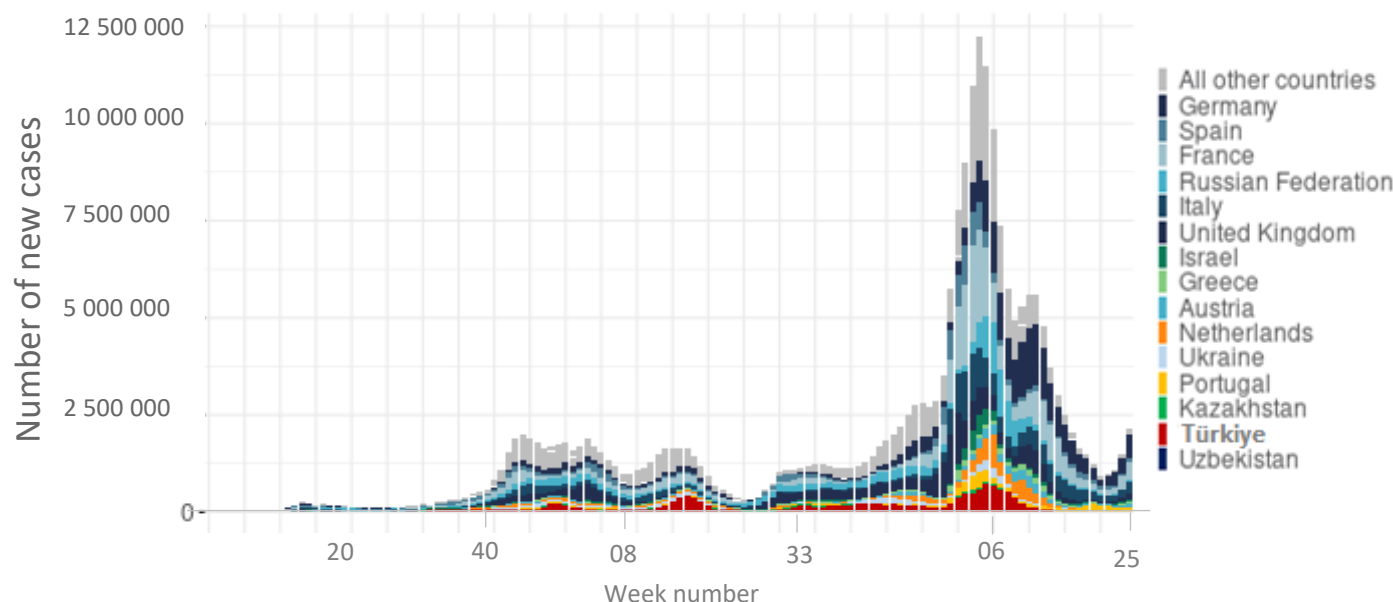


COVID-19: WHO European Region quarterly operational update

Second quarter 2022: Weeks 13–25 (28 March–26 June 2022)

Epidemiological situation – global and regional



Number of new confirmed COVID-19 cases reported by Epi-week in the WHO European Region from 16 February 2020 (Epi week 8/2020) to 27 June 2022 (Epi week 25/2022)

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228.7 million
cumulative cases

2 million
cumulative deaths

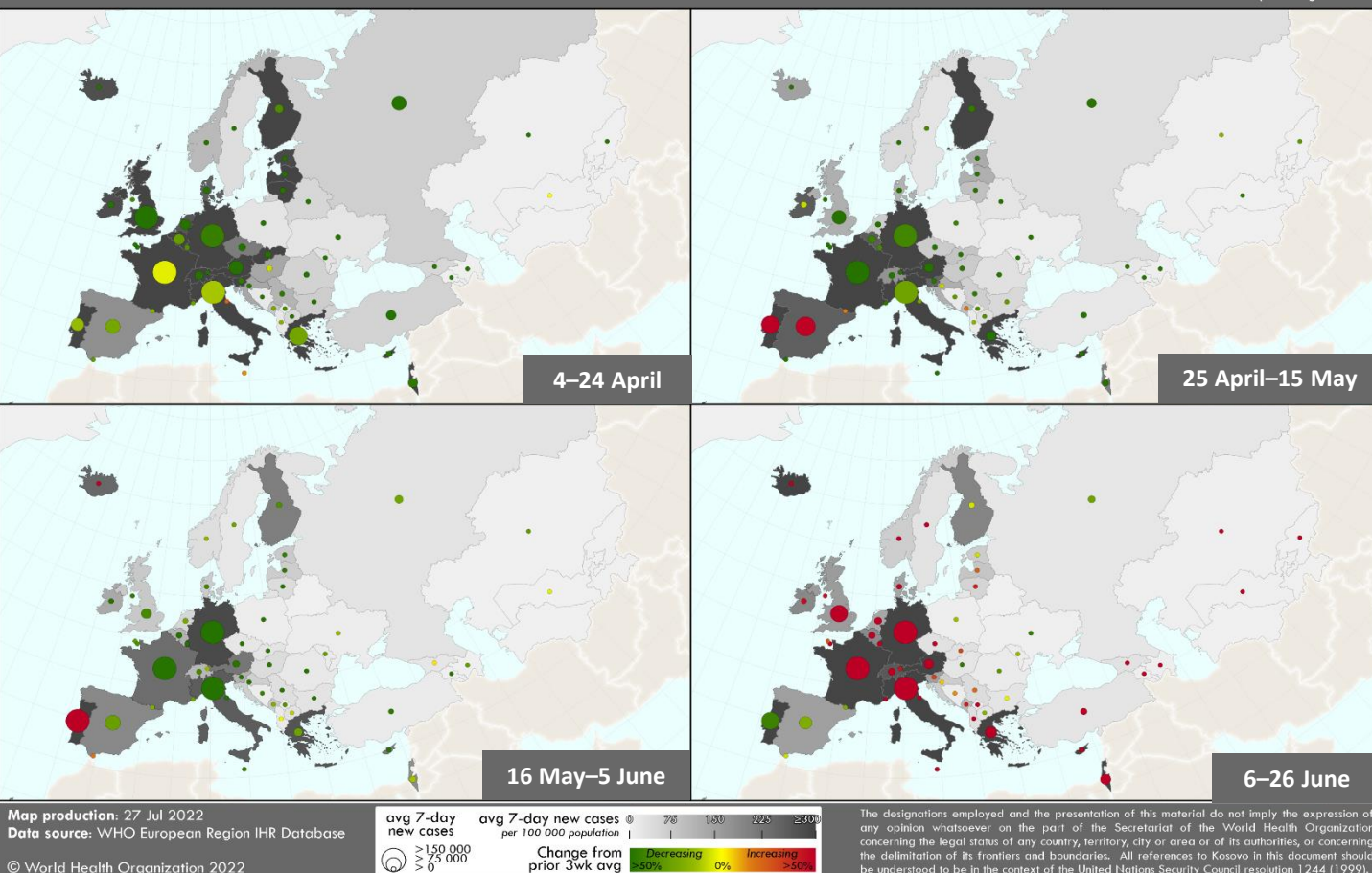
As of 30 June 2022, over 228.7 million cases of COVID-19 and 2 million deaths have been reported across the WHO/Europe Region. Between April and May, the weekly average of both cases and deaths decreased; by 54% for cases and 48% for deaths. From early June, the European Region saw a marked resurgence of COVID-19 cases and hospitalizations. Increasing case incidence has been associated with the continued spread of the SARS-CoV-2 Omicron variant of concern (VOC), including its BA.2, BA.4 and BA.5 sub-lineages.

Hospitalizations due to COVID-19 also decreased significantly over the three months, stabilizing in week 21 with a hospitalization rate of about 3 per 100 000 population. During this period, ICU admissions also decreased slightly, remaining low overall.

Regionwide COVID-19 deaths have continued to decrease during the second quarter of 2022, seeing the lowest levels observed since the start of the pandemic.

Please refer to the [WHO European Region Dashboard](#) and the [WHO European Region Surveillance Bulletin](#) for further information.

WHO European Region average weekly COVID-19 cases and incidence April–June 2022

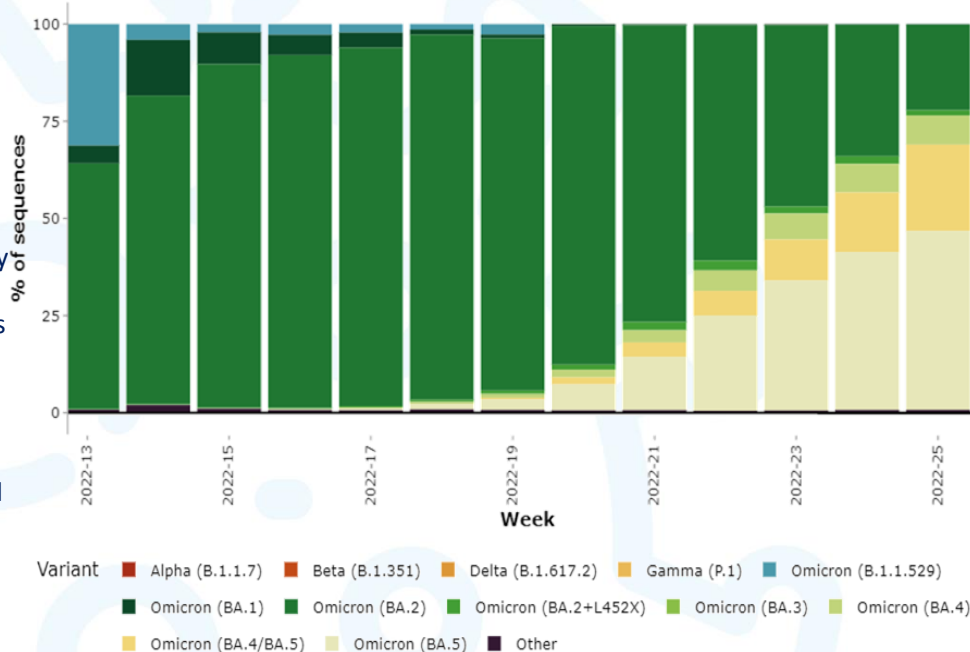


Update on SARS-CoV-2 variants of concern (VOCs) circulating in Europe

By the end of the second quarter, the Omicron VOC and its sub-lineages remain the dominant viruses circulating globally, accounting for 94% of sequences reported in the month of June. In the European Region, BA.2 increased in prevalence and became dominant between weeks 14 and 23. In week 25, all nationally sequenced virus isolates detected, which were current or former VOCs or variants of interest, were 72.4% for BA.2, 12.4% for BA.5, 0.7% for BA.4 and 0.2% for BA.1.

These trends should be interpreted with due consideration of the limitations of surveillance systems, sequencing capacity and sampling strategies between countries.

Percentage of variants that are VOCs per week



Emergency public health measures taken across the Region

Over the past three months, the trend of easing public health and social measures (PHSM) continued, with 42 countries and one territory in the Region easing measures and only three (Israel, Portugal and Turkmenistan) strengthening PHSM. As at the beginning of April 2022, 21 countries had removed the majority or all of their domestic PHSM and, by 23 June 2022, this number had increased to 35 countries.

Mask requirements, frequently the last measure to be lifted, have been removed for the general population in 36 countries, with requirements remaining only for health-care and/or public transport settings.

As of 23 June 2022, COVID-19 certificates to show proof of vaccination, recovery and/or negative test (CVRT) to facilitate access to institutions, businesses, events and services remain in use by only seven Member States (Albania, Azerbaijan, Latvia, Portugal, the Russian Federation, United Kingdom and Uzbekistan) and one territory (Kosovo*) and have been phased out by 43 Member States.

By 23 June 2022, 38 States Parties had removed all COVID-19-related international travel restrictions. Similarly, 40 States Parties no longer require a test either before arrival or departure, while 41 States Parties no longer require quarantine upon arrival.

With the summer holiday season, there has been an increase in mass gathering events and tourism to particular destinations, combined with a lifting of certain COVID-19 protective measures, including mask wearing and COVID-19 testing when travelling in the Region.

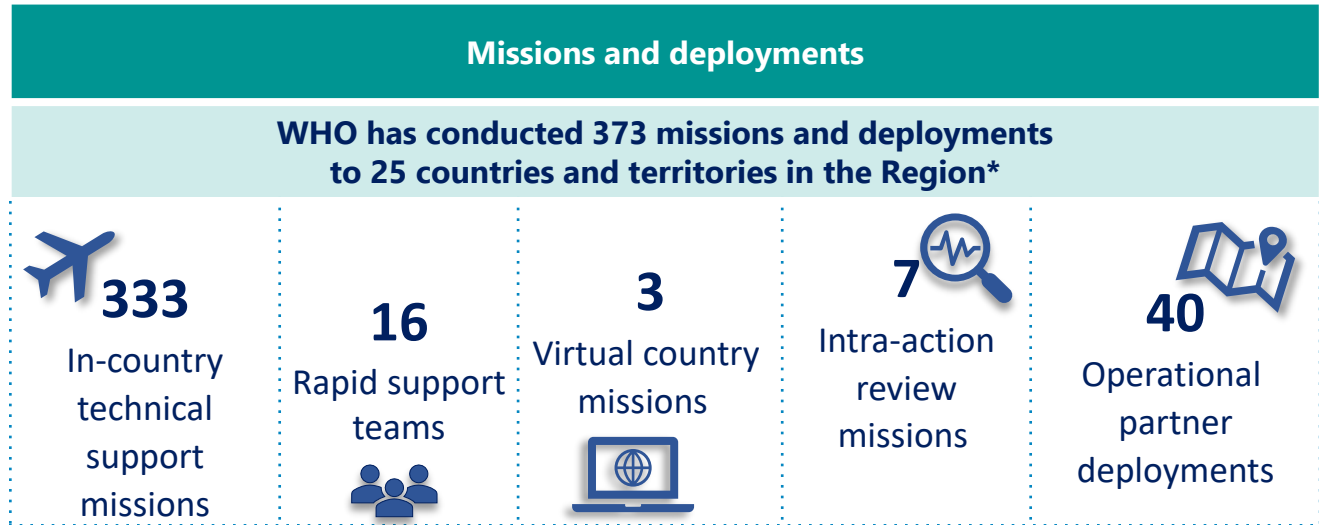


Mandatory temperature measurements to enter a supermarket in Kyiv, Ukraine ©UN Ukraine/Volodymyr Shuvayev

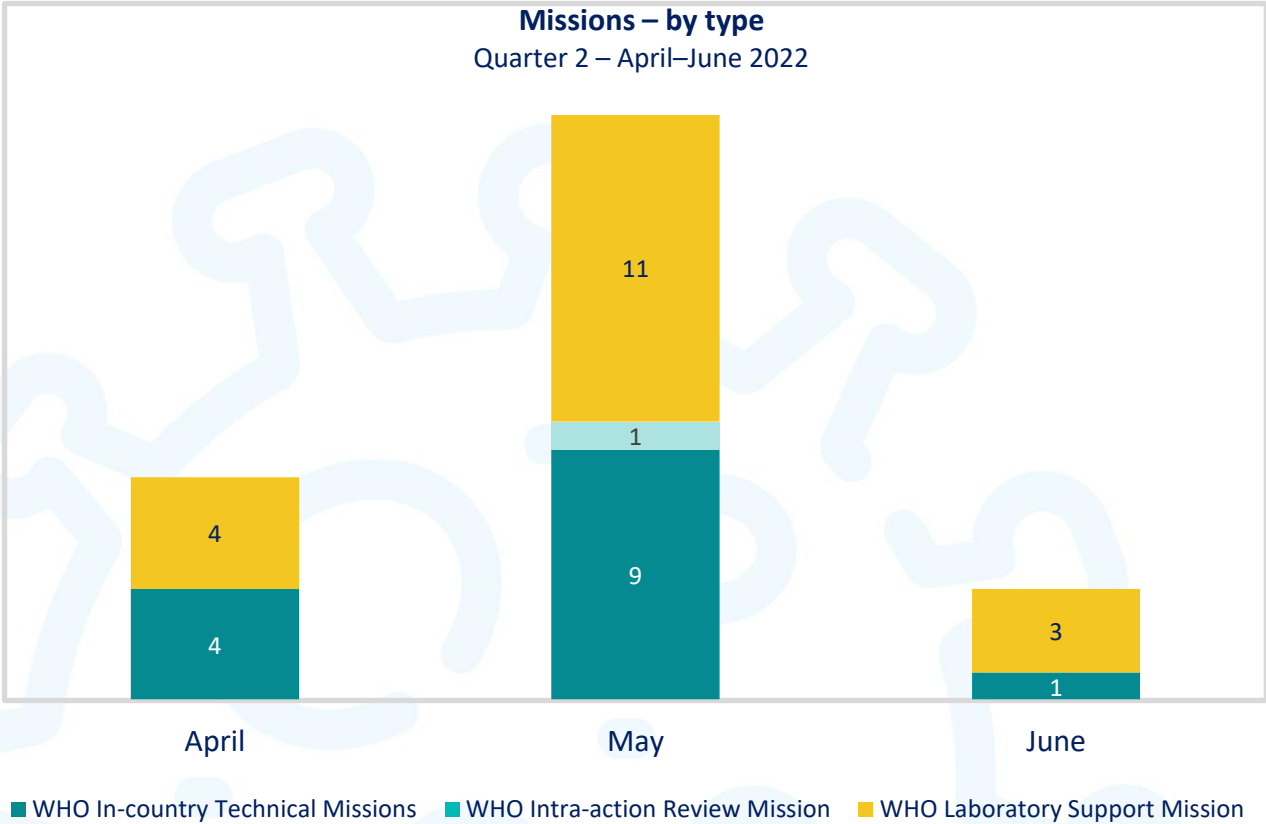
*All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

WHO’s response to COVID-19 in the European Region

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.**



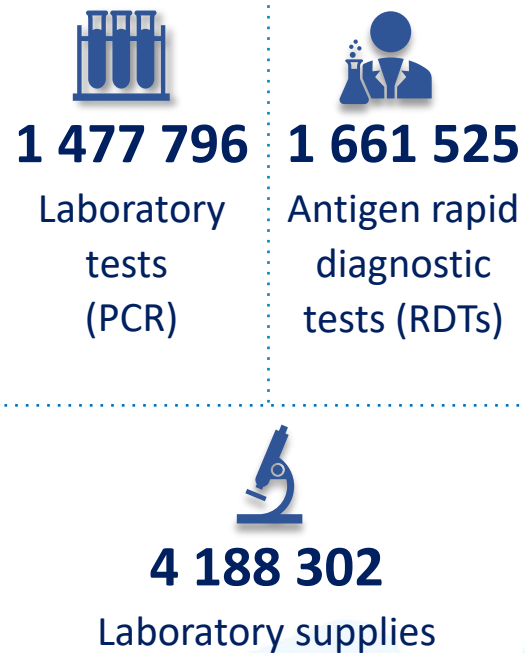
For additional information on missions and deployments, please see the WHO/Europe COVID-19 Country Support Dashboard for [Missions and Deployments](#).



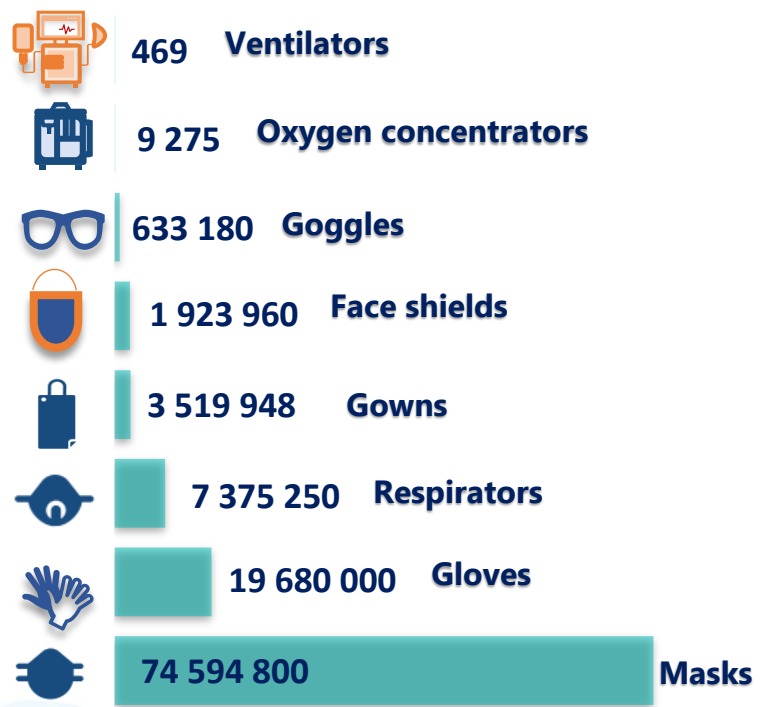
* The data presented have been adjusted following retrospective analysis of WHO’s records.
For additional information on essential supplies delivered, please see the WHO/Europe [COVID-19 Country Support Dashboard](#).

Operational support and logistics

WHO has sent laboratory test kits and supplies to 31 countries and territories in the Region* (cumulative figures starting February 2020)



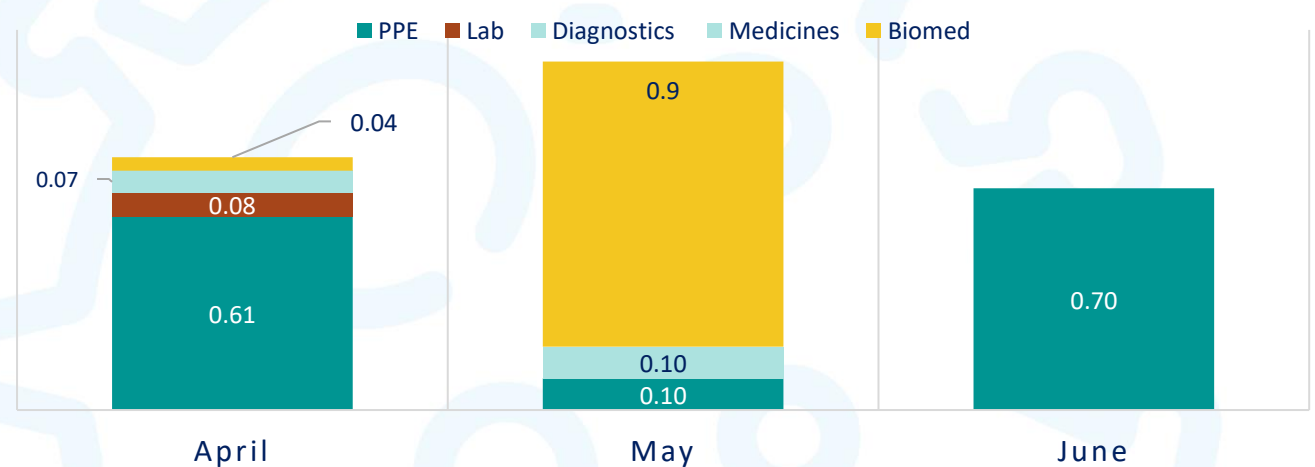
WHO has sent essential medical supplies to 18 countries and territories in the Region* (cumulative figures starting February 2020)



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

WHO has sent supplies worth US\$ 97.9 million to 31 Member States since the start of the pandemic. In quarter 2 of 2022, WHO sent supplies worth US\$ 5.08 million to 7 Member States.

Emergency supplies delivered (US\$, million)
Quarter 2 – April–June 2022



For additional information on essential supplies delivered, please see the WHO/Europe [COVID-19 Country Support Dashboard](#).

APRIL 2022: WHO/Europe mission to Tajikistan to support the Ministry of Health and Social Protection of the Population (MoHSP) of the Republic of Tajikistan with the clinical management of COVID-19

WHO intends to end the acute phase of the global COVID-19 health emergency in 2022. This requires, among others, reaching vaccination targets – especially among high-risk groups, providing clinical care throughout the care pathways – for mild and severe cases, rehabilitating those with long COVID, using surveillance and monitoring to determine the burden of disease and rapidly detecting new variants and outbreaks in susceptible populations. Moreover, countries should have readiness strategies in place to rapidly scale up and scale down their capacities to manage COVID-19 cases.



Support for clinical management in hospitals during the peak of the pandemic in Tajikistan. © WHO/Darek Zalewski

Reducing disease morbidity, mortality and the long-term consequences of infection requires safe and scalable clinical care at every stage of the clinical care pathway, as well as resilient health systems. From 2 to 9 April 2022, experts from WHO/Europe conducted a mission in Tajikistan to address clinical management and infection prevention and control (IPC) related to COVID-19. The main objectives were to take stock of activities conducted by the MoHSP of the Republic of Tajikistan, WHO and other partners in the area of COVID-19 clinical management, IPC, and maintaining essential health services during the COVID-19 pandemic. This mission was funded by the Canadian Department of Foreign Affairs, Trade and Development.

From the field

Through a series of meetings with the MoHSP, clinical staff in COVID-19 referral hospitals at national and regional levels, and discussions with partners, recommendations were made to the MoHSP to inform their strategies and activities in 2022. The main recommendations included:

- identifying lessons from the response to COVID-19 so far to better inform the response during future upsurges in cases as well as future preparedness for other emergencies;
- conducting an intra-action review that includes all actors in the response to the COVID-19 pandemic;
- continuing to update national clinical guidelines for the management of patients with COVID-19 as new evidence emerges and new therapies become available;
- ensuring that quality training is being provided through a single national training package for the clinical management of COVID-19 and IPC;
- establishing a national IPC programme based on the WHO minimum requirements and core components; and
- supporting the further development of a hospital emergency response plan.

WHO/Europe will continue to provide support for clinical management and IPC in Tajikistan as part of the strategic plan in 2022.



An emergency medical team (EMT) from Poland operates in the hospitals in Tajikistan.
© WHO/Darek Zalewski

April 2022: WHO/Europe support to COVID-19 vaccination efforts in Kyrgyzstan

In February 2022, a brief review of COVID-19 vaccine roll-out was also conducted in Kyrgyzstan, which included identifying the opportunities and challenges as well as providing key recommendations to accelerate vaccination roll-out. From 4 to 9 April, WHO carried out a mission on communication and intervention planning for the ongoing COVID-19 vaccination efforts. The main aims of the mission were:

- to present formative research findings for both human papillomavirus (HPV) and COVID-19 vaccines;
- to discuss and coordinate recommended actions based on findings to increase COVID-19 vaccination uptake among the population.



COVID-19 vaccination at the Center for General Medical Practice in Balykch, Kyrgyzstan © WHO/Arete/Maxime Fossat

A three-day workshop covered intervention and communication plans, findings from the ongoing COVID-19 vaccine research and discussion on designing and coordinating activities to fit the context of Kyrgyzstan. Workshop participants included representatives of Ministry of Health (MoH) departments, including Public Health, Republican Centre for Immunoprophylaxis (RCI), Centre for Health Promotion, national-level partners, and representatives of international organizations.

Among a variety of topics, the workshop included a session around international partners involved in COVID-19 vaccine communication and community engagement. Actions for generating a demand for COVID-19 vaccines were also held at the end of the meeting.

Following the final workshop session, the WHO researchers held a debriefing meeting with the WHO Country Office in Kyrgyzstan where workshop outcomes and learnings were reviewed and next steps were agreed upon for both HPV and COVID-19 vaccine efforts. One of the key recommendations was to intensify and broaden efforts to increase vaccine acceptance and demand. Based on the workshop recommendations, the WHO Regional Office for Europe presented the research results to the MoH and other relevant partners and undertook activities to develop concrete communication and intervention plans.

APRIL 2022: Risk communication and community engagement: lessons from the Western Balkans

The COVID-19 pandemic has shown, perhaps as never before, the importance of risk communication and community engagement (RCCE) for emergency preparedness and response. The involvement of communities in the COVID-19 response, which has led to greater acceptance and uptake of vaccines and other protective measures, has also helped to build trust in the authorities. The success of response measures to health emergencies is therefore highly dependent on effective RCCE.

This was the starting point of Europe's first workshop on lessons learned in RCCE from the COVID-19 response. The event, held on 28–29 April 2022, brought together 25 participants from the Western Balkans and the Republic of Moldova in Tirana, Albania.

Taking stock of the lessons learned across the WHO European Region as well as in individual countries, participants developed suggestions for their subregion to improve the effectiveness of RCCE interventions for the future. The workshop came at a timely moment, as vaccination uptake had plateaued in the Western Balkans, signalling the need to prepare effective RCCE responses to boost vaccine uptake in advance of a likely uptick of COVID-19 cases in autumn.

The workshop emphasized the need for intersectoral cooperation, collaboration and information-sharing, and showed how subregional and regional exchange of best practices and lessons learned during the COVID-19 pandemic can help strengthen countries' RCCE capacity before, during and after public health emergencies. The suggestions for improving RCCE capacity developed as a result of this workshop will include actions to be taken by Member States of the European Region and by WHO itself. Participants from the workshop will also be advising their health authorities to use the recommendations for developing country- and area-specific RCCE action plans. Read more [here](#).



WHO/Europe's first workshop on Lessons Learned in Risk Communication and Community Engagement from the COVID-19 response held on 28–29 April in Tirana, Albania. © WHO

MAY 2022: WHO/Europe carried out an intra-action review in Azerbaijan, identifying challenges and best practices from the response

From 10 to 13 May 2022, the World Health Organization Emergencies Programme (WHE) and the Country Office in Azerbaijan together with the MoH and Management Union of Medical Territorial Units (TABIB) conducted an intra-action review (IAR) of selected pillars of the COVID-19 response in Azerbaijan within the framework of the European Union (EU)-funded Solidarity for Health Initiative implemented by WHO.

As the daily case numbers and deaths due to COVID-19 were steadily declining in Azerbaijan, a review of the response process considered what worked well, what did not work well, what should be sustained, or needed to be improved or changed altogether. Given that the health system of Azerbaijan consists of several structures and State actors are involved in the COVID-19 response, this review allowed all stakeholders to share their experiences.



IAR conducted in Azerbaijan ©WHO Azerbaijan Country Office

A four-day workshop, facilitated by WHO experts and attended by the national experts from various State entities who have been involved in the COVID-19 response, focused on four pillars of the Strategic Preparedness and Response Plan: country-level coordination, planning and monitoring; surveillance, case investigation and contact tracing; case management and knowledge sharing; and infection prevention and control. These pillars were selected by the national health counterparts and WHO as critical areas for inclusion in the review.

From the field

The review process was facilitated and co-facilitated by experts from the WHE Hub for the South Caucasus, the Regional Office for Europe and WHO Country Office.

Participants focused on the functional capacities of public health and emergency response systems at the national and subnational levels to identify best practices, gaps and lessons learned, and propose corrective measures and actions for short- and long-term actions aimed at improvement of an outbreak response for the future. Responsible agencies have been identified to lead the processes for improvement.



IAR conducted in Azerbaijan ©WHO Azerbaijan Country Office

Participants and key officials reiterated that the IAR was especially useful for the country as it provided an opportunity to share experiences and collectively analyse the ongoing in-country response to COVID-19. It helped to identify challenges and best practices, and document and apply lessons learned from the response efforts to date to further strengthen the health system.

MAY 2022: WHO hand hygiene improvement strategy: focus of training missions in South Caucasus



Training participant referring to informational materials. ©WHO Azerbaijan Country Office

Strong IPC programmes have the power to reduce avoidable morbidity and mortality. However, IPC has been a major challenge for health-care systems around the world, and specific gaps in the South Caucasus subregion were highlighted during the COVID-19 response.

In May 2022, in continuation of ongoing work, the WHE South Caucasus Hub as well as the respective subregional country offices facilitated a variety of activities in Armenia, Azerbaijan and Georgia to further strengthen essential components of IPC, in particular, hand hygiene.

Following the official World Hand Hygiene Day on 5 May, a variety of activities were conducted in the subregion utilizing the [WHO hand hygiene self-assessment framework](#). The hand hygiene self-assessment framework is a systematic tool with which to obtain a situation analysis of hand hygiene promotion and practices within an individual health-care facility.



Training participants with WHO bags reading "Seconds Save Lives – Clean Your Hands!" ©WHO Azerbaijan Country Office

In **Georgia**, a national workshop was conducted to mark one year since the WHO hand hygiene self-assessment framework was implemented. The workshop aimed to support the national IPC team to understand the successes of the past year through monitoring and evaluation, identifying key areas for strengthening the project in its second year. [Read more here](#).

In **Armenia**, a national workshop took place, which followed up on activities that took occurred in 2021 to strengthen the WHO multimodal hand hygiene approach. This approach has been utilized by technical experts to support the development of a national hand hygiene roadmap in line with current WHO recommendations and to adapt the WHO hand hygiene self-assessment framework for implementation within secondary care facilities.

In **Azerbaijan**, training was conducted for a new facility-level IPC committee on the use of WHO IPC assessment tools and the WHO hand hygiene self-assessment framework. The framework started to be implemented in March 2022 in key selected facilities. These facilities have previously been supported with structural support for hand hygiene.

JUNE 2022: WHO Country Office Türkiye leads the development of a national genomic surveillance strategy: 24–26 June 2022 in Izmir, Türkiye

Genomic surveillance has been critical for characterizing SARS-CoV-2 lineages, monitoring global transmission, detecting new variants and informing public health action throughout the COVID-19 response. The role genomic surveillance has played during the pandemic has encouraged countries to invest in genomic sequencing capacities. Recognizing this global momentum, WHO published the [Global genomic surveillance strategy for pathogens with pandemic and epidemic potential](#) (2022–2032), which aims to provide a high-level framework to strengthen and enhance capacity for global sequencing and bioinformatics.



Scientific meeting on developing a national genomic sequencing strategy for Türkiye ©WHO Country Office Türkiye

In Türkiye, the WHO Country Office works closely with the MoH and the National Virology Reference Laboratory (NVRL) on a project funded by the European Union (EU), which aims to build capacity and strengthen genomic surveillance for SARS-CoV-2 and other pathogens. As part of this project, significant investments have been made in sequencing equipment, computing infrastructure, personnel and expanding capacities to detect other high-threat pathogens, and for antimicrobial resistance. A comprehensive and sustainable five-year national genomic surveillance strategy is being developed for Türkiye, which will integrate all areas of infectious disease genomic surveillance, thereby enhancing preparedness and reinforcing health security.

According to Dr Batyr Berdyklychev, WHO Representative to Türkiye, ***“Government endorsement of the national sequencing strategy signifies political and technical commitment to supporting implementation of the strategy over the coming years. Strong collaboration, sustainable funding and continuing support from our donors will also be critical for ensuring that the strategy is implemented effectively and capacity used optimally.”***

From the field

To facilitate this process, WHO convened a scientific meeting in Izmir from 24 to 26 June, to share experiences of developing comprehensive and sustainable national genomic surveillance strategies within the European Region and develop a draft national strategy for Türkiye. Demonstrating WHO's convening power and the will to enhance collaboration and networking among Member States, the meeting brought together ten countries from the WHO European Region.

In total, 22 participants from Türkiye and 33 international participants attended the three-day meeting. This was opened by Dr Batyr Berdyklychev, WHO Representative to Türkiye, Mrs Figen Tunckanat, Head of the Health Sector of the EU Delegation in Türkiye and Dr Mahmut Avci, Deputy Director of the MoH General Directorate of Public Health, signifying high-level support for the initiative.



Country representatives shared experiences of using genomic sequencing for SARS-CoV-2 and other pathogens and participated in facilitated panel discussions covering key areas such as: defining sequencing objectives and the scope of pathogens; identifying and mobilizing sustainable funding; developing and adapting sampling strategies; capacity-building of the laboratory workforce; data analysis and management systems; and using genomic sequencing data to inform public health action.

Working on strengthening disease surveillance and laboratory systems as part of the COVID-19 response operation. © WHO/Zubaydullo Ismatov

On the third day, the group began the process of developing a comprehensive genomic surveillance strategy for Türkiye, which will guide work in this area over the coming five years and ensure effective utilization and expansion of genomic sequencing capacity. An agreement was reached on the national genomic surveillance strategy's overall goal, strategic objectives, specific activities and on the scope of the pathogens to be included. Following the meeting, a task force of experts from the MoH and WHO will continue elaboration of the strategy document over a series of planning meetings. These will be held over the coming months to be able to have a government-endorsed document by the end of 2022.

JUNE 2022: WHO/Europe leads regional dialogue on the importance of strong infection prevention and control programmes for COVID-19, monkeypox and beyond

On 24 June 2022, WHE conducted a regional webinar on IPC measures in the context of COVID-19 and monkeypox. IPC has been a key pillar in the response to various health emergencies, providing a practical, evidence-based approach to help prevent patients and health workers from being harmed by avoidable infection.

In response to the increased interest in IPC witnessed throughout the COVID-19 pandemic, and with new emerging health threats in the European Region such as monkeypox, WHO/Europe IPC experts from various locations across the Region came together to join a panel discussion with Member States. This forum gathered key professionals from 21 countries. The aim of the session was to discuss WHO's core components of IPC programmes and how to implement these during the current outbreaks, as well as to review the various aspects of IPC programmes that support outbreak response planning in general.



Participants at the IPC training during the WHO mission to Azerbaijan in July 2021. ©WHO CO Azerbaijan

The session highlighted the critical importance of IPC within national and subnational responses and described the core areas of WHO guidance on IPC, including the newly issued [*Clinical management and infection prevention and control for monkeypox: interim rapid response guidance \(10 June 2022\)*](#). In addition, panel discussions stressed the importance of structured IPC programmes and the need for strong IPC principles and implementation cutting across all health-care activities.

They also highlighted the recent inclusion of IPC within the [*International Health Regulations \(2005\)*](#) (IHR).

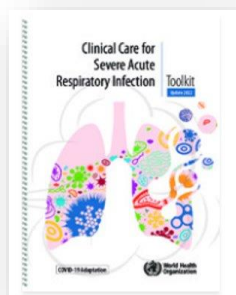
A total of 129 participants attended the webinar, representing national IPC committees and ministries of health across the European Region. The webinar aimed to assist countries that have currently taken action to strengthen IPC efforts and are looking to further strengthen these systems through preparedness for, or response to, monkeypox and COVID-19.

Key links and resources

WHO/Europe has a new website! You can find all the latest COVID-19 links and resources at the link [here](#).

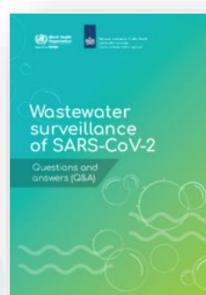


WHO/Europe Publications | April–June | Online archive available [here](#)



Clinical care for severe acute respiratory infection: toolkit: COVID-19 adaptation, update 2022

<https://www.who.int/europe/publications/i/item/WHO-2019-nCoV-SARI-toolkit-2022-1>



Wastewater surveillance of SARS-CoV-2: questions and answers (Q&A)

<https://www.who.int/europe/publications/i/item/WHO-EURO-2022-5274-45038-64164>



Antimicrobials supplied in community pharmacies in eastern Europe and central Asia in the early phases of the COVID-19 pandemic

<https://www.who.int/europe/publications/i/item/9789289058056>



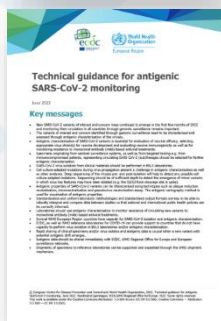
Digital solutions to health risks raised by the COVID-19 infodemic: policy brief

<https://www.who.int/europe/publications/i/item/WHO-EURO-2022-5351-45116-64364>



A systematic approach to monitoring and analysing public health and social measures in the context of the COVID-19 pandemic: underlying methodology and application of the PHSM database and PHSM Severity Index: updated July 2022

<https://www.who.int/europe/publications/i/item/WHO-EURO-2022-1610-41361-65165>



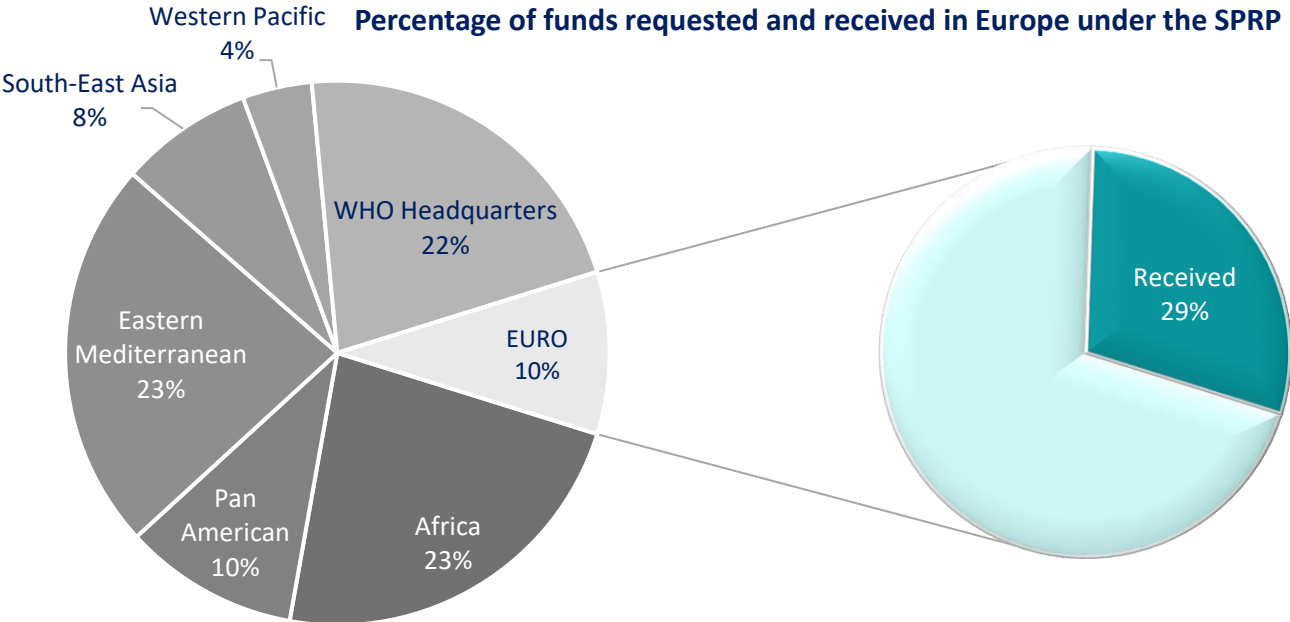
Technical guidance for antigenic SARS-CoV-2 monitoring

<https://www.who.int/europe/publications/i/item/technical-guidance-for-antigenic-sars-cov-2-monitoring>

Funding implementation

WHO launched the COVID-19 Strategic Preparedness and Response Plan (SPRP) for 2022 on 24 February, requesting US\$ 1.5 billion to fund WHO’s essential role in ending the acute phase of the pandemic. For 2022, the WHO European Region requested a total of US\$ 153.7 million. Under the SPRP, around total 45\$ million USD (29%) of the requested funds for the WHO European Region have been received between January and June 2022.

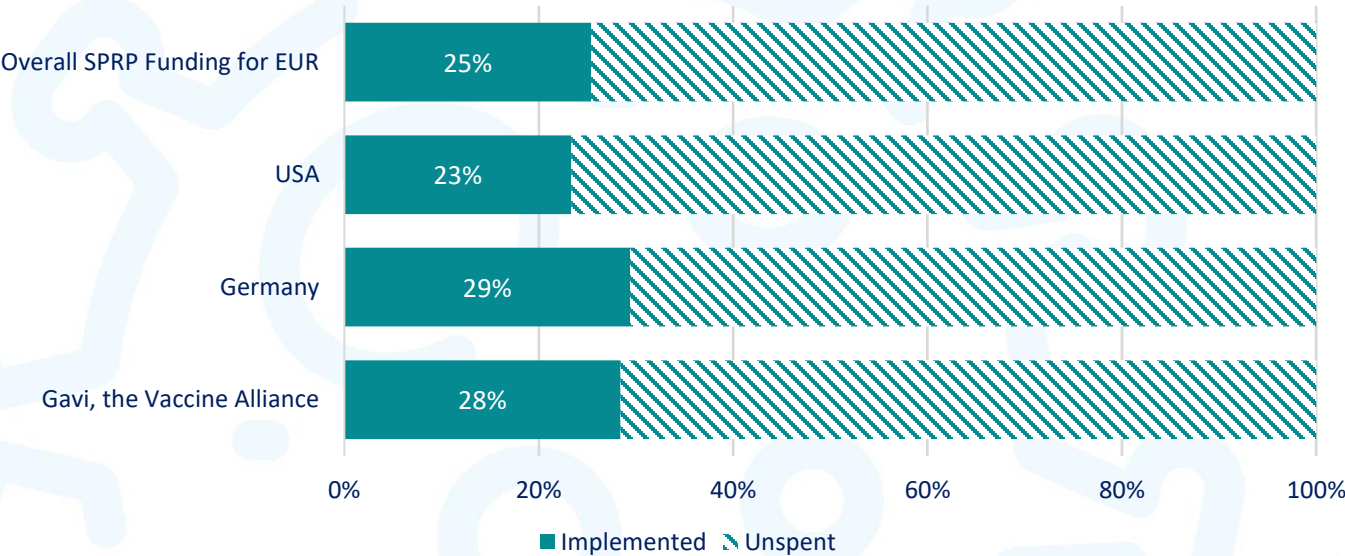
Percentage of funds requested and received in Europe under the SPRP



Global funding request under SPRP by region

In 2022, the WHO Regional Office for Europe has received support from several partners, including Gavi, UN organizations, Germany, United States and others (i.e. EU and Canada, which were provided in 2021). Between January and June 2022, 25% of the total requested 2022 funds for the WHO European Region have been implemented. Large portion of funds from Germany and the USA were received and distributed in Quarter 2 for the implementation during Quarters 3 and 4.

Implementation of COVID-19 SPRP allocation by major donor in 2022



The WHO Regional Office for Europe

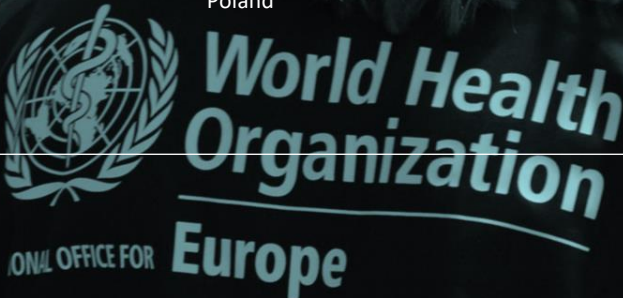
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared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

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Belarus
Belgium
Bosnia and Herzegovina
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Finland
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