



Health security bulletin

January–June 2025



World Health
Organization

European Region

Cover photo: Olha Bilek is a member of an emergency medical service team working on the frontlines in Ukraine. A large modular unit for emergency medical services was installed by WHO with support from the European Union.

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This page: WHO/Europe's health emergency team takes part in a Joint Assessment and Detection of Events exercise.

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Contents

Foreword by the WHO Regional Director for Europe	ii
Foreword by the Health Security and Regional Emergency Director	iii
WHO European Region in Focus: key milestones	1
Detecting and responding to health emergencies across the WHO European Region	2
Middle East escalation of violence	5
Ukraine war	6
Ukraine refugee response	9
Mpox	12
COVID-19	12
Cross cutting updates across emergencies	14
Preparedness and readiness	15
Funding overview	26
Key publications and resources	27



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Health security is inseparable from regional security. Strong, resilient health systems and comprehensive public health services, are the foundation of social and economic stability, and of peace itself. Over the past year, WHO/Europe has worked with Member States to advance this vision, building a safer and healthier future for all.

Our Strategy and action plan on health emergency preparedness, response and resilience in the WHO European Region (known as Preparedness 2.0) and the Second European Programme of Work (2026–2030) embody this commitment. They are forward-looking, aimed at strengthening the capacity of governments and communities not only to respond to emergencies, but also to anticipate them and recover from them. We will achieve this in line with Humanitarian Reset – regrouping, reforming and renewing the humanitarian system to meet today's challenges: emerging pathogens, the health impacts of climate change, conflict, antimicrobial resistance and other complex, interlinked threats. Effective preparedness and response depend on cross-border collaboration, solidarity and trust; bringing together governments, health professionals, policy-makers and international partners.

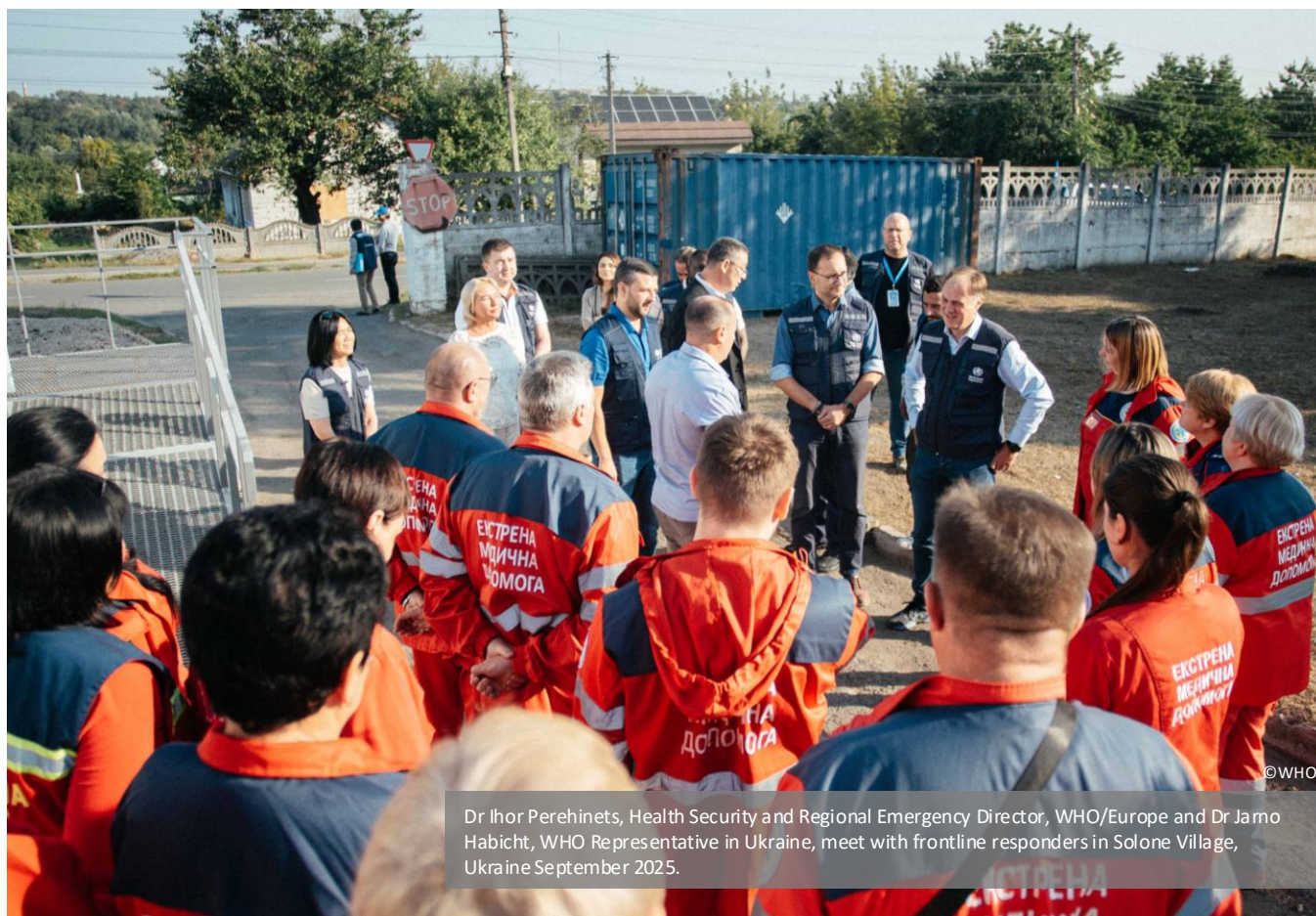
Only by working together we can protect our societies from the challenges of our time. This Health security bulletin highlights what that commitment looks like in practice: supporting Member States to manage concurrent emergencies, enhancing early warning systems, strengthening public health outreach to vulnerable populations and ensuring evidence-based guidance that helps countries to strengthen their health systems and services to withstand health emergencies.

Preparedness is a daily responsibility; one we share with Member States and partners. Together, we are building more resilient health systems, more secure societies and a healthier Region for all.

Dr Hans Henri P. Kluge



To make future editions of this bulletin more relevant and valuable, we kindly invite you to share your feedback – simply click [here](#) or scan the QR code.



Dr Ihor Perehinets, Health Security and Regional Emergency Director, WHO/Europe and Dr Jarmo Habicht, WHO Representative in Ukraine, meet with frontline responders in Solone Village, Ukraine September 2025.

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How is our work relevant? That question must be at the forefront of everything we do – especially now, when our collective ability to respond to acute health security needs is being tested like never before.

Climate change, conflict and war, and limited funding are impacting the health services that vulnerable populations rely on.

I write these lines from Ukraine, where people continue to face high casualty rates and where 65% of adults in conflict-affected areas report difficulty accessing health services – a stark reminder of how fragile health-care access can become in times of crisis. Yet amid this adversity, the incredible work of our WHO Country Office in Ukraine shows that even in the midst of war, our mission endures. We continue to prevent, prepare for and respond to health threats, while working tirelessly to maintain essential health services.

Rather than faltering, our response is adapting, innovating and evolving. Momentum is building across the European Region. In 2025, key amendments to the International Health Regulations will come into force. Data systems are detecting threats faster. Emergency Medical Teams are ready to deploy. Countries are adopting national health security plans. Medical evacuations from Gaza and Ukraine to countries in our Region demonstrate solidarity in action. None of this progress would be possible without the steadfast support of our donors.

The updates in this bulletin reflect that progress, highlight where gaps remain and honor those working every day to keep the Region safer.

Let's build on this momentum – together.

Dr Ihor Perehinets



To make future editions of this bulletin more relevant and valuable, we kindly invite you to share your feedback – simply click [here](#) or scan the QR code.



A WHO team and health partners visit a damaged primary health care facility in the Syrian Arab Republic, April 2025.

Strategic global health developments

In 2025, a new global health security chapter opened with the adoption of the Pandemic Agreement at the Seventy-eighth World Health Assembly on 20 May, marking a strategic inflection point for pandemic prevention, preparedness and response. Member State-led negotiations continue to build a Pathogen Access and Benefit System to ensure equitable and timely access to vaccines, treatments and diagnostics. WHO/Europe stands ready to establish and support the facilitation of a regional platform for technical exchange on the Pathogen Access and Benefit System among Member States.

The 2025 amendments to the International Health Regulations (IHR) (2005) will come into force on 19 September 2025, further contributing to regional health security.

Operational support in conflict-affected areas

In 2025, WHO/Europe maintained a strong operational footprint, facilitating medical supply delivery, technical support and partner coordination to sustain essential services in conflict-affected areas across Ukraine.

In parallel, during the first half of 2025, WHO/Europe coordinated the medical evacuation of over 128 critically ill patients from Gaza to nine countries across the European Region for life-saving treatment, bringing the total to 852 patients and moving closer to 1000 evacuations – a commitment WHO/Europe's Regional Director has pledged to fulfill.

Following the outbreak of hostilities between the Islamic Republic of Iran and Israel in June 2025, WHO/Europe prepared guidance on radiological and nuclear safety and health and stood ready to provide further assistance if required.

Transition of humanitarian assistance in the Syrian Arab Republic

Responsibility for humanitarian assistance in the Syrian Arab Republic was transferred from the emergency field office in Gaziantep, Türkiye to the WHO Country Office in Damascus, Syrian Arab Republic. For over a decade, the Gaziantep hub had been the backbone of WHO's response, coordinating life-saving aid for millions during the Syrian crisis. WHO/Europe expresses deep gratitude to the Government of Türkiye, whose support and facilitation enabled cross-border assistance even in the most challenging moments.

Response to climate-related health risks

Extreme weather events have placed significant strain on public health systems. WHO/Europe has supported Member States in strengthening early warning systems, implementing heat-health action plans and targeting its public health outreach to vulnerable populations. Climate-related health risks were integrated into national emergency preparedness frameworks through regional guidance and technical collaboration. Technical support on heat-health action planning was provided to 21 Member States, alongside real-time risk communication during extreme weather episodes.

Expansion of the Emergency Medical Teams (EMT) Initiative

An important achievement has been the expansion of the EMT Initiative. With 102 teams – 29 officially classified by WHO – and more than 70 000 trained doctors, nurses and paramedics from across the Region, the network now contributes over 50% of global EMT surge capacity, ready to provide immediate medical care wherever and whenever it is needed.

Across all emergency and preparedness actions, WHO/Europe's efforts remain inclusive, evidence-based, and aligned with [the European Programme of Work 2020–2025](#) and the Strategy and action plan on health emergency preparedness, response and resilience in the WHO European Region ([Preparedness 2.0](#)).



©WHO/Michalis Karagiannis

A firefighter combating a raging wildfire in Greece.

Detecting and responding to health emergencies across the WHO European Region

Early warning and response are key in tackling emerging and acute public health risks globally. Therefore, WHO/Europe regularly conducts public health intelligence activities for the detection, verification, risk assessment and response to acute public health threats. These public health intelligence operations are underpinned by the IHR (2005), which require that countries strengthen surveillance efforts and assess, notify and verify events that may constitute a public health emergency of international concern. In January–June 2025, through Epidemic Intelligence from Open Sources, WHO/Europe analysed 188 000 raw signals, of which 32 were confirmed as acute public health events and one was classified as a WHO graded emergency.



188 000

Raw signals



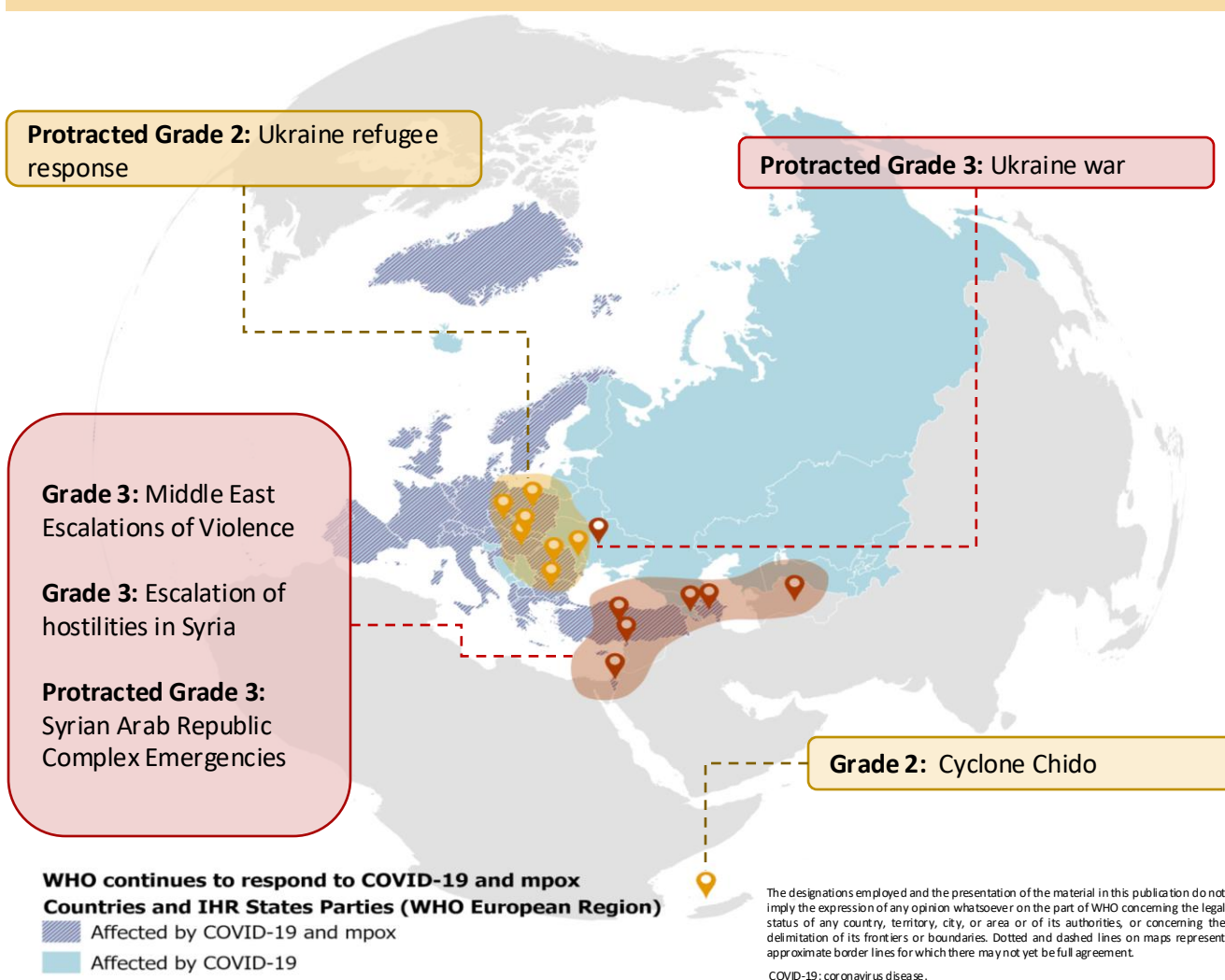
32

Acute public health events



1

New graded emergency



A **graded emergency** is an acute public health event or emergency that requires WHO's moderate response (Grade 2) or major/maximal response (Grade 3). If a graded emergency persists for more than six months, it may transition to a protracted emergency. To learn more, see [WHO Emergency Response Framework 2.1](#).

Key figures on WHO/Europe's work in emergencies for January–June 2025

9



Ongoing graded emergencies

in or affecting the WHO European Region

90



Technical support activities

provided by WHO/ Europe

US\$



16 million

worth of supplies delivered to the WHO European Region

14



Member States

reached through technical support activities

WHO's Türkiye-based cross-border operations: a lifeline for millions in the Syrian Arab Republic

WHO's operational and logistic base in Gaziantep, Türkiye has been a critical field office for coordinating and supporting the health emergency response into northwest Syrian Arab Republic, providing logistics, supplies and operational support. The office's work has been made possible through funding from the King Salman Humanitarian Aid and Relief Center; the European Union (EU); Gavi, the Vaccine Alliance; the Central Emergency Response Fund; the United States Agency for International Development; the Novo Nordisk Foundation; the Gates Foundation; the Ministry of Foreign Affairs and International Cooperation of Italy; and other partners.

For over a decade, the field office in Gaziantep has worked closely with local health authorities in northwest Syrian Arab Republic and more than 170 partners to sustain critical health services for over 4 million people in need – including 2 million displaced people living in camps. The cross-border health response from Türkiye into the Syrian Arab Republic has made it possible for hospitals and clinics across the northwest of the country to continue functioning, ensuring timely and affordable care despite more than 14 years of instability. Since January 2024, WHO has delivered over 1149 tonnes of medical supplies worth US\$ 10.9 million into the northwest of the Syrian Arab Republic, through more than 40 convoys and 142 trucks. These supplies supported 1.74 million people across 335 health facilities. Health workers carried out 7.26 million treatment courses, nearly 635 000 outpatient consultations, over 33 000 trauma consultations and 15 000 mental health consultations. Some 715 000 medical procedures were performed, while more than 3500 health workers received training in mass-casualty management, outbreak control and psychological first aid.

The field office in Gaziantep also prepared health facilities to respond rapidly to emergencies – from cholera and scabies outbreaks in camps to mass-casualty incidents during conflict escalations.



Rosa Crestani, WHO Emergency Lead, speaks to a young patient receiving treatment at the Independent Doctors Association - supported primary health centre in Afrin, Aleppo Governorate, January 2025.

The hub sustained maternal, child and mental health services, dialysis and tuberculosis care, while strengthening recovery through harmonized salary scales, essential medicines and treatment protocols.

For paramedic Tarek Al-Sheikh, who serves in northern Aleppo, Syrian Arab Republic, the impact is deeply personal:

I leave home early every morning to start my shift in the ambulance. Many times, I am called to respond to injuries from shelling or airstrikes – people with burns, shrapnel wounds or broken bones. Other days, it may be a woman in labour or a child who cannot breathe. Every minute matters and our work can mean the difference between life and death.

Tarek recalls one case that stays with him:

We found two newborn twins, just two hours old, who urgently needed intubation and transfer. Despite limited preparation, with the help of staff we managed to stabilize them and transfer them safely to the nearest hospital that was still operational because of the support provided by WHO.

For him, this work is “purely humanitarian” – a lifeline for families who otherwise would not reach care. His ambulance is part of a referral network supported by WHO, which ensures patients are quickly and safely transported between facilities across the northwest of the Syrian Arab Republic. By equipping ambulances, training staff and coordinating referral pathways, WHO helps keep this system running even in the most difficult circumstances.

Now, as the Syrian Arab Republic transitions to a One Syria approach, operations are shifting from fragmented humanitarian delivery toward a unified national health system. This change aims to ensure equity across all regions, strengthen national institutions and lay the groundwork for long-term recovery and resilience.

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Our work shows what is possible even in the hardest circumstances – when partners come together, millions of lives can be protected. These achievements will remain a cornerstone as the Syrian Arab Republic rebuilds a unified health system.

Rosa Crestani, Emergency Lead for the WHO field office in Gaziantep

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Enhancing diagnostic capacity through the deployment of a Rapid Response Mobile Laboratory (RRML) to Mayotte

Tropical cyclone Chido struck Mayotte, on 14 December 2024, severely impacting essential infrastructure and critical utilities such as electrical, hydraulic, transport and communication networks. Destroyed infrastructure and limited access to safe drinking water increased the risk of waterborne diseases including typhoid and cholera.

WHO/Europe partnered with the Global Outbreak Alert and Response Network to deploy a multinational RRML Type 2 team.

Led by the Institut Pasteur in France and supported by several institutions, the team comprised six members on rotation from WHO/Europe; the Institut Pasteur Laboratory for Urgent Response to Biological Threats, France; the University of Leipzig, Germany; B-LiFE, Catholic University of Louvain, Belgium; and Israel's Ministry of Health. Equipped with microbiological and chemical testing capacities, the RRML supported the health authorities of Mayotte to fill critical gaps in water quality testing and disease surveillance.

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The deployment of the RRML to Mayotte was a game-changer in strengthening diagnostic capacity following Cyclone Chido. By rapidly mobilizing international experts and cutting-edge testing capabilities, the RRML filled a critical gap in water quality testing and waterborne disease detection. This timely intervention not only ensured access to safe drinking water but also played a vital role in mitigating potential health risks for the local population. The collaboration between WHO, Global Outbreak Alert and Response Network partners, and local health authorities exemplifies the power of collective action in emergency response.

Oleg Storozhenko, Emergency Operations Team Lead, WHO/Europe

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On 15 January 2025, the first rotation of four experts began testing human and environmental samples for waterborne diseases. The second rotation followed on 24 January, providing critical diagnostic support to two EMTs deployed by the Government of France. The RRML operation continued until 3 March 2025. Throughout the operation, WHO/Europe played a critical role in coordinating efforts with local health authorities, health facilities, EMTs and both local and international nongovernmental organizations. The deployment was made possible through the WHO Contingency Emergency Fund. Additionally, the RRML community of partners contributed to the deployment with human resources, technical expertise, equipment, reagents and supplies.

International collaboration remains key in addressing the challenges faced by Mayotte. A multinational team of chemists and microbiologists from institutions with diverse expertise worked together, combining their expertise, equipment, testing capacities and experience gained from past disaster responses. Their collective efforts are ensuring swift and effective support by delivering crucial diagnostic and microbiological surveillance to mitigate further risks in Mayotte.

©WHO/Jan Baumann

A multinational team of experts analysing water samples for potential waterborne diseases.

Grade 3: Middle East escalation of violence



Key numbers - Israel (since 2023)



over 1200
deaths¹



~ 5400
injured¹



81
attacks on health care



50
hostages still in Gaza



852
medical evacuations to the WHO European Region



16
countries that accepted patients for treatment

The arrival of patients from Gaza, medically evacuated to Spain to receive specialized medical care.

Over the past year, the health impact of the conflict in the occupied Palestinian territory has intensified dramatically, with Gaza experiencing a near-total collapse of its health system and Israel facing growing regional and internal security challenges. Since 7 October 2023, the Ministry of Health in Gaza has reported 56 531 fatalities and 133 642 injuries. The blockade and delays in humanitarian access have contributed to catastrophic conditions, including famine.

In Israel, according to the [United Nations Office for the Coordination of Humanitarian Affairs](#), as of 25 June 2025, the conflict triggered by attacks in October 2023, has resulted in over 1200 deaths and approximately 5400 injuries among the civilian population. The hostage crisis remains unresolved, with 50 Israeli hostages still in Gaza under dire conditions. Since 7 October 2023, 81 attacks on health care have been verified in Israel, with 25 deaths and 80 health workers and patients injured. On 19 June 2025, Soroka Hospital in Beersheba – the only major hospital in southern Israel – was struck, injuring dozens and forcing the evacuation of 250 patients to other health facilities, leaving it only partially functional.

WHO continues to call for the protection of civilians and health systems on both sides, and for unhindered humanitarian access.

In 2024, WHO/Europe appealed for the establishment of multiple medical evacuation corridors and through the intensified outreach of the Regional Director to Member States, worked to secure additional hospital slots and accelerate patient transfers. Since the launch of medical evacuation operations in October 2023, over 852 Palestinian patients have been transferred to 16 countries in the WHO European Region through the EU's Civil Protection Mechanism's Emergency Response Coordination Centre and bilateral arrangements. In January–June 2025, 128 critically sick or injured patients, mostly children, were evacuated from Gaza to nine Member States of the WHO European Region. The majority of patients were received and treated in hospitals in Italy (55), Romania (22), Spain (13) and Norway (11). As needs in Gaza continue to grow, WHO/Europe remains engaged in advocacy and coordination efforts. Local health authorities in Gaza estimate that more than 14 800 patients are currently in need of urgent medical evacuation.

¹ The figures include only civilian casualties in Israel. Source: <https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-25-june-2025>

Protracted Grade 3: Ukraine war



Key numbers (since 2022)



The security environment in Ukraine deteriorated significantly during the first half of 2025. From February 2022 to June 2025, [the Office of the UN High Commissioner for Human Rights](#) recorded 47 695 casualties in the country with 13 580 people killed and 34 115 injured. However, the actual casualty numbers are likely to be higher. Since 24 February 2022, through the global [Surveillance system for attacks on health care](#), WHO has verified a total of 2501 attacks on health-care facilities.

In January–June 2025, WHO delivered 15 modular health facilities worth over US\$ 2.4 million, providing care for over 94 000 people. These include six emergency medical services base points in Kharkiv, Kherson and Dnipro, and nine modular primary care clinics across Chernihiv, Kharkiv, Kherson, Kyiv and Mykolaiv regions. To further reinforce hospital resilience, WHO installed 10 modular heating units in 10 hospitals in Chernivtsi, Dnipro, Kharkiv, Kyiv, Odesa and Zaporizhzhia regions and delivered five diesel generators in frontline hospitals. WHO supported more than 650 health-care facilities with over 1600 tonnes of medical supplies and equipment, valued at over US\$ 11.7 million and distributed across 25 regions, including Kyiv city.

In addition, WHO delivered 7705 over-the-counter medication kits to communities across the country, reaching over 21 000 people with basic medical care. Through the hard-to-reach population response mechanism, WHO conducted 23 deliveries across eight regions in collaboration with 21 implementing partners, reaching an estimated 80 000 people in areas with limited or no regular access to care.

In January–June 2025, WHO – in coordination with the Ministry of Health and with support from the EU – facilitated the evacuation of 657 patients to over 21 countries. After 2.5 years of collaboration between Ukraine's Ministry of Health, the EU, WHO and implementing partners, the Medical Evacuation and Repatriation Project is transitioning from an emergency response into a scalable, nationally integrated system. The final Project Steering Committee, held on 24 June 2025 with WHO, EU institutions, participating countries and implementers, marked a pivotal moment in transitioning to the next phase of support under the Directorate-General for European Civil Protection and Humanitarian Aid Operations and the WHO Country Office in Ukraine.

² According to Office of the UN High Commissioner for Human Rights, the actual number of civilian casualties might be higher.

Building resilience amid conflict: WHO and partners conduct field hospital deployment training in Kyiv, Ukraine

Since the onset of the Russian full-scale invasion in February 2022, Ukraine's health system has been under relentless strain. Attacks on infrastructure and civilian areas have left many communities without access to essential services. In this challenging context, EMTs have played a vital role in ensuring that life-saving medical care continues to reach those in need. EMTs bring critical care directly to the front lines supporting overwhelmed local services and saving lives under the harshest conditions.

On 11 April 2025 in Kyiv, Ukraine, WHO organized a large-scale training exercise simulating the deployment of a EMT Type 1 fixed field hospital, which is designed to provide care during daylight hours for acute trauma and non-trauma cases, offer referrals, support ongoing investigation or care and deliver community-based primary health care in an outpatient fixed facility. The event was held in partnership with the Ukrainian Scientific and Practical Center for Emergency Medical Care and Disaster Medicine of the Ministry of Health of Ukraine.

The initiative was supported by the Ministry of Health of Ukraine, with expert mentorship from the humanitarian aid organization Samaritan's Purse. As part of a broader WHO-led initiative to support the Center in preparing for EMT certification, the training brought together EMT personnel from Kyiv and Lviv, all of whom are working towards WHO certification.

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This simulation exercise, a joint effort by WHO and Samaritan's Purse, marks a significant step in strengthening national emergency response capacity. WHO remains committed to supporting this initiative and greatly values the dedication and professionalism demonstrated by the teams as they move toward international standards of readiness.

Dorin Rotaru, Clinical Management Specialist, WHO Country Office in Ukraine

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Participants practicing their skills during a simulated clinical scenario.

Participants engaged in a comprehensive training programme covering every aspect of field hospital operations – from logistical planning and hospital operation technical support to clinical simulations and coordination between various teams. The WHO team and partners shared valuable lessons from their experiences deploying field hospitals in other countries, enhancing the participants' ability to coordinate, deliver quality care and follow established protocols.

In crisis situations where health infrastructure is damaged or overwhelmed, the rapid deployment of a field hospital becomes essential. By training EMT personnel under real-life conditions, the exercise ensured that responders are better equipped to rapidly deploy and operate field hospitals when communities lose access to care. The hands-on practice improved coordination, strengthened technical and clinical skills and built confidence among Ukraine's EMTs – directly reinforcing the country's frontline capacity to save lives in crises.

The project is being implemented with the support of the EU and the Norwegian Agency for Development Cooperation.

Enhancing hospital readiness in Ukraine amid ongoing conflict

Hospitals across Ukraine remain under immense strain – damaged, overwhelmed and often dangerously close to collapse. Since February 2022, WHO has documented 2501 attacks on health-care facilities, severely undermining the health system and leaving millions without reliable access to essential medical services.

On 15–16 April 2025, WHO/Europe and the WHO Country Office in Ukraine, in collaboration with the Ministry of Health of Ukraine, organized a workshop on hospital emergency response planning in Kyiv, Ukraine. The workshop aimed to equip participants with capacities to strengthen the preparedness and readiness of hospitals to effectively manage emergencies and disasters, with a focus on ensuring safety and continuity of care during crises. The event brought together hospital administrators, emergency planners, health-care providers and other stakeholders from Dnipro, Kharkiv, Kyiv and Mykolaiv cities in Ukraine, who are involved in hospital preparedness, readiness and disaster response.

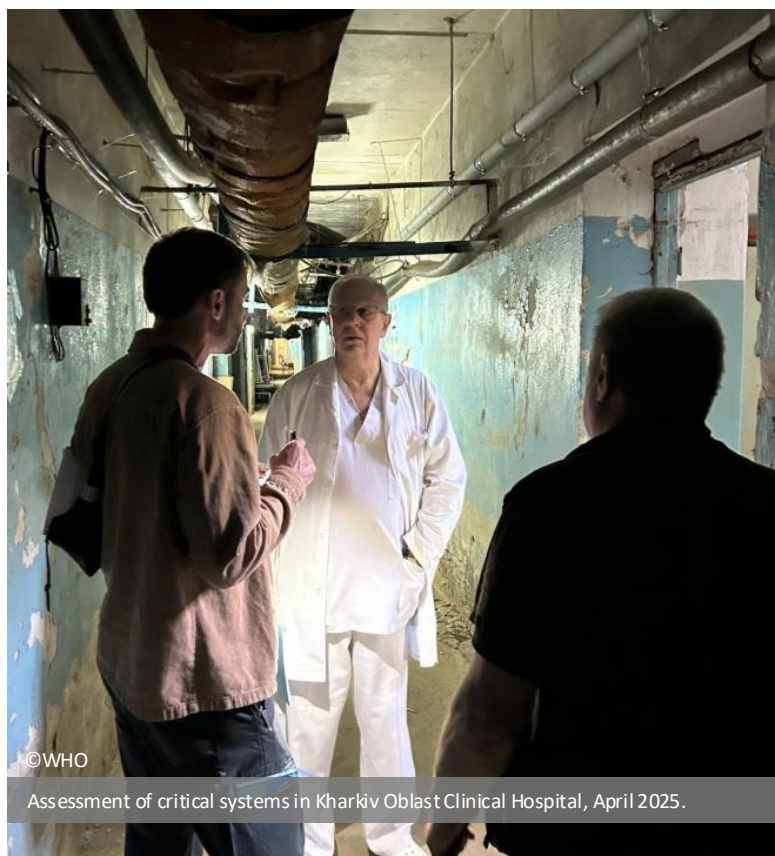
The workshop focused on enhancing the capacity of hospitals to respond safely and efficiently to a wide range of emergencies, particularly those involving chemical, biological, radiological and nuclear (CBRN) hazards.

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This workshop helps us systematize our approach to emergency planning and prepare more effectively for potential threats. We've explored the Hospital Safety Index as a useful tool to assess current preparedness levels and identify areas for improvement. It also contributes to better work organization, clearer division of responsibilities and stronger communication during crises.

Sergiy Chernishuk, Medical Director of the National Specialized Children's Hospital "Okhmatdyt" in Kyiv, which has suffered significant war damage

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©WHO
Assessment of critical systems in Kharkiv Oblast Clinical Hospital, April 2025.

Participants were trained to assess hospital emergency preparedness using the [WHO Hospital safety index \(HSI\)](#), a globally recognized tool designed to assess hospital readiness and identify areas for improvement. The training also guided participants in developing hospital emergency response plans based on the results of the HSI assessments.

Following the workshop, participants – with the support of WHO – carried out HSI assessments at Kharkiv Oblast Clinical Hospital, Mechnikov Hospital in Dnipro, Mykolaiv Oblast Clinical Hospital and Okhmatdyt Hospital in Kyiv on 18 April–9 May 2025. This hands-on experience provided invaluable insights into each hospital's response capabilities and served as a critical learning opportunity, allowing participants to refine their preparedness plans based on the observations made during the assessments. The findings will also support the development of the hospital emergency response plans for the assessed hospitals, which will serve as examples for health-care facilities across the country. Moving forward, the initiative will be scaled up to other oblasts to ensure that hospitals in Ukraine have updated and high-quality emergency response plans.

The workshop was funded with financial assistance from the Government of Germany.

Protracted Grade 2: Ukraine refugee response



©WHO/Michal Dyjuk

A WHO Officer visits a local nongovernmental organization in Poland that provides mental health and psychosocial support programmes for Ukrainian refugees.

Key numbers (since 2022)

**5.1 million**

refugees within Europe

**560 560**

refugees beyond Europe

**5.7 million**

refugees globally

**12.7 million**

in need of humanitarian support

WHO continues to work closely with national authorities and partners across the WHO European Region to ensure timely, equitable and sustainable access to health services for Ukrainian refugees.

As of June 2025, the [United Nation Refugee Agency estimates](#) that over 5.1 million refugees from Ukraine remain in Europe. While cross-border movements have stabilized, uncertainty around the continuation of temporary protection status and varying national implementation policies present ongoing challenges. WHO's strategic engagement has evolved in response to these shifting dynamics, with a continued focus on strengthening national health systems to absorb refugee health needs. Key areas of support include primary health care, mental health and psychosocial support (MHPSS), case management and emergency preparedness.

In 2025, WHO-supported interventions reached over 33 318 refugees with health services, trained more than 1313 health workers in refugee-sensitive care and expanded access to MHPSS in both urban and rural settings, reaching over 2000 individuals. Simultaneously, WHO has enhanced Member State preparedness capacities through scenario planning, CBRN training and simulation exercises.

Health sector response coordination – led by WHO – remains essential to maintain service continuity and social stability amid a fluid geopolitical context. WHO's strategic engagement has evolved in response to these shifting dynamics, with a continued focus on strengthening national health systems to absorb refugee health needs. Key areas of support include primary health care, MHPSS, case management and emergency preparedness. Building on 3 years of operational support, the [Regional Refugee Response Plan 2025-2026](#) reflects a transition from acute emergency response to long-term integration, localization and social cohesion. Within this framework, WHO's priorities are to continue supporting refugee integration into national systems to strengthen social cohesion through localized and sustainable responses. Continued efforts will also focus on addressing persistent gaps in mental health services and disaggregated data systems. In parallel, WHO will reinforce scenario and contingency planning to address potential surges in displacement, escalating conflict, infectious disease outbreaks and other emerging threats, including CBRN events. This work remains central to WHO's commitment to health for all, leaving no one behind.

Building resilience and readiness: the WHO Country Office in Romania trains frontline staff from national immigration centres

As of March 2025, Romania has granted temporary protection and refugee status to over 182 347 individuals fleeing the war in Ukraine, many of whom require sustained health and social support. This ongoing humanitarian situation has placed increased demands on frontline workers operating in immigration centres across the country – highlighting the urgent need for targeted training and capacity building.

On 13–18 March 2025, the WHO Country Office in Romania organized two 2-day training workshops in Braşov, Romania aimed at strengthening the professional capacity of frontline staff across Romania's seven regional immigration centres, covering the regions of Bucharest, Galaţi, Giurgiu, Maramureş, Otopeni Rădăuţi and Timișoara.

The sessions brought together 50 professionals, including health workers, psychologists, integration specialists and security personnel, united by a shared mission: to improve the health and well-being of immigrants, refugees and asylum seekers.

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This is a special initiative which brings together colleagues from different departments – medical, psychological, security and integration – all of whom work directly with refugees. The need for such training emerged due to legislative changes and exceptional situations, such as the crises experienced in 2012, 2017 and 2022. Support from the WHO Country Office in Romania's comes at a critical moment.

Eleodor Pîrvu, Deputy General Inspector at the General Inspectorate for Immigration, Romania

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The training covered a wide array of critical topics, including infection prevention and control, communicable diseases, sexual and reproductive health, MHPSS, gender-based violence and risk communication. Beyond delivering essential technical knowledge, the training's practical component allowed participants to apply theoretical concepts through group discussions, simulation exercises and role-playing activities.

The activities equipped participants with practical tools such as active listening, clear risk communication and understanding referral pathways – skills that are directly applicable to their daily work in complex refugee contexts.

As Romania continues to welcome immigrants and refugees fleeing the conflict in Ukraine, capacity-building efforts like this play a vital role in ensuring that frontline staff are equipped to respond to present and future challenges. This initiative reflects the commitment of the WHO Country Office in Romania to strengthening national systems and fostering resilience within refugee reception structures. It marks a step toward strengthening a health-care response that is inclusive, informed and tailored to the evolving needs of vulnerable populations.

This workshop was supported with financial assistance from the Embassy of the Republic of Korea in Romania.



Strengthening the integration of Ukrainian refugees into the national health-care system in Bulgaria

Since the onset of the war in Ukraine in 2022, Bulgaria has welcomed thousands of Ukrainian refugees, with approximately 77 000 still residing in the country as of 31 March 2025. Since February 2022, the WHO Country Office in Bulgaria has been working with implementing partners, including the Bulgarian Red Cross (BRC) and the Ukraine Support and Renovation Foundation (USRF), to support the integration of Ukrainian refugees into the national health-care system and improve their overall health outcomes.

Ukrainian refugees in Bulgaria with temporary protection status are entitled to access the public health-care system, including emergency care, primary care services, specialist consultations and hospital treatment. While many essential services are legally covered, refugees often face significant barriers such as language difficulties, limited access to life-saving medications for chronic conditions, administrative delays and challenges registering with a general practitioner for long-term care management. WHO-funded implementing partners in Bulgaria – including BRC support services to refugees and USRF refugee transitional homes – play a crucial role in addressing these challenges. These initiatives assist refugees in overcoming systemic obstacles to accessing essential care and building health literacy.

WHO supported one medical consultant and four health mediators coordinated by the BRC and the Ministry of Health during this reporting period. These often bilingual, community-based mediators acted as bridges between vulnerable populations and health-care providers.

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In Bulgaria, WHO's support for refugees is instrumental in assessing their health needs, coordinating the response, providing technical guidance and delivering direct assistance through implementing partners – the BRC and USRF – who facilitate access to the Bulgarian health and health insurance systems for refugees. EU4Health funding was equally critical, providing urgent support to maintain WHO's refugee-related programmes and enable a smooth transition following abrupt funding cuts.

Dmytro Osin, Biomedical Engineer, WHO Country Office in Bulgaria

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Health mediators providing consultations to refugees in Bulgaria on how to find a local general practitioner.

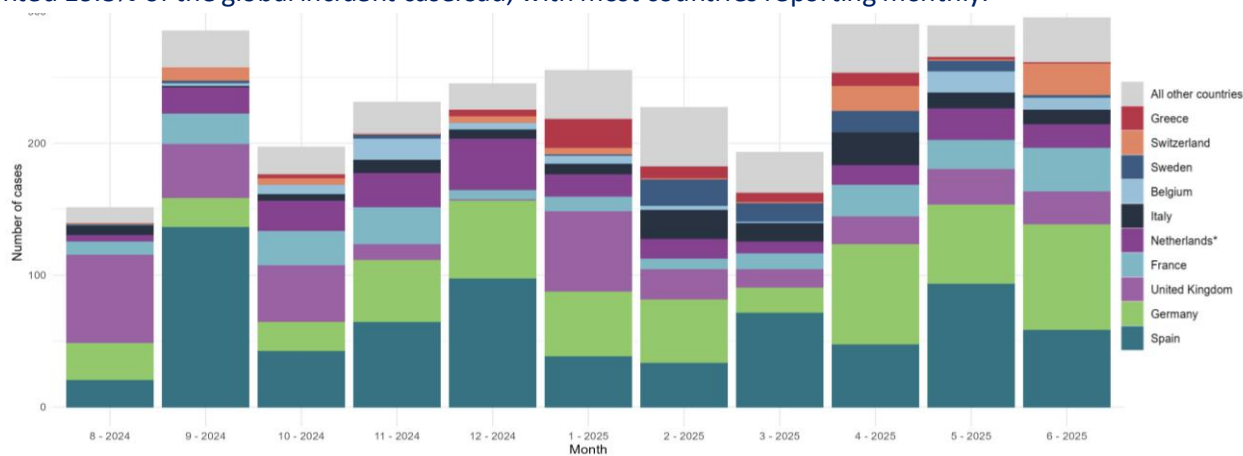
From January to March 2025, with the support of health mediators, 529 health consultations were provided to Ukrainian refugees, 225 of which focused on MHPSS. More than 270 refugees participated in counselling sessions on accessing health-care services, and 367 were included in health education training and community engagement activities.

USRF refugee transitional homes, partially funded by WHO, provided health and MHPSS for refugee families with medical and psychosocial needs. The facility offered access to medical screenings, mental health support, medication assistance and help with health insurance registration. During the first quarter of 2025, the USRF refugee transitional homes served over 449 refugees.

Together, these WHO-supported initiatives played a pivotal role in reducing health inequities for refugees. They not only provided direct support but also strengthened health system responsiveness by improving communication pathways, health literacy and care continuity, ensuring that refugees can access the care they need and integrate into local communities.

Grade 3: mpox

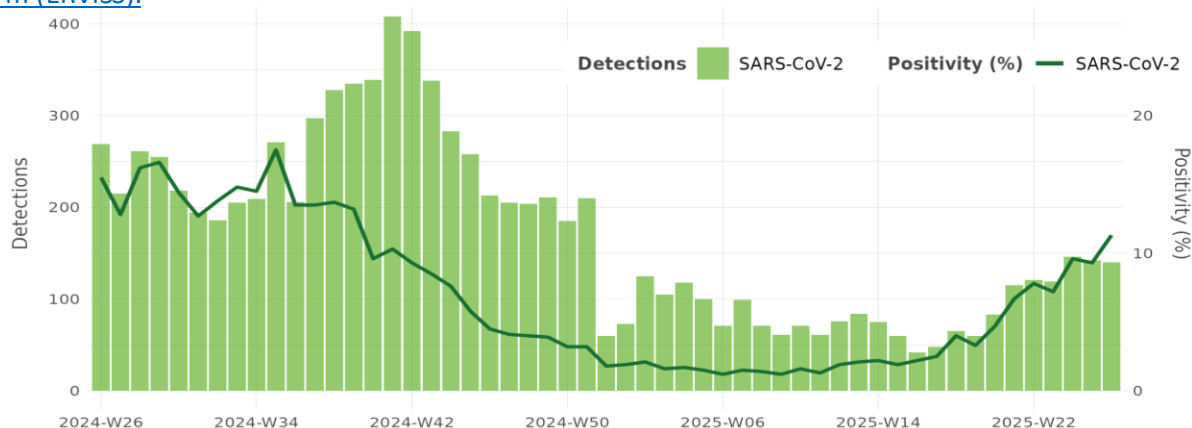
In August 2024, an upsurge of mpox and the emergence of the new Ib clade in the Democratic Republic of the Congo with spread to neighbouring countries, led the WHO Director-General to declare mpox outbreak a public health emergency of international concern for the second time since 2022. The WHO European Region is currently seeing around 200 reported mpox cases a month, with the vast majority the MPXV clade II affecting men who have sex with men. As of 30 June 2025, a total of 30 230 cases and 10 deaths have been reported across the Region. Transmission remains low within the reporting period, with the fewest cases in March (193) and the most in June (291). During the first half of 2025, the most affected countries were Spain (340), Germany (338) and the United Kingdom (165). As of 30 June 2025, sporadic clade I cases were reported in nine countries of the Region, highest in the United Kingdom (14), Germany (10) and Belgium (6). Some of these imported cases led to small clusters of human-to-human transmission, which have been well controlled to date. Single cases of clade Ia were reported in Ireland and Türkiye. By the end of June, the WHO European Region represented 19.8% of the global incident caseload, with most countries reporting monthly.



Mpox cases reported by month in the WHO European Region from August 2024 to June 2025. Source: WHO European Region IHR Database.

Protracted Grade 2: COVID-19

The test positivity rate for Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) at primary care sentinel sites remained low during the first three months of 2025 but then steadily increased throughout the second quarter, reaching 11% by the end of June. Weekly detections doubled from week 1 to week 26, despite fewer countries reporting later in the period. Across the same period, reported intensive care unit admissions and deaths due to SARS-CoV-2 steadily declined, while hospitalizations stabilized at a low level, with older adults most affected. The SARS-CoV-2 Omicron variant and its descendant lineages continued circulating, with NB.1.8.1 and XFG first reported in the Region in January and February 2025, respectively. By week 26, XFG and NB.1.8.1 accounted for a median of 29% and 15% of sequenced variants, while BA.2.86 and LP.8.1 declined to 27% and 16%, respectively. The prevalence of XEC and KP.3 also steadily decreased, with very few samples reported by the end of the second quarter. Data submitted to the [Global initiative on sharing all influenza data](#) showed that XFG was the dominant lineage in June, comprising 31% of samples, followed by NB.1.8.1 (15%) and LP.8.1.1 (15%) among 5164 submitted sequences. Further information can be found in the joint [European Centre for Disease Prevention and control \(ECDC\)–WHO European Region European Respiratory Virus Surveillance Summary platform \(ERVSS\)](#).



Primary care sentinel detections and test positivity of SARS-CoV-2 in the WHO European Region from 24 June 2024 (Epi week 26/2024) to 29 June 2025 (Epi week 26/2025). W: epi week. Source: ERVSS.

WHO/Europe regional webinar on mpox

On 12 June 2025, the WHO Regional Office for Europe hosted a webinar, bringing together over 130 Member State representatives and stakeholders across the Region to discuss global and regional updates on mpox, challenges in the control and possible elimination of mpox, and recent WHO/Europe actions aimed at enhancing understanding and response capacities.

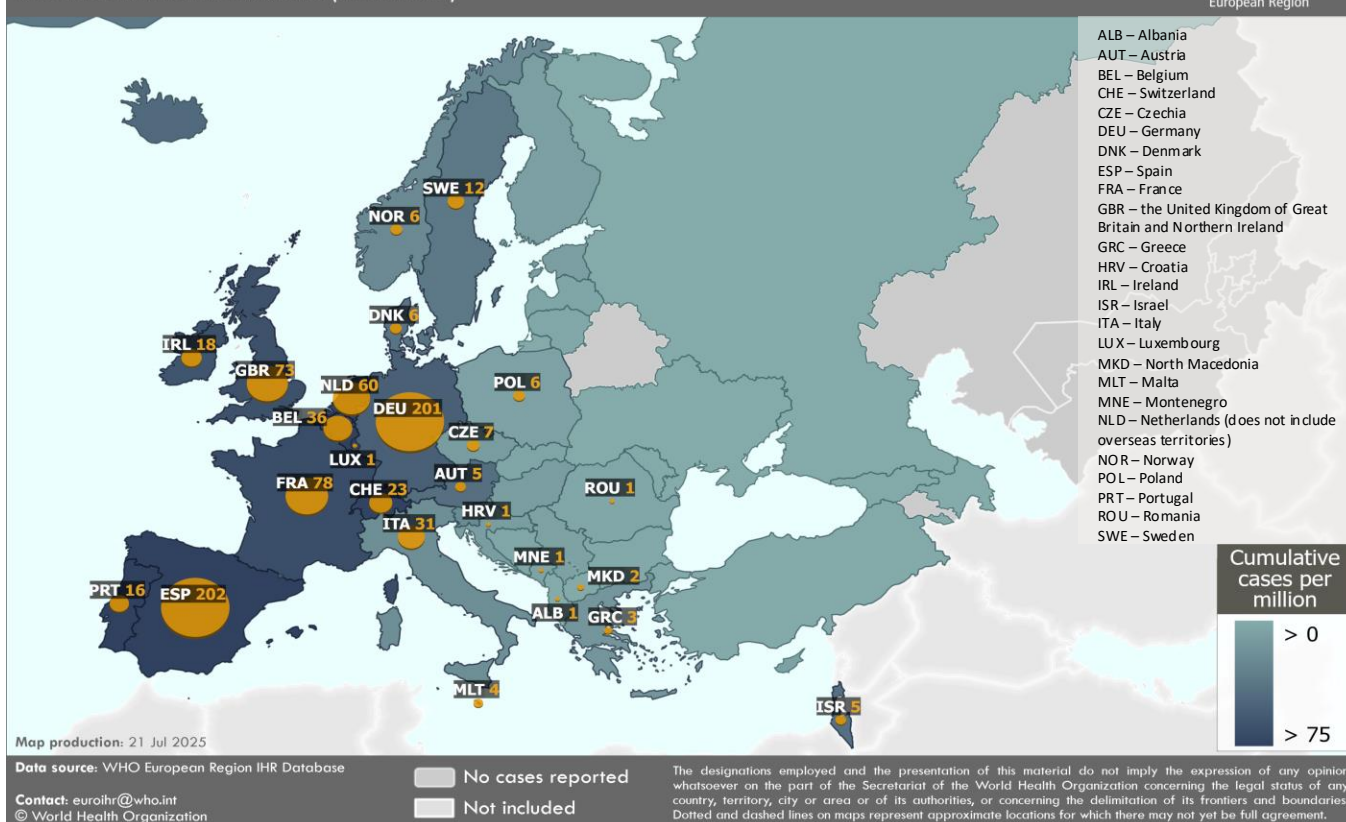
The webinar opened with an overview of the current global epidemiological situation, with particular focus on the WHO African and European Regions. A key highlight was the presentation of findings from a regional survey conducted by WHO/Europe in late 2024, which assessed Member States' readiness and alignment with the [WHO standing recommendations](#) and the [WHO Strategic framework for enhancing prevention and control of mpox: 2024–2027](#). According to the findings, while most Member States consider elimination as achievable, common barriers remain. They include low awareness among most-affected population groups, low vaccine uptake among those offered vaccination, low awareness among clinicians, low case detection and reporting rates, and low vaccine availability.

During the webinar, national representatives from Germany and Spain – two countries that have reported a high number of cases and recently experienced local outbreaks – shared lessons learned and best practices related to surveillance, vaccination policy, community outreach and opportunities for further targeted interventions. Participants also engaged in a broader discussion on persistent challenges across the Region, such as addressing stigma, improving outreach to vulnerable groups and equitable access to vaccines among the general population.

WHO experts also used the opportunity to remind Member States about the available risk communication resources to support national risk communication and outreach efforts.

Moving forward, WHO/Europe will continue to support Member States in the implementation of their national action plans and strengthen regional coordination. Future efforts will focus on improving vaccine access and uptake, raising public and clinical awareness, bolstering surveillance and response systems, and modeling data to understand drivers of transmission.

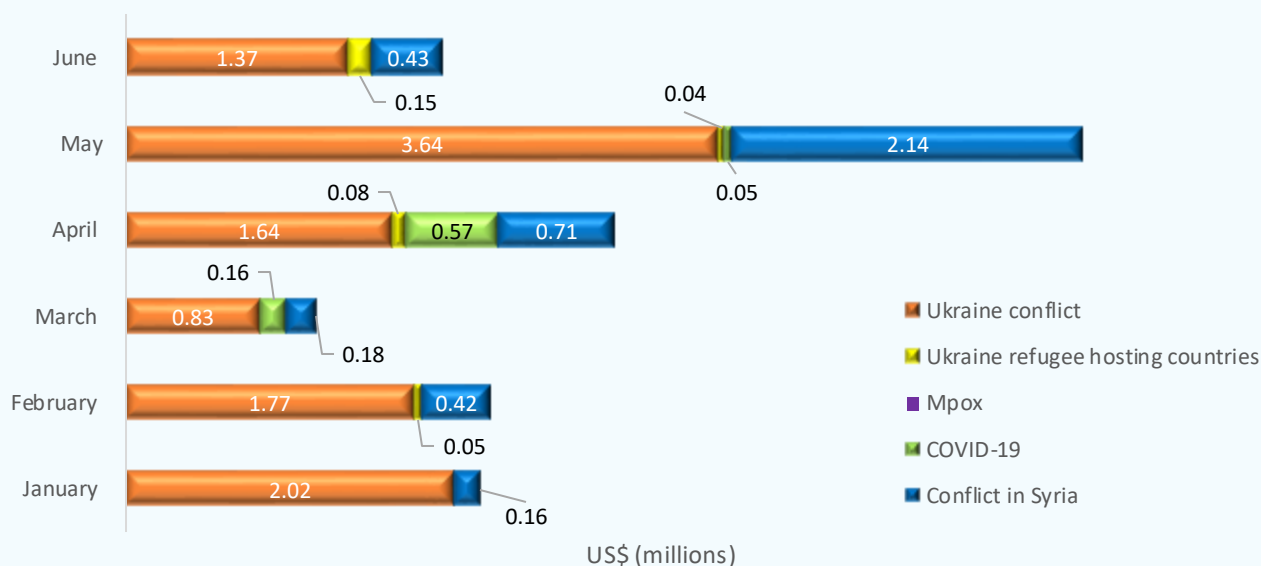
Mpox cases reported April–June 2025
and total cumulative incidence (since 2022)



Cross cutting updates across emergencies

Operational Support and Logistics (OSL) is essential part of an emergency response. OSL ensures timely delivery of critical medical supplies and life-saving services to affected communities, even in the most remote and challenging settings.

In January–June 2025, US\$ 16 million worth of supplies were delivered in response to nine emergencies in the WHO European Region.



The prevention and response to sexual misconduct (PRS) is an essential pillar of WHO's emergency response. PRS strengthens internal capacity, accountability and coordination to safeguard communities and uphold the highest standards of conduct, with efforts aligned to WHO strategies and supported through interagency collaboration.

PRS across emergencies



In January–June 2025, WHO continued to strengthen the PRS capacity of implementing partners and raising awareness among healthcare and humanitarian workers in Ukraine, particularly in frontline regions. With WHO's technical support, 16 partners improved their ability to identify and respond to sexual exploitation and abuse and established sustainable reporting mechanisms. Across 2025, WHO's PRS team reached over 654 individuals through capacity-building activities, including four PRS sessions for rehabilitation staff within wheelchair service training and five sessions for Health Cluster partners in eastern Ukraine.

In Romania, WHO delivered two comprehensive 2-day trainings in Braşov on 13–14 March and on 17–19 March, for 50 health professionals from seven national immigration centres. The training aimed to strengthen the professional capacity of the participants to better address the health needs of refugees and migrants. A dedicated session on PRS differentiated sexual misconduct from gender-based violence, reinforced WHO's PRS framework and emphasized mandatory standards such as the vetting of personnel, survivor-centred reporting mechanisms and zero tolerance for transactional sex or sexual activity with minors. A further training in Bucharest on 9–10 April, in collaboration with the WHO Health and Migration Programme, gathered 18 health professionals, cultural mediators and immigration officials to promote equitable health access, with dedicated PRS sessions.

In 2025, Czechia and Slovakia reinforced PRS commitments at the 156th Executive Board and seventy-eighth World Health Assembly, supporting EU-led statements endorsing WHO's strategy to institutionalize zero-tolerance approaches across all health operations.

Member States across the WHO European Region continue to play a critical role in implementing the IHR (2005), including the recent amendments that entered into force in September 2025. A key component of IHR implementation is the development of risk- and evidence-based health security plans, tailored to national contexts and informed by current and emerging threats. To support these efforts, WHO/Europe, jointly with partners, has provided technical assistance across several core areas, expanded on below.

Identifying priority threats through strategic risk assessments

Countries advanced their preparedness and readiness through the development of National Risk Profiles using the [WHO Strategic toolkit for assessing risks](#). In Cyprus, a first-ever national strategic risk assessment workshop brought together 50 experts from the health sector and 13 other ministries, identifying and ranking 14 priority hazards as well as developing key actions to strengthen preparedness and readiness to very high- and high-risk hazards. In Ukraine, 61 experts from multiple sectors assessed the risk level of 30 hazards, ranging from epidemics to man-made threats, and identified key actions to mitigate these risks as well as to enhance national level preparedness and readiness.

Conducting joint assessments and supporting IHR reporting

The Netherlands (Kingdom of the) became the first country to pilot a combined WHO Joint External Evaluation and the ECDC Public Health Emergency Preparedness Assessment. This joint methodology, developed by WHO/Europe and ECDC, streamlines assessments, reduces reporting burdens and aligns national capacities with both the IHR (2005) and EU Regulation 2022/2371. Experts from WHO/Europe also contributed to the ECDC Public Health Emergency Preparedness Assessments in France, Iceland and Portugal, providing technical expertise and input into recommendations for strengthening national preparedness capacities.

Enhancing National Action Plans for Health Security (NAPHS)

On 13 May 2025, a landmark NAPHS workshop was convened in Luxembourg, jointly organized by the European Commission, the ECDC and WHO. The workshop trained 27 participants from EU/European Economic Area countries in the WHO NAPHS methodology. Countries represented included Austria, Croatia, Czechia, Finland, France, Germany, Greece, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia and Spain. The event served as a valuable training opportunity, equipping professionals with the knowledge and skills to effectively utilize the methodology and a customized tool for EU/European Economic Area countries.



Testing readiness through simulation exercises

Simulation exercises remain a cornerstone of national and regional emergency preparedness and readiness efforts.

- In Kyrgyzstan, a national table-top simulation on zoonotic diseases helped identify gaps and strengthen multisectoral collaboration under the One Health approach.
- In Kazakhstan, Kyrgyzstan and Uzbekistan, a subregional simulation exercise on management training equipped participants with the skills to design and manage their own national exercises.
- In the Republic of Moldova, a similar training course enhanced national authorities' capabilities to manage their own simulations.

These activities have strengthened country ability to test, evaluate and improve their emergency preparedness systems in real-world scenarios.

A shared commitment to preparedness

These above-presented efforts – from risk assessments and simulation training to action planning and joint evaluations – have been made possible thanks to the support of key partners, including the European Commission (EU4Health), the Government of Germany, the Pandemic Fund and the Swiss Agency for Development and Cooperation.

WHO/Europe and the ECDC convene a joint European respiratory virus surveillance meeting

Respiratory viruses continue to present multiple challenges, from regular epidemics of influenza and respiratory syncytial virus to ongoing waves and circulation of new SARS-CoV-2 variants and subvariants. Other concerns include the potential impact of human metapneumovirus and the evolving threat of avian influenza A(H5N1), particularly the epidemic among dairy cows in the United States. The surveillance landscape for respiratory diseases has changed substantially since the COVID-19 pandemic. In late 2024, WHO developed the new [Global Influenza Surveillance and Response System guidelines for expanded surveillance](#), which Member States are now working to integrate into national practice.

Since 2011, WHO/Europe and the ECDC have jointly convened regular meetings to address the epidemiological and virological aspects of influenza surveillance, seasonal vaccination and the global situation surrounding novel and avian influenza outbreaks, as well as other emerging respiratory pathogens.

On 2–3 June 2025, WHO/Europe and the ECDC held their 10th joint meeting on respiratory virus surveillance in Sarajevo, Bosnia and Herzegovina, aimed at strengthening the Region's response to influenza, SARS-CoV-2 and other respiratory viruses, and to ensure that the Global Influenza Surveillance and Response System can be implemented to continue to conduct effective surveillance, and to support the incorporation of the new guidelines.

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The new guidelines for expanded surveillance of influenza and other emerging respiratory pathogens offers a forward-looking framework for how countries can better monitor, detect and respond to these persistent and evolving threats. They reflect both scientific advances and hard-won lessons from recent years, particularly the need for integrated, flexible and sustainable surveillance systems that can adapt quickly to changing realities. Incorporating this guidance into national systems is not just a technical upgrade, it is a strategic imperative.

Dr Erwin Cooreman, WHO Special Representative in Bosnia and Herzegovina

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Participants included national focal points for influenza, SARS-CoV-2 and other respiratory viruses, reference laboratory representatives and other international experts from across the Region. At the heart of discussions were the new guidelines and how they can be incorporated into national surveillance systems, alongside new techniques to strengthen the surveillance, preparedness, prevention and control of acute respiratory infections, including influenza.

Participants explored both technical and operational issues, as well as the application of new and improved biotechnological tools – such as updated vaccines, diagnostics and artificial intelligence to strengthen surveillance, risk assessment and response mechanisms across the Region. The meeting emphasized the need for surveillance systems to continuously adapt to the evolving epidemiology and challenges associated with respiratory viruses.

WHO/Europe and ECDC reaffirmed their commitment to supporting Member States through coordinated surveillance efforts, aiming to strengthen the prevention and control of acute respiratory infections. The event was financially supported by the Pandemic Influenza Preparedness Framework and ECDC.



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Health workers take a wastewater sample at a sewage site near Uzhgorod, Ukraine.

Strengthening emergency preparedness for hospitals in Poland

On 25–28 February 2025, WHO/Europe and the WHO Country Office in Poland held a national training to enhance Poland's preparedness for health emergencies. Funded by the Directorate-General for Health and Food Safety's EU4Health programme, the training focused on improving hospital resilience to emergencies, particularly in the face of CBRN hazards. In doing so it marked a key step in strengthening national health security as part of broader efforts to safeguard public health.

The training brought together 29 participants from clinical and crisis management backgrounds and covered the core elements of hospital safety and resilience using the HSI, and included sessions on CBRN hazards, delivered by WHO and national experts, which included the introduction of a CBRN checklist that evaluates hospital safety in the face of these threats. This checklist is based on key principles such as triage, decontamination and patient management. Similar to the HSI, the checklist scores the hospital to determine its level of readiness to respond to a CBRN event.

Throughout the 4-day training, participants engaged in interactive, hands-on learning through group activities, discussions and plenary sessions where they presented and defended their perspectives.

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As we face an evolving landscape of health threats, from CBRN hazards to other emergencies, this training underscores our commitment to building resilient hospitals that can protect and serve Poland's communities under any circumstance. By equipping our health-care leaders with practical tools like the HSI, we are not just preparing for crises – we are shaping a future where safety and preparedness are the foundation of our health systems.

Nino Berdzuli, WHO Representative for Poland and Special Envoy for Ukraine Emergency Response in refugee hosting countries

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©WHO
A WHO Officer reviews the fire safety system as part of a HSI assessment at a children's hospital in Poland.

Part of the training was a field exercise at the Children's Clinical Hospital, University Clinical Center, Medical University of Warsaw, where participants applied the HSI in a real-world setting. This practical session allowed them to evaluate hospital safety, identify vulnerabilities and consider areas where the hospital could enhance its preparedness for emergency situations. It was an invaluable opportunity to translate theory into practice, strengthening participants' ability to assess and manage hospital safety during high-risk events.

A key outcome of the training was the recognition that the HSI tool would benefit from updates to incorporate specific considerations for CBRN hazards. This feedback will inform ongoing refinement of the tool, ensuring it remains fit-for-purpose in addressing the complex challenges hospitals face in preparing for such emergencies.

The training will contribute to the strengthening of Poland's hospital preparedness and advancing broader regional efforts to enhance health security. The initiative is expected to have a lasting impact, guiding national actions to improve hospital safety and emergency readiness.

Strengthening early warning and surveillance systems in Azerbaijan and Georgia

In recent years, countries across the WHO European Region have faced an unprecedented combination of epidemics, disasters, conflicts and other major emergencies. While substantial progress has been made in public health system strengthening, recent crises have exposed gaps in national early warning capacities. Effective all-hazard early warning and surveillance systems are vital to save lives, mitigate emergencies and protect communities. Under its [collaborative surveillance framework](#), WHO/Europe has developed a modular assessment tool to help Member States evaluate and strengthen all-hazard capacities, covering infectious diseases, food safety, climate-related hazards and CBRN threats.

On 7–11 April, under the leadership of the Ministry of Health and in close collaboration with national partners from all relevant sectors, WHO conducted a mission to support the assessment of the Early Warning, Alert and Response System (EWARS) in Azerbaijan. Drawing on Joint External Evaluation recommendations, the mission focused on enhancing early warning systems that are integrated, responsive and capable of addressing a wide range of health threats. The mission was especially significant, as it marked the first time that members of the newly established IHR committee came together to collaborate on a major public health initiative.

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In countries of the south Caucasus, strengthening operational surveillance capacities has been identified as a critical priority for effective detection of potential emergencies. The country assessment of the EWARS makes a very solid contribution towards this objective, as well towards strengthening both national and subregional health security

Vasily Ezenamanov, WHO/Europe Hub Coordinator for the south Caucasus

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National experts and international partners worked side by side to assess existing capacities, identify key gaps and explore ways to improve the speed and coordination of detecting and responding to public health threats. Similarly, on 23–27 June, WHO/Europe conducted a national EWARS assessment in Georgia. The assessment followed the 2024 Joint External Evaluation, which highlighted the need for a comprehensive review of surveillance and early detection systems. It also supported national priorities outlined in Georgia’s NAPHS, including a focus on multisectoral coordination, cross-hazard detection and risk-based response. Over 5 days, a WHO-led team worked with national stakeholders from human, animal, food safety, environmental and emergency management sectors to review the full EWARS. The assessment team examined how digital tools including the Electronic Infectious Disease Surveillance System and the Laboratory Information Management System help identify and verify signals, and how coordination takes place across agencies to manage public health events.

Following both assessments, WHO will continue working closely with each country to translate findings into action. Final reports will detail early warning and surveillance core capacity scores, aligned with the IHR (2005), and other standards. Each report will be accompanied by a country-led roadmap outlining priority strengthening activities. WHO and partners will support the roadmap implementation through targeted technical assistance, the identification of funding opportunities, the facilitation of country twinning exchanges and linkage to ongoing capacity-building initiatives, ensuring both south Caucasus countries are better prepared to protect health against all hazards.



©WHO

Representatives of governmental sectors of Azerbaijan discussing opportunities to improve the current system.

WHO launches its first-ever Collaborating Centre on risk communication, community engagement and infodemic management (RCCE-IM) at Kristiania University of Applied Science, Norway

RCCE-IM is an essential public health intervention that is key to successful emergency response. During crises, RCCE-IM practitioners use community insights to shape response efforts, ensuring interventions are locally relevant and effective. By establishing feedback and engagement mechanisms with community influencers, civil society organizations and vulnerable groups, authorities are better equipped to translate health information and advice into action. This strengthens public trust in health systems, improves vaccination efforts and drives innovative, protective behaviours. However, emergency responses often prioritize immediate action over structured research, leading to gaps in real-time decision-making. The impact of public health messaging may not always be fully evaluated and public health strategies frequently emphasize medical interventions over behavioural and social science research. On 25 March 2025, the first WHO Collaborating Centre on RCCE-IM was established at Kristiania University of Applied Sciences, Norway, with financial support for its preparation and launch from the EU4Health programme.

Over a 4-year partnership, the new Collaborating Centre will work with WHO/Europe to conduct high-quality research to help national health authorities and practitioners to design timely and effective RCCE-IM interventions during health emergencies. Insights from recent crises and literature will inform evidence-based actions that can be rapidly implemented to save lives.

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The launch of this WHO Collaborating Centre is a milestone in strengthening RCCE-IM in emergencies. Delivering health services alone is not enough – people must have access for them to be effective, and that is where RCCE-IM comes in, leveraging science. Through this collaboration, we aim to connect researchers, practitioners and communities, understand each other's challenges and find solutions that are both faster and evidence-based.

Cristiana Salvi, Regional Advisor for RCCE-IM, WHO/Europe

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Based at Kristiania University's School of Communication, Leadership and Marketing in Oslo, the new Collaborating Centre will focus specifically on supporting RCCE-IM in health emergency preparedness, response and resilience. It joins a global network of over 800 WHO collaboration centres, including 265 in the European Region. Led by Professor Audra Diers-Lawson, an internationally recognized expert in risk and crisis communication, and who advised the European Parliament on risk communication during the COVID-19 pandemic, the centre will bridge research and real-world application.

The WHO Collaboration Centre for RCCE-IM will connect researchers, communities and health authorities to close current gaps. Preparedness 2.0, highlights placing communities at the core of a response. The Collaboration Centre for RCCE-IM will support WHO to develop rapid response tools for evidence-led RCCE-IM, deliver digital solutions to streamline collaboration between public health experts and scholars for improved RCCE-IM, promote community-driven research to enhance engagement strategies and tailor interventions to different populations, and build RCCE-IM capacity across the Region.

The WHO Collaborating Centre for RCCE-IM represents a vital step toward emergency responses that harness community insights, strengthen public trust and ensure that health interventions are timely, effective and locally relevant.

Strengthening health security through the WHO/Europe's IHR national focal point workshop

In an interconnected world, protecting people from health threats – whether from sudden disease outbreaks, conflicts, natural hazards, environmental hazards or pandemics – requires robust, coordinated systems. Global, regional and national health security efforts aim to safeguard populations by ensuring countries are ready to detect and respond to such threats swiftly and effectively.

At the heart of this global defense is the IHR (2005); a legally binding international framework designed to help countries build and sustain the core capacities needed for prevention, preparedness and response.

Central to the IHR implementation are IHR national focal points (NFPs); designated entities within countries, territories and areas who are responsible for detecting and reporting health related events that may pose international concern, among other functions. To support and strengthen their critical role, the WHO Regional IHR Contact Point for Europe convened a regional workshop on 3–4 June 2025 at the WHO Academy in Lyon, France – one of many regular such meetings organized since 2017.

The workshop brought together IHR NFPs from 14 WHO Member States in the European Region, alongside representatives from public health authorities and international partners.

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This meeting is a valuable opportunity for IHR NFPs to connect with counterparts from other countries and with colleagues from WHO/Europe – people we communicate with every day. It helps us better understand what information they find useful and what they are looking for, so we can collaborate more effectively. Strengthening these networks enables us to keep learning from one another, share best practices, and continuously improve our work in the United Kingdom.

Alethea Charlton, Principal Scientist, the UK Health Security Agency.

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The aim of the workshop was to enhance the day-to-day operations of IHR NFPs, particularly their coordination and public health threat communication capacities, and to foster deeper peer-to-peer exchange of experiences and best practices.

Designed as an interactive meeting, it featured a blend of presentations, interactive discussion sessions and working groups. Participants discussed recent developments related to the IHR amendment process, and had an overview of WHO's operational mechanisms, including its role in supporting IHR NFPs in event detection, notification and management. Participants were also introduced to the European National IHR Focal Points Knowledge Network that is aimed at promoting continuous learning and collaboration. Beyond information-sharing, the event created opportunities to explore shared interests and identify areas for future collaboration.

The workshop allowed participants to strengthen their understanding of how IHR NFPs operate across the Region and gain practical insights into addressing common challenges related to IHR daily work. The event marked a critical step toward enhancing the effectiveness of the IHR NFP network and advancing the broader mission of global health security. The workshop was financially supported by the European Commission.



Ana Tatulashvili, a member of the IHR focal point team in Georgia: “Our work is vital in building a global system that responds swiftly to health threats.”

EMT scoping missions in the Western Balkans: laying the groundwork for strengthening national health security

In May 2025, WHO/Europe, through its WHO Health Emergencies Balkan Hub and in collaboration with the EU-funded [IPA CARE Programme](#), conducted a series of EMT scoping missions in Montenegro and North Macedonia, and Kosovo^[1], with the aim of assessing readiness to establish national EMTs aimed at strengthening national health security in alignment with WHO standards.

On 26–27 May 2025, a scoping mission in Skopje, North Macedonia, brought together representatives from the Ministry of Health, the Protection and Rescue Directorate, the Red Cross, emergency medical services and the Military Medical Centre to discuss the establishment of a national EMT. Participants endorsed establishing an EMT Type 1 Mobile, underscoring the importance of intersectoral collaboration and legal amendments to enable rapid activation. Participants also recognized the potential benefits of EMT development, including improved country's self-sufficiency in disaster response, strengthened international cooperation for EMT deployments, opportunities to enhance national health-care staff competencies, and alignment with global standards for both national and international operations.

On 28–29 May in Pristina, Kosovo^[1], the mission brought together the Ministry of Health, the Emergency Management Agency, the Emergency Clinic of the University Clinical Centre, the representatives from the security force, the police, and the Red Cross. Jointly led by WHO and the IPA CARE programme, the mission concluded with an agreement to establish an EMT Type 1 Fixed.

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Our mission goes beyond immediate outcomes – it builds long-term sustainability by strengthening national capacities to prepare for and respond to all-hazard emergencies. This is the Regional Director's vision of advancing country-specific health goals while fostering regional cooperation and investing in health security preparedness through the *Roadmap for Health and Well-being in the Western Balkans 2021–2025*.

Dr. Abebayehu Assefa Mengistu,
Coordinator of the WHO Health
Emergencies Balkan Hub

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The WHO European Region currently represents 50% of the global EMT surge capacity, with 102 EMTs – 29 classified by WHO and 73 undergoing international classification.

The Ministry of Health will coordinate the process with key partners, ensuring integration of EMT financing into the government budget and enacting the relevant legislative amendments.

On 30 May 2025, the mission in Podgorica, Montenegro, gathered the Ministry of Health, the National Institute for Emergency Medical Care, the Public Health Institute and academia. Given the country's earthquake risk and existing capacities, participants recommended to establish an EMT Type 1 Fixed. The Ministry of Health was designated as the lead implementing stakeholder, supported by the Ministry of Interior's sector for emergency management as the intersectoral coordinating body. Key preparatory steps include integrating EMT functions into the NAPHS and budget, revising legislation and appointing a NFP and team leader.

As a main result of the scoping missions, all three countries expressed strong commitment to developing an EMT of various types. By the end of 2025, each country will undertake key preparatory actions. These include integrating EMT functions into NAPHS and budgets, reviewing legislation and appointing NFPs and team leaders. Implementation is planned for 2026–2027, with WHO certification targeted for 2028. Operational follow-up – supported by WHO and IPA CARE – is already underway, including EMT self-assessments, training and procurement of essential equipment. These missions mark a milestone in enhancing emergency response capabilities in the Western Balkans, driven by national leadership, multisectoral collaboration and a shared commitment to saving lives.

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Enhancing health security in the Republic of Moldova through Geographic Information System (GIS) integration

GISs are transforming the way health data is visualized and used, enabling faster, evidence-based decisions for public health planning, disease surveillance and emergency response. While the benefits are well recognized globally, many countries in the European Region still lack the infrastructure, capacity and integration needed to fully harness this technology.

On 28–30 January 2025, the WHO European Geospatial Coordination Hub conducted a technical mission to the Republic of Moldova, marking the first in-country implementation of the WHO/Europe geospatial roadmap 2025–2030. Financially supported by the Government of Türkiye, the mission focused on advocating for the adoption of a GIS in the Republic of Moldova's health system to strengthen epidemiological surveillance, disease mapping, emergency response and health resource planning.

The mission also sought to conduct a needs and capacity appraisal to assess current GIS use and resources in the country, identify technical, training and infrastructure gaps, and engage key stakeholders – including the Ministry of Health, the National Agency for Public Health, the National Health Insurance Company, the e-Governance Agency, the Agency for Geodesy, Cartography and Cadastre and the 112 Single National Emergency Call Service – to build consensus on GIS integration.

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Bringing GIS into the Republic of Moldova's health system is about transforming health data into smarter, faster decisions. This strengthens health security by helping the country detect risks earlier, respond more quickly and better protect people's health.

Jawameer Kakakhan, Team Lead for GIS and Digital Health, WHO European Center for Preparedness for Humanitarian and Health Emergencies

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The WHO team collaborated with the Ministry of Health and other national stakeholders to assess the Republic of Moldova's readiness for GIS integration and developed tailored recommendations outlining practical steps for using GIS to enhance disease monitoring and emergency response capacity. These discussions led to two major outcomes. First, with technical support from the Geospatial Hub, the WHO Country Office in the Republic of Moldova supported initiating a new GIS module within the information system for surveillance of communicable diseases and public health events (SI SBTESP). This module will enable real-time analysis and visualization within the system enhancing early detection, targeted response, and more efficient allocation of resources for communicable diseases and public health events. Second, GIS was formally included in the draft National eHealth Programme, ensuring it will be integrated into the country's broader digital health framework and support data-driven decision-making and health system resilience.

This initiative reflects WHO's commitment to combining technical innovation with policy advocacy to strengthen health security at country level, while showcasing the value of collaboration between WHO's Geospatial Coordination Hub, the WHO Country Office in the Republic of Moldova and national health authorities.

Moving forward, WHO will work with the national stakeholders to finalize and operationalize the GIS module within the SI SBTESP, deliver targeted capacity-building activities and support the full implementation of the eHealth strategy – paving the way for a stronger, more resilient health system in the Republic of Moldova.



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WHO is supporting the integration of GIS mapping into Member States' health systems to strengthen data-driven decision-making.

Operational insights from the Pan-European Network for Disease Control (NDC) Collaborative Surveillance Working Group

Launched in April 2024, the NDC was established by WHO/Europe to strengthen collaboration, information-sharing, and coordinated action for public health preparedness and response across the Region. The NDC brings together national institutions, regional and subregional bodies, and global partners active in the European context. Guided by the [global health emergency preparedness, response and resilience framework](#) and aligned with Preparedness 2.0, the NDC's member-driven working groups address regional gaps, foster peer support, enable knowledge exchange and promote innovation.

In June 2025, the Collaborative Surveillance Working Group of the NDC finalized a concept document on operational considerations for implementing collaborative surveillance, which draws on experiences from member institutions across the Region and aims to consolidate practical lessons, identify enablers and barriers, and provide guidance for countries seeking to strengthen integrated surveillance systems. Building on WHO's definition, the concept document frames collaborative surveillance as the systematic strengthening of surveillance capacities and cross-sectoral collaboration to enhance public health intelligence and decision-making. The document is informed by 12 case studies from seven NDC Member States; Croatia, Georgia, Greece, Italy, Serbia, Türkiye and the United Kingdom. The case studies offer practical insights into the design, implementation and sustainability of multisectoral surveillance systems.

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Developing this concept document with the Members of the Working Group and the technical experts was a really valuable experience – it helped clarify key elements of collaborative surveillance while offering practical insights from others that we can apply to strengthen our own systems.

Kassiani Mellou, Senior Epidemiologist, Head of the Data Management, Modelling and AI Directorate, National Public Health Organization, Greece.

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Led by NDC members in close collaboration with technical experts from WHO/Europe and WHO headquarters, and supported by the NDC Secretariat, the initiative was financially supported by the WHO European Centre for Preparedness for Humanitarian and Health Emergencies (funded by the Government of Türkiye).

The resulting concept document marks a significant step in consolidating national institutional experiences and lessons learned, distilling key elements for operationalizing collaborative surveillance across the Region. Key operational elements include the application of the One Health approach, adoption of digital tools such as geospatial mapping and real-time platforms, and reliance on robust legal and governance frameworks.

Set for publication in the second half of 2025, the document aims to serve as a practical resource for national public health authorities, policy-makers and technical partners aiming to enhance surveillance preparedness and responsiveness, ultimately strengthening health security across the Region.

Moving forward, these operational insights and practical considerations for strengthened collaborative surveillance will inform further technical exchanges, tailored country support from WHO and partners, and future NDC workplan activities.

Strengthening joint risk assessment for priority zoonotic diseases in Kyrgyzstan through the One Health approach

In Kyrgyzstan, zoonotic diseases remain a major concern for human and animal health, creating significant public health and veterinary challenges. Nearly 40% of the population is engaged in agriculture and animal husbandry, where close contact with livestock, traditional farming practices and consumption of unprocessed dairy products contribute to the high prevalence of these diseases. Limited awareness of prevention measures and weak coordination among relevant stakeholders further exacerbate their spread.

As a step toward operationalizing the One Health approach, Kyrgyzstan convened a workshop on 14–16 June 2023 to set priorities for communicable disease surveillance. A key recommendation emerging from the workshop was to conduct a joint risk assessment using the [Joint Risk Assessment Operational Tool](#), jointly developed by the United Nations Food and Agriculture Organization (FAO), WHO and the World Organisation for Animal Health (WOAH), which provides a harmonized 10-step methodology for assessing zoonotic risks, offering a structured process for coordinated decision-making and response.

Building on this, on 3–5 June 2025, Kyrgyzstan with support from WHO/Europe and the WHO Country Office in Kyrgyzstan hosted a joint risk assessment workshop in Bishkek. It brought together 38 experts from the Ministry of Health; the Ministry of Water Resources, Agriculture and Processing Industry; the Ministry of Natural Resources, Ecology and Technical Supervision; and nongovernmental organizations. With the financial support from the Pandemic Fund, the tripartite Joint Risk Assessment Operational Tool, was implemented in Kyrgyzstan for the first time.

“

By working together across human, animal and environmental health sectors, we now better understand the risks of Crimean-Congo hemorrhagic fever, brucellosis, zoonotic influenza and echinococcosis, and are more prepared to detect and respond to these diseases. This collaboration helps protect both people and animals, and we are committed to continuing the One Health approach across the country.

Bekturdiv Kubanychbek, Head of the Epidemiology Surveillance Unit at the Republican Center for Prevention and Control of Highly Dangerous and Quarantine Infections of the Ministry of Health.

”

The exercise resulted in actionable recommendations to strengthen surveillance across the veterinary, public health and wildfire sectors.

For the public health and veterinary sectors, recommendations included improving laboratory testing of informally sold dairy products and expanding testing for Crimean-Congo hemorrhagic fever in high-risk rural areas. Participants also called joint risk assessments to be conducted for all priority zoonotic diseases and the training of key personnel in the related methodology. It was also recommended that data sharing mechanisms between the veterinary and public health sectors are enhanced to ensure timely notification and facilitate investigation in the event of an outbreak of a zoonotic disease. Public awareness campaigns should focus on recognizing symptoms of zoonotic diseases, seeking timely medical care, practicing safe food handling, and promoting vaccination and regular deworming of dogs. Additionally, a robust risk communication strategy was proposed to support these activities and encourage stronger public engagement.

Moving forward, joint risk assessments for additional priority zoonotic diseases will be conducted, and recommendations from the workshop will be considered for implementation through the NAPHS. WHO, in cooperation with Quadripartite partners – FAO, the United Nations Environment Programme and WOAH – will continue to provide technical support and guidance in applying the One Health approach to address zoonotic diseases in Kyrgyzstan.

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Participants presenting their group work during the joint risk assessment workshop in Kyrgyzstan, June 2025.

Bringing health to every home: door-to-door immunization campaign in North Macedonia

In a joint effort to improve immunization coverage and provide equitable access to vaccines, the Ministry of Health and the Institute of Public Health of the Republic of North Macedonia, in collaboration with WHO and with the financial support from the EU, carried out a nationwide door-to-door vaccination campaign in the spring of 2025.

Over the course of the 5-week campaign, health-care teams were mobilized across 15 towns and 174 villages in 19 municipalities, reaching a wide range of communities, from densely populated neighbourhoods to more isolated rural areas, all with vaccination coverage below the national average.

A total of 3394 households were visited. Each visit enabled the health-care team to engage with families, share accurate health information and offer onsite vaccination services. This allowed children to catch up on any due or missed vaccinations in line with the national immunization schedule, including the measles, mumps and rubella (MMR) vaccine and human papillomavirus (HPV) vaccine.

The campaign aimed not only to address logistical barriers to immunization, but also to strengthen public confidence in routine vaccinations and the health system through face-to-face communication. The personal engagement with parents and caregivers enabled health-care workers to counter misinformation and respond to questions, thereby also helping to build trust.

“

The campaign is a testament to what we can achieve when institutions, international partners and communities work together.” With WHO’s support, we brought health care to people’s doorsteps – and in doing so, we built trust, boosted coverage and protected the next generation.

Jovica Andovski, Deputy Minister of Health of the Republic of North Macedonia

”



A health-care worker who participated in the door-to-door campaign.

The campaign enabled children to catch up on missed doses in line with national immunization schedule resulting in the administration of 540 doses of MMR, 380 doses of HPV and 1403 doses of other essential childhood vaccines.

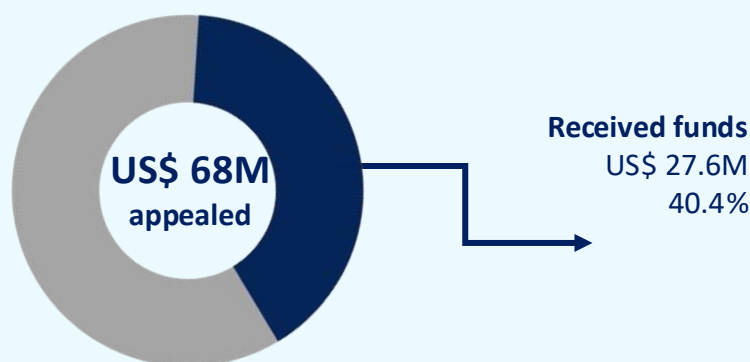
In addition to delivering vaccination services, the teams distributed more than 7300 informational leaflets, helping families to make informed decisions based on verified health data. The campaign also involved over 35 group education sessions in schools and kindergartens, where medical professionals discussed the importance of MMR and HPV vaccination with parents, teachers and community leaders. These sessions reinforced the messages shared during the home visits and created additional spaces for learning and discussion.

The campaign’s impact continues through vaccinated children, strengthened community trust and renewed momentum for improving immunization services across North Macedonia. The outreach campaign was part of an EU-funded project aimed at strengthening health system resilience and immunization services in the Western Balkans. The project is being implemented in Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia and Kosovo^[1].

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Funding by emergency: January–June 2025

Funds received through the Ukraine emergency appeal



[Ukraine: WHO Health Emergency Appeal 2025](#)

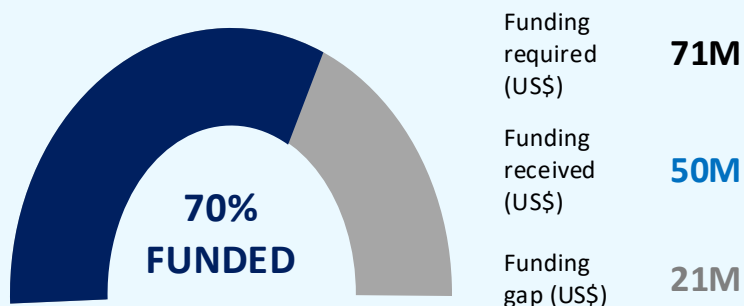
Funds received for other emergencies

Emergency	Funds received (US\$)
Ukraine refugee response	5 934 000
Cyclone Chido	106 700

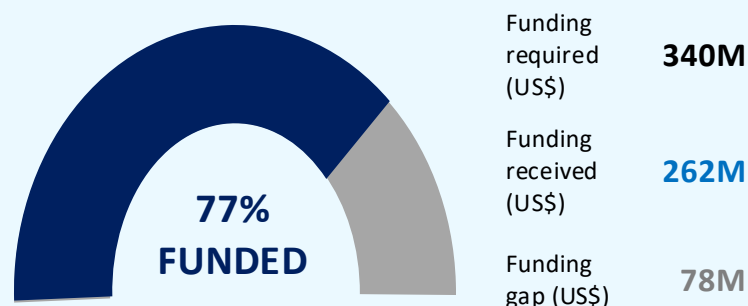
The Cyclone Chido response was funded through the Contingency Fund for Emergencies.

Funding landscape for the 2024–2025 biennium

Base segment WHO Health Emergencies Programme As of 30 June 2025



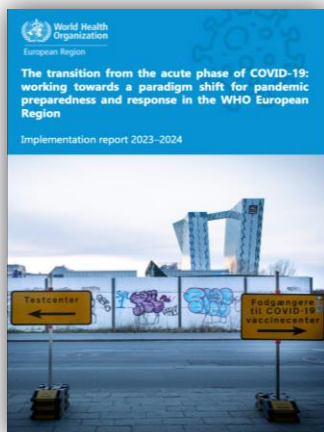
Emergency operations and appeals As of 30 June 2025



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More information can be found on the [WHO Programme Budget portal](#).



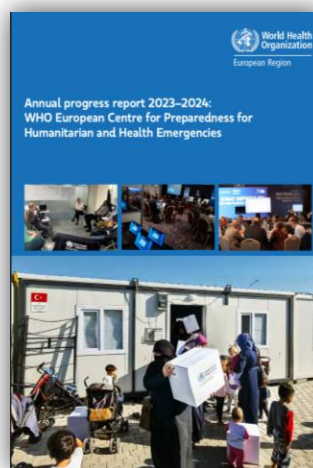
[The transition from the acute phase of COVID-19: implementation report 2023–2024](#)



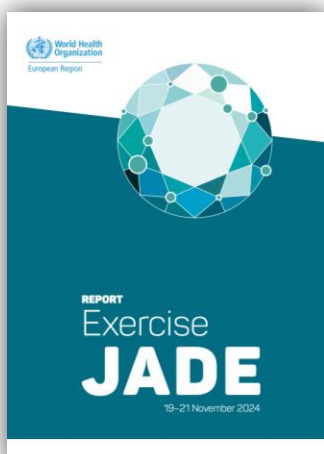
[Cyclone Chido response in Mayotte: situation report No. 2, 7 March 2025](#)



[Assessing the impact of primary health care outreach services delivered during the war in Ukraine: a mixed methods analysis](#)



[Annual progress report 2023–2024: WHO European Centre for Preparedness for Humanitarian and Health Emergencies](#)



[Exercise JADE report: 19–21 November 2024](#)



[Programmatic considerations on identifying, addressing and monitoring immunization inequities in the WHO European Region](#)



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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