



Health security bulletin

October–December 2025



World Health
Organization

European Region

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From 27 to 28 November 2025, Luxembourg hosted a Universal Health and Preparedness Review High-Level Mission to review the country's strategic capacities for health emergency preparedness. The mission brought together senior decision-makers from national, regional and global levels.

As we close the final quarter of 2025, we are reminded that health security depends on constant vigilance and sustained investment in preparedness. One of the core priorities of WHO/Europe's European Programme of Work is health security; in practical terms, this means supporting countries to prevent, detect and respond to public health threats. For the Health Security Division, this means helping Member States manage health risks.

In 2025, in collaboration with Member States, we identified 136 hazards posing health risks across our Region; from earthquakes and floods to antimicrobial resistance, heatwaves and attacks on health care. Understanding these risks allows us to strengthen the capacities of countries before disasters strike. From the Emergency Operations Centre at the WHO Regional Office for Europe, we monitor health threats 24/7 across 53 countries. Last year alone, we analysed more than 224 000 signals, identifying emerging risks and supporting responses to events such as measles, mpox and food safety threats.

In 2025, we prioritized emergency preparedness as much as response; the WHO European Region achieved an unprecedented 98% submission rate of International Health Regulations States Parties Self-Assessment Annual Reports, demonstrating the successful engagement of 54 out of 55 States Parties. WHO also supported six countries in revising and testing national pandemic plans, integrating lessons learned from past health crises.

In November 2025, Luxembourg hosted a Universal Health and Preparedness Review High-Level Mission to assess its capacities for health emergency preparedness. Bringing together ministers and senior decision-makers, the review examined lessons learned, assessed current capacities against risks, and identified priorities for sustained investment.

The review also highlighted Luxembourg's contribution to strengthening emergency preparedness in 13 countries across the Region.

We also continued to invest in readiness through emergency medical teams (EMTs). In 2025, WHO continued supporting Member States in the verification process to ensure that national EMTs meet international standards for deployment in emergencies and disasters. More than 25 countries across the Region are actively engaged in developing and strengthening their EMTs, accelerating the implementation of the *Emergency Medical Teams regional action plan 2024–2030*. This work enhances countries' ability not only to respond rapidly and effectively at home, but also to support others in times of crisis. Throughout the year, we ramped up our efforts to strengthen surveillance, expand operational hubs and ensure essential health services continue during crises. This work relies on partnership; ministries of health, responders, donors and communities working together under a shared commitment.

As Ukraine will mark 4 years since the beginning of the full-scale war, the country's health system has been tested beyond measure. I have seen hospitals that are damaged but resilient, and health-care staff exhausted but committed. Ukraine's humanitarian needs remain immense; yet care continues every day. The determination of Ukrainian health workers embodies the purpose of our work across the Region: protecting health in the most difficult circumstances.

This bulletin reflects not only what we responded to, but how we prepare for what comes next.

Dr Ihor Perehinets



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The WHO European Region in focus: key highlights

Health security planning: the launch of a new series of webinars

Running from December 2025 to June 2026, WHO/Europe's health security planning webinar series builds on discussions from the 75th session of the WHO Regional Committee for Europe side event, [Strengthening health security planning through evidence and risk-based approaches](#), and will contribute to the development of a policy brief capturing regional priorities, country experiences and practical lessons learned. The first webinar of the series, held on 5 December 2025, focused on how Member States are embedding community resilience and protection into national health security planning through practical, community-driven approaches. Speakers from Belgium, Portugal, Ukraine and United Kingdom (Scotland) shared experiences in developing whole-of-government strategies for risk communication, community engagement and infodemic management. The session also marked the soft launch of the Community resilience and protection accelerator network, a new community of practice that brings together governments, civil society, academia and practitioners to strengthen community resilience across the Region.

Copenhagen conference sets the course for One Health in the WHO European Region

From 5 to 6 November 2025, the International One Health Conference took place in Copenhagen, Denmark. Organized under the Danish Presidency of the Council of the European Union (EU) and in collaboration with the WHO Regional Office for Europe, the conference brought together over 200 policy-makers, government officials, scientists, international organizations and key stakeholders from across the EU and beyond to advance a unified One Health approach. The conference aimed to strengthen cross-sectoral collaboration, improve preparedness, and enhance response to current and emerging health threats. A key outcome of the conference was the adoption of [The Copenhagen Recommendations](#) which provide practical guidance for implementing One Health policies at national, regional and EU levels.

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The International One Health Conference working groups exploring specific topics for translating One Health principles into practice.



Regional progress in controlling vaccine-preventable diseases

In December 2025, WHO/Europe completed the annual assessments of all laboratories within the European Measles and Rubella Laboratory Network and the European Regional Polio Laboratory Network, with all laboratories accredited for the coming year. At its 14th meeting, the European Regional Verification Commission for Measles and Rubella Elimination concluded that progress towards measles elimination had stalled. The Commission verified measles elimination in 32 countries, however, 13 were considered endemic and six as having reestablished transmission. The Region is close to rubella elimination: 49 countries have eliminated the disease and the status of three is subject to the provision of additional data. The European Regional Commission for Certification of Poliomyelitis Eradication, at its 39th meeting held in September 2025, recertified the Region's polio-free status. Continued commitment across Member States remains essential to renew progress toward measles elimination, advance rubella elimination and sustain the Region's polio-free status.

Members of the Pan-European Network for Disease Control (NDC) convene to co-create 5-year strategy

From 24 to 26 November members of the NDC came together for a regional strategy conference. During the meeting, participants refined the Network's mission and co-developed end-to-end theory of change pathways for the NDC's three working groups – Emergency Coordination Access to Countermeasures and Collaborative Surveillance – linking them into a single strategic framework for the years ahead. The insights and consensus built during the conference informed the subsequent finalization of the NDC 5-year strategy (2026–2030), ensuring strong alignment with the priorities of WHO/Europe's [Health emergency preparedness, response and resilience in the WHO European Region 2024–2029: A new regional strategy and action plan \(Preparedness 2.0\)](#). The NDC strategy now provides a shared vision for strengthening regional health security, supporting countries in working together to anticipate, detect and respond to cross-border health threats more coherently and consistently.

Detecting and responding to health emergencies across the WHO European Region

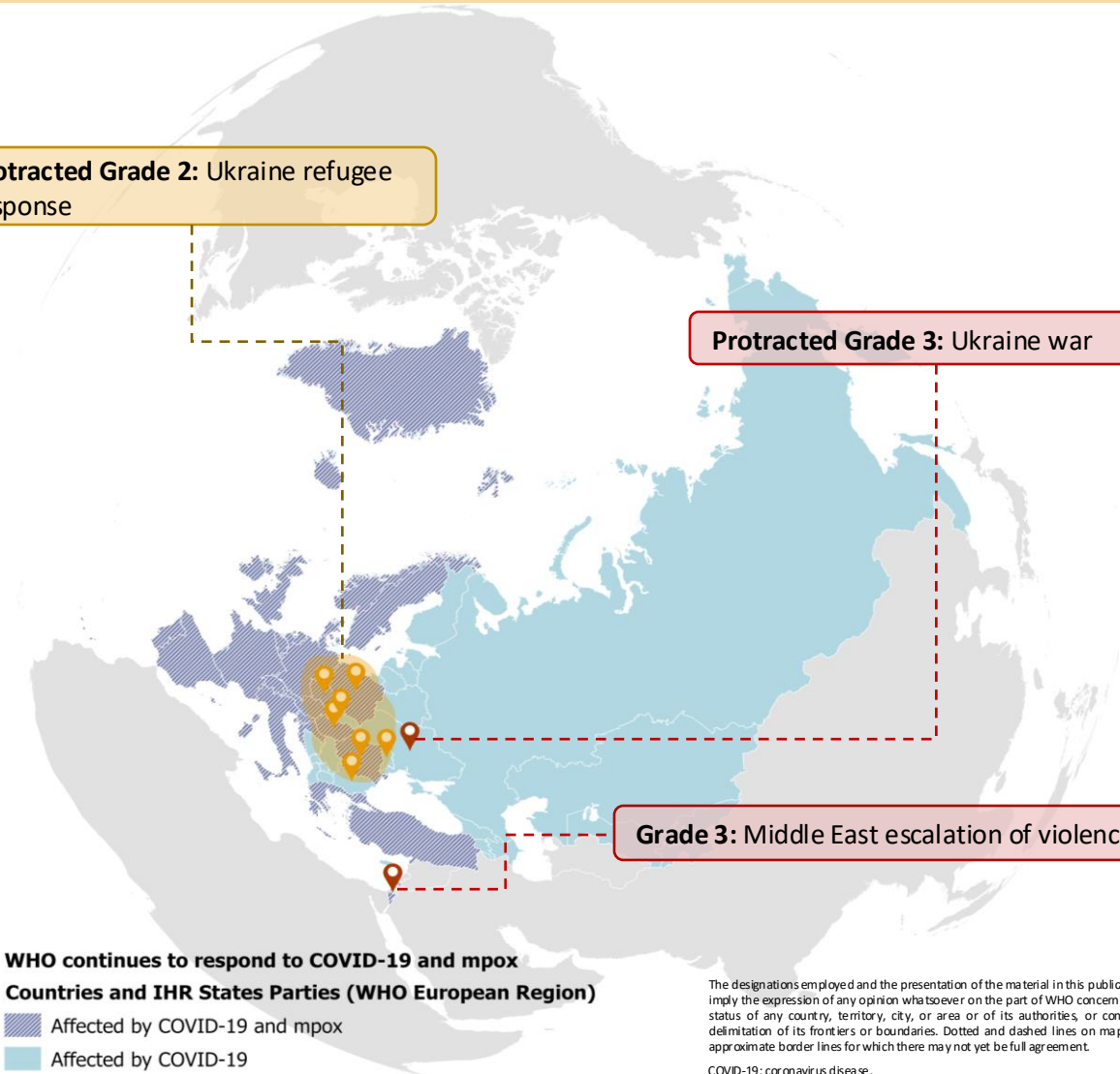
Early warning and response are key to tackling emerging and acute public health risks globally. Therefore, WHO/Europe regularly conducts public health intelligence activities for the detection, verification, risk assessment and response to acute public health threats. These public health intelligence operations are underpinned by the International Health Regulations (IHR) (2005), which require that countries strengthen surveillance efforts and assess, notify and verify events that may constitute a Public Health Emergency of International Concern. From October to December 2025, through Epidemic Intelligence from Open Sources, WHO/Europe screened over 42 750 pieces of information and detected 379 raw signals. After assessment and triangulation of these raw signals, 11 were classified as significant signals and 36 as public health events.



Protracted Grade 2: Ukraine refugee response

Protracted Grade 3: Ukraine war

Grade 3: Middle East escalation of violence



A **graded emergency** is an acute public health event or emergency that requires WHO’s moderate response (Grade 2) or major/maximal response (Grade 3). If a graded emergency persists for more than 6 months, it may transition to a protracted emergency. To learn more, see the [WHO Emergency Response Framework 2.1](#).

Key figures on WHO/Europe’s work in emergencies for October–December 2025

7 **Ongoing graded emergencies**
In or affecting the WHO European Region



US\$ 9.3 million
worth of supplies delivered to the WHO European Region



Grade 3: Middle East escalation of violence



©WHO

The arrival of patients from Gaza, who were medically evacuated to Romania to receive specialized medical care.

Key numbers (since 2023)



1118

medical evacuations to WHO European Region



19

Member States that accepted patients for treatment

Over the past year, the health impact of the conflict in the occupied Palestinian territory has intensified dramatically, with Gaza experiencing a near-total collapse of its health system and Israel facing growing regional and internal security challenges. Since 7 October 2023, [the Ministry of Health in Gaza](#) has reported 71 266 fatalities and 171 222 injuries. Two years of conflict have severely degraded Gaza's health system. Currently, only half of all hospitals are partially functional and specialized medical care is largely unavailable. With the ceasefire improving access and security, it is critical that WHO is supported to rapidly scale up health care in Gaza.

Since the launch of medical evacuation operations in October 2023 and up to the end of December 2025, a total of 1118 Palestinian patients have been transferred to 19 countries in the WHO European Region through the EU's Civil Protection Mechanism's Emergency Response Coordination Centre and bilateral arrangements. From October to December 2025, a total of 157 patients were evacuated to 12 Member States in the WHO European Region. The majority of patients were received and treated in hospitals in the United Kingdom (37), Italy (35), Spain (20) and Switzerland (20). Local health authorities in Gaza estimate that more than 16 500 people, including 4000 children, are currently in need of urgent medical evacuation. As needs in Gaza continue to grow, WHO/Europe remains engaged in advocacy and coordination efforts.

In Israel, the conflict triggered by the attacks in October 2023, has resulted in more than 1200 deaths and approximately 5400 injuries, including the fatalities from 7 October 2023 and the immediate aftermath. On 13 October 2025, all 20 remaining living Israeli hostages held in Gaza were released after more than 2 years of captivity. For the survivors and families of victims, the mental health consequences will endure for a long time to come. WHO continues to call for the protection of civilians and health systems on both sides, and for unhindered humanitarian access.



To the governments, health-care workers and citizens of the 19 countries who responded so willingly to our medevac request: thank you. Your solidarity reflects the belief that health is a human right, and that empathy knows no borders. Your actions are a template for other countries to follow, and we encourage them to do the same. While 1000 medical evacuations to the European Region is an important milestone, this remains a drop in the ocean of need. An estimated 3800 children are still waiting for urgent specialized treatment outside Gaza. It's not too late to help, because every child saved is a future secured. I call on the European Region to rise to the occasion, because saving lives is not political; it's moral, it's urgent, and it's within our reach.

Dr Hans Kluge, WHO Regional Director for Europe



Protracted Grade 3: Ukraine war



A family visits a modular health clinic near the frontline, newly established by WHO, Kovyahu village, Kharkiv region, Ukraine.

Key numbers (since 2022)

-  **14 999** deaths¹
-  **40 601** injured¹
-  **2810** attacks on healthcare
-  **3.7 million** internally displaced
-  **Over 6400** medical evacuations to WHO Member States
-  **33** countries that accepted patients for treatment

From February 2022 to December 2025, [the Office of the United Nations High Commissioner for Human Rights](#) recorded 55 600 casualties in the country with 14 999 people killed and 40 601 injured. However, the actual casualty numbers are likely to be higher. Since 24 February 2022, through [the global Surveillance system for attacks on health care](#), WHO has verified a total of 2810 attacks on health-care facilities.

According to [WHO's latest Health needs assessment of the adult population in Ukraine](#), conducted in April 2025, 82% of respondents reported facing difficulties in obtaining medicines, primarily due to high prices and financial constraints. To help address these gaps, WHO delivered 9800 over-the-counter kits in 2025, which benefited more than 30 000 people by addressing common acute conditions and reducing pressure on overstretched health facilities. Additionally, 319 tonnes of medical supplies were delivered to 954 health facilities through WHO participation in 41 of 52 interagency convoys (80%) and 40 direct WHO deliveries, supporting health services for more than 1 million people, including communities living close to the front lines. To ensure continuity and safety of care during the winter season, in 2025, WHO installed 22 heating units and 13 water stations in hospitals, benefiting over 160 000 people each month and strengthening resilience during periods of increased demand and harsh conditions. Also in 2025, WHO installed 28 modular prefabricated units to support primary health care and emergency medical services, expanding service capacity in areas where infrastructure was damaged or insufficient.

A total of 1413 people were trained in mental health and psychosocial support (MHPSS), strengthening community- and facility-based capacities to identify and manage mental health needs. As part of MHPSS scale-up, a training on the Mental Health Gap Action Programme was conducted for 338 health-care workers across 117 locations, improving the detection and management of priority mental, neurological and substance use conditions.

From October to December 2025, the MoH of Ukraine, with technical support from WHO, successfully coordinated the evacuation of 296 patients to 16 different WHO Member States, providing them with essential medical treatment. Notably, 185 of these patients were evacuated through the EU Civil Protection Mechanism pathway. This initiative underscores the continuous dedication and collaboration among the MoH, WHO and other partners to ensure patients receive timely medical care. Since 2022, a total of 6412 patients have been safely evacuated from Ukraine to 33 WHO Member States.

¹ According to the Office of the United Nations High Commissioner for Human Rights, the actual number of civilian casualties might be higher.

Emergency response

Toward locally anchored resilience: piloting a localization action plan for Ukraine

In November 2025, Ukraine became the second country worldwide to pilot the [WHO localization strategy](#) to strengthen local engagements and collaborations for more effective health emergency management. As part of this initiative, WHO conducted a field mission from 10 to 15 November 2025, involving experts from three levels of the organization, reaching Dnipro, Kyiv, Mykolaiv and Odesa, including frontline areas, and bringing together at least 18 partners from local authorities, civil society and the United Nations (UN).

Together, they mapped local actors, identified operational and capacity gaps, and co-designed practical solutions to sustain essential services; from trauma care to mental health and rehabilitation. The mission highlighted the commitment of local authorities (hromadas) and nongovernmental organizations working under extreme conditions to keep services running and adapt to rapidly evolving needs. The resulting action plan will focus on reinforcing local coordination and leadership, while expanding direct funding to local actors to enable more resilient emergency health responses.

By grounding responses locally, health action becomes more trusted, sustainable and effective; strengthening resilience and protection in line with [Preparedness 2.0](#).



Vadym Anatoliyovych, a family doctor in Mykolaiv region, Ukraine, has been providing medical care to the community for over 36 years.

WHO and the King Salman Humanitarian Aid and Relief Centre (KSRelief) install a new modular clinic in Mykolaiv region, Ukraine

Health facilities across Ukraine continue to operate under difficult conditions placing considerable pressure on the health system. To help ensure the continuity of critical health services, WHO, together with KSRelief, established a modular clinic in Mykolaiv region, Ukraine.

The modular clinic is equipped with solar panels and a generator, ensuring autonomous and uninterrupted operations even during power outages. The clinic will improve access to essential primary health care services alongside emergency medical care. WHO also provided essential medical equipment and medicines to the clinic to treat the most common health conditions.

KSRelief has been a staunch supporter of Ukraine's health system in times of acute strain and continues to make it possible for health facilities to maintain their capacity to save lives, despite persistent, complex challenges.

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Here, we have autonomous lighting, running water, sanitation, and internet - everything we need. Providing emergency care is much safer in the light than in the dark. During widespread power outages, I even had to suture patients using a flashlight, a kerosene lamp, or candles

Vadym Anatoliyovych, a family doctor, who works in the village of Novokaterynivka, Mykolaiv region

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©WHO/Pavlo Zavorotnyi



A rehabilitation centre in Poltava, Ukraine.

Protracted Grade 2: Ukraine refugee response



Artur, a young Ukrainian, receives diabetes treatment at the Heim Pál National Paediatric Institute in Budapest, Hungary. His family found refuge in Hungary after fleeing the war in Ukraine.

Key numbers



5.3 million
refugees within Europe



549 090
refugees beyond Europe



5.8 million
refugees globally



10.8 million
in need of humanitarian support

WHO continues to work closely with national authorities and partners across the WHO European Region to ensure timely, equitable and sustainable access to health services for Ukrainian refugees. To date, the [United Nations Refugee Agency](#) estimates that over 5.3 million refugees from Ukraine remain in Europe.

While cross-border movements have stabilized, uncertainty around the continuation of temporary protection and differing national policies continue to pose challenges. Notably, 83% of refugees now report having access to health care, and 75% are covered by public health insurance; demonstrating significant progress in integrating refugee populations into national health systems. Despite great efforts from the host countries to provide access to health services for refugees in line with the Temporary Protection Directive, effective access remains challenging.

Constraints include stretched health system capacities and limitations in policy frameworks in several countries. Nearly one in seven refugees (15%) report barriers to accessing health care, with long waiting times, high direct and indirect costs and language barriers preventing timely care. These barriers disproportionately affect people with chronic illnesses and disabilities. MHPSS needs are particularly acute, with 32% of households reporting at least one member of their household experiencing a mental health and psychosocial problem that affects their daily functioning. However, access to services is often insufficient due to barriers such as limited awareness of available resources, cultural and linguistic challenges, lack of perceived need, stigma and logistical constraints (e.g. time, cost and transportation), underscoring the importance of tailored interventions to improve accessibility, awareness and confidence in MHPSS services. WHO continues working with Member States to address these gaps and ensure inclusive, equitable health care for all refugees, regardless of status or location.

Building on 3 years of operational support, the [Regional Refugee Response Plan 2025-2026](#) reflects a transition from acute emergency response to long-term integration, localization and social cohesion. Within this framework, WHO's priorities are to continue supporting refugee integration into national systems to strengthen social cohesion through localized and sustainable responses. In parallel, WHO will reinforce scenario and contingency planning, and other targeted capacity strengthening initiatives to address potential surges in displacement, escalating conflict, infectious disease outbreaks and other emerging threats, including chemical, biological, radiological and nuclear events. This work remains central to WHO's commitment to health for all, leaving no one behind.

Strengthening childhood immunization through trusted primary health care providers in Romania

In November 2025, within the framework of the European Commission Directorate-General for Health and Food Safety (DG SANTE) EU4Health Immunization project, the National Institute of Public Health, in collaboration with the Foundation Center for Health Policies and Services and the WHO Country Office in Romania, launched a training in the country on the technical aspects of and empathic communication for childhood immunization based on the [results and recommendations of a study on barriers to childhood vaccination](#).

From 14 to 21 November 2025, over 200 primary health care providers from Braşov and Timișoara participated in training sessions designed to strengthen their ability to address vaccine hesitancy and communicate with parents about vaccination in an empathetic manner. The training equipped providers with practical tools to engage more effectively with families and support informed decision-making.

In the context of increasing measles cases, additional trainings are scheduled for 2026 with the aim of building stronger local capacity, strengthening trust at the community level and increasing childhood immunization uptake. By enhancing the technical knowledge and communication skills of primary health care providers, the initiative is expected to improve vaccination uptake among both Romanian and Ukrainian populations, support more informed and confident parental decisions, and ultimately enhance health security by reducing the risk of vaccine-preventable disease outbreaks in Romania. The activity was implemented with financial support from DG SANTE through the EU4Health Programme.



A child receives a measles vaccination in Romania.



A WHO team conducts a spot-check on a refugee screening activity in Blagoevgrad city, south Bulgaria.

WHO launches a tuberculosis (TB) screening campaign for refugees living in Bulgaria

A TB screening initiative among refugees living in Bulgaria has reached more than 2700 people across seven regions of the country. As part of the campaign, 89 suspected cases of TB were identified, leading to full diagnostic and medical care in line with national protocols. WHO used available channels to share information about the disease, the importance of early diagnostics and treatment, the availability of free-of-charge treatment in Bulgaria and a list of TB hospitals across the country.

The WHO Country Office in Bulgaria – in partnership with the Bulgarian MoH, the National Centre of Infections and Parasitic Diseases, seven Regional Health Inspectorates (RHIs) and the Bulgarian Red Cross (BRC) – launched the campaign to safeguard communities and care for those in need.

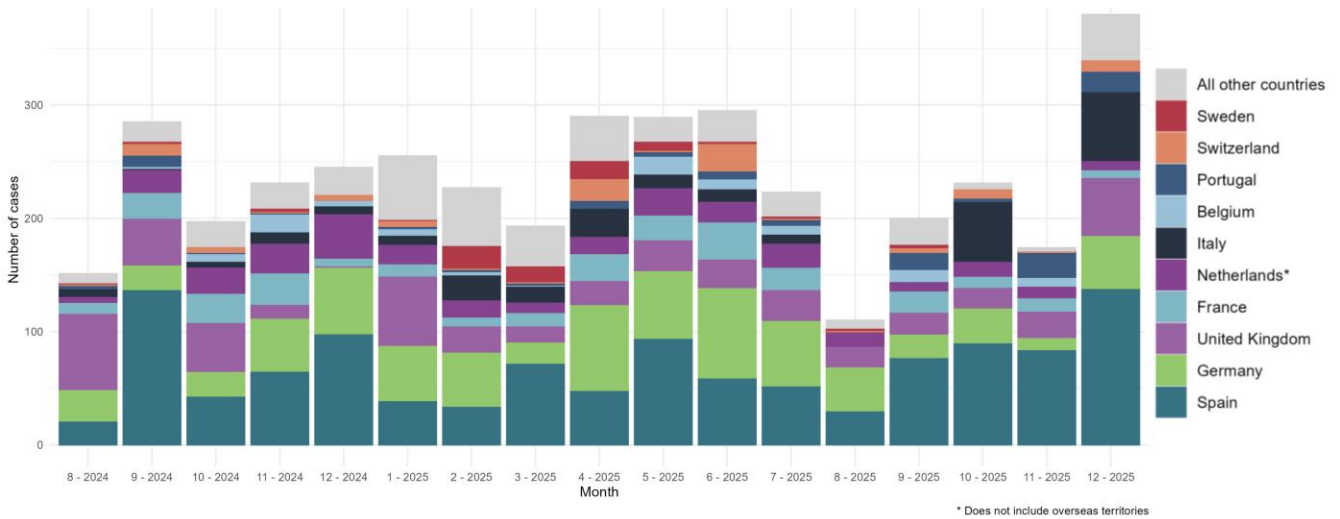
During the campaign, the BRC and RHIs kept records of refugees reached, screened, referred and diagnosed. Awareness sessions were held in the refugee and host communities to educate families about TB symptoms and the critical importance of completing TB diagnostics and early treatment when prescribed.

WHO and the BRC, working closely with the RHIs, established the TB testing campaign, trained local screening teams, provided detailed health communication materials and ran community awareness raising sessions. The RHIs mobilized the medical and epidemiological teams and conducted training on the screening routine, and diagnostic and personal protective equipment were provided by WHO to minimize infection.

The campaign was implemented with the financial support of the Asia-Europe Foundation and the Embassy of Japan in Bulgaria. The WHO Country Office in Bulgaria expresses gratitude for the fruitful cooperation to the MoH, the National Centre of Infections and Parasitic Diseases, the RHIs of Blagoevgrad, Burgas, Dobrich, Haskovo, Plovdiv, Sofia and Varna, and to the BRC.

Grade 3: Mpox

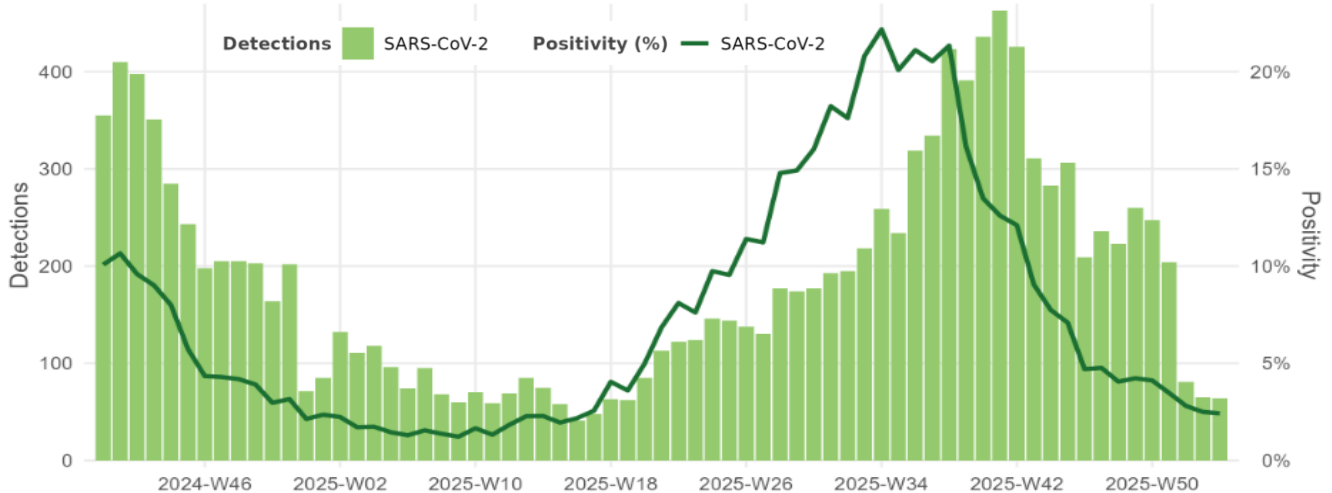
The WHO European Region is currently seeing around 200 mpox cases per month with the vast majority being clade II affecting men who have sex with men. As of 31 December 2025, there have been a total of 31 552 cases and 10 deaths reported across the Region. During the fourth quarter of 2025, transmission remained at relatively low levels, with the lowest number of cases reported in mid-November (174 cases) and the highest in mid-December (380 cases). During the same quarter, the most affected countries were Spain (309), Italy (115) and Germany (92). As of 31 December 2025, 95 confirmed cases of mpox clade I were reported in 14 countries of the WHO European Region. The [WHO global risk assessment](#) remains unchanged, with the risk considered moderate for men who have sex with men with new or multiple partners, for sex workers and for others with multiple partners who may be at risk, and low for the general population who have no specific risk factors for mpox. WHO advises Member States to continue implementing the [WHO standing recommendations](#) currently extended to August 2026.



Top 10 countries reporting new mpox cases reported by month in the WHO European Region from August 2024 to December 2025
 Source: WHO European Region IHR Database.

Protracted Grade 2: COVID-19

The test positivity rate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) at primary care sentinel sites steadily decreased to baseline levels throughout the fourth quarter of 2025. The number of weekly detections decreased from a peak of 463 in week 43 (mid-October) to 64 by the end of December. Reported hospitalizations, intensive care unit admissions and deaths due to SARS-CoV-2 from non-sentinel surveillance also steadily decreased from a peak in week 40, with older adults comprising the majority of cases. Throughout the fourth quarter of 2025, the SARS-CoV-2 Omicron variant and its descendant lineages, primarily NB.1.8.1 and XFG, continued to circulate. The median of country variant proportions for XFG generally trended downwards over the quarter, varying between 57% and 84%. The NB.1.8.1 variant trended slightly upwards over the same period, varying between 8% and 18%. Data submitted to the Global initiative on sharing all influenza data showed that XFG was the dominant variant in December, comprising 32% of 1693 submitted sequences, followed by NB.1.8.1 (12%) and XFG.3 (10%). Please refer to the joint [European Centre for Disease Prevention and Control \(ECDC\)–WHO European Region European Respiratory Virus Surveillance Summary platform](#) for further information.

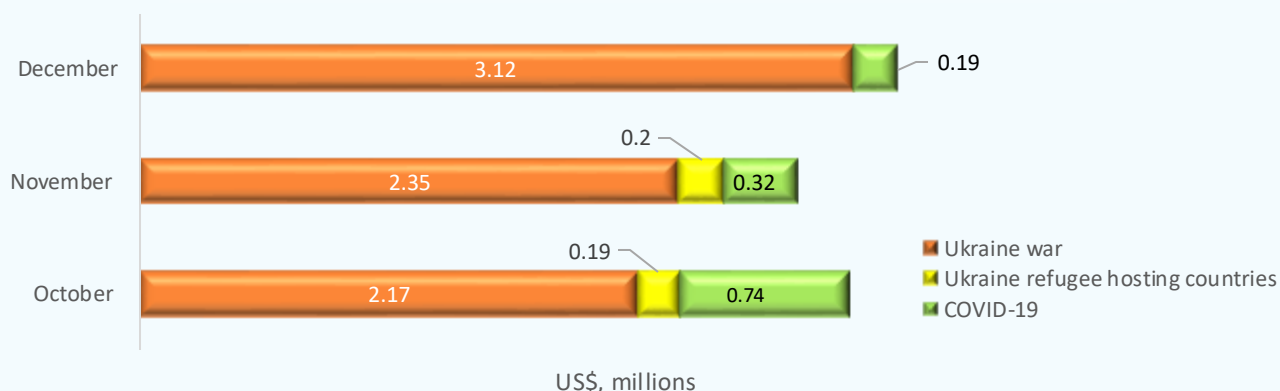


Primary care sentinel detections and test positivity of SARS-CoV-2 in the WHO European Region from 29 December 2024 (Epi week 52/2024) to 28 December 2025 (Epi week 52/2025). W: epi week. Source: European Respiratory Virus Surveillance Summary platform.

Operations support and logistics (OSL)

OSL is an essential part of an emergency response, ensuring the timely delivery of critical medical supplies and life-saving services to affected communities, even in the most remote and challenging settings.

From October to December 2025, US\$ 9.3 million worth of supplies were delivered in response to three emergencies in the WHO European Region.



Prevention and response to sexual misconduct (PRS) across emergencies

PRS is an essential pillar of WHO's emergency response. PRS strengthens internal capacity, accountability and coordination to safeguard communities and uphold the highest standards of conduct, with efforts aligned to WHO strategies and supported through interagency collaboration.

In Ukraine, from October to December 2025, WHO continued the implementation of PRS, focusing on prevention, awareness-raising, capacity strengthening and interagency coordination. Activities were delivered in line with the UN Minimum Operating Standards on PRS, WHO's zero-tolerance policy and a survivor-centred approach, with a particular attention to frontline and high-risk contexts. Over the reporting period, more than 297 individuals were reached, including WHO staff, national implementing partners, Health Cluster partners, members of the protection of sexual exploitation and abuse (PSEA) Network in Ukraine, and representatives of government institutions.

Between 23 October and 28 November 2025, a series of online PRS trainings was delivered to 130 national implementing partner staff. Trainings were designed to address systemic challenges related to the practical use of reporting mechanisms and the protection of individuals who raise concerns, and included interactive case-based discussions. From 2 to 3 December 2025, WHO provided technical and financial support to a 2-day interagency training of trainers (ToT) held in Kyiv for 40 members of the PSEA network in Ukraine, delivered in partnership with the United Nations Populations Fund, UN Women, Plan International and PSEA Network co-chairs. The ToT strengthened interagency coherence on PRS prevention, reporting and response, with a strong practical focus.

During the reporting period, due to the redirection of limited resources toward urgent operational priorities, most WHO country offices in Ukrainian-refugee hosting countries had to reduce the number of PRS activities. Nevertheless, they remain strongly committed to WHO's zero-tolerance policy on sexual misconduct and continue to promote awareness and compliance with the organization's standards of conduct through regular internal communications and integration of PRS principles in ongoing programmatic work. Looking ahead, WHO country offices are actively exploring opportunities to resume dedicated PRS activities in the coming year.



Member States across the WHO European Region continue to play a critical role in implementing the IHR (2005), including the recent amendments, that entered into force in September 2025. A key component of IHR implementation is the development of risk- and evidence-based health security plans, tailored to national contexts and informed by current and emerging threats. To support these efforts, WHO/Europe, jointly with partners, has provided technical assistance to Member States across several core areas.

Strengthening health security through strategic risk assessments

In November 2025, Croatia and Uzbekistan successfully completed their first All-Hazard National Strategic Risk Assessment using the [WHO Strategic toolkit for assessing risk methodology](#). Strategic risk assessments are recognized as a core capacity under [the IHR \(2005\)](#) and a key pillar of [the Sendai Framework for Disaster Risk Reduction \(2015-2030\)](#). By adopting the methodology, these countries have taken an important step toward risk-informed programming, strengthening their ability to prevent, prepare for and reduce public health risks.

Second Joint External Evaluation (JEE) in Albania

Albania underwent its second JEE; a key component of monitoring progress under the IHR (2005). This JEE marked an important moment to examine what has improved, what still needs attention, and how Albania can continue to build a more secure and sustainable health system. The JEE recommendations will feed into the development of the National Action Plan for Health Security that will help strengthening national preparedness capacities for health emergencies.



National laboratory experts at the Institute of Public Health laboratory during a site visit as part of a JEE in Albania.

Luxembourg strengthens health security through the Universal Health and Preparedness Review (UHPR)

From 27 to 28 November, Luxembourg launched the country's [UHPR](#), a structured and high-level assessment of national capacities to prevent, detect and respond to health emergencies, including pandemics, conflicts and climate-related risks. The UHPR provides countries with a comprehensive review of existing systems by examining lessons learned from past emergencies, comparing current capacities against identified risks and identifying priority areas for sustained investment. Luxembourg is the second country in the WHO European Region to undertake this review, following Portugal's UHPR in May 2022. The assessment highlights Luxembourg's strong multisectoral governance, effective cross-border cooperation, strategic investments in digital health and surveillance, and stable financing mechanisms for preparedness. Luxembourg has also contributed to strengthening emergency preparedness in 13 countries across the Western Balkans, South Caucasus, central Asia and the Baltic States. These efforts are supported by high-level political commitment, including engagement from the Prime Minister, the MoH, Parliament and civil society. WHO/Europe will continue to support Luxembourg and other Member States in strengthening health security.

Emergency preparedness: a shared commitment

These above-described efforts – from risk assessments and simulation training to action planning and joint evaluations – have been made possible thanks to the support of key partners, including the European Commission (EU4Health), the Government of Germany, the Pandemic Fund and the Swiss Agency for Development and Cooperation.

Key figures on preparedness under the IHR (2005) January–December 2025

54



States Parties

submitted their 2024 SPAR² (98%)

3



JEEs completed

7



SimEx³

conducted to test national preparedness

3



WHO SimEx management trainings completed

4



National STAR⁴

workshops completed in the WHO European Region

1



NAPHS⁵ completed with 7 more in development

² SPAR: State Party Self-Assessment Annual Reporting.

³ SimEx: Simulation Exercise.

⁴ STAR: Strategic Tool for Assessing Risks.

⁵ NAPHS: National Action Plan for Health Security.

Strengthening strategic action and political commitment on ending TB and drug-resistant TB in the WHO European Region

TB remains one of the world's deadliest infectious diseases, claiming more than 1.3 million lives every year. While the TB incidence and mortality rates continue to decline in WHO European Region, the burden of drug-resistant TB (DR-TB) remains a major public health concern. Since the start of war in Ukraine, countries in western Europe have seen an increase in DR-TB cases, putting achieved progress towards TB elimination targets at risk. During the fourth quarter of 2025, WHO/Europe intensified high-level global and regional engagement to strengthen political commitment and advance policy dialogue in this regard.

On 17 November, ECDC, the KNCV Tuberculosis Foundation and WHO/Europe convened a meeting of the European Tuberculosis Network in Copenhagen, Denmark with the objective to reflect on how current operational challenges are affecting TB responses across the Region. As an outcome, the meeting renewed regional collaboration, strengthened a shared understanding of the evolving crises impacting TB programmes, and informed more coordinated, adaptive approaches to support the Region.

On 20 November, in the context of the Union World Conference on Lung Health hosted by Denmark in Copenhagen, a joint side event, organized by the Danish AIDS Foundation, Médecins Sans Frontières and WHO/Europe, convened political leaders, EU institutions, technical experts and partners to advance dialogue on TB and DR-TB at national and EU levels, explicitly positioning TB and DR-TB as core components of the regional health security and antimicrobial resistance agendas.

These events revitalized regional collaboration by aligning political and technical stakeholders around shared operational challenges, and reaffirmed commitment to TB elimination across the Region.

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Despite being a preventable and curable disease, patients across Europe continue to suffer from TB due to a lack of access to effective treatment and prevention. Exorbitant prices and a lack of drug registration continue to block access to these essential medicines. Organized in collaboration with WHO/Europe and AIDS Fondet, the side event in the Danish parliament brought together key TB stakeholders and TB survivors with the aim of increasing political commitments and turning them into concrete action to improve access to TB medicines in Europe.

Elin Svendsen Herskin, Analysis and Advocacy Officer, Médecins Sans Frontières, Denmark

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A TB specialist from Ukraine examines a chest computed tomography scan.

At country level, WHO support continues to translate political commitment into concrete action.

On 24 December, WHO completed a comprehensive review of the National TB Programme in Ukraine, delivering a final report to the MoH. The findings are being used to inform Global Fund proposal development and national strategic planning, strengthening Ukraine's TB response amid ongoing conflict.

In Romania, as TB diagnostic services came under increasing pressure due to rising demand from both host and refugee populations, in October and November 2025, the WHO Country Office donated 18 500 GeneXpert cartridges and two bronchoscopes to the Marius Nasta Institute of Pneumophysiology in Bucharest. This was made possible through the financial support of the Government of Japan via the Asia-Europe Foundation. The donation will ensure continuous national TB testing capacity for the next 6 months across 44 locations and enhance the Institute's ability to perform advanced respiratory procedures.

Together, these actions demonstrate how coordinated political leadership, regional collaboration and targeted country support can strengthen TB responses and safeguard health security across the WHO European Region; bringing the Region closer to the goal of TB elimination.

Advancing HIV prevention and response in the WHO European Region

Europe continues to fall short on early HIV testing and treatment. In 2024, more than half (54%) of all HIV diagnoses in the WHO European Region were made too late for optimal treatment. New data released by ECDC and WHO/Europe warn that this critical testing gap – combined with a growing number of undiagnosed infections – poses a serious threat to achieving the 2030 goal of ending AIDS as a public health threat.

A groundbreaking progress in HIV prevention

The year 2025 marked a pivotal moment in global HIV prevention. The release of new [WHO guidelines](#) on long-acting pre-exposure prophylaxis (PrEP) introduces a vaccine-like prevention option requiring only two injections per year. This breakthrough has the potential to transform HIV prevention for millions of people at increased risk. At the regional level, WHO/Europe has taken a leading role in advancing discussions on translating these guidelines into real-world implementation, particularly in the context of shrinking global health funding. From 15 to 28 October 2025, at [the 20th European AIDS Conference](#) in Paris, France, WHO/Europe convened a high-level session to explore pathways for sustainable delivery, accelerated access, and reduced financial and procurement barriers, drawing on early implementation experiences such as those in Ukraine.

Laying the groundwork for long-acting PrEP scale-up across the Region

From 9 to 10 December 2025, WHO/Europe also initiated pilot work with Georgia, Kazakhstan and the Republic of Moldova to introduce [QuantPrEP](#), a tool that supports more accurate planning and budgeting for long-acting injectable PrEP, which holds significant promise for reducing new HIV infections across the Region. The pilots establish a foundation for deeper technical collaboration throughout 2026, enabling countries to define realistic PrEP targets, strengthen procurement and financing strategies, and accelerate readiness for the scale-up of long-acting PrEP.

“

Accelerating progress toward the Sustainable Development Goals requires integrated and coordinated action. Our collaboration with the WHO Regional Office for Europe on HIV, TB, hepatitis and sexually transmitted infections enables us to combine expertise, harmonize surveillance and enhance prevention strategies so that all countries in the Region can better anticipate risks and protect vulnerable communities. In the context of growing challenges to global health, together we are building a stronger, more resilient foundation for health security in the WHO European Region.

Dr. Anastasia Pharris, Principal Expert Communicable Disease Prevention and Control/ Group Leader Sustainable Development Goal-Targeted Diseases, ECDC

”



Strengthening national responses through programme reviews in Armenia and Ukraine

In Armenia, a WHO-supported targeted review of the national HIV, viral hepatitis, sexually transmitted infections and elimination of mother-to-child transmission programme was conducted through an online mission from 2 to 5 December 2025, followed by an in-country mission from 8 to 12 December 2025. National focal points and WHO experts jointly assessed service accessibility, surveillance quality, treatment policies and persistent challenges, including late diagnosis, migration-related vulnerabilities and laboratory quality assurance. The findings provide a strong technical foundation for updating national guidelines, addressing structural bottlenecks and accelerating progress towards sustaining elimination of mother-to-child transmission validation for HIV and syphilis while improving overall programme performance.

In Ukraine, at the request of the MoH, WHO/Europe conducted a review between 1 September and 23 December 2025 to assess progress towards [the National Strategy on HIV/AIDS, Tuberculosis and Viral Hepatitis 2020-2030](#) and to inform the development of an updated action plan. The collaboration highlights WHO/Europe's critical role in sustaining essential HIV and opioid agonist maintenance treatment services, strengthening strategic planning, and reinforcing Ukraine's capacity to protect public health amid wartime disruptions.

As countries face rising prevention needs, constrained resources and increasing urgency to strengthen HIV prevention planning this work comes at a critical time. By strengthening testing, expanding prevention options and reinforcing national programmes, WHO/Europe is ensuring that fewer people are diagnosed too late and more can access timely, life-saving HIV services, keeping the Region on course toward ending AIDS.

Strengthening public health intelligence (PHI) in Czechia

PHI is a core function of health emergency preparedness enabling the early detection, assessment and management of signals that may evolve into emerging public health threats. PHI supports timely, evidence-based decision-making and coordinated response across all levels of the health system.

To strengthen national PHI capacity, from 12 to 14 November 2025, the WHO Country Office in Czechia in collaboration with WHO/Europe conducted a 3-day training in Prague focused on public health signal detection, risk assessment and event information management. The training brought together more than 20 participants from the MoH, national and regional public health institutes, hygienic stations, WHO and academia across Czechia. Participants received training on three main digital tools supporting different stages of PHI activities:

- Epidemic Intelligence from Open Sources for event-based surveillance;
- the Member States Risk Assessment Package that supports standardized and systematic assessment of public health risks; and

- the Electronic Public Health Event Management platform signal module which serves as a centralized hub within the PHI system, consolidating verified and unverified public health alerts from various surveillance systems into one platform.

Practical, hands-on sessions were embedded throughout the 3-day programme, allowing participants to apply each tool in realistic scenarios. In addition, a virtual network for Czechia was established to support continued collaboration and system access, further strengthening national PHI capacity. Participant feedback was highly positive, with many recommending longer, more in-depth sessions for each of the PHI components. Pre- and post-training assessments demonstrated an overall increase in participants' knowledge and their understanding of PHI concepts and tools.

Strong cooperation with the MoH and public health partners remains key to ensuring that Czechia is well prepared to detect and respond swiftly and effectively to evolving health threats. The training was conducted with the financial support from the Asia-Europe Foundation.

“

Beyond technical skills, the training created a shared understanding and a professional network across national public health institutions. Participants now have a common language, common tools and stronger connections to work together when health threats emerge.

Roksolana Kulchynska, Public Health Officer, WHO Country Office in Czechia

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Participants apply theoretical knowledge during a practical exercise for the Electronic Public Health Event Management platform.

Joint Assessment and Detection of Events (JADE) 2025 strengthens regional IHR (2005) event assessment and communication capacities across the WHO European Region

From 25 to 27 November 2025, WHO/Europe conducted its flagship annual regional functional simulation exercise; JADE 2025. JADE is WHO/Europe’s largest annual regional functional simulation, designed to test the capacities of IHR National Focal Points (NFPs) and IHR Contact Points in assessing and communicating public health events under the IHR (2005).

Over the 3-day exercise, 41 Member States participated through the IHR NFP network, with engagement from multiple sectors, including chemical safety and emergency management. This year’s simulation focused on a complex chemical incident with potential cross-border implications. The exercise tested how IHR NFPs verify events, coordinate with WHO, engage national sectors and share information with neighboring countries under the IHR (2005). More than 2000 emails were exchanged between national participants and WHO Exercise Control, underscoring the intensity and realism of the scenario.

Throughout the exercise, NFPs practiced the rapid assessment of an evolving public health event, communication with WHO through official IHR channels, use of the Event Information Site for timely information-sharing, and coordination with national authorities during a chemical emergency. Strengthening these core IHR functions helps countries remain prepared for chemical incidents, infectious hazards and other threats to health security.

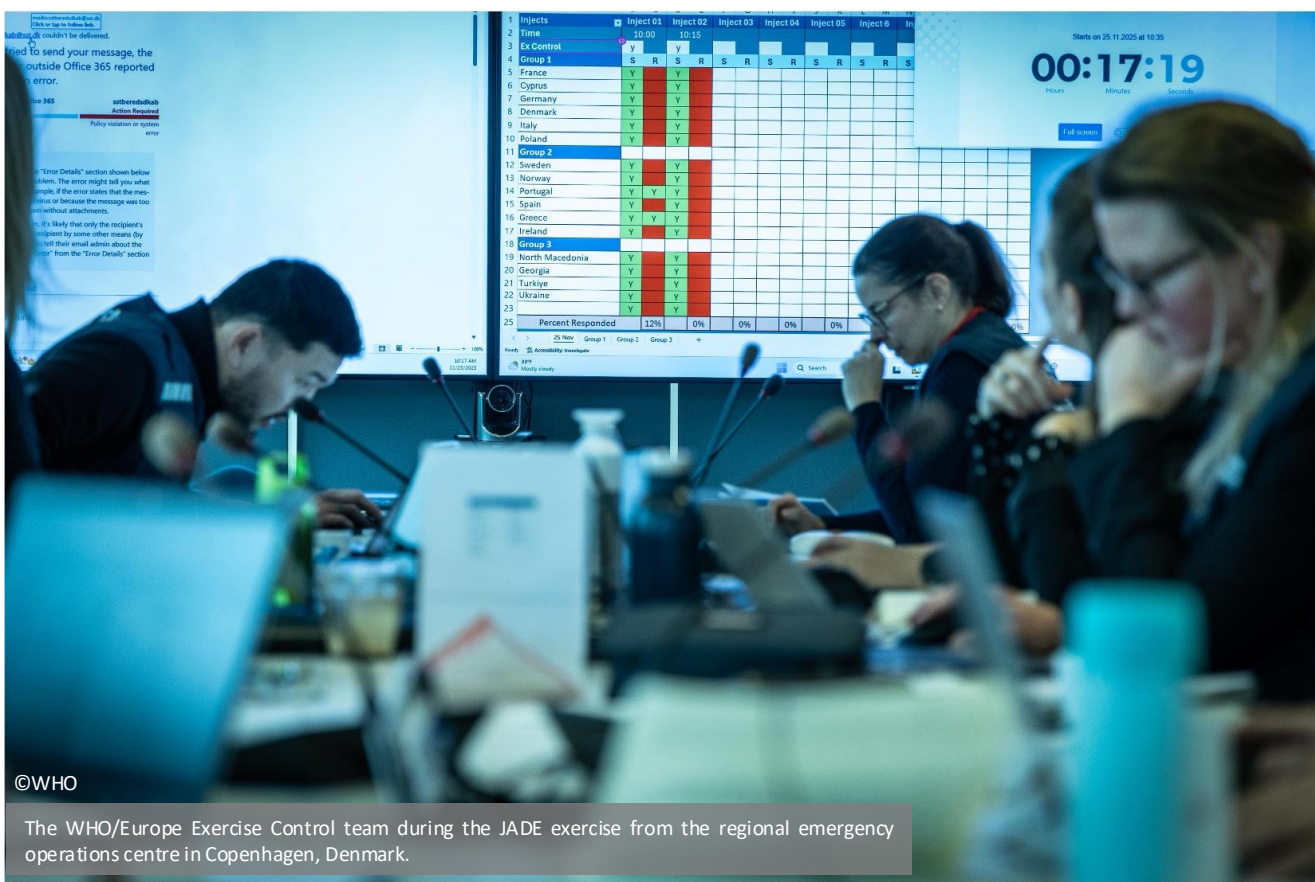
JADE 2025 was co-funded by the EU and conducted in collaboration with DG SANTE, ECDC, the European Chemicals Agency and the National Institute for Public Health and the Environment of the Netherlands (Kingdom of), which is the WHO Collaborating Centre for Infectious Disease Preparedness and IHR monitoring and evaluation.

“

This exercise provided an important opportunity to practice the application of IHR principles, strengthen the role of the IHR NFPs, and assess communication and notification processes within the context of a chemical emergency scenario. The interaction with WHO/Europe during the exercise further supported our understanding of international notification requirements and information-sharing procedures.

Associate Professor Erdoğan ÖZ, MD, Deputy Director General, General Directorate of Public Health, Ministry of Health, Türkiye

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The WHO/Europe Exercise Control team during the JADE exercise from the regional emergency operations centre in Copenhagen, Denmark.

Empowering field epidemiology through Geographic Information Systems (GIS) training in Türkiye

In public health, a map is more than a visual; it is a tool for action. From tracking outbreaks to identifying vulnerable populations, GIS have become essential for understanding how diseases spread and where interventions are needed most. To strengthen the operational capacity of epidemiologists to use spatial tools for real-time public health action, the GIS Training for Field Epidemiology Training Programme fellows was held in Ankara, Türkiye, from 20 to 24 October 2025. The training was organized by the WHO Country office in Türkiye in collaboration with the MoH under the EU-WHO Health Security Project.

The training was designed and delivered by experts from the WHO Geospatial Coordination Hub, hosted at WHO European Centre for Preparedness for Humanitarian and Health Emergencies; as well as experts from the GIS Centre for Health at WHO headquarters. Twenty epidemiologists and MoH mentors participated. They gained practical skills to transform field data into actionable maps that support outbreak detection, prioritization, response planning and operational decision-making. The training followed a hands-on, task-oriented structure. Daily modules introduced core GIS functions – including data cleaning, spatial analysis, hotspot identification and map production – followed by practical exercises using open-source platforms.

To reinforce applied learning, participants worked progressively on multi-day case studies based on priority public health scenarios in Türkiye, including emergency response and environmental health risks.

Over 5 days, participants completed more than 15 practical exercises and collaborated in teams to develop risk and exposure maps, service accessibility analyses and resource prioritization layers designed to support outbreak preparedness and emergency response.

The WHO Geospatial Coordination Hub, used this pilot to refine a scalable training package that will be rolled out to additional Member States in 2026, supporting the integration of spatial analytics across surveillance, preparedness and emergency management systems. The training also reinforced collaboration between the WHO and the MoH of Türkiye, contributing to sustainability and continued enhancement of the GIS component within Türkiye's Field Epidemiology Training Programme curriculum and contributing to national workforce development. The training marks a significant step toward expanding geospatial intelligence capacity in the Region, enabling earlier risk detection, stronger situational awareness and more targeted public health interventions. The training was financially supported by a European Commission grant.

“

As a field epidemiologist, I realized that I can apply what I have learned to present more understandable visuals to health managers. In the future, I plan to use these skills to improve data-driven communication in the field and support evidence-based decision-making in public health.

Özge Mihci, a Field Epidemiology Training Programme Fellow and Medical Specialist

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A GIS training participant applies newly acquired skills during a hands-on exercise.

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Strengthening coordination and capabilities: advancing the Public Health Emergency Operations Centre Network's (EOC-NET) role in regional health security

The goal of a Public Health Emergency Operations Centre (PHEOC) is to maintain readiness to respond rapidly, coordinate effectively and support recovery efforts during emergencies. PHEOCs are critical for effective emergency response and strong national health security. To support countries in meeting IHR (2005) requirements and strengthening coordination during crises, WHO established the global [EOC-NET](#) in 2012.

The EOC-NET platform provides a trusted space for collaboration, promoting best practices and standardizing systems across the Region to enhance interoperability and strengthen coordination. To date, 51 countries and territories in the WHO European Region are part of the EOC-NET European Regional Forum, which was successful launched in Istanbul, Türkiye, in December 2024.

WHO/Europe and ECDC convened the annual meeting of the Forum from 17 to 19 November 2025, hosted by the WHO Academy in Lyon, France.

Over 3 days, representatives from across the WHO European Region came together to strengthen national PHEOCs. By transforming shared experience into shared capability, the Region is becoming more coordinated, resilient and better prepared for future crises. The recommendations emerging from participants will directly inform the development of the EOC-NET 2030 Strategy. As part of the meeting, a short simulation exercise also helped countries practice activating and operating a PHEOC. The exercise focused on assigning roles across core functions and applying information workflows to maintain operations in a fast-changing emergency. The hands-on simulation reinforced the importance of preparedness and collaboration to ensure rapid, coordinated responses to future public health emergencies.

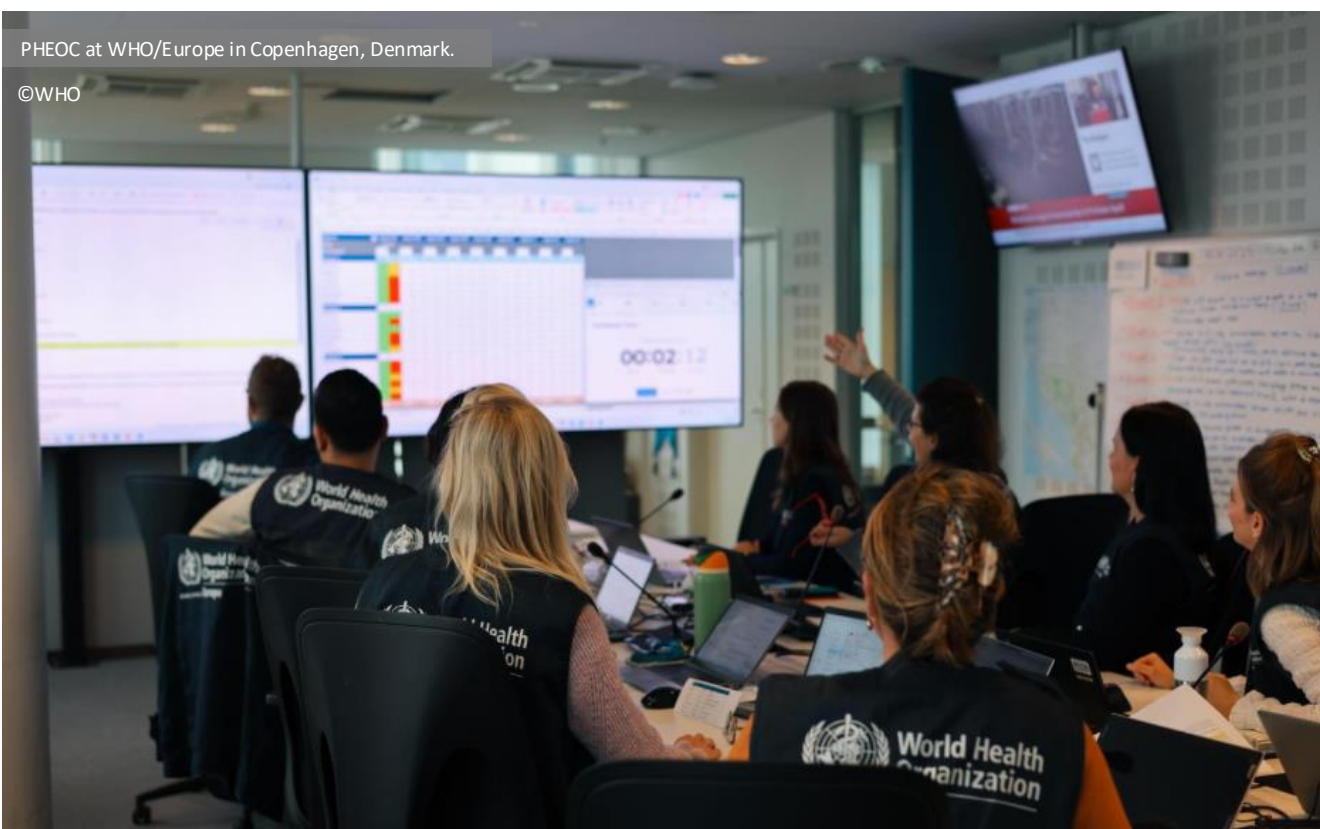
Funding for the 2025 annual meeting was provided by the European Commission under the EU4Health initiative.

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Strong networks improve decisions, and better decisions protect people. The EOC-NET European Regional Forum helps us listen, learn and coordinate across countries. Preparedness grows through steady cooperation. Through this network, Georgia gains practical experience, technical guidance and stronger partnerships for faster decision-making and better protection during emergencies.

Mariam Pashalishvili, MSc, National Centre for Disease Control and Public Health Georgia.

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Strengthening laboratory preparedness: the fifth laboratory task force meeting for emerging and re-emerging pathogens

From 14 to 15 October 2025, more than 70 laboratory leaders and partners from 18 Member States came together online for the fifth meeting of the European Regional Laboratory Task Force for emerging and re-emerging pathogens.

Participants included national laboratory focal points, WHO collaborating centres, WHO National Professional Officers, partner organizations and observers; all working to strengthen laboratory preparedness, collaboration and innovation across the WHO European Region. The meeting aimed to review the progress of the Task Force, present practical genomic surveillance tools, strengthen the One Health approach in the laboratory sector, provide updates on priority emerging and re-emerging pathogens and agree on next steps to enhance national laboratory preparedness. Over 2 days, discussions focused on advancing recognition and resilience, operationalizing One Health collaboration, expanding genomic surveillance capacity, and strengthening networks and preparedness.

WHO headquarters also presented the results of the pilot of the Public health laboratory recognition programme for pathogens with epidemic and pandemic potential in the WHO European Region.

Underscoring its commitment to strengthening laboratory systems as a cornerstone of health security, the Region aims to be among the first to operationalize this recognition programme.

As the outcome of the meeting, Member States expressed a strong interest in pursuing laboratory recognition to enhance laboratory credibility and inform national health security planning. The meeting also reinforced the importance of multisectoral collaboration under One Health, highlighted ongoing diagnostic and funding challenges for emerging pathogens, and resulted in clear action points to expand external quality assessments, finalize and publish laboratory tools, strengthen collaboration with WHO collaborating centres and continue building resilient laboratory systems across the WHO European Region.

The meeting was funded by the International Pathogen Surveillance Network, the WHO Hub for Pandemic and Epidemic Intelligence and Global Europe: Neighbourhood, Development and International Cooperation Instrument, under the umbrella of the EU's Chemical, Biological, Radiological and Nuclear Risk Mitigation Centres of Excellence initiative.

“

This is the first time this type of programme was developed for labs dealing with high threat pathogens. It allows us to meet, discuss priority diseases, share our knowledge and listen to countries that may have more experiences. This is a really nice platform to improve our detection capacities.

Prof. Golubinka Boshevskva, Head of the Public Health Laboratories, North Macedonia

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A laboratory specialist examining samples.

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Strengthening measles outbreak preparedness in Italy through a simulation exercise

Despite the availability of a safe and effective vaccine, measles continues to pose a public health challenge, with periodic outbreaks linked to immunity gaps across the WHO European Region. Ensuring high vaccination coverage as well as timely measles detection, coordinated response to outbreaks and effective risk communication remains essential to interrupt transmission and advance progress toward measles elimination. In this context, strengthening preparedness and response capacities across all levels of the national health systems is a key priority.

From 10 to 12 November, a table-top measles outbreak simulation exercise was conducted in Italy to assess the health system's capacity to respond effectively to outbreaks in line with [WHO guidance](#). The exercise aimed to identify strengths and weaknesses and to propose corrective actions to enhance national preparedness.

Led by WHO/Europe's vaccine-preventable diseases and immunization programme, the exercise brought together 33 experts in medicine, disease surveillance, immunization, communication and outbreak management from the Italian MoH, the *Istituto Superiore di Sanità* [National Institute of Health], regional health authorities, the National Laboratory Network for Measles and Rubella, medical associations and other stakeholders.

The exercise used scenarios and guided discussions to simulate the dynamics of an evolving measles outbreak. Each module focused on a specific situation, prompting participants to review and evaluate coordination mechanisms and outbreak management procedures at the local, regional and national levels of the health system covering epidemiology, laboratory surveillance, vaccination programmes, communications and decision-making. Special sessions explored how to communicate risks effectively, including through tailored approaches for the general public, health-care workers and vulnerable communities, as well as strategies to manage misinformation during an outbreak. Additional sessions focused on approaches to close immunity gaps among adults through workplace initiatives, integration with existing health services, targeted outreach in high-risk settings and the importance of sustained national investment.

The conclusions and recommendations generated through the exercise will inform future efforts to strengthen measles outbreak response and close immunity gaps and will guide the development of national action plans for measles elimination. The exercise was financially supported by the EU.



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A boy hugs a doctor after receiving a measles vaccination.

Kazakhstan strengthens multisectoral preparedness for zoonotic threats through the One Health approach

Zoonotic diseases pose significant risks to human and animal health, livelihoods, food safety and health security, requiring coordinated action across sectors and stakeholders. To advance its national readiness, Kazakhstan is operationalizing the One Health approach by strengthening multisectoral surveillance, information sharing and operational preparedness for zoonotic threats.

Strengthening operational preparedness through a multisectoral simulation exercise (SimEx)

From 9 to 10 October 2025, the WHO Country Office in Kazakhstan, together with WHO/Europe and with the support from the MoH of Kazakhstan, conducted the second tabletop simulation exercise in Astana. With the aim of strengthening operational preparedness, the event brought together 36 participants, including national representatives from the public health, veterinary and ecology sectors. The initiative was supported by the Quadripartite partnership: Food and Agriculture Organization of the United Nations, WHO, the World Organization for Animal Health and the United Nations Environment Programme.

The exercise focused on testing realistic scenarios and assessing the effectiveness of intersectoral coordination during zoonotic disease outbreaks. Particular attention was given to the practical application and evaluation of draft intersectoral standard operating procedures developed under the One Health approach. These procedures will serve as a foundation for coordinated action among sectors in detecting and responding to animal and environment related health threats. Focus was placed on the role of the environmental sector, including its regional divisions, to assess its readiness to detect and respond to zoonotic risks.

This exercise marks an important step toward building a systematic, sustainable and coordinated model of interagency response that embodies the principles of One Health. The SimEx was financially supported by the Pandemic Fund.

“

The SimEx demonstrated how critical the coherence and speed of cross-sectoral coordination are when responding to zoonotic disease outbreaks. By testing our processes and standard operating procedures under conditions close to real-life scenarios, we have significantly strengthened national preparedness and enhanced the country's ability to act swiftly and consistently in any crisis situation.

Albina Utemuratova, Head of the Department of Epidemiological Surveillance of Especially Dangerous Infections and Biosafety, Committee of Sanitary and Epidemiological Control, MoH, Kazakhstan

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A veterinary specialist conducts poultry health monitoring as part of coordinated zoonotic disease preparedness.

Enhancing surveillance and information sharing for zoonotic diseases through the One Health approach

Complementing the operational preparedness efforts, Kazakhstan is strengthening its system for zoonotic disease surveillance and information sharing through application of the Surveillance and Information Sharing Operational Tool (SIS OT). Developed jointly by the Food and Agriculture Organization of the United Nations, WHO and the World Organization for Animal Health, SIS OT supports countries in assessing and enhancing coordinated, multisectoral surveillance and information sharing for zoonotic diseases. With support from the Pandemic Fund, a national SIS OT workshop was held in Astana from 14 to 17 October 2025 with the aim to assess existing capacities for coordinated zoonotic disease surveillance, identify gaps, and develop a roadmap and multi-year development plan to strengthen cross-sectoral surveillance and data exchange. Bringing together 22 representatives from human health, veterinary and other relevant sectors, participants reviewed current surveillance systems and information sharing mechanisms and developed the draft roadmap and development plan to enhance surveillance for priority diseases. The workshop concluded with agreement on the formal establishment of a multisectoral surveillance and information sharing technical working group, national endorsement of the roadmap and development plan and continued collaboration to advance a more integrated, resilient One Health surveillance system for zoonotic diseases.

Together, the SimEx and SIS OT workshop represent complementary and mutually reinforcing steps toward strengthening Kazakhstan's multisectoral preparedness for zoonotic threats through the One Health approach.

Crucial training programme accelerates Georgia's national emergency medical team (EMT) preparedness for WHO verification

The South Caucasus subregion, comprising of Armenia, Azerbaijan and Georgia, is prone to a wide range of emergencies, including natural, man-made and infectious hazards. Establishing an WHO Classified EMT in Georgia greatly enhances the country's ability to respond effectively to health emergencies, reduces dependency on external aid and contributes to regional and subregional preparedness. Moreover, a Georgian EMT can serve as a regional asset, promoting collaboration, knowledge sharing, and rapid response and surge capabilities across the South Caucasus subregion.

In 2026, Georgia aims to complete the final step of the verification process set forth by WHO to ensure that the national EMT meets international standards for deployment in emergencies and disasters. The Georgian EMT – a type 1 fixed team specializing in outpatient and prehospital emergency medical care – has been actively engaged in this process since 2019, when a government decision was taken to develop an internationally verified EMT. Technical guidance has been provided through close collaboration with the Health Emergencies Hub for the South Caucasus, the WHO Country Office in Georgia and WHO/Europe. Mentors appointed by WHO have been assisting in Georgia's EMT development process from its earliest stages, providing technical guidance and oversight.

The mentors are tenured members of international EMTs, with years of experience in emergency deployments.

From 29 September to 17 October 2025, with financial support from the WHO Health Emergencies Hub for the South Caucasus, Georgia's EMT roster members took part in a 120-hour training programme. The training, which covered standard operating procedures and included a field simulation exercise, aimed to prepare a pool of specialists for deployment, with an emphasis on the mechanisms of humanitarian aid and civil protection. Participants learned about international best practices, as well as the logistical, medical and psychological aspects that are essential for the effective management and deployment of EMTs. This set of training activities is one of the final steps necessary for classification by WHO during the dedicated technical mission preliminarily set for mid-2026.

The overarching objective of all activities, including this training programme, is to develop a fully trained, self-sustaining and internationally classified Georgian EMT, capable of rapid deployment both nationally and internationally, in line with WHO's global EMT initiative, to support emergency response.

“

Dedicated WHO support throughout the national EMT development process has been invaluable for Georgia and it would not have been possible to progress to where we are today without this support.

Amiran Gogitidze, Georgia's EMT focal point, Head of Medical Department at the Emergency Situations Coordination and Urgent Assistance Center

”



Members of Georgia's EMT practicing standard operating procedures during the field simulation exercise.

Armenia advances health security with a first comprehensive assessment of its all-hazard Early Warning, Alert and Response (EWAR) system

From 6 to 10 October 2025, Armenia took a major step forward in strengthening its preparedness to detect and respond to public health threats with the completion of a national assessment of its all-hazard EWAR system. The assessment was conducted by WHO, in collaboration with the MoH and the National Center for Disease Control and Prevention, with financial support from the EU4Health programme under the European Commission's Serious cross-border threats to health initiative. It marked a key milestone in Armenia's ongoing efforts to enhance its health security and ensure compliance with the IHR (2005).

Over the 5-day deployment, technical experts from the WHO Country Office in Armenia, WHO/Europe and the WHO Health Emergencies Hub for the South Caucasus worked closely with national counterparts to assess the country's capacity for early detection, verification and response across all hazards. The team also visited regional health facilities and National Center for Disease Control and Prevention branches to gain a comprehensive understanding of how Armenia's surveillance and response systems operate at both national and subnational levels. The assessment provided an in-depth review of Armenia's EWAR components and examined how existing surveillance systems and digital tools are used to identify and verify signals of public health concern.

It also explored coordination mechanisms among human, animal, food safety, environmental and emergency management sectors.

Preliminary findings highlighted several strengths, including Armenia's well-established legal and institutional frameworks for surveillance, its robust indicator-based surveillance systems and effective coordination among key health and emergency management bodies. The assessment also identified areas for further improvement, such as enhancing multisectoral all-hazard coordination, information sharing and decision-making, strengthening event-based surveillance, incorporating a risk-based approach to outbreak investigation and improving the operationalization of joint rapid risk assessments.

The assessment concluded with a multisectoral Final results and action planning workshop, where multisectoral stakeholders reviewed the findings and agreed on priority actions. With continued support from WHO and international partners, Armenia is now moving into the next phase; finalizing the national report, operationalizing recommendations and advancing toward a more integrated, resilient and community-informed early warning system.

“

Armenia is committed to building a resilient health system that can detect and respond to threats before they become crises. This assessment represents a significant milestone for Armenia's public health system. Strengthening early warning and response capacities is critical to our ability to detect, verify, and respond rapidly to emerging health threats. The findings and recommendations from this mission will guide us in further aligning our national systems with the International Health Regulations and ensure Armenia is better prepared to protect the health of its people.

Stepan Atoyan, Director General of the National Center for Disease Control and Prevention.

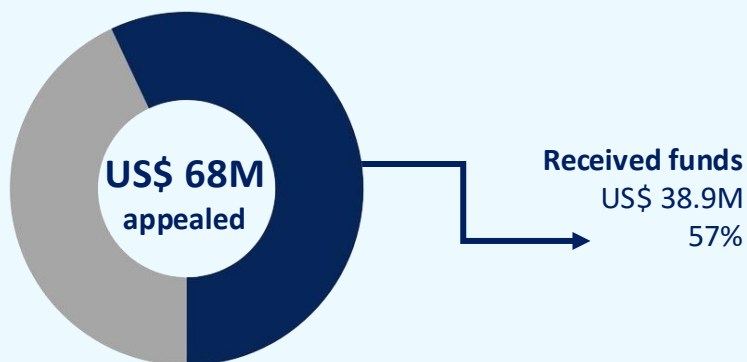
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Funding overview

Funding by emergency: January–December 2025

Funds received through the Ukraine emergency appeal



[Ukraine: WHO Health Emergency Appeal 2025](#)

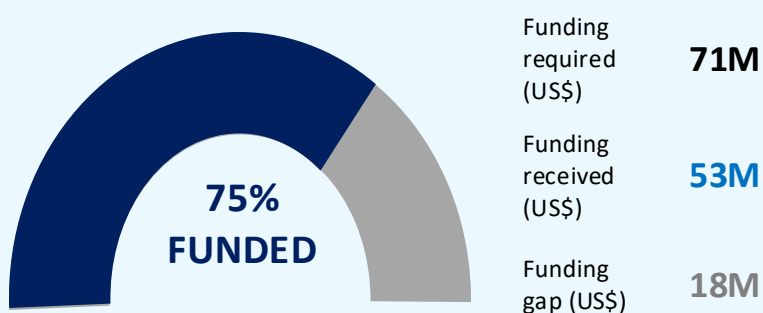
Funds received for other emergencies

Emergency	Funds received (US\$)
Ukraine refugee response	5 934 000

Funding landscape for the 2024–2025 biennium⁶

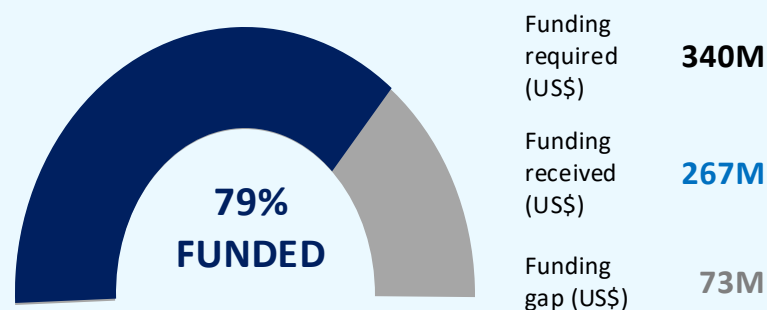
Base segment WHO Health Emergencies Programme

As of 31 December 2025



Emergency operations and appeals

As of 31 December 2025



More information can be found on the [WHO Programme Budget Portal](#).

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 WHO Contingency Fund for Emergencies
 WHO Foundation
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⁶ Figures remain unchanged from the previous quarter, as unutilized funds were carried forward into the next biennium workplans.

Key publications and resources

News and highlights from October–December 2025 | Available [here](#)

[COVID-19 still causes severe disease, but up-to-date vaccines are effective, new research shows](#)

[WHO and EU strengthen heating and water infrastructure in Ukrainian hospitals](#)

[Europe's hidden HIV crisis](#)

[WHO launches tuberculosis screening campaign for refugees living in Bulgaria](#)

[Kherson maternity ward struck as attacks on Ukraine's health care escalates and the fourth winter of full-scale invasion sets in](#)

[Influenza season underway across the WHO European Region: WHO calls for vigilance and vaccination](#)

[Polio response in Ukraine strengthened, as local laboratories receive WHO accreditation](#)

[Stick with the science: protect yourself from influenza and COVID-19 this season](#)

[World Polio Day: vaccination remains key to keeping Europe polio free](#)

[More than half of WHO European Region experiencing intense, early influenza season driven by new strain](#)

WHO European Region publications | October–December 2025 | Online archive available [here](#)



[Report of the fourth plenary meeting of the Technical Advisory Group on risk communication, community engagement and infodemic management in the WHO/Europe: virtual meeting, 5-6 December 2024](#)



[National Health Simulation Exercise Programme: implementation guidance to strengthen emergency preparedness, readiness and response](#)



[Collaborative surveillance in action: European Region Laboratory Task Force for High Threat Pathogens](#)



[Fourth meeting of the European Regional Laboratory Task Force for emerging and re-emerging pathogens: Izmir, Türkiye 15-16 May 2024: report](#)



[European Immunization Agenda 2030: technical progress report 2024](#)



[Increasing childhood vaccination among rural/semi-urban low socioeconomic communities in Romania: insights and recommendations actions](#)



[Ukraine: 2025-2026 winter risk assessment: October 2025](#)



[HIV/AIDS surveillance in Europe 2025 - 2024 data](#)



[Access to TB medicines in Europe - from political will to action: outcome document, 20 November 2025, Copenhagen](#)



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