



Poland and many other countries neighbouring Ukraine welcoming refugees from Ukraine. ©WHO

## WHO RESPONSE TO THE UKRAINE CRISIS: **NOVEMBER 2022 BULLETIN**



**7.9 M**

refugees from Ukraine in Europe



**715**

verified reported attacks on healthcare



**17 023**

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.

## Highlights

- Health Cluster Partners continue to work closely with health authorities to coordinate the response in the recently retaken areas in the eastern Donetsk, Kharkiv and southern Kherson oblasts. As of the end of November, at least 35 Partner organizations have implemented activities covering 56 locations in those areas.
- In cooperation with the Ukrainian Ministry of Health (MoH), WHO launched the project “Fast access to auxiliary technologies for internally displaced people in Ukraine”. Health-care facilities in the Zaporizhzhya, Dnipropetrovsk, Sumy, Chernihiv and Kyiv oblasts will receive staff training and assistive technology equipment to support displaced people along the displacement pathway. This equipment includes ten types of priority assistive products that have been identified for people who have been displaced and refugees, including mobility and self-care products.
- Together with the MoH, the Ukrainian Public Health Centre (UPHC), and the United States Centers for Disease Control and Prevention, WHO held a three-day conference to discuss key directions of development in Ukraine’s public health system.

## Humanitarian situation

Ukraine has seen intense hostilities since 24 February 2022. This has led to a grave humanitarian crisis with millions of people in dire need. This includes refugees who have arrived in other countries, those who have been displaced within Ukraine, and those in areas not under Government control or in recently retaken areas.

As of 27 November 2022, the Office of the United Nations High Commissioner for Human Rights (OHCHR) has reported a total of 17 023 civilian casualties in Ukraine since the war began, of which 6655 were killed and 10 368 have been injured.

For the month of November, OHCHR recorded 688 civilian casualties in Ukraine, of which 162 were killed and 526 were injured.

In line with the standard operating procedures of the global Surveillance System for Attacks on Health Care, WHO has verified 715 reported attacks on health-care between 24 February and 30 November. These have resulted in 129 reported injuries and 100 reported deaths of health-care personnel and patients.

As of 29 November, the United Nations High Commissioner for Refugees has recorded 7.9 million refugees from Ukraine in Europe. A total of 4.8 million were registered for temporary protection or similar national protection schemes in Europe. For cross-border movements, 15.8 million border crossings out of Ukraine and 8.1 million border crossings into Ukraine were recorded. These latter figures reflect cross-border movements and not individuals.

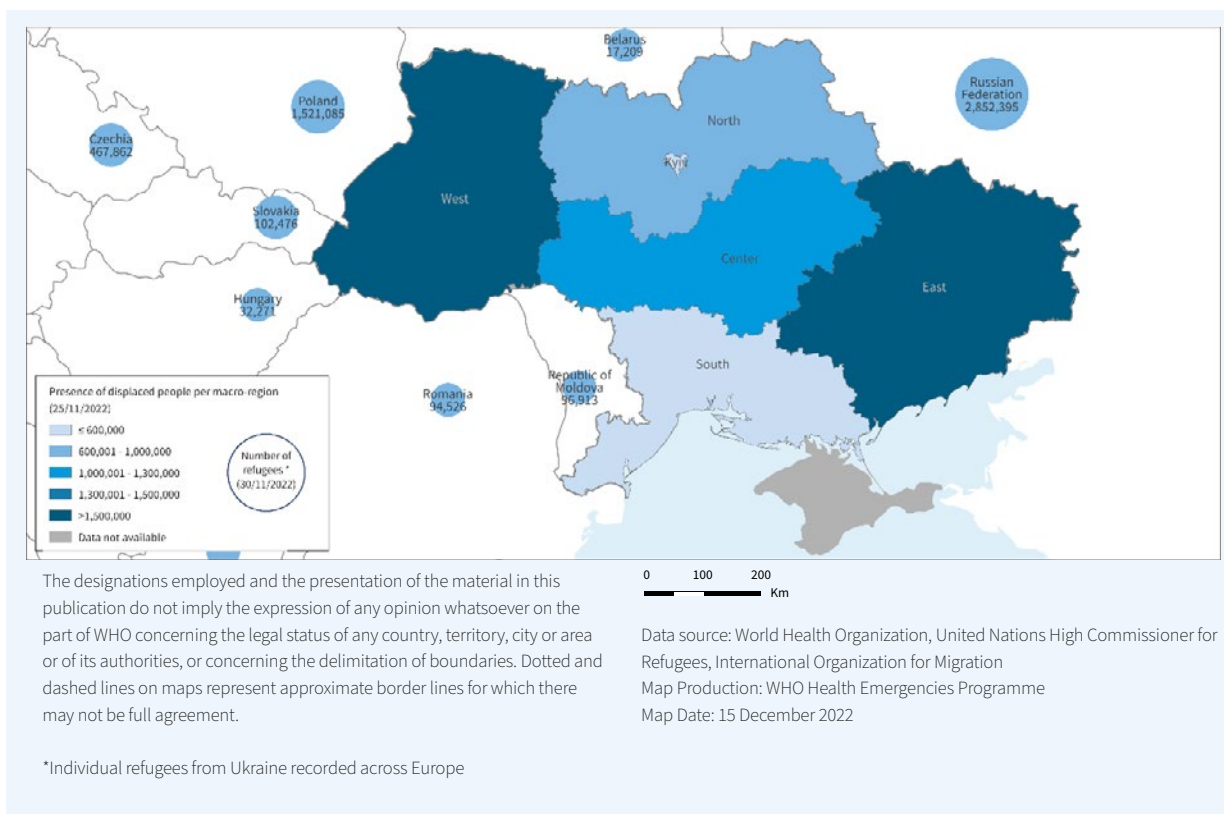
## Over 200

epidemiologists, surgeons and anaesthesiologists from over 50 health-care institutions took part in the training courses held in Poltava, Odesa, Kyiv, Chernihiv, Zhytomyr, Chernivtsi, Ivano-Frankivsk and Uzhhorod



WHO Regional Director for Europe Dr Hans Kluge with healthcare workers and emergency responders from a Red Cross unit in Przemsyl, Poland, supporting the Ukrainian refugee crisis response. ©WHO

Fig. 1: Distribution of displaced people and refugees in Ukraine and neighbouring countries as of 30 November 2022





## Special Focus: WHO efforts in response to winterization

The onset of winter has brought new dimensions to the humanitarian crisis, as attacks and damage to critical infrastructure continue to leave millions at risk due to extreme temperatures, which can drop below -20°C. Constant rolling blackouts across the country continue to affect citizens' access to water and heating, as pumping systems depend on electricity to operate. Hospitals and primary health-care centres have been forced to operate in the dark, relying on generators and torchlights to provide both routine and emergency medical care.

Health risks and aggravating factors are numerous, primarily due to extreme weather, the onset of winter, and continuing damage to critical infrastructure (electricity, water, heat) across the country. The continued reduction of the health-care workforce, especially along the front line and in recently retaken regions, will further decrease access to quality health-care. Harsh conditions may also exacerbate chronic diseases and heighten the spread of acute respiratory illnesses and epidemic-prone disease outbreaks due to unusual movement patterns, crowding in displacement centres, and inadequate vaccination coverage across the country.

WHO has been working closely with the MoH to anticipate needs for winter, including fuel for generators and heaters, repairs to public health infrastructure, equipment procurement and stocking in case of escalation, as well as potable water and generators. In addition, a preparedness and risk communication and community engagement campaign for extreme weather response and survival mechanisms in the current context will be launched.

WHO will also prioritize acute medical care for cold-related injuries and illnesses (such as frostbite, hypothermia, injuries/falls, burns, fires), exacerbation of chronic diseases, acute respiratory illnesses and other epidemic-prone diseases. Carbon monoxide intoxication and fire due to indoor heating or poor ventilation are also among key identified risks, in addition to exacerbation of mental health concerns and increased risks of gender-based violence (GBV) and exploitation. In its response, WHO will prioritize eight oblasts with the greatest humanitarian needs: Dnipropetrovsk, Kharkiv, Kherson, Mykolayiv, Odesa, Poltava, Sumy and Zaporizhzhya.

WHO seeks to strengthen prevention, disease surveillance, and case management of acute respiratory infections (e.g., COVID-19, influenza, respiratory syncytial virus). Additionally, to increase surveillance and early reporting and response actions in areas identified as high-risk (e.g., group homes, collective centres, newborn/maternity wards, health centres), WHO will continue to scale up the supply and distribution of generators and fuel to support continuity of essential services in hospitals and primary care facilities.

From September to November 2022, WHO has delivered 336 metric tonnes of supplies, including 18 generators, 11 ambulances, 270 vaccine refrigerators, cholera preparedness supplies, nine assistive technology rehabilitation kits and two mobile laboratories. Seventy generators are expected to be delivered before the end of 2022, with 100 in the pipeline for early 2023.



## 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 27 November, emergency medical teams (EMTs) coordinated by WHO and Health Cluster Partner organizations have provided over 18 000 consultations across 10 oblasts, of which 14% were trauma-related 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 burn care).

WHO delivered a generator to a hospital in Dnipropetrovsk in November. The generator helps to ensure the hospital's continued operation to save lives amid ongoing attacks on the country's energy infrastructure. Since 24 February, in coordination with the MoH, WHO has delivered 59 generators and over 2000 tonnes of life-saving medical supplies across the country. To better coordinate the distribution of generators across the country, Health Cluster Ukraine is also supporting the mapping of generators donated to health facilities. As of the end of November, Health Cluster Partners have donated 301 generators to health facilities across Ukraine, primarily to the Kharkiv, Kyiv, Chernihiv, Odesa, Zaporizhzhya and Mykolayiv oblasts.

In cooperation with the MoH, WHO launched the project "Fast access to auxiliary technologies for internally displaced people in Ukraine". Health-care facilities in the Zaporizhzhya, Dnipropetrovsk, Sumy, Chernihiv and Kyiv oblasts will receive staff training and ten sets of assistive technology equipment to support people who have been displaced along the displacement pathway. The equipment includes ten types of priority assistive products that have been identified for displaced people and refugees, including mobility and self-care products.

From the beginning of the war and as of 24 November, WHO has provided 1485 metric tonnes of supplies and equipment to Ukraine, including:

- 33 ambulances
- trauma and emergency surgery supplies for up to 22 700 patients

- interagency emergency health supplies for a catchment population of 1.5 million
- noncommunicable disease supplies for a catchment population of 2.4 million.

As of 30 November, 1589 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, war-related injuries, and emergency trauma.

Together with the MoH, the UPHC and the United States Centers for Disease Control and Prevention, the WHO held a three-day conference to discuss key directions of development in Ukraine's public health system.

WHO continued high-level engagement with the MoH, authorities and partners in Kyiv on health, international affairs, and security.

WHO has supported the health response in Ukraine by conducting training courses, including:

- two training courses on chemical preparedness and response for 40 emergency medical services providers in the Kharkiv oblast;
- a three-day course focused on pre-hospital trauma management for 18 emergency health service providers from the Odesa and Chernihiv oblasts;
- a one-day course on the implementation of infection prevention and control clinical bundles in Uzhhorod, with 15 staff members from five health-care facilities participating; and
- ten training courses on the implementation of complex measures for the prevention of health-care-associated infections in August–November 2022. Over 200 epidemiologists, surgeons and anaesthesiologists from over 50 health-care institutions took part in the training courses held in Poltava, Odesa, Kyiv, Chernihiv, Zhytomyr, Chernivtsi, Ivano-Frankivsk and Uzhhorod.

## PILLAR 2:

### Timely and effective prevention of and response to infectious diseases

WHO has supported the Government of Ukraine in decision-making on vaccine-preventable disease policy. WHO has also supported work to align vaccination activity by all partners in 2023.

WHO developed the measles outbreak preparedness and response plan for Ukraine's regions. WHO also provided technical information on measles, rubella and poliomyelitis compiled for 2017–2021 to support advocacy efforts in regions on measles outbreak preparedness and response and endorsement of the regional plan.

WHO has distributed 23 000 copies of job aids on the paediatric formula of the Pfizer-BioNTech COVID-19 vaccine to health-care facilities, which were recently translated into Ukrainian, to support the safe and effective use of the vaccine by health workers in Ukraine.

Epidemiologists from the Lviv Regional and District offices were trained on the surveillance of acute flaccid paralysis, vaccine-preventable diseases and environmental surveillance, as well as on the use of key indicators to strengthen surveillance systems.

## PILLAR 3:

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

WHO produced health situation analyses for the Kherson and Kharkiv oblasts. The analyses will be used by government and partners in the planning and delivery of services in these recently retaken areas. The analyses provide information on the demographic profile and anticipated health needs of the remaining population. The displacement of residents to other parts of Ukraine and abroad has significantly reduced the population size. It is generally the younger people who were able to travel away from areas affected by the war. Those who remain are likely to be older relative to the population in other parts of Ukraine. This means they are likely to present with more complex health needs, as morbidities increase with age – for example, higher prevalence of noncommunicable diseases such as diabetes and hypertension.

In addition, the forced migration of younger people from these regions means that they had to leave behind a more elderly population for whom they would have been caregivers. In the absence of its usual caregivers, this elderly population is now more vulnerable to health problems, and this is expected to worsen in the winter months, as lack of heating, damage to infrastructure (water, transport), and health system disruption persist.

The analyses also considered health facility damage and related impact on service. The lack of electricity is having a substantial impact on the delivery of health-care even at primary care level. It makes it difficult to keep health-care facilities open and there are reports of surgeries being carried out by candlelight. Disinfection procedures and cold chain storage of vaccines and medicines are also significantly disrupted by the lack of electricity. WHO is procuring generators to enable the health system to keep functioning.

Between 1 and 30 November, 66 signals were detected through event-based surveillance, of which 30 were infectious disease signals, 18 pertained to health-care capacity, seven – to infrastructure, four related to technological hazards, and three – to water supply.

As of 1 December, the average number of new COVID-19 cases was 687 per day, a decrease from 713 per day in the previous week. The seven-day average polymerase chain reaction tests performed increased to 2129 per day from 1891 per day in the previous week (compared to 42 460 per day in the last week before the war). 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 165 international and local Partners providing activities in 773 Ukrainian settlements in 24 oblasts. Health Cluster Partners have reported completed and/or ongoing activities reaching, as of 24 November, 8.9 million people.

Since its launch on 15 April 2022, the Health Requests, Planning and Response tool has been revised and upgraded, and 417 requests have been logged. The tool is used by Health Cluster Ukraine to collect information on requests for humanitarian health assistance and refer those

to relevant Partners for support.

To have a standardized approach in identifying needs in the recently retaken areas, the Health Cluster Team and Partners finalized two tools:

- Simplified Rapid Health Facility Assessment tools for both primary health-care centres and secondary/tertiary facilities; and
- a Rapid Community Assessment tool to gather information from key informants, who are key individuals within the community with expertise on a particular subject of research.

Health Cluster Partners continue to work closely with health authorities to coordinate the response in retaken areas in

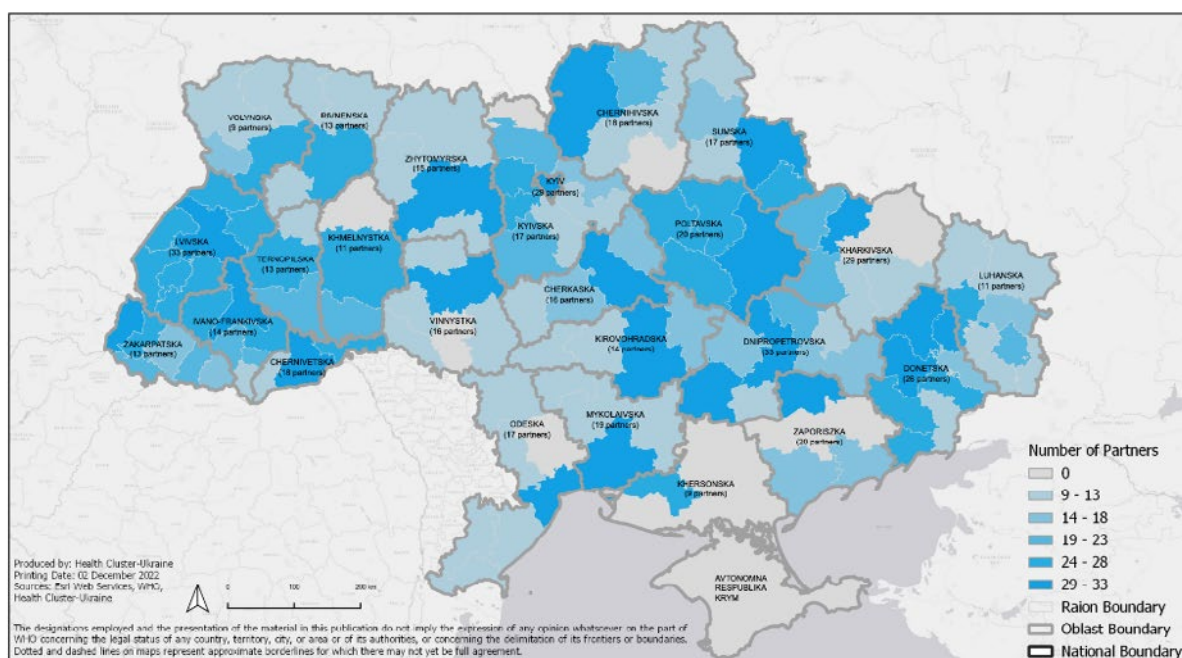
the eastern Donetsk, Kharkiv and southern Kherson oblasts. As of the end of November, at least 21 Partner organizations have implemented activities covering 56 locations in those areas.

In November, the Health Cluster launched the Cash and Voucher Assistance for Health Task Team. The primary purpose of the Task Team is the implementation of any Cash for Health modalities. On 29 November the Task Team held its first meeting, during which discussions focused on financial barriers to access to health-care. The Task Team will work as a coordination and communication forum for stakeholders in Ukraine.



## Ukraine: Health Activities

Number of Partners by Raion - 22 November 2022



165

international and local partners make up The Health Cluster providing activities in 773 Ukrainian settlements in 24 oblasts.

1589

medical evacuations were successfully completed by the MoH of Ukraine with the support of WHO and the EU as of 30 November

## 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 (ECDC), International Organization for Migration (IOM), United Nations Population Fund (UNFPA), 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 November, in addition to other activities included in the Refugee Response Pillars below, the RHE:

- conducted an operational review of the RHE in Kraków, involving all Partners (WHO, ECDC, IOM, UNFPA, UNHCR, and UNICEF) and focusing on the partnership element, key achievements and lessons learned since the beginning of the initiative in March 2022, and discussions on priorities and way of working for 2023 to continue and improve support to refugee-hosting countries;
- hosted a workshop convening WHO leadership and staff from 11 Ukrainian refugee-hosting countries in Warsaw, Poland, to review the Strategic Response Plan refugee response pillars and activities from 2022 and strategize for the next year of the response, finalize monitoring and evaluation indicators for health for the Regional Refugee Response Plan 2023, and strengthen resource mobilization and reporting mechanisms at country and regional level;
- supported WHO in Poland on planning for refugee health emergency preparedness and conducted a semiannual exercise on business continuity planning with a focus on contingency planning for all hazards and large numbers of refugee arrivals;
- led and facilitated an interagency deep dive discussion on health information products, including minimum data set trends analysis, country health assessments and online platform compiling health indicator information from country assessments;
- organized and facilitated an interagency training of trainers with first responders and other target participants on prevention of and response to sexual exploitation, abuse and harassment (PRSEAH) in Slovakia with WHO, IOM, UNHCR, and UNICEF;
- jointly facilitated gender-based violence and prevention of sexual exploitation and abuse (GBV-PSEA) induction sessions with mental health and psychosocial support (MHPSS) implementing partners in Poland, which brought together 60 participants; and
- participated in the Pan-European Mental Health Coalition meeting panel on MHPSS in emergencies focusing on the Ukraine response, and presented MHPSS and other key RHE achievements and updates to the Regional Refugee Coordination Forum for the Ukraine refugee situation.





## 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, WHO coordinated the reactivation of the Health Working Group as part of the Refugee Coordination Forum for partners involved in the refugee response. The organizations represented in the Health Working Group included UNICEF, IOM, UNFPA, Médecins du Monde, Equita, UNHCR and WHO.
- In Czechia, WHO and other UN Agencies of the UN Regional Refugee Response Plan (UNHCR, UNICEF and IOM) gathered in Prague for two separate meetings with representatives of government institutions, the rescue system and nongovernmental organizations to discuss the needs and gaps before the upcoming winter. All stakeholders underlined the need and willingness to collaborate and complement the ongoing support

programmes in three major areas: protection, education and health.

- 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:
  - WHO recently supported the development of the MoH's contingency plan on emergency and refugee response in the Republic of Moldova, with a focus on strengthening GBV case management and ensuring that health facilities and health-care providers are prepared to deliver quality services for survivors.

## 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). For some refugees, the TPD has ended, and WHO

and partners continue to monitor and follow up on these cases, providing support to local organizations and individuals.

- 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 November, with Romania seeing the biggest increase (15%), followed by Poland (4%), Slovakia (3%), Hungary (3%) and Czechia (2%).

## 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 programmes.
  - In Czechia, WHO continues to support the Czech AIDS Society in the provision of access to services and care for Ukrainian refugees living with HIV.
- WHO has continued to provide support to enable

language and cultural sensitivity for Ukrainian refugees.

In Romania, over 1400 language-supported consultations were provided as part of the Romexpo clinic services as of 28 November, while 24 family medicine clinics have been identified to provide services as refugee-inclusive clinics.

- WHO has continued to emphasize the importance of MHPSS programmes and implement them in refugee-hosting countries.
  - [Research](#) carried out by local organizations in Czechia found that a total of 45% of refugees

have symptoms of mental illness, which is four times higher than the proportion within the Czech population. The main groups suffering from depression are women and young people under 30 years of age. In total, according to current estimates, approximately 75 000 people would need professional care, but so far only around 5000 refugees (3%) have received assistance in Czechia. The main barrier has been lack of information about available services and not knowing whether the services are covered by insurance. In addition, 25% of refugees reported stigma associated with mental health.

- 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.
- In Poland, WHO supported a one-day workshop on 14 November on the contextualization of the WHO Mental Health Gap Action Programme ([Humanitarian Intervention Guide](#) and [Intervention Guide](#)) for the needs of displaced Ukrainians in Poland. The workshop was led by the MHPSS technical advisor and participants included key stakeholders from the Polish MoH, universities and senior mental health professionals.

- In refugee-hosting countries, such as Poland, WHO continues to take part in MHPSS technical working groups to further coordinate with local mental health organizations and other operational partners.
- WHO has continued to develop messages to meet the health needs of refugees and host communities.
  - In the Republic of Moldova, WHO, in collaboration with the MoH, developed a health booklet companion for refugees to help them to stay well and healthy. The booklet aims to help refugees to keep a record of the medical services and treatments they received, access information on health services and care available in the Republic of Moldova, and provide advice on how to stay healthy and safe.
  - WHO has also developed video materials for the International HIV Euro Campaign. The video encapsulates the key message that people must have access to HIV prevention, testing, quality treatment and care, regardless of their individual circumstances or social background. It features the collaboration between WHO and the MoH in Poland, which has shown that with political will and a joint approach, it has been possible to facilitate continuity of care and treatment for HIV patients who have become refugees.

## 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 12 surveys or assessments on access to health-care to better understand the barriers refugees may face in receiving care. Assessments continue to be carried out across all refugee-hosting countries to reinforce access to emergency health information.

- Within a cooperation framework between the Regional Public Health Authority in Košice, the City of Košice, Slovakia, and WHO, an epidemiological study was launched to assess health needs and perceived health conditions reported among refugees from Ukraine living in Slovakia. Starting on 5 November, a team of data collectors received training on how to conduct

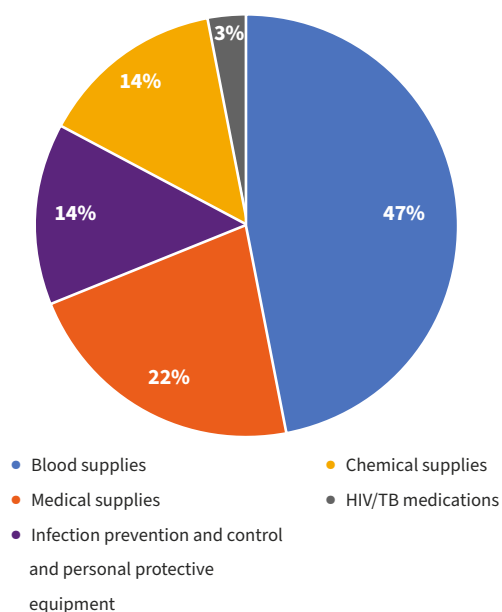
interviews and use technologies to ensure privacy and confidentiality in collecting anonymous health data. The results of the survey should inform decision-making for health management and planning of public health needs for the future for all the people living in the community.

The WHO Behavioural and Cultural Insights Unit continues to support a qualitative study in Poland, Romania, Slovakia and Slovenia to better understand perceived health needs and gaps, barriers to and drivers of uptake of health services from the perspective of refugees from Ukraine, as well as their experiences with health services in host countries. Results from Poland will be shared at a high-level meeting in Warsaw in December.

## REFUGEE RESPONSE PILLAR 5:

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

Fig. 2: Top five supplies delivered to refugee-hosting countries in February–November 2022



From March to November 2022 WHO delivered 44 310 kg of supplies and equipment to refugee-hosting countries, including Hungary, Poland, Republic of Moldova and Romania, which totalled over US\$ 2.89 million. The supplies delivered are blood supplies, medical supplies, personal protective equipment and other infection prevention and control supplies, chemical supplies, HIV and tuberculosis (TB) medications, rehabilitation and laboratory supplies.

In November WHO delivered 1420 kg of laboratory supplies to Poland and Romania. In addition, 100% of the supplies requested in November were delivered within the month.

Since the beginning of the response, 48.6% of the requested supplies from refugee-hosting countries have been delivered.

# 44 310 kg

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

# 48.6%

of the requested supplies from refugee-hosting countries have been delivered since the beginning of the response





## REFUGEE RESPONSE PILLAR 6:

### Supporting health workforce to provide health care to refugees

WHO has continued to support refugee-hosting countries and the health workforce by providing trainings. From May to November 2022, WHO has provided webinars, workshops and trainings to over 6000 health-care workers. In November, trainings and workshops continued to be held to support health workers to provide services to refugees.

- A European Subregional EMT Coordination Cell Training was held in Chişinău, Republic of Moldova, on 14–19 November. WHO staff participated in the training and the simulation exercises, which were also attended by members of the Polish MoH, the Polish State Fire Service, Humanosh, the implementing partner from the medevac hub in Rzeszów, and the Directorate-General for European Civil Protection and Humanitarian Aid Operations.
- WHO has worked with the Government of the Republic of Moldova in the context of the refugee response, to adapt

training curricula in medical universities for future doctors and health professionals, focusing on building the capacity of health facility managers to ensure an effective GBV response. Strengthening of the legal framework, which includes removing mandatory reporting requirements from health-care providers to the police, needs to happen simultaneously, as it poses a barrier for survivors disclosing violence and accessing services.

In Poland, WHO has developed leaflets in Ukrainian, Russian, and English with information on how Ukrainian health workers can obtain a temporary medical licence in Poland, and published them on the website. The campaign includes a telecentre initiative aimed at assisting the Polish MoH with the large volume of inquiries from Ukrainian health workers.

## 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.

In the month of November, the PRSEAH Team continuously provided technical support in country and at interagency level to move the portfolio priorities forward.

- For refugee-hosting countries, inductions and orientations of partners and laying the foundation for capacity building remained the priority. The trainings covered implementing partners for Poland, Republic of Moldova, and Slovakia. Successive in-country missions were completed in November to facilitate face-to-face trainings and other activities, such as data gathering and partner meetings.
- In November, the PRSEAH Team also participated in and facilitated the RHE review and the Ukraine Response Operational Review in the Polish cities of Kraków and Warsaw, respectively.



Delivery of generators to Dnipro, Ukraine. ©WHO

## Latest guidance and publications

1. [War in Ukraine: situation report from the WHO Ukraine Country Office](#)
2. [WHO Ukraine crisis response: October 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
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- 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
- USAID's Bureau for Humanitarian Assistance
- WHO Foundation



A reception centre in Hordolo, Poland set up for Ukrainian refugees. ©WHO