

WHO 2025 Emergency Appeal: Ukraine

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Organization

Foreword

Dear Partners,

As we enter 2025, the ongoing conflict in Ukraine continues to cast a long shadow over the health and well-being of its people. The resilience and dedication of the Ukrainian health system and its workers have been nothing short of remarkable, yet the challenges they face remain immense. The World Health Organization (WHO) stands resolute in its commitment to support Ukraine through these trying times, ensuring that essential health services reach those most in need.

The past year has seen relentless attacks on health infrastructure, with over 2184 incidents verified by WHO Surveillance System for Attacks on Health Care since the escalation began in 2022, resulting in significant casualties and damage to facilities. In the face of these attacks, WHO, in collaboration with the Ministry of Health and numerous partners on the ground, has made substantial strides in delivering life-saving health interventions. Our efforts have focused on providing trauma and emergency care, supporting mental health services, and ensuring the continuity of primary health care amidst the chaos of war.

In 2024, WHO's response was marked by the distribution of critical medical supplies, the deployment of mobile health units, and the training of thousands of health workers in emergency preparedness and response. We have also prioritized the needs of the most vulnerable, including those living with chronic conditions, mental health issues and disabilities. The continued attacks on critical infrastructure and the persistent energy crisis have further complicated the situation, highlighting the need for robust preparedness and resilience measures.

As we look ahead to 2025, our focus remains on sustaining and scaling up these essential health services.

Numbers give an idea; they can help convey a burden and paint the big picture. But numbers also tend to mask the fact that there are people of flesh and blood behind them. The plight of Ukraine's people only becomes palpable and fully understood when we think of the individual's health impacted by war: a pregnant woman fearing for her unborn child and her safety during birth; an elderly man struggling with deteriorating mental health as the conflict grinds on; a three-year-old boy who's missed

out on basic immunization, leaving him exposed to preventable diseases.

There are almost three million people impacted by the conflict in Ukraine, and we aim to assist in ensuring access to emergency and trauma care, strengthening public health surveillance and supporting the early recovery of the health system. Our efforts will continue to push the boundaries of innovation, including approaches such as telemedicine and other digital health innovations, to overcome the challenges posed by a lack of human resources and infrastructure damage.

The path to recovery remains long and fraught with difficulties. Still, with your continued support, we can continue to make a meaningful difference and achieve the priorities endorsed in the Country Cooperative Framework, Ukraine 2024–2030, that sets out an approach to enhancing Ukraine's health care. Your contributions have been invaluable in enabling WHO to respond swiftly and effectively to the health needs of the Ukrainian population. Together, we can work towards a future where health is enshrined as a fundamental human right, accessible to all, even in the most challenging circumstances.

In solidarity with Ukraine, we renew our unwavering commitment to health and well-being for all.

Sincerely,

Hans Henri P. Kluge
Regional Director
WHO Europe



WHO's response and achievements were made possible thanks to the generous and relentless support from its contributors, for which WHO Europe is grateful.

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Current situation and impact on health

Insecurity, damage to and lack of maintenance of ageing health facilities and medical equipment, shortages of medicines and medical supplies, understaffing, and curtailed access to referral hospitals and pharmacies have all taken a toll on the provision and accessibility of health-care services. Despite the efforts deployed by the Ukrainian authorities to improve access to health services and keep reforming the public health-care system, the war's impact on health is of grave concern, particularly as public funding is redirected towards military expenses.

With the current situation in Ukraine, the primary goal of WHO is to reduce mortality and morbidity rates.

- Since the full-scale invasion on 24 February 2022, there have been 39 081 officially reported civilian casualties, including women and children. This includes 12 162 deaths and 26 919 injuries¹, though the actual numbers are likely much higher. Additionally, 6.8 million Ukrainian refugees are still recorded worldwide².
- The physical pain and limitations related to war injuries require trauma care and medical rehabilitation services to decrease mortality rates after injuries, mitigate the impact of traumatic experiences, and prevent avoidable long-term disability that impacts the occupational, social and personal capabilities.
- Community resilience is affected by challenges related to health-care service delivery, with 4.2 million returnees and 3.6 million internally displaced persons within the country³. More than 65% of households reported experiencing at least one barrier when seeking care with cost of medicines remaining the predominant obstacle (October 2024 Health Needs Assessment, yet to be published).
- Since the war's escalation in 2022, the WHO Surveillance System for Attacks on Health Care (SSA) has verified more than 2184 attacks on health services (45% of the total number of attacks reported worldwide over the same period), resulting in 204 deaths and 696 injuries among health workers and patients.
- Attacks on civilian infrastructure have disrupted access to electricity, heating, safe water and sanitation. This has worsened livelihoods, negatively affecting the population's socioeconomic status and well-being and impacting their physical and mental health. Cold and humidity have further deteriorated poor housing conditions, increasing health risks for vulnerable households.

1. Source: United Nations Office of the High Commissioner for Human Rights | OHCHR): Ukraine - protection of civilians in armed conflict (October 2024). ENG.pdf
2. UNHCR online portal: Situation Ukraine Refugee Situation, December 2024.
3. Source : IOM online portal : Ukraine | Displacement Tracking Matrix November 2024



A health-care vehicle damaged as a result of a strike on a hospital and emergency medical aid station in Beryslav, Kherson region. © WHO

- Health facilities face power outages and infrastructure damage, reducing their ability to host patients and provide quality services.
- Access to health care is increasingly unequal. Most damaged and dysfunctional health facilities are along the front line, where the remaining population often faces multiple vulnerabilities, such as being elderly or having disabilities. These facilities experience more disruptions in medical supplies, a shortage of health workers, and various barriers to receiving care.
- Noncommunicable diseases (NCDs) remain a major concern as they are the leading cause of death in the country. The conflict has disrupted early detection, screening and treatment, significantly impacting the long-term health outcomes of those living with or at risk of NCDs⁴.
- An estimated 9.6 million people in Ukraine are at risk of or living with a mental health condition, including 3.9 million people with moderate to severe symptoms⁵.
- The number of reported gender-based violence (GBV) cases is increasing. In 2024, areas retaken by Ukraine and front-line territories in Kharkivska, Khersonska, Mykolaivska, Sumyska and Zaporizhka regions, saw a doubling of intimate partner violence and other forms of domestic violence, including physical and psychological abuse at home⁶.
- Ukraine has one of the highest rates of human immunodeficiency virus (HIV) and tuberculosis compared with other WHO European Region countries. The conflict makes it difficult for patients to maintain their health, as they require long treatment and careful medical follow-up.
- Strengthening preparedness and readiness against all hazards is crucial for health security and safety, given the volatile context and multiple threats, including chemical, bacteriological, radiological and nuclear (CBRN) risks and infectious disease outbreaks.
- The health system has shown resilience and continued reforms since 2017. However, technical expertise, capacity-building and coordination support are still needed for the successful recovery and strengthening of health-care services in Ukraine.

4. Source: <https://reliefweb.int/report/ukraine/ukraine-war-impact-disruption-infectious-and-chronic-disease-programmes-expected-be-severe-and-durable>

5. Source: WHO press release: Amid a year of relentless war, WHO Regional Director for Europe strengthens commitment for mental health services during visit to Ukraine, February 2023.

6. Source: Protection Cluster: [ukraine_protection_analysis_update_-_july_2024.pdf](#)

People in need in 2025



12.7 million

people in need (5.2 million in 10 priority regions)



9.2 million

people in need of health assistance



3 million

people targeted by the Health Cluster partners, i.e. in 10 priority regions and war-affected communities

The number of people in need has slightly increased in the 10 priority regions⁷ (5.2 million) compared with 2024 (4.9 million) due to more significant disruption of the health system, the burden of NCDs, and higher demand for mental health and psychosocial support (MHPSS), caused by war-related distress.

7. The ten priority oblasts (Ukrainian regions) are: Odeska, Khersonska, Mykolaivska, Zaporizhka, Dnipropetrovska, Donetsk, Luhanska, Kharkivska, Sumyska, Chernihivska.

Funding requirements



US\$ 68.4 million

is required in 2025

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WHO Ukraine priorities in 2025

Strengthen emergency medical services (EMS) and trauma care systems in priority regions to ensure health emergency response.

Ensure continuity and quality of essential primary health-care (PHC) services and outreach initiatives for war-affected populations.

Improve the health condition of vulnerable populations by supporting key health recovery priorities in emergency settings.

Enhance coordination among health partners and improve health information management systems for accurate data collection, reporting, needs assessment and disease surveillance.

Achieve health security and facilitate early recovery through preparedness and readiness.

Support an integrated approach to emergency health care, taking mental health, rehabilitation, gender, age and disability into consideration.

WHO impact in 2024

Through a variety of emergency activities implemented by WHO teams, 4.7 million people were reached directly and indirectly in 2024.



Supported over 921 health institutions, distributing 783 metric tonnes of medical supplies and equipment worth more than US\$ 26 million.



Provided safe medical spaces and winterization solutions in 19 health facilities for the health workforce and approximately 590 000 patients through the provision of modular prefabricated units and heating units.



Delivered 13 modular structures for PHC centres and two prehospital emergency medical care basepoints, benefiting over 50 000 people.



Strengthened the capacities of 50 local organizations to improve quality, adhere to standards such as gender mainstreaming in health, and secure funding for sustainable response efforts, including project proposal development.



Trained 8700 health professionals in the whole country to strengthen their practices in emergency care management and essential PHC.



Official opening of the new modular primary health-care clinic in Odesa region, village Chohodarivka, September 2024. © WHO Ukraine



Patient in the newly opened WHO modular primary health care clinic in Kharkiv region, village Tsyrukun, September 2024. © WHO Ukraine

Emergency health-care needs in Ukraine

The ongoing conflict continues to prevent 3.6 million internally displaced persons (IDPs) from returning home and forces the entire population to live in fear and insecurity. Attacks on civilian infrastructure, particularly health facilities, severely limit access to health care, disrupt medical supplies and exhaust the resilience of health workers, especially in conflict-affected regions like Donetsk, Luhansk, Zaporizhzhia, Kherson, Kharkiv, Dnipropetrovsk, Chernihiv, Sumy, Kyiv, Mykolaiv and Odesa.

By the end of 2025, WHO aims to assist 3 million people in Ukraine, ensuring access to vital life-saving health services, including emergency and trauma care. In collaboration with the Ministry of Health of Ukraine and health sector partners, WHO is committed to building a sustainable and resilient health-care system through ongoing reforms, and preparedness and readiness capacity-building.

Barriers such as the cost of medicines and treatment, time and transportation issues continue to delay or prevent access to medical care, with 7% of households

unable to reach health services. PHC and NCDs are the main reasons for seeking care. The WHO October 2024 Health Needs Assessment⁸ revealed that 51% of households needed laboratory diagnostics, but only 83% completed all tests, primarily due to cost (46%) and time (27%). Instrumental diagnostics faced similar barriers, with cost being the main issue (56%). The Health Resources and Services Availability Monitoring System (HeRAMS) data from September 2024 show that health facilities' structural integrity and equipment are severely affected, with staff shortages (51%), security concerns (31%) and facility damage (26%) being the main challenges.

Four in five households (82%) faced difficulties obtaining necessary medicines, mainly due to increased prices (73%) and lack of money (29%). Only 62% of households are aware of government medicine compensation programmes, with 25% successfully using them in the last three months.

Strengthening the health system to restore and develop essential services such as rehabilitation, PHC and public health surveillance is critical for national recovery.

Continuous missile strikes on energy infrastructure may lead to power outages lasting up to 20 hours per day, especially during winter and summer.

8. Health needs assessment of the adult population in Ukraine, Round 6 - WHO, October 2024. (Forthcoming)

During these seasons, the demand for electricity increases due to heating and cooling needs. As a result, power is prioritized for critical infrastructure like hospitals and emergency services, leaving civilian infrastructure without basic services. Due to these challenges, several oblasts, including Chernihivska, Dnipropetrovska, Donetsk, Kharkivska, Sumska and Zaporizhka are at high risk for the 2024–2025 winter period⁹.

Nearly one in three households has a member with a disability⁸, facing physical barriers due to the lack of inclusive design in urban settings and health facilities. Households with disabilities in eastern and southern oblasts are 10–20% less likely to access health-care services than households without persons with disabilities. Assistive technology and rehabilitation services remain expensive and unaffordable for the most vulnerable households. The injury rate continues to increase, indicating a higher risk of disability.

Older people and people with disabilities are disproportionately affected by protection risks, including aerial attacks, artillery shelling, exposure to mines, loss of livelihood and access to basic goods and services. Persons with disabilities report health care as a top priority (59%) compared to households without members with disabilities (19%).

Workforce shortages are critical in rural areas, with only 17% of doctors and 7% of nurses serving 30% of the population. Elderly populations are predominantly affected and face significant barriers to health-care access.

The ageing health workforce impacts the sustainability of human capital in health care. Over 50% of PHC doctors are over 50, and 29% are over 60. The workforce is highly feminized, with women representing 98% of nurses and 81% of PHC doctors.

Exposure to war increases risks for post-traumatic stress disorder and other mental health issues, which can lead to long-term mental health conditions and disabilities. Over half of individuals seeking mental health and psychosocial support show psychological distress symptoms. Negative coping mechanisms – which people are more likely to turn to – may lead to long-term public health issues.

NCDs contribute to 84% of all deaths in Ukraine. The main barriers to health care for NCD patients are the unavailability of services and the cost of medicines, exposing people living with chronic conditions to disruption of care and irreversible deterioration of their health status.

Despite robust guidelines, preparedness for radiological and nuclear emergencies needs strengthening, including radiation monitoring; exposure and decontamination protocols; medical triage; pre-hospital and hospital response; and long-term follow-up of affected persons. Risk communication and psychological impact also require attention.

9. <https://www.who.int/europe/publications/i/item/WHO-EURO-2024-2946-42704-59552>



WHO Response under the Ukraine Emergency Appeal 2024

In 2024, reaching the unreached remained challenging due to volatile conditions and landmines in Eastern and Southern Ukraine. Despite these obstacles, WHO's emergency response focused on delivering life-saving assistance and capacity-building in ten priority regions along the contact line. With support from contributors and national stakeholders, significant results were achieved.

- **Medical supplies:** In 2024, WHO procured and distributed 783 metric tonnes of medical supplies and equipment worth US\$ 26 million to beneficiaries, including life-saving medications, vaccines, laboratory equipment and medical devices. These efforts reached 921 health-care facilities across Ukraine.

As part of the winter response, WHO provided 13 generators (248 units since 24 February 2022) and 4 autonomous solid fuel heating units in clinical hospitals in Bobrovytsya (Chernihiv), Chuhuiv (Kharkiv), Korop and Izmail (Odesa). Additionally, 23 ambulances were supplied, bringing the total number of ambulances supplied since 2022 to 117; and installed prefabricated modular structures to replace damaged health-care facilities also serving as ambulance bases, ensuring medical care for over 50 000 people.

- **Interagency convoys:** WHO participated in interagency convoys to deliver medical supplies to health facilities within 5–20 km of the contact line in the ten priority oblasts. WHO also led deliveries in some hard-to-reach areas to complement interagency convoys.

These efforts support health-care services for over 300 000 people in high-risk areas. Coordination with the Office for the Coordination of Humanitarian Affairs (OCHA), other UN agencies and volunteer associations is crucial for access. Since the conflict began, WHO has delivered health support through 119 interagency convoys.

- **Over-the-counter (OTC) kit initiative:** Launched in 2023 to help vulnerable populations in high-risk areas, these OTC kits provide treatment for common disorders when health-care staff are unavailable. Used after remote consultations, the kits are suitable for home delivery and use during evacuations. Medications have instructions in Ukrainian and a shelf life of at least 24 months.

During the pilot phase, 1200 kits were distributed, each serving two people for six months. Monitoring led to adjustments in the kit content for future distribution.

- **Specialized medical training:** In 2024, WHO and partners trained over 1500 health-care professionals in Ukraine through a scalable and sustainable pyramid-style approach to enhance emergency response and advanced care capacities. Key initiatives included training for Emergency Medical Team coordination; basic emergency care (355 participants); hostile environment surgery (200 specialists); and critical care transfer (103 trainers certified across 25 oblasts).

- **Medical evacuations:** As of December 2024, WHO coordinated the evacuation of over 5000 Ukrainian patients for specialized treatments, including trauma care, oncology and rehabilitation. Co-funded by the European Union (EU) and coordinated with the Ministry of Health of Ukraine, this initiative facilitated patient transfers across the European region.



Notably, 2800 patients have returned to Ukraine to continue their recovery through the national health system, ensuring continuity of care.

- **PHC Services:** WHO dispatched outreach health units to 161 locations in 8 oblasts, providing over 24 000 consultations during 756 field visits. Comprehensive needs assessments were conducted in 529 health facilities in Kharkiv oblast, leading to the development of a PHC infrastructure plan and the distribution of supplies to 71 centres. WHO also expanded training for PHC professionals in NCD management, GBV and vaccine-preventable diseases and immunization, establishing training hubs in Dnipro, Kharkiv, Kyiv and Odesa.
- **Mental health and psychosocial support:** In 2024, WHO provided mental health services to 623 455 individuals in PHC settings, trained over 2252 PHC workers in WHO's Mental Health Gap Action Programme (mhGAP) and facilitated an online course for 17 000 doctors. The roll-out of Problem Management Plus (PM+) benefited over 800 adults. Community mental health teams and centres were established, and 144 providers were trained. WHO delivered 16 metric tonnes of psychotropic medicines to 17 hospitals and supported community-based initiatives, training 304 specialists and reaching 3712 people. Coordination efforts included training 550 members in specialized skills and reaching over 850 participants through webinars.
- **Rehabilitation:** Since 2022, WHO has been crucial in developing a rehabilitation network for the influx of injured military personnel and civilians. The government established a hospital

network with rehabilitation services for trauma-related injuries. WHO led the international emergency rehabilitation response, supporting Ukraine through partner coordination, capacity-building, training, and provision of assistive technology and supplies, aiding 13 oblasts and 40 health facilities.

WHO also partnered with 12 Ukrainian organizations to mainstream disability inclusion and provide targeted support to older persons and those with disabilities at risk of institutionalization during wartime.

- **Gender-based violence:** WHO and the Ministry of Health of Ukraine updated the gender-based violence (GBV) legal framework and conducted 14 trainings for 650 health professionals across 10 regions. Intimate Partner Violence training reached 63 health partners, and two Training of Trainers sessions trained 31 health managers. Eight GBV awareness sessions for 300 PHC managers focused on integrating GBV and HIV services. Specialized medicines and supplies were distributed to strengthen GBV management, especially in front-line facilities.
- **Chemical, biological, radiological and nuclear threats:** WHO provided 75 health-care facilities with chemical, biological, radiological and nuclear (CBRN) items, including escape hoods, dosimeters and decontamination tents. Over 180 emergency medical services first responders and 297 health-care professionals were trained in chemical and radiation preparedness. Additionally, two tabletop exercises were organized in Odesa and Khmelnytsky to enhance coordination capacities for radiological incidents.



WHO Ukraine teams for risk communication, community engagement and gender-based violence conducted focus group discussions with internally displaced persons in Odesa in December 2024. © WHO Ukraine

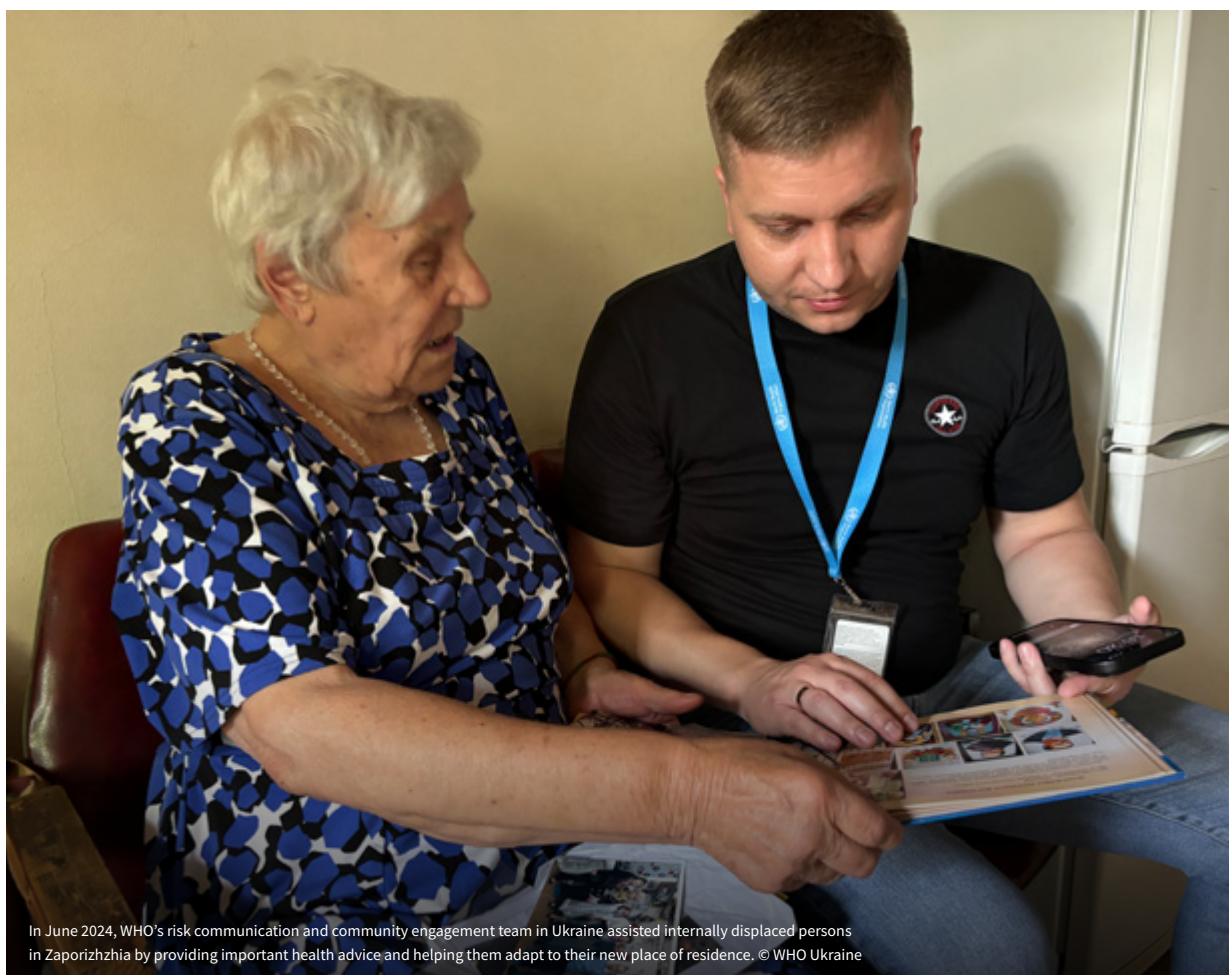
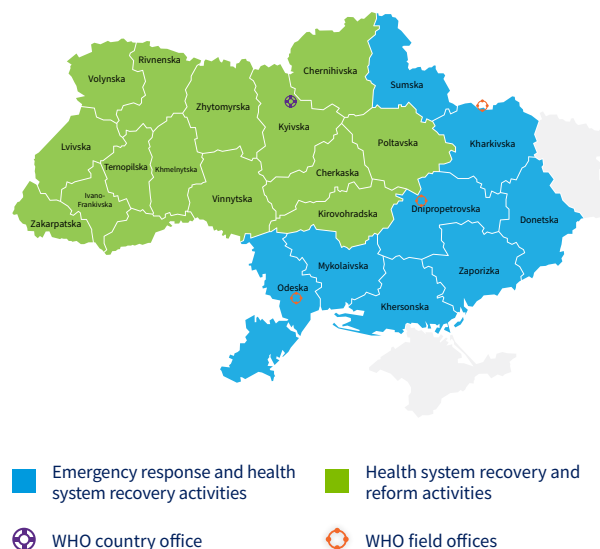
- **Risk communication and community engagement:** In 2024, the risk communication and community engagement (RCCE) team developed public health materials on topics such as flood preparedness, heat safety and waterborne diseases. Over 700 000 printed materials were supplied to the Ministry of Health, and 2.1 million leaflets reached 310 000 households in high-risk oblasts. To enhance communication, 11 focus group discussions were held with internally displaced persons, addressing misinformation and myths. Weekly social media monitoring helped target misinformation, and partnerships with Ministry of Health and the United Nations Children’s Fund (UNICEF) generated over 163 000 digital engagements.

- **Health Sector Coordination:** WHO has conducted an evidence-based public health situation analysis (PHSA August 2024), produced guidelines such as the Ukraine Cash and Voucher Assistance for Health Framework 1.0 - May 2024, and centralized assessments through the Health Cluster Ukraine Assessment Tracker.

The Health Cluster, Technical Working Groups and Task Teams have coordinated 212 health partners and ensured consistent service delivery standards.

WHO delivered public health information services products including monthly bulletins, dashboards and infographics to support service delivery, decision-making and advocacy.

WHO country and field offices



WHO Response Results Framework for 2025 in Ukraine

WHO aims to sustain and scale up life-saving interventions and extend essential health-care services to affected populations, particularly in front-line oblasts. This includes strengthening emergency medical services and providing life-saving supplies at both prehospital and hospital levels, complemented by safe spaces and innovative approaches to facilitate access to quality health care.

WHO's work will remain focused on life-saving interventions and aligned with core humanitarian principles and commitments such as 'leave no one behind' and 'do no harm' while strengthening technical roles to support health security, resilience and recovery efforts. WHO will adapt its support to the protracted conflict by combining immediate response with long-term reforms and recovery. Early recovery efforts will address challenges such as re-establishing service provision (especially PHC), ensuring health-care infrastructure autonomy, and promoting rehabilitation and social inclusion for people with war-related disabilities and mental health issues.

WHO will advocate for localized and community-based strategies, prioritizing the needs of the most vulnerable populations and bridging immediate needs with long-term health system strengthening. Gender, age, and disability considerations will inform tailored programming approaches.

Critical cross-cutting interventions for the prevention of sexual exploitation, abuse and harassment (PSEAH), as well as risk communication and community engagement to foster preventive and positive health-seeking behaviours, will be mainstreamed into all areas of WHO operations in Ukraine.

Specific Objective 1: Strengthen emergency medical services (EMS) and trauma care systems in priority regions

WHO aims to ensure the availability of essential trauma and emergency medical services (EMS) in front-line oblasts by procuring and distributing medical supplies, including emergency kits, external fixators and burn treatment supplies, to enhance trauma care quality. This effort ensures uninterrupted emergency clinical services during mass casualty events and targeted trauma care at both pre-hospital and hospital stages. Additionally, WHO will support national blood collection, storage and transfusion systems to strengthen trauma response capabilities further.



WHO specialists in Ukraine conducting basic emergency care training for health workers in Kyiv in March 2024. © WHO Ukraine

In 2025, WHO will enhance EMS capacity through a systemic and sustainable approach, including education, training, delivery of medical supplies, technical support and mentorship. Programmes such as Basic Emergency Care, Advanced Trauma Life Support and Mass Casualty Management will align national priorities with international best practices, reducing dependency on international expertise and establishing highly skilled national faculties.

To optimize diagnostics and care in low-resource settings, WHO will integrate telemedicine, ensuring access to specialized care regardless of geographic location or security constraints. This approach will also enhance laboratory capacities in remote and hard-to-reach areas, focusing on clinical diagnostics, infection testing and antimicrobial resistance testing.

WHO will continue to enhance the clinical skills and technical capacities of national Emergency Medical Teams (n-EMTs) to meet international standards, develop national validation mechanisms and enhance operational capacities for mass casualty response – all of which are in line with the EMT 2030 Strategy. WHO will also support the Ministry of Health in developing a sustainable medical evacuation (MEDEVAC) and repatriation system as both a response mechanism and part of preparedness planning.

Additionally, WHO will ensure that GBV and conflict-related sexual violence survivors receive appropriate services in health-care facilities through training, awareness campaigns and

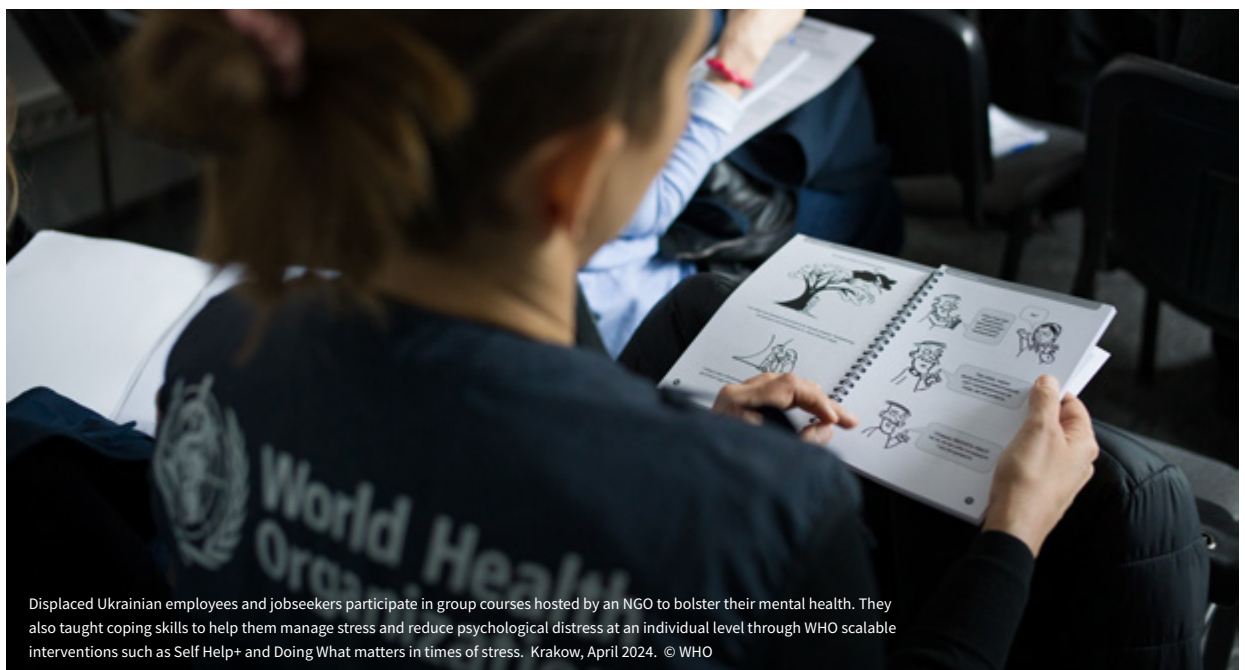
provider-oriented communication. WHO will work closely with the Ukrainian Public Health Centre and local authorities to support front-line health facilities and HIV centres with post-exposure to prophylaxis medication and supplies.

Focus will be placed on enhancing survivors' clinical management and psychological support; capacity-building for health-care providers and health leadership; and updating national protocols to ensure accessible clinical care for vulnerable populations.

Specific Objective 2: Ensure continuity and quality of essential primary health-care services

WHO aims to strengthen the capacities of the PHC network to provide high-quality services, particularly in areas close to the front line. This includes training health-care professionals on NCDs and infectious disease management in collaboration with the Ministry of Health and medical universities. Additionally, WHO will develop university programmes on GBV and immunization, using a training-for-trainers approach.

To ensure continuous access to primary and emergency health care, WHO will continue to install prefabricated modular structures in damaged or unsuitable PHC and EMS units. These modular clinics will be equipped with essential amenities and follow universal design principles to meet Ministry of Health standards. This effort aims to prevent population migration for health care, support the return of displaced populations and provide safe spaces for health workers.



Displaced Ukrainian employees and jobseekers participate in group courses hosted by an NGO to bolster their mental health. They also taught coping skills to help them manage stress and reduce psychological distress at an individual level through WHO scalable interventions such as Self Help+ and Doing What matters in times of stress. Krakow, April 2024. © WHO

In collaboration with the Office for the Coordination of Humanitarian Affairs (OCHA), WHO will deliver life-saving supplies to hard-to-reach areas through inter-agency convoys. Rapid evaluations and needs assessments will be conducted during these visits. WHO will also provide over-the-counter kits to enhance access to basic medicines for at least 10 000 households within the 20 km contact line area, guided by the Multisectoral Needs Assessment (MSNA) and coordinated with the Ministry of Health and the Health and Protection Cluster.

WHO will ensure continuous PHC provision in emergency settings by combining services in remote areas through outreach health units and by supporting PHC facilities in contact line areas. This includes identifying gaps in health-care delivery, assessing resource availability and understanding population needs, especially for NCD management. WHO will deploy outreach health units and provide targeted medical equipment and supplies aligned with national protocols and Ministry of Health standards.

The network of PHC facilities will be strengthened to maintain and achieve minimum standards for infection prevention and control at all levels of service delivery. WHO will intensify its support in

priority oblasts to combat health-care-associated infections and antimicrobial resistance through capacity-building, supply provision and technical guidance.

To advance MHPSS as part of essential PHC services, WHO will focus on integrating MHPSS interventions into PHC systems, particularly in areas close to the front line and hard-to-reach populations, with an emphasis on gender-sensitive approaches and support for survivors of GBV.

On the rehabilitation and disability inclusion front, WHO prioritizes comprehensive health and social care for Ukrainians, aiming to reduce strain on health facilities and mitigate risks for vulnerable populations. WHO will reinforce referrals and existing rehabilitation services by prioritizing integrated health and social care models; providing technical leadership; and reducing access barriers to address health inequities for individuals with injuries, illnesses or disabilities. In 2025, WHO will enhance rehabilitation services by integrating health and social care models, providing technical support and reducing access barriers. This includes training for rehabilitation professionals, improving clinical outcomes and offering mobile services and assistive technology in hard-to-reach areas.



A physical therapist works with her patient in Vinnytsia Hospital's rehabilitation department which has become a centre of excellence, June 2024. © WHO

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

WHO will continue to lead health sector coordination through the Health Cluster, focusing on the 2025 Humanitarian Needs and Response Plan strategy and operational activities to meet beneficiary needs. This coordination aims to prevent service duplication and avoid disruptions in the health system.

Technical leadership, quality and prioritization will be enforced through Technical Working Groups, capacity-building and regular field supervision. These groups will bridge connections between the Ministry of Health and wider government coordination, facilitating updates and linking to early recovery efforts. WHO will also ensure close linkages to recovery coordination mechanisms such as the Health Partners Meeting and the Health Sectoral Working Group.

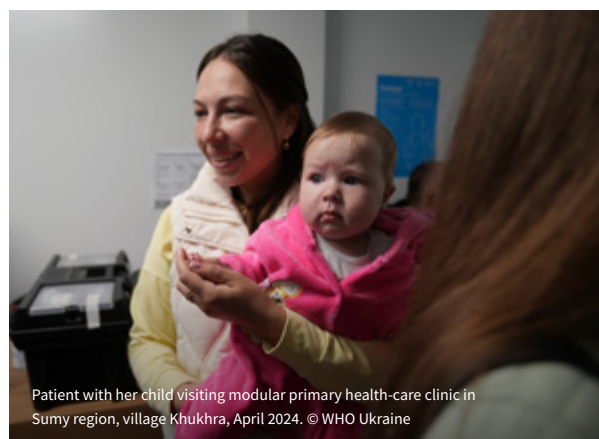
In 2025, the Health Cluster and partners will build on previous efforts to strengthen intersectoral collaboration in delivering PHC, including mental health, rehabilitation, inclusion and gender. This collaboration will address barriers to accessing life-saving health care at the community level in priority areas. Health partner activities will be monitored to track progress against cluster objectives, with feedback provided to improve response quality and address challenges. The Cluster will advocate for solutions to these challenges with various stakeholders, including the Ministry of Health, the Government, Inter Cluster Coordination Group/ Cluster Lead Agency, beneficiary communities and donors.

WHO will enhance Ukraine's health information systems and stakeholder coordination using innovative tools, assessments and data-driven strategies. This includes transitioning the Health Needs Assessment into the Health Tracker, a flexible and adaptive quarterly indicator-based tool focused on relevant content and size depending on humanitarian scenarios. The main goal is identifying and addressing the health needs of internally displaced persons and local communities. WHO will also implement various assessments, such as Winter and Summer Risk Assessments, Energy Assessments, Accessibility to Health Services evaluations and surveys such as STEPS and the Health Index, to provide insights into health risks, service gaps and behavioural trends.

WHO will deploy the Emergency Rapid Needs Assessment through local partners during acute emergencies to enable rapid responses. The Health Resources and Services Availability Monitoring

System (HeRAMS) will continue to deliver critical data on health service availability, with improvements aimed at prioritizing front-line data collection and expanding the database in high-impact regions. WHO will develop GIS-based tools to support real-time monitoring and decision-making, enhancing operational efficiency and logistics during emergencies. Additionally, WHO will focus on collaborative approaches within and beyond the health sector to improve data interoperability and create a unified view of health data, supporting better coordination in disaster medicine management and overall response efforts.

Finally, as the lead international health agency, WHO will promote a human-rights-based approach to disability inclusion across the humanitarian project cycle, ensuring that persons with disabilities are included across all sectors. Additionally, WHO will ensure disability-disaggregated data are collected, the needs and risks of girls, boys, women, men and older persons with disabilities are considered, and humanitarian actors are equipped to respond. WHO will continue encouraging participation from Cluster Leads, United Nations (UN) agencies, organizations of persons with disabilities, other civil society actors and government bodies.



Patient with her child visiting modular primary health-care clinic in Sumy region, village Khukhra, April 2024. © WHO Ukraine

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

Since the full-scale invasion in February 2022, WHO has supported Ukraine's Ministry of Health in enhancing preparedness and readiness for all hazards, focusing on 186 health facilities.

WHO is committed to enhancing preparedness and response to chemical, biological, radiological and nuclear (CBRN) hazards, especially in high-risk areas such as the contact line and nuclear power plants. Efforts include training hospitals and emergency services; providing essential medical

assistance; and procuring critical supplies such as radiation detection devices. Comprehensive training programmes will enhance the capabilities of responders. WHO will also strengthen national coordination mechanisms, update standard operating procedures, and enhance national stockpile systems to ensure rapid and effective responses.

To address health security concerns at the local and national level, WHO will coordinate with public health authorities to reinforce the capacities of the Ukraine Centre for Public Health and Regional Centres of Disease Control.

WHO will continue to focus on operational preparedness to ensure health facilities are ready for winter temperatures and potential intensified conflict. This includes providing decentralized power sources such as solar panels and hybrid energy systems, and installing solid fuel heating units in strategic health-care facilities. These measures aim to maintain essential services during energy shortages or attacks on centralized systems, ensuring continuous health-care delivery and laying the groundwork for longer-term energy sustainability.

Attacks on infrastructure are expected to impact water treatment and distribution, increasing the risk of infections. Collaborating with WASH (water, sanitation and hygiene) and Health Cluster partners, WHO will support the prevention and management of waterborne diseases by providing technical and operational assistance, including standard operating procedures on water quality management and waste disposal.



Heating unit, installed in the hospital in Bobrovitsa, Chernihiv region, to ensure autonomous heating of facilities during power outages, May 2024. © WHO Ukraine

Hospitals will receive critical assets such as water filtration units and diagnostic kits. WHO will also collaborate with authorities to prepare contingency plans for cholera and other waterborne diseases, and strengthen environmental and wastewater surveillance.

Hospitals are complex and vulnerable institutions, heavily dependent on external support and supply chains. Disruptions to power, communication systems, external services or supply deliveries due to missile strikes, blackouts or natural disasters can severely impact essential hospital functions. WHO aims to strengthen hospital resilience by supporting medical evacuation procedures, care in isolated settings, mass casualty management and CBRN threat responses. The plan includes service restoration and recovery strategies, ensuring health-care systems can resume operations quickly after emergencies. This initiative seeks to equip hospitals with the capacity to respond effectively to diverse crises, protecting lives and ensuring continuity of care.



Sofia (age four months) was in a critical condition but was stabilized in time to make her flight to Germany where she will receive the urgent care she needs. July 2024. © WHO

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

Despite the ongoing challenges of war, Ukraine continues to advance health-care reforms with WHO support, ensuring alignment of political decisions and recovery processes with prior reforms to maintain sustainability, efficiency, equity and financial protection for the population.

WHO remains committed to strengthening Ukraine's health-care financing systems to achieve universal health coverage. This includes ensuring equitable access to an enhanced primary health-care package and developing tailored financing models for critical services such as MHPSS and rehabilitation. WHO will collaborate with national health authorities to bolster governance structures for the Programme of Medical Guarantees and enhance the Ministry of Health's capacity in health financing, focusing on resource allocation and long-term sustainability.

WHO recognizes the importance of engaging communities to promote preventive and health-seeking behaviours, particularly in conflict-affected areas. Community engagement, risk communication and infodemic management will be central to disseminating accurate health information and encouraging behaviour change for disease prevention. Through targeted community outreach and collaboration with front-line health workers, WHO will ensure that vulnerable populations, including those in hard-to-reach areas, receive the necessary guidance and support to access health-care services.

WHO will work to address barriers to health-care access for persons with disabilities, promoting a non-discriminatory, human rights-based approach.

This includes upgrading health facilities and humanitarian assistance locations to ensure inclusive design and providing assistive technology for individuals in hard-to-reach areas. By removing institutional barriers and empowering persons with disabilities to participate in health-related decision-making, WHO aims to improve the quality of life and health-care outcomes for this vulnerable population.

WHO will strengthen national supply chains to improve the availability and distribution of safe, high-quality medical products as a critical condition in conducting emergency response. Efforts will focus on decentralizing supply chain systems to enhance resilience and responsiveness, particularly in regions affected by conflict. This will involve supporting local procurement systems, ensuring adherence to international standards and fostering transparency in supply chain operations.

A decentralized approach to health governance and policy reforms will be promoted, addressing geographical disparities exacerbated by the emergency context and ensuring tailored solutions to regional and local health challenges. WHO will support the Ministry of Health in policy reforms to enhance public health resilience, fostering a system capable of adapting to crises and meeting the diverse needs of Ukraine's population.

WHO will contribute to maintaining the continuity of service delivery and strengthen the health workforce by providing training, tools and technical support. This will include capacity-building initiatives for health workers to manage PHC needs, MHPSS, and rehabilitation services while ensuring these services are accessible, equitable and aligned with international quality standards.



A general practitioner doctor at Vyshhorod primary health-care clinic found the strength in helping her patients after WHO training on the mhGAP programme, aimed at ensuring access to mental health services at the primary care level, June 2024. © WHO Ukraine

Funding needs by specific objective in Ukraine (US\$)

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

Provide Targeted capacity-building to the health workforce in key EMS/Trauma management areas	US\$ 7 000 000
Procure and distribute life-saving supplies: medicines, consumables and equipment	US\$ 4 000 000
Provide safe space to patients and health workforce through prefabricated modular structures	US\$ 5 500 000
Ensure the availability of specific services maintaining/achieving minimum standards for infection prevention and control in order that all levels of service delivery will be supported	US\$ 500 000
Advocate for and integrate innovative approaches such as telemedicine and point-of-care diagnostics to address the challenges resulting from a lack of human resources at health facilities, especially along the front line	US\$ 2 000 000
Strengthen the national emergency medical teams (n-EMTs) as part of “surge capacity”	US\$ 4 000 000
Ensure the availability of specific services targeting survivors of gender-based violence will be supported	US\$ 500 000
	US\$ 23 500 000

Specific objective 2: Ensure continuity and quality of essential primary health care

Strengthen the capacities of the PHC network to provide a solid package of services, tailored to the needs (training sessions and simulation education, technical/operational assistance)	US\$ 2 000 000
Installation of prefabricated modular structures replacing damaged infrastructure to improve the occupational safety of health workers and incentivize the community to seek health care (pulling factor)	US\$ 6 000 000
WHO supports the delivery of essential medicines, equipment and medical supplies in PHC settings to hard-to-reach areas, through convoys	US\$ 3 000 000
Deployment of Outreach teams in areas with limited health-care coverage, where surge support and referral pathways are needed	US\$ 1 000 000
Address the burden of NCDs (specific medical services, availability of vital medication)	US\$ 8 000 000
Deployment of quality MHPSS services and supplies to ensure their availability, continuity and quality, through capacity-building (including technical support and medical supplies)	US\$ 2 000 000
Reinforce the referrals to and the functioning of existing Rehab services (building capacity, developing technical resources, improving complementary service delivery, and increasing access to assistive products)	US\$ 2 000 000
	US\$ 24 000 000

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

Ensure sectoral coordination and reporting through the Health Cluster and Technical Working Groups (including MHPSS, HIV/TB and PSEAH)	US\$ 1 500 000
Strengthen information management and public health intelligence	US\$ 2 000 000
	US\$ 3 500 000

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

Improve energy security and weather preparedness	US\$ 2 000 000
Strengthen capacities in Chemical, Biological and Radio-Nuclear risk management	US\$ 6 000 000
Waterborne diseases and Environmental health	US\$ 1 000 000
	US\$ 9 000 000

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

Support initiatives to ensure adaptive and fit-for-purpose health financing strategies	US\$ 900 000
Strengthen Risk communication, community engagement and infodemic management RCCE-IM	US\$ 600 000
Improve disability inclusion	US\$ 500 000
Support national supply chain	US\$ 800 000
Promote decentralized approach to health governance and policy reforms in public health to foster systemic resilience	US\$ 1 400 000
Support to Service Delivery models and health workforce development within the conflict context	US\$ 800 000
	US\$ 5 000 000

Support to WHO Global and Regional emergency response leadership and coordination	US\$ 3 400 000
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Total: US\$ 68 400 000

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