



The transition from the acute phase of COVID-19

Working towards a paradigm shift for pandemic preparedness and response in the WHO European Region

The world has been living under the shadow of the COVID-19 pandemic for three and a half years.

The first COVID-19 cases in the WHO European Region were confirmed on 24 January 2020. Within three months a million cases had been reported. Within two years 100 million people in the European Region had had COVID-19, and by the end of the third year there had been more 270 million cases.

Targeted public health and social measures, wide-spread testing combined with rapid access to care and treatment, and the vaccination roll-out have all helped to reduce the morbidity and mortality associated with COVID-19. The WHO Regional Office for Europe has estimated that over a million lives have been saved through the COVID-19 vaccination roll-out alone.

Despite the progress made, the pandemic has continued to have a profound impact on health.

In terms of lives lost, as of early May 2023 COVID-19 infections have claimed over 2.2 million lives across Europe and Central Asia, with close to half a million deaths occurring during 2022 – the pandemic's third year.

Post COVID-19 condition (PCC), commonly known as long COVID, can affect anyone exposed to SARS-CoV-2, regardless of age or severity of original symptoms. In the European Region alone, it is estimated that at least 17 million people experienced long COVID in the first two years of the pandemic and that number has potentially doubled to over 34 million during 2022. Most health systems have limited, or no service delivery

designed specifically for patients suffering from PCC. While the first steps towards recovery from the pandemic have been reported, the European Region faces a massive health workforce crisis, only made worse by the pandemic. Despite historically high numbers of health and care workers across the European Region, nations are struggling to keep up with the rising demand for health care, exacerbated by service backlogs caused by COVID-19, rising expectations from patients and the health risks posed by climate change and other concurrent emergencies. The need to support and strengthen the health and care workforce will be imperative if Europe's health systems are to recover successfully.



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A couple hugs at the National COVID Memorial Wall in London.

The lifting of the Public Health Emergency of International Concern status by WHO on 5 May 2023, signaled the start of a new phase of the global pandemic's response and recovery.

During this next phase the Regional Office for Europe will shift towards a longer-term programmatic approach to COVID-19. This regional transition plan outlines a comprehensive roadmap for transitioning from the acute phase of the COVID-19 pandemic towards a sustained response and recovery.

Now is the time to strategically and sustainably invest in resilient health systems that are able to respond to emergencies and maintain essential services at all times. It is the moment to invest and sustain the gains made during the pandemic response and apply the lessons of this pandemic and other recent health emergencies to increase the resilience of our health systems against future epidemics, pandemics and other shocks. We need to close the gaps identified during pandemic and strengthen core areas of Member States' Health Emergency Preparedness, Response, and Resilience (HEPR) systems. Through this transition plan, the Regional Office for Europe plans to implement 13 strategic shifts in supporting countries and communities, with the overarching goal of the Region emerging stronger from the COVID-19 emergency.

These shifts align with the seven temporary recommendations issued by the WHO Director-General on lifting the global emergency, as well as the Global COVID-19 Strategic Preparedness and Response Plan, and have been designed through the lens of the five core subsystems of the HEPR framework, as follows:

Collaborative surveillance

- i. From comprehensive COVID-19 surveillance to integrated respiratory virus surveillance and laboratory networks that meet key public health objectives.
- ii. From laboratory capacities built for COVID-19 to sustained laboratory capacity for high threat pathogen detection and genomic surveillance.
- iii. From innovative use of digital tools used to collect, analyse and use COVID-19 data to the systematic use of data analytics and visualizations in epidemic intelligence.



Reaching Rural Areas
with Laboratory
Services in Tajikistan

Community protection

- iv. From engaging communities into public health and social measures (PHSM) to prevent, detect and respond to COVID-19 to building trusted community preparedness for all hazards.
- v. From wide fluctuations of PHSM towards a holistic consideration of potential benefits and harms of social measures.



Setting up civil society
initiatives during COVID-19
in Central Asia



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COVID-19 Vaccination center, Romania 2021.

Clinical care

- i. From training frontline workers on case management and infection prevention and control (IPC) to strengthening the foundations for safe, scalable, and high-quality clinical care and IPC at all levels.
- ii. From a dual-track COVID-19 and essential health service response to sustained investments into essential health services and emergency care systems, that include surge plans for emergencies.
- iii. From recognizing Long-COVID to accelerating the establishment of pluri-disciplinary services that take a patient-centered approach.



Support to clinical management of hospitalized severe patients with COVID-19 during the pandemic in Georgia

Coordination

- vi. From hazard-specific COVID-19 and influenza pandemic response plans to integrated respiratory virus pandemic planning.
- vii. From a focus on frontline health workers to coordinated initiatives to build the full health emergency workforce needed for the future.
- viii. From fragmented networks, research and engagements with science-based organizations to a Pan-European Network for Disease Control to generate and share knowledge throughout the Region.



Setting up a Public Health Emergency Operations Centre in North Macedonia

Countermeasures

- iv. From uncoordinated planning for the deployment of medical countermeasures to sustained regional platforms that share new COVID-19 and other high threat pathogen knowledge, therapeutics, diagnostics and other countermeasures equitably across the Region.
- v. From facilitating the rapid distribution of vaccines including through bilateral donations, to learning from and sustaining the COVID-19 vaccination roll-out as part of wider immunization programme efforts.



The shadow pandemic of long COVID-19

These 13 strategic shifts emphasize the importance of not only addressing the immediate impacts of the pandemic but also focusing on COVID-19's continued impact, including mental health and PCC. They also seek to facilitate the integration of COVID-19 innovations into daily public health operations.

The Regional Office for Europe will measure its success in three ways:

- i. whether the control of COVID-19 has been integrated into broader prevention and control for respiratory viruses,
- ii. whether the gains of the pandemic response have been sustained into day-to-day public health operations or health services, and
- iii. whether the lessons of the pandemic and other recent health emergencies have been deliberately applied to increase the resilience of health systems against future shocks.

To sustain what we have learnt for the next pandemic, the lessons and experiences of COVID-19 and other recent emergencies need to inform future strategies for preparedness and response.

The transition plan will provide a framework to leverage innovations and lessons from COVID-19 into the development of the next regional five-year Action plan to strengthen health emergency preparedness, response, and resilience in the WHO European Region, 2024–2029 (“Preparedness 2.0”).

“Preparedness 2.0” will aim for a European Region with the required capabilities and pan-European networks to

rapidly detect, verify and notify new and evolving health threats, and to effectively respond to emergencies caused by any hazard, grounded in the principles of solidarity, transparency and accountability. These priorities need to remain central to the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” and build on existing flagship initiatives.

Together, as a Region and through effective partnerships, we can implement a comprehensive approach that integrates COVID-19 control into broader prevention and control programmes, sustains gains and innovations, enhances resilience and supports countries to prepare for and respond to emergencies.



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Severe Acute Respiratory Infection (SARI) simulation
courses on advanced clinical management of patients
with severe and critical COVID-19.

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