

WHO RESPONSE TO THE UKRAINE CRISIS: **OCTOBER 2022 BULLETIN**



7.8 M

refugees from Ukraine in Europe



681

verified reported attacks on healthcare



16 295

civilian casualties

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WHO has moved from biweekly situation reports to monthly bulletins. The monthly bulletin will provide a deep dive on a technical topic, updates on the [strategic response plan](#) (SRP) pillar areas, and stories from the field.

The bulletin focuses on the situation in Ukraine and several key refugee-receiving countries (Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania, and Slovakia). Other countries in the European Region are also receiving Ukrainian refugees and WHO is providing technical support to them.

Humanitarian situation

As of 30 October 2022 the Office of the United Nations High Commissioner for Human Rights (OHCHR) has reported 16 295 civilian casualties in Ukraine, of which 6430 were killed and 9865 have been injured.

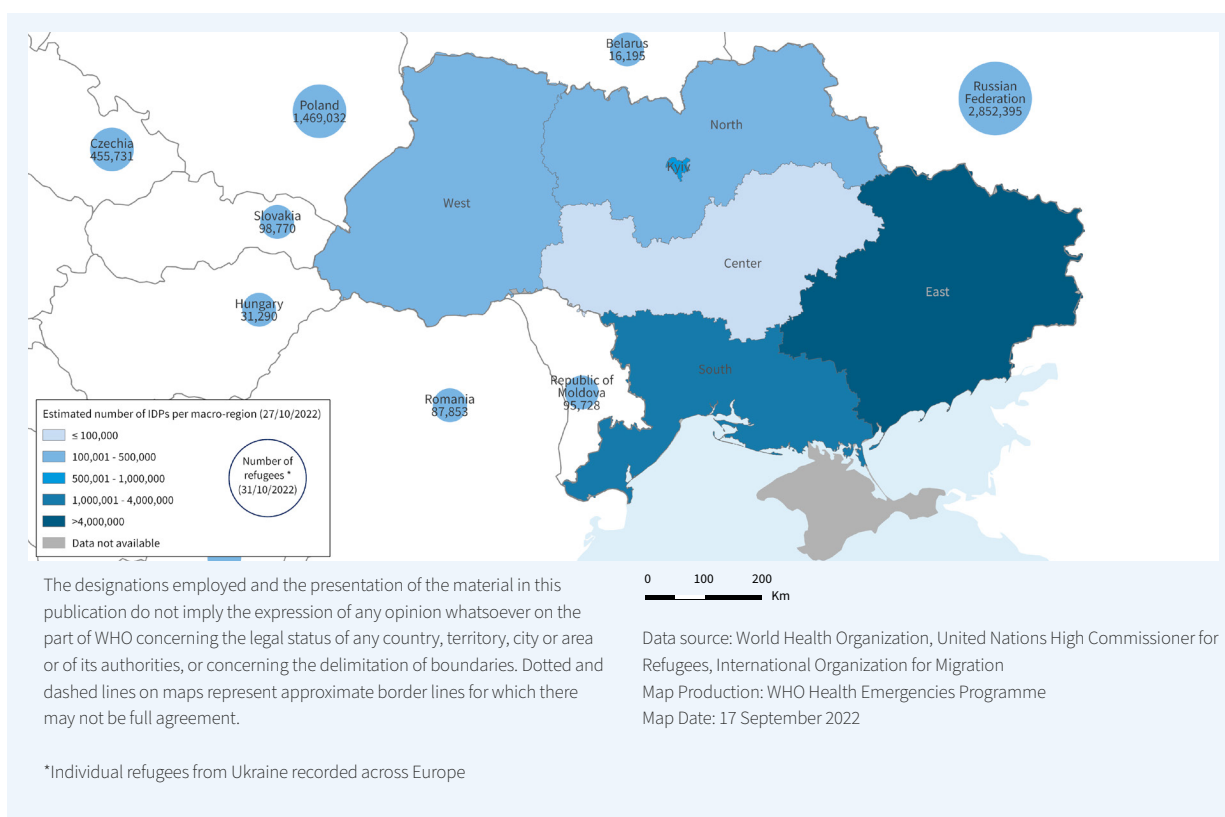
From 1 to 31 October, the Office of the UN High Commissioner for Human Rights (OHCHR) recorded 1,067 civilian casualties in Ukraine, 284 killed and 783 injured.

In line with the standard operating procedures of the global Surveillance System for Attacks on Health Care, WHO has verified 681 reported attacks on health care between 24 February and 31 October. These have resulted in 129 reported injuries and 100 reported deaths of health-care personnel and patients.

As of 1 November, the United Nations High Commissioner for Refugees (UNHCR) has recorded 7.8 million refugees from Ukraine in Europe. A total of 4.5 million were registered for Temporary Protection or similar national protection schemes in Europe. For cross border movements, 14.8 million border crossings out of Ukraine, and 7.4 million border crossings into Ukraine were recorded. These latter figures reflect cross-border movements and not individuals.

The [Internal Displacement Report](#) released by the International Organization for Migration reports that between the 23 August and 2 October the total number of internally displaced people (IDPs) in Ukraine has decreased from 6.9 million to 6.2 million.

Fig. 1: Distribution of internally displaced persons (IDPs) and refugees in Ukraine and neighbouring countries as of 31 October 2022



Highlights

- As the escalation of tensions and targeting of key infrastructure (such as medical facilities, energy infrastructure, water systems, roads and transportation) continue in Ukraine, harsh winter conditions are making life even more difficult for Ukrainian citizens who already lack adequate shelter and heating supplies. Winter risks to health include the effects of direct exposure to extreme cold, exacerbation of chronic diseases, increased spread of acute respiratory illnesses, health risks from indoor heating, disruption to healthcare, and further population displacement.
- WHO has completed the procurement and delivery of an ultra-low temperature freezer for the Ukrainian Public Health Centre. This purchase, executed together with the Ukraine Ministry of Health (MoH) and World Bank, is meant to enforce the technical potential of the reference laboratory at the centre.
- WHO is continuing to deliver life-saving medical supplies to newly retaken areas – in particular, in the Kharkiv region. These include surgical supplies, medicines to treat chronic diseases, emergency health supplies, oxygen concentrators, ventilators, and electric generators to ensure the delivery of essential health services and the provision of mental health and psychological support to those most in need.
- WHO conducted training on helping victims of sexual and gender-based violence, which was attended by over 60 doctors, nurses and heads of health authorities from the Odesa, Dnipropetrovsk and Kyiv regions. This was made possible with the financial support of the Government of Canada, the MoH and civil society organizations.

Over 60

doctors, nurses and heads of health authorities from the Odesa, Dnipropetrovsk and Kyiv regions attended WHO training on helping victims of sexual and gender-based violence



Special Focus: Health Risks of Winter

As the escalation of tensions and targeting of key infrastructure continue in Ukraine, harsh winter conditions are making life even more difficult for Ukrainian citizens who already lack adequate shelter and heating supplies. Attacks have continued on critical national infrastructure, such as medical facilities, energy infrastructure, water systems, roads and transportation. These attacks make it more difficult for people to access all types of healthcare – emergency, primary and secondary. A lack of basic services and utilities exacerbates both pre-existing conditions and vulnerability to infectious disease.

Winter risks to health include, but are not limited to, the following:

Weather-related: Direct exposure to extreme cold is an imminent threat to Ukrainians who lack adequate shelter due to the conflict. Frostbite, hypothermia, accidents and falls will be of primary concern. Vulnerable populations including infants, elderly and those experiencing homelessness are at heightened risk.

Exacerbation of chronic diseases: Those with chronic diseases (e.g., chronic obstructive pulmonary disease, cardiac, cerebrovascular, etc.) will be at heightened risk due to extreme temperatures and lack of continuous access to healthcare or mobile healthcare services.

Acute respiratory illnesses: Particularly given low vaccination coverage across Ukraine for COVID-19 and

influenza (<40%, and less in hard to reach areas), there is a high risk of severe COVID-19 and influenza epidemics, and an ongoing risk of spread of respiratory infections, due to crowding, population movements and reduction in observing public health and social measures.

Indoor heating: Due to winter conditions, health risks associated with additional indoor heating (eg. indoor fires) include carbon monoxide poisoning, exacerbation of respiratory diseases, fires and burn risks (with additional heating devices in homes and oxygen in hospitals).

Reduced access to health care: This will be directly due to the lack of appropriate heating and electricity within health facilities caused by damage to infrastructure. There will also be reduced access due to difficulty arriving by road or walking due to snow and ice.

Further displacement and population movements: Increased displacement of people both from and within Ukraine is likely over the coming winter months due to harsh winter conditions, lack of essential infrastructure (e.g., electricity, water) and the continuation of the conflict. [A report by the IOM](#) has previously identified the East (Kharkiv, Luhansk, Dnipropetrovsk, Donetsk and Zaporizhzhia oblasts) as the leading macro-region of origin of IDPs (67 % of IDPs originated from there). It is also the main macro-region of destination (29 % of all IDPs lived there in August).



Natalia Katolikova intercessor of the head doctor ©WHO

Updates on the response in Ukraine

WHO is supporting Ukraine in addressing immediate health challenges and humanitarian health needs and investing in longer-term efforts to reconstruct the health system.

PILLAR 1:

Access to life-saving, critical care and essential services, and support for health system recovery

From the beginning of the response and as of the end of October, Emergency Medical Teams (EMTs) coordinated by WHO and Health Cluster Partner organizations have provided 17 385 consultations across 10 oblasts, of which 14% were for trauma and 9% were for infectious diseases. EMT activities include outpatient and inpatient, hospital surgical support, trauma care, patient transfer and medical evacuation (medevac), training, and acute rehabilitation (including spinal cord and traumatic brain injury and burns care).

WHO has completed the procurement and delivery of an ultra-low temperature freezer for the Ukrainian Public Health Centre. This purchase, executed together with the Ukraine Ministry of Health (MoH) and World Bank, is meant to enforce the technical potential of the reference laboratory at the centre.

WHO has delivered multipurpose mobile tents that will facilitate rapid delivery of primary medical assistance in field conditions during emergencies. The tents are equipped with lighting, tables, beds and chairs, showers and toilets, generators, heaters and air conditioners, for use in providing first and emergency medical assistance during the conflict.

From the beginning of the conflict, WHO has provided 1118 metric tonnes of supplies and equipment to Ukraine. The following supplies have been delivered to Ukraine:

- trauma and emergency surgery supplies for up to 22 300 patients
- interagency emergency health supplies for a catchment population of 1.5 million
- noncommunicable disease supplies for a catchment population of 2.4 million
- cholera supplies covering up to one million patients.

According to reports from the MoH, there are difficulties to access medicines, including the delivery of essential medicines, to temporarily occupied territories.

WHO has continued to deliver life-saving medical supplies to newly retaken areas – in particular, in the Kharkiv region: Kharkiv, Izyum, Balakliya, Chuhuiv and Kupiansk.

These include surgical supplies, medicines to treat chronic diseases, emergency health supplies, oxygen concentrators, ventilators, and electric generators to ensure delivery of essential health services and provision of mental health and psychological support to those most in need.

As of 31 October, 1445 medical evacuations were successfully completed by the MoH of Ukraine with the support of WHO and the European Union. This support included assisting the Ukrainian MoH in maintaining the current medical evacuation referral system. Evacuated patients are primarily being treated for cancer, conflict-related injuries, and emergency trauma.

WHO coordinated with USAID, the US CDC and all US-funded health implementing partners to ensure a coherent approach in their support to the Ukrainian MoH. This co-ordination work included: aligning and organising the various US-funded programmes to WHO programmes, shaping the implementation plan for work carried out jointly between WHO and CDC, coordinating activities across USAID contractors, and initiating work to fill previously identified gaps in the recovery response. The support to the MoH is for public health activity, health systems strengthening and resilience, and re-establishing health services in Ukrainian oblasts that were formerly areas of active conflict.

In collaboration with the Novo Nordisk Foundation, WHO conducted a three-day training course for emergency medical doctors on international trauma life support to improve the delivery of care to patients with pre-hospital trauma. This was the first of 12 training sessions planned between October 2022 and February 2023, intending to reach 216 emergency medical workers from across Ukraine.

WHO conducted training on helping victims of sexual and gender-based violence, which was attended by over 60 doctors, nurses and heads of health authorities from the Odesa, Dnipropetrovsk and Kyiv regions. This was made possible by financial support from the Government of Canada, the MoH and civil society organizations.

PILLAR 2:

Timely and effective prevention of and response to infectious diseases

The Government of the United States provided 2.3 million doses of the PfizerBioNTech mRNA COVID-19 vaccine (Comirnaty) to the COVAX Facility. The COVAX Facility ensures a continuous course of protection against SARS-CoV-2 for Ukrainians. It is intended to increase vaccination coverage in a population with typically low vaccination rates. WHO continues to support the Ukrainian health-care system in the provision of vaccination against COVID-19 during the conflict across technical areas: strategic direction, a nationwide health-worker capacity building programme, risk communication and community engagement activities, supporting vaccination delivery

through primary healthcare, and direct operational assistance in vaccination coverage of high-risk and particularly vulnerable groups in the population.

WHO provided information on key risks related to vaccine cold chain maintenance during the conflict and key areas for an urgent action plan on maintaining the vaccine cold chain.

WHO finalised the translation of 108 Infovaccines videos, with voiceover developed by the WHO Collaborating Centre for Vaccine Safety.

PILLAR 3:

Emergency health information and surveillance for evidence-based decision-making in health

[WHO produced the first health needs assessment](#), since the start of conflict on 24 February, focused on identifying health needs and major barriers to access to primary and specialized care and medicines. Findings highlighted how the health system remains resilient but that key health services and medicines are increasingly unaffordable. The results will be useful for the Government and health partners in addressing critical gaps in designing the response plan.

Between 1 and 31 October a total of 32 signals were detected through event-based surveillance (EBS), of which 15 were infectious disease signals, eight pertained to

health-care capacity, four were mass casualty signals, and three were technological hazard signals.

As of 31 October, the average number of new COVID-19 cases was 2340 per day, a decrease from 2415 per day in the previous week. The seven-day average polymerase chain reaction (PCR) tests performed decreased from 2793 per day compared to 3410 per day in the previous week (compared to 42 460 per day in the last week before the conflict). A similar trend was observed with rapid diagnostic tests performed in laboratories and at primary health-care and hospital level.

PILLAR 4:

Effective leadership and coordination of humanitarian interventions in the health sector

The Health Cluster comprises 157 international and local partners providing activities in 686 Ukrainian settlements in 24 oblasts. Health Cluster Partners [have reported completed](#) and/or ongoing activities reaching, as of 01 November, 8.7 million people.

To scale up operations on the ground, in October the Health Cluster launched the Odesa sub-national cluster to ensure proximity both with the people in need and partners operating in the South, in Odeska, Mykolaivska and Khersonska oblasts. On 19 October, the Health Cluster held its first Odesa sub-national meeting to engage and

exchange with partners operating and/or planning to operate in southern oblasts.

The Humanitarian Programme Cycle for 2023 was launched and the Health Cluster led partners in developing the Humanitarian Needs Overview and Humanitarian Response Plan.

To better coordinate the distribution of generators across the country, Health Cluster Ukraine is supporting the mapping of generators donated to health facilities. Two activities specifically focusing on reducing negative

health outcomes related to winter were integrated into planning activity to better monitor progress on this critical priority.

There continue to be ten technical working groups active across Ukraine. These cover (HIV/TB and opioid substitution therapy; mental health and psychosocial support; trauma and rehabilitation; sexual, reproductive, maternal and child health; communicable diseases; non-communicable diseases; displacement and health; health logistics and supply; risk communication and community engagement; assessments and analysis. Seventy-two percent of partners are actively involved in TWGs. To ensure the effectiveness of the TWG, the Health Cluster is reviewing the group's Terms of Reference, proactively seeking

feedback from the Partners to increase their engagement and participation and to ensure that the group performs in line with the Partners' needs and expectations.

In October, the Health Cluster received 369 humanitarian health-related requests via the Health Requests, Planning, and Response System. Sixty percent of requests received in October were matched and fulfilled.

[Health Cluster Bulletin #20 October](#) was released on 18 November. In the report, the Health Cluster included a thematic chapter on the response of Health Cluster partners in the newly accessible areas in Kharkivska oblast

157

international and local partners make up The Health Cluster providing activities in 686 Ukrainian settlements in 24 oblasts.

1445

medical evacuations were successfully completed by the MoH of Ukraine with the support of WHO and the EU as of 31 October

Updates from refugee-hosting countries

WHO is providing operational and technical support to refugee-receiving countries' MoHs as their health systems continue to cope with an unprecedented wave of refugee arrivals. The primary refugee-hosting countries receiving WHO support are Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia.



Refugee Health Extension

The Refugee Health Extension (RHE) interagency initiative is led by WHO in close collaboration with the European Centre for Disease Prevention and Control, International Organization for Migration, United Nations Population Fund, UNHCR and UNICEF. Based in Kraków, Poland, the RHE is an extension of the agencies' respective regional offices/bureaus, providing immediate operational support to the refugee-hosting countries, and drawing on the expertise and complementary mandates of each organization.

In October, in addition to other activities included in the Refugee Response Pillars below, the RHE:

- Revised and developed health sector indicators for the Regional Refugee Response Plan and participated in its Technical Working Group to discuss and advise on changes for 2023;
- Conducted a month-long mission to Slovakia for the prevention of and response to sexual exploitation, abuse, and harassment (PRSEAH) to provide country-level support and streamline PRSEAH activities including with interagency partners WHO, UNHCR, UNICEF and civil society partners;
- Supported an epidemiological study in Kosice, Slovakia with WHO and the Public Health Authority Kosice on health needs and access to care among refugees, including the development of data collection tools and facilitating the training of enumerators.
- Developed country-level communication strategies for Bulgaria and Poland, including RCCE and external communications plans.
- Presented and moderated panel discussions on the Mental Health and Psychosocial Support (MHPSS) situation and needs of refugees from Ukraine at the WHO-organized mental health conference in Warsaw, Poland with the participation of partners and government representatives from Poland and seven other hosting countries;
- Participated in the UNHCR-led Gender Based Violence (GBV) Regional Working Group to support intersection of GBV and MHPSS programing including upcoming safety audits in Poland and Hungary.



Lyudmila Pokhvaliy family doctor, patient, polyclinic No. 2 Kramatorsk, Ukraine ©WHO

REFUGEE RESPONSE PILLAR 1:

Streamlining and reinforcing health leadership and governance mechanisms

WHO provides support to national authorities in refugee-hosting countries through nationally led and country-focused interagency coordination mechanisms.

- In Slovakia the MHPSS working group delivered input into the Refugee Response Planning for 2023, on behalf of WHO as well as via its members. WHO continues to strengthen strategic partnerships within Slovakia to spotlight mental health related needs and provide support.
- In Czechia, WHO and other UN Agencies as part of the UN Regional Response Plan (UNHCR, UNICEF and IOM), held meetings with representatives of government institutions, fire rescue system and NGOs to discuss the needs and gaps before the upcoming winter. All stakeholders highlighted the need to collaborate and complement the ongoing support programs in three major areas: protection, education and health.
- In Poland, WHO participated in a meeting on the medical challenges and needs of Ukrainian Refugees, Emergency Medical Team (EMT) Coordination in the context of the Ukrainian Refugee Crisis and medical evacuation (Medevac) from Ukraine to EU Member States.
- In Bulgaria, WHO is supporting the Red Cross in offering refugees greater access to medical care and medication, when and where they need them. Having implemented one successful project in the capital Sofia, the work will be expanded into the cities of Varna and Burgas, where most Ukrainian refugees have been placed.
- MoHs continue to operate health sector working groups with direct support from WHO. WHO is providing key support to existing health working groups at country level in Poland, the Republic of Moldova, Romania and Slovakia with various health sector partners, which meet weekly, biweekly or monthly.
- WHO continues to support all refugee hosting countries in contingency planning:
 - In Slovakia, WHO participated in the consultation process of the national Contingency Plan, defining the refugee response in case of escalation of conflict and increased number of Ukrainian refugees arriving. The Contingency Plan has been adopted by national authorities.
 - In Bulgaria, WHO is supporting government agencies and NGOs on a contingency plan for the coming winter period, to anticipate different scenarios based on the number of people that could arrive into the country.

REFUGEE RESPONSE PILLAR 2:

Removal of financial barriers to accessing health care

WHO provides support to governments and health authorities in refugee-hosting countries to design policies to increase access to health services, medicines and medical products. To provide health services, countries must grant refugees entitlements to access services within the hosting country.

- The governments of Bulgaria, Czechia, Hungary, Poland, Romania, Slovakia and other countries in the region offer primary and/or emergency medical care for refugees from Ukraine under the Temporary Protection Directive (TPD).
- Based on UNHCR figures, the percentage of refugees registered under temporary protection status or similar protection schemes that often grant refugees the same entitlement to health access as the local population increased across all countries in September, with Romania seeing the biggest increase (14%), followed by Hungary (4%), Slovakia (3%), Poland (3%) and Czechia (3%).
- In Poland, findings from the REACH assessment found the following:
 - 26% of households interviewed have experienced healthcare needs since arriving in Poland (33% of those under 5 year of age and 47% of those over 60 years of age)
 - 96% of refugees needing healthcare sought help in Poland (84% through national services, 9% through private)
 - 81% could access required healthcare services
 - The main reason for not being able to access health services was the long waiting times
 - 37% of respondents had been vaccinated against COVID with at least 2 doses

REFUGEE RESPONSE PILLAR 3:

Strengthening access to primary and emergency health services

WHO provides support to refugees to access health-care services through national systems, ensuring inclusive access to quality health services, diagnosis and continuity of care.

- WHO has continued to provide policy guidance and technical support to refugee hosting countries for disease prevention programs:
 - In Poland, a new project aimed at improving video-supported treatment introduction, scale-up and active case-finding of multi-drug resistant TB in temporary settings for refugees has been launched by WHO in collaboration with the Institute of Tuberculosis and Lung Diseases.
 - In Czechia, WHO continues to support the Czech AIDS Society in their provision of access to services and care for Ukrainian refugees living with HIV. In addition, WHO is working with the MoH and Ernst & Young to ensure support for Bulovka University hospital, as one of the largest health access points for Ukrainian refugees and HIV service provider.

WHO has continued to emphasise the importance of and implement programs on Mental Health and psycho-social support within refugee hosting countries:

- Through the deployment of EMT coordination centres in Poland and the Republic of Moldova, WHO has supported broader access to primary and emergency health

services. EMTs have continued to provide support on MHPSS services through medical consultations.

- Preliminary outcomes of the Multi-sectoral Needs Assessment among Ukrainian refugees in Slovakia, carried out in cooperation with UNHCR and REACH, illustrated mental health needs and challenges to access mental health services. Findings showed that 31% of Ukrainian refugee households indicated mental health needs, 46% indicated a need for MHPSS support.
- In Poland, WHO and the Mental Health Coalition hosted a workshop on 'Addressing the mental health needs of refugees arriving from Ukraine in Poland and other receiving countries' at the Ministry of Health from 21 – 22 of October 2022. The program included interactive sessions with participants sharing lessons learned and experiences from the current responses in Poland and other host countries.

WHO has continued to develop messages to meet the health needs of refugees and host communities:

- In Poland, WHO made a selection of posters related to health topics including TB, HIV, Measles, Polio, Nutrition, MHPSS and PSEA, which will be printed and distributed in refugee reception centres and other health facilities in Poland.

REFUGEE RESPONSE PILLAR 4:

Reinforcing emergency health information and surveillance for evidence-based decision-making in health

WHO continues to closely monitor the utilization of health care services among Ukrainian refugees within hosting countries. Since March 2022, WHO has carried out 11 surveys or assessments on access to health care to better understand the barriers the refugee population may face in receiving care. These surveys or assessments include:

- assessments on access to abortions and contraception
- mental Health and Psychosocial support service mapping
- service provisions points for refugees
- mapping refugees' physiotherapist needs and service availability
- access to health services and the procedures in place to identify patients with TB, HIV, Hepatitis, Non-communicable diseases and other health needs.

- analyzing accessibility to essential medicines
- assess rehabilitation service needs and availability

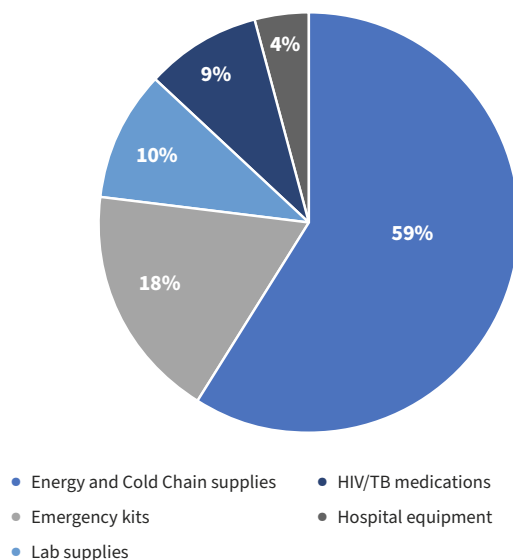
There continue to be assessments carried out across all refugee-hosting countries to reinforce access to emergency health information.

As part of reinforcing emergency health information, WHO carried out a Behavioral Insights study in Romania. In October, data collection for the Behavioural Insights studies has been completed in Slovenia and Slovakia and analysis is underway; results will be shared with all stakeholders at the country level before the end of November.

REFUGEE RESPONSE PILLAR 5:

Provision of priority medical products, vaccines, and technologies to refugee populations in need

Fig. 2: Top 5 supplies delivered to refugee-hosting countries from February – October 2022



From March to October 2022 WHO delivered 42 880 kg of supplies and equipment to refugee-hosting countries, including Hungary, Poland, Republic of Moldova and Romania, which totalled over US\$ 2.79 million. The supplies delivered are energy and cold chain storage supplies, kits (trauma, NCD, and IEHK), laboratory supplies, HIV and TB medications, hospital and biomedical equipment.

In October WHO delivered 37 kg of supplies, including laboratory supplies to Poland and the Republic of Moldova. In addition, 100% of supplies requested in October were delivered within the month.

From the beginning of the response, 48% of the requested supplies from refugee hosting countries have been delivered.

**Please note that the decrease in supplies reported this month is due to the adjustment of the status of supply delivery data to refugee hosting countries.*

42 880 kg

of supplies and equipment have been delivered by WHO to refugee-hosting countries from March to August 2022

100%

of supplies requested in October were delivered within the month



Katerina Cherniavskaya family doctor,
polyclinic №2 Kramatorsk, Ukraine ©WHO

REFUGEE RESPONSE PILLAR 6:

Supporting health workforce to provide health care to refugees

During October, trainings and workshops continued to be held to support health workers to provide services to refugees. Trainings included:

- Two pilot and training workshops carried out in Calarasi and Balti, Moldova to support the implementation of the information electronic system for the surveillance of communicable diseases.
- In Poland, a 4-day training for Ukrainian national emergency medical services, with doctors, paramedics and technicians from Kyiv, Lviv and Cherkasy was held in close cooperation with the Medical Simulation Center of the Medical College of Rzeszow. The dedicated training was initiated and conducted by the pre-hospital clinic of Oslo Hospital and coordinated by WHO and the EMT coordination cell based in Poland for training facilitation and translation. Further support was provided by the Norwegian Government and the Norwegian Ministry of Health, EU Civil Protection Mechanism, the Emergency Medical Teams, who are currently supporting medical evacuation.
- In Bulgaria, WHO organized mental health training for all professionals working with refugees from Ukraine

in the 4 cities where the main services for migrants are concentrated – Varna, Burgas, Plovdiv and Sofia.

WHO is working alongside the Red Cross helpline for psychosocial support in its work with vulnerable Ukrainians by hiring Ukrainian-speaking psychologists. They can support refugees affected by the traumatic events that led to their displacement. The helpline will be expanded into 5 more regions.

- In Poland, WHO and the Ministry of Health launched an information hotline for health professionals obtaining temporary medical licenses in Poland. This will allow a temporary increase in the health workforce to respond to the Ukrainian Crisis in Poland and for the health professionals to work in their industry sector. It will strengthen the capacity of the Polish healthcare system to provide healthcare services to both Ukrainian refugees and the Polish host population. WHO is also discussing cooperating with the Cash Working Group and UNHCR to support refugees in translating their medical documents from Ukrainian to Polish.

Prevention of and response to sexual exploitation, abuse and harassment

WHO is committed to the PRSEAH in Ukraine and refugee-hosting countries. A team of PRSEAH experts coordinates efforts in and across countries in line with the overall strategic WHO PRSEAH approach, identifying areas for collaboration in interagency efforts and strengthening internal accountability mechanisms.

For the month of October, the PRSEAH team continuously provided technical support in country and at interagency level to move the priorities of portfolio forward.

- For refugee-hosting countries, trainings were prioritised covering both WHO staff and partners culminating to 66 training participants; conducting 6 trainings in Poland, Moldova, and Slovakia. The PRSEAH team also extended technical support in several planning exercises both agency-based and at inter-agency level (i.e. RRP for 2023). A dedicated PRSEAH technical specialist for Moldova was also deployed.



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Latest guidance and publications

1. War in Ukraine: situation report from the WHO Ukraine Country Office
2. WHO Ukraine crisis response: September 2022 bulletin
3. Ukraine: Health Cluster Bulletin, October 2022
4. Response to the Ukraine Crisis: interim report, February to June 2022
5. Emergency appeal: Ukraine and refugee receiving and hosting countries

Thanks

WHO would like to thank donors who are supporting its response in Ukraine, and countries receiving and hosting refugees.

Donors

- Canada
- European Civil Protection and Humanitarian Aid Operations
- European Commission - Directorate General for Neighbourhood and Enlargement Negotiations
- Germany
- Ireland
- Japan - Asia Europe Foundation
- King Salman Humanitarian Aid & Relief Centre
- Kuwait
- Norway
- Novo Nordisk Foundation
- Socialist Republic of Viet Nam
- Switzerland
- UN Central Emergency Response Fund
- United Kingdom
- UN Ukraine Humanitarian Fund
- US Bureau of Population, Refugees, and Migration
- US Bureau of Humanitarian Assistance
- WHO Foundation



Ludmila Pokhvaliy family doctor ©WHO