitment to Ukraine's population and the shared responsibility to strengthen essential health services during a protracted crisis.

Taken together, these visits – complemented by regular senior-level engagement throughout the year – ensured continuous strategic support, visibility and coherence in WHO's work in Ukraine. They also demonstrated that Ukraine remains a priority for WHO leadership as the country navigates overlapping emergency, recovery and reform challenges in 2025.

WHO Country Office hosting Member State visits and engaging in international dialogue

WHO's work in Ukraine is not carried out in isolation. The solidarity of WHO's global membership is a defining feature of its response. Member States have contributed expertise, personnel and resources that have strengthened WHO's ability to deliver on the ground. This expression of collective responsibility, from WHO's Member States to the people of Ukraine, reflects the founding spirit of WHO. These exchanges also helped to ensure sustained political attention and support for Ukraine's emergency and recovery priorities at a time of increasing global competition for humanitarian resources.



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Dr Robb Butler, Director of the Division of Communicable Diseases, Environment and Health at the WHO Regional Office for Europe, together with Dr Jarno Habicht, WHO Representative in Ukraine, and Dr Cathrine Marie Lofthus, Director General of Health and Chief Medical Officer at the Norwegian Directorate of Health, during a meeting at the Ministry of Health during her visit to Ukraine, March 2025

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“Norway’s partnership with WHO in Ukraine has always been guided by a principle, that what we help build must ultimately belong to those it serves. The prefabricated health facilities we have supported are not temporary fixes - they are investments in local capacity, designed to be operated, maintained, and governed by Ukrainian health professionals and communities. Our commitment to localization helps ensure that investment takes its route within the national health system.”

Jorun Nossun, Director for the Nansen Support Programme for Ukraine – Norwegian Agency for Development Cooperation



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In March 2025, Norway's member of the WHO Executive Board, Dr Cathrine M. Lofthus, visited Ukraine. The mission was arranged together with the Norwegian Executive Board delegation, reflecting Norway's active role in WHO governance since being elected to the Board at the World Health Assembly in May 2024. Her visit reinforced WHO–Member State solidarity and highlighted Norway's support for WHO's emergency response in Ukraine. It underscored the country's commitment to strengthening frontline primary care, modular facilities and emergency readiness and medical evacuations, and deepened political dialogue on the protection of health care in conflict.

Facilitating and contributing to health dialogue and international exchange

In 2025, the WHO Country Office in Ukraine engaged actively in international health dialogue, ensuring that Ukraine's health priorities were reflected in key regional and global forums. Early in the year, WHO participated in the Senior Officials Meeting in Brussels, contributing to discussions on emergency response and path to recovery.



Dr Jarno Habicht, WHO Representative and Head of the WHO Country Office in Ukraine, speaking at the Ukraine Recovery Conference in Rome, July 2025

Throughout 2025, WHO supported several medical partnership initiatives in Ukraine, bringing together national authorities, experts and partners to advance technical cooperation on priority health needs.

Ukraine's recovery and health reform agenda was showcased at the Ukraine Recovery Conference in Rome, where WHO and national counterparts highlighted the central role of health in the country's broader reconstruction efforts. Later in the year, Ukraine's experience was shared at the European Public Health Conference in Helsinki, including through sessions on PHC and emergency preparedness, reinforcing how lessons from Ukraine can inform regional policy. In Berlin, WHO supported Ukraine's participation in the World Health Summit, contributing to global exchanges on delivering essential services and protecting health systems during crises.



European Public Health Conference 2025: Session on health system transformation in Ukraine, with a focus on PHC and health financing in Helsinki, November 2025



Edem Adamanov, Deputy Minister Ministry of Health of Ukraine, attending the World Health Summit in Berlin, October 2025

Through these engagements, WHO helped to maintain international attention on Ukraine's health response, facilitated strategic dialogue with partners and ensured that Ukraine's experience continued to inform wider regional and global health discussions. In addition to high-level policy dialogue and participation in major international fora, WHO organized six capacity-building and coordination events outside Ukraine in 2025, specifically focused on strengthening the health response in Ukraine. These engagements created international platforms for partner alignment, technical exchange and advocacy, complementing in-country coordination efforts and helping to sustain visibility of Ukraine's health needs amid growing global competition for attention and resources. The events focused primarily on advanced training in CBRN preparedness, MHPSS and emergency medical team (EMT) coordination.

Ukraine in regional and global meetings

In the past year, Ukraine actively contributed to regional and global health dialogue through WHO platforms, sharing operational experience in responding to a protracted emergency, while engaging in policy discussions shaping international health cooperation. All major technical divisions across WHO headquarters and the WHO Regional Office for Europe – including health emergencies, NCDs, public health functions, surveillance and laboratories, mental health, rehabilitation, health financing, PHC and environmental health – facilitated Ukraine's participation in key forums and exchanges.



From left: Minister of Health of Ukraine Viktor Liashko, WHO Representative in Ukraine Jarno Habicht, First Lady of Ukraine Olena Zelenska, together with the Minister of Health of the Republic of Estonia Riina Sikkut and the Minister of Health of the Republic of Lithuania Arūnas Dulkis at the International Medical Partnership, May 2024

At the regional level, Ukraine took part in the WHO Regional Office for Europe's technical consultations and multicountry meetings on emergency preparedness, chemical and radiological risk management, rehabilitation policy and financing, and mental health system strengthening. Ukrainian experience also informed regional discussions coordinated by the European Observatory on Health Systems and Policies, contributing to multicountry research on rehabilitation financing.

Globally, Ukraine contributed to policy dialogue across WHO governing body processes and thematic exchanges. Through collaboration with WHO, Ukrainian experts and institutions supported cross-country learning on CBRN preparedness, shared approaches to strengthening mental health with partners in Poland and provided inputs on WHO's global work on water safety, WASH in emergencies and infection prevention and control. Ukraine's contributions also fed into WHO publications and guidance as well as global and regional knowledge products in 2025.

These engagements ensured that Ukraine's insights – from modular PHC, mental health integration and laboratory strengthening to emergency response coordination – helped to shape regional and global policy discussions, while enabling Ukraine to benefit from comparative learning and technical expertise across the WHO system.

Localization and decentralized approach

WHO works across all oblasts of Ukraine, supporting national and local authorities through a single, integrated country office structure that brings together emergency response, recovery and long-term reform. This “One WHO” approach ensures that people in every region – from stable areas to frontline communities – benefit from the full range of WHO's technical, operational and normative work. In the past year, WHO's humanitarian work increasingly leveraged area-based coordination platforms and localization, consistent with the humanitarian reset and WHO's commitment to working within national systems.

Across the country, WHO teams collaborated with the Ministry of Health, oblast health departments, public health institutions, hospitals, PHC networks, universities and local partners to implement national priorities. This included expanding mental health and rehabilitation services; supporting NCD care; strengthening surveillance and laboratories; enhancing WASH measures; advancing EU alignment; reinforcing emergency preparedness; and supporting essential service delivery – ensuring a continuous presence beyond humanitarian operations. Many of these efforts were implemented through thematic technical groups (for example, mental health, rehabilitation, NCDs, communicable disease detection/infection prevention and control, AMR and disability inclusion), which by 2025 functioned as integrated humanitarian development coordination platforms.

Ten frontline oblasts required additional support due to frequent attacks, displacement, disruptions to care and rapidly changing needs. To maintain access to essential services in these areas, WHO operates three decentralized hubs in Dnipro, Kharkiv and Odesa. These hubs act as extensions of the Country Office, bringing technical expertise and operational capacity closer to affected communities. They support rapid response to mass casualty events, coordinate medical deliveries, restore PHC through modular facilities, strengthen public health functions, facilitate training and ensure that reforms – including those pertaining to mental health, rehabilitation, PHC strengthening and health security – advance even under instability. The hubs have also increased delegated decision-making authority to accelerate response times and reinforce localization.

In 2025, the humanitarian reset shifted coordination towards area-based mechanisms. Through its hubs and Kyiv office, WHO ensured that health evidence and priorities were consistently brought into multisector platforms, enabling more coherent planning in frontline oblasts. As the Health Cluster lead, WHO aligned over 200 partners around shared priorities while advancing recovery and reform work at oblast level.

This decentralized model ensures that WHO's work remains grounded in local realities while maintaining a unified national strategy. Whether supporting emergency stabilization, restoring services or advancing long-term system transformation, WHO's presence across oblasts ensures continuity, responsiveness and coherence – delivering impact for people in every region of Ukraine.



Mariana Betsa Deputy Foreign Minister of Ukraine, Taras Kachka Deputy Prime Minister of Ukraine for European and Euro-Atlantic Integration, Matthias Schmale UN Resident Coordinator and Humanitarian Coordinator in Ukraine, and Dr Jarno Habicht WHO Representative in Ukraine signing the Sustainable Development Cooperation Framework “Partnership for Recovery and Development 2025–2029”, November 2025

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“Ukraine’s health system’s capacity to respond to the war has not only endured but advanced under relentless attacks, above all, a testament to extraordinary national leadership. The United Nations, guided by the Cooperation Framework and the Humanitarian Response Plan, has worked to complement the existing system, ensuring that what we deliver on the front line today strengthens the system Ukraine is building for tomorrow and fixed principle of leaving no-one behind. WHO’s work in this country exemplifies that principle: emergency response and national reform pursued not as separate tracks, but as one.”

Matthias Schmale, UN Resident Coordinator and Humanitarian Coordinator in Ukraine



UN cooperation

Collaboration with UN agencies spans both emergency and development work, and in 2025 this cooperation became even more relevant as Ukraine continued to respond to a protracted emergency while advancing major reforms and systems transformation. The year also saw stronger alignment between humanitarian and development actors, reflecting the integrated response-recovery-reform model increasingly required in Ukraine.

On the development side, following the signing of the UN–Ukraine Sustainable Development Cooperation Framework 2025–2029, WHO leads the health outcome of the agreement, ensuring joint UN support to rebuild essential health services, strengthen institutions and advance recovery and reform efforts aligned with the National Health Strategy 2030 and the CCS. WHO’s work under the Framework supports national health governance, legislative alignment, public health functions, mental health reform and EU-aligned standards across sectors. This includes closer cooperation with the United Nations Development Programme (UNDP), United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), Food and Agriculture Organization (FAO), Joint United Nations Programme on HIV/AIDS (UNAIDS) and International Organization for Migration to ensure that reforms involving finance, social protection, energy, WASH and governance align with health priorities and strengthen whole-of-government resilience. In particular, WHO worked closely with UNDP on the rapid damage and needs assessment, ensuring that health sector priorities were reflected in recovery and reconstruction planning, including facility rehabilitation, health system resilience and service delivery continuity.

On the humanitarian side, WHO continued to be in the centre of the Humanitarian Country Team, contributing to the global humanitarian reset initiated by the Emergency Relief Coordinator. In Ukraine, this reset required a sharper prioritization of needs, a reduced geographic footprint for response activities, stronger localization and the streamlining of humanitarian coordination structures.

As part of this reset:

- area-based coordination mechanisms were strengthened across oblasts;
- the composition and functioning of the Humanitarian Country Team and clusters were revised to ensure fitness for purpose;
- the Health Cluster team underwent a size reduction between 2025 and 2026, while preserving operational coverage across the Dnipro, Kharkiv, Kyiv and Odesa hubs;
- WHO ensured that health evidence from studies and surveys, hubs and frontline partners shaped all intercluster and multisectoral prioritization processes, including winterization, displacement response, access negotiations and frontline planning; and
- early recovery considerations were systematically integrated into emergency health activities, including through modular PHC units, preparedness exercises and support for local authorities.

Under WHO's leadership, the Health Cluster convened more than 200 health partners in 2025. Of these, 151 organizations reported delivering emergency health services to 2.3 million people and supporting 1819 health facilities. A total of 82 national and local actors reported on their activities. Together, partners provided essential services, including PHC, trauma care and MHPSS, to vulnerable populations in frontline oblasts, particularly Internally displaced people, older people and persons with disabilities.

MHPSS remained a critical area of collaboration, with a network of partners – including national nongovernmental organizations, international organizations, and UN agencies such as UNICEF and the International Organization for Migration – contributing to the expansion of community-based services, integration of mental health into primary health care and delivery of specialized support in frontline and displacement settings. Coordination of MHPSS actors was strengthened through intercluster collaboration and technical working groups to ensure consistency, coverage and quality of services.

The Health Cluster also contributed to strategic planning processes by leading the development of the health section of the Humanitarian Needs and Response Plan, producing key analytical products such as the Public Health Situation Analysis and updates to the Winter Response Plan, as well as conducting 23 monitoring visits to partner-implemented projects in war-affected oblasts. Through area-based coordination, the Cluster helped to strengthen the link between frontline emergency response and early recovery, ensuring that WHO brought the voice for health to discussions on access constraints, displacement, winterization and multisector priorities.

Examples of UN-wide collaboration in 2025 include:

- International Atomic Energy Agency – two joint simulation exercises on radio-nuclear accident scenarios;
- UNICEF – child health, mental health, immunization and vaccine-preventable diseases;
- FAO – One Health coordination linking human, animal and environmental health;

- UNFPA – GBV and sexual and reproductive health;
- UNAIDS – strengthening HIV surveillance, expanding access to testing and improving continuity of care in conflict-affected regions;
- UN High Commissioner for Refugees, International Organization for Migration – cross-sectoral work on displacement, protection and access to health services and MHPSS;
- UN interagency disability inclusion efforts – with WHO leading technical coordination to ensure accessibility and protection of persons with disabilities in humanitarian response;
- UNDP – joint work on recovery planning, health system resilience and integration of health priorities into the Rapid Damage and Needs Assessment;
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA) – coordination within the Humanitarian Country Team and support for humanitarian prioritization and response planning; and
- World Food Programme – collaboration on the supply chain and last-mile delivery support, particularly in hard-to-reach and frontline areas.

This cooperation ensured that health considerations remained central to joint UN action – from CBRN preparedness and GBV response to WASH, protection and cross-border disease surveillance – reinforcing integrated support across the humanitarian-development-peace nexus.

Partnerships

In a country rebuilding its health system amid ongoing war, the quality and coherence of partnerships is a matter of extreme importance. Through its leadership of the health sector, the WHO Country Office in Ukraine ensures that the hundreds of organizations supporting Ukraine's health sector are aligned, well-coordinated and directed to the areas of greatest need. In 2025, this became even more significant as the humanitarian reset required clearer prioritization, stronger localization and closer integration across humanitarian, recovery and reform partners.

In 2025, the WHO Country Office in Ukraine strengthened its role as the convening partner in coordinating and enabling efforts to support the national health system. Through health governance mechanisms, cluster coordination and strategic partnerships with national authorities, international organizations and donors, WHO facilitated effective collaboration to address the health needs of Ukraine's vulnerable populations amid ongoing war, aiming towards long-term recovery and system strengthening aligned with EU accession pathways.



Mykola Hanich Head of Communication Ukrainian Public Health Center (UPHC), **Volodymyr Kurpita** Director General of Ukrainian Public Health Center (UPHC), **Ihor Kuzin** Deputy Minister of Health of Ukraine; **Ms. Sawako Yoshino** Project Formulation Advisor of the Japan International Cooperation Agency Ukraine Office; **Mr. Satoshi Sugimoto** Senior Representative of the Japan International Cooperation Agency Ukraine Office; **Dr Jarno Habicht** WHO Representative in Ukraine; **H.E. Masashi Nakagome** Ambassador Extraordinary and Plenipotentiary of Japan to Ukraine; **Mr. Tomoaki MIYAMOTO** First Secretary of the Embassy of Japan; **Oksana Vrubel Shvetsova** Economic Advisor of the Embassy of Japan during a high-level coordination meeting and handover ceremony of laboratory supplies purchased with support from WHO and ASEF in Kyiv, December 2025

WHO's convening role is built on what makes it uniquely suited to this task: technical neutrality, a normative mandate, impartiality and deep, decades-long knowledge of Ukraine's health system. These qualities make WHO not merely one partner among many, but a trusted facilitator through whom partners find common ground and complementary purpose. WHO's ability to bridge the emergency–development divide – ensuring coherence between urgent response and long-term reform – further reinforced its unique leadership position in 2025.

WHO provides health guidance to the Government of Ukraine and to partners at all levels (national, regional, local and international) coordinating all of their efforts, organizing policy discussions, building skills and providing technical assistance. In the past year, WHO also increasingly supported cross-ministry cooperation (which includes the Ministry of Social Policy, Family and Unity; Finance; Economy; Veterans Affairs; NHSU and the Medical Procurement of Ukraine), ensuring alignment across the wider health sector and enabling more cohesive partner engagement.

Support for national health policy development

Throughout 2025, WHO provided sustained technical support to the Government of Ukraine in developing, revising and updating overarching national health policies. This included contributions to the National Health Strategy 2030, ensuring that these frameworks reflect both immediate humanitarian needs and long-term health system strengthening objectives.

The National Health Strategy 2030 is a landmark example of WHO's policy contribution – a national health blueprint co-developed in a multistakeholder process convened and guided by the Ministry of Health and WHO. WHO facilitated inclusive policy dialogues on critical technical issues, bringing together diverse stakeholders including regional health departments, civil society and international partners, to ensure comprehensive input into policy development processes.

Civil society and community voices were an integral part of this process. In a country experiencing large-scale displacement and significant civil society mobilization, WHO actively ensured that the perspectives of affected communities informed national health planning – consistent with WHO's people-centred mandate and its commitment to health as a human right. WHO's behavioural insights work and community engagement assessments fed directly into policy development, ensuring that reforms were grounded in lived experience.

Enabling health sector recovery

A key priority in 2025 was ensuring alignment between wartime adaptations and recovery plans, as well as Ukraine's pre-existing health reform agenda. WHO played a central role in keeping health recovery on both national and international agendas amid competing priorities. This was achieved through the development of policy guidance documents for the Ukraine Recovery Conference – a high-level international annual event that coordinates reconstruction support and other major recovery events, maintaining health as a priority within multisectoral efforts. In 2025, the focus was on human capital and capital investments in health.

Health recovery is a political commitment that must be renewed in every international forum. In the past year, WHO exercised its convening authority to keep this commitment visible, ensuring that health is never overlooked nor subordinated to other recovery priorities.



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Team Europe approach, together with Edem Adamanov, Deputy Minister of Health of Ukraine; Katarina Mathernova, Ambassador of the European Union to Ukraine; WHO Representative in Ukraine Dr Jarno Habicht, and Dirk Deprez, Country Director Enabel (Belgian Development Agency) discussing partnership to strengthen Ukraine's health system at the Ukraine Recovery Conference in Rome, July 2025

Supporting EU accession efforts

Ukraine's path to EU membership is one of the strategic trajectories of the coming decade. To aid in Ukraine's EU accession efforts, WHO provided technical assistance to align Ukraine's health sector with EU health standards and legal requirements. WHO also organized mock EU negotiation sessions and executive coaching for senior leadership at the Ministry of Health, building institutional capacity to navigate the accession process with confidence. WHO also supported the Ministry of Health's presence and active participation in key international events related to EU integration.

As Ukraine moves closer to EU membership, WHO stands ready to accompany this transition, ensuring that Ukraine's health system meets not only the standards required for accession, but also the highest aspirations for a modern, equitable and resilient health system that delivers for people. EU alignment also served as a unifying reference point for partners, enabling more coherent interagency planning across public health and health security, AMR, surveillance, laboratories, patient safety, quality of care and digital health.

On building national capacity to address priority public health challenges, WHO's work in 2025 advanced legislative alignment with international and EU standards, supported health workforce development across multiple health disciplines and ensured that public health interventions on

communicable diseases, NCDs, mental health and other priority health areas are grounded in current evidence. A health workforce capable of delivering a recovered system is not built overnight. The training, competency frameworks and retention strategies currently being developed are the workforce pipeline on which recovery will depend.

Building national and local ownership

Across all areas of work, WHO's ultimate objective in Ukraine is not to sustain an indefinite international presence, but to build the national and local capacities that will allow Ukraine's health system to lead its own recovery and reform independently and sustainably.

In practical terms, this means transferring knowledge, building skills and strengthening institutions at every level of the health system. WHO has worked systematically to equip the Ministry of Health, regional health departments, local authorities and health facility managers with the tools, evidence and competencies they need to deliver quality services, including under the extraordinary pressures of wartime.

This commitment to national ownership is reflected in how WHO designs its programmes, with clearly defined handover plans, with national counterparts as co-leads rather than passive recipients and with monitoring frameworks that measure institutional strengthening, not only service outputs. WHO's evolving role in Ukraine, from implementing actor to advisory partner, is a deliberate strategy and one that signals to both the Government of Ukraine and to international donors that investment in WHO's work generates lasting, sovereign capability.

On the humanitarian side, building ownership also means working to progressively transfer coordination responsibilities to national actors, in line with the localization agenda that is central to modern humanitarian practice. As the capacity of the Government of Ukraine grows (even under war conditions), WHO has worked to ensure that the Health Cluster's coordination mechanisms are increasingly led, shaped and owned by national and oblast-level institutions. This included embedding national focal points in area-based coordination structures and expanding their leadership role across thematic groups.

Creating opportunities and maintaining dialogue

With an increasing number of development partners investing in Ukraine's health sector, effective coordination has become both more critical and more complex. In 2025, WHO engaged up to 50 development partners, including embassies and international financial institutions. WHO convened continuous dialogue across this broad partner landscape, preventing duplication and ensuring coherence. As a trusted partner, WHO co-chairs the Health Sector Working Group with Ukraine's Ministry of Health. This forum regularly brings together health partners to share information transparently and align efforts among international partners and authorities.

In the country's emergency setting, WHO leads the Health Cluster and supports the Ministry of Health to guide more than 200 partner organizations involved in the health response at the front lines. Coordination work spans trauma care, essential services, mental health, rehabilitation and public health surveillance. WHO's role includes directing coordinated action, monitoring the emergency response and ensuring that partners are held accountable for results. This dual leadership – development coordination through the Health Sector Working Group and Partner Coordination meetings and emergency coordination through the Health Cluster – enabled WHO to balance response and recovery priorities throughout 2025.

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“Mental health is not a secondary need, it is the foundation upon which individuals, families, and entire communities are rebuilt. In Ukraine, this conviction has shaped our partnership with WHO and the Ukrainian authorities, supporting the integration of mental health into primary care and investing in community mental health centres that provide rights-based care closer to where people live, and helping train the workforce that will sustain these services for generations. This will help provide needs-based, dignified and dignifying support, a crucial element for a healthy and stable socio-economic future for Ukraine and for Ukrainians.”

Ms. Nathalie Olijslager, Netherlands Special Envoy on Mental Health and Psychosocial Support in Crises and Director of the Department for Stabilization and Humanitarian Affairs at the Ministry of Foreign Affairs

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Donors and programme management

WHO acknowledges with deep gratitude the generosity of international donors who have sustained Ukraine’s health response through the most challenging circumstances. Their investment has not only saved lives today, but it is also building the foundations of a health system that will serve Ukrainians for generations.

Donor support in 2025 spanned a broad range of countries, institutions and funding mechanisms. WHO ensured that all donor contributions are coordinated and allocated strategically, with full transparency and accountability, maximizing the impact of every investment in Ukraine’s health system.

In 2025, the WHO Country Office in Ukraine faced a significant funding disruption following the suspension of contributions from the Government of the United States of America. Six priority health areas were severely impacted, while the emergency response programme, which funds life-saving interventions in the frontline oblasts, was left underfunded as a direct consequence of these suspensions.

The Country Office has worked to mitigate the effects of this disruption through accelerated resource mobilization, reprogramming of available funds where mandated flexibilities permitted and transparent communication with all partners and donors. In parallel, a set of cost containment measures was introduced in 2025 – including tighter prioritization of expenditures, strengthened procurement planning, closer pipeline management and reduced nonessential operational costs – to protect critical programmes and ensure continued delivery of life-saving assistance. The Office navigated a period

marked by cost containment and austerity measures, requiring internal reallocations, close coordination and reflection on management approaches. Significant efforts were invested in restructuring the Office, revisiting operational plans, balancing delegation of authority and control mechanisms and engaging regularly with Regional and Executive leadership. Resource mobilization remained a major focus, with internal coherence and engagement with six Extended Leadership Group meetings, an all-staff retreat and broader organizational restructuring processes. WHO acknowledges that these funding gaps have nonetheless placed real constraints on its ability to deliver the full scope of its planned health programmes in 2025, particularly those with direct bearing on emergency operations and the long-term public health security of Ukraine.

Looking ahead, WHO continues to call and advocate for sustained flexible, multiyear funding commitments that match the scale and duration of Ukraine's needs while continuing its mandated role to serve as the trusted convener that brings together governments, partners and communities around a shared vision of health for all Ukrainians.

Ukraine's relationship with WHO

Ukraine's relationship with WHO in 2025 tells two stories at once: a country drawing on WHO's full three-level support to sustain health services through extraordinary hardship and a country that has itself become a meaningful source of global insight into ways to protect, adapt and rebuild a health system under sustained attack. Ukraine's experience increasingly shaped WHO's technical work, governance debates and global learning on health systems operating in protracted emergencies. From emergency response to governance and from implementing WHO frameworks to contributing to their development, Ukraine is both a recipient of international health cooperation and an active contributor to WHO's global and regional agenda.

Ukraine plays a significant and long-standing role in WHO governance as an active Member State contributing to global and regional public health cooperation, while implementing international health standards and applying WHO technical guidance in the national context. As part of the WHO European Region, Ukraine regularly engages in the WHO Regional Office for Europe's policy dialogues, technical exchanges and strategic consultations, helping to shape regional health priorities and ensuring that WHO's work remains informed by country realities. This dual engagement allowed WHO to test



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Director-General Dr Tedros Adhanom Ghebreyesus during the 158th session of the WHO Executive Board in Geneva, February 2026

global frameworks in real time against the pressures of a large-scale war, while enabling Ukraine to draw on WHO's normative and operational expertise. This engagement is both governance-related and technical: Ukraine contributes to shared problem-solving on population health, health system performance, public health functions and health security, while drawing on WHO's normative expertise, evidence and convening power to strengthen its national policies and services.

Strategic alignment: Ukraine and WHO's global agenda

Ukraine's strategic engagement with WHO is closely aligned with WHO's global agenda, spanning both the response to the ongoing emergency and the advancement of longer-term reforms. Even under conditions of war, Ukraine continued to prioritize areas central to WHO's work – strengthening PHC, expanding mental health and rehabilitation services, reinforcing public health functions and ensuring continuity of essential services in crisis settings. These areas were also the pillars of Ukraine's own reform path, ensuring strong alignment between national priorities and WHO's global and regional strategies.

These priorities mirrored WHO's focus on resilience, preparedness and system performance, and guided Ukraine's collaboration with all three levels of WHO. Ukraine's active participation in WHO governance and policy processes ensured that national priorities informed wider global discussions while benefiting from WHO's normative guidance and technical expertise. In the past year, this two-way exchange became more prominent: Ukraine contributed evidence shaping global thinking on health system resilience, while simultaneously relying on WHO's strategic direction to steer reforms in a volatile environment. Through sustained engagement in the Executive Board, the World Health Assembly and the WHO Regional Office for Europe's consultations, Ukraine contributed to shaping international approaches to emergency response, health system resilience and public health reform. At the same time, lessons generated in Ukraine – on maintaining services in conflict, strengthening PHC under pressure, mental health integration and WASH and radiation preparedness – informed WHO's technical work and helped to adapt global frameworks to real-world crisis environments.

Ukraine's contribution to WHO governing bodies in 2025

Ukraine remained an active and constructive Member State across WHO's governing bodies, using its positions in the WHO Executive Board, the World Health Assembly and the Standing Committee of the Regional Committee for Europe to bring forward evidence and priorities shaped by the realities of a health system operating under war. Ukraine continued its term on the WHO Executive Board, represented by the Minister of Health, and maintained membership in the Standing Committee of the Regional Committee, ensuring that the country's experience informed regional priority setting and governance discussions.

At the Seventy-eighth World Health Assembly (WHA78, 2025), Ukraine contributed to negotiations on governance reform, emergency response mechanisms and the WHO Pandemic Agreement, underscoring the importance of transparency, inclusive decision-making and robust global preparedness systems. Ukraine also supported the ongoing monitoring of the 2022 World Health Assembly resolution health emergency in Ukraine and refugee receiving and hosting countries, contributing updated evidence on attacks on health care and the continuity of essential services. Ukraine's inputs at WHA78 and WHO Executive Board meetings helped to anchor the protection of health care as a global priority, demonstrating how frontline realities can directly influence global norms.



WHO Director-General Dr Tedros Adhanom Ghebreyesus met with Minister of Health of Ukraine Viktor Liashko during the Seventy-eighth World Health Assembly at the Palais des Nations in Geneva, May 2025

Ukraine co-sponsored several key WHO Executive Board and World Health Assembly resolutions in 2025, including actions on global health financing, kidney health, maternal and young child nutrition, and the health and care workforce by 2030 and prioritizing mental health as a global agenda item. Through these contributions, Ukraine helped to shape WHO's normative direction in areas directly relevant to its own recovery, while reinforcing global solidarity and the role of health systems in crisis response.



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National EMT practice deployment conducted by the WHO Country Office in Ukraine staff during a field exercise in Kyiv, December 2025

Strengthening global norms on health emergencies and protection of health care

Ukraine played a substantial role in strengthening global norms on health emergencies and the protection of health care. Through active engagement in the Executive Board, the World Health Assembly and regional governance processes, Ukraine provided evidence from the ongoing war to reinforce the urgency of safeguarding health facilities, medical transport and health workers in conflict settings. This evidence carried significant political weight, as it was drawn from one of the most systematically targeted health systems in the world.

These contributions helped to keep the protection of health care at the centre of WHO's global agenda. Ukraine supported decisions that reaffirmed WHO's mandate to monitor and report attacks on health care and to assist Member States in responding to violations of international humanitarian law. Ukraine's detailed reporting ensured that global policy debates remained grounded in lived realities and not abstract concepts. By presenting updates on disruptions to essential services, attacks on health facilities and the challenges of delivering care in high-risk settings, Ukraine helped to ensure that global technical guidance and policy discussions reflected real conditions on the ground. This ongoing engagement strengthened WHO's normative work on emergency response, civilian protection and the continuity of life-saving services during crises.

Shaping regional and global approaches to health system recovery

Ukraine's engagement in WHO governance in 2025 also contributed to a broader shift in how recovery and reforms are addressed with global health policy. During the Seventy-fifth session of the WHO Regional Committee for Europe, Ukraine contributed to the adoption of the EPW2 for 2026–2030, bringing forward perspectives on PHC, service continuity and addressing GBV as part of wider system resilience. These contributions helped to ensure that regional priorities reflected the realities of countries operating under protracted emergencies.

Contributing to global health security and preparedness agendas

Alongside its national response, Ukraine contributed to global health security and preparedness agendas through WHO platforms, sharing operational lessons from managing large-scale emergencies. Drawing on wartime experience, Ukraine informed discussions on maintaining essential services under attack, strengthening public health surveillance and adapting preparedness systems to evolving risks.

Ukraine also participated in WHO-facilitated cross-country exchanges, sharing expertise on CBRN preparedness, medical evacuations, mental health service delivery and radiation emergency preparedness with other Member States. These contributions helped to strengthen collective preparedness and informed WHO's global and regional work on health security.

Ukraine's broader outcomes in support to WHO and Member States:

- strengthened global norms on the protection of health care and humanitarian access
- elevated health system recovery and reform as integral components of emergency response
- reinforced WHO's coordinating and normative role in complex and protracted crises
- informed global and regional approaches to preparedness, health security and crisis response.

Ukraine and WHO: looking ahead

Looking ahead, Ukraine's role at WHO is not defined by the crisis it is enduring. It is defined by the vision it holds and the contributions it is already making to a healthier, more resilient world, for Ukrainians and for all.

Ukraine and WHO will continue to work closely across emergency response, recovery and long-term reform. Priorities for 2026 include strengthening PHC, transforming the health system, expanding mental health and rehabilitation services, reinforcing preparedness and core public health functions,

and supporting continued alignment with EU health standards. WHO's three-level support – country, regional and global – will remain essential as Ukraine advances system transformation while managing the impacts of a protracted emergency.

Ukraine's sustained engagement in WHO governance will also continue to ensure that lessons learned from operating a health system during war inform global and regional policy decisions. As reforms deepen and recovery accelerates, WHO will support Ukraine in translating evidence, international standards and technical guidance into resilient and people-centred services that can withstand ongoing and future shocks.

Impact: WHO in Ukraine

In 2025, WHO prioritized strengthening PHC to address the high burden of NCDs and to expand access to essential mental health and rehabilitation services. A total of 28 modular PHC facilities and emergency bases were established across seven war-affected regions, helping to restore service continuity in areas where health infrastructure had been damaged.

As part of the humanitarian response, WHO focused on sustaining primary care in frontline areas where local services were disrupted; preparing for mass casualty events and disease outbreaks; conducting life-saving medical evacuations for patients requiring specialized care; and ensuring continuity of essential services when health facilities were attacked or communities were displaced.



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Water treatment station discussions as part of the water system installation during the field visit to Kharkiv City Hospital, May 2025

Practical examples of WHO's impact in 2025 include the installation of 22 heating units in health facilities to ensure autonomous heating and uninterrupted operations during the winter period; equipping 15 hospitals in Chernihiv, Dnipropetrovsk, Kharkiv, Mykolayiv and Odesa oblasts with water treatment stations; and installing 12 power generators in health facilities across the country to safeguard essential services during power disruptions.

Health system recovery remained one of WHO's key priorities in Ukraine, going beyond the reconstruction of damaged or destroyed facilities. WHO continued supporting the restoration and financing of essential health services such as rehabilitation, PHC and public health surveillance – all of which are critical for national recovery and future resilience.

WHO also supported ongoing health finance reforms, including strengthening transparent procurement and strategic planning processes. This work aligned with wider efforts to expand vocational training and address war-related shortages in the health workforce, ensuring that Ukraine's health system can sustainably deliver services throughout recovery and over the longer term.



Installation of five water treatment stations in hospitals across Kharkiv city and oblast to ensure safe water access for patients and staff, Chuhuiv Hospital 2025

Health emergencies

Public Health, IHR and Preparedness

Strong health legislation means clear, enforceable rules that help countries to prevent diseases, cope with emergencies and meet international commitments. In Ukraine, WHO's work on public health laws and policies has been instrumental to keeping the health system functioning under attack, supporting longer-term reforms and protecting people whose health needs have become more complex because of the war.

Ukraine faces skill gaps in health security, which are difficult to fill in the context of a protracted emergency. The country needs steady skill-building across key areas, such as translating international health regulations into practice and preparing for outbreaks, especially waterborne diseases (such as cholera) and zoonotic diseases (such as rabies).

Urgent issues include rabies control, which requires coordinated action from both the Ministry of Health and the veterinary sector, and safe drinking-water, which requires alignment with the EU Drinking Water Directive.

In 2025, WHO's support focused on building up the skills of the country's public health workforce; facilitating policy and technical dialogues at national, regional and community level; improving legislation; ensuring compliance with international health regulations; and boosting preparedness for a variety of diseases. Assistance followed a sliding scale: from strengthening regulations to building the capacity of the institutions implementing them and putting in place hands-on measures that make policies work in the real world.

On influenza and respiratory viruses, work focused on surveillance, testing, reporting, training and collaboration between human and animal health sectors (One Health initiative) (8).

Building Ukraine's public health system remained a priority. This involved helping to strengthen the capacity of the Ministry of Health, the UPHC and regional CDCPs to carry out functions under Ukraine's public health system reform. WHO also convened public health retreats that tackled priorities, shared regional solutions and fostered peer-to-peer learning.

Partner support also enabled progress across several key areas.

- Investment in developing the public health workforce through the Public Health Leadership Programme, launched jointly with the Ministry of Health and the UPHC. The first cohort brought together professionals from public health institutions, PHC settings and academia, creating a network of motivated leaders who contribute to strengthening the health system.
- Bolstering health security by supporting the Government to develop a National Action Plan for Health Security; applying for funding through the Pandemic Fund to mobilize resources for the plan's implementation and for broader capacity building; evaluating public health risks using the WHO Strategic Toolkit for Assessing Risks (9); and building the skills needed to manage simulation exercises through WHO simulation exercise tools (10).
- Facilitating the National Rabies Elimination Forum, which led to the endorsement of the Odesa Declaration on efforts to eradicate rabies by 2030. In response to rising cases, WHO also helped to raise awareness of rabies as a priority across sectors and contributed to strengthening clinical management and vaccine planning. Support for finalizing the National Strategy for Rabies Elimination is ongoing at the time of writing.



With the support of the WHO Country Office in Ukraine, the 7th field meeting of the Ministry of Health of Ukraine (Ihor Kuzin), the Center for Public Health (Volodymyr Kurpita), and the regional Centers for Disease Control and Prevention was held in Lutsk, October 2025

- Working with the WHO Regional Office for Europe and WHO headquarters to finalize the WASH Readiness Checklist (11). This is a global product for WASH preparedness and response in conflict settings, grounded in Ukraine's experience.
- Contribution to a draft roadmap for introducing water safety planning nationwide, which followed national consultations convened by WHO and UNICEF. This is an essential step to guarantee safe drinking-water for health, as well as Ukraine's long-term alignment with EU standards.
- Helping 25 health-care facilities in frontline territories across five oblasts to identify their needs for WASH-related supplies to improve the quality of medical care. This vital exercise was carried out by WHO with regional CDCPs and oblast health departments. These facilities have since been equipped accordingly.
- Training more than 600 professionals on public health development, strategic risk assessment and One Health approaches combined. This is part of the effort to professionalize the public health workforce – in other words, the people implementing policies and regulations.

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“Public health stands guard over population health through coordinated interventions that promote well-being and prevent disease before medical care is needed. With WHO support, Ukraine has strengthened disease surveillance, expanded laboratory capacity, and improved communication with communities. These reforms help us detect risks earlier, respond faster, and keep people safer in an increasingly volatile environment”

Volodymyr Kurpita, Director General of Public Health Center of Ukraine



- Boosting cholera preparedness and readiness by reaching 1300 professionals nationwide with a two-day cholera webinar, and experts from the Ministry of Health and the UPHC with a full-scale cholera simulation exercise.
- Ensuring cross-team collaboration, WHO's simulation involved all relevant health pillars: laboratories, surveillance, infection prevention and control, RCCE, WASH and emergency medical services.
- Procuring and distributing multiple diagnostic polymerase chain reaction (PCR) kits to detect several pathogens, ensuring uninterrupted testing for influenza and other respiratory viruses. This indirectly benefited thousands of Ukrainians whose diagnosis and treatment depended on laboratory confirmation.
- Preparing and advancing regulatory changes to include respiratory syncytial virus in routine surveillance, bringing Ukraine closer to WHO and European standards for respiratory virus monitoring.
- Strengthening Ukraine's contribution to European and global surveillance. This was done by improving the reporting of Ukraine's National Influenza Centre to the European Surveillance System through a WHO-developed template and ongoing quality checks.
- Indirectly benefiting millions of Ukrainians living in oblasts covered by sentinel surveillance through efforts in influenza monitoring, laboratory quality and preparedness. Better surveillance and laboratory quality enable more timely public health measures, vaccine policy decisions and clinical management.

In 2025, Ukraine's experience also extended beyond its borders. Through the WHO Regional Office for Europe, trained facilitators supported simulation exercises in other countries, while investments in capacity-building made Maastricht University a WHO Collaborating Centre for Public Health Leadership and Workforce Development. This shows how ongoing professional development and cooperation can generate progress for the entire region.

Surveillance, data and laboratories

Surveillance detects disease threats, which laboratories confirm and some vaccines prevent. If detected early enough, disease outbreaks reach a lower peak of infection, resulting in fewer cases and deaths.

In Ukraine, the war has created critical gaps in surveillance capacity, standardization and emergency preparedness. Without proper surveillance and laboratory testing, outbreaks could go undetected for days, allowing diseases to spread across oblasts and potentially beyond the country's borders.

In surveillance, human resources emerged as the most pressing priority in 2025. WHO's support to Ukraine focused on better understanding what prevents health workers from detecting outbreaks early enough to respond effectively. This includes assessing gaps and needs, training staff on reliable monitoring systems, improving data analysis and surveillance approaches and changing policy to strengthen Ukraine's surveillance system at the highest level. Impact highlights are presented below.

- More than 250 specialists were trained in data analysis and visualization, early warning and epidemic intelligence combined. This has improved the ability of local staff to detect and report alerts, enabling 10 frontline oblasts to analyse disease trends independently.
- A comprehensive needs assessment was conducted nationwide to inform a surveillance action plan for the next two years and strategy for the next five years.



Mentorship provided by WHO experts for the Head of the Laboratory on the use of a trinocular microscope with photo and video recording capabilities and image display on a monitor (equipment provided by WHO), December 2024

- A revised draft resolution on epidemiological surveillance and outbreak investigation procedures was submitted to the Cabinet of Ministers for approval. This would be the first resolution of its kind at the level of the Cabinet of Ministers, whose decisions will affect many other government bodies, significantly strengthening the surveillance system.
- A revised draft order on rabies was submitted to the Ministry of Health for approval. This would support proper planning and delivery of rabies care, including surveillance and provision of critical post-exposure prophylaxis. Without vaccination or treatment, rabies is 100% fatal with no cure. In parallel, WHO facilitated the emergency delivery of the rabies vaccine to trauma services across the country, while colleagues working on the One Health initiative – linking humans, animals and the environment to address the full spectrum of disease control – advanced arrangements for vaccine procurement and use nationwide.

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“SIDA is proud to support Ukraine’s laboratory network, blood safety systems and communicable disease control. Together with WHO, we are strengthening the public health system through supporting diagnostic and safety systems that protects lives every day.”

Malin Perhult, Head of Ukraine Unit, SIDA



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- Guidance documents were developed for hepatitis A, hepatitis E, anthrax, mpox, invasive meningococcal disease, acute intestinal diseases and zoonoses (understood as diseases that animals pass to humans). Not only does this standardize surveillance practices, aligning them with international recommendations, but it also provides epidemiologists on the ground with practical documents to improve surveillance for specific diseases.

In laboratory testing, WHO’s action in 2025 bolstered Ukraine’s diagnostic infrastructure by training laboratory specialists, facilitating accreditation for quality assurance and establishing genomic surveillance and quality management systems aligned with international standards. Impact highlights are presented below.

- More than 5000 specialists were trained in laboratory quality management and safety.
- Two laboratories in Ukraine gained WHO accreditation for polio diagnostics. This will significantly improve the effectiveness of epidemiological surveillance through reliance on national laboratories rather than international sample referral.
- Thirty-six specialists were trained in next-generation sequencing across four oblasts (Dnipropetrovsk, Kyiv, Odesa and Vinnytsya). This diagnostic technique improved outbreak investigations by reducing response times compared to traditional methods. More broadly, genomic surveillance (or sequencing) was used both to track influenza strains that inform vaccine composition and to detect SARS-CoV-2 variants. This allowed faster decisions about containment and patient care. In hospitals, sequencing supported investigations of drug-resistant infections, guiding antibiotic therapy in complex cases.
- A draft law on biosafety and biosecurity was submitted for government approval. Once adopted, this would establish clear rules for managing risky pathogens in laboratories, which would improve test safety, storage and outbreak response.



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Two-day practical training on documented procedures: Medical Laboratories Requirements for Quality and Competence, November 2025

Overall, WHO’s support to Ukrainian laboratories has made the country’s testing system more robust. Stronger surveillance systems, human resources and policies have enabled health workers to detect and respond to infectious disease cases and outbreaks early – helping to protect the health of millions in Ukraine.



A patient receiving access to essential health services at a WHO-supported modular clinic, September 2025

Health operations

In 2025, Ukraine's health system faced escalating challenges. Attacks on densely populated urban centres intensified, shifting front lines triggered mass evacuations and critical infrastructure continued to be targeted, which also included health facilities. Areas near the front lines experienced service gaps, with some lacking pharmacy and health-care access. Despite this insecurity, health workers continued to operate under extreme pressure and workload.

Abrupt funding cuts early in 2025 disrupted the delivery of health services, as many partner organizations had to cease their activities. Thousands of people were cut off from vital medical support. Compounding the situation, national staff serving in partner organizations and health facilities faced conscription challenges. This created shortages of staff needed to provide services near the front lines.

In this context, WHO's response focused on the 2.2 million people identified through a hyper-prioritization exercise (12) as having the highest health needs. Operations moved as close as possible to the front lines, with humanitarian interventions significantly reduced in other parts of Ukraine, except for support after air strikes. The response shifted from mainly delivering humanitarian assistance near the front lines to focusing on preparedness, readiness and building resilience and early recovery for the entire country.

To respond to immediate emergency needs – while planting the seeds for long-term recovery – in 2025, WHO supported multiple critical areas. They include, but are not limited to, pre-hospital care, emergency medical services and teams, medical evacuation, medical operations and supplies, and health infrastructure. Below are some highlights of WHO's actions.

- Approximately 300 000 people, one third of whom were in hard-to-reach areas, were reached through interagency convoys, partner deliveries and WHO's dedicated hard-to-reach delivery mechanism to access affected communities in conflict-affected locations. Through these channels, 202 health modules, 11 675 over-the-counter (OTC) kits and additional critical supplies with a total value of US\$ 1.35 million were delivered. During the year, a total of 52 interagency convoys were organized by OCHA and the Logistics Cluster, with WHO delivering medical supplies with 41 convoys, representing 80% engagement, while all convoys included health-related needs

assessments. In addition, WHO carried out 40 bilateral deliveries to reach affected populations in priority locations.

- More than US\$ 24.6 million worth of essential medicines, medical equipment and supplies were procured by WHO and delivered to health facilities across all oblasts of Ukraine.
- Critical care transfer services were supported using a protocol developed by the WHO Regional Office for Europe, which was translated into Ukrainian and handed over to the Ministry of Health for ownership.
- A cancer hotline was established to help patients with rare or untreatable cancers in Ukraine to submit cases for medical evacuation to other countries.
- Over 4500 wounded and sick persons were medically evacuated from Ukraine thanks to the support of the WHO Regional Office for Europe.
- Twenty-eight modular PHC facilities and emergency bases were established in seven oblasts (Dnipropetrovsk, Kharkiv, Kherson, Kyiv, Mykolayiv, Odesa and Zaporizhzhya), ensuring access to essential services for over 170 000 people. Of the installed modular facilities, six are located within 50 kilometres and 11 are located between 50 and 100 kilometres of the front line.
- WHO arranged more than 19 800 consultations by 39 physicians and 725 frontline field visits by outreach health units.
- Heating units were completed in Cherkasy, Chernivtsi, Dnipropetrovsk, Kharkiv, Khmelnytskyi, Odesa, Sumy and Zaporizhzhya oblasts as well as Kyiv city to ensure autonomous heating and uninterrupted operations during winter.
- Fifteen hospitals were equipped with water treatment stations in Chernihiv, Dnipropetrovsk, Kharkiv, Mykolayiv and Odesa oblasts.



Patient attending a medical consultation at a modular clinic in Kovyahy (Kharkiv Oblast), April 2025

With a focus on response and recovery, WHO also prioritized training by building the capacity of over 3000 health workers on subjects such as managing mental health, trauma and rehabilitation, mass casualties, chemical exposure, infectious diseases and outbreak detection and control.

Emphasizing self-sufficiency, WHO helped to establish a dedicated and certified European Trauma Course Centre at Kyiv Medical University, which can now provide certified training courses independently. In addition, more than 500 people (mostly nurses) were trained in emergency care. WHO worked with nine universities to integrate this type of training into the national education curricula, so that it can continue independently of WHO.

In an effort to enhance quality and standardization, WHO helped to embed a national pool of trainers across ambulance stations in every oblast to strengthen pre-hospital care.

Support is ongoing for the establishment of two national EMTs. Acting as surge capacity during emergencies, these will be Ukraine's first homegrown teams and join the European EMT pool for emergency response. Final verification is expected in 2026.

Emergency field offices

In Ukraine, WHO operates three main field offices (hubs) in Dnipro, Kharkiv and Odesa – covering Chernihiv, Dnipropetrovsk, Kharkiv, Kherson, Mykolayiv, Odesa, Poltava, Sumy and Zaporizhzhya oblasts.

As WHO's "eyes and ears" on the ground, the hubs serve as a bridge between the central office in Kyiv, local authorities, implementing partners and affected communities. Their work is focused on identifying local needs, facilitating deliveries, coordinating local action and taking steps to address acute needs while laying the foundation of long-term recovery.

In the past year, conditions deteriorated across multiple regions across the country. The unstable and high-risk security environment saw health infrastructure deliberately targeted, with facilities within 10–20 kilometres from the contact line facing restricted access to health care, supply chain interruptions and population displacement.

In July 2025, the only bridge linking Ostriv district – home to 3500 people – to Kherson city in southern Ukraine was destroyed, completely cutting off the area. A few months later, assessments of temporary accommodation centres in Kherson revealed poor living conditions with no first aid kits, hot water, heating or cooking facilities.

In August 2025, the situation in the Donetsk oblast deteriorated massively, particularly close to the towns of Dobropillia and Druzhkivka. The number of evacuees grew, peaking in August, when more than 40 000 people were displaced due to heavy fighting. Frontline health workers continued to work under extreme stress from heavy workloads, constant threats and shortages of staff and equipment.

Against this backdrop, in 2025, the hubs delivered pre-positioned medical supplies from their warehouses to hospitals in need, following air strikes that resulted in mass casualties. Working with OCHA, they coordinated multiple interagency convoys to deliver much-needed medical supplies to high-risk areas. By coordinating with hospital directors and municipal heads, they were able to identify gaps and ensure that the items most in demand were actually delivered.



© WHO

Delivery of medical equipment to frontline regions by the WHO Country Office in Ukraine's technical staff, November 2025

From January to October, the WHO hub in Odesa joined more than 30 interagency convoys to frontline communities in Kherson and Mykolayiv regions within 20 kilometres of the front line. In parallel, the WHO hub in Dnipro organized 3–6 monthly deliveries of health supplies directly to Dnipropetrovsk, Donetsk and Zaporizhzhya oblasts.

The hubs restored PHC with medicines, equipment, staff training and prefabricated modular health units where facilities were destroyed. Eight new units were installed in 2025 (one in Chernihiv, five in Kharkiv and two in Sumy), bringing the total to 27 operational units by the end of the year.

To meet health needs in life-or-death situations for people living within 20 kilometres of the front lines in Kherson oblast, the WHO hub in Odesa trained 40 first responders and equipped them with first-aid kits. With many settlements in the region being constantly attacked, often the first people who help the wounded are not medical staff. This pilot programme created the first network of local responders and WHO plans to expand it to other areas in 2026.

More broadly, the hubs helped many hospitals to train for emergencies and mass casualties, while supporting transit centres for displaced and vulnerable people. In addition, WHO expanded the skills of family doctors working near the front lines by setting up training hubs at medical universities in Dnipro, Kharkiv, Kyiv and Odesa. A total of 180 doctors were trained in managing hypertension and type 2 diabetes, as well as interpreting electrocardiogram results to check heart health.



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Distribution of standardized over-the-counter (OTC) medical kits to priority locations by WHO mobile team in Dnipro, April 2025

Focusing on long-term recovery, the hubs identified vulnerable health facilities and assessed their needs for mental health and rehabilitation programmes. Additionally, they actively supported hospitals in handling interruptions of the electricity and water supply due to frequent war-related damage. A total of 10 heating units, power generators and water filtration systems combined were installed across hospitals in Dnipropetrovsk and Zaporizhzhya oblasts. These will help not only to fill current gaps, but also to improve the safety, efficiency and resilience of hospital care going forward.

The hubs' strategic position enabled WHO to coordinate urgent action quickly. Rapid support was possible following the attacks in July: one in Dnipropetrovsk oblast, where 11 people were injured and two died and one in Zaporizhzhya oblast, where 41 people were hospitalized. Through its hubs, WHO delivered essential trauma supplies within days.

The hubs also facilitated the implementation of national health priorities at oblast level. For example, Mental Health Gap Action Programme (13) was integrated into the curricula of two medical universities (Dnipro State Medical University and Zaporizhzhia State Medical and Pharmaceutical University). This important step will help to ensure that future doctors are able to handle mental health conditions as a first point of contact.

Chemical, biological, radiological and nuclear risk

Over the past year, WHO continued to focus its work on building Ukraine's capacity to respond to radiological and nuclear threats. This work spans the full emergency cycle – preparedness, response and recovery – recognizing that effective response is only possible when preparedness measures are in place.

In collaboration with partners, WHO trained more than 700 health workers on radio-nuclear preparedness and response, including first responders from 78 health facilities in 20 oblasts. WHO also contributed to UN-wide preparedness by training approximately 3000 personnel from UN agencies across the country. To meet ongoing training requests and enable learning at scale, WHO also produced a brief video training.

In addition, WHO organized five simulation exercises to test national and regional response capabilities in the event of radiological incidents at nuclear power plants, chemical spills and industrial incidents. A total of 237 participants attended. Simulations covered radio-nuclear emergency scenarios in Khmelnytskyi, Rivne and Zaporizhzhya oblasts, where operational nuclear power plants are located. WHO also took part in the simulation of a mass casualty event with patients affected by trauma and chemical contamination, which helped to test hospital emergency and response plans in Dnipropetrovsk and Kharkiv oblasts.

Focused on preparedness, WHO developed a just-in-time training for Ukraine's emergency medical service teams. Equipped to respond safely in dangerous situations, these teams will benefit greatly from refreshing their skills immediately before rare or high-risk procedures.

In close collaboration with the Ministry of Health, WHO also procured equipment to protect medical staff and casualties in case of a radiological and nuclear incident. This includes 200 kits of personal protective equipment (such as suits, gloves, boots and goggles) and seven decontamination tent kits.

Alongside training, simulations and equipment, WHO also provided expert support in the area of risk assessment. Together with national and international experts, WHO completed a major radio-nuclear risk assessment using the WHO Strategic Toolkit for Assessing Risks (8).

On a normative level, WHO developed standard operating procedures for measuring water and food radiation contamination. WHO also made recommendations to the Government for action in the following scenarios: responding to chemical and radiation emergencies, organizing patient routing during chemical and radiological emergencies and decontaminating victims of radiological and nuclear incidents.

Internally, cross-team collaboration ensured the integration of radiological and nuclear components into hospital emergency plans. Externally, WHO also contributed to broader preparedness initiatives, such as planning a national risk assessment.

Beyond Ukraine's borders, WHO contributed to regional collaboration, innovation and knowledge sharing. It did so as part of the WHO European Region CBRN project, supported by the EU (Directorate-General for Health and Food Safety). At the time of writing, Ukraine is also becoming an implementation and validation site for a research project led by the Government of Belgium and Brussels University on the application of modern technologies in CBRN preparedness and response.

On cross-country learning, in Bulgaria, the WHO Country Office in Ukraine shared expertise on preparing for nuclear power plant accidents. In Tajikistan, it contributed to a joint external evaluation. This demonstrates how lessons learned from Ukraine's context can strengthen preparedness beyond national borders.

Going forward, making Ukraine more resilient to radiological and nuclear threats remains a priority for WHO. This will have tremendous benefits not only for the people of Ukraine, but for the European Region as a whole.



Radiological and nuclear risk training in Mykolayiv, June 2025

Risk communication and community engagement

Facts help people to make informed decisions. Communicating them effectively ensures that the right people receive the information they need at the right time.

In Ukraine's protracted emergency, robust RCCE are instrumental to protecting people's health. They promote behavioural change and involve people directly in health decisions and actions.

In 2025, WHO worked to deliver key health messages to the communities who need them to prevent disease. It did so by continuing to support the production and dissemination of health promotion materials addressing various communicable and NCDs. Community and social media listening also continued to capture feedback on health information needs and manage misinformation. Key results in this area are provided below.



Health information leaflets placed inside relief boxes and delivered through EMTs to most affected communities, April 2025

- All 23 oblasts in Ukraine were reached with information and risk communication materials. Most relevant topics include diabetes, hypertension, stroke, TB, vaccine-preventable infections, WASH, emergency preparedness and seasonal health advice. Overall, more than 1.8 million people were reached with printed materials, including approximately 650 600 people in high-risk areas.
- Approximately 9.6 million people were reached with messages on how to protect themselves from respiratory viruses through billboard advertising, in collaboration with the Ministry of Health and UNICEF.
- Approximately 66 200 printed materials were delivered inside WHO OTC medicine kits to people in communities without access to a pharmacy. Prioritized topics include diabetes, hypertension, heat safety and safe medicine use.
- Six focus groups were conducted, reaching nearly 70 people living in shelters in Dnipropetrovsk, Mykolayiv and Zaporizhzhya oblasts. This effort shed more light on what these communities think and need to know about health.
- Social media and public talk were monitored regularly to flag emerging rumours to the technical working group on RCCE. In 2025, there was no major health misinformation wave that required action.
- Hundreds of thousands of people were reached with health information leaflets placed inside relief boxes and delivered through EMTs and UN interagency convoys to frontline areas.
- Packs of tailored leaflets were delivered to the waiting areas of WHO's modular clinics – thanks to teams from the WHO hubs in Dnipropetrovsk, Kharkiv and Odesa oblasts. This helped to strengthen messages about preventing illness and seeking care, including for NCDs.
- Winter risk messages were amplified through a video on frostbite, hypothermia, carbon monoxide poisoning and key vaccines. Approved by the National Council of Ukraine on Television and Radio Broadcasting, this WHO video aired as social ads on national television and Ukrainian Railways screens during peak cold months, reaching millions.

Throughout the year, risk communication remained a key pillar of WHO's operations in Ukraine. WHO worked closely with the Government and other partners to reinforce a culture of trust building and two-way communication, in the context of disseminating life-saving messages to communities near and far.



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WHO Country Office in Ukraine represented during the meeting on bringing change through experience sharing from partner actions, April 2025

Health cluster

Coordination is crucial to avoid overlaps and gaps, especially during a protracted emergency. When delivering health services, coordination not only helps multiple partners to reach those in need, but it also enables better short- and long-term planning. This helps to link the emergency response to early recovery and reform, thus strengthening the health system's resilience. In Ukraine, coordination for the humanitarian health response is conducted by the Health Cluster, led by WHO.

In 2025, rising civilian casualties and increased damage to homes and civilian infrastructure, including in densely populated areas, generated urgent health needs requiring a coordinated humanitarian response. Early in 2025, the abrupt suspension of funding by some donors led to temporary interruptions in activity implementation, including in areas with the highest needs.

In this context, WHO continued to provide leadership and coordination to over 200 partners involved in the health response – avoiding duplication and implementing quality health services. The Health Cluster produced key information products to inform decision-making. These include Ukraine's Public Health Situation Analysis (5) published in August 2025, the health section of the Humanitarian Needs



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Dr Penn Amaah, Health Cluster Coordinator at the WHO Country Office in Ukraine, during the accountability to the affected population workshop in Kyiv, June 2025

and Response Plan (13) for 2025 and health contributions to the Winter Response Plan for the period October 2025–March 2026. All of them served as valuable guiding documents both for the donors who fund these plans and the partners who implement them.

The Health Cluster also conducted 23 supportive monitoring visits to partner-implemented projects across war-affected oblasts to ensure that they met the needs of the population and that these projects were collecting and addressing feedback from those helped.

Shifting front lines and heavy fighting triggered mass evacuations, peaking in August, when more than 40 000 people were displaced. The Health Cluster worked closely with health authorities to coordinate post-strike interventions. Partners provided trauma care, MHPSS, transferred patients and delivered pre-positioned medical supplies to health facilities. The Health Cluster also coordinated much-needed MHPSS at four designated transit centres in Dnipropetrovsk and Kharkiv oblasts.

Approximately 140 partners reported reaching 1.5 million people and supporting more than 1370 health facilities as of September 2025.

Operational support and logistics

Over the past 12 months, the protracted humanitarian and public health emergency in Ukraine has continued to intensify. In many frontline areas, regular transport routes are often unusable for standard cargo trucks. At the same time, health facilities within 20–30 kilometres of the front lines are hard, if not impossible, to reach by regular commercial delivery.

Before the war, WHO did not have a dedicated warehouse in the country – supplies went directly from suppliers or manufacturers to health facilities. Today, WHO runs three warehouses to handle the surge in medical supply needs caused by the war. Located in Dnipro, Kyiv and Odesa, these warehouses are strategic for prepositioning emergency supplies ahead of time. This enables speedy delivery when an emergency strikes.

In 2025, WHO's work in operations support and logistics focused on two interconnected areas: emergency response and health programme implementation.

On the one hand, ongoing emergency operations required the continuous replenishment of contingency buffer stocks – including WHO health kits and generators. On the other hand, regular health programmes required targeted, pre-planned deliveries of medical supplies to specific hospitals and clinics across the country to ensure the continuity of health services.

Last year, WHO boosted direct deliveries to hard-to-reach areas. Organized and conducted by WHO alone, the convoys travel directly to recipients in areas located less than 20 kilometres from the front lines. In 2025, WHO organized 40 such deliveries, where it was the only agency providing essential health products to those who needed them.

In parallel, WHO continued to participate in interagency convoys with United Nations and Health Cluster partners. In 2025, WHO contributed to 41 convoys representing 80% engagement, while 235 cumulative deliveries since the start of the war reached 879 636 people.

To build a stronger, data-driven health supply chain, WHO rolled out a new warehouse management system and an upgraded monitoring dashboard, including trackers for deliveries to hard-to-reach areas.



Delivery of 150 OTC kits for Kutsurub hromada (Kherson oblast) with Inter-Agency Coordination, July 2025



Convoy and the delivery of materials to the Donetsk region, February 2025

Fig. 1. Logistics - key figures for 2025



646

metric tons of
supplies delivered



41

UN interagency
convoys joined



14

times supplies
were delivered
in less than
24 hours to
respond to acute
incidents



24,6 M

US Dollars worth of
goods delivered



40

direct WHO
convoys organized

In total, WHO distributed 646 metric tonnes of supplies worth US\$ 24 652 011 in 2025 (Fig. 1). The items most in demand – particularly in hard-to-reach areas – were WHO trauma and emergency surgery kits (15), NCD kits and OTC kits. In response to 14 acute incidents, WHO delivered supplies in less than 24 hours.

Health programmes

Mental health

Amid ongoing war, mental health needs among the Ukrainian population have soared. In 2025, 72% of adults reported experiencing mental health challenges. These needs require assistance that is available at the first point of contact, sustained through crises and coordinated across sectors, so that people can access care where they live and work.

Over the past year, WHO continued to support the work of the All-Ukrainian Mental Health Programme. Initiated by First Lady Olena Zelenska in 2022, this programme aims to address the current needs of the war-affected population, while future-proofing Ukraine's mental health system.

A highlight of this work was the Government endorsing a new mental health law in January 2025. This law recognizes mental health not only as a medical issue, but also as a socially significant area that should be integrated into all aspects of life, such as education and social protection. This represents a significant milestone in Ukraine's ongoing mental health reform efforts, which WHO has supported since 2015.



From right: WHO Representative in Ukraine Dr Jarno Habicht, Head of the Coordination Center for Mental Health Oksana Zbitnieva, together with First Lady of Ukraine Olena Zelenska, Minister of Social Policy, Family and Unity Denys Uliutin, and Minister of Veterans Affairs Natalia Kalmykova at the Third Mental Health Forum in Kyiv, November 2025



“As a mental health professional, I first learned about WHO’s psychological intervention, Doing What Matters in Times of Stress (DWM) during a training session. I turned to DWM not as a practitioner, but as someone trying to cope with overwhelming challenges. These skills have helped me reduce anxiety, manage difficult thoughts, and reconnect with myself.”

Svitlana Kaminska, Research Associate at the Institute of Psychiatry, Taras Shevchenko National University of Kyiv

Continued high-level engagement helped to maintain momentum for the programme’s implementation, keeping mental health priorities visible across ministries. This included joint appearances by national leadership and WHO at international fora. These efforts were reinforced through evolving cross-country partnerships under the umbrella of WHO’s Pan-European Mental Health Coalition (16) and WHO Special Initiative for Mental Health (17).

The 2025 Mental Health Forum brought together over 1500 participants from all over Ukraine. Organized by WHO and the Coordination Center for Mental Health, and attended by the First Lady Olena Zelenska and representatives of five ministries, this landmark event provided a unique platform to reflect on the progress of mental health programming across sectors, as well as the well-being of mental health workers. Responding to the priorities voiced at the forum, WHO and partners expanded support for frontline health-care workers – with a focus on practical stress management approaches, peer support and access to psychosocial services.

In addition to strengthening leadership, governance and coordination, WHO’s work in 2025 focused on integrating mental health services into primary care, transforming psychiatric care and equipping people with much-needed coping skills. Key areas of impact are described below.

- More than 30 million patients who signed a declaration with their PHC doctor now have access to mental health services as a result of the implementation of mhGAP (14) in Ukraine. In 2025, a total of 23 396 family doctors provided mental health services and more than one million people have received mental health support from their family doctors since 2023. This shift is changing everyday practice in clinics: family doctors are increasingly confident and equipped to identify, manage and refer mental health conditions as part of routine care.
- To enable the integration of mental health care into PHC, as of December 2025, approximately 8700 PHC workers benefited from mhGAP training conducted by WHO and partners, with nearly 18% of family doctors completing training by the end of 2025.
- In the first half of 2025, the number of PHC facilities contracted by the NHSU to provide mental health care more than doubled. Together, expanded coverage, targeted training and improved funding are translating into patients receiving the initial mental health support that they need right away from their family doctor or local clinic.
- Since 2025, mhGAP has been integrated into every medical university, with over 360 certified educators ready to train the next generation of medical workers using a competency-based

approach – thanks to WHO’s prioritized collaboration with universities. Embedding mhGAP in medical education before students graduate moves Ukraine from ad hoc trainings to a durable, nationally owned model for mental health workforce development.

- A total of 575 specialists from mental health centres completed the new WHO and Ministry of Health training programme “Specialized community mental health services: human rights, recovery and effective support models”. Specialists trained earlier provided supportive supervision to strengthen and sustain their skills in real-world practice. In 2025, more than 150 community mental health centres (18) operated throughout Ukraine, providing specialized care grounded in human rights. More community mental health centres mean less reliance on institutions and support closer to home.
- Through the ongoing WHO QualityRights initiative (19), 30 trainers were trained and 19 people with lived experience of mental health conditions were engaged. Aimed at improving care in mental health facilities while upholding human rights, this global WHO programme is strengthening specialized services in Ukraine.
- To make quality care accessible for people with stress-related mental health issues, WHO continued to facilitate the integration of its evidence-based therapies – such as Self-Help Plus (20) and Problem Management Plus (21) – into services across sectors. These include social protection, health, education, veterans affairs, law enforcement, the private sector and humanitarian organizations. In the social protection sector alone, staff at approximately 160 resilience centres received training.

Building on Ukraine’s mental health goals, over time WHO has supported the country by strengthening national leadership, governance, financing and coordination. This has helped to create visionary policies and laws, raise awareness, train workers across sectors and build a network of accessible, quality services. Amid the ongoing war, WHO has focused on building sustainable capacity – both in human resources and institutions – to handle emergencies while developing a system that meets the highest European standards.



A family doctor trained in mhGAP seeing a patient in Kyiv, July 2025



“People don’t always feel ready to reach out to a mental health professional, or they may not have access to such services. I’m always happy to see positive changes in my patients. Even if I help change only a few lives for the better, I’ll be satisfied that I completed the WHO Mental Health Gap Action Programme training and I’m actively applying the knowledge and skills I gained.”

Maryna Tarasiuk, family doctor, Kyiv

Together, first-contact primary care, institutionalized education, expanded community services, stronger funding and large-scale coordination helped millions to receive timely, dignified mental health support in 2025.

Rehabilitation

Thousands of young people have suffered from complex injuries due to the ongoing war in Ukraine. Together with mental health care, rehabilitation is the most needed health service in the country.

Open sources estimate that injury cases exceeded 390 000 by early 2025. According to the Government of Ukraine, up to 64 625 prostheses were provided for 37 625 persons between 2022 and 2025, and more than 250 000 patients require rehabilitation care each year – including approximately 12 000 new patients with spinal cord injuries.

However, rehabilitation needs are not being met for very complex cases, such as those caused by war trauma. During nine months of 2025, more than 229 000 people received rehabilitation services (inpatient and outpatient combined), while 1.4% of inpatient rehabilitation cases were classified as high-complexity and 25% were deemed moderate complexity.

Furthermore, barriers across the health system also make it difficult for people on the front lines to receive rehabilitation support. This adds to their vulnerability, while raising the risk of lasting disability, complications and loss of function.

Since February 2022, traumatic injuries among military personnel and civilians have increased substantially, placing significant pressure on Ukraine’s relatively new rehabilitation system and revealing gaps in service capacity.

Filling these gaps has become a priority for the Government of Ukraine, which is continuing medical reform amid the war. This includes developing a modern system to deliver rehabilitation services as early as possible after acute health events (for example, stroke or trauma).

To support the Government’s efforts, in 2025, WHO prioritized building up specialized rehabilitation services; improving access to non-specialized rehabilitation care; strengthening governance, policy and financing for rehabilitation; and advancing disability-inclusive health.



WHO Representative in Ukraine Dr Jarno Habicht together with Yevheniy Honchar, Deputy Minister of Health of Ukraine, among the panelists at the Fourth Ukraine Rehabilitation in Healthcare Forum in Kyiv, November 2025

Highlights of WHO's work are described below.

- Multidisciplinary rehabilitation teams from 36 hospitals classified in capable hospital network were supported by on-the-job trainings at three clinical multidisciplinary rehabilitation centres of excellence in Dnipropetrovsk, Ternopil and Vinnytsya.
- Two years of collaboration between WHO and the International Society of Wheelchair Professionals resulted in international certification of nine rehabilitation professionals from the country's eastern and western oblasts as national trainers for wheelchair providers. During 2025, 154 rehabilitation professionals were trained by international and national trainers.
- A total of 284 health-care professionals received standardized training on the delivery of acute rehabilitation services for spinal cord injuries. In 2025, WHO completed the trainings, initiated in 2023 in all oblasts of Ukraine.
- More than 1100 rehabilitation services were delivered by 11 health facilities near the front lines in south-central Ukraine. These facilities received targeted technical support through WHO's outreach and mentoring, ensuring the continuity of essential rehabilitation despite frequent disruptions.
- A total of 35 health facilities serving approximately 167 000 people benefited from 16 000 donated items (for example, wheelchairs, walkers, prosthetic limbs and information technology equipment). These rehabilitation-specific donations focused on assistive products to be used in and out of hospital, and were distributed across eastern, central and western Ukraine based on need.
- Four sessions of the National Rehabilitation in Healthcare Forum were held, bringing together more than 400 participants to address diverse rehabilitation needs and improve access for Ukrainian citizens. Launched in October 2024 as the central platform for rehabilitation system reform in Ukraine, the Forum is jointly led by the Ministry of Health and WHO. The Forum's three-level coordination structure (leadership group, technical team and thematic working groups) will help to keep rehabilitation work on track with the Ministry of Health's priorities for 2025–2026.

- Multiple partners delivering rehabilitation in emergency-affected areas were supported through the Health Cluster’s humanitarian rehabilitation working group, which helped to reduce duplication and fill gaps.
- Following strategic sessions with the Government, key amendments and new laws were enacted to enhance rehabilitation and assistive technology services. Internal collaboration at WHO between the Rehabilitation and the Health Financing teams proved pivotal in this effort. This generated valuable evidence and costing analysis to strengthen Ukraine’s Program of Medical Guarantees (State package of free health services) for rehabilitation. As part of this work, WHO produced two reports on rehabilitation financing, which give clear, evidence-based recommendations to better align funding with people’s needs.
- An assessment of the prosthetics market in Ukraine was conducted to guide the Government of Ukraine on efficient procurement. WHO has been working with the Ministry of Social Policy, Family and Unity of Ukraine to lower the final price of prosthetics and their parts across the supply chain. In parallel, WHO also helped partners to prioritize the supply of the right assistive devices and rehabilitation equipment to facilities handling the most patients.
- A guidebook on housing adaptation for people with disabilities was developed, together with the Ukrainian nongovernmental organization Centre for Environmental Safety and Accessibility. Aligned with universal design principles, the materials underpin regulations and standards that the Cabinet of Ministers can use to implement this type of service nationwide. In parallel, WHO helped Ukraine’s Ministry of Social Policy, Family and Unity to update policies for people with disabilities. This involved new standards on social services, including adapting housing for accessibility, and an external assistant service for people with intellectual disabilities.
- Work is ongoing to support the Government in developing a draft law on barrier-free environments. An initiative launched in 2025 by the Adviser-Presidential Commissioner for Barrier-Free Environment, this draft law is intended to ensure compliance with human rights, non-discrimination and accessibility standards. WHO’s support has focused specifically on recommending amendments to existing legislation and assessing the alignment of the Government’s proposals with international standards.
- Disability-inclusive questions began to be mainstreamed into national health surveys and operational tools to better understand the barriers to health care faced by persons with disabilities. WHO also launched a dedicated survey to capture the experiences from Ukrainians with disabilities about the barriers they face in accessing health care.

Additional contributions to Ukraine’s rehabilitation advances are outlined below.

Rehabilitation workforce assessment

An assessment of Ukraine’s rehabilitation workforce was conducted in 2025 using WHO’s Guide for rehabilitation workforce evaluation (22). The goal of this assessment was to generate the first comprehensive overview of the country’s rehabilitation workforce across sectors based on evidence.

Data from the Ministry of Health, Ministry of Education and Science, the NHSU, professional associations and task teams helped to map rehabilitation workforce supply, demand, geographic distribution and quality of care.

The analysis found major gaps in the training of rehabilitation workers, hiring them, matching their skills to needs and spreading them evenly across regions. This provides a solid, analytical foundation for the development of a national rehabilitation workforce action plan, in line with global standards and financing reforms.



© WHO

Peer support conference in Kyiv, November 2025

Roadmap to reforming national prosthetics

At the Government's request, in 2025, WHO joined an interministerial working group to draft Ukraine's prosthetics reform roadmap. In December, the Ministry of Social Policy, Family and Unity of Ukraine presented a draft to the Office of the President of Ukraine, which was then shared with several state agencies for approval by the Cabinet of Ministers.

Peer support models for persons with diverse disabilities

In November 2025, over 130 people attended WHO's first conference in Ukraine on peer support to promote independence for people with physical injuries and diverse disabilities. The conference brought together diverse stakeholders to agree on peer support models, highlight the benefits of peer support for health equity and independent living, and showcase Ukraine's best practices.

Generating evidence on supported living models in Ukraine

WHO is involved in efforts to develop and gather evidence on supported living models in Ukraine, primarily through initiatives aimed at mental health reform and deinstitutionalization for persons with disabilities. In 2025, WHO carried out a study to review six WHO-backed pilots offering supported living for adults with intellectual and psychosocial disabilities. Key findings showed challenges to scaling up (including lack of steady government funding), but also clear gains in autonomy, daily living skills, mental well-being and community participation compared to institutions.



A patient following a treatment plan at a WHO-supported rehabilitation center, Vinnytsia, 2025.

Rehabilitation skills in acute inpatient departments near the front lines

Working with Médecins Sans Frontières Belgium, in 2025, WHO assessed needs for rehabilitation and non-rehabilitation staff in facilities across Dnipropetrovsk, Poltava and Zaporizhzhya oblasts. WHO provided technical support to build hands-on bedside skills and improve patient triage, advancing rehabilitation skills for teams in acute inpatient units near Ukraine's front lines.

With nearly 90% of oblasts supported in 2025, these actions highlight WHO's comprehensive approach to making rehabilitation services stronger, from hospital to home care. They focus on building health workers' skills, developing inclusive policies and promoting disability rights to ensure that health care is truly accessible to all in Ukraine, regardless of disability.



Maintaining regular dialogue among WHO Ukraine Country Office staff on the development throughout 2025

Health governance

Robust governance is a critical building block of a well-functioning health system. By helping all stakeholders to make better decisions and coordinate action, governance ensures that resources are used well and services reach those who need them.

With approximately 47 development partners funding Ukraine's health sector, coordination was vital in 2025. At the same time, it was clear that reform, recovery and response efforts needed to be consolidated into one comprehensive health strategy.

In this context, WHO prioritized three main areas of action: supporting Ukraine's health strategy, highlighting community views on recovery and mapping out international health assistance. As joining the EU is a big aspiration for Ukraine, focus was placed on supporting the country to align health reforms with EU acquis.

A highlight of 2025 was the Government's approval of Ukraine's National Health Strategy 2030. For the first time, Ukraine has an officially adopted a national health strategy, serving as a single reference point for both the Government and international partners. In the making since 2021, this strategy is a comprehensive framework for the Government to address key health challenges during and after the war – embodying the reforms and course correction needed to respond to shifting health needs. From start to finish, WHO supported the Government by offering expertise, sharing experience from other countries and facilitating discussions. To ensure that the strategy guides implementation over the next six years, WHO also helped to prepare a user-friendly version and a website (7) for documentation, monitoring and reporting purposes.

Supporting recovery efforts, in 2025, WHO published a report on community perspectives on health system responses and recovery efforts in Ukraine. By incorporating the views of people living and working close to the front lines, as well as IDPs, this report serves as a strategic tool to ensure that recovery efforts at the highest level reflect actual needs on the ground. Findings show that communities



PHC facility in Kyiv, November 2025

experience health recovery through practical reforms – for example, affordable medicines, easy-to-use online services and primary care that works – making a strong case for continuing reforms during the war.

Against the backdrop of ever-growing pressure on the health sector, WHO maintained a steady partner dialogue through the Health Partners Group – a platform WHO has convened since 2019. By the end of 2025, 18 meetings had kept approximately 50 partners aligned, sharing information and solving problems. In parallel, WHO created internal partner profiles for clearer visibility and tracking of health efforts. Building on this, geographical profiles will be produced in 2026, mapping activities by oblast.

Laying the groundwork for a future-ready health system, WHO also provided strategic guidance and capacity building to the Ministry of Health. Specifically, this included facilitating bilateral experience-sharing with EU bodies and countries, two rounds of mock briefings to prepare national teams for acquis screenings and top-level coaching on negotiation tactics by a senior global expert. The intent was simple: prepare health officials to approach health sector alignment with the EU; help Ukraine to streamline ongoing reform efforts to avoid duplication; and ensure that lessons learned – both from previous experiences on EU accession and from Ukraine’s own health sector response and reform – are put into practice.

Health financing

Health financing is the foundation on which any health system operates. In Ukraine, the sound funding of health services helps the Government to make decisions based on the latest data, deliver services effectively and allocate funds where they are most needed – adapting to changing health needs at a time of war. In short, it helps the health system to respond, recover and grow stronger.

Health financing is a central component of WHO’s support to Ukraine. It is also critical for ensuring transparency, accountability and efficiency.

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“After the war started, I began feeling anxious and couldn’t sleep well. I didn’t know who to ask for help, so I was really surprised that my family doctor turned out to be the one who could actually support me.”

29-year-old woman from Vinnytsia oblast

In 2025, WHO continued to help the Government to build stronger PHC. This also means prioritizing it through budgeting – understanding that PHC is the most efficient investment in people’s health and the backbone of a functioning health system during and after conflict.

A significant component of this cooperation was Ukraine’s participation in multicountry studies on rehabilitation policy and financing, conducted with the European Observatory on Health Systems and Policies and the WHO Barcelona Office for Health Systems Financing. These studies provided comparative insights from European health systems facing similar reform challenges, while Ukraine’s wartime reforms contributed practical evidence that informed regional policy dialogue and supported countries strengthening service delivery models.

Drawing on its experience managing complex public health risks in wartime, the WHO Country Office in Ukraine actively shared technical expertise across the region through WHO country offices. In Poland, it supported strengthening mental health services. In the Republic of Moldova, the WHO Country Office in Ukraine provided technical support on CBRN risk management, critical care transfers and emergency medical services, while in Tajikistan it shared experience on radiation emergency preparedness and risk communication.

Until recently, the Government lacked evidence-based methodologies to calculate the costs of delivering health-care services, which made it difficult to budget. Working closely with the NHSU, the Ministry of Health and family doctors, WHO assessed the current cost of delivering PHC services with a costing study. This led to an increased budget for primary health in 2025 and 2026, adjusting PHC provider payments to better reflect actual needs.

Thanks to evidence from this study, WHO also helped the Government to improve access to primary health services for people in rural and remote areas – including in war-affected regions. This was done through policy recommendations, which translated to additional payments for family doctors reaching more than five million Ukrainians living in underserved areas.

Through WHO’s evidence-based advocacy, funding for mental health support also increased as part of PHC services. Building on the rollout of mhGAP (14), mental health services became part of the core PHC benefit package in 2025. Importantly, this integration was reflected on the financing side: the payment system was updated to ensure that first-contact mental health costs are included in standard monthly budget for patients (rather than being optional extras). This aligns with the mandatory inclusion of mental health services in PHC.

To sustain this positive shift in health financing, WHO is finalizing an online NHSU Academy course on PHC costing, which will equip users with the skills they need for transparent, repeatable payment rate updates.



From left: Triin Habicht Senior Health Economist, WHO Barcelona Office on Health Systems Financing; Ruslan Prykhodko Deputy Minister of Veterans Affairs of Ukraine; Viktor Liashko Minister of Health of Ukraine; Mykhailo Radutskii Chairman of the Committee of the Verkhovna Rada of Ukraine on National Health, Medical Care and Medical Insurance; Nataliia Husak Head of the National Health Service of Ukraine (NHSU); Dr Jarno Habicht WHO Representative in Ukraine during policy dialogue on rehabilitation financing in Kyiv, September 2025

In 2025, WHO and the European Observatory on Health Systems and Policies published two key reports on rehabilitation financing. Exploring ways to budget more efficiently for rehabilitation services, these reports directly influenced proposed changes to Ukraine's Program of Medical Guarantees. These changes aim to improve stroke patient care in 2026.

In parallel, WHO also advanced the governance of this Program by drafting regulations to strengthen accountability in priority-setting, pricing decisions and transparency, ensuring that coverage decisions and their rationale are clear.

In the context of the ongoing war, budgets for rehabilitation have skyrocketed. Responding to the Government's request to verify that funds are used wisely, in 2025, WHO and the national rehabilitation team analysed electronic health data. With some spending imbalances found (for example, outpatient funds flowing to low-priority conditions, such as uncomplicated low back pain), adjustments will be applied to the system in 2026. Going forward, WHO is helping national counterparts to fully redesign how rehabilitation services are funded and providers are paid to ensure that spending is aligned with priority cases (such as amputations, spinal cord injuries and post-stroke conditions).

Recognizing that strong health financing is crucial given Ukraine's financial challenges, WHO paid special attention to building up expertise in this area. In 2025, WHO trained more than 350 people in health financing to ensure that representatives from the Ministry of Health, NHSU, oblast departments, medical universities and other entities are properly equipped to make fair and efficient use of health funds.

To help to manage large, long-term spending on health infrastructure, WHO also initiated efforts to improve governance related to capital investment. Following a 2025 report (23) summarizing partner and field insights, WHO began translating recommendations into practical tools. The aim is to ensure that investments are prioritized by need and appropriately timed and resourced to strengthen the overall health network and avoid fragmented or wasteful projects.



Dr Jarno Habicht, WHO Representative, together with staff from the WHO Country Office in Ukraine, WHO headquarters, and the WHO Barcelona Office, together with Nataliia Husak, Head of the NHSU, during the three-level health financing meeting in Kyiv, August 2025

Ultimately, WHO's health financing support to Ukraine aims not only to restore what has been lost due to the war, but to build back stronger. The focus is on helping Ukraine to build a renewed health-care system that delivers high-quality care at a sustainable cost, aligned with European standards.

Service Delivery

Better health care for all calls for both better services and better strategy. This means strengthening the entire health system, so that hospitals, clinics and health-care workers can deliver safe, effective and quality care.

In 2025, access to affordable medication for chronic diseases remained a challenge in Ukraine. The ongoing war exacerbated existing levels of GBV, while the health system lacked consistent frameworks for applying gender, equity and human rights principles.

In this context, WHO's approach to health services spanned eight areas: PHC; human resources for health; nursing; service delivery standards and quality; medicines policy; AMR (including infection prevention and control); GBV; and gender, equity and human rights. Across these areas, support followed a sliding scale – from strategy and technical guidance to training and mentoring, through direct service delivery where needed.

Priorities in 2025 included: fighting the dangerous spread of drug-resistant infections; ensuring that people can access affordable, quality medicines; strengthening the nursing profession and education; ensuring that family doctors and local clinics provide quality care; training and supporting health-care workers; helping the health system to respond to survivors of violence; ensuring that health care is fair and accessible to everyone; and developing guidelines and quality standards. Below are select areas of impact made possible through collaboration with health partners at all levels.

In AMR, activities contributed to implementing Ukraine's National Action Plan on Antimicrobial Resistance, improving antimicrobial surveillance and enhancing the skills of over 800 health workers on infection prevention and control, laboratory diagnosis and antimicrobial stewardship (understood as efforts to use antibiotics and similar medicines responsibly).

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“The methodology developed from this costing study represents a powerful tool to create more transparent budget estimates for various policy proposals in primary health care. This evidence-based approach assists us in advocating for more appropriate funding for primary health care within the general budget, allowing us to allocate resources better for expanding the primary health care package and responding to the population’s health need.”

Natalia Husak, Head of the NHSU



In collaboration with the UPHC, WHO supported Ukraine’s first national point prevalence survey on health care-associated infections and antimicrobial use (24). This research provides baseline data on how many patients have contracted infections during their visit, which enables the Government to prioritize corrective action, ultimately saving lives and money.

To improve coordination between the human and animal health sectors, the One Health AMR surveillance was launched by translating and adapting the Tricycle protocol, which is a standardized WHO method for integrated AMR surveillance. WHO also supported the introduction of two amended national guidelines on the topic, bringing outdated standards in line with new evidence and best practices.

In medicines, WHO drafted a white paper summarizing eight years of experience in Ukraine’s Affordable Medicines Program – a government scheme that helps people with chronic illnesses to obtain essential medicines for free or at low cost. The paper offers evidence-based recommendations to build a transparent and sustainable pharmaceutical reimbursement system post-emergency. Based on the evidence from this policy document, WHO also successfully advocated for the expansion of the National Essential Medicines List.

To improve public awareness of the Affordable Medicines Program and reduce financial barriers to essential medicines, especially for vulnerable populations, WHO implemented a national campaign in collaboration with the Ministry of Health and the NHSU. The campaign reached five million people, improving access to subsidized medicines. This work was part of wider technical support to strengthen and expand the Affordable Medicines Program, which involved reviewing strategies for further expansion of the programme and identifying potential implementation challenges.

WHO also trained staff from the state enterprise Medical Procurement of Ukraine on good distribution practices (international standards to ensure that medicines are stored and transported safely). This not only aligns with EU and WHO best practices, but also addresses the critical need for quality control, vital to prevent the dissemination of substandard or falsified medicines, especially in the context of increased international donations and strain on the supply chain.

In nursing, WHO enhanced the skills of more than 500 nurses in PHC, home-based care and rehabilitation, and contributed to the development of professional nursing standards, as well as Ukraine’s Nursing Strategy Roadmap – a reform-oriented plan to strengthen the role of nurses, focusing on better patient access and infection control. This work helped to advance the overall modernization and resilience of the nursing workforce in Ukraine. In frontline areas In frontline settings in particular, upskilling nurses



Joint mission on retention at Zaporizhzhia State Medical University, October 2025

enables them to take on an expanded scope of clinical responsibilities, helping to mitigate workforce gaps caused by shortages of physicians. In 2025, nursing capacity building also included an innovative workshop on science in nursing, highlighted as one of the first events of its kind in Ukraine and the wider European Region, alongside a leadership course delivered with the International Council of Nurses.

In PHC, WHO built the skills of more than 4500 health workers combined in the following topics: management of NCDs, improvement of PHC and development of patient pathways. In addition, WHO launched a survey on hypertension management in November 2025 to assess how national recommendations are implemented by family doctors and to course-correct where needed. All these activities contributed to the implementation of Ukraine's National Health Strategy 2030 and the improvement of primary care.

In service delivery standards, in 2025, WHO organized a National Wound Forum that brought together over 400 participants, including surgeons, burn care specialists and hospital administrators. The forum created a platform for health-care professionals to exchange best practices, work together across specialties and reach consensus on priorities for improving wound care across Ukraine. Some of the new approaches learned by the clinicians at the forum can be applied in as little as 24 hours, resulting in immediate benefits to patients. This is critical given the war-related injuries many health-care facilities are treating.

To improve the quality of care at primary and secondary levels, WHO also supported the development of six guidelines on influenza, depression, back pain, anaemia, cystitis and bronchial asthma. More broadly, WHO's work on guidelines in 2025 also included strengthening the overall national approach to the development, quality assurance and dissemination of the guidelines. WHO also provided direct support to health-care providers and authorities to create or update key guidelines to improve the consistency and quality of health care.

In GBV, equity and rights, WHO made substantial contributions to the revision of the Ministry of Health Order on documentation and care for domestic violence survivors. Once approved, this will align with WHO's survivor-centred and human rights-based approaches and international best practices, eliminating mandatory reporting. In addition, WHO trained 26 forensic experts in medico-legal documentation of conflict-related sexual violence and torture cases, marking the first time such comprehensive training was conducted in Ukraine.

Importantly, WHO GBV training packages were integrated into the curricula of six medical universities, institutionalizing survivor-centred education. To advance safety and equity in the health sector, WHO



© WHO

Joint mission on retention at Dnipro State Medical University, October 2025

also helped to develop a policy to prevent and respond to workplace harassment and discrimination in health-care facilities. In terms of service delivery, 175 post-exposure prophylaxis kits were distributed to approximately 80 front line-adjacent PHC facilities and HIV centres to reduce the risk of sexually transmitted infections.

Cross-team collaboration within WHO grew even stronger in 2025. WHO teams worked jointly with medical universities to develop and approve postgraduate training packages that universities can run independently. Delivered as part of the “one WHO” approach, these packages cover multiple topics (such as vaccine-preventable diseases, hypertension management and GBV), addressing diverse needs in primary care.

In human resources for health, WHO provided platforms to share relevant WHO products, such as workforce-related guidelines and planning frameworks, with key education stakeholders that shape Ukraine’s health workforce – including medical university directors and medical colleges.

In 2025, WHO’s support also focused on more robust workforce planning based on evidence, as well as improved alignment of workforce training with system needs. Working closely with the Ministry of Health, education authorities and academic institutions, WHO analysed health labour market dynamics, such as workforce availability, distribution and future needs, in different scenarios. This informed strategic talks on medium- and long-term planning, retention and deployment in the context of war losses, displacement and pressure from the front lines. More than 300 stakeholders were engaged (including universities, regulators and authorities), which helped to build shared ownership of reforms in human resources for health.

Work also helped to improve the quality and relevance of trainings for doctors and nurses by aligning programmes with EU and international standards, as well as modernizing curricula. With a special focus on rural and underserved areas, WHO backed analysis on keeping health workers in these areas, using global evidence and Ukrainian data to shape policies (for instance, on financial incentives, professional development and career paths). To ensure a sustainable nursing workforce, WHO also supported the growing field of nursing science – encouraging research skills and the use of scientific methods in nursing education and ongoing professional development.

Noncommunicable diseases

NCDs, also known as chronic diseases, are a core part of PHC. From cardiovascular disease and cancer to diabetes, the most effective way of controlling NCDs is reducing the underlying risk factors.

The war has disrupted the delivery and continuity of NCD services in Ukraine through damage to health facilities, population displacement, workforce constraints and increased psychosocial stress. NCDs remain the leading contributor to morbidity and mortality, with cardiovascular diseases predominating and hypertension widely prevalent. Since 2022, hospitalizations for acute myocardial infarction increased from approximately 105 to 136 per 100 000 population, and hospitalizations for stroke increased from about 344 to 417 per 100 000 population, indicating increased demand for acute cardiovascular care.

In response to these challenges, in 2025, WHO worked both to prevent NCDs in communities and to build a stronger health system to tackle them. In protracted emergency settings such as Ukraine, ensuring access to care remains crucial to save lives. With a focus on hypertension, diabetes, cancer, stroke, alcohol, tobacco and nutrition – action included capacity-building for family doctors and nurses; campaigns for public awareness and behaviour change; normative work and policy development; surveillance and evidence generation. Below are select examples of impact.

Building up the skills of health workers

- WHO enabled capacity building in hypertension management through a webinar series that reached more than 1700 family doctors nationwide; developed a simplified clinical step-by-step chart to help health workers to diagnose and treat hypertension (disseminated across 5500 PHC facilities); and created a post-graduate NCD management curriculum piloted with 45 nurses and 15 national trainers. The webinar series was implemented jointly with the Ministry of Health and uploaded to the NHSU Academy to support continued professional development and equitable access across regions.
- In June 2025, WHO facilitated the first national technical meeting on hypertension management. Attended by over 150 participants, this meeting generated a unified national dialogue on hypertension, laying the foundation for consensus on reform priorities.
- WHO supported two national rounds of five-day clinical training sessions for family doctors, based on the WHO package of essential NCD interventions (PEN) (25), which bolstered their skills in screening, diagnosing, planning treatments and managing complications across settings.
- In May 2025, WHO facilitated the training of 10 specialists from five regional CDCP laboratories on the WHO simplified trans-fatty acid detection protocol. The programme was delivered entirely by Ukrainian experts previously trained by WHO, marking a meaningful transition to national ownership and a steady path towards a zero-trans fat Ukraine.
- To assist the country with the launch of national cervical screening programmes, WHO trained approximately 300 health-care professionals (such as family doctors, nurses and gynaecologists) in cervical cancer screening according to new protocols, and 19 laboratory professionals on PCR testing for human papillomavirus (HPV).

Changing habits through campaigns

- In 2025, WHO launched Ukraine's first national behaviour change campaigns on salt reduction and hypertension, raising awareness among a total estimated audience of 17 million. The salt

reduction campaign generated an estimated 15 million impressions nationwide and more than 50 000 interactions on the campaign landing page. The hypertension campaign reached 1.9 million unique users and achieved a 75% full-video watch rate, including 2.1 million YouTube in-stream views, demonstrating high engagement with prevention messaging even in crisis conditions.

- WHO reached thousands of women across Ukraine with practical information on how to prevent cancer by distributing 10 000 brochures and 3500 posters on cervical cancer screening.

Collecting evidence to inform change

- WHO helped to generate better data for decision-making through nationwide surveys on tobacco, nicotine and alcohol consumption – completing the fourth Global Youth Tobacco Survey (26) and producing a comprehensive tobacco taxation and alcohol consumption survey (27).
- To scale up alcohol control through policies and services, in 2025, WHO presented a comprehensive analysis of Ukraine's 2023–2024 national alcohol surveys. The pattern of polarized drinking, where light drinkers cut back while heavy drinkers consume even more, emerged as a valuable insight to guide targeted policies in Ukraine's national alcohol action plan currently under adoption.
- To guide national sodium reduction strategies, WHO conducted a survey on salt-related knowledge, attitudes and behaviours. Simultaneously, WHO supported laboratory monitoring of salt content in bread, demonstrating that many commonly consumed products exceed recommended thresholds. The findings informed subsequent communication campaigns and regulatory dialogue on front-of-pack labelling promoting WHO salt benchmarks for different foods (28).
- With the Ministry of Health and other partners, WHO conducted the most comprehensive cancer system assessment in Ukraine to date. This will provide a clear roadmap for future policy reforms and donor investments.
- In February–July 2025, WHO successfully implemented a regional pilot in Cherkasy oblast to operationalize Ukraine's new HPV screening standard. This will inform future national scale-up. Partnering with the Karolinska Institute, a leading medical centre in Sweden, improved quality control through independent, external checks on Ukraine's HPV testing.
- In October–December 2025, WHO teamed up with the CDCP and the Ukrainian Institute for Social Research after Olexander Yaremenko in Kyiv to launch the second round of nicotine- and tobacco-free schools in Ukraine's capital. This initiative tackled teen tobacco and nicotine use by rolling out no-tobacco/nicotine policies in schools, as well as running awareness activities for students, teachers and parents. A two-wave survey of 813 students across 14 schools tracked impact, showing that the project increased students and teachers' awareness of school-level bans, while strengthening the visibility and enforcement of tobacco- and nicotine-free policies.

Strengthening the health system through regulations and policy

- For stroke care, WHO supported the Ministry of Health with a nationwide assessment of 68 hospitals across 18 oblasts, developed the stroke network dashboard for real-time monitoring and convened the Fourth Technical Meeting on Stroke Care with over 150 national and regional experts in attendance.
- WHO supported the Ministry of Health in finalizing Ukraine's first clinical standard for medical care for people with alcohol use disorders. This lays the foundation for consistent care services throughout the country.



Experts convened by WHO for a policy dialogue on “Sodium Reduction as a Strategy for NCD Prevention”, Kyiv, Ukraine.

- In a major milestone, WHO finalized and published the WHO situational analysis of acute stroke care in Ukraine (29), which now serves as a reference for national reform.
- Throughout 2025, WHO collaborated with the Ministry of Health, national regulators and other partners to develop more than 10 key normative documents that harmonize Ukrainian food safety, dietary supplements and chemical exposure regulations with EU standards.

Promoting health through good nutrition

- WHO provided technical and financial support to the third round of the “Five steps to healthy eating” initiative. Conducted across 35 schools in four oblasts, the initiative promoted healthy eating among schoolchildren and communities. This led to improved knowledge among thousands of students, teachers and parents, as well as closer cooperation between the health and education sectors.
- WHO supported the publication of the FEEDcities report (30) – a study on urban food environments – including the methodology to detect trans fats in laboratories. Based on this methodology, Ukraine launched its first national trans fat monitoring, testing up to 300 food samples. The results will be shared in 2026.

Collectively, these efforts boosted Ukraine’s evidence base, workforce capacity, clinical infrastructure and policy architecture for the prevention and control of NCDs.

Specifically, they advanced PHC practice, improved public understanding of preventive behaviours, established a foundation for modernizing cancer care in Ukraine, reduced exposure to harmful food components and prepared Ukraine to enforce international best practices – ultimately benefiting millions of people living with NCDs in the country.

Vaccine-preventable diseases and immunization

In the context of the ongoing war in Ukraine, the public health system has faced increasing risks and ongoing outbreaks of diseases that vaccines can prevent. This is due to several factors, including suboptimal immunization coverage, interrupted surveillance, disrupted electricity supply to the cold chain for vaccines, staff and skill shortages, and massive population displacement.

At the same time, the Ministry of Health has been working with partners to modernize the National Immunization Programme, introduce new vaccines and align national policies with WHO recommendations and international standards.

In the past year, WHO's support to Ukraine focused on meeting urgent needs sparked by the war, while facilitating long-term improvements to the cycle of disease prevention and control. This includes maintaining high vaccination rates, securing a steady supply of quality vaccines, boosting surveillance and strengthening preparedness to tackle disease outbreaks.

To sustain testing for epidemic-prone respiratory viruses despite tight state budgets, WHO supplied public health laboratories with essential PCR reagents and kits for coronavirus virus pandemic, and other key pathogens. This enabled timely responses when answers were needed.

In 2025, work in this area focused on measles, polio, rubella and diphtheria. Under the leadership of the Ministry of Health and UPHC, WHO achieved the top three results presented below.

- Stronger routine immunization during the war, including in frontline oblasts – WHO supported the implementation of the National Immunization Strategy, aligned with WHO recommendations and the Immunization Agenda 2030. WHO provided technical assistance, training and resources to turn national and regional plans into action across all 25 oblasts and Kyiv city. Thanks to the support of Gavi, the Vaccine Alliance, all vaccines for the national programme were procured. This, together with government action supported by WHO, helped to sustain coverage despite the war.
- Addition of the HPV vaccine to the national vaccination schedule – WHO supported the introduction of HPV vaccination into the national immunization schedule to protect girls from cervical cancer. WHO also contributed to expanding the schedule of the standard pentavalent vaccine by adding hepatitis B, which protects more children against deadly diseases in fewer shots. Working with national partners, a comprehensive plan for the implementation of the updated National Immunization Schedule 2026 was finalized, outlining concrete actions for all regions of the country. WHO reached over 20 000 health-care workers across all oblasts on the updated schedule through a cascade training process to boost vaccination safety, effectiveness and coverage. These efforts will directly benefit millions of children and adults through improved vaccination and stronger compliance with national standards.
- First-of-its-kind, innovative vaccine cold room simulation exercises, with potential for global sharing and learning – WHO trained staff from 16 regional CDCPs and local health authorities to prevent vaccine loss and protect vaccine quality. The new training simulations featured emergency scenarios, such as prolonged power outages, missile strike proximity, cold-room overcapacity and disrupted transport networks. Thanks to its wider applicability potential, this simulation methodology is being reviewed by WHO headquarters and the WHO Regional Office for Europe to be shared across countries.

WHO also assessed risk and monitored the spread of diseases for measles, polio, rubella and diphtheria, while updating the national response plan for measles (including 25 regional plans). Early in 2025, WHO deployed response teams to assess needs in eight oblasts facing increased risk of measles. The teams reviewed disease trends, cold-chain strength and service readiness, and accelerated the implementation of the updated plans.

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“Compared to the pre-war situation, the number of cases involving animal bites has increased significantly. The number of attacks by wild animals, which even enter households and the city, has increased significantly. That is why it is very important that hospitals have sufficient supplies of rabies vaccines.”

Oleksandr Kovachuk, Orthopaedic Traumatologist at Balakliya Clinical Multidisciplinary Intensive Care Hospital, Kharkiv oblast



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Medical procurement to sustain the medical supply system in Ukraine, March 2025

Additionally, WHO conducted behavioural research among hard-to-reach groups in four oblasts (Dnipropetrovsk, Kharkiv, Odesa and Zakarpattya) to identify barriers to routine immunization and adjust communication strategies. Listening to families’ concerns is key to providing clear, tailored and accurate information to reassure parents and caregivers of the safety and efficacy of vaccinations. To avoid duplication with quantitative campaigns led by partners, WHO applied a qualitative approach and the findings will be shared in 2026 through a national workshop to enable regions to address their respective barriers with tailored outreach.

These activities directly benefited millions of children and adults. Improved vaccinations, adherence to national standards and emergency preparedness helped to ensure life-saving protection against vaccine-preventable diseases even during crisis.

Joint infectious diseases

Since February 2022, the war in Ukraine has put progress against communicable diseases at risk, including HIV, TB and viral hepatitis.

According to WHO estimates, TB rates have quadrupled since 2024. Displacement has interrupted treatment for people living with HIV, making tracking and re-engagement difficult. Disruptions to HIV



Onsite functional simulation exercises, co-created by WHO to support Ukraine's vaccine cold chain in Chernihiv, October 2025

services, population data and monitoring systems have obscured actual HIV numbers, while shortages of medical staff and supplies continue to pose a severe risk of disease and death.

In 2025, WHO supported the Ministry of Health with a comprehensive evaluation of the national programmes for HIV/AIDS, opioid substitution therapy, TB and viral hepatitis. This was done to assess progress, identify gaps and provide a recovery plan in the context of war and reduced external funding. The evaluation will benefit an estimated 20 000 new and recurrent TB patients annually as well as tens of thousands living with HIV and viral hepatitis who rely on continuous care.

In addition, WHO promoted rapid HIV/hepatitis tests and artificial intelligence-assisted chest X-rays for TB screening near the front lines, so that patients get care where they live despite disruptions. WHO also provided simple and effective tools that clinicians now use to detect and treat advanced HIV and TB/HIV co-infections in earlier stages of care.

On TB, WHO's work focused on building up the skills of health workers to carry out the vital steps of disease detection, prevention and monitoring, as well as strengthening the health system. Selected highlights are described below.

- The cost required to deliver TB interventions in Ukraine between 2026 and 2030 was estimated with a comprehensive costing exercise. This strategic yet practical tool will inform planning, action and funding.



WHO supported the National Reference Laboratory to establish a Drug Resistance Surveillance Centre and begin implementing sequencing-based monitoring in Kyiv, July 2025

- A total of 34 TB laboratory specialists from 25 regional laboratories and the penitentiary sector were trained in monitoring and evaluation. This helped to address the urgent need to update TB diagnostic monitoring amid critical staff shortages in regional laboratories.
- Next-generation sequencing was introduced for the surveillance of TB drug resistance, with WHO's support to Ukraine's National Reference Laboratory. Laboratory assistance also focused on quality checks, International Organization for Standardization accreditation and updating Ukraine's diagnostic algorithm. Together, these efforts reached more than 300 laboratories, which diagnose approximately 18 000 new TB cases every year.

On HIV, WHO's work focused on early access to treatment and effective care for HIV. Selected highlights are provided below.

- Nearly 200 health-care workers from across Ukraine were trained in advanced HIV disease management.
- More than 600 health-care providers were trained in provider-initiated testing and counselling planning tools.
- A new standard of medical care for the prevention, diagnosis and treatment of opportunistic infections in people living with HIV was approved by the Ministry of Health in October 2025. This equips health workers with updated guidance for managing advanced HIV complications.

Despite the ongoing war, WHO's support to Ukraine in 2025 helped to protect essential services for communicable diseases, while keeping alignment with national health commitments. Improved early detection, stronger laboratory quality and modern surveillance for drug resistance sped up access to treatment, with better results for thousands of patients affected by TB, HIV and viral hepatitis.

Health information and statistics

The health information management team supports decision-making based on evidence. It does so by generating, verifying and analysing health data that helps health stakeholders at all levels to make the best use of resources and meet the changing needs of the Ukrainian population.

In mid-2025, the health information management team formally transitioned from being an emergency team to a cross-cutting team, serving the whole of WHO in Ukraine.

In health information management, WHO prioritized four main areas of support: strengthening routine and emergency health information systems; generating evidence for data-informed decision-making through surveys and assessments; advancing behavioural and cultural insights; and aligning Ukraine's systems with EU and global data standards.

In the past year, the team helped both WHO and the Ministry of Health to make timely, informed decisions by transforming raw data into actionable intelligence that guides both immediate emergency responses and longer-term health system planning.

WHO partnered with the Center of Disaster Medicine to improve emergency notification reporting and unify prehospital data flows. This aligns with Ministry of Health Order No. 189 (31) on standardizing temporary disability assessments and medical certificates.

In addition to mapping and standardizing workflows, the WHO team also piloted a unified digital reporting tool in Dnipropetrovsk and Zaporizhzhya oblasts, rolling it out nationwide by 1 March 2025. In its first year, the tool logged over 8500 notifications from 24 regions – helping the Government and all partners to understand what is happening in real time during a crisis (for example, drone strikes and mass casualties), so that they can respond more quickly and effectively.

In 2025, Ukraine's Health Needs Assessment was published. This large-scale survey provides an invaluable snapshot of Ukraine's health situation, as it captures self-reported health needs, access to health services and barriers to care. In collaboration with the WHO Hub in Berlin, the team also conducted frontline community and seasonal (winter/summer) assessments. Piloted and refined in Ukraine, these tools are now being documented for broader use.

Building on this, the team adapted the methodology used in these assessments to the Ukraine Health Tracker survey – a quarterly study tracking health-care access, medicines and health trends during the ongoing war. The team also ran targeted frontline assessments in the area of NCDs, service delivery, operations and emergency medical services. Together, these tools generated actionable evidence to guide operational decisions.

In 2025, national medical statistics was a new major area of focus. As Ukraine's centralized system for collecting, standardizing and reporting health data nationwide, this branch of statistics forms the backbone of EU-aligned reporting. After field visits to oblast health departments, the WHO team held a national workshop for statisticians and regional health offices to share innovations, standardize forms and identify gaps that require new Ministry of Health orders. Online refresher training sessions on tools such as Google Sheets and Microsoft Power BI were conducted with the Ministry of Health and the UPHC.



Reviewing the spatial accessibility of the emergency medical service network among WHO Ukraine Country Office staff and local partners, November 2025

Together with the UPHC, the team also facilitated the development of national public health research skills via phased training. Targeting specialists from regional CDCPs, an initial online workshop covered the fundamentals of study planning, such as protocols, analysis and ethics. This was followed by hands-on in-person training in Kyiv using real-life case studies from Ukraine to boost study design and data collection skills, as well as regional teamwork.

In March 2025, an Emergency Response Information Management System (31) assessment was conducted using the standard methodology developed by the WHO Regional Office for Europe. At the authorities' request, it focused on crisis data handling and identified gaps in data governance, flows and quality. A high-level summary is being finalized at the time of writing.

Together with the UPHC, the team conducted a desk study on behavioural change interventions in Ukraine. Mapping stakeholders, laws, policies and science, the study report is expected to be published in 2026. At the request of the UPHC, the team supported the translation of 10 key behavioural change intervention guidelines into Ukrainian, covering basics and priority areas. In addition, the team facilitated specialized training in behavioural science, neuromarketing tools and communication strategies for UPHC representatives.

Additional accomplishments

Additional results in 2025 include:

- developing a dashboard to monitor the number of people trained with mhGAP (14), identify hospitals with trained staff and highlight facilities where additional training is needed;
- developing a dashboard to track gaps, priority regions and areas with limited NCD coverage, with a particular focus on stroke; and
- generating data to optimize the geographical spread of outreach health-care units to ensure coverage of hard-to-reach populations, accomplished by applying advanced geographic information system methods, in coordination with the WHO Regional Office for Europe.

Through these efforts, the health information management team reinforced a culture of accountability – providing the evidence backbone for both the immediate emergency response and longer-term health-system reform (Box 1).

Enabling WHO deliver

Behind every health programme and emergency intervention that WHO delivers in Ukraine are teams that work tirelessly to make it possible. Together, these teams form the foundation on which everything else rests. None of this work is visible in the way that treating a patient or delivering medicines is visible – but without it, none of that work would be possible.

In a country at war, keeping an office staffed, secure, funded and connected to the right decision-makers is not a routine task. It requires constant attention, adaptation and coordination. In 2025, these teams made it possible for WHO to sustain its work across Ukraine, maintain the trust of the Government and partners and ensure that health services reach the people who need them most.

Business operations support

The business operations support team keeps the WHO Country Office in Ukraine running on a day-to-day basis. It covers a broad range of functions: managing finances, hiring and supporting staff, ensuring that computers and technology work, looking after office buildings, buying goods and services, managing vehicles, protecting health and mental well-being of the staff and ensuring that the workplace is safe and free from abuse.

Working closely with UN agencies and other partners, its goal is to ensure that the right conditions are in place – people, funding, technology, buildings and safety – in order for WHO's health programmes and emergency response to function effectively.

In 2025, the business operations support team enabled WHO to keep working in Ukraine by ensuring that staff were recruited, supported and equipped to work safely in a high-risk environment. Within business operations support, the human resources team hired staff and consultants to fill urgent roles. The staff health and well-being team conducted mental health sessions throughout the year, offered health checks, assessed risks in the workplace and trained key staff in how to respond to emergencies.

The business operations support team also ensured the continued operation of key infrastructure. The information, communication and technology team strengthened internet connections and computer security, including fitting vehicles with satellite internet to keep staff connected during their work in the field. The fleet team improved scheduling, brought in new vehicles and prepared the fleet for rapid use in a crisis. The procurement team moved towards buying more goods locally, which meant faster delivery and better follow-up service.

Preventing exploitation, abuse and harassment has been a priority since the war began. By integrating this into everything that WHO does, rather than treating it as an add-on, the Office built a stronger foundation of accountability for all its activities in Ukraine.

Security is a crucial part of the team's work. By regularly assessing security risks, following UN safety rules and running safety training, the team ensured the safety of WHO staff, buildings and operations.

Without this work, in 2025, WHO would not have been able to deliver medical supplies and health services across Ukraine. The team put safety measures in place for the convoys that transported supplies to communities in need and bolstered the physical security of the locations from which WHO operates. This allowed WHO to continue to work safely and effectively despite the war.

Executive office

The Executive Office team connects all parts of the WHO Country Office in Ukraine, ensuring that everyone is working towards the same goals. It coordinates the different internal teams – health emergencies, health programmes, health services and operations – and liaises with the WHO Regional Office for Europe and WHO headquarters. Its role is to ensure that WHO's actions on the ground in Ukraine align with its broader goals and priorities.

The team maintains an ongoing relationship with the Government of Ukraine, managing strategic meetings with the Ministry of Health and other senior officials, including the Cabinet of Ministers, the National Security and Defense Council and parliamentary committees. It also coordinates with the United Nations Country Team in Ukraine, facilitating WHO's participation in it as part of the broader UN family.

In 2025, the Executive Office kept WHO visible and credible at the highest levels – both inside Ukraine and internationally. It organized and managed all senior WHO visits to Ukraine, including those by the WHO Regional Director and other global leaders. It also ensured visibility for Ukraine's health priorities on the international stage by securing the country's participation in major WHO meetings and conferences, including events where Ukraine's recovery and health reforms were directly discussed.

Communications

The communications team tells the story of WHO's work in Ukraine to the public, the media and partners. It does so by implementing a strategic communications plan and developing tailored communications products aligned with WHO messaging, national health priorities and emerging needs.

The team works across digital, media and event channels, producing multimedia content, managing social media platforms, conducting media outreach and supporting high-level events and missions. It collaborates with national stakeholders, local authorities, international partner organizations and donors to develop health messages that reach far and wide. Besides coordinating with WHO's regional and global communications, the team also participates in a joint UN communications group to ensure that health messages are consistent and embedded in communication efforts more broadly.

In 2025, the communications team helped WHO to build trust with the people it serves and the partners on whom it depends. Its media work resulted in broad coverage of WHO's activities, both in Ukraine and abroad, through news stories, interviews, online posts and publications. It also supported high-level events and missions, ensuring their visibility.

In the digital space, the team reached large audiences across multiple platforms. Top posts addressed issues such as attacks on health-care facilities and practical public health information. This demonstrates the team's ability to communicate both urgent and preventive health messages, as well as the relevance of these messages.

The team also ensured the timely publication of scientific evidence from the Country Office's work through reports and articles in both English and Ukrainian, further reinforcing WHO's role as a leading health authority. By aligning communications with partner visibility, the team also contributed to sustaining the partnerships that fund WHO's work in Ukraine.

Programme management

The programme management team plays a central role in ensuring that funding is well managed, activities are tracked and results are reported to the partners who make the work possible. In a conflict setting, where resources are limited and needs are great, this team improves accountability, transparency and coordination to enable WHO to mobilize and leverage resources efficiently.

In 2025, the programme management team enabled WHO to respond to the most urgent health needs of the people of Ukraine by ensuring that the funding, planning and reporting systems were in place and working. It set up monitoring systems, including checks carried out by independent third parties, to ensure that activities were being delivered as promised and that results could be demonstrated to donors.

By supporting WHO's participation in the UN Country Team, the team helped to ensure that WHO's actions were aligned with the wider effort to support Ukraine – not just in responding to the immediate crisis, but in helping the country to recover and build a stronger health system for the future. The team also worked to make sure that issues like gender equality, disability and climate were considered across all the programmes funded and run by WHO.

Box 1. Health campaigns

In 2025, WHO delivered several health information campaigns across Ukraine, reaching all 24 regions. This was made possible by the essential collaboration with Ukrainian health authorities, in addition to local, national and international partners.

A vital tool to prevent disease and promote health, campaigns are key to helping Ukrainians to better understand the health risks in their specific context and, most importantly, take action to protect themselves.

WHO's campaigns answered important health questions: from why and where to get vaccinated against measles and polio, to what medicines patients can receive for free.

Other topics included: knowing when to get the HPV vaccine recently added to the national immunization schedule; improving medicine storage, transport and handling to ensure quality and safety; encouraging informed use of antibiotics to fight AMR; addressing mental health and combating stigma; understanding why and how to eat less salt for better health; protecting oneself from rabies before and after being bitten; and protecting oneself from hepatitis, diabetes and hypertension in war-affected areas and temporary shelters.

To ensure that life-saving information gets into the hands of people who needed it, the campaigns leveraged multiple print and digital media, such as leaflets, posters, SMS, exhibitions, billboards, videos, banners, quizzes, radio and TV spots, social media, focus groups and more.

Millions of people were reached with these campaigns. Examples include: 7.5 million impressions with the Affordable Medicines Program campaign; 45.6 million impressions with the How are U? campaign and more than 1.9 million impressions with the hypertension prevention campaign.

Oblast fingerprint

In 2025, the WHO Country Office in Ukraine delivered its mandate across the entire country through a single, integrated operational model, with activities unfolding differently across oblasts depending on risk, system maturity and recovery needs. While the context varied from frontline regions under constant threat to comparatively stable areas focused on reform, the logic of engagement remained consistent: to protect public health, sustain essential services and strengthen systems for the future.

In eastern and southern oblasts exposed to sustained hostilities, such as Donetsk, Kharkiv, Kherson parts of Sumy and Zaporizhzhya, WHO's presence centred on keeping health services accessible while embedding preparedness within routine care. Mobile outreach services supported PHC in hard-to-reach communities, particularly in Chernihiv, Kharkiv, Kherson, Mykolayiv, Sumy and Zaporizhzhya, ensuring continuity where fixed facilities faced access constraints. At the same time, emergency medical readiness was strengthened through an extensive programme of training delivered by WHO emergency and trauma teams. Courses in basic and advanced life support, paediatric emergency care, trauma and disaster response, mass casualty management and hostile environment surgery were conducted across Ivano-Frankivsk, Kharkiv, Kyiv city, Odesa, Sumy and Ternopil oblasts, building a skilled workforce capable of responding to surges while improving everyday emergency care.

Alongside clinical response, WHO's laboratory and surveillance teams worked in these same oblasts to reinforce the public health foundations that allow risks to be detected early. Biosafety and biosecurity trainings, laboratory assessments and quality management support oriented towards ISO 15189 accreditation strengthened diagnostic capacity in frontline regions such as Donetsk, Kharkiv, Kherson and Zaporizhzhya. These actions ensured that service delivery was backed by safe, reliable diagnostics, and that disease threats could be identified before overwhelming clinical services.

A different but complementary role was played by oblasts that functioned as national and regional hubs. Kyiv city and Dnipropetrovsk, Kyiv and Lviv oblasts hosted a dense concentration of WHO activities that linked frontline pressures with longer-term system reform. In these areas, WHO supported large-scale laboratory system strengthening, including development of standard operating procedures, accreditation preparedness, biosafety, PCR and next-generation sequencing trainings, with Kyiv city and Dnipropetrovsk, Lviv and Odesa oblasts emerging as focal points for building nationwide laboratory capacity. These technical investments benefited not only host oblasts, but also facilities and laboratories across the country through shared standards and cascade trainings.

The same hub regions played a central role in rebuilding specialized services essential to recovery. Through its rehabilitation team, WHO advanced multidisciplinary rehabilitation services via structured clinical trainings for rehabilitation teams, wheelchair service provision programmes, acute spinal cord injury rehabilitation and stress management training for professionals. Activities in Dnipropetrovsk, Lviv, Rivne, Ternopil and Vinnytsya oblasts helped to strengthen regional care while establishing training platforms and centres of excellence that now support national scale-up.

Kyiv city, in particular, became the anchor point for governance, coordination and policy dialogue. WHO supported national-level discussions on antimicrobial stewardship, reduction of sodium and elimination of trans-fatty acids, stroke care improvement, cancer system assessment and alignment with EU-oriented health reforms. Through these processes, oblast-level implementation was directly linked to national recovery and reform priorities, ensuring coherence across levels of the health system.

In central and western oblasts with more stable access, such as Chernivtsi, Ivano-Frankivsk, Poltava, Rivne, Ternopil, Vinnytsya, Volyn and Zakarpattia WHO's footprint was shaped primarily by reform-oriented interventions. PHC and NCD teams supported extensive workforce training programmes using package of essential noncommunicable (PEN) and HEARTS protocols, as well as

technical enhancement courses on hypertension, diabetes and electrocardiogram interpretation. These trainings, delivered in oblasts that include Kharkiv, Kyiv, Odesa, Ternopil and Vinnytsya, strengthened the quality of routine care while piloting updated clinical pathways that were later applied more broadly.

Public health and surveillance capacity was also reinforced across these oblasts. Event-based surveillance trainings using the Epidemic Intelligence from Open Sources platform and analytical modules of the electronic surveillance system were delivered in Dnipropetrovsk, Kharkiv, Kirovohrad, Kyiv, Lviv and Zakarpattia oblasts. Targeted assessments of measles, rubella and polio surveillance in Cherkasy, Ivano–Frankivsk, Kirovohrad, Poltava, Vinnytsya and Zakarpattia oblasts strengthened outbreak detection and informed national immunization strategies. These interventions positioned several western and central oblasts as testing grounds for surveillance approaches subsequently scaled nationwide.

Across all regions, infection prevention and AMR work provided another unifying strand. Winter and autumn schools, stewardship mentoring, integrated AMR surveillance workshops and hands-on training for hospital teams were implemented in Dnipropetrovsk, Kyiv, Lviv, Odesa and Volyn oblasts. By integrating clinical practice, laboratory surveillance and policy dialogue, WHO ensured that quality of care and public health protection advanced together.

MHPSS formed a central component of WHO's recovery-focused footprint nationwide. mhGAP, Problem Management Plus, Self-Help Plus, eye movement desensitization and reprocessing, motivational interviewing and specialized community mental health trainings were delivered across Chernivtsi, Dnipropetrovsk, Kyiv, Lviv, Mykolayiv and Ternopil oblasts. Many of these activities were conducted in partnership with universities and professional associations, strengthening sustainability, and integrating mental health into routine primary and specialized care.

WHO's work on protection and inclusion was similarly embedded within health systems. GBV and conflict-related sexual violence trainings supported trauma-informed care, survivor-centred approaches, medico-legal documentation and strengthened primary care response in oblasts such as Dnipropetrovsk, Kyiv, Lviv, Odesa and Poltava, ensuring that vulnerable populations were reached through mainstream health services rather than parallel structures.

Preparedness remained an essential but integrated element of WHO's support. Through its CBRN teams, WHO conducted radiation and chemical preparedness trainings, simulation exercises and decontamination tent deployments in Dnipropetrovsk, Ivano-Frankivsk, Khmelnytskyi, Kyiv, Mykolayiv, Odesa, Sumy and Zaporizhzhya oblasts. These activities strengthened emergency readiness while also improving occupational safety and hospital contingency planning as part of routine system performance.

Throughout the country, public health protection provided the connective tissue of WHO's footprint. Surveillance, laboratory quality systems, vaccination readiness, One Health collaboration and water safety planning were advanced across oblasts through coordinated work of public health, laboratory, surveillance and environmental health teams. One Health workshops, intersectoral tabletop exercises, rabies coordination forums and veterinary curriculum enhancement in Dnipropetrovsk, Kyiv, Odesa and Poltava oblasts strengthened preparedness for zoonotic and environmental threats that cut across administrative and sectoral boundaries.

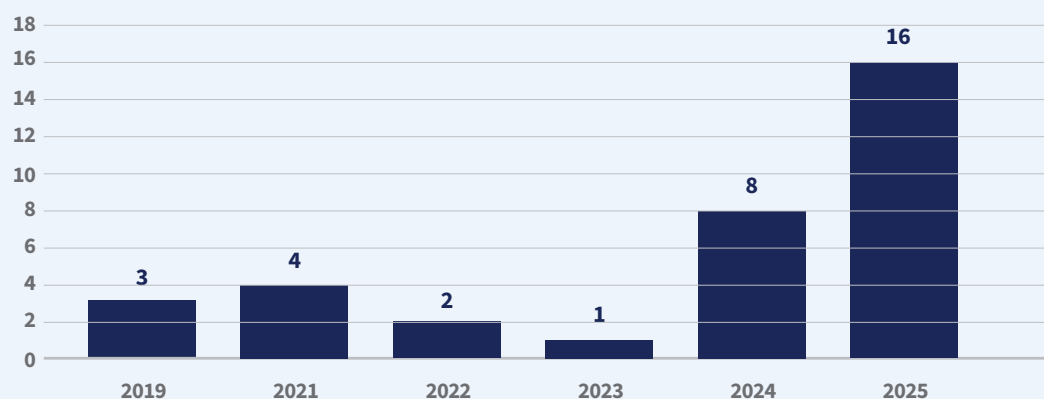
Taken together, WHO's presence across Ukraine in 2025 was defined not by isolated emergency responses or standalone regional projects, but by a coherent national effort delivered through an integrated country office. Each oblast reflected a different combination of access support, preparedness, reform and system strengthening, yet all contributed to and benefited from the same overarching approach: safeguarding public health, maintaining essential services and advancing recovery and reform across Ukraine as a whole.

Technical guidance and publications

During a prolonged emergency, the capacity to generate, adapt and apply health knowledge is a key element of health-system resilience. Throughout 2025, the WHO Country Office supported continued linkages between Ukraine's health system and global technical guidance, facilitating the use of international standards in national decision-making and promoting the use of locally generated evidence in policy development (Fig. 2). WHO also supported documentation and dissemination of lessons learned from Ukraine's experience for wider learning.

WHO ensured that Ukraine continued to benefit from WHO's global normative leadership across various public health domains, from surveillance and laboratory readiness to emergency preparedness, NCDs, mental health, rehabilitation, health financing and public health legislation. Rather than simply transferring international standards, WHO translated them and continued to adapt this knowledge to the Ukrainian context, contextualizing training materials and integrating global protocols into national workflows. Updated guidance on chemical and radiation emergency preparedness, clinical protocols for hypertension and mental health, the WHO Strategic toolkit for assessing risks, laboratory quality and biosafety standards, immunization protocols, AMR and infection prevention and control guidance, and international and EU-aligned frameworks all reached decision-makers and public health institutions through WHO's sustained dialogue with national authorities.

Fig. 2 Total journal publications



Total journal publications: 34

Global standards only have value if they meet the needs and conditions on the ground. Therefore, WHO generated a parallel body of evidence and tailored analytical products built specifically for the Ukrainian context, assessments of disease surveillance, reports on stroke care, cancer control, alcohol and tobacco control, two national rehabilitation financing studies, a prosthetics market assessment, the Public Health Situation Analysis, costing of PHC services, behavioural research for immunization

and health information needs, technical reviews supporting legislation and EU acquis alignment, health needs assessments of the adult population, the Health Tracker survey, seasonal risk assessments, and the Health Resources and Services Availability Monitoring System. This country-level normative work continued to inform budget decisions, guide reconstruction planning, shape policy reform and give government partners the evidence they need to act with confidence amid acute uncertainty.

Ukraine's experience has become one of the most important real-world contributions to global health knowledge in a generation. Since 2022, the WHO Country Office in Ukraine steadily expanded its scientific output, authoring or co-authoring peer-reviewed articles in leading public health journals. Topics span modular PHC in emergencies, water and sanitation in war settings, radiological and chemical emergency preparedness, AMR in war-affected contexts, tobacco control during complex emergencies, mental health integration, well-being of health workers, rehabilitation and assistive technology, genomic disease surveillance, and health financing for recovery. Through collaboration with the European Observatory on Health Systems and Policies, Ukraine's health system resilience has been systematically documented for regional policy dialogue and applied research. Ukraine's experience has also directly informed global WHO tools, the updated WASH Readiness Checklist, CBRN simulation exercise methodologies, EU-aligned regulatory guidance and emergency governance frameworks, so that what Ukraine learned under fire can help to strengthen health preparedness in other countries.

Financing and operational evolution (2018–2025)

Over the past several biennia, the WHO Country Office in Ukraine maintained both long-term development support to the country and the humanitarian response.

In 2018–2019, the Office managed a portfolio of approximately US\$ 20 million, with humanitarian activities, focusing on the humanitarian needs in two eastern oblasts of Ukraine, representing roughly one third of the funding and the remainder supporting development programmes. Development work focused on health systems, primary care and financing, along with addressing NCDs, HIV and TB. Furthermore, considerable efforts were directed towards managing measles outbreaks and improving vaccination coverage. This balance formed the foundation of the Office's dual-track strategy: addressing immediate humanitarian health needs while simultaneously investing in sustainable system development as reforms rolled out since 2016.

The coronavirus disease (COVID-19) pandemic marked the first major shift in the scale and structure of financing. As the outbreak response needs increased, in 2020–2021 the Office began operating under a multimodel approach, combining COVID-19 response, humanitarian action, and development programmes. Funding nearly tripled during this period, reaching approximately US\$ 55 million, enabling operations that reached people across the country and reflecting the growing complexity of operations. Notably, development funding was not repurposed or discontinued, but it continued alongside the COVID-19 and ongoing emergency responses.

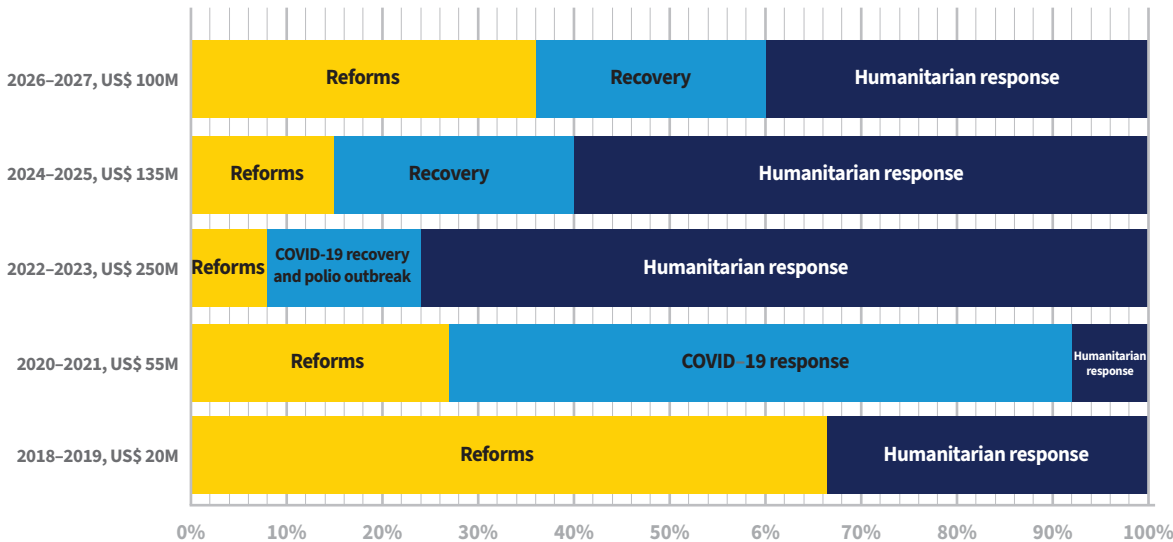
Since February 2022, the war in Ukraine led the Office to further expand its operational and financial capacity. In 2022–2023, operations followed a multi-track approach, integrating war-related humanitarian response, COVID-19 response and early recovery, a scaled-up polio response, and ongoing development activities. During this phase, funding increased substantially, exceeding US\$ 250 million, and programme activities expanded across multiple oblasts, supporting partners nationwide.

Across these phases, from 2018 to 2023, WHO's operational scale and reach expanded significantly in response to evolving health needs. Humanitarian operations initially focused on conflict-affected populations in eastern Ukraine, before expanding nationwide during the COVID-19 pandemic and further scaled up after February 2022. This included delivery of essential health services, support for public health surveillance, emergency medical supplies and coordination functions, ensuring continuity of care under rapidly changing conditions. At the same time, WHO sustained the implementation of development- and reform-oriented activities, including health system strengthening, policy support and institutional capacity building, ensuring that progress on longer-term priorities was maintained alongside the humanitarian and pandemic response.

In 2024–2025, the financing model formally evolved into the response-recovery-reform framework, in line with the priorities set out in the CCS for the WHO Country Office in Ukraine, prepared and adopted in 2023. In 2024–2025, total funding reached US\$ 135 million, reflecting a scaled-down humanitarian response while sustaining operational effectiveness and scaling further recovery and response, as illustrated in Fig. 3.

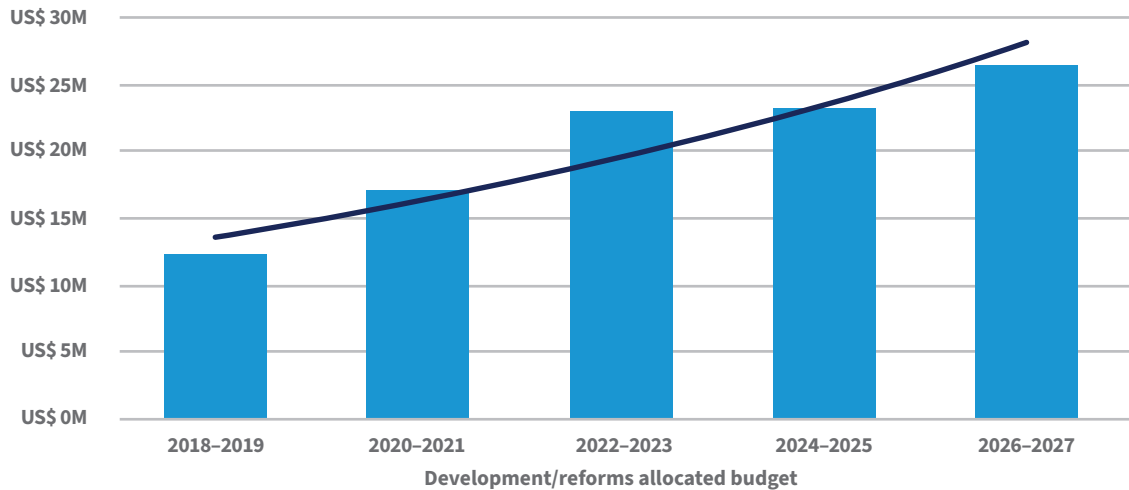
Looking ahead, the Office envisions maintaining a funding level of approximately US\$ 100 million for 2026–2027 to support the ongoing response-recovery-reform framework and strategic priorities outlined in the CCS.

Fig. 3 Evolution of the funding structure through successive biennia



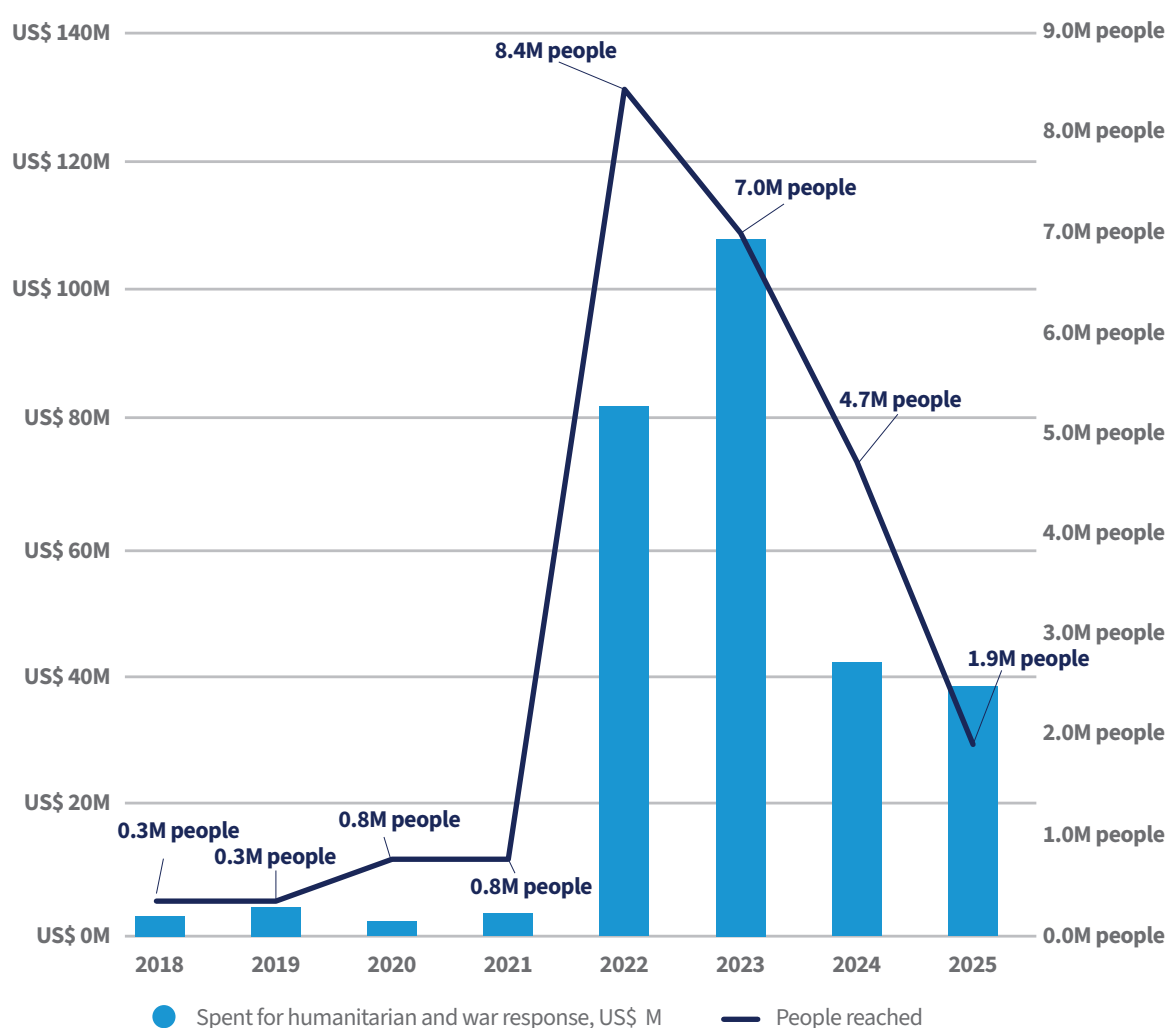
A key feature of this trajectory has been the steady increase in development- and reform-related funding in absolute terms, from 2018–2019 and continuing through the 2026–2027 planning period (Fig. 4). While the proportion of humanitarian financing increased during periods of acute crises, development investments continued to expand rather than being redirected. This deliberate decision protected long-term health system strengthening and contrasted with earlier crisis responses, where development funding was often fully repurposed. Maintaining a strong focus on development at the time of crisis as the pandemic and outreach response, as well as responding to public health consequences of war, enabled WHO to contribute to recovery and carry on its normative, convening and policy dialogue roles in Ukraine.

Fig. 4 Development/reform funding trajectory



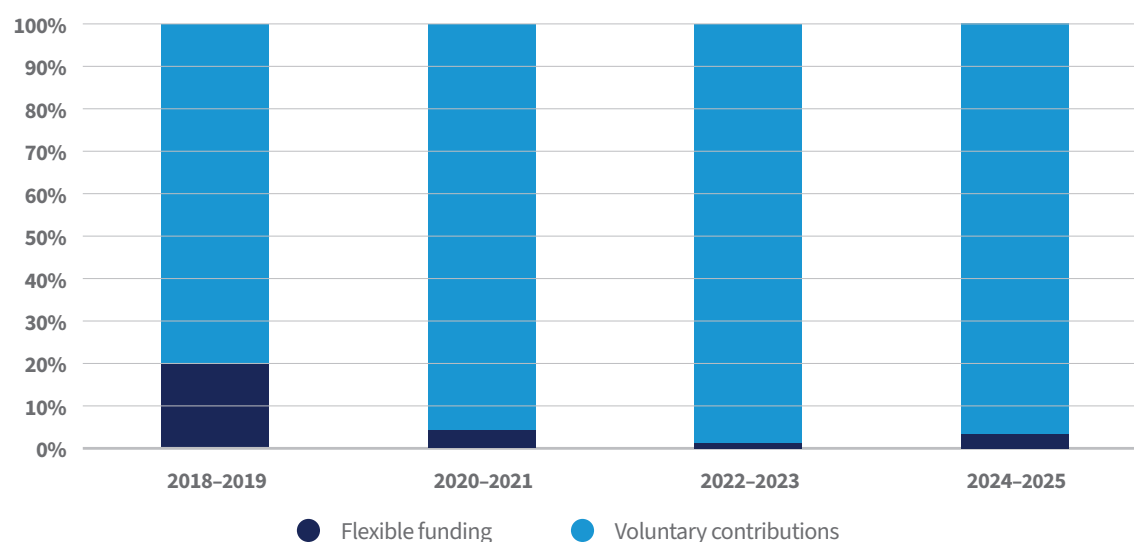
From 2018 to 2021, WHO's humanitarian operations in Ukraine were focused primarily on the two eastern oblasts and reached approximately 300 000–480 000 people annually. Since February 2022, emergency funding and operational reach increased sharply, with over 8.4 million people supported in 2022 and the scale of operations has gradually decreased since then. In 2024–2025, emergency operations stabilized at lower but still elevated levels, reflecting not only adjustments in emergency funding, but also in the scale of populations targeted and reached, as WHO continued to adapt its response to evolving needs (Fig. 5). In 2026, as part of WHO's humanitarian response, 700 000 people are to be reached in line with the agreed humanitarian plan.

Fig. 5 Humanitarian reach and emergency funding of WHO operations in Ukraine, 2018–2025



The Country Office's financing structure is predominantly based on voluntary contributions, complemented by a smaller share of flexible funding. Over time, the proportion of voluntary contributions increased significantly, from 80% in 2018–2019 to 96–98% in 2022–2025, while flexible funding decreased from 20% to 4% of the total funding available over the same period (Fig.6). This evolution highlights the growing importance of sustained donor engagement and proactive resource mobilization, reinforcing the critical role of flexible funding in enabling the Country Office to maintain balance across response, recovery and reform, and to adapt programming in a dynamic environment.

Fig. 6 The Country Office's financing structure



Therefore, the Office's financing history demonstrates the ability to absorb shocks, scale operations, and maintain strategic continuity. Over the years, the funding and operational capacity grew significantly, accompanied by a major expansion of staff and technical expertise.

Ukraine represents a unique context in which the WHO Country Office in Ukraine has simultaneously implemented a triple-track model of response, recovery and reform during the ongoing conflict. This approach demonstrates how the Office successfully combined humanitarian responsiveness with sustained development engagement, adapting its financing model to changing contexts, while maintaining a long-term vision for health system strengthening, in line with the CCS priorities.

Looking ahead

With the war in Ukraine now in its fifth year, and in view of significantly decreased funding in the humanitarian and development space, the future looks increasingly uncertain.

Nevertheless, WHO remains committed to stay and deliver in Ukraine. Based on the evolving context and health needs in the country, WHO will continue to adapt its action across three key areas: response, recovery and reform. This is aligned with the Ukraine Programme of Work 2024–2030, Ukraine’s National Health Strategy 2030, as well as regional priorities.

Work in 2025 underscored the importance of early recovery. Despite ongoing insecurity and uncertainty, restoring basic health services is essential to sustaining access to care and public confidence in the health system. Another takeaway is that Ukraine’s health response must not only address immediate needs but also lay the foundation for long-term recovery and systemic reform. We need to see more investments in health institutions to make them stronger.

With that in mind, WHO will continue to support Ukraine to respond to urgent health needs against the backdrop of the ongoing war, while also driving much-needed health reforms. This will ensure that everyone can receive quality health care when they need it.

Below are some of the priorities that will guide our work in 2026:

- providing urgent medical care to trauma patients injured in air strikes and other attacks;
- maintaining basic health services that communities need every day;
- conducting regular health screenings to catch diseases early and ensure that people receive the care they need;
- offering MHPSS for those affected by war-related trauma and stress;
- promoting rehabilitation programmes for people injured in the war; and
- ensuring easier access to medicines, medical supplies, equipment and other vital resources.

WHO’s approach will continue to emphasize local leadership and strategic integration with national systems, engagement with governing bodies and Ukraine’s representation on global platforms. Working with local and global partners will be key to helping Ukraine to adopt health policies that are aligned with the EU and ensure that reforms include everyone.

Looking ahead, we know that 2026 will be a demanding year. However, we also know that rebuilding health means restoring hope and dignity. Health is the foundation of peace and recovery. This is why at WHO we are not waiting for the war to end – we are acting now.



The WHO Country Office in Ukraine team retreat, November 2025

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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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