

COVID-19: WHO European Region Operational Update

Epi Weeks 27–28 (29 June–12 July)

Current global situation:

By the end of Week 28, 12 554 085 confirmed cases of COVID-19, including 561 615 deaths, have been reported to WHO globally from 216 countries. The number of new cases continues to rise, with nearly 3 million cases reported in the past two weeks and about 230 000 new COVID-19 cases reported daily over the past several days – more than ever before during the pandemic. Cumulatively, the Americas and Europe remain the most affected regions, with Europe accounting for 23% of cases and 36% of deaths worldwide.

Current situation in the Region:

The WHO European Region is steadily approaching the 3 million case mark with **over 2.9 million confirmed COVID-19 cases** and approximately 16 000–20 000 new cases reported in the Region every 24 hours over the past 2 weeks.

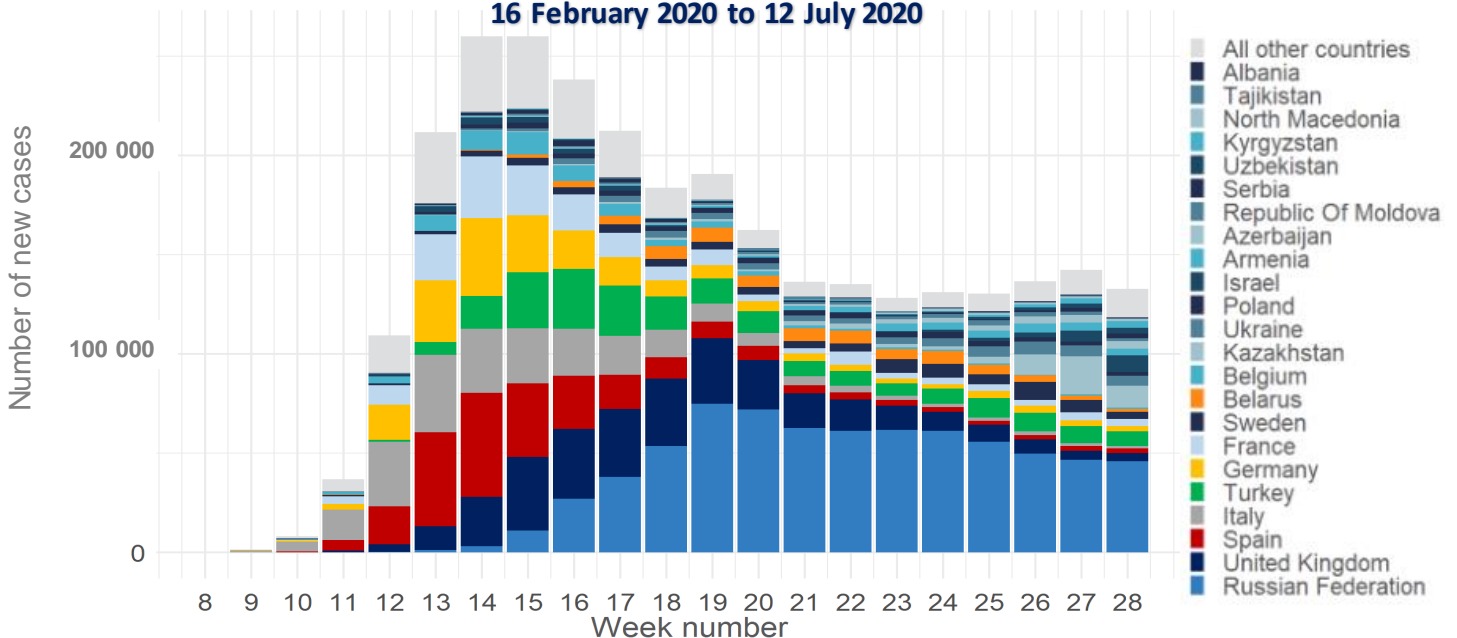
A growing number of localized outbreaks can be seen across the Region, with increasing incidence a matter of concern in a number of countries in central and south-eastern Europe and Central Asia (e.g. Israel, Serbia, Croatia, Montenegro, Bosnia and Herzegovina, Kyrgyzstan and Kazakhstan).

Week 28 Epi Snapshot*

- **27%** of all reported infections are in health-care workers.
- **89%** of deaths were in people aged >65 years.
- **95%** of deaths were in people with at least one underlying condition, with cardiovascular disease as the leading comorbidity (76%).
- **46%** of all cases and **58%** of all deaths were in males.
- **20%** of cases required hospital admission and **2%** were admitted to intensive care.

*based on total records with available data

Number of COVID-19 cases reported by Epi-Week in the WHO European Region, 16 February 2020 to 12 July 2020



Please refer to the [WHO Daily Coronavirus Disease \(COVID-2019\) Situation Reports](#), the [WHO European Region Dashboard](#) and the [WHO European Region Surveillance Bulletin](#) for further information.

The status of essential health services in the WHO European Region

While the health system is trying to manage patients with COVID-19, disruptions to the delivery of essential health services (EHS) can create pent-up demand in the future, cause an increase in preventable complications, and an increased need for hospital services to address them. Disruptions in immunization programmes also have the potential to cause future outbreaks of vaccine-preventable diseases.

To understand the disruption to EHS, WHO conducted a global rapid assessment. Data were collected between 10 June and 3 July; **33 out of 53 countries from the WHO European Region responded.**

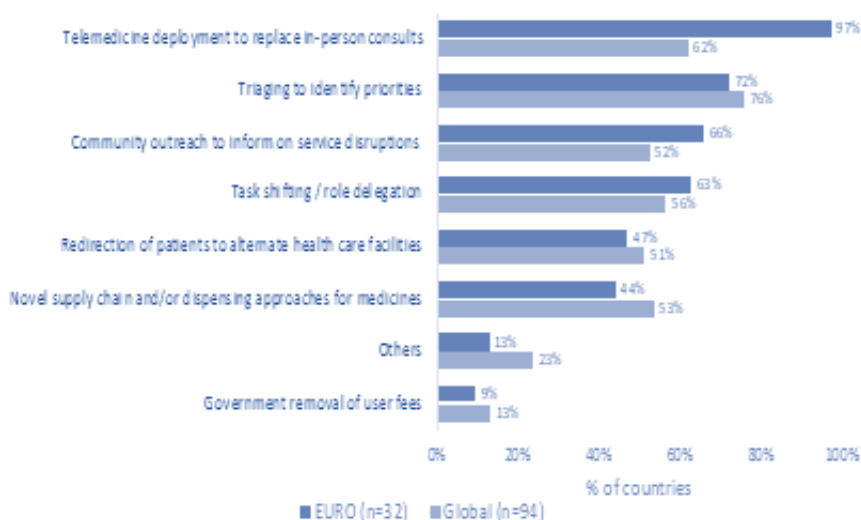
Among responding countries in Europe, **67%** defined national essential health services packages prior to COVID-19. **82%** had defined packages to be maintained during COVID-19 and **67%** reported the allocation of additional government funding to ensure EHS delivery.

In the WHO European Region, the ten most disrupted (partial and complete) services ranged from rehabilitation (**91%**) and dental services (**91%**) to the implementation of seasonal malaria campaigns (**40%**). Routine outreach and routine facility-based immunization programmes had the highest rates of complete disruption, **17%** and **18%**, respectively. **18%** of countries also reported a complete disruption in rehabilitation services.

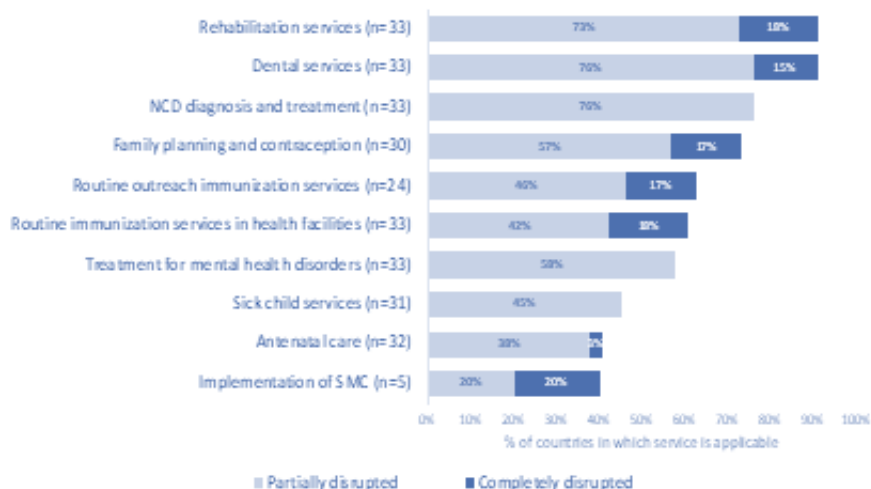
The most common cause for disruption was a decrease in inpatient volume due to the cancellation of elective care (**75%**) followed closely by a decrease in outpatient volume due to patients not presenting for care (**69%**). Other key causes included changes in treatment policies for care-seeking behaviour for fever, as well as closure of population screening programmes, closure of outpatient services by governments and redeployment of clinical staff to COVID-19 efforts. A few countries reported lack of inputs, such as personal protective equipment (PPE), medicines and hospital beds, as causes of disruption.

To mitigate and overcome interruptions in health services, countries are employing telemedicine, redirecting patients to alternate health-care facilities, actively engaging and communicating with communities, prioritizing services, and using novel supply chain and dispensing approaches for medicines.

Approaches employed to overcome disruptions to EHS in the WHO European Region



The 10 most disrupted EHS in the WHO European Region



WHO continues to support countries in ensuring that their health systems have the capacity to operate along a dual track – continuing to deliver regular health services, while responding aggressively to COVID-19 – in order to manage repeated waves of coronavirus infections and the increasing demand for other services.

WHO guidance on [maintaining essential health services in the context of COVID-19](#) is also available, providing practical actions that countries can take at national, subregional and local levels to reorganize and safely maintain access to high-quality, essential health services.

Emergency public health measures taken across the Region:

In response to COVID-19, countries have implemented a range of public health and social measures, including *movement restrictions, partial or complete closure of schools and businesses, quarantine in specific geographical areas and international travel restrictions.*

National public health and social measures:

As the epidemiology of the disease changes, countries are adjusting public health and social measures accordingly. At the end of Week 28, all countries in the Region have adjusted some of the national public health and social measures previously implemented, with most countries applying a phased approach.

10 countries are implementing partial or full domestic movement restrictions, **1** more than in Week 26. In **32** countries, a state of national emergency was declared due to COVID-19. In **24** countries, the state of emergency has since ended – with **2** countries (North Macedonia and Serbia) reinstating a national emergency at city or regional levels.

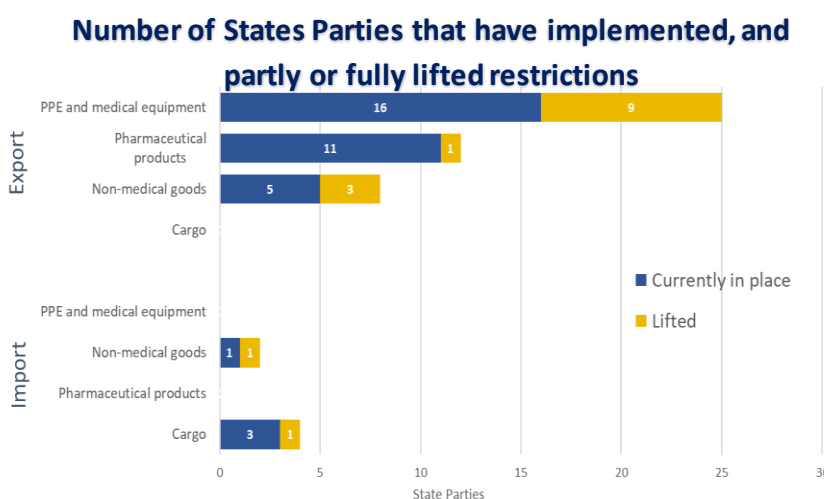
Due to localized upsurges in cases over the past two weeks, several countries (**21**) in the Region have re-introduced public health and social measures at **local** (*Armenia, Denmark, Kyrgyzstan, Portugal, Serbia, Spain, United Kingdom*), **regional** (*Austria, Azerbaijan, Czech Republic, Germany*) or **national** (*Bulgaria, Croatia, Greece, Israel, Kazakhstan, Latvia, Montenegro, Slovenia, Ukraine, Uzbekistan*) levels.

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

International trade restrictions:

By the end of Week 28, **30 States Parties** to the International Health Regulations (IHR 2005) in the WHO European Region are currently implementing trade restrictions in the context of COVID-19. The most common rationales provided by countries for the implementation of international trade restrictions are related to public anxiety, safety or security issues, vulnerability or limited country capacity, and prevention of virus transmission. So far, 13 States Parties have either partly or fully¹ lifted trade restrictions.

Export bans comprise over 90% of all trade restrictions implemented across the Region (51 of a total of 56 restrictions). The most common type of products subject to export bans are PPE and medical equipment (*e.g. ventilators and disinfectants*), followed by pharmaceutical products (*e.g. hydroxychloroquine, insulin, morphine and other medicines*), non-medical goods (*e.g. animals and food products such as cereals, flour, oil and other staple foods*) and general cargo.



Only **5 States Parties** have implemented import bans on either non-medical goods (i.e. animals) or cargo in the context of the pandemic, and 2 States Parties have fully lifted import bans that were previously implemented.

As per Article 43 of the IHR (2005), WHO continues to monitor measures that significantly interfere with international traffic and their public health rationales or scientific justifications and report them on a weekly basis via the restricted platform for national IHR focal points (IHR NFPs), the Event Information Site.





WHO continues calling on countries to ensure that measures aiming to halt acceleration of the COVID-19 pandemic minimize potential adverse impacts to the food supply chain, global trade and transport of medical and other essential supplies.

¹This analysis is based on the information provided via official notifications by IHR NFPs to WHO, as well as open-source monitoring conducted by WHO of information published on official governmental websites.

WHO Regional Office for Europe's response to COVID-19:

The WHO Regional Office for Europe continues to focus on ensuring a sustained response to the pandemic, addressing broad engagement across the Region at regional and country levels. This is 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.**

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

WHO has sent laboratory test kits and supplies to 32 countries and territories in the Region		WHO has sent personal protective equipment to 17 countries and territories in the Region		
		259 100	372 148	66 940
353 503	136 897	Gloves	Gowns	Goggles
Laboratory tests (PCR)	Laboratory supplies	3 362 100	118 950	1 352 450
		Masks	Face shields	Respirators
WHO has conducted 73 in-country and 3 virtual missions to 23 countries and 1 territory in the Region				
	13	51	9	
Rapid response teams deployed		In-country technical support missions conducted		Hub support field missions

Target 1: Prepare and be ready

The WHO Regional Office for Europe is supporting Member States as they prepare for their first cases of COVID-19, clusters and second waves of transmission. To assist in this work, it has been holding virtual capacity-building webinars since the beginning of the outbreak in the areas of forecasting, calculating workforce and supply surge requirements, quality assurance, hospital readiness, infection prevention and control (IPC) and clinical management of patients with COVID-19. As of Week 28, the webinars have reached half the countries in the Region and over 11 286 health-care workers.

On 1 July, Dr Hans Kluge, the Regional Director of the WHO Regional Office for Europe, held a roundtable discussion with the ministers of health from Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan on "Reinforcing the COVID-19 response: targeting measures, strengthening surveillance, and preparing for influenza". During the meeting, the Regional Director highlighted that success in controlling transmission will depend on the speed of implementing targeted interventions, and engagement of the communities affected. He emphasized the importance of stepping up testing, rapid isolation of cases and contact tracing and preparing for the co-circulation of two very dangerous respiratory viruses: influenza and COVID-19.

COVID-19 has also highlighted the immediate and urgent need to rethink and adjust how long-term care facilities operate. WHO stands ready to support countries to establish integrated, person-centred long-term care systems and has published technical guidance on "Preventing and Managing COVID-19 infections in Long Term Care Services". On 8 July, the WHO Regional Office for Europe held a webinar in the form of a digital roundtable to share the findings presented in this guidance. The webinar provided an opportunity for government representatives to share their approaches, experiences and lessons learnt, including challenges and possible solutions – Spain, Denmark and Slovenia shared their experiences regarding long-term care services during COVID-19 and the response from the health systems perspective.

In focus: WHO expert team reaches Turkmenistan to support the country's COVID-19 response

A WHO expert team comprising 5 public health experts, including an expert deployed through the Global Outbreak Alert and Response Network (GOARN), has been deployed to Turkmenistan for 10 days.

The technical team will be working closely with health authorities to prepare and respond to COVID-19. The WHO experts plan to visit health-care facilities, public health centres, laboratories, emergency centres and other facilities at the national, regional and city levels to address areas such as surveillance, laboratory services, patient management, infection prevention and control, risk communication and community engagement.

Further information about the mission is available [here](#).



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

Immediate action is needed to mitigate the social and economic impacts of COVID-19 to enable people to stay at home and comply with the public health measures needed to flatten the curve. On 10 July, the UN Issue-Based Coalition for Social Protection, in collaboration with the UN Development Coordination Office for Europe and Central Asia, held a UN multi-agency webinar as part of the launch of the new policy brief on “COVID-19 and Social Protection in Europe and Central Asia”. The brief highlights some of the key social protection interventions implemented in response to COVID-19, including health protection, unemployment, family and child support, measures against social exclusion and housing insecurity for governments, UN organizations and policy-makers involved in reducing income and health inequities. The webinar provided an opportunity for representatives from several UN agencies to discuss the expansion and strengthening of social protection mechanisms to safeguard health, well-being and livelihoods, leaving no one behind in the COVID-19 response and recovery plans of countries.

Good laboratory practices that produce accurate results are key to assuring that laboratory testing benefits the public health response to COVID-19. On 10 July, the WHO Country Office in Ukraine held the 4th International Biosafety Laboratory Workshop with Russian-speaking laboratory experts from across the Region. This workshop, held on a weekly basis, aims to familiarize laboratory workers with biosafety measures during testing for COVID-19. The webinar focused on PPE and was followed by a question and answer session.

In focus: Scaling up laboratory capacity in Tajikistan

As part of the WHO Regional Office for Europe's third wave of support, a team of laboratory experts from WHO and GOARN have been deployed to Tajikistan to provide technical assistance on COVID-19 testing. As of Week 28, a National Laboratory Working Group for COVID-19 has been officially set up and a national action plan for COVID-19 laboratory response in Tajikistan developed and endorsed by the Ministry of Health. To date, the team has visited 5 laboratories in Dushanbe and conducted assessments in 7 of the 9 laboratories involved in COVID-19 testing.

Target 3: Reduce transmission

Sero-epidemiological surveillance can provide further insights into the extent of COVID-19 transmission and infection in populations. The WHO Regional Office for Europe, in collaboration with the European Centre for Disease Control (ECDC) has set up a sero-epidemiology network consisting of public health professionals and research groups involved in sero-epidemiological studies in the WHO European Region. Joint network calls are organized on a fortnightly basis in which over 100 participants typically participate. The purpose of these calls is to provide relevant updates and a platform for countries to share experiences, plans and early results. As of 30 June, 41 of the 53 countries in the WHO European Region (77%) are planning or are currently conducting sero-epidemiological investigations for SARS-CoV-2. The WHO Regional Office for Europe provides regular assistance and bilateral technical support to 14 of these countries under the Unity studies.

WHO continues to work with international partners, leveraging partners' capacities and resources, and coordinating joint actions in the Region to ensure that effective support is provided to national authorities and affected populations. On 2 July, the WHO Regional Office for Europe convened the regional WHO–UN–Red Cross coordination platform for its fifth consultation on multisectoral health activities in the context of COVID-19. The UN Issue-based Coalitions engaged in further discussion and coordination of the ongoing regional COVID-19 response related to the health and non-health aspects, engagement with Member States, and informing partners on COVID-19-focused initiatives and activities from different sectors. An update was also provided on how to develop risk communications and community engagement initiatives in which platform members can be involved. The platform will continue to be convened to strengthen coordination of the dialogue between health- and non-health-related agencies on country-specific matters and provide multisectoral input to the health needs and challenges of individual countries in the fight against COVID-19.

In focus: Supporting the response to COVID-19 in Kosovo¹

WHO is supporting countries to implement a comprehensive set of response measures, calibrated to the local context and epidemiology of the disease, in order to prevent further virus spread at local, national and global levels. On 11 July, a team of technical experts was deployed to Kosovo.¹ The technical mission engaged the authorities from different sectors to implement a single, whole-of-society response to the COVID-19 outbreak in Kosovo.¹ The team provided technical support in the following areas: *essential health services, hospital capacities and public health measures.*

¹All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

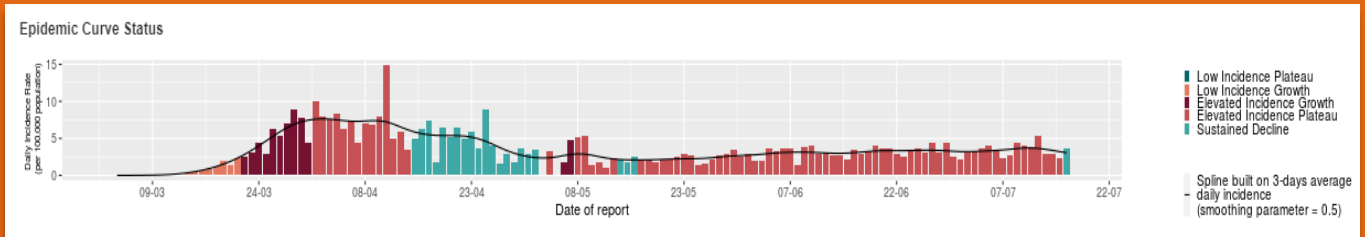
Target 4: Innovate and learn

The pandemic has triggered an unprecedented demand for digital health technology solutions and has revealed successful solutions to fight against COVID-19, particularly in the areas of telemedicine and digital tools for contact tracing. The WHO Country Office in North Macedonia is supporting the strengthening of health care e-systems by building capacities within the area of telemedicine. A unique registry is being developed for positive COVID-19 cases and data on the capacities of hospitals and health-care institutions (e.g. number of available beds, ICU units, health-care workers, etc.) are being reviewed by the E-Health Directorate. As part of the ongoing process, work is being carried out to develop a digital roster of the available health workforce in the country to match geographical health service needs, which will enable easy planning of surge capacities and ensure that needs are met, when and where necessary.

In Week 28, the WHO Regional Office for Europe held two webinars on contact tracing with 130 participants from countries in the Western Balkans, South Caucasus and Central Asia. The webinars examined the use of tools to estimate health workforce needs and the potential of digital tools for contact tracing. Country examples were given to further illustrate the use of these tools and each webinar was followed by a question and answer session.

In focus: Visually displaying COVID-19 outbreak status indicators

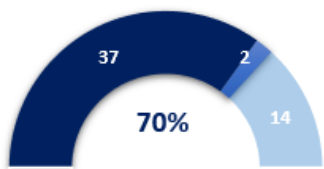
In the initial response to COVID-19, the WHO Regional Office for Europe developed a COVID-19 situation [dashboard](#) to present, visualize and disseminate the data on COVID-19 reported by countries, territories and areas within the Region. The dashboard is continuously updated, with the latest addition being an “Epidemic Status Indicator explorer”, visualizing COVID-19 outbreak status indicators against epidemic curves for States Parties in the WHO European Region. The indicators include an epidemic curve categorization (Epidemic Curve Status) based on the methodology developed by the Centers for Disease Control and Prevention (CDC), and indicators for adjusting public health and social measures established by WHO. The platform allows users to explore the different epidemic status indicators, including the effective reproduction number (R_t) <1 for at least 2 weeks and the decline in the number of deaths among confirmed and probable cases at least for the past 3 weeks.



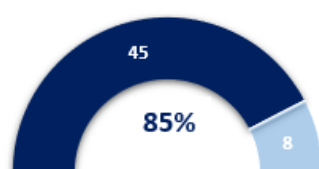
Continuously monitoring regional readiness:

The 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 used to monitor the global and regional situation, priority countries with operational support provided by the international community, and WHO’s response.

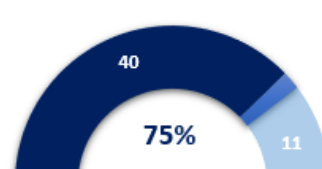
Countries with a COVID-19 national preparedness and response plan



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



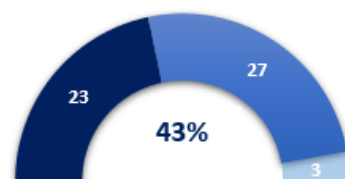
Countries with an active COVID-19 hotline number system



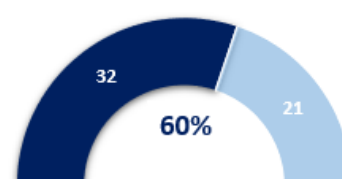
Countries with COVID-19 laboratory test capacities



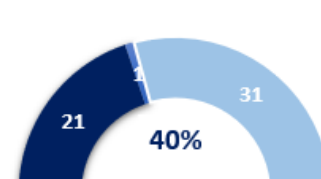
Countries with a National IPC Program and WASH Standards within all healthcare facilities



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



Countries with Long-Term Care Facilities (LTCF) that have a national policy and/or guidelines on IPC for COVID-19 in LTCF



Yes No

Missing data*

*Data collection ongoing

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