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SAFER UKRAINE · CASE REPORT 2022–2026

SAFER Ukraine
Supporting Action For Emergency Responses in Ukraine

From emergency response to a sustainable, facilitative and adaptable model of pediatric hematology-oncology care in fragile, conflict-affected and vulnerable settings

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>1,800
patients assisted, with >200 partner organizations

550
pediatric hematology and oncology patient (PHO) referrals to 14 European and North American countries, February – December 2022[1]

143
clinical consultations for 119 Ukrainian PHO patients, January 2024 – June 2026 supported referral decision and local capacity building

92.9%
of patients with suspected incurable disease (39/42) remained in Ukraine after virtual clinical consultation enabling palliative care close to home

56.5%
of completed 2026 evacuations (13/23) in collaboration with European Emergency Response Coordination Center (ERCC)

Background

Children with cancer and blood disorders in fragile, conflict-affected and vulnerable (FCV) settings face a disproportionate burden of disease and mortality: conflict-affected countries account for 46% of new pediatric cancer diagnoses and 57.7% of deaths.[2] Few emergency response programs exist for these patients, and little guidance describes how such programs can move toward sustainability.

Methods

Descriptive case report using SAFER Ukraine program data, referral and clinical-consultation registries, and publications (Feb 2022 – Aug 2026). Activities and outcome indicators were mapped across three pillars (implementation, knowledge generation, advocacy) to characterize the transition from direct operational response to a facilitative model.

Programmatic Evolution

SAFER Ukraine was launched in February 2022, days after the full-scale Russian invasion of Ukraine, led by St. Jude Children's Research Hospital with a growing partner network.[3]

2022–2023

Direct operational response

Two-step triage: primary in Lviv, secondary at a dedicated SAFER hub in Poland. Standardized triage protocols for safe referral abroad.
Referral network established with partner hospitals in > 15 European and North American countries.

2023–2024

Inflection point

Local capacity re-established. With the Ukrainian MoH: strategies for sustainable in-country care.[3] Inquiries fell from 237 (2023) to 164 (2024), −30.8%.
Implementation of the EU ERCC/MedEvac collaboration started.

2024–TODAY

Facilitative and adaptable model

Working through partners rather than in place of them, around three pillars, while evacuations continue when clinically necessary.
Partnerships such as ERCC/MedEvac add adaptability for rapid scale-up if the crisis escalates.

Results: three pillars of the facilitative and adaptable model

Pillar 1: Implementation in a facilitative role

Virtual clinical consultation pathway (structured second opinion since Jan 2024): 143 expert consultations for 119 patients, triaged by urgency. Sustains treatment in Ukraine, supports decisions on referral abroad and guides complex cases, including palliative care (Table 1, Fig. 2).

ERCC/MedEvac collaboration: formal collaboration with ERCC and the Ukrainian MoH, prepared through high-level meetings (Brussels, Rzeszów hub) and ERCC staff training. Built capacity for the evacuation of pediatric patients through the ERCC mechanism. Transport costs are covered by ERCC, accounting for 56.5% of 2026 evacuations (Fig. 1).

SAFER Toolkit: a patient-focused, context-adaptable emergency response framework: evacuation registry template, standardized medical and psychosocial records, SOPs for logistics and medical referral, and triage guidelines. It informed the Gaza response (Oct 2023).

Essential medicines: collaboration with action medeor e.V., facilitated by SAFER Ukraine; first shipment of cancer and supportive medicines (≈ USD 46,000) to the childhood cancer center in Lviv, June 2025.

Workforce: two-year "Know-How" training program led by the "Tabletochki" Charity Foundation, plus short-term observerships.

Figure 1. Sustaining Evacuation Capacity and Costs Jan–Jul 2026

13/23 completed evacuations (56.5%) via the official ERCC-led MedEvac pathway



- **ERCC/MedEvac** · Funded by ERCC mechanism — 13
- **Commercial flights** · Funded by external partner organizations — 5
- **Direct transport** · St. Jude-funded partner — 5

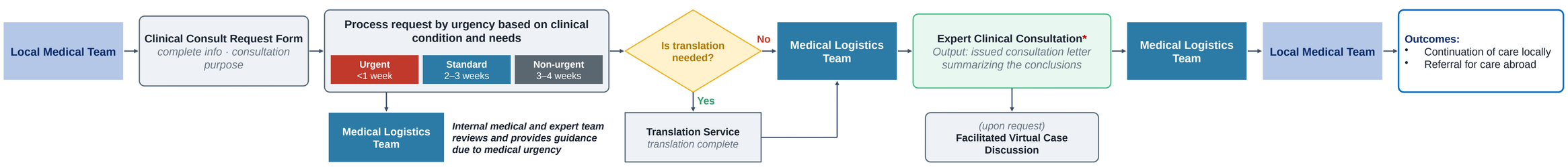
As of 29 July 2026, 23 completed evacuations (21 patients, 2 donors); 11 pending. Of 41 evacuation requests in 2026, 32 were approved and 9 (22%) redirected to the clinical consultation pathway after SAFER evaluation.

Table 1. Virtual clinical consultations, Jan 2024–Aug 2026

Year	Patients	Consultations	Initial	Returning
2024	41	49	41	8
2025	39	48	39	9
2026	39	46	39	7
Total	**119**	**143**	**119**	**24**

As of 12 Aug 2026. Of 42 patients with suspected incurable disease who received a standardized clinical consultation, 39 (92.9%) remained in Ukraine, supporting earlier identification of palliative needs and care close to home.

Figure 2. SAFER Ukraine Clinical Consultation Pathway



Consultation purpose *Stated on the request form*
- Treatment recommendation for local therapy
- Treatment recommendation for evacuation
- Pathology consult
- Other specific clinical questions

Consultation letters typically address
- Treatment recommendation for local therapy
- Treatment recommendation for evacuation
- Pathology consult
- Other specific clinical questions

All recommendations need to be reviewed in collaboration with the local expert prior to final submission to ensure feasibility, with careful consideration of resource constraints

Pillar 2: Knowledge generation

Peer-reviewed evidence for childhood cancer care in FCV settings: evacuation effort (*Lancet Haematol* 2022)[4], triage hub (*Lancet Oncol* 2023)[5], different referral strategies and pathways (*Eur J Cancer* 2024)[1], global burden in conflict (*Lancet Oncol* 2025)[2], and strategies to promote sustainable care for children with cancer in *Ukraine (Lancet Oncol 2024)*[3].

Dissemination: presented at 10 international congresses (SIOP 2022–2025, SIOP Asia 2023, Global Summit on War and Cancer 2023, GPOH 2022/2025, EHA 2025/2026), with emphasis shifting from operational experience to the SAFER Toolkit, SAFER FOCUS and cross-cutting policy lessons.

SAFER FOCUS: international follow-up study coordinated by University Medical Center Freiburg on outcomes after conflict and displacement.

Contribution to **WHO technical guidance** in the "Operational Manual on Noncommunicable Diseases in All-Hazards Emergency Preparedness and Response" (WHO, 2024).[6]

First **EHA–ASH Joint Workshop** "Haematology in Times of Crisis" (Milan, 2025): five strategic priorities (*HemaSphere* 2026).[7]

Pillar 3: Advocacy

FEB 2024
WHO Global High-Level Technical Meeting on NCDs in Humanitarian Settings, Copenhagen

DEC 2024
Invited member to the WHO Emergencies Working Group

JAN 2025
WHO-led *Lancet Oncology* policy review "Integrating cancer into crisis"

MAY 2025
IFRC Global Advocacy Boot Camp on NCDs in Humanitarian Crises

SEP 2025
UN Political Declaration recognizes NCD care continuity in emergencies

MAY 2026
WHA79 Civil Society Roundtable: "Advancing the Implementation of the UN Political Declaration on NCD and Mental Health through Coordinated Humanitarian Action

SEP 2026
UNGA 81 side event "Strengthening Pandemic Preparedness through Resilient Health Systems and Continuity of Essential Health Services - Preparedness That Protects"

OCT 2026
UN Political Declaration on PPPR, para. 18: universal access to maternal, newborn and child health care in health emergencies

Conclusions

- Emergency responses for PHO patients in FCV settings can transition from direct operational intervention to a **facilitative role**: generating evidence, building tools and shaping policy, while sustaining life-saving support.
- Declining referrals alongside growing advisory and advocacy engagement reflect **the resilience of the Ukrainian health system, strengthened local capacity and guidance**, not reduced need.
- The programmatic evolution into an **adaptable model** is crucial to respond to any crisis escalation.
- Lessons from this model **may inform** sustainable cancer care continuity in other FCV settings, adapted to local context.

Limitation: descriptive design.

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