

COVID-19: WHO European Region Operational Update

Epi Weeks 19–20 (4–17 May)

Current global situation:

In less than 5 months, and as the world approaches 5 million COVID-19 cases reported to WHO, >300 000 people have now lost their lives to the virus. Globally, over 4 589 526 confirmed cases of COVID-19, including 310 391 deaths, were reported to WHO from 215 countries. The most affected WHO regions remain the European Region and the Americas. At the end of Week 20, the WHO European Region accounts for 42% of global cumulative cases and 54.7% of deaths.

Please refer to the [WHO Daily Coronavirus Disease \(COVID-2019\) Situation Reports](#) for further information.

Current situation in the Region:

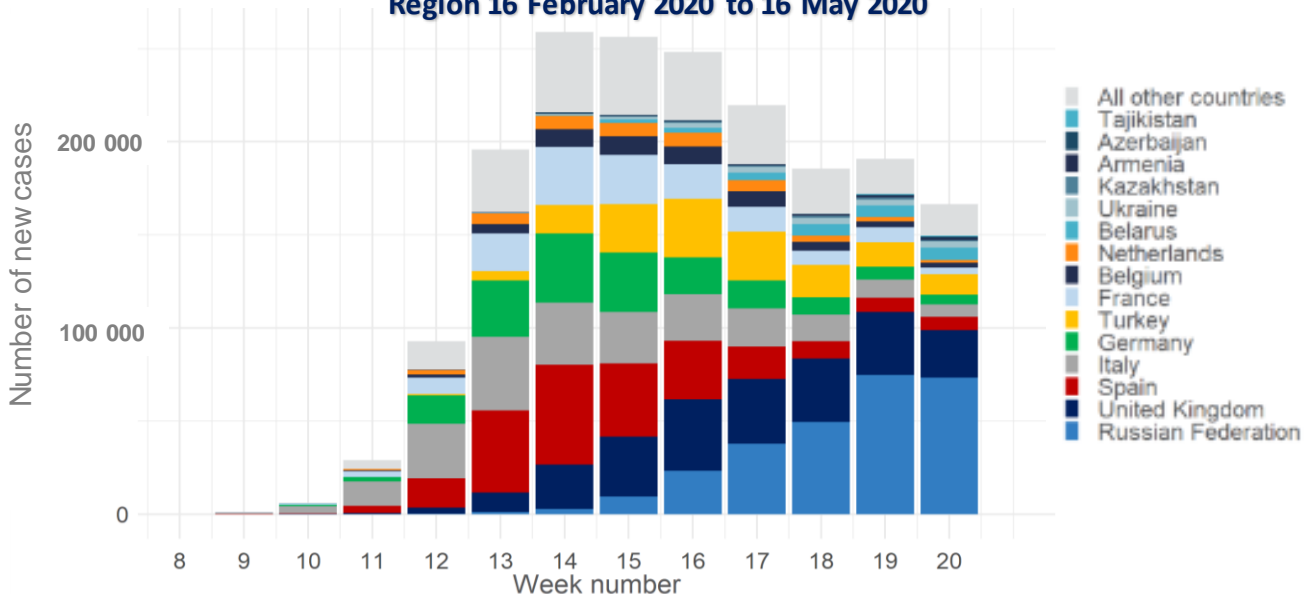
The first cases of COVID-19 detected in the WHO European Region were reported in France on 25 January 2020. Since late February 2020, the pandemic has evolved rapidly in the European Region and became one of the main drivers of the global burden of COVID-19, with 54 of the 55 countries reporting cases and several countries reporting large clusters of COVID-19 cases and/or community transmission.

Between Week 14 and Week 20, the overall incidence has decreased steadily as many countries have taken widespread public health measures to suppress the virus, combining social measures with case-finding, testing and isolation of all cases. As countries in the western part of the Region begin to stabilize, other countries in the eastern part of the Region have seen increases in new cases which is an area of increasing concern.

Week 20 Epi Snapshot

- **19%** of all reported infections are in health care workers.
- **94%** of deaths were in people aged >60 years.
- **97%** of deaths were in people with at least one underlying condition, with cardiovascular disease as the leading comorbidity (66%).
- **47%** of all cases and **59%** of all deaths were in males.
- **30%** of cases required hospital admission and **3%** were admitted to intensive care.

Number of COVID-19 cases reported by Epi-Week in the WHO European Region 16 February 2020 to 16 May 2020



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

Emergency public health measures taken across the Region

Across the European Region, countries are experiencing different transmission scenarios and stages of control, each requiring a tailored response that addresses their individual context. In response to COVID-19, countries have implemented a range of public health and social measures, including movement restrictions, partial closure or closure of schools and businesses, introducing quarantines in specific geographical areas and international travel restrictions.

National public health and social measures:

In the European Region, **all** countries have implemented public health and social measures of varying types in an effort to suppress transmission and prevent further spread.

As of Week 20, **5 585** measures were recorded across the Region. In **33** countries, a state of national emergency due to COVID-19 has been declared. In **3** of these countries, the state of emergency has since ended (Bulgaria, Kazakhstan, Kyrgyzstan).

34 countries are implementing partial or full domestic movement restrictions while **18** countries currently have no domestic movement restrictions in place.

36 countries have made the wearing of face masks mandatory in public, at national or regional levels, with the Netherlands announcing plans to make the wearing of face masks mandatory on public transportation.

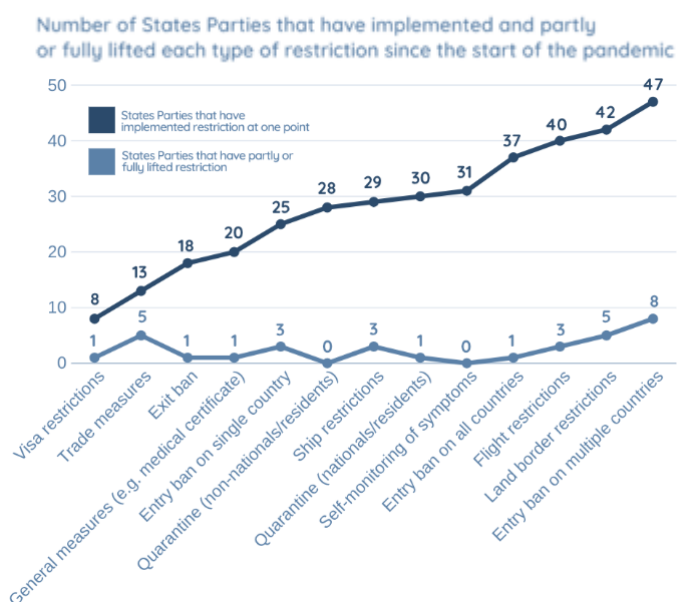
As the local epidemiology of the disease changes, countries are adjusting these measures accordingly. **49** countries in the Region have begun to ease some public health and social measures with one additional country (North Macedonia) announcing plans to ease measures in coming weeks.

Please refer to the [COVID-19 Health Systems Response Monitor \(HSRM\)](#) for additional information.

International travel and trade restrictions:

Additional health measures that significantly interfere with international traffic in the context of the COVID-19 pandemic are routinely monitored and reported to National IHR Focal Points (IHR NFPs) under article 43 of the IHR (2005). These include measures reported to WHO European regional or country offices and published on official government websites.

Types and extent of restrictions



As of Week 20, **53 out of 55** States Parties to the IHR (2005) in the European Region are implementing restrictions to international travel and/or trade (the exceptions being Liechtenstein and the United Kingdom).

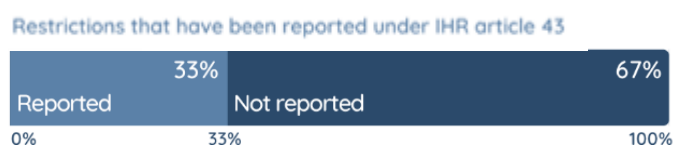
Around **93%** of all the restrictions monitored are strictly travel-related, while **7%** apply to trade.

The **3** measures most widely implemented across the Region are entry bans on multiple countries, land border restrictions and flight restrictions.

15 countries have lifted restrictions either partly or fully; the most common restrictions to be lifted being entry bans on multiple countries, followed by land border restrictions and trade measures.

Only **33%** of all measures implemented across the Region have been reported under IHR article 43 thus far.

IHR compliance (article 43)



Key actions: Achieving strategic objectives in support of Member States in the European Region

The WHO Regional Office for Europe activated its Incident Management Support Team (IMST) in accordance with WHO's Emergency Response Framework (ERF) on 23 January 2020, to respond to the increased risk assessed at the global level. The IMST supports all countries in the Region and coordinates WHO's country-focused responses. Through the WHO Health Emergency Preparedness and Response Hubs and Country Office teams, the WHO Regional Office for Europe is providing direct support to countries in coordination with UN Country Teams (UNCTs) and other operational partners.

The activities of the IMST are focused on a sustained response to the pandemic, addressing broad engagement across the Region at regional and country levels, built around a comprehensive strategy to prevent the spread of the pandemic, save lives and minimize impact, by targeting four areas: **prepare and be ready; detect, protect and treat; reduce transmission; innovate and learn.**

Strategic objectives for response in the WHO European Region



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 socio-economic impacts

Target 1: Prepare and be ready

Health systems must remain ready to provide the full range of services needed to prevent, diagnose, isolate and treat COVID-19 patients while continuing to perform day-to-day essential services. Maintaining dual-track health systems is key to this. WHO Regional Office for Europe, through cross-cutting efforts, is providing support on **operating dual-track health services (continuing the COVID-19 response and recovering other essential services)** and has issued new guidance on "**Preventing and managing the COVID-19 pandemic across long-term care services**".

WHO Regional Office for Europe has been holding virtual capacity-building webinars since the beginning of the outbreak in the areas of forecasting, surge calculation, quality assurance, hospital readiness and infection prevention and control, and clinical management of COVID-19 patients. During Week 19, **297 health care workers** were reached by capacity-building webinars in North Macedonia, the Republic of Moldova and Uzbekistan, with over **9 526 health care workers** reached in more than 14 Member States across the Region as of 20 May 2020.

Hospital preparedness continues to be an essential aspect of the response with WHO Regional Office for Europe supporting Member States in preparing for their first cases, clusters and a second wave of transmission. In Week 19, 15 colleagues from the Ministry of Health and the WHO Country Office in Kyrgyzstan were trained in using the ADAPTT surge planning and health workforce estimation tools to assist decision-makers in determining surge capacity needs.

Strong medical supply chains ensure that essential supplies are available when needed most. WHO Regional Office for Europe has provided additional procurement support to North Macedonia, Serbia, Tajikistan and Turkey and has conducted country calls with Armenia and Kyrgyzstan on the WHO procurement platform to guarantee they have the supplies they need to fight COVID-19.

UNDRR and WHO Member State Dialogue, 6 May

The United Nations Office for Disaster Risk Reduction (UNDRR), WHO Regional Office for Europe and Israel held a joint virtual dialogue with Member States from the European Region regarding the COVID-19 pandemic as a means to share experiences and strategies for response, transition and resilience. Member States engaged in dialogues on the effectiveness of public health measures, effective and efficient strategies for relaxing these measures and considerations as to when they should reimpose them. A link to the event is available [here](#).

Target 2: Detect, protect and treat COVID-19 patients

WHO recommends all countries ensure public health measures and health system capacities, including strong surveillance systems, are in place to detect, test and isolate all case and their contacts. In collaboration with the European Centre for Disease Prevention and Control (ECDC), two lab surveys are being carried out by the WHO Regional Office for Europe on 1) laboratory testing for COVID-19, and 2) reporting of COVID-19 mortality, contact tracing, and sentinel and hospital-based surveillance. The aim is to better understand the testing strategies, mortality reporting, contact tracing management and surveillance systems used in each country, allowing for more accurate interpretations of laboratory and epidemiological surveillance data across the Region.

The WHO Regional Office for Europe is strengthening the response capacity of health systems across the Region to ensure that COVID-19 patients can access life-saving treatment, without compromising the safety of health workers. A clinicians' training platform is being developed in Azerbaijan with the support of experts from Turkey. Through the [REACT-C19](#) project, 36 medical workers have been trained in infection prevention and control, use of personal protective equipment and patient management. These clinicians are in turn capacitating health care workers in Azerbaijan, using WHO's hospital readiness checklist to support various health facilities. A learning platform has also been created where monitoring and evaluation, research systems, peer learning and mentoring platforms, information, guidelines and dissemination resources are made available.

Engaging partners: Polish EMT's bring Italian COVID-19 experience to Kyrgyzstan

The Polish Emergency Medical Team from the Polish Centre for International Aid, debriefed WHO on 5 May following its 10-day mission to Kyrgyzstan (19–28 April). The mission aimed to strengthen understanding about the evolution of the disease and support the national response. The primary focus was to assess the level of preparedness and response to COVID-19. The team also provided technical advice and support to health care specialists by sharing their experience gained in Italy in patient treatment. Read more about their mission [here](#).



Target 3: Reduce transmission

Risk communication and community engagement (RCCE) is a public health intervention which is an integral part of each phase of the response. As countries begin to ease public health and social measures, behaviour modification will continue to be the main intervention available to limit the spread of COVID-19. WHO Regional Office for Europe has developed a supplement to the broader RCCE strategy in the context of COVID-19, focused on RCCE in the Transition Phase. The annex covers the role of RCCE and key actions needed to support countries as they transition using different scenarios to illustrate potential outcomes. This strategy is meant to be tailored to the country context to support governments in transition, strengthening the overall response and helping to reduce the likelihood and impact of unwanted scenarios.

Country in focus: Mission to Tajikistan, 1–10 May

With recent COVID-19 cases reported by Tajikistan, a WHO rapid response team has just concluded its mission to support national authorities in their COVID-19 response; the team also included several experts from the Russian Federation. Based on meetings carried out with local authorities and field visits (labs, hospitals and long-term care settings) recommendations were made to help mitigate and stop the spread of COVID-19. The recommendations focus on key areas of the response and the implementation of a combination of measures to control transmission in the community.

Target 4: Innovate and learn






WHO is working to find a treatment for COVID-19 using its international reach and convening power to fast-track and scale-up randomized clinical trials globally through the Solidarity Clinical Trial. In the European Region, a total of 11 countries have received full approval to participate in the Solidarity trial including *Albania, Finland, Germany, Georgia, Israel, Italy, North Macedonia, Norway, Spain, Sweden* and *Switzerland*. In the past week, 28 countries across the Region participated in a set of consultations with ministries of health, top clinicians and experts to provide support and guidance. In addition, four virtual training sessions were carried out for clinicians from Albania, Finland, Israel and North Macedonia on the topic of enrollment and randomization.

COVID-19 has unleashed an infodemic, making it challenging for people to navigate the overload of information and misinformation available. WHO Regional Office for Europe and UNICEF's Europe and Central Asia Regional Office have joined forces to develop an innovative tool for countries that delivers accurate, timely and tailored messages about COVID-19, based on evidence we are gathering every day. The multilingual interactive chatbot, [HealthBuddy](#), uses artificial intelligence to answer questions about COVID-19 and provide local information (i.e. COVID-19 hotlines). WHO and UNICEF offices at the regional and country levels are supporting partners in deploying the chatbot locally. More information about the initiative can be found [here](#).

Country in focus: Virtual mission to Armenia, 6–7 May

On 29 April 2020, the WHO Regional Office for Europe kicked off a 3-day joint virtual mission to Armenia in collaboration with the Robert Koch Institute (RKI) and the Armenian Ministry of Health. WHO and RKI experts provided technical support on public health preparedness and response measures for COVID-19 as well as recommendations regarding the potential lifting of lockdown measures and potential improvements to Armenia's COVID-19 response activities. Lessons learned from this mission will be used to improve this modality for future virtual missions.

Key figures: Responding to COVID-19 in the WHO European Region

WHO has sent Laboratory Test Kits and Supplies to 26 countries and territories in the Region			WHO has sent Personal Protective Equipment to 17 countries and territories in the Region		
			259 100	25 648	4 340
229 824	124 896	77 800	Gloves	Gowns	Goggles
Lab screening tests	Lab confirmatory tests	Laboratory supplies	231 100	7 900	7 950
			Masks	Face shields	Respirators
WHO has conducted 61 in-country missions and 1 virtual mission in collaboration with 23 countries in the European Region					
	10	42		9	
Rapid response teams deployed	In-country technical support missions conducted	Hub support field missions			

Continuously monitoring regional readiness:

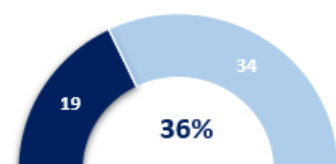
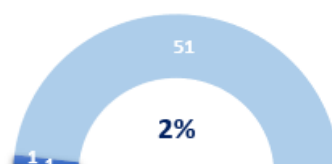
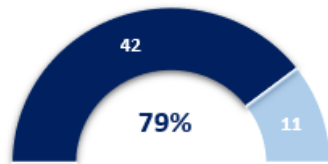
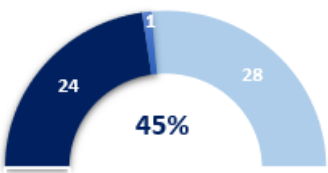
WHO Regional Office for Europe is monitoring readiness and response capacities in the Region to support strategic thinking, operational tracking and decision-making and ensure advocacy and transparency with donor and other agencies involved in the response. Indicators are selected and monitored to serve: 1) the short-term emergency phase response, and 2) the longer-term monitoring requirements for COVID-19, both for public health and whole-of-society measures. Indicators are used to monitor the global and Regional situation, priority countries with operational support provided by the international community, and WHO's response:

Countries with a COVID-19 national preparedness and response plan

Countries with a functional multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response

Countries with a COVID-19 risk communication and community engagement plan according to transmission scenario

Countries which produce and distribute messages at Points of Entry (PoE) for both travellers and staff working at PoE facilities and conveyances

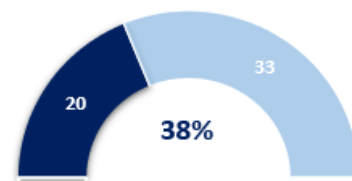
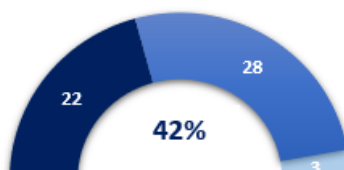


Countries with COVID-19 laboratory test capacities

Countries with a National IPC programme and WASH standards within all healthcare facilities

Countries with a clinical referral system in place to care for COVID-19 cases

Countries with a Humanitarian Response Plan (HRP)



■ Yes ■ No ■ Missing data*

*Data collection ongoing

© World Health Organization 2020. Some rights reserved. This work is available under the CC BY-NC-SA3.0 IGO licence.