

UKRAINE

People in need - Health¹

4.12 MILLION

People targeted – Health¹

1.5 MILLION

Funding requirement

US\$ 42.4 MILLION

CONTEXT

Nearly four years after the February 2022 escalation, Ukraine faces a protracted war which has devastated lives and essential systems. Civilian casualties exceed 49 000, with 3.68 million internally displaced people (IDPs) and 6.9 million refugees across Europe. Renewed offensives in Sumy, Kharkiv and Donetsk have triggered further displacement.

Attacks on health care are widespread and severe. Ukraine accounts for approximately 45% of all attacks on health care reported globally since February 2022, with more than 2769 confirmed attacks resulting in 224 deaths and 896 injuries among health workers and patients. Facilities operate beyond surge capacity with workforce depletion and infrastructure damage.

Energy infrastructure has been systematically targeted, forcing hospitals to rely on generators and jeopardizing vaccine and blood product cold chains, heating, electricity and water supplies. WHO estimates that 150 000 to 250 000 hospitalized patients in frontline regions could be affected by energy and water failures during winter.

Public health risks remain elevated. Reduced immunization access and weakened surveillance have increased epidemic risks, with measles outbreaks and rises in hepatitis A and rabies cases. A mental health crisis affects an estimated 10 million people. Noncommunicable diseases account for a large share of consultations. Affordability of medicines remains a major barrier, and rehabilitation needs far exceed service capacity.

The health system is increasingly fragile. Workforce loss due to displacement, conscription and casualties has reduced service coverage in frontline areas. Many facilities are damaged or operating at reduced capacity, with supply chains frequently disrupted.

The 2026 outlook remains concerning. Without sustained support, health needs will remain acute. Disease outbreak risks persist amid degraded surveillance. Interagency planning indicates 10.8 million people may be in need, with 4.1 million requiring health assistance. The burden of noncommunicable diseases and mental health conditions is expected to worsen. At the same time, international financing for Ukraine's health response has declined, while humanitarian and health needs remain acute, making sustained support in 2026 critical to prevent further deterioration of essential services.



An emergency response team in Ukraine, who are trained in coordination with local authorities in Odessa.
Photo credit: WHO

WHO'S STRATEGIC OBJECTIVES

- 1. Protect life through emergency and trauma care in frontline areas:** Deliver trauma interventions and emergency medical services to victims of air strikes in frontline and affected areas, strengthening the immediate health response and the resilience of health care systems. This ensures continuity of critical services in a volatile environment, supporting first aid for communities and essential emergency care capacity.
- 2. Sustain continuity of essential health services under conflict conditions:** Provide integrated primary health care and gender-sensitive services in conflict-affected areas, ensuring availability, accessibility, equity and responsiveness. This includes support for energy sufficiency in frontline facilities, particularly heating during winter.
- 3. Safeguard health for displaced and mobile populations:** Support the continued delivery of integrated primary health care services for vulnerable populations in transit and evacuation centres.
- 4. Facilitate medical evacuations:** Support the evacuation of wounded and sick people from frontline areas, in coordination with the Ministry of Health and local authorities, including through the EU Civil Protection Mechanism.

The war presents extraordinary challenges to the health care system every day. In partnership with international organizations, we are working to ensure that every person in Ukraine can receive the necessary medical care, despite constant shelling and destruction of medical infrastructure. I thank WHO for its consistent support: providing life-saving medicines, assisting in organizing uninterrupted access to medical services, preventing disease outbreaks, protecting vulnerable groups and strengthening the capacity of our facilities. This partnership helps keep the system resilient and makes it stronger even in times of war.

Viktor Liashko, Minister of Health of Ukraine



A community health worker at a primary care facility in Zaporizhzhia engages with children impacted with the war.
Photo credit: WHO

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In line with the principles of the 2025 Humanitarian Reset and guidance from the Ukraine Humanitarian Country Team (HCT), the WHO office in Ukraine will concentrate its humanitarian health interventions in frontline areas across 10 oblasts, in addition to providing immediate health support to the victims of air strikes and medical evacuations, which could happen anywhere in Ukraine.

During the four-year war, mounting humanitarian needs, infrastructure pressures and evolving funding dynamics have shaped WHO's role into a multidimensional actor: an emergency responder, early recovery facilitator, health system reform partner, cluster leader and health security advocate. WHO's operational posture is now flexible, locally grounded and multitrack, offering lessons for high-intensity humanitarian settings.

A majority of war-affected civilians are still unprepared to manage life-threatening bleeding before emergency services arrive. To save lives, WHO will scale-up community-based first aid training and distribute individual first aid kits in frontline areas.

Health workers in conflict zones face constant rotation and newly deployed staff often lack experience in managing war-related injuries and conditions aggravated by the crisis. WHO will strengthen capacity-building for trauma and burn care, while supporting integrated primary health care (PHC) delivery, including mental health and psychosocial support (MHPSS) and care for chronic diseases.

In addition, WHO will scale-up mobile PHC services, provide over-the-counter medicine kits directly to households, and install modular PHC facilities in frontline areas where clinics have been destroyed, aiming to ensure continuity of care for those most at risk, reduce avoidable mortality and safeguard dignity during conflict.

Additionally, WHO will strengthen humanitarian response readiness to tackle major public health risks identified in 2025, including floods in Odesa, power outages at nuclear power plants and measles outbreaks. This includes enhanced outbreak prevention, notification and response, CBRNE preparedness, risk communication and community engagement and health facility readiness in high-risk oblasts.

As part of country-wide hyper-prioritization, WHO's support will focus on the 10 frontline oblasts and for internally displaced people in transit centres over 6–12 months; the response to airstrikes and medical evacuations will remain countrywide. Funding constraints require downsizing cluster coordination in Dnipro, Odesa and Kharkiv and transitioning to more localized, area-based coordination models in Sumy and Kherson. WHO continues to engage with local health departments, disaster medicine centres and hospitals, partnering with national and international NGOs to deliver primary health care services and supplies to affected people.



Emergency medical personnel in Ukraine conduct advanced life support training exercises.
Photo credit: WHO

WHO 2026 RESPONSE STRATEGY

WHO maintains a strategic partnership with Ukraine's Ministry of Health through regular high-level engagement and joint planning. Support focuses on Ministry priorities including health security, vaccination, workforce support and protection of critical health infrastructure. At oblast level, WHO works with regional health departments to develop localized risk mapping and response plans, particularly in frontline areas. This includes strengthening emergency medical services and coordinating medical evacuations through the EU Civil Protection Mechanism.

As Health Cluster lead, WHO coordinates more than 200 partners, of which 134 humanitarian health partners are operational across priority oblasts. The cluster brings together UN agencies, international and national non-governmental organizations and civil society through technical working groups and regional Humanitarian Operations Coordination Groups. WHO advances localization by engaging Ukrainian civil society organizations in leadership and decision-making and by providing capacity-strengthening and equitable access to funding. Coordination with OCHA keeps health central to humanitarian planning, while partnerships with agencies including UNICEF, UNFPA and IOM address immunization, sexual and reproductive health, as well as services for displaced populations.

For 2026, WHO will prioritize life-saving health interventions to reinforce emergency response capacity and resilience in frontline areas, including quality trauma care, capacity-building and reliable power for health facilities affected by strikes.

Essential health care and all-hazard preparedness will ensure integrated primary health care, management of noncommunicable diseases, mental health and psychosocial support, rehabilitation and response to gender-based violence in conflict-affected zones, alongside implementation of the National Action Plan for Health Security. Actions include integrated surveillance, risk communication, continuity of essential services and energy sufficiency measures in frontline facilities. WHO will also support services for displaced and vulnerable groups in transit and evacuation centres, covering primary health care, NCDs, MHPSS, GBV and rehabilitation, and will coordinate patient evacuations for specialized treatment not available in Ukraine.

Two enablers underpin delivery. Health coordination and information management will strengthen area-based and local coordination and real-time data for decision-making, with attention to preventing and responding to sexual exploitation and abuse across all partners. A health systems approach for recovery will build resilience in protracted crisis settings so services can withstand future shocks and maintain continuity of care.



OPERATIONAL PRESENCE

WHO maintains a permanent field presence through three operational hubs in Kharkiv, Dnipro and Odesa to enable continuous engagement with local authorities and area-based coordination close to affected populations. An Emergency Field Coordinator based in Dnipro strengthens frontline response. The country office integrates WASH, surveillance and laboratory functions under a Preparedness Unit with direct links to the IHR National Focal Point and the Public Health Centre of Ukraine, enabling rapid detection and investigation of outbreaks. When incidents exceed local capacity, including current measles, hepatitis A and rabies outbreaks, the WHO Regional Office for Europe deploys surge teams to support epidemiology, laboratory and public health operations. Pre-positioned medical supplies and established mechanisms with oblast health departments enable activation of responses within 24 to 48 hours of confirmation, while continuous surveillance is maintained across 19 regions.

WHO's presence advances localization and aligns with the Humanitarian Reset. Systematic engagement of Ukrainian civil society organizations and local authorities in leadership, planning and decision-making, combined with targeted capacity strengthening, enables local actors to lead responses. To focus resources, target beneficiaries were reduced from 6.9 million to 4.8 million, concentrating on four priorities: frontline support, evacuations, airstrike response and assistance to internally displaced people. This approach supports a transition from internationally-led operations to locally owned coordination that works through national systems.

As Health Cluster lead agency, WHO coordinates 134 partners operating across priority oblasts, down from 221 in 2024 following the Reset's prioritization. Nationally, WHO maintains sole leadership, while promoting localization through inclusive coordination and equitable access to platforms and funding. Subnationally, the three hubs work with regional Humanitarian Operations Coordination Groups and facilitate strong partnerships with local health authorities and Ukrainian NGOs, progressively enabling shared coordination responsibilities. The cluster's 134 partners include 75 national NGOs, with growing Ukrainian leadership in technical working groups and strategic planning, supporting a context-appropriate response and laying the groundwork for an eventual transition to locally led mechanisms.



Family members outside a primary health care unit installed by WHO in Karkhiv region.
Photo credit: WHO



A WHO staff member inspects supplies at a distribution centre in Ukraine.
Photo credit: WHO

KEY ACTIVITIES FOR 2026

- **Provide life-saving trauma interventions and emergency medical services for air-strike victims:** WHO will continue building the capacity of Ukrainian health professionals in emergency and trauma care management, while ensuring the availability of essential medicines.
- **Ensure the provision of essential health care, public health services and frontline services:** Priority will be given to maintaining continuity of primary health care, maternal and child health services, mental health and psychosocial support, immunization programmes and disease surveillance, even in hard-to-reach and insecure settings.
- **Provide integrated health services for people on the move, including in transit and evacuation centres:** Services are delivered through mobile clinics and fixed points, integrating emergency care, chronic disease management, mental health support and referral mechanisms adapted to displacement dynamics.
- **Support the evacuation of wounded and sick people:** Coordinated medical evacuation systems within Ukraine and abroad will ensure a safe and timely transfer to appropriate levels of care.
- **System strengthening and coordination:** WHO supports national and subnational authorities to strengthen health governance, coordination, information management and partner alignment to optimize resource use and ensure an efficient emergency response.
- **Health systems and health security approach for recovery, integrating early recovery with humanitarian response:** Rebuilding resilient health systems while strengthening preparedness and surveillance capacities.

WHO is the only organization in Ukraine with the mandate, technical authority and operational footprint to simultaneously lead health coordination, support national systems, maintain disease surveillance and deliver life-saving services in frontline areas. A coordinated, well-resourced health response is crucial to saving lives and supporting Ukraine's resilience amid this humanitarian crisis lasting long and impacting many civilians.

Dr Jarno Habicht, WHO Representative and Head of Country Office, WHO Ukraine

IMPACT IN 2025

MODULAR CLINICS RESTORE PRIMARY HEALTH CARE IN WARTIME UKRAINE



WHO Ukraine staff members and community health workers conduct an on-site visit to a mobile lab.

Photo credit: WHO

In 2025, with the support of its donors and partners, WHO installed 19 new modular primary health care clinics in Ukraine's most war-affected regions. These clinics were deployed to communities where health facilities had been destroyed and access to care was severely limited due to damaged infrastructure and security risks. Located directly within villages, such as Kov'yahy in Kharkiv region, the clinics provide essential services including consultations, chronic disease management, vaccinations and access to medicines.

Fully integrated into Ukraine's National Health System, the modular clinics use electronic health records, enabling doctors to quickly access patient histories and make informed decisions. They also support the Affordable Medicines Programme, which helps patients with chronic conditions, such as heart disease, diabetes and neurological disorders, to obtain essential medications free or at reduced cost. This support is critical as medicine prices rise and access to care remains constrained in frontline areas.

For Ludmyla, a retiree living near Kov'yahy, the new clinic has transformed daily life. Previously, she faced long, costly journeys to distant facilities for diabetes care. "Without this clinic, I don't know what we would do," she says. "It makes us feel like we haven't been forgotten." Her story reflects the broader impact: restoring continuity of care and reducing hardship for thousands of Ukrainians living under constant threat of attacks.

Since the start of the full-scale invasion in February 2022, WHO has installed a total of 54 modular prefabricated units in hospitals and primary health care facilities to ensure uninterrupted access to essential health services in areas where they have been disrupted.

FOR MORE INFORMATION

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Ludmyla, a retiree benefiting from a newly-installed modular primary health care clinic.

Photo credit: WHO



WHO'S 2026 FUNDING REQUIREMENTS

UKRAINE CONFLICT FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ M)
Collaborative surveillance	3.18
Laboratory systems, diagnostics and testing	2.45
Surveillance, case investigation and contact tracing	0.73
Community protection	0.94
Risk communication and community engagement	0.28
Vaccination	0.66
Safe and scalable care	29.00
Case management and therapeutics	16.60
Essential health systems and services	12.19
IPC within health care settings	0.20
Access to countermeasures	6.33
Operational support and logistics	6.33
Emergency leadership	2.91
Lead, coordinate, plan and monitor protracted response ops	2.74
PSEAH in protracted emergency response operations	0.05
Risk and readiness assessments	0.12
Total	42.36