HEALTH CLUSTER BULLETIN #7
July 2026

HEALTH CLUSTER UKRAINE

In July, NOVA Ukraine supported 40 medical facilities, delivering in-kind donations of 105 equipment units and 13,921 consumables to 7 health facilities. © NOVA Ukraine

4.47M In Need

1.47M (1.27M)* Targeted

$90M (82M)* Required

154 Health Partners

**This figure represents the prioritized 2026 HNRP*

HEALTH RESPONSE

792K People reached

1,416 Health facilities supported

120 Partners reporting

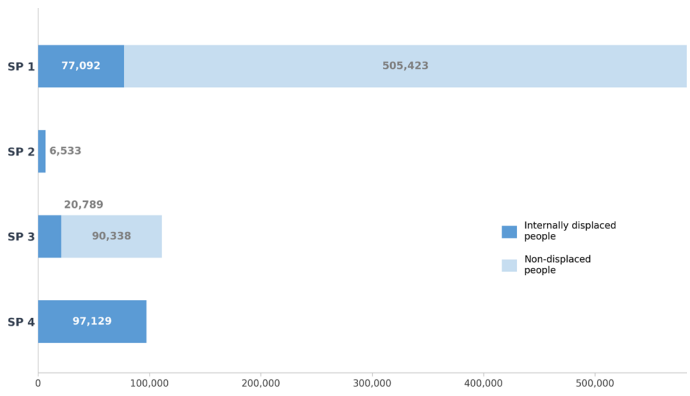
92 Matched HRPR requests

3,192 verified attacks on health care WHO SSA

HIGHLIGHTS

- Ukraine recorded its deadliest month for civilians since May 2022, and most severe overall since March 2022. According to UN HRMMU, 437 people were killed and 2,610 injured, up 30 per cent from June and 70 per cent compared to the same period in 2025. Long-range missiles and drones remained the leading cause of civilian casualties.
- Kyiv was among the hardest-hit cities, including a 2 July attack with 74 missiles and nearly 500 drones that killed 30 people, and a further strike on 6 July, killed 19 and injured 60. On 19 July, 41 ballistic and hypersonic missiles were launched at Kyiv, marking the largest single wave to date, according to ACLED. Other urban centers, like Zaporizhzhia, Kharkiv, and Kherson, were also heavily affected. Health partners continue to provide support to first responders, reaching 1,067 people and prepositioning to health facilities for the treatment of 2,495 people, as of 31 July.
- Attacks affecting warehouses, medical supplies, and health logistics have become an increased concern, with incidents intensifying through July into the publication period. Between January and July 2026, UN OCHA recorded 20 humanitarian warehouses damaged or destroyed, while WHO SSA verified 9 attacks on health care impacting warehouses, both humanitarian ones and those used by regional health authorities. This damage, combined with disruptions to partner operations, is having a considerable impact on health service delivery in frontline areas.
- Increased use of glide bombs in areas closer to the frontline, combined with short-range drones, is intensifying risks for civilians and for the delivery of health services; UN OCHA recorded 210 humanitarian access incidents in 2026. Shelling, attacks, and disruptions to essential services such as water and gas continue to drive displacement. Across transit centers where health partners operate, 21,482 people were registered in July; a 35 per cent more than in June. For the first time, Dnipropetrovska oblast was the leading area of origin with more than 8,000 evacuees, followed closely by Donetska oblast. Health partners provided 4,471 health consultations in July 2026.
- Health Cluster participated to the inter-sectoral preparedness plans to protect water supply to health facilities across Odesa, following attacks on Chornomorsk's pipeline that cut water access for over 100,000 people. The Health Cluster also monitored the public health consequences of damaged water supply affecting health facilities and communities in Kharkivska and Dnipropetrovska oblast.

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.
- Prioririze 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 WHO's HeRAMS (Health Services Across Oblasts – All divisions, April 2026, WASH in Health Care Facilities, March 2026), health service delivery remains constrained by facility loss, workforce depletion and supply shortages, with gaps most pronounced in Donetska, Khersonska, and Zaporizka oblasts. Of 11,213 facilities reporting, 6% are non-operational.

- Facility loss is concentrated in the frontline: non-operational rates reach 66% in Donetska, 26% in Zaporizka, 22% in Kharkivska, 20% in Khersonska and 13% in Sumska.
- Conflict damage drives facility destruction, while staff shortages and insecurity drive lost functionality, eroding capacity even where buildings stand.
- Availability is lowest in the domains most relevant to the frontline caseload: NCD and mental health (22%) and sexual and reproductive health (25%).
- Staff, medical supply and equipment shortages are the dominant barriers throughout, compounded by infrastructure gaps: WASH services are fully available in just 54% of facilities nationally, dropping to 15-40% in Donetska, Sumska, Kharkivska and Zaporizka.

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 Donetska (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

Continuity of SRH care – Gaps identified by SRH TWG:

- Mobile teams, including gynecologists, deliver essential consultations and screening, but gynecologists engaged as humanitarian project consultants often lack access to the national eHealth system and cannot record clinical findings in patients' electronic medical records, so family doctors responsible for ongoing care may not receive this information.
- Confidentiality requirements and informed-consent procedures mean clinical information is not routinely shared with PHC providers, leading to repeated examinations and laboratory tests that delay diagnosis and treatment and increase the burden on patients.
- Strengthening referral pathways and establishing secure, constent-based information-sharing mechanisms would improve continuity of care, particularly important given the family doctors are authorized to provide cervical cancer screening, including Pap smear collection.

Risk Communication & Community Engagement

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

Health Cluster in Action

Humanitarian Programme: HNRP 2027 planning and 2026 mid-year review

The humanitarian community in Ukraine, including the Health Cluster, has begun consultations on the 2027 Humanitarian Needs and Response Plan. Following discussions at national level, the process moved to the sub-national level, with consultation across the regional Humanitarian Operations Coordination Groups (HOCG), including Sumy and Kharkiv, to ensure that local needs and priorities are reflected. Early proposals include a more streamlined plan centered in continuation of the four Strategic Priorities piloted in 2026, and with a greater emphasis on preventive action, internally displaced people and the added value of humanitarian assistance.

In parallel, the Health Cluster participated in the Mid-year review of the 2026 HNRP. The review examines developments during the first half of 2026, including changing needs and emerging shocks, and will help inform planning for 2027.

Humanitarian complementarity through Joint Water Supply Preparedness Following Attacks and Disruptions

The Health Cluster worked closely with the WASH Cluster and OCHA through inter-agency preparedness planning for potential water-supply disruptions in Odeska oblast. Coordination with local authorities helped translate risk analysis into priority actions, including boiler installation, provision of essential building materials and winterization support. Consolidated health and WASH messaging was shared with OCHA and the WASH Cluster. In Kharkivska and Dnipropetrovska oblasts, the Health Cluster supported joint monitoring and assessment of the health risks associated with attacks and damage to critical water infrastructure. In Dnipropetrovska, most hospitals affected by disruptions continue to rely on boreholes for water supply. One frontline hospital and its affiliated PHC facility have been reconnected to an alternative pipeline, helping to maintain continuity of essential health services.

At national level, the Health Cluster lead agency and WASH Cluster lead agency continued joint advocacy and operational coordination. Repair of the damaged pumping equipment is expected to take eight to ten weeks. During this period, coordinated contingency measures remain essential to safeguard safe water access, infection prevention and control, and the uninterrupted delivery of health services.

Strengthening Coordination and Response Capacities in the South:

In the south, the health partners are operating in a deteriorating environment, particularly in Kherson, shaped by staff shortages, winterization gaps, and repeated attacks on health facilities, constraining access to care. Joint engagement by the Sub-national Coordinator, the newly appointed Mykolaiv-based Co-Coordinator from Médecins du Monde France, and the Health Cluster Coordinator strengthened alignment with health authorities, OCHA South, and partners, helping to sharpen joint priorities.

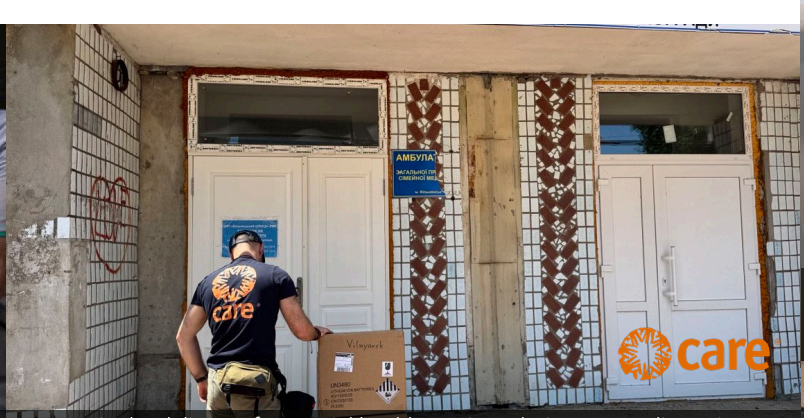
To inform evidence-based planning, the Health Cluster launched a pilot oblast-specific rapid assessment across 13 hromadas, conducted at both facility and community level, to map gaps in service availability, barriers to access and partners' operational capacity. In coordination with the Kherson Department of Health, the assessment is now being expanded to additional health facilities. The exercise is designed to guide targeted support against the time-critical risk of further service disruption in frontline and hard-to-reach areas, where health coverage is already limited. Its findings will guide action on the most urgent needs: lifesaving primary health care, essential medicines and medical commodities, and health response capacity following shelling and other attacks.

Updates from Oblast Health Coordination

NORTH	• Kyiv/Kyivska: Early-July mass-casualty attacks across Kyiv, Sumy and Kyivska oblasts — 403+ injured, 73 killed, several facilities damaged; CAMZ, SV, IMC and CUAMM supported the response. After the 24 July Kyivska strike (100+ injured), WHO is supporting the hospital that received the most casualties. • Sumy: 3 facilities damaged in Sumska; recurrent power/water disruptions in some hromadas. Preparedness planning advancing amid deteriorating security — ABC/GCM discussions on escalation and evacuation, partner capacity shared with OCHA, and a preliminary relocation plan agreed at a General Coordination Meeting. Supportive supervision continued.
KHARKIV	• 17 partners continued MMU support in frontline communities. • Transit centres: at Lozova, seven partners provided 619 health/MHPSS consultations out of 2,645 registered; Kharkiv registered 2,145 (+80 per cent), where six partners provided 458 consultations. • Coordination: HNRP 2027 sub-national consultations; supportive supervision continued.
DNIPRO	• In response to intensified strikes (276+ injured, 29 killed across the Hub), 7 partners gave on-site first aid and MHPSS, two provided medical transport, and one added operating-theatre staff plus medical donations to receiving hospitals. • Evacuation: peak of 380 evacuees on 24 June at one transit centre; across four centres, 1,227 PHC and 457 MHPSS consultations. Planned: assistive-tech distribution (HI/UHF), a daily KoBo reporting tool for consultations, and an MMU coordination meeting. • Frontline: 11 inter-agency convoys delivered to frontline hromadas since January. • Coordination: Rehabilitation TWG visit to Dnipro and Zaporizhzhia transit centres, a joint SRH TWG partner visit, a transit-centre coordination call, and handover of a partner support location finalized.
SOUTH	• 4–21 July: attacks continued — repeated strikes on a Kherson hospital injured 5+ health workers; facilities in Ochakiv and Izmail damaged; deadly attacks in Odesa and Chornomorska hromada. • Mykolaivska/Khersonska: interagency convoys delivered OTC kits and medicines in Khersonska; after HI's Mykolaiv rehabilitation project closed, the Health Cluster led a handover of physical-therapy services across nine facilities. • Water prepardness: 21 July strike on Chornomorsk's main pipeline cut water to 100,000+ people; the Health Cluster monitored public-health impacts and coordinated with the WASH Cluster while authorities ran emergency trucking and repairs. • Evacuations: continued displacement from eastern oblasts to Odeska; PHC/MHPSS referral readiness maintained. • Coordination: a Co-Coordinator (Médecins du Monde France, Mykolaiv-based) joined the South Hub in July, strengthening coverage across Odeska, Khersonska and Mykolaivska.

Partners in Action

In July, Infinita Dignitas mobile units provided home-based medical care to 1,835 people with disabilities in Kharkivska and Sumska oblasts.
© Infinita Dignitas



o sustain the delivery of essential health services during power disruptions, CARE supported 17 health facilities in Kharkivska, Zaporizka and Dnipropetrovska oblasts with 50 portable power stations, benefiting some 61,000 people.© CARE Ukraine

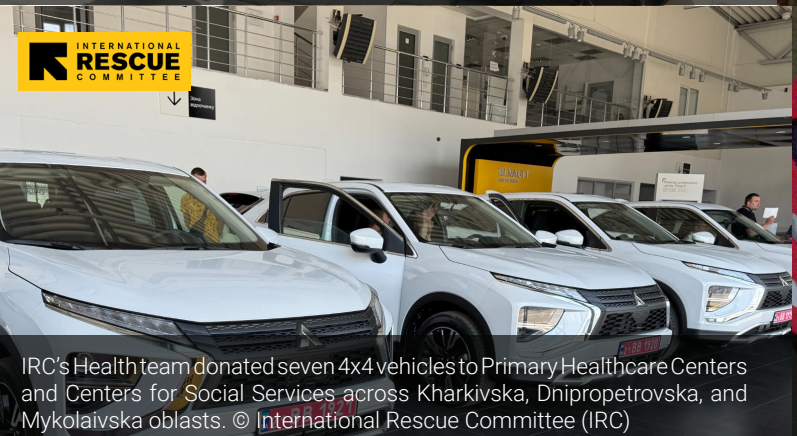
In July, a newly deployed STEP IN mobile medical unit reached communities close to the front line in Kharkivska oblast, delivering 359 medical and 100 mental health consultations. © STEP IN

CADUS MedEvac teams operating from Dnipro conducted 28 patient transfers across 7,025 km, including long-distance MedEvacs to Kyiv and Lviv. More than one in three patients required high-acuity ICU support. © CADUS

NICCO provided medical beds to a health facility in Izmail, Odeska oblast, strengthening the quality of essential health services.© Nippon International Cooperation for Community Development (NICCO)

In July 2026, FRIDA mobile teams operated across 5 oblasts, providing 4,887 consultations (3,964 medical and 923 psychological) and supplying 2,732 people with medications; 2,975 laboratory tests and 4,201 diagnostic examinations.© FRIDA

In July, Good Neighbors Japan and The Tenth of April, with support from Japan Platform, provided 387 sessions of assistance — case management for 8 individuals and psychosocial support for 247 people© Good Neighbors Japan



IRC's Health team donated seven 4x4 vehicles to Primary Healthcare Centers and Centers for Social Services across Kharkivska, Dnipropetrovska, and Mykolaivska oblasts. © International Rescue Committee (IRC)

SAMS, in partnership with WHO, trained 37 staff of the Dnipro Oblast Clinical Oncological Dispensary in hospital-based mass casualty management (MCM), with a focus on practical simulation of possible scenarios. ©SAMS

In July, Your City provided medicines to 1,563 people, medical care to 433 people and psychological support to 248 people. © Your City Odesa

During July, International Medical Corps supported more than 45,000 outpatient consultations, including 1,732 consultations delivered through 9 Mobile Medical Teams, 73 health facilities, 6 EMS across eight oblasts. © International Medical Corps (IMC)

IVY Japan continued implementing a joint project with STEP-IN, funded by the Japan Platform, providing integrated medical and mental health care to approx. 300 vulnerable patients via a MMU.© IVY Japan

During July, Medair issued 426 medicine vouchers to vulnerable households from the Velyka Pysarivka communities who had been displaced to Okhtyrka. © Medair

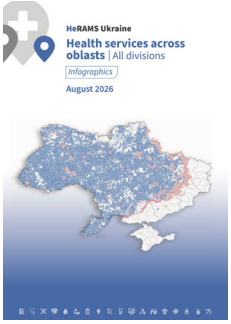
In July, CAMZ donated nearly 75 tons of medical shipments (hospital furniture, medications, medical equipment, consumables, power stations...) to support more than 90 hospitals in various regions of Ukraine © CAMZ

In July, Artesans-ResQ completed 42 requests for critical care transfers, including 13 pediatric and neonatal cases and 7 burn patients. ARQ teams covered 31,423 km and trained 20 EMS professionals.© Artesans Resq

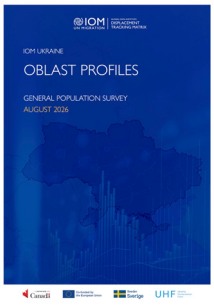
"GER3 replaced the heating system at the Diagnostic Centre of a hospital in Khersonska oblast, benefiting some 11,511 people. © Global Emergency Relief, Recovery and Reconstruction (GER3

Recent Assessments

WHO HeRAMS
WASH in Health Facilities

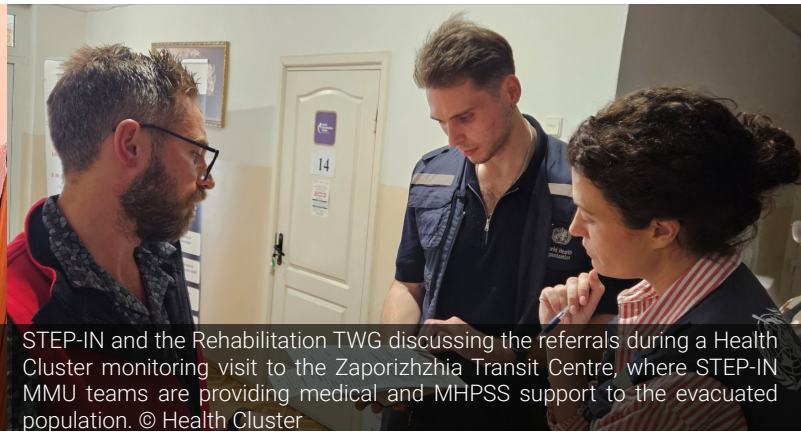


WHO HeRAMS
Health services Infographics



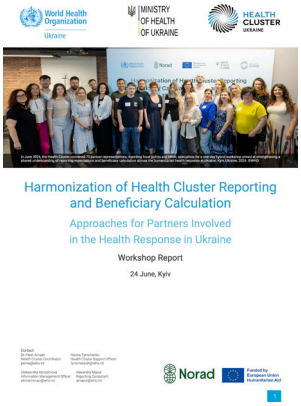
IOM
General population survey - Oblast

A Health Cluster monitoring visit to UK-MED's mobile medical unit serving displaced people at a collective centre in Kharkivska oblast. The unit also delivers cash and voucher assistance (CVA) for laboratory services.



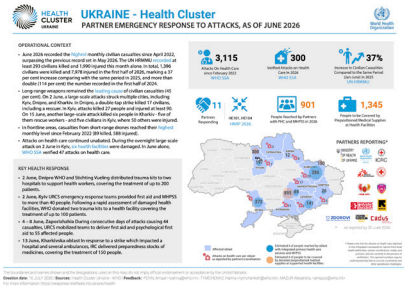
STEP-IN and the Rehabilitation TWG discussing the referrals during a Health Cluster monitoring visit to the Zaporizhzhia Transit Centre, where STEP-IN MMU teams are providing medical and MHPSS support to the evacuated population. © Health Cluster

Latest Health Clusters Publications



Harmonization of Health Reporting Health Cluster Workshop Report

Impapct and Trends of Attacks on Warehouses with Health Supplies



Response to Attacks, June 2026

Response to Evacuations, June 2026

Health Cluster Contacts & Resources

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Key Resources