



INTERIM TECHNICAL REPORT

Support WHO's actions in favour of hospital units and health programmes in Odesa, Ukraine

Geographical focus: Odesa Oblast, Ukraine

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Interim Technical and Impact Report

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Implementing entity	WHO Country Office Ukraine, Health Emergencies Programme (WHE)
Main partners	Ministry of Health of Ukraine; Department of Health, Odesa Oblast Military Administration; Odesa Oblast Council.
Reporting period	April 2026 – August 2026 ¹
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Odesa Clinical Hospital supported by the project.

¹ While the reporting period covers from April to August, due references are made to the attacks against WHO warehouse in Odesa that took place in September 2026, as relevant for the operational framework of this intervention.

TABLE OF CONSENTS

LIST OF ACRONYMS	3
I. EXECUTIVE SUMMARY	4
II. RESULTS AT A GLANCE	5
III. CONTEXT AND HEALTH NEEDS IN ODESA OBLAST	6
IV. SELECTION OF HEALTH FACILITIES	8
V. EQUIPMENT AND EXPECTED BENEFITS	10
VI. IMPLEMENTATION PROGRESS	13
VII. CHALLENGES AND RISK MANAGEMENT	14
VIII. COMPLEMENTARITY	15
IX. VISIBILITY	17
X. FINANCIAL IMPLEMENTATION	17
XI. CONCLUSION	18

List of acronyms

ATLS	Advanced Trauma Life Support
BEC	Basic Emergency Care
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
EMS	Emergency Medical Services
HERP	Hospital Emergency Response Plan
ICU	Intensive Care Unit
MEDEVAC	Medical Evacuation
MoH	Ministry of Health of Ukraine
UNFPA	United Nations Population Fund
WHE	WHO Health Emergencies Programme
WHO	World Health Organization

I. Executive summary



WHO supplies and equipment at WHO warehouse in Kyiv.

Following the Government of Greece's contribution of EUR 1 million to support hospital units and health programmes in **Odesa Oblast**, WHO has worked with national and regional health authorities to identify priority investments that address critical health service gaps in the region.

The contribution supports two health facilities that play complementary roles within the regional referral system.

1. The **Odesa Clinical Hospital of the Southern Region in Odesa City**, a tertiary referral facility serving southern Ukraine, was selected to strengthen critical care and emergency surgical capacity by providing intensive care and anesthesia equipment. This facility has received the most complex trauma, surgical, and intensive care cases from across the oblast and from the frontline oblasts to the east.
2. The **Central District Hospital of the Safianivka Rural Council** in Izmail District was selected to restore and strengthen essential diagnostic services for the population of the Danube sub-region through the provision of ultrasound and laboratory diagnostic equipment.

The selected interventions respond to **conflict-related pressures on the health system**, including **increased demand for trauma and emergency care**, continued attacks affecting health infrastructure, and the need to maintain access to essential diagnostic and critical care services. The equipment has been procured in close coordination with the Ministry of Health of Ukraine and Odesa regional authorities to ensure alignment with national priorities and facility needs.

During the reporting period, WHO completed needs assessments, finalized technical specifications, conducted procurement processes, and initiated purchase orders for all major equipment packages. While some items have already been delivered, for most items procurement is currently in progress, with delivery, installation and commissioning scheduled during the next implementation phase.

Once deployed, the equipment will strengthen the capacity of the two facilities to provide timely diagnosis and life-saving treatment for patients requiring emergency, critical and specialized care. The investment is expected to improve service continuity, enhance preparedness for mass casualty incidents, and contribute to more resilient health services in Odesa Oblast.

WHO remains committed to ensuring timely delivery, installation, training and operationalization of the procured equipment and expresses its appreciation to the Government of Greece for its continued support to Ukraine's health sector.



WHO warehouse in Odesa hit by airstrikes.

On 22 September 2026, a WHO warehouse in Chornomorsk, Odesa Oblast, was damaged during overnight attacks, primarily affecting its temperature-controlled storage area. Items procured under the contribution of the Government of Greece were not affected, and WHO is currently assessing the extent of the damage. While WHO continues to adopt preventive measures to safeguard the implementation of projects (see Section VII) and continues to monitor attacks against healthcare in Ukraine, the incident also reinforces the importance of maintaining resilient health services and adaptable supply arrangements in Odesa. In this context, WHO and Greece partnership in Odesa is proving critical in ensuring continuity of essential health services during escalation of conflict-related risks.

II. Results at a glance

Programme Overview

Health facilities supported	Procurement status	Delivery	Expected beneficiaries	Financial implementation
Two ²	Completed	Ongoing	76,756 ³	55,4%

² Odesa Clinical Hospital of the Southern Region and Central District Hospital of the Safianivka Rural Council.

³ 39,564 at Odesa Clinical Hospital of the Southern Region and 37,192 at Central District Hospital of the Safianivka Rural Council.

WHO procured two complementary equipment packages addressing critical gaps at both tertiary and district levels of care in Odesa Oblast. The package for Odesa Clinical Hospital focuses on intensive care and anaesthesia capacity, while the package for Safianivka Hospital restores and strengthens diagnostic and emergency care services. Procurement processes have advanced significantly, with purchase orders issued and suppliers selected for all major equipment categories. Deliveries, installation and commissioning are expected during the implementation period.

III. Context and Health Needs in Odesa Oblast

Odesa Oblast remains an important hub for health service delivery in southern Ukraine. In addition to serving its resident population, health facilities across the oblast continue to provide care to internally displaced people and patients referred from neighbouring regions affected by the ongoing conflict. According to IOM data (July 2026), Odesa Oblast currently hosts approximately 207,000 IDPs, including around 18,000 in Izmail Raion and nearly 150,000 in Odesa Raion⁴. At the same time, repeated attacks on civilian infrastructure have continued to place pressure on the health system, affecting service delivery, disrupting infrastructure and increasing demand for emergency and trauma care. According to HerAMS, at least 18 health-care facilities in Odesa Oblast have been affected: 17 were partially damaged and 1 was fully damaged. Of these facilities, 10 remain partially functional, 6 are non-functional, and 1 is inaccessible⁵. In Odesa Oblast, availability of essential health services varies considerably by service domain, ranging from 49% for child health and nutrition and 46% for communicable diseases to 31% for general clinical and trauma care, 29% for sexual and reproductive health, and 21% for NCD and mental health services. There is also a substantial burden on emergency medical services in Odesa Oblast: in 2026 alone, 266 emergency events were reported through the acute events notification system of the Centre for Disaster Medicine, affecting more than 450 people, with the majority of casualties requiring hospitalization.

Odesa Oblast also continues to serve as an important **referral hub** for patients transferred from southern regions of Ukraine, including Kherson and Mykolaiv oblasts. Health facilities in Odesa receive patients requiring specialised trauma, surgical and critical care services, including individuals affected by conflict-related injuries. Timely access to diagnostics, intensive care, ventilation support and emergency surgical services is essential for improving patient outcomes and reducing the risk of complications and long-term disability. Strengthening critical care capacity in Odesa therefore remains an important component of the regional health response.

Health facilities in Odesa Oblast must maintain readiness to respond to both routine health needs and sudden increases in demand associated with conflict-related incidents. This requires functioning referral systems, adequate diagnostic capacity and sufficient critical care resources to manage severely ill and injured patients. These considerations informed the selection of health facilities and equipment supported through the contribution of the Government of Greece.

⁴ <https://dtm.iom.int/ukraine>

⁵ <https://reliefweb.int/report/ukraine/herams-ukraine-health-services-across-oblasts-august-2026-all-divisional-enuk>

Security Situation

Between March and August 2026, Odesa Oblast experienced 207 recorded security-related incidents. Attacks include air strikes, shelling, drone strikes and other explosives.

The continued intensity of attacks has increased pressure on health service delivery and emergency preparedness. Damage or disruption to civilian infrastructure and transport routes may delay patient referrals, impede the movement of medical supplies and increase demand for emergency, trauma, surgical and critical care services.

Critical Care Needs

The ongoing conflict has increased demand for emergency, surgical and intensive care services across Ukraine, including in Odesa Oblast. Referral hospitals play a key role in managing patients requiring advanced clinical interventions, prolonged hospitalization and intensive monitoring.

Assessments conducted by WHO and health authorities identified gaps in **critical care and anaesthesia equipment** that may limit the ability of health facilities to manage increased caseloads during periods of heightened demand. Addressing these gaps is essential to support continuity of services, maintain quality of care and strengthen preparedness for emergencies and mass casualty incidents.

Diagnostic Service Needs

Timely diagnosis remains essential for effective patient management, particularly in emergency settings and geographically dispersed areas of Odesa Oblast. District-level facilities require adequate **diagnostic equipment** to support clinical decision-making, facilitate appropriate treatment and reduce unnecessary referrals to higher levels of care.

The need for diagnostic support became particularly acute following damage sustained by the Central District Hospital of the Safianivka Rural Council in April 2026, which affected key diagnostic services. Restoring diagnostic capacity at the facility was identified as a priority by local health authorities and WHO to ensure continued access to essential health services for communities in the Danube sub-region.

Rationale for WHO Support

In coordination with the Ministry of Health of Ukraine and regional health authorities, WHO prioritized investments that address critical service delivery gaps while strengthening different levels of the health system. The selected interventions focus on two complementary areas:

- strengthening critical care and anaesthesia capacity at the regional referral level; and
- restoring and improving diagnostic capacity at district level.

Together, these investments aim to improve access to timely diagnosis and life-saving care, strengthen referral pathways and enhance the resilience of health services in Odesa Oblast.

IV. Selection of Health Facilities

WHO selected the beneficiary facilities **in consultation with the Ministry of Health of Ukraine and the Odesa Oblast Department of Health**. Selection was based on the facility's role within the regional referral system, the population served, documented equipment needs, readiness to utilise the equipment, and alignment with national health priorities. Consideration was also given to complementarity with support provided through other partners to avoid duplication and maximise the impact of the contribution.

Selection criteria

Position in the referral pathway	Population served	Documented and binding
Equipment gap	Absorptive capacity	Government endorsement

The two facilities were selected based on their **strategic importance** within the Odesa health system and their ability to address critical service delivery gaps. The selection process considered each facility's role within the regional referral pathway, the population served, verified equipment needs, operational readiness to utilize and maintain the equipment, and alignment with national and regional health priorities. Consideration was also given to complementarity with support provided through other partners to avoid duplication and ensure that the investment addressed unmet needs. The Odesa Clinical Hospital of the Southern Region serves as a major referral centre for critical care and emergency services, while the Central District Hospital of the Safianivka Rural Council provides essential diagnostic services for communities in the Danube sub-region. Together, the two investments strengthen both district-level and referral-level care, generating benefits across the wider regional health system.

Odesa Clinical Hospital of the Southern Region



WHO Representative meeting medical personnel at Odesa Clinical Hospital after receiving Greek support.

The Odesa Clinical Hospital of the Southern Region was selected due to its role as a **major referral facility providing specialised trauma, surgical and critical care services for Odesa Oblast and neighbouring regions**. The hospital receives patients requiring advanced treatment, including those transferred from conflict-affected areas of southern

Ukraine. Given the ongoing demand for critical care services, strengthening intensive care and anaesthesia capacity was identified as a priority need.

The hospital is currently undergoing institutional reorganisation following the merger of the former Odesa Regional Clinical Medical Centre and the Odesa Regional Centre for Socially Significant Diseases. The combined institution now operates under the name Odesa Clinical Hospital of the Southern Region. The resulting institution serves a broader patient population across multiple clinical specialties, including trauma, burns, tuberculosis, HIV and viral hepatitis. As a result, the equipment provided through the contribution of the Government of Greece will support an expanded range of services and beneficiaries.

The investment also builds on previous WHO-supported resilience measures at the facility. Together, these investments contribute to strengthening the hospital's capacity to maintain essential health services during emergencies.

Central District Hospital of the Safianivka Rural Council

The Central District Hospital of the Safianivka Rural Council was selected because of its important role in providing **primary emergency and diagnostic services for the Danube sub-region of Odesa Oblast**, including Izmail and surrounding communities. The facility serves a predominantly rural population with limited access to higher-level referral services.

In April 2026, the hospital sustained damage that affected key diagnostic capacities, including laboratory and imaging services. The resulting loss of diagnostic equipment reduced the hospital's ability to conduct timely clinical assessments and increased reliance on referrals to other facilities. Support provided through the Greek contribution is intended to restore essential diagnostic functions and strengthen the facility's ability to provide services closer to affected communities.

Integrated Approach

The two facilities were selected to strengthen **different levels of the same referral pathway**. The investment in the Central District Hospital of the Safianivka Rural Council restores essential diagnostic capacity and supports timely clinical decision-making at district level, while the investment in the Odesa Clinical Hospital of the Southern Region strengthens specialised and critical care services at referral level.

Supporting only the referral hospital would strengthen treatment capacity for patients who reach higher levels of care but would not address delays in diagnosis or unnecessary referrals from peripheral areas. Conversely, supporting only the district hospital would improve local diagnostic capacity while leaving referral-level critical care capacity unchanged.

Together, the two interventions strengthen the continuity of care pathway. Improved diagnostic capacity at district level supports earlier clinical decision-making and more appropriate referrals, while strengthened critical care capacity at referral level enhances the ability of the health system to manage severe and complex cases. This integrated approach contributes to more efficient patient management, improved referral processes and greater health system resilience across Odesa Oblast.

V. Equipment and Expected Benefits



Equipment prepositioned at WHO warehouse in Odesa.

Equipment requirements were identified through consultations with the Ministry of Health of Ukraine, Odesa regional health authorities and the beneficiary facilities. WHO technical teams reviewed the requested items against documented clinical needs, operational requirements and long-term sustainability

considerations, including maintenance capacity, availability of consumables and compatibility with existing infrastructure. The selected equipment addresses priority gaps affecting critical care and diagnostic services in Odesa Oblast.

Odesa Clinical Hospital of the Southern Region

The equipment package for the Odesa Clinical Hospital of the Southern Region focuses on strengthening intensive care and anaesthesia capacity at one of the oblast's main referral hospitals. The package includes anaesthesia workstations, intensive care ventilators, patient monitoring equipment, intensive care beds and associated accessories required for the management of critically ill patients.

Item	Qty	Clinical rationale
Anaesthesia workstations with integrated gas and depth-of-anaesthesia monitoring	3	Determines how many major operations can run in parallel during a mass-casualty surge. Integrated monitoring reduces intra-operative complications and permits safe anaesthesia in the longer, more complex trauma and burns surgery that this site now handles.
Intensive care ventilators	6	Ventilator availability is the hard limit on the number of critically injured patients the hospital can hold. Blast injury, thoracic trauma, severe burns and severe pneumonia all converge on this single resource.
Multi-parameter patient monitors	15	Deterioration in the critically ill is detectable minutes, not hours, in advance. Continuous monitoring is what converts an intensive care bed from a place to lie into a place to be treated.
Intensive care beds — adjustable positioning, side rails, brakes, pressure-redistribution mattresses	15	Correct positioning is itself a therapeutic intervention in ventilated patients. Adjustable, brake-equipped beds reduce falls, pressure injury and ventilator-associated pneumonia, and protect staff from handling injury.

Item	Qty	Clinical rationale
General imaging ultrasound system	2	Ultrasound is a first-line, radiation-free tool for rapid bedside assessment of abdominal, pelvic, obstetric, soft-tissue and some thoracic conditions, including internal bleeding, urinary obstruction, gallbladder disease, ectopic pregnancy, fetal viability, abscess, pleural effusion and vascular access guidance. In acute and resource-limited settings, it supports immediate triage and procedural guidance when CT or radiography are unavailable.
Consumables, calibration equipment and initial spare parts	—	Circuits, sensors, calibration devices and documentation. Equipment supplied without consumables is demonstrated once and then stops.



Equipment delivered and installed at Odesa Clinical Hospital.

These items were prioritised because intensive care and anaesthesia capacity represent key components of emergency, surgical and critical care services. Ventilators and anaesthesia systems support the management of patients requiring respiratory support and complex surgical interventions, while patient monitoring equipment enables continuous

observation of critical physiological parameters and early identification of clinical deterioration. Intensive care beds contribute to safer patient management and support the delivery of prolonged critical care.

The expected benefits include:

- strengthened capacity to manage severe trauma, burns and other critical conditions;
- enhanced intensive care and surgical readiness;
- improved monitoring and management of critically ill patients;
- strengthened preparedness for mass casualty incidents and emergency surges; and
- improved continuity of specialised care services within the regional referral system.

Central District Hospital of the Safianivka Rural Council

The equipment package for the Central District Hospital of the Safianivka Rural Council focuses on restoring and strengthening diagnostic services that are essential for timely clinical decision-making. The package includes ultrasound systems, a blood gas and electrolyte analyser, a diagnostic spirometer and associated accessories required to support emergency and routine diagnostics.

Item	Qty	Clinical rationale
Ultrasound systems — one stationary, one portable	2	Directly replaces the two emergency-department units destroyed in the attack. The most versatile diagnostic device available to a district hospital: trauma, abdominal, obstetric, cardiac and vascular assessment. The stationary unit supports scheduled diagnostic work; the portable unit returns imaging to the emergency room and the bedside, and permits outreach to surrounding settlements. Together they answer the questions that currently compel a transfer.
Diagnostic spirometer — full lung function	1	A full diagnostic spirometer, not a screening peak-flow meter. Chronic respiratory disease is a substantial burden in this population, and blast and smoke exposure has added an acute one. Full lung function testing permits diagnosis and staging rather than screening alone, so that treatment can be initiated and monitored locally.
Electrolyte analyser — point of care	1	Replaces destroyed laboratory capability. Electrolyte derangement is common in the critically ill, the dehydrated, the burned and the elderly; it is immediately dangerous and immediately correctable, provided it is measured. Without on-site analysis, treatment is empirical and specimens travel two to four hours for a result.
ECG machine, 12 channels	2	Replaces destroyed diagnostic capability. Acute coronary syndromes, arrhythmias, conduction abnormalities and electrolyte-related cardiac changes are common in critically ill, elderly and injured patients; some are immediately life-threatening but treatable when identified promptly. A 12-channel ECG provides rapid bedside detection of myocardial ischaemia or infarction, dangerous arrhythmias and conduction blocks, guiding urgent treatment, referral and transfer decisions.
Consumables, calibration standards, initial spares and training materials	—	Included deliberately. The pathway from procurement to patient benefit runs through consumables, calibration and trained users; equipment delivered without them does not change outcomes.

The selected equipment responds to identified gaps in diagnostic capacity following damage sustained by the facility in April 2026. Ultrasound systems support a wide range of clinical applications, including emergency, abdominal, obstetric and cardiovascular assessments. The blood gas and electrolyte analyser strengthens the hospital's ability to assess and monitor critically ill patients, while the spirometer supports the diagnosis and management of respiratory conditions.

The expected benefits include:

- restoration of essential diagnostic services at district level;
- improved access to timely diagnostic investigations;
- strengthened clinical decision-making based on diagnostic evidence;
- reduction of avoidable referrals for basic diagnostic procedures; and
- improved access to health services for communities in the Danube sub-region.

Expected Benefits from both locations

The two equipment packages were designed as complementary investments within the same referral pathway. Strengthening diagnostic capacity at district level supports earlier diagnosis, timely treatment and appropriate referral decisions, while strengthening intensive care and anaesthesia capacity at referral level enhances the ability of the health system to manage severe and complex cases. These investments are expected to improve continuity of care and strengthen referral processes.

VI. Implementation Progress

Following consultations with the Ministry of Health of Ukraine, Odesa regional health authorities and the beneficiary facilities, WHO completed equipment needs assessments and defined priority interventions for both health facilities. Technical specifications were developed and validated to ensure that the selected equipment responds to identified clinical needs and can be integrated into existing service delivery structures.

During the reporting period, **WHO finalized procurement requirements and completed competitive procurement processes for the main equipment packages.** Purchase orders were issued for critical care, anaesthesia and diagnostic equipment intended for both beneficiary facilities, and contracts were awarded to qualified suppliers in accordance with WHO procurement procedures.

Procurement activities included intensive care beds, anaesthesia systems, mechanical ventilators, patient monitoring equipment, infusion and syringe pumps, ultrasound systems, blood gas and electrolyte diagnostic equipment, spirometry equipment and supporting accessories. Procurement packages also included relevant installation requirements, warranties and after-sales support arrangements to facilitate operational readiness following delivery.

As of August 2026, all major procurement processes funded through the Greek contribution had been completed or were in the final stages of contract implementation. Manufacturing, preparation and delivery arrangements were underway, with equipment deliveries, installation and commissioning scheduled during the next phase of implementation.

Training and operational handover activities will be conducted following installation to support the effective use of the equipment and facilitate its integration into routine patient care. WHO will continue monitoring progress through regular coordination with suppliers, health authorities and beneficiary facilities.

Implementation Status

Milestone	Status
Identification of beneficiary facilities	Completed
Facility needs assessments	Completed
Technical specifications developed and validated	Completed
Procurement processes launched	Completed
Supplier selection and contract awards	Completed
Purchase orders issued	Completed
Manufacturing and delivery preparations	In progress Q3-Q4 2026
Equipment delivery and installation	Planned Q3-Q4 2026
User training and handover	Planned Q4 2026
Post-installation monitoring	Planned Q1 2027

VII. Challenges and Risk Management



WHO warehouse in Dnipro hit by drones on 4 August 2026.

Implementation of the project takes place in a complex operational environment characterized by continued hostilities, attacks on civilian infrastructure, including warehouses and disruptions affecting logistics and supply chains across Ukraine. These conditions present risks that may affect the timely delivery and installation of medical equipment.

During the reporting period, **three WHO warehouses were destroyed (two in Kyiv and one in Dnipro regions) and WHO Country in Kyiv was hit by debris.**

One of the principal risks relates to transportation and storage of medical equipment. Continued attacks may affect transport routes, delay deliveries or increase the risk of damage to equipment while in transit or storage. In addition, disruptions to energy infrastructure and local services may affect installation schedules and operational readiness at facility level.



Damaged temperature-controlled room at Odesa warehouse.

On 22 September 2026, a **WHO warehouse in Chornomorsk, Odesa Oblast, was damaged by airstrikes.** Preliminary assessment identified damage to the temperature-controlled storage area, and WHO is currently conducting a full assessment of the damage. Reportedly, **items procured under the contribution of the Government of Greece were not affected.** The incident nevertheless illustrates the continued exposure of

medical supply infrastructure to conflict-related risks and reinforces the importance of flexible logistics arrangements, minimized storage times and, where operationally feasible, direct delivery to end-user facilities

WHO has taken several measures to mitigate these risks. Procurement and delivery planning has been coordinated closely with suppliers and beneficiary facilities to **reduce unnecessary storage times** and support timely deployment of equipment. Whenever operationally feasible, **WHO prioritizes direct deliveries to end-user facilities** in order to minimize warehouse exposure and reduce handling requirements.

WHO also maintains continuous coordination with health authorities, logistics partners and facility management teams to monitor security and operational conditions and adjust implementation

arrangements where necessary. Installation and handover activities will be scheduled in accordance with the evolving operational environment to ensure both staff safety and protection of procured assets.

Despite the challenging context, WHO does not anticipate significant implementation constraints that would affect the achievement of the project's intended results. Existing mitigation measures and ongoing monitoring are expected to support the timely delivery and operationalization of the procured equipment.

VIII. Complementarity

The contribution of the Government of Greece forms part of a broader effort to strengthen health service delivery, emergency preparedness and health system resilience in Odesa Oblast. The investment was designed in coordination with the Ministry of Health of Ukraine, regional health authorities and development partners to address critical service delivery gaps while avoiding duplication of support.

The Greek contribution focuses on strengthening critical care and diagnostic capacity through the procurement of medical equipment for two facilities that play complementary roles within the regional referral system. These investments build on and complement existing support provided by WHO and other partners across the continuum of care.

At the Odesa Clinical Hospital of the Southern Region, the investment builds upon earlier WHO support implemented with funding from the **European Union's Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO)**. Previous investments focused on strengthening facility resilience and ensuring continuity of operations during disruptions to electricity and utility services, including at the Leontovycha site of the hospital. The Greek contribution couples these efforts by strengthening the hospital's clinical capacity through the provision of critical care and anaesthesia equipment, enabling the facility to make effective use of resilient infrastructure already put in place. This is particularly relevant because in winter health facilities risk to remain without electricity and heating. DG ECHO project allows **Greek-funded equipment to remain functional and operational even during power outages.**

The contribution is further complemented by WHO Country Office support through **technical guidance, monitoring, training and quality assurance activities**. While the Greek contribution provides the equipment platform, **additional WHO-supported activities financed through other funding streams will support the effective utilization, sustainability and integration of the equipment into routine clinical practice and emergency preparedness arrangements.**

These activities may include mass casualty management training for physicians, nurses, emergency medical teams and first responders, focusing on triage procedures, surge operations, patient flow management, coordination arrangements and the effective use of critical care equipment during emergencies.

WHO also plans to support the development and operationalization of Hospital Emergency Response Plans (HERPs), ensuring that newly procured equipment is incorporated into facility preparedness

procedures, including emergency coordination, staff mobilization, equipment deployment and continuity-of-services arrangements.

Additional capacity-building initiatives may include Advanced Trauma Life Support (ATLS) and Basic Emergency Care (BEC) training for healthcare workers involved in trauma and emergency care, as well as diagnostic competency and quality-assurance activities covering ultrasound, spirometry and laboratory diagnostics at the Central District Hospital of the Safianivka Rural Council. Together, these activities will help ensure that the equipment funded through the Greek contribution translates into strengthened clinical and operational capacity.

The investment also supports the wider emergency referral network. Through ongoing medical evacuation and patient referral mechanisms, critically ill and injured patients from other regions of Ukraine continue to be referred to specialised facilities capable of providing advanced care. Strengthening intensive care capacity at the Odesa Clinical Hospital enhances the ability of the health system to receive and manage patients requiring higher levels of care.

At district level, the diagnostic equipment provided to the Central District Hospital of the Safianivka Rural Council also complements broader health sector investments. In particular, strengthened ultrasound capacity supports a range of clinical services, including maternal and newborn health services supported by partners such as UNFPA, while also contributing to emergency, primary and specialist care. By combining Greek-funded equipment with partner-supported training, preparedness, quality assurance and health system strengthening activities, the intervention supports not only the procurement of medical equipment, but also the broader objective of building a more resilient, effective and sustainable health system in Odesa Oblast.

The Ministry of Health of Ukraine and the Odesa Oblast authorities play a critical role in ensuring the sustainability of the investment through staffing, operational support, maintenance arrangements and institutional oversight. In addition, the recent reorganisation of the Odesa Clinical Hospital of the Southern Region has expanded the facility's service mandate and patient catchment population, increasing the potential impact of the equipment provided through the Greek contribution.

Together, these complementary investments strengthen different components of the health system, from infrastructure resilience and emergency preparedness to diagnostics, critical care and referral management. Through this coordinated approach, the Greek contribution supports not only the procurement of equipment, but also the broader objective of strengthening access to quality health services and improving the resilience of the health system in Odesa Oblast.

IX. Visibility



WHO remains committed to ensuring appropriate visibility of the Government of Greece's contribution in accordance with WHO visibility requirements and donor recognition practices.

During the reporting period, the contribution was **highlighted during high-level engagement with regional authorities in Odesa Oblast**, including meetings between WHO leadership and the Odesa Regional Administration focused on health system strengthening and emergency response priorities in the region. The Government of Greece's support for strengthening hospital services in Odesa Oblast was

acknowledged as part of these discussions.

The contribution has also been reflected through WHO Ukraine communication channels. During a mission to southern Ukraine, **WHO Ukraine published social media content highlighting engagements with regional authorities and ongoing support to strengthen health services in Odesa Oblast**, including meetings with the Head of the Odesa Regional Administration.

Example of WHO Ukraine social media visibility:

- [WHO Ukraine \(@WHOukraine\) on X](#)
- The announcement included in the posts when meeting the Head of the Odesa regional Administration: UA [World Health Organization Ukraine](#) & ENG [During a mission to southern Ukraine, WHO team led by WHO Representative Jarno Habicht met with Ole...](#)

Following the delivery, installation and commissioning of equipment, WHO will continue to promote the results of the intervention through communication products, stakeholder engagement activities, photographic documentation and digital communications, subject to operational and security considerations. Opportunities for visibility will also be sought during equipment handover and inauguration activities conducted jointly with health authorities and beneficiary facilities.

X. Financial Implementation

Total budget	Spent + Committed	Financial Implementation
EUR 1,000,000	EUR 554,348	55,4%

XI. Conclusion

The contribution of the Government of Greece addresses critical health service needs in Odesa Oblast at a time when the health system continues to operate under significant pressure. In close coordination with the Ministry of Health of Ukraine and regional authorities, WHO has directed the contribution towards strengthening two facilities that play complementary roles within the regional referral pathway: the Odesa Clinical Hospital of the Southern Region and the Central District Hospital of the Safianivka Rural Council.

During the reporting period, WHO completed technical assessments, finalized equipment requirements and advanced procurement processes for all major equipment packages supported through the grant. These investments will strengthen critical care, anaesthesia and diagnostic services, addressing identified service delivery gaps at both district and referral levels of care.

The damage sustained by the WHO warehouse in Chornomorsk on 22 September 2026, while not affecting items procured under the contribution of the Government of Greece, provides a further indication of the evolving operational risks affecting health service continuity in Odesa Oblast. As briefly described in this report, WHO is adapting logistics arrangements as required. Against this backdrop, **the present partnership is particularly relevant**: it strengthens priority clinical capacities while contributing to the ability of the Odesa health system to sustain essential services under deteriorating conflict conditions. **Continued cooperation could build on these results and support continuity and resilience** in an area whose strategic health importance has become increasingly evident over the course of implementation.

The project has been designed as a single, integrated intervention across the patient pathway. At district level, the investment will restore and strengthen diagnostic capacity, enabling timely clinical decision-making and improving access to essential services for communities in the Danube sub-region. At referral level, the investment will enhance the ability of the Odesa Clinical Hospital of the Southern Region to provide advanced treatment and critical care for patients requiring specialized services, including those affected by conflict-related emergencies.

Beyond equipment procurement, WHO and its partners will support capacity-building, emergency preparedness and quality assurance activities to help ensure the effective and sustainable use of the equipment. These efforts will contribute to stronger health system resilience, improved emergency readiness and better continuity of essential health services across Odesa Oblast.

Despite the operational challenges associated with implementing health interventions in a conflict-affected environment, WHO continues to apply mitigation measures to support timely delivery, installation and operationalization of procured equipment. Through close coordination with suppliers, health authorities and beneficiary facilities, WHO remains committed to achieving the intended results of the project and maximizing the impact of the Government of Greece's contribution.

WHO Country Office in Ukraine expresses its sincere appreciation to the Government of Greece for its generous support and continued solidarity with the people of Ukraine. This contribution represents an important investment in the resilience of the health system and in the capacity of healthcare facilities in Odesa Oblast to continue delivering life-saving services to those who need them most.