



T.C. Sağlık Bakanlığı
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15 NO'LU AİLE SAĞLIĞI MERKEZİ



World Health
Organization
European Region
European Centre for Preparedness
for Humanitarian and Health Emergencies

WHO European Region Emergency Operations Bulletin

Second quarter 2024: Weeks 14–26
(April–June 2024)

Contents



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Group courses aimed at improving resilience and sustainability of the Ukrainian refugee workforce in Krakow, Poland (April 2024)

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Key figures on WHO Regional Office for Europe’s work in emergencies in 2024 (as of 30 June)

69 Technical support activities provided	15 Member States reached	US\$ 4.75 M worth of supplies delivered	23 Surge deployments
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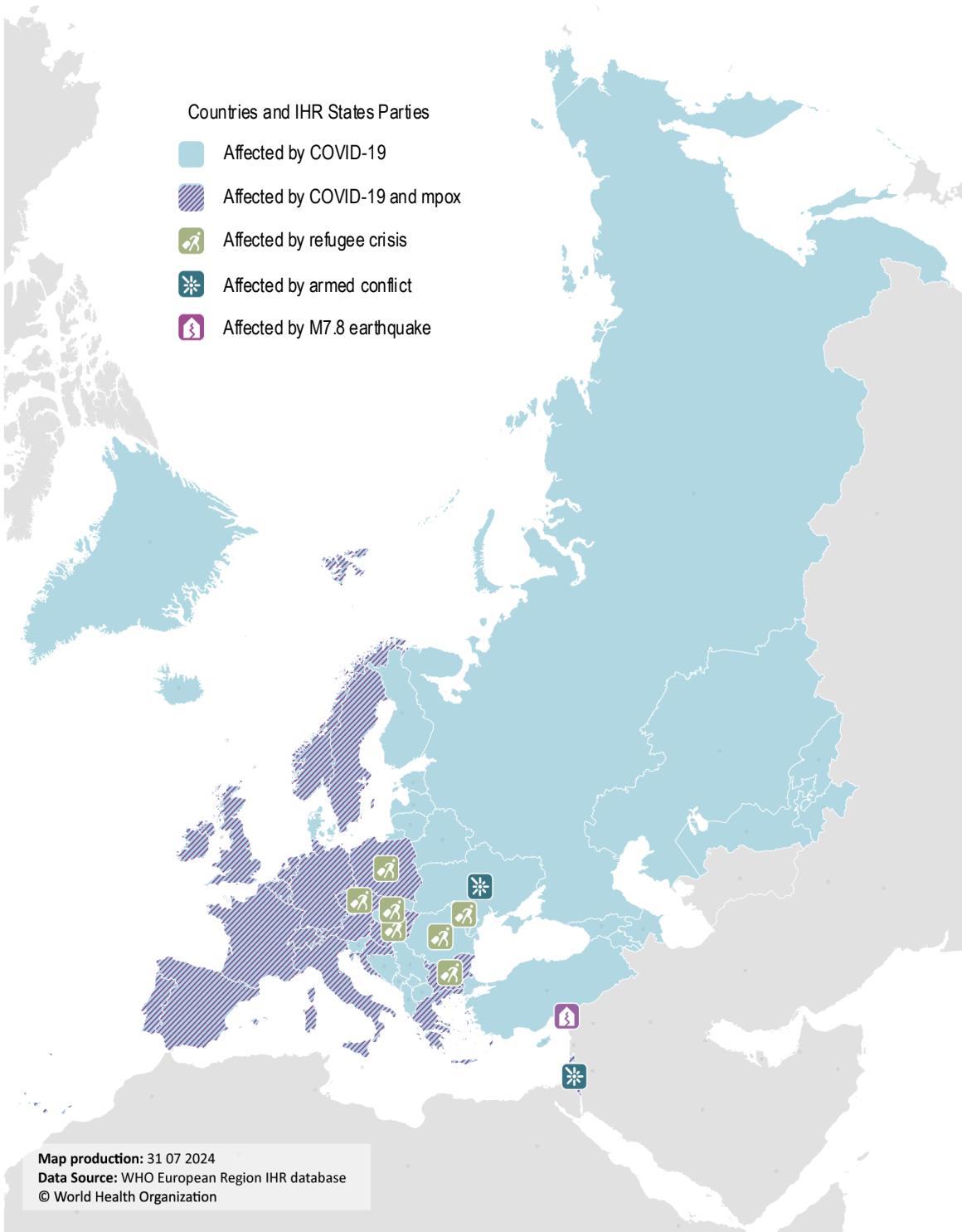
9 Graded emergencies in or affecting the WHO European Region in the past quarter

- 3 grade 3 emergencies
- 3 protracted grade 3 emergencies
- 3 protracted grade 2 emergencies

- of which
- 0 new graded emergencies
 - 4 are outbreaks
 - 5 are humanitarian crises

For the latest data and information on the WHO Regional Office for Europe's work in emergencies, see the [WHO Health emergencies page](#).

All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244(1999).



GRADE 3 – ISRAEL/OCCUPIED PALESTINIAN TERRITORY CONFLICT

Situation update

1513
Deaths

7377
Injured

68
Attacks on health care

120
Hostages still in Gaza



Frontline workers at Magen David Adom's National Operations Centre, Israel

As of 28 June 2024, 1513 people were reported killed and 7377 injured in Israel. And as of 30 June, an estimated 120 Israeli hostages remain in Gaza. Close to 200 000 Israelis were evacuated from the southern and northern parts of the country, in case of potential escalation and as, of 28 May, remain internally displaced.

Priority support from WHO to Israel remains focused on mental health and community engagement, as well as gender-based violence (GBV). Following accounts of GBV, including sexual violence, during the attacks, WHO is working with the Ministry of Health (MoH) to ensure that all survivors have access to the care they need to fully address short- and long-term health consequences.

WHO has offered support for the establishment of a surveillance system for attacks on health, in collaboration with the MoH and Magen David Adom. Since 7 October 2023, 68 attacks on health care have been verified in Israel, with 24 deaths and 34 health workers and patients injured.

One of the pivotal programmes supported by the WHO Regional Office for Europe is the ["Mashiv Ha'ruach" initiative](#), which aims to address the mental health needs of first responders. From 6 May to 24 June, four two-day workshops were held, which included 112 participants. The participants included two groups of ZAKA volunteers, one group of Ihud Hatzla volunteers and one group from the Soroka Medical Centre's emergency room staff, who treated all the wounded from the terrorist attack on 7 October and all the injured from the ongoing war in southern Israel since then. Additional follow-up sessions were held from 8 to 15 July, and the programme is fully booked for September, October and November 2024. Participant surveys indicate high satisfaction levels and a strong sense of being supported. WHO will continue to provide crucial mental health support to those in need through the ["Mashiv Ha'ruach" initiative](#).

Leveraging religious leaders' support to enhance mental health access in Israel

Since October 2023, Mosaica, an interfaith civil society organization, has partnered with the WHO Regional Office for Europe's Risk Communication, Community Engagement and Infodemic Management unit (RCI), to initiate an innovative project aimed at improving mental health access for the victims of the attacks. This initiative, part of an effort to build community resilience, saw over 700 Muslim and Jewish religious leaders mobilized to support an estimated 2 million followers between January and April 2024. Religious leaders have had a pivotal role in guiding their communities towards mental health services, addressing the urgent needs of youth and families affected by violence and facing post-traumatic stress disorder. The preliminary results are promising, showing a 10% increase in youth engagement with community services and professional mental health support.

The Mosaica initiative achieved a significant operational milestone in its efforts to enhance mental health support and community resilience. As a result, over 200 Muslim and Jewish youths have received essential mental health treatment, while more than 2000 young individuals are engaged in sessions led by religious leaders. Through collaborative efforts, 75 expert meetings were facilitated between religious leaders and mental health experts.

Moreover, over 700 Muslim and Jewish leaders underwent direct training, empowering them to advocate for mental health within their communities. The initiative was further amplified by over 1000 leaders from Mosaica's network, who actively promoted mental health-seeking behaviour and resilience-building efforts. Furthermore, in the Arab sector, the Muslim programme coordinator highlighted how integrating mental health tools with religious texts enhanced intervention effectiveness. In the Jewish sector, religious leaders in Ofakim, near the Gaza Strip, partnered with the MoH to establish a Resilience Centre offering counselling and activities to foster community resilience.

Looking ahead, the focus is on leveraging the influence of religious leaders to dismantle mental health stigma and counteract the effects of false information. The WHO Regional Office for Europe is actively mobilizing resources to sustain these efforts until the end of the year. Drawing from the insights gained from this project, WHO/Europe can support other countries in engaging community and religious leaders to direct people to mental health services during humanitarian crises. This collaborative journey towards enhancing mental well-being and strengthening community resilience remains ongoing, with the prospect of achieving even greater advancements in the future.



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Community Engagement Officer, WHO Europe, interviews founder and interim manager, at a community centre north of Tel Aviv

GRADE 3 – GLOBAL DENGUE OUTBREAK

Dengue in WHO European Region

Dengue is a viral infection caused by the dengue virus (DENV), transmitted to humans through the bite of infected mosquitoes. Dengue is found in tropical and subtropical climates worldwide, but in recent decades it has been shifting and spreading to temperate zones. This situation poses a major public health challenge. WHO has determined that the threat is high worldwide, considering the growing risk of transmission and the increase in cases and deaths.

Climate change is already affecting the distribution and seasonality of mosquito vectors and climatic conditions conducive to dengue virus transmission. Among the 30 countries identified by WHO as suitable for dengue transmission in recent years, France, Italy and Spain have already experienced locally acquired cases of dengue fever. Enhanced surveillance of dengue is in place in these areas, especially during the mosquito season in the summer. This is crucial for early detection and appropriate disease control measures.

Rising temperatures across the WHO European Region due to climate change, combined with rain and increased humidity – conditions more favourable for dengue’s mosquito vectors, *Aedes aegypti* and *Aedes albopictus* – may have contributed to the increase in cases. This is compounded by the recent outbreaks in Latin America and South-East Asia, which have increased the likelihood of imported cases in the Region.

As reported by [WHO](#) and [ECDC as of June 2024](#), since the beginning of 2024, over 10 million dengue cases and over 5000 dengue-related deaths have been reported from 80 countries/territories. WHO Regional Office for Europe, together with partners such as the European Centre for Disease Prevention and Control (ECDC), is currently carrying out surveillance in the countries where autochthonous cases could occur. In mainland Europe, imported cases from endemic areas have been reported in 2024 but no autochthonous cases have been reported so far. WHO Regional Office for Europe has also developed an operational response plan outlining activities until the end of 2024 to support countries in the prevention and management of dengue cases or outbreaks when they occur, as well as assessing and preparing for future dengue risks. From June to December 2024, surveillance is in place, with WHO European Member States being asked to report any autochthonous cases. This includes the request for ad-hoc reporting of any autochthonous cases of dengue, chikungunya and Zika as they occur, and end-of-season reporting of all cases (both imported and autochthonous). For more updates on dengue in the European Region and globally, please refer to the [WHO Global dengue surveillance dashboard](#). For more information on what we can do to prepare and how we can protect ourselves from dengue, refer to [Questions and Answers by WHO Regional Office for Europe](#).

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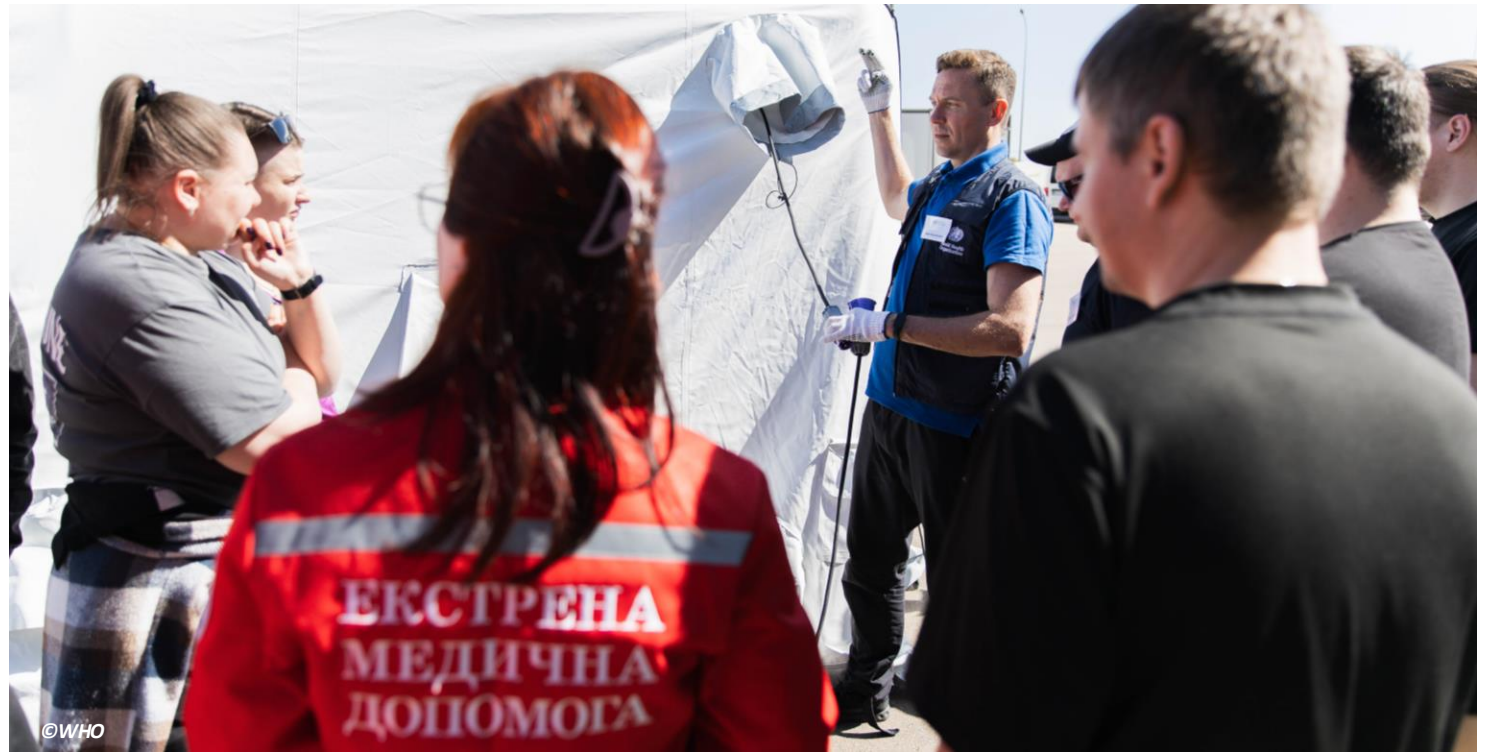


Aedes aegypti female mosquito, after taking her blood meal

PROTRACTED GRADE 3 – UKRAINE CONFLICT

Situation update

11 284 Deaths	22 594 Injured	1 889 Attacks on health care	3.5 million Internally displaced
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A CBRN preparedness training for medical personnel (May 2024)

The humanitarian situation in Ukraine deteriorated throughout [April and May](#). Attacks continued to result in civilian deaths, injuries and displacement. Civilian infrastructure was severely impacted, affecting livelihoods and compounding people's vulnerability. According to the [UN Human Rights Monitoring Mission in Ukraine \(HRMMU\)](#), 703 civilians were killed or injured in April 2024, rising to 864 casualties in May – a 31% month-over-month increase in fatalities and the highest level since June 2023. From February 2022 to June 2024, [the Office of the UN High Commissioner for Human Rights \(OHCHR\)](#) recorded 33 878 civilian casualties in the country with 11 284 killed and 22 594 injured; however, actual casualty numbers are likely to be higher.

The intensified hostilities in Kharkivska Oblast in May also caused the largest displacement in Ukraine since 2023. According to the International Organization for Migration (IOM), at least 18 000 people were displaced in Kharkivska Oblast in May. An increase in attacks prompted authorities to announce evacuations from more border communities. As of 30 June 2024, through the global [Surveillance System for attacks on health care \(SSA\)](#), WHO has verified 1889 reported attacks on health-care facilities.

These have resulted in 367 reported injuries and 148 reported deaths of health-care personnel and patients.

A WHO review of the response to the war in Ukraine, initiated in November 2023 to identify best practices, lessons learned, challenges and actions to strengthen WHO's preparedness and response, achieved significant milestones in the second quarter of 2024. In-person workshops and focus group interviews were conducted, including sessions held in Poland from 17 to 18 April for refugee-hosting countries, an in-person workshop in Copenhagen on 7 May for those involved in coordinating the response and staff of technical divisions, an in-person workshop in Geneva from 21 to 22 May, and an online focus group discussion with the Ukraine Country Office team on 31 May. These engagements facilitated discussions among participants across all three levels of the Organization, fostering knowledge and experience exchange. For more information on the Ukraine response, please find the situation reports available [here](#).

WHO strengthens preparedness for cholera response in conflict-affected Ukraine through a table-top simulation exercise



Participants at the table-top exercise discussing scenario-based actions

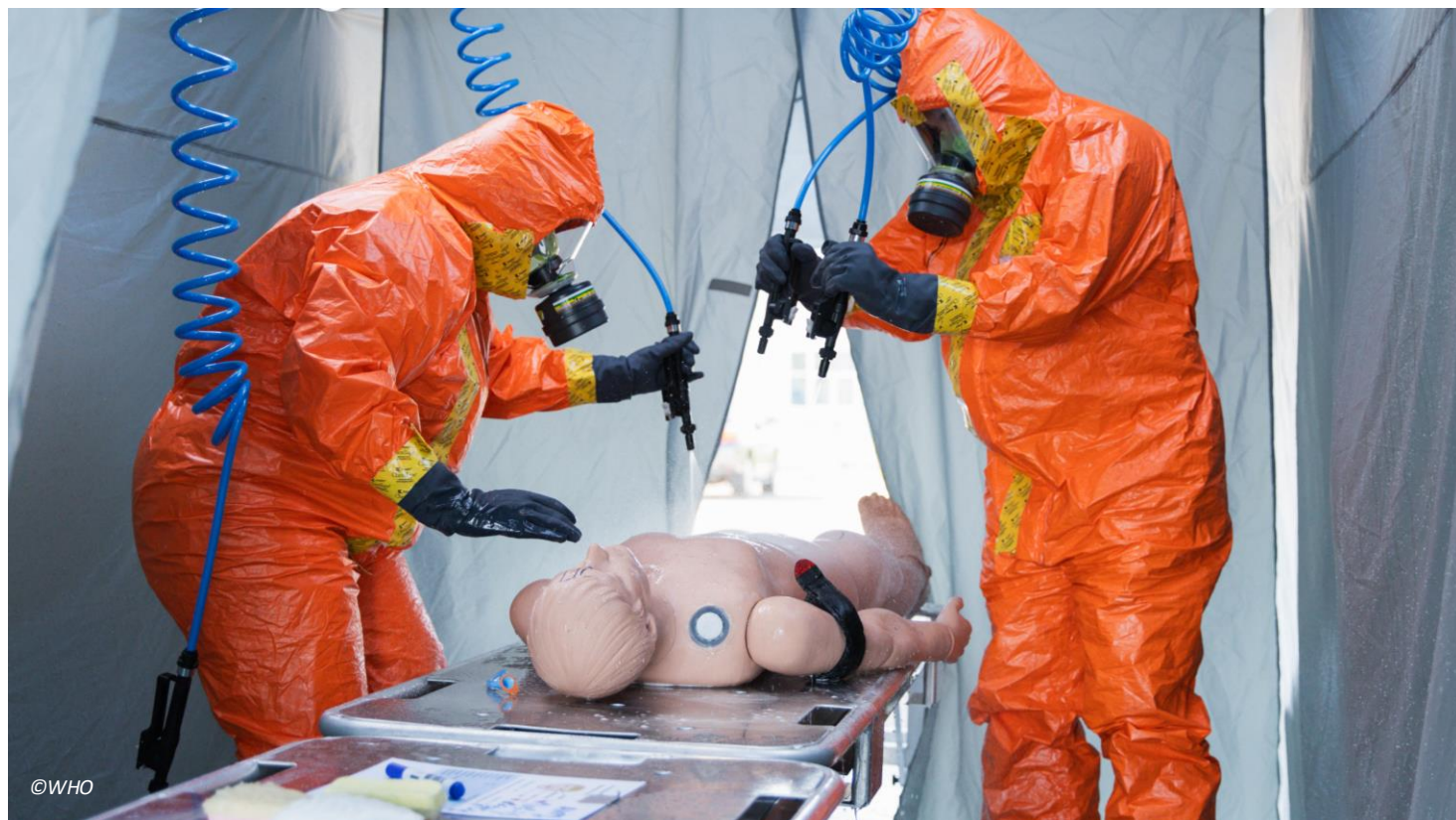
The ongoing conflict in Ukraine has had a profound impact on the country's infrastructure, severely affecting water and sanitation systems and increasing the vulnerability of the population to waterborne diseases such as cholera. The damage to infrastructure and the resulting displacement of populations have overwhelmed existing water and sanitation services, exacerbating the challenges in public health management and increasing the risk of epidemic outbreaks. These conditions are compounded by the frequent disruptions in areas with active military actions, particularly in the southeastern regions of Ukraine, where the ability to maintain routine epidemiological oversight and respond to health emergencies is critically hampered. The war has also led to the significant migration of populations, which strains local resources and complicates disease surveillance and control.

In light of this, from 14 to 16 May 2024, the WHO Country Office in Ukraine together with the MoH and with support of WHO Regional Office for Europe, organized a two-day cholera table-top simulation exercise (TTX) in Kyiv, Ukraine. The exercise was attended by over 50 participants, including staff from the MoH, Public Health Centre of Ukraine (UPHC), and oblast Centers for Disease Control and Prevention (CDC) representatives. The aim was to build a comprehensive understanding among health sector stakeholders of the multifaceted challenges that could be posed by a cholera or other waterborne disease outbreak within the current context of Ukraine.

The exercise was designed to test and refine the nation's preparedness and response strategies, such that all actions taken are sufficiently robust to withstand the pressures of both ongoing conflict and public health emergencies. As part of the [Global Strategic Preparedness, Readiness and Response Plan for Cholera](#) and the [Emergency Preparedness, Readiness and Response Plan for Cholera in the WHO European Region](#), the TTX is a critical component of broader efforts to enhance cholera outbreak management capabilities. The TTX simulated a realistic public health emergency scenario to provide participants with a platform to engage with the systematic demands caused by a cholera outbreak in a conflict-prone setting. During the TTX, participants were tasked with devising and implementing national and subnational-based actions in response to specific local needs, thereby using means and capacities available in the country.

Participants identified the TTX as a very useful opportunity that brought together stakeholders from different sectors to understand and address critical challenges to the national cholera outbreak response. This platform was used to identify existing gaps, and to make targeted recommendations for strengthening national preparedness and readiness to combat outbreaks of cholera and other waterborne diseases within the current context of Ukraine. The workshop was financially supported by the United States Agency for International Development (USAID).

Enhancing CBRN preparedness: training of trainers on deployment and operation of decontamination tanks



Participants applying theoretical knowledge during the simulation exercise

In light of the escalating risk associated with chemical, biological, radiological and nuclear (CBRN) hazards, WHO convened a training session on 1–2 May 2024 to strengthen the preparedness and response capacities of medical personnel in addressing CBRN incidents across Ukraine. WHO procured 20 decontamination tents for distribution to health-care facilities tasked with managing CBRN incidents. The principal focus of the training was the development and implementation of a comprehensive programme to train 15 participants from the training departments of regional centres for emergency medical care and disaster medicine across five regions: Zaporizhzhya, Kharkiv, Odesa, Sumy and Chernihiv.

These participants, selected from a pool of medical professionals in emergency and disaster medicine, were designated as trainers responsible for instructing hospital personnel on managing CBRN incidents and operating the decontamination tents provided by WHO. The training was conducted under the guidance of three WHO trainers.

The curriculum covered a range of topics, including an overview of tent equipment and operating principles, as well as practical demonstrations of decontamination tent deployment.

Additionally, it included hands-on practice in deploying decontamination tents, a refresher seminar on chemical readiness and response, and simulation scenarios designed to replicate realistic incidents and evaluate the participants' competencies.

The training was designed to familiarize the participants with the components and functionality of the TAG 42 decontamination tent set, provide comprehensive instruction on deploying and operating a decontamination tent, emphasize repeated practice sessions to enhance proficiency, and conduct simulation exercises integrating all necessary equipment with the decontamination tent, such as personal protective equipment kits, medical backpacks, and other essential gear, to simulate a realistic chemical incident scenario.

Communication with the MoH of Ukraine is ongoing regarding the distribution of the tents to frontline regions and regions with nuclear power plants. This initiative aims to enhance the readiness and capacity of the health-care system to respond to CBRN incidents. The trainers trained during the previous training of trainers' (ToTs) sessions are planned to be involved in on-site training of personnel at the facilities that will receive the tents.

PROTRACTED GRADE 2 – UKRAINE REFUGEE RESPONSE

Situation update

6 million Refugees within Europe	558 300 Refugees beyond Europe	6.6 million Refugees globally	14.6 million In need of humanitarian support
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On 15 May 2024, the WHO Regional Office for Europe convened a grading review in collaboration with WHO headquarters and country offices across refugee-receiving countries (RRCs) (Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania, Slovakia). The decision was to maintain the grading for the ongoing humanitarian health crisis in Ukraine refugee-receiving countries as a protracted Grade 2 (multicountry) emergency for the next 12 months. As of 30 June 2024, [UNHCR estimates](#) that 6.6 million refugees from Ukraine are recorded globally with over 6 million recorded in European states alone. A total of 3 million have registered for asylum, temporary protection or similar national protection schemes in Europe.

[UNHCR reports](#) that approximately 80% of refugees are women and children and 15% of displaced refugee households have an elderly person over the age of 60 years. According to the latest [Inter-Agency Analysis as of May 2024](#), health care is a top priority need reported by refugees surveyed across most refugee-receiving countries.

Of those who required health care, 89% were able to access health services without any issues while 11% reported an unmet health care need. Self-reported barriers to accessing health services included the inability to make an appointment (38% of those who reported barriers), language barriers (27%), and lack of knowledge on how to access health services (19%). Persons with a chronic disease had higher unmet health needs than those without (14% vs 9%). Analysing access by gender, more women respondents reported a need to access health services relative to male respondents.

WHO continues to provide operational and technical support to refugee-hosting countries’ ministries of health, as their health systems continue to cope with refugee arrivals, aligning its response activities with the [Regional Refugee Response Plan for 2024](#).

As of June 2024, WHO had delivered supplies worth US\$ 26 million to refugee-hosting countries, including Czechia, Hungary, Poland, Republic of Moldova and Romania.



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A Ukrainian baby refugee receiving a vaccination in Budapest, Hungary (April 2024)

Sub-regional technical meeting on identifying mid- to long-term solutions related to the Ukraine refugee health response

The war in Ukraine continues to have dramatic impacts both in Ukraine and in surrounding countries. With over 4 million displaced persons within Ukraine, close to 6 million Ukrainian refugees were registered across Europe and 6.5 million worldwide as of February 2024. Movement from and to Ukraine remains pendular as the situation continues to ebb and flow in volatility. Since February 2022, some refugees staying in refugee-hosting countries continue to seek health-care access and treatment in Ukraine. Countries in Europe seek sustainable, long-term solutions to provide adequate health-care services for refugee and host populations.

Following the request of high-level government representatives of neighbouring refugee-hosting countries, during the 75th World Health Assembly, and as a follow up to the 2023 sub-regional high-level meeting, WHO held a sub-regional technical meeting from 11 to 12 June 2024, in Prague, Czech Republic. The meeting brought together regional stakeholders to discuss sustainable, mid- to long-term solutions to support the refugee health response, with the overall objectives of fostering collaboration, sharing best practices, and supporting strategic planning. Technical discussions were structured around four interlinked technical areas covering sustainable financing, strengthening the health workforce, improving health information systems and enhancing service delivery. Participants included technical experts invited from 10 refugee-hosting countries and the WHO Country Office in Ukraine, alongside WHO, the European Commission, UN partner representatives and academia.

A central theme arising from the discussions was the need for sustainability. This includes securing sustainable financing beyond contingency and project funds, integrating data streams for refugees and vulnerable groups, maintaining enhanced or innovative health services, including mental health services, and developing longer-term health workforce strategies. The discussions highlighted lessons learned from both Ukrainian and host populations, revealing opportunities to strengthen local health systems. Participants emphasized leveraging the crisis as an opportunity to bolster health systems, acknowledging the widespread lack of preparedness and underscoring the need for better all-hazards preparedness for future emergencies. They recognized that the health of Ukrainian refugees is inseparable from the health situation in Ukraine itself, advocating for Ukraine's inclusion in these discussions.

A strong sense of solidarity was evident, with a call to focus efforts on positively impacting and strengthening the Ukrainian health system. An ambitious and comprehensive set of actionable recommendations has been proposed. To advance these initiatives, participants committed to ongoing discussions within the four key workstreams, with plans for a follow-up meeting in 2025.



Participants of the sub-regional technical meeting on identifying mid- to long-term solutions related to the Ukraine refugee health response

WHO contributes to strengthening health-care capacity and improving hospital service capability in Bulgaria through donation of essential medical supplies

During June 2024, the official number of Ukrainian refugees in Bulgaria [increased](#) from 65 179 to 106 978. This sudden surge is placing a significant strain on the country's social support and health-care systems. WHO and other organizations are consistently coordinating their strategies and preparedness in anticipation of a growing influx of refugees into the country.

In the fourth quarter of 2023, joint teams of WHO and the Ministry of Health of Bulgaria conducted field visits to 20 health facilities in several Bulgarian cities, including Burgas, Varna, Dobrich, Plovdiv, Harmanli and Haskovo, to assess the equipment needs, services offered, and to evaluate the health status and risks faced by refugees. Following these assessments, WHO procured 361 rapid diagnostic tests valued at US\$ 21 000 to detect infectious diseases, as well as essential medical supplies worth US\$ 40 000. These items were delivered to five district health facilities during the same quarter.

As part of this initiative, on 14 June 2024, with financial support from the US government, WHO handed over a donation of medical supplies to the University Multi-profile Hospital for Active Treatment (UMHAT) "St George" of Plovdiv city.

UMHAT "St George" Plovdiv is the largest hospital in Bulgaria, treating over 200 000 patients annually. The donation included laboratory rapid diagnostic tests (RDTs) for a range of infections such as hepatitis B, C, HIV, urogenital infections, syphilis, enteroviruses, tuberculosis, influenza, COVID-19, and others. The RDTs will be used in the emergency medicine units of the university hospital. They will aid in the rapid diagnosis of infectious diseases among refugees and vulnerable groups. The donation also included surgical instruments for general surgery, orthopaedics and traumatology, orthopaedic implants, and tools for stabilization and reconstruction of fractures.

These contributions significantly enhanced the hospital's capacity to deliver rapid and effective care. This partnership underscores a shared commitment to improving public health and supporting health-care professionals in their mission to improve treatment outcomes and save lives, thereby making a profound impact on the health of refugees and vulnerable groups in this region.



The donation included laboratory rapid diagnostic tests (RDT) for a range of infections

WHO Romania's initiative to boost vaccination uptake through risk communication, community engagement and infodemic management

Effective risk communication, community engagement and infodemic management (RCCE-IM) are essential for promoting behavioural change and ensuring access to health services in emergency settings. The active participation and engagement of health-care and humanitarian workers is key throughout this process. Given that both groups are highly trusted sources of health information, their role is vital in debunking myths and promoting the adoption of healthy behaviours. In Romania, declining vaccination rates among Ukrainian and Romanian communities have become a significant concern, heightening the risk of infectious disease outbreaks in the country. The mass displacement of populations following the onset of conflict in Ukraine has worsened the situation. The movement of a large number of unvaccinated individuals across the border is likely contributing to the ongoing measles outbreak and the persistent burden of tuberculosis.

Therefore, increasing vaccine uptake within the Ukrainian diaspora has been a priority for WHO Romania throughout the crisis. Since February 2022, a variety of interventions have been implemented to promote vaccination uptake in the Ukrainian community. These include targeted communication campaigns, high-level advocacy meetings with government and municipal representatives, and financial support provided to primary care doctors to incentivize vaccination delivery.

Despite efforts to address numerous barriers to vaccine uptake, misinformation and vaccine hesitancy remain prevalent. To address these issues, WHO Romania organized a training session titled "Communicating about Vaccination in the Community" in Brasov on 23 April, with financial support from the Bureau of Population, Refugees, and Migration (BPRM). Leveraging the public trust in health-care and humanitarian workers, the workshop aimed to bolster vaccination demand. The workshop was attended by 60 participants from local health authorities and humanitarian organizations. The evidence-based RCCE curriculum included modules on "Identifying attitudes and concerns related to routine immunization" and "Use of communication strategies to address community concerns about vaccination and instil confidence in routine immunization".

The training session represents a significant step toward addressing vaccine hesitancy in Romania. By equipping health-care and humanitarian workers with the necessary communication skills, WHO Romania hopes to increase vaccination uptake and enhance public health outcomes. WHO Romania plans to follow up on these initiatives, building on the enhanced communication strategies to ensure a sustained positive impact on vaccination rates.



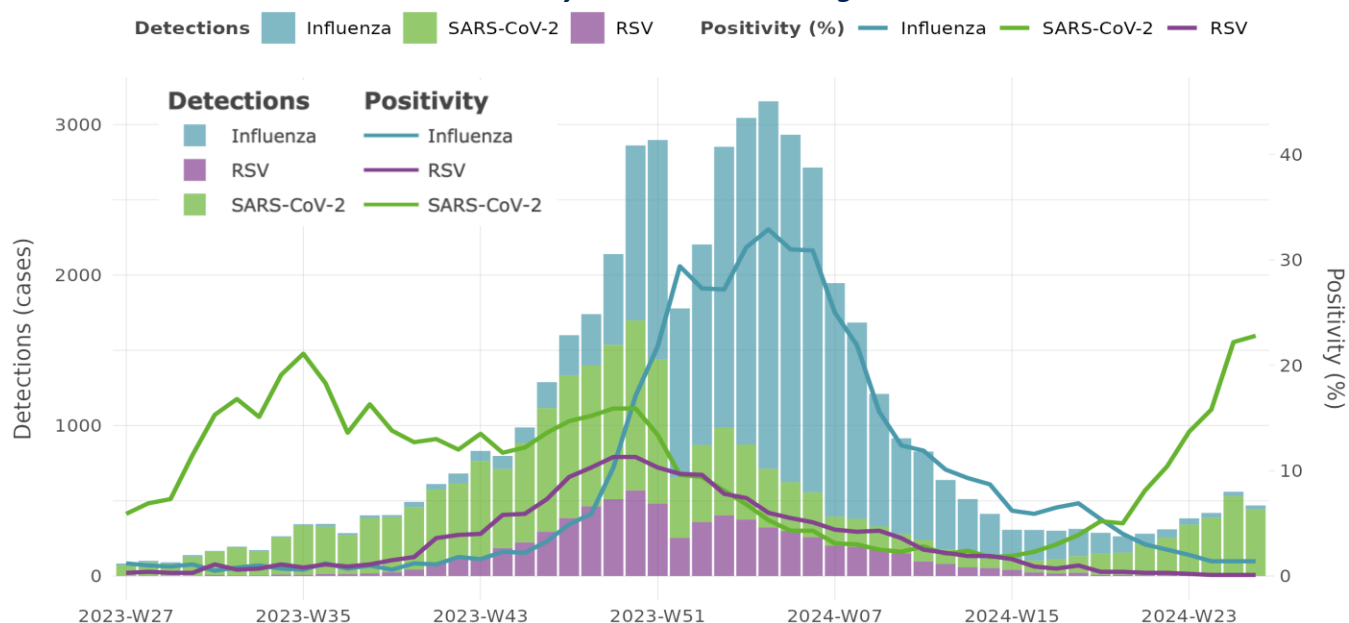
Training participants including humanitarian workers from the Red Cross and IOM, and Romanian medical providers

PROTRACTED GRADE 3 – COVID-19

European Respiratory Virus Surveillance Summary (ERVISS)

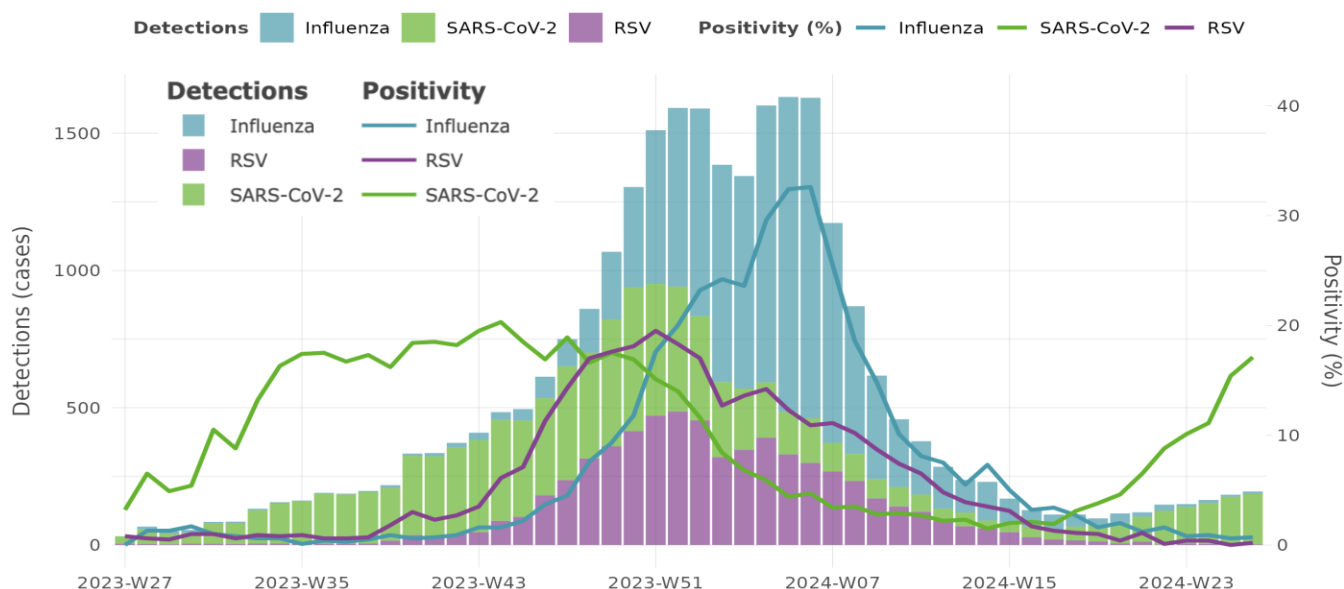
During the second quarter of 2024, the positivity rate for influenza virus in primary care sentinel sites – pooled across the European Region – continued to decline from the previous quarter, decreasing to 1.4% by the end of the quarter. A small increase in positivity in week 18 was caused by an increase in influenza type B circulation in the latter part of the season. In contrast, the positivity rate for SARS-CoV-2 in primary care sentinel sites increased over the quarter, from 2.4% in week 13 to 22.2% by the end of June. This was accompanied by a ninefold rise in SARS-CoV-2 detections from 62 cases in week 14 to 532 cases in week 25. During the same period, the positivity rate for respiratory syncytial virus (RSV) continued its decline from the previous quarter until week 20, plateauing at nearly 0% until the end of the quarter.

Primary care sentinel testing



Primary and secondary care sentinel detections and test positivity by pathogen in the WHO European Region from 3 July 2023 (Epi week 27/2023) to 30 June 2024 (Epi week 26/2024)

Secondary care sentinel testing

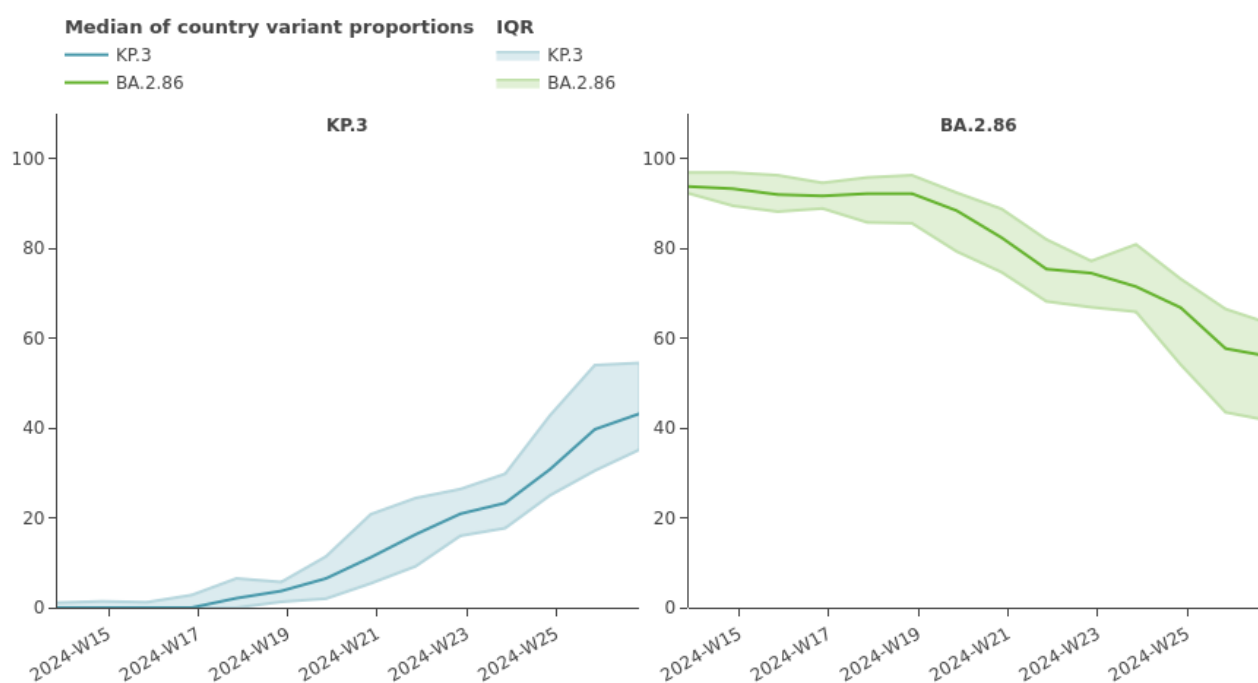


Trends in positivity rates, pooled across the European Region, for all three respiratory viruses in secondary care sentinel sites largely reflected those observed in primary care sentinel sites. The positivity rate for influenza declined from 7.3% in week 14 to 1.6% in week 19, while the positivity rate for SARS-CoV-2 steadily increased from 1.6% in week 14 to 16.2% by week 26. Detection of SARS-CoV-2 in secondary care sentinel sites gradually rose from 30 in week 14 to 220 in week 26. The positivity rate for RSV decreased from 3.5% in week 14 to 0.2% by week 25.

PROTRACTED GRADE 3 – COVID-19

Consistent with the sentinel surveillance data, the number of reported hospital and ICU admissions for influenza and RSV from non-sentinel data sources across the Region dropped sharply during the second quarter. The reported number of SARS-CoV-2 hospitalizations and ICU admissions from non-sentinel sources both increased approximately 2.5-fold between weeks 14 and 26 of 2024. While all surveillance indicators showed increasing SARS-CoV-2 activity in the second quarter, their magnitudes remain well below those of the previous peak at the end of 2023.

From April to June 2024, the SARS-CoV-2 Omicron variant and its descendant lineages, particularly the JN.1 variant and its descendants that are included in BA.2.86, continued to comprise the majority of sequenced viruses. Data from GISAID showed that the dominance of the JN.1 lineage declined over the course of the quarter, from 27% in April to 13% in June. In June, the other most common lineages were: KP.3.1 (14%); KP.3.1.1 (12%); KP.2 (8%); JN.1.11 (7%); and KP.3 (5%). KP.3 was declared as a variant under monitoring by WHO on [3 May 2024](#).



Distribution of variant proportions across the WHO European Region from 1 April (Epi week 14/2024) to 30 June (Epi week 26/2024)

Please refer to the joint [ECDC-WHO European Region European Respiratory Virus Surveillance Summary \(ERVISS\) platform](#) and the [WHO European Region COVID-19 Information Hub](#) for further information.

Vaccination uptake during the first quarter of 2024

The following data presents the vaccination uptake for the first quarter of 2024 across WHO/Europe Member States, categorized by three population groups:

- **General population:** in 35 Member States reporting data, approximately 2.7 million doses of the COVID-19 vaccine were administered, reflecting an uptake of 0.28% of the general population across these reporting countries.
- **Older adults:** data from 32 reporting Member States indicated that 2.4 million doses were administered to older adults, representing an uptake of 1.02% of the older adult population within the reporting Member States.
- **Health-care workers:** among 17 Member States reporting on health-care worker vaccinations, around 37 400 doses were administered, accounting for 0.09% of health-care workers in the reporting countries.

These figures highlight ongoing vaccination coverage rates among various demographic groups within the WHO/Europe Region for the first quarter of 2024. Please note that there is a delay in the collection and reporting of COVID vaccination data. For more information on vaccination uptake in the European Region and globally, please click [here](#).

COVID-19 lessons learned: WHO Regional Office for Europe launches the first Pan-European Network for Disease Control

On 22 April 2024, WHO Regional Office for Europe jointly with the United Kingdom Health Security Agency (UKHSA) launched the Pan-European Network for Disease Control (NDC). The NDC will be hosted by UKHSA, with UKHSA Chief Executive Dame Jenny Harries as interim Chair of the Steering Group. As a Network of health security networks, the NDC's mission is to bolster the preparedness of the WHO European Region, spanning 53 countries across Europe and central Asia, by proactively identifying and mitigating potential risks before they escalate into regional or global threats. The NDC will:

- play a vital role in keeping people safe by facilitating collaboration and knowledge-sharing among nations, public health agencies, academia and civil society;
- promote common standards to help facilitate a unified approach to disease management across Europe and central Asia;
- leverage the existing networks convened through WHO Regional Office for Europe and ECDC to create opportunities for technical collaboration and research;

- promote the development of innovative approaches by facilitating the sharing of case studies, technical expertise, best practices and resources to help NDC members and WHO European Member States develop new skills and partnerships; and
- improve interdisciplinary coordination among animal, human and environmental sectors at national, regional and global levels, taking a One Health approach to disease control.

One of the key recommendations of an independent commission in 2021 on the lessons learned from the pandemic, chaired by former Italian Prime Minister Mario Monti, was to set up a Pan-European Network for Disease Control. This is due to the vastness of the Region, which stretches from the Atlantic to the Pacific Oceans. Coordinating and sharing information across this diverse Region poses a series of challenges, which were exacerbated by the COVID-19 pandemic. The NDC will be more inclusive than previous disease control networks, incorporating both European Union (EU) and non-EU countries, and will bring together multilateral bodies from the EU, United Nations and central Asia.

The challenges we face are unprecedented in their scale and complexity, from the ongoing threat of infectious diseases to the spectre of climate change and geopolitical instability. In the face of such daunting challenges, the creation of a Pan-European NDC embodies our unwavering commitment to forge stronger bonds of cooperation and solidarity to counter infectious diseases and health emergencies. It serves as a testament to our shared resolve.

– Dr Hans Henri P. Kluge, WHO Regional Director for Europe.



The COVID-10 Memorial Wall, on the River Thames, London, United Kingdom

Transition from the acute phase of COVID-19

The [Regional Transition Plan](#) outlines a comprehensive roadmap for transitioning from the acute phase of the COVID-19 pandemic towards a sustained response and recovery to strategically and sustainably investing in resilient health systems able to respond to emergencies and maintain essential health services at all times. The transition process will be finalized by July 2024. The Regional Office is implementing the 13 strategic shifts in its approach to managing COVID-19 across the five core subsystems of WHO's work in emergencies. These shifts are aligned with WHO's proposed [global health architecture](#) for Health Emergency Preparedness, Response and Resilience (HEPR).

Build collaborative surveillance systems

- Transition regional COVID-19 surveillance systems to integrated respiratory virus surveillance.
- Sustain the increased laboratory capacity for pathogen detection and genomic surveillance.
- Systematically use data analytics for early warning and epidemic intelligence.

Enhance access to countermeasures

- Sustain and expand platforms to share new COVID-19 knowledge, therapeutics, diagnostics and other countermeasures equitably across the Region.
- Learn from and sustain COVID-19 vaccination roll-out.



Strengthen effective emergency coordination

- Integrate lessons from COVID-19 into planning for the next pandemic.
- Strengthen the national and regional health emergency workforce and emergency management systems to respond to health emergencies.
- Generate and share knowledge through the Pan-European Network for Disease Control.

Enhance community protection

- Invest in sustained risk communication, community engagement, and infodemic management across the emergency cycle.
- Instil a more comprehensive approach to PHSM.

Ensure safe and scalable care

- Strengthen foundations for safe, scalable and high-quality clinical care and infection prevention and control (IPC) at all health system levels.
- Build a resilient and integrated health system that maintains the capacity to surge into a dual-track response when needed.
- Accelerate the establishment of pluri-disciplinary services that take a patient-centred approach to the post-COVID-19 condition (PCC).

Implementation of the strategic shifts that are under way in the second quarter



In alignment with the effort to strengthen WHO's event-based surveillance (EBS) by developing a strategy for all hazards/priority diseases and a One Health approach, WHO enhanced EBS for mass gatherings during UEFA EURO 2024, Paris 2024 Olympic and Paralympic games.



In alignment with accelerating the establishment of pluri-disciplinary services that take a patient-centred approach, WHO Europe has published [Service delivery models for people with post-COVID-19 conditions in selected European countries: summary report](#).

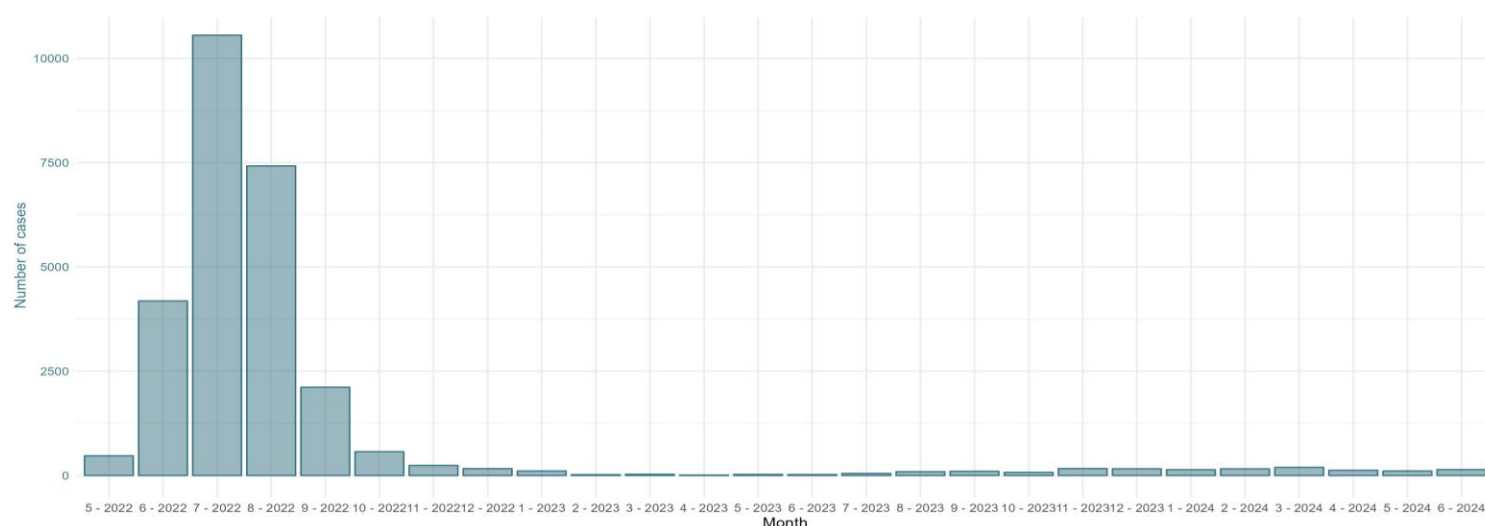


To ensure continued and strengthened implementation of IHR (2005) in all aspects of public health event management, WHO/Europe conducted a second IHR NFP (Serbia–Montenegro–Poland) twinning meeting from 30 to 31 May.

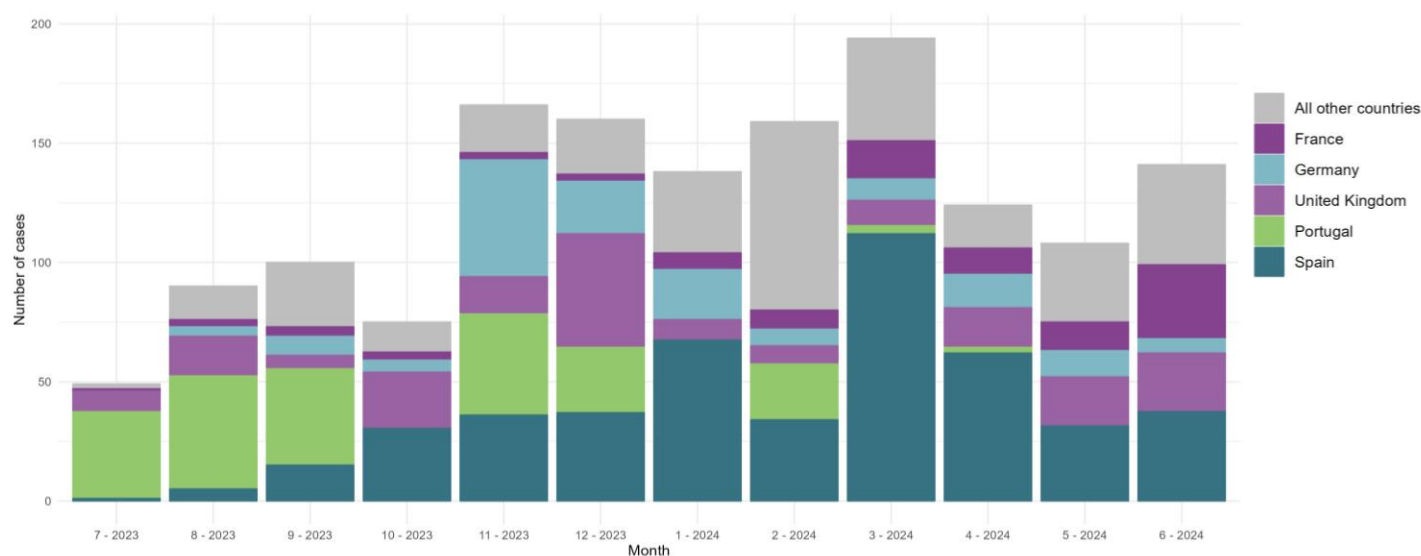
PROTRACTED GRADE 2 – MPOX

Regional epidemiological situation

During the second quarter, mpox cases decreased compared to the previous quarter but cases continue to be reported as part of the long tail of the 2022 outbreak in Europe. As of 30 June 2024, there have been 27 530 cases and 10 deaths reported across the Region. Between April and June, no new deaths have been reported in the European Region. By the end of June, the WHO European Region represented 28% of the global incident caseload with most countries now reporting monthly. Low-level transmission continues in the Region, with the number of monthly mpox cases increasing from 124 cases in April to 141 cases in June. Overall, the most affected countries were Spain with 124 cases, France with 66 cases, and the UK with 44 cases.



Mpox cases reported by month in the WHO European Region from May 2022 to June 2024



Top five countries reporting new mpox cases reported by month in the WHO European Region from July 2023 to June 2024

As of June 2024, most cases continue to be reported among men (98%) between 31 and 40 years of age (39%). Of the male cases with known sexual orientation, 96% self-identified as men who have sex with men. Among cases with known HIV status, 38% were HIV-positive. Since the beginning of the outbreak in May 2022, 885 (7% of cases) have been hospitalized, of which 301 cases required clinical care. Eight cases were admitted to intensive care, and ten cases of mpox were reported to have died. Most of the cases presented with a rash and systemic symptoms such as fever, fatigue, muscle pain, chills or headache. Please refer to the [Joint ECDC–WHO Regional Office for Europe Mpox Surveillance Bulletin](#) for further information.

WHO Regional Office for Europe's support to Member States in their preparedness to mass gathering events during the spring/summer season

As spring brought forth the season of mass gatherings, on 2 May, WHO Europe's Risk Communication, Community Engagement and Infodemic Management Unit (RCI) spearheaded a meeting with civil society organizations (CSOs) from different countries across the Region, to discuss the current mpox situation, strategies for this year's response and collaborative mechanisms. CSOs from Italy, Ireland, Spain, Portugal, Germany, the UK, and European pride organizers attended the meeting.

In anticipation of the first EuroPride event held in Thessaloniki from 21 to 29 June, the WHO/Europe Mass Gathering team collaborated closely with Greek public health authorities and local CSOs. The Greek Public Health Institute (NPHO) played a pivotal role by implementing an outreach programme in Thessaloniki's nightlife venues to promote HIV and STI prevention. Informational materials and condoms were distributed, complemented by a promotional stand at a public park in the municipality of Thessaloniki to provide further information. NPHO also developed and disseminated a leaflet on mpox preparedness at key locations throughout EuroPride.

WHO Europe provided editable social media tiles and posters shared with NPHO aimed at increasing public awareness. Additionally, the WHO Regional Office for Europe shared the [RCCE-IM toolkit for mpox elimination](#), [a compendium of case studies on mpox](#), a [lessons learned report](#) derived from a webinar held in February 2023 focusing on managing large gathering events during mpox outbreaks, and a comprehensive [catalogue of resources](#).

Despite the declining incidence of mpox cases compared to summer 2022, WHO/Europe remains steadfast in its commitment to eliminate mpox in the Region. The Incident Management Support Team is refining strategies and consolidating efforts, with key evidence-based initiatives to be developed between July and September 2024. As part of this effort, the WHO Regional Office for Europe may conduct a survey among Member States to assess the situation and better tailor the elimination strategy in the Region. This proactive approach ensures that health and safety remain at the forefront of the mpox response during spring and summer mass gathering events, when the population is at most risk.



President of Barcelona Checkpoint – a community-based centre that supports gay, bisexual and other men who have sex with men, and transgender women, focusing on the detection of HIV and other sexually transmitted infections

PROTRACTED GRADE 2 – TÜRKİYE AND SYRIA EARTHQUAKES

Situation update

50 783

Deaths

107 000

Injured

9.1 million

Affected people

3 million

Displaced



The rapid field assessment team from WHO visiting the Belgian Field Hospital (B-FAST), Hatay province

The devastating earthquakes that struck the Kahramanmaraş province in Turkey on 6 and 20 February affected 11 provinces, resulting in 50 783 deaths and up to 107 000 injured individuals. A total of 9.1 million people were affected, with 3 million left displaced. In the months following the earthquakes, WHO and the MoH developed a joint response plan to oversee response activities. WHO supported the MoH in reinstating health service provision and strengthening the capacity of health staff in key health topics. In collaboration with the Ministry, WHO and partners delivered a series of joint training programmes, including on mental health and psychosocial support (MHPSS), physiotherapy, water, hygiene and sanitation (WASH), infection prevention and control (IPC), and vaccine hesitancy and cold chain supply.

WHO also supported the MoH in restoring the provision of health services at the primary health-care level by developing prefabricated family health centres and containers for MHPSS and physical rehabilitation services. Thirty-three prefabricated containers for MHPSS services were furnished and delivered to the four most affected provinces, with an additional four for physical rehabilitation-related services delivered to Hatay.

Throughout the second quarter of 2024, the WHO Country Office in Türkiye continued to support the MoH and earthquake recovery efforts. To ensure the continuation of health-care services in the earthquake-affected areas, WHO completed the construction and handed over eight prefabricated primary health care (PHC) centres to the MoH on 26 June. These centres are located in the four most affected provinces: Adıyaman, Malatya, Kahramanmaraş and Hatay.

In addition to the completion of these PHCs, during the second quarter, WHO provided MHPSS training to psychologists and general practitioners (GPs) serving the affected population. The Grief Counselling Training, held from 6 to 10 May, equipped 20 psychologists from the MoH with a comprehensive understanding of grief processes, incorporating various models and theories. WHO also supported three rounds of training in the Mental Health GAP Action Programme (mhGAP) to refresh and enhance the skills of GPs in delivering mental health care within PHC settings. This training, conducted from 3 to 7 June, 9 to 12 June, and 22 to 26 June, included 130 GPs working in Hatay.

WHO installs prefabricated primary health care centres in the earthquake-affected provinces following the February earthquakes in Türkiye

To support the continuity of health-care services in earthquake-affected areas, WHO initiated the construction of eight prefabricated PHCs in the four most affected provinces following the earthquake in Türkiye on 6 February 2023.

Due to the extensive damage to health infrastructure in the earthquake-affected provinces, WHO, in collaboration with the MoH of Türkiye, and with financial support from the State of Kuwait and Norway, initiated a construction of eight prefabricated PHCs in the four most affected provinces: Adıyaman, Malatya, Kahramanmaraş, and Hatay. Following thorough deliberations and negotiations between WHO and the MoH, a memorandum of understanding (MoU) was signed, outlining the roles and responsibilities of each party. The locations, construction details and related equipment and furniture were also stipulated in the MoU. This initiative aligns with the MoH's strategy to establish 161 new PHC units in the earthquake-affected provinces, ensuring uninterrupted access to PHC services. The locations for the prefabricated family health centres (PFHCs) were identified through collaboration between the MoH and WHO.

Careful consideration was given to identifying key areas with significant health-care needs in the earthquake-affected provinces. Factors such as population density, accessibility and existing health-care infrastructure were considered to ensure that the PFHCs were strategically placed to serve the most vulnerable communities.

Each PFHC includes four doctors' consultation rooms, one vaccination room, one emergency care room, one pregnancy monitoring room, one laboratory room, one breastfeeding room, one administration office room, one toilet block, one storage room, two patient waiting areas, and a reception desk at the main entrance.

The construction of eight PFHCs was completed and handed over to the MoH on 26 June. Two of the PHCs in Adıyaman are already operational, serving an average of 24 000 people. The eight prefabricated centres established by WHO are expected to provide PHC services to approximately 100 000 people across the four provinces, delivering essential medical services to the affected population.



A prefabricated primary health care centre in Adıyaman, Türkiye

PREVENTION AND RESPONSE TO SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PRSEAH)

Across all emergencies

PRSEAH specialists and focal points coordinate efforts in and across countries to strengthen internal capacity, reporting and accountability mechanisms in our operations response to the Ukraine conflict, earthquake response in Türkiye and northwest Syria, and refugee-hosting countries. Response efforts are in line with the WHO PRSEAH strategy, and collaboration is through interagency mechanisms.

Ukraine response

From 10 April to 1 May, the PRSEAH team from the WHO Ukraine Country Office conducted four sessions on "Building the capacity of emergency medical workers to provide quality services to survivors of sexual violence, intimate partner violence and conflict-related sexual violence" in Odesa, Dnipro and Kyiv. The sessions were attended by 103 participants, including doctors, nurses and medical assistants from the PHC system. These sessions were organized with the support of WHO and covered topics such as basic knowledge on prevention and response to sexual misconduct, aiming to increase awareness and provide clarity on these sensitive issues.

In June and July 2024, the WHO PRSEAH team, in collaboration with the rehabilitation team, conducted a series of PRSEAH sessions during specialized rehabilitation training in the Rivne region of Ukraine. Participants were mainly from the rehabilitation workforce: physical therapists, occupational therapists, nurses, physical and rehabilitation medicine physicians. During the training, rehabilitation doctors were educated about the concepts of preventing and responding to sexual misconduct, including how to detect it during patient interactions.

On 2 May, an online training session on the basics of preventing and responding to sexual misconduct was held for staff of the implementing NGO partner "Barrier Free". The online training was attended by 33 employees of the organization. During the 2-hour session, WHO trainers introduced the participants to the concept of combating sexual misconduct in the UN system and WHO, emphasizing the significance of the implementing partners' commitments in this area.

Refugee-receiving countries

On 19 June 2024, the MoH of Moldova, with the support of WHO, organized a consultation workshop on the new regulation aimed at preventing, examining and reporting cases of sexual harassment. The event included the participation of 34 people, representatives of the coordinating group for gender equality within the MoH, leaders of public and private medical institutions, the Rector of the University of Medicine of Moldova, the director of the Centre for Excellence in Medicine.



A consultation workshop on the new regulation in Chisinau, Moldova

The workshop marked an important moment in efforts to prevent sexual harassment, highlighting the MoH's commitment to combating sexual harassment and promoting a safe and respectful work environment in the health sector.

On 15 May, the WHO Hungary Country Office convened a half-day in-house event dedicated to enhancing understanding and commitment to PRSEAH. An hour was allocated to explore PRSEAH's foundational concept, legal framework, reporting channels, and to assess training requirements for colleagues.

Türkiye earthquake response

During the second quarter of 2024, as the co-chair of the North-west Syria (NWS) PRSEAH network, WHO continued supporting the NWS PRSEAH network activities, including facilitating PRSEAH network monthly meetings and the network team on how and where to refer sexual exploitation and abuse (SEA) cases reported through the network hotline.

On 15 and 17 May 2024, a PRSEAH refresher training took place for 10 WHO staff based in Ankara, Türkiye. During this session, participants were introduced to WHO's new policy on preventing and addressing sexual misconduct, discussed the key concepts and minimum operating standards. The participants were also reminded about the reporting obligation and procedures and were informed about the available services to victims of SEA.

EMERGENCY OPERATIONAL READINESS

Readiness to respond: WHO/Europe trains country workforce on WHO's revised Emergency Response Framework (WHO ERF)

The consequences of public health emergencies on the health and well-being of communities and societies can be devastating – this includes disruptions to and impacts on health systems and services, economies and livelihoods. Recent experiences have highlighted the need for WHO and its partners to be ready and have the capacity to respond to a range of hazards.

To ensure a timely, predictable and effective response in support of Member States and affected communities, WHO adopted and implements its internal Emergency Response Framework (WHO ERF). The ERF provides WHO staff with essential guidance on how the Organization manages the assessment, grading and response to public health events and emergencies with health consequences, in support of Member States and affected communities. The publication of the latest edition ([ERF 2.1](#)) in 2024 stems from lessons learnt in recent emergencies, with key areas updated to improve the accountability, predictability, timeliness and effectiveness of WHO's response capacity.

To support the roll-out of the updated WHO ERF, the Emergency Operations team at the WHO Regional Office for Europe conducted a training for 24 WHO Health Emergencies Programme (WHE) national professional officers from across the Region, including from Ukraine, Ukraine refugee-receiving country offices, and priority countries from subregional hubs. The two-day in-person training took place at the WHO Regional Office in Copenhagen from 10 to 11 April 2024.

To support the continued implementation of the revised ERF, this training was designed to train WHO's frontline teams on the guiding principles, risk assessment and health analysis process, and how to determine the level of operational response required by WHO for any event. The training also covered revised ERF procedures and clarified key Incident Management System (IMS) responsibilities and accountabilities. Practical exercises simulated a range of scenarios, allowing participants to apply WHO ERF's principles to a fictional health emergency. Interactive panel discussions and group activities facilitated knowledge-sharing and strategic brainstorming between participants, fostering a collaborative environment and reinforced operational synergies between WHO country and regional offices. Pre- and post-training assessments revealed close to 30% increase in overall knowledge of the ERF.

In recent years, the WHO European Region has witnessed an increase in the number and complexity of public health emergencies. These include large-scale conflicts, natural disasters, refugee crises and infectious disease outbreaks. Looking ahead, the WHO Europe Emergency Operations team plans to provide a range of WHO ERF training to all WHO regional and country office personnel, ensuring a comprehensive and coordinated response to future emergencies.



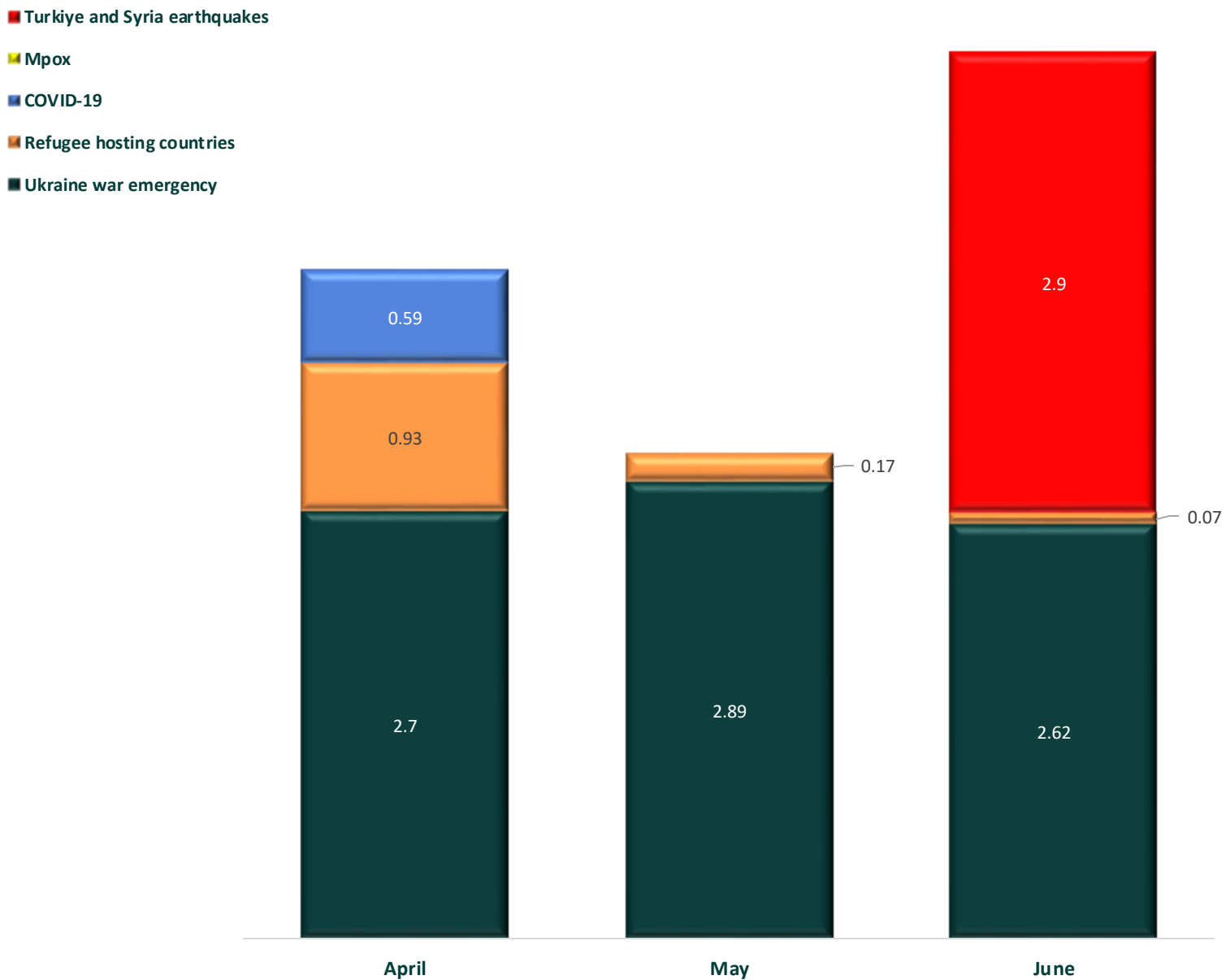
Participants at the ERF roll-out training during the group work activity

OPERATIONAL SUPPORT AND LOGISTICS

Across all emergencies

Operational support and logistics (OSL) is an essential part of an emergency response. It ensures that critical and medical supplies arrive in a timely way where they are most needed. WHO delivers rapid, flexible and predictable access to life-saving services and supplies to communities in need, often in some of the most remote and challenging contexts.

Emergency supplies delivered (US\$, millions)
Q2 April–June



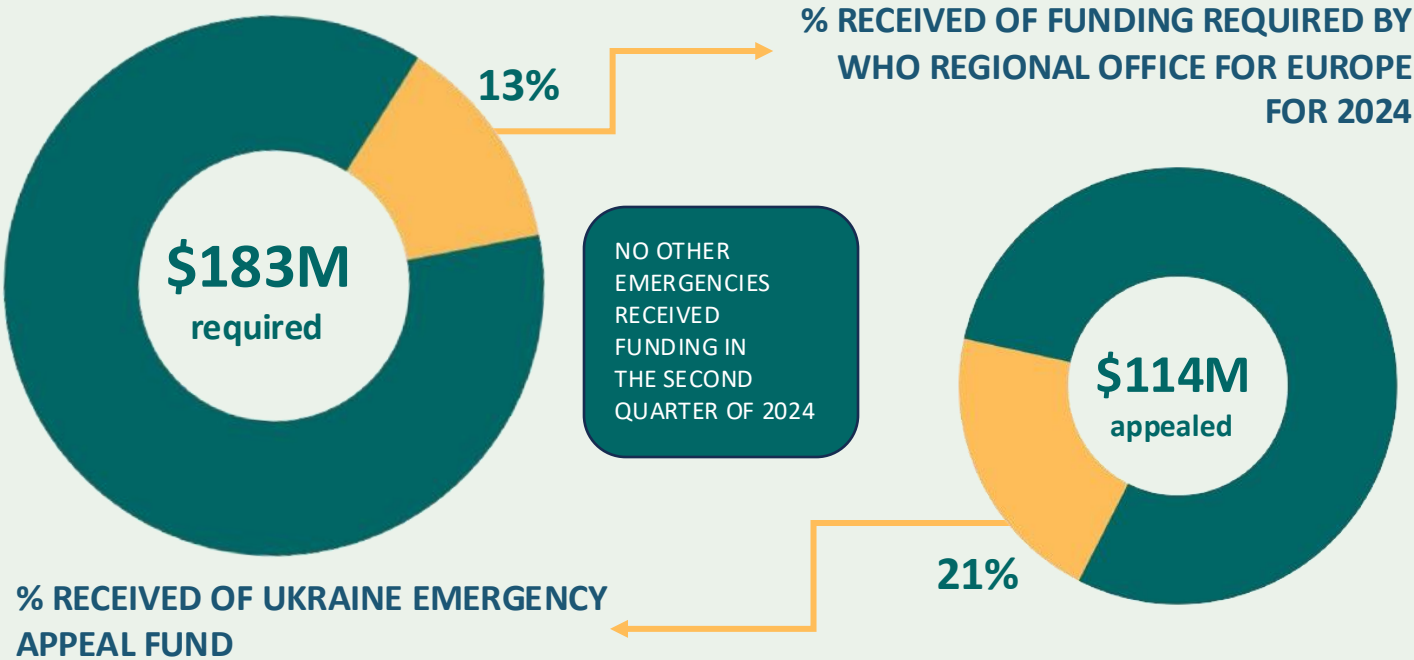
* The data presented have been adjusted following retrospective analysis of WHO’s records.

FUNDING IMPLEMENTATION

Across all emergencies

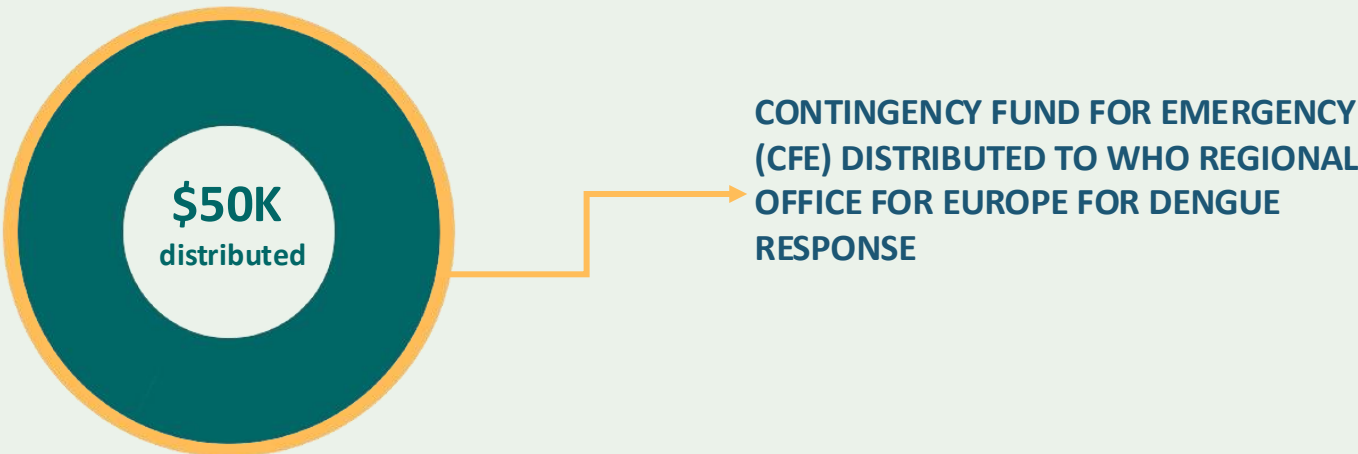
The European Region continues to face many public health emergencies that require attention and resources on the ground. With increased funding and urgent action, WHO can ensure that health is protected during emergencies – saving lives, supporting recovery efforts, preventing the spread of diseases within countries and across borders, and ensuring that communities have the opportunity to rebuild.

FUNDING IMPLEMENTATION IN 2024: UPDATE AS OF 30 JUNE 2024



Please refer to [WHO’s Health Emergency Appeal 2024](#) for further information.

Since the beginning of 2023, the world has been facing an upsurge of dengue cases and deaths reported in endemic areas with further spread to areas previously free of dengue. More than 5 million dengue cases and over 5000 dengue-associated deaths have been recorded in all six WHO regions with some variations observed. Although dengue is not endemic in the WHO European Region, autochthonous cases have been reported in Italy, Spain and France.



Please refer to [Dengue: WHO Health Emergency Appeal 2024](#) for further information.

Key links and resources

WHO European Region publications | April–June | Online archive available [here](#)



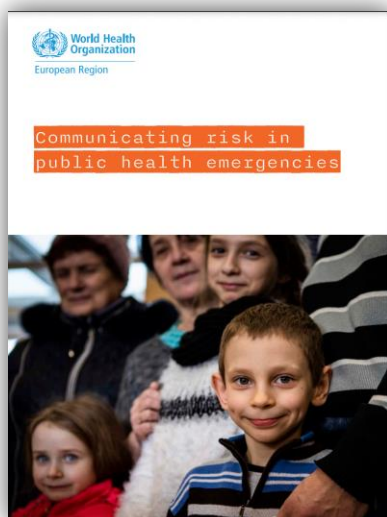
WHO emergency response in Ukraine and refugee-receiving countries: annual report 2023

<https://iris.who.int/handle/10665/376697>



Joint monthly surveillance report on SARS-CoV-2 and mpox in animals in the European Region, May and June 2024

<https://iris.who.int/handle/10665/378090>



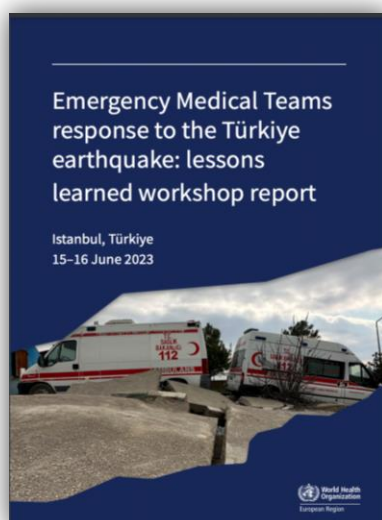
Communicating risk in public health emergencies

<https://iris.who.int/handle/10665/376362>



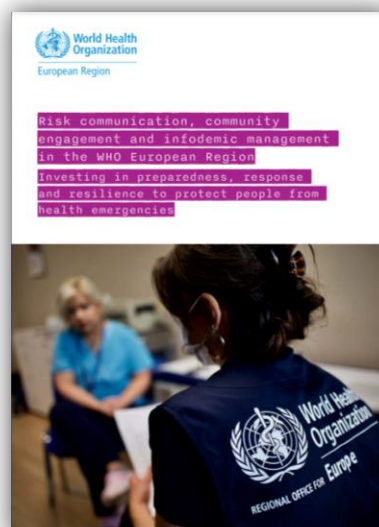
War in Ukraine: situation report from WHO Country Office in Ukraine: issue No. 76, 21 June 2024

<https://iris.who.int/handle/10665/377734>



Emergency Medical Teams response to Türkiye earthquake: lessons learned workshop report, 15–16 June 2023

<https://iris.who.int/handle/10665/378307>



Risk communication, community engagement and infodemic management in the WHO European Region: investing in preparedness, response and resilience to protect people from health emergencies

<https://iris.who.int/handle/10665/376364>

Upcoming WHO Regional Office for Europe emergency response activities for quarter 3 of 2024

COVID-19

- ✓ Monthly review of the implementation of the WHO Regional Office for Europe's plan for the transition from the acute phase of COVID-19
- ✓ Submit a proposal to EC–DG Sante for the project supporting long COVID patients: insights and actions under the EU4Health Work Programme for 2024
- ✓ Publication of a paper on lives saved in Europe due to COVID vaccination

Ukraine conflict

- ✓ Prepare the report on the Ukraine conflict emergency response review
- ✓ Contribute to the Planning Parameters 2025–2026 Regional Refugee Response Plan for the Ukraine Situation.
- ✓ Contribute to the UN regional-level scenario planning for potential 2024–2025 winter-related refugee movements.
- ✓ Provide sub-regional technical meeting report aimed at identifying mid- to long-term solutions related to the Ukraine refugee health response.

Mpox

- ✓ Continued surveillance and response to eliminate mpox in the Region and effective detection of the introduction of new cases.
- ✓ Continued monitoring of mass gathering events and engagement with WHO/Europe pride organizers
- ✓ Development of survey for Member States on surveillance and vaccination policies

Türkiye and Syria earthquakes

- ✓ Finalize and publish the report on Türkiye operational review of the response to noncommunicable diseases.
- ✓ Review the Türkiye earthquake response grading and scale back response while continuing to support recovery interventions.

Israel–oPt conflict

- ✓ Increased advocacy for a sustained approach to medical evacuations to WHO/Europe countries
- ✓ Increased readiness for refugee influx to Cyprus in case of regional escalation of conflict
- ✓ Continuation of the community engagement and interfaith dialogue project with civil society organizations
- ✓ Continued collaboration on mental health and psychosocial support

Dengue outbreak

- ✓ Surveillance implemented of autochthonous cases across the WHO European Region
- ✓ Analysis of survey of laboratory and surveillance capacities in at-risk countries

Events

- ✓ PHEOC training for the Western Balkans and the Western Pacific, 1–3 July 2024

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
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Georgia
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Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
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