HEALTH CLUSTER BULLETIN #5
MAY 2026

HEALTH CLUSTER UKRAINE

As part of its efforts to enhance localization, the Health Cluster convened a two-day workshop in May. The workshop aimed to strengthen the capacities of local actors and enable them to engage further in the response by identifying and seizing available opportunities. © WHO

4.47M In Need

1.47M (1.27M)* Targeted

$90M (82M)* Required

171 HRPR requests

**This figure represents the prioritized 2026 HNRP*

HEALTH SECTOR

582K People reached

1,317 Health facilities supported

117 Partners reporting

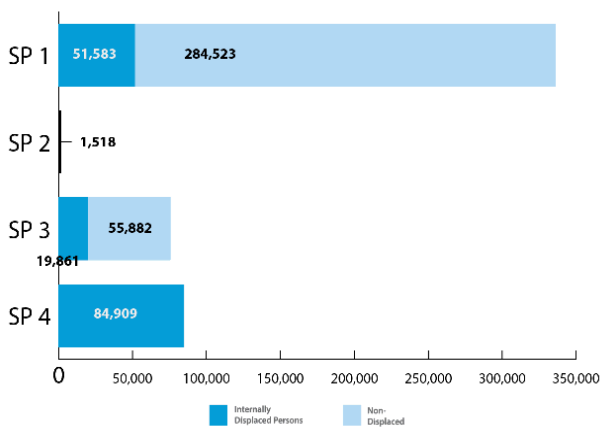
85 Matched HRPR requests

3,063 verified attacks on health care WHO SSA

HIGHLIGHTS

- May recorded the highest number in civilian casualties since April 2022, with UN HRMMU verifying 274 civilians killed and 1,763 injured across more than 3,400 air and drone strike events recorded by ACLED. This included the largest single aerial attack by drones recorded to date: more than 1,500 drones and 56 missiles targeting Kyiv, killing 24 people and injured at least 57. Health Cluster partners continued to support the national emergency response through first aid, MHPSS, patient transfer, and medicines prepositioning. As of 31 May, health partners reached 754 people and donated medicines to treat 895 patients.
- Around 19,500 people were newly displaced in May, according to the IOM DTM Frontline Flow Monitoring Assessment. Sustained shelling, hostilities, and drone attacks continued to force civilians from their homes, with Kramatorsk and Slovyansk accounting for the largest share of displacement. At Transit centers where health partners operate, 10,730 people were registered in May. During the month, 16 health partners provided 3,712 health services, including 3,061 consultations in primary health care services and 651 in MHPSS.
- The Health Cluster held a two-day Localization Strengthening Workshop in Dnipro, bringing together 34 local representatives from 24 national NGOs and two donor representatives. The sessions covered quality proposal development, compliance, risk reduction, mobile team licensing, OTC kits, and PSEA, culminating in partners preparing and presenting their proposals before a jury.
- The Health Cluster joined WHO Governance on a joint field visit to Zaporizhzhia, Kharkiv, and Dnipro to review coordination, map partner investments, and align HNRP funding priorities with DoH and NHSU needs for expanded frontline service delivery.

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 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 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.

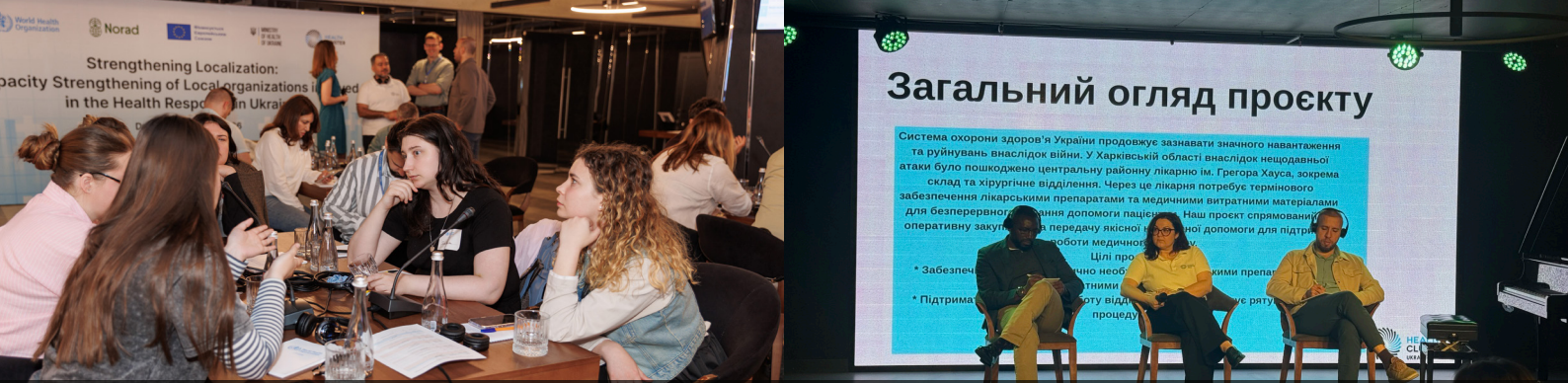
Sexual and Reproductive Health Needs

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.



Local partners presented co-designed project proposals to a review jury of UN OCHA, the Health Cluster, and a donor during the May workshop, receiving feedback and recommendations on-the-spot to strengthen their proposals. © WHO

Health Cluster in Action

Strengthening Localization – Workshop for local actors in Dnipro

On 13-14 May, the Health Cluster brought together 34 representatives from 24 local NGOs and a donor (UHF) to strengthen local actors' capacity and reduce barriers to funding access. In line with the Humanitarian Reset Agenda and the Humanitarian Coordination Team (HCT) commitments to advance localization, partners received tools covering quality project proposal, compliance, risk reduction, mobile team licensing, OTC kits, and PSEA. By the end of the training workshop, partners had drafted and presented their own proposals before a jury; the resulting feedback and discussions were compiled and formulated into recommendations captured in the workshop report.

Joint WHO Governance and Coordination Field Visit: Zaporizhzhia, Dnipro, and Kharkiv

Between 18-21 May, the Health Cluster joined WHO Governance on a joint field visit to Zaporizhzhia, Dnipro, and Kharkiv, meeting the Departments of Health (DoH) and the National Health Service of Ukraine (NHSU) to review coordination at the oblast level, map partner investments, and identify ways to better support key stakeholders. Discussions focused on aligning HNRP funding and partner priorities with DoH needs to expand PHC and emergency service delivery in frontline oblasts. Key lessons learned and priorities going forward:

- Strengthen oblast-level coordination between NHSU and DoHs in priority frontline locations.
- Improve alignment of HNRP funding and partner priorities with DoH needs to expand PHC and emergency service delivery in frontline oblasts.
- Reinforce partner engagement with DoHs/NHSU across the full project cycle — including timely project announcements, regular implementation updates, and reporting against key milestones — to reduce duplication and better track results.
- Strengthen links between preparedness and early recovery, including feeding partner inputs into DoH facility-enablement matrices to support facilities in meeting minimum standards for service purchasing, and identifying practical opportunities to improve quality of care within the response.

Additional US Funding ($1.8 billion to OCHA)

On 14 May, the Emergency Relief Coordinator announced USD1.8 billion in new US humanitarian funding to enable the UN and its partners to expand emergency relief operations. The Health Cluster is closely monitoring the potential implications on operations in Ukraine. Partners will be informed as further guidance from HCT/OCHA becomes available at country level.

Updates from Oblast Health Coordination

NORTH

- Continued attacks across Chernihivska, Sumska, and Kyivska oblasts resulted in civilian casualties, including children, with repeated strikes on populated areas and critical infrastructure. At least nine health facilities were damaged during the reporting period.
- Contingency planning for Sumska Oblast will be updated under the leadership of OCHA and in close coordination with ABC and relevant partners, including preparedness and response scenarios related to potential water supply disruptions and energy outages during the summer period, as well as strengthened evacuation measures in case of further deterioration of the security situation.

KHARKIV

- Frontline Response: 18 partners are providing support via mobile medical units; 2 inter-agency convoys delivered OTC kits to front-line two communities.
- 126 people were injured and four people killed in May. Three health facilities were damaged during the month.
- Evacuations: At the Lozova Transit Center, eight partners provided 638 primary health care and MHPSS consultations to evacuees out of 5,717 people registered. At the Kharkiv Transit Center, 1,994 people received support, with seven partners provided 325 consultations.
- Preparedness planning is underway for summer risks, including water supply shortage scenarios.

DNIPRO

- The Health Cluster participated in the WHO-UK-MED MCM training in Zaporizhzhia city. Medical staff from four city hospitals completed a 2-day training delivered by WHO and UK-MED trauma trainers, drawing on local experience.
- Partners were briefed on the upcoming Health-WASH summer preparedness and response plan, including key activities, challenges, and the way forward.

SOUTH

- The Health Cluster is coordinating the handover in Mykolaivska oblast, following the termination of two partner projects. Only two PHC doctors currently serve the entire hromada in question.
- Joint work with the WASH Cluster on water and sewerage infrastructure preparedness in Odeska oblast is ongoing.

Partners in Action

CADUS MedEvac teams operating from Dnipro conducted 40 patient transfers covering 6,158 km, including long-distance MedEvacs to Kyiv and Lviv. More than one in three patients required high-acuity ICU support.© Cadus e.V.

In May, 1,187 people received integrated medical and mental healthcare via MMUs in two eastern oblasts through two joint projects implemented by IVY Japan and STEP-IN, funded by the Japan Platform.
© IVY Japan

In May, SAMS provided 25 health care workers from a hospital in Kharkiv with Mass Casualty Training. © Syrian American Medical Society

In May, HI mobile physiotherapists provided 365 rehabilitation sessions to 125 people and distributed 79 mobility assistive devices across the Dnipropetrovsk, Zaporizhzhia, Mykolaiv, Kherson, and Kharkiv regions.© Humanity&Inclusion

CAMZ donated six power stations, over 10.6 tons of medicines and consumables, and fully equipped ambulances to health care facilities across Ukraine. © Medical Aid Committee in Zakarpattya (CAMZ)

In May, IMC distributed stationery supplies and medicines to 32 health care facilities across six oblasts, while lauching ambulance repairs in four oblasts. © International Medical Corps

NICCO Romanian office staff received a certificate of appreciation from Izmail city council for its medical equipment provision activities to a medical facility in Izmail, Odeska oblast. © NICCO

In the past months, Medair rehabilitated four health facilities in Sumska oblast. © Medair

In partnership with WHO, UK-MED conducted MCM trainings, attended by 90 doctors from Kharkiv, Odesa, and Sumy. Vital services are being delivered to residents of Kharkiv and Zaporizhzhia regions. © UK-MED

In May, Project HOPE continued to expand access to essential health care services across frontline oblasts of Ukraine. Operating 49 mobile medical units, teams delivered 68,177 medical consultations to 22,423 people. © Project HOPE

In May, NOVA Ukraine donated 120 medical equipment units and nearly 38,000 medical supplies to 36 medical facilities across Ukraine. © NOVA Ukraine

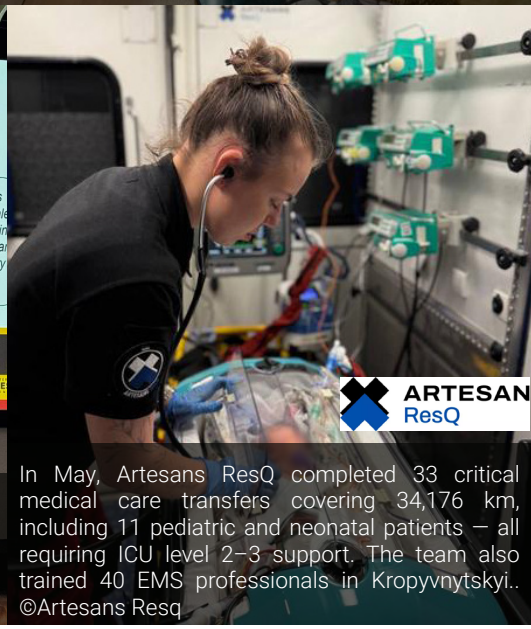
In May, FRIDA provided 5,674 medical and 1,204 psychological consultations and delivered medications to 3,095 people through its mobile medical teams operating in seven regions. © FRIDA

PUI continued to provide Basic Life Support and Bleeding Control trainings for primary health care staff from frontline areas. © Premiere Urgence International

MdM Greece completed the data collection phase of its Community Appraisal in Sumy, Kharkiv, Chernivtsi and Khmelnytskyi oblasts, engaging 156 participants through 21 focus group discussions (FGDs) and 29 key informant interviews (KIIs). © Médecins du Monde Greece

In May 2026, 357 people, including 223 children, received psychosocial support from Good Neighbors Japan and The Tenth of April, funded by the Japan Platform. ©Good Neighbors Japan

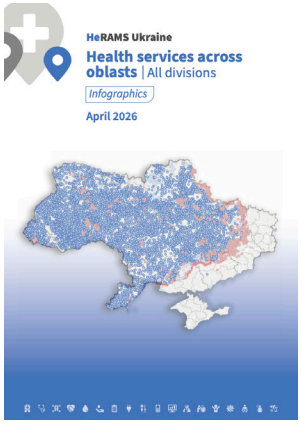
IRC presented findings on health care workforce mental health in wartime Ukraine and supported NHSU representatives' engagement with European healthcare and academic partners at the 68th EQuiP Conference in Cracow (Poland). © IRC



In May, Artesans ResQ completed 33 critical medical care transfers covering 34,176 km, including 11 pediatric and neonatal patients — all requiring ICU level 2–3 support. The team also trained 40 EMS professionals in Kropyvnytskyi.. ©Artesans Resq

Recent Assessments

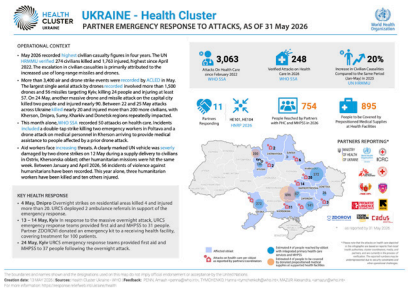
WHO HeRAMS
WASH in Health Facilities



WHO HeRAMS
Health services across oblasts

REACH
MSNA: Key Findings from Prioritised Frontline Oblasts, March 2026

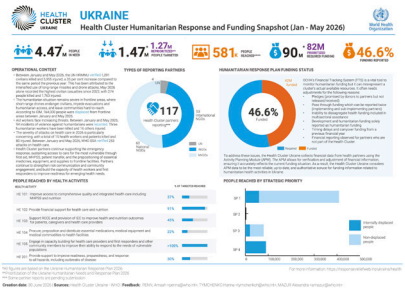
Latest Health Clusters Publications



Response to Attacks, May 2026

Response to Evacuations, May 2026

Workshop Report: Strenghthening Localization



Health Funding Snapshot, Jan - May 2026

Health Cluster Contacts & Resources

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Key Resources