# HEALTH CLUSTER BULLETIN #6
## JUNE 2025

HEALTH CLUSTER UKRAINE

Cadus Intensive Care Transport conducting a medical transfer. © CADUS

**9.2 M** In Need

**2.2M*** Reprioritized

**$130 M** **(97.6 M)*** Required

**1.01M** Reached

**This figure represents the reprioritized 2025 HNRP*

## HIGHLIGHTS

- In June, Ukraine saw the highest monthly civilian casualties in three years, according to the UN HRMMU, with 232 people killed and 1,343 injured. Overall, civilian casualties in the first half of 2025 were 54 per cent higher compared to the same period in 2024. Health Cluster partners supported health authorities by coordinating first aid responses to mass casualty incidents and attacks on homes, hospitals and other civilian infrastructure. By June 2025, partners have provided first aid and psychological support to 1,780 affected people and ensured supplies to cover the treatment of about 6,500 people.
- Large-scale attacks on densely populated cities persisted, with strikes on Kyiv escalating since mid-May. On 24 June, missile strikes hit Dnipro and Samar, killing 23 people and injuring more than 300, with more than hundred people hospitalized. ACLED reported over 5,000 drones launched on Ukraine in June alone. In response to the escalating situation, the Health Cluster updated its Emergency Preparedness and Response Plan (EPREP).
- Intense shelling, airstrikes, restricted humanitarian access, and shifting frontlines continue to endanger the lives and wellbeing of civilians across the country and more acutely in frontline areas, further driving displacement. In June, more than 500 people passed through the Kharkiv City transit center, while nearly 3,000 were registered at the Pavlohrad transit center, as arrivals almost doubled by the end of the month. Health partners, in coordination with the authorities, continued to deliver coordinated primary health care and MHPSS, reaching more than 6,000 people at designated transit centers in 2025.
- On 4 June, the Health Cluster and WHO convened a hybrid Q&A session with WHO Country Representative Dr. Jarno Habicht to discuss transition, health system recovery, and priorities under the Humanitarian Reset and reprioritization of the Humanitarian Needs & Response Plan. Balancing urgent needs while advancing long-term recovery remains a key priority, requiring clearly defined coordination roles, strengthened field-level engagement, and increased participation of local actors and authorities.
- Aligned with the 2025 Humanitarian Reset and the reprioritized HNRP, the Health Cluster led two workshops. On 24 June, the day focused on aligning Cash Voucher Assistance (CVA) for health, clarifying modalities, strengthening post-distribution monitoring, and improving health care access while minimizing health system disruption. The following day, partners and health authorities reflected on current accountability and value for money practices, deepened understanding of accountability frameworks, and explored collective approaches based on best practices and contextual realities.

## HEALTH SECTOR

**1,134**
health facilities supported as of *30 June 2025*
Source: 5W

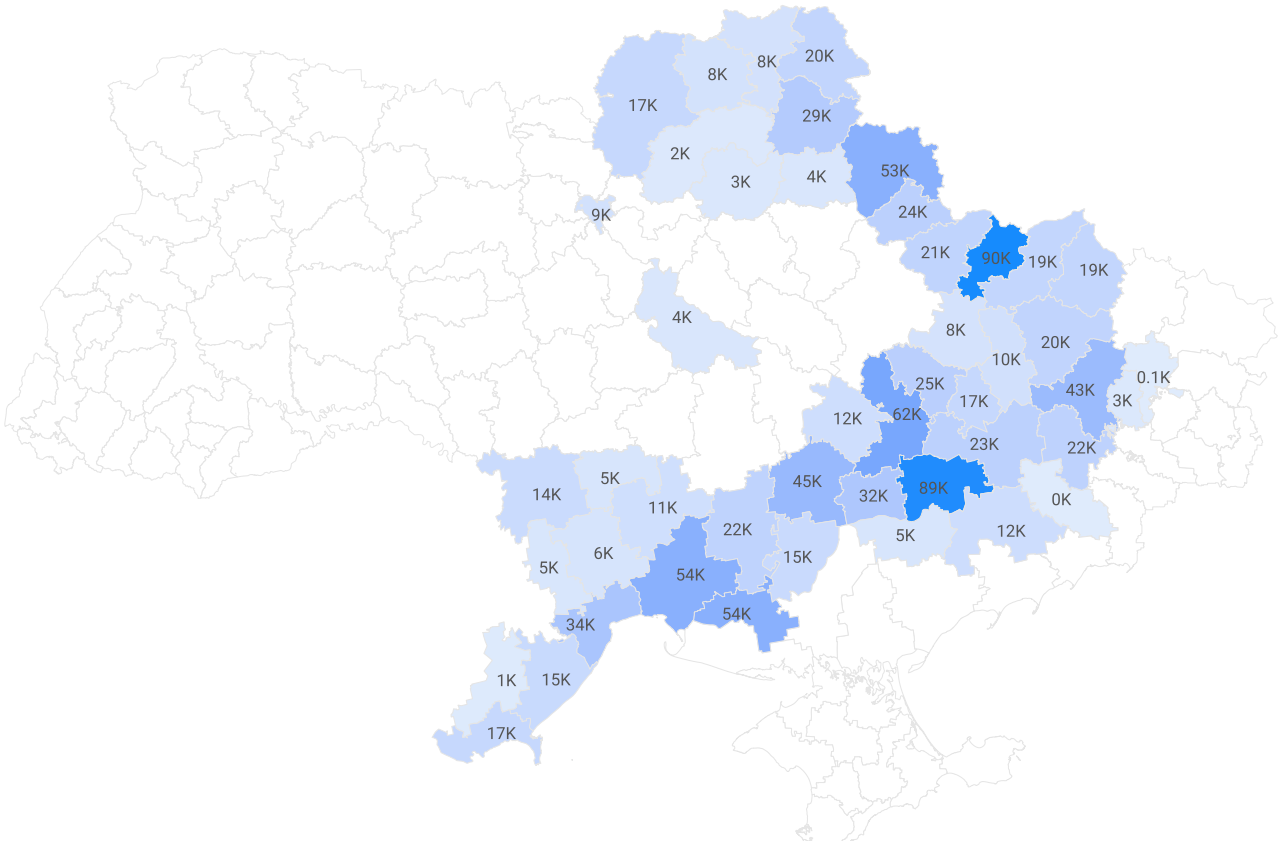
**2,496** attacks on health care since *24 Feb 2022*
Source: WHO SSA

**230**
logged HRPR submissions in *2023, as of 30 June 2025*

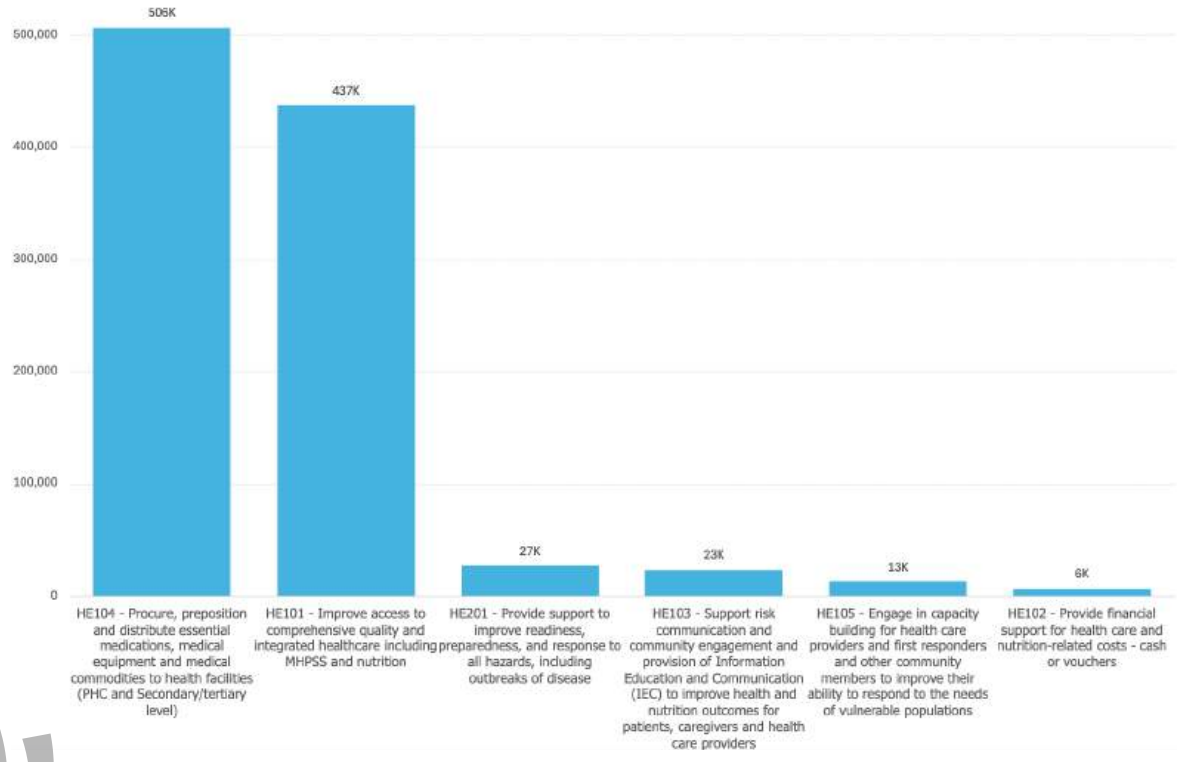
**119**
Partners reporting (cumulative) HRP activities in Activity Info, *as of 30 June 2025*

# HEALTH CLUSTER RESPONSE PROGRESS

## People Reached by Raion, as of 30 June 2025




## People Reached by Activity, as of 30 June 2025



# NEEDS & GAPS

## Summer Risk Assessment

Through the 2025 WHO Summer Risk Assessment, WHO aims to give policymakers, health authorities and humanitarian actors a clearer picture of what risks to expect this summer—both conflict-linked and climate-linked—and how best to prepare for and mitigate those risks in Ukraine. The report indicates that the eastern and southern regions of Ukraine are expected to face the most extreme heat days (temperatures exceeding 30 °C) between April and September. This poses significant public health risks, particularly in oblasts with both high vulnerability and limited coping capacity. Assessments reveal that Kharkiv, Kyiv, Odesa, and Zaporizhzhia have the highest concentrations of vulnerable populations. At the same time, Dnipropetrovsk, Donetsk, Kharkiv, Kherson, and Zaporizhzhia report the lowest capacity scores to manage public health challenges. When combining heat exposure, population vulnerability, and response capacity, six regions (Dnipropetrovsk, Donetsk, Kharkiv, Kherson, Mykolaiv, and Zaporizhzhia) emerge as priority high-risk zones requiring urgent support and targeted interventions to mitigate the anticipated health impacts of extreme heat.

## Availability of Medicines

In frontline and hard-to-reach areas, attacks on warehouses and damage or closure of pharmacies and health facilities have severely disrupted medicine availability. Despite these physical barriers, health partners continue to augment the emergency capacity of the Ministry of Health by donating essential medications to the areas most in need. According to the May 2025 IOM report, 36% of the population faces increased difficulty accessing health care and medicines, with internally displaced persons (IDPs), vulnerable households, and those with chronic illnesses disproportionately affected. Affordability remains a significant challenge, particularly for medicines not covered by the Affordable Medicines Program (AMP), a situation worsened by recent government pharmaceutical pricing adjustments that have unintentionally driven up prices. Pharmacies in rural and frontline areas face financial strain and risk closure, which disproportionately impacts displaced families, older persons, and people managing chronic conditions. To address these gaps, Health Cluster partners in some areas provide cash and voucher assistance (CVA) alongside service delivery, enabling access to medicines where state support has been disrupted, as well as covering transportation costs to health facilities when needed. Given the ongoing shortage of medicines in frontline locations, the Health Cluster is exploring collaboration opportunities with UkrPoshta to leverage their nationwide medication delivery services and raise partner awareness of this potential solution.

## Availability of Services

The shortage of health workers in aeras heavily impacted by the war including frontline regions and communities bordering the Russian Federation, continues to challenge the provision of health services. Mobilization of health workers, humanitarian workers including volunteers in frontline regions in February further reduced the availability of the health services in some locations. Attacks on health care facilities disrupted access and endangered staff and patients. Conflict conditions worsen health care access for people with disabilities and special needs who have reported having higher health needs in comparison with those who do not.

## Mental Health and psychosocial Support

The burden of the war on the mental health of the population and health workforce continues to increase. As a result of the attacks, many people across Ukraine and health staff require mental health support. According to the latest WHO Ukraine Health Needs Assessment (October 2024), 68% of Ukrainians report a decline in their health compared to the pre-war period. The most prevalent health complaints are mental health, with 46% of people affected, followed by mental health disorders (41%) and neurological disorders (39%).

## Trauma and Rehabilitation

Health facilities, especially in conflict-affected areas, face a high influx of trauma patients but lack specialized rehabilitation capacity. Trauma-related injuries, such as spinal cord injuries, brain trauma, burns, and amputations remain challenging, with fragmented referrals and limited access. Many complex patients will be referred to palliative care or in long-term care, losing possibilities for regaining functional independence and return to their daily lives. While multidisciplinary rehabilitation within the network of “capable hospitals” is available across Ukraine, service quality may vary, with waiting lists up to three months and a shortage of specialized professionals. Integrating mental health into rehabilitation is essential for holistic recovery. Awareness among service users and service providers of free rehabilitation services is low, especially among primary care physicians, leaving many without care. Stronger coordination is needed to address gaps and avoid duplication.

## Sexual and Reproductive Health Needs

Access to SRH services is reduced due to pharmacy closures, damaged facilities, and supply disruptions. Limited SRH focal points at primary care level affect care-seeking behavior. High rates of intimate partner and non-partner sexual violence highlight the need for enhanced clinical services and medical capacity-building. Prenatal care access, especially for adolescents, has dropped, leading to increased maternal complications. Declining HIV and syphilis testing among pregnant women calls for expanded screening and treatment. Regional disparities in teenage pregnancy, rising abortion-to-live-birth ratio and unsafe abortions, and higher syphilis and hepatitis B cases demand stronger public health interventions, sexuality education, and improved contraception access. Strengthening SRH services at the PHC level is essential to ensure the Minimal Initial Service Package for SRH availability.

## Risk Communication & Community Engagement

Reaching vulnerable populations with risk communication and community engagement (RCCE) materials continues to face significant challenges, particularly in frontline oblasts where insecurity and disrupted service delivery exacerbate public health risks. In these contexts, limited access to accurate information may contribute to low health-seeking behaviors and the adoption of negative coping strategies. Strengthened coordination is essential to ensure consistent and contextually appropriate messaging, especially on priority issues such as rabies prevention, measles vaccination, and the promotion of essential health-seeking practices. Aligning messages with the Ministry of Health’s priorities is key to addressing risk communication challenges. Greater partner involvement in community listening would amplify voices from high-risk regions.

# HEALTH CLUSTER COORDINATION UPDATES

### Emergency Preparedness and Response Plan - June 2025

In response to escalating attacks on densely populated urban centers and shifting frontlines during the first half of 2025, the Health Cluster revised the Emergency Preparedness and Response Plan (EPREP). The updated EPReP emphasizes urgent life-saving interventions while reinforcing the resilience and functionality of the national health system, in close collaboration with the Ministry of Health (MoH), the Centre for Disaster Medicine (CDM), the Centre for Public Health, and oblast-level health authorities. The June 2025 EPREP Update is available to partners upon request.

### Winter Preparedness Plan October 2025 – March 2026

Together with the WHO Health Information pillar and the WHE, the Health Cluster developed the strategy for the UN OCHA led inter-sectoral Winter Preparedness Plan October 2025-March 2026. Prioritized interventions across four clusters are aligned with the four strategic priorities endorsed by the Humanitarian Country Team (HCT): 1) Supporting the most vulnerable people who remain close to the front line; 2) Evacuations; 3) Emergency response after strikes; and 4) Humanitarian contributions to the most vulnerable displaced people, including those in collective centres. The winter health response aims to reach 98.2K people.

### Strengthening Health Response through Cash Voucher Assistance, Accountability, and Value for Money: Technical Workshops Deliver Actionable Recommendations

The Health Cluster, in coordination with Protection cluster, Cash Working Group, and national authorities, organized a two-day technical workshop to enhance response effectiveness and community engagement. On 24 June, the workshop focused on improving access to health care and avoiding system disruptions through Cash Voucher Assistance in health. The session targeted partners implementing CVA for health and was attended by over 30 participants. Discussions centered on the existing frameworks and Standard Operating Procedures, specific to the Ukraine context, implementation modalities, and opportunities for integrating CVA into referral systems and tools. The following day addressed partners' perceptions and practices around Accountability to Affected Populations (AAP) and Value for money, bringing together more than 50 participants, including representatives from regional Departments of Health and key health partners. The workshop aimed to align accountability and resource optimization and reinforce mechanisms for context-specific community feedback, participation, and trust-building.

Both workshops featured expert presentations, peer-to-peer experience sharing, simulation exercises, and technical deliberations. The sessions culminated in a set of actionable recommendations, as documented in the workshop reports (CVA for Health, Accountability & Value for Money), to guide future planning and operational adjustments across the health and broader inter-sectoral response.

### Joint Mission to Kherson Amid Escalating Needs and Insecurity

Between 2 to 5 June, the WHO led Health Cluster team carried out a three-day joint mission to Khersonska oblast. The team met key implementing partners and took part in the Area-Based Coordination meeting to discuss the evolving needs on the ground. The Health Cluster visited partner Alliance for Public Health (APH) site where mobile teams operate just 11 km from the frontline. With no functioning hospitals or pharmacies in the area, APH remains a critical health service provider in the area. In addition, APH is also the only health partner conducting tuberculosis screening using GeneXpert technology in the area, in coordination with the Kherson Department of Health, the Ministry of Health, and the Global Fund.

The team also visited and INTERSOS, providing health services at 20 km from the frontline. INTERSOS teams highlighted the growing burden of mental health conditions, chronic diseases, and economic hardship among the conflict-affected communities. They also raised the urgent need for person-centered, integrated care models in these high-risk, underserved areas. However, due to increasing insecurity and emerging threats from first-person-view (FPV) drone attacks, partners are relocating operations further inland to enhance staff and patient safety.

During the ABC meeting, community health volunteers requested Health Cluster support in providing Psychological First Aid (PFA) and training on Surveillance System on Attacks on Health Care (SSA) verification, citing repeated evacuations of civilians in psychological distress and unreported attacks on stabilization points.

### Mental Health and Psychosocial Support TWG: Data collection for the MHPSS mapping

The MHPSS Technical Working Group is finalizing its new mapping of Mental Health and Psychosocial Support services across Ukraine. This effort aims to strengthen referral pathways, identify service gaps, and enhance the overall MHPSS response. All organizations currently providing MHPSS services, either directly or via partners, are encouraged to complete the updated mapping form by July 31, COB.

The final mapping will be published on the MHPSS TWG webpage to support coordination and accessibility. Organizations that participated in the previous round are also asked to update their information using the new form. Instructions are available in Ukrainian and English. For any questions, please contact: mhpss.twg.ukraine@gmail.com

On 4 June, WHO Representative in Ukraine, Dr Jarno Habicht, joined Health Cluster partners in a Q&A session to discuss reprioritization, transition, and recovery efforts in Ukraine. © Health Cluster

The Health Cluster visiting the Alliance for Public Health mobile health teams in Kherson region, a critical service provider in the region. © Health Cluster

The WHO Disability-Inclusion Advisor underscored that true AAP is only possible when inclusion is at its core at the Health Cluster Accountability and Value for Money Workshop on 25 June. © WHO


The Health Cluster Deputy Coordinator providing an overview of identified health needs and gaps in frontline households at the ABC Kherson meeting. © Health Cluster

# PARTNERS' ACHIEVEMENTS

In June, 100% Life Zaporizhzhia provided 191 people with psychological support through 132 individual consultations and 104 group sessions under non-specialized interventions (PM+, CETA, ASSYST, etc.). Seven health programme staff received psychosocial support via six individual and one group session. Rehabilitation services, including physical, occupational, speech and language therapy, prosthetics, and neuropsychology, were provided to 81 individuals, including 15 persons with disabilities, 32 girls, and 49 boys, through 117 consultations. A total of 707 medicine vouchers were issued, reaching 563 individuals, including 86 persons with disabilities, 191 girls, and 130 women. 141 people received cash and voucher assistance for diagnostics, and 34 vouchers were provided for maternal and child health support. Transportation assistance was provided to four individuals. 349 information sessions on STI/HIV prevention and behavior change were held, and two children (6–23 months) received complementary feeding support. .

In June 2025, Artesans ResQ Ukraine continued implementation of the WHO-funded project To provide 24/7 access to specialist Critical Care Transfer (CCT) service and coordination supports to the Emergency Medical Services (EMS) & the Ministry of Health (MoH) Medevac Coordination Unit (MCU). The project remained fully operational, providing uninterrupted transport of critically ill adult, pediatric, and neonatal patients from the frontline and underserved areas. Coordination of patient transfers with regional/local EMS, MoH MCU, and healthcare partners was maintained via a 24/7 hotline line. In June, 55 missions were completed by Artesans ResQ, bringing the total number of CCT transfers to 305, since February 2025. ARQ successfully delivered a WHO-supported pediatric/ neonatal CCT training program for 44 Lviv EMS personnel, enhancing preparedness for cross-border evacuations. Post-training evaluation showed that over 80% of participants improved their knowledge and skills in critical care transfer protocols.

In June, CADUS deployed three emergency teams based in Dnipro, Donetsk, and Sumy. These teams transported 105 patients over a combined distance of more than 21,775 kilometres, averaging 207.4 kilometres per patient. The patients originated from the Dnipro, Donetsk, Kharkiv, and Sumy Oblasts and were transferred to hospitals across the Dnipro, Donetsk, Kharkiv, Kyiv, Kirovohrad, Lviv, and Sumy regions. Intensive care support (ICU levels 2 and 3) was required for 44.76% of the patients. CADUS has also started a new training project offering courses in Basic Life Support (BLS), Intermediate Trauma Management (ITM), Interfacility Transports, and non-medical technical training. The first sessions were held in Lviv, Vinnytsia, and Zaporizhzhia, training 61 people.

In June, La Chaîne de l'Espoir conducted a surgical mission at Lviv Hospital, led by Dr. Stéphane Romano and supported by Prof. Sigal from the American Hospital of Paris. The mission focused on follow-up visits, on-the-job training, and advanced surgeries including nerve repair and bone reconstruction. A total of 8 local surgeons were trained, 54 patients received consultations, and 16 surgeries were successfully performed. Prof. Sigal also worked on integrating a long-term training strategy into the hospital's continuous education plan.

In June, the Medical Committee of Zakarpattia (CAMZ) donated vitamins, food, medical supplies, auxiliary equipment, hygiene products, medical equipment, and mattresses to healthcare facilities in the Kherson, Kharkiv, Dnipropetrovsk, Mykolaiv, Lviv, Kirovohrad, Kyiv, and Poltava regions. Under the Hybrid Solutions project, the CAMZ donated generators to strengthen previously installed hybrid solar power stations at two healthcare facilities in Zakarpattia and Zaporizhzhia regions. The installation of hybrid solar power stations has been completed in two primary health care centers and a city hospital in Zaporizhzhia. Through the project "Improving the Protection of Children in Emergencies in Ukraine by Providing Safe Shelters, Food and Non-Food Items, and Psychosocial Support", health facilities in the Kharkiv, Sumy, and Zakarpattia regions received support, including an EEG complex for Uzhhorod's perinatal center and medical supplies for children's hospitals in Sumy and Kharkiv. As part of its MHPSS activities, the CAMZ organized a four-day mhGAP training in Zakarpattia for 30 healthcare workers.

In June, Dignitas Ukraine and Safe provided medical and psychosocial support to 782 vulnerable people in Kharkivska oblast. Two mobile clinics delivered home-based medical consultations to people with disabilities or limited mobility in approximately 30 villages across rural areas. Dignitas medical unit provided consultations at the Kharkiv Transit Centre and 12 collective sites in Kharkiv region. As part of its psychosocial support activities, Dignitas Ukraine also organized weekly equine therapy sessions at the Korotych Equestrian Centre for mothers and children affected by PTSD.

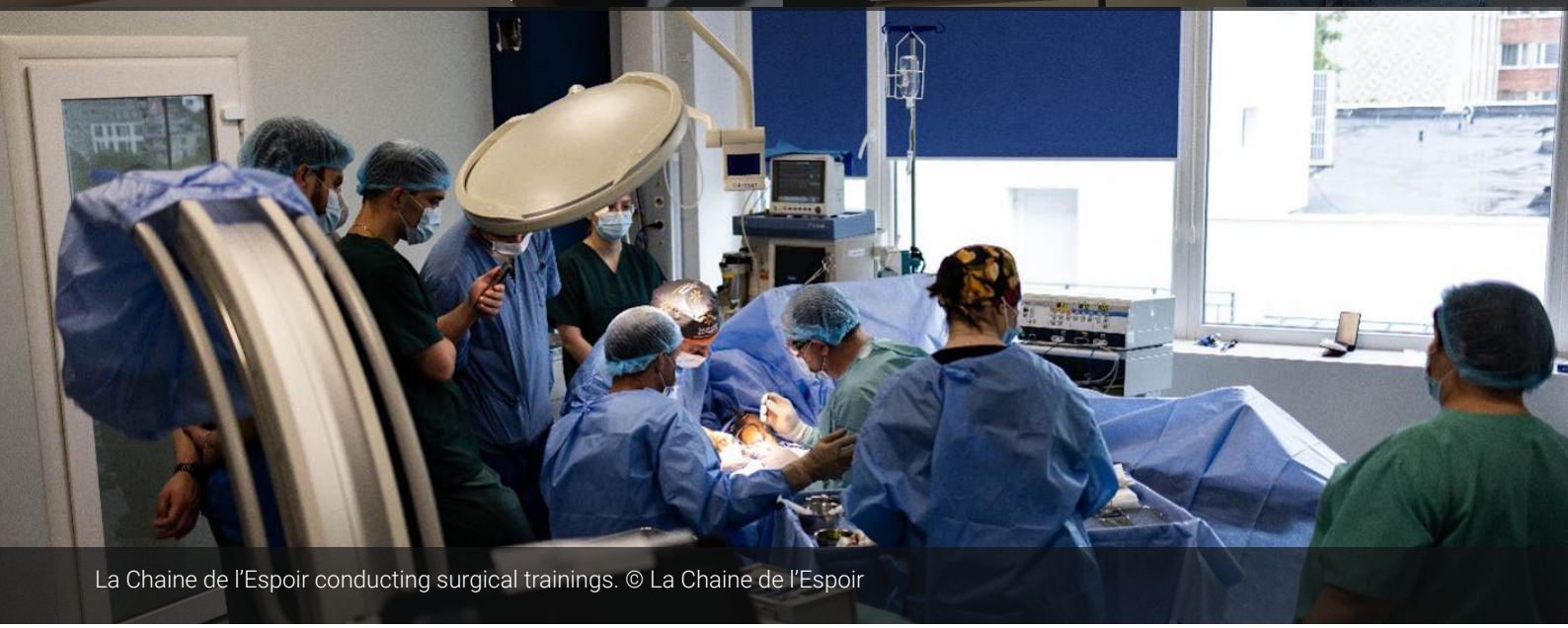
In June, FHI 360 supported 12 mobile teams delivering 3,869 outpatient consultations and 724 specialist consultations—primarily in gynecology and neurology—in Dnipropetrovsk, Kharkiv, Mykolaiv, and Kherson oblasts. Services included diagnostics (e.g., ultrasound, ECG), medication provision, and home visits for people with limited mobility. Additionally, 3,558 individuals received psychological support through individual and group sessions. To maintain health service delivery in conflict-affected areas, FHI 360 supplied medicines and medical equipment to 23 facilities in Kharkiv, Zaporizhzhia, Dnipropetrovsk, and Mykolaiv. Capacity-building activities included mhGAP training for 39 health workers in Odesa, Kharkiv, and Zaporizhzhia, WASH FIT training for 19 staff in Kharkiv, and a rehabilitation session for 21 patients in Dnipropetrovsk Oblast.

In June, Humedica e.V. continued improving access to primary healthcare and MHPSS for vulnerable populations in hard-to-reach rural areas of Dnipropetrovska, Sumska, and Chernihivska oblasts via mobile medical teams. Funded by the German Federal Foreign Office and the Government of Bavaria, Humedica's mobile medical outreach teams provided 3,006 family doctor consultations, including diagnostics, treatment, prescriptions, and awareness sessions; 268 gynecological consultations (38 PAP smears, 139 ultrasounds); and 240 dental consultations. They referred 305 patients to secondary care. MHPSS services reached 1,007 people through individual and group sessions, with 268 receiving legal support. In Sumska and Chernihivska, Humedica began distributing diabetes kits (glucometer, test strips, and health leaflets). Shostka Raion PHC received 3 TVs preloaded with health materials. 2 online trainings on HIV/AIDS and hepatitis B and C prevention were held, reaching 27 healthcare professionals. .


Dignitas UA and Safe medical consultation at collective center for internally displaced people in Kharkiv. © Dignitas Ukraine


Adolescents participating in a Sexual and Reproductive Health training in Dnipropetrovska Oblast receive hygiene kits as part of the session. © International Medical Corps


Handover of containers to the National Cancer Institute. © ZDOROVI



La Chaine de l'Espoir conducting surgical trainings. © La Chaine de l'Espoir

In June, Humanity & Inclusion (HI) provided 281 rehabilitation 132 new service users in Kharkivska, Dnipropetrovska, and Mykolaivska oblasts. 14 people received an assistive device to facilitate mobility and independence. To strengthen local capacity, HI conducted three rehabilitation trainings in a hospital in Dnipropetrovska oblast and donated rehabilitation equipment and assistive devices. In parallel, the MHPSS team delivered 140 individual consultations to 55 people, including rehabilitation users and their support persons, and offered targeted support to health workers. Nine group sessions (including five Self Help+ sessions and four sessions on stress and self-care) and three MHPSS capacity-building trainings were held for health staff in Dnipro and Mykolaiv regions.

In June, International Medical Corps provided nine specialized training sessions for over 160 healthcare workers across Mykolaiv, Kherson, Donetsk, Dnipropetrovsk, Zaporizhzhia, Chernihiv, and Sumy oblasts, on Basic and Pediatric Life Support, Non-Communicable Diseases, Infant and Young Child Feeding, Infection Prevention and Control, and Adolescent Sexual and Reproductive Health. In June, IMC provided more than 75,000 outpatient consultations through 47 supported healthcare facilities and 12 mobile medical units in eight oblasts, with direct medicine distributions reaching remote communities. Supported by Orphan Diseases of Ukraine, IMC donated 61,930 units of adhesive foam dressing for acute and chronic wounds, including epidermolysis bullosa to 19 specialized healthcare facilities. IMC also repaired one ambulance for Kherson EMS, bringing the total to 21 of repaired ambulances.

In June, the International Rescue Committee (IRC), together with its local partners, continued to provide integrated primary and specialized healthcare through Mobile Medical Units in Sumska, Kharkivska, Dnipropetrovska, Khersonska and Mykolaivska oblasts. A total of 12,735 medical consultations were conducted across 46 locations and 374 MHPSS services were provided to the most vulnerable clients. To strengthen access to health in rural areas, IRC has donated construction materials and medical supplies to Primary Healthcare Centers in Sumska and Mykolaivska oblast. The donation marks the first phase of a broader effort that will include the provision of prefabricated modular health posts in FAP locations and vehicles to ensure medical professionals can reach remote communities. IRC organized Psychological First Aid (PFA) training for healthcare workers at two hospitals in Sumy, equipping 98 staff with essential skills to support patients and colleagues during crises. At the request of local authorities, IRC has responded to several post-strike emergencies in Odesa, delivering PFA and basic medical care to people affected by attacks on homes and civilian infrastructure.

In June, amid the escalating context, MDM Germany provided psychological support to 386 people and conducted 2 SH+ training sessions to strengthen local mental health capacity. A total of 1,383 people accessed MDM Germany services during the month.

In June, Médecins du Monde (MdM) Greece continued supporting Sumy with mobile mental health units, provision of essential medicines, and supervision for local health professionals. From 28 April to 2 May, 22 participants completed mhGAP training in Sumy, and 20 participants attended PM+ training in Chernivtsi, with ongoing supervision provided. Dozens of people affected by PTSD, depression, and severe distress accessed mental health services. MdM Greece conducted 2 SH+ sessions and organized 3 Together to Recovery trainings to strengthen local MHPSS capacity.

In June, Nova Ukraine, with support from Medical Bridges and MAP International, donated 219,839 medical consumables and 67 pieces of equipment to health care facilities across Ukraine. In partnership with Patients of Ukraine, 30 hospitals and 15 trauma care facilities received 116,988 units of aid, including 1,150 orthopedic trauma devices. An additional 14,543 units were provided to stabilization points, along with 46 packs of Tyverb for cancer patients and electronic safety systems for 11 emergency medical teams. To support areas near active hostilities, Nova Ukraine distributed 2,848 tourniquets, 775 first aid kits, 3 medical backpacks, and 500 additional kits for urgent needs. Thirty healthcare workers completed training on ultrasound-guided vascular access, and 11 ultrasound machines were delivered to hospitals. Five of six planned in-person trainings on Pain Management in Patients with Traumatic Injuries were held, involving medical staff nationwide. A radiofrequency ablation device was procured for a hospital in Zaporizhzhia to enhance chronic pain treatment capacity.

In June, Project HOPE strengthened access to primary and emergency health services in underserved and frontline regions across Ukraine, supporting communities in nine oblasts. A total of 53,948 medical consultations were provided to 18,233 people through 39 mobile medical units, including three specialized in tuberculosis. In frontline areas, nine ambulances facilitated 1,415 emergency patient transfer evacuations. Through incentives to 28 hospitals, Project HOPE enabled an additional 47,657 consultations, reaching 14,284 people. Capacity-building efforts continued, with 132 health workers trained in the management of non-communicable diseases (NCDs), Trauma Disaster Team Response (TDTR), sexual and gender-based violence (SGBV) prevention, and nursing care. In Khersonska oblast, Project HOPE rehabilitated three boreholes at health facilities, improving access to safe water for 14,235 residents.

Première Urgence Internationale (PUI) continues its activities across eastern and central regions of Ukraine. PUI mobile teams provided 1,449 individual health consultations and 61 mental health and psychosocial support (MHPSS) consultations. The MHPSS team remains actively engaged in strengthening local capacity through ongoing training sessions for health care professionals and social workers, along with supervisory support for family doctors previously trained under the mhGAP program. PUI also continued to reinforce the health care system by conducting specialized training sessions for doctors and nurses on sexual and reproductive health. In June, 16 health facilities were supplied with life-saving medicines, while 20 received medical equipment and essential consumables, significantly improving access to quality care in conflict-affected areas.

In June, Samaritan's Purse mobile medical units operating in Kharkivska and Zaporizka oblasts reached 766 people. 77% of those served were over 60 years of age, while 0.65% were pediatric patients. Over half of the patients were from Kharkiv, with 30% being newly registered and receiving their first outpatient consultations. In Zaporizhzhya, 7 persons with disabilities were served (less than 1%), which remains below the global reference of 16%. Overall, the MMUs provided 1,283 outpatient consultations in June.

Humedica mobile medical unit family doctor and nurse providing a medical consultation in Mariivka, Dnipropetrovska oblast.
© Humedica e.V.


Medical supplies donation in Mykolaivska oblast.
© International Rescue Committee

Your City providing people affected by attacks in Odesa with neede medications. © Your City

Première Urgence Internationale delivered a donation of medical equipment and hygiene supplies to the regional early childhood institution providing psychiatric care and rehabilitation under the oversight of the Zaporizhzhia regional council.
© Première Urgence Internationale

In June, the Revival Institute concluded the Medical Homefront of Ukraine programme with the final stage of the 5th Best Practice Tournament. Seven hospitals from Mykolaiv, Dnipropetrovsk, Sumy, and Zaporizhzhya regions presented their achievements in emergency preparedness and mass casualty management. Frontline hospitals reported significant improvements: triage-to-operating room time was reduced by up to 3.2 times through redesigned patient flow protocols and removal of logistical barriers. Patient transfer time between units decreased by up to 2.3 times, lowering mortality and disability risks. Process improvements included the establishment of emergency medication storage areas, mobile emergency communication protocols, and standardized operating procedures (SOPs). Hospitals introduced staff training with simulation exercises and video-recorded practice sessions.

In June, under the Ukraine Humanitarian Fund (UHF), UK-Med Ukraine continued delivering essential medical and mental health services across affected regions. The Mobile Medical Unit provided 1,756 consultations. Psychologists and community health workers held 557 individual sessions and 15 group sessions reaching 133 participants. Clinical psychologists conducted 12 individual consultations and one group session with 7 participants. UK-Med also delivered 6 training sessions for 145 participants. RCCE sessions engaged 917 people on key health topics. Institutional partnerships were strengthened through formal collaboration with regional authorities and medical universities. .

In June, Your City integrated the national eHealth system and Helsi under a Ministry of Health license, enhancing patient pathways, advancing a sustainable health care system in Ukraine by linking humanitarian response with long-term care mechanisms. In Odesa region, Your City provided essential medicines to 1,419 people. Under the Charity Doctor project, 336 people were provided with 795 primary and specialized healthcare consultations. Mobile teams delivered on-site healthcare services to 205 people affected by attacks on homes and civilian infrastructure. The Mental Health Center delivered 431 psychological consultations, as well as group support during trainings and meetings. Psychological emergency assistance was provided to 70 people at attack sites. Sixteen MHPSS group events were held, attended by 277 participants. To strengthen healthcare system capacity, Your City conducted a training on Preventing Professional Burnout during Wartime for 52 medical workers.

In June, ZDOROVI donated containers to the National Cancer Institute, 150 packages for the treatment of respiratory distress syndrome in premature newborns in perinatal centers, and medicines for psychiatric hospitals. Under the Doctor Reboot programme, ZDOROVI provided psychological support to 299 medical professionals. In partnership with Swecare, ZDOROVI organized an international internship in Stockholm, enabling nine senior medical executives to study the Swedish healthcare system. ZDOROVI signed three strategic memoranda of cooperation with regional administrations and health departments in Sumy and Kharkiv regions. Action Against Hunger completed a comprehensive review of ZDOROVI's activities, endorsing further cooperation and participation in future grant programmes. The organization also conducted a national study, Conscious Choice, highlighting the scale of Ukraine's wartime psycho-emotional crisis, barriers to seeking psychological support, and the widespread use of self-medication with psychotropic drugs. Based on these findings, a new advocacy initiative was launched to promote open dialogue and strengthen mental health support.

# HEALTH CLUSTER RESOURCES & CONTACTS

## KEY CONTACTS

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## KEY PUBLICATIONS, June 2025

- Partner Response to Attacks #6
- Health Funding Snapshot Q2
- Ad-Hoc: 24 June Dnipro Partner Response
- Partner Response to Evacuations #6
- Accountability and Value for Money Workshop Report June 2025
- Improving Access to Health via CVA for health Workshop Report June 2025

## KEY RESOURCES

## VACANCIES, June 2025

Your City Project Manager