HEALTH CLUSTER BULLETIN #6
June 2026

HEALTH CLUSTER UKRAINE

As part of health preparedness measures for the upcoming winter season, health partner International Medical Corps donated supplies, medicines, and equipment, including bedding sets and winter blankets to health facilities in June. © International Medical Corps

4.47M In Need

1.47M (1.27M)* Targeted

$90M (82M)* Required

154 Health Partners

**This figure represents the prioritized 2026 HNRP*

HEALTH RESPONSE

639K People reached

1,365 Health facilities supported

119 Partners reporting

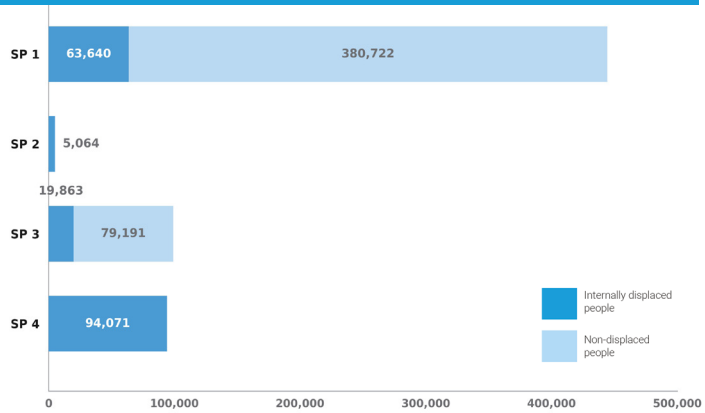
85 Matched HRPR requests

3,115 verified attacks on health care WHO SSA

HIGHLIGHTS

- June 2026 recorded the highest number of civilian casualties in Ukraine since April 2022, surpassing the previous peak set in May 2026. The UN HRMMU verified at least 293 civilians killed and 1,990 injured this month alone. In the first half of 2026, 1,396 were killed and 7,987 injured, a 37 percent increase compared to the same period last year.
- Long-range weapons remained the leading cause of civilian casualties, with large-scale attacks striking densely populated cities. On 2 June, strikes hit Kyiv, Dnipro, and Kharkiv; in Kyiv alone, attacks killed 27 people and injured at least 90. On 15 June, a large-scale attack further killed six people in Kharkiv, five of them rescue workers. Over the first six months of 2026, health partners, in support of national authorities, reached more than 900 people via their post-strike response and prepositioned medicines and consumables to health facilities to cover the treatment of 1,345 people.
- Attacks on civilians near the frontline reached their highest level of the full-scale war in June 2026, according to HRMMU. Short-range drones alone killed 89 people and injured 588, the worst month since February 2022. Amid daily attacks and disrupted access to essential services such as water and gas, evacuations from frontline areas rose significantly. In June, more than 15,000 people were registered at transit centers where health partners operate. In response, partners delivered 3,712 health consultations.
- Humanitarian access has become increasingly constrained for health partners. At least six health partners reported reduced or lost access in Donetska, Dnipropetrovska, Kharkivska, Sumska, and Zaporizka oblasts owing to deteriorating security conditions, leaving gaps where vulnerable people still require medical services. The Health Cluster is supporting the roll-out of alternative modalities, including temporary relocation and remote service delivery where feasible.
- On 24 June, the Health Cluster convened a workshop on reporting and beneficiary calculation to strengthen partners' capacity to collect, calculate, and report data in line with HNRP 2026 priorities and Health Cluster reporting standards, promoting coherent and credible reporting while enhancing the coordination and visibility of health interventions in Ukraine.

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

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 Health Cluster brought together 70 health partner reporting and MEAL specialists for a workshop on harmonizing Health Cluster reporting, beneficiary calculation and data quality to build a shared approach to coherent, credible reporting of the collective health response. © WHO

Health Cluster in Action

Winter Response Plan (October 2026 – March 2027)

As part of the Humanitarian Needs and Response Plan 2026, the humanitarian community launched the 2026-2027 Winter Response Plan to deliver multisectoral winter assistance to more than 2.1 million people, including nearly 430,000 displaced people and 1.7 million non-displaced people, through 17 activities between October 2026 and March 2027, requiring US$ 358.4 million in funding.

Building on lessons learned from previous winter responses and updated need analysis, the Plan adopts a more differentiated approach: maintaining support in front-line and hard-to-reach and rural areas while seeking opportunities to address the humanitarian consequences of prolonged energy and service disruptions in urban centers, so that the most vulnerable can maintain safe, warm and dignified living conditions throughout the season. This approach also takes into account the limited emergency preparedness of Primary Health Care centers, particularly in front-line and remote locations, where—according to local authorities—many facilities remain insufficiently equipped to sustain essential services or respond to winter-related emergencies and service disruptions. Health-specific activities are defined as follows:

- Under **Strategic Priority 1**, health partners will ensure continuity of care including the treatment of acute respiratory infections (ARIs) and other cold-related conditions — through lifesaving winter health services, the delivery of medical and laboratory supplies, strengthened intensive care capacity and facility operations, and risk communication and community engagement.
- Under **Strategic Priority 3**, health partners will deploy medical teams, supplies and equipment to affected facilities, while addressing critical energy gaps and supporting the functionality of primary health-care and emergency units in hotspots and priority areas receiving patients with winter-related ailments.

Workshop: Harmonization of Health Cluster Reporting, Kyiv

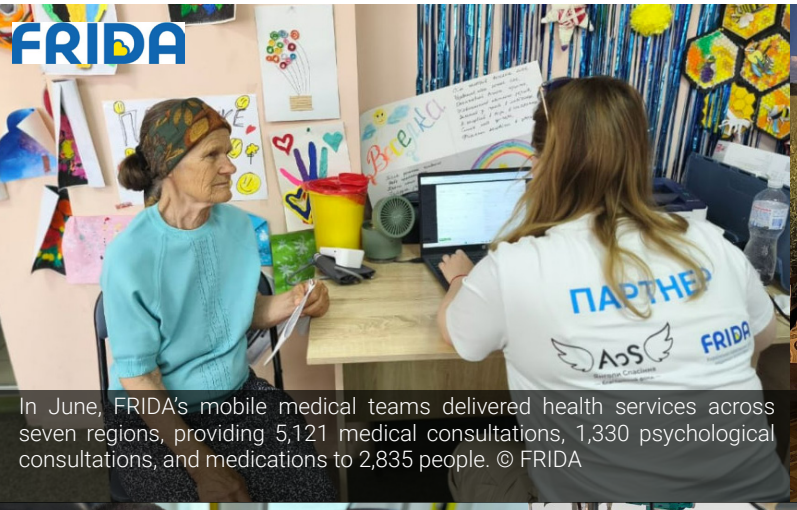
On 24 June, the Health Cluster brought together 70 participants, 25 attending in person and 45 online, for a workshop aimed at building a shared understanding of HNRP health-specific reporting expectations, logic, and approaches to beneficiary calculation. Over the years, differences in how partners collect data, count beneficiaries, and calculate results have accumulated, and reporting in Ukraine remains complex. As the response matures, there is a growing need to ensure that coordination efforts and funding received are accurately reflected in the number of people reached by health services.

The workshop responded directly to challenges partners had flagged to the Cluster. Its goal was not to impose uniformity, but to establish enough common ground for the collective health response to be reported coherently and credibly, demonstrating impact to the humanitarian community, donors, and the people the response aims to reach and serve, in line with the priorities set in the 2026 HNRP.

Updates from Oblast Health Coordination

NORTH	• Kyiv: After a 2 June strike, URCS teams provided first aid and MHPSS to 40+ people; WHO donated two trauma kits (up to 100 patients) to a damaged hospital. • Sumy: The Health Cluster participated in the 5 June ABC preparedness planning: updated scenarios for possible escalation and large-scale evacuation from Sumy city. The validation of partner capacity and coverage is ongoing.
KHARKIV	• After 13 June strikes, IRC donated prepositioned medicines to hospitals, for the treatment covering 150 patients. • Transit centres: At one transit centre, six partners provided 826 health and MHPSS consultations to evacuees out of 2,680 people registered (+34 per cent). A second transit center received 6,191 people (+10 per cent), where seven partners provided 1,068 consultations.
DNIPRO	• In response to strikes, 5 partners supported via ambulance referrals, psychosocial support, on-site first aid, and hospital resupply. • Evacuees peaked at 380 on 24 June at one of the Tranist Centers. Across 4 transit centres: 1,227 PHC and 457 MHPSS consultations. Planned: assistive-tech distribution (UHF/HI), the introduction of daily KoBo reporting tool for consultations at Transit Centesr, and an MMU coordination meeting. • Joint scenario planning with WASH/Shelter/Protection Clusters and OCHA for Donetska oblast, including water-supply disruption risks.
SOUTH	• 4–17 June: attacks on health care intensified — a facility and ambulance in Khersonska, a Red Cross vehicle, and a facility in Chornomorsk. • Mykolaivska: The Health Cluster supported covering frontline PHC gaps after partner transitions (most locations now covered through September); FPV attacks still limit access. • Khersonska: evacuation points and transit centres remain operational; The Health Cluster maintains readiness on referral pathways and PHC/MHPSS access.. • Participated on 5 June ABC meeting in Kherson; INSO briefed on safety/security, ABA Consortium shared results and forward plans.

Partners in Action



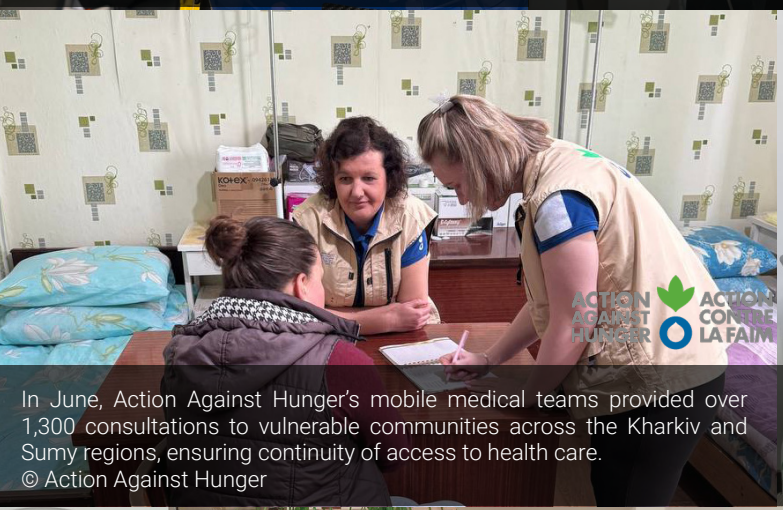
In June, FRIDA's mobile medical teams delivered health services across seven regions, providing 5,121 medical consultations, 1,330 psychological consultations, and medications to 2,835 people. © FRIDA

In June, STEP IN launched a new project supporting transit centres in Zaporizhzhia and Voloske, providing medical and psychological assistance to displaced populations. © STEP-IN

In June, Artesans-ResQ completed 27 critical care transfers, including 10 pediatric and neonatal patients, all requiring ICU 2–3 support (100%). During the month, ARQ also trained 41 EMS professionals across two training sessions.© Artesans-ResQ

In June, Nova Ukraine donated a fluid and blood warmer to a stabilization point, supporting safe warming of blood and fluids during major surgeries and helping prevent hypothermia.
© NOVA UKRAINE

In June, CAMZ donated medications and medical equipment to seven healthcare facilities across four regions of Ukraine under the "Improving the Protection of Children in Emergencies in Ukraine" project.© Medical Aid Committee in Zakarpattya



In June, Action Against Hunger's mobile medical teams provided over 1,300 consultations to vulnerable communities across the Kharkiv and Sumy regions, ensuring continuity of access to health care.
© Action Against Hunger

In June 2026, with Japan Platform funding, Good Neighbors Japan and The Tenth of April psychosocial support to 161 people, including 101 children. © Good Neighbors Japan

In June 2026, MdM Germany conducted MHPSS activities across 6 locations in Vinnytsia region. © MDM Germany

NICCO plans to make another four cross-border medical supply deliveries in September 2026 from Romania to a health facility in Izmail, Odesa oblast. © Nippon International Cooperation for Community Development

In June, Première Urgence Internationale's Mobile Medical Units provided health care services to 1,217 people, including 1,001 reached at transit centres in Dnipropetrovska, Donetska, and Kharkivska oblasts. © PUI

Through a new tripartite agreement, IRC enhanced frontline service delivery by providing equipment, transport, and targeted training for social and health workers in Trostyanets community in Sumska oblast.
© International Rescue Committee

Cadus MedEvac teams operating from Dnipro conducted 50 patient transfers across 7,527 km, including long-distance MedEvacs to Kyiv and Lviv. More than one in three patients required high-acuity ICU support. © Cadus e.V.

Your City provided life-saving medicines to 1,165 people, medical care to 461 people, and psychosocial support to 233 people, and delivered two patient monitors to a hospital in Odesa. © Your City International Charity Fund

SAMS provided provider training to 15 clinical psychologists from hospitals in the Zaporizka, Kharkivska, and Dnipropetrovska oblasts, enhancing their professional skills in mental health and psychological support.
© Syrian American Medical Society (SAMS)

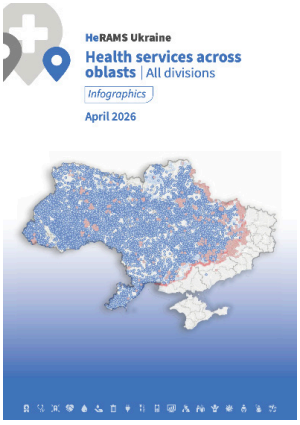
UK-MED, with support from the UHF, delivered medicines to frontline hospitals in Kharkiv and Zaporizhzhia regions. Its Mobile Medical Units conducted 1,357 consultations, while training teams held 40 sessions for over 500 people.
© UK MED

In June 2026, MdM France conducted a training on trauma-informed care and motivational interviewing for 12 healthcare workers from the Khersonska and Mykolaivska oblasts. © MDM France

In June 2026, IVY Japan, in partnership with STEP-IN, continued implementing a joint project funded by the Japan Platform, providing integrated medical and mental health care to 318 vulnerable patients through a Mobile Medical Unit. © IVY Japan

Recent Assessments

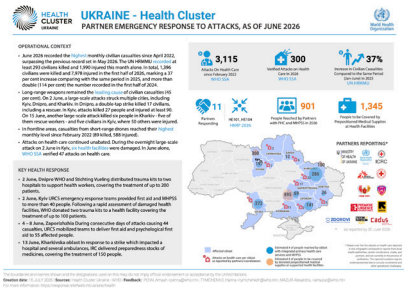
WHO HeRAMS
WASH in Health Facilities



WHO HeRAMS
Health services across oblasts

IOM
Internal Displacement Report — General Population Survey Round 24

Latest Health Clusters Publications



Response to Attacks, June 2026

Response to Evacuations, June 2026

Health Cluster Contacts & Resources

Key Contacts

Dr. Penn AMAAH
Health Cluster Coordinator

Hanna TYMCHENKO
Health Cluster Support Officer

Alexandra MAZUR
Health Cluster Reporting
amazur@who.int

Key Resources