



# Health security bulletin

July–September 2025



World Health  
Organization

European Region

Cover photo: Training for lab specialists, Bishkek, Kyrgyzstan.

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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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WHO's recent restructuring signals a more unified, strategic and forward-looking era for health security in the WHO European Region. The new Division of Health Security (HSE) brings together surveillance, International Health Regulation (IHR) capacities, epidemic and pandemic preparedness, humanitarian resilience, immunization support and antimicrobial resistance under one vision, creating a more agile system to help every country manage multi-hazard health emergencies. Through close collaboration with Member States, donors and partners across One Health, communicable disease control, community resilience and emergency operations, HSE reinforces a simple idea: no country should face shared health threats alone.

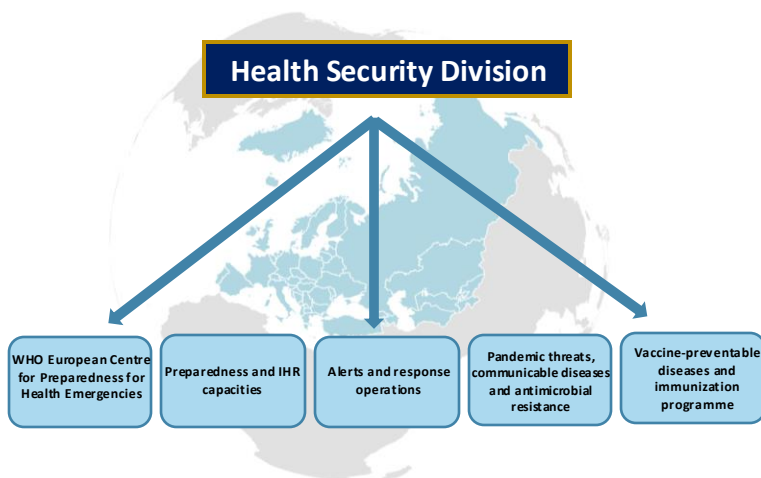
This transformation comes at a pivotal time. The endorsement of the second European Programme of Work by all Member States provides renewed direction and a shared mission to keep WHO/Europe focused, accountable and future-ready, while reaffirming a common purpose to build a Region with stronger health systems, sharper preparedness and enduring public trust in health.

The urgency to tackle health threats in our Region could not be clearer: between July and September 2025, WHO/Europe analysed over 62 000 information reports, identified 483 early signals and supported countries facing ongoing mpox transmission through advanced modelling and new tools for risk communication, community engagement and infodemic management. The Region continues to report around 200 new mpox cases per month, underscoring the need for timely, reliable and actionable information for health workers.

In parallel, teams are responding to eight graded emergencies, including the war in Ukraine; one of Europe's largest and most complex health crises in recent history. Millions of people require humanitarian and health support – WHO has verified over 2700 attacks on health care in Ukraine – yet there are powerful examples of solidarity: together with the European Union Emergency Response Coordination Centre and other partners, WHO has coordinated more than 6000 medical evacuations for critically ill and injured patients, helping health systems endure, adapt and continue delivering care.

From July to September 2025, WHO/Europe delivered over US\$ 8 million in essential supplies in support of five graded emergencies, while countries across the Region strengthened preparedness through simulation exercises, trainings, Joint External Evaluations and new national health security action plans.

This issue of the Health security bulletin captures that spirit of momentum and shared purpose: Member States advancing preparedness; health workers finding solutions under pressure; and WHO teams working hand in hand with local authorities to anticipate, absorb and adapt to emerging challenges. Our achievements are a testament to partnership – between countries, communities, donors and institutions – turning shared commitment into measurable progress and, ultimately, into lives saved.



Organizational structure of the HSE.

Together, these efforts are shaping a Region that is safer, stronger and more resilient, bringing us closer to a European Region where every community, every health worker and every individual is protected by the collective promise of health security for all.

Dr Ihor Perehinets



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## The WHO European Region in focus: key highlights

### Uzbekistan harmonizes its food safety legislation with international standards

On 18–19 September 2025, WHO/Europe provided technical assistance and policy guidance to the seminar on “The importance of harmonizing the Republic of Uzbekistan’s food safety legislation with international standards for protecting human health and facilitating international trade”. The event was organized within the framework of the Food and Agriculture Organization and WHO Codex Trust Fund project “Strengthening national capacity for the sustainable functioning of Codex Alimentarius in Uzbekistan”. Particular attention was given to the new Law on Food Safety, adopted on 5 August 2025, and sanitary rules, norms and hygiene standards. The seminar served as a platform for constructive dialogue between food business operators and government authorities on the ongoing reforms in the food safety system.

### Belarus and Tajikistan introduce human papillomavirus (HPV) vaccine

Belarus and Tajikistan took the historic step in 2025 of introducing the HPV vaccine into their national routine immunization calendars for all girls aged 11 (in Belarus) and aged 10–14 years (in Tajikistan). Ensuring successful introduction of HPV vaccination will protect girls from cervical cancer, one of the leading causes of cancer among women, and thereby contribute to community protection and health security. The vaccine was also introduced in 2024 in Kazakhstan and Kosovo<sup>[1]</sup>, and Ukraine plans to introduce it in 2026.

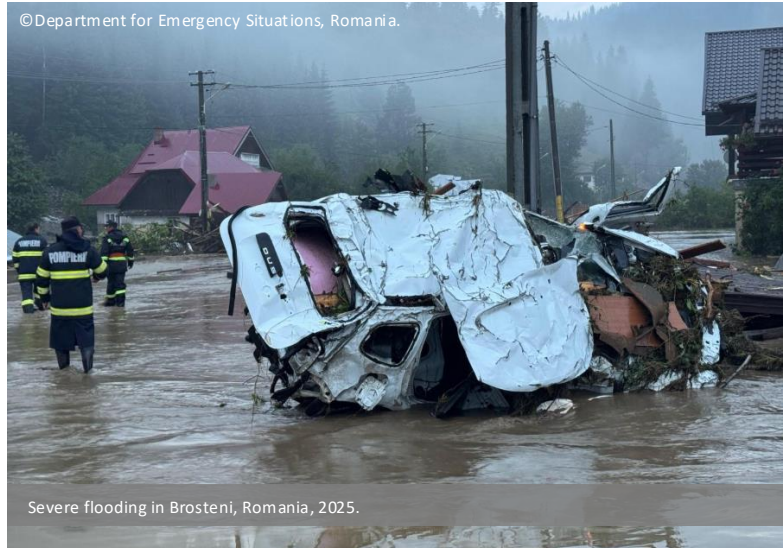
### Mpox Public Health Emergency of International Concern (PHEIC) status lifted but the threat is not over

On 5 September 2025, WHO ended its declaration of a PHEIC for mpox, announced in August 2024. The decision reflects progress made in controlling the outbreak but does not signal that the threat is over, or that WHO’s response will cease. Continued efforts are essential to protect vulnerable groups.



Tajikistan has introduced the HPV vaccine into its national immunization schedule, offering protection against cervical cancer to all girls aged 10–14 years.

©Department for Emergency Situations, Romania.



Severe flooding in Brosteni, Romania, 2025.

Despite advances, significant challenges remain: mpox clades continue to circulate, with approximately 200 Clade II mpox cases reported monthly; surveillance and diagnostic access are uneven; response capacities face funding constraints; and sustained investment in community engagement and partner coordination is still required. The WHO standing recommendations for mpox have been extended for another year – until August 2026 – to support Member States worldwide. For the latest updates please refer to [WHO/Europe’s mpox homepage](#).

### WHO three-level mission to Ukraine

On 8–12 September 2025, a three-level WHO mission, involving representatives from WHO headquarters, the WHO Regional Office for Europe and the WHO Country Office in Ukraine, visited frontline regions with the aim of monitoring the needs of vulnerable populations and seeing firsthand WHO’s emergency response. The mission’s findings will guide WHO’s ongoing efforts to strengthen Ukraine’s health system resilience amid continued attacks on health facilities. Engagements with national and regional health authorities, partners and local facilities helped to evaluate ongoing projects, identify gaps and prioritize interventions, ensuring that health-care workers are equipped to deliver critical services, and that populations, particularly those in frontline or hard-to-reach areas, can access essential care.

### Preparing the WHO European Region for flood related health risks

Floods are the most frequent natural hazard in the WHO European Region, affecting 50 of 53 countries in the past two decades and causing deaths, displacement, health facility damage and major economic losses. Climate change and environmental factors are expected to make extreme precipitation and flooding events up to nine times more likely. In June 2025, WHO/Europe marked a milestone by launching the Pan-European Commission on Climate and Health. Following a request by Member States, the Health Security Division developed and shared a resource package to help Member States strengthen flood preparedness, readiness and response in the health sector.

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



# 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 PHEIC. From July to September 2025, through Epidemic Intelligence from Open Sources, WHO/Europe screened over 62 000 pieces of information and detected 483 raw signals. After assessment and triangulation of these raw signals, 36 were classified as significant signals and 45 as public health events.<sup>1</sup>



**62 000**

Pieces of information



**36**

Signals<sup>1</sup>



**45**

Public health events<sup>1</sup>



**0**

New graded emergency

**Protracted Grade 2: Ukraine refugee response**

**Protracted Grade 3: Syrian Arab Republic Complex Emergencies**

**Protracted Grade 3: Ukraine war**

**Grade 3: Middle East escalation of violence**

**WHO continues to respond to COVID-19 and mpox  
Countries and IHR States Parties (WHO European Region)**

- Affected by COVID-19 and mpox
- Affected by COVID-19

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

COVID-19: coronavirus disease.

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 July–September 2025

**8**



**Ongoing graded emergencies**

In or affecting the WHO European Region

**US\$**

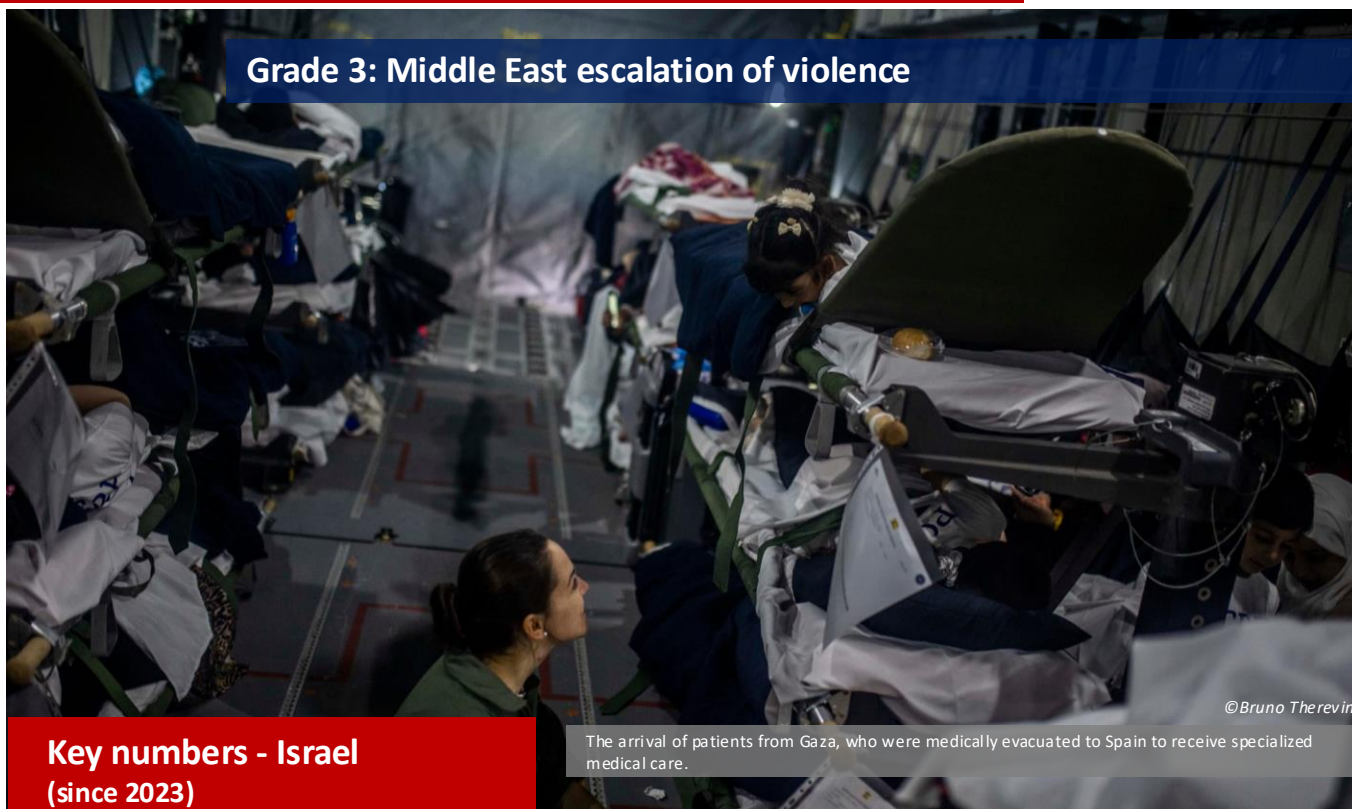


**8.4 million**

worth of supplies delivered to the WHO European Region

<sup>1</sup> Includes both new and updated signals and events.

## Grade 3: Middle East escalation of violence



©Bruno Therevin

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

### Key numbers - Israel (since 2023)

-  **over 1200**  
deaths<sup>2</sup>
-  **~ 5400**  
injured<sup>2</sup>
-  **81**  
attacks on health care
-  **48**  
hostages still in Gaza
-  **961**  
medical evacuations to  
WHO European Region
-  **16**  
countries that accepted  
patients for treatment

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 66 005 fatalities and 168 162 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 17 September 2025, the conflict triggered by the attacks in October 2023, has resulted in more than 1200 deaths and approximately 5400 injuries, including the fatalities from 7 October and the immediate aftermath. The hostage crisis remains unresolved, with 48 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. In 2025, the [Mashiv HaRuach initiative](#), coordinated by Israel's Ministry of Health and supported by WHO/Europe, is providing targeted mental health support to 90 frontline responders affected by the 7 October 2023 terrorist attacks. The initiative builds on the success of its first phase, implemented in 2024.

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

Since the launch of medical evacuation operations in October 2023 and up to the end of September 2025, over 961 Palestinian patients have been transferred to 16 countries in the WHO European Region through the European Union (EU)'s Civil Protection Mechanism's Emergency Response Coordination Centre and bilateral arrangements. From July to September 2025, a total of 109 patients were evacuated to eight Member States in the WHO European Region. The majority of patients were received and treated in hospitals in Italy (46), the United Kingdom (16), Spain (14) and Belgium (9). Local health authorities in Gaza estimate that more than 15 600 people, including 3800 children, are currently in need of urgent medical evacuation. As needs in Gaza continue to grow, WHO/Europe remains engaged in advocacy and coordination efforts.

<sup>2</sup> The figures include fatalities on 7 October and the immediate aftermath, including foreign nationals in Israel. Source: <https://www.ochaopt.org/content/reported-impact-snaps-hot-gaza-strip-17-september-2025>



### Protracted Grade 3: Ukraine war



#### Key numbers (since 2022)



**14 383**  
deaths<sup>3</sup>



**37 541**  
injured<sup>3</sup>



**2700**  
attacks on healthcare



**3.7 million**  
internally displaced



**Over 6000**  
medical evacuations to  
WHO Member States



**34**  
countries that accepted  
patients for treatment

From February 2022 to September 2025, [the Office of the United Nations High Commissioner for Human Rights](#) recorded 51 924 casualties in the country with 14 383 people killed and 37 541 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 2700 attacks on health-care facilities.

According to WHO's latest [Health needs assessment](#) conducted in April 2025, 82% of respondents reported facing difficulties in obtaining medicines, primarily due to high prices and financial constraints. To help address these gaps, WHO has delivered 8005 over-the-counter kits with essential medicines to frontline and hard-to-reach communities, reaching over 25 000 people as of 1 September 2025.

In preparation for the winter season, WHO installed 16 modular heating units in health facilities across Ukraine and delivered five diesel generators in frontline hospitals to ensure autonomous heating and uninterrupted operations during the winter. To ensure delivery to frontline areas, WHO participated in 25 United Nation interagency convoys to hard-to-reach areas in frontline and underserved communities, providing critical medical supplies. In addition, WHO has also supported more than 850 health-care facilities with over 2140 tonnes of medical supplies and equipment, valued at over US\$ 14.07 million.

After 3.5 years of war, the psychological impact on Ukraine's population is profound and far-reaching. In the latest [WHO Health Needs Assessment](#), 70% of people reported experiencing mental health issues, anxiety, depression and severe stress over the last 12 months, directly linked to attacks on civilian infrastructure. To address these needs, in 2025, 714 primary health care workers – including 377 doctors and 337 mid-level staff – were trained under the WHO Mental Health Gap Action Programme; with trainings delivered by WHO and the Programme's partners.

From July to September 2025, the Ministry of Health of Ukraine, with technical support from WHO, facilitated the evacuation of 287 patients to 13 WHO Member States giving them access to critical treatment. Of these patients, 166 were evacuated through the EU Civil Protection Mechanism pathway. This effort highlights the ongoing commitment and collaboration between the Ministry of Health, WHO and other partners, ensuring that patients receive necessary medical care in a timely manner. Since 2022, over 6000 patients have been successfully evacuated from Ukraine to 34 WHO Member States.

<sup>3</sup> According to the Office of the United Nations High Commissioner for Human Rights, the actual number of civilian casualties might be higher.



## Emergency response

### Ukraine enhances emergency preparedness and readiness for response to waterborne disease outbreaks through full-scale simulation exercise

On 12–15 August in Odesa city, the WHO Country Office in Ukraine, together with the Ministry of Health of Ukraine, WHO/Europe and partners conducted a full-scale simulation exercise (SimEx) to test national and regional preparedness and response capacities for a potential waterborne disease outbreak.

Over the course of 4 days, more than 150 participants, including representatives from health authorities, laboratories, emergency services and partner organizations, worked through a complex outbreak scenario. The exercise tested their capacity to coordinate, investigate and respond, with a focus on interagency collaboration, the rapid deployment of response teams and mobile laboratories, epidemiological investigations, case management, risk communication, and collaboration between national and local authorities as well as with WHO.

The SimEx revealed both strengths and areas for improvement, and proved to be invaluable for assessing existing policies, plans and procedures at the different levels of the health sector. It tested participants' practical skills in event detection, alert and response, while also evaluating coordination mechanisms at both regional and national levels. The results of the evaluation will serve as a foundation for updating national and regional policies and procedures and contingency plans, ultimately enhancing Ukraine's preparedness and response capacity to protect lives during future disease outbreaks and other public health emergencies.

The event was conducted with financial support from the Asia-Europe Foundation.



Participants practice coordinated response actions during a disease outbreak simulation exercise.



A large modular unit for emergency medical services was installed by WHO with support from the EU, in Solone, Dnipro region, Ukraine.

### Continuity of care: the EU and WHO install modular health facilities in Ukraine

In 2025, four new modular primary health care clinics and two modular Emergency Medical Team stations were installed in the Dnipro, Kharkiv, Kherson and Mykolaiv regions of Ukraine. This project, implemented by WHO in partnership with the Ministry of Health and with financial support from the EU, ensures continued access to essential health-care services for communities affected by the war.

The newly installed primary care clinics provide vital services, including chronic disease treatment, routine health checkups, and childhood and adult vaccinations. Patients can also receive prescriptions through Ukraine's Programme of Medical Guarantees and access medications free of charge.

Since the start of the war, 24 modular primary care clinics, two Emergency Medical Team stations and two relocated facilities have been installed with support from the EU. This project is part of WHO's broader emergency response and recovery efforts to ensure continuity of care for Ukraine's most vulnerable populations, when and where it is needed most.

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Millions of Ukrainians continue to face uncertainty and hardship due to the ongoing war. Through our partnership with WHO, the EU is ensuring that essential health services remain available even in the most hard-hit regions. These modular clinics and emergency medical hubs are more than just structures; they represent hope, stability and dignity for people who have already lost so much.

Ms Marianna Franco, Head of the EU Humanitarian Aid Office in Ukraine

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### Protracted Grade 2: Ukraine refugee response



©WHO/Laszlo Vegh

Eleven-month-old Jasmin undergoes a regular checkup to monitor her congenital heart condition. Jasmin's mother Fanni decided to flee Ukraine to seek treatment in Hungary.

#### Key numbers



**5.3 million**  
refugees within Europe



**549 090**  
refugees beyond Europe



**5.8 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. To date, the [United Nations Refugee Agency](#) estimates that over 5.3 million refugees from Ukraine remain in Europe.

While cross-border movements have stabilized, uncertainty around the continuation of temporary protection and differing national policies continue to pose challenges. Notably, 83% of refugees now report access to health care, and 75% are covered by public health insurance; demonstrating significant progress in integrating refugee populations into national health systems. However, barriers remain, particularly for vulnerable groups such as people with disabilities, chronic conditions or unmet mental health and psychosocial support needs. Administrative, linguistic and financial obstacles continue to limit equitable access to care. Neighbouring host countries also face challenges, especially in managing infectious diseases like tuberculosis and HIV.

While EU mechanisms have helped facilitate access to services, overstretched health systems, language gaps and limitations in national disease control strategies hinder comprehensive care. WHO continues working with Member States to address these gaps and ensure inclusive, equitable health care for all refugees, regardless of status or location. In 2025, WHO-supported interventions reached over 45 958 refugees with health services, trained more than 3336 health workers in refugee-sensitive care and expanded access to mental health and psychosocial support in both urban and rural settings, reaching over 3502 individuals. Health sector response coordination – led by WHO – remains essential to maintain service continuity and social stability amid a fluid geopolitical context.

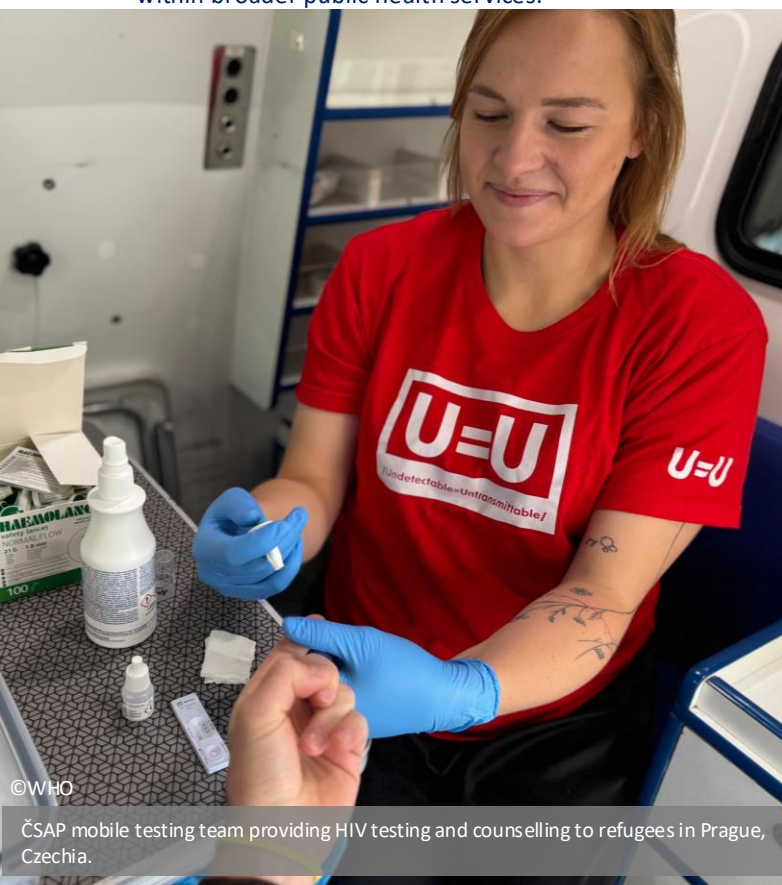
Building on 3 years of operational support, the [Regional Refugee Response Plan 2025-2026](#) reflects a transition from acute emergency response to long-term integration, localization and social cohesion. Within this framework, WHO's priorities are to continue supporting refugee integration into national systems to strengthen social cohesion through localized and sustainable responses. In parallel, WHO will reinforce scenario and contingency planning, and other targeted capacity strengthening initiatives to address potential surges in displacement, escalating conflict, infectious disease outbreaks and other emerging threats, including chemical, biological, radiological and nuclear (CBRN) events. This work remains central to WHO's commitment to health for all, leaving no one behind.

### Supporting Ukrainian refugees and migrants to access HIV prevention and care in Czechia

Since the start of the war in Ukraine, over 397 000 refugees have been recorded in the Czechia as of 28 September 2025, according to the [United Nations High Commission for Refugees](#). Among them are individuals living with HIV or at risk of infection who often face barriers to accessing testing, treatment and health services. To help bridge this gap, the WHO Country Office in Czechia has been working closely with *Česká Společnost AIDS Pomoc* (ČSAP) [the Czech AIDS Help Society] to strengthen HIV prevention and support for Ukrainian refugees and other migrants.

From July to September 2025, ČSAP implemented a WHO-supported project funded by the Asia-Europe Foundation, aimed at ensuring early diagnosis, continuous treatment, and comprehensive social and psychological support for refugees and migrants living with or at risk of HIV infection. Through its network of HIV checkpoints and mobile testing units, the organization provided more than 800 HIV tests and 1600 counselling sessions across the country. Testing was accompanied by pre- and post-test counselling to help individuals understand their results and reduce risky behaviours.

The project demonstrates the crucial role of community-based organizations, supported by WHO, in ensuring refugees and migrants are not left behind in accessing essential health services. Building on these achievements, WHO and ČSAP plan to expand outreach activities and continue strengthening integration between HIV care within broader public health services.



ČSAP mobile testing team providing HIV testing and counselling to refugees in Prague, Czechia.



Health information material describing the health benefit package refugees are entitled to, from a training in Balti, Republic of Moldova, September 2025.

### From information to access: how health communication is empowering refugees in the Republic of Moldova

Since the start of the war in Ukraine, the [United Nations High Commission for Refugees](#) has recorded over 135 080 refugees in the Republic of Moldova as of 31 July 2025. Ensuring these refugees can access essential services requires not only health-care provision but also clear, practical information – an effort led by the WHO Country Office in the Republic of Moldova, together with the International Organization for Migration in the Republic of Moldova, and in collaboration with the Ministry of Health and Ministry of Internal Affairs. In June 2025, a national information and awareness campaign was launched to make health-care information more accessible for refugees from Ukraine and to support them in applying for temporary protection status and enrolling in the national health-care system.

From 13 August to 30 September 2025, hospitals and district councils hosted nine information sessions across the country for doctors, nurses and social workers, bringing together more than 650 participants. These meetings created opportunities for experience sharing and practical dialogue among local health managers, representatives of the national health insurance company and the General Inspectorate for Migration.

All efforts to strengthen national resilience are generously supported by the EU and Switzerland through the United Nations Multi-Partner Trust Fund.

“

I would like to take this opportunity to thank WHO for facilitating the project financially supported by the Asia-Europe Foundation. Thanks to this support, we were able to ensure the continuation of treatment for patients from Ukraine, as well as testing for newly arrived individuals and, in cases of HIV diagnosis, providing them with psychological support. This project has helped many people during a critical period in their lives

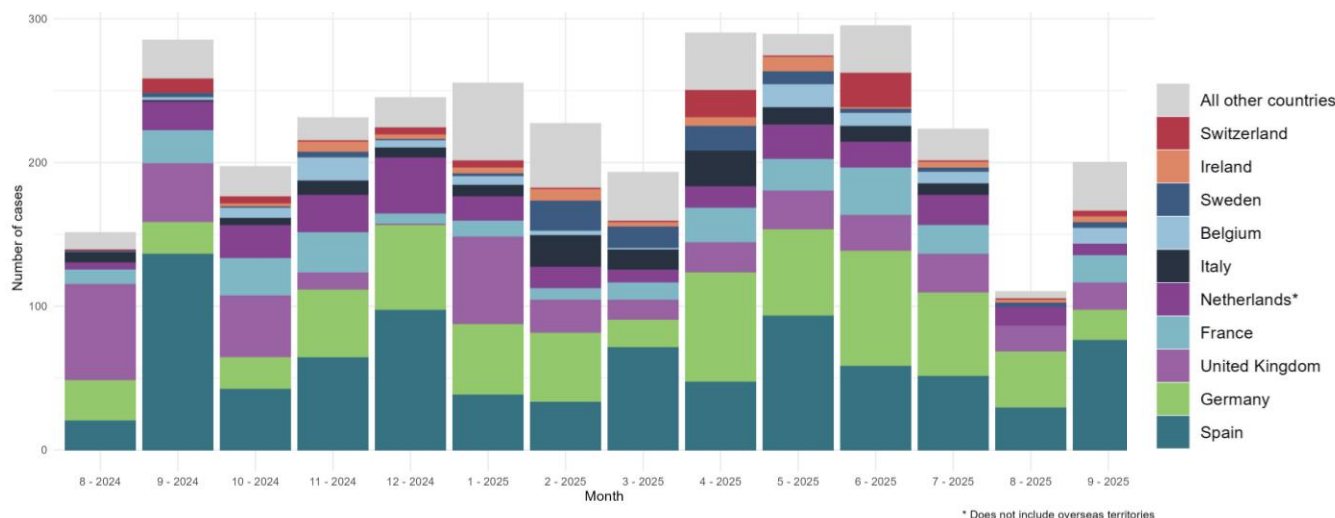
Stanislav Pekarek, the Director of ČSAP

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## Grade 3: Mpox

On 5 September 2025, WHO ended its declaration of a PHEIC for mpox, initially announced in August 2024, following the resurgence of clade I cases in several central African countries, which had raised concerns about increased transmission and severity compared to clade II. Currently, there are approximately 200 mpox cases per month detected in the WHO European Region, with the vast majority being clade II affecting men who have sex with men. As of 30 September 2025, there have been a total of 30 997 cases and 10 deaths reported across the Region. During the third quarter, transmission remained at low levels, with the lowest number of cases reported in August (200 cases) and the highest in September (231 cases). During the third quarter of 2025, the most affected countries were Spain (194), Germany (94) and the United Kingdom (66). As of 30 September 2025, 51 confirmed cases of mpox clade I were reported in 10 countries of the WHO European Region. Some of these imported cases led to small clusters of human-to-human transmission, which have been well controlled to date. To date, single cases of clade Ia were reported in Ireland and Türkiye.

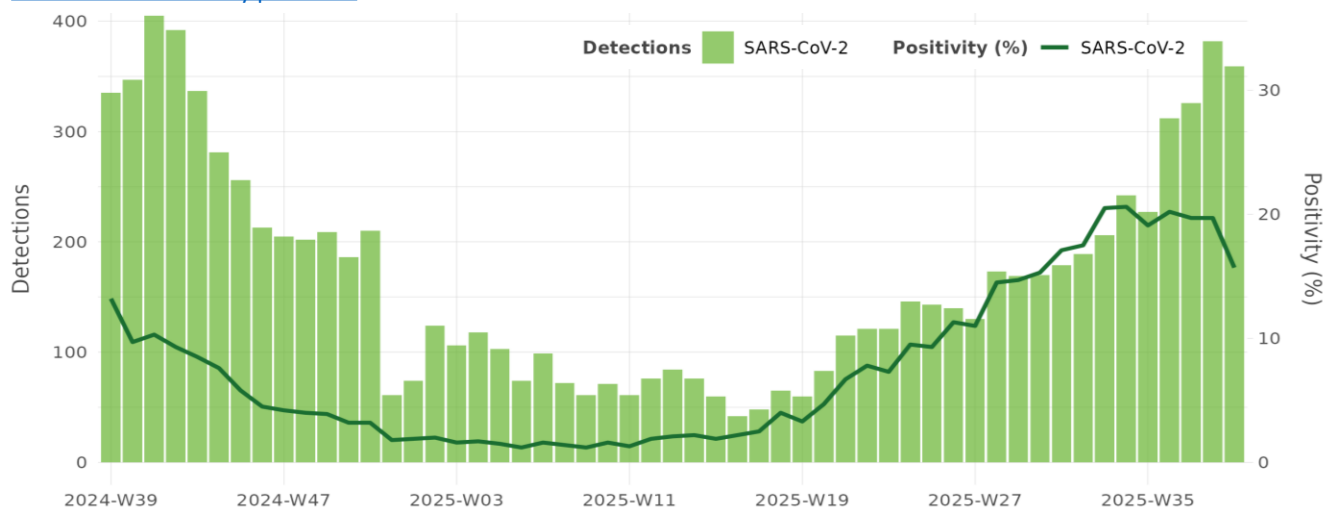


Top 10 countries reporting new mpox cases reported by month in the WHO European Region from August 2024 to September 2025

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 continued a steady upward trend throughout the third quarter of 2025. Between July and September, reported weekly detections in primary care rose steadily from 129 cases in week 27 to 382 cases in week 38. Reported hospitalizations, intensive care unit admissions and deaths due to SARS-CoV-2 steadily rose to a peak in week 40 before declining, with older adults most affected. Throughout the third quarter, the SARS-CoV-2 Omicron variant and its descendant lineages, including NB.1.8.1, XFG and BA.2.86, continued to circulate. The median of country variant proportions decreased from 30% to 8% for BA.2.86, while XFG increased from 31% to 76%. The NB.1.8.1 variant declined from 20% in July to 10% by late September. Data submitted to the Global Initiative on Sharing All Influenza Data showed that XFG was the dominant variant in September, comprising 47% of 8522 submitted sequences, followed by XFG.3 (20%) and NB.1.8.1 (10%). Please refer to the joint [European Centre for Disease Prevention and Control \(ECDC\)–WHO/Europe European Respiratory Virus Surveillance Summary platform](#) for further information.



Primary care sentinel detections and test positivity of SARS-CoV-2 in the WHO European Region from 23 September 2024 (Epi week 39/2024) to 28 September 2025 (Epi week 39/2025). W: epi week. Source: European Respiratory Virus Surveillance Summary platform.

### WHO/Europe gears up defense against dengue and West Nile virus (WNV)



A researcher in one of the laboratories of the Department of Public Health and Infectious Diseases at Sapienza University in Rome, Italy.

©WHO

“

By bringing countries together to share experiences and strengthen surveillance, WHO/Europe is helping transform knowledge into action; data and evidence into better preparedness. This regional cooperation ensures that Member States are better prepared to detect, prevent and respond to arbovirus outbreaks, protecting communities across Europe from emerging health threats.

**Dr Marc-Alain Widdowson, Programme Manager of Pandemic Threats, Communicable Diseases and Antimicrobial Resistance unit, WHO/Europe**

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Arthropod-borne viruses (also called arboviruses) are an increasing public health concern in the WHO European Region. Multiple factors, including environmental and climatic changes, large-scale global outbreaks and increased mobility, among others, create favorable conditions for vectors capable of transmitting viruses and for the importation of cases. Mosquito-borne viruses such as dengue virus and WNV are of particular concern. In December 2023, WHO declared a Grade 3 global emergency for dengue, following a 30-fold increase in reported cases worldwide during the past five years. Although dengue is not endemic in the Region, locally-acquired cases have been detected in Croatia, France, Italy, Portugal (Madeira) and Spain. Since the beginning of 2025 and as of 10 September, France (21), Italy (four), and Portugal (two) have reported locally acquired dengue cases.

On 17 July 2025, WHO/Europe convened a regional webinar bringing together over 130 participants from Member States and external stakeholders from across the Region to share updates on dengue and WNV, discuss challenges in surveillance and control, and exchange lessons learned. Key discussions focused on the impact of climate change, the risk of multiple co-circulating arboviruses and country-level strategies to enhance surveillance and control.

During the webinar, representatives from Armenia and Italy shared the Member State perspective on WNV outbreak management and surveillance offering critical lessons learned on detection, epidemiological investigation, biological control measures and cross-sector coordination. The key takeaways emphasized the importance of a One Health cross-sectorial approach for surveillance, adaptive planning to address evolving epidemiological scenarios, harmonized protocols, new technologies, and both basic and applied research to strengthen surveillance and respond effectively to emerging arbovirus threats.

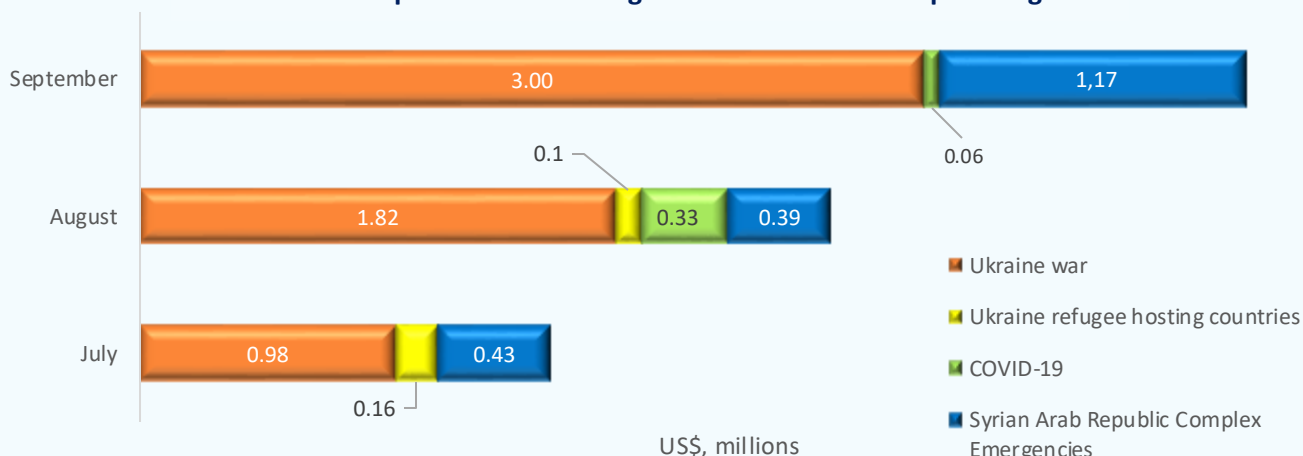
By fostering dialogue and practical knowledge-sharing, WHO/Europe is helping countries anticipate risks, strengthen preparedness and protect communities from the growing threat of arboviruses. Moving forward, surveillance for dengue will continue during this Grade 3 emergency, to better understand the occurrence of dengue in the Region. WHO/Europe and WHO headquarters stand ready to support countries in the prevention and control of WNV in the Region through a coordinated One Health approach.



### Operations support and logistics (OSL)

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

**From July to September 2025, US\$ 8.4 million worth of supplies were delivered in response to four emergencies in the WHO European Region.**



### Prevention and response to sexual misconduct (PRS) across emergencies

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.

From July to September 2025, in Ukraine, WHO focused on strengthening awareness and capacity on PRS among health and humanitarian personnel, with special attention to frontline regions. Efforts also targeted vulnerable populations temporarily accommodated in transit centres for evacuees and in temporary shelters for internally displaced people. The WHO PRS team in Ukraine reached over 200 participants, including WHO staff, implementing partners, Health Cluster members, transit centre managers and affected populations. The outreach activities reinforced WHO's commitment to a culture of integrity, accountability and protection from sexual exploitation and abuse.



Strengthening the PRS capacity of staff, partners and affected communities ensures compliance with WHO's zero-tolerance policy, fosters trust, safeguards dignity and promotes safe access to health and social services.

During the reporting period, most WHO country offices in Ukrainian-refugee hosting countries were unable to conduct PRS activities due to the redirection of limited resources toward urgent operational priorities. Nevertheless, the Country Office remains strongly committed to WHO's zero-tolerance policy on sexual misconduct and continues to promote awareness and compliance with the organization's standards of conduct through regular internal communications and integration of PRS principles in ongoing programmatic work.



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 to Member States across several core areas.

Armenia adopts a National Action Plan for Health Security (NAPHS)

After more than half a year of high-level governmental review, Armenia’s NAPHS has been officially adopted; a significant step forward in strengthening the country’s resilience to health emergencies. The NAPHS aims at guiding strategic multisectoral actions to strengthen emergency preparedness and response capacities to all priority hazards in a coordinated intersectoral manner.

This milestone reflects extensive collaboration with and advocacy of the WHO Country Office in Armenia and the WHO Health Emergencies Hub for the South Caucasus, who have supported the national authorities throughout the NAPHS development process.

Second Joint External Evaluation (JEE) in Tajikistan

For the second time, Tajikistan volunteered to undertake a JEE of its implementation of the IHR (2005). The JEE mission took place on 14–18 July 2025 in Dushanbe and brought together 15 international technical experts from multiple countries and international organizations, which in dialogue with a multisectoral group of national experts evaluated Tajikistan’s capacity to prevent, prepare for, detect and respond to public health threats.



Strengthening health security planning through evidence and risk-based approaches

Health security planning at the national level is often complex and fragmented, with limited coordination between different planning processes and budgets. To improve efficiency and maximize investments in preparedness and response, a comprehensive One Health approach is essential, bringing together all relevant sectors, stakeholders and levels of governance. Political commitment and dedicated funding remain critical foundations for successful health security planning.

An evidence- and risk-based planning process, ideally includes both an all-hazards and a hazard-focused approach, balancing broad preparedness with targeted readiness actions for specific risks; a challenging but effective way to ensure Member States can respond to diverse threats.

Ahead of the 75th session of the WHO Regional Committee for Europe a side event took place on 23 September to highlight the current health security planning landscape, showcase good practices and launch a Member States’ consultation on a draft policy brief, with the aim to strengthen health security planning through evidence and risk-based approaches.

A shared commitment to preparedness

These 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.

Key figures on preparedness under IHR (2005)  
January–September 2025

54



States  
Parties

submitted  
their 2024  
SPAR<sup>4</sup> (98%)

2



JEEs  
completed

6



SimEx

conducted to  
test national  
preparedness

3



WHO SimEx  
management  
trainings  
completed

2



National  
STAR<sup>5</sup>

workshops  
completed in  
the WHO  
European  
Region

1



NAPHS  
completed  
with 4  
more in  
development

<sup>4</sup> SPAR: State Party Self-Assessment Annual Reporting.

<sup>5</sup> STAR: Strategic Tool for Assessing Risks.



### Putting risk communication, community engagement and infodemic management (RCCE–IM) into action: how new tools boost emergency preparedness and response

On 9 September, WHO/Europe launched two innovative digital tools – the [Capability Mapping Tool](#) and the [Pocket Plan Creator](#) – designed to help European Region Member States map and strengthen their RCCE-IM capabilities as part of all-hazard national emergency planning. Financially supported by the European Commission and the Pandemic Influenza Preparedness Framework and developed with the collaboration of more than 100 experts contributing to their testing and peer review, these tools adopt secure, efficient and in-house digital solutions. Offering a practical and action-oriented approach to assessing and guiding preparedness and response, the new RCCE-IM tools mark a breakthrough in emergency management. The Capability Mapping Tool evaluates structures, systems and skills across six key areas – including RCCE-IM as well as evidence generation, capacity-building and operational management.

The Pocket Plan Creator translates these assessments into tailored, all-hazard or hazard-specific plans through 10 interactive modules complete with templates, checklists and a comprehensive resource package.

Together, these innovations turn insights from past emergencies into concrete action, driving a continuous cycle of learning and preparedness. By integrating both successes and challenges, they provide Member States with practical, evidence-based solutions to assess capabilities, close gaps and design tailored plans that place communities at the heart of future responses.

Several European countries – including Belgium, Germany and Poland – have already piloted and adopted the tools. Belgium, in particular, embarked on a two-year process to integrate RCCE-IM tools into its national planning. The effort – kicked off on 7 October 2025 – brings together authorities from all sectors and levels of government, creating a truly whole-of-government plan.

This experience shows that when countries take ownership and co-create solutions across all levels of government, trust and coordination strengthen.

“

WHO/Europe's Pocket Plan Creator gave us a tool to have a plan – co-created with our partners, and not just a Federal Public Service Plan – based on the principles of RCCE-IM. Backed by WHO and a proven methodology, and with committed partners, we have the tools to develop an effective, interfederal crisis communication plan, fully integrating RCCE-IM.

**Manon Hupin, Crisis Communication Manager, Federal Public Service – Health, Belgium**

”



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The original versions of the tools were tested at several multicountry workshops, including the RCCE-IM Forum in Copenhagen, Denmark, in December 2023.

### WHO/Europe launches first-ever antimicrobial stewardship coaching programme

Antibiotics are routinely prescribed in hospitals and other health-care facilities. However, as drug resistance escalates, these vital medications are becoming less effective, making previously manageable infections into serious, potentially life-threatening conditions.

To address this challenge, WHO/Europe has launched its first-ever Antimicrobial Stewardship (AMS) coaching programme. Designed to promote the coordinated and optimized use of antimicrobial medicines across health-care facilities, the programme equips clinicians with practical tools and expert guidance to lead effective AMS initiatives. Jointly led by WHO/Europe and leading field experts, the programme runs from April to December 2025 and comprises 10 plenary sessions, open to all, with four sessions already completed; each attended by 350 participants from across the world.

The programme delves into high-impact AMS strategies, including surgical antibiotic prophylaxis, antibiotic use in intensive care units, de-labeling antibiotic allergies, and optimizing doses for complex patients. During the coaching programme participants also explore AMR surveillance, infection prevention and control, and behavioural approaches to drive sustainable change in rational antibiotic prescribing.

Through hands-on coaching and real-world strategies, participants gain the confidence to make data-driven decisions, improve patient care and curb drug resistance; driving lasting change within their institutions.

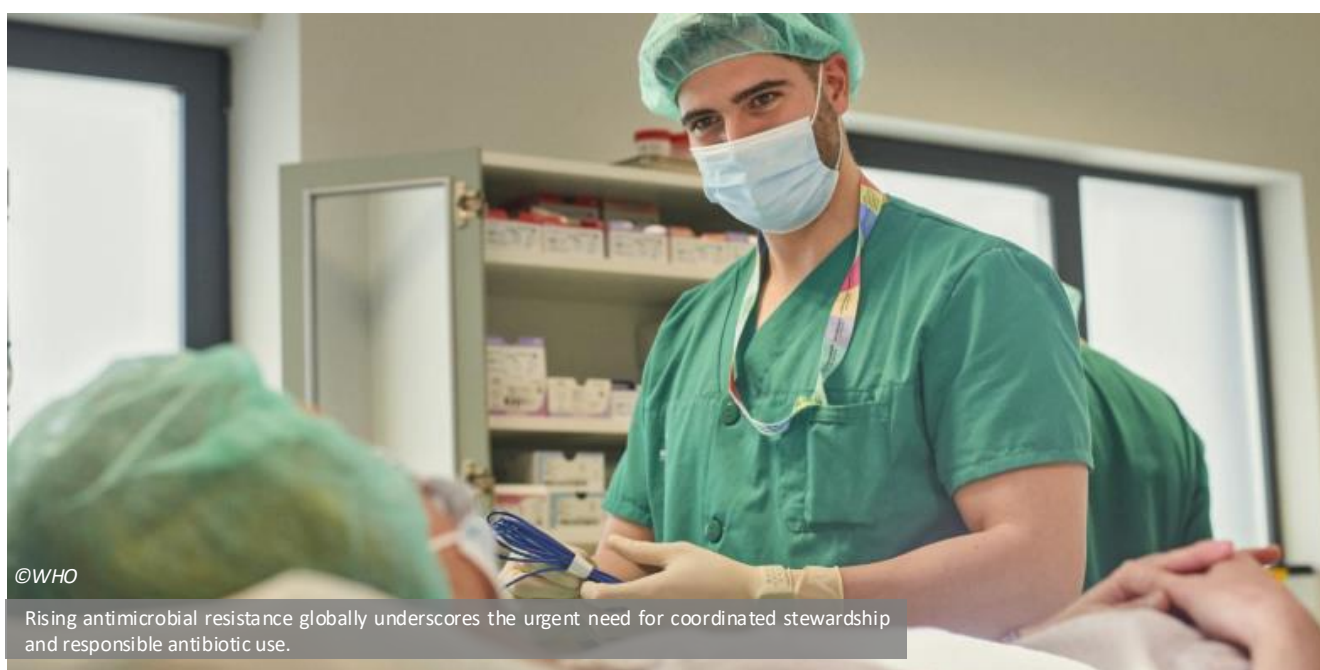
Participants learn from globally recognized AMS and AMR experts from institutions such as WHO collaborating centers, Johns Hopkins University, public health agencies and leading European hospitals.

The AMS coaching programme also includes eight mentees who receive tailored, focused mentoring sessions following each plenary session. These mentees are clinically active physicians and health-care professionals from Central Asian and European Surveillance of Antimicrobial Resistance member countries who hold leadership roles within their institutions, ensuring that knowledge gained translates into organizational impact.

By equipping clinicians with the knowledge, skills and confidence to lead effective antimicrobial stewardship, WHO/Europe is taking concrete steps to address AMR, strengthen health systems and improve patient outcomes across the Region. For more information on the coaching programme, please access [here](#).

“ The WHO AMS coaching programme has been a valuable experience, strengthening my ability to lead habit-driven, evidence-based AMS initiatives. I plan to incorporate these insights into institutional workflows, promoting sustainable AMS practices and diagnostic-driven antimicrobial prescribing. AMS isn't just clinical – it's a strategic approach, protecting patients, maintaining antimicrobial effectiveness, and reinforcing our health-care systems. AMS initiatives are essential because they help clinicians improve antimicrobial use, reduce resistance, and enhance patient outcomes through structured, evidence-based education. Additionally, this initiative fosters local leadership and encourages cross-border collaboration, strengthening health security across the WHO European Region.

**Dr. Muhammed Bekçibaşı, University of Health Sciences Gazi Yaşargil Training and Research Hospital, Infectious Diseases Clinic, Diyarbakır, Türkiye** ”



©WHO

Rising antimicrobial resistance globally underscores the urgent need for coordinated stewardship and responsible antibiotic use.



### Strengthening outbreak readiness: ECDC hosts Global Outbreak Alert and Response Network (GOARN) Outbreak Response Scenario Training in Stockholm, Sweden

On 7–12 September 2025, the ECDC and the European Health Task Force, in collaboration with the GOARN Operational Support Team and with support provided by WHO/Europe, hosted the GOARN Outbreak Response Scenario Training in Stockholm, Sweden.

This was the first time ECDC hosted this training in the WHO European Region, representing a key milestone in strengthening outbreak preparedness and workforce development across the Region. As a core GOARN partner, ECDC is now well positioned to deliver this training in the future, both within the Region and potentially to counterparts globally.

The intensive, week-long course brought together 24 mid-career public health professionals from across the Region, including WHO Health Emergencies Programme priority countries such as Ukraine. Selected for their expertise and potential to contribute to future deployments through the European Health Task Force and GOARN field missions, participants represented a wide range of disciplines, including epidemiology, laboratory science, clinical management, infection prevention and control, animal health and risk communication and community engagement.

First launched in 2005, the GOARN Outbreak Response Scenario Training has evolved into a scenario-driven, residential course designed to mirror the real-world complexity and unpredictability of public health emergencies. In Stockholm, participants faced a fast-moving outbreak of unknown origin, testing their ability to prioritize, coordinate and provide evidence-based recommendations under pressure.

The training emphasized both technical and soft skills – communication, leadership, collaboration, and problem-solving – essential for effective deployment. Each day introduced new challenges, from misinformation to logistical hurdles, forcing teams to adapt and respond under shifting conditions.

As global health threats grow more complex, the need for skilled and agile responders is greater than ever. This training in Stockholm represents an important investment in the next generation of outbreak responders, ensuring Europe's public health workforce is prepared, connected and ready to act when the next emergency strikes.

“

Investing in practical, scenario-based training is essential to building a deployable and resilient public health workforce. Hosting this course allowed us to strengthen collaboration with our GOARN partners, and to better prepare experts across Europe for real-world outbreak response in the future

**Vicky Lefèvre, Head of Emergency Preparedness and Response, ECDC**

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### Kazakhstan advances environmental integration into One Health approach

Kazakhstan is advancing its commitment to protecting health at the human-animal-environment interface through stronger multisectoral collaboration under the One Health approach. As the country faces increasing environmental and health risks – from climate change and biodiversity loss to pollution and zoonotic diseases – integrating the environmental sector into One Health efforts has become a critical priority. This was the focus of the recent national workshop “Pandemic Preparedness and Response through a One Health Approach in Central Asia” held on 19 September 2025 in Astana with financial support from the Pandemic Fund.

While Kazakhstan has made strong progress in building One Health coordination across human and animal health sectors, environmental health has remained less developed in this context. Environmental factors – such as soil and water contamination, land-use change and climate-driven ecological shifts – play a crucial role in the emergence and spread of infectious diseases. Recognizing this, the workshop aimed to build national capacity to better integrate environmental considerations into One Health systems, align national efforts with global frameworks and identify practical actions for future collaboration.

The event brought together representatives from the Ministries of Health, Ecology and Agriculture, alongside experts from WHO, the Food and Agriculture Organization, the World Organisation for Animal Health, the United Nations Environment Programme and the World Bank. Interactive sessions and group work formed the core of the workshop.

Through the practical exercise, participants examined how environmental challenges – including pollution, pesticide use, climate change and waste management – intersect with AMR, food safety and zoonotic disease risks. Participants called for revised legislation, joint surveillance mechanisms, better laboratory infrastructure and improved data sharing between sectors.

The workshop concluded with a renewed commitment from national and international partners to strengthen integration of environmental consideration in Kazakhstan’s One Health strategy. WHO reaffirmed ongoing support through the WHO Country Office in Kazakhstan and the WHO European Centre for Environment and Health. The workshop recommendations will guide the three sectors in enhancing their respective risk assessments and data sharing related to zoonotic diseases, food safety and antimicrobial resistance.

“

With increasing threats emerging at the intersection of ecosystems, animals and humans, the workshop served as a springboard for deeper, more effective collaboration, supporting Kazakhstan’s efforts to embed environmental thinking into One Health for resilience in the region.

**Dr Sinaia Netanyahu, Senior Advisor for Nature and Health, WHO/Europe**

”

Jiydekul Yrysbayeva carries lambs at her farm. One Health has a direct link to health threats as it addresses health risks at the human-animal-plant-environment interface.

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### Strengthening preparedness for influenza and other respiratory pathogens pandemics in the WHO European Region

Respiratory viruses continue to test health systems – from seasonal epidemics of influenza and respiratory syncytial virus to ongoing circulation of SARS-CoV-2. The threat of a new respiratory pathogen pandemic is constant, although its timing and causative pathogen cannot be predicted. WHO/Europe's Health Security Division has been strengthening pandemic preparedness through several key initiatives expanded on below.

#### Pandemic Influenza Preparedness Framework for the Sharing of Influenza Viruses and Access to Vaccines and Other Benefits

As part of WHO/Europe's implementation of the Pandemic Influenza Preparedness Framework Partnership Contribution, multiple activities have been carried out to strengthen the Global Influenza Surveillance and Response system and to prepare for future influenza and other respiratory pathogen pandemics, including:

- in preparation for the 2025/2026 respiratory virus season, WHO/Europe hosted two webinars in September 2025 on integrated respiratory virus surveillance, which were attended by more than 120 epidemiologists;
- assessment missions were conducted in Armenia, Kyrgyzstan, Turkmenistan and Uzbekistan to strengthen integrated sentinel respiratory virus surveillance;
- two "Mosaic" respiratory surveillance framework workshops have been scheduled – for Bulgaria in November and Armenia in December: the Mosaic Framework serves as a "respiratory use case" for implementing collaborative surveillance within the Health Emergency Prevention, Preparedness and Response framework, addressing the imminent epidemic and pandemic threats posed by respiratory pathogens;
- training and certification of shippers of infectious substances took place in Kazakhstan, Tajikistan and Uzbekistan between March and October 2025;
- influenza vaccination programme assessments were conducted in Tajikistan and Turkmenistan, with an assessment in Uzbekistan scheduled for December 2025; and
- a simulation exercise on national pandemic vaccine deployment plans was conducted in Turkmenistan in May 2025.

These efforts have resulted in several important outcomes. Turkmenistan has drafted its first national influenza vaccination policy, while the Ministry of Health and Social Protection of Tajikistan has procured seasonal influenza vaccines for the first time. With this achievement, every WHO Member State in the European Region now implements a national seasonal influenza vaccination programme, making it the first WHO region in the world to reach full implementation.

©WHO/ Ministry of Health and Social Protection of the Republic of Tajikistan



An influenza vaccination campaign for the 2025/2026 season is rolled out in Tajikistan.

#### Preparedness and Resilience for Emerging Threats (PRET) initiative

The global PRET initiative encourages Member States to adopt a mode of transmission approach to preparedness by leveraging routine systems and capacities to respond to pathogens with similar transmission characteristics. To date, 10 Member States have revised their national pandemic plans following the COVID-19 pandemic, with 25 others in the process of doing so. Azerbaijan and Kyrgyzstan, as well as Kosovo<sup>[1]</sup> have tested their revised plans through PRET simulation exercises, and Armenia, Tajikistan and Turkmenistan will conduct exercises before the end of 2025.

#### The European Severe Acute Respiratory Infection Vaccine Effectiveness (EuroSAVE) network

Established in 2021, the EuroSAVE network provides a multi-country framework to evaluate the severity of epidemic and pandemic threats and to rapidly assess the effectiveness of interventions, including vaccines. The EuroSAVE network leverages existing sentinel surveillance hospitals in seven countries and areas across the Balkans, the south Caucasus and central Asia to enhance respiratory infection monitoring.

Together, these initiatives demonstrate WHO/Europe's commitment to enhancing national and regional preparedness ensuring that Member States are better equipped to detect, respond to and mitigate the impact of future influenza and other respiratory pathogen pandemics.

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

### Strengthening genomic surveillance capacities in Kyrgyzstan: piloting tools for costing, and monitoring and evaluation



WHO and International Pathogen Surveillance Network experts discuss the results of the genomic surveillance system evaluation with a national laboratory expert.

©WHO

“

The tools are highly practical – they help us better understand the real costs, efficiency and sustainability of genomic sequencing for TB in Kyrgyzstan.

**Meerim Sydykova, Head of the national TB reference laboratory in Kyrgyzstan.**

”

Genomic surveillance plays a critical role in detecting, tracking and responding to infectious disease threats by enabling the rapid identification of pathogens and their variants. Strengthening national genomic surveillance systems helps countries improve outbreak preparedness, guide public health interventions and inform policy decisions. WHO supports Member States in building sustainable genomic capacities through technical guidance, tools and partnerships, ensuring early detection and coordinated response to emerging and re-emerging health threats.

On 8–12 September 2025, a WHO/Europe-led mission, together with experts from the International Pathogen Surveillance Network conducted a comprehensive evaluation of Kyrgyzstan’s national genomic surveillance system, focusing on piloting WHO’s Genomic costing tool (second edition) and Monitoring and Evaluation tool to support evidence-based planning and resource optimization.

The mission reviewed sequencing capacities across key national laboratories, including the National Tuberculosis Reference Laboratory, the State Sanitary Epidemiological Surveillance Laboratory, and the HIV and Viral Hepatitis Reference Laboratory.

The pilot revealed that optimizing sequencing platform use and increasing sample throughput can substantially improve cost efficiency and reduce per-sample costs when multiple pathogens are sequenced on shared platforms. The findings will inform updates to Kyrgyzstan’s national genomic surveillance strategy and promote stronger collaboration among laboratories and sectors.

WHO continues to support capacity-building efforts and advocate for sustainable financing to help Kyrgyzstan strengthen readiness to detect and respond to epidemic and pandemic threats through advanced genomic surveillance. This mission builds on WHO’s earlier work on development and validation of [the first edition of the Genomic costing tool](#), together with partners such as the Association of Public Health Laboratories, the Foundation for Innovative New Diagnostics, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the UK Health Security Agency, and with financial support from the International Pathogen Surveillance Network, coordinated by the WHO Hub for Pandemic and Epidemic Intelligence.

By strengthening genomic surveillance, countries enhance their ability to detect and contain outbreaks before they escalate into wider emergencies.



### Tajikistan closes the immunity gap to stop a measles outbreak

A child receives a measles vaccination in Tajikistan.

©WHO



“

This campaign reflects Tajikistan’s strong commitment to protect every child from measles and rubella. By acting swiftly and focusing on zero-dose and under-immunized children in high-risk districts, we were able to close critical immunity gaps and curb further transmission. The post-campaign results show that the vast majority of targeted children were reached and the remaining gaps are largely operational and social in nature. This evidence will help us strengthen future campaigns and routine services as we work together toward measles and rubella elimination.

**Dr Victor Olsavszky, WHO Representative in Tajikistan.**

”

Measles has made a worrisome comeback in the WHO European Region, with over 127 000 cases reported for 2024 and over 30 000 so far in 2025. Tajikistan reported no measles cases in 2024, but faced a steady increase from January 2025, reaching nearly 2000 cases by July.

To rapidly contain the outbreak and protect vulnerable children, Tajikistan conducted a large-scale measles immunization campaign from 25 August to 6 September 2025. High-risk communities were identified through triangulation of epidemiological surveillance data with administrative coverage reports and risk-assessment data, allowing the campaign to focus on areas showing both high case incidence and un- and under-immunized populations.

Funded from the Measles and Rubella Partnership Outbreak Response Fund, the campaign was led by the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan and the State Institution Republican Center for Immunoprophylaxis, with technical support from WHO, the United Nations Children’s Fund and partners.

The campaign featured rapid team mobilization, strengthened microplanning, enhanced cold chain logistics and intensified community engagement, including outreach to migrant families, catch-up sessions for missed children, and coordination with the education sector, local government and media to strengthen awareness and access.

In just 2 weeks, health workers provided the combined measles-rubella vaccines to nearly 511 000 children aged 6–59 months across 14 priority districts, including in the capital city of Dushanbe. Rapid convenience monitoring, covering 2397 households and 4594 eligible children across five regions, confirmed 92.4% coverage among the targeted children, followed by a “mop-up” campaign that raised overall coverage to 98.1%

Preliminary surveillance data show a decline in new case notifications in the targeted districts by late September, indicating early interruption of transmission chains. Root cause analysis and detailed surveillance reviews currently underway will provide further evidence on the campaign’s impact.

### Equitable access to medical countermeasures: building resilience in a time of relentless threats

The third annual WHO interim Medical Countermeasures Network (i-MCM-Net) meeting convened in Istanbul from 30 September to 1 October 2025 to deepen coordination and drive end-to-end medical countermeasure (MCM) collaboration across research, manufacturing, allocation and delivery of MCMs. Hosted by the global i-MCM-NET Secretariat and organized in close collaboration with the WHO European Centre for Preparedness for Humanitarian and Health Emergencies, which also hosts secretariat of the Pan-European Network for Disease Control (NDC), this meeting brought together partners and regional representatives from across all WHO regions, underscoring its global scope and collective ambition.

During the meeting, discussions highlighted how the COVID-19 pandemic exposed the weaknesses of fragmented systems but also revealed opportunities. Investment in regional coordination, logistics hubs and digital customs have become essential to ensure timely delivery of vaccines, diagnostics and treatments and are the foundations of preparedness. Expansion of local manufacturing, paired with proven strategies, offers a sustainable path forward, ensuring that life-saving products are available when and where they are needed.

A comprehensive and integrated strategy for equitable access to medical countermeasures is needed, ensuring that policy goals align with the practical realities on the ground. This means exploring innovative incentives to boost MCM production and harmonizing efforts at local, national, regional and global levels. It also means addressing the challenge of innovation and supporting the movement of innovative MCMs from lab scale to industry scale, so they can be accessible at all times. The path forward requires systems that allow vaccines, diagnostics, therapeutics and other critical supplies to be “made here, ready everywhere.”

Moving ahead, WHO/Europe will continue to work with governments, industry and partners to bridge gaps, address inequities and foster resilience, building a Region that is ready to act and contribute to the global i-MCM-Net initiative. Achieving equitable access to medical countermeasures must become a reality, ensuring that communities are better prepared for future crises.

“

The i-MCM-Net provides a global framework and platform for collaboration among networks, helping regions strengthen equitable access to medical countermeasures. By engaging regional networks such as the NDC, this approach turns global ambitions into regional action – fostering trusted partnerships, rapid mobilization and peer exchange across the WHO European Region.

**Catherine Bilger, NDC Steering Group Member and Access to Medical Countermeasures Working Group Lead, Haute Conseil de la Santé Publique, France.**

”

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As the world faces an increasingly complex health security landscape, the i-MCM-Net remains a vital mechanism for translating shared commitments into concrete action until the WHO Pandemic Agreement enters into force.



### Strengthening hospital preparedness for CBRN emergencies in the WHO European Region



© WHO/Kamal Akbarov

A CBRN simulation exercise in the Ukrainian city of Sumy.

Hospitals are at the frontline of any emergency, but CBRN incidents pose unique operational and clinical challenges that go beyond standard all-hazards preparedness plans. However, no comprehensive international guidance currently exists for hospital-specific CBRN preparedness, leaving many health facilities underprepared for such complex events.

To help address this gap, WHO/Europe and the European Commission's Directorate General for Health and Food Safety convened a series of four online peer exchange sessions between 18 June and 9 July 2025. The initiative is part of the second phase of a 3-year joint CBRN Action project to strengthen hospital readiness in Bulgaria, Czechia, Hungary, Lithuania, Poland, the Republic of Moldova, Romania and Ukraine.

The sessions brought together 86 participants from over 28 countries, representing hospitals and health facilities, public health institutes, ministries of health, military and defense medical services, emergency services, academia, international organizations and the private sector.

Discussions were structured around the "4S" framework – system, staff, stuff and space – and supported the adaptation of WHO's Hospital Safety Index and the draft Hospital Emergency Response Plan guidance to address CBRN-specific requirements. They also contributed to the ongoing WHO supported desk review of existing tools, literature and resources relevant to hospital CBRN preparedness.

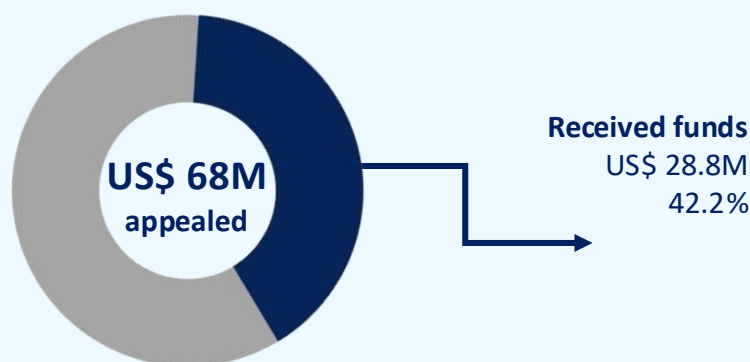
Building on the insights gained, WHO/Europe will develop draft CBRN annexes to hospital emergency preparedness guidance and pilot them in selected countries in 2026, allowing for refinement prior to wider dissemination. These sustained efforts aim to ensure that hospitals and health systems across Europe are better equipped to respond to evolving CBRN threats, safeguarding care delivery, maintaining operational continuity and protecting the safety of health workers.

The series was made possible through funding from the EU.

## Funding overview

### Funding by emergency: January–September 2025

#### Funds received through the Ukraine emergency appeal



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

#### Funds received for other emergencies

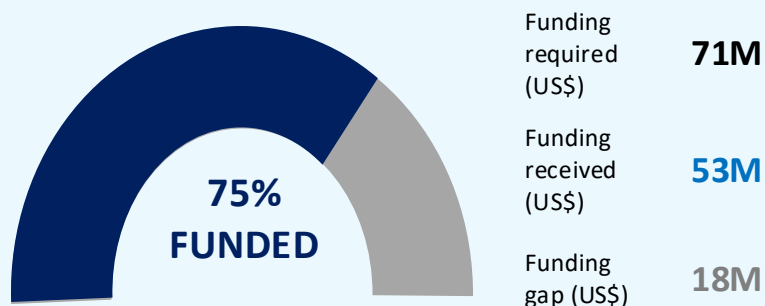
Emergency	Funds received (US\$)
Ukraine refugee response	5 934 000

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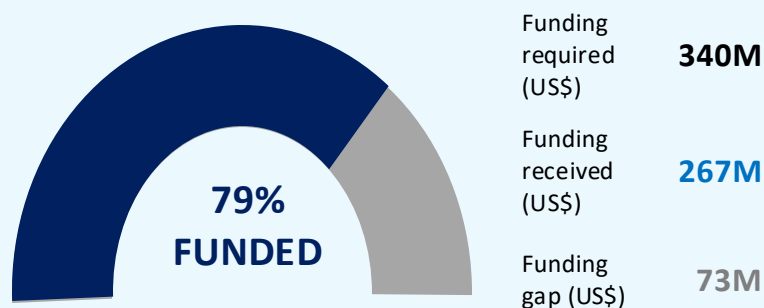
### Funding landscape for the 2024–2025 biennium

#### Base segment WHO Health Emergencies Programme As of 30 September 2025



#### Emergency operations and appeals

As of 30 September 2025



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



### News and highlights from July–September 2025 | Available [here](#)

[New study exposes barriers to childhood vaccination in Romanian communities](#)

[WHO/Europe strengthens health security through Polio Laboratory Network](#)

[Emergency preparedness saves lives amid Romania's catastrophic floods](#)

[2024 emergency annual report: WHO's health response in Ukraine](#)

[Childhood vaccination rates lag in Europe – fueling further resurgence of measles and whooping cough](#)

[Ukraine: European Union-funded primary health care clinics make an impact on patients' lives](#)

[Community views inform health system recovery in war-affected areas of Ukraine](#)

[A question of humanity: the bond between an injured Gazan pharmacist and a French doctor](#)

[Chios on fire: one photographer's view of a growing health threat](#)

[A chance to catch up: how Kyrgyzstan is fighting measles](#)

### WHO European Region publications | July–September 2025 | Online archive available [here](#)



[Thirteenth meeting of the European Regional Verification Commission for Measles and Rubella Elimination: 10-12 September 2024, Copenhagen, Denmark](#)



[Report of the Twenty-fourth meeting of the European Technical Advisory Group of Experts on Immunization \(ETAGE\), Copenhagen, Denmark, 5-6 November 2024](#)



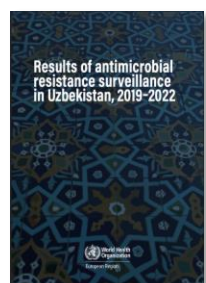
[Report of the Regional Director: the work of the WHO Regional Office for Europe in 2024-2025](#)



[Communicating about vaccination with caregivers and patients: facilitator guide](#)



[WHO Country Office in Poland annual report 2024](#)



[Results of Antimicrobial Resistance Surveillance in Uzbekistan, 2019-2022](#)



[Building the evidence for the use of bacteriophage therapy](#)



[TB-Free Central Asia Initiative](#)



[COVID-19 hospitalizations, vaccine uptake, vaccination guidelines, and vaccine availability in six middle-income countries and areas in Europe, May 2022-April 2024](#)



Stay informed with the latest updates from 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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Czechia  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany

Greece  
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