

# WHO European Region Emergency Quarterly Operational Update

Fourth quarter 2023: Weeks 40–52 (October–December 2023)

## Highlights

<b>10</b> Graded emergencies (acute and protracted)	<b>4</b> Outbreaks	<b>6</b> Humanitarian crises	<b>2</b> New graded emergencies
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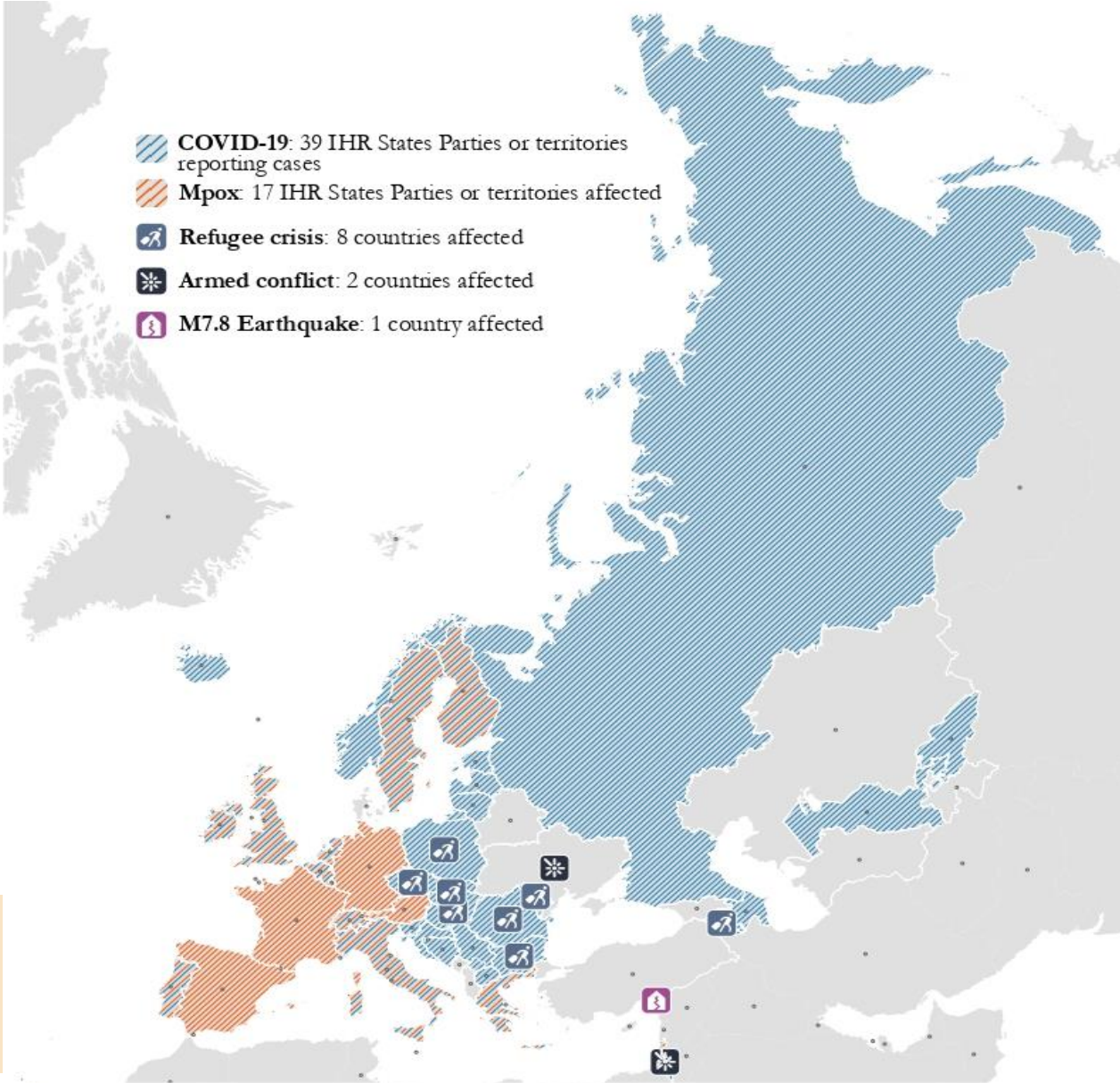
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### Key figures in the WHO European Region

<b>COVID-19</b>	<b>278.3 million</b> cumulative cases
	<b>2.3 million</b> cumulative deaths

<b>Mpox</b>	<b>26 566</b> cumulative cases
	<b>7</b> cumulative deaths



Map production: 15 01 2023  
Data Source: WHO European Region IHR database  
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All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

# GRADE 3 – ISRAEL/OCCUPIED PALESTINIAN TERRITORY CONFLICT

Situation update (as of 26 December 2023)

<b>1364</b> Deaths	<b>6274–9038</b> Injured	<b>67</b> Attacks on health care	<b>137</b> Hostages still in Gaza
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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. During October 2023, well over 1000 people were reported killed in southern Israel and many more injured. Close to 200 000 Israelis were evacuated from the southern and northern parts of the country, in case of potential escalation.

In response, WHO engaged with Israeli health counterparts on national efforts to strengthen community resilience through mental health interventions, to engage communities and inter-faith groups, and to provide technical support for the management of gender-based and sexual violence. At the request of the Israeli Ministry of Health (MoH), WHO deployed mental health, emergency communications and community engagement experts to Israel in November 2023. The objective was to further engage with Israeli counterparts and collaborate on national efforts to strengthen the resilience of individuals, families and communities through mental health interventions, as well as to monitor the broader health impacts of the emergency in Israel.

The WHO Regional Office for Europe established an Incident Management Support Team to work 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 gender-based violence (GBV), including sexual violence, during the attacks, WHO is working with the MoH to ensure that all survivors have access to the care they need to fully address short- and long-term health consequences. WHO has offered support for the establishment of a surveillance system for attacks on health, in collaboration with the MoH and Magen David Adom. Since 7 October 2023, 67 attacks on health care have been verified in Israel, with 24 deaths and 34 injuries of health workers and patients.



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A frontline worker at Magen David Adom's National Operations Center, Israel



## From the field

### WHO health emergency response support to Israel to strengthen community resilience through mental health interventions

The ongoing conflict has had a profound impact on the mental well-being of Israeli civilians and is expected to reverberate throughout the population with immediate emotional suffering and post-traumatic symptoms in the years to come.

In Israel, responding to the mental health impact has been a major priority identified in the country's public health response, with many Israelis requiring urgent mental health and psychosocial support (MHPSS) to address current emotional suffering and to prevent future post-traumatic symptoms. This has already resulted in a significantly increased demand for MHPSS services from individuals, both directly and indirectly affected.

At the request of the Israeli MoH, the WHO Regional Office for Europe deployed mental health, emergency communications and community engagement experts to Israel from 13 to 16 November 2023. The objective was to further engage with Israeli counterparts and collaborate on national efforts to strengthen the resilience of individuals, families and communities through mental health interventions, as well as to chronicle the broader health impacts of the emergency in Israel. The WHO Regional Office for Europe also collaborated with a range of civil society organizations involved in the community-level response to assess the opportunities for community engagement to improve outreach and access to mental and other health services through trusted community influencers.

Following the completion of the WHO mission, a set of recommendations related to MHPSS, risk communication, community engagement and infodemic management (RCCE-IM) were developed to take forward WHO's actions to support the Israeli mental health response. Read more about the long-term casualty of conflict: mental health [here](#).



Frontline responders at Magen David Adom (MDA) meet WHO officers at the MDA National Dispatch Headquarters, Israel

## GRADE 2 – ARMENIA REFUGEE RESPONSE

### Situation update

**101 848**

**Displaced**

**196 000**

**Directly affected**

**>200**

**Deaths**

**>300**

**Burns patients**

During the weeks following 20 September 2023, over 101 800 people have been 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 inter-agency and multi-stakeholder [Refugee Response Plan for Armenia](#). WHO has actively taken part of the overall immediate response to support the general health needs of the displaced population:

- WHO and the Armenian MoH quickly established an emergency medical team (EMT) coordination cell to provide medical services for burns patients. Throughout the response, four EMTs were deployed to strengthen hospital capacity and provide rehabilitation services, surgery, and wound management.
- Together with the MoH, WHO co-developed a package of RCCE-IM materials, including information on mental health, access to health care, health-care system navigation, ways to stay healthy in the fall/winter and respond to the spread of influenza, COVID-19 and other respiratory viruses.
- WHO supported the training of student volunteers on communications and infectious diseases to strengthen primary health care and the nationwide catch-up immunization campaign.
- Since mid-September 2023, WHO has dispatched 1672 kg of emergency supplies valued at over US\$ 71 300, including 10 burn modules from its trauma and emergency surgery kits to care for 500 burn patients and five noncommunicable disease kits containing essential medicines and insulin for 50 000 people over three months.

Moving forward, WHO will continue to align its response activities with the Operational Plan developed, including strengthening primary and trauma health-care services, emergency coordination and providing MHPSS, ultimately integrating these activities as part of the longer-term country support objectives. For more information on the Armenia refugee response, please find the situation reports available [here](#).



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Refugees from Karabakh region in a primary health care centre in Dilijan, Armenia.



## From the field

### Emergency medical teams provide a training of trainers on essential burn rehabilitation as part of the Armenian refugee response

On 25 September, as thousands of refugees moved into Armenia from the Karabakh region, a powerful explosion at a fuel storage depot killed more than 200 people and seriously injured over 300. To support the ongoing care of burns survivors, the WHO Regional Office for Europe activated an emergency medical teams coordination cell (EMTCC) under the leadership of the MoH Armenia. A total of four EMTs were deployed to Armenia. During their deployment, EMTs identified the need to further strengthen national capacity in burn rehabilitation. To contribute towards this and take advantage of the existing expertise among the EMTs working in Armenia, a collaborative effort between the WHO Armenia Country Office, together with UK-MED and Samaritan's Purse EMTs led to the development of the essential burn rehabilitation training of trainers (ToT), which took place between 25 and 27 October 2023, and was funded by WHO emergency funds.

The training aimed to contribute to the development of a proficient pool of trainers within the Armenian health system. These trainers acquired advanced knowledge and skills related to burn rehabilitation, thereby increasing and fostering expertise and competence within the health-care system. A total of 26 participants across five provinces (Shirak, Lori, Gegharkunik, Aragatsotn, Kotayk) and the capital Yerevan took part in the ToT. The participants included rehabilitation specialists such as rehabilitation physicians, physical therapists, and occupational therapists. The first day of the course focused on the theoretical knowledge of managing burn injuries followed by simulation exercises conducted at St Gregory the Illuminator Medical Center. The most critical part of the training occurred on the third day when the participants visited the National Center for Burns and Dermatology where, under the trainers' supervision, participants provided rehabilitation services to the burn patients.

Moving forward, the WHO Regional Office for Europe will continue to work with the Government of Armenia, supporting the burn patients in their recovery and strengthening health-care services provided to refugees and the host community as part of the broader refugee response.



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Emergency medical teams essential burn rehabilitation training of trainers in Armenia

## From the field

### Scaling up mental health and psychosocial services for Armenian refugees

The journey to Armenia from Karabakh put over 100 000 refugees through a gruelling ordeal, leaving many in urgent need of mental health support. The immediate need for MHPSS in Armenia is acute, as displaced people attempt to deal with a range of emergency-induced social problems that include family separation, lack of safety, loss of livelihoods and disrupted social networks. In the longer term, studies suggest that almost everyone affected by emergencies will experience some form of psychological distress.

Meeting the mental health needs of all refugees is a key component of WHO's response to Armenian refugees. To achieve this, WHO has scaled up MHPSS services by training psychologists, primary health-care workers and volunteers. As of 24 December 2023, basic psychosocial skills and self-care training was provided for 360 nurses from Yerevan, Ararat, Gegharkunik and Kotayk provinces. During the first weeks of the response, over 100 burns survivors of the fuel depot explosion required medium- and long-term mental health services. To address these needs, WHO has trained 10 psychologists who worked with burns patients at the National Center for Burns and Dermatology and other hospitals across the country. As of 19 December, 153 people, including burn patients, family members, and medical staff, received MHPSS support at the National Burn Center through 1562 sessions.

According to the WHO Regional Office for Europe's public health situation analysis for the Armenian refugee response, while many refugees expressed relief at reaching Armenia, they remain deeply affected and worried about the future. In response, WHO has also trained 10 psychologists to serve on a mental health helpline, offering callers empathy and helping to defuse painful feelings related to the crisis. As of 19 December, the MHPSS hotline received a total of 1108 calls. Additionally, from 16 October to 19 December, 722 people received MHPSS consultations through mobile MHPSS teams.

WHO has launched an emergency donor appeal for Armenia for a total of US\$ 2.9 million, running from September 2023 through February 2024. Part of these funds will ensure that WHO can continue to offer specialized care for burns survivors, assess their rehabilitation needs, and extend the existing MHPSS programme to affected refugee and host populations. Read more [here](#).



*WHO-trained social worker providing psychosocial support to a refugee from Karabakh region*



# PROTRACTED GRADE 3 – UKRAINE CONFLICT

## Situation update

**10 191**

**Deaths**

**19 139**

**Injured**

**1496**

**Attacks on health care**

**3.5 million**

**Internally displaced**

On 19 October 2023, WHO revised the grading for the Ukraine humanitarian crisis emergency response to a protracted grade 3, marking the need to continue long-term planning and investment in WHO's response. In the fourth quarter, Ukraine continued to see intense hostilities since the war escalated on 24 February 2022. Intense missile and drone attacks across Ukraine, affecting population centres, sharply increased at the end of December and led to a 26% increase in verified civilian casualties in December compared with November. [The United Nations Human Rights Monitoring Mission in Ukraine](#) verified that at least 592 civilians were killed or injured in Ukraine as a result of these attacks. The increase in civilian casualties in December broke a decreasing trend of civilian casualties in 2023. From February 2022 to December 2023, [the Office of the UN High Commissioner for Human Rights \(OHCHR\)](#) recorded 29 330 civilian casualties in the country with 10 191 killed and 19 139 injured; however, actual casualty numbers are likely to be higher. As of 31 December 2023, through [the global Surveillance System for attacks on health care \(SSA\)](#), WHO has verified 1496 reported attacks on health-care facilities. These have resulted in 224 reported injuries and 112 reported deaths of health-care personnel and patients. Since the beginning of the response operation, WHO has supported approximately 3500 medical evacuations, with over 300 taking place during quarter 4. In 2023, trauma continued to be the main indication for MEDEVAC, accounting for approximately 49% of the total patients, followed by 21% for oncology, 16% for prosthetics and 12% for rehabilitation.

[WHO's Winter risk assessment for Ukraine for 2023–2024](#), published in November 2023, highlights the complex challenges facing the country amid ongoing war and the approaching winter. It points out the damage to infrastructure, widespread displacement, and socioeconomic impacts sustained since the full-scale invasion in February 2022. In light of the global cholera outbreak, Ukraine has been identified as one of the high-priority countries and placed under the preparedness/readiness risk level according to the global strategic preparedness and response plan (SPRP). The Regional Office for Europe developed the [Operational preparedness, readiness and response plan for cholera](#) in the WHO European Region primarily focusing on priority countries.

As the full-scale war in Ukraine approaches the two-year mark, in December 2023, the WHO Regional Office for Europe and the MoH Ukraine signed a biennial collaborative agreement (BCA) for 2024–2025, setting out health priorities with which WHO will support Ukraine, as the country's health system works to expand its ability to provide health for all, surmounting formidable challenges. Please read more [here](#).



WHO field officers visit an immunization centre in the Rivne Oblast in Ukraine

## From the field

### Strengthening medical emergency support in Ukraine: WHO's emergency medical team (EMT) initiative

The WHO EMT Initiative, focusing on enhancing health-care delivery in disaster situations, has been actively working in Ukraine. This project involves deploying mentors to support the development of Type 1 mobile medical teams, a key element in a broader strategy to provide efficient and coordinated emergency health care when the national system is overwhelmed, or services are disrupted in crisis zones. These teams, guided by the National Centre for Disaster and Emergency Medicine, reinforce the health infrastructure, providing critical surge support in emergencies.

A training session, derived from the WHO EMT core training package but tailored to the specific requirements of disaster medicine in Ukraine, was held from 6 to 8 December in Kyiv. The goal was to improve planning, coordination, and participants' skills through hands-on training based on scenarios of emergency situations. The training included practical tasks on the algorithm of actions in emergency situations and theoretical preparation. All participants were from teams with experience of working in the most affected regions of Ukraine.

The training included a simulation exercise, designed to mimic real-life emergency scenarios, demanding adaptability and swift decision-making. Participants, organized into six teams, assumed various roles, including team lead and media spokesperson, and were tasked with demonstrating effective teamwork and decision-making in complex situations. This training session provided an invaluable, realistic learning experience. It was supported by 20 people from five health partner organizations, including three classified EMTs from the EMT global network. This comprehensive approach to training, and the strategic deployment of mobile medical teams, strengthened Ukraine's ability to respond effectively to health-care crises through timely and well-coordinated emergency support. The training was organized with support from the United States Agency for International Development (USAID) Ukraine and the European Union.



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*Training participants practising their skills during the simulation exercise*



## From the field

### Strengthening chemical and radiation hazard response: WHO's collaborative initiatives with Ukraine's Ministry of Health

The WHO Country Office continues to work with Ukraine's MoH to build capacity against toxic chemical and radiation hazards for both the civilian population and the health-care workers responding to such incidents, focusing and prioritizing assistance on regions near conflict zones. So far, 45 chemical preparedness and response trainings have been conducted since the beginning of the war, and the WHO Country Office in Ukraine has trained more than 2000 emergency medical service (EMS) first responders and clinicians from referral hospitals for patients with chemical injuries. Efforts at radiation preparedness have included 18 specialized trainings for 300 hospital clinicians, particularly in regions such as Zaporizhzhia and Rivne, in collaboration with Kyiv's National Research Center for Radiation Medicine. This support to the MoH ensures that relevant medical personnel involved in such a response have the necessary skills and equipment to protect their staff and the capacity to manage situations involving toxic chemicals and radiation hazard to reduce public health impact and increase positive patient outcomes.

As part of these efforts, from 9 to 12 October 2023, the WHO Country Office in Ukraine conducted its second ToT on chemical preparedness and response for 22 senior EMS ambulance first responders and hospital clinicians from the frontline regions of Donetsk, Kharkiv, Sumy, Kherson, Chernihiv, Odesa and Zaporizhzhia. The course covered theoretical and practical skills for safe use of personal protective equipment, organization of on-site operations for effective decontamination of chemical hazards, and life-saving medical interventions. These efforts are closely tied to the work of Ukraine's EMS and the Center for Disaster Medicine in the area of mass casualty management, pre-hospital clinical management, and evacuation of civilians. The activities have been implemented with the support of the U.S. government's Bureau for Humanitarian Assistance.

Public awareness campaigns by WHO and the MoH on nuclear and chemical safety informed 819 000 people in December 2022 and 350 000 in August 2023. Additionally, at the request of Ukraine's MoH, WHO supplied essential equipment to support the MoH's preparedness to respond to chemical and radiation hazards.



*Training of trainers' participants engaging in exercise during the practical component of the course*

# PROTRACTED GRADE 2 – UKRAINE REFUGEE RESPONSE

## Situation update

**5.9 million**

Refugees within  
Europe

**403 600**

Refugees beyond  
Europe

**6.3 million**

Refugees globally

**14.6 million**

In need of  
humanitarian support

At the end of 2023, the [United Nations High Commissioner for Refugees \(UNHCR\)](#) estimated that there were over 6 million Ukrainian refugees recorded globally, with 5.9 million in Europe and over 400 000 beyond. WHO continues to support refugee-receiving and hosting countries in facilitating access to health services for refugees through a health systems strengthening approach.

To date, WHO's response in refugee-receiving countries has supported critical, life-saving health care for over 11.4 million vulnerable, conflict-affected people and those at risk of service disruption. The primary refugee-hosting countries receiving WHO support are Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia. Since February 2022, WHO has provided technical support to refugee-hosting countries' MoHs, as their health systems continue to cope with prolonged stays, rising discrimination, continued barriers to accessing health care such as language, administrative and financial as well as refugees' continued arrivals, given the protracted crisis in Ukraine. As of December 2023, WHO had delivered 249 200 kg of supplies worth US\$ 22.7 million to refugee-hosting countries, including Czechia, Hungary, Poland, Republic of Moldova and Romania.

Across refugee-receiving countries, WHO has significantly scaled up the country offices' capacity to support governments to provide access to health services via a health systems approach. This includes coordination of health actors and policy dialogue, supporting financing mechanisms and administrative procedures to ensure access to the European Union (EU) Temporary Protection Directive, gathering of health information and establishing early warning surveillance systems, purchasing arrangements and supplies, including vaccines, MHPSS activities, human resources for health focusing on training and integrating Ukrainian health workers into the health system. WHO also ensured culturally responsive health service delivery interventions, including for sexual and reproductive health and GBV, and provided culturally appropriate information to enhance access to health care.



©WHO

WHO cultural mediator supports refugees in accessing health care in Romania



## From the field

### Tackling immunization misinformation in local refugee communities in Romania



*A child receives vaccination through a campaign supported by WHO*

The frequent transit of Ukrainian refugees across the Romanian–Ukrainian border represents an increased risk of a communicable disease outbreak. This risk is further heightened by low immunization coverage for key vaccine-preventable diseases among the Ukrainian community. Although Ukrainians with temporary protection status and their children are eligible to receive vaccinations for free through the Romanian national health-care system, refugee uptake has been limited. This is partly due to vaccine hesitancy resulting from the spread of misinformation. [Evidence](#) suggests that a lack of understanding of the importance of vaccinations increases susceptibility to misconceptions and false beliefs, further fueling hesitancy. Increasing vaccination awareness within the refugee population has therefore been a focal point of WHO Romania’s emergency health operations.

As part of this initiative, the WHO county team organized vaccination events in the counties of Târgu Mureş on 1 November, and Baia Mare on 2 November 2023. The events were attended by 50 Ukrainians, with the majority being mothers. Both events included a presentation as well as a Q&A session, which allowed for direct dialogue with the participants. The information provided included insights on how vaccines are developed and how they work, thus addressing one of the main misconceptions prevalent in the community. Other common topics were also addressed, such as the side-effects of vaccines and the necessity for two doses of certain vaccines.

The personalized approach used in this vaccination campaign allowed for direct interaction, while the open dialogue enabled WHO to address individual concerns and queries. It is hoped that the information gained from this event will be passed on by participants to their respective communities, thereby having a wider reach and instigating behavioural change in the long term. The campaign, including events, was funded by Asia-European Fund (ASEF).

## From the field

### Poland adopts WHO tool to boost efforts to address mental health needs

From 2 to 6 October 2023, the WHO Country Office in Poland, in collaboration with the Institute of Psychiatry and Neurology, at the request of the MoH, launched the WHO Mental Health Gap Action Programme (mhGAP). The launch of the mhGAP, an evidence-based approach to scaling up capacity and services for mental health conditions under the National Health Programme, is a major step towards addressing the unmet mental health needs of the population. The mhGAP programme will equip Polish general practitioners with the knowledge and skills to recognize symptoms of common mental health conditions. Specialist training is intended to give them confidence to manage these conditions or, if appropriate, refer patients to psychologists and psychiatrists at community mental health centres.

Ukrainian refugees will also be supported through the programme. A survey conducted by Statistics Poland and the WHO Country Office in Poland found that at least 1 in 10 Ukrainian refugees reported significant mental health issues, and of those who reported issues, more than half would benefit from treatment.

*“In addition to the Polish population, support for mental health will be extended to the significant numbers of Ukrainian refugees. Refugees’ mental health and well-being is a pressing concern, and with the generous financial support of the United States government, WHO and the Ministry of Health of Poland have taken proactive steps to address the issue,” explains Dr Nino Berdzuli, WHO Representative in Poland and WHO’s Special Envoy for the Ukraine Emergency Response in refugee-hosting countries.*

Mental health is one of the flagship pillars of the European Programme of Work (EPW) 2020–2025, the blueprint that guides much of what the WHO Regional Office for Europe does. Under the EPW, the WHO Regional Office for Europe has created the Pan-European Mental Health Coalition, bringing a range of stakeholders together to advocate with governments and policy-makers to invest in mental health. Read more [here](#).



WHO expert providing mental health support at a temporary refugee centre in Poland

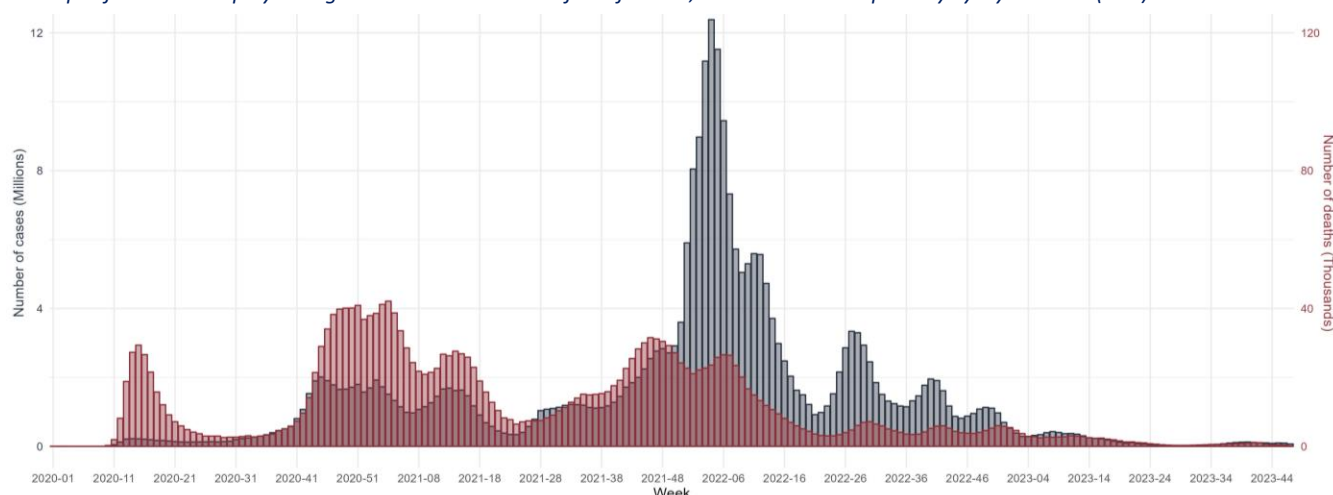


# PROTRACTED GRADE 3 – COVID-19

## Regional epidemiological situation: COVID-19

As of 21 November\* 2023, 278 300 338 cases of COVID-19 and 2 260 650 deaths have been reported across the WHO European Region. In the fourth quarter until mid-November 2023, the European Region witnessed a gradual decrease in new COVID-19 cases, with a steep increase in weeks 45 and 46. At the end of 2023, SARS-CoV-2 positivity remained at an elevated level with an observed increase in hospitalizations before decreasing in week 50. Until mid-November, the number of deaths increased slightly before dropping in week 43. Overall, the burden of the disease continued to be relatively low. Between October and December, the SARS-CoV-2 Omicron variant and its descendent lineages continued to spread, including XBB.1.5, BA.2.75, BA.2, BA.2.86, and XBB1.5 + F456L. Among these variants, XBB.1.5 showed a significant decrease in prevalence from 18.1% in early October to 1% in late December. Similarly, BA.2.75 and XBB.1.5 + F456L decreased from 1.4% and 56.6% in early October to 0% and 13.5% in late December, respectively. During the same period, BA.2.86, including JN.1 isolates, increased from 1.3% to 81.9%. Due to its rapidly increasing spread, [WHO classified JN.1](#) as a separate variant of interest (VOI) from the parent lineage BA.2.86.

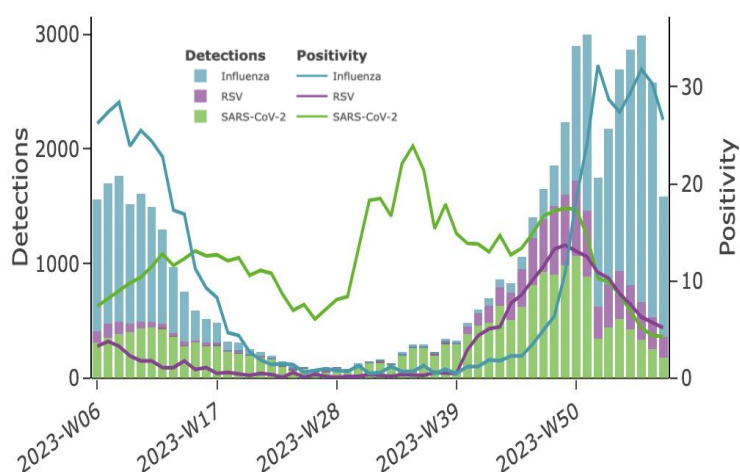
\*Systematic COVID-19 data collection stopped as of week 47 due the launch of the European Respiratory Virus Surveillance Summary (ERVISS), the new online platform that displays integrated surveillance data for influenza, COVID-19 and respiratory syncytial virus (RSV).



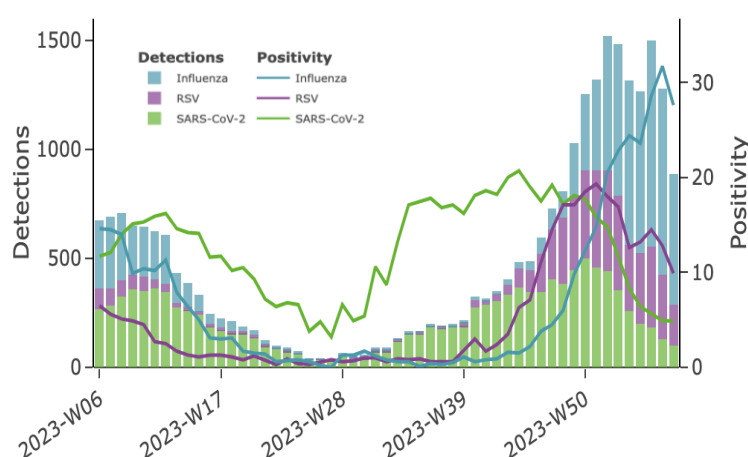
Number of COVID-19 cases and deaths reported by epidemiological (epi) week in the WHO European Region from 1 January (epi week 1/2020) to 31 December (epi week 52/2023)

COVID-19 hospital admissions gradually increased starting from week 44 before declining in week 51. In quarter four, the countries that witnessed the highest hospitalization rates in terms of hospital occupancy per 100 000 population were Ireland (6.3), Romania (6), Bulgaria (4.7) and Italy (4.6) in October, and Italy (8), Czechia (6), Slovakia (5.6), Croatia (5.3), and Latvia (5.1) in December.

Primary care sentinel testing



Secondary care sentinel testing



Primary and secondary care sentinel detections and test positivity by pathogen in the WHO European Region from 6 February 2023 (epi week 06/2023) to 5 February 2024 (epi week 06/2024)

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

Emergency public health measures taken across the Region

There was little change in the implementation of public health and social measures (PHSM) by Member States during the last quarter of 2023. Overall, three countries within the WHO European Region adjusted their PHSM.

- Bulgaria abolished mandatory isolation of those who tested positive and mandatory quarantine of those in contact with cases.
- Austria issued a recommendation to wear masks in crowded spaces such as on public transport and in health facilities.
- Greece issued strong recommendations to the general public to follow preventive measures such as hand hygiene and ventilation of closed spaces as well as isolation and masking for those with symptoms.

In the last quarter of 2023, Turkmenistan continued to require international travellers to undergo rapid tests on arrival, while Azerbaijan extended closure of land borders.

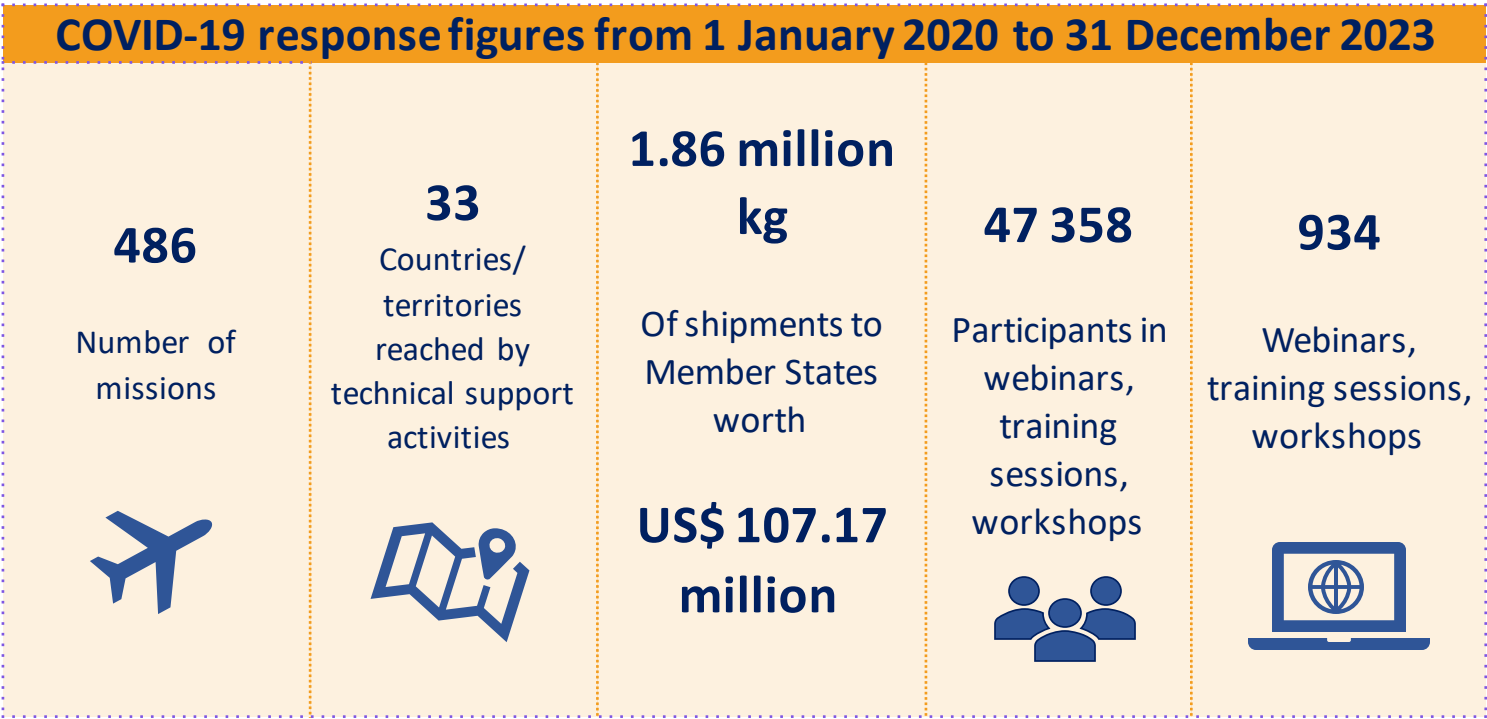


COVID-19 vaccination in Georgia

No Member State requires quarantine on arrival or proof of vaccination from international travellers. 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 Regional Internal Operations Report Dashboard](#).



## From the field

### WHO Regional Office for Europe launches new platforms to track and share real-time data on respiratory viruses

SARS-CoV-2, the virus that causes COVID-19, is now one of several circulating respiratory viruses, including influenza and respiratory syncytial virus (RSV), and continues to present a serious public health risk. The WHO Regional Office for Europe is implementing [a transition plan](#) that includes several shifts and expansions in the approach to collaborative surveillance for COVID-19, influenza and other respiratory infections.

Changes in testing, genomic characterization and reporting across many countries mean that reported data on COVID-19 cases need to be interpreted with caution. Indicators from a range of established systems such as sentinel surveillance in primary and secondary care, and novel systems such as wastewater monitoring, provide a better understanding of the intensity of transmission, disease severity and evolution of these viruses. Additionally, systems measuring intensive care unit occupancy, hospital bed occupancy and excess all-cause mortality across age groups will support country planning and estimates of the burden of disease. As part of this change, the WHO Regional Office for Europe has made several changes to its respiratory virus surveillance and data reporting systems.

Reflecting some of these changes, the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) have launched the weekly [European Respiratory Virus Surveillance Summary \(ERVISS\)](#). The new online platform displays integrated surveillance data for influenza, COVID-19 and RSV in the WHO European Region, including the European Union/European Economic Area. ERVISS will also contribute to the new WHO Regional Office for Europe's [COVID-19 Information and Data Hub](#), a comprehensive resource that provides links to the most current health information, datasets and products related to COVID-19.

These systems are critical to ensuring that respiratory viruses are monitored optimally and together to guide timely, appropriate, holistic control and prevention measures. They will also be key for the detection and monitoring of future pandemics. Read more [here](#).



*A health professional taking a patient's throat swab for a COVID-19 test*

## From the field

### WHO Emergency Response Information Management System (ERIMS) Coordination workshop

Lessons from the COVID-19 pandemic identified the need to reinforce the emergency component of health information systems (HIS) at global, regional, and national levels. To support rapid and data-driven responses, it is essential for Member States to have a robust information system architecture capable of efficiently moving and managing data that supports emergency responses, including producing information for incident managers and decision-makers (*information for action*). Such systems must be flexible and capable of dealing with high volumes of information several times above baseline during peak crisis periods without compromising data integrity and system performance.

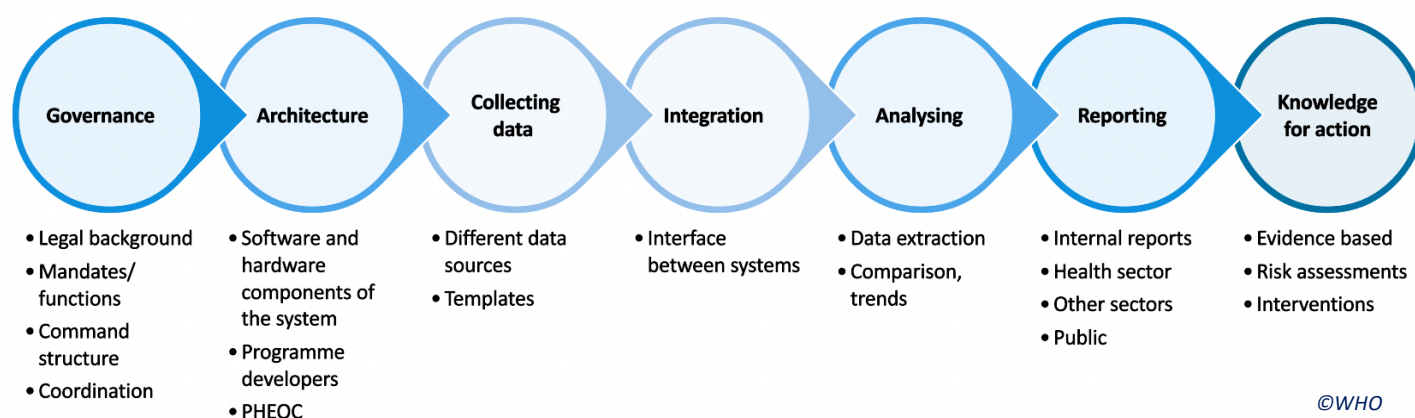
In light of this, the WHO Regional Office for Europe Emergency Response Information Management System (ERIMS) project team, within the WHE Emergency Operations Programme, organized an ERIMS coordination workshop that took place from 30 to 31 November 2023, and was followed by the ERIMS technical team working on a revision of the assessment tool and supporting documents from 1 to 3 November. The event brought together participants from WHO headquarters, WHO regional offices for the Eastern Mediterranean and European regions, highlighting the collaboration between WHE programmes across regions.

During the two days in Copenhagen, the team reviewed, discussed, and identified improvements in the ERIMS assessment tool and rationale. Key feedback from the workshop identified the need for ERIMS to have a clearer scope and to clarify the utilization of information for coordination, decision-making, and international reporting, including the link to response monitoring indicators. Accordingly, the role of ERIMS, rationale and tool were modified toward an all-hazards approach, and the types of data necessary for emergency response, with a focus on the international guidelines for a coordination structure for emergency preparedness and response.

The workshop emphasized the importance of establishing a robust, flexible, and scalable ERIMS that is built upon and integrated with the broader national HIS. Moving forward, the tool will be shared with other regional offices to promote it, complement the wider health information assessment and improve data-driven responses at national and international levels.

### ERIMS Assessment Tool

The components covered within the process dimension are:



Snapshot from the ERIMS assessment tool presentation slide deck

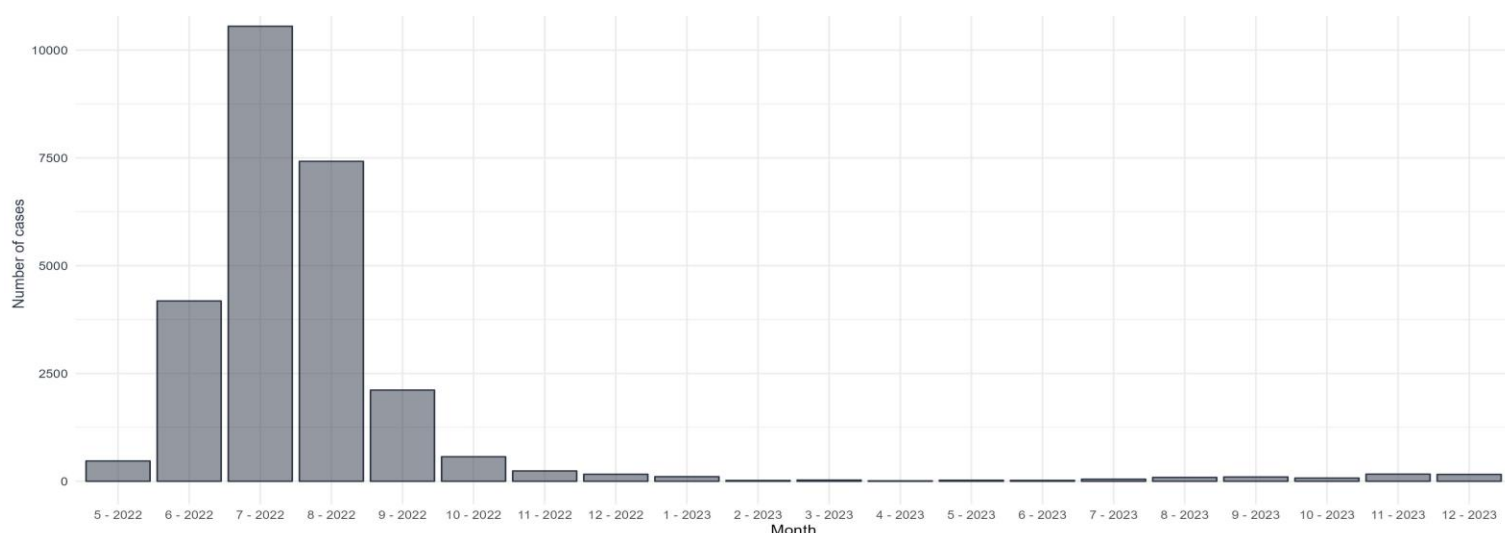


# PROTRACTED GRADE 2 – MPOX

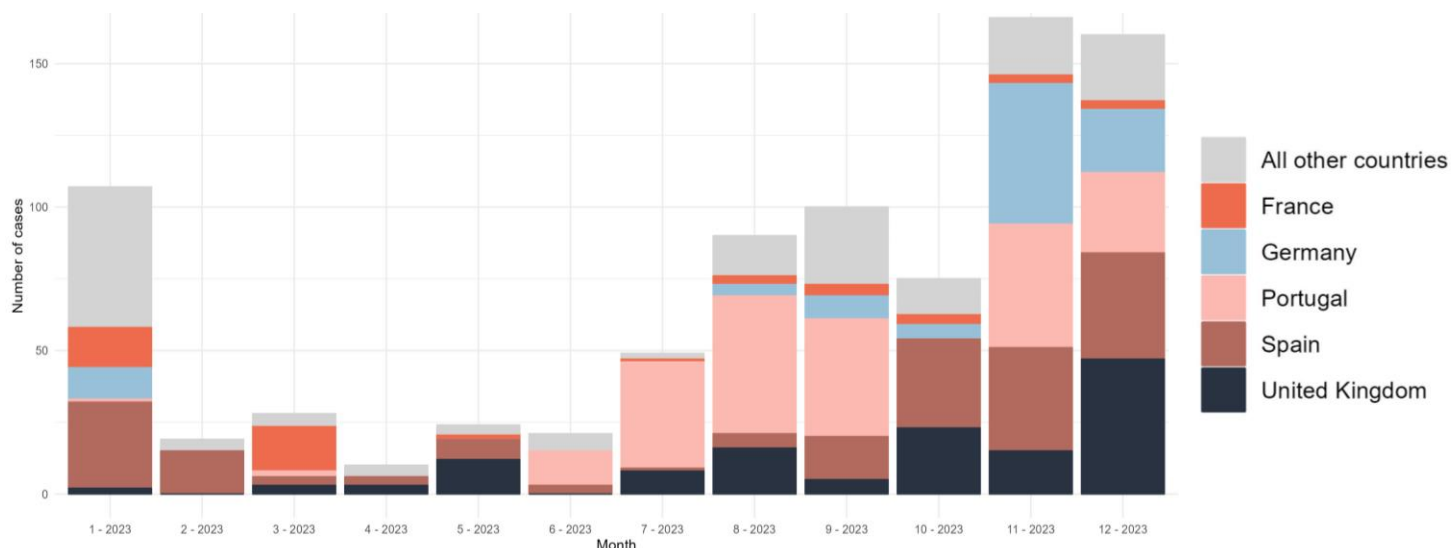
## Regional epidemiological situation: mpox

As of 31 December, there have been 26 566 mpox cases and 7 reported deaths across the WHO European Region. By the end of December, the WHO European Region represented 28.7% of the global incident caseload with some countries switching to monthly reporting. During the fourth quarter, mpox cases increased compared to the previous quarter but remained low compared to spring/summer 2022. The number of sporadic cases significantly increased in November, with 166 cases reported, slightly dropping in December. From October to December, a number of mpox clusters were reported across the Region with 141 cases in Spain, 92 cases reported in Germany, and 62 cases in the United Kingdom. No new deaths were reported during the fourth quarter.

As of December 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, 855 (7% of cases) have been hospitalized, of which 288 cases required clinical care. Eight cases were admitted to intensive care, and seven 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.



*Mpox cases reported by month in the WHO European Region from May 2022 (epi week 18/2022) to 31 December 2023 (epi week 52/2023)*



*Top five countries reporting new mpox cases by month in the WHO European Region from 1 January (epi week 1/2023) to 31 December (epi week 52/2023)*

Emergency public health measures taken across the Region

The WHO Regional Office for Europe continued supporting Member States during the fourth quarter of 2023 by sharing resources, including the [mpox toolkit for planning mass gathering events](#), the [catalogue of resources on mpox mass and large gathering preparedness](#) and the [mobile-friendly tool with interactive dashboard for mass and large gathering events during the mpox outbreak](#). Member States that hosted mass and large gatherings with the potential for mpox amplification shared mpox public health advice with event participants. Mass gathering events include fetish festivals, circuit festivals, themed cruises and Pride festivals.



A health professional taking a patient's throat swab for an mpox test

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.



For additional information on response operations, please see [the Regional Internal Operations Report Dashboard](#).



# PROTRACTED GRADE 2 – TÜRKİYE AND SYRIA EARTHQUAKES

## Situation update

**50 783**

**Deaths**

**107 000**

**Injured**

**9.1 million**

**Affected people**

**3 million**

**Displaced**

In Türkiye, WHO scaled up earthquake response operations through the planned deployment of additional surge capacity, including epidemiologists, trauma specialists, operations, logistics and supply chain staff, and information management support and communication specialists. A total of 11 surge personnel were deployed to increase the capacity and capabilities of the WHO Field Office in Gaziantep. WHO initiated the largest deployment of EMTs to a disaster zone in its 75-year history, with teams integrated into the ongoing health response to provide critical emergency care, surgeries and access to primary-care services, while strengthening national capacities for preparedness and response. In the two months following the earthquakes, EMTs carried out over 98 000 medical consultations in the most affected areas. WHO also provided psychological first-aid training to staff of the Turkish MoH and Ministry of Family and Social Services and promoted the mental well-being of health-care workers by providing support to psychosocial staff from both ministries.

In the months that followed, WHO and the MoH developed a joint response plan to oversee response activities. WHO supported the MoH in restoring provision of health services at the primary health-care level by developing prefabricated family health centres and containers for MHPSS and physical rehabilitation services. Thirty-three prefabricated containers were delivered to the four most affected provinces for MHPSS services, and an additional four for physical rehabilitation-related services were delivered to Hatay. Rehabilitation equipment, 140 water monitoring devices and 15 automated and solar-powered chlorination devices were procured and delivered to the affected provinces. 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.

WHO worked with the country's MoH to develop, test and deliver health messaging to affected communities on approximately 30 topics, including cold and hypothermia, safe water use, food hygiene, vaccination (rabies and tetanus) and advice on mental health. To inform message development and considering people's risk perceptions and evolving health information needs, WHO conducted regular social listening – a key facet of RCCE-IM.



©WHO/Tunc Ozceber

A tent camp in Hatay, Türkiye

## From the field

### A “positive ripple effect”: health workers as influencers following Türkiye’s earthquakes

The WHO Regional Office for Europe and the WHO Country Office in Türkiye collaborated with the MoH to conduct a series of trainings between 2 and 19 October 2023 to a group of 72 health workers, showing them how to train their peers, building RCCE-IM capacities and capabilities.

In its second phase, it is expected that these 72 trainers will equip a further 8000 health-care providers with interpersonal communication skills, enabling them to engage effectively with patients and communities during emergencies, support the most vulnerable, and promote acceptance and uptake of protective measures.

The training series focused on RCCE-IM topics that can build the role of the health workforce as influencers, including speaking in times of uncertainty, listening actively, addressing concerns, and providing health information and advice based on people’s needs. Funded by Kuwait’s earthquake recovery funds, the training programme consisted of six 2-day sessions across the five most affected provinces in the south-eastern part of the country.

*“In close collaboration with the WHO Country Office in Türkiye, the General Directorate of Health Promotion of the Ministry of Health has been actively involved in the earthquake response since the initial days of the earthquake. The impact of this training resonates in the positive ripple effect in the affected communities. Not only will the knowledge and expertise acquired by the health-care professionals result in more effective and compassionate care, but it will also significantly contribute to bolstering the overall community’s ability to recover from the aftermath of the earthquakes.”*

*Mr Serkan Karavuş, health expert at the General Directorate of Health Promotion*

Through this initiative, the Turkish MoH’s General Directorate of Health Promotion and WHO have established a sustained collaboration aiming to build back better from the earthquake experience. In the longer term, this joint initiative aims to strengthen the health system’s resilience in the face of earthquakes and other natural disasters. As such, it can serve as a model that contributes to protecting the well-being of at-risk communities across the WHO European Region. Read more [here](#).



Participants of the risk communication, community engagement and infodemic management training of trainers in Gaziantep, Türkiye



# Across all graded emergencies

## Protection from 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 to the Ukraine conflict, earthquake response in Türkiye and northwest Syria, and refugee-hosting countries, including Armenia. Response efforts are in line with the WHO PSEAH strategy, and collaboration is through interagency mechanisms.

### Ukraine response

In Ukraine, PSEAH live exchanges in terms of sensitization, training and awareness-raising reached 380 medical workers. Within this effort, weekly short training sessions were conducted for each cohort of EMT or primary health-care workers from different regions of Ukraine, reaching almost 260 medical frontline workers.

WHO continues to support an important inter-agency initiative, by chairing and facilitating the ToT for members of the PSEAH Inter-Agency community. Additionally, WHO developed a virtual course on PSEAH for public health partners, which is specifically adapted to the countries' context. The course is available in English and Ukrainian and can be accessed [here](#).

### Refugee-receiving countries

As part of its commitment to addressing and preventing sexual misconduct, the WHO European Region has set fundamental targets for 2023, which are in line with expectations outlined in the [Policy on Preventing and Addressing Sexual Misconduct, the 3-year PSEAH strategy plan, and the accountability framework](#). One of the targets requires all WHO country offices, including refugee-receiving countries, to complete a sexual exploitation, abuse and harassment (SEAH) risk assessment. In Moldova, the mitigation measures identified through the risk assessment were presented in the office as part of information, education and communication materials.

In Bulgaria, WHO supported the NGO Animus Association in implementing a multi-layered information strategy on gender-based violence and mental health awareness for Ukrainian refugees in Sofia. Between 9 and 10 November, Animus Associates conducted a workshop for 15 participants from nine institutions to strategize on advancing the GBV agenda. On 7 December, a national conference was organized with 56 stakeholders from 37 key institutions, including public officials, representatives of relevant agencies, and community leaders. The conference focused on raising awareness among peers and communities to prevent GBV within the refugee communities. As part of their outreach, Animus Association managed a help line reaching over 20 000 vulnerable people, including Ukrainian refugees, providing GBV support, among other violence-related queries.



*Participants of the workshop meeting on PSEAH leadership and management in Gaziantep, Türkiye*

### Armenia refugee response

On 7 November, WHO developed and delivered training sessions with PSEAH network partners to 35 participants working on the ground to provide support to refugees in Armenia. The participants included psychologists, health-care professionals working in the rehabilitation centre, and volunteers operating the MHPSS hotline.

### Türkiye earthquake response

On 7 November, WHO conducted a workshop on PSEAH leadership and management for 37 heads of health organizations as part of the earthquake response in Gaziantep, Türkiye. The discussions during the workshop centred around the role of leaders and managers in strengthening PSEAH measures and identifying strategies and actions to prevent sexual misconduct in the health sector.

From October to December 2023, WHO supported an implementing partner "Hand in Hand for Aid and Development" in building the capacity of 300 focal points, including 60 trainers in north-west Syria to prevent SEAH at the health facilities' level. The training focused on the roles and responsibilities of PSEAH focal points, emphasizing their duty to ensure that their organizations comply with PSEAH core standards and develop and implement PSEAH action plans.

## From the field

### Clinical training of trainers: strengthening the health system response to sexual and intimate partner violence in Poland

According to WHO estimates, globally approximately one woman in every three has experienced physical and/or sexual violence by an intimate partner or sexual violence by someone else at some point in their lives, most of this by intimate partners. This is a public health problem that impacts women's health and well-being, sexual and reproductive health and mental health.

Since the onset of the Ukraine crisis, the WHO Country Office in Poland has been supporting the health sector in responding to the needs of women, men, boys, and girls who experience violence, in accordance with [WHO guidelines](#) developed at the global level. The guidance for clinicians and managers provides practical tools and knowledge to deliver survivor-centred clinical management of rape and intimate partner violence health services, thereby strengthening the overall health system response.

It is against this backdrop that the WHO Poland Country Office, with the support of the United States Department of State (USDOS), organized a clinical training of trainers that took place from 22 to 24 November 2023 in Warsaw, Poland. The participants included academics, government commissioners, doctors, clinicians and heads of International nongovernmental organizations. They will play a key role in implementing clinical training at the facility level, working closely with health manager cohorts of trainers, with the aim of ensuring the maximum institutionalization and sustainability of the trainings. The training programme is based on the [WHO Caring for women subjected to violence: a WHO curriculum for training health-care providers](#).

Moving forward, within the next 12 months, the cohort will cascade the training to the health workforce involved in responding to intimate partner violence and sexual violence against women to expand the reach of the course in the country towards ensuring survivor-centred care.



Participants of the training of trainers engaged in group activity

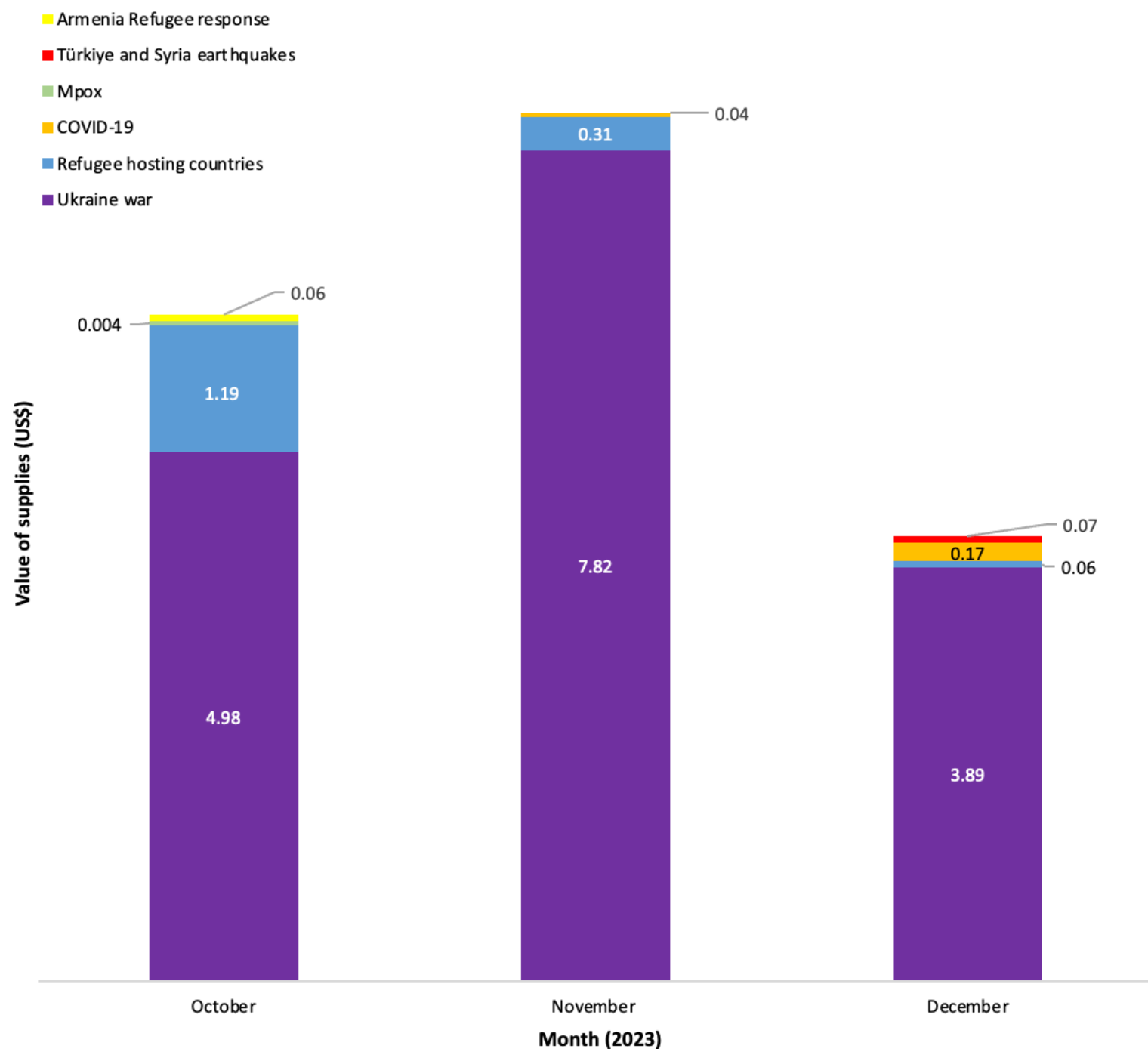


## Operational support and logistics

Operational support and logistics (OSL) is an essential part of an emergency response. It ensures that critical countermeasures 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)

Q4 – October – December



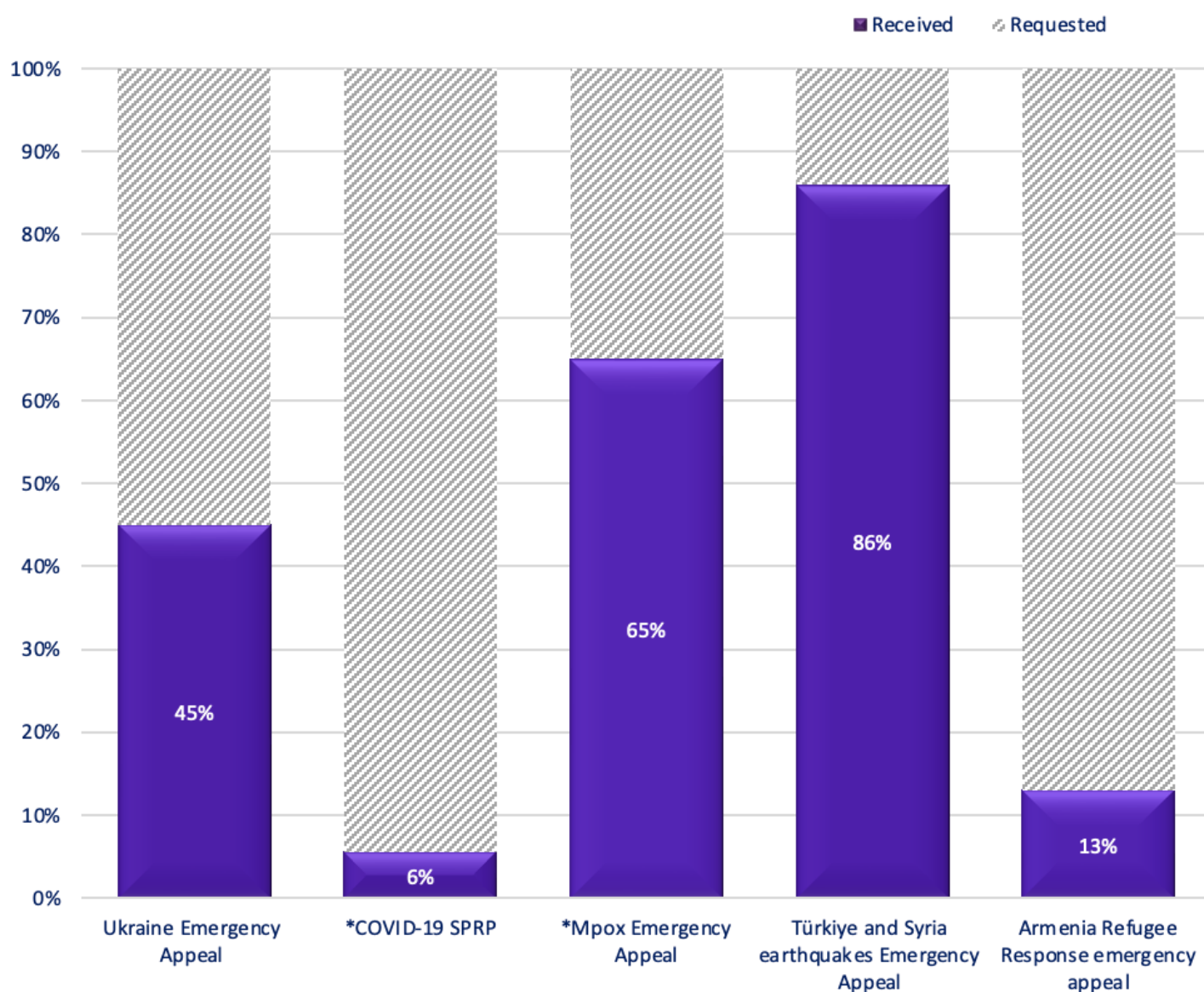
\* The data presented have been adjusted following retrospective analysis of WHO's records.

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, and strategic preparedness response plans (SPRP)



\*No additional funding was received in the fourth quarter of 2023.



## Key links and resources

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



#### The Emergency Medical Teams initiative in the WHO European Region, governance structure 2.0

<https://www.who.int/euro/publications/i/item/WHO-EURO-2023-8200-47968-70993>



#### Refugee response in Armenia: public health situation analysis, 5 October 2023

<https://www.who.int/euro/publications/i/item/WHO-EURO-2023-8252-48024-71134>



#### War in Ukraine: emergency situation report from WHO Country Office in Ukraine. Issue No. 61, 6 October 2023

<https://www.who.int/euro/publications/i/item/WHO-EURO-2023-5319-45083-71132>



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

<https://www.who.int/euro/publications/i/item/WHO-EURO-2023-6616-46382-71360>



#### Mobile health units in war-related emergency in Ukraine to deliver primary health-care outreach services to address noncommunicable diseases: project review

<https://www.who.int/euro/publications/i/item/WHO-EURO-2023-8275-48047-71206>



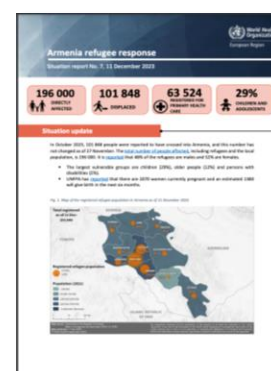
#### Rehabilitation: self-management of long COVID for adolescents

<https://www.who.int/euro/publications/i/item/WHO-EURO-2023-8018-47786-70552>



#### Influenza virus characterization: summary report, Europe, October 2023

<https://www.who.int/euro/publications/i/item/WHO-EURO-2023-6189-45954-71571>



#### Armenia refugee response: situation report No.7, 11 December 2023

<https://www.who.int/euro/publications/i/item/WHO-EURO-2023-8251-48023-72662>

## Upcoming WHO/Europe emergency response activities for quarter 1 of 2024

### COVID-19

- ✓ Implementation of [European Respiratory Virus Surveillance Summary \(ERVISS\)](#), which provides a weekly integrated epidemiological summary for influenza, respiratory syncytial virus (RSV) and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) for the European Union/European Economic Area (EU/EEA) and the WHO European Region
- ✓ Tracking the implementation of the WHO Regional Office for Europe's plan for [the transition from the acute phase of COVID-19](#).

### Ukraine conflict

- ✓ Launch of Humanitarian Response Plan (HRP)
- ✓ After-action review of the acute response phase
- ✓ Development of RCCE-IM guidance and toolkit for conflict and humanitarian settings
- ✓ Launch of the Refugee Response Plan (RRP)
- ✓ Strategic Plan for 2024–2028, jointly developed with WHO and the European Commission
- ✓ Start-up of the Refugee Health Hub in Poland

### Mpox

- ✓ Continued support for reporting monthly from Member States and three-monthly bulletin
- ✓ Report on the update of cases of mpox in the European Region
- ✓ Finalization of the report on integration of mpox surveillance into sexual health services

### Türkiye and Syria earthquakes

- ✓ Review of the Türkiye earthquake response grading
- ✓ WHO operational review with the focus on noncommunicable diseases
- ✓ In-depth review of public health analysis

### Israel – occupied Palestinian territory conflict

- ✓ Kick-off of the community engagement and interfaith dialogue project with civil society organizations
- ✓ Collaboration on MHPSS
- ✓ Collaboration on gender-based and sexual violence

### Armenia refugee response

- ✓ Support and guide implementation of the Armenia refugee response plan
- ✓ Review of the Armenia refugee response grading
- ✓ Transition of support into longer-term programme support to Armenia

## Events

- ✓ The 154th session of the Executive Board meeting, 22–27 January 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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### World Health Organization Regional Office for Europe

UN City, Marmorvej 51,  
DK-2100 Copenhagen Ø, Denmark  
Tel: +45 45 33 70 00 Fax: +45 45 33 70 01  
Email: [eurocontact@who.int](mailto:eurocontact@who.int)  
WEB [www.who.int/europe](http://www.who.int/europe)