

WHO European Region Emergency Quarterly Operational Update

Second quarter 2023: Weeks 14–26 (April–June 2023)

Highlights

6

Graded emergencies
(active and protracted)

3

Outbreaks

3

Humanitarian crises

0

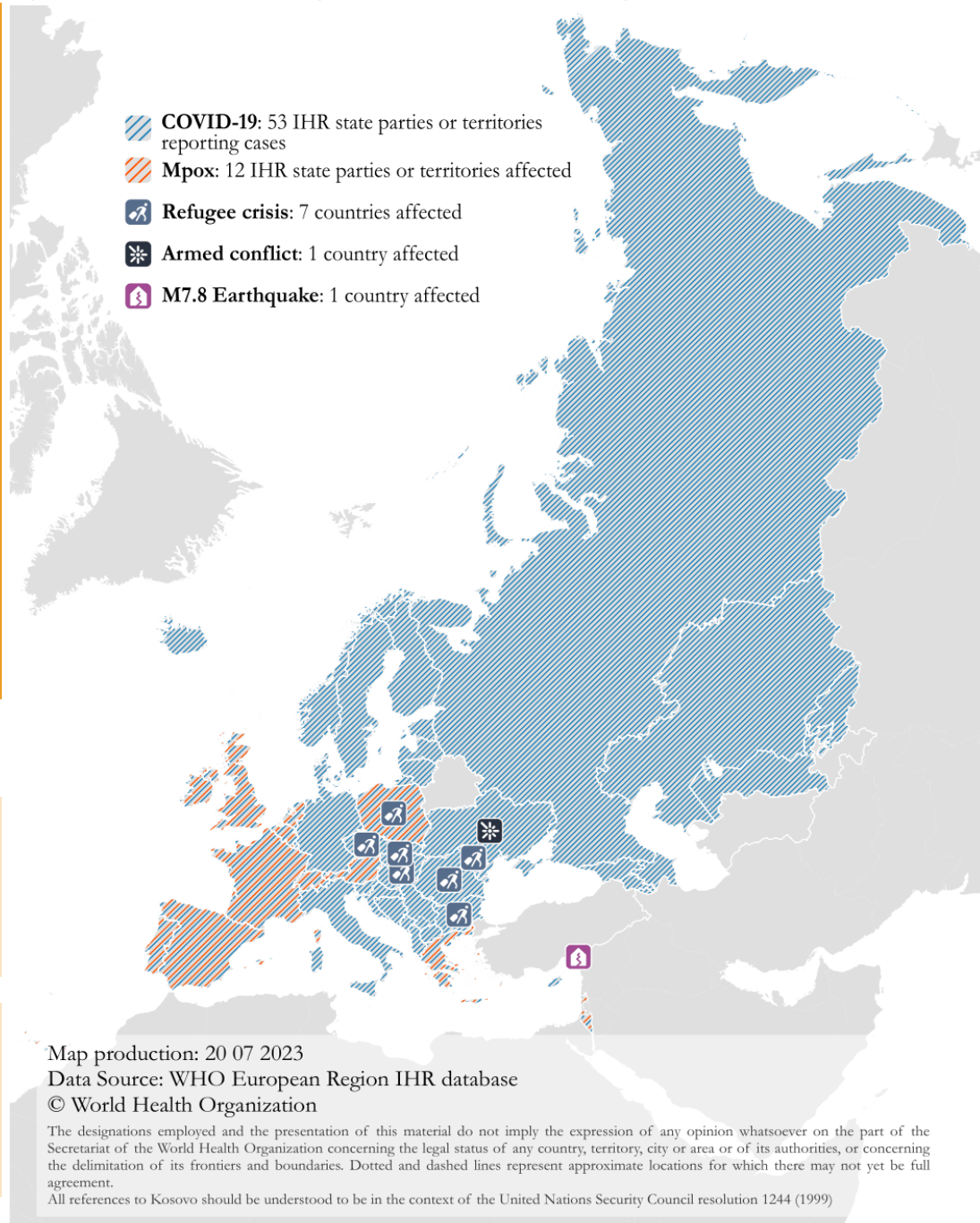
New graded emergency

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Key figures in the WHO European Region

| | |
|----------|-----------------------------------|
| COVID-19 | 276.8 million cumulative cases |
| | 2.2 million cumulative deaths |
| Mpox | 25 824 cumulative cases |
| | 7 cumulative deaths |



GRADE 3 – TÜRKİYE AND SYRIA EARTHQUAKES

Situation update

50 783
deaths

9.1 million
affected people

3 million
displaced

>3 million
people
accommodated



Debris clearing in Antakya City centre

Six months after the devastating earthquakes that struck the Kahramanmaraş province in Türkiye on 6 February and 20 February, the emergency response is transitioning to recovery activities. According to the [Ministry of Interior, as of 22 April 2023](#), in the 11 provinces directly affected by the earthquakes, [50 783 deaths](#) have been registered due to the earthquake, including of 7302 foreign nationals. Another 985 are pending identification. As of 20 April, there have been 29 600 aftershocks, and nearly 311 000 buildings have collapsed or been severely damaged throughout the region. The removal of 50 000 out of 57 000 pieces of debris is complete in the 11 affected provinces.

Since 6 February, over 216 000 people from the affected areas have been [relocated](#) to other provinces within Türkiye. According to the [Ministry of Interior](#), about 20% of those affected by the earthquake who migrated to other cities have returned. The [Shelter Sector Türkiye](#) reported that approximately 3 million people were identified as being sheltered in various types of settlements, including tents, formal shelters, containers and collective shelters, of whom about 2 million are informal settlements. [UNHCR](#) has also observed an increase in the return of refugees to the affected provinces. To meet the needs of the returning population, authorities are working to move populations from tents to containers and other less temporary shelters.

Access to health services remains limited in the provinces of Kahramanmaraş and Hatay, which are among the most severely affected areas. The potential health impact of summer heat and severe weather, and safe access to water, sanitation and hygiene, remain concerns. More detailed information with the situational analysis is available in [the WHO Public Health Situation Analysis \(PHSA\)](#).

WHO continues to develop long-term operational planning to provide consistent support to the Ministry of Health (MoH) around ensuring the continuity of essential health services for rehabilitation and primary health care, expanding mental health and psychosocial support (MHPSS) services within the affected population, and providing timely risk communication and community engagement (RCCE) to affected populations in line with current health needs. As of May 2023, WHO has delivered over US\$ 1.1 million of medical supplies. For more information on the Türkiye response, please find the situation reports available [here](#).

From the field

Emergency medical team (EMT) lessons learned workshop – Türkiye earthquakes

The WHO Regional Office for Europe and Türkiye Country Office held the EMT Response to Türkiye earthquakes: lessons learned workshop from 15 to 16 June 2023, with support from the Government of Türkiye and the Government of Kuwait. The Workshop brought together 82 experts and EMT professionals from 20 countries. The participants shared experiences, lessons and future improvements that they learnt from the EMT response to the earthquakes that struck Türkiye in February 2023.

The discussions and group activities during the workshop were centred around identifying key enablers in knowledge generation, knowledge sharing, and an EMT community of practice. The goal was to drive action and learn from significant technical areas such as EMT interoperability and partnerships, quality service delivery, and information management systems.

Ongoing efforts are dedicated to finalizing the EMT Knowledge and Capacity Strengthening Strategy for WHO European Region and launching the Regional European EMT Competence Hub (REECH) in Istanbul, Türkiye. These initiatives aim to address identified needs, including strengthening the national EMT coordination mechanism to better meet operational demands; advancing regional EMT networks and partnerships through a community of practice to enhance greater interregional collaboration and complementarity of capabilities; harnessing collective engagement and sharing of experiences to contribute to strengthening EMT evidence-based research, EMT knowledge transfer and EMT enabling environment.

Furthermore, steps are being taken to initiate the Knowledge and Information Management Working Group in September, which will contribute towards advancing information management systems and standards, thereby improving operational coordination, decision-making, and delivery of EMT services.



Participants of the “EMT Response to Türkiye earthquakes: lessons learned workshop”

From the field

Rebuilding primary health care services after the February 2023 earthquakes: addressing women's reproductive health in Türkiye

The aftermath of an earthquake poses numerous challenges to women and infants, especially when it comes to reproductive health and breastfeeding. One of the biggest difficulties is the lack of safe, comfortable living environments, which can have a significant impact on physical and psychological well-being. Hygiene is also a major concern, especially in the postpartum period. Currently, common areas for toilets and showers may not meet basic sanitary standards nor offer the privacy needed, making it hard for women and new mothers to feel safe.

Women who are breastfeeding are particularly affected as they do not have access to private areas as they would in their homes. Living in tents and containers means that they cannot breastfeed in a comfortable environment, which can lead to issues such as painful mastitis. Similarly, pregnant women struggle to find a comfortable area where they can rest – Dr Serap Şener, WHO Country Office in Türkiye

The WHO Country Office in Türkiye is working with the Ministry of Health and other stakeholders to create new maternity guesthouses and containers to accommodate women who have recently given birth. This initiative aims to provide a safe, comfortable environment for women to recover and care for their infants.

Last year, the WHO Country Office conducted emergency maternity care and obstetric training for Ministry of Health personnel in large cities with significant immigrant populations. Many of the gynaecologists and other health professionals who took part have worked or are still working in the earthquake-affected areas, helping to ensure safer births for women. Read more [here](#).



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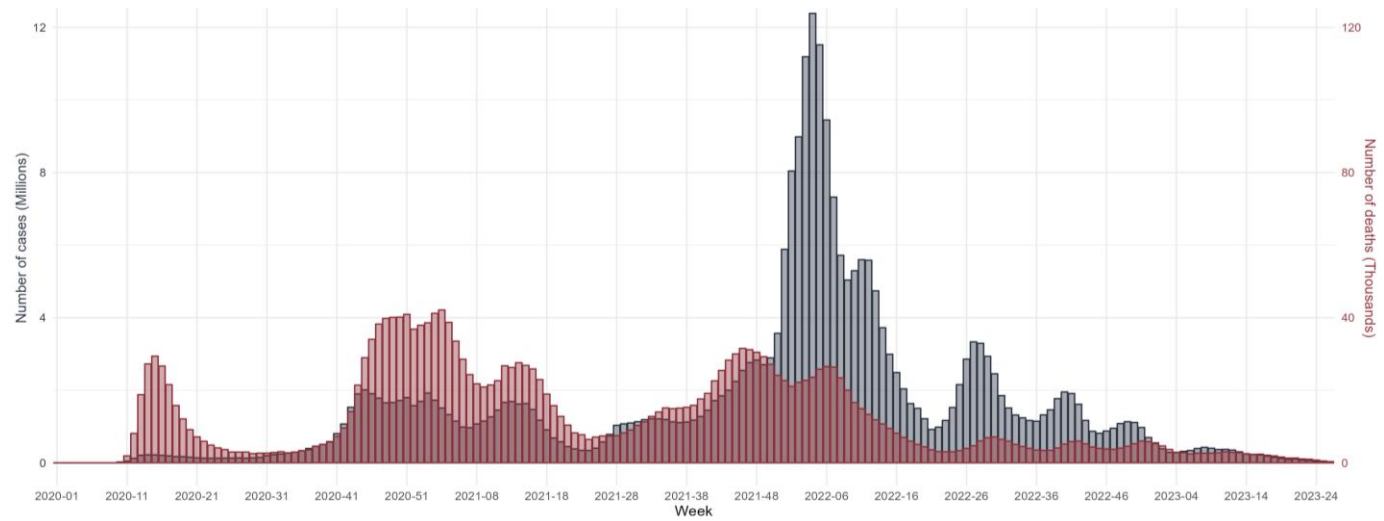
A new mother seeking maternal and child health services

PROTRACTED GRADE 3 – COVID-19

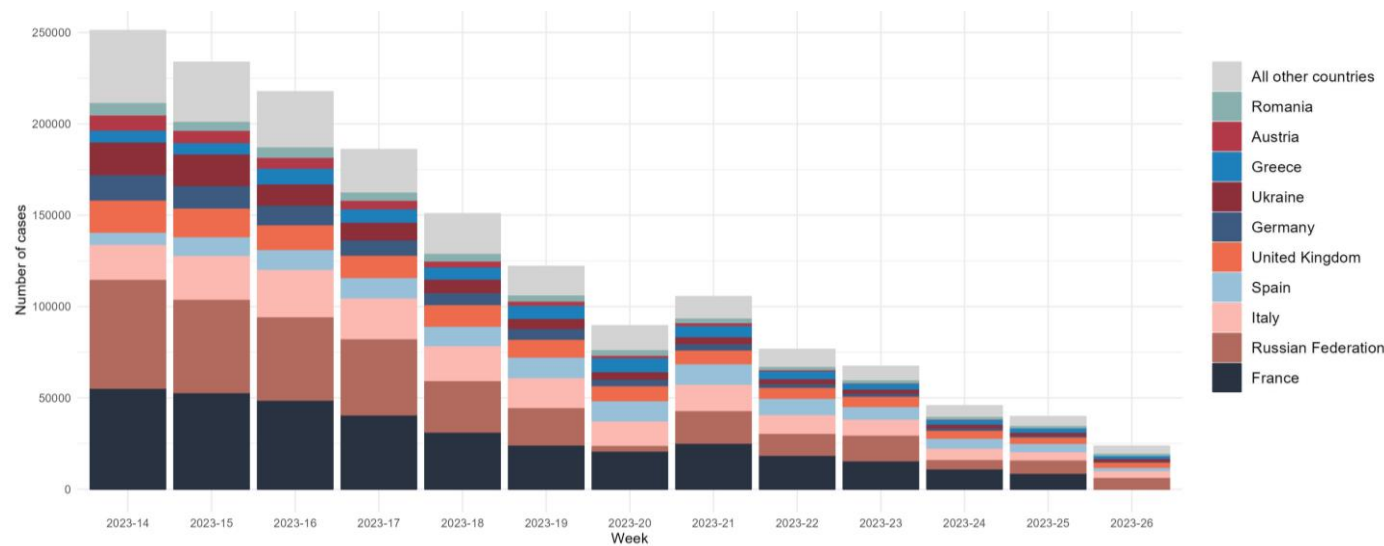
Regional epidemiological situation: COVID-19

On 30 May 2023, there was a consensus among the six WHO Regions to downgrade the COVID-19 emergency from acute Grade 3 to a protracted 3 emergency. As of 30 June 2022, 276 813 069 cases of COVID-19 and 2 248 342 deaths have been reported across the WHO European Region. Between April and June 2023, the weekly average of deaths and cases decreased by 64% and 74%, respectively. In the second quarter of 2023, the European Region observed a gradual decline with signs of stabilization of the number of new COVID-19 cases with a similar trend for deaths. In the spring season, the SARS-CoV-2 Omicron variant continued to spread, including its XBB.1.5, XBB, BA.2.75, and BQ.1 sublineages. Among these variants, XBB showed a significant increase in proportion from 16.2% in early April to 41.8% in late June. Notably, the XBB and XBB.1.5 variants had the highest prevalence while the proportion of variants of concern/interest BQ.1 and BA.2.75 significantly decreased compared to other sequenced variants. BQ.1 decreased from 11.2% to 1% while BA.2.75 decreased from 13.2% to 2.8% throughout the second quarter.

New hospital admissions due to COVID-19 generally continued to decrease between April and June with only a slight increase in April, between weeks 14/2023 and 17/2023, followed by a gradual decrease in hospital admissions throughout the entire period. Countries that witnessed high hospitalization rates in terms of COVID-19 bed occupancy per 100 000 population were France (18.8), Estonia (12.4), Belgium (12.5), Ukraine (9.8), United Kingdom (11.2), Latvia (11.8) in early April and France (13) in late June. Please refer to the [WHO European Region Dashboard](#) and the [WHO European Region Surveillance Bulletin](#) for further information.



Number of COVID-19 cases and deaths reported by epidemiological (epi) week in the WHO European Region from 1 January (epi week 1/2020) to 30 June (epi week 26/2023)



The trend in reported COVID-19 cases by epidemiological (epi) week in the WHO European Region from 1 April (epi week 14/2023) to 30 June (epi week 26/2023)

Emergency public health measures taken across the Region



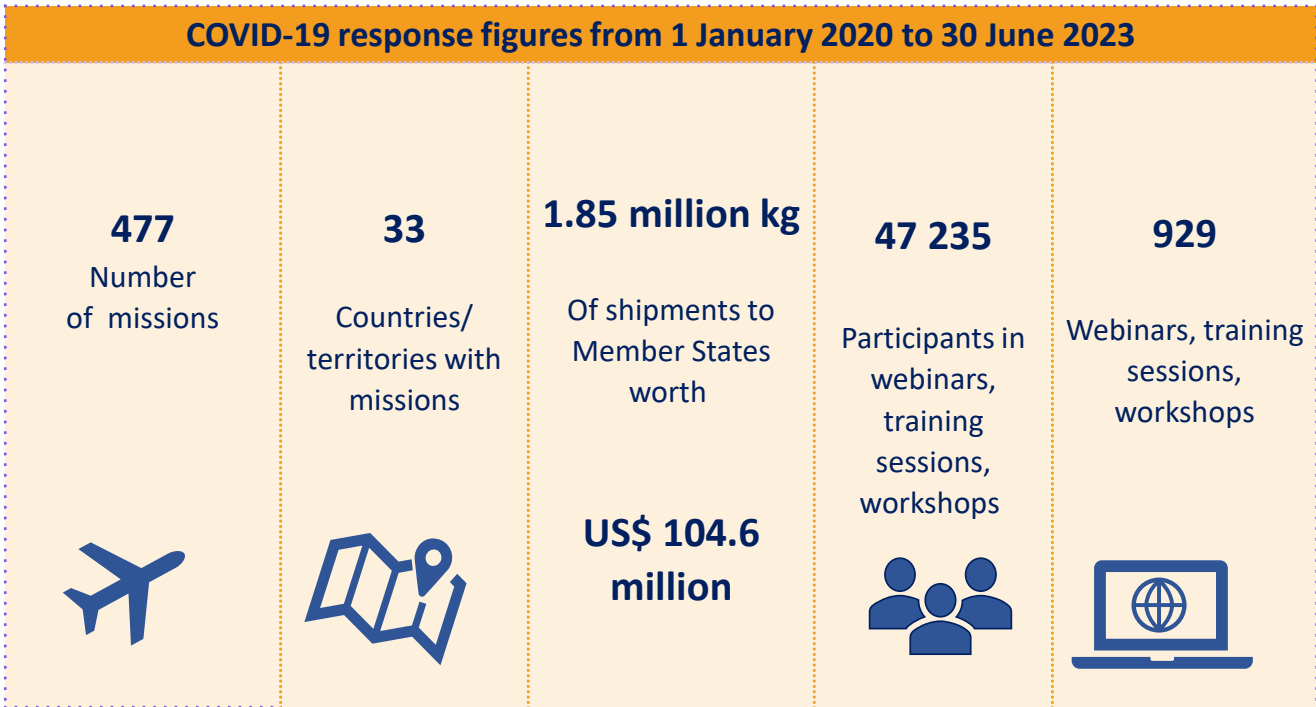
A Portuguese couple came to the vaccination centre in Lisbon to get their COVID-19 booster

Member States that had implemented public health and social measures (PHSM) at the start of the quarter have continued to gradually scale back these measures. Throughout the second quarter of 2023, 15 countries opted to ease their PHSM restrictions, while no countries strengthened them. Notably, the trend of relaxing mask requirements in health care and social care settings persists. These appear to be some of the last measures to be relaxed by countries with only sanitary recommendations such as personal hygiene recommendations and environmental cleaning remaining.

For an up-to-date list of measures implemented by States Parties in response to COVID-19, please visit the [PHSM in response to COVID-19 dashboard](#).

WHO’s response in numbers

The WHO Regional Office for Europe’s response is built around a [comprehensive global strategy](#) to end the acute phase of the pandemic and build resilience and readiness for the future by targeting four areas: **prepare and be ready; detect, protect and treat; reduce transmission; innovate and learn**.



For additional information on response operations, please see the WHO European Region [COVID-19 Country Support Dashboard](#).

The transition from the acute phase of COVID-19

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

It is time to strategically and sustainably invest in resilient health systems that are able to respond to emergencies and maintain essential services at all times. It is the moment to invest and sustain the gains made during the pandemic response and apply the lessons of this pandemic and other recent health emergencies to increase the resilience of our health systems against future epidemics, pandemics and other shocks. We need to close the gaps identified during pandemic and strengthen core areas of Member States' [Health Emergency Preparedness, Response, and Resilience \(HEPR\) systems](#).



The Regional Office for Europe plans to implement 13 strategic shifts in supporting countries and communities, with the overarching goal of the Region emerging stronger from the COVID-19 emergency. These 13 strategic shifts have been designed through the lens of the five core subsystems of the HEPR framework: **collaborative surveillance, community protection, safe and scalable care, emergency coordination and access to countermeasures**. They emphasize the importance of not only addressing the immediate impacts of the pandemic but also focusing on COVID-19's continued impact, including mental health and Post COVID-19 condition. They also seek to facilitate the integration of COVID-19 innovations into daily public health operations.



In addition, to sustain lessons learnt for the next pandemic, the experiences of COVID-19 and other recent emergencies need to inform future strategies for preparedness and response. The transition plan provides a framework to leverage innovations and lessons from COVID-19 into the development of the next regional five-year Action plan to strengthen health emergency preparedness, response, and resilience in the WHO European Region, 2024–2029 (“Preparedness 2.0”).

“Preparedness 2.0” will aim for a European Region with the required capabilities and pan-European networks to rapidly detect, verify and notify new and evolving health threats, and to effectively respond to emergencies caused by any hazard, grounded in the principles of solidarity, transparency and accountability.

From the field

COVID-19 clinical management simulation courses for health-care professionals in Kazakhstan

From 28 to 30 March and 3 to 5 May 2023, the WHO Regional Office for Europe and WHO Country Office in Kazakhstan completed two three-day trainings on the multidisciplinary care of critically ill patients with COVID-19 as a part of a practical blended learning course. The trainings were attended by 45 health-care professionals from Kazakhstan and aimed to enhance the expertise of health-care professionals across the country. Developed in collaboration with national leading medical institutions and experts, this immersive training programme simulated real-life scenarios to equip doctors, nurses, and other health-care workers with the skills necessary to tackle complex COVID-19 cases effectively. The Airway, Breathing, Circulation, Disability, and Exposure (ABCDE) approach, which is the backbone of the provided course, allows clinicians to save time by rapidly identifying and treating key conditions that could lead to imminent patient deterioration if they remained untreated within the first minutes of arrival to the hospital.

The training is based on the latest [WHO guidance on COVID-19 case management](#) and incorporates WHO's institutional tools, such as [Open WHO](#) and [SARI Clinical management toolkits](#) developed in recent years. WHO has tailored the training to the country's needs, which were identified during the COVID-19 response. During the trainings, participants had an opportunity to implement this approach through case-based scenarios, where they could work in teams.

The training course was implemented with the support of Canada, Germany, the European Union, United States Agency for International Development (USAID), and Outbreak and Crisis Response (OCR) funds. Through the training, WHO has built up a pool of national instructors on clinical management of severe acute respiratory illness (SARI), who played a key role in delivering the current training after completion of the training of trainers' programme in 2021–2022. Currently, nine national instructors from across Kazakhstan have been supervised during the trainings and have reached the status of independent course providers, who can expand the course outreach and deliver the training locally in the country. In addition, the national instructors have provided support to neighbouring Turkmenistan on COVID-19 clinical management.



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Health-care professionals engaging in simulation activity to train for addressing complex COVID-19 cases

From the field

WHO and its partners enhance the Rapid Response Mobile Laboratory Network’s capacity through interregional field simulation exercise

From 19 to 22 June 2023, the rapid response mobile laboratories (RRMLs) Full-Scale Interregional Field Simulation Exercise (IFX.01) led by the WHO Regional Office for Europe and supported by the Government of Türkiye and the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), took place in Istanbul, Türkiye. The IFX.01 convened more than 200 RRML professionals and emergency response partners from 32 countries across all six WHO regions. This exercise championed a new era of rapid response capacity development and shaped the vision, values and the progression of the RRML Network.

The exercise walked the participants through a fictional public health emergency scenario to test capabilities and adherence to the recently developed minimum operational standards to ensure a high quality of laboratory services in emergency-affected settings. The simulation exercise covered the RRMLs’ coordination and joint work with other responders such as emergency medical teams (EMTs), health emergency operations centres (HEOCs) and rapid response teams.

This three-phase exercise is designed to support the bringing of quality lab testing and analysis to the doorsteps of the communities affected by emergencies. WHO and our partners strive to improve and harmonize global response efforts. Such simulation exercises provide a unique opportunity to test RRML capabilities and operational standards outside of emergencies.

- Dr Oleg Storozhenko, Partnerships Officer at the WHO Regional Office for Europe

IFX.01 provided essential insights into the feasibility, applicability, and comprehensiveness of RRML minimum operational standards within each phase of the deployment cycle. Through validation of application of the standards, participating teams identified gaps and additional recommendations, which will be used to finalize WHO’s RRML minimum operational standards.



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The participants of the Field Simulation Exercise training within a simulated scenario of a fictional public health emergency

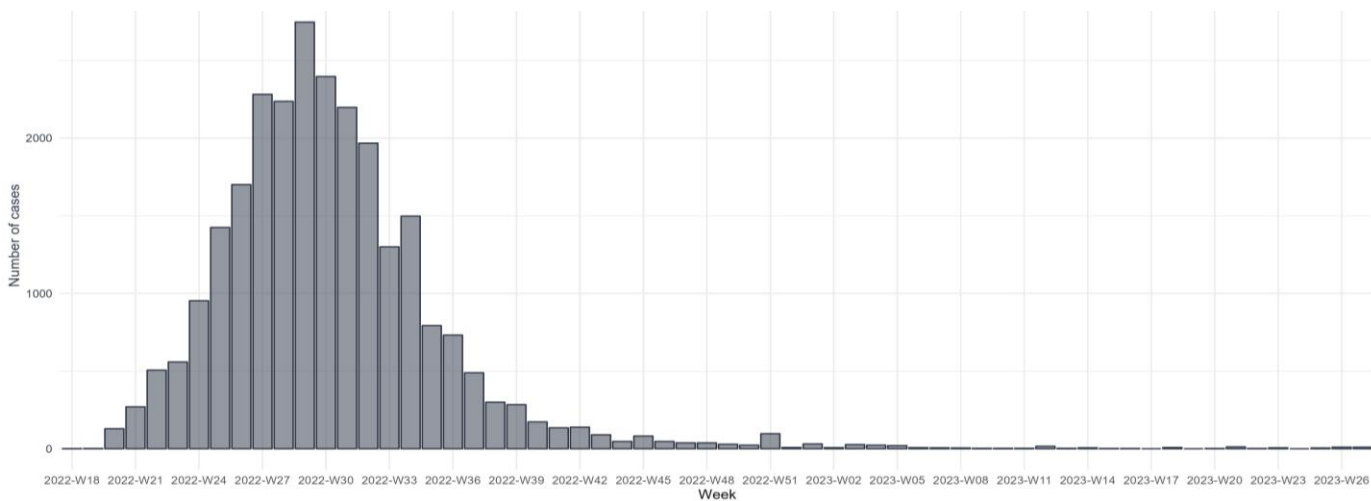
PROTRACTED GRADE 2 – MPOX

Regional epidemiological situation: mpox

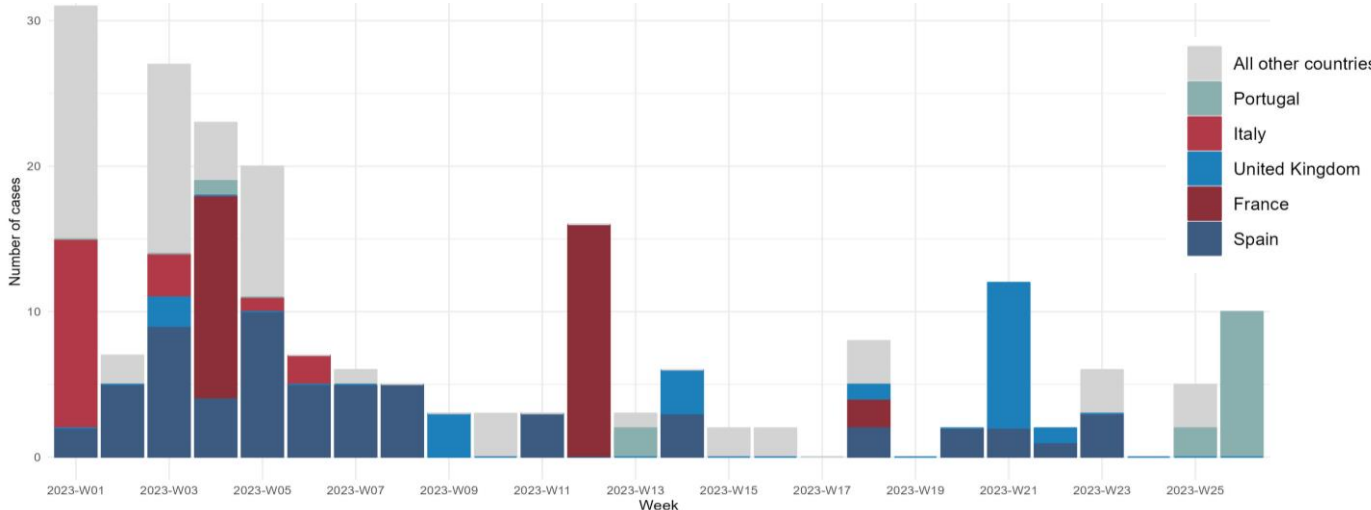
On 30 May 2023, WHO decided to regrade monkeypox (mpox) from acute Grade 3 emergency to protracted Grade 2 emergency. Even though mpox is no longer a public health emergency of international concern (PHEIC), recent infections have been observed in several European countries, posing a continued threat to the Region’s elimination goal. As of 30 June 2023, 25 824 mpox cases and seven deaths have been reported across the WHO European Region. By the end of June, the WHO European Region represented 4% of the global incident caseload. During the second quarter, mpox cases continued to be low; however, there was a slight increase in cases reported in weeks 18–26. During the second quarter, clusters of 11 cases were reported in the United Kingdom, and 12 cases were reported in Portugal. This trend differs from the first quarter where fewer cases and clusters were reported. However, mpox-related deaths remained low with only one death reported in Portugal in June 2023*.

As of June 2023, 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, 789 (6% of cases) have been hospitalized, of which 275 cases required clinical care and eight were admitted to the ICU. 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.



Mpox cases reported by epidemiological (epi) week in the WHO European Region from 4 May 2022 (epi week 18/2022) to 30 June 2023 (epi week 26/2023)



Top five countries reporting new mpox cases reported by epidemiological (epi) week in the WHO European Region from 1 January (epi week 1/2023) to 30 June (epi week 26/2023)

*One death has been reported in June 2023 in The European Surveillance System (TESSy) but it actually occurred on 2 January 2023.

Emergency public health measures taken across the Region

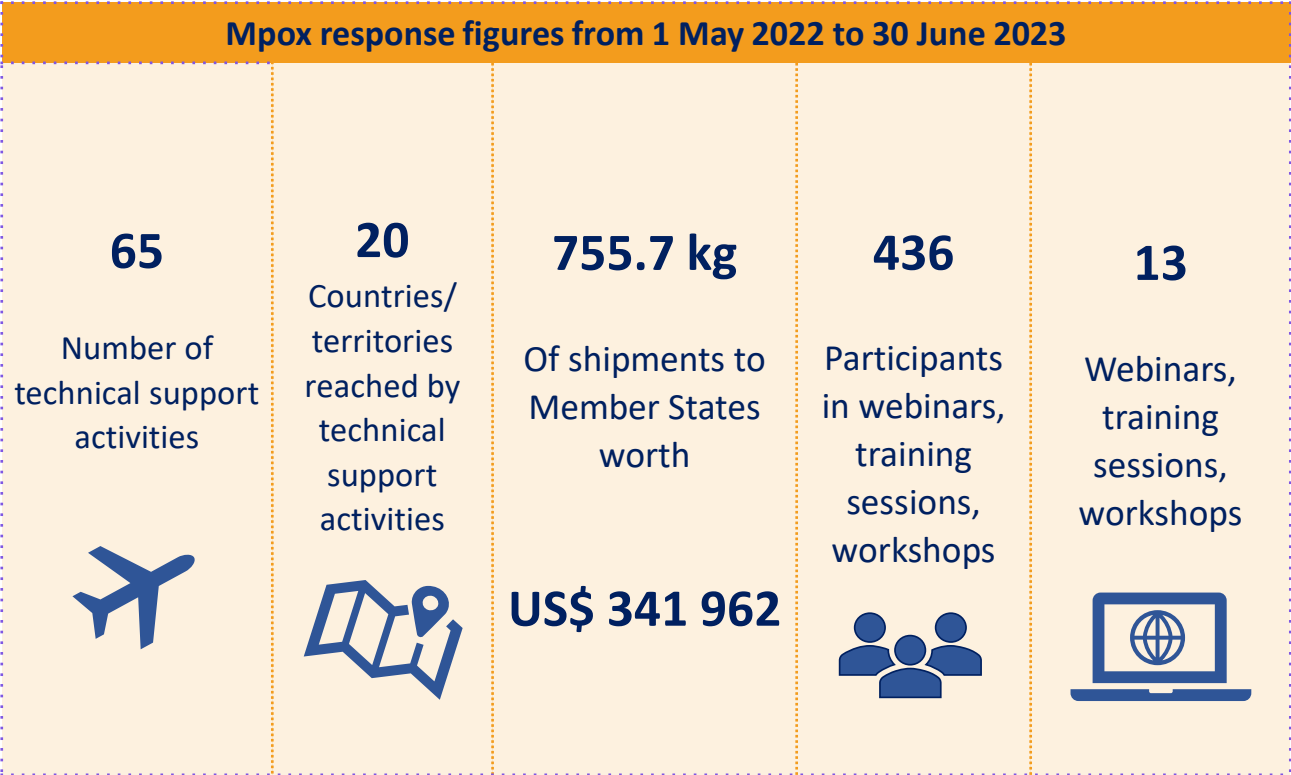
Between April and June 2023, the WHO Regional Office for Europe conducted a survey across Member States to assess the response measures to the ongoing mpox outbreak and [implementation of the temporary recommendations of the International Health Regulations \(IHR\) Emergency Committee](#).

The survey gathered data on domestic readiness and response arrangements to inform the development of a global mpox control and elimination strategy. Covering topics such as surveillance, interventions, testing, clinical management, infection prevention and control, One Health, and vaccination, the survey collected and analysed responses until 1 June. In total, 29 (53%) out of 55 States Parties (SP) responded to the survey.

The survey revealed that 86% (25) of the participating SP have implemented a national mpox strategy, comprising plans, policies, and protocols, to guide their readiness and response actions for mpox. Only 44% of SP implementing a strategy included animal health, indicating potential gaps in considering One Health. Among the national strategies, 96% focused on surveillance, 92% incorporated clinical management and infection control, and 87% had mpox vaccination strategies or vaccine reserves. These findings provide valuable insights into national preparedness and response strategies, identifying areas for enhancement in mpox-related public health efforts.

WHO’s response in numbers

The WHO Regional Office for Europe’s emergency response is built around a comprehensive [global](#) and [regional](#) strategy to stop the transmission and outbreak of mpox.



From the field

WHO European Region engaging affected communities to reach underserved groups in the mpox response

On 17 May 2023, marking a year since the identification of mpox in the United States, WHO European Region initiated a campaign titled “Eliminating mpox: placing affected populations at the heart of our response”. This campaign, inspired by WHO European Region’s recent mpox policy brief, aims to encourage sustained action from communities, health authorities, and civil society organizations (CSOs) to control and eliminate mpox in the WHO European Region. The campaign will run until 30 September 2023.

The campaign released two major products: a compendium of case studies illustrating the critical role affected communities play in controlling mpox transmission and an updated risk communication, community engagement, and infodemic management (RCCE-IM) toolkit that offers advice to health authorities.



Eliminating mpox in the WHO European Region – a response with communities at its heart: a case studies compendium



A risk communication, community engagement and infodemic management toolkit for mpox elimination: 17 May 2023 update

In the initial days of the campaign, over 20 social media posts, including live events, had a combined potential reach of over 16 million. Key messages included the importance of keeping communities at the heart of the response and providing public health advice to key populations – such as gay, bisexual people, and men who have sex with men – to remain vigilant as mpox has not gone away, and spring and summertime could see cases flaring up once more.

A collaborative effort with 30 CSOs contributed to the development of messages and materials, enhancing outreach through community-led events. For example, the organization Transgender Europe (TGEU) emphasized the importance of inclusion of underserved groups in key technical documents, building trust within these communities.

From the field

WHO European Region engaging affected communities to reach underserved groups in the mpox response

Amanita Calderón-Cifuentes is a transwoman who is living with HIV. In her day job, she is an HIV Research and Advocacy Officer at Transgender Europe (TGEU), the mission of which is to strengthen the rights and well-being of trans people in Europe and Central Asia. Amanita is also supporting the WHO European Region's work to tackle mpox and reach underserved groups with critical health information and advice at events like a community-organized ballroom event in Berlin.



Amanita Calderón-Cifuentes and other community members at a ballroom event in Berlin

Now that the language has been updated, this is an invitation from WHO and the TGEU for all of you, members of the marginalized community, you, men who have sex with men, trans people, sex workers, all of us here present, to go and use what we finally have achieved. Go and get tested, get vaccinated and get treated. Have conversations with each other, with your friends, your lovers, your family. We live in a sex-positive world.

- Amanita Calderón-Cifuentes at a ballroom event in Berlin

WHO European Region has been working with affected communities all through the outbreak, listening and learning and incorporating their valuable insights and ideas into messaging, interventions, guidance and strategies with the goal of eliminating mpox from the Region. WHO European Region stresses that, even though mpox may no longer be defined as a public health emergency of international concern (PHEIC), there is no room for complacency, and health authorities and most-impacted communities alike need to remain vigilant if the disease is to be effectively controlled, let alone eliminated.

WHO country offices are also working with affected communities and providing financial and technical support. In Poland, the Foundation for Social Education's social media accounts shared public health advice on mpox as well as wrote an article for online media outlets aimed at people living with HIV in Polish, Ukrainian and English. A video of outreach activities for Poznań Pride will be featured on WHO European Region channels as part of the regional campaign. The Social AIDS Committee in Poland developed answers for frequently asked questions on mpox from their beneficiaries. The training on mpox for community social workers was organized and conducted by the Foundation for Social Education, during which more than 40 participants updated their knowledge on mpox. The Czech AIDS Help Society developed risk communications materials on mpox with a QR code for more information. During the course of the project, at least 60 000 people were reached with public health advice on mpox prevention. Further plans include community outreach at a Prague Pride in August.

GRADE 3 – UKRAINE CONFLICT

Situation update

9083
Deaths

15 779
Injured

1129
Attacks on health care

5.1 million
Internally displaced

Ukraine has seen intense hostilities since the war began on 24 February 2022. In May, WHO verified through the [global Surveillance System for attacks on health care \(SSA\)](#), more than 1000 attacks on health care in Ukraine since the full-scale invasion of the Russian Federation in February 2022, the largest number of attacks WHO has ever registered in any humanitarian emergency. WHO has verified 1129 reported attacks on health care between 24 February 2022 and 30 June 2023. These have resulted in 151 reported injuries and 104 reported deaths of health-care personnel and patients. This grim milestone highlights the difficult and dangerous circumstances in which the country’s health system operates, and the challenges of providing both routine and emergency health-care services. The attacks hinder access to medical care for tens of thousands of people, increasing the risk of disease and death.

As of 19 June 2023, the Office of the [United Nations High Commissioner for Human Rights \(OHCHR\)](#) has reported a total of 24 862 civilian casualties in Ukraine since the war began, of which 9083 were killed and 15 779 were injured. An estimated 17 million people in Ukraine require urgent humanitarian support, including more than 5 million people who have been internally displaced. WHO’s health sector response priorities in Ukraine continue to be saving lives and protecting mental health. Actions focus on ensuring access to emergency health care and basic health services to the wounded and others affected by the armed conflict, COVID-19, polio, and other health threats.

According to [the UN Refugee Agency Regional Bureau for Europe](#), as of 26 June, three weeks after the destruction of the Kakhovka Dam, the water levels continued decreasing. The number of people displaced had also increased to nearly 4000 people in Khersonska and Mykolaivska oblasts. The [International Organization for Migration \(IOM\)](#) estimates that, as of 25 May 2023, there are 5.1 million internally displaced people across Ukraine, indicating a slight decrease from the [5.4 million](#) reported on 23 January 2023. The largest de facto presence of internally displaced people is observed in the Kharkivska and Dnipropetrovsk oblasts, with estimated numbers of 689 000 and 625 000, respectively. For more information on the Ukraine response, please find the monthly bulletins available [here](#).



WHO Ukraine team supplying equipment to support diagnostic capabilities of laboratories in areas affected by the war

From the field

Health Cluster response to the attack on a health facility in Dnipropetrovsk



An attack on a health facility in Dnipropetrovsk on 26 May 2023

On the morning of 26 May 2023, a health facility in the northern district of Dnipro City, in Dnipropetrovsk oblast, Ukraine, was hit by a missile strike. The health facility specialized in mental health and psychosocial support (MHPSS) for people in care and for the internally displaced. It housed an outpatient clinic on the first floor, which was severely damaged, catching fire in the aftermath of the explosion.

The WHO and the Health Cluster Dnipro subnational teams arrived swiftly at the site to assess the urgent health needs, together with and under the leadership of the local authorities. To ensure an immediate, efficient and a coordinated delivery of humanitarian health assistance to those affected by the attack, the WHO-led Health Cluster team, through its vast network of local and international partners, collaborated closely with Health Cluster partners both on site and via its existing communication channels to assess and address the needs. Partners provided support through the presence of dedicated teams of paramedics on site, psychological first aid for those affected, as well as through donations of medicines, equipment and supplies to the health-care facilities to which patients were referred. On-site support to the emergency response was provided by Direct Relief, Humanitarian Mission Proliska, the International Committee of the Red Cross, Médecins Sans Frontières Belgium, Médecins Sans Frontières Switzerland, and the Ukrainian Red Cross.

According to the final update provided on 26 May, 31 people were injured in the attack, of whom two died and 16 were hospitalized. Eight health-care workers were among the wounded. The attack adds to the over 1000 WHO-verified attacks on the health system in Ukraine since 24 February 2022 – the largest number of attacks WHO has ever registered in any humanitarian emergency. For more information about the Health Cluster in Ukraine, please see [HERE](#).

From the field

Ukraine RCCE-IM response to destruction of the Kakhovka Dam



Destruction linked to the flooding

With this public health advice, WHO engaged with health-care facilities, universities, supermarkets, centres for internally displaced people, and public transportation bodies to target relevant audiences. 260 000 printed materials were distributed in Dnipropetrovska, Khersonska, Mykolaivska, Odeska, and Zaporizhska oblasts, which were the most affected by the flooding.

Coordinating with relevant authorities at the national and local levels and targeting the risk communication materials to the flood-affected areas increases health literacy on identified risks for prevention of and preparedness for future emergencies, and in turn contributes to enhancing the community's resilience.

The WHO Regional Office for Europe also continues to support the WHO Ukraine Country Office and the MoH on chemical, biological, radiological and nuclear (CBRN) preparedness. 350 000 leaflets with public health advice in case of nuclear events were developed, tested and disseminated to communities across the country.

The destruction of the Kakhovka Dam in Ukraine on 6 June 2023 caused widespread devastation and human suffering. Flooding caused significant risks to public health, necessitating effective risk communication activities. Risk communication and community engagement activities were essential in addressing the situation through the development and publication of [public health advice on flooding](#).

Recognizing the urgency of tailoring information to specific health risks, WHO collaborated closely with the MoH and regional centres for disease control (CDCs) to create, test and distribute printed materials focusing on cholera preparedness, water safety, and prevention of foodborne diseases.



Risk communication materials distributed to the flood-affected regions

PROTRACTED GRADE 2 – UKRAINE REFUGEE RESPONSE

Situation update

5.9 million

Refugees within
Europe

364 000

Refugees beyond
Europe

6.3 million

Refugees globally

17 million

In need of
humanitarian support

On 16 May, WHO assessed at three levels of the Organization that the grading for the ongoing humanitarian health crisis in Ukraine refugee-hosting countries could be changed to a protracted Grade 2 (multicountry) emergency. This followed the recommendation from a three-level mission to Ukraine to separate the health emergency in Ukraine from the situation in refugee-receiving countries.

As of mid-June 2023, [UNHCR](#) estimates that some 6.3 million refugees from Ukraine arrived in Europe and other destination countries with over 5.9 million recorded in European states alone.

Health ministers, nongovernmental organizations and United Nations (UN) agencies came together in Bratislava on 28 April 2023 to discuss the challenges, solutions and ways forward for addressing the health needs of Ukrainians who have sought temporary protection from the conflict in neighbouring countries. In many countries, WHO has worked with ministries of health to lead the coordination of health sector partners in the response.

One area of particular focus was the temporary inclusion of the Ukrainian health workforce into the national health systems of host countries. UN agencies are working closely with ministries of health to help streamline that process. Read more [here](#).



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People from other parts of Ukraine arrived in Lviv to escape the Russian invasion and seek safety

From the field

Workshop “Pathways of strengthening immunization coverage for Ukrainians in Romania”



A young girl receiving oral polio drops

The significant population displacement secondary to Russia’s invasion of Ukraine has established a high threat of a communicable disease outbreak in Romania. The threat has been further exacerbated by low immunization coverage of key vaccine-preventable diseases (VPDs) such as measles, COVID-19, tuberculosis (TB) and polio within the Ukrainian diaspora. Ukrainian infants are at particular risk, given that they may have resided in Romania for over a year, and have therefore likely missed routine VPD vaccinations that they would have received in Ukraine.

In light of this, WHO Romania, with the patronage of the MoH and in cooperation with the Romanian Association for Pediatric Education in Family Medicine (AREPMF), hosted a workshop on “Pathways of strengthening immunization coverage for Ukrainian refugees” at the Palace of Parliament on 29 June 2023.

The hybrid event was attended by 248 participants, including family doctors from across the nation and representatives from the MoH, National Institute of Public Health (NIPH), National Health Insurance House (NNIH), and UN agencies, including UNICEF.

The workshop addressed key barriers to Ukrainian refugees accessing vaccination services in Romania, such as the differences in routine vaccination schedules and different products being used by the two countries. The second part of the event addressed misinformation surrounding vaccinations within both the Ukrainian and Romanian populations.

The workshop provided an opportunity for a large range of speakers and panelists, including family doctors, representatives from universities, medical associations, and hospitals as well as WHO European Region and UNICEF, to share their insights and thoughts. The breadth of speakers and depth of discussion provided participants with a comprehensive and multidisciplinary insight into the field of vaccination, fulfilling the workshop’s objectives as set out within the project summary.

Across all graded emergencies

Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH)

PSEAH specialists and focal points coordinate efforts in and across countries to strengthen internal capacity, reporting and accountability mechanisms in our operations response. Response efforts are in line with the WHO PSEAH strategy, and collaboration is through interagency mechanisms.

Ukraine response

Virtual training sessions on Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) were conducted for 433 medical workers from emergency medical teams (EMTs), WHO staff in the Ukraine Country Office, and for partners during missions to Rivne, Kharkiv, and Poltava. The focus of these sessions was to train participants on basic concepts related to sexual exploitation and abuse (SEA), mechanisms for reporting SEA cases, and the role of health-care workers in the SEA prevention system. The average increase in knowledge across all training sessions was 19.58% with the partners based in Rivne achieving the highest average increase in knowledge at 26.66%.

Refugee-receiving countries

In Poland, WHO conducted a training of trainers (ToT) with the Ministry of Sports and Commission for the Protection of Children on sexual violence against children, involving educators, coaches, and psychologists from 14 regions in Poland.

In Romania, WHO conducted a joint session on preventing and addressing sexual misconduct (PASM) and gender-based violence (GBV) with sexual and reproductive health (SRH) partners from the respective national working groups. The training was provided to health sector partners to enhance their understanding of UN policies on PSEAH, GBV concepts and application, global mandate on the PSEAH survivor-centred approach and the new WHO-PASM Policy.

In Moldova, WHO contributed to the implementation of the interagency action plan, including a PSEA risk assessment, core humanitarian standard alliance (CHS) investigation training, communication, and awareness-raising activities. In Slovakia, WHO participated in the Gender in Humanitarian Action Workshop led by UN Women and the local NGO Mareena. The workshop was attended by UN and non-UN agencies, including donors.



WHO Ukraine team on a PRSEAH training mission in Rivne

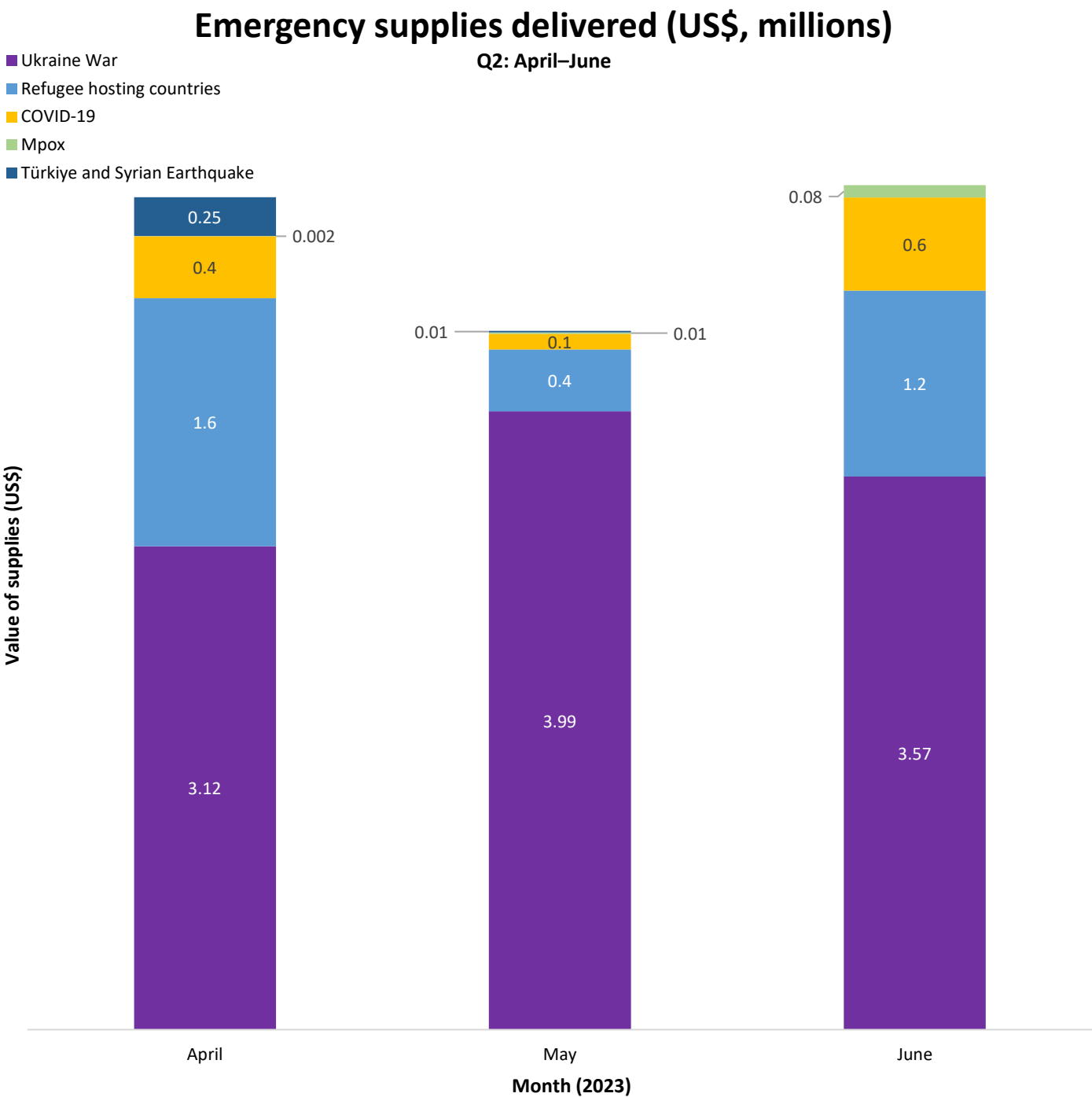
Türkiye and Northwest Syria earthquake response

The PRSEAH focal point provided training to the primary health care staff and 60 community health workers providing health services in temporary accommodation centres for elderly and disabled people in the earthquake region. Additionally, WHO provided training to implementing partner ASAM – Association for Solidarity with Asylum Seekers and Migrants – and to reproductive health and the general health-care provision staff. In the coming weeks, WHO is working to open pregnancy classes in Hatay, including for GBV identification and prevention.

For the earthquake response, Gaziantep Hub contributed to the PSEAH interagency mechanism activities by providing training in collaboration with implementing partners in Harem Hospital, where the health-care professional team and volunteers were trained on PSEA, GBV and clinical management of rape. PSEAH awareness messages were distributed in the hospital and shared on WhatsApp by the PSEA focal point. Awareness messages reached 108 employees. Furthermore, complaint boxes were also placed in Harem Hospital, including in the bathrooms.

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.

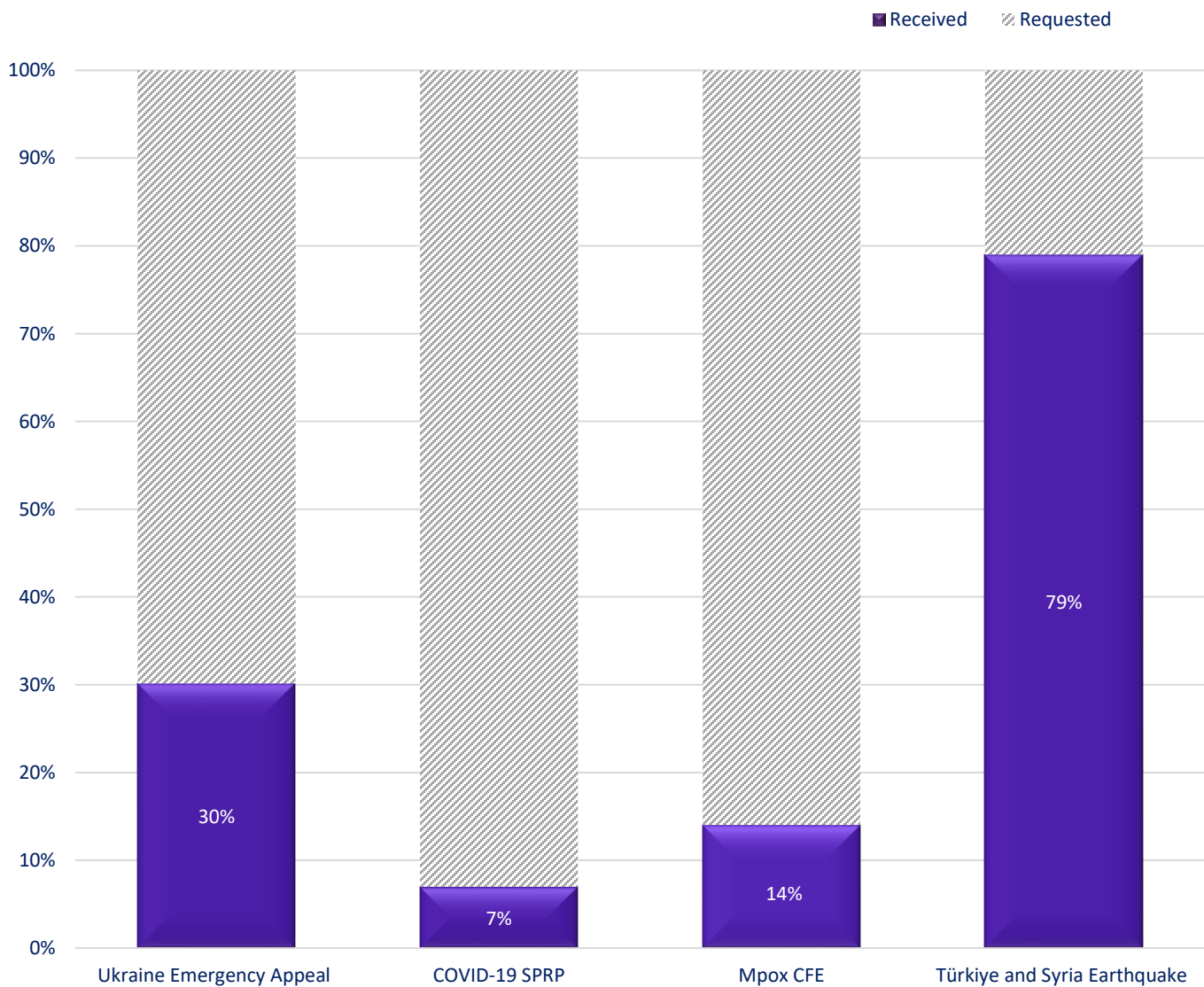


* The data presented have been adjusted following retrospective analysis of WHO’s records.
For additional information on essential supplies delivered, please see the WHO European Region [COVID-19 Country Support Dashboard](#).

Funding implementation

The rise in climate change-related emergencies, conflicts and their repercussions as well as the ongoing impact of the COVID-19 pandemic have created a dangerous combination of events that all require attention and resources on the ground. With increased funding and urgent action, WHO can ensure that health is protected during emergencies – saving lives, supporting recovery efforts, preventing the spread of diseases within countries and across borders, and ensuring that communities have the opportunity to rebuild prosperous futures.

Percentage received (%) of emergency appeal funds, strategic preparedness response plans (SPRP) and contingency fund for emergency (CFE)



* For mpox emergency, the figure displays funding available until the end of the third quarter 2023

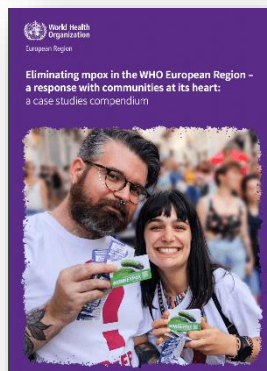
Key links and resources

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



Considerations for the control and elimination of mpox in the WHO European Region update 25 April 2023: the need for integrated national operations plans

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6007-45772-69163>



Eliminating mpox in the WHO European Region – a response with communities at its heart: a case studies compendium

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7443-47209-69181>



Holding mass and large gathering events during the multi-country mpox outbreak in the WHO European Region: lessons identified for future mass gathering preparedness: meeting report, 22 February 2023

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7420-47186-69127>



Case studies of health system recovery in Ukraine: focus on the role of the private sector

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7706-47473-69781>



Joint monthly surveillance report on SARS-CoV-2 and mpox in animals in the European Region, April 2023

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6616-46382-69337>



The transition from the acute phase of COVID-19: working towards a paradigm shift for pandemic preparedness and response in the WHO European Region

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7637-47404-69640>



Joint monthly surveillance report on SARS-CoV-2 and mpox in animals in the European Region, May 2023

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6616-46382-68185>



A risk communication, community engagement and infodemic management toolkit for mpox elimination: 17 May 2023 update

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7538-47305-69409>

Upcoming WHO European Region emergency response activities for quarter 3 of 2023

Türkiye and Syria earthquake

- ✓ Internal operational review of WHO's response to the February earthquake

COVID-19

- ✓ Continued support and monitoring of countries within the WHO European Region
- ✓ Supporting Member States to engage with the WHO European Region plan for transition from the acute phase of COVID-19

Mpox

- ✓ Continued support and monitoring of countries within the WHO European Region
- ✓ Continued monitoring of mass gathering events and engagement with event organizers and civil society organizations

Ukraine conflict

- ✓ Regional Director's visit to Ukraine
- ✓ Updated Executive Board report on the implementation of resolution WHA75.11
- ✓ Regional Director and Danish Princess' visit to Poland and refugee service sites
- ✓ Czechia health system assessment in the context of the Ukraine crisis
- ✓ Roundtable led by WHO and UNHCR in the Center for Reproductive Rights report on SRH access in Hungary, Poland, Romania and Slovakia
- ✓ Public health situation analysis and analysis of country health assessments

Events

- ✓ Second WHO Symposium on the Future of Digital Health Systems in the European Region, 5–6 September 2023, Porto, Portugal

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.

Member States

A person is seen from the back, wearing a dark t-shirt with the WHO logo and the text 'World Health Organization' and 'REGIONAL OFFICE FOR Europe'. The background is a blurred indoor setting with other people.

| | | |
|------------------------|-----------------|---------------------|
| Albania | Greece | Portugal |
| Andorra | Hungary | Republic of Moldova |
| Armenia | Iceland | Romania |
| Austria | Ireland | Russian Federation |
| Azerbaijan | Israel | San Marino |
| Belarus | Italy | Serbia |
| Belgium | Kazakhstan | Slovakia |
| Bosnia and Herzegovina | Kyrgyzstan | Slovenia |
| Bulgaria | Latvia | Spain |
| Croatia | Lithuania | Sweden |
| Cyprus | Luxembourg | Switzerland |
| Czechia | Malta | Tajikistan |
| Denmark | Monaco | Türkiye |
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