
Implementation of resolution WHA75.11 (2022)

Report by the Director-General

1. In May 2022, the Seventy-fifth World Health Assembly adopted resolution WHA75.11, in which a number of requests were made to the Secretariat. The present report sets out the Secretariat's response. The Executive Board at its 152nd session considered an earlier version of this report.¹ The text has been updated in line with the course of action agreed by the Executive Board.

UPDATE ON PROGRESS IN IMPLEMENTATION²

WHO support to the humanitarian and emergency health response

2. The resolution requested the Director-General to make available the staffing, financial resources and leadership support needed across all three levels of the Organization for an effective and accountable humanitarian and emergency health response, including critical health cluster functions, under the leadership of the WHO Health Emergencies Programme, and in line with relevant Health Assembly resolutions.

3. WHO declared the humanitarian emergency in Ukraine a Grade 3 event on 25 February 2022. Subsequently, an incident management team was established in Ukraine, supported by an incident management support team at the Regional Office for Europe and headquarters. Critical functions within both teams were immediately filled through staff repurposing, emergency deployments and recruitments. A total of US\$ 9 918 572 was released from the Contingency Fund for Emergencies between 24 February and 9 March 2022.

4. From 21 March 2022 to the end of 2022, WHO coordinated the Refugee Health Extension, an interagency initiative with the European Centre for Disease Prevention and Control, the International Organization for Migration (IOM), the United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Children's Fund (UNICEF). As part of this initiative, a satellite hub was created in Poland to support refugee-hosting countries with guidance, technical expertise and mission engagement. Country offices continued to provide direct support to their health ministries and partners. In 2023, WHO and partners decided to move the hub to a virtual space with the coordination function being done remotely via regular calls.³

¹ Document EB152/16 ; see also the summary records of the Executive Board at its 152nd session, twelfth meeting (section 2) and thirteenth meeting.

² Data as at 28 February 2023 except where otherwise noted.

³ WHO Response to the Ukraine Crisis. February 2023 Bulletin. Geneva; 2023 (<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6172-45937-68824>, accessed 17 March 2023).

5. In support of the Ministry of Health of Ukraine, the health cluster coordinated 196 international and local cluster partners across Ukraine in 2022. Health cluster Ukraine has prioritized operational presence by placing sub-national coordinators in four hubs, bolstered partner engagement and shared leadership in 2023 through nongovernmental organization co-ordination at the oblast level. Eleven technical working groups and one task team have ensured continuous technical guidance and support to partners during the implementation of the response. Health cluster Ukraine established a strategic advisory group to provide overall strategic direction for the health cluster, and to enable decision-making on behalf of the wider membership.¹

6. As at 31 December 2022, health cluster partners, 51% of which are national non-governmental organizations, have implemented or are implementing activities in 968 settlements in 24 administrative regions/oblasts, reaching an estimated 9.42 million people.² To support winterization activities, health cluster partners had delivered 382 generators to health facilities across the country by 31 January 2023.² As health needs became increasingly complex in a rapidly changing and volatile environment, partners' response covered a broad range of activities, such as the provision of medical supplies and equipment, primary health care, treatment and referral of trauma patients, mental health and psychosocial support, sexual and reproductive health care including gender-based violence services, risk communication and community engagement, as well as capacity-building of health care workers. Some partners operate integrated health and protection units to ensure their ability to reach vulnerable populations.

7. Health cluster Ukraine reported that as of 7 March 2023, 14 partners have conducted or have ongoing assessments in areas of Kharkivska, Donetsk and Khersonska oblasts, and 30 partners are reporting activities in Kharkivska, Donetsk, Khersonska and Mykolaivska, varying from deploying mobile medical teams, delivery of medication and medical supplies, supplying generators, and facilitating minor infrastructure repairs to health facilities.²

Prevention of and response to sexual exploitation, abuse and harassment

8. The resolution requested the Director-General to ensure that the health response under WHO's leadership operationally adheres to the best standards on prevention of and response to sexual exploitation, abuse and harassment in all response operations; and in collaboration with other agencies and respective governments, report cases of sexual misconduct, including those perpetrated by partner agencies and by the military; and to strive to provide comprehensive and victim support services with a primary focus on medical, mental health and psychosocial support services.

9. In both Ukraine and the refugee-receiving countries, prevention of and response to sexual exploitation, abuse and harassment interventions focused on enhancing accountability and leadership functions through awareness, information sessions and supporting the countries to identify, plan and implement priority actions; enforcing measures for prevention of and response to sexual exploitation, abuse and harassment internally among WHO personnel and among the health partners and collaborators; creating awareness and building trust in the WHO reporting mechanisms; and contributing to the development and implementation of joint prevention of sexual exploitation and abuse action plans under a prevention of sexual exploitation and abuse task team and prevention of sexual exploitation, abuse and harassment network coordination mechanisms. WHO quickly established a roster of consultants at the global level to facilitate deployment of experts to support prevention of and response to sexual exploitation, abuse and harassment, and promote its mainstreaming in the response operations. WHO enhanced its collaboration and partnership with the Stand-by Partners, notably the

¹ Available at <https://response.reliefweb.int/ukraine/health> (accessed 13 May 2023).

² Health Cluster Ukraine reporting.

Norwegian Refugee Council deployable capacities and Canada's Civilian Reserve CANADEM, with the aim to mobilize surge capacities to support mainstreaming of prevention of and response to sexual exploitation, abuse and harassment actions as well as local capacities, as needed. By February 2023, one international technical specialist and two national consultants had been recruited in Ukraine; two international specialists in prevention of and response to sexual exploitation, abuse and harassment/gender-based violence, one roving technical specialist in prevention of and response to sexual exploitation, abuse and harassment, one United Nations volunteer technical officer and three consultants had been deployed in refugee-receiving countries, and one consultant had been recruited at headquarters to strengthen prevention of and response to sexual exploitation, abuse and harassment mainstreaming within the incident management support team.

10. All newly recruited and all deployed personnel are routinely screened using the United Nations Clear Check database and background checks. Any experts and consultants deployed are mandated to sign the pre-deployment checklist which confirms that they have read the organizational policy on prevention and response to sexual misconduct in WHO health operations, are compliant with the requirements of the prevention of and response to sexual exploitation, abuse and harassment mandatory training and understand the implications of non-adherence. As at April 2023, over 600 personnel deployed for the Ukraine emergency response, comprising WHO staff members, consultants, Global Outbreak Alert and Response Network deployees and Stand-by Partner personnel, had been cleared through the United Nations Clear Check database. Induction and orientation sessions on prevention of and response to sexual exploitation, abuse and harassment continue to be delivered by dedicated technical officers to WHO personnel, emergency medical teams and health cluster partners at the operational level in Ukraine and in refugee-receiving countries. By end of February 2023, a total of 962 persons had been trained in Ukraine and in the refugee-receiving countries, of whom 109 are WHO personnel, 144 are health cluster partners, 15 are personnel of implementing partners in Ukraine and 231 are members of the Inter-Agency Partners. The training delivered to frontline workers in the refugee-receiving countries in prevention of and response to sexual exploitation, abuse and harassment integrated gender-based violence and mental health and psychosocial support.

11. WHO continues proactively to engage with and contribute to the joint actions at the interagency prevention of sexual exploitation, abuse and harassment network meetings and related sub-working groups including on gender, gender-based violence, child protection, accountability to affected populations, and anti-trafficking. In Ukraine, WHO is contributing to joint actions on strengthening the community-based complaint mechanisms and building capacities of health cluster partners on mainstreaming prevention of and response to sexual exploitation, abuse and harassment in their operations. In the Republic of Moldova, WHO is the co-lead, with UNHCR, for the interagency prevention of sexual exploitation and abuse network activities. WHO is leading on the joint prevention of sexual exploitation, abuse and harassment risk assessment, and is contributing to building capacity for a pool of investigators in support of implementing partners with no investigation capacities. WHO conducted an internal operational review focused on prevention of and response to sexual exploitation, abuse and harassment implementation in Ukraine and in the refugee-receiving countries to document best practices and learn lessons, which are being used to strengthen prevention of and response to sexual exploitation, abuse and harassment mainstreaming in 2023.

Support to the health sector

12. The resolution requested the Director-General to continue supporting the health sectors of Ukraine and refugee-receiving and -hosting countries using a health system approach, including through capacity-building programmes in preparedness and response to trauma care and mass casualties as well as in maintenance of basic health services and the promotion of access thereto in a context of conflict.

13. Since 24 February 2022, WHO has reached an estimated 8.4 million people¹ in Ukraine with different health interventions, including but not limited to direct delivery of medical supplies and equipment, technical support through trainings, technical guidelines and coordination of health partners. WHO works directly with the Ministry of Health of Ukraine and partners to deliver services through the existing health system, supporting areas with overburdened and disrupted services and strengthening community outreach in insecure areas. WHO is committed to supporting the recovery of a stronger, more equitable and inclusive health system aligned with the government reform agenda and focused on achieving universal health coverage. WHO is engaged in discussions with the Ukrainian Ministry of Health and National Health Service (the single-payer mechanism for health services) on revisions to the Program of Medical Guarantees, which specifies national packages of health services, to ensure that the packages are responsive and reflective of the current priority health needs within the emergency context and beyond. In June 2022 WHO prepared a paper entitled “Principles to guide health system recovery and transformation in Ukraine” to inform the policy dialogue on “building back better” and a more efficient health system.² WHO and partners have also supported national authorities in developing the “draft recovery plan 2032” for the health sector. The Organization then convened key partners to align national thinking on short-term priorities, which resulted in the publication of a joint discussion paper with the European Union, the United States Agency for International Development and the World Bank entitled “Priorities for health system recovery in Ukraine” focusing on service delivery, investments, health financing and institutional strengthening.³

14. WHO is collaborating with the Ministry of Health in strengthening public health policies, resulting in the adoption of the Public Health System Law in 2022, which provides an important legal framework for the further modernization, transformation and development of the public health system in Ukraine for health protection, disease prevention and health promotion. Additionally, WHO continues to: (i) support efforts to improve water, sanitation, hygiene and waste services in health care facilities; (ii) address gender-based violence as a public health challenge. In this connection, a comprehensive technical analysis of gender-based violence-related health regulations was conducted, recommendations for suggested improvements were made to government, followed by training sessions on prevention and response to gender-based violence for primary health care workers.

15. Since the start of the war, WHO has supported the Ministry of Health to build the capacity of around 10 000 health care workers on a range of topics including the management of mental health problems; trauma and rehabilitation; mass casualties; chemical exposure; infectious diseases; and outbreak detection and control. WHO has coordinated 21 international emergency medical teams from nine organizations working in 10 oblasts in the areas of trauma care, patient transfer, medical evacuation, rehabilitation, training, outpatient and inpatient care. As of February 2023, close to 20 000 consultations had been provided, of which 12% were trauma cases and 7% were infectious diseases. WHO organized capacity-building training for more than 30 national emergency medical teams before deployment to most affected oblasts. By February 2023, a total of 35 national emergency medical teams had been

¹ WHO’s response to the Ukraine crisis: annual report, 2022. World Health Organization; 2023 (<https://www.who.int/publications/i/item/WHO-EURO-2023-5897-45662-68308>, accessed 17 March 2023).

² Principles to guide health system recovery and transformation in Ukraine. World Health Organization Regional Office for Europe; 2022 (<https://www.who.int/ukraine/publications/i/item/WHO-EURO-2022-5750-45515-65155>, accessed 17 March 2023).

³ Priorities for health system recovery in Ukraine. Joint discussion paper. World Health Organization Regional Office for Europe and partner agencies (<https://www.who.int/ukraine/publications/m/item/priorities-for-health-system-recovery-in-ukraine-joint-discussion-paper>, accessed 17 March 2023).

established, including 10 teams providing health services. To date, these teams have reached over 13 000 people in need of medical assistance.¹

16. WHO and local partners established and deployed noncommunicable disease and mobile health units in Ukraine. The initiative started in the northern Kyiv oblast and later expanded to six more oblasts in the northern and eastern parts of the country. The mobile teams provided more than 12 000 noncommunicable disease consultations.²

17. Over 7000 essential assistive products were distributed to trauma hospitals targeting some 4000 patients in 10 oblasts, delivered by 100 rehabilitation workers trained by WHO. A multidisciplinary team of 10 international experts was deployed to the Rivne Oblast to develop the national referral hub for rehabilitation of spinal cord injuries. The international experts also delivered training to four acute hospitals in four oblasts (Rivne, Vinnytsia, Kyiv and Ivano-Frankivsk), providing acute spinal cord injury care to avoid complications during the acute rehabilitation period. WHO supported the Ministry of Health and the Government of Ukraine in developing amendments to legislation, new by-laws and regulations on rehabilitation pathways, and procedures for the provision of assistive products, including prosthetics.¹

18. WHO continues to support the response to coronavirus disease (COVID-19) by strengthening surveillance, producing weekly situation analyses,³ scaling up testing capacities in all 26 public health laboratories, delivering training and supporting clinical management of COVID-19 patients, notably in intensive care units. Since the start of the war, WHO has delivered 17 practical laboratory training sessions to more than 480 experts. WHO also supported next-generation sequencing, continuous hands-on training of Ukrainian Public Health Centre staff, and provision of reagents and consumables. The WHO Country Office in Ukraine delivered 18 webinars in technical areas of laboratory operation for more than 3200 participants. Moreover, WHO conducted physical assessments of 65 polymerase chain reaction and clinical laboratories and more than 700 clinical laboratories were assessed online. WHO supported the design and manufacturing of the high-throughput mobile laboratory, capable of testing more than 3000 samples daily using polymerase chain reaction and enzyme-linked immunosorbent assay.

19. From April 2022 through February 2023, WHO and partners supported an outreach vaccination campaign for internally displaced populations across eight western oblasts. Overall, 49 000 doses of vaccines were administered, primarily for COVID-19 but also diphtheria, measles, and polio. WHO Risk Communication and Community Engagement produced a wide range of materials on infectious diseases such as monkeypox/mpox, cholera, and other water and food borne diseases to create awareness on prevention reaching more than 500 000 people.¹ A project aimed at providing information on how and where internally displaced persons can access health services in Poltavaska, Zaporizhzhia and Chernihivska oblasts was implemented jointly with local health departments, the Ministry of Health and Public Health Center of Ukraine. WHO is supporting the vaccine-derived polio outbreak response in western Ukraine that includes: syndromic and environmental surveillance, immunization, risk

¹ WHO internal reporting.

² Microsoft Power BI (<https://app.powerbi.com/view?r=eyJrIjoiNGMxYjFiZTYtNDRIzi00NmU5LWUwZGItMDQwYmMzNDY3N2FlIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCI6ImMiOj99>, accessed 17 March 2023).

³ Ukraine weekly COVID-19 situation reports. World Health Organization Regional Office for Europe (<https://cloud.phc.org.ua/index.php/s/72wxF7jNnrBx492>, accessed 14 March 2023).

communication and community engagement as well as procurement of laboratory equipment and reagents. This operational capacity has been extended to the monkeypox/mpox response as well.

20. WHO is strengthening technical collaboration on the management of potential chemical, biological, radiological and nuclear events with the Ministry of Health. This includes capacity-building and is tied closely to the work of Ukraine's emergency medical services. WHO and partners conducted 25 chemical preparedness and response trainings for 726 emergency medical system first responders and clinicians of referral hospitals. A training of trainers on pre-hospital trauma management was conducted reaching 14 national experts. Two webinars were held for medical specialists in May and June on radiation emergencies. In late February and early March 2023, WHO conducted two practical trainings on managing exposure assessment and medical response to radiation emergencies, for a total of 30 clinicians from the Rivne and Khmelnytskyi Oblasts. WHO has also provided the Ministry of Health, upon their request, with equipment for responding to technological and industrial hazards as preparedness stock. Risk communication and community engagement materials on nuclear and chemical event preparedness were disseminated to reach 819 000 people.

21. With 55% of the vulnerable displaced population being women and girls,¹ health services for sexual and reproductive health are vital, including services for gender-based violence survivors involving clinical management of rape and intimate partner violence, as well as mental health psychosocial support.² WHO has worked on enhancing access to clinical management of rape and intimate partner violence services for gender-based violence survivors at the primary health care level, and on strengthening cooperation with other United Nations agencies and stakeholders in gender-based violence prevention and response. WHO actively participates in the health cluster's sexual, reproductive, maternal and child health technical working group and the gender-based violence sub-cluster of the protection cluster. In cooperation with the Ministry of Health, WHO has developed a training package on service provision to gender-based violence survivors, which has already been rolled out in eight oblasts. Trainings took place in August for primary health care professionals from Odeska, Dnipropetrovska and Kyivska oblasts followed up by six more training sessions reaching health care professionals from an additional five oblasts (Poltavaska, Sumska, Kharkivska, Mykolaiivska, Zaporizhzhia). Overall, 212 health care professionals have completed the training. The training included modules on identification of gender-based violence survivors, working with biases against gender-based violence survivors among health care professionals, first-line psychological support, clinical management of rape and intimate partner violence, additional mental health support to gender-based violence survivors and self-care for health care professionals.

22. The Refugee Health Extension provided immediate operational support to refugee-hosting countries, facilitating coordination and collaboration to ensure policy and response coherency and support for strategies, guidance and systems for the health response of national governments and partners for refugees. In particular, it supported the establishment of country health working groups in Poland, Republic of Moldova, Romania and Slovakia to foster coordination. The hub also developed the interagency information to guide health assessments of refugees fleeing war in Ukraine and supports the multisectoral needs assessments including health and mental health and psychosocial support in Hungary, Poland, Republic of Moldova, Romania and Slovakia.

¹ Ukraine – Internal Displacement Report – General Population Survey Round 12 (16–23 January 2023) – Displacement Tracking Matrix (iom.int) (<https://dtm.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-12-16-23-january-2023>, accessed 14 March 2023).

² Humanitarian Needs Overview. United Nations Office for the Coordination of Humanitarian Affairs; 2023 (<https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2023-december-2022-enuk>, accessed 14 March 2023).

23. The number of refugees registered under the European Union Temporary Protection Directive has been increasing in recent months.¹ However, reported cases of barriers to access health care have surfaced in many countries. WHO and partners support local organizations and individuals to improve access or provide referrals to free or subsidized services. WHO developed a guide to assist refugees in obtaining a number from the universal electronic system for the registration of the population in Poland, conducted an assessment among Ukrainian refugees on access to and utilization of health care in Bulgaria and the Republic of Moldova, and set up coordination centres for emergency management teams in both countries. WHO has adopted a health systems approach to the refugee response, supporting national authorities to ensure that health care systems can cater to refugees' needs while maintaining the level and quality of services to host communities. WHO has conducted behavioural insights studies in Poland, Romania, Slovakia and Slovenia, highlighting key barriers to health care access. WHO has been facilitating access to primary and emergency care by refugees. By February 2023, 4000 people were trained to provide health services to refugees and host populations across the countries, over 400 000 people were supported in accessing health care services, including 336 patients provided with HIV care in Czechia, and close to 900 000 people were reached with risk communication materials and products across refugee-receiving countries. Nearly 200 000 consultations were provided with mental health and psychosocial support in Bulgaria, Czechia, Poland and the Republic of Moldova. WHO has coordinated emergency medical teams in the Republic of Moldova, where over 6000 consultations were provided. In Poland, WHO supported the establishment of a WHO emergency medical team coordination centre to support the Ministry of Health in setting up WHO standards for medical evacuation, quality assurance of the medical evacuation and repatriation process, strengthening capacities of relevant actors involved, and supporting the management of medical transport services. The coordination centre in Poland coordinated close to 6000 emergency medical team consultations.²

24. As at 23 March 2023, a total of 2009 medical evacuations³ had been completed with the support of the European Union. Evacuated patients are primarily being treated for cancer and/or conflict-related injuries. WHO has provided technical support for the medical evacuation coordinated by the Ministry of Health of Ukraine, including technical support to the medical evacuation task force, supporting the medical evacuation unit at the Ministry of Health of Ukraine to coordinate emergency management teams, in collaboration with the European Commission's medical evacuation process. WHO is currently working with the European Commission and the Ministry of Health of Ukraine on a proposal for a coordinated medevac and repatriation system and mechanisms for patients who have been medically evacuated through the current process and are ready and wish to voluntarily return to Ukraine.

25. For a significant proportion of refugees from Ukraine, health care access is still a reported issue. According to interviews conducted by UNHCR in Hungary, Poland, Republic of Moldova, Romania and Slovakia between October 2022 and February 2023, 25% of respondents in need of health care experienced difficulties, mainly due to the long wait to access health care, the language barrier, and affordability. Thirty-three per cent of respondents cited health care as one of their top three urgent needs.⁴ According to interviews conducted by UNHCR in Belarus between July and end-September

¹ See <https://data.unhcr.org/en/situations/ukraine> (accessed 17 May 2023).

² WHO's response to the Ukraine crisis: annual report, 2022. World Health Organization Regional Office for Europe; 2023 (<https://www.who.int/publications/i/item/WHO-EURO-2023-5897-45662-68308>, accessed 14 March 2023).

³ Emergency Response Coordination Centre. DG ECHO Daily Map. MEDEVAC operations (https://erccportal.jrc.ec.europa.eu/erccmaps/20230323_DM_MEDEVAC_Ukraine_ISAA.pdf, accessed 14 March 2023).

⁴ Regional Risks and Needs of Refugees from Ukraine. United Nations High Commissioner for Refugees (<https://app.powerbi.com/view?r=eyJrIjoiZjYwMDFhMzMtMTJjZS00NzU1LTkzYzgtNTNhN2FiNjU3Y2RlIiwidCI6ImU1YzM3OTgxLTY2NjQtNDEzNC04YTBlLTY1NDNkMmFmODBiZSIsImMiOj9>, accessed 14 March 2023).

2022, 18% of respondents cited health care as one of their top three urgent needs.¹ An estimated 26% of respondents in Belarus reported at least one refugee household member with a specific need, including individuals with serious medical needs, the elderly, and people living with disabilities, with additional and specific support needs that are not free of charge, as well as people who had experienced psychosocial distress or trauma. Other groups at risk include children, especially unaccompanied and separated children and children with disabilities, including those who have experienced psychosocial distress or trauma, as well as single-caretaker households and pregnant and lactating women. Belarus hosts a significant proportion of older refugees, with approximately 22% aged over 60 years. Age-related health needs, including those relating to sight, hearing, mobility, and psychosocial distress, are thus also higher among the refugee population.²

Procurement of essential medicines and supplies

26. The resolution requested the Director-General to support the sustainable procurement of essential medicines, medical equipment and other health technologies.

27. WHO supports the Ministry of Health of Ukraine's procurement and supply system at multiple levels, and partners in the management of contingency stocks, allowing effective response to ad hoc requests and gap estimations. Apart from the principal inbound warehouse locations (Kyiv and Lviv as the main back up), WHO has increased its presence in Dnipro, Odesa and Poltava and thus increased storage capacities across Ukraine, strengthening its distribution system and responsiveness in terms of dispatch to hard-to-reach areas. WHO has procured 2100 metric tons of medicines and medical supplies worth over US\$ 75 million. Over US\$ 5.7 million worth of trauma supplies have been distributed, benefiting up to 44 250 surgeries; over US\$ 2.1 million worth of emergency supplies and over US\$ 5 million worth of medicines for the management of chronic diseases have been distributed, benefiting up to 5.57 million people; and over US\$ 200 000 worth of cholera diagnostic kits have been distributed to test up to 15 000 cases. Pneumonia kits have also been procured for US\$ 110 205 to cover up to 18 000 cases.³

28. WHO participates in weekly interagency convoys and leads its own missions to reach the most affected areas located within 20 kms of the contact line. These convoys provide medical supplies to health facilities to support the continuation of service delivery in Kharkiv, Donetska, Mikolayev and Kherson oblasts. More than 200 000 people living along the frontline could be treated with the supplies delivered to provide life-saving health services in these high-risk areas. Collaboration with volunteer associations is often key to supporting access to such areas. By the end of February 2023, 51 missions had been completed.⁴

29. From March 2022 to February 2023 WHO delivered 150 metric tons of supplies and equipment to refugee-hosting countries, including Hungary, Poland, Republic of Moldova and Romania, for a total value of over US\$ 10 million. These included 310 ventilators, blood supplies, medical supplies, personal protective equipment and other infection prevention and control supplies, chemical supplies (such as

¹ Ukraine Situation: Belarus – Protection Profiling and Monitoring Factsheet – October 2022 (<https://data.unhcr.org/en/documents/details/96698>, accessed 14 March 2023).

² Regional Refugee Response Plan for the Ukraine Situation. United Nations High Commissioner for Refugees and inter-agency partners; 2022 (<https://data.unhcr.org/en/documents/details/92257>, accessed 14 March 2023).

³ Estimated impact of basic healthcare and trauma kits (<https://app.powerbi.com/groups/me/reports/e9838e27-7d9f-4921-b3b2-bcb96adbe414/ReportSection82efb3ef21b7a8827ec7?ctid=f610c0b7-bd24-4b39-810b-3dc280afb590&bookmarkGuid=fe488ed0-09cc-4d02-9429-4e912c025d04>, accessed 14 May 2023).

⁴ WHO internal report on delivering convoys.

oropharyngeal airway tubes for oxygen masks), HIV and TB medications, rehabilitation and laboratory supplies.¹

Monitoring attacks on health care

30. The resolution requested the Director-General to pursue the monitoring, collection, documentation and dissemination of data on attacks on health care facilities, health workers, health transports, and patients in Ukraine.

31. As at 28 February 2023, a total of 859 attacks on health care had been verified through the WHO surveillance system for attacks on health care, directly resulting in 136 reported injuries and 101 deaths.²

Addressing mental health and psychosocial needs

32. The resolution requested the Director-General to assess, in full cooperation with national authorities, health cluster partners and other relevant clusters and United Nations agencies, the extent and nature of psychiatric morbidity and other forms of mental health problems resulting from the protracted situation in Ukraine and refugee-receiving and -hosting countries.

33. In 2022, the Government of Ukraine was supported by WHO to establish a mental health psychosocial support intersectoral coordination council under the Prime Minister of Ukraine, followed by the launch of the national mental health psychosocial support programme in May 2022 under the auspices of the First Lady of Ukraine, Olena Zelenska. WHO is facilitating the inter-sectoral response through its co-chairing of the mental health psychosocial support working group,³ which acts as the coordinating platform for the combined mental health psychosocial support efforts of some 270 partners, including United Nations agencies, international and national nongovernmental organizations, representatives of the scientific community, and professional associations. To facilitate coordination and enable referrals between different services and providers, the group is in charge of mapping mental health psychosocial support services in cooperation with health, protection and education clusters.

34. WHO supported the development of the Operational Roadmap “Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War”,⁴ endorsed by the intersectoral coordination council in December 2022. Informed by the overall goal of mental health psychosocial support assistance in Ukraine, the Roadmap aims to provide a consolidated overview of envisioned mental health psychosocial support priorities, informed by local context and the vision of the Government of Ukraine, with national and international partners, and with the best

¹ OSL distribution report: neighboring countries – Ukraine conflict 2022 (<https://app.powerbi.com/groups/me/reports/7e4cc79c-c3ce-4810-ad5c-789ab10e5663/ReportSection?ctid=f610c0b7-bd24-4b39-810b-3dc280afb590&openReportSource=ReportInvitation>, accessed 14 May 2023).

² Surveillance system for attacks on health care [webpage]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/ssa/Index.aspx>, accessed 14 March 2023).

³ Mental Health and Psychosocial Support Technical Working Group. United Nations Office for the Coordination of Humanitarian Affairs (<https://response.reliefweb.int/ukraine/mental-health-and-psychosocial-support-technical-working-group>, accessed 14 March 2023).

⁴ Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap. World Health Organization, Government of Ukraine; 2022 (<https://reliefweb.int/report/ukraine/ukrainian-prioritized-multisectoral-mental-health-and-psychosocial-support-actions-during-and-after-war-operational-roadmap>, accessed 17 March 2023).

available evidence and resources, to all mental health psychosocial support stakeholders already engaged in or joining emergency response and recovery efforts in Ukraine.

35. Based on its Mental Health Gap Action Programme, WHO supported the Ministry of Health of Ukraine in launching a new service package on the provision of mental health services in primary health care as a part of the State Programme of Medical Guarantees. On 7 November 2022, WHO and the Ministry of Health signed a memorandum of cooperation to mobilize the efforts of partners and contribute to building the capacity of primary health care workers in the management of common mental health conditions, using Mental Health Gap Action Programme tools. Eighty-eight new trainers were trained in the Mental Health Gap Action Programme, in addition to the 56 trainers trained previously. The Ministry of Health, the National Health Service of Ukraine, WHO and partners developed an online self-paced course on the management of mental health conditions in primary health care settings, based on Mental Health Gap Action Programme training materials. The course has been available to all primary health care staff in Ukraine (approximately 50 000 workers) since December 2022. WHO also trained and supervised 30 community mental health teams based on the model introduced in Ukraine in 2021. In 2022, over 5000 persons received services from the teams. Lastly, WHO, in partnership with the national mental health psychosocial support programme, launched an initiative to promote self-help strategies among the population of Ukraine based on the Self-Help Plus course, including a communication campaign to promote a culture of self-care and encourage common usage of stress management strategies by the adult population. Between June and December 2022, WHO trained 248 trainers throughout Ukraine in Self-Help Plus.

Resource allocation

36. The resolution requested the Director-General to ensure the allocation of adequate human and financial resources in order to achieve the objectives set out in the resolution.

37. Staffing across the response has been challenging, with considerable emphasis placed on short- and medium-term contracts for highly qualified technical experts. This in turn has created a significant challenge in human resources mobilization across all three levels of the response. Currently, human resources management has expanded to include standby partners and deployments through the Global Outbreak Alert and Response Network to provide coverage for gaps. The human resources team has been re-staffed at WHO headquarters, the Regional Office for Europe and the Ukraine Country Office in order to facilitate the hiring of qualified technical specialists. A total of 178 deployments have been made for the Ukraine response.

38. Resource mobilization efforts were successful in 2022, with US\$ 140 million received in support of the WHO response in Ukraine and refugee-receiving countries. An appeal for the period January – December 2023 has been launched, detailing WHO's resource needs for Ukraine and refugee-receiving countries, estimated at US\$ 240 million: US\$ 160 million for the health response in Ukraine and US\$ 80 million for addressing the health care needs of Ukrainian refugees in refugee-receiving countries. As at the end of February 2023, only US\$ 39.5 million (16%) had been received. WHO will continue to work with its partners to secure financial resources for future medium and longer term needs, as the conflict is likely to continue this year, and there will be further financial requirements for recovery and rebuilding.

Impacts on health

39. The resolution requested the Director-General to submit to the Seventy-sixth World Health Assembly in 2023, through the 152nd session of the Executive Board, a report on the implementation

of the present resolution, including an assessment of the direct and indirect impact of the Russian Federation's aggression against Ukraine on the health of the population of Ukraine, as well as regional and wider than regional health impacts.

40. As at 27 February 2023, a total of 21 580 civilian casualties have been reported, comprising 8101 deaths and 13 479 injuries,¹ although the actual toll is anticipated to be much higher. The number of internally displaced persons is estimated at close to 5.35 million and a further 8.1 million refugees have been recorded across Europe, with over 5 million people under the European Union Temporary Protection Directive or similar protection schemes.² As defined by the United Nations, 17.6 million people need humanitarian assistance.³

41. Given limited primary morbidity and mortality data, essential for monitoring of the health status of the population, identifying emerging health trends and risks and developing effective responses remains a challenge. Disruption of data collection and reporting, coupled with the strict policy to access data for security reasons, and continuous population movement within, and to or from, neighbouring countries have made it difficult to plan and evaluate health interventions and measure the impact of the ongoing war on the population. Since 2014, data for all health areas from the Autonomous Republic of Crimea and city of Sevastopol remains inaccessible.

42. The event-based surveillance covers different risk categories, including infectious disease outbreaks; movement of internally displaced persons and their health needs; environmental hazards; and chemical/radio/nuclear events; from which signals were detected and investigated. WHO has been able to produce monthly a public health situation analysis covering all oblasts in Ukraine, with the exception of Luhansk and Kherson for which data is not available.⁴ The data from rounds of needs assessments using a crowdsourcing approach, in areas such as Kharkiv and Kherson, have shown more barriers to essential health services at primary and specialized level of care, in addition to low access to medicine for chronic conditions. The assessment revealed cost and availability of services and medicines are the two main barriers. WHO has also conducted two rounds of representative health needs assessment, in September⁵ and December 2022,⁶ the results of which show that among people who sought services, three in four respondents reported one or more barriers, the main ones being cost and time. The assessments also show internally displaced persons and residents closer to the frontline have a relatively lower level of access to care. Eleven per cent reported no access to medicines due to cost or unavailability, compared to 20% in the first round. WHO and the Ministry of Health have jointly launched the Health Resources and Services Availability Monitoring System, implemented in a phased

¹ Ukraine: civilian casualty update 27 February 2023. Geneva: United Nations Office of the High Commissioner for Human Rights; 2022 (<https://www.ohchr.org/en/news/2023/02/ukraine-civilian-casualty-update-27-february-2023>, accessed 17 March 2023)

² Operational Data Portal – Ukraine Refugee Situation. Geneva: United Nations High Commissioner for Refugees; 2023 (<https://data.unhcr.org/en/situations/ukraine>, accessed 17 March 2023).

³ Ukraine humanitarian response – key achievements in 2022: Ukraine Situation Report, updated 10 February 2023. New York: United Nations Office for the Coordination of Humanitarian Affairs; 2022 (<https://reports.unocha.org/en/country/ukraine/>, accessed 17 March 2023).

⁴ Regional Public Health Situation Analysis in Ukraine, 28 February 2023.

⁵ Health needs assessment of the adult population in Ukraine: Survey report. World Health Organization Regional Office for Europe; September 2022 (<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6904-46670-67870>, accessed 17 March 2023).

⁶ Health needs assessment of the adult population in Ukraine: Survey report. World Health Organization Regional Office for Europe; December 2022 (<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6904-46670-68538>, accessed 17 March 2023).

approach. Phase I has been completed, covering 10 priority Oblasts from the northern, eastern and southern parts of the country. The monitoring covers different domains of health service delivery at health care facilities, including operational status and accessibility, basic amenities, health information system, service availability, etc. The preliminary result shows up to 13% of assessed facilities are either partially or fully nonfunctional, with the situation being worst in Donetska oblast with up to 55% of state-owned health facilities not fully functional. Looking at service availability, more than 15% of health facilities are not providing full noncommunicable disease services, 13% of facilities are either not or only partially providing maternal and new-born care, and the services are much scarcer in oblasts like Chernihiv, Donetska and Sumy oblast, where between 20 and 35% of health facilities are unable to provide such services fully.

43. Of the Public Health Emergencies of International Concern, COVID-19 remained high risk, particularly given low vaccination rates and newly emerging variants, despite COVID-19 cases and hospitalization remaining relatively low. As at February 2023, five cases of monkeypox/mpox had been confirmed.

44. The Independent International Commission of Inquiry on Ukraine has reported multiple incidents of gender-based violence. The age of survivors ranged from 4 to 82 years.¹ Throughout Ukraine, professionals lack the specific knowledge and skills needed to deal with survivors.² Access to certain services of sexual and reproductive health care has been difficult due to attacks on healthcare and disruptions in health system functioning in Ukraine. For many pregnant women, lack of access to good-quality obstetric care, including emergency obstetric care, and newborn care, is a challenge, increasing the risk of maternal mortality and morbidity. Several factors, such as pharmacy closures, facility damage and significant supply chain disruptions, impede the dispersal of critical sexual and reproductive health care medications.³ According to the Health Resources and Services Availability Monitoring System data collected from public health facilities in the ten oblasts most affected by the war, clinical management of rape and intimate partner violence services are available in less than one-third of public health care facilities in the southeast area of the country with a relatively higher access rate in the secondary and tertiary-level facilities. According to UN Women, there are reports of gender-based violence including human trafficking and difficulties in accessing services related to gender-based violence and sexual and reproductive health care by populations displaced beyond the Ukrainian border. Though barriers to access differ from country to country, some of those identified are: restrictive laws on abortion and emergency contraception; high cost of sexual and reproductive health services; language barriers and other difficulties navigating complex foreign health system requirements; lack of robust health-system protocols for certain sexual and reproductive health services; longstanding delays in

¹ Update by the Chair of the Independent International Commission of Inquiry on Ukraine, at the 51st session of the Human Rights Council, 23 September 2022. Geneva: United Nations Office of the High Commissioner for Human Rights; 2022 (<https://www.ohchr.org/en/statements/2022/09/update-chair-independent-international-commission-inquiry-ukraine-51st-session>, accessed 17 March 2023).

² Ukraine conflict: End impunity for sexual violence, UN report urges. Press release, 16 February 2017. Geneva: United Nations Office of the High Commissioner for Human Rights; 2022 (<https://www.ohchr.org/en/press-releases/2017/02/ukraine-conflict-end-impunity-sexual-violence-un-report-urges?LangID=E&NewsID=21187>, accessed 27 November 2022).

³ Making the Invisible Visible An evidence-based analysis of gender in the regional response to the war in Ukraine. Regional Gender Task Force, UN Women; October 2022 (https://eca.unwomen.org/sites/default/files/2022-10/RGTF_MakingTheInvisibleVisible_ENG_0.pdf, accessed 17 March 2023).

access to specialised care in gynaecology and obstetrics; lack of cooperation between the public health system and civil society support structures; and weak protection frameworks for certain groups.¹

45. As at February 2023, the event-based surveillance system has tracked more than 30 open-sourced media signals on the release of industrial chemicals as a result of the war in the Donetsk, Kharkiv, Luhansk, Sumy and Zaporizhzhia administrative regions, reportedly with no public health consequences. WHO and partners continue to monitor and verify such signals. The risk of a radiation emergency due to shelling of nuclear power plants, the failure of a reactor's power supply or the inability to provide necessary maintenance, remains significant. The International Atomic Energy Agency has raised concerns about the risk of a severe accident jeopardizing human health and the environment as a result of reported shelling incidents near the Zaporizhzhia nuclear power plant.²

46. The consequences of the war in Ukraine are far-reaching, exacerbating food insecurity globally. As at end of February 2023, 1600 voyages from Ukrainian ports had carried 24 million metric tons of grains and other foodstuffs via the Black Sea grain initiative. The Food and Agriculture Organization's food price index covering a basket of staple foods has now dropped for 10 consecutive months since reaching record high levels in March last year. However, food inflation remains high in the world. According to the World Food Programme, 349 million people across 79 countries are acutely food insecure. This situation is expected to worsen, with global food supplies projected to drop to a three-year low in 2022/2023.³ Over 18 million people are experiencing severe food insecurity, an increase of 5.6 million people since the last United Nations Secretary General report of June 2022.⁴

ACTION BY THE HEALTH ASSEMBLY

47. The Health Assembly is invited to note the report and provide guidance in relation to the following question:

- How can the Secretariat best strengthen the Organization's humanitarian response and promote the transition to sustainable development in Ukraine and countries hosting refugees?

= = =

¹ Making the Invisible Visible An evidence-based analysis of gender in the regional response to the war in Ukraine. Regional Gender Task Force, UN Women; October 2022 (https://eca.unwomen.org/sites/default/files/2022-10/RGTF_MakingTheInvisibleVisible_ENG_0.pdf, accessed 17 March 2023).

² IAEA Director General Statement on Situation in Ukraine (<https://www.iaea.org/newscenter/pressreleases/update-148-iaea-director-general-statement-on-situation-in-ukraine>, accessed 14 May 2023).

³ Joint Statement by the Heads of the Food and Agriculture Organization, International Monetary Fund, World Bank Group, World Food Programme and World Trade Organization on the Global Food and Nutrition Security Crisis; 8 February 2023 (<https://www.wfp.org/news/joint-statement-heads-food-and-agriculture-organization-international-monetary-fund-world-0>, accessed 17 March 2023).

⁴ United Nations Security Council document S/2022/1019 (https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_2022_1019.pdf, accessed 14 May 2023).