

EUROPEAN REGION

Funding requirement

US\$183 538 000

CONTEXT

The WHO European Region's (EURO) 53 member states cover a vast and diverse region in terms of geography, population and economic status, health system maturity, disease and hazard profiles. The region is highly interconnected through trade, transport and population movement meaning an emergency in one country quickly impacts its neighbours.

In 2023, in addition to the ongoing emergencies (Ukraine war, COVID-19, mpox, etc.) the European region faced a series of new emergencies or escalations in protracted emergencies that severely impacted public health and disrupted health systems.

In February, Türkiye and the Syrian Arab Republic were struck by devastating earthquakes, resulting in significant loss of life, injuries and the internal displacement of populations with disrupted access to essential healthcare services. At the end of September, Armenia experienced a massive influx of refugees following a military escalation that began on 20 September. Additionally, in October, a dramatic escalation of conflict in Israel and occupied Palestinian territory left millions affected by violence, disrupted critical services, and caused widespread fear, insecurity and grief. The continued cost to health from these new events, together with the continued impacts of the COVID-19 pandemic, the war in Ukraine and a multi-country mpox disease outbreak underscore the vulnerability of the Member States within the WHO European Region to the full range of emergency hazards, regardless of their health system maturity and economic development.

*A boy and his mother at a center
for Ukrainian refugees in Bulgaria.*

Photo: WHO / Arete / Todor Tsanov

During 2023, WHO/Europe has responded to multiple acute and protracted emergencies in the region, including:

- **Protracted Grade 3:** COVID-19 in all Member States, requiring sustained large-scale response since 2020
- **Protracted Grade 3:** Whole of Syria response operations of field office in Gaziantep covering northwest Syria and refugee response operations in Turkey since 2012
- **Protracted Grade 3:** Ukraine war since February 2022
- **Protracted Grade 2:** Ukraine refugee crisis
- **Protracted Grade 3:** Mpox outbreak since May 2022
- **Protracted Grade 2:** Turkiye earthquake
- **Grade 2:** Armenia refugee response
- **Grade 3:** Israel/occupied Palestinian territory (oPt) hostilities
- **Grade 3:** Global cholera response

All ongoing emergencies, and the ad hoc needs of other protracted emergencies, will continue to demand significant response resources into 2024. WHO must also be ready for further sudden onset events and natural disasters, including events related to climate change.



A family of Ukrainian refugees has a health check-up in Hungary.
Photo: WHO



WHO clinical psychologist,
Marietta Khurdshudyan,
on a visit to Aghveran, Armenia.

Photo: WHO

WHO'S REGIONAL PRIORITIES

Providing tailored support to countries and reinforcing regional preparedness and capacity to respond to emergencies are core priorities of WHO's European Programme of Work and of WHO's Action Plan to Improve Public Health Preparedness and Response in the WHO European Region, 2018-2023 and moving forward into a new action plan for emergency preparedness and response in the region (Preparedness 2.0) for 2024-2029.

This renewed focus on strengthening health security capacities in the WHO European Region will be aligned with relevant strategies and ongoing processes and workstreams on strengthening the health security architecture at all levels. Preparedness 2.0 will support countries in enhancing capacities enabling agile health systems to manage the "dual track", which entails the maintenance of essential health services while effectively managing the emergency response. Preparedness 2.0 will be informed by and aligned with the multiple ongoing processes at global and regional level.

Five priority emergencies for critical attention in 2024 include:

COVID-19: The Regional Office for Europe will shift towards a longer-term programmatic approach to transition from the acute phase of the COVID-19 pandemic towards a sustained response and recovery by investing in resilient health systems that are able to respond to emergencies and maintain essential services at all times.

- **Mpox:** Continued control of transmission and ultimately achieve and sustain elimination of mpox infection in the WHO European Region.
- **Ukraine:** Strengthen national health systems and services, so that they are resilient and have the capacity to adapt to context changes and link closely to recovery efforts.
- **Refugee responses:** Protect affected communities from the chronic health system fragility, vulnerability, and neglect in parts of the region affected by protracted conflicts by improving access to quality health services.
- **Conflict-affected areas:** Support emerging health needs of those in conflict-affected settings, including through supporting health sector actions and supporting essential health services and systems.

RESPONSE STRATEGY

WHO/Europe will continue to support countries to prevent, prepare, respond, and recover from emergencies, including in humanitarian settings across the region. WHO/Europe's regional response strategy is aligned with WHO's Health Emergency Preparedness, Response and Resilience "HEPR" framework and goes hand-in-hand with efforts to help countries meet obligations under the International Health Regulations (IHR) (2005). WHO will:

- Mount an effective response to ongoing and new acute single-and multi-country emergencies, involving emerging and re-emerging epidemic-prone diseases, influenza, foodborne diseases and vaccine-preventable diseases (such as measles)
- Support the response to health emergencies in other parts of the world that have led to long-term humanitarian and refugee health needs in the European Region
- Improve regional readiness to respond immediately to sudden-onset events, including natural hydro-metrological and geological hazards (such as major earthquakes, floods, volcanic eruptions and landslides) and human-induced technological hazards (industrial accidents and chemical or radio-nuclear events)
- Build the regional health emergency workforce and increase coordination between health partners and other stakeholders across the pan-European Region
- Strengthen systems for rapid knowledge generation in Europe through networks of scientific institutions and public health authorities



*A father and his daughters, from Torkoglu, shelter after the Türkiye-Syria earthquake destroyed their home.
Photo: WHO*

ARMENIA

Since 20 September 2023, over 101 848 people have been displaced from the Karabakh region into Armenia. Many of the new arrivals, including older people, women and children, pregnant women, people living with disabilities and people with chronic health conditions, as well as new-borns, are vulnerable. About half of the refugee population are from the countryside, 52% are women and girls, 31% are children and 18% are older persons. Compounding the humanitarian impact of the population movement, a large explosion occurred at a fuel depot in Berkadzor on 25 September 2023, killing 170 people and leaving over 200 people with moderate to severe burns requiring advanced medical care.

Refugees in general have access to the national health care system in Armenia. However, there is a need to bolster the health system to manage the sudden increase of health service recipients, including patients with specific needs and chronic conditions. Primary and secondary healthcare facilities, especially in rural areas, are facing challenges to supply the necessary care, workforce, and medicines and provide specialized services. Specialized care is mostly concentrated in Yerevan, which will require putting in place adequate referral pathways and acute support to absorb the immediate influx of patients requiring care. The Mental Health and Psychosocial Support (MHPSS) needs of refugees are acute. The scale of the emergency and the added demand caused by the arrivals require a substantial scale up of services. Access to quality maternal and child healthcare is of particular importance, including the immunization of children.

Moving forward, WHO country office will continue to actively support the Ministry of Health of Armenia and all health workers to ensure health remains at the heart of the response and all refugees have access to the essential services they need in line with the Refugee Response Plan (RRP) coordinated by UNHCR. WHO's operational plan for the Armenia refugee response outlines the main response objectives: to strengthen health coordination mechanisms, increase community protection, provide immediate health assistance to ensure continuity of health services, strengthen primary healthcare systems and infrastructure in rural communities hosting refugees and invest in the broader development and system strengthening for early recovery. These objectives have been broken down with three- and six-month response milestones and are embedded as part of the WHO 2024/2025 biennial planning.

ISRAEL

The escalation of the ongoing conflict between Israel and the occupied Palestinian territory, triggered by the unprecedented attacks by Hamas and other armed groups on Israel on 7 October 2023, has resulted in deaths, injury and trauma on both sides, as well as the holding of hostages for extended periods of time. In Israel, WHO has engaged extensively in support of the Ministry of Health's response to those affected by the 7 October attacks, and the ongoing hostilities. A major priority has been to enhance mental health care services to affected populations, prioritizing support to community resilience centres and advocacy for mental health.

Following appalling accounts of gender-based violence, including sexual violence during the attacks, WHO is working with the Ministry of Health to ensure all survivors have access to the care they need to fully address short- and long-term health consequences.

WHO has also offered support in the establishment of a surveillance system for attacks on health, in collaboration with Ministry of Health and Magen David Adom. Since 7 October, 64 attacks on health care have been verified in Israel with 24 deaths and 34 injuries of health workers and patients.

In 2024, WHO will continue to support the public health response in Israel and provide technical expertise and scaled-up health operations based on the evolution of the conflict and the health needs of affected populations.

TÜRKIYE

On 6 February 2023, two earthquakes with magnitudes of 7.8 and 7.5 heavily affected the Southeastern provinces of Adıyaman, Hatay, Kahramanmaraş, Kilis, Osmaniye, Gaziantep, Malatya, Şanlıurfa, Diyarbakır, Elazığ and Adana in Southern and Southeastern Türkiye, where almost 14 million people reside - including around 2 million Syrian refugees. Due to this event a total of 50 783 people lost their lives, of which 7302 were refugees. A total of 9.1 million people were affected by the earthquake disaster, with 3 million people being displaced.

The country currently hosts the world's largest refugee population, with nearly 4 million people, including 3.6 million Syrians who have fled the war. Before the earthquakes, the affected region was already hosting approximately 1.8 million Syrian refugees, making up 47% of all Syrian refugees in the country as of January 2023. The refugee populations live in Türkiye under the temporary protection regime, which allows them residency and access to social services. The country has been making efforts to provide registered refugees with access to basic rights and services, including education and health care. However, the earthquakes and the remaining socio-economic impact of COVID-19 have exacerbated the already difficult living conditions of vulnerable populations. This has further limited their access to health services, including maternal and newborn healthcare, vaccination, noncommunicable disease management, mental health support, disability and rehabilitation services, and health information. The earthquakes caused massive destruction and suffering in southeastern Türkiye, creating new needs among both the refugee populations and host communities.

The WHO country office in Türkiye has been working with the Turkish Ministry of Health to provide essential health services to both refugee and host populations, through support for community health, primary healthcare, noncommunicable disease management, mental health, communicable diseases (including COVID-19), and health system strengthening. In the aftermath of the earthquake, WHO collaborated with the Turkish Ministry of Health and other stakeholders to identify and address critical health needs, both immediately after the disaster and during the long-term recovery phase. WHO remains committed to supporting the government and the people of Türkiye, both now and in the future.

UKRAINE

Since 24 February 2022, WHO has been responding to the crisis in Ukraine, including through providing support to the refugee-hosting countries by activating the WHO emergency response mechanism across all three levels of the organization. This includes emergency funding, scaling up emergency operations within Ukraine, sending rapid response teams to neighboring countries and setting up a field hub for refugee operations in Poland. As of 26 September 2023, over 6.2 million are residing in refugee hosting countries (UNHCR 26 Sept 2023) with some 3.67 million people internally displaced within Ukraine (IOM updated Sept 2023).

The crisis remains acute, warranting continued response from the humanitarian community within Ukraine as well as regionally and globally.

More than a year into the war, regular missile, drone, and shelling attacks continue to impact communities across Ukraine, inflicting heavy casualties on civilians and causing damage to civilian infrastructure. As of October 8, 2023, since the start of Russia's full-scale invasion of Ukraine, the OHCHR has recorded 9806 deaths and 17 962 injured.

The waves of missile attacks continue to damage energy security and infrastructure across the country, reducing access to health care and requiring enhanced emergency medical support. The destruction of the Kakhovka Dam on 6 June caused widespread devastation and human suffering. The severe flooding downstream has displaced thousands of people and destroyed vital infrastructure including roads, electricity lines, agricultural land, and health facilities. Access is further disrupted due to the continuing attacks on health care.

WHO is committed to being in Ukraine and the refugee receiving countries both now and in the longer term through addressing immediate health challenges and humanitarian needs and supporting recovery and strengthening of health systems in line with the Ukraine Crisis Strategic Response Plan (SRP). In Ukraine, WHO's approach is in line with the OCHA Humanitarian Response Plan (HRP) for 2023 and in the refugee receiving countries with UNHCR'S 2023 Regional Refugee Response Plan (RRRP).

ACHIEVEMENTS IN 2023

WHO INSTALLS NEW MODULE CLINIC FOR PRIMARY HEALTH CARE IN KHARKIV REGION



*A new modular primary healthcare clinic opens
in the village of Khukhra, Sumy region.*

Photo: WHO Ukraine

In an effort to address the destruction caused by the full-scale invasion by the Russian Federation and ensure access to essential health care services, WHO has partnered with the Ministry of Health of Ukraine to identify a sustainable, rapid solution to bridge the gap in medical services in affected territories and ensure an adequate emergency health response. This project aims to support communities and ensure the provision of health care services in remote areas affected by war, where primary health facilities have been damaged. As a part of this larger initiative, a new modular primary health care clinic has been installed in Izyum, Kharkiv region, replacing the previously destroyed primary health facility.

This newly installed structure will serve as an outpatient health facility, providing primary health care services to a population of over 10 000 people. The clinic will be staffed by medical professionals who were previously working at the damaged facility, ensuring continuity of care. It will have 3 rooms for receiving patients and a vaccination room where approximately 12 health care workers, including 3 doctors and 9 nurses, will be able to work simultaneously.

Access to primary health care and essential services is at the core of the emergency response objectives, along with ensuring access and availability of services. Primary health care centers are amongst those facilities that have been partially or fully damaged. Out of 40 primary health facilities assessed by WHO on the request of the MoH, 15 were damaged in 7 regions identified by the MOH for the project, including Kherson, Zaporizhzhya, Kharkiv, Dnipropetrovsk, Sumy, Kyiv, and Odesa regions. To ensure continuity of services and infrastructural availability, and to restore functionality to maintain access to essential health services, WHO will install prefabricated modular structures where primary health services have been damaged or are no longer suitable from an infrastructural point of view. These prefabricated modules offer a temporary solution to ensure the full operational capacity of the pre-existing or currently damaged facilities. The modules can function as health-care facilities for over 10 years.

FOR MORE INFORMATION

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