





In April, CADUS medical evacuation teams operating from Dnipro conducted 38 patient transfers across a cumulative distance of 4,667km. Nearly one in three patients required high-acuity intensive care support. © CADUS




4.47 M
In Need



1.47M
(1.27M)*
Targeted








\$90 M
(82 M)*
Required

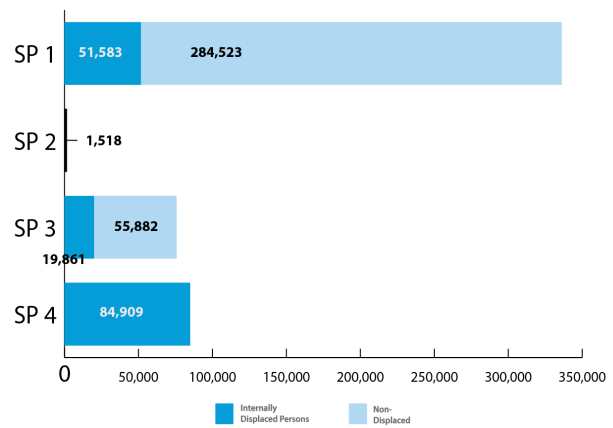
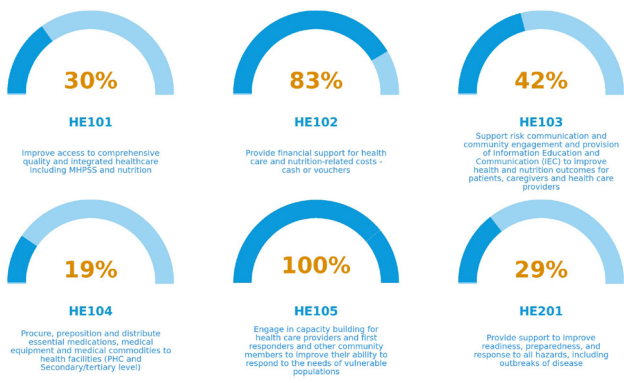


135
HRPR
requests

*This figure represents the reprioritized 2026 HNRP

HEALTH SECTOR	HIGHLIGHTS
<div style="margin-bottom: 10px;">  <p>498K People reached</p> </div> <div style="margin-bottom: 10px;">  <p>1,247 Health facilities supported</p> </div> <div style="margin-bottom: 10px;">  <p>105 Partners reporting</p> </div> <div style="margin-bottom: 10px;">  <p>72 Matched HRPR requests</p> </div> <div>  <p>3,001 verified attacks on health care WHO SSA</p> </div>	<ul style="list-style-type: none"> Despite a momentary pause observed during the announced ceasefire for Orthodox Easter, attacks on civilian infrastructure, residential areas, and densely populated urban centers located far from the frontline persisted throughout the month. April recorded the highest monthly civilian casualty toll since July 2025. According to the UN HRMMU, 238 civilians were killed and 1,404 injured this month alone, with the highest numbers reported in Kherson city, Dnipro, Nikopol, and Odesa. Civilian casualties in the first four months of 2026 were 21 percent higher than in the same period of 2025. Following airstrikes, Health Cluster partners provided 648 people with first aid, primary health care, mental health and psychosocial support, and medical transfers, and donated medical supplies to receiving health facilities. Hostilities drove further displacement during the month, with over 24,000 people displaced according to the IOM DTM. Approximately three-quarters of displacement occurred in the second half of April. Ukraine Protection Cluster recorded some 11,340 people transiting through transit centers. This month alone, Health partners provided 3,097 primary health consultations and 789 consultations at 6 designated transit centers in Kharkiv, Dnipropetrovska, and Zaporizka oblast. WHO SSA verified 41 attacks on health care, which injured 19 health workers and patients. These included a drone strike on a hospital in Kherson on 14 April, injuring a child and four health workers, and a strike on an ambulance in Hlukhiv, Sumy region, on 12 April injuring three more health workers. Since February 2022, there have been more than 3,000 attacks on health care in Ukraine As the summer season approaches, WHO published its Summer Risk Assessment analyzing the projected health risks associated with extreme heat during summer 2026. Dnipropetrovska, Donetsk, and Khersonska oblasts emerge as the highest overall risk areas.

HEALTH CLUSTER RESPONSE PROGRESS 2026



NEEDS & GAPS

AVAILABILITY OF MEDICINES

According to the [WHO 2026 Summer Risk Assessment](#), eastern and southern Ukraine present the highest public health risks this summer. In these areas extreme heat events, vulnerable populations, damaged infrastructure and reduced health-system capacity together amplify health impacts significantly. On the basis of this convergence of risk factors, Dnipropetrovsk, Donetsk, and Kherson oblasts emerge as the highest overall risk areas.

- The highest heat exposure was identified in Dnipropetrovsk and Odesa oblasts, followed by Zaporizhzhia, Kherson, Mykolaiv, and Donetsk.
- Elevated vulnerability was observed in Lviv, Kharkiv, Odesa, Vinnytsia, Kyiv oblast and City.
- The coping capacity with greatest pressure was identified in Dnipropetrovsk, Donetsk, and Kherson.

SUMMARY OF RECOMMENDATIONS

- Strengthen disease alerts, vector monitoring, and update heat/infection protocols for high-risk groups.
- Maintain power backup, cold-chain, and preposition medicines, vaccines, and WASH kits.
- Deliver NCD, HIV, TB, and mental health services via mobile units to underserved areas.
- Prioritize Hep A and COVID-19 vaccination; share timely messages on heat, hygiene, and vector risks through community channels.

The Health Cluster and WASH Cluster are jointly developing a two-page Summer Risk Advocacy Plan to be presented and endorsed at the Humanitarian Coordination Team on 28 May, to ensure a coordinated cross-sectoral response to seasonal health risks ahead of summer 2026.

AVAILABILITY OF MEDICINES

Access to medicines remains a key gap in frontline and hard-to-reach areas, where damage to pharmacies and supply chains continues to disrupt availability. Findings from the [WHO Health Tracker Survey, Round 1 \(Nov–Dec 2025\)](#) indicate:

- Main barriers reported were increased medicine prices (81%), limited availability in pharmacies (34%), medicines not available (22%), and challenges obtaining prescription medicines (20%).
- Access constraints were more pronounced in frontline regions, with higher levels of security concerns, pharmacy closures, and financial barriers.

AVAILABILITY OF SERVICES

According to the [WHO Health Tracker Survey, Round 1 \(Nov–Dec 2025\)](#), access to health services remains constrained despite relatively high satisfaction with care once received.

- Among respondents who visited a family doctor in the past 12 months, 62% scheduled an appointment, with most being seen within one or two days; however, 30% still had to wait despite having an appointment, indicating pressure on PHC services. Overall, 74% of respondents in more vulnerable regions reported problems accessing PHC, compared to 62% elsewhere.
- 34% reported a need for specialist services. While most sought care, 27% received only partial services and 5% could not access care at all, largely due to affordability

constraints.

- Cardiovascular care needs were in demand, with 22% requiring services in the previous three months; 72% of those seeking care reporting access barriers, mainly related to the cost of medicines and treatment.
- Access to surgical care remains uneven, particularly in frontline areas where 83% reported difficulties, and displaced populations were more likely to rely on private facilities.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

According to [IOM Ukraine – Vulnerability and Mobility in Front-line Areas \(February 2026\)](#), mental health needs remain significant in conflict-affected areas.

- 38% of respondents across Ukraine were at high risk of depression, increasing to 43% in front-line areas.
- Risk was particularly high among IDPs (50% nationally; 51% in front-line areas) and among the recent displacement cases
- Chernihivska (55%), Khersonska (52%), and Donetsk (48%) show especially elevated needs.
- Vulnerability was also higher among women, single-parent households, households with persons with disabilities or chronic illness, and economically vulnerable groups.

TRAUMA AND REHABILITATION

Health facilities in conflict-affected areas continue to face a high influx of trauma patients while specialized rehabilitation capacity remains limited. The evolving nature of attacks, including drone strikes and close-range explosions, has led to more complex injuries such as polytrauma, burns, amputations, and brain and spinal injuries requiring long-term rehabilitation. According to the [MSNA 2025 \(IRC\)](#):

- Conflict-related trauma is among the top four health concerns, with particularly high prevalence in Kharkivska (28.5%) and Mykolaivska (16.9%) oblasts.
- Despite the presence of rehabilitation services within the national network of capable hospitals, access in frontline areas remains uneven due to referral challenges, waiting lists of up to three months, shortages of specialized professionals, and limited awareness of available free services, especially at the primary care level.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS

Access to SRH services remains constrained due to damaged facilities, pharmacy closures, and supply chain disruptions.

- According to [UNFPA](#), since 2022, over 80 maternity and neonatal facilities have been damaged or destroyed.
- Limited SRH capacity at the primary care level and reduced access to antenatal care – particularly for adolescents.
- Gaps also persist in HIV and syphilis testing among pregnant women, while regional disparities in teenage pregnancy, unsafe abortions, and sexually transmitted infections highlight the need to strengthen SRH services, contraception access, and clinical capacity, especially in frontline areas

RISK COMMUNICATION & COMMUNITY ENGAGEMENT

- Reaching vulnerable populations with reliable health information is a priority, especially in frontline oblasts where insecurity and service disruptions persist.



The Dnipro sub-national team conducts a supportive visit to Samaritan's Purse mobile health outreach project in Zaporizka oblast. Between January and May 2026, the Health Cluster has conducted visits to 9 partner projects, supporting accountability, quality assurance, and alignment with national strategies across the Health Cluster response. © Health Cluster

HEALTH CLUSTER ACTION

UKRAINE HNRP REPORTING 2026

In April, UN OCHA launched a unified joint reporting platform on ActivityInfo. In support of the rollout, the Health Cluster Information Management team coordinated partner health activity reporting and worked closely with OCHA to facilitate data entry in to the new system. On 21 and 23 April, the Health Cluster IM Team organized two introductory training sessions for partners in both English and Ukrainian to support onboarding. The sessions drew 88 participants in Ukrainian and 10 in English. Reporting resources are available [here](#) and recordings from the training sessions can be found [here](#).

JOINT SUMMER RISK PLAN

In view of the preparation against shocks during summer against extreme heat and possible lack of energy resulting from attacks on energy infrastructure, the Health and WASH Clusters have been reviewing prepared actions and priority interventions to be supported by humanitarian actors in support of the national system, while meeting the needs at community and facility level. This note complements the Summer Risk Assessment conducted by WHO. tools regularly.

UPDATES FROM OBLAST HEALTH COORDINATION

NORTH

- Following the opening of the new Transit Centre in Shostka on 1 April, the Health Cluster participated in a joint field visit involving regional authorities, clusters representatives, and humanitarian partners providing recommendations to address gaps related to health access, infrastructure, and coordination in the location. Following the guidance of the Health Cluster, a partner already supporting a nearby primary health care facility will provide services to arriving evacuees at the transit center as needed and will continue to coordinate to strengthen referral pathways and reduce duplication of services.

KHARKIV

- Two partners have concluded their outreach activities, with the handover of locations completed.
- In response to increased shelling affecting health facilities, the Health Cluster coordinated the donation of preparedness stocks and supported minor repair works.
- Frontline response included contribution over-the-counter medications to 3 interagency convoys.

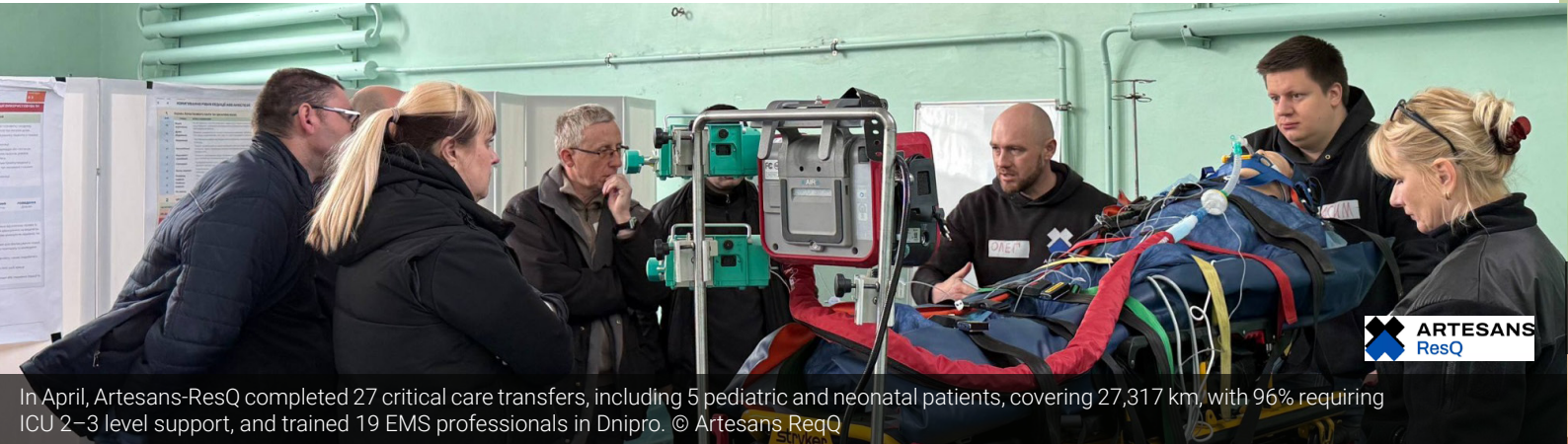
DNIPRO

- In response to increased displacement from Donetska and the establishment of new Interim Evacuation Points (IEP) in Sloviansk and Kramatorsk, the Health Cluster, jointly with the Protection Cluster, UN OCHA, and the HOCG co-chair conducted a joint visit to both IEPs to assess the needs and services available in this location. Health care was accessible through existing facilities, with health partners reinforcing support through the over-the counter (OTC) medicine donations and ensuring daily presence at designated transit centers along the evacuation route.
- On 17 April, the Health Cluster participated in an inter-cluster visit to Nikopol, heavily affected by attacks during the month, to engage with local authorities on potential mandatory evacuations and the humanitarian response required to support those affected.
- In May, the Health Cluster sub-national team will host the Localization workshop in Dnipro, bringing together 34 local partners over two days to strengthen local capacity to access funding..

SOUTH

- On 21-23 April, the Health Cluster participated in a WHO/UNFPA/cluster/AAP visit to a Roma community settlement of approximately 2,000 people, where discussions with community representatives identified key barriers to access to health, including access to primary and secondary health care, (lack) of vaccination, and documentation challenges affecting registration. The health Cluster is exploring mobile outreach options. During the visit, Health Cluster also engaged with conflict-related sexual violence survivors in Odesa, including a focus group at the Nerubaiske compact settlement, with follow-up on action points ongoing.
- The Health Cluster coordinated the scale-down and location handover process for two partners, with one transfer completed, and a second transfer initiated.
- The Health Cluster continued joint work with the WASH Cluster on water infrastructure preparedness in Odeska oblast.

PARTNERS IN ACTION



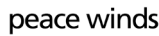
In April, Artesans-ResQ completed 27 critical care transfers, including 5 pediatric and neonatal patients, covering 27,317 km, with 96% requiring ICU 2–3 level support, and trained 19 EMS professionals in Dnipro. © Artesans ResQ



In April, FRIDA's Mobile Medical Teams delivered 6,794 medical consultations, 1,560 psychological consultations, and essential medications to 3,423 individuals across seven regions. © FRIDA



In response to strikes on residential buildings in Odesa on April 15–16, Your City Odesa teams provided medical assistance to 38 affected people, including psychological support to 12 people. © Your City Odesa



PWJ provides physical rehabilitation services in three shared housing facilities in Dnipro city for IDPs with JPF funding. In April, 100 people have received rehabilitation therapy. © Peace Winds Japan



In April, IVY Japan, in partnership with STEP-IN, continued implementing a joint project funded by the Japan Platform, providing integrated medical and mental healthcare to 417 vulnerable patients via a MMU. © IVY Japan



IMC donated a Mobile Pharmacy to Zaporizka oblast, which has already begun operating in the most remote settlements, ensuring access to essential healthcare services for local residents. © International Medical Corps



The IRC supported rural healthcare professionals in frontline regions of Ukraine through targeted training and technical support, including a session in Kharkiv on emergency pharmaceutical stock management. © International Rescue Committee



In April, HI mobile physiotherapists delivered 229 rehabilitation sessions for 92 people and distributed 55 mobility assistive devices across Dnipropetrovska, Zaporizka, Mykolaivska, Khersonska, and Kharkivska oblasts. © Humanity & Inclusion



Polish Medical Mission Mobile clinics provide more than 980 consultations and training sessions were held in seven hospitals across Ukraine, and the necessary equipment was provided. © Polish Medical Mission

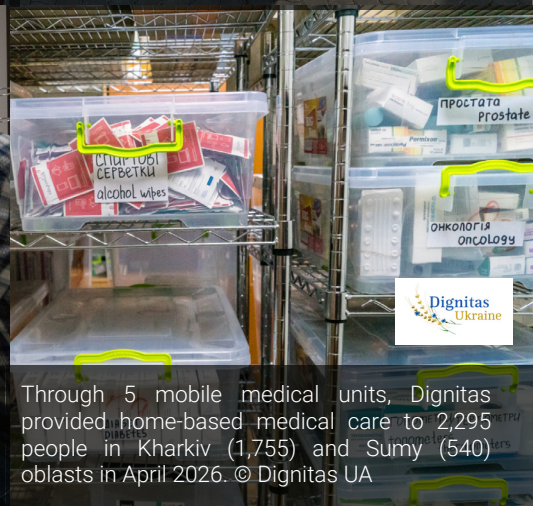
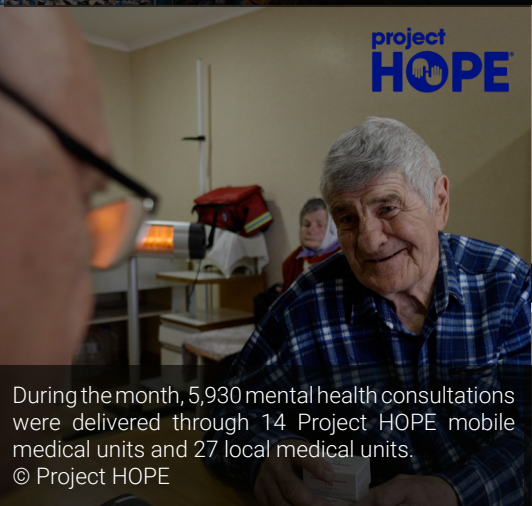
In April, MDM Greece organized a PM+ (Problem Management Plus) training for 20 participants in Khmelnytski Oblast. © Médecins du Monde Greece



In April UK-MED with the support of UHF expanded its mobile clinic reach in Zaporizhzhia region. In April, UK-MED provided 1,905 medical consultations provided in Kharkiv and Zaporizhzhia Regions. © UK-MED

Since the beginning of 2026, ACF SRH team has provided over 300 consultations and breast ultrasound screenings for women, across the Sумы and Kharkiv regions. © Action Against Hunger

In April, CAMZ donated 15 power stations, one generator, and over 14.5 tons of medical supplies to health care facilities in across Ukraine. © Medical Aid Committee



During the month, 5,930 mental health consultations were delivered through 14 Project HOPE mobile medical units and 27 local medical units. © Project HOPE

MEDAIR provided 9,843 consultations through nine supported Health facilities. ©MEDAIR

Through 5 mobile medical units, Dignitas provided home-based medical care to 2,295 people in Kharkiv (1,755) and Sумы (540) oblasts in April 2026. © Dignitas UA



In April 2026, NICCO completed 3 cross-border medical supply deliveries from Romania to a health facility in Izmail, Odesa oblast. © NICCO

In April, Nova Ukraine donated 428 medical equipment units and nearly 75,000 medical supplies across Ukraine; 35 medical facilities were supported and 59 equipment units procured. © NOVA UKRAINE

RECENT ASSESSMENTS



UKRAINE HOUSEHOLD SURVEY OF EFFECTS OF ATTACKS ON ENERGY INFRASTRUCTURE (2020-2025)

2026
(Data from September – October 2025)



[UN HRMMU Protection of Civilians in Armed Conflict – April 2026](#)

[WHO - Summer Risk Assessment 2026](#)

[Household survey of effects of attacks on energy infrastructure \(2020-2025\)](#)

LATEST HEALTH CLUSTERS PUBLICATIONS



[Partner Response to Evacuations \(as of 30 April 2026\)](#)



[Partner Emergency Response to Attacks, as of 30 April 2026](#)

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