



# WHO European Region Emergency Operations Bulletin

Third quarter 2024: Weeks 27–39  
(July–September 2024)





Opening of a new modular primary health care clinic in Odesa region, Ukraine

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Key figures on WHO Regional Office for Europe’s work in emergencies in 2024 (as of 30 September)

89 Technical support activities provided	17 Member States reached	US\$ 6.03 M worth of supplies delivered	25 Surge deployments
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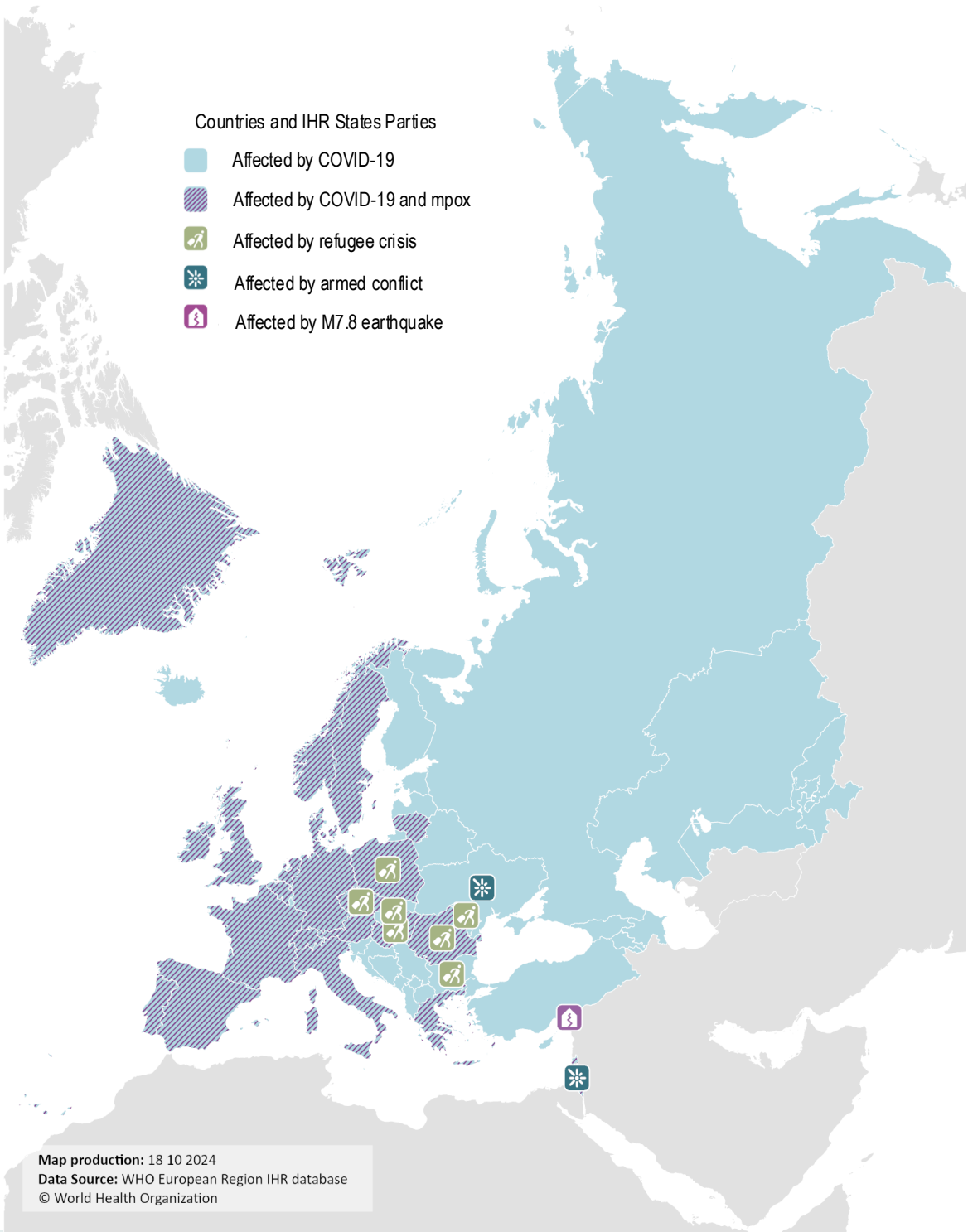
9 Graded emergencies in or affecting the WHO European Region in the past quarter

- 4 grade 3 emergencies
- 3 protracted grade 3 emergencies
- 2 protracted grade 2 emergencies

- of which
- 0 new graded emergencies
  - 4 are outbreaks
  - 5 are humanitarian crises

For the latest data and information on the WHO Regional Office for Europe's work in emergencies, see the [WHO Health emergencies page](#).

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





# GRADE 3 – ISRAEL/OCCUPIED PALESTINIAN TERRITORY CONFLICT

## Situation update

**1546**  
Deaths

**7697**  
Injured

**68**  
Attacks on health care

**101**  
Hostages still in Gaza



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Medical students in the emergency room of Soroka Medical Center in Tel Aviv, Israel

Following the attacks of 7 October 2023 in Israel, 1546 people are reported to have been killed and 7697 injured as of 26 September 2024. In addition, as of 29 September, an estimated 101 Israeli hostages remain in Gaza and close to 200 000 Israelis were evacuated from the southern and northern parts of the country, in case of potential escalation, and continue to be internally displaced.

Since 7 October 2023, 68 attacks on health care have been verified in Israel, with 24 deaths and 34 health workers and patients injured.

Priority support from WHO to Israel remains focused on mental health and community engagement, as well as gender-based violence (GBV). Following accounts of GBV, including sexual violence, during the attacks, WHO is working with the Ministry of Health (MoH) to ensure that all survivors have access to the care they need to fully address short- and long-term health consequences.

One of the pivotal programmes supported by the WHO Regional Office for Europe is the ["Mashiv Ha'ruach" initiative](#), which aims to address the mental health needs of first responders.

During the third quarter of 2024, a series of mental health workshops were held for frontline responders of the 7 October terrorist attacks:

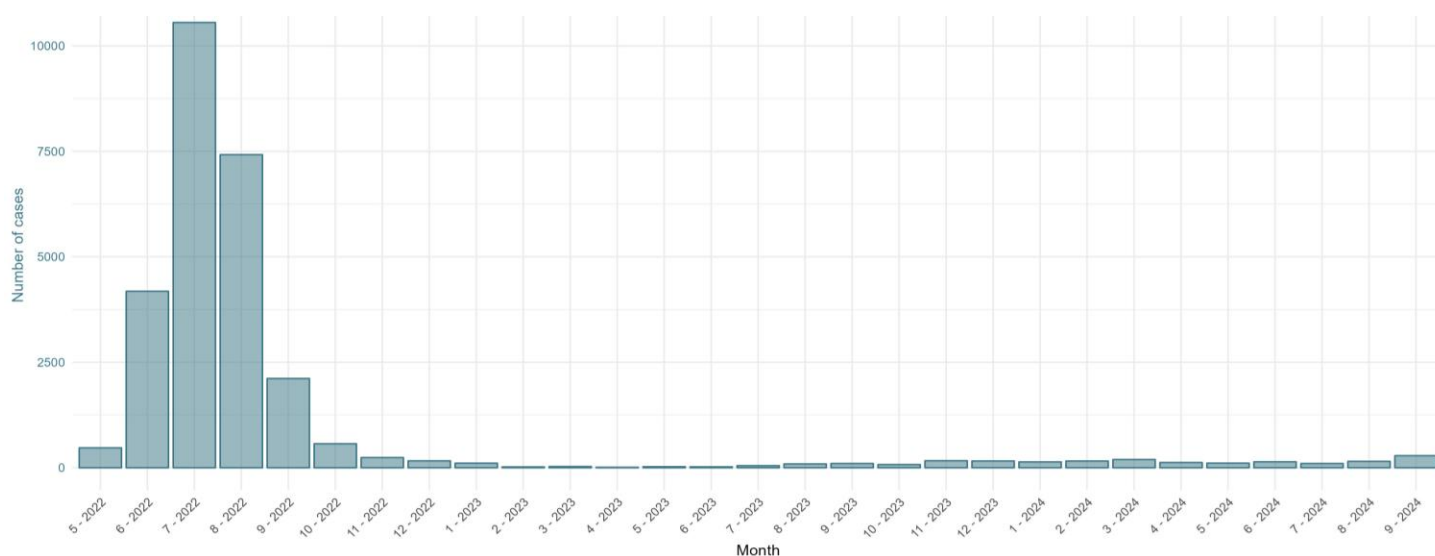
- On 8–9 July, a workshop was conducted for 28 affected caregivers from the Kibbutz movement, who have been supporting the evacuated and injured populations.
- On 2–3 and 15–16 September, two mental health workshops were held for ZAKA volunteers.
- On 9–10 September, one mental health workshop was conducted for 34 emergency staff members from Soroka Medical Center. A long-term programme is being developed to extend support to more staff at Soroka and other hospitals across Israel, particularly in the southern and northern regions.
- On 22–23 September, follow-up one-day sessions were held for groups that had previously completed workshops, with the aim of providing ongoing support and monitoring their well-being.

In total, 114 individuals were reached, with an additional 66 participants attending the follow-up sessions. The support of the WHO Regional Office for Europe is crucial for Mashiv Ha'Ruach initiative to continue supporting caregivers and first responders.

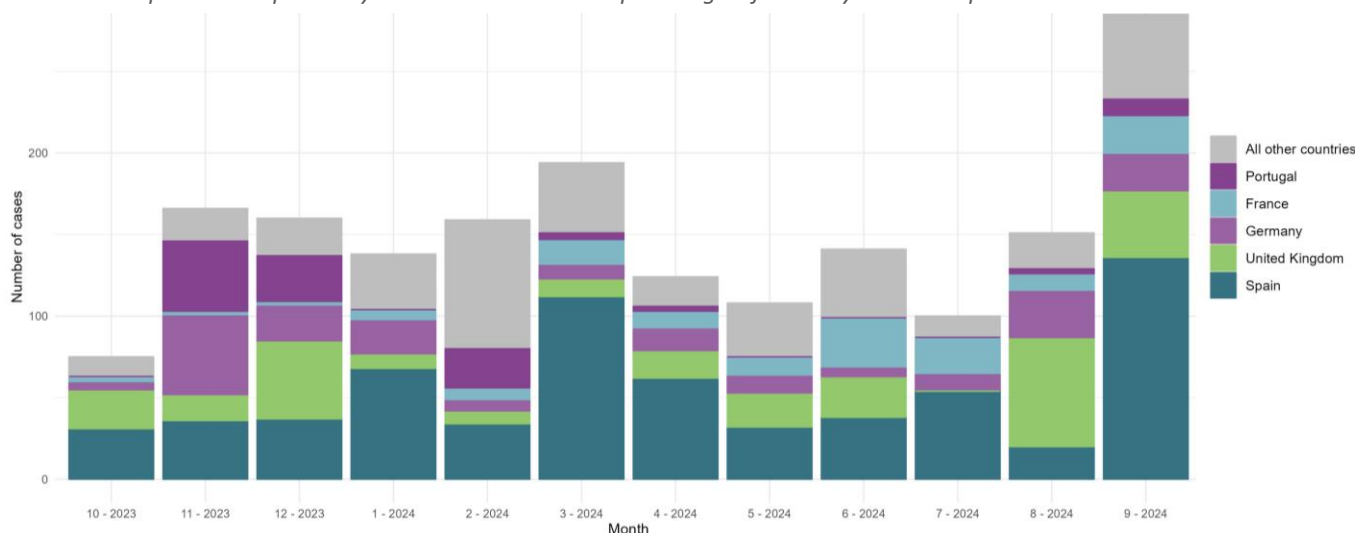
# GRADE 3 – MPOX

## Regional epidemiological situation

On 14 August 2024, WHO's Director-General declared mpox a Public Health Emergency of International Concern (PHEIC) for the second time in two years. This declaration followed an upsurge in new and concerning cases in the Democratic Republic of the Congo and several neighbouring countries, including the emergence of a new strain – clade Ib. This appears to be more severe than clade II, which has been circulating in the WHO European Region for some time. On 15 August, Sweden became the first country outside the African continent and in the European Region to confirm a case of mpox clade Ib. During the third quarter, mpox cases slightly increased compared to the previous quarter but cases continue to be reported as part of the long tail of the 2022 outbreak in Europe. As of 30 September 2024, there have been 27 966 cases and nine deaths reported across the Region. Between July and September, no new deaths have been reported in the European Region. By the end of September, the WHO European Region represented 25.7% of the global incident caseload, with most countries now reporting monthly. Low-level transmission continues in the Region, with the number of monthly mpox cases increasing from 151 cases in July to 211 cases in September. Overall, the most affected countries were Spain with 218 cases, the United Kingdom with 214 cases, and Germany with 104 cases.



Mpox cases reported by month in the WHO European Region from May 2022 to September 2024



Top five countries reporting new mpox cases reported by month in the WHO European Region from October 2023 to September 2024

As of September 2024, most cases continue to be reported among men (98%) between 31 and 40 years of age (39%). Of the male cases with known sexual behaviour, 97% self-identified as men who have sex with men. Among cases with known HIV status, 38% were HIV-positive. Since the beginning of the outbreak in May 2022, 912 (7% of cases) have been hospitalized, of which 307 cases required clinical care. Nine cases were admitted to intensive care, and nine\* cases of mpox were reported to have died. Most of the cases presented with a rash and systemic symptoms such as fever, fatigue, muscle pain, chills or headache. Please refer to the [Joint ECDC–WHO Regional Office for Europe Mpox Surveillance Bulletin](#) for further information.

\*One death in Portugal was misclassified in earlier reports this year.



### Capacity-building training on laboratory diagnosis of mpox in Tajikistan

In anticipation of the upsurge of cases in the European Region, a training on Laboratory Diagnosis of mpox was conducted on 2–3 September 2024 at the Dushanbe City Sanitary Epidemiological Surveillance Center in Tajikistan. The training was attended in person by 27 participants from Tajikistan and aimed to provide theoretical and practical knowledge to strengthen laboratory diagnostic capacity as part of a potential epidemic response. The training consisted of two main components: theoretical sessions on mpox epidemiology, clinical background and diagnostics, reverse transcriptase-quantitative polymerase chain reaction (RT-qPCR) principles, and result interpretation, as well as practical, hands-on work on performing RT-qPCR for mpox.

As part of the training, participants were also introduced to the updated [WHO interim guidance on diagnostic testing for the monkeypox virus](#) that was published on 10 May 2024. The updated version of the interim guidance supersedes the guidance published on 9 November 2023. This version includes updated recommendations to highlight diagnostic strategies to avoid gene target failures and determine monkeypox virus (MPXV) clades.

This document provides interim guidance for clinicians, laboratories, health workers, public health officials and other stakeholders involved in the diagnosis and care of patients with suspected or confirmed mpox.

At the end of the course, participants provided feedback through an evaluation form. The course was very well received with an overall score of 9.7 out of 10, with the practical and interactive approach being particularly well-rated by participants.

Moving forward, WHO will continue strengthening laboratory capacity by procuring diagnostic kits, conducting on-the-job training, providing biosafety and biosecurity training, and developing standard operating procedures (SoPs), and implementing quality management systems.

The training was financially supported through the Pandemic Fund Grant in Central Asia – One Health Pandemic Prevention, Preparedness and Response.



*Participants applying theoretical knowledge during the practical component of the training session*

# PROTRACTED GRADE 3 – UKRAINE CONFLICT

## Situation update

<b>11 973</b> Deaths	<b>25 943</b> Injured	<b>2061</b> Attacks on health care	<b>3.7 million</b> Internally displaced
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Between June and September, an escalation in hostilities in front-line areas and attacks across Ukraine killed and injured civilians, including children, and heavily damaged civilian infrastructure. The humanitarian situation worsened in [August and September](#), due to intensified attacks in the northeast, east and south. At least 208 civilians were killed and 1220 injured in Ukraine in [September](#), making it the month with the highest number of civilian casualties in 2024, continuing a trend of increased civilian casualties, which started in [July](#). The escalation of hostilities has significantly increased humanitarian needs near the front line. Civilians remaining in front-line communities such as Donetsk, Kharkiv, Kherson, Dnipropetrovsk and Zaporizhzhia oblasts face dire living conditions, which are expected to worsen as winter approaches.

[Between June and July](#), attacks in the large urban centres of Dnipro, Kyiv and Kryvyi Rih, as well as other cities, caused multiple civilian casualties and damage to homes, hospitals and schools. In particular, Dnipro — the fourth most-populated city in the country — suffered from repeated attacks in June and July, affecting civilians, including children and humanitarian workers, and damaging homes, health and education facilities, disrupting people’s access to vital services.

As of 30 September 2024, through the global [Surveillance System for attacks on health care \(SSA\)](#), WHO has verified 2061 reported attacks on health-care facilities.

These have resulted in 604 reported injuries and 186 reported deaths of health-care personnel and patients. From February 2022 to September 2024, [the Office of the UN High Commissioner for Human Rights \(OHCHR\)](#) recorded 37 916 civilian casualties in the country with 11 973 killed and 25 943 injured; however, actual casualty numbers are likely to be higher.

Since March 2022, the WHO Regional Office for Europe, with funding from the European Union, has supported the Ministry of Health of Ukraine’s Medical Evacuation Coordination Unit (MCU) in facilitating over 4800 medical evacuations. These evacuations involved transferring patients requiring specialized trauma treatment, oncology care, rehabilitation or prosthetic care to countries within the European Union and beyond. Between July and September 2024, WHO supported the MCU in coordinating 346 medical evacuations to 22 different countries.

As Ukraine approaches its third winter amid full-scale war, WHO continues to prioritize urgent health interventions by installing heating units at health facilities, scaling up antimicrobial resistance surveillance, expanding mental health services, and ensuring access to primary health care, while supporting long-term health system recovery and reform efforts despite ongoing challenges. For more, read [here](#).



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A heating station at Chuhuiv Central District Hospital in Chuhuiv, Ukraine



### Ukrainian children living with cancer to receive life-saving care in Germany



*A specialist health team in Lviv, Ukraine, prepares a baby for her medical evacuation to Germany*

On 8 July, the Okhmatdyt Children's Hospital in Kyiv, Ukraine's biggest paediatrics facility, was hit by a missile strike, killing two adults and injuring over 50 people, many of whom were children. The strike severely damaged several departments, including the intensive care units and oncology and surgical wings, and destroyed the toxicology and traumatology departments. Hundreds of children, including those undergoing dialysis treatment, were evacuated into the surrounding streets.

On 17 July, eight children from the Okhmatdyt Children's Hospital were medically evacuated to Germany for further treatment of serious illnesses. The Ministry of Health of Ukraine organized the evacuation of these children in cooperation with various international partners, primarily the European Commission and WHO, who promptly responded to the Ministry's request and ensured the rapid transportation of the children to Germany. The more than 24-hour journey of eight paediatric patients began on 17 July by ambulance-bus convoy from Okhmatdyt hospital in Kyiv to Lviv in western Ukraine. The convoy of ambulance-buses proceeded across the border to Rzeszów in Poland, from where a Norwegian aircraft flew the children to various locations in Germany to receive the necessary care.

The flight, especially equipped for medical evacuations, was provided by the Government of Norway and co-funded by the European Union.

WHO has been working closely with Okhmatdyt hospital, ensuring that it can provide life-saving care for thousands of children. This has included providing two generators to ensure uninterrupted power supply, donating assistive technologies to support physical rehabilitation, and donating medicines and other medical products to hospitals that received patients from Okhmatdyt following the attack on 8 July.

The WHO Regional Office for Europe has been working on a long-running medevac programme with the Ministry of Health of Ukraine, the European Commission, the Government of Norway and other key health actors. So far, over 4000 patients have been evacuated for specialized support, including trauma response, oncological treatment and prosthetic care. WHO stands in solidarity with the health workers, patients and civilians of Ukraine impacted by over two years of full-scale war. Read more [here](#).



### New modular primary health care clinic opens in Odesa region



*Opening of the new modular primary health care clinic in the village of Chohodarivka, Odesa region*

A new modular primary health care clinic officially opened in the village of Chohodarivka, in Ukraine's Odesa region on 9 September 2024, offering essential health services to more than 1800 people, including children. The facility is fully equipped with electricity, plumbing and sewage systems, and examination rooms, ensuring uninterrupted health-care services. Thanks to its built-in generator, the facility is designed to operate all year, including in winter and during power outages.

The clinic is part of a larger initiative by WHO to bring primary health care to frontline communities in Ukraine, where the war has severely impacted the health system over the past 2.5 years. According to WHO data, 40% of attacks on health care in Ukraine have affected primary care facilities. These modular clinics, built from prefabricated units, provide a quick and long-term solution, with installation taking just 10–14 days, and the ability to function effectively for over 10 years.

Over the past year, WHO has invested in modular primary care clinics to ensure the accessibility of health-care services. With these rapidly deployable prefabricated facilities, WHO ensures that frontline communities have uninterrupted access to patient-centred medical services, even if their original premises have been damaged or require major repairs.

The modular unit in Chohodarivka is one of 17 such clinics currently managed by WHO in the Chernihiv, Kharkiv, Kherson, Mykolaiv, Odesa and Sumy regions. These facilities are staffed by local health-care providers, ensuring continuity of care. Furthermore, this initiative is designed with the long term in mind as they are integrated into Ukraine's National Health Service, and the e-health system is a fundamental part of the set-up.

This project bridges emergency response and early recovery, with modular units forming a lasting part of Ukraine's health infrastructure. This unit in Odesa region was installed thanks to the support of the Directorate-General for European Civil Protection and Humanitarian Aid Operations. Read more [here](#).

***We are working on the rebuilding of medical facilities where it is rational, as well as on quick solutions that allow people to have unhindered access to the necessary health care. In particular, together with WHO, we are implementing a project to install modular primary health care clinics. This solution is temporary, but it can quickly and effectively solve urgent issues of the availability of health care right now.***

*– Viktor Liashko, Minister of Health of Ukraine*

# PROTRACTED GRADE 2 – UKRAINE REFUGEE RESPONSE

## Situation update

<b>6.2 million</b> Refugees within Europe	<b>560 200</b> Refugees beyond Europe	<b>6.7 million</b> Refugees globally	<b>14.6 million</b> In need of humanitarian support
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The war in Ukraine triggered a major increase in humanitarian needs due the mass internal displacement within Ukraine as well as refugee outflows. As of 30 September 2024, [UNHCR estimates](#) that 6.7 million refugees from Ukraine are recorded globally with over 6 million recorded in European states alone, and more than 3 million have registered for asylum, temporary protection or similar national protection schemes in Europe.

[UNHCR reports](#) that approximately 80% of refugees are women and children and 15% of displaced refugee households have an elderly person over the age of 60 years. According to the latest [Inter-Agency Analysis as of May 2024](#), health care is a top priority need reported by refugees surveyed across most refugee-receiving countries.

WHO continues to provide operational and technical support to refugee-hosting countries’ ministries of health, as their health systems continue to cope with refugee arrivals, aligning its response activities with the [Regional Refugee Response Plan for 2024](#). The primary refugee-hosting countries receiving WHO support are Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia, among others.

As of September 2024, WHO had delivered supplies worth US\$ 27 million to refugee-hosting countries, including the Republic of Moldova, Poland, Romania, Czechia and Hungary.



Ukrainian refugees seeking health-care services in Budapest, Hungary



### Strengthening health care access for Ukrainian refugees in Bulgaria through WHO partnerships

Since the onset of the conflict in Ukraine, Bulgaria has seen a significant influx of refugees, with over 1 million Ukrainians entering the country. As of 20 August 2024, around 193 700 individuals benefit from temporary protection and approximately 61 400 remain in Bulgaria at any given time. In a notable development, WHO signed an agreement with the Ukraine Support and Renovation Foundation (USRF) and the Bulgarian Red Cross (BRC) on 26 August and 30 August, respectively, for an extension of collaboration until 31 January 2025. This partnership aims to address the medical needs of Ukrainian refugees who are not covered by the National Health Insurance Fund (NHIF).

From 2022 to 2024, WHO has contracted various organizations to fund urgent medical treatments and psychological support for refugees from Ukraine and other countries. Under these contracts, the USRF and BRC are tasked to support refugees with providing safe housing, skills development, and mental health services. Their efforts encourage refugees to settle in larger cities like Plovdiv, where job opportunities are more abundant. As integration into Bulgarian society remains limited, many Ukrainian refugees continue to rely on humanitarian, social and medical assistance. The recently signed agreements seek to enhance access to medical services for refugees, particularly in Sofia, Varna, and Burgas and Plovdiv, focusing on vulnerable groups such as large households, mothers with children, and the elderly.

This initiative will provide reimbursement for medications, hospital treatments and professional consultations, ensuring equitable access to health care for Ukrainian refugees.

Within five months of the previous contract, the BRC provided support for medical reasons in 535 cases, primarily by supplying medication based on general practitioners' (GPs') prescriptions. Additionally, WHO-funded health mediators under BRC contract provide extensive support to the refugee community by helping them navigate challenges to health-care access. USRF provides even broader health-care support, including onboard GP and mental health specialists. Their services also encompass psychosocial consultations, physical activity events to support mental well-being, speech therapy and physical therapy.

WHO is enhancing the services of the USRF and BRC by conducting regular operational reviews and ensuring compliance with WHO medication recommendations. Additionally, WHO is also assessing mental health services and plans to provide additional guidance. Looking ahead to 2025, WHO intends to support these initiatives further, contingent upon available funding.



WHO officers and colleagues from partner organizations meeting Ukrainian refugees at a refugee centre in Plovdiv, Bulgaria

### Strengthening refugee health: transforming health care for people with noncommunicable diseases (NCDs) in Moldova



Participants applying theoretical knowledge during the PEN training session

***In the context of the war in Ukraine and the humanitarian crisis faced by our neighbouring country, the PHC staff from the first days provided health services to refugees. In addition to pre-existing physical health problems, the Ukrainians also developed new illnesses, and their mental well-being was affected too. Thus, the PEN protocols, through an integrated approach to the patient, allow the provision of patient-centred services and the reducing of their suffering.***

***- Dr Virginia Salaru, from the Department of Family Medicine at the Nicolae Testemițanu State University of Medicine and Pharmacy, is one of the lecturers and team trainers for PEN implementation.***

People with noncommunicable diseases (NCDs) require continuous, proactive care that prioritizes patients and is deeply rooted within local communities to ensure long-term viability. Such care can be delivered equitably only through health systems grounded in primary health care (PHC) principles, such as accessibility, community participation, health promotion, and intersectoral collaboration. The WHO package of essential NCD interventions (PEN) for PHC covers the detection, diagnosis, treatment and care of cardiovascular disease, diabetes and chronic respiratory disease. It also includes sections on early cancer diagnosis, healthy lifestyle promotion, self-care and palliative care. To ensure practicality, the PEN programme provides models and tools that are feasible even in low-resource settings. These resources are designed for PHC physicians and non-physician health workers, who play a crucial role in health education, disease prevention, and patient support. The PEN protocols, successfully adapted and implemented nationally in the Republic of Moldova with the support of the WHO Country Office, have significantly transformed the health landscape. These essential intervention packages for people with NCDs are specifically tailored for PHC professionals, promoting a comprehensive and patient-centred approach.

The contributions of nongovernmental organizations were invaluable. They served as the backbone of health-care services by providing essential medical, psychological and social assistance to refugees from Ukraine in the Republic of Moldova from 2022 to 2024. They also underscored the need to improve the quality of health-care services by increasing health workers' awareness about the use of PEN.

To enhance the integrated management of major NCDs at the PHC level, the WHO Country Office in Moldova conducted two training sessions for medical workers who provide services to refugees. These sessions took place in Chisinau from 29 to 31 May and in the municipality of Bălți from 10 to 12 June. These sessions covered a range of NCD topics under the PEN protocol, including prevention of heart attack, stroke and kidney disease through integrated management of diabetes and hypertension.

The PEN trainings were conducted with financial support from the Bureau for Population, Refugees and Migration within the US Department of State in the context of the refugee crisis in Ukraine.

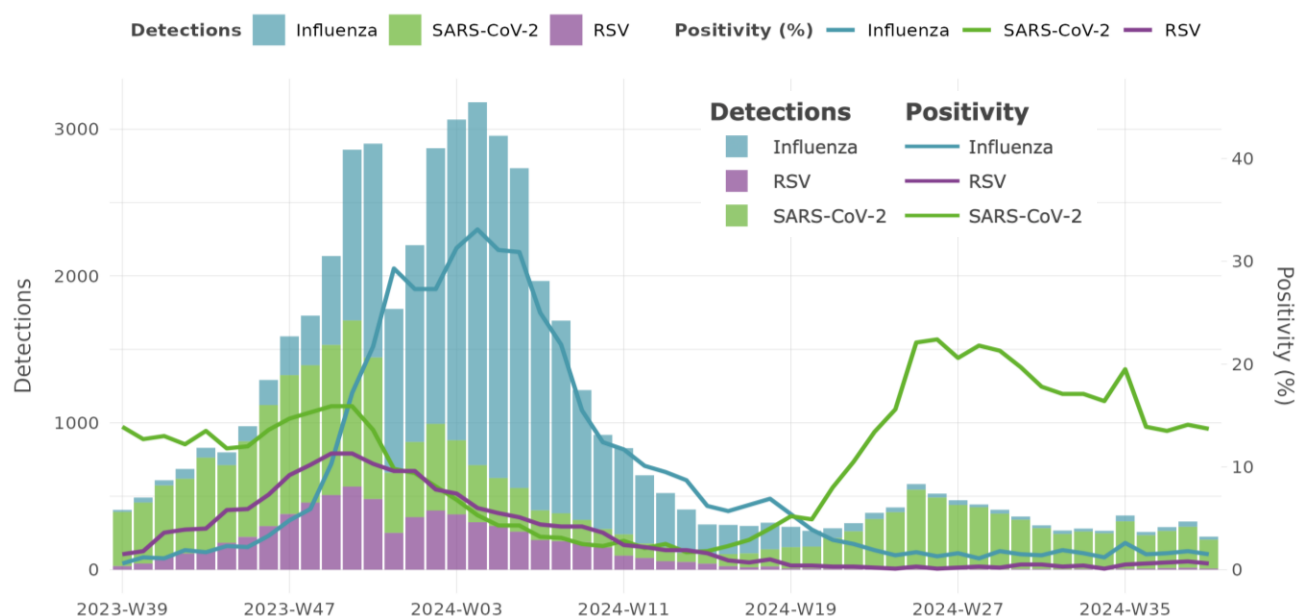


# PROTRACTED GRADE 3 – COVID-19

## European Respiratory Virus Surveillance Summary (ERVISS)

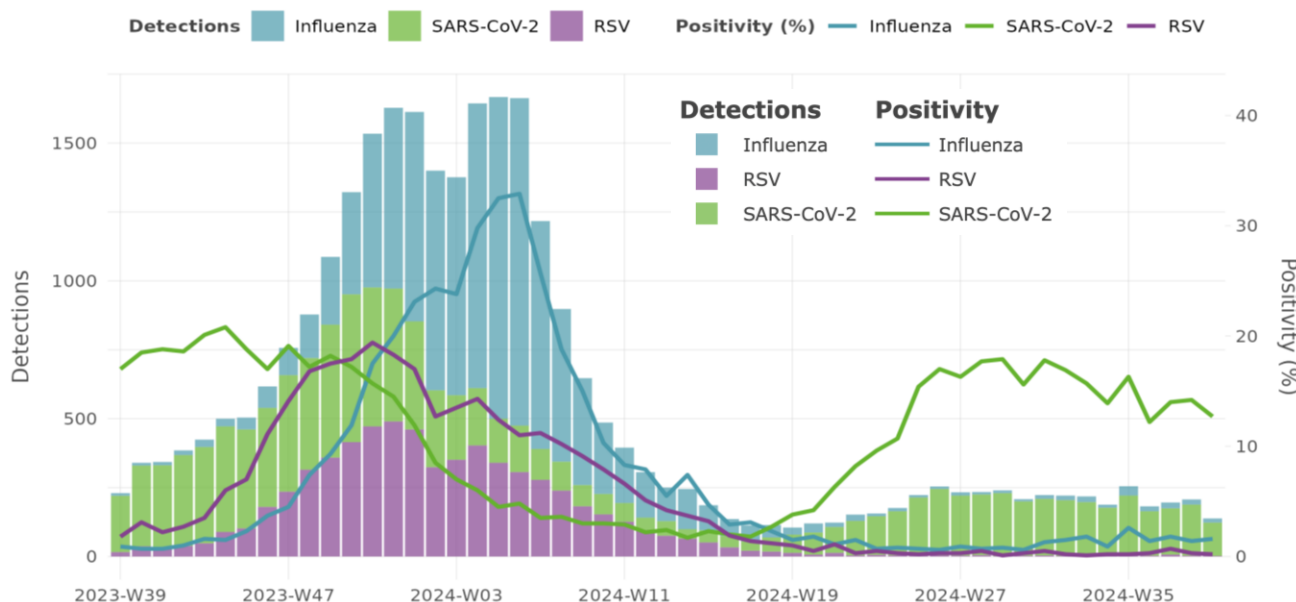
During the third quarter of 2024, the positivity rate for influenza in primary care sentinel sites – pooled across the European Region – continued the declining trend from the previous quarter, remaining low at 1.2% by week 39. Concurrently, the positivity rate for SARS-CoV-2 at primary care sentinel sites gradually decreased with some fluctuations throughout the quarter, dropping from 20.6% in week 27 to 13.4% by the end of September. This was accompanied by a twofold reduction in SARS-CoV-2 detections, from 438 cases in week 27 to 286 cases in week 39. During the same period, the positivity rate for respiratory syncytial virus (RSV) continued its declining trend from the previous quarter until week 34, plateauing at nearly 0% through the end of the quarter.

### Primary care sentinel testing



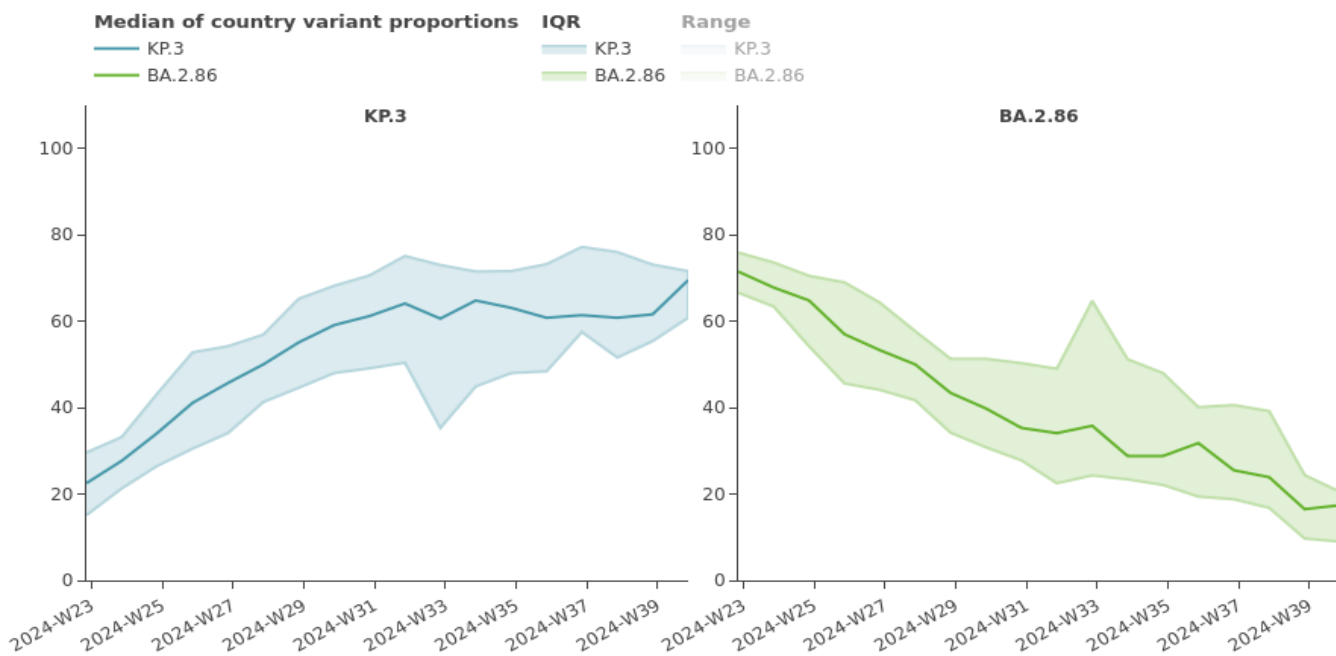
Primary and secondary care sentinel detections and test positivity by pathogen in the WHO European Region from 25 September 2023 (Epi week 39/2023) to 29 September 2024 (Epi week 39/2024)

### Secondary care sentinel testing



In secondary care sentinel settings, the positivity rate for influenza remained relatively low, increasing slightly from 0.9% in week 27 to 1.2% by week 39. Meanwhile, the positivity rate for SARS-CoV-2 showed fluctuations, dropping from 16.3% in week 27 to 13.5% by week 39. SARS-CoV-2 detections in secondary care sentinel sites followed a similar pattern, with a slight decline from 218 cases in week 27 to 196 cases in week 39. Throughout the quarter, the positivity rate for RSV remained consistently low, at 0.4% by week 39.

Consistent with the sentinel surveillance data, the number of reported hospital and ICU admissions for influenza and RSV from non-sentinel data sources across the Region remained low throughout the third quarter. The reported number of SARS-CoV-2 hospitalizations and ICU admissions from non-sentinel sources decreased throughout the quarter after peaking in weeks 29 and 31, respectively, followed by a small rise in the last two weeks of the quarter. The magnitudes of all surveillance indicators for SARS-CoV-2 were well below those of the previous peak at the end of 2023. Between July and September, the SARS-CoV-2 Omicron variant and its descendant lineages, including KP.3 and BA.2.86, continued to spread. Compared to the previous quarter, the prevalence of BA.2.86 declined throughout the third quarter, dropping from 50% in early July to 17% by late September. Meanwhile, the prevalence of the KP.3 variant increased, rising from 50% in week 27 to 70% in week 39. Data submitted to the Global Initiative on Sharing Avian Influenza Data (GISAID) showed that KP.3.1.1 was the dominant lineage in the Region throughout the third quarter, comprising 43% of the total in September, followed by XEC at 15%.



Distribution of variant proportions across the WHO European Region from 3 June (Epi week 23/2024) to 29 September (Epi week 39/2024)

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

### Vaccination uptake from January through June 2024

The following data represents COVID-19 vaccination uptake across WHO/Europe Member States as at the end of the second quarter of 2024, categorized by three population groups:

- **Older adults:** in 32 Member States reporting data, approximately 4.9 million doses were administered to older adults, representing an uptake of 2.18% among this group across the reporting countries.
- **Health-care workers:** data from 17 reporting Member States indicated that approximately 55 200 doses were administered to health-care workers, covering 0.14% of the health-care workforce in these countries.
- **Targeted population:** in 37 Member States reporting data, around 4.7 million doses of the COVID-19 vaccine were administered to targeted population groups across the reporting countries.

These figures highlight ongoing vaccination coverage rates among various demographic groups within the WHO/Europe Region up until the end of the second quarter of 2024. Please note that there is a delay in the collection and reporting of COVID vaccination data. For more information on vaccination uptake in the European Region and globally, please click [here](#).



### Amid a summer wave of COVID-19, a new WHO/Europe study confirms the lifesaving impact of vaccines

From the time of their introduction in December 2020 through to March 2023, COVID-19 vaccines reduced SARS-CoV-2-related deaths by at least 59%, saving more than 1.6 million lives in the WHO European Region. These are among the findings of a new WHO/Europe study published in [The Lancet Respiratory Medicine](#). It reveals that today's known COVID-19 death toll in the Region, currently at 2.2 million, might have been as high as 4 million without the vaccines. Most of those saved were aged 60 years or older, the group at highest risk of severe illness and death from SARS-CoV-2.

The WHO/Europe study found that COVID-19 vaccination saved most lives during the period when the Omicron variant was dominant, from December 2021 to March 2023. Countries that implemented early vaccination programmes covering large parts of the population – such as Belgium, Denmark, Iceland, Ireland, Israel, the Kingdom of the Netherlands, Malta and the United Kingdom – saw the greatest benefit in terms of the overall number of lives saved.

The findings are highly relevant today – over 12 months after WHO declared, in May 2023, that COVID-19 was no longer a public health emergency of international concern. Over the summer, a number of countries in the Region have reported an uptick in the number of cases – a summer wave of COVID-19. This is a timely reminder that the virus has not gone away. In fact, the percentage of patients with respiratory illness who have SARS-CoV-2 in primary care has increased 5-fold in the past 8 weeks, and the percentage of patients hospitalized with COVID-19 has increased as well.

***The results are clear: COVID-19 vaccination saves lives. Our findings remind us of the integral role played by vaccines to ensure people return to a semblance of their pre-pandemic lives across the Region, in work and leisure. Without the enormous vaccination effort, we would have seen many more livelihoods disrupted and families losing the most vulnerable among them.***

– Dr Margaux Meslé, WHO Regional Office for Europe



COVID-19 and influenza vaccination in Tbilisi, Georgia

While the absolute number of cases is lower than in the winter wave, which peaked in December 2023, COVID-19 infections in the Region this summer are still causing hospitalizations and deaths. Getting an updated COVID-19 vaccine remains an extremely effective tool to reduce both hospitalizations and deaths in high-risk individuals, which includes people who are older or immune-compromised, those with multiple underlying medical conditions, pregnant women, and health personnel who may be easily exposed.

Additionally, getting an updated COVID-19 vaccine also reduces your chances of developing long COVID. The increased number of reported cases in summer 2024 could be explained by holiday travel, mass gathering events such as major sporting tournaments and music festivals, and less competition from co-circulating respiratory illnesses such as influenza.

Unlike seasonal flu, COVID-19 circulates all year round. Until this pattern changes, the European Region may well experience multiple waves of infection every year, straining health-care systems and increasing the chance of people becoming unwell, especially the most vulnerable. As peaks are experienced during the summer, it is impossible to predict how the virus will behave. Multiple waves could be possible as countries in the Region have transitioned from crisis management to sustainable, integrated, longer-term disease management. Read more [here](#).

# PROTRACTED GRADE 2 – TÜRKİYE AND SYRIA EARTHQUAKES

## Situation update



*The rapid field assessment team from WHO visiting the Belgian Field Hospital (B-FAST), Hatay province*

On 30 July 2024, the emergency grade for the Türkiye earthquakes was automatically removed in accordance with the [WHO Emergency Response Framework](#). The removal of the grade was confirmed across the three levels of the Organization. The devastating earthquakes that struck the Kahramanmaraş province in Turkey on 6 and 20 February 2023 affected 11 provinces, resulting in 50 783 deaths and up to 107 000 injured individuals. A total of 9.1 million people were affected, with 3 million left displaced. WHO has been supporting the MoH from the very beginning of its emergency response.

During its 1.5 years of emergency response, WHO has provided continuous support to the Government of Türkiye as they worked to address the health needs of 9.1 million people in earthquake-affected provinces, including 2 million Syrians under temporary protection. During the immediate response, WHO cooperated closely with local and national health authorities and partners to provide essential, life-saving services to those impacted by the earthquakes. Responding to a request for international assistance issued by the Government of Türkiye for immediate medical care, 38 national and international EMTs from more than 25 countries, the largest deployment of international EMTs in the WHO European Region in its 75-year history, worked side by side with Turkish Ministry of Health staff. They provided critical emergency care, surgeries and access to primary care services while strengthening national capacities for preparedness and response. Over a 5-month period, they carried out close to 99 000 medical consultations, close to a third of which were related to trauma services. EMT staff also attended over 54 live births.

From 15 to 16 June 2023, with support from the Government of Türkiye and the Government of Kuwait, a [lessons learned workshop](#) brought together 82 experts and EMT professionals from 20 countries. Participants shared experiences, lessons and future improvements regarding the EMT response to the earthquakes. The meeting concluded with a main recommendation to set up a capacity-building hub, now established as the [Regional European EMT Capabilities Hub](#), which is currently hosted by the [WHO European Centre for Preparedness for Humanitarian and Health Emergencies \(PHHE\)](#) in Istanbul, Türkiye.

More than US\$ 4.2 million worth of WHO supplies facilitated the Ministry of Health's ability to reach people in need, including those who needed immediate trauma care and post-trauma rehabilitative care for injured patients.

Contributions from donors have been instrumental in making a tangible difference to the lives of the affected communities. In response to the devastating earthquakes, with the financial assistance of the United States Agency for International Development Bureau for Humanitarian Assistance, the governments of Kuwait and Norway, and the Directorate-General for European Civil Protection and Humanitarian Aid Operations, WHO has been able to provide much-needed support to the most vulnerable populations.



# PREVENTION AND RESPONSE TO SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PRSEAH)

## Across all emergencies

PRSEAH specialists and focal points coordinate efforts in and across countries to strengthen internal capacity, reporting and accountability mechanisms in our operations response to the Ukraine conflict, earthquake response in Türkiye and northwest Syria, and refugee-hosting countries. Response efforts are in line with the WHO PRSEAH strategy, and collaboration is through interagency mechanisms.

### Ukraine response

During the third quarter, the PRSEAH team from the Ukraine Country Office (CO) reached 315 individuals, including WHO staff, medical personnel providing rehabilitation services, and Health Cluster partners who underwent awareness-raising training on prevention of sexual exploitation, abuse and harassment (PSEAH). Special focus was placed on collaboration with the WHO rehabilitation team, as rehabilitation has been identified as a priority area for support in Ukraine for 2024. The PSEAH component has been successfully integrated into seven training sessions «Disability and Inclusion awareness raising» for rehabilitation medical workers, which aim to increase awareness and understanding of disability inclusion, improve communication and empathy skills, and ultimately ensure that rehabilitation workers are contributing to promotion of disability inclusion.

Additionally, in collaboration with the Surveillance team, PSEAH sessions were incorporated into specialized training for 35 health-care facility managers responsible for overseeing epidemiological surveillance of influenza, conducted by WHO in partnership with the Public Health Centre. These PSEAH sessions aimed to increase their awareness of PSEAH and emphasize their role in preventing sexual exploitation and abuse within health-care facilities.

During the same period, more than 1380 people improved their knowledge of the topic through a virtual PRSEAH course for public health partners by the WHO Country Office in Ukraine.

### Refugee-receiving countries

From 2 to 3 October 2024, the WHO Bulgaria Country Office team visited implementing partners at the Bulgarian Red Cross and the Ukraine Support and Renovation Foundation (USRF)-led transitional centre for refugees "Second Home" in Plovdiv, to emphasize zero tolerance for sexual misconduct and provide prevention and response to sexual misconduct (PRS) posters. These posters depict how to safeguard the rights of those affected, providing a link to supportive services. A total of 12 posters in the Bulgarian and Ukrainian languages were delivered to these two implementing partners.

In September, the WHO Country Office in Czechia collaborated with the PRSEAH coordinator to conduct two meetings on the development of a directory of services for victims/survivors of sexual misconduct in Czechia.



WHO monitoring and evaluation consultant delivering the PRS poster to a Bulgarian Red Cross health mediator

It draws from the WHO *Manual for health managers on strengthening health systems* to respond to women subjected to intimate partner violence, the UN Protocol on the Provision of Assistance to Victims of Sexual Abuse as well as other existing tools.

During the third quarter, the WHO Country Office in Czechia also supported an assessment of the organizational capacity to prevent and respond to sexual exploitation and abuse (PSEA) to identify any potential gaps that may need to be addressed. This activity is part of the United Nations Partner Portal (UNPP), an interagency online portal platform that provides implementing partners a simple way to interact with UN partners and collaboratively address operational challenges, including safeguarding against sexual misconduct.

### Türkiye earthquake response

From 10 to 11 July, the WHO Country Office in Türkiye supported the PSEAH network for Northwest Syria by training 15 case managers and investigators on handling incidents of sexual exploitation and abuse, with a focus on resilience and stress management. The participants learned to recognize signs of stress and coping mechanisms through presentations and exercises, which would help them continue supporting SEAH victims more effectively. Given the demanding nature of their work, participants requested similar training every six months to exchange experiences and reduce burnout.

# EMERGENCY OPERATIONAL READINESS

## Building skills for emergency management: a new and immersive training for public health emergency operations centres in the Western Balkans and the Western Pacific

In an increasingly interconnected world, the ability to manage public health emergencies effectively has never been more crucial. Recognizing this, a new training was developed and launched to enhance the skills necessary for operating public health emergency operations centres (PHEOCs) in the Western Balkans and the Western Pacific.

This training was developed as part of the Global Emergency Operations Centre Network (EOC-NET) activities to support countries in enhancing their emergency coordination capacity by strengthening national PHEOCs. The course facilitation team adapted the Global EOC-NET PHEOC training of trainers' package, focusing on skills development for those who might work in or be surged into a PHEOC during an emergency. In an innovative training approach, the team collaborated with a specialist simulation-based training company to provide a fully immersive learning environment for the participants to train in.

The training was conducted in two phases. The first phase consisted of a series of online webinars aimed at establishing a baseline understanding of the PHEOC concept, modes of operation, legal frameworks, and standard operating procedures, as well as the Incident Management System (IMS).

The second phase was a three-day, simulation-based training held in Istanbul, Türkiye, from 1 to 3 July 2024. This in-person training event was attended by 37 participants from 11 countries/areas in the Western Balkans and Western Pacific. Participants, working in teams, engaged in a dynamic and challenging simulation that mirrored the complexities of a real-world public health crisis. Each team formed a national health sector incident management team, working in the national PHEOC of Global-Land (fictitious country). The immersive experience was designed to build knowledge, confidence and reinforce critical skills needed for effective emergency management. By equipping participants with the necessary skills and knowledge, the programme ensures that countries in the Western Balkans and Western Pacific are better prepared to respond to public health emergencies, ultimately protecting the health and well-being of their populations.

This immersive training has set a new standard for PHEOC training in the European Region, and we aim to replicate this training across the Region, incorporating lessons identified in this pilot course. This training programme was funded by the US Centers for Disease Control and Prevention (CDC) and the European Union (EU), under the framework of the European Union Directorate-General for Neighbourhood and Enlargement Negotiations (EU DG NEAR) project for strengthening health systems resilience in the Western Balkans.



Course participants working together to respond to the fictitious emergency as a national incident management team (IMT) working in their PHEOC



# EMERGENCY OPERATIONAL READINESS

## Strengthening health resilience in Azerbaijan: EMT awareness workshop promotes national surge capacity for emergencies

Large-scale disasters have a significant negative impact on human health, placing a heavy burden on nations, prompting them to invest in strengthening their surge capacity to respond to the consequences of these hazards. In response to this growing need, the global [Emergency Medical Teams 2030 Strategy](#) calls on countries to strengthen national surge capacity. To ensure effective implementation of the Strategy in the WHO European Region, the [EMT Regional Action Plan 2024–2030 for the WHO European Region](#) was endorsed by Member States at the 74th session of the WHO Regional Committee for Europe, held in Copenhagen, Denmark, from 29 to 31 October 2024.

Azerbaijan, as one of the priority countries for the WHO Emergency Programme in the European Region, recognizes the importance of strengthening its core emergency response capacity, and has previously demonstrated its commitment by providing support to Türkiye following the 2023 earthquakes. It participated in EMT training and simulation exercises with Türkiye's National Medical Rescue Team (UMKE), and designated an EMT national focal point to engage with regional and global EMT communities of practice.

To further strengthen its capacity for health emergencies, Azerbaijan hosted an EMT awareness and development workshop in Baku from 4 to 7 September 2024. The workshop aimed to strengthen the country's EMT capacity through collaboration among key health emergency response stakeholders, bringing together representatives of the Ministry of Emergency Situations, Ministry of Health, Azerbaijan Management Union of Territorial Medical Units (TABIB), and the State Agency for Mandatory Health Insurance (SAMHI).

The workshop marks a significant milestone in Azerbaijan's ongoing commitment to build a national EMT capable of rapid deployment during health emergencies. This surge capacity, integrated into the national health and civil protection systems, aligns with the EMT Regional Action Plan 2024–2030. By fostering collaboration among government agencies and aligning their efforts with global EMT methodology, the workshop has advanced Azerbaijan's emergency preparedness and response capabilities, laying a strong foundation for future collaboration with WHO in building national and regional resilience.



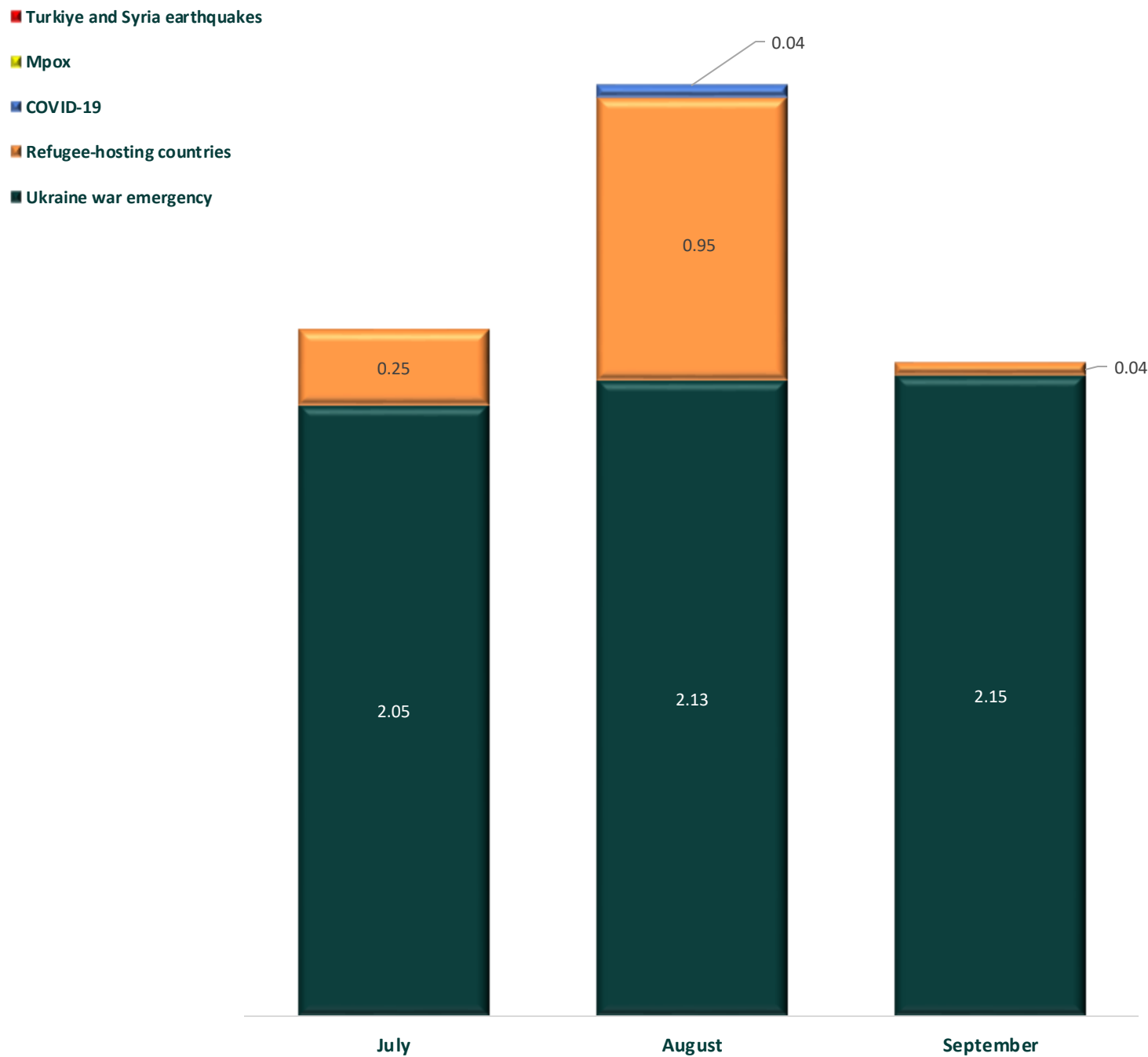
Participants at the EMT awareness workshop presenting the results of the group exercise

# OPERATIONAL SUPPORT AND LOGISTICS

## Across all emergencies

Operational support and logistics (OSL) is an essential part of an emergency response. It ensures that critical and medical supplies arrive in a timely way where they are most needed. WHO delivers rapid, flexible and predictable access to life-saving services and supplies to communities in need, often in some of the most remote and challenging contexts.

Emergency supplies delivered (US\$, millions)  
Q3 July-September



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

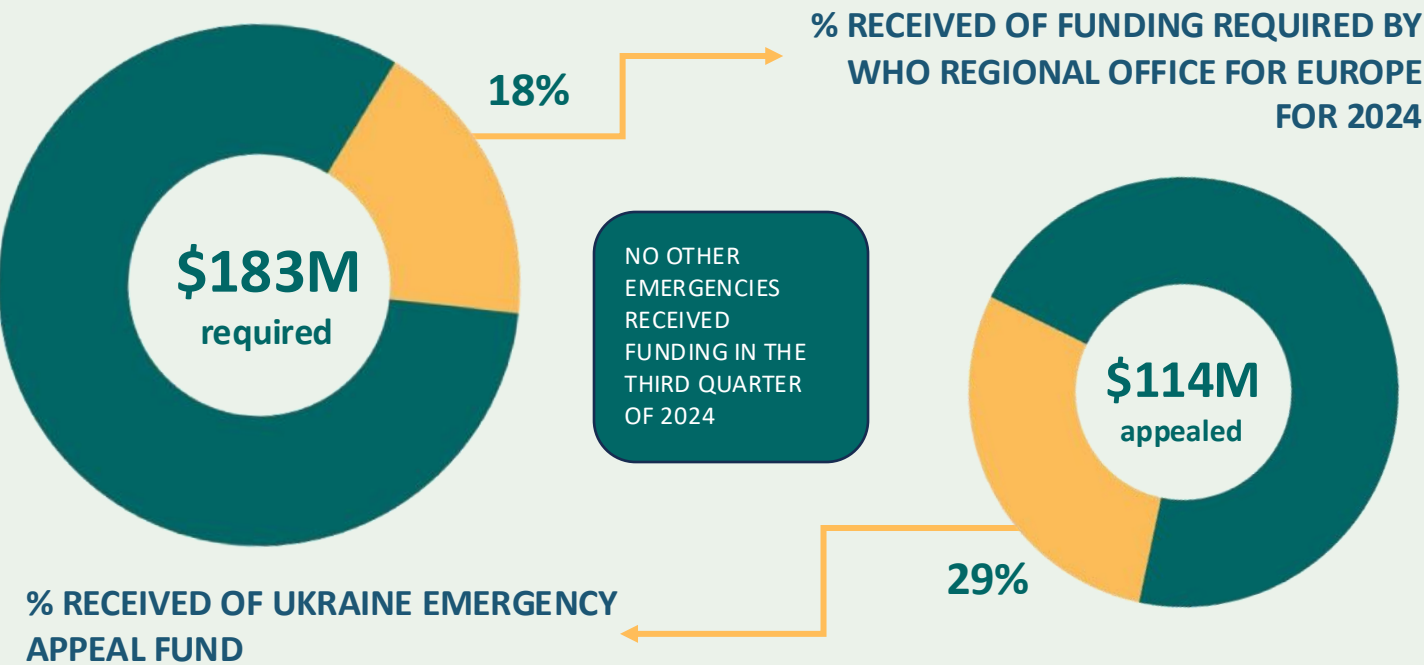


# FUNDING IMPLEMENTATION

## Across all emergencies

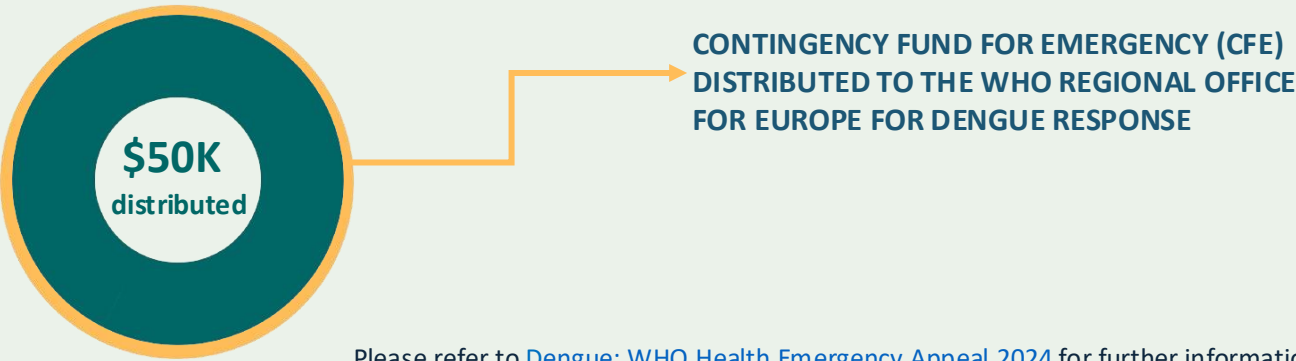
The European Region continues to face many public health emergencies that require attention and resources on the ground. With increased funding and urgent action, WHO can ensure that health is protected during emergencies – saving lives, supporting recovery efforts, preventing the spread of diseases within countries and across borders, and ensuring that communities have the opportunity to rebuild.

### FUNDING IMPLEMENTATION IN 2024: UPDATE AS OF 30 SEPTEMBER 2024



Please refer to [WHO's Health Emergency Appeal 2024](#) for further information.

Since the beginning of 2023, the world has been facing an upsurge of dengue cases and deaths reported in endemic areas, with further spread to areas previously free of dengue. More than 5 million dengue cases and over 5000 dengue-associated deaths have been recorded in all six WHO regions with some variations observed. Although dengue is not endemic in the WHO European Region, autochthonous cases have been reported in Italy, Spain and France.



Please refer to [Dengue: WHO Health Emergency Appeal 2024](#) for further information.

Funding gaps continue for ongoing emergencies in the European Region. To learn more about how you can support WHO in its emergency response, click [here](#).

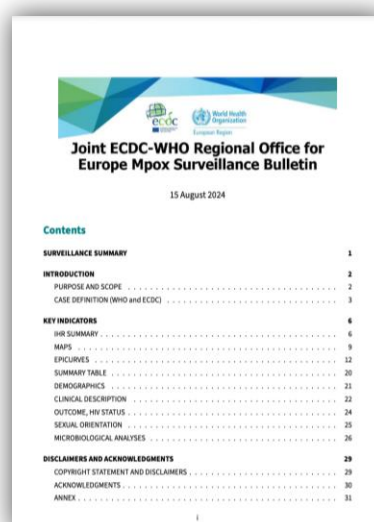
## Key links and resources

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



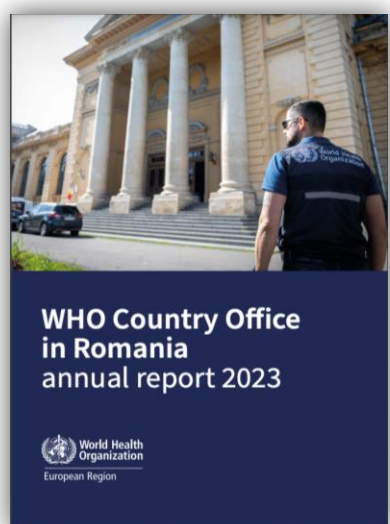
#### Ukraine: 2024–2025 winter risk assessment

<https://iris.who.int/handle/10665/379053>



#### Joint ECDC–WHO Regional Office for Europe mpox surveillance bulletin: 15 August 2024

<https://www.who.int/europe/publications/m/item/joint-ecdc-who-regional-office-for-europe-monkeypox-surveillance-bulletin--15-august-2024>



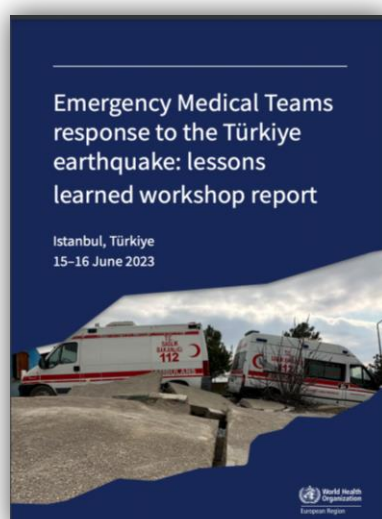
#### WHO Country Office in Romania annual report 2023

<https://iris.who.int/handle/10665/378332>



#### Health needs assessment of the adult population in Ukraine: survey report: April 2024

<https://iris.who.int/handle/10665/378776>



#### Emergency medical teams response to Türkiye earthquake: lessons learned workshop report, 15–16 June 2023

<https://iris.who.int/handle/10665/378307>



#### Empowerment of displaced health-care personnel from Ukraine in the host country

<https://iris.who.int/handle/10665/378446>



## Upcoming WHO Regional Office for Europe emergency response activities for quarter 4 of 2024

### Mpox

- ✓ Continued engagement of informal civil society organization (CSO) working groups and outreach to African diaspora
- ✓ Survey to Member States to understand policies and strategies and capacities
- ✓ Purchase of diagnostic kits for Russian-speaking countries
- ✓ Modelling studies on control and prevention of mpox clade II
- ✓ Monitoring vaccine supply and donations

### Ukraine conflict

- ✓ WHO three-level mission to Ukraine
- ✓ Finalization of operational review of the response to NCDs in emergencies
- ✓ Continued technical assistance for institutionalization of response interventions and refugee integration
- ✓ Technical guidance on contingency planning
- ✓ Co-author the health section of the Socio-economic Insight Survey implemented by UNHCR in 10 refugee-hosting countries

### Israel–oPt conflict

- ✓ Continuation of the community engagement and interfaith dialogue project with civil society organizations
- ✓ Increased advocacy for a sustained approach to medical evacuations to WHO/Europe countries

### COVID-19

- ✓ Publication of the Summary report on one year of implementation of the WHO Regional Office for Europe COVID-19 transition plan
- ✓ Kick off a prospective multisite study on the epidemiology of long COVID in hospitalized patients in Albania and Kazakhstan

### Dengue outbreak

- ✓ Continued surveillance and analysis of dengue surveillance data in Europe

### Events

- ✓ WHO 74<sup>th</sup> Regional Committee for Europe, 29-31 October 2024, Copenhagen, Denmark

## 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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Armenia  
Austria  
Azerbaijan  
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Belgium  
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France  
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Hungary  
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Italy  
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