



WHO European Region Emergency Operations Bulletin

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Medical evacuation of burns survivors in Yerevan, Armenia

Emergency response in the WHO European Region.....	3	COVID-19.....	19
Highlights.....	4	Mpox.....	23
Emergency response capabilities.....	5	Türkiye and Syria earthquakes.....	24
Israel/occupied Palestinian territory		PRSEAH updates.....	25
conflict.....	8	Operational support and logistics.....	26
Armenia refugee response.....	10	Funding implementations.....	27
Ukraine conflict.....	13	Key links and resources.....	28
Ukraine refugee response.....	16	Upcoming activities and operations.....	29

Emergency response in the WHO European Region



The JADE exercise management team coordinating the exercise from the Emergency Operations Centre in the WHO Regional Office for Europe

The WHO Regional Office for Europe continues to provide strategic, technical, and operational support to Member States in responding to emergencies, ensuring that all countries and partners are prepared for and can prevent, detect, and respond to health emergencies.

The Emergency Operations (EMO) unit within the WHO Health Emergencies Programme, Regional Office for Europe, has been providing consistent support to Member States to respond to public health emergencies, ranging from infectious disease outbreaks, events resulting from exposure to toxic or hazardous materials, natural hazards and human-induced hazards that threaten public health. The EMO unit works to reduce mortality and morbidity in health emergencies through the following:

- Emergency response coordination and emergency management
- Regional health emergency corps and operational partnerships
- Essential health services and systems
- Operational support and logistics
- Risk mitigation and response to chemical, biological, radiological and nuclear (CBRN) hazards.

From 1 January to 31 March 2024, the EMO team at the WHO Regional Office for Europe provided 12 technical support activities reaching eight Member States and deployed critical support through eight surge missions to eight Member States.

Key figures on the WHO Regional Office for Europe’s work in emergencies in 2024 (as of 31 March)

39 Technical support activities provided	9 Member States reached	US\$ 2.83 million worth of supplies delivered	15 Surge deployments
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10 graded emergencies in or affecting the WHO European Region in the past quarter

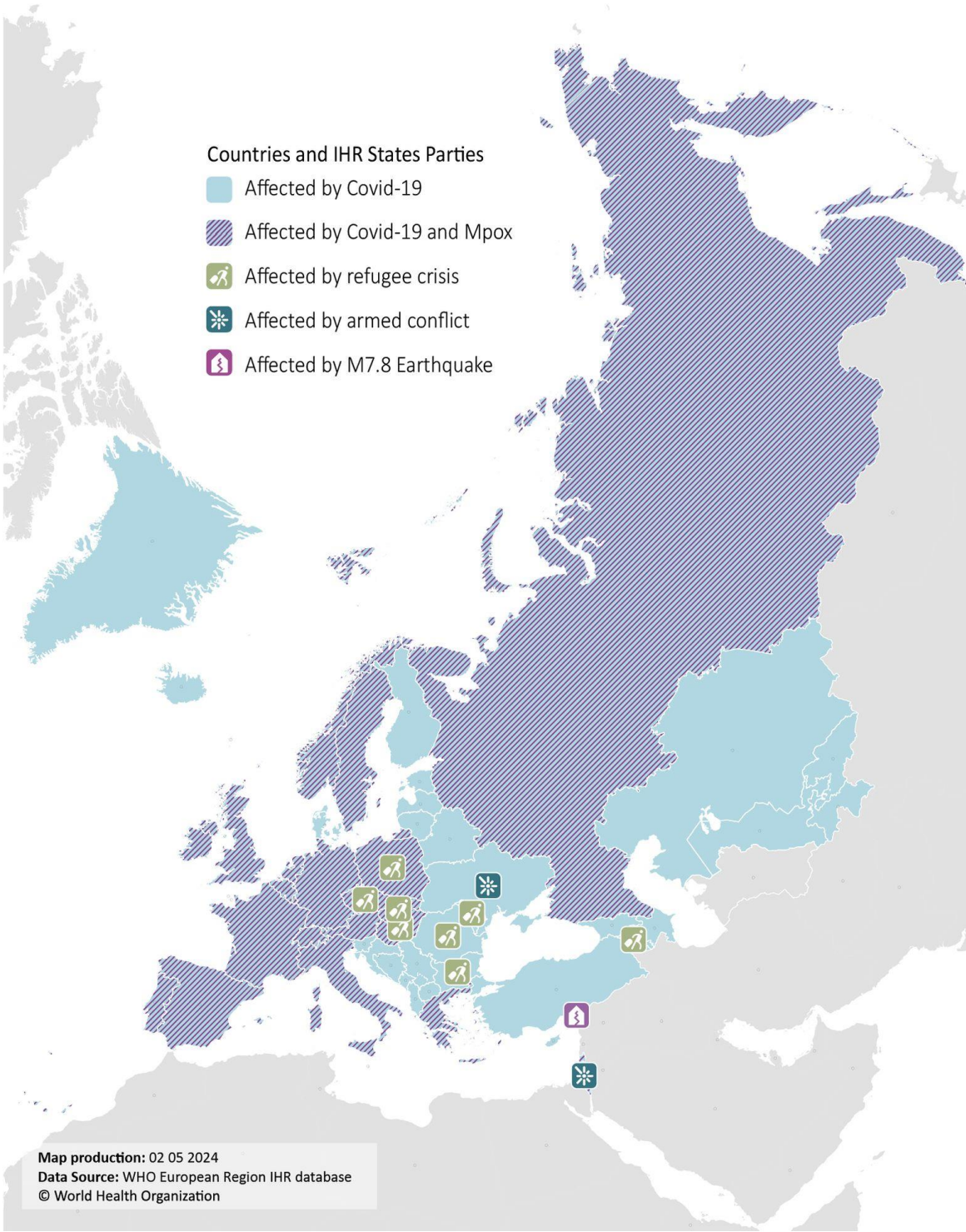
- 3 grade 3 emergencies
- 3 protracted grade 3 emergencies
- 3 protracted grade 2 emergencies
- 1 grade 1 emergency

of which

- 2 are new graded emergencies
- 4 are outbreaks
- 6 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).



Emergency response capabilities

WHO Regional Office for Europe conducts operational reviews to address noncommunicable diseases in humanitarian emergencies



WHO Health Emergency Programme and Noncommunicable Disease officers with representatives of Turkish Disaster Response Agency (AFAD) during the review mission on operational NCDs in emergencies in Ankara, Türkiye

Noncommunicable diseases (NCDs), such as cardiovascular disease, cancer, chronic respiratory disease and diabetes, are responsible for 75% of deaths worldwide. People affected by humanitarian emergencies are at increased risk of NCDs – it is estimated that stroke and heart attacks are up to three times more likely following a disaster. People living with NCDs in humanitarian crises are also more likely to see their condition worsen due to trauma, stress, or the inability to access medicines or services. However, care and treatment for NCDs are often neglected in humanitarian emergency preparedness, response and recovery efforts.

It is against this backdrop that in January and February 2024 WHO's Regional Office for Europe collaborated with the relevant ministries of health to conduct operational review missions to analyse the response to NCDs in three emergencies: the 2023 earthquakes in Türkiye, the war in Ukraine, and the refugee response in the Republic of Moldova. Funded through the generous support of the Norwegian Agency for Development Cooperation (NORAD), the three reviews aimed to identify good practices, document lessons learned, and make recommendations on how to address challenges in response efforts while contributing to systems strengthening and resilience for future emergencies.

Specifically, the operational reviews examined the impact of the different emergencies on health, examining both the health needs of the population and the impact on health systems, including services for NCDs in Türkiye, Ukraine and the Republic of Moldova. They assessed the strategies applied to address challenges during the respective emergency responses, identified key success factors in implementing these strategies, reviewed progress made in addressing NCDs following the emergencies, and suggested next steps to take these learnings forward.

The evidence gathered through the operational reviews also informed discussions during the [global high-level technical meeting](#) hosted by the Government of Denmark and co-organized by WHO and the UN Refugee Agency (UNHCR), which took place from 27 to 29 February 2024. This meeting raised awareness of the critical need to consider NCDs as part of emergency preparedness and response, and to advance dialogues on how best to support Member States in delivering NCD prevention and control services in humanitarian efforts. Outputs will feed into recommendations made as part of the 2024 progress report to the UN Secretary-General and will inform plans for the Fourth UN High-level meeting on NCDs, which is scheduled for 2025. Please read more [here](#).

Emergency response capabilities

Development of rapid response surge capacity in Tajikistan to enhance health security

The Republic of Tajikistan has taken a step forward in the development of effective rapid response and surge capacities to save lives and minimize the public health, social, political and economic consequences of disease outbreak or humanitarian crisis.

Rapid response and surge capacity spans from the early detection of health threats by public health [rapid response teams \(RRTs\)](#) and diagnostics performed by rapid response mobile laboratories (RRML). Clinical care to affected populations is provided by emergency medical teams (EMTs), serving as surge capacity to support local health systems in crisis situations. Prerequisites for rapid response and surge capacity are a cadre of trained and skilled experts available for deployment, regular scanning for early identification of potential threats and associated risk assessment and operational capacity for rapid deployment. Ideally, this should be accompanied by optimal performance in the field and the metrics to measure and document it.

Building upon the 2019 Joint External Evaluation of International Health Regulation (IHR 2005) Core Capacities and the recommendations of a previous EMT mission in 2022, the WHO Tajikistan Office has joined efforts with the Health Emergencies Programme at the Regional Office for Europe to advance in-country rapid response and surge capacities. A scoping mission took place from 5 to 9 February 2024 to define with national authorities the prerequisites and processes to establish RRTs and a national EMT in Tajikistan.

The results of the mission ended with consensus on two main ideas. Rapid response and surge capacity should match and reinforce the organizational mandate of the existing structures. The establishment of these capacities can benefit by using a standardized methodological approach of the [EMT initiative](#), which has proven successful in several countries, in combination with specific guidance for establishing RRTs.

As a result of this mission, the Deputy Minister of Health and Social Protection of the Population (MHSP) of the Republic of Tajikistan was designated as the national EMT focal point to advance rapid response and surge capacity in the country. In addition, consensus was reached on establishing a national working group with representation from all relevant emergency actors, such as the State Committee on Emergency Situation and Civil Defense. The working group will commence by enacting any necessary updates to the existing legal and policy framework for RRTs and EMTs in Tajikistan. A capacity-building plan has been agreed upon, which includes delivery of the EMT Coordinating Cell (EMTCC) training by September 2024, as well as the implementation and institutionalization of the Rapid Response Training Programme with a standardized training curriculum for the central level, oblasts and primary health care. The realization of these initiatives will be made possible through financial support of the United States Agency for International Development (USAID).



WHO officers meet with representatives of the Committee of Emergency Situations to discuss their response experience with natural disasters

Emergency response capabilities

WHO and its partners strengthen the capacity of the Rapid Response Mobile Laboratory Network through a comprehensive simulation exercise

RRMLs play a crucial role in rapidly responding to and monitoring emergency events and outbreaks within and beyond the WHO European Region. RRMLs allow for on-site laboratory services, testing and analysis during public health emergencies, and increased speed and capacity for responding to remote or complex emergencies. Through the implementation of a classification structure and standards for RRMLs, they are supported to function optimally, be interoperable in the field, and form part of a larger international response team.

An interregional full-scale simulation exercise (IFX.02) for RRMLs was held in Georgia from 15 to 17 February 2024, led by the World Health Emergencies Programme (WHE) at the WHO Regional Office for Europe, and co-organized with the WHO Collaborating Centre for the Global Outbreak Alert and Response Network (GOARN) at the Robert Koch Institute (Germany), and the International Federation of Red Cross and Red Crescent Societies (IFRC). Hosted by the Ministry of Labour, Health, and Social Defense of Georgia, National Centre for Disease Control and Prevention, and Public Health Centre, the event marked the successful completion of the first-ever series of simulation exercises for RRMLs.

The IFX.02 in Georgia built on the experience gained from the previous two stages – a full-scale interregional simulation exercise held in Türkiye (19–23 June 2023) and a tabletop exercise in Germany (3–4 May 2023).

United by one extensive and increasingly complex scenario, a series of exercises primarily focused on small and medium-sized RRMLs enabled the assessment of the comprehensiveness, applicability, and feasibility of the RRML minimum operational standards (MOS), while also examining on-site coordination procedures to enhance deployment mechanisms.

With the participation and contribution of laboratory specialists from over 35 countries working across the globe, this exercise offered a distinct chance for the RRML community to practise coordination under emergency operation centres (EOCs), fostering mutual learning and testing interoperability with EMTs as well as RRTs run by the IFRC and National Red Cross and Red Crescent Societies.

A team of validators and observers documented the RRMLs' work during the exercise, and the feedback will inform revisions and improvements to the MOS developed by the RRML community of practice. Moving forward, WHO and partners will work to ensure the seamless integration of RRML capacities into the Global Health Emergency Corps, fostering harmonious alignment with established deployment and coordination mechanisms during health emergencies, including GOARN, EMTs, European Civil Protection Mechanism and others.



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International experts from the Mobile Suitcase Lab team perform sample testing during the IFX.02

ACUTE GRADE 3 – ISRAEL/OCCUPIED PALESTINIAN TERRITORY CONFLICT

Situation update

1450 Deaths	6889 Injured	68 Attacks on health care	130 Hostages still in Gaza
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Frontline workers at Magen David Adom's National Operations Center, Israel

October 2023 marked the start of a massive escalation of conflict affecting both Israel and the occupied Palestinian territory. On 7 October 2023, an unprecedented air, water and ground attack was launched in Israel. With hostilities escalating over the following weeks, the number of deaths, injured and displaced on both sides of the conflict increased, with catastrophic humanitarian consequences in the Gaza Strip. As of 28 March 2024, 1450 people were reported killed and 6889 injured in Israel. Close to 200 000 Israelis were evacuated from the southern and northern parts of the country, in case of potential escalation, and as of 26 March, remain internally displaced.

Priority support from WHO to Israel remains focused on mental health and community engagement, as well as gender-based violence (GBV). Through the established Incident Management Support Team, the WHO Regional Office for Europe is working in close coordination with the WHO Regional Office for the Eastern Mediterranean to support all populations and communities affected by the violence. 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 also supported 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 injuries of health workers and patients.

Since the attacks in Israel, an event that has deeply affected the nation, sparking existential fears and trauma across communities, the WHO Regional Office for Europe and the WHO Country Office in Israel have been at the forefront, engaging with survivors, first responders, and families, acknowledging the vast mental health needs that have emerged. Six months into the war, the verdict is clear: the wounds are enormous and mental health needs are nationwide. Mental health consultations have more than doubled, while resilience centres have increased to 14, with thousands of therapists providing support. A rough estimation indicates that the number of people in need of psychosocial support in the country due to the 7 October attacks exceeds 150 000. WHO continues to call for access to humanitarian and health assistance to the remaining Israeli hostages and for their immediate and unconditional release.

Addressing the mental health and psychosocial support (MHPSS) needs of health-care professionals and first responders of the 7 October attacks in Israel

When tragedies occur, attention is brought to the victims, the ones directly affected, and that is what first responders do: unilaterally, unconditionally, integrally rescuing victims, confronting horrors, in complete oblivion of how their humanitarianism could result in severe long-term mental wounds. From Israel to Ukraine and from Armenia to Türkiye, first responders have saved hundreds of thousands of lives but rarely has anyone looked at theirs. Suicide rates among first responders are significant, and so is the lack of evidence on how to address their needs.

In response to these pressing concerns, from 26 February to 16 March, the WHO Regional Office for Europe mobilized a dedicated team to collaborate with the MoH of Israel to investigate and identify the most effective utilization of WHO resources and allocate them toward post-traumatic growth initiatives within the health sector in affected areas. 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.

Moving forward, between May and November 2024, 200 health-care professionals and first responders will be trained on trauma processing through the "Mashiv Ha'ruach" initiative and will be referred for further treatment if needed through six retreats and follow-up meetings. It was also agreed with the MoH of Israel that WHO will provide support in hosting an international conference on post-traumatic growth in Tel Aviv later in 2024 for first responders and health-care professionals. This event will commemorate the first year of remembrance of the 7 October attacks, aiming not only to honour those affected but also to advance the conversation on supporting mental health and resilience among those who serve in the most challenging circumstances.

Both these activities reflect a commitment to not just immediate relief but also to long-term well-being, underscoring the WHO Regional Office for Europe's dedication to fostering resilience, healing, and growth amid the most trying times.



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Participants at the "Mashiv Ha'ruach" retreat

ACUTE GRADE 1 – ARMENIA REFUGEE RESPONSE

Situation update

115 251 Displaced	196 000 Directly affected	>200 Deaths	>300 Burns patients
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During the weeks following 20 September 2023, over 115 000 people were displaced from the Karabakh region into Armenia. Compounding the humanitarian impact of this population movement, a large explosion occurred at a fuel depot in Berkadzor on 25 September 2023, killing more than 200 people and leaving over 300 people with moderate-to-severe burns requiring advanced medical care. WHO activated its emergency systems, enabling a prompt response on the ground in support of the Armenian MoH. Its immediate objective was to support critical life-saving operations and the broader public health response. Initial priorities and challenges for the health response were quickly outlined in the public health situation analysis and the interagency and multi-stakeholder [Refugee Response Plan for Armenia](#). WHO actively took part in the overall immediate response to support the general health needs of the displaced population.

On 30 January 2024, through a three-level consensus, there was a decision to downgrade the event to a Grade 1 emergency. This allowed WHO to sustain its response efforts until the grading was removed on 2 April 2024. As of 31 March 2024, WHO has undertaken 78 technical support activities, with the Regional Office deploying 13 surge missions.

Throughout the response, WHO supported the deployment of four EMTs to Armenia, and 19 medical evacuations. Since mid-September 2023, WHO has also dispatched 2.7 tonnes of emergency supplies valued at US\$ 71 300.

WHO strengthened the delivery of MHPSS, provided trauma care and rehabilitation for burn patients, offered essential and critical health information to refugees, and supported vaccination campaigns to prevent disease outbreaks. Under the leadership of the MoH, along with the International Organization for Migration, WHO co-chaired the health sector response, ensuring that emergency response activities were coordinated among health partners and, along with the United Nations High Commissioner for Refugees (UNHCR), co-chaired the Mental Health Task Force. During the first quarter of 2024, the WHO Country Office in Armenia continued to support the implementation of ongoing priorities and integrate response actions into longer-term programming within the biennial cooperative agreement. WHO stands ready to support the MoH to ensure that the health needs of refugee and host communities continue to be met in the years ahead. However, additional funding is required to sustain this effort.



A WHO officer speaks to a refugee from the Karabakh region who now lives in Masis, Armenia with her elderly parents

Healing beyond burns: a story of resilience and support in Armenia

The explosion of the fuel depot, which tragically struck during the influx of refugees from the Karabakh region to Armenia, led to around 200 deaths and more than 300 injured. The provision of MHPSS became one of the key mechanisms for dealing with the patients' psychological traumas.

Acting at the premises of the National Center for Burns and Dermatology, where most burn patients were being treated, WHO-trained psychologists conducted around 2000 MHPSS sessions with the injured patients, offering them a safe space to unpack their trauma, express their fears, and find the strength to heal. Over time, the scope of the support provided expanded by including health-care providers as well as family members of the explosion victims. Around 32 medical specialists who were on the brink of professional and psychological burnout resulting from the irregular working hours, immense burden of responsibility, and the sufferings of the patients, benefited from over 300 psychosocial support sessions, conducted between October and December 2023.

The family members of the patients, particularly of those who had not survived the explosion, were another group of people vitally interested in mental health support. Around 50 of them turned to psychologists with a support request and many of them regained their inner balance in those sessions.

After the first phase of the MHPSS response, most burn patients were discharged from the hospitals. Along with individual counselling, peer support groups were formed, providing a sense of community and understanding for those who had shared similar journeys of pain and recovery.

Overall, during January–March 2024, about 60 patients and their family members received psychosocial support through almost 300 individual sessions and participated in 20 group gatherings led by mental health professionals. In those times of need, the MHPSS part of the WHO Armenia's Refugee Response became a testament to the power of compassion and resilience. Through MHPSS, the journey of healing continues – one session, one conversation, one step at a time. Moving forward, WHO in Armenia will expand MHPSS activities by leveraging digital platforms and mobile teams to reach out to refugees dispersed across various regions of the country.

When my Harut was gone, I felt that there's no meaning in living further. But after several sessions <with the psychologist> I realized that I have another son and I need to keep on living for him.

- Mrs Irina, a refugee from the Karabagh region, lost her son to the explosion and was unable to overcome the grief by herself.



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WHO-trained psychologists providing MHPSS support to the burns patients in Yerevan, Armenia

“We know all of them”: capacitating social workers in conducting risk communication in communities

The fact that risk communication, community engagement, and infodemic management (RCCE-IM) are a crucial part of the public health-care emergency management system became evident during the COVID-19 pandemic in Armenia. It was further solidified during the Armenia refugee response in late 2023. RCCE-IM skills enable effective communication with the public and specific communities, ensuring that essential feedback mechanisms are in place for two-way communication. They facilitate active engagement and coordination of activities with communities, local partners, civil society, and other stakeholders.

Additionally, these skills aid in identifying and addressing misinformation and disinformation to help prepare for and protect people's health and lives during emergencies.

The realization that social workers, as health-care professionals with direct connections to various segments of the community, such as families, schools, and medical facilities, could be highly efficient in conducting risk communication and building trust through engaging communities in emergencies pushed WHO Armenia to initiate a multilayered partnership with this group of professionals.



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Participants of the training of trainers for social workers actively engaging in the group discussion

Of course, many of those concepts and ideas were familiar to us but we had never used RCCE-IM as a comprehensive approach. I plan to use those techniques and knowledge as soon as I get to work tomorrow.

– mentioned by one of the social workers at the end of the training

On 23–24 February 2024, WHO Armenia, jointly with the Armenian Association of Social Workers (AASW), implemented a training of trainers (ToT). This aimed to enhance the RCCE-IM skills among the Association's member social workers directly engaged in providing much-needed support to refugees in Yerevan, the capital of Armenia, and other regions of Armenia to connect refugees with health and social services. WHO experts from the Country Office and the European Regional Office provided comprehensive knowledge and skills on RCCE-IM, interpersonal communications, preventing sexual exploitation and abuse, and a mental health session for social workers.

The Central Emergency Response Fund (CERF)-funded training is just the start of the cooperation between WHO Armenia and the social workers' community through the AASW and has already gained enthusiastic feedback from the latter. However, additional funding opportunities would help to enhance the capacity-building efforts among social workers on a strategic scale and reinforce their community engagement efforts, ensuring that social workers would become members of a select cadre of trusted and efficient sources of information that would guide communities through emergencies.

PROTRACTED GRADE 3 – UKRAINE CONFLICT

Situation update

10 810 Deaths	20 556 Injured	1718 Attacks on health care	3.7 million Internally displaced
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WHO team in front of damaged apartment buildings in Chernihiv, Ukraine

24 February 2024 marked the sombre milestone of two years since the escalation of the war in Ukraine. WHO has been an active partner to Ukraine, navigating the complexities of delivering health support in a war-torn country. From [January to March](#) 2024, the humanitarian situation in Ukraine continued to intensify. Waves of attacks had a devastating impact on civilians, and vital services were disrupted for hundreds of thousands of people across the country at the height of winter. Since the start of the year through March 2024, people across Ukraine have suffered from massive waves of attacks, which have killed and injured civilians and damaged houses and critical civilian infrastructure. At the same time, hostilities in frontline and border communities, especially in Donetsk, Kharkiv, Kherson and Sumy oblasts, drove further displacement of civilians in search of safety and protection. The United Nations Human Rights Monitoring Mission in Ukraine (HRMMU) verified that 640 people had been killed or injured in January and 500 in February.

From February 2022 to March 2024, [the Office of the UN High Commissioner for Human Rights \(OHCHR\)](#) recorded 31 366 civilian casualties in the country with 10 810 killed and 20 556 injured; however, actual casualty numbers are likely to be higher. As of 31 March 2024, through the [global surveillance system for attacks on health care \(SSA\)](#), WHO has verified 1718 reported attacks on health-care facilities.

These have resulted in 301 reported injuries and 131 reported deaths of health-care personnel and patients.

In 2024, the humanitarian health response in Ukraine shifted focus to the eastern, northern, and southern oblasts bordering the front line, addressing areas with the most urgent needs. Recent escalations in attacks in the eastern oblasts have severely disrupted health services and infrastructure. Collaborating with the Kharkiv Department of Health, Centre for Disaster Medicine, and WHO, the Health Cluster Deputy Coordinator emphasized the priorities outlined in the 2024 Humanitarian Needs and Response Plan, stressing the importance of integrated mobile health outreach and increased availability of mental health services. On 28 March 2024, WHO Ukraine published [the Health Resources and Services Availability Monitoring System \(HeRAMS\)](#) accessibility models report (March 2024) with results for 11 priority oblasts of Ukraine, based on data collected as of 2 January 2024. The key findings emphasize the necessity for targeted interventions to improve health service accessibility in Ukraine’s conflict-affected areas. As the war in Ukraine enters its third year, WHO continues to strengthen the capacity of the local health system and provide necessary resources reaching millions with critical life-saving interventions. For more information on the Ukraine response, please find the situation reports available [here](#).

Over-the-counter kit distribution intervention – improving access to medicines for people in hard-to-reach areas in Ukraine

The ongoing war in Ukraine has made it difficult to access vital health-care services and supplies, particularly for people living close to conflict zones. These challenges include limited access to medications and pharmacies as well as concerns over the affordability of medicines in areas deemed as high- or very high-risk due to ongoing hostilities. To address this issue, with the financial support of the Ukraine Humanitarian Fund (UHF), the WHO Country Office in Ukraine launched an initiative to distribute over-the-counter (OTC) health-care kits to people living in these high-risk areas.

The purpose of the OTC kits is to provide health-care supplies and medications to those who are most in need, with a particular focus on the needs of older people. The kits include medications for acute and chronic health issues in addition to information about precautionary measures. The kits are designed to help people manage common health issues and minor ailments independently.

The kits contain items approved for OTC purchase in Ukraine, informative brochures on how to use the contents effectively, and communication materials along with health advice to promote healthy behaviours (food safety) and disease prevention (hepatitis A, cholera, botulism). A total of 1200 OTC kits have been prepared for distribution by direct delivery to families by trained volunteers and during interagency convoys.

From 11 March to 8 April 2024, 800 kits were delivered to cover the medicine needs of 2448 vulnerable people in 14 locations that are difficult to reach in Kherson oblast. Other kits will be delivered during interagency convoys in other frontline areas in the Donetsk oblast. Each kit is intended to support at least two people for a period of six months and contains items with a shelf-life of over 24 months. Once distribution is complete, follow-up visits are conducted to assess the impact of the initiative.



OTC kits to be distributed in very-high-risk areas in Ukraine where people have been affected by war and do not have regular access to medicines

Strengthening emergency response coordination: national Emergency Medical Team Coordination Cell training course in Lviv

Coordination is an important element of a successful response to any emergency: from the person who first receives the call, to those who deploy to work on-site, and oversee safety, logistics, and equipment. This is what participants learned and practised during the Emergency Medical Team Coordination Cell (EMTCC) training course that took place from 15 to 19 January 2024 in Lviv, Ukraine. In a collaborative effort, the WHO Regional Office for Europe, EMT Secretariat at WHO headquarters, and WHO Country Office for Ukraine conducted a comprehensive national EMTCC course in Lviv. The primary objective of this initiative was to introduce and enhance the understanding of coordination, aiming to establish a seamless emergency response management system for both national and international EMTs. This training aligns with WHO's broader commitment to bolster preparedness planning and improve the coordination of emergency responses. Supported by USAID's Bureau for Humanitarian Assistance, the training is part of a broader commitment by WHO to strengthen readiness planning and improve the coherence of the response to emergencies.

A total of 39 participants completed the training, representing 25 oblasts and included key stakeholders from the MoH, regional centres for disease control, the State Services of Ukraine for Emergency Situations (SESU), and the Centre for Disaster and Emergency Medicine. The five-day training programme covered the methodology for coordinating EMTs and culminated in a rigorous 36-hour simulation exercise, testing the participants' individual and team-based knowledge in a simulated disaster scenario.

This event proved to be a highly successful adaptation of the EMTCC training model and an important learning experience for national and subnational stakeholders working within Ukraine. As a next step, the MoH is considering designing a roadmap for adoption of the EMTCC mechanism for Ukraine, where WHO is ready to support the national roll-out of the EMTCC training and strengthen the coordination capacities of stakeholders across the entire country.



Participants at the training are practising theoretical knowledge during the simulation exercise

PROTRACTED GRADE 2 – UKRAINE REFUGEE RESPONSE

Situation update

5.9 million Refugees within Europe	541 200 Refugees beyond Europe	6.5 million Refugees globally	14.6 million In need of humanitarian support
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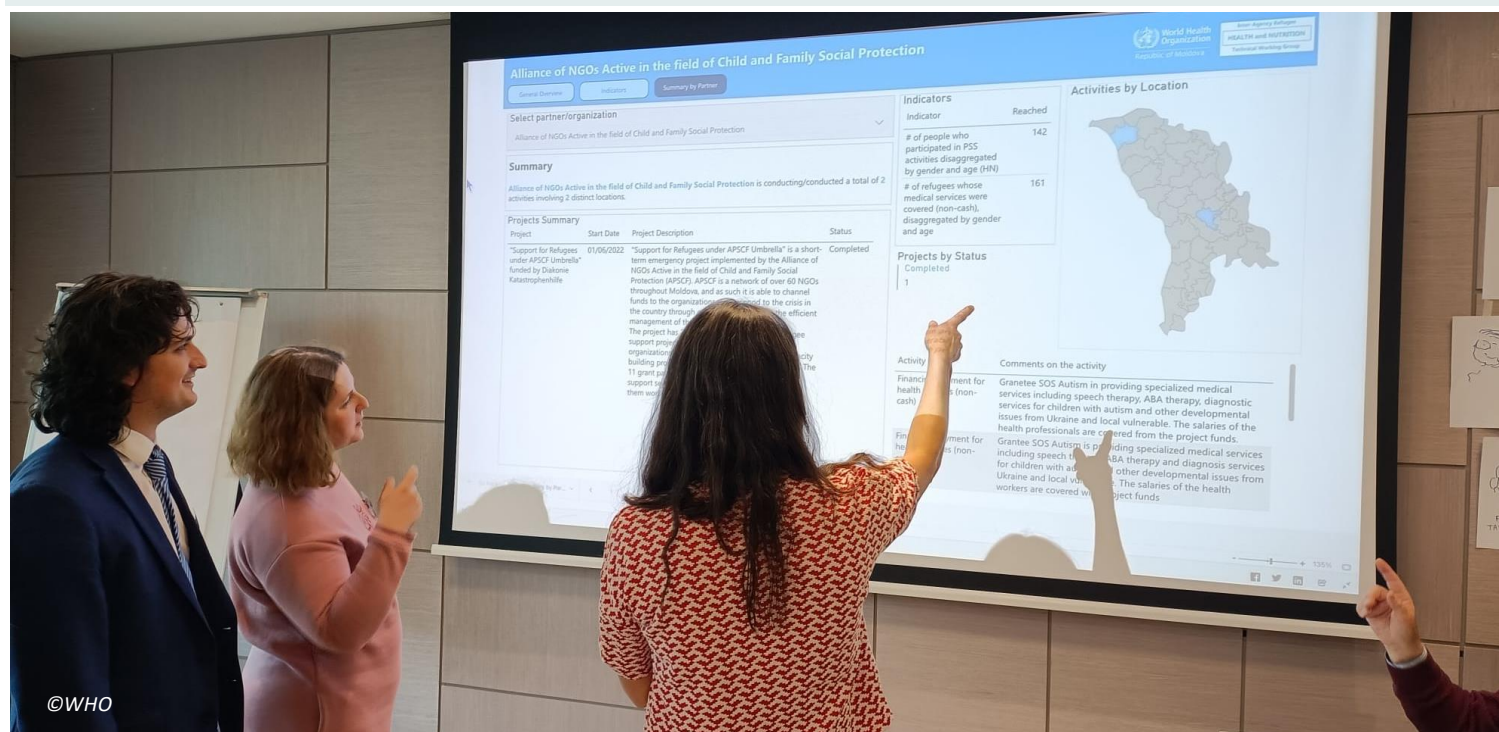
The war in Ukraine has been the fastest-growing and largest displacement crisis in Europe since World War II. As the refugee response enters its third year in 2024, it continues to address significant needs in host countries, demonstrating an evolving and prolonged situation. As of 14 March 2024, [UNHCR estimates](#) that some 6.5 million refugees from Ukraine are recorded globally with over 5.9 million recorded in European states alone. A total of 3 million have registered for asylum, temporary protection or similar national protection schemes in Europe. According to [UNHCR protection, profiling and monitoring activities](#) – conducted across countries covered by the Refugee Response Plan (RRP) on an ongoing basis – 25% of refugees from Ukraine in need of health care report difficulties accessing the national system due, inter alia, to long waits, language barriers and high costs.

WHO continues to provide operational and technical support to ministries of health of refugee-hosting countries as their health systems continue to cope with refugee arrivals. The primary refugee-hosting countries receiving WHO support are Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia, among others. As the health sector lead in supporting refugee-hosting countries, alongside ministries of health, WHO coordinates health partners in the refugee response and has developed country-specific [refugee response plans for 2024](#). WHO also worked closely with the UNHCR at regional and country levels to include health, MHPSS and GBV priorities and activities in the Refugee Response Plan and appeal, which was launched jointly with the [Ukraine Humanitarian Needs and Response Plan](#) in January 2024.



Refugee movement from Ukraine across European countries

WHO Country Office in Moldova launches Health Partners Dashboard to facilitate Ukraine refugee response



Official launch of the Moldova Health Partners Dashboard

The number of refugee arrivals from Ukraine has led to the Republic of Moldova's most substantial refugee response in its history. As of January 2024, close to 6.5 million refugees have reportedly fled Ukraine following the escalation of hostilities in February 2022. According to the Multi-Sector Needs Assessment (MSNA) conducted in 2023, health is among refugees' top three needs, especially for families with children, women and older people. WHO in Moldova, jointly with the MoH, continues coordinating the health system's response to the Ukrainian refugee emergency. With over 40 partners registered as members of the Inter-Agency Health and Nutrition Technical Working Group (IA TWG), in March 2024, WHO Moldova launched a Health Partners Dashboard to enhance coordination among partners providing health-care services.

Structured around the 5W framework (who, what, where, when, whom), the [Health Partners Dashboard](#) is designed to collect information on the operational presence of emergency response activities conducted by health partners in Moldova. It enables mapping and reporting on health partners, their activities, and indicators against the [Refugee Response Plan](#), thus serving as one of the tools in the suite of services necessary to support response monitoring. While it supports monitoring tools such as operational indicator monitoring, it also facilitates the monitoring of health resources and mapping of availability of health services.

The dashboard features an interactive map of Moldova, showing the distribution of health partners across various regions, and provides a visual sense of where different partners are concentrated. It also provides detailed information about the entity, including specific activities that they are involved in, operational areas, and the types of activities they provide. The dashboard's main feature is a real-time overview of the emergency response, displaying key metrics, including the number of affected individuals, location-specific incidents, resource availability, and deployment details of the response teams.

The importance of the Health Partners Dashboard relies on the fact that it provides a broad understanding of the ongoing response in Moldova to the Ukraine emergency, specifically for the health sector. It supports operational decision-making and planning of health activities, contributes to activity monitoring and planning, identifies gaps, overlaps, and needs against funds, ensures transparency with the government, donors and advocates for the implementation of activities in affected areas that are still uncovered. The public-facing dashboard can be accessed [here](#).

Addressing the mental health needs of Ukrainian refugees in Czechia



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WHO MHPSS consultant talking to a Ukrainian refugee in the collective accommodation centre for refugees and discussing access to basic needs

Czechia hosts one of the largest Ukrainian refugee populations in the European Union (EU). As of 31 January 2024, [381 399](#) Ukrainian refugees have registered for temporary protection in Czechia, with the majority expressing a desire to stay for at least two more years. In response to the pressing MHPSS needs of the refugees, the WHO Country Office in Czechia has been providing technical and financial support to the national counterparts since the onset of the full-scale invasion of Ukraine. WHO's comprehensive approach to addressing the MHPSS needs of Ukrainian refugees in Czechia involves coordination, capacity-building, supporting community-based MHPSS services in seven regions, MHPSS service mapping, advocacy and information dissemination.

A recent field visit conducted by the WHO Czechia Country Office to the Moravian–Silesian Region from 14 to 15 March highlighted the efforts of regional authorities and health-care providers in supporting Ukrainian refugees. The team visited key health-care facilities, met with members of the multidisciplinary team from the Trigon Association (a WHO implementing partner), participated in their activities tailored for Ukrainian teenagers, and visited the collective accommodation centre in Frýdek-Místek town. During the visit, the WHO MHPSS consultant provided technical support to the Trigon Association team, sharing best practices and materials in Ukrainian to enhance their capacities.

The field visit underscored a significant disparity between the demand for mental health support and the actual accessibility among Ukrainian refugees. Recognizing the importance of community-based support mechanisms, particularly considering the prevailing stigma associated with seeking assistance, WHO will continue looking for funding opportunities to sustain support for MHPSS implementing partners in remote areas. Moving forward, efforts will also be made to facilitate the integration of Ukrainian MHPSS professionals into the Czech health-care system and enhance collaboration between mental health providers and first-line responders in the Moravian–Silesian Region, the primary entry point for Ukrainian refugees into Czechia. The field visit was made possible through the financial support of the Bureau of Population, Refugees and Migration (BPRM).

This project is very important. Language and cultural barriers persist, and it's crucial to maintain our holistic approach in supporting vulnerable Ukrainians as they navigate the system. We must ensure that they don't slip through the gaps.

- Social worker, member of the Trigon Association multidisciplinary team for citizens of Ukraine

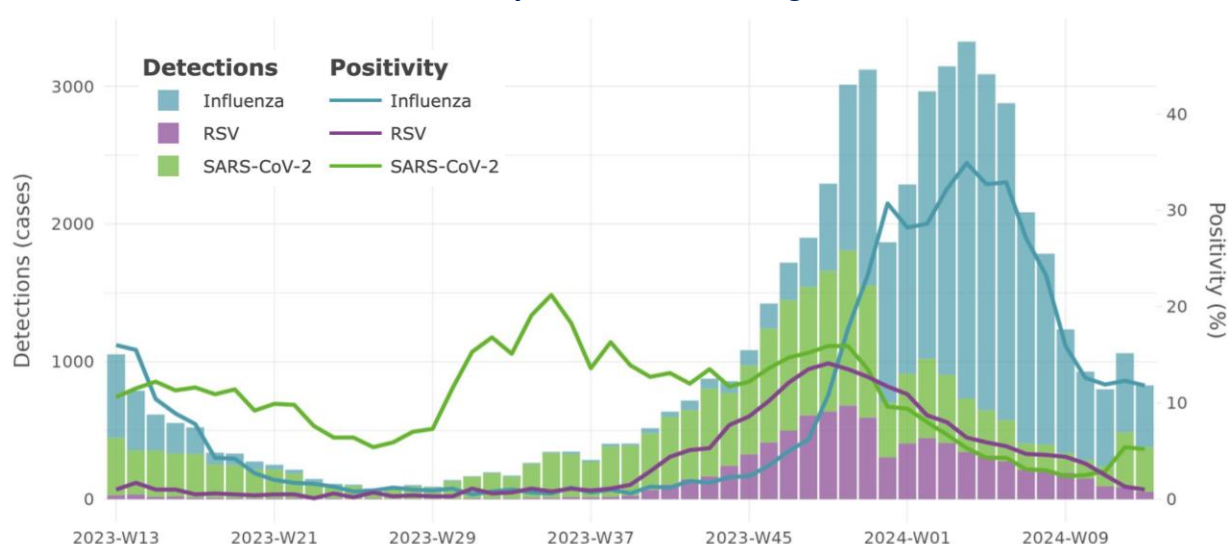
PROTRACTED GRADE 3 – COVID-19

European Respiratory Virus Surveillance Summary (ERVISS)

As part of one of the 13 strategic shifts outlined in the [Regional Transition Plan](#), the WHO European Region and the European Centre for Disease Prevention and Control (ECDC) launched [the European Respiratory Virus Surveillance Summary \(ERVISS\)](#). The platform displays integrated surveillance data for influenza, SARS-CoV-2 and respiratory syncytial virus (RSV) in the European Region, including the EU/European Economic Area.

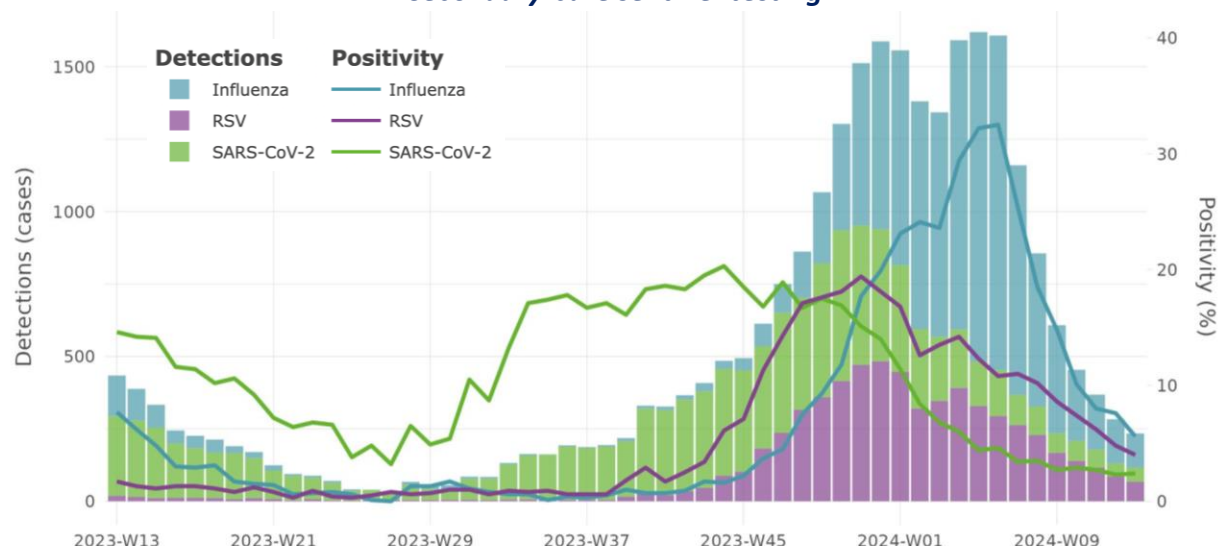
During the first quarter of 2024, the positivity rate for influenza in primary care sentinel settings showed a steady increase, peaking at 35% in week 4 before gradually declining to 13% by week 13. Concurrently, the positivity rate for SARS-CoV-2 exhibited a gradual decrease from 9%, stabilizing at 5% by the end of March. During the same period, a similar trend was observed for RSV. SARS-CoV-2 detection plateaued in January and trended downward from 507 cases in week 1 to 324 cases in week 13.

Primary care sentinel testing



Primary and secondary care sentinel detections and test positivity by pathogen in the WHO European Region from 27 March 2023 (epi week 13/2023) to 31 March 2024 (epi week 13/2024)

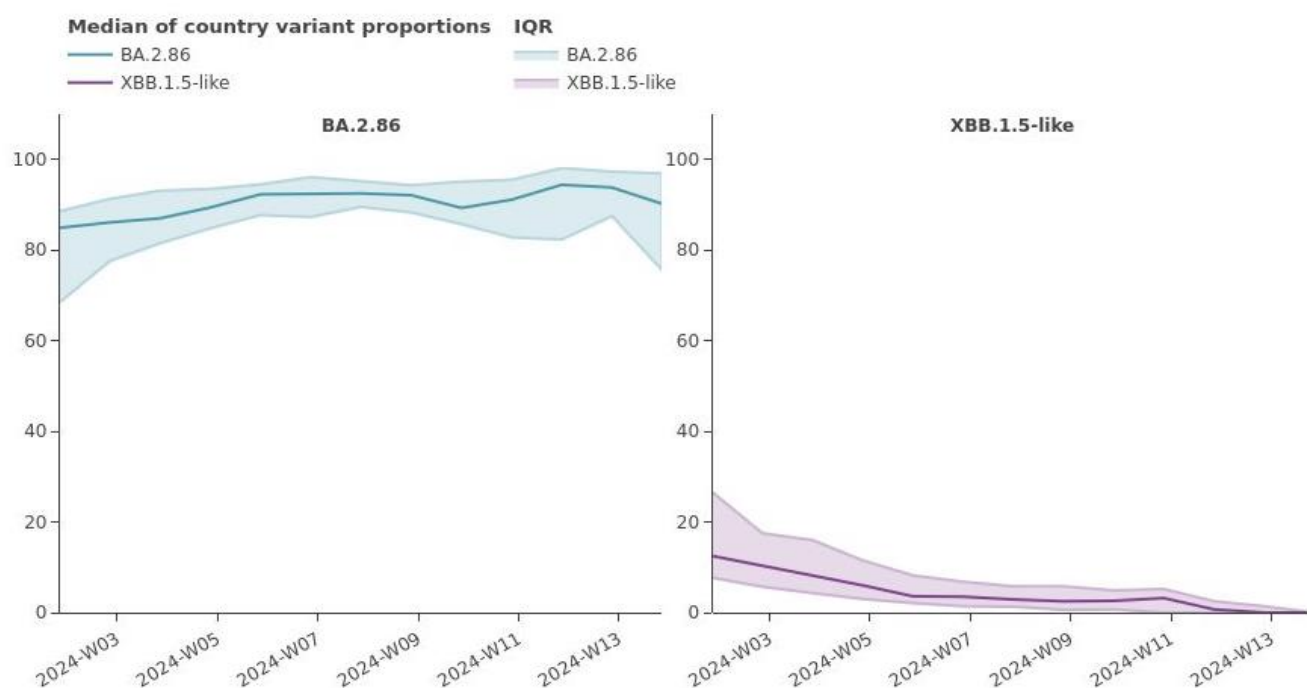
Secondary care sentinel testing



In secondary care sentinel settings, the positivity rate for influenza showed a rising trend until it peaked, reaching 32% in week 6, followed by a decline to 13% by week 13. Meanwhile, the positivity rate for SARS-CoV-2 steadily decreased from 11% in week 1 to 2% by week 13. Similarly, the positivity rate for RSV decreased from 17% in week 1 to 4% by week 13. SARS-CoV-2 detection in secondary care settings has been on a gradual decline since week 1, decreasing from 368 cases to 49 by week 13. Overall, the activity of all three infections in the European Region declined towards the end of the first quarter.

During the first quarter of 2024, at the regional level, hospital and ICU admissions for infection due to SARS-CoV-2, RSV and influenza continued to decline. The reported number of COVID-19 hospitalizations from non-sentinel sources decreased by 87% between weeks 1 and 13 of 2024.

Between January and March, the SARS-CoV-2 Omicron variant and its descendant lineages continued to spread, including BA.2.86 and XBB.1.5-like variants. The prevalence of BA.2.86 remained elevated throughout the entire first quarter, slightly increasing from 85% in early January to 90% by late March. Meanwhile, the prevalence of XBB.1.5-like variants declined, dropping from 13% in week 1 to 0% in week 13. JN.1 isolates, which are included in BA.2.86, accounted for 88% of cases in March, according to the Global Initiative on Sharing Avian Influenza Data (GISAID).



Distribution of variant proportions across the WHO European Region from 1 January (epi week 01/2024) to 31 March (epi week 13/2024)

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

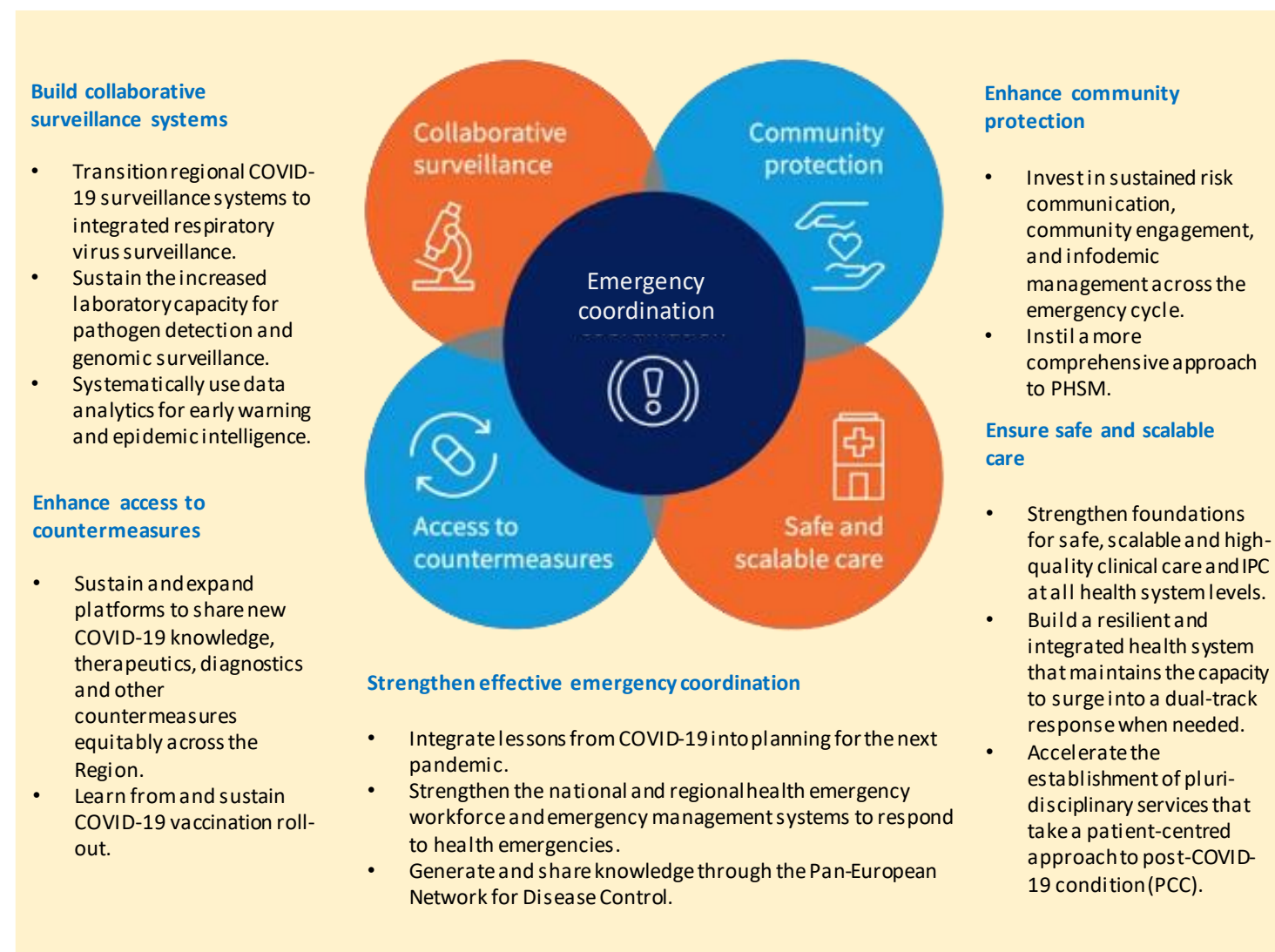
Public health and social measures

During January and February 2024, no Member State eased public health and social measures (PHSM) in response to COVID-19 and three Member States strengthened measures, all in the form of recommendations. The Czech Republic issued a recommendation to wear respiratory protection whenever crowds could not be avoided, including on public transportation. In the Valencian community in Spain, schools were recommended to promote hand hygiene and ventilation of classrooms due to a high incidence of respiratory viruses in January. Ukraine recommended that healthy individuals wear masks when in large crowds during the acute respiratory viral infection, flu and COVID-19 epidemic season. Turkmenistan continued to require international travellers to undergo rapid tests on arrival, while Azerbaijan extended closure of land borders. No Member State requires quarantine on arrival or proof of vaccination from international travellers. Montenegro, the Russian Federation, Sweden and the United Kingdom updated their COVID-19 vaccination policies in Q1 of 2024, all issuing recommendations for specific high-risk groups. Sweden and the United Kingdom are conducting spring vaccination booster campaigns targeting the elderly and long-term care home populations. Going forward, the Russian Federation will offer vaccination only to certain risk groups and Montenegro will no longer recommend further vaccination to individuals under the age of 60 years without comorbidities, though it will still be available.

The PHSM unit at WHO/Europe concluded its monitoring of measures implemented by Member States in response to COVID-19 on 4 March 2024. Detailed information covering the period January 2020 to February 2024 continues to be available through the WHO EURO PHSM platform [here](#).

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 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).



Examples of implementation of the strategic shifts that are under way in the first quarter



To strengthen WHO's event-based surveillance by developing a strategy for all hazards/priority diseases and a One Health approach, WHO conducted an Epidemic Intelligence from Open Sources (EIOS) training in the Netherlands between 27 and 29 February.



To ensure that optimal infection prevention and control (IPC) measures are in place to reduce the risk of transmission of high-threat pathogens, in January WHO conducted a survey to assess the implementation of IPC minimum requirements at facility levels.



To ensure sustained laboratory capacity for high-threat pathogen detection and genomic surveillance, in March 2024, WHO supported the Balkan Hub in piloting a lab surge capacity tool.

New study finds COVID-19 vaccinations have saved more than 1.4 million lives in the WHO European Region

Since their introduction in December 2020, COVID-19 vaccines have reduced deaths due to the pandemic by at least 57%, saving more than 1.4 million lives in the WHO European Region. Most of those saved were aged 60 years or older, the group at highest risk of severe illness and death from SARS-CoV-2 infection. The first vaccine booster alone saved 700 000 lives. These are among the findings of a [new study published](#) by the WHO Regional Office for Europe, which reveals that the known COVID-19 death toll in the Region, currently at over 2.5 million, might have been as high as 4 million without the vaccines. Since the COVID-19 pandemic began, the Region's 53 Member States across Europe and central Asia have collectively seen more than 277 million confirmed cases and over 2.5 million recorded deaths.

Study findings show a 57% reduction in mortality among those aged 70–79 years and a 54% decrease in deaths among those aged 60–69 years. Mortality was 52% lower in the 50–59 years age group. The over-80 years age group benefited the most from vaccination, with a 62% reduction in mortality. Among those aged 25–49 years, receiving a second vaccine dose resulted in a 48% reduction in mortality, although the uptake of vaccines for the second and third boosters was just 5% in this group. In other words, even in this younger age group, without vaccination the number of deaths would have been almost double.

The study reveals that COVID-19 vaccination saved most lives during the period when the Omicron variant was dominant, from December 2021 to April 2023. In terms of impact on mortality in the Region as a whole, Israel saw the biggest benefits for all age groups with a 75% reduction, followed by Malta and Iceland with a 72% and 71% reduction, respectively. Broken down by age group, those aged 80 years and older once again saw the most significant benefits from COVID-19 vaccination, with a reduction in mortality of 70% in Malta and 71% in the United Kingdom.

Countries that implemented early vaccination programmes covering large parts of the population – such as Belgium, Denmark, Iceland, Ireland, Israel, Malta, the Netherlands and the United Kingdom – saw the greatest benefit in terms of the number of lives saved overall through vaccination.

WHO Regional Office for Europe's report underlines the position of the European Technical Advisory Group of Experts on Immunization (ETAGE), which has consistently advised Member States to ensure that all eligible people are up to date with their COVID-19 vaccinations in line with national COVID-19 vaccination policies. Read more [here](#).

We have constantly stressed the importance of the COVID-19 vaccines, particularly for older people and the most vulnerable. This study documents the result of countries implementing that advice. The evidence is irrefutable.

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

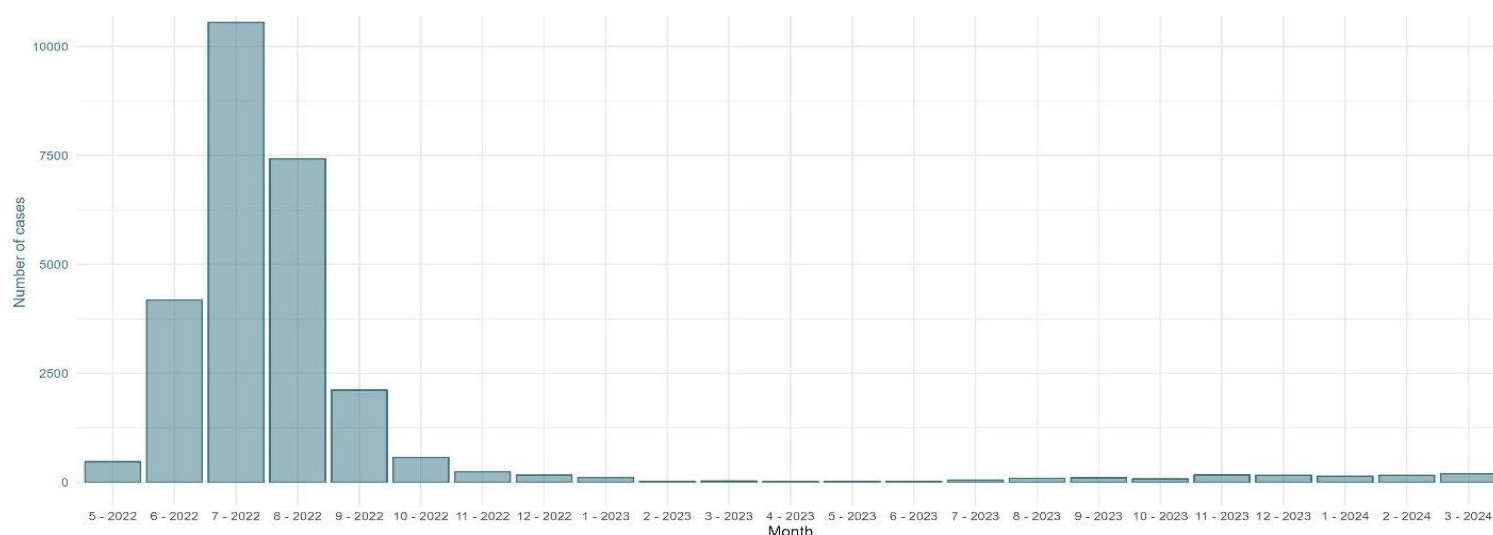


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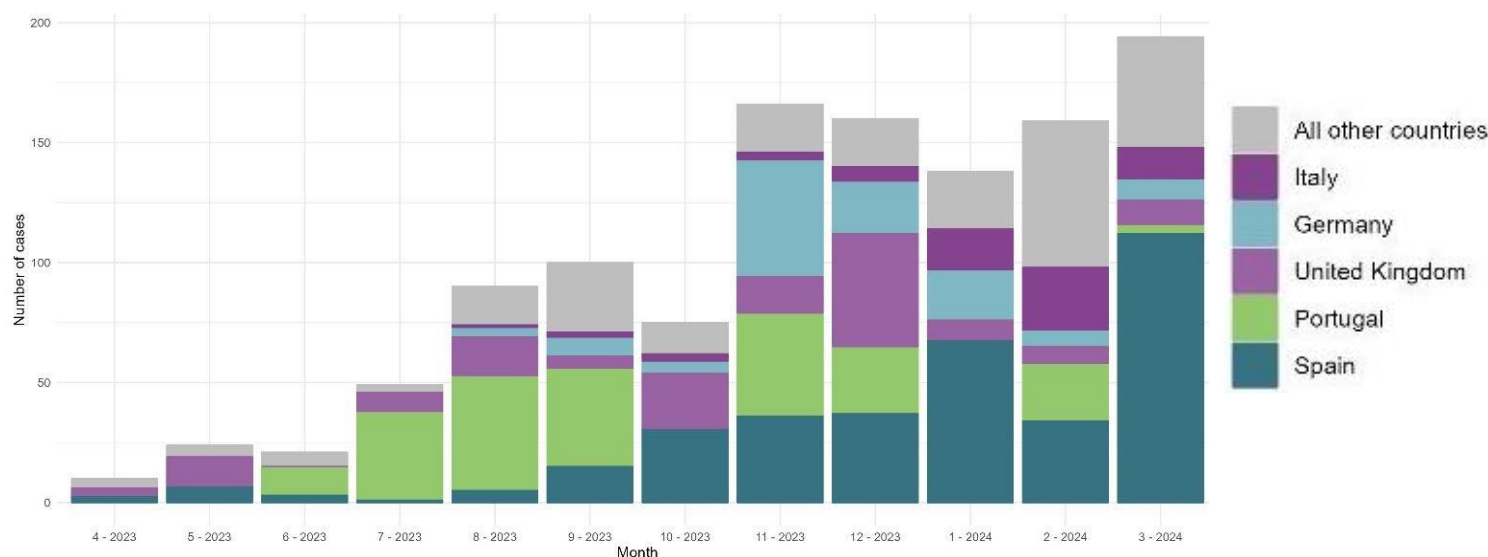
PROTRACTED GRADE 2 – MPOX

Regional epidemiological situation

During the first quarter of 2024, mpox cases increased slightly compared to the previous quarter but remained relatively low compared to spring/summer 2022. As of 31 March, there have been 27 057 cases and 10 reported deaths across the European Region. Between January and March, two deaths were reported in Portugal, and one in Austria. By the end of March, the WHO European Region represented 42% of the global incident caseload, with most countries now reporting on a monthly basis. Low-level transmission continues in the Region, with the number of monthly mpox cases increasing from 138 in January to 194 in March. Overall, the most affected countries were Spain with 214 cases, Italy with 56 cases, Germany with 37 cases, France with 31 cases, Portugal with 28 cases and the United Kingdom with 25 cases.



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



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

As of March 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, 879 (7% of cases) have been hospitalized, of which 300 cases required clinical care. Eight cases were admitted to intensive care, and 10 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.

PROTRACTED GRADE 2 – TÜRKİYE AND SYRIA EARTHQUAKES

Situation update			
50 783 Deaths	107 000 Injured	9.1 million Affected people	3 million Displaced



A field pharmacy in the earthquake-affected area

The devastating earthquakes that struck the Kahramanmaraş province in Türkiye on 6 February 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 provision of health services and strengthening the capacity of health staff on key health topics. In collaboration with the Ministry, WHO and partners delivered a series of joint training programmes, including on MHPSS, physiotherapy, water, hygiene and sanitation (WASH), infection prevention and control (IPC), and vaccine hesitancy and cold chain supply.

Following the earthquakes, over 50 000 individuals lost their limbs and more than 100 000 were injured, leaving over 70% of this population in need of long-term rehabilitation and therapy. At the request of the MoH, the WHO Country Office, with support from the Regional Office, provided assistance on trauma physical rehabilitation to address trauma-related injuries.

WHO also supported the MoH in restoring the provision of health services at the primary health care (PHC) level by developing prefabricated family health centres and containers for MHPSS and physical rehabilitation services. A total of 33 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.

To support the continuation of health-care services in the earthquake-affected areas, WHO initiated the construction of eight prefabricated PHC centres in the four most affected regions. Construction is currently under way and is expected to be completed by the end of May 2024. During the first quarter of 2024, the WHO Country Office in Türkiye continued to support the MoH and earthquake recovery efforts. This support included providing essential medical supplies and equipment, enhancing the capacity of health staff on key health topics agreed upon with the MoH, and raising awareness about the special needs of individuals with disabilities.

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 north-west Syria, and refugee-hosting countries, including Armenia. Response efforts are in line with the WHO PRSEAH strategy, and collaboration is through interagency mechanisms.

Ukraine response

During the first quarter of 2024, the PRSEAH team in Ukraine reached 422 individuals, including WHO staff, medical personnel providing rehabilitation services, and partners through awareness-raising training on PRSEAH. Special attention was paid to collaboration with the Health Cluster and implementing partners. All partners were provided with PRSEAH information materials especially developed by WHO, including information on available reporting mechanisms in Ukraine. Simultaneously, WHO in Ukraine continued implementing an interagency initiative acting as the main facilitator of ToTs for members of the PRSEAH interagency community.

Additionally, more than 2862 people have improved their knowledge of the topic through a virtual PRSEAH course for public health partners developed in late 2023 and specifically adapted to the Ukrainian context.

Refugee-receiving countries

In Moldova, WHO has continued its efforts to strengthen the health system's and overall humanitarian community's capacity on PRSEAH, to reduce the risks of abuse and increase reporting. On 25 March, WHO, with support from UNHCR, IOM, UNICEF, and UNFPA in Moldova conducted a victim's assistance protocol training, which reached 27 participants, primarily PRSEAH focal points as well as GBV and child protection specialists from UN agencies and nongovernmental organizations (NGOs), enhancing their capacity to assist victims of sexual exploitation and abuse (SEA).

On 18–22 March, the Regional Prevention and Response to Sexual Misconduct (PRS) Officer joined the Under-Secretary-General for PRSEAH and UNHCR PRSEAH Senior Officer on a joint mission to Slovakia, Moldova and Poland to improve the Ukraine response to SEA. UN colleagues and the respective WHO PRS focal points met with the mission team to discuss how UN agencies can more effectively collaborate, given a reduction in funding. More importantly, the mission team met and listened to a diverse array of voices, including Ukrainian refugees, young people, individuals with disabilities, and those living with HIV. The first-hand perspectives are expected to enhance the effectiveness of the UN responses and interventions.



WHO PRSEAH technical specialist facilitating victim's assistant protocol training in Chisinau, Moldova

Armenia refugee response

From 23 to 24 February 2024, WHO in Armenia organized a two-day ToT for 31 social workers providing services to refugees from the Karabakh region. The ToT included a session on PRSEAH for mobile hotline and burn team workers delivered by the regional PRSEAH coordinator.

The main objectives of the session were to strengthen the participants' understanding and skills in dealing with SEA cases, define their roles and responsibilities concerning PRSEAH, and ensure that they understood how to report concerns.

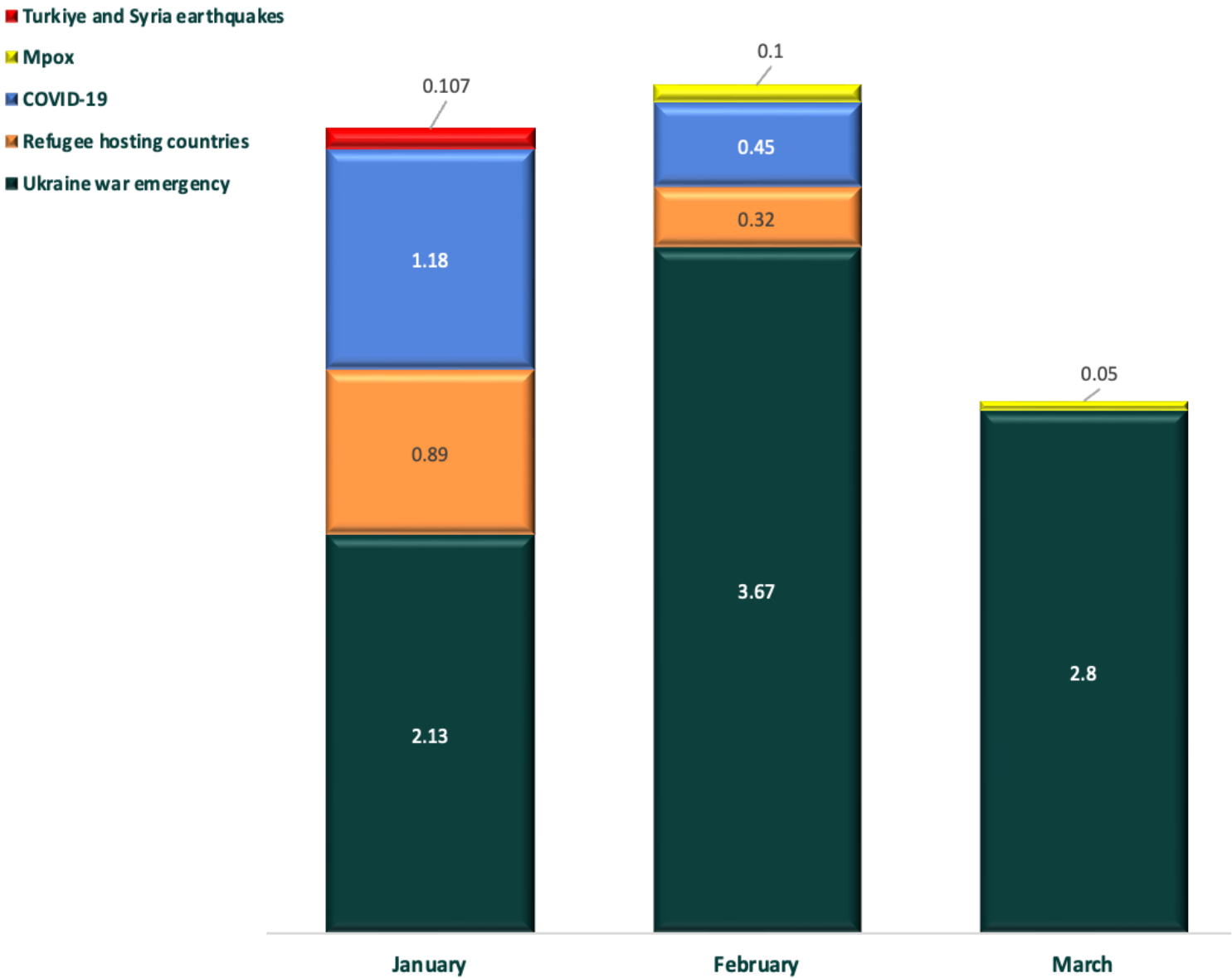
Türkiye earthquake response

On 27 February, a workshop was held in Gaziantep, Türkiye with PRSEAH focal points from the North-West Syria (NWS) Health Cluster. During the workshop, participants were informed about the SEA statistical data received by the NWS PRSEAH network complaint mechanisms and discussed strategies to reduce the prevalence of the number of SEA cases. The participants showed their commitment to supporting the development of PRSEAH action plans in NWS and ensuring supervision for its implementation in the facilities. Approximately 400 PRSEAH communication materials were distributed to be displayed in health facilities across NWS.

Operational support and logistics

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.

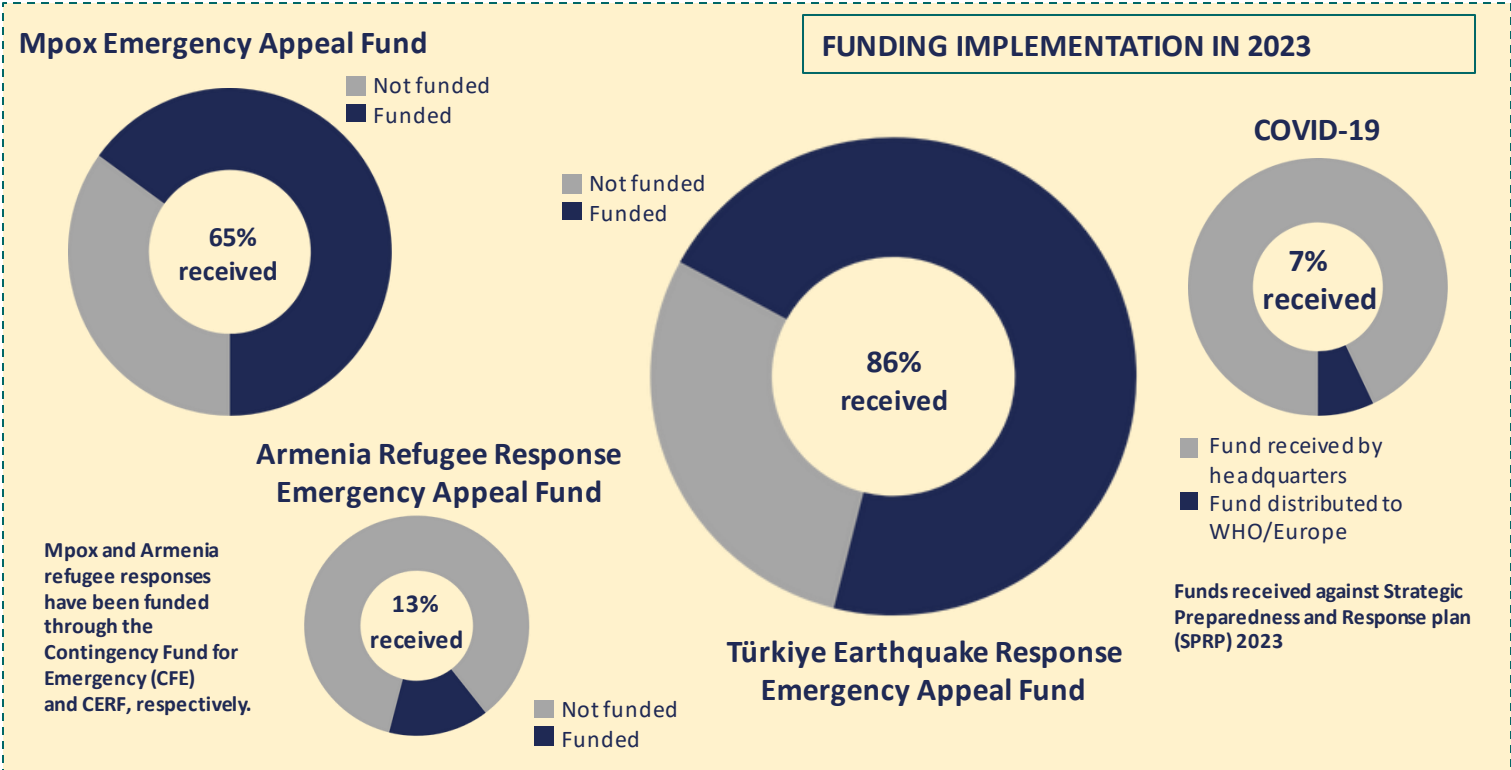
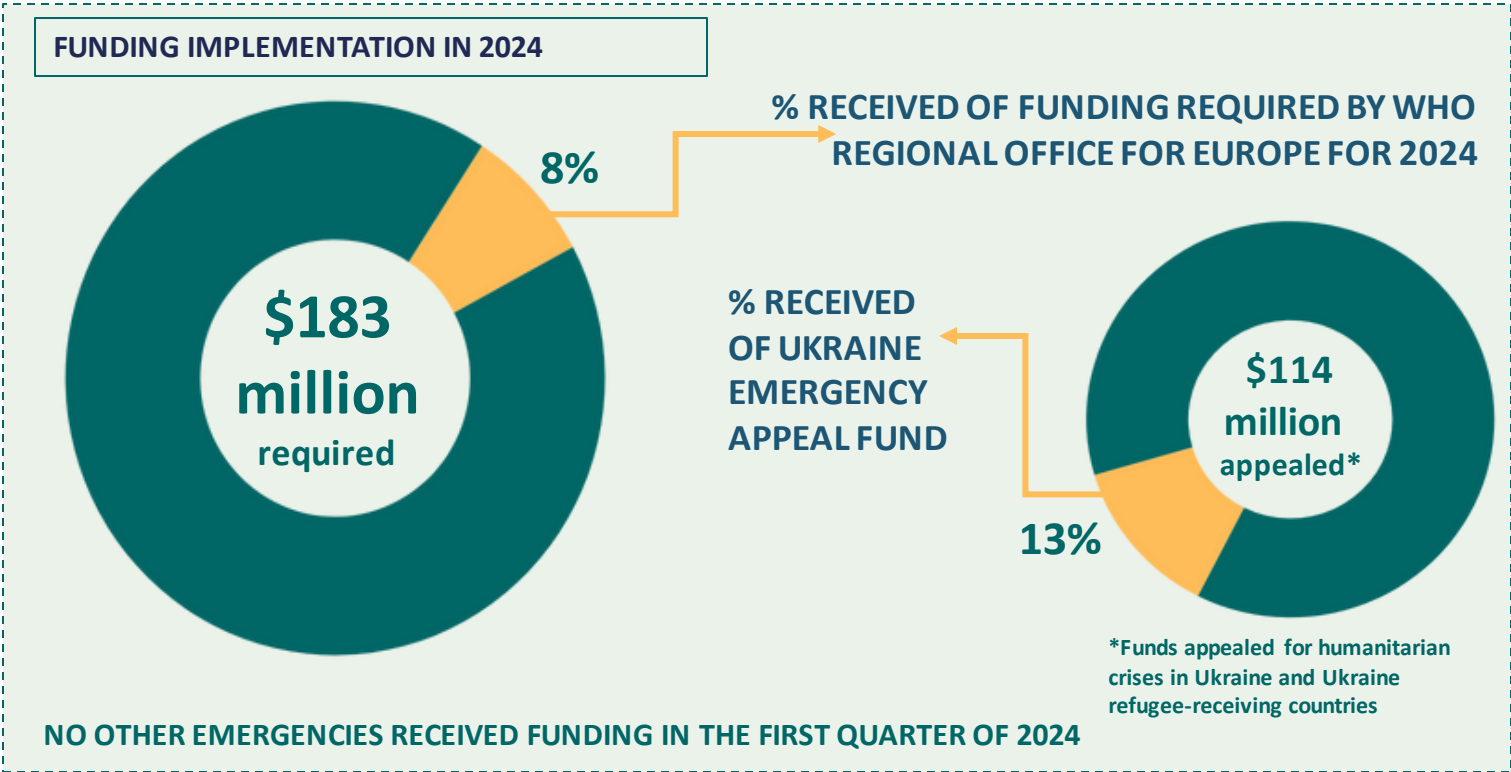
Emergency supplies delivered (US\$, millions)
Q1 January-March



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

Funding implementation

The European Region continues to face many public health emergencies that require operations 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 prosperous futures.



Key links and resources

WHO European Region publications | January–March | Online archive available [here](#)



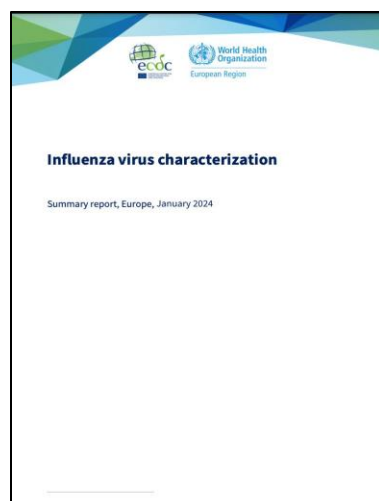
Interpersonal communication skills for supporting breastfeeding mothers: a handbook for community health support staff in emergency settings

<https://iris.who.int/handle/10665/376558>



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

<https://iris.who.int/handle/10665/376199>



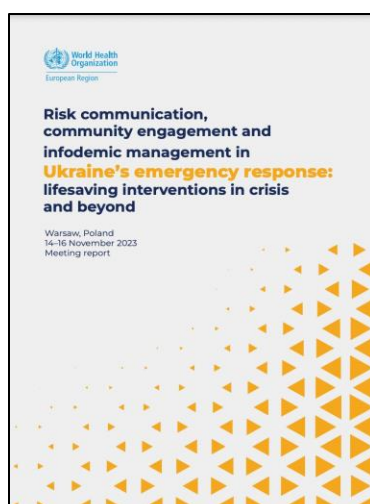
Influenza virus characterization: summary report, Europe, January 2024

<https://iris.who.int/handle/10665/376032>



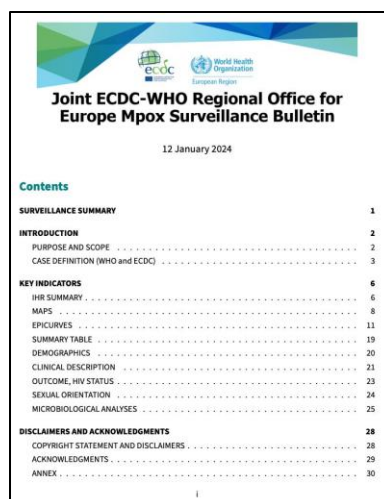
War in Ukraine: situation report from WHO Country Office in Ukraine: issue No. 68, 13 February 2024

<https://iris.who.int/handle/10665/376053>



RCCE-IM in Ukraine's emergency response: lifesaving interventions in crisis and beyond: Warsaw, Poland 14–16 November 2023 Meeting report

<https://iris.who.int/handle/10665/376587>



Joint ECDC–WHO Regional Office for Europe Monkeypox Surveillance Bulletin: 12 January 2024

<https://www.who.int/europe/publications/m/item/joint-ecdc-who-regional-office-for-europe-monkeypox-surveillance-bulletin--12-january-2024>

Upcoming WHO/Europe emergency response activities for quarter 2 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](#)
- ✓ Preparation and submission of proposal to Directorate-General for Health and Food Safety (DG SANTE) "DP-CA-24-95.1/2 Supporting Long COVID patients: insights and action"

Ukraine conflict

- ✓ Ukraine response review, including focus group workshop with refugee-receiving country offices, 17–18 April
- ✓ Subregional high-level technical meeting to identify mid- to long-term solutions related to Ukraine refugee health response, 11–12 June
- ✓ Development of policy options and consideration papers on health financing and service delivery
- ✓ Behavioural and cultural insights (BCI) report on health needs and access of Ukrainian refugees across refugee-hosting countries

Mpox

- ✓ Report on the update of mpox cases in the European Region
- ✓ Development of ExMart for data reporting directly to WHO
- ✓ Finalization of the report on integration of mpox surveillance into sexual health services
- ✓ Continued monitoring of mass gathering events and engagement with WHO/Europe pride organizers

Türkiye and Syria earthquakes

- ✓ Public health risk assessment to inform review of emergency grading
- ✓ Continued transitioning of mental health, rehabilitation and service delivery programmes into regular support to country
- ✓ Finalizing of procurement and closure of emergency funds

Israel/occupied Palestinian territory conflict

- ✓ Continuation of the community engagement and interfaith dialogue project with civil society organizations
- ✓ Continued collaboration on mental health and psychosocial support
- ✓ Continued collaborative work with national partners on gender-based and sexual violence

Events

- ✓ WHO European Region retreat, 8–9 April 2024
- ✓ Emergency Response Framework (ERF) roll-out training for national professional officers (NPOs), 10–11 April 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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