

# WHO European Region Emergency Quarterly Operational Update

Third quarter 2023: Weeks 27–39 (July–September 2023)

## Highlights

6

Graded emergencies  
(active and protracted)

3

Outbreaks

3

Humanitarian crises

0

New graded emergency

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### Key figures in the WHO European Region

**COVID-19**

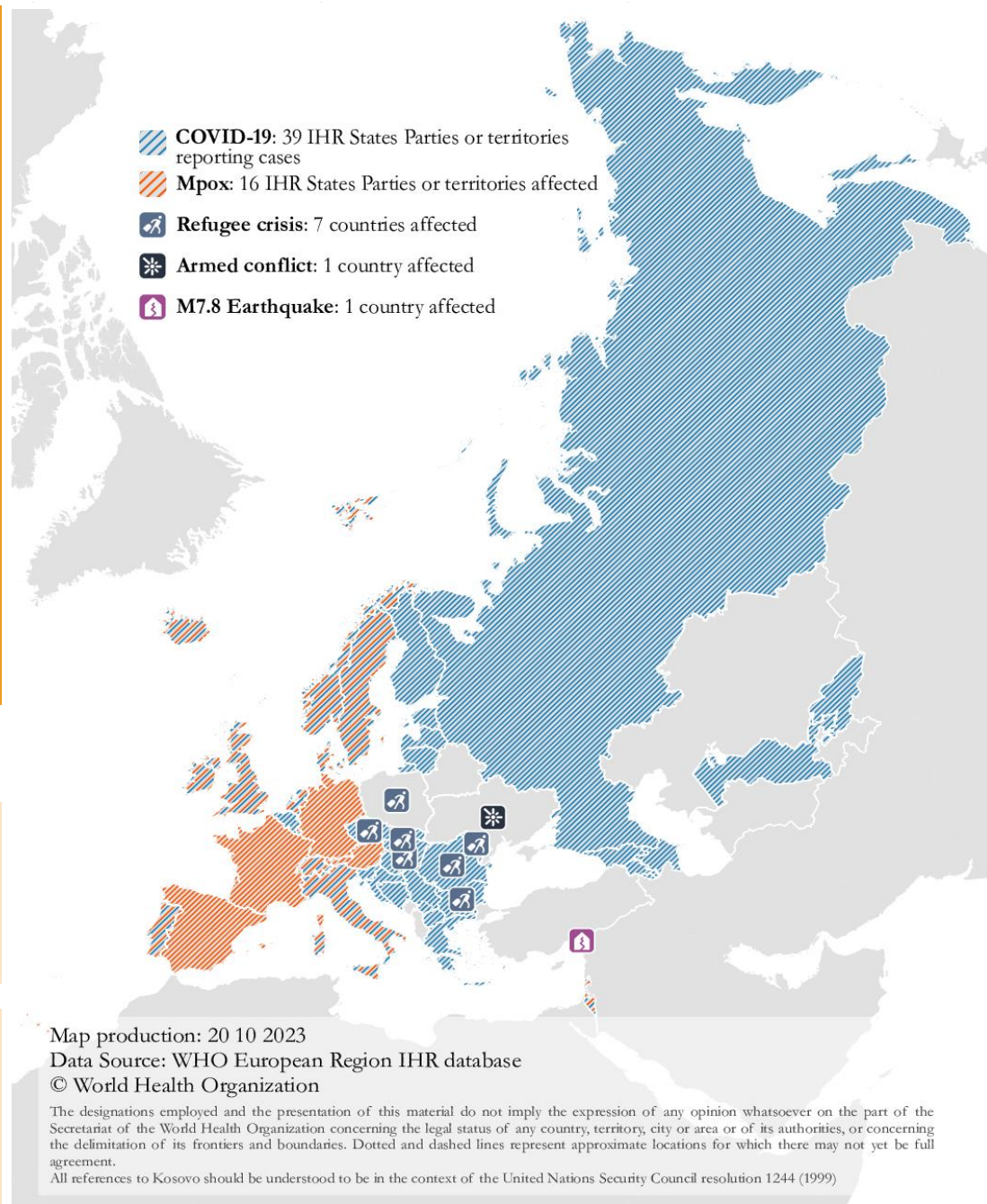
**277.4 million**  
cumulative cases

**2.2 million**  
cumulative deaths

**Mpox**

**26 231**  
cumulative cases

**7**  
cumulative deaths



# GRADE 3 – UKRAINE CONFLICT

## Situation update

**9701**  
Deaths

**17 748**  
Injured

**1305**  
Attacks on health care

**3.7 million**  
Internally displaced

Civilian casualties, displacement of millions of people, extensive infrastructure damage and disruptions to service delivery continue to affect populations across Ukraine. Between July and September 2023, drones and missile strikes continued to take a heavy toll on communities, killing and injuring civilians, and damaging vital civilian infrastructure. From 24 February 2022 to 24 September 2023, the Office of [the UN High Commissioner for Human Rights \(OHCHR\)](#) recorded 27 449 civilian casualties in the country with 9701 killed and 17 748 injured; however, actual casualty numbers are likely to be higher. As of 30 September 2023, through the [global Surveillance System for attacks on health care \(SSA\)](#), WHO has verified 1305 reported attacks on health-care facilities. These have resulted in 187 reported injuries and 111 reported deaths of health-care personnel and patients.

The protracted crisis has severely impacted the country’s health-care sector, resulting in the disruption of essential primary health-care (PHC) services for frontline communities. To ensure continued access to PHC services in areas where facilities have been destroyed or become irreparable, WHO has been installing prefabricated modular PHC facilities in partnership with the Ministry of Health, Ukraine.

The war in Ukraine has also caused large population movements, together with the changing needs to which the PHC facilities had to adapt. The new [WHO assessment “Continuity of essential health services during the war in Ukraine”](#) reveals that half of the PHC facilities in Ukraine faced staff absences due to the war. However, the overall number of staff who remained and continued to provide services was high. As part of the winterization planning, WHO continues to provide support for the installation of generators in health facilities. Ensuring the complete functionality and safe installation of the generators is crucial for both winter preparedness and the uninterrupted operation of health services. For more information on the Ukraine response, please find the monthly situation reports available [here](#).



Opening of a new modular primary health-care clinic in the village of Khukhra, Sumy region



## From the field

### Health Cluster Ukraine – Coordination of the humanitarian health response in Kharkivska oblast

Since early August, intensified hostilities in the northern and eastern parts of Kharkivska oblast have [resulted](#) in a rapid deterioration of the humanitarian situation. These developments prompted oblast authorities to carry out the relocation of approximately 1500 civilians, including 340 children, from Kupiansk city and at least 36 villages and towns [from Kupianskyi raion](#) to safer areas of Kharkivska oblast, mainly in Kharkiv city. A significant number of the recently displaced require urgent assistance, including psychological first aid, psychosocial support and primary health care. WHO-led Health Cluster partners, in close collaboration with the oblast authorities, other clusters together with the UN Office for Coordination of Humanitarian Affairs (OCHA), and Ukrainian civil society, have joined up to coordinate the delivery of humanitarian assistance.

The WHO-led Health Cluster is coordinating five subnational hubs aligned with macro-regions to support the operational response on the ground and decentralize decision-making. The health response in the eastern oblasts is coordinated from the Dnipro hub and, since its launch in February 2023, Kharkivska oblast has a dedicated subnational health cluster coordinator to increase partner engagement, improve localization of the response, and strengthen accountability to affected populations. In light of the latest developments, the Kharkiv team supported oblast health authorities in coordinating local and international partners' responses.

As hostilities continued to intensify, the Kharkiv Health Cluster team worked closely with the Kharkivska oblast authorities, partners and civil society to provide urgent health assistance to the relocated people from Kupiansk city and surrounding areas. As of 30 September, six Health Cluster partners provided over 300 medical consultations and over 400 mental health and psychosocial consultations at the Kharkiv city transit centre.

The Health Cluster continues to closely monitor the situation, providing coordination and support for the emergency health response through the Kharkiv team of the Dnipro hub. Before the new wave of hostilities, 55 partners had delivered life-saving and quality health assistance to more than 542 000 people across Kharkivska oblast in 2023. For more information about the Health Cluster in Ukraine, please see [HERE](#).



WHO personnel delivering humanitarian aid to the people of affected Hroza, Kharkiv oblast

## From the field

### Hostile Environment Surgical Team (HEST) training provided to frontline health workers

More than 20 months into the war in Ukraine, trauma remains the foremost public health risk during war time. Tailored specifically for frontline health-care workers, WHO brought together 80 anaesthesiologists and frontline surgeons from four regions in Ukraine to participate in two specialist Hostile Environment Surgical Teams (HEST) trainings. Financed and delivered by the David Notts Foundation in Kyiv on 21–26 August 2023, the trainings focused on equipping participants with the skills to manage war trauma-related injuries, many of which are not commonly included in standard medical or surgical training.

As many surgeons often specialize or subspecialize in niche fields, the HEST training provided an opportunity for exposure to the reality of major trauma and war-related injuries that participants may be facing or have experienced in recent months. Participants shared their experiences of the sudden shift from their regular routines and daily work to working in frontline hospitals at the onset of the war. In treating civilian injuries, which were now injuries of war and major trauma, participants expressed their need to further their education and training due to the reality of working with these more severe types of injuries in a highly pressurized situation along the front line.

A training course, delivered by the David Notts Foundation and based on Dr Notts' 30 years of real-world experience, aimed to enhance the skills of surgeons and anaesthetists in emergency trauma surgery via lectures, videos and discussions, complemented by practical exercises on simulation mannequins. Trainees were able to "operate" on synthetic materials, including heart valves and other similar "living tissues", bringing a uniqueness to this type of training along with other cutting-edge training materials, courtesy of the David Notts Foundation.



*Participants of the HEST training practice intubation on a simulation mannequin*



# PROTRACTED GRADE 2 – TÜRKİYE AND SYRIA EARTHQUAKES

## Situation Update

**50 783**  
Deaths

**9.1 million**  
Affected people

**3 million**  
Displaced

**>3 million**  
People  
accommodated



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### Emergency Medical Team (EMT) coordination in earthquake-affected zone

On 11 September, WHO revised the grading for the Türkiye earthquake emergency response to a protracted grade 2. Seven months after the devastating earthquakes that struck the Kahramanmaraş province in Türkiye on 6 February and 20 February, the emergency response has transitioned to recovery activities. In the 11 provinces directly affected by the earthquakes, [50 783 deaths](#) have been registered, including of 7302 foreign nationals. There have been many thousands of [aftershocks](#), and at least 298 000 buildings have either collapsed or have been severely damaged throughout the region.

International Blue Crescent (IBC) [reported](#) that the debris removal works in Kahramanmaras, Hatay, and Adiyaman, the provinces with the most destruction, are complete. While the construction of 536 729 permanent houses is ongoing in 11 earthquake-hit cities, 82 104 new homes are planned to be built in Kahramanmaras, the earthquake's epicentre, and 22 066 new houses in Hatay.

The priorities are also to ensure that housing and [health services](#) in the region are not interrupted. In the provinces affected by the earthquake, 42 of 136 hospital buildings were severely or moderately damaged. In addition, 97 migrant health centres serving 1.7 million refugees were almost unusable. UNFPA [estimated](#) that the number of pregnant women directly affected by the earthquakes was 130 000. Pregnant women and newborns continue to be affected within the displaced population.

WHO continues to support the government-led response and recovery efforts, working in close coordination with the Turkish Ministry of Health (MoH) and the Disaster and Emergency Management Authority (AFAD). WHO's efforts have been focused on reinforcing mental health services, scaling up physical rehabilitation for those who were injured, supporting the provision of health services at primary and secondary care levels, enhancing infectious disease laboratory and surveillance systems, and supporting the provision of health services to displaced populations to allow continuity of care, especially for women, children, elderly people and those with noncommunicable diseases. Across all these areas, WHO has worked to engage affected communities in early recovery efforts and hear from them about their preferences and needs. Read more [here](#).

## From the field

### Operational review of WHO's Türkiye and Syria earthquake response



*Participants at the operational review of WHO's earthquake response*

In accordance with the Emergency Response Framework's (ERF) performance requirements, WHO carried out an operational review of its response to the health effects of the earthquake after the first six months. The operational review was conducted on 18–19 July 2023 through a hybrid virtual and in-person meeting in Istanbul, Türkiye that brought together 80 staff from WHO's three levels. The meeting aimed to actively take stock, assess, discuss, review, and share lessons from the first 90 days of the response and identify recommendations to enhance future WHO responses. Specifically, the meeting's objectives were as follows:

1. Evaluate actions taken during the first 90 days of the response and draw lessons learned from critical ERF functions, as well as from incident management processes.
2. Assess the public health risks, identify remaining support requirements in key technical areas in Türkiye and Syria until the end of the year, and review the grading of the emergency.
3. Review the implementation status of operational plans as the response moves into recovery, and identify adjustments required in WHO's strategy to support affected populations.
4. Strengthen WHO's response across regions by sharing experiences, challenges and solutions across core technical areas, including mental health, physical rehabilitation, trauma, mass casualty management response/capacity-building as well as access to health services for earthquake-affected populations in Türkiye and Syria.

Based on a situational analysis, WHO updated the event's grade, disassociating the earthquake responses in Türkiye and Syria. Türkiye's emergency response was regraded as a protracted grade-2 emergency.

The response's operational review report is currently being developed, and will include a presentation of WHO's challenges, achievements, best practices, key recommendations, areas for learning and system improvements that were identified, including in strategic efforts for early recovery. Overall, critically reviewing its actions represents a key step for WHO to strengthen its emergency responses and be better prepared for future events.

## From the field

### Strengthening of physiotherapy services for the earthquake-affected populations in Türkiye



#### *Training for physiotherapists in Ankara*

To address the needs of the earthquake-affected population in Türkiye, WHO has been strengthening physiotherapy services within the primary health-care system. With WHO support, the MoH has implemented a project aimed at strengthening physical rehabilitation capacity at healthy life centres (HLCs) for individuals with injuries resulting from the earthquake.

The project's objective is to assist all those who were injured by the 7.7 magnitude earthquake that occurred on 6 February 2023 in the south-eastern part of Türkiye. The earthquake affected thousands of people, resulting in physical trauma and disabilities. It is estimated that approximately 1090 have become amputees, and 2200 patients lost their prostheses. Given that more than 70% of those affected by the earthquake require rehabilitation, and over 1000 people lost a limb, only a robust and efficient health system can meet their needs. The provision of assistive technology along with physiotherapy services at the primary health-care level is essential to ensure the full integration of people with physical disabilities into their daily lives. HLCs are primary health-care centres for health promotion managed by a multidisciplinary team that includes physiotherapists, social workers, psychologists, dieticians, child development specialists and family doctors. A total of 27 HLCs, tailored to meet the MoH's requirements, are being established and will play a significant role at the community level, especially among the most vulnerable.

As part of the HLC project, the WHO Türkiye Country Office has developed training modules in partnership with faculty members from the Gulhane Faculty of Physiotherapy and Rehabilitation at the University of Health Sciences. It is a comprehensive training programme that addresses the main pathologies identified among those affected by the earthquake.

Between 24 and 28 July, 30 physiotherapists participated in the training where they received instruction on a range of physiotherapy topics to equip them with the necessary technical skills to implement the project in the HLCs at the University of Health Sciences in Ankara, Türkiye. The training combined both theoretical and practical components to ensure the proper implementation of techniques, with a special focus on promoting independence in daily life activities. The training was delivered using a hybrid approach designed to encourage trainee participation and included a visit to the Gaziler Physical Therapy and Rehabilitation Training and Research Hospital in Ankara (National Veteran Hospital). The project received financial support from the Government of Kuwait.

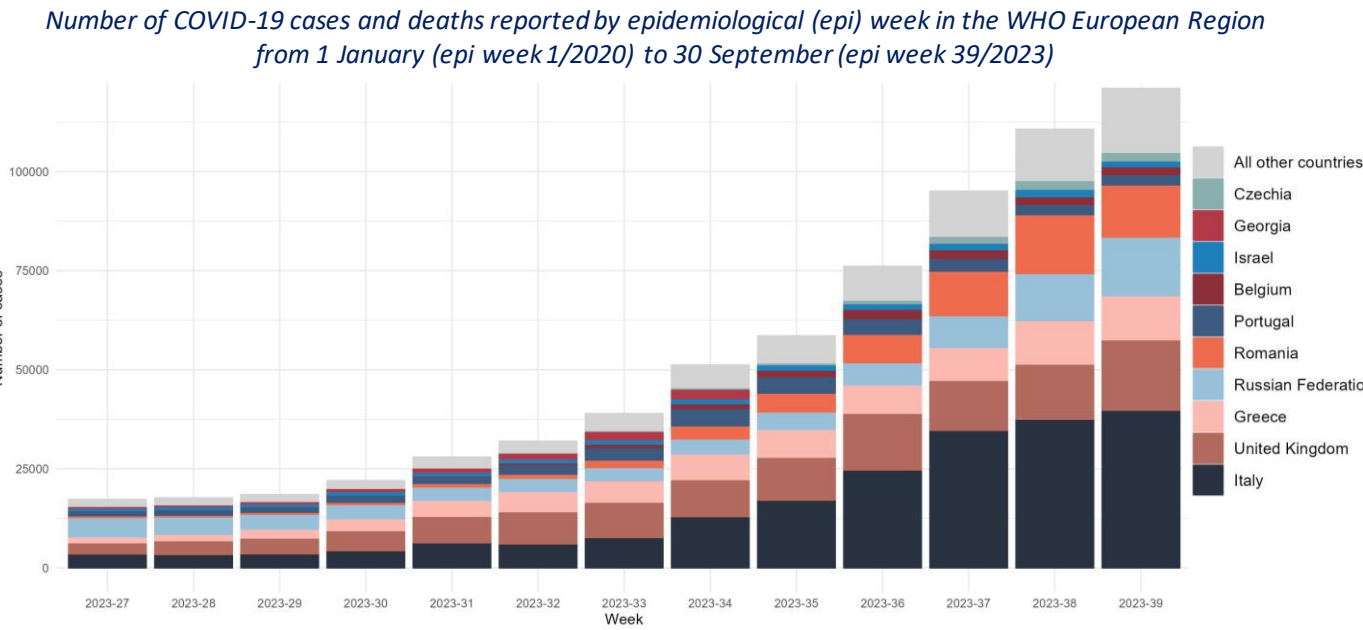
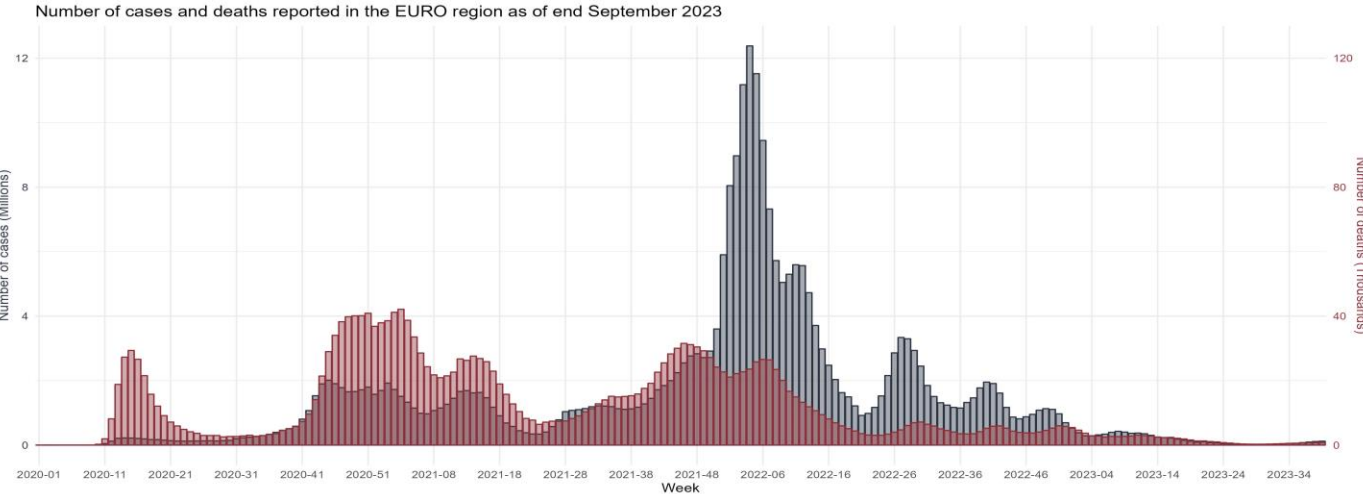


# PROTRACTED GRADE 3 – COVID-19

## Regional epidemiological situation: COVID-19

As of 30 September 2023, 277 466 964 cases of COVID-19 and 2 254 841 deaths have been reported across the WHO European Region. In the third quarter of 2023, the European Region experienced a slight and gradual increase in new COVID-19 cases, with a similar trend in deaths, but the overall burden of disease cause by COVID-19 continued to be relatively low. Between July and September, the SARS-CoV-2 Omicron variant and its descendent lineages continued to spread, including XBB.1.5, XBB, BA.2.75, BQ.1, BA.2.86, and the new EG.5. EG.5 was designated as a variant of interest on 9 August 2023. BA.2.86 was classified as a variant under monitoring (VUM) on 17 August 2023 and, based on updated information, BA.2.86 and its sublineages (including JN.1) are now being classified as a variant of interest (VOI). Among the variants that continue to spread, XBB has shown a significant decrease in prevalence from 43.3% in early July to 9.8% in late September. Notably, XBB, XBB.1.5, and EG.5 had the highest prevalence, the latest one surged in mid-August at 14.6% and continued to increase until it reached 49% at the end of September.

New hospital admissions due to COVID-19 increased between weeks 27/2023 and 37/2023 and dropped in week 38/2023. Countries that witnessed the highest hospitalization rates in terms of hospital occupancy per 100 000 population were Ireland (4.91), Romania (1.35) and Bulgaria (1.5) in July, and Ireland (6.27), Romania (5.98), Bulgaria (4.65), Italy (4.62), Sweden (2.24), Lithuania (1.65), Czechia (1.53), Armenia (1.47), and Netherlands (Kingdom of the) (1.28) in September. Please refer to the [WHO European Region European Respiratory Virus Surveillance Summary \(ERVISS\) platform](#) and the [WHO European Region COVID-19 Information Hub](#) for further information.



The trend in reported COVID-19 cases by epidemiological (epi) week in the WHO European Region from 1 July (epi week 27/2023) to 30 September (epi week 39/2023)



Emergency public health measures taken across the Region

There was little change in the implementation of public health and social measures (PHSM) by Member States during the third quarter of 2023; five countries eased measures, while two countries strengthened measures. Italy and San Marino lifted mandatory isolation for confirmed cases, while Austria, Spain and Ukraine ended all remaining COVID-19 measures. Israel and Romania strengthened measures in September, recommending individuals to wear masks in crowded settings and to avoid crowds when possible. Within health-care settings, Serbia reinstituted a requirement to wear masks in all health-care institutions as well as a requirement that patients admitted to hospital or attending certain high-risk departments be tested for COVID-19.







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Influenza and COVID-19 vaccination in Portugal

In anticipation of and in response to increasing COVID-19 cases in the autumn, countries issued vaccination recommendations, with France and the United Kingdom bringing forward their vaccination campaigns due to the local epidemiological situation. As of 30 September 2023, no Member State requires quarantine on arrival or proof of vaccination from international travellers, but four Member States continue to implement international travel-related measures in response to COVID-19. For an up-to-date list of measures implemented by States Parties in response to COVID-19, 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.**

COVID-19 response figures from 1 January 2020 to 30 September 2023				
483 Number of missions	33 Countries/ territories with missions	1.86 million kg  Of shipments to Member States worth  US\$ 106.95 million	47 336  Participants in webinars, training sessions, workshops	933  Webinars, training sessions, workshops
				

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

## From the field

### Partners across Europe endorse the European Infodemic Preparedness and Response Alliance



*Experts from the European Region reflect on COVID-19 infodemic management and other recent health emergencies*

The WHO Health Emergencies Programme's (WHE) Risk Communication, Community Engagement and Infodemic Management (RCCE-IM) Unit prepared and facilitated the partners' panel on Infodemic Management during the second WHO Symposium on the Future of Digital Health Systems in the European Region on 5–6 September 2023 in Porto, Portugal.

The session brought together speakers from the European Region, including the European Union and its agencies, national health authorities, academia, fact-checkers and a scientific journal (the *Lancet*). All had developed interventions to respond to the COVID-19 infodemic. However, key insights shared by all was that to be truly effective, infodemic management requires collaboration across different sectors and stakeholders.

The ad-hoc alliances and partnerships between health authorities, academics, civil society, and media organizations established to counter the COVID-19 infodemic need to be maintained and nurtured to help better prepare for the next infodemic. Stakeholders at the event unanimously endorsed the WHO Regional Office for Europe's proposal to achieve this by establishing a European Infodemic Preparedness and Response Alliance (EIPRA). This alliance will maintain and further develop dialogue and coordination between the key actors and their infodemic managers. It will also help foster the development of a common agenda for infodemic preparedness.

Just as the next health emergency is inevitable, so is the next infodemic. The topic of a panel discussion was, "What should we learn from the COVID-19 infodemic to help us better prepare?". It was moderated by Cristiana Salvi, WHO Regional Office for Europe's Regional Adviser for RCCE-IM, at the Second WHO Symposium on Healthcare in the Digital Age. The event was funded by the Assessed Contributions of EU Member States.

## From the field

### Supporting infection prevention and control strengthening at health-care facility level in rural Azerbaijan

As part of the work on strengthening pandemic preparedness in Azerbaijan, from 23 to 27 July 2023, WHO in collaboration with the Management Union of Medical Territorial Units (TABIB) of Azerbaijan, organized a visit to selected health-care facilities in the north-eastern Quba region, such as Quba Regional Central Hospital, Quba Regional Diagnostic Center and Quba Regional Perinatal Center. During these visits, WHO experts assessed health facilities using the WHO Infection Prevention and Control Assessment Framework (IPCAF) assessment tool. The IPCAF is a systematic tool that provides a baseline assessment of infection prevention and control (IPC) activities within health-care facilities, as well as guides periodic evaluations to document progress over time and facilitate improvement.

The Head of the Infection Prevention Department and national IPC focal point for TABIB responsible for managing medical institutions across the country and application of compulsory medical insurance joined in the visits to the health-care facilities. The assessment was complemented by relevant thematic webinars delivered by WHO, which covered topics such as outbreak investigation for health-care-associated infections in health-care facilities on 6 July, standard IPC precautions for health-care workers on 18 July, basic microbiology and IPC on 21 July, and transmission-based IPC precautions on 25 July.

The results of the assessment tool application have been further presented and discussed by the national IPC committee. WHO will continue strengthening IPC capacities in health-care facilities of Azerbaijan with the aim of systematizing this work at the national level.



Experts from the WHO and the Management Union of Medical Territorial Units conducting an infection prevention and control assessment during the visit to a health-care facility in Azerbaijan

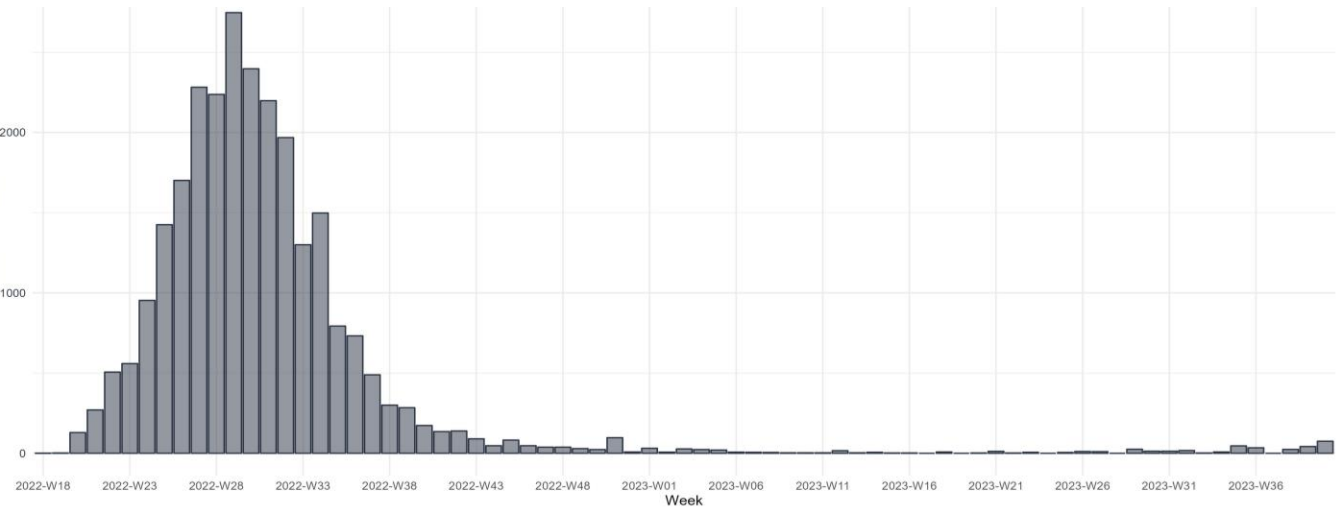


# PROTRACTED GRADE 2 – MPOX

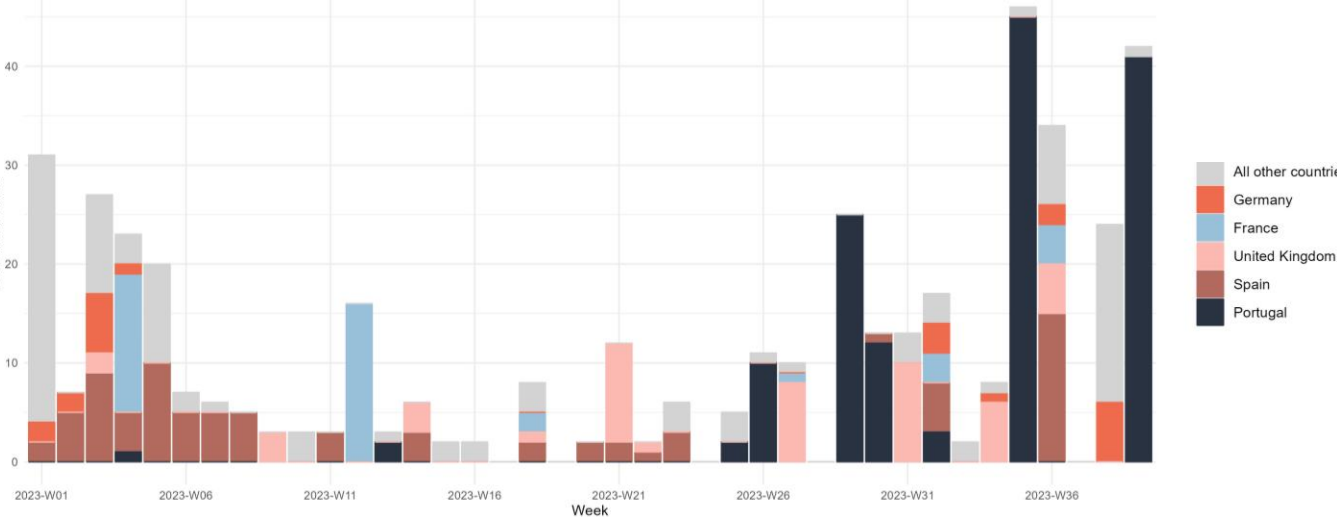
## Regional epidemiological situation: mpox

As of 30 September 2023, there have been 26 231 mpox cases and 7 reported deaths across the WHO European Region. By the end of September, the WHO European Region represented 28.8% of the global incident caseload. During the third quarter, mpox cases remained low but increased compared to the previous quarter, with sporadic surges occurring throughout the reporting period, spiking during weeks 29, 35, 36, 38, and 39. From July to September, a number of mpox clusters were reported across the Region with 136 cases in Portugal, 52 cases reported in Spain, and 52 cases in the United Kingdom. No new deaths were reported during the third quarter.

As of September 2023, most cases continue to be reported among men (98%) 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, 835 (7% of cases) have been hospitalized, of which 280 cases required clinical care and 8 were admitted to the intensive care. 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 30 September 2023 (epi week 39/2023)*



*Top five countries reporting new mpox cases reported by epidemiological (epi) week in the WHO European Region from 1 January (epi week 1/2023) to 30 September (epi week 39/2023)*

Emergency public health measures taken across the Region



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At the WHO collaborating laboratory, the Erasmus Medical Center in Rotterdam, Netherlands, the laboratory staff conducts research on various viruses, including mpox

In the WHO European Region, from July to September 2023, Member States hosted mass and large gatherings with the potential for sharing mpox public health advice such as 4 fetish festivals, 1 circuit festival and 37 pride festivals. Several Member States included mpox-specific public health advice on event websites and/or event digital platforms. For the largest pride event in the Region, Malta put a health plan in place for the event, including instituting a health campaign before, during and after the event; increasing sexual health service capacity during the event; performing simulation scenarios with police and health services before the event.

The WHO Regional Office for Europe continued supporting Member States during quarter three by sharing resources such as [the mpox toolkit for planning mass gathering events](#), the [catalogue of resources on mpox mass and large gathering preparedness](#) and the [mobile-friendly tool with interactive dashboard for mass and large gathering events during the mpox outbreak](#).

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

### The WHO Regional Office for Europe holds a face-to-face training on Early Warning, Alert and Response (EWAR) in Emergencies in Czechia



*Participants at the face-to-face training on EWAR in emergencies, Czechia*

Health emergencies, disasters and conflicts can challenge any health system, including the most robust. To enable rapid response to health emergencies, WHO continues to support countries to strengthen their capacities in early detection and rapid risk assessment of public health threats from all hazards. In recent years, Member States in the WHO European Region have faced significant emergencies with considerable health consequences, including the COVID-19 pandemic, mpox and the Ukraine crisis. These events have underscored the need to enhance signal detection and surveillance capacities, skills and methods in rapid risk assessment as well as the principles of public health response. Together, these functions represent the Early Warning, Alert and Response (EWAR) system in a country.

“Time is crucial during any emergency. We have been proud to host this EWAR workshop delving into how to detect, respond and save lives faster. These EWAR strategies play a pivotal role in preparedness and effective crisis management. Thanks to the WHO team and national technical experts’ commitment during the intensive one-week discussions and hands-on training, we are ready to build a resilient health system.” – Dr Zsófia Pusztai, WHO Representative to Czechia

It is against this backdrop that WHO, across three levels of the Organization and the Istituto Superior di Sanita, Italy, conducted the first pilot training for EWAR in Emergencies. Held from 28 to 31 August 2023 in Czechia, this in-person workshop brought together 25 public health officers from the Ministry of Health, the National Institute of Public Health as well as representatives of regional public health authorities. The workshop focused on the skills needed to implement and rapidly scale up EWAR in health emergency response and aimed to familiarize Czech epidemiologists and public health experts with existing tools and resources to facilitate EWAR’s implementation. These include the [WHO EWAR in Emergencies Operational Guide](#) published in January 2023, the [Epidemic Intelligence from Open Sources](#) initiative, as well as WHO’s [Early Warning, Alert and Response System \(EWARS\) in a Box tool](#).

This workshop was financially supported by the US Centers for Disease Control and Prevention. Moving forward, similar workshops will be organized in other European countries and will initially focus on those receiving Ukrainian refugees. WHO’s *EWAR in emergencies operational guide* will also be translated into all official UN languages by early 2024.



# PROTRACTED GRADE 2 – UKRAINE REFUGEE RESPONSE

## Situation update

**5.8 million**  
Refugees within  
Europe

**369 200**  
Refugees beyond  
Europe

**6.2 million**  
Refugees globally

**17 million**  
In need of  
humanitarian support

The war in Ukraine has triggered a major increase in humanitarian needs due to mass internal displacement and refugee outflows. As of 29 September 2023, [UNHCR](#) estimates that some 6.2 million refugees from Ukraine are in Europe and other countries with over 5.8 million recorded in European states alone. A total of 2.8 million have registered for asylum, temporary protection or similar national protection schemes in Europe.

According to [the International Organization for Migration \(IOM\)](#), as of 25 September 2023, IOM estimates that 4.6 million individuals in Ukraine have returned to their area of habitual residence following a period of displacement due to the large-scale invasion. Most people displaced abroad who returned to their place of habitual residence were significantly more concentrated in western oblasts. Returnees from abroad had primarily been displaced in Poland (38%), followed by Germany (11%), Italy (7%), Czechia (5%), Bulgaria (4%) and Spain (3%).

WHO continues to provide operational and technical support to ministries of health of refugee-hosting countries as their health systems continue to cope with refugee arrivals. The primary refugee-hosting countries receiving WHO support are Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia, among others. As of September 2023, WHO has [delivered](#) 201 800 kg of supplies worth US\$ 14 million to refugee-hosting countries, including Poland, Czechia, the Republic of Moldova, Hungary, and Romania.



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WHO staff informing refugees where to access health services and discussing their needs and experiences

From the field

Adapting outpatient treatment to meet the needs of tuberculosis patients in Poland

When the war in Ukraine escalated in February 2022, Poland received a large number of refugees with ongoing health needs, including patients receiving treatment for tuberculosis (TB). Despite Ukraine’s geographical proximity to Poland, the epidemiological situation is vastly different in the two countries. With just 11.4 TB cases per 100 000 population (data as of 2022), Poland is now considered a low-burden country, while Ukraine has 71 cases per 100 000 population (data as of 2021) – the second-highest burden of TB in the WHO European Region.

The difference in the number of newly registered cases has practical consequences in terms of the availability of treatment in the two countries. In Poland, hospitals have access to older TB drugs through the regular ordering procedure. However, the system does not allow the reimbursement of the newest TB drugs, which are suitable for outpatient treatment. This means that patients cannot receive these drugs free of charge unless they are taking part in the pilot project. Until recently, patients had free access to TB drugs only when they were receiving inpatient hospital treatment. This obliged patients to remain in hospital for the duration of their treatment, which could be up to two years. This was in contrast to the situation in Ukraine, where the latest WHO recommendations on diagnosis and treatment of TB and drug-resistant TB (DR-TB) had been rapidly adopted. In Ukraine, most DR-TB patients were already receiving the latest drugs and being cared for as outpatients.

“The speed and efficiency with which the Polish health authorities have brought their guidelines and practice up to date is impressive,” said Dr Nino Berdzuli, WHO Representative to Poland and Special Envoy for the Ukraine emergency response in refugee-hosting countries in Europe. “The results are very positive in terms of providing the best care for patients, improving adherence to treatment and therefore reducing the risk of spread. We hope that other countries will be encouraged to follow Poland’s example. WHO will continue supporting the health authorities as there is still work to be done, ensuring sustainable access to medicines, TB prevention and screening.”

To ensure access to care, the Polish health authorities began to offer outpatient care for DR-TB patients in collaboration with the WHO Regional Office for Europe, the WHO Country Office for Poland and Médecins Sans Frontières (MSF). WHO also donated new multidrug-resistant tuberculosis (MDR-TB) drugs for patients of all ages to the Polish government to ensure that Ukrainian patients were able to continue their treatment. The National Institute of TB and Lung Diseases started coordinating an outpatient treatment programme for DR-TB patients with the Ministry of Health, WHO and MSF.

Moving forward, WHO will continue to support health authorities in Poland to further strengthen the Polish system of TB response to make it more sustainable, patient-centred and inclusive for all.



WHO officers discussing TB diagnosis with a laboratory technician at Kuyavian-Pomeranian Pulmonology Center in Bydgoszcz, Poland

## From the field

### WHO offers a Basic Emergency Care course in the Republic of Moldova to boost clinical care capacities for emergency preparedness and response

Since the start of the war in Ukraine in February 2022, hundreds of thousands of refugees fled over the border into the Republic of Moldova, leaving the country to face a prolonged health emergency. As of October 2023, around 100 000 refugees remain in the country, many of whom require health care.

To tackle this situation, the Moldovan Ministry of Health deployed a multifaceted emergency response mechanism, which includes coordinating the scale up of health services and ensuring that health professionals have the necessary skills to provide quality, timely and safe care during an emergency. In support of this response, WHO has been working alongside national professional societies and academia to implement a holistic capacity-building package to reinforce the provision of acute care for patients in emergencies.

It is against this backdrop that WHO supported the [Basic Emergency Care \(BEC\) course](#) that took place at the University Medical Simulation Training Centre in Chisinau from 4 to 7 July 2023. Developed in collaboration with the International Committee of the Red Cross and the International Federation, WHO's BEC course is a clinical training designed for frontline health-care providers who provide emergency care but have received fragmented formal training in the field. The course provides a systematic approach to assessment and resuscitation of patients in emergency conditions when time and resources are limited.

The July 2023 course was attended by 42 emergency physicians, anaesthesiologists, surgeons, intensive care providers, cardiologists, trauma specialists, family doctors and nurses from Kazakhstan and the Republic of Moldova. As part of it, participants learned how to manage trauma, shock and altered mental status and focused on the ABCDE (airway, breathing, circulation, disability and exposure) approach.

Overall, this joint effort between WHO and the Republic of Moldova contributes to providing better care to both refugees and Moldovans, thereby strengthening not only the emergency response but also the national health system in the long term. The BEC course in the Republic of Moldova has been supported financially by the U.S. Department of State, Swiss Confederation and European Union.



©WHO

Health workers participate at the skill station in the hospital simulation lab during the BEC course



# Across all graded emergencies

## Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

PRSEAH specialists and focal points coordinate efforts in and across countries to strengthen internal capacity, reporting and accountability mechanisms in our operations response. Response efforts are in line with the WHO PSEA strategy, and collaboration is through interagency mechanisms.

### Ukraine response

During the third quarter, PRSEAH live exchanges, both virtual and face-to-face, in terms of sensitization, training, and awareness-raising, reached 188 medical workers. Most notably, missions to Dnipro included face-to-face training sessions for public health partners working in laboratories and emergency medical teams. An internal survey revealed that over 90% of the staff understood what is expected of them in terms of PRSEAH and would feel comfortable reporting it. Pre- and post-tests showed an average knowledge increase of nearly 20%, with some metrics showing an increase as high as 40%.

### Refugee-receiving countries

In Moldova, WHO and UNHCR, acting as co-coordinators of the PRSEAH Task Force and Protection from Sexual Exploitation and Abuse (PSEA) Network, led the development of an inter-agency risk assessment. WHO and UNHCR created a comprehensive safety assessment of refugee accommodation centres (RAC) to evaluate the PSEA safety of all RACs in Moldova. The findings from this assessment were instrumental in establishing priorities for the closure of specific RACs.

WHO also played a pivotal role in supporting inter-agency coordination to integrate PSEA into the refugee response plan. As of 30 September, a total of 876 partners have received training in the fundamental aspects of PSEA through the efforts of the PSEA Task Force and PSEA Network.

In August 2023, WHO Sexual Reproductive Health and Gender-based Violence (GBV) experts delivered three training sessions on GBV and PRSEAH in Romania for WHO cultural mediators, country coordinators, humanitarian actors, representatives of other UN agencies, and Romanian family doctors. These training sessions aimed to build national and humanitarian actor capacity to support those impacted by gender-based and sexual violence.



*Regional and Türkiye Country Office/Gaziantep Hub coordinators during the field visit to north-west Syria*

### Türkiye and north-west Syria earthquake response

The operational review of WHO's response to the health effects of the earthquake took place in Istanbul on 17–18 July and provided an opportunity for learning regarding the implementation of PRSEAH activities and the strategic orientation of WHO's response for the recovery phase. To gain a deeper understanding of the needs on the ground, the PRSEAH team conducted four field visits for risk and needs assessments in Gaziantep, Sanliurfa, Hatay, and Adana between 19 and 26 July. One of the significant achievements has been the comprehensive training of all WHO and implementing partners' personnel involved in the response.

During the field visits on 9 August in north-west Syria, PRSEAH regional and Türkiye Country Office coordinators organized empowerment sessions for health facility managers, WHO implementing partners, and female staff. These sessions play a vital role in fostering a shared commitment to PRSEAH principles and promoting a safe and respectful environment for all those involved in earthquake response and recovery.

## From the field

### Building national capacity in Romania to support survivors of gender-based violence, sexual exploitation, assault and harassment

The war in Ukraine triggered one of the fastest-growing displacement and humanitarian crises on record, pushing millions to move within Ukraine and abroad in search of safety. [142 624](#) Ukrainians have obtained temporary protection in Romania, most of whom are women and children.

During humanitarian emergencies, the risk of gender-based violence (GBV) increases due to mass displacement and the breakdown of social protections. WHO [figures](#) indicate that 1 in 5 refugee or displaced women experienced sexual violence. Refugee women are particularly vulnerable to abuse and exploitation.

Building national capacity in Romania to support survivors of GBV, sexual exploitation, assault, and harassment (SEAH) has therefore represented a programmatic priority for the WHO Romania Country Office in response to the Ukrainian refugee crisis. Family doctors and international humanitarian workers represent key actors within Romania's response to refugee-associated GBV and SEAH cases. The former are often the first point of contact for survivors, while the latter have been cited as highly trusted by Ukrainian beneficiaries and are thus well placed to provide support and guidance following disclosure of abuse.

In August 2023, WHO Romania delivered training on core GBV and SEAH principles to over 40 family doctors, humanitarian actors, psychologists and teachers in Sibiu and Bucharest. These workshops aimed to enhance service provider capacity to support survivors using a survivor-centred approach, principles of first-line support for GBV and intimate partner violence, and available referral pathways. Post-training assessment indicated that these capacity-building initiatives were highly effective, with 86% of humanitarian workers and 100% of family doctors reporting that they would be able to apply the concepts learnt when performing their roles.

In 2024, WHO will extend these trainings to additional Romanian health and care workers and managers of health facilities; building a national network of health stakeholders able to proactively support both refugee and Romanian women experiencing GBV and SEAH.

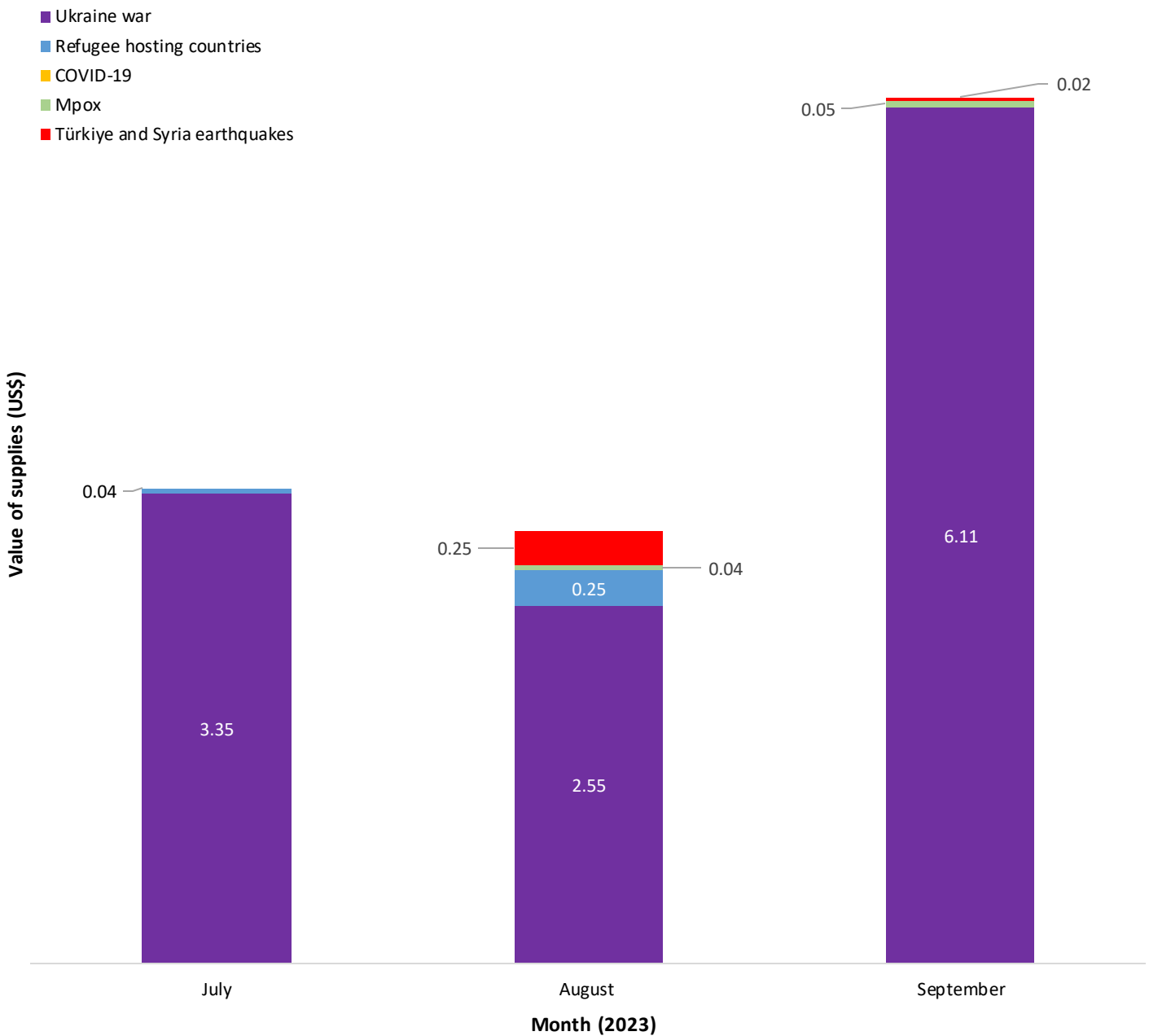


*Training on core GBV and SEAH principles for participants in Sibiu, Romania*

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)  
Q3 – July – September



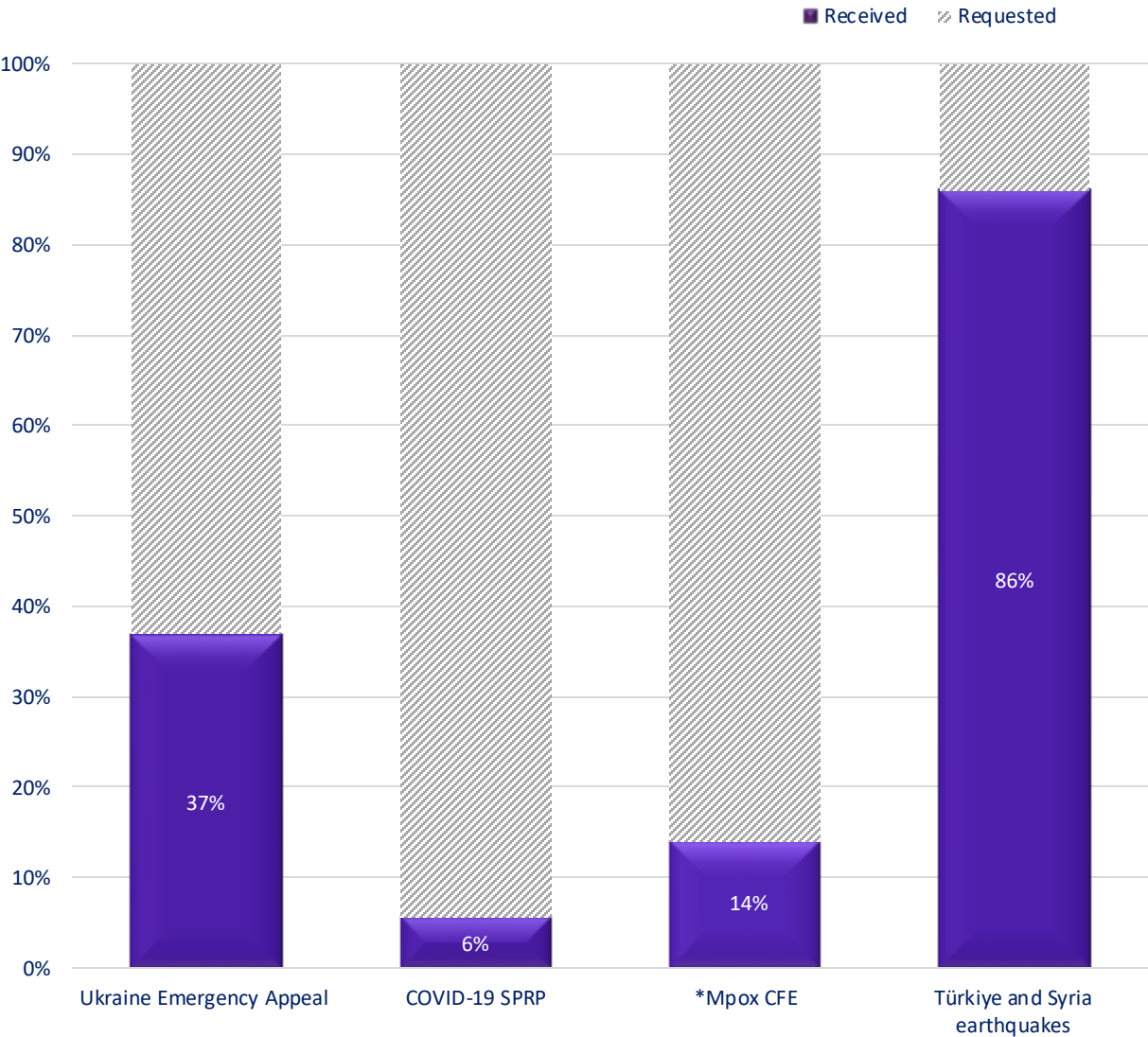
\* The data presented have been adjusted following retrospective analysis of WHO's records.  
For additional information on essential supplies delivered, please see the WHO European Region [COVID-19 Country Support Dashboard](#).



Funding implementation

The rise in climate change-related emergencies, conflicts and their repercussions as well as the ongoing impact of the COVID-19 pandemic have created a dangerous combination of events that all 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 prosperous futures.

Percentage received (%) of emergency appeal funds, strategic preparedness response plans (SPRP) and contingency fund for emergency (CFE)



\* For mpox emergency, the figure displays funding available until the end of the third quarter 2023

## Key links and resources

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



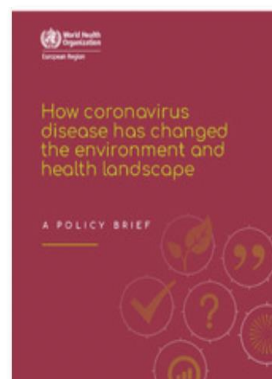
Joint monthly surveillance report on SARS-CoV-2 and mpox in animals in the European Region, July and August 2023

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6616-46382-71291>



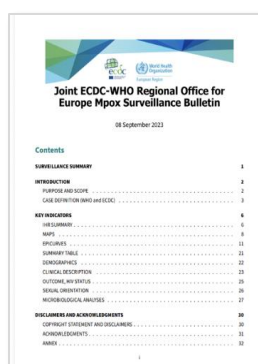
Guidance on developing national COVID-19 vaccination policy and integrating COVID-19 vaccination into national immunization programmes and broader health-care delivery mechanisms in the WHO European Region: August 2023

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7892-47660-70230>



How coronavirus disease has changed the environment and health landscape: a policy brief

<https://www.who.int/europe/publications/i/item/9789289060189>



Joint ECDC–WHO Regional Office for Europe Mpox Surveillance Bulletin: 08 September 2023

<https://www.who.int/europe/publications/m/item/joint-ecdc-who-regional-office-for-europe-mpox-surveillance-bulletin-08-september-2023>



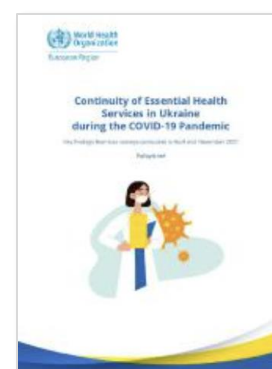
Ukraine crisis strategic response plan for January–December 2023

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7906-47674-70284>



War in Ukraine: situation report from WHO Country Office in Ukraine. Issue No. 60, 20 September 2023

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-5319-45083-70812>



Continuity of essential health services in Ukraine during the COVID-19 pandemic: key findings from two surveys conducted in April and November 2021

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7242-47008-68690>



Health needs assessment of the adult population in Ukraine: survey report: April 2023

<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6904-46670-70096>

## Upcoming WHO/Europe emergency response activities for quarter 4 of 2023

### COVID-19

- ✓ Launch of WHO Regional Office for Europe's autumn/winter campaign, which emphasizes the importance of COVID-19 vaccination, as well as influenza vaccination for vulnerable populations.
- ✓ Launch of [European Respiratory Virus Surveillance Summary \(ERVISS\)](#), a new platform for surveillance data on influenza, COVID-19 and respiratory syncytial virus (RSV) infections
- ✓ Subregional workshops on pandemic preparedness and planning, under the Preparedness and Resilience for Emerging Threats (PRET)
- ✓ Supporting Member States to engage with the WHO Regional Office for Europe's plan for [the transition from the acute phase of COVID-19](#).

### Ukraine conflict

- ✓ WHO three-level mission to Ukraine
- ✓ Publication of a "Winter risk assessment " for Ukraine
- ✓ Resource planning for 2024
- ✓ Internal review of the WHO operational response at all levels
- ✓ Country missions and support to country offices on refugee response plan development for 2024
- ✓ Event "Risk communication, community engagement and infodemic management in Ukraine's emergency response: learnings from lifesaving interventions in crisis and beyond" in Warsaw, Poland
- ✓ Roundtable led by WHO and UNHCR on the [Centre for Reproductive Rights report](#)
- ✓ Mental health and psychosocial support (MHPSS) retreat for Ukraine refugee-hosting countries.

### Mpox

- ✓ Continued monitoring of mpox cases and vaccination rates of countries within the WHO European Region with quarterly regional and monthly annual reports
- ✓ Continued monitoring of mass gathering events and engagement with event organizers and civil society organizations
- ✓ Member State webinar and consultation to support transition from the acute phase
- ✓ Development of considerations document on integration of mpox into sexual health services.

### Türkiye and Syria Earthquakes

- ✓ Continued support to the government-led response and close coordination with the Türkiye Ministry of Health (MoH) and the Disaster and Emergency Management Authority (AFAD).
- ✓ Continued leadership and coordination for the health response in north-west Syria through the Health Cluster Earthquake Taskforce, and the relevant technical working groups.

## Events

- ✓ WHO 73rd Regional Committee for Europe, 24–26 October 2023, Astana, Kazakhstan



**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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