EUROPEAN REGION

Requirements
US$ 286.3 million

Context

The WHO European Region comprises 53 countries covering a vast geographical area. Member States are diverse in terms of their geographical, population, economic size, health systems maturity, epidemiological and risk profiles, and other factors influencing their health emergency preparedness and response capacity. The European Region is highly interconnected through trade, transport and population movement. An emergency in one country often impacts several of its neighbours.

Member States' ability to prepare and respond to risks has been especially visible during the COVID-19 pandemic. The European Region's interconnectedness, demographics, and diversity in terms of response capabilities have contributed to severe pandemic outcomes. Europe remains the epicentre of the COVID-19 pandemic, with cumulative reported deaths from COVID-19 surpassing 1.5 million people.

The European Region continues to face many emergencies, including natural disasters and protracted emergencies associated with regional conflicts, climate change, disputed territories, and an ongoing refugee migration crisis. In 2021, the WHO Regional Office for Europe responded to multiple acute and protracted emergencies, including:

Grade 3

- COVID-19 in all Member States, requiring a sustained large-scale response since 2020.
- Whole of Syria response operations of the field office in Gaziantep covering North-West Syria, and refugee response operations in Turkey since 2012.
- Conflict in Ukraine.

Grade 2

- Circulating vaccine-derived polio virus outbreak in Tajikistan and Ukraine, with consequences in neighbouring countries since 2021.
- Belarus migrant humanitarian response since 2021.

Grade 2/Ungraded

- Armenia-Azerbaijan armed conflict in and around Nagorno-Karabakh since 2020.
- Measles epidemic in the entire European Region since 2019.

WHO conducted a rapid assessment of urgent needs at points of entry on 25 February 2022 in the Republic of Moldova as Ukrainians fled the conflict. WHO will continue to support the Ministry of Health and authorities in managing the COVID-19 pandemic and humanitarian crisis, providing technical support an supplies, together with United Nations partners and donors. © WHO

Results achieved in 2021

COVID-19 pandemic:

- The WHO Regional Office for Europe through its three subregional hubs and 33 country offices **delivered equitable support to all Member States in the region** throughout the COVID-19 response (WHO/Europe Response Timeline).
- **Built and maintained incident management teams at regional and subregional hubs,** and country office levels, working across all 10 pillars of the Strategic Preparedness and Response Plan to support Member States and operationalize the Regional Response Plan.
- By the end of December 2021, the WHO Regional Office for Europe **deployed 342 missions across 25 countries** as part of the COVID-19 response (Regional COVID-19 response dashboard).
- Used **response teams to provide technical support to frontline workers, policymakers and support staff** through 814 webinars, trainings and workshops.
- **Delivered more than 1.4 million kg (US$ 89.6 million) in emergency supplies to 31 Member States and territories,** including personal protective equipment, laboratory and biomedical supplies, and medicines.

Other emergencies:

- In Ukraine, **provided continuous support to the eastern conflict areas and coordinated all humanitarian health partners.** The support benefited more than 400 000 people. Coordinated the polio response in the western part of the country. Developed a practical humanitarian-development-peace nexus approach to the conflict area and beyond, and developed core International Health Regulations capacities to better prepare for and respond to emergencies.
- In response to the circulating vaccine-derived polio virus outbreak in Tajikistan, **supported three rounds of high-quality immunization campaigns with the novel oral polio vaccine type 2 during the COVID-19** pandemic. All rounds exceeded 99% coverage administratively and high (92%–97%) coverage as confirmed by external assessments using the lot quality approach. Tajikistan was the first country outside African Region to be verified for novel oral polio vaccine type 2 use readiness, and the verification was completed in record time.
- **Addressed health needs related to the Nagorno-Karabakh conflict through the Central Emergency Response Fund** "Bridge 5 for Health" project implemented from April–July 2021. The project included the rollout of 28 mobile clinics in conflict-affected areas and support for rehabilitation and mental health. Deployed trauma supplies and non-communicable disease kits to Armenia and Azerbaijan and led the Health Sector groups in each country during the response. Launched a project to increase mental health service delivery in support of humanitarian needs in populations affected by the conflict.
- In response to a **growing number of migrants gathered close to the Belarus border with Poland, Lithuania, and Latvia, identified key areas of support to alleviate the health challenges** faced by the affected populations.

Response strategy

The WHO Regional Office for Europe will continue to support countries to prevent, prepare for, respond to, and recover from emergencies, including in humanitarian settings across the Region. The regional response strategy is aligned with WHO's Thirteenth General Programme of Work 2019–2023 and goes hand-in-hand with efforts to help countries meet their obligations under International Health Regulations (2005).

The response strategy builds on lessons learned from recent and ongoing emergencies. The WHO Regional Office for Europe continues to work closely with national authorities and international partners to tailor action to local settings, so that responses are timely, effective and appropriate. This includes providing leadership and coordination, guidance and technical support, capacity strengthening activities, delivering supplies, and deploying surge staffing where needed.

The WHO Regional Office for Europe's strategy aims to support Member States to address the immediate health needs of populations affected by health emergencies while tackling the root causes of their vulnerabilities. This means helping countries respond while working to strengthen the resilience of their health systems.

During a recent visit to Belarus in November 2021, WHO's Regional Director for Europe met with migrants at the border with Poland and met with local and national authorities and nongovernmental organizations on the ground. WHO has worked to improve primary health care provision and sanitation facilities for migrants in the border region, and to provide medical supplies and advice on mental health services. © WHO

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.

WHO's Action Plan aims to strengthen national and regional capacities to effectively prevent, prepare for, detect, and respond to public health threats and emergencies – providing support to affected countries when necessary. The WHO Regional Office for Europe will revise and update its Action Plan in 2022. This will be based on the recommendations made by official reports on preparedness and the COVID-19 response commissioned by WHO and other recognized institutions, and informed by lessons learned from the COVID-19 pandemic by Member States.

The WHO-supported mobile mental health team vehicle is parked on the street during a home visit with a former patient in Bylbasivka, Ukraine, in 2021. The team travels to remote areas in the Donetsk region to deliver specialized mental health care to patients who do not have access. The COVID-19 pandemic and protracted conflict along the Ukraine-Russian border have had a devastating impact on Ukrainians with severe mental health conditions. These coinciding events have further limited their access to specialized care. Introduced by WHO in 2015, the community mental health teams project originally aimed to provide comprehensive community-based mental health care to people who faced consequences of the conflict. WHO reinforced its support to Ukraine in the area of mental health as a part of WHO Special Initiative for Mental Health, and seven community mental health teams are working across Ukraine during the COVID-19 pandemic. Community-based care is a new approach for mental health care in Ukraine but with the support from WHO, Ukraine aims to scale up the teams for people with severe mental health conditions throughout the country. © WHO / Brendan Hoffman

Regional priorities for 2022 include:

- Maintain the current COVID-19 pandemic response, including the WHO incident management teams, activities, and technical support needed by Member States.
- Manage ongoing and new acute responses to major multi-country emergencies, involving emerging and re-emerging epidemic-prone diseases, influenza, foodborne diseases, and vaccine-preventable diseases (such as polio and measles) that continue to cause large-scale multicountry epidemics.
- Manage protracted responses to human-induced societal emergencies in the Region.
- Continue the response to emergencies in other parts of the world, such as the protracted crises in the Syrian Arab Republic and Afghanistan, which created long-term humanitarian emergencies in Europe.
- Improve readiness to respond immediately to sudden-onset events, including hydro-metereological and geological hazards (such as major earthquakes, floods, volcanic eruptions and landslides) and human-induced technological hazards (e.g. industrial accidents and chemical or radio-nuclear contamination).

COVID-19 response

The WHO Regional Office for Europe's COVID-19 response plan for 2022 aims to end the acute phase of the response for all countries in the WHO European Region. The regional strategic objectives include:

- Mobilize and engage all sectors and communities.
- Identify and control sporadic cases and clusters.
- Prevent and suppress community transmission.
- Build resilient health systems.
- Save lives by ensuring essential health and social services provision.
- Innovate and learn from the European experience.
- Leverage effective partnerships to mitigate socioeconomic impacts.

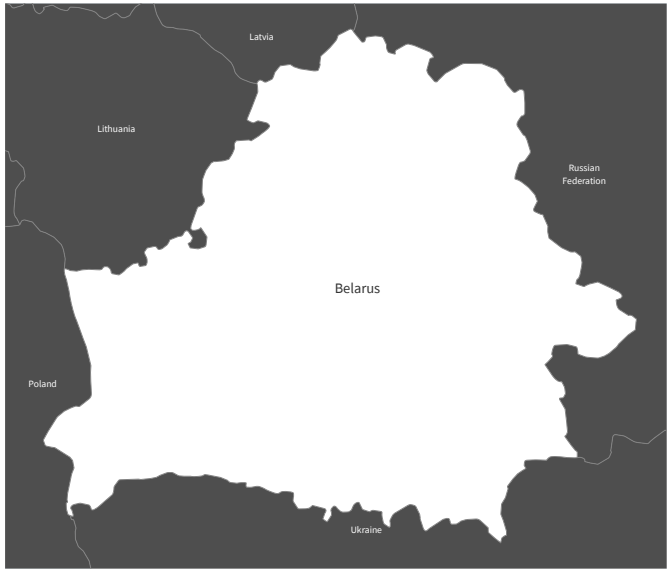
Priorities to control COVID-19 in 2022 include:

- Continue to respond to the immediate lifesaving needs of the pandemic through all 10 response pillars.
- Support countries to integrate COVID-19 systems in national disease prevention and control and health programmes.
- Institutionalize innovations made.
- Build for the future with an emphasis on emergency capacities developed through the COVID-19 response.

Using the incident management system, as outlined in WHO's Emergency Response Framework, the response priorities will continue to be operationalized through the established Strategic Preparedness and Response Plan pillar approach. The WHO Regional Office for Europe will continue to provide on-the-ground support through WHO country offices, supported by the Regional Incident Management Support Team and response hubs. WHO will deploy technical experts, provide funding and essential supplies, and facilitate capacity-building activities, as needed, to end the acute phase of the pandemic. WHO response teams will remain agile, adapting their operations and activities to best support countries in the European Region.

Focus countries

Belarus



Thousands of undocumented migrants from the Middle East and African countries have been arriving in Latvia, Lithuania and Poland via Belarus in recent months and health is an urgent need. In increasingly difficult winter conditions, and with a recent surge in COVID-19 transmission reported across Belarus throughout October 2021, WHO conducted an urgent assessment of the health situation to determine areas of critical need. Migrants need treatment, medication, psychosocial support, and information in their native languages. WHO is working with the Ministry of Health to expand the provision of health care services for migrants in temporary shelters beyond acute emergency care, by providing primary health care services; ensuring continuity of care for pre-existing conditions; and addressing increasing mental health and psychosocial support needs. The need for systematic (entry) health screenings was presented to Ministry of Health and WHO stands ready to facilitate its operationalization. WHO Belarus, together with UNICEF, is working with the Ministry of Health and local health authorities, including the Republican Centre for Hygiene, Epidemiology and Public Health, to advocate for routine immunization for migrants. WHO delivered one health and two non-communicable disease kits to the Belarus authorities. Emergency hygiene kits were distributed to migrants on site.

There is a sharp increase in reported COVID-19 cases, around 5000 cases a day in Belarus. The country does not have a clear strategy for public prevention measures and most public health and social measures have been abandoned. The epidemiological situation among migrants is not known but the virus clearly circulates among detained migrants at the temporary shelter in the logistics centre.

WHO is working with the Ministry of Health and local health authorities to define a testing, treatment and vaccination strategy for migrants and refugees. WHO continues to advocate for the importance of vaccination and implementation of public health measures, while providing support on infection prevention and control and health supplies.

In November 2021, more than one tonne of medical supplies was delivered to Belarus by WHO to support migrant health in the border region. © WHO

Nagorno-Karabakh: disputed territory between Armenia and Azerbaijan

Following an escalation of the conflict in Nagorno-Karabakh in September 2020, Armenia and Azerbaijan saw significant numbers of displaced inhabitants, and the death and injury of civilians and military personnel. The conflict over the long-disputed territory of Nagorno-Karabakh has displaced more than 130 000 people across both Armenia and Azerbaijan. Based on a September 2021 report, the refugee population in Armenia exceeds 28 900, and more than 40 400 people returned to their former places of residence in Nagorno-Karabakh. Coupled with a spike in COVID-19 infections and deaths, this has resulted in high levels of distress and trauma among the refugee and host populations.

Challenges in providing support include limited information on health needs and COVID-19 surveillance data, and lack of access to the conflict-affected areas. Anecdotal evidence indicates unmet need for the rehabilitation of health infrastructure, lack of health services, a significant unmet need for mental health and psychosocial support, weak surveillance capacities, and lack of COVID-19 testing. Primary health care services are the weakest in rural areas due to a shortage of health care workers, limited competencies, and limited resources. COVID-19-related strains on health care resources and pandemic-related fatigue have exacerbated existing challenges, making providing essential health services and emergency medical services, including mental health and psychosocial support at primary and secondary care levels, a priority in these areas.

Since the outbreak of the conflict, WHO recognized the importance of addressing the health, mental health and psychosocial needs of conflict-affected populations. WHO's targeted response was mainly directed at maintaining access to essential health services, including essential medicines and medical consumables. Health care workers at the primary level have been trained on aspects of mental health and psychosocial support, and support services have been provided to affected populations based on the principles and guidelines of the WHO Mental Health Gap Action Programme Intervention Guide for non-specialized health settings.

Additionally, WHO focused on developing the capacity of Emergency Medical Teams and strenghtening Public Health Emergency Operations Centres at the national level – as essential elements for the country to provide and manage timely and effective emergency care.

WHO priorities include:

- Ensure that individuals affected by the conflict have equal opportunities to reach their mental well-being as the general population, especially for vulnerable groups (e.g. children, youth, women, and the unemployed).
- Provide access to essential health services, including in the conflict-affected geographical areas within reach of WHO's operations – for example with mobile medical teams, essential medicines, biomedical and personal protective equipment.
- Strengthen Public Health Emergency Operations Centres in both countries based on local needs and priorities.
- Support the capacity-development of Emergency Medical Teams for better quality of emergency care to populations living in the geographical locations affected by the conflict.

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WHO will work to:

- Identify priority mental disorders, including violence and suicide rates, in the post-conflict context, especially among subgroups related to age, sex, and other individual factors; and institute means for measuring well-being and the determinants of well-being (in addition to measures of mental disorder) throughout the life-course in the affected groups and geographical areas.
- Develop and introduce local and community-based mental health services organized around the needs of the targeted population, including information and means to help oneself or support family members; primary health care services for the treatment of common mental health problems; and community mental health services for prevention, treatment, and psychosocial rehabilitation of people with severe and/or complex mental health problems.
- Develop and deliver an integrated package of mental health promotion, prevention of mental diseases, and interventions to support vulnerable groups' mental well-being, including children and older people.
- Train a competent workforce at the primary health care level, including nurses from village medical points without doctors, based on the principles and guidelines of the WHO Mental Health Gap Action Programme Intervention Guide for non-specialized health settings, and integrate social workers in the health system.
- Continue to support the operations of the mobile medical teams to provide access to essential and emergency health services in the conflict-affected areas within reach of WHO's operations.
- Continue to supply essential medicines, biomedical and personal protective equipment to the conflict-affected areas within reach of WHO's operations.
- Continue to maintain the emergency care hotline system in the conflict-affected areas to enable access to essential health services of the population.
- Continue to work on the development of the public health operations centres at the national level in both countries, based on previous and ongoing work and individual needs.
- Continue to work on the development and strengthening of Emergency Medical Teams to provide emergency care in the conflict-affected areas in line with WHO principles and standards.

On 23 May 2021, 4.6 million doses of novel oral polio vaccine type 2 arrived in Dushanbe, Tajikistan. These vaccines were used for a nationwide polio immunization campaign. During the campaign, almost 1.3 million children under the age of 6 were targeted to receive the vaccine.
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Kyrgyzstan

Despite high national vaccination coverage, the reported outbreaks of measles in the recent past indicate the presence of subnational pockets of vulnerable populations. Moreover, the occurrence of circulating vaccine-derived polio virus type 2 in Tajikistan warrants closing the immunity gap for any infectious disease, including and primarily for polio and measles. Infectious diseases remain a critical challenge in Kyrgyzstan, including measles outbreaks. In addition, lack of implementation of case management protocols and poor infection control procedures often lead to hospital-acquired infections. The COVID-19 pandemic further disrupted the effective delivery of immunization services in the country, especially because immunization staff were diverted to the pandemic response. This caused interruptions in immunization activities, including the population not accessing routine immunization services due to public health and social measures to contain the COVID-19 pandemic. WHO supports routine immunization as well as surveillance activities on vaccine-preventable diseases to ensure that suspected measles cases are rapidly detected and reported. Ongoing technical assistance on measles and rubella surveillance, and on improving population immunity, aims at preventing outbreaks in an already delicate environment.

WHO's response strategy is to build capacity of national and subnational immunization programme managers, including health care workers at primary health care centres, to detect under- and unvaccinated target populations and manage the vaccination response (catch-up vaccination in lieu of the ongoing COVID-19 response). This is to close any immunity gaps for both polio and measles in Kyrgyzstan. WHO will also work to further strengthen acute flaccid paralysis surveillance, including monitoring data and strengthening the information system, within the wider domain of vaccine-preventable disease surveillance. This technical assistance will support defining population susceptibility to measles infection, with a preventive measles-rubella immunization campaign planned in early 2023.

As a lower middle-income economy in the WHO European Region, Kyrgyzstan is a beneficiary of advance marketing commitment of Gavi for receipt of the COVID-19 vaccines. Kyrgyzstan has also received COVID-19 vaccines as part of bilateral donations and deals, including procurement of vaccines using the national budget. To date, Kyrgyzstan has used seven types of COVID-19 vaccines, with 60% utilization of the available vaccine doses. The national COVID-19 vaccine deployment plan indicates prioritization of population groups aligned with the target groups suggested by WHO. This includes health care and social care workers, elderly populations (above 60 years), and people with co-morbidities, including identified sociodemographic groups. As of data reported to WHO by the Ministry of Health, only 16.5% of the total population received its complete dose series, whereas only 19.5% of the total population received one dose of a COVID-19 vaccine.

The priorities in Kyrgyzstan include: ensuring rapid uptake of the available COVID-19 vaccine doses, with a specific focus on the elderly and vulnerable population groups, and closing the population immunity gaps to polio and measles to prevent any outbreaks. Moving forward – and given likely COVID-19 related disruptions in 2021 in the delivery of routine immunization services at the subnational level – catch-up vaccination should be planned for children missed in 2020 and 2021 for vaccines in the national immunization schedule.

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Tajikistan

In 2021, Tajikistan experienced an outbreak of circulating vaccine-derived polio virus type 2. Based on recommendations of WHO and the Global Polio Eradication Partners, Tajikistan conducted three rounds of vaccination campaigns using novel oral polio vaccine type 2. The final round was completed on 11 September 2021. Reported coverage was 99% for each round. Post supplemental immunization activity monitoring for quality assurance of the three rounds of novel oral polio vaccine type 2 indicated a coverage rate of 92%–99%. No additional type 2 vaccine-derived polio virus has been isolated from human or environmental samples since 27 August 2021. The final outbreak response assessment is planned for the end of March 2022, after which the outbreak is expected to be formally "closed", with six months without detected transmission.

The multi-partner outbreak response assessment recommended that Tajikistan:

- Strengthen polio virus surveillance.
- Identify zero-dose and migrant populations and close immunity gaps in these groups.
- Identify and address the reasons for low-performing surveillance at the subnational level and provide additional polio surveillance training for health care workers throughout the country.
- Review and address the quality of vaccine management during vaccine campaigns and routine immunization.
- Strengthen communication to address vaccine hesitancy and increase uptake among populations who are unregistered in the health care system.

In the absence of a national polio virus lab, all samples must be shipped to labs in the Russian Federation and the Netherlands, making surveillance expansion the costliest component of the recommendations. Tajikistan exhausted the Global Polio Eradication Initiative surge support for responding to the outbreak with three rounds of immunization campaigns. The country requires additional financial support to close the outbreak and surge capacity gap and to strengthen surveillance to detect any cases and mount an early response.

WHO's response strategy includes building capacity of national and subnational immunization programmes and vaccine-preventable disease surveillance managers, including health care workers at the primary health care centres. Acute flaccid paralysis surveillance will be strengthened, including monitoring data and improving information systems, as part of the overall response to enhance fever and rash surveillance for measles and rubella. Detection of under- and unvaccinated target populations and mounting a vaccination response (catch-up vaccination in lieu of the ongoing COVID-19 response) will be beneficial to close any immunity gaps for both polio and measles in Tajikistan.

As a lower middle-income economy in the WHO European Region, Tajikistan is a beneficiary of advance marketing commitment of GAVI for the receipt of the COVID-19 vaccines. Tajikistan also received COVID-19 vaccines as part of bilateral donations and deals, including procurement of vaccines using the national budget. To date, Tajikistan used six types of COVID-19 vaccines, with 68% utilization of the available vaccine doses. The national COVID-19 vaccine deployment plan indicates the prioritization of population groups aligned with target groups suggested by WHO. It includes health care and social care workers, elderly populations (above 60 years), and people with co-morbidities, including identified socio-demographic groups. As of data reported to the WHO by the Ministry of Health, 40.6% of the total population had received the complete dose series, whereas 49% of the total population received one COVID-19 vaccine dose. Tajikistan has mounted three rounds of novel oral polio vaccine type 2 campaigns in response to the detection of circulating vaccine-derived polio virus. The country has also rolled out COVID-19 vaccines to priority populations. Moving forward, a focus will also be placed on catch-up vaccinations for vaccines in the national immunization schedule that children missed in 2020 and 2021.

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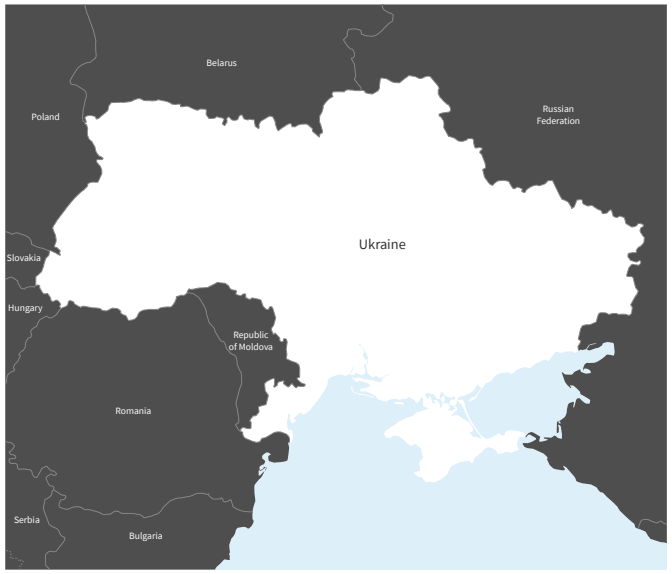
Turkey

- Requirements (US$): 54.71 million

Turkey hosts the largest refugee population in the world, with at least 3.7 million refugees and migrants and 330 000 asylum seekers (as of October 2021) – predominantly from the Syrian Arab Republic, and also Iraq, Iran, and Afghanistan. The unmet health needs of these vulnerable groups have been exacerbated by the COVID-19 pandemic, resulting in decreased access to health services – especially to maternal and newborn health (including vaccination), noncommunicable diseases, mental health, disability, rehabilitation, and health information. Support is needed to strengthen the coordination of health services provided by the Ministry of Health and other health actors. Support is also needed to provide health information in several languages for community sensitization and engagement. WHO Turkey continues to assist the Ministry of Health to provide these essential health services to the refugee and host populations. Work is focused on community health, primary health care, noncommunicable diseases, mental health, communicable diseases (including COVID-19), as well as strengthening health systems.

Ukraine and neighbouring countries Grade 3 Emergency



- People in need: 18 million
- People targeted in Ukraine: 6 million
- Requirements (US$): 57.5 million

Casualties due to the conflict have been reported across the country and are expected to rise. Emergency medical services, surgical departments and intensive care units are likely to become overwhelmed with trauma patients. Essential health services have been disrupted and are collapsing and jeopardize the treatment of chronic/non-communicable diseases. Equally, there is disruption and lack of access to mental health and psychosocial support services, sexual, reproductive and maternal health care, antenatal care, child health and assistance to people with disabilities.

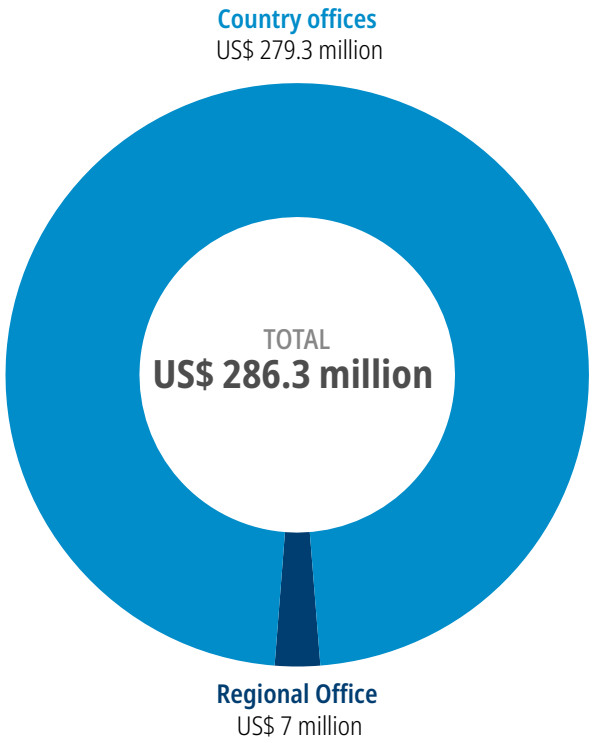
There is poor or no access to primary health care institutions due to restricted mobility and security concerns. Damage to health care infrastructure, curtailed access to referral hospitals and pharmacies, and personnel fleeing from conflict-affected areas are compounding to paralyze the health system.

Health care services disruptions, coupled with conflict conditions, increase the affected population's vulnerability to communicable diseases, such as COVID-19, polio and measles. Poor vaccination coverage increases the risk of outbreaks, particularly among children. The COVID-19 pandemic and the recent reported cases of polio in the western part of the country compound this risk.

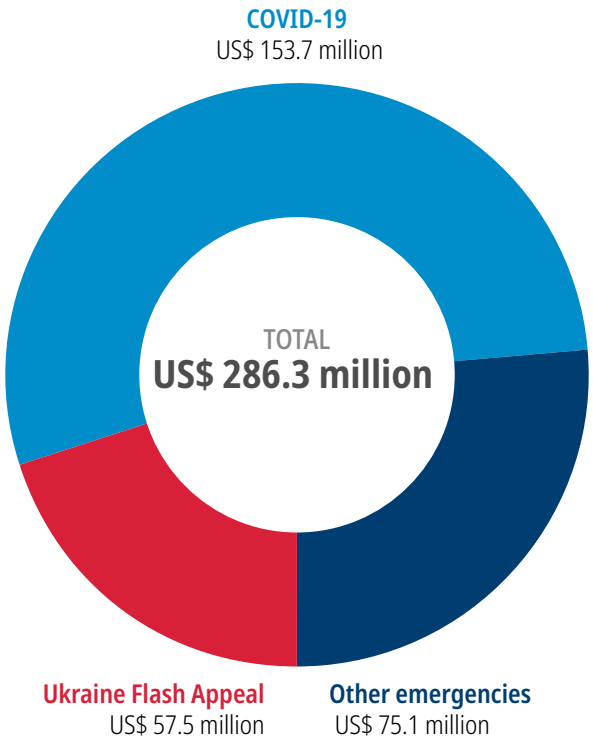
The pre-existing mental health and psychosocial support needs of the population have also intensified. Health care workers face overloading, understaffing and are at increased risk of psychological distress and mental health disorders because of witnessing traumatic events.

Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	8.8
P2. Risk communication and community engagement	12.0
P3. Surveillance case investigation and contact tracing	10.1
P4. Travel, trade, points of entry and mass gatherings	3.9
P5. Diagnostics and testing	55.0
P6. Infection prevention and control	31.1
P7. Case management and therapeutics	32.4
P8. Operational support and logistics	13.6
P9. Essential health systems and services	40.6
P10. Vaccination	21.3
P11. Research innovation and evidence	0.1
Ukraine Flash Appeal*	57.5
Total	**286.3**

* Flash Appeal for Ukraine and neighbouring countries covers WHO's funding requirements for 3 months March 2022 – June 2022.

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