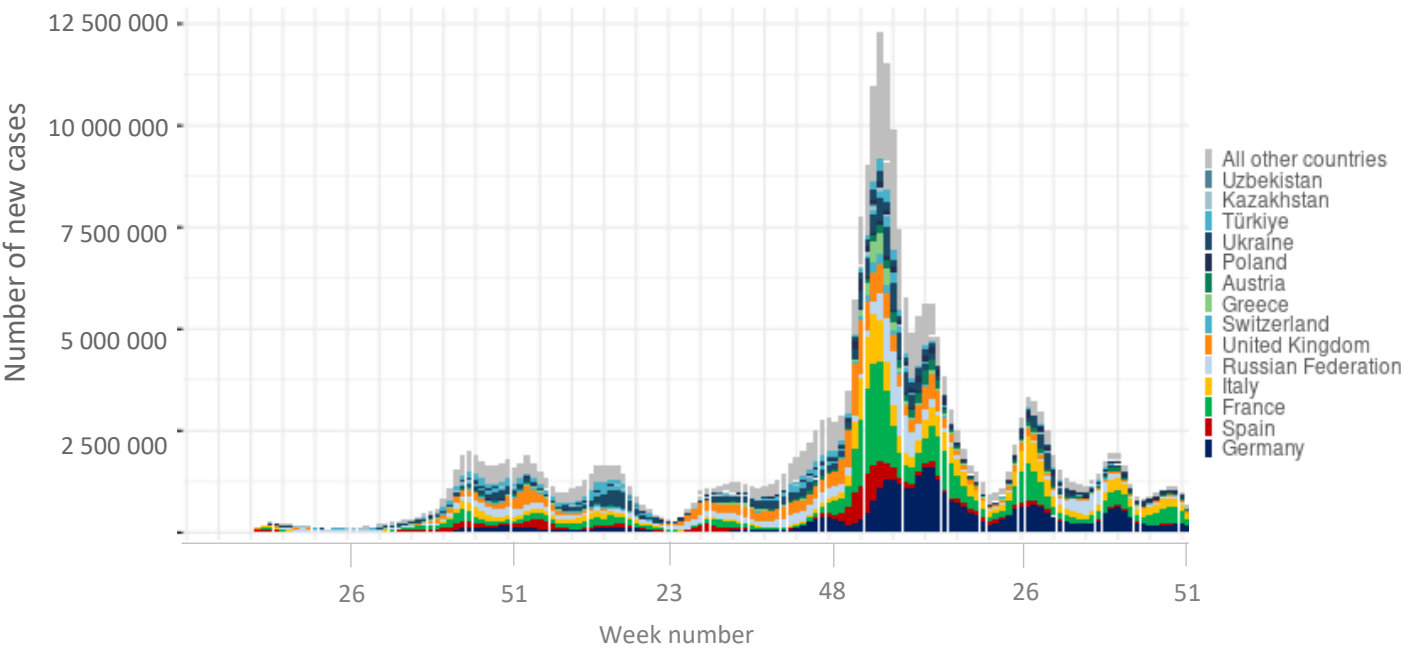


COVID-19: WHO European Region Quarterly Operational Update

Fourth quarter 2022: Weeks 40–52 (October–December 2022)

Regional epidemiological situation



Number of new confirmed COVID-19 cases reported by epidemiological (epi) week in the WHO European Region from 16 February 2020 (epi week 8/2020) to 1 January 2023 (epi week 52/2022)

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271.2 million
cumulative cases

2.2 million
cumulative deaths

As of 1 January 2022, close to 271.2 million cases of COVID-19 and 2.2 million deaths have been reported across the WHO European Region. Between October and December, the weekly average of deaths and cases decreased by 31% and 17% respectively. From mid-September, the European Region saw a decline in COVID-19 cases and hospitalizations with a slight resurgence in December. The increase in case incidence has been associated with the arrival of the winter season and the continued spread of the SARS-CoV-2 Omicron variant of concern (VOC), including its BA.5 and BQ.1 sub-lineages.

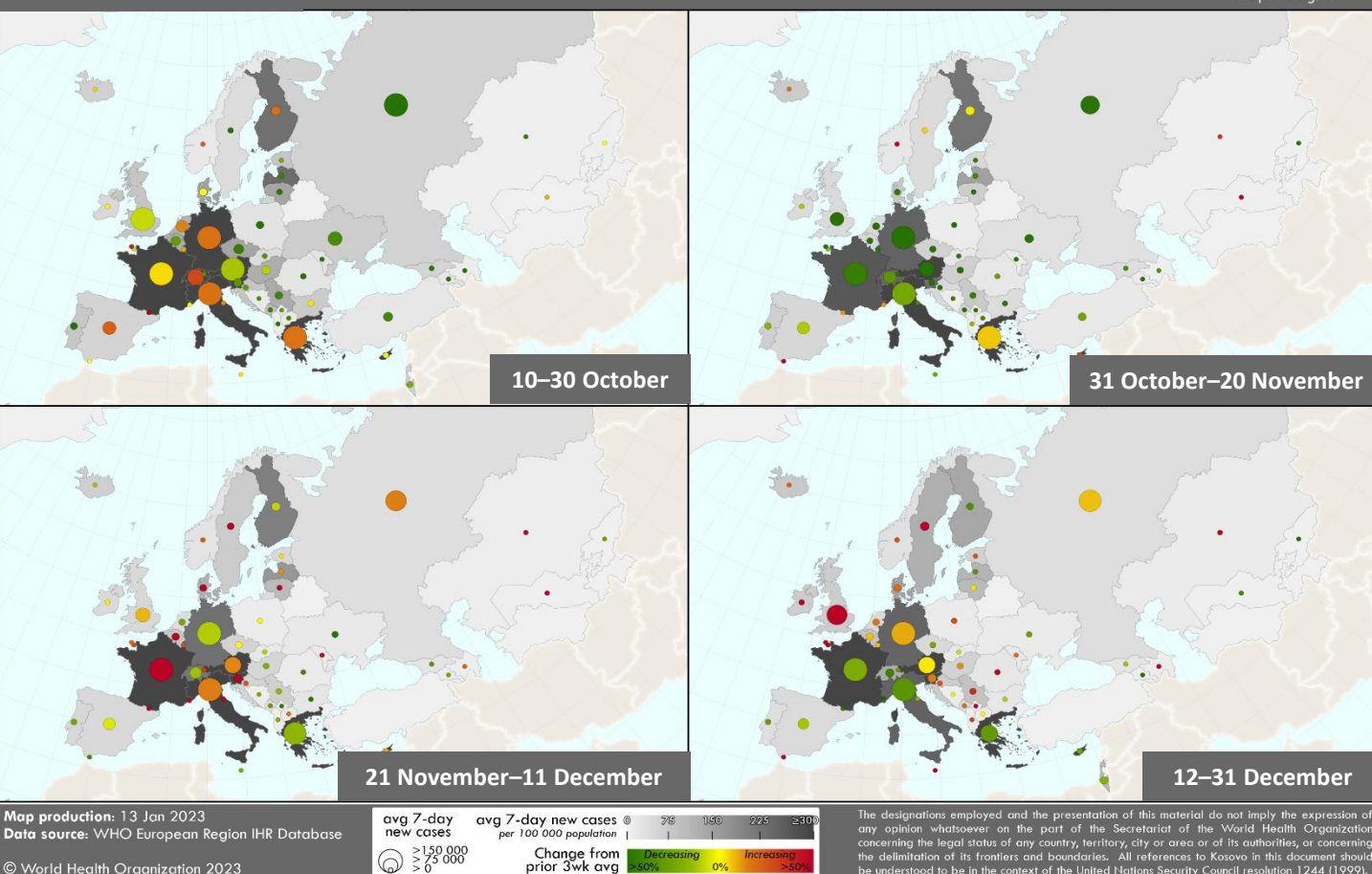
New hospital admissions due to COVID-19 generally increased over the fourth quarter; spiking in weeks 41 and 46, followed by a slight decrease in week 49 then a slight increase in late December. Overall, hospitalizations remained high at a rate of about 11 per 100 000 population, although ICU admissions remained low.

Following a slight increase in deaths in weeks 41–42, regionwide COVID-19 deaths decreased before increasing slightly again in late December.

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

October–December 2022

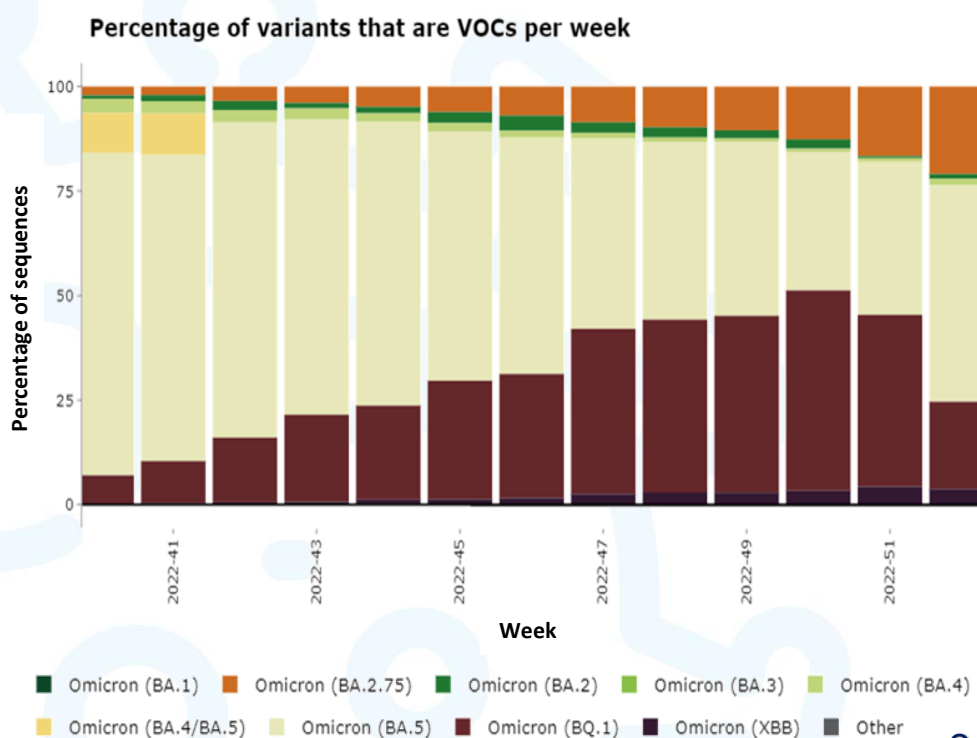


Update on SARS-CoV-2 VOCs circulating in Europe

During the fourth quarter, the Omicron VOC and its sub-lineages remained the dominant viruses circulating globally, accounting for 98.4% of cases reported in the month of December. In the European Region, the BA.5, BA.2.75 and BQ.1 sub-lineages increased in prevalence and became dominant between weeks 40 and 52.

In week 52, the nationally sequenced virus isolates detected that were current or former VOCs or variants of interest were BA.4 and BA.5 (50.2%), BQ.1 (37%) and BA.2.75 (6.2%).

Over the last eight weeks of 2022, small numbers of the Omicron XBB sub-lineage were reported.



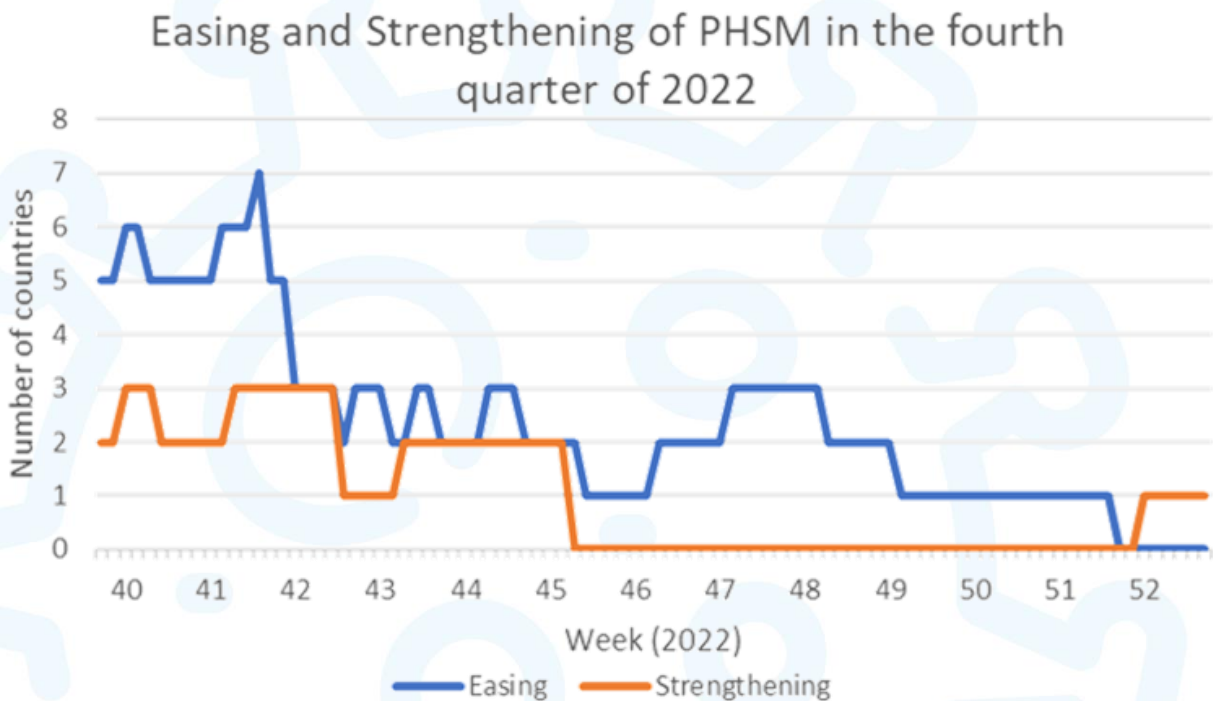
Emergency public health measures taken across the Region

In the last quarter of 2022, the trend of Member States (MS) easing public health and social measures (PHSM) continued, with 40 MS maintaining minimal PHSM by the end of the year. Many MS made no adjustments to PHSM in this period; nine MS eased measures and only three MS strengthened recommended or required measures.

By the end of 2022, all MS had returned to in-person education at all levels, with 35 MS recommending or requiring adaptations and 19 MS implementing no COVID-19 measures in schools. Business measures were further eased as well, and with the lifting of Bulgaria’s work-from-home measures on 17 November 2022, for the first time since 22 February 2020, no MS in the Region required closing or work-from-home orders for any sector or category of workers. As of 31 December 2022, 32 MS maintained requirements or recommendations for adapting business operations while 22 MS had dispensed with all business recommendations or requirements. The longstanding suspension of unvaccinated health-care workers was lifted in Italy on 2 November 2022 and a similar ban in Greece expired on the last day of the year. Austria also moved to dismantle restrictions on health-care workers by removing requirements for proof of vaccination, recovery or a negative test in hospitals and care homes on 16 December 2022.

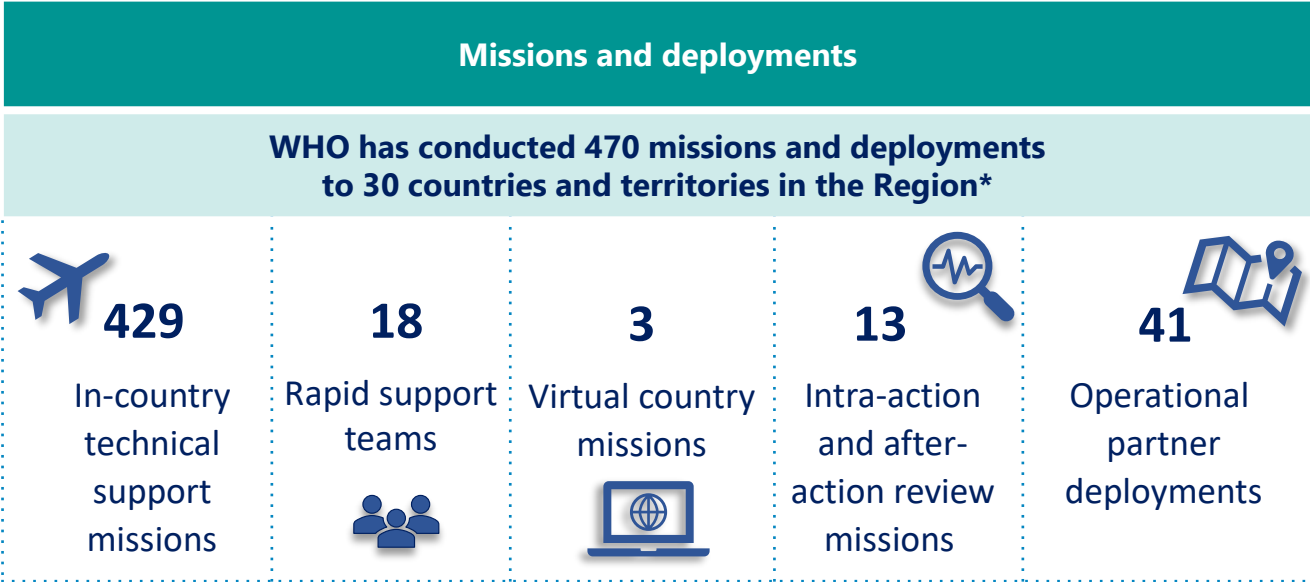
MS have shifted their focus to individual responsibility as they continue to lift required measures and, when faced with a worsening epidemiological situation, have expanded or reiterated recommendations rather than issuing requirements. For instance, France reiterated its recommendation for masks to be worn in crowded public spaces on 29 November 2022 in response to an increase in cases, hospitalizations and deaths. In addition, personal responsibility was emphasized for those infected with SARS-CoV-2 as MS lifted isolation requirements and Denmark even lifting its isolation recommendation on 8 December 2022. At the end of the year, 16 MS no longer required confirmed cases to isolate.

The shift towards individual responsibility has extended to the transfer of costs to citizens. Latvia began to require a referral for state-paid testing on 22 November 2022 and, at the end of the year, ended all state-paid testing, except for those hospitalized and pregnant women. Denmark has offered the bivalent booster dose only to those in target groups free of charge; all others must pay to receive the booster.



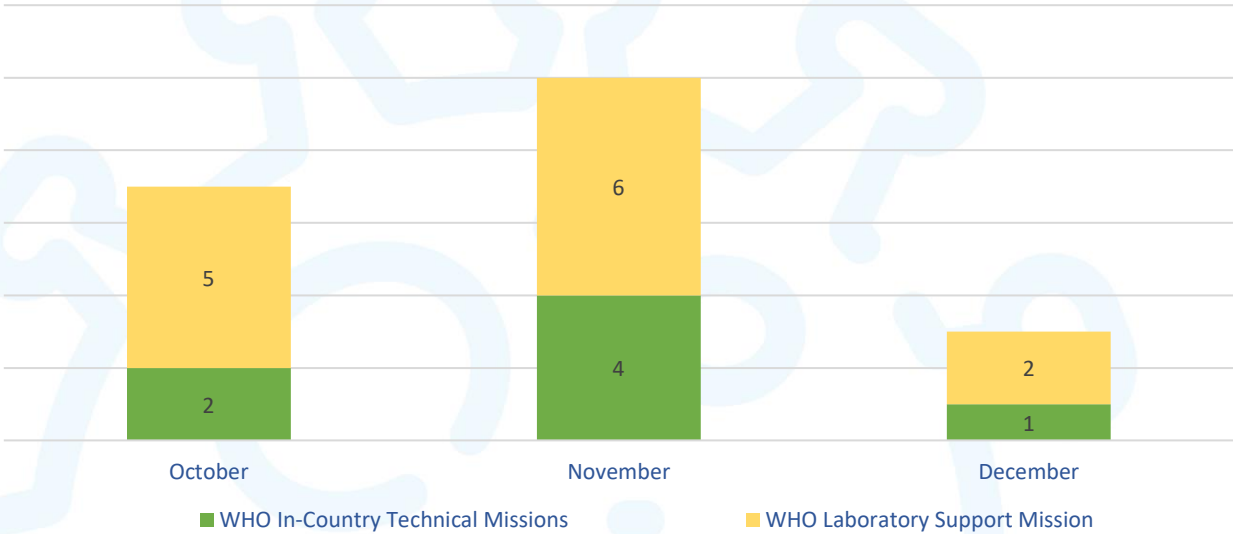
WHO’s response to COVID-19 in the European Region

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 European Region COVID-19 Country Support Dashboard for [Missions and Deployments](#).

Missions – by type
Quarter 4 – October–December

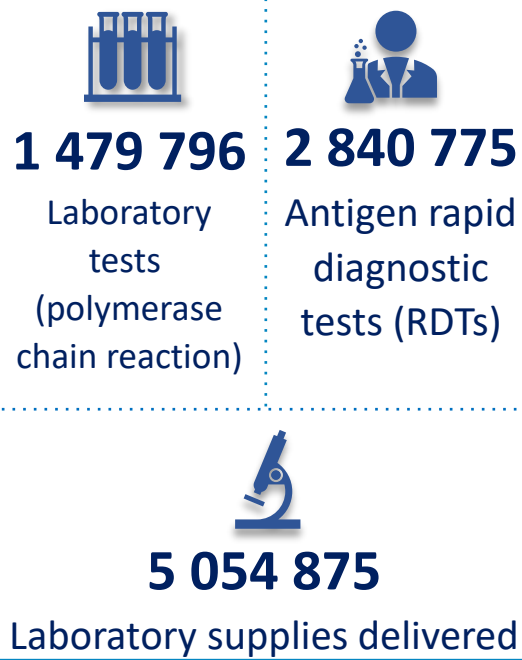


* The data presented have been adjusted following retrospective analysis of WHO’s records.

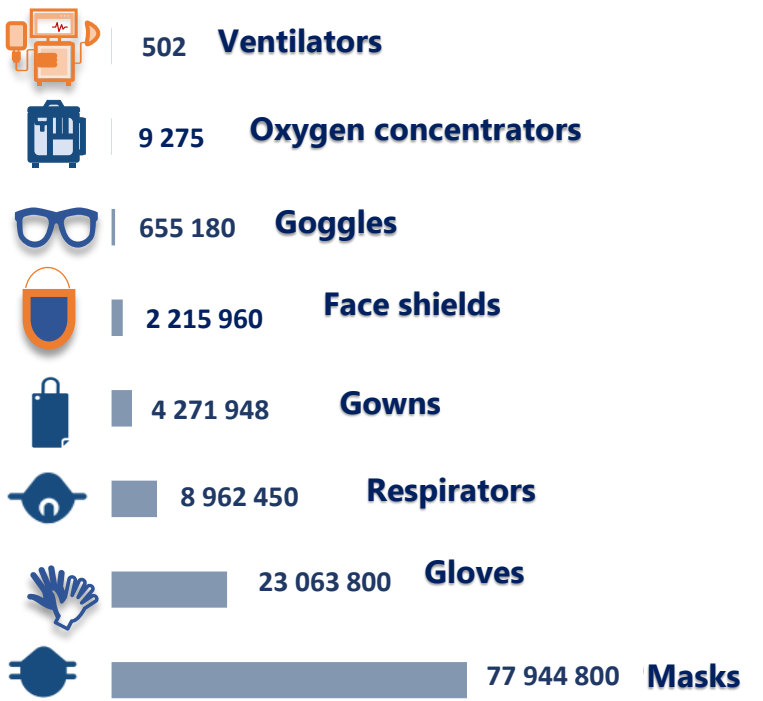
For additional information on essential supplies delivered, please see the WHO European Region [COVID-19 Country Support Dashboard](#).

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)

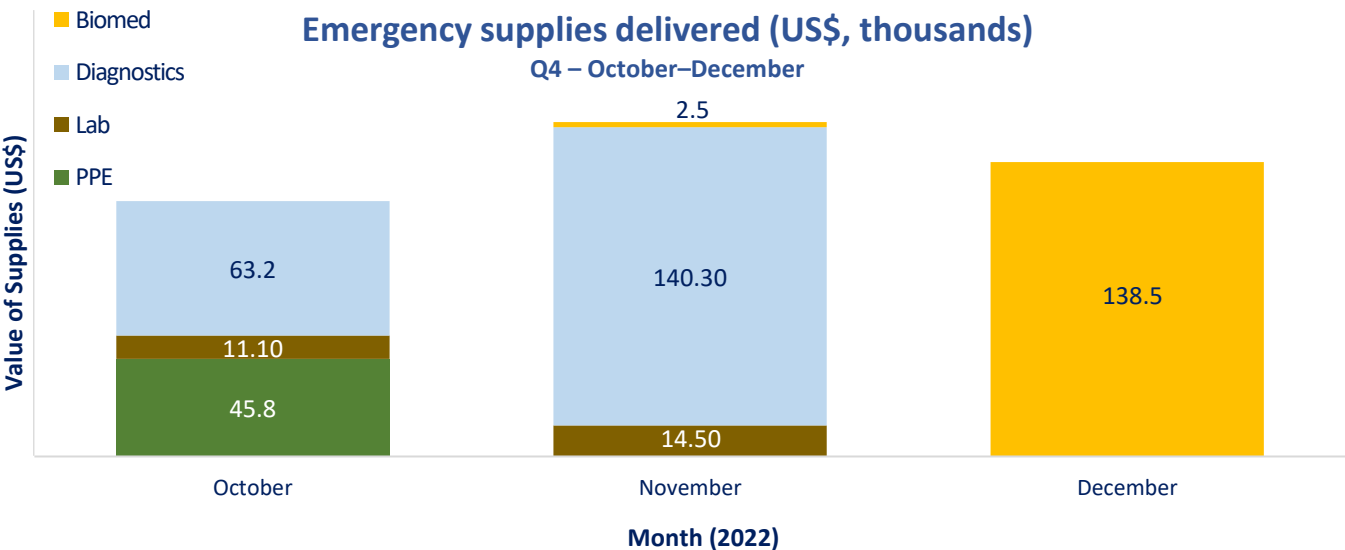


WHO has sent essential medical supplies to 18 countries and territories in the Region* (cumulative figures starting February 2020)



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

WHO has sent supplies worth US\$ 103.41 million to 31 MS since the start of the pandemic. In the fourth quarter of 2022, WHO sent supplies worth US\$ 413K to six MS.



From the field

The Regional Office of Europe and the Kazakhstan Country Office complete Severe Acute Respiratory Infection (SARI) simulation courses on advanced clinical management of patients with severe and critical COVID-19



*SARI Simulation course on advanced clinical management of patients with severe and critical COVID-19 in Astana, Kazakhstan
©WHO Kazakhstan Country Office*

In October, the WHO Regional Office for Europe and the Kazakhstan Country Office completed two three-day SARI trainings for 46 health-care professionals, focusing on the multidisciplinary care of critically ill patients with COVID-19. These practical, simulation-based trainings aimed to equip participants with concrete knowledge and skills to provide time-sensitive clinical assessment and care to COVID-19 patients through an internationally recognized treatment approach, namely the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach.

The ABCDE approach allows clinicians to save time and identify and rapidly treat conditions that could lead to a patient's deterioration if untreated. Its implementation helps prioritize interventions and improve treatment outcomes, thereby saving lives and preventing avoidable deaths. Throughout the training, participants learned how to implement this approach and practiced it through 12 case-based scenarios and simulations (which together took up 70% of the total training time).

Participants, which comprised hospital teams, including doctors (emergency medicine, intensive care unit, infectious disease) and nurses, were also trained on effective interpersonal communication approaches during the provision of emergency care for a hospitalized COVID-19 patient. They also learned about essential aspects of advanced life support, which helped them reinforce their potential in managing patients suffering from life-threatening conditions.

The training was based on the latest [*WHO guidance on COVID-19 case management*](#) and incorporated WHO's institutional tools, such as OpenWHO and [*Severe Acute Respiratory Infection \(SARI\) clinical management toolkits*](#). To maximize its relevance and effectiveness, its content had been specifically tailored to Kazakhstan's context and needs.

The October trainings were respectively the third and fourth SARI simulation courses delivered in Kazakhstan, which altogether aimed at strengthening a pool of national trainers built up throughout the pandemic. These two trainings were supervised by seven national instructors who had previously completed the WHO Training of Trainers programme in 2021–22. As a result of this supervision, the seven instructors reached the status of independent course provider, which will help them expand the course's outreach and enable them to deliver the training further across Kazakhstan.

Moving forward, WHO plans to continue supporting the rolling-out of SARI courses in Kazakhstan using the capacities of certified national instructors.



ABCDE method being shown during the SARI training in Kazakhstan ©WHO Kazakhstan Country Office.

From the field

The WHO Regional Office for Europe facilitates a study tour for Azerbaijan and Portugal to share knowledge on their Emergency Response Information Management Systems

From 23 to 28 October, the WHO Regional Office for Europe in collaboration with the Azerbaijan Country Office coordinated a study tour to Portugal for experts from Azerbaijan's Ministry of Health (MoH) and two public health agencies – the Management Union of Medical Territorial Units (TABIB) and the State Agency on Mandatory Health Insurance. This visit was organized as a follow-up to two previous missions carried out in Azerbaijan on Emergency Response Information Management Systems, respectively in November 2021 and March 2022. It aimed to strengthen Azerbaijan's public health emergency management system by discovering and learning from Portugal's infrastructure and experience, and to jointly exchange on lessons learned from the pandemic.

The study tour offered the Azerbaijani delegation the opportunity to gain insight into another country's public health emergency management system, its setup and processes and to better understand its functioning both in the absence of – and in response to – an emergency. Participants learnt about essential components of a public health emergency management system and reflected on how to further strengthen their real-time information systems within Azerbaijan. Visiting infrastructures in Portugal also gave both country delegations an opportunity to share experiences, challenges and best practices from the pandemic, particularly on the strengthening of national public health emergency management systems, and to identify potential areas of further collaboration.



The Azerbaijan delegation hearing about Portuguese surveillance systems during the study tour ©WHO Azerbaijan Country Office

As part of the study tour, the Azerbaijani delegation visited the Portuguese Regional Health Administration Centre. This helped illustrate how the Portuguese regional surveillance system concretely works, including which key indicators are gathered from health-care facilities and laboratories, how the data is gathered, what the reporting modalities are, and how data is compiled and analysed at the national level. Portuguese experts also detailed the functioning of their national surveillance and information management system as well the information-sharing mechanisms in place both within and beyond the health sector.



Azerbaijani delegation visiting health facilities in Portugal ©WHO Azerbaijan Country Office

Since the end of the mission, the Azerbaijani delegation has been working with the WHO Regional Office for Europe to determine the needed actions and next steps to apply the key takeaway messages from their observations of the Portuguese system. Moving forward, the Regional Office will continue to work alongside Azerbaijan to strengthen its health information analysis capacities in the health sector and better integrate epidemiological information from various sources into everyday analysis and decision-making in public health.

WHO will also help to further advocate for the better use of International Health Regulation (IHR) platforms and communications through IHR channels as part of the routine work of the health sector with regard to decision-making and for the strengthening and institutionalization of IHR national focal point roles within the health sector as part of the emergency response information management system.

From the field

The WHO Regional Office carries out its Regional Joint Assessment and Detection of Events (JADE) simulation exercise for the first time since the pandemic

Public health event reporting, notification, verification, consultation and information sharing between MS and WHO are key components of the IHR (2005). Although the COVID-19 pandemic has disrupted all aspects of local, national and international public health, it has also increased the volume of communications under the IHR and catalyzed new innovations and technologies for health information sharing and analysis.

To ensure IHR communications function in a timely and effective manner, MS recommended in 2018 at the high-level meeting on [*Accelerating Implementation of the IHR \(2005\) and Strengthening Emergency Preparedness in the WHO European Region*](#), that regular simulation exercises be undertaken. It is against this backdrop that WHO designed the JADE simulation exercise method, which aims to test and strengthen IHR communication channels and train IHR national focal points and WHO IHR regional contact points in WHO European Region MS.

JADE exercises were conducted in 2018 and 2019 but were discontinued from the start of the COVID-19 pandemic. To reflect on and integrate lessons learned from the pandemic, and to strengthen preparedness efforts, including beyond COVID-19, across all MS, the WHO Regional Office for Europe recently emphasized the importance of re-launching JADE exercises.

The WHO Regional Office for Europe organized a JADE exercise from 22 to 24 November, for 150 participants from 47 MS in the European Region. The simulation exercise provided a fictitious scenario whereby a research laboratory had accidentally released the Crimean Congo hemorrhagic fever and two laboratory staff were infected. Participants were asked to support the fictitious country in the form of diagnostics, case investigation, and providing personal protective equipment, and IHR national focal points were expected to carry out certain routine tasks, prompted by directions coming from the management team in the WHO European Regional Office.



Calling national focal points as part of the exercise JADE ©WHO

Through this simulation exercise, participants had the opportunity to:

- validate the two-way communications between the national IHR focal points and WHO IHR regional contact points (e.g. on verification request or communicating initial assessments) using registered contact details;
- practice and test IHR national focal points' assessment of public health events using the IHR decision-making instruments and notification process, including inputs for an IHR event information site (EIS) posting;
- test IHR national focal points' access and use of the EIS;
- review the IHR national focal points' knowledge as well as the existence of biosafety procedures and plans in each corresponding IHR State Party;
- review other modalities for bilateral communication and assistance between IHR national focal points under the IHR (2005); and
- describe international mechanisms that can support outbreak control (such as the [Global Outbreak Alert and Response Network](#), [emergency medical teams](#) and [standby partners](#)).

Overall, this first JADE exercise since COVID-19 has proven extremely helpful to refresh and strengthen national focal points' knowledge and skills and identify gaps. Moving forward, The Regional Office will publish a report on the exercise, to disseminate relevant findings to all state parties, and will hold internal strategic discussions on how to best address identified gaps through targeted capacity building activities for national focal points.



The WHO Regional Office for Europe running the JADE exercise with state parties within the Region ©WHO

From the field

Communicating with patients about COVID-19, influenza and human papillomavirus (HPV) vaccination in Podgorica, Montenegro

Health workers are key in maintaining public trust in vaccination. As trusted sources, they must not only be confident in their knowledge and influence on patients, but also know how to effectively communicate with each patient. The WHO Country Office in Montenegro organized a two-day training of trainers from 5–6 December to deliver a module developed by the WHO Health Emergencies (WHE) Balkan Hub in collaboration with WHO Regional Office for Europe on communicating with patients on COVID-19, influenza and HPV vaccinations. This training was attended by 27 participants and equipped health workers with knowledge, skills, confidence and resources to assist in recommending these vaccines, and provided training in the motivational interviewing (MI) approach to structure interpersonal communication during vaccination consultations.



Communications training around COVID-19 vaccination for health-care workers in Montenegro ©WHO

The objectives of the training were to:

- train health workers from across the country on communicating with patients about COVID-19 vaccination;
- provide opportunities to demonstrate proficiency with newly acquired skills;
- prepare participants to be able to deliver this training in their health-care facilities as trainers themselves.

The first full-day training began with an overview of key concepts and information on COVID-19, influenza and HPV vaccine acceptance and demand. This was followed by interactive presentations on the objectives and expectations of the training, health workers' role in vaccine confidence, risk communication, understanding vaccine acceptance and demand, and MI approach and techniques.

On day two, after a recap of the previous day, time was allotted for participant reflections and questions. This was followed by practical role-play activities with three consultation scenarios where participants were divided into seven groups. One or two groups then performed a role-play for the larger group, followed by discussion on use of MI techniques in the role-play. The small groups were reshuffled after each role-play. A pre- and post-training test was given to participants as well as a post-training reflection/feedback form.

The outcomes of the training were to:

- increase participant knowledge, skills, confidence and resources in recommending COVID-19 vaccination to patients;
- train and prepare participants to provide this training to other health workers at their health-care facilities;
- increase understanding around the need for planning and tailoring communication activities to promote vaccination uptake, e.g. for effectively using mobile vaccination units.

From the field

Roundtable discussion on the development of a national sequencing strategy in Kyrgyzstan

Since the start of the COVID-19 pandemic, the SARS-CoV-2 virus has been evolving and new variants have led to changes in transmissibility and/or severity of the course of infection.

In Kyrgyzstan, the WHO Regional Office for Europe has supported the MoH to track VOCs using Single Nucleotide Polymorphism assays through training and the procurement of reagents and supplies. Additionally, WHO supported the shipment of representative samples to WHO Collaborating Centers to perform whole genome sequencing and in uploading sequencing results to the Global Initiative on Sharing Avian Influenza Data (GISAID) database. WHO experts from the emergencies laboratory team also supported national capacity building at the tuberculosis National Reference Laboratory (TB NRL) to perform whole genome sequencing for SARS-CoV-2 through online and laboratory-based training, procurement of supplies and technical support. National experts at the TB NRL first uploaded sequencing results of SARS-CoV-2 samples performed entirely within the country, to the GISAID platform in June 2022. Several laboratories within the country are now aiming to build their sequencing capacities, and therefore a clear sequencing strategy is needed to ensure proper management of resources, proper coordination and clear roles and responsibilities within the country.

In Türkiye and other countries, WHO has supported the development of regulatory documents for a national genomic sequencing strategy. The development process includes proper consensus among national experts and leadership, development of scope of the strategy, and reflecting planned activities, roles and responsibilities, provisioned budgets, and related details in a draft document.

In this regard, the WHO country office in Kyrgyzstan hosted a roundtable meeting from 23–25 November 2022 to kick-off the development of the national sequencing strategy, with experts from the WHO Regional Office for Europe and the WHO country office in Türkiye to reflect upon their experience in developing the strategy in Türkiye.



National Sequencing discussions in the Kyrgyz Republic ©WHO

The main objectives of the roundtable were to:

- share the experience from Türkiye in developing the national sequencing strategy and key aspects to be covered within the strategy;
- review the current initial document proposed by the Center for State Sanitary and Epidemiological Surveillance as a template for the sequencing strategy;
- develop and finalize the initial document to reach a close-to-final draft of the national sequencing strategy.

From the field

WHO supports the strengthening of North Macedonia's Public Health Emergency Operating Centre (PHEOC) through a table-top simulation exercise for a new health emergency

In August 2020, at the height of the COVID-19 pandemic, North Macedonia's MoH and Institute of Public Health (IPH) inaugurated a new PHEOC in Skopje. The centre aims to ensure essential functions in emergency management, including providing centralized, real-time information to monitor, report and advise on the response to COVID-19 and all health emergencies.

WHO, together with the MoH and the IPH, developed a strategy for strengthening PHEOC functions and creating a network with the regional Centres for Public Health. Following a workshop conducted by the WHE Balkans Hub in June to draft the PHEOC's Standard Operating Procedures (SOPs), a draft handbook was developed compiling all the SOPs for the centre. The PHEOC handbook, and in particular the SOPs for activation and de-activation were tested with WHO support in a simulation exercise held between 6–7 December 2022. The exercise was designed to familiarize PHEOC staff, PHEOC Focal Points at Regional Centres for Public Health and response partners with the newly developed PHEOC SOPs. The use of a table-top exercise in a low-stress environment allowed for open and frank discussions and reviews, identifying areas for improvement and concrete action items for SOP implementation.



Dr Ibrahim Rawi, Technical Officer at the WHE Balkan Hub in Belgrade provides an overview of the Table-top Simulated Health Emergency Exercise in Skopje, North Macedonia



Dr Shaban Memeti, Director of the IPH and Dr Arta Kuli, National Professional Officer at WHO Country Office in North Macedonia deliver welcoming remarks at the Table-top Simulated Health Emergency Exercise in Skopje, North Macedonia

Overall, 22 participants attended the simulation exercise, including epidemiologists from the IPC, the PHEOC focal points at regional Centres for Public Health and representatives from other sectors such as animal health and the National Emergency Management Agency. Participants worked through a simulated zoonotic infectious disease outbreak scenario where an ongoing outbreak of avian influenza among poultry farms had been detected and a farm worker is suspected to have fallen ill from a disease linked to the poultry.

As part of the next steps following the simulation exercise, WHO will support North Macedonia to revise the PHEOC SOPs and address the gaps identified. Following the revision of the SOPs, the PHEOC handbook will be printed and distributed to the Regional Centres for Public Health and relevant stakeholders for further use and guidance in emergency response, particularly with the onset of other emergencies such as mpox.

“We are constantly building our capacities, as we are building them today, especially human capacities or human resources. The use of innovative tools for timely monitoring of infectious diseases is a priority of the Emergency Operations Centre.”

Dr. Gorgana Kuzmanovska, North Macedonia IPH

From the field

WHO and EU Eastern Partnership countries' COVID-19 risk communication and community engagement (RCCE) lessons learned meeting

From 10–12 October health officials, health volunteers, civil society representatives and WHO staff from the three South Caucasus countries, Kazakhstan, Hungary, the Republic of Moldova and Romania came together to share experiences and identify key lessons from the RCCE work done in response to the COVID-19 pandemic. Over 40 delegates took part in discussions and group work looking at six key themes: 1) mass communication campaigns and media relations; 2) community engagement; 3) infodemic management; 4) RCCE capacity in terms of country-level structures, system and skills development; 5) engagement of health care workers; and 6) vaccine communication. Lessons identified included the importance of developing and maintaining RCCE skills in the health workforce; the need for the health sector to map and engage with community representatives from civil society; the need to build capacity and systems for infodemic management; and the importance of using social listening to inform RCCE interventions.



EU Eastern Partnership COVID-19 RCCE lessons learned conference

Key outcomes included that:

1. over 40 participants from seven countries were briefed on international best practice by RCCE experts from the WHO Regional Office for Europe and on national insights in the six themes mentioned above; and
2. participants co-created an analysis of “dos and don’ts”, barriers, challenges and facilitating factors in relation to the six themes.

The meeting was organized by WHO Regional Office for Europe and the WHE Hub for the South Caucasus, which is based in Tbilisi, within the framework of the EU’s Solidarity for Health Initiative. This initiative aims to support the response to the COVID-19 pandemic in the EU’s Eastern Partnership countries.

The meeting was therefore primarily aimed at the six EU Eastern Partnership countries: Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine (although Belarus and Ukraine did not send participants).

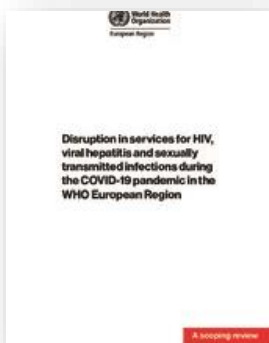
The meeting was attended by representatives of the International Federation of Red Cross and Red Crescent Associations, the Georgian Red Cross and the Georgian United Nation Association.

Key links and resources



- ✓ Information for the public and media
- ✓ Situation updates
- ✓ Technical guidance and publications
- ✓ Country response overviews
- ✓ Other resources

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



Disruption in services for HIV, viral hepatitis and sexually transmitted infections during the COVID-19 pandemic in the WHO European Region: a scoping review

<http://apps.who.int/iris/handle/10665/363807>



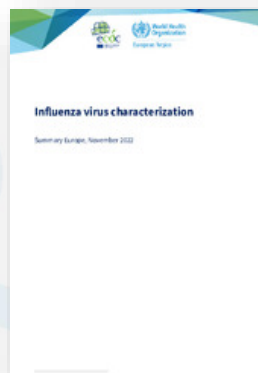
Risk communication and community engagement: a compendium of case studies in times of COVID-19

<http://apps.who.int/iris/handle/10665/363343>



Ukraine: Supporting the deployment of COVID-19 vaccines and routine vaccination systems in the Eastern Partnership

<https://www.who.int/europe/publication/s/m/item/supporting-the-deployment-of-covid-19-vaccines-and-routine-vaccination-systems-in-the-eastern-partnership-ukraine>



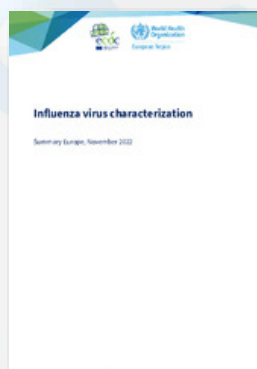
Influenza virus characterization: summary report, Europe, November 2022

<https://apps.who.int/iris/handle/10665/365415>



Joint monthly surveillance report on SARS-CoV-2 and mpox in animals in the European Region, November 2022

<https://apps.who.int/iris/handle/10665/365003>

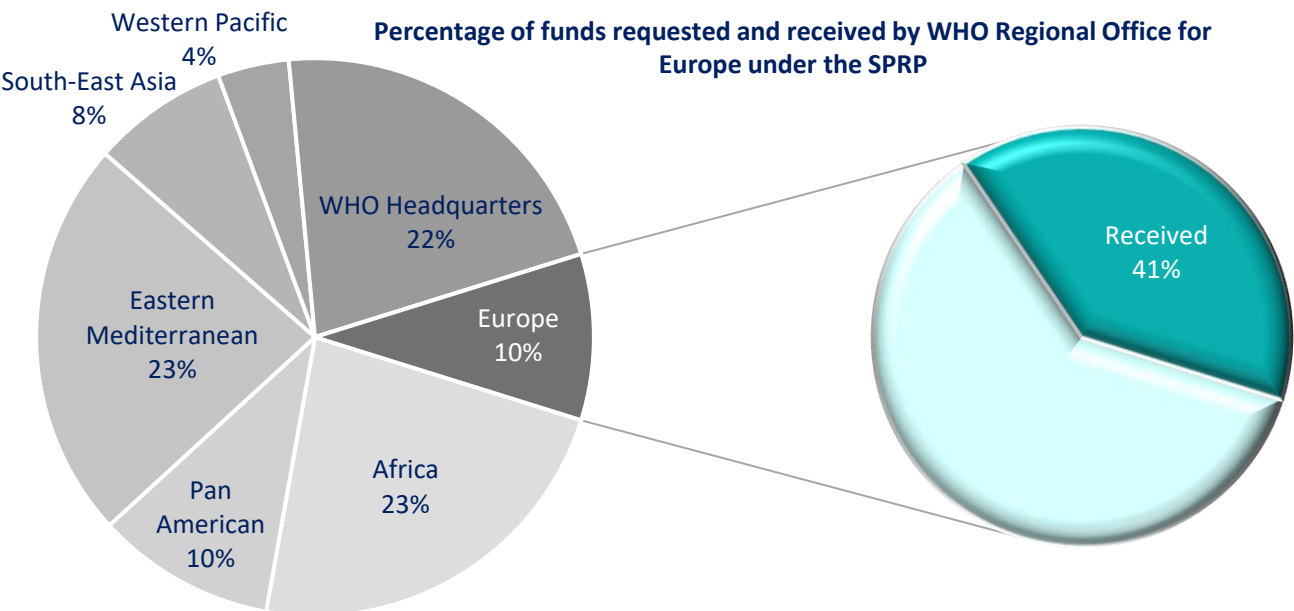


Influenza virus characterization: summary report, Europe, October 2022

<https://apps.who.int/iris/handle/10665/364537>

Funding implementation

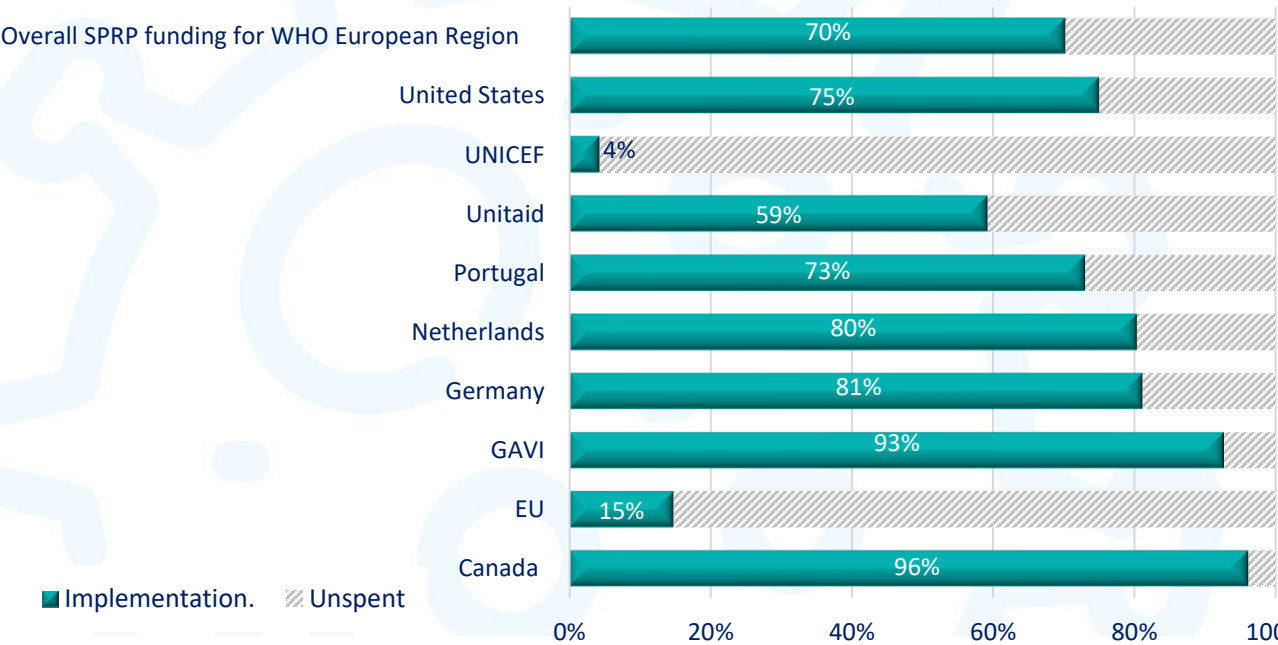
WHO launched the COVID-19 Strategic Preparedness and Response Plan (SPRP) for 2022 on 24 February, requesting US\$ 1.5 billion to fund WHO’s essential role in ending the acute phase of the epidemic. For 2022, the WHO European Region requested a total of US\$ 153.7 million. Under the SPRP, the WHO Regional Office for Europe has received around 41% of the requested funds for the Region for 2022.



Global funding request under SPRP by region

In 2022, the WHO Regional Office for Europe received support from several partners, including GAVI, the Vaccine Alliance; United Nation organizations; the EU; the United States and several other MS (i.e. Germany, Portugal and Canada, which were provided in 2021). By the end of 2022, 70% of the total received funds for the WHO European Region had been implemented, a 59% increase from the end of the third quarter of 2022.

Percentage implemented (%) of COVID-19 SPRP allocation by major donor in 2022

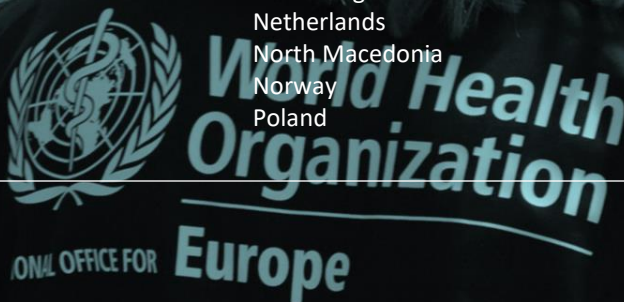


The WHO Regional Office for Europe

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.

Member States

- | | | |
|------------------------|-----------------|---------------------|
| 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 |
| Estonia | Montenegro | Turkmenistan |
| Finland | Netherlands | Ukraine |
| France | North Macedonia | United Kingdom |
| Georgia | Norway | Uzbekistan |
| Germany | Poland | |



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