

WHO European Region Emergency Quarterly Operational Update

First quarter 2023: Weeks 1–13 (January–March 2023)

Highlights

5

Ongoing graded emergencies

3

Outbreaks

2

Humanitarian crises

1

New graded emergency

Contents

Highlights1

Türkiye and Syria earthquake.....2

COVID-195

Mpox.....9

Ukraine conflict.....12

PSEAH updates.....15

Operational support and logistics.....16

Funding implementation.....17

Key links and resources.....18

Upcoming activities and operations19

- COVID-19: 54 IHR state parties or territories reporting cases
- Mpox: 45 IHR state parties or territories affected
- Refugee crisis: 7 countries affected
- Armed conflict: 1 country affected
- M7.8 Earthquake: 1 country affected

Key figures in the WHO European Region

COVID-19

274.9 million
cumulative cases

2.2 million
cumulative deaths

Mpox

25 766
cumulative cases

6
cumulative deaths

Map production: 31 03 2023
Data Source: WHO European Region IHR database
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All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

GRADE 3 – TÜRKIYE AND SYRIA EARTHQUAKES

Situation Update

50 000
Deaths

9.1 million
Affected people

3 million
Displaced

>4 million
People
accommodated

On 6 February 2023, two major earthquakes occurred in Türkiye. Of 7.7 and 7.5 magnitude on the Richter scale, the epicentre was located in the Kahramanmaraş province and the quakes were followed by two additional earthquakes of 6.4 and 5.8 magnitude on the Richter scale on 20 February. Overall, 11 provinces were affected in south-east Türkiye. Between 6 February and 2 April 2023, more than 17 000 aftershocks have occurred, impacting 11 provinces, of which 50 were earthquakes with a magnitude of over 5.0. On 24 March, the Government of Türkiye announced that the earthquakes had damaged nearly 307 000 buildings and 893 000 independent units throughout the region. The most severely affected areas were Hatay, Adıyaman, Kahramanmaraş, and Malatya. Currently, 92% of the population of these areas is living in temporary settlements.

The response to the earthquakes was led by the Government of Türkiye, coordinated through the Disaster and Emergency Management Presidency (AFAD) and with the Turkish Red Crescent (TRC). The United Nations (UN) and humanitarian partners continue to mobilize emergency teams and relief operations in Türkiye, in support of the response by the Government of Türkiye.

As part of the response to the earthquake-affected areas, WHO supported and coordinated the Emergency Medical Team (EMT) initiative in Türkiye, which included 42 approved international EMTs from more than 20 countries. This was the largest deployment of EMTs to a WHO/Europe disaster zone in WHO's 75-year history. WHO has also provided psychological first-aid training and delivered over 27 tonnes of supplies to the Ministry of Health (MoH). For more information on the Türkiye response, please find the situation reports available [here](#).



Teams from WHO deployed in the provinces highly affected by the earthquake are making observations in the field to collect data for the ongoing rapid field assessment.

From the field

WHO/Europe provides risk communication support to the Ministry of Health

Following the earthquake in Türkiye, the Risk Communication, Community Engagement and Infodemic Management (RCCE-IM) team from the WHO Regional Office for Europe and WHO Country Office in Türkiye have been working hand in hand since the first day of the earthquake response to support national governmental efforts.



Social media tiles on hypothermia.

The WHO Regional Office for Europe disseminated public health advice through social media channels, reaching 73 418 people on Twitter, 19 971 on Facebook, 13 755 on Instagram and 3867 on LinkedIn. Regular analysis reports on social listening and infodemic management provide insight on perceptions, concerns and signals that act as guiding points for RCCE interventions.

As of 22 February, 42 signals have been picked up through the social listening system. The RCCE-IM team coordinates the activities with the Health Promotion Directorate of the MoH through regular communication. Partner coordination is further extended to the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF Türkiye, and Turkish Red Cross representatives.

Within the first week of the response, the RCCE-IM team developed [public health advice in the aftermath of the earthquake](#) and supported the MoH of Türkiye to develop public health advice on 20 health topics. Materials were translated into Turkish and the MoH further developed social media tiles based on the messages provided by WHO. Since 11 February, 52 social media posts have been created on the MoH's accounts.



Social media tiles developed by WHO on [false information epidemic](#), [breastfeeding](#), [child protection](#) and [chronic disease](#).

From the field

Dealing with the psychological aftershocks of the Türkiye earthquakes: why mental health and psychosocial support are so desperately needed

The scale and impact of the February 2023 earthquakes in Türkiye and Syria have created almost unimaginable psychological stressors for individuals who survived the disaster and first-line responders. Doctors of the World/Médecins du Monde Türkiye recently carried out a post-quake needs assessment in more than 10 subdistricts of the Antakya, Defne and Samandağ districts, in which 35% of respondents reported that at least one of their family members had died. Many also reported symptoms of psychological distress and shock, such as a tendency to burst into tears, fits of rage and appetite changes, and nearly all reported changes in their sleeping patterns.

Within the first month after the earthquake, hundreds of thousands of people were living in temporary camps, sleeping in their cars, or having to seek shelter in insecure or unsanitary accommodation, where access to clean water was often an issue. In less than a month's time, temperatures in the area could climb to over 40 °C, with tents and mobile hospitals overheating, creating additional physical and mental stressors. Although most people will recover without help, an estimated one in five people will have a mental health condition in the next 10 years.

As of 9 March, WHO had trained over 900 MoH staff in psychological first aid and provided online support to 180 psychosocial workers deployed by the MoH and Ministry of Family and Social Services. On 12 March, WHO also provided online child psychological first-aid training to 1189 psychosocial support staff from the MoH and Ministry of Family and Social Services and provided unstructured online supervision sessions to 371 field psychosocial support staff.



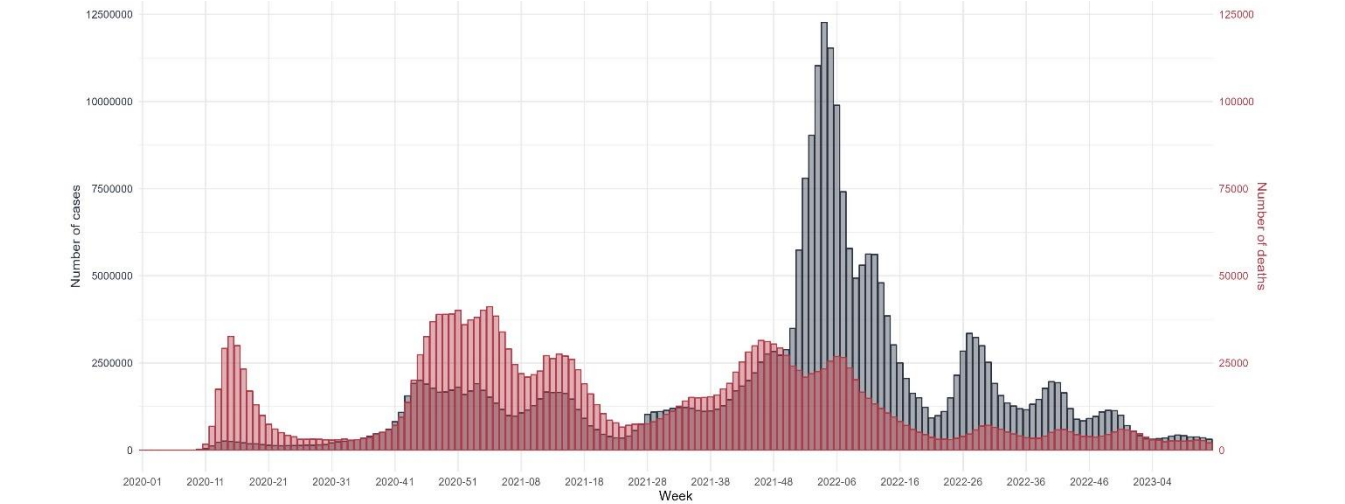
A family visiting a health centre for a consultation with the UK-Med emergency medical team.

Regional epidemiological situation: COVID-19

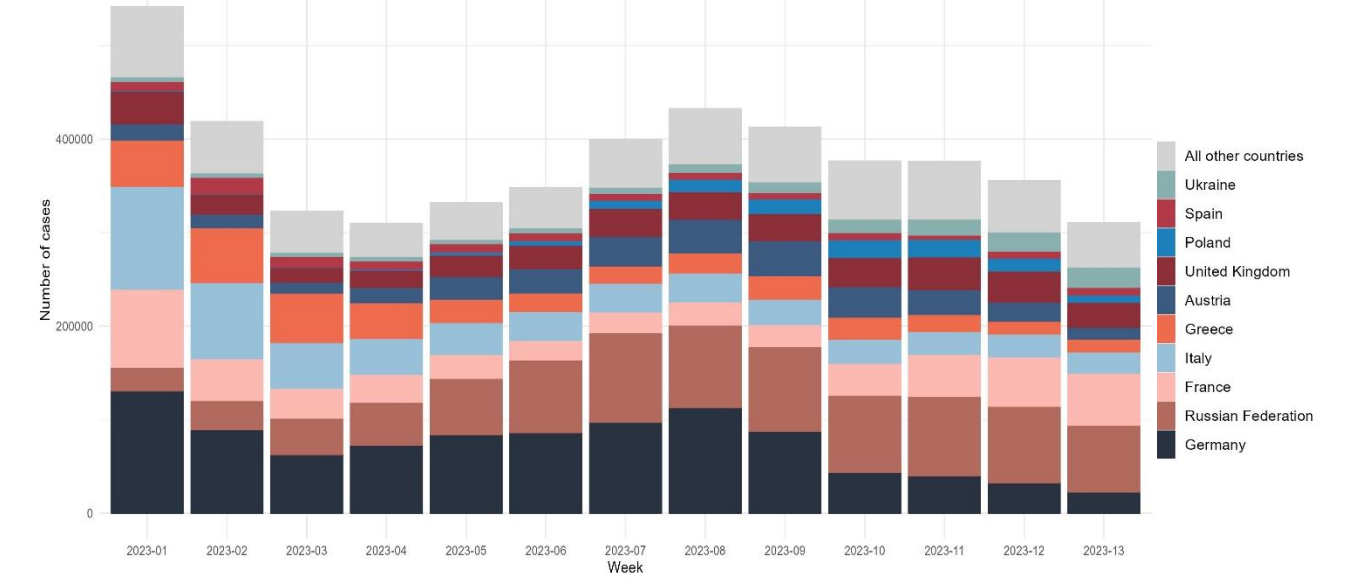
As of 31 March 2022, 274 987 385 cases of COVID-19 and 2 222 540 deaths have been reported across the WHO European Region. Between January and March, the weekly average of deaths and cases decreased by 38% and 8%, respectively. During the first quarter of 2023, the European Region saw a slight decline and stabilization of new COVID-19 cases with a similar trend for deaths. In the winter season, the SARS-CoV-2 Omicron variant continued to spread, including its BQ.1, BA.2.75, XBB and XBB.1.5 sub-lineages. Within quarter 1, the variants of concern/interest XBB and XBB.1.5 increased in proportion to other sequenced variants.

New hospital admissions due to COVID-19 generally decreased from January through March, after a sharp spike in late 2022 and early 2023 (weeks 52/2022 and 1/2023), followed by a rapid decrease in weeks 2–3. There was another slight increase in week 11, which was followed by a decreasing trend. Countries witnessing top hospitalization rates (COVID-19 bed occupancy per 100 000 population) were France (35.7), Estonia (20.7), United Kingdom (18.2) and Latvia (17.2) in early January and Belgium (20.3) in late March.

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



Number of COVID-19 cases and deaths reported by epidemiological (epi) week in the WHO European Region from 1 January (epi week 1/2020) to 31 March (epi week 13/2023)



Top 10 countries reporting new COVID-19 cases by epidemiological (epi) week in the WHO European Region from 1 January (epi week 1/2023) to 31 March (epi week 13/2023)

Emergency public health measures taken across the Region

Member States with public health and social measures (PHSM) in place at the beginning of 2023 have continued scaling back their measures; in the first quarter of 2023, 11 countries eased measures and no country strengthened PHSM. The trend of transitioning measures to individual responsibility as well as dismantling testing and vaccination structures has continued.

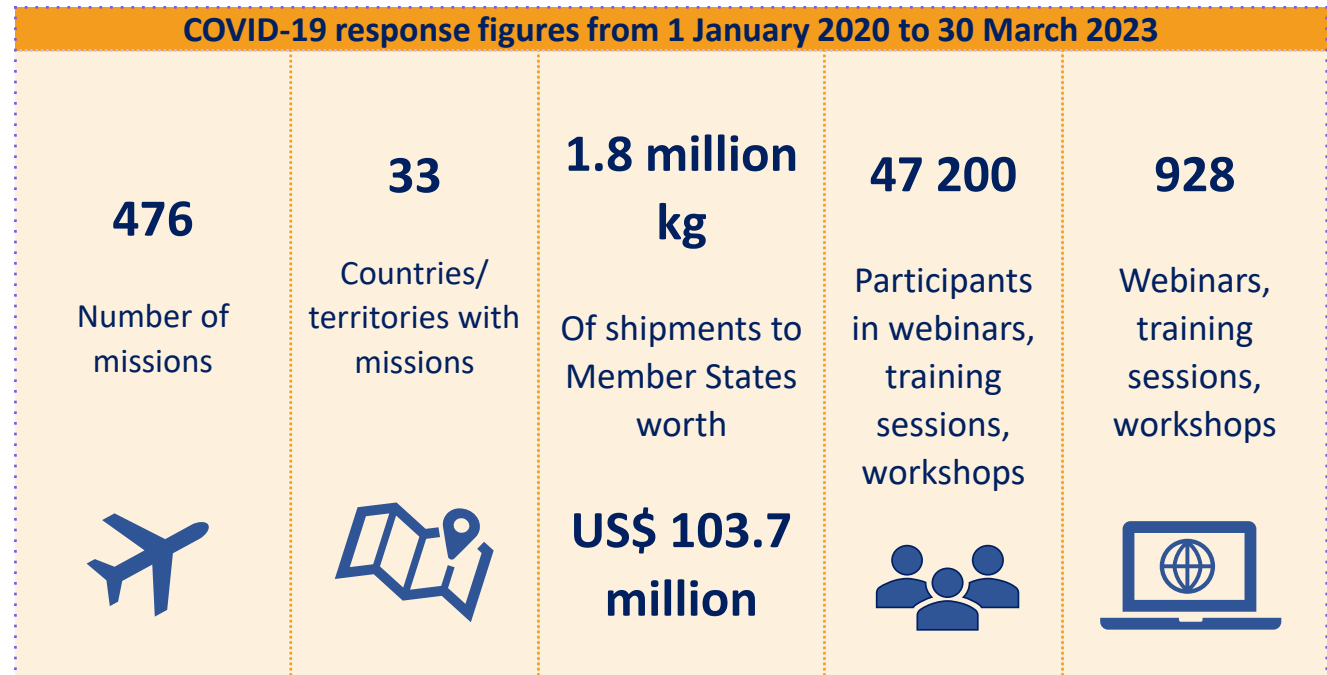
As of 31 March 2023, 21 countries had lifted required isolation for those testing positive, with many appealing to individuals to stay home voluntarily. Switzerland ended all State-paid testing at the beginning of 2023, while Latvia severely limited State-paid testing of hospitalized patients and symptomatic pregnant women. France and Germany ended free testing of those without a prescription at the end of February, and Denmark and Monaco discontinued public testing efforts at the close of March.

Strict policies barring unvaccinated workers in health facilities were removed in France, Greece and Monaco between January and March, and vaccination centres were closed in Denmark and Monaco. Switzerland is recommending vaccination only to those in risk groups going forward and France will apply a similar policy for their autumn booster campaign.

For a detailed overview of PHSM implemented in Member States, please visit the [PHSM in response to COVID-19 dashboard](#).

WHO’s response in numbers

The WHO Regional Office for Europe’s response is built around a [comprehensive global strategy](#) to end the acute phase of the pandemic and build resilience and readiness for the future by targeting four areas: **prepare and be ready; detect, protect and treat; reduce transmission; innovate and learn.**



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

From the field

Technical workshop on Regional surveillance of pathogens with epidemic and pandemic potential in mink from the WHO European Region: lessons learned and the way forward

On 29–30 March 2023, the WHO Regional Office for Europe hosted a technical workshop on Regional surveillance of pathogens with epidemic and pandemic potential in mink.

The workshop convened a small group of animal and public health professionals to assess spillover risk and define how to improve actions in public health, animal health and the environment to protect human populations. The workshop discussed lessons learned from SARS-CoV-2 outbreaks in minks and the recent outbreak of highly pathogenic avian influenza (HPAI) in mink in Spain and identified opportunities for collaboration and funding. Other needs included those for technical support for surveillance, risk assessment and management to be better prepared for future epidemics and pandemics originating in the animal–human–environment interface using the One Health approach.

The workshop provided several recommendations for One Health interventions to address the challenges posed by high-threat pathogens. The recommendations included a call for proactive, systematic and targeted surveillance, effective biosecurity measures, and applied research to better understand the transmission and evolutionary dynamics of SARS-CoV-2 and HPAI viruses. The workshop recognized the need for collaboration and coordination across sectors and among different stakeholders to effectively address the challenges posed by high-threat pathogens at the human–animal–environment interface. The importance was also highlighted of data (including sequences), information and experiences being shared in a timely manner with the international community for risk assessment and modelling.



Participants from the Regional workshop on surveillance of epidemic and pandemic potential in mink

From the field

Mobile health caravans bring COVID-19 vaccination to the western Balkans, bringing health advice closer to where people are

Over the course of 2022–2023, four mobile health caravans have been touring remote and underserved locations in the western Balkans to make sure that vulnerable people have access to COVID-19 vaccination and the public health advice they need to protect themselves. To bring vaccination, health care and health recommendations to the heart of communities, with the support of WHO and partners, national and equivalent public health authorities have organized health caravans in Albania, Montenegro, North Macedonia, and Kosovo*, in addition to increasing access to RCCE. When they visit, the two-way dialogue between health-care providers and community members means that caravan staff can answer questions and better understand the needs of communities and their barriers to accessing health care.



Mobile health vaccination caravan in Montenegro.

In March 2022, supported by WHO, the United Nations Children’s Fund (UNICEF) and United States Agency for International Development (USAID), a caravan travelled to 14 urban and rural communities throughout North Macedonia where COVID-19 vaccination uptake was lower than the national average. Mobile health caravans can help to increase vaccination rates in communities that have limited access to health-care facilities by overcoming barriers to vaccination, such as a lack of transportation, long distances, and time constraints. New analysis by WHO/Europe shows a return on investment in RCCE for health authorities; the North Macedonia mobile vaccination caravan led to a 35% rise in daily vaccination rates in the weeks following the visit compared to pre-intervention vaccination rates.

WHO, together with Montenegro’s Ministry of Health and Institute of Public Health, and supported by USAID, jointly launched a [health caravan](#), which ran throughout February and March 2023. The caravan visited four municipalities where the uptake of COVID-19, human papillomavirus (HPV) and measles–mumps–rubella (MMR) vaccines were especially low.

The COVID-19 pandemic has proved that RCCE is at the heart of an emergency response. Indeed, delivering services and interventions in emergencies is not enough. People’s behaviours are central to emergency control and, to accelerate recovery, these services and interventions must be accessed. The western Balkans health caravans demonstrate why engaging directly and transparently with communities bridges service delivery gaps, improves access and makes such a positive impact when it comes to protecting health. Read more [here](#).

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

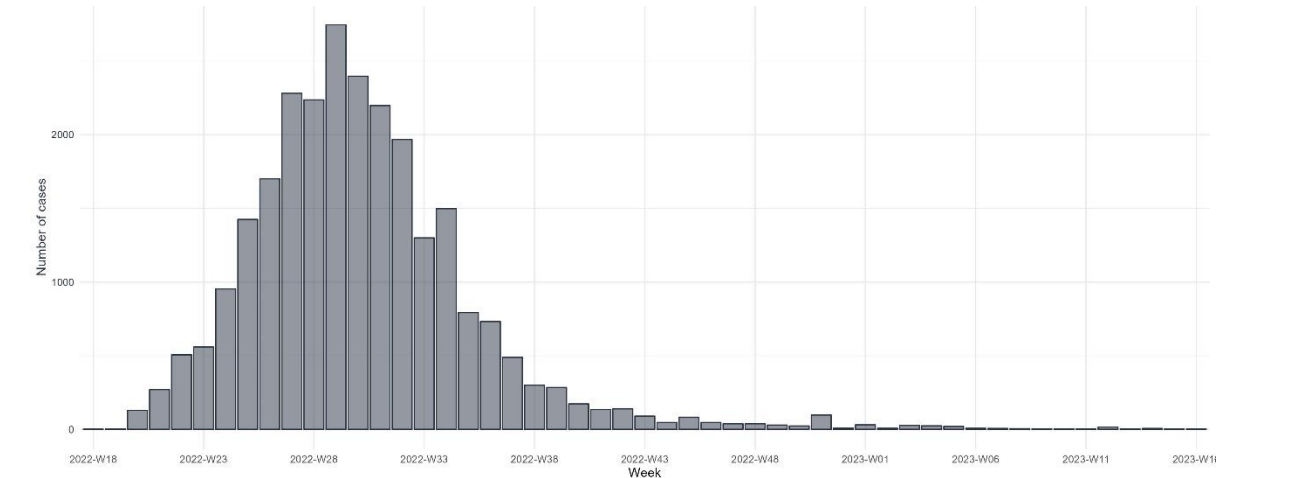
Regional epidemiological situation: mpox

As of 31 March 2022, 25 766 mpox cases and six deaths have been reported across the WHO European Region. In week 13, WHO European Region represented 2% of the global incident case load over the month of March. Overall, within quarter 1, mpox cases decreased steadily with the decline starting in quarter 4 of 2022. Mpox-related deaths have also remained stable, with six deaths reported from Belgium, Czechia and Spain, the last of which was reported on 28 February 2023.

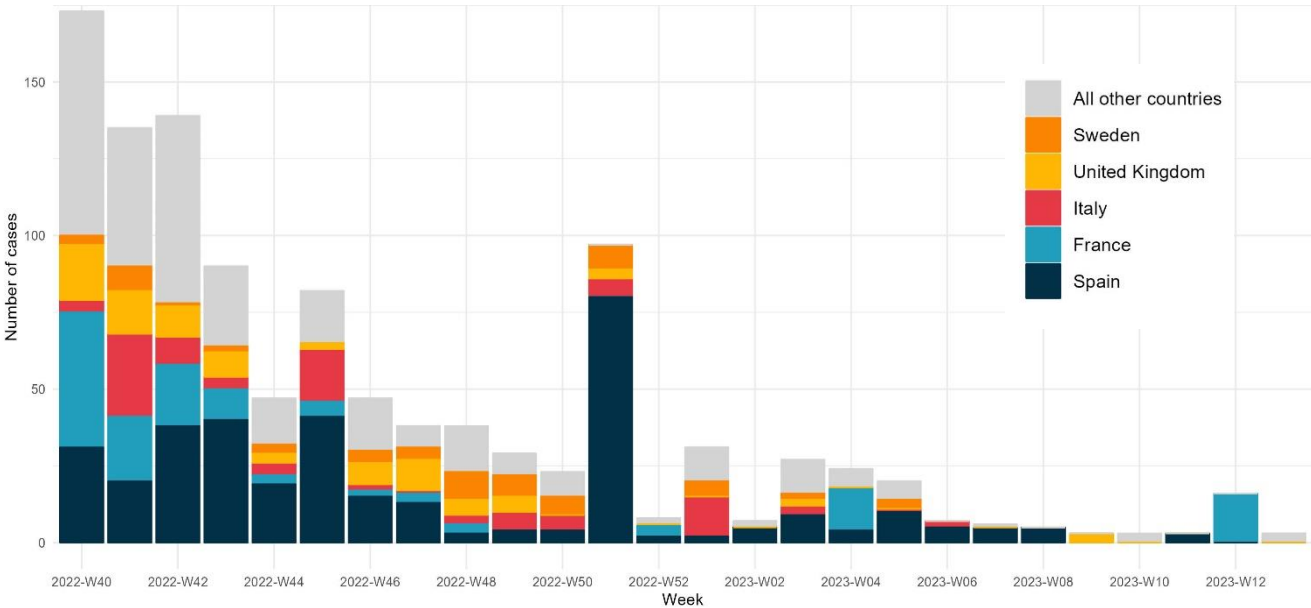
As of March 2023, the majority of cases are among men (98%) and between 31 and 40 years of age (39%). Of the male cases with known sexual orientation, 96% self-identified as men who have sex with men. Among cases with known HIV status, 38% were HIV-positive.

Since the beginning of the outbreak in May 2022, 783 (6.4% of cases) have been hospitalized, of which 271 cases required clinical care and eight were admitted to the ICU. 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 ECDE–WHO Regional Office for Europe Mpox Surveillance Bulletin](#) for further information.



Mpox cases reported by epidemiological (epi) week in the WHO European Region from 4 May 2022 (epi week 18/2022) to 31 March 2023 (epi week 13/2023)



Top five countries reporting new mpox cases reported by epidemiological (epi) week in the WHO European Region from 3 October (epi week 40/2022) to 31 March (epi week 13/2023)

Emergency public health measures taken across the Region

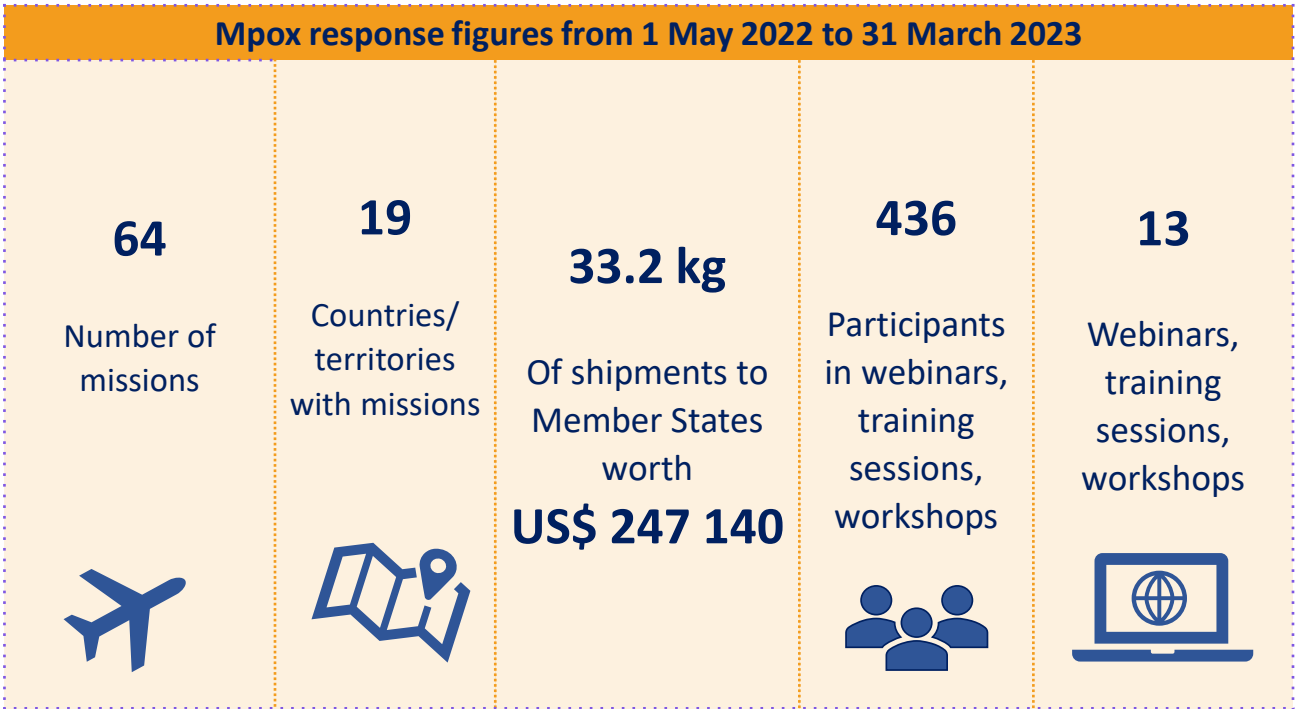
In December 2022–January 2023, WHO/Europe conducted an mpox survey among all 55 International Health Regulations (IHR) States Parties (SP) in the Region, to which 30 (54%) responded. Part of the survey addressed the implementation of the Emergency Committee’s temporary recommendations: 53% of responding SP have a national strategy to guide their readiness and/or response actions for the outbreak of mpox. They also have a main strategic objective to stop human-to-human transmission with a focus on actions targeting communities at high risk of exposure to mpox.

As of 10 April 2023, all countries with confirmed mpox cases require individuals with mpox to isolate, either by staying at home (41), restricting movement (three) or isolating in a dedicated facility/hospital (one). In line with WHO recommendations, 13 Member States do not require contacts of cases to quarantine; 25 Member States do recommend contacts to limit movement or limit close contact with others (e.g. sexual contact or contact with certain vulnerable groups). Six Member States require high-risk contacts to quarantine for 21 days following exposure, and one Member State requires all contacts to quarantine.

In February 2023, WHO/Europe published the catalogue of resources on mpox mass and large gathering event preparedness and conducted training on the generic all-hazards risk assessment and planning tool for mass gathering events in March 2023.

WHO’s response in numbers

The WHO Regional Office for Europe’s emergency response is built around a comprehensive [global](#) and [regional](#) strategy to stop the transmission and outbreak of mpox.



From the field

Update on the WHO Regional Office for Europe's webinar on "Holding mass and large gathering events during the multicountry mpox outbreak in the WHO European Region: lessons identified for future mass gathering preparedness"



Snapshot of relevant large and mass gathering events in Maspalomas, Gran Canaria, Spain

On 22 February 2023, the WHO Regional Office for Europe held a knowledge-sharing webinar on holding mass and large gatherings during the multicountry mpox outbreak in the WHO European Region. The webinar brought stakeholders together to share insights on lessons identified, highlight good practices implemented, gain further feedback on holding future events in Europe and build consensus on the next steps needed in responding to the mpox outbreak.

The webinar was organized for stakeholders involved in the planning of mass and large gathering events in Member States of the WHO European Region, including national IHR focal points, sexually transmitted infection/HIV national focal points, health authorities, civil society organizations (CSOs) and event organizers. Over 150 participants from at least 34 countries joined the webinar.

The meeting provided an update on the epidemiological situation in the WHO European Region, outcomes of the fourth meeting of the IHR Emergency Committee regarding the multicountry outbreak of mpox and highlighted the current regional priorities for this. An overview was also presented of guidance, tools and upcoming support activities on mass gatherings from WHO and the European Centre for Disease Prevention and Control (ECDC).

Based on the presentations and feedback from participants, nine key recommendations were developed as an outcome of the webinar. Key recommendations included applying the following to mpox mass gathering preparedness: implementing a risk-based approach, ensuring that public health measures and interventions are relevant to the event, key stakeholder engagement at all phases, use of digital platforms as effective communication tools to reach key populations, considering unique approaches such as partner notification to increase surveillance, and collaboration in public health awareness between health authorities, CSOs and event organizers.

GRADE 3 – UKRAINE CONFLICT

Situation Update

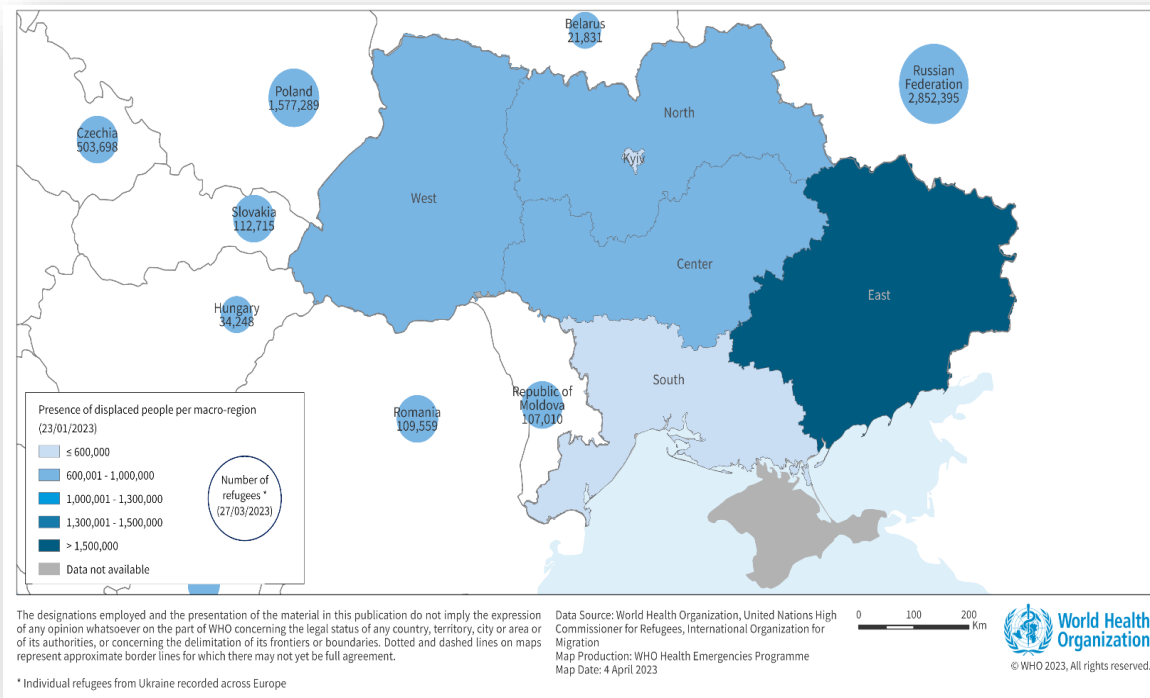
8451 Deaths	14 156 Injured	5.4 million Displaced	8.1 million Refugees within Europe
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Ukraine has seen intense hostilities since the war began on 24 February 2022. This has led to a grave humanitarian crisis, with millions of people in dire need. This includes refugees who have arrived in other countries, those who have been displaced within Ukraine, and those in areas either not under government control or recently retaken. WHO’s health sector response priorities in Ukraine continue to be saving lives and protecting mental health. Actions focus on ensuring access to emergency health care and basic health services to the wounded and others affected by the armed conflict, COVID-19, polio, and other health threats.

As of 26 February 2023, the Office of the United Nations High Commissioner for Human Rights (OHCHR) has reported a total of 22 607 civilian casualties in Ukraine since the war began, of which 8451 were killed and 14 156 were injured. In line with the standard operating procedures of the [global Social Security Administration \(SSA\)](#), WHO has verified 912 reported attacks on health care between 24 February 2022 and 31 March 2023. These have resulted in 136 reported injuries and 101 reported deaths of health-care personnel and patients.

As of 28 March 2023, the United Nations High Commissioner for Refugees (UNHCR) has [recorded](#) 8.1 million refugees from Ukraine in Europe. A total of 5 million were registered for temporary protection or similar national protection schemes in Europe. For cross-border movements, 19.7 million crossings out of Ukraine and 11.2 million crossings into Ukraine were recorded. These latter figures do not reflect individuals.

The [International Organization for Migration \(IOM\)](#) estimates that 5.4 million people are internally displaced across Ukraine as of 23 January 2023, a slight decrease from 5.9 million on 5 December 2022. The estimated number of people internally displaced within Ukraine has been steadily declining since August 2022. For more information on the Ukraine response, please find the monthly bulletins available [here](#).



Distribution of displaced people and refugees in Ukraine and neighbouring countries as of 27 March 2023

**Please note that the distribution of displaced people has not been updated since 23 January 2023.*

From the field

WHO donates ambulances to Humanosh Foundation for cross-border medevac operations in Ukraine and Poland



WHO donation of ambulances

WHO has donated four additional ambulances for medical evacuation and repatriation operations from Ukraine to Poland. WHO funding has enabled the Humanosh Foundation to purchase previously owned vans, which were subsequently converted into emergency ambulances. These retrofitted units are a critical element in the medical evacuation operation, known as medevac. Following the handover ceremony in Rzeszów, they will soon be deployed in the field, reinforcing medevac convoys and saving the lives of Ukrainian patients. The increased fleet of ambulances will allow the transport of more patients from further areas of Ukraine.

In Ukraine, the inoperability of medical facilities, an increasing number of civilian casualties and months of disruption of services for patients with severe chronic illnesses have made clear the need to refer and evacuate patients for life-saving treatment to other European countries, including Poland.

The ambulances adapted for emergency use ensure patient safety and professional evacuation from Ukraine. The medical vehicles will enable immediate evacuation and life-sustaining treatment, transporting critically ill patients from hospitals across Ukraine to the Medevac Hub in Poland. The retrofitted ambulances will help to enhance the operational capacity of cross-border medical transport.

The donation includes four patient transport ambulances adjusted to operate in conflict areas and equipped with oxygen tanks, defibrillators, portable ventilators and other medical equipment that will allow the transportation of seriously injured patients from Ukraine to the Medevac Hub in Poland.

Up until now, the Medevac Hub project, directed by the ministries of health in Poland and Ukraine, with support from WHO and the EU, has successfully coordinated over 2000 medical evacuations of Ukrainian patients under the EU Civil Protection Mechanism. WHO is working with governments and partners to provide emergency health services, improve local health services and include refugees in national health systems and plans. Read more [here](#).

From the field

The crucial role of cultural mediators in Romania's Ukrainian refugee response

When the war in Ukraine erupted in February 2022, the Romanian Government and citizens warmly welcomed hundreds of thousands of Ukrainians seeking sanctuary. By February 2023, over 2.4 million Ukrainians had sought refuge in Romania, with more than 100 000 receiving EU temporary protection status. The Romanian Government immediately recognized that the refugees needed access to health care and offered them the same level of care as that of Romanian citizens with health insurance. However, communication and language barriers, unfamiliarity with the health-care system, and lack of knowledge and information created obstacles that impacted refugees' access to services.

In response, the WHO Country Office in Romania recruited seven Ukrainian-speaking cultural mediators through the United Nations Volunteers programme. The cultural mediators have been deployed in Bucharest, Galați, Cluj, Târgu Mureș and Brașov, where there are significant populations of Ukrainian refugees. They are based in the WHO clinic in Bucharest, in the Blue Dot service in Galați, and in the wider communities of the other cities.



WHO staff listening to the personal stories of refugees

Cultural mediation, a recognized profession in Romania, can ensure that people are able to access high-quality health care. The seven cultural mediators have professional backgrounds in medical science, psychology and social science. They speak Ukrainian and Russian as well as English and are attempting to master the Romanian language through classes or online learning applications.

The services are diversity-friendly and aim to prevent discrimination. They include psychological counselling and psychosocial support, information on referral mechanisms and pathways, and health promotion. The cultural mediators also provide support related to sensitive topics such as human trafficking, sexual and labour exploitation, and gender-based violence. The mediators are responsible for raising awareness about health referral mechanisms and pathways among refugee communities, and for providing introduction sessions on the health-care system. To support their work, WHO has disseminated information about health-care access, availability of medicines, vaccination and proper antibiotic use. Read more [here](#).

Across all grade 3 emergencies

Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH)

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

Ukraine response

WHO has continued to support initiatives as members of the interagency PSEAH Network and developed a curriculum with UN partners for an interagency training of trainers in mid-March in Lviv. WHO also contributed to co-facilitating and offering logistical and administrative support to the country PSEAH consultation with UNICEF and International Red Cross (IRC). In total, 36 focal points from the interagency PSEAH Network were trained and the PSEAH questionnaire results showed an overall 12.5% increase in knowledge and over 40% increase in specific metrics related to the response mechanism, procedure, and role of local managers.

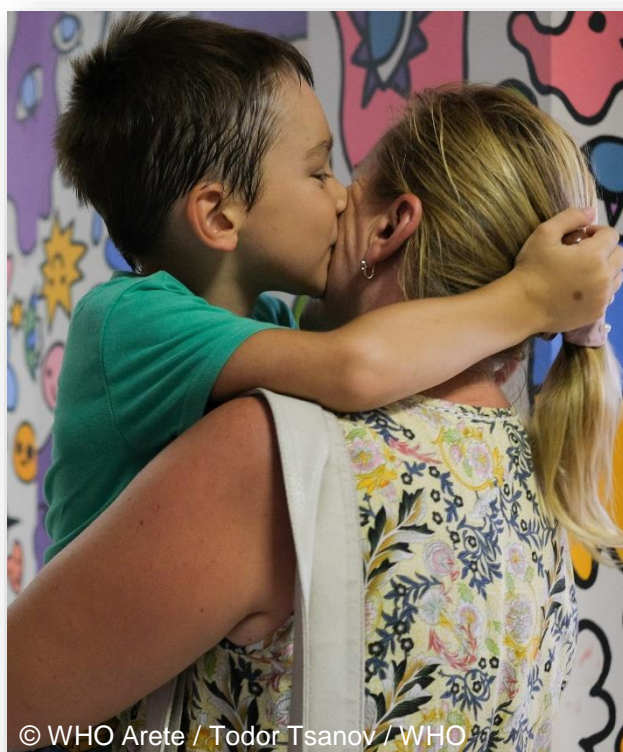
Refugee-receiving countries

On 29 March 2023, the Moldova PSEAH Network and Task Force organized a high-level dialogue on PSEAH in collaboration with UN agencies, embassies, donors, national and international nongovernmental organizations (NGOs) and civil society organizations under the Secretary General and Special Coordinator on improving the UN response to sexual exploitation and abuse. Since January 2023, WHO is chairing the PSEAH Task Force and various activities were implemented, including the PSEAH risk assessment, launch of the Core Humanitarian Standard (CHS) on quality and accountability investigation training, various capacity-building and communication and awareness-raising activities.

In Poland, WHO has strengthened internal capacity through training and with partners. In total, 52 health professionals, including psychologists, caregivers and educators, have been trained. An integrated approach has been applied by conducting gender-based violence (GBV) and PSEAH sessions to build on what they have in common and resources. In Romania, a hybrid PSEAH and Sexual and Reproductive Health (SRH) session was attended by 19 health partners to discuss the provision of training for investigators and trainers on core services for survivors.

Türkiye and Syrian earthquake response

Through the PSEAH Network and the interagency mechanism, WHO has developed various communication and awareness materials endorsed by MoH in Türkiye. The PSEAH focal points are in the field conducting risk and needs assessments in five provinces (Gaziantep, Sanliurfa, Hatay, Mersin and Adana). The Gaziantep Hub provided orientation and information sessions to the pharmaceutical and mental health and psychosocial support (MHPSS) technical working groups and Health Cluster members. The sessions aimed to strengthen the principle of zero tolerance within the provision of care and services, and 151 persons participated. A PSEAH risk assessment was conducted for the north-west Syria Health Cluster members. The results show that nearly 5% of Health Cluster members do not have adequate procedures for PSEAH, others do not have focal points in the health facilities, and some staff did not receive training.



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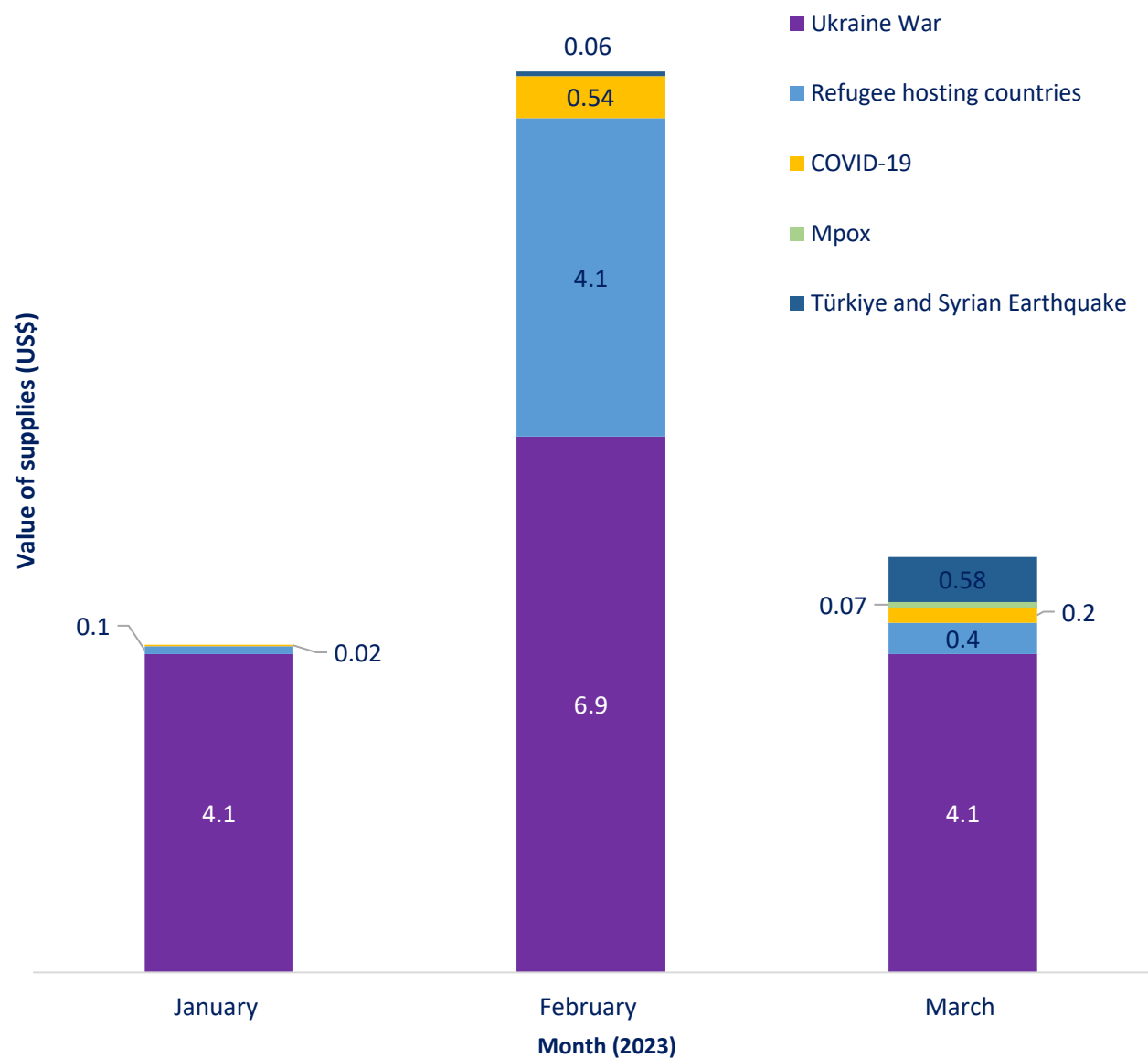
Ukrainian refugees in Bulgaria.

Operational support and logistics

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)

Q1: January–March



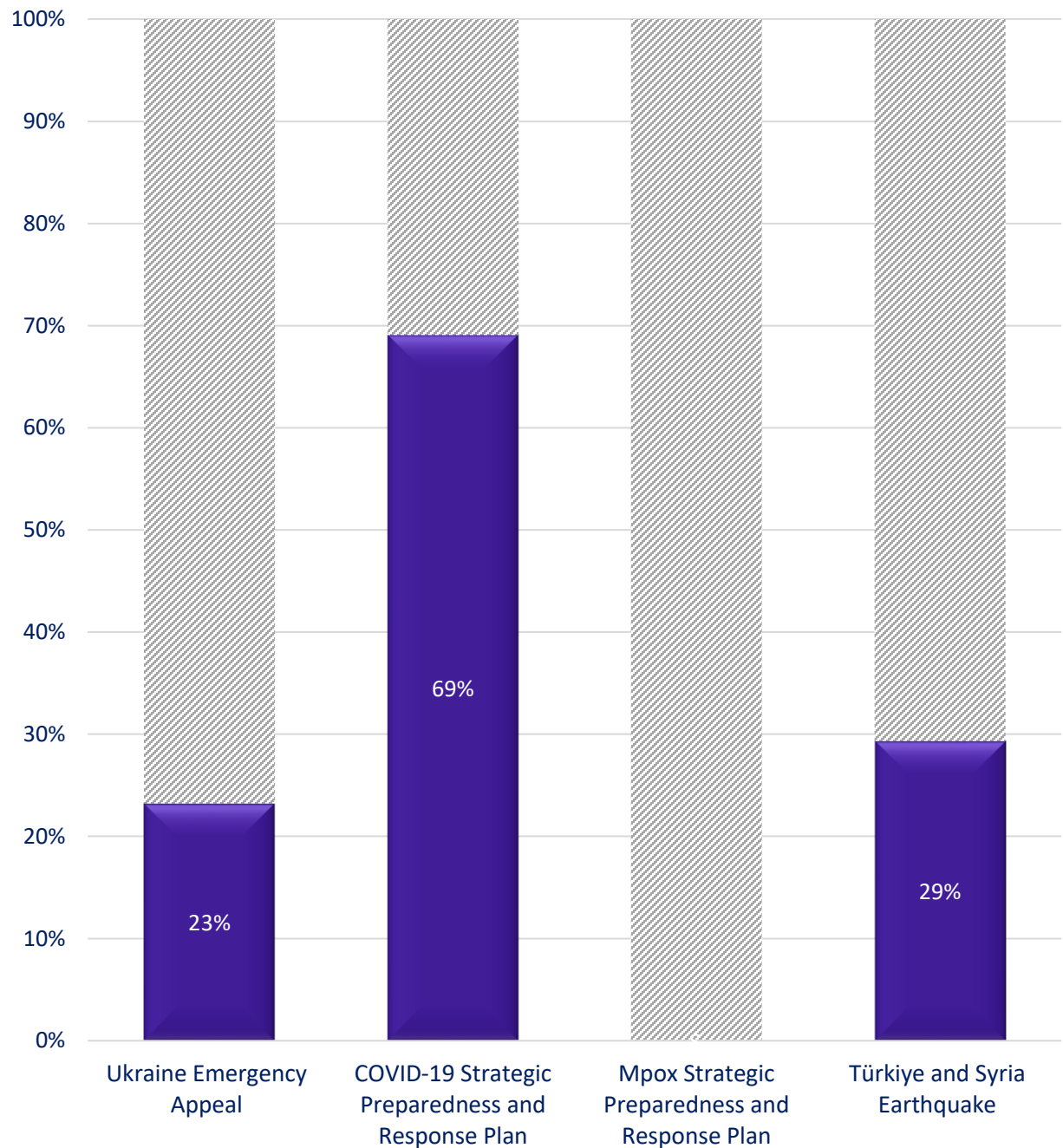
* The data presented have been adjusted following retrospective analysis of WHO’s records. For additional information on essential supplies delivered, please see the WHO European Region [COVID-19 Country Support Dashboard](#).

Funding implementation

The rise in climate change-related disasters, conflicts and their repercussions for food systems, and the ongoing impact of the COVID-19 pandemic have created a dangerous combination of threats to global health. 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 prosperous futures.

Percentage received (%) of emergency appeal funds and strategic response plans, by emergency

Received Requested



Key links and resources

WHO European Region publications | January–March | Online archive available [here](#)



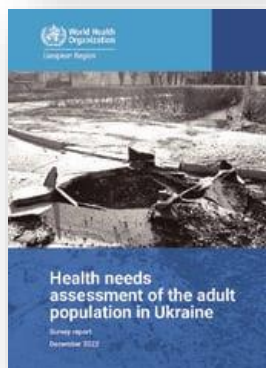
WHO Ukraine Country Office COVID-19 response report 2020–2021

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6884-46650-67823>



WHO's response to the Ukraine crisis: annual report, 2022

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-5897-45662-68308>



Health needs assessment of the adult population in Ukraine: survey report December 2022

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6904-46670-68538>



Catalogue of resources on mpox mass and large gathering event preparedness

<https://www.who.int/europe/publications/m/item/catalogue-of-resources-on-mpox-mass-and-large-gathering-event-preparedness>



Joint monthly surveillance report on SARS-CoV-2 and mpox in animals in the European Region, January 2023

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6616-46382-68185>



Health needs assessment of the adult population in Ukraine: survey report September 2022

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6904-46670-67870>



Joint monthly surveillance report on SARS-CoV-2 and mpox in animals in the European Region, February 2023

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6616-46382-68185>



WHO flash appeal: Earthquake response in Türkiye and whole of Syria

<https://www.who.int/publications/m/item/who-flash-appeal--earthquake-response-in-t-rkiye-and-whole-of-syria>

Upcoming WHO/Europe emergency response activities for quarter 2 of 2023

Türkiye and Syrian earthquake

- ✓ WHO strategic operational planning to further support the response and recovery within Türkiye and north-west Syria;
- ✓ Internal operational response to document lessons learned;
- ✓ After-action review of the EMT response;
- ✓ Post-disaster needs assessment.

COVID-19

- ✓ WHO COVID-19 strategic transition planning;
- ✓ Operations focused on documenting lessons learned and preparedness for future emergencies and pandemics;
- ✓ Continued support and monitoring of countries within the WHO European Region;
- ✓ WHO COVID-19 Emergency Committee meeting on the status of the emergency.

Mpox

- ✓ WHO/Europe elimination strategy [*Considerations for the control and elimination of mpox in the WHO European Region update*](#), which is intended to provide a framework for Member States to develop national five-year action plans to sustain control and achieve elimination of mpox;
- ✓ WHO Mpox Emergency Committee meeting on the status of the emergency.

Ukraine conflict

- ✓ WHO Member State consultation with refugee-hosting countries in Slovakia, 18–19 April 2023;
- ✓ Bulgaria health system assessment with a focus on refugees' access to health services;
- ✓ High-level trip to Ukraine;
- ✓ Mental health seminar in Estonia.

Events

- ✓ 76th World Health Assembly, 21–30 May 2023
- ✓ WHO Partner Forum in Istanbul, 13–14 June 2023

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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Belgium	Kazakhstan	Slovakia
Bosnia and Herzegovina	Kyrgyzstan	Slovenia
Bulgaria	Latvia	Spain
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Cyprus	Luxembourg	Switzerland
Czechia	Malta	Tajikistan
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