WHO’s response to health emergencies in Ukraine

Annual report 2025



World Health Organization

European Region

Abstract

In 2025, the fourth year of the full-scale war, continued attacks on health care, repeated displacement and harsh winter conditions driven by damage to energy and civilian infrastructure put Ukraine's health system under unprecedented pressure. Communities living close to the front line faced acute trauma needs and fragile referral pathways, while gaps in continuity of care for noncommunicable and infectious diseases elevated outbreak risks and left millions coping with mental health challenges and war-related injuries requiring rehabilitation.

Working alongside the Ministry of Health and partners, WHO reached 1.9 million people by reinforcing emergency medical services and trauma care, sustaining primary health care through outreach to hard-to-reach areas and strengthening surveillance, laboratory capacity and preparedness for epidemic and chemical, biological, radiological and nuclear risks. WHO delivered essential medicines, supplies and equipment to health facilities, installed modular units to restore service capacity where infrastructure was damaged, supported medical evacuations and helped facilities stay functional during power outages through heating and water stations. The Health Cluster, led by WHO, coordinated partners to deliver essential health services to 2.3 million people.

Keywords

UKRAINE, WORLD HEALTH ORGANIZATION, EMERGENCIES, HEALTH

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Foreword

Dear Contributors,

The year 2025 proved the most challenging for Ukraine's health system since the start of the war.

Ukraine recorded the highest number of attacks on health care since 2022, further disrupting services, endangering patients and health workers, and compounding health needs in communities already living under extreme pressure. Destroyed infrastructure, disrupted supply chains and repeated displacement compromise continuity of care and erode well-being.

Health workers carry an extraordinary burden, treating trauma and restoring functions, while also safeguarding routine services for people living with chronic conditions and infectious diseases. At the same time, mental health needs continue to surge and the demand for rehabilitation keeps rising, reminding us that survival is only the first chapter; recovery requires sustained, accessible care.

The year 2025 also witnessed extremely harsh weather conditions exacerbated by attacks against heating and energy infrastructures that left homes and health facilities with very scarce resources. Disruptions to water and sanitation, crowding and reduced routine immunization can turn a single case into an outbreak.

For the fourth consecutive year of the war, WHO has supported the Ministry of Health, national health authorities, health professionals, partners and Ukrainian people with life-saving health services for war-affected communities, particularly those living closest to the front line.

Ukraine is sustaining emergency response while strengthening preparedness and readiness for epidemic threats, as well as chemical, biological, radiological or nuclear risks and other hazards that could compound the suffering.



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Dr Jarno Habicht, WHO Representative

In 2025, WHO has continued to coordinate the health emergency response with the Ministry of Health, local health authorities and partners, bringing coherence to a complex operational landscape and directing support where it is most needed: trauma and emergency medical care, medical evacuations, primary health care, essential medicines and supplies, disease surveillance and outbreak response, as well as inclusive services for those too often pushed to the margins.

Thanks to your support, WHO reached 1.9 million Ukrainians last year.

This report reflects the work behind that effort and the tangible difference it makes for people seeking care under fire. With your renewed commitment, WHO will remain a partner to Ukraine in 2026, delivering life-saving assistance today, while supporting early recovery and reforms that will shape a healthier, more resilient future.

Dr Jarno Habicht
WHO Representative in Ukraine

Abbreviations

CBRN	chemical, biological, radiological and nuclear
EMS	ermergency medical services
HeRAMS	Health Resources and Services Availability Monitoring System
MARCH	M – massive haemorrhage, A – airway, R – respiration, C – circulation and H – hypothermia/head injury
mhGAP	WHO Mental Health Gap Action Programme
MHPSS	mental health and psychosocial support
NCD	noncommunicable disease
NGO	nongovernmental organization
OTC	over-the-counter
PHC	primary health care
PPE	personal protective equipment
PRSEAH	prevention and response to sexual exploitation, abuse and harassment
PSEA	Protection from Sexual Exploitation and Abuse Network
RCCE	risk communication and community engagement
TWG	technical working group



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"WHO has been a trusted partner not only in responding to today's emergencies, but also in helping to build a stronger and more resilient health system for the future. Through technical leadership, coordination and practical support, this partnership demonstrates that emergency response and recovery go hand in hand. This partnership continues to save lives."

Dr Viktor Liashko

Minister of Health of Ukraine

WHO's emergency response in Ukraine

Specific objective 1: Strengthen emergency medical services and trauma care systems in priority regions

WHO reinforced emergency and trauma care capacity across frontline regions through medical supplies, infrastructure support, workforce training and medical evacuations (see Highlights 1).

Highlights 1



954

Health facilities supported with medical supplies and equipment



170 000

People benefiting from modular units, heating and water stations



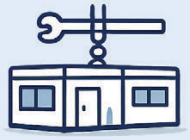
646

Metric tonnes of medical supplies delivered



1231

Medical evacuations completed



28

Modular prefabricated units installed



2500

Health professionals trained in trauma response and mass casualty management

Emergency and critical health care through comprehensive capacity-building and provision of life-saving medicines, medical supplies and equipment

One of WHO's core priorities in Ukraine throughout 2025 remained the reinforcement of emergency medical services (EMS) and trauma care capacity across frontline oblasts. With the conflict entering its fourth year, demand for acute trauma response, mass casualty management and pre-hospital care continued to intensify, placing exceptional pressure on an already strained health system, with over 2500 health-care facilities reported as damaged or destroyed since 2022, 327 of them completely.

Building on the training pyramid established in 2024, WHO scaled its capacity-building approach through sustainable, nationally owned programmes. Over 2500 health professionals completed hospital- and pre-hospital-level training in trauma response and mass casualty management and emergency life support delivered through specialized courses in Chernivtsi, Kharkiv and Kyiv.

WHO delivered 646 metric tonnes of medical supplies to 954 health facilities, including through 41 of 52 inter-agency convoys (80%) and 40 direct WHO deliveries, supporting health services for over 1 million people living close to the front lines. Twenty-eight modular prefabricated units were installed to support primary health care (PHC) and EMS, expanding service capacity where infrastructure had been damaged or destroyed.



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WHO-donated equipment at City Clinical Hospital for Emergency and Urgent Medical Care in Zaporizhia

Medical evacuations

In 2025, WHO completed 1231 medical evacuations, including 788 conducted through the European Union Civil Protection Mechanism. A total of 208 caregivers accompanied their family members and 406 repatriation transports were completed. Evacuated patients included those requiring trauma care, oncology treatment, rehabilitation and prosthetics. The Medical Evacuation Coordination Unit continued to be strengthened in partnership with the Ministry of Health to establish a sustainable national mechanism.

Winterization

Energy and winterization support was provided through 22 heating units and 13 water stations installed in hospitals and PHC centres, enabling approximately 170 000 people to benefit from restored access to safe health care each month across 60 critical health facilities, sustaining continuity of care during periods of prolonged power outages and extreme cold.

Outreach health units

WHO dispatched outreach health units to 131 hard-to-reach locations across frontline oblasts, providing 19 824 PHC consultations to communities with no functional health facilities within safe reach. To address medicine supply gaps in these same areas, 9800 over-the-counter (OTC) medicine kits were delivered to households near the contact line, benefiting over 30 000 people by addressing common acute conditions and reducing pressure on overstretched facilities.

Rehabilitation: promoting a holistic approach to health care for people with war-related injuries

WHO provided mentoring and technical support to 11 health facilities in south-central Ukraine, which delivered more than 1100 rehabilitation services despite frequent disruptions. WHO also strengthened acute inpatient rehabilitation skills and triage in facilities across Dnipropetrovsk, Poltava and Zaporizhzhya oblasts, working with Médecins Sans Frontières Belgium to improve bedside practice and help teams to manage complex cases more promptly. These interventions reduced the risk of injuries evolving into lasting disability and helped people regain function faster – an immediate gain with long-term consequences for families, livelihoods and community resilience.



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"In emergencies around the world, our UN responsibility is to support government and others in ensuring that the most vulnerable people, can safely and with dignity access the essential health services they need. WHO continues to play a critical and trusted role in making that possible across Ukraine."

Matthias Schmale

United Nations Resident and Humanitarian Coordinator in Ukraine

WHO paired frontline support with a sustained effort that has been ongoing since 2023 to expand the country's capacity to handle complex rehabilitation needs. WHO supported multidisciplinary teams from 36 hospitals in the capable hospital network through on-the-job training at three centres of excellence in Dnipropetrovsk, Ternopil and Vinnytsya. In 2025, WHO also completed the nationwide acute rehabilitation training programme for spinal cord injuries launched by WHO in 2023, reaching 284 health-care professionals. WHO delivered 16 000 items (including wheelchairs, walkers, prosthetics and information technology equipment) to 35 facilities serving around 167 000 people, distributing supplies across eastern, central and western Ukraine based on need, patient load and referral capacity.

To strengthen community resilience in the Kherson region and save more lives, WHO organized first aid training for first responders in frontline areas, specifically the city's municipal staff. The first to help the wounded are often not medics, but village heads, communal workers, volunteers and local police.



© WHO

WHO delivering training on rehabilitation at Rivne hospital

With financial support from Germany, participants gained practical, life-saving skills following the MARCH protocol (M – massive haemorrhage, A – airway, R – respiration, C – circulation and H – hypothermia/head injury) - used in modern tactical medicine worldwide – and learned how to stop massive bleeding, manage airways, prevent shock and safely evacuate casualties, using specially adapted first aid kits distributed after the training. To date, more than 220 people have completed the training in Kherson oblast, including more than 60 in the established transit centres.

In addition, WHO helped Ukraine to convert acute pressure into recovery and reform, so rehabilitation becomes a reliable pathway. WHO and the Ministry of Health jointly steered four sessions of the National Rehabilitation in Healthcare Forum – now the central platform for rehabilitation system reform, bringing together more than 400 participants and anchoring 2025–2026 priorities through a three-level coordination structure. WHO supported partners through the Health Cluster humanitarian rehabilitation working group to reduce duplication and address gaps in emergency-affected areas. Following strategic sessions with the Government of Ukraine, WHO helped to translate evidence into amendments and new laws to strengthen rehabilitation and assistive technology services; WHO's Rehabilitation and Health Financing teams produced costing analyses and recommendations to better align the Program of Medical Guarantees with people's needs, including two reports on rehabilitation financing. WHO also assessed the prosthetics market to guide more efficient procurement and worked with the Ministry of Social Policy, Family and Unity to help to reduce end-user costs, making the path from survival to independence more attainable for those who need it most.

Deliveries to hard-to-reach areas

In 2025, the protracted humanitarian and public health emergency in Ukraine continued to intensify. In many frontline areas, regular transport routes are often impassable for standard cargo trucks, and health facilities within 20–30 km of the front line are difficult, if not impossible, to reach by commercial delivery.



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Child receiving consultation at WHO-installed modular unit in Kovyahy

WHO strategically positions supplies through a network of warehouses to ensure that critical health supplies and equipment are available when and where they are needed most. WHO runs three warehouses in Dnipro, Kyiv and Odesa, strategically positioned to stockpile emergency supplies ahead of time and enable rapid delivery when needed. 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 standard kits. On the other hand, WHO targeted pre-planned deliveries of medical supplies to specific hospitals and clinics across the country to ensure the continuity and timeliness of health services.

In 2025, WHO boosted direct deliveries of critical medical supplies to hard-to-reach areas. Organized and conducted by WHO alone, these convoys deliver directly to recipients in locations less than 20 km from the front line. WHO organized 40 such deliveries in 2025, making WHO one of the very few agencies getting essential health products into the hands of those in need. In parallel, WHO continued to participate in inter-agency convoys with United Nations and Health Cluster partners, contributing to 41 convoys representing 80% engagement, with 235 cumulative deliveries since the start of the war reaching about 880 000 people.

To build a stronger, data-driven health supply chain, WHO rolled out a new warehouse management system and an upgraded monitoring dashboard, which included trackers for deliveries to hard-to-reach areas. These tools enhanced visibility across the supply chain, supporting more effective planning and accountability.

In total, in 2025, WHO distributed 646 metric tonnes of supplies with a value of nearly US$ 25 million. The items most in demand, particularly in hard-to-reach areas, were WHO trauma and emergency surgical kits, noncommunicable disease (NCD) kits and OTC kits. In response to 14 acute incidents, WHO delivered supplies in less than 24 hours, which underscores its operational readiness and commitment to reaching those most in need when it matters most.



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"No one should lose access to health care because of war. Together with WHO, European Union is helping people across Ukraine continue to receive the care they need and when it matters most."

Marianna Franco

Head of the European Union Humanitarian Aid Office in Ukraine

Specific objective 2: Ensure continuity and quality of essential PHC services

WHO expanded access to primary health care in hard-to-reach communities while strengthening services for noncommunicable diseases, mental health and rehabilitation, helping people continue to receive essential care despite disruption (see Highlights 2).

Highlights 2

19 824
PHC consultations through outreach health units

131
Hard-to-reach locations served

9800
OTC medicine kits delivered (benefiting **30 000+** people)

182 physicians **+ 120** nurses
PHC professionals trained in NCD management

1413
People trained in mental health and psychosocial support (MHPSS), including **338** through the Mental Health Gap Action Programme (mhGAP), across **117** locations

600+
Rehabilitation professionals trained (serving approximately **80** facilities)

145
Assistive devices provided (primarily for veterans)

Access to PHC remained deeply unequal across Ukraine in 2025. The April 2025 WHO Health Needs Assessment found that the main barriers to PHC access were high out-of-pocket costs of medicines and consultations, transport challenges and long travel distances (especially in frontline and rural areas), security risks from ongoing hostilities, health workforce shortages and overloaded clinics, and uneven service availability for displaced people and vulnerable groups.

Rehabilitation

On rehabilitation, WHO trained over 600 health professionals across approximately 80 health facilities on topics ranging from acute spinal cord injury management to wheelchair assessment and prescription. More than 1100 rehabilitation services were delivered by 11 health-care facilities near the front lines in south-central Ukraine, and 145 patients – many of them veterans – received assistive devices to support mobility and independence



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Doctor delivering PHC consultation

following hospital discharge. With only 4% of hospitals providing inpatient rehabilitation and 3% offering assistive technologies, these interventions addressed a critical structural gap.

NCDs

NCDs remained the primary reason for seeking care and the leading cause of preventable mortality. WHO trained 182 physicians and 120 nurses in NCD management and 47 additional health-care professionals in clinical diagnostics and infection prevention and control. These efforts were complemented by 727 NCD kits distributed to 225 health facilities to ensure continuity of medicine supplies and equipment.

Although standardized kits streamline logistics in emergency settings, they do not always fully align with the specific needs and operational realities of each context. To be effective, such kits must respond to the health needs of the affected population while accounting for local capacities, ensuring resource efficiency, sustainability of interventions and continued access to quality PHC in conflict-affected areas.

Drawing on data collected throughout the response and continuous feedback from field medical teams and health authorities, WHO designed a dedicated NCD medicines kit for frontline PHC facilities in 2025. This effort aims to ensure cost–effectiveness and data-driven implementation to enable more accurate and context-appropriate supply of essential NCD medicines in emergencies.

Gender-based violence

WHO gender-based violence training packages were integrated into the curricula of six medical universities, institutionalizing survivor-centred education. 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. WHO also helped to develop a policy to prevent and respond to workplace harassment and discrimination in health-care facilities. In terms of service delivery, WHO distributed 175 post-exposure prophylaxis kits to 80 front line-adjacent PHC facilities and HIV centres to reduce the risk of sexually transmitted infections.

Mental health

MHPSS was integrated across PHC services in response to an acute, large-scale crisis: an estimated 10 million people in Ukraine were living with mental health conditions in 2025, yet only 20% of those reporting symptoms sought professional help. A total of 1413 people received MHPSS training, including 338 health-care workers trained through the mhGAP in 117 locations. WHO continued rolling out the Problem Management Plus and Self-Help Plus interventions and distributed 16 metric tonnes of psychotropic medicines to specialized hospitals in multiple oblasts to sustain treatment continuity for patients with severe conditions.

Infection prevention and control

Infection prevention and control capacity was reinforced through training of 50 health-care providers, enhancing facility-level practices to reduce health-care-associated infection risks in an environment where hospital overcrowding and supply chain disruptions compound transmission risks.

Continuity of essential health services

Surveillance detects disease threats, which laboratories confirm and 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.



© WHO

Lab professional using WHO equipment in Zaporizhia

In 2025, human resources emerged as the most pressing surveillance priority. WHO's support focused on better understanding what prevents health workers from detecting outbreaks early enough to respond effectively – this included assessing gaps and needs, training staff on reliable monitoring systems, improving data analysis and surveillance approaches, and supporting policy reform to strengthen Ukraine's surveillance system at the highest level. Some of the key achievements are outlined below.

- More than 250 specialists were trained in data analysis and visualization, early warning and epidemic intelligence. This improved the ability of local staff to detect and report alerts, enabling 10 frontline oblasts to analyse disease trends independently.
- A comprehensive nationwide needs assessment was conducted to inform a two-year surveillance action plan and a five-year strategy.
- A revised draft resolution on epidemiological surveillance and outbreak investigation was submitted to the Cabinet of Ministers for approval – the first resolution of its kind at this level, with implications for many other government bodies.
- A revised draft order on rabies was submitted to the Ministry of Health for approval, to support proper planning and delivery of rabies care, including surveillance and provision of critical post-exposure prophylaxis. Without vaccination or treatment, rabies is almost always fatal. In parallel, WHO facilitated the emergency delivery of rabies vaccine to trauma services across the country.
- Guidance documents were developed for hepatitis A and E, anthrax, mpox, invasive meningococcal disease, acute gastrointestinal diseases and zoonoses. These standardize surveillance practices in line with international recommendations and provide epidemiologists on the ground with practical tools for specific diseases.

In laboratory testing, WHO's work in 2025 strengthened Ukraine's diagnostic infrastructure through training of laboratory specialists, facilitation of accreditation for quality assurance, and establishment of genomic surveillance and quality management systems aligned with international standards.

Overall, WHO's support to Ukrainian laboratories has made the country's testing system more robust (see Key achievements 1). Stronger surveillance systems, human resources and policies have enabled health workers to detect and respond to infectious disease cases and outbreaks earlier – helping to protect the health of millions of people in Ukraine.

Key achievements 1



More than 5000 specialists were trained in laboratory quality management and safety.



Thirty-six specialists were trained in next-generation sequencing across four oblasts (Dnipro, Kyiv, Odesa and Vinnytsya). This diagnostic technique reduced response times compared to traditional methods and improved outbreak investigations. More broadly, genomic surveillance was used to track influenza strains informing vaccine composition, to detect severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) variants and to investigate drug-resistant infections in hospitals – guiding antibiotic therapy in complex cases.



Two laboratories in Ukraine received WHO accreditation for poliomyelitis diagnostics, significantly improving epidemiological surveillance by enabling national laboratories to conduct testing that had previously required sending samples abroad.



A draft law on biosafety and biosecurity was submitted for government approval, establishing clear rules for managing high-risk pathogens in laboratories, strengthening test safety, storage and outbreak response.

Scaling up MHPSS

In 2025, 72% of adults in Ukraine reported mental health challenges, underscoring the reality of living in an emergency: people need support that starts at the first point of contact, withstands repeated shocks and remains coordinated across sectors so that care reaches them where they live, learn and work. WHO framed its 2025 response around this imperative, keeping services within reach during crises while embedding mental health into recovery and reform, so the system does not merely endure the war's pressure but evolves beyond it.

WHO continued to support the All-Ukrainian Mental Health Programme, launched in 2022 under the leadership of First Lady Olena Zelenska, to meet urgent war-related needs while future-proofing services. In January 2025, the Government of Ukraine endorsed a new mental health law that recognizes mental health as a matter of public significance and integrates it across key sectors, including education and social protection. This is a defining moment in Ukraine's mental health reform that WHO has supported since 2015. WHO sustained high-level engagement to keep implementation on track and priorities visible across ministries, including joint international advocacy and partnerships catalysed through the WHO Pan-European Mental Health Coalition and the WHO Special Initiative for Mental Health – turning political attention into practical momentum.

WHO's emergency impact in 2025 concentrated on bringing help to the first door that people open: PHC. More than 30 million patients who have signed a declaration with their family doctor now have access to mental health services through mhGAP implementation. In 2025, 23 396 family doctors provided mental health services, and since 2023 more than one million people have received mental health support from their family doctors – a shift that reduces stigma, shortens the path to care and makes early support possible even amid disruption. WHO and partners trained approximately 8700 PHC workers by December 2025, with nearly 18% of family doctors completing mhGAP training. In parallel, in the first half of 2025, the number of PHC facilities contracted by the National Health Service of Ukraine to provide mental health care more than doubled, translating policy and training into faster, local access when distress spikes.

WHO also reinforced specialized and community-based services to reduce reliance on institutions and protect dignity. WHO and the Ministry of Health trained 575 specialists through the programme on specialized community mental health services grounded in human rights, recovery and effective support models, while earlier trainees provided supportive supervision to sustain skills in practice. In 2025, more than 150 community mental health centres operated across Ukraine, bringing specialized care closer to home. Through WHO's QualityRights initiative, WHO trained 30 trainers and engaged 19 people with lived experience to strengthen care quality and uphold human rights in facilities. Across sectors, WHO facilitated wider use of evidence-based stress interventions such as Self-Help Plus and Problem Management Plus, including in social protection, where staff at approximately 160 resilience centres received training – ensuring that coping support reaches people not only in clinics but also in the places where life continues despite the war.



© King Salman Humanitarian Aid and Relief Centre

"Humanitarian health challenges are best addressed through partnership, innovation, and coordinated action. Bringing together the expertise, experience, and resources of governments, international organizations, donors, and humanitarian partners strengthens collective efforts to improve access to essential healthcare services and enhance the resilience of health systems in crisis-affected settings. Continued dialogue, knowledge sharing, and collaboration remain important in supporting effective, people-centered, and sustainable humanitarian health responses."

Dr Abdullah Saleh AlMoallem

Director of the Health and Environmental Aid Department at King Salman Humanitarian Aid and Relief Centre

Specific objective 3: Enhance coordination among health partners and improve Health Information Management Systems

Through Health Cluster leadership, coordinated information systems and partner engagement, WHO helped ensure that humanitarian health assistance reached vulnerable populations efficiently (see Highlights 3).

Highlights 3



Over 200

Active Health Cluster members



2.3 million

People reached by Health Cluster partners



299

Post-strike health interventions coordinated by Health Cluster (involving 27 partners)



14 000+

People receiving PHC and MHPSS following attacks



11 000+

Medical supplies pre-positioned for facility emergency readiness



22 878

Evacuees reached with emergency PHC and MHPSS (transit centres)



31 500+

People reached through cash and voucher assistance (by 12 partners)



83

Local nongovernmental organizations (NGOs) supported within coordinated structures



354 000

People reached with essential medicines in frontline areas (across seven oblasts)

Despite funding reductions, the Humanitarian Reset of 2025 and continued attacks on health care, the Health Cluster in Ukraine – led by WHO – supported the delivery of essential health services to more than 2.3 million people. Activities were reprioritized around four core areas: post-strike response, evacuations, frontline service delivery and support to displaced populations.

Ukraine Health Cluster Annual Report 2025 *(2)*

From January 2025 to December 2025, the Health Cluster convened 109 coordination meetings at national and subnational levels to discuss needs and priorities and align the collective health response.

In 2025, the Health Cluster maintained six active technical working groups (TWGs) and task teams. WHO leads the MHPSS; rehabilitation; risk communication and community engagement (RCCE); analysis and assessment; and cash voucher assistance TWGs/task teams, while the United Nations Population Fund leads the Sexual, Reproductive, Maternal and Child Health Working Group.

Post-strike health interventions

The Health Cluster coordinated over 299 post-strike health interventions involving 27 partners, including trauma care, MHPSS, emergency referrals and pre-positioning of medical supplies. As a result, more than 14 000 people received PHC and MHPSS services following attacks, while over 11 000 medical supplies were pre-positioned to support health facility emergency readiness.

Forced population displacement

To support mass displacement, the Cluster coordinated health services across six transit centres in eastern and southern oblasts, reaching 22 878 evacuees with emergency PHC and MHPSS services. Standardized guidance on patient pathways, referral mechanisms and partner roles improved the quality, predictability and accountability of health care for displaced populations.

Cash assistance

Financial barriers to health care were addressed through the expansion of cash and voucher assistance for health, with 12 partners reaching over 31 500 vulnerable people, supported by an updated framework and standard operating procedures aligned with national guidance. During the winter period (October–December 2025), 66 017 people were reached with winter health assistance, reaching 67% of the 98 058 targets. Eighty-three local NGOs were supported to operate within coordinated structures and deliver health services in hard-to-reach areas.

Hard-to-reach areas

Despite severe access constraints, the Health Cluster facilitated the delivery of essential medicines and OTC kits to frontline and hard-to-reach areas, reaching nearly 354 000 people in seven heavily affected oblasts.

Health information systems

WHO continued to strengthen health information systems through the Health Needs Assessment and Health Tracker surveys, Health Resources and Services Availability Monitoring System (HeRAMS) monitoring – which as of 2025 covered over 11 000 health service delivery units – and multiple complementary assessments, including the Winter and Summer Risk Assessments. The WHO Surveillance System for Attacks on Health Care verified over 2500 attacks on health care since February 2022. Geographic Information System-based tools were further developed to support real-time monitoring and emergency logistics decision-making.



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"Outbreaks do not wait for stability. With the generous support of the Government of Japan, ASEF is working with WHO to help Ukraine detect health threats earlier, strengthen laboratories and surveillance, and sustain essential prevention and response capacities. This partnership addresses urgent needs today while reinforcing the resilience and preparedness of Ukraine's health system for the future."

Ambassador Beata Stoczyńska

Executive Director Asia-Europe Foundation (ASEF)

Health information

WHO supports the Ministry of Health in establishing and operating systems that enable rapid data collection, verification and analysis to inform immediate humanitarian interventions and protect public health. This evidence is shared with Health Cluster partners and stakeholders to coordinate the humanitarian response and ensure that resources reach those in greatest need.

WHO continues to rely on HeRAMS to monitor the functionality and availability of health services nationwide. As at the end of 2025, HeRAMS provides critical insights into service availability across over 11 000 health-service delivery units in Ukraine, informing humanitarian and health sector interventions during the ongoing crisis.*(1)* These data are essential for Health Cluster partners to understand service capacity and gaps and to coordinate their response efforts.

Through the Health Cluster in Ukraine, WHO has maintained data collection, verification and consolidation under the WHO Surveillance System for Attacks on Health Care. This surveillance provides critical evidence of the impact of the conflict on the health system and informs advocacy and response planning across the health sector.

In 2025, WHO significantly strengthened emergency health information systems to support crisis response. The health information management team partnered with the Ukrainian Scientific and Practical Center for Emergency Medical Care and Disaster Medicine of the Ministry of Health of Ukraine to improve emergency notification reporting and unify pre-hospital data flows. A unified digital reporting tool was piloted in Dnipropetrovsk and Zaporizhzhya oblasts and rolled out nationwide by 1 March 2025. In its first year, the tool logged over 8500 notifications from 24 regions providing the government and response partners with a shared real-time operational picture of acute events and supporting faster coordination, prioritization and decision-making.

WHO conducted rapid frontline community assessments and seasonal (winter and summer) risk assessments to identify emerging health needs and service gaps in areas affected by the war. These assessments generate actionable evidence to guide immediate operational decisions and resource allocation for emergency response, which is shared with Health Cluster partners to coordinate humanitarian interventions. The Ukraine Health Tracker survey, conducted quarterly, tracks health-care access, availability of medicines and health trends during the ongoing war, providing critical intelligence to support emergency preparedness and response planning across the sector.

In March 2025, an Emergency Response Information Management System assessment was conducted to evaluate crisis data collection and management capacity. This assessment identified critical gaps in data governance and quality that affect the speed and effectiveness of emergency response operations.

Through these efforts, the health information management team provides the evidence backbone for immediate emergency response, enabling WHO, the national counterparts and Health Cluster partners to make timely, informed decisions that save lives and protect public health during the ongoing crisis.



HeRAMS Ukraine comparative analysis report January 2024 versus January 2025 *(3)*



HeRAMS Ukraine status update snapshot February 2025 *(4)*



HeRAMS Ukraine health services across oblasts: Infographics August 2025 *(5)*



Health Needs Assessment of the Adult Population in Ukraine survey report April 2025 *(6)*



Ukraine: 2025 summer risk assessment *(7)*



Ukraine: 2025–2026 winter risk assessment *(8)*

Specific objective 4: Address critical concerns hampering health security and resilience in emergency settings

WHO strengthened preparedness for complex health threats by enhancing CBRN readiness, risk communication, safeguarding and community engagement (see Highlights 4).

Highlights 4



237

Chemical, Biological, Radiological and Nuclear simulation exercise participants (across five exercises)



354

health workers trained in CBRN preparedness



303

CBRN personal protective equipment (PPE) kits distributed and seven decontamination tent sets

Ukraine's vulnerability to multisectoral health threats remained acute throughout 2025. Repeated attacks on energy infrastructure severely damaged power plants, with the International Energy Agency warning in early 2025 that extensive infrastructure damage had significantly weakened the country's energy resilience. Twenty-four per cent of health facilities surveyed by WHO (HeRAMS, August 2025) had no adequate water storage and few back-up water sources operable without power. As of August 2025, over 350 emergency vehicles had been destroyed and 80 were captured in emergencies, compounding barriers to pre-hospital care.

CBRN

WHO significantly enhanced Ukraine's CBRN preparedness capacity in 2025. Five cross-sectional simulation exercises were conducted, with 237 participants testing national and regional stakeholder response capabilities for radiological incidents at nuclear power plants, chemical spills and industrial incidents. In Zaporizhzhya oblast, an urgent simulation exercise was organized in direct response to a shutdown of the nuclear power plant cooling system. A total of 354 health workers received CBRN preparedness training on evolving risks, and 303 CBRN PPE kits and seven decontamination tent sets were distributed to five facilities in Sumy and Zaporizhzhya oblasts.



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CBRN training at Mykolaiv City hospital

Energy resilience

Energy resilience was addressed through the installation of 22 heating units and 13 water stations in hospitals and PHC facilities, benefiting approximately 170 000 people monthly. WHO also supported facilities with solar panels and hybrid energy systems to strengthen longer-term energy autonomy.

Waterborne diseases

Waterborne disease risks associated with damaged water treatment infrastructure were addressed through the supply of water filtration units and diagnostic kits, development of standard operating procedures for water quality management, and preparedness planning for cholera and other waterborne outbreaks. Multiple disease outbreaks occurred in 2025 –including 1377 measles cases across 19 regions and over 640 hepatitis A cases – underscoring the urgency of sustained surveillance and prevention investment.

CBRN risk

Over the past year, WHO continued to focus its work on building Ukraine's capacity to respond to CBRN 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 354 health workers on CBRN preparedness and response skills – including first responders from 78 health facilities in 20 oblasts. WHO also contributed to United Nations-wide preparedness by training approximately 3000 personnel from United Nations agencies across the country. To meet ongoing training requests and enable learning at scale, WHO also produced a brief video training.

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

Focused on preparedness, WHO developed just-in-time training for Ukraine's EMS teams, equipping them to respond safely in high-risk situations and refreshing skills for procedures that are rarely performed or carry elevated risk. In close collaboration with the Ministry of Health, WHO procured equipment to protect medical staff and casualties in case of a CBRN incident, including 303 PPE kits (suits, gloves, boots and goggles) and seven decontamination tent kits.



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"Recovery begins by restoring early the services people rely on every day. Together with WHO, Norway is supporting the rehabilitation of health infrastructure while strengthening local capacity, helping communities regain access to quality health care today and building a more resilient health system for the future."

Jorun Nossum

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

Alongside training, simulations and equipment, WHO provided expert support for risk analysis. Together with national and international experts, WHO completed a major radio-nuclear risk assessment using the WHO Strategic Toolkit for Assessing Risks methodology. At the normative level, WHO developed standard operating procedures for measuring radiation contamination in water and food and made recommendations to the government for action across the following scenarios: responding to chemical and radiation emergencies; organizing patient routing during chemical and radiological emergencies; and decontaminating victims of CBRN incidents.

Internally, cross-team collaboration ensured the integration of CBRN components into hospital emergency plans. Externally, WHO contributed to broader preparedness initiatives, including planning a national risk assessment. WHO also contributed to regional collaboration, innovation and knowledge sharing as part of the WHO European Region CBRN project.

On cross-country learning, WHO shared expertise with Bulgaria on how to prepare for nuclear power plant accidents and contributed to a joint external evaluation in Tajikistan – demonstrating how lessons from Ukraine's context can strengthen preparedness beyond national borders. Going forward, making Ukraine more resilient to CBRN threats remains a priority for WHO, with benefits not only for the population of Ukraine, but for the whole WHO European Region.



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WHO delivering OTC kits in Konstantinovka

Specific objective 5: Support key health recovery priorities in emergency settings

WHO supported recovery and resilience efforts by strengthening health communication, promoting community engagement and ensuring people had access to trusted information (see Highlights 5).

Highlights 5



1.8 million

RCCE: people reached through printed materials (including 650 000 in high-risk areas)



9.6 million

RCCE: estimated reach via large-format outdoor public messaging (nationwide)



650 thousand

People reached in high-risk areas



66 thousand+

Leaflets inside OTC medicine kits



700+

Health workers trained (across 16 partners) on prevention and response to sexual exploitation, abuse and harassment (PRSEAH)

Despite the protracted emergency, Ukraine pressed forward with health system reforms in 2025 with WHO's sustained technical and policy support. WHO's convening role extended beyond immediate response to supporting early recovery and longer-term health system strengthening – linking humanitarian action with development priorities in alignment with the National Health System Development Strategy 2030*(9)* and the WHO Country Cooperation Strategy, Ukraine 2024–2030 *(10)*.

WHO continued to support the governance and financing of the Program of Medical Guarantees, working with the Ministry of Health to develop evidence-based resource allocation models and strengthen financial sustainability. Tailored financing frameworks for MHPSS, rehabilitation and PHC were further developed to close structural coverage gaps. WHO also produced regular analytical products and technical guidance in areas such as integrated service delivery, health system decentralization and financial sustainability to support joint planning with authorities and partners.

RCCE were mainstreamed across all operations to promote preventive and health-seeking behaviours, particularly in conflict-affected areas where misinformation and distrust of health services remain significant obstacles.

WHO advanced disability inclusion across humanitarian programming by promoting accessible facility design, providing assistive technologies and removing institutional barriers. Considering that only 3% of facilities are offering prosthetics and corrective devices, this work addressed one of the most critical and underserved gaps in the response.

National supply chains were strengthened through partner coordination, last-mile delivery support and decentralization of procurement systems, with a focus on compliance with international quality standards and



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WHO three-level mission in Dnipro

transparency. Health workforce development continued through training, tools and technical support, enabling health workers to manage PHC, MHPSS and rehabilitation services under sustained emergency conditions.

WHO's operational presence in Ukraine

WHO emergency operations are coordinated from the WHO Country Office in Ukraine in Kyiv, supported by a key operational hub in Dnipro. Additional field hubs in Kharkiv and Odesa provide decentralized operational and technical support, reflecting the wide geographical scope of WHO's presence and the proximity to affected populations.

The current Action budget partially supports approximately 20 positions. Of the overall workforce engaged in the Action, around one third are dedicated to operations and support functions, ensuring the effective delivery, oversight and continuity of programme implementation. Overall, the WHO Country Office in Ukraine comprises approximately 200 personnel, including staff members and consultants deployed across programme delivery, emergency response and business operations functions.

The implementation of the Action is further reinforced through surge and specialized technical support from WHO headquarters, the WHO Regional Office for Europe and WHO collaborating centres, particularly in the area of emergency preparedness, response and recovery.

WHO's response in Ukraine is enabled by its three-level operating model, which brings together the WHO Country Office in Ukraine, the WHO Regional Office for Europe and WHO headquarters as one integrated team. In 2025, a WHO three-level mission reaffirmed Ukraine's grading as a protracted emergency and recommended bringing decision-making and operational support closer to the front line. This model enables WHO to combine global expertise, regional support and country-level implementation to deliver timely assistance while supporting health system recovery and resilience.

RCCE

RCCE reached 1.8 million people through printed materials, including 650 000 in high-risk areas, while large-format outdoor public messaging reached an estimated 9.6 million people nationwide. Messaging covered disease prevention, NCD management, vaccination, One Health and seasonal health advice. Community engagement in Dnipropetrovsk, Mykolayiv and Zaporizhzhya oblasts was strengthened through focus group discussions with shelter residents, whose feedback directly shaped RCCE strategies. Biweekly RCCE TWG sessions co-chaired by WHO established 10 collaborations to strengthen social listening and address misinformation. Over 700 health workers and 16 partners received training on PRSEAH.



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"Facts help people make informed decisions. Communicating to people effectively means that they get the information they need in time to make the right decision for their health. It also helps them to be ready for any future shocks they may have experienced."

Dr Ayadil Saparbekov

WHO Health Emergency Lead

In Ukraine's protracted emergency, robust RCCE are instrumental to protecting people's health – promoting behavioural change and involving 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. This included supporting the production and dissemination of health promotion materials addressing communicable and NCDs across all 23 oblasts, alongside ongoing social and community media listening to capture health information needs and manage misinformation.

Throughout the year, risk communication remained a key pillar of WHO's operations in Ukraine. Biweekly RCCE TWG sessions, co-chaired by WHO, established 10 collaborations to strengthen social listening and address misinformation and fake news. Social media and public discourse were monitored regularly to flag emerging rumours on RCCE to the TWG.

Ukraine experienced severe winter conditions since the start of the war. WHO amplified winter risk messages through a video covering frostbite, hypothermia, carbon monoxide poisoning and key vaccines. Approved by the National Council of Ukraine on Television and Radio Broadcasting, the video aired as public service announcements on national television and Ukrainian Railways screens during the coldest months.

PRSEAH

In 2025, WHO's work on PRSEAH in Ukraine was structured around three strategic pillars: strengthening leadership, accountability and mainstreaming PRSEAH across programmes and operations; reinforcing partnerships and capacity-building efforts with implementing partners, health-care providers and humanitarian personnel working directly with affected populations; and advancing inter-agency coordination and advocacy through active engagement in Ukraine's Inter-Agency Protection from Sexual Exploitation and Abuse (PSEA) Network and broader national safeguarding architecture.

As part of the continued decentralization of safeguarding efforts, WHO maintained dedicated regional PRSEAH coordinators in Dnipro, Kharkiv and Odesa, strengthening engagement with frontline regions, Health Cluster partners and vulnerable populations in high-risk operational settings. Close collaboration with field hubs and programme teams enabled more systematic outreach to subnational partners and health-care personnel, while also strengthening awareness of reporting pathways, survivor-centred support mechanisms and context-specific safeguarding risks affecting conflict-impacted communities.

One of the most significant achievements of the year was the strengthening of safeguarding compliance systems for both implementing partners and contractors. Mandatory PRSEAH assessments for implementing partners continued in line with the United Nations Protocol on allegations of sexual exploitation and abuse involving implementing partners. Fifteen implementing partners completed the assessment process and received tailored technical support throughout implementation. By the end of the year, all partners had made progress towards meeting the required safeguarding standards and strengthening their internal reporting and referral mechanisms. In parallel, WHO introduced mandatory PRSEAH contractor checks, integrating safeguarding requirements into procurement and due diligence processes in line with United Nations minimum standards.

Throughout 2025, PRSEAH was further mainstreamed across WHO programmes and operational activities, including rehabilitation, RCCE, EMS and clinical management, as well as Health Cluster emergency

response operations. Safeguarding components were integrated into existing trainings, workshops and technical activities, ensuring that prevention measures, survivor-centred approaches, reporting pathways and risk mitigation practices became part of routine programme implementation. Tailored trainings, refresher sessions and group discussions supported teams in identifying safeguarding risks, strengthening prevention strategies and adapting mitigation measures to evolving operational realities.

Capacity-building and awareness-raising initiatives reached 1158 people through in-person and online trainings, refresher sessions and sensitization activities. Attention was given to frontline responders and health-care workers operating in high-risk regions. More than 140 rehabilitation professionals completed PRSEAH induction sessions integrated into wheelchair provision trainings, while staff from 16 Health Cluster partner NGOs strengthened their practical capacity to identify, prevent and respond to PRSEAH risks in complex humanitarian settings.

Strong field-level engagement remained central to WHO's PRSEAH efforts. Ten field missions were conducted to Dnipro, Kharkiv, Kryvyi Rih, Pavlohrad, Rivne and Voloske, including transit centres for evacuated populations and collective sites for internally displaced persons. These missions combined annual refresher sessions for WHO staff, awareness-raising activities for health-care professionals and targeted trainings for Health Cluster partners and affected communities on available reporting channels and survivor support mechanisms.

As part of the continuous mainstreaming of PRSEAH within programme delivery, awareness sessions were also conducted during RCCE visits to collective sites for internally displaced persons, at Health Cluster coordination meetings and for selected Health Cluster partner organizations whose personnel work directly with crisis-affected populations. In coordination with regional Health Cluster coordinators, missions were organized to transit centres hosting evacuees from Dnipropetrovsk and Donetsk regions, including joint outreach activities with RCCE teams in Kryvyi Rih. These interventions focused on strengthening the practical skills of frontline responders and partners in identifying, reporting and responding to incidents of sexual misconduct, while also improving awareness among affected populations about available reporting mechanisms and survivor support services in Ukraine.

WHO also continued to play a leading role within the Inter-Agency PSEA Network in Ukraine. In collaboration with United Nations agencies and international NGOs, WHO co-facilitated two inter-agency training of trainers workshops in Dnipro and Kyiv, strengthening the capacity of 75 representatives from more than 60 NGOs. In addition, WHO led technical sessions on the harmonized tool for implementing partners and mandatory PRSEAH assessments aligned with United Nations standards, contributing to more harmonized safeguarding approaches across the humanitarian response.

To strengthen awareness and improve access to reporting mechanisms, WHO distributed more than 10 000 informational materials, including posters and booklets, among affected populations in transit centres and collective sites, as well as across WHO offices and partner organizations. Safeguarding messaging and reporting information remained visibly displayed in WHO premises and was widely disseminated through Health Cluster and implementing partner networks.

In 2025, PRSEAH in Ukraine was firmly embedded as a core component of WHO's risk management, accountability and ethical governance within a highly complex humanitarian environment. Despite ongoing hostilities and operational constraints, the Country Office continued to strengthen systems aimed at preventing, detecting and responding to sexual exploitation, abuse and harassment in line with WHO's zero-tolerance policy and survivor-centred approach.

The year marked a clear transition from activity-based implementation towards a more structured and risk-informed safeguarding model, supported by strengthened inter-agency coordination, enhanced due diligence mechanisms and sustained investment in staff and partner capacity. At the same time, the operating environment continued to present significant challenges, including security constraints, high staff turnover and varying levels of institutional readiness among partners and national stakeholders. These factors reinforced the importance of sustained engagement, trust building and managerial accountability in ensuring effective safeguarding systems. Overall, the progress achieved in 2025 represents an important step towards more resilient and sustainable safeguarding mechanisms, reinforcing WHO's commitment to integrity, accountability and the protection of the dignity and safety of affected populations in Ukraine.

Funding overview and partnership

In January 2025, WHO issued an appeal detailing the funding requirements to address the health-related needs of Ukraine's most vulnerable population for the year. The resource needs were estimated at US$ 68.4 million (see Table 1). Since then, WHO has received nearly US$ 39 million (60%) in appeal funds.

Fig. 1. Funding received as of 31 December 2025

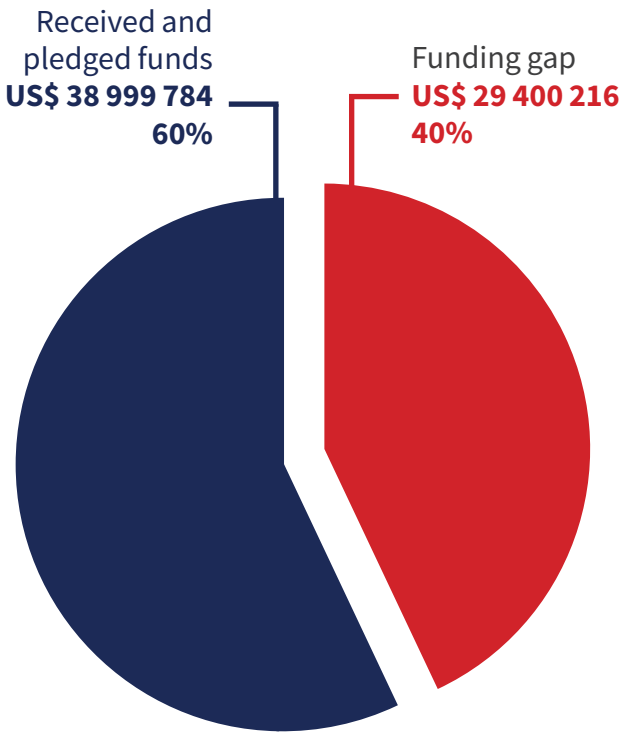


Table 1. Funding received against the 2025 WHO Ukraine response funding appeal

Donor	Total contribution amount in US$
European Commission: European Civil Protection and Humanitarian Aid Operations	9 174 312
Germany	5 155 187
Japan: Asia-Europe Foundation*	4 066 000
King Salman Humanitarian Aid & Relief Centre**	5 000 000
Latvia	206 973
Norwegian Agency for Development Cooperation	14 192 929
Slovenia	1 175 088
WHO Foundation	29 295
Total received	**38 999 784**
Total requested	**68 400 000**
Gap	**29 400 216**

* Japan – Asia Europa Foundation has also contributed US$ 5,934,000 million to the WHO Ukraine refugee health response in Bulgaria, Czechia, Republic of Moldova, Poland, Romania and Slovakia.

** Reflects a contribution amount based on a confirmed funding pledge. At the time of publication

In February 2026, WHO issued the WHO Health Emergency Appeal 2026*(11)*. In 2026, WHO is requesting US$ 42.4 million to support over 1.5 million Ukrainians in need of humanitarian health assistance. WHO expresses its gratitude to the donor community supporting the response to the health emergencies in Ukraine.

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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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World Health Organization
WHO Country Office in Ukraine
9B, Hrushevskoho St., BC Summit, 3rd floor
Kyiv 01021, Ukraine
Tel: +380 44 428 5555
Email: eurowhoukr@who.int
Website: www.who.int/ukraine