COVID-19: WHO European Region Operational Update
Epi Weeks 23–24 (1–14 June)

Current global situation:

By the end of Week 24, WHO has received reports of 7 690 708 globally confirmed cases of COVID-19, including 427 630 deaths, reported from 216 countries. All WHO Regions, except the European and Western Pacific regions, continue to see increasing overall trends in new cases. Cumulatively, the most affected regions remain the Americas and Europe. At the end of Week 24, the WHO European Region accounts for about one third of global cumulative cases and just under one half (44%) of all deaths.

Please refer to the *WHO Daily Coronavirus Disease (COVID-2019) Situation Reports* for further information.

Current situation in the Region:

The WHO European Region has **nearly 2.5 million confirmed cases**, with approximately 20 000 new cases in the Region still reported every 24 hours over the past 2 weeks.

By Week 24, the number of cases has halved (50% decrease) since peaking in Week 14. However, the overall number of new cases reported in the Region has plateaued and, although the number of new COVID-19 cases remains stable in some countries, other countries continue to see increasing trends.

Increasing incident cases are being observed in a growing number of countries in eastern Europe and central Asia (e.g. *Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Israel, Moldova, North Macedonia and Uzbekistan*).

Week 24 Epi Snapshot*

- **21%** of all reported infections are in health-care workers.
- **94%** 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 (65%).
- **46%** of all cases and **57%** of all deaths were in males.
- **26%** 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 14 June 2020
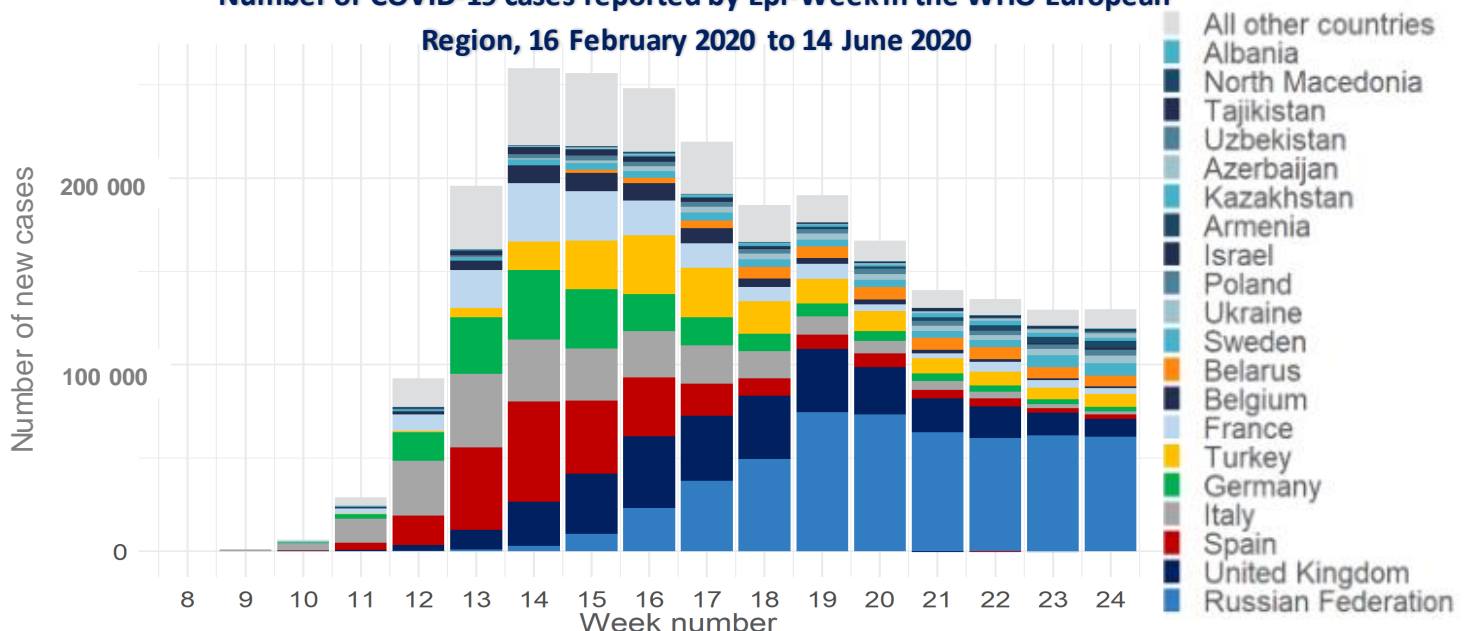
Please refer to the *WHO European Region Dashboard* and *WHO European Region Surveillance Bulletin* for further information.

Emergency public health measures taken across the Region:

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. As of Week 24:

50 countries have begun to adjust some national measures, with most countries implementing a phased approach.

11 countries are implementing partial or full domestic movement restrictions, **12** fewer than in Week 22. **42** countries currently have no domestic movement restrictions in place.

In **32** countries, a state of national emergency was declared due to COVID-19. In **19** countries, the state of emergency has since ended – **6** more than in Week 22.

Countries are increasingly implementing requirements and/or recommendations for the wearing of masks in public, each adopting different approaches.

10 countries have introduced mandatory requirements or have issued recommendations for the universal wearing of face masks for asymptomatic individuals in public. **38** countries have introduced similar requirements or recommendations, but these apply only in certain public settings according to a risk-based approach.

Please refer to the *COVID-19 Health Systems Response Monitor (HSRM)* for additional information.

International travel restrictions

As per article 43 of the International Health Regulations (IHR) (2005), WHO continues to monitor restrictions on international travel and trade and report them via the restricted platform for national IHR focal points (IHR NFPs), the *Event Information Site*.

As of 9 June, all **55** States Parties to the IHR (2005) in the European Region have implemented restrictions that significantly interfere with international traffic in the context of the COVID-19 pandemic.
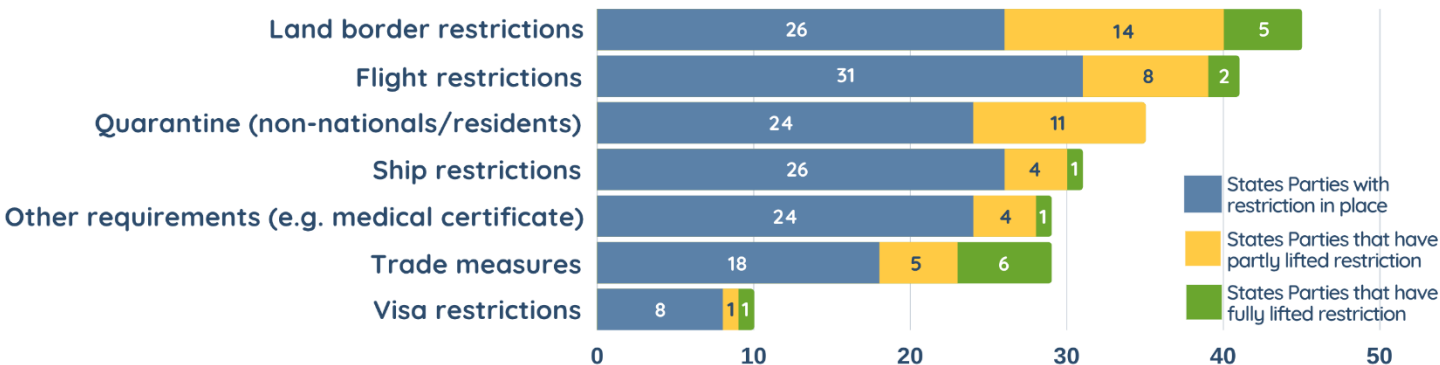
Of those, **39** States Parties have reported restrictions to WHO at least once. Preventing the spread of the disease is the most common public health rationale provided by States Parties, followed by public health anxiety, safety and security-related reasons.

Additionally, **32** State Parties have lifted at least one type of restriction either partially or fully, as shown below.

To support countries in implementing adequate measures for the management of ill passengers and suspected cases of COVID-19 at points of entry (airports, ports and ground crossings), WHO has developed a package of technical guidance, which is available here.

Respective free online courses have also been developed and are available at the WHO Health Security Learning Platform here.

Number of IHR States Parties that have implemented and partially or fully lifted each type of restriction

Restriction type	States Parties with restriction in place	States Parties that have partly lifted restriction	States Parties that have fully lifted restriction
Land border restrictions	26	14	5
Flight restrictions	31	8	2
Quarantine (non-nationals/residents)	24	11	
Ship restrictions	26	4	1
Other requirements (e.g. medical certificate)	24	4	1
Trade measures	18	5	6
Visa restrictions	8	1	1

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		
352 074 Laboratory tests (PCR)	**102 514** Laboratory supplies	**259 100** Gloves	**25 648** Gowns	**4 340** Goggles
		231 100 Masks	**7 900** Face shields	**7 950** Respirators

WHO has conducted 62 in-country and 2 virtual missions in collaboration with 23 countries and 1 territory in the Region

11 Rapid response teams deployed	**42** In-country technical support missions conducted	**9** 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, the WHO Regional Office for Europe 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 24, the webinars have reached just under half the countries in the Region and over 10 000 health-care workers. In Week 23, IPC capacity-building webinars were carried out in Armenia with a focus on primary health care; in Kazakhstan, the focus was on long-term care facilities; and in Albania with the Mother Teresa University Hospital in Tirana. Read more about the webinars here.

The WHO Country Office in Kazakhstan provides bi-weekly online webinars for public health practitioners on case management, IPC and laboratories. As of Week 24, over 1 700 health-care workers in the country have been reached.

In collaboration with international partners, the WHO Regional Office for Europe continues to support implementation of the REACT-C19 project in Azerbaijan. Using the WHO Hospital Readiness Checklist, a team of doctors have assessed select capacities in hospitals, developed joint action plans with hospital management and initiated activities to address them. As part of the second phase of implementation, more than 400 hospital health-care workers attended hands-on training activities delivered by REACT-C19 teams.

In focus: Operational support to health facilities in Italy

WHO has been providing on-the-ground support to hospitals in Italy, in agreement with the Italian Ministry of Health. As of Week 24, 11 hospitals, with bed capacities ranging from 32 to 1487, in the regions of Puglia and Bologna have been supported. On-site support has been centred around three main areas:

1. rapid assessment for repurposing of designated wards for management of patients with COVID-19;

2. review and establishment of patient and staff movement pathways and identification of proper areas for screening and triage of patients to reduce the risk of cross-contamination and transmission;

3. support for implementing the core components of IPC at facility level and provide training on the correct use of personal protective equipment and management of critical items.

With the changing epidemiological situation in Italy, support is now being directed towards repurposing facilities for provision of regular clinical services while maintaining high levels of readiness for managing COVID-19 activities during the post-acute phase.

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

Primary care can play a significant role in the COVID-19 response. The WHO Regional Office for Europe, in collaboration with the World Organization of Family Doctors (WONCA Europe), held a webinar on 4 June with family doctors and experts in primary health care in the European Region to discuss the vital role of the family physician and find a way forward for better and stronger primary health care in the context of the COVID-19 pandemic.

Refugees and migrants face specific challenges and vulnerabilities that must be taken into consideration when preparing for, and responding to, the COVID-19 pandemic. The WHO Regional Office for Europe is supporting countries and health authorities as they work to protect refugee and migrant health.

On 9 June, the WHO Regional Office for Europe met with health authorities from the national Institute of Public Health in Serbia to organize a meeting with secondary care providers in hospital settings, to ensure that refugees and migrants have access to specialized care during the COVID-19 transition period.

Good laboratory practices that produce accurate results are key to assuring that laboratory testing benefits the public health response in the fight against COVID-19. In Week 24, the WHO Regional Office for Europe conducted a virtual training session for 43 laboratory experts from COVID-19 laboratories at national and regional levels in Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan and Ukraine, providing technical support and answering questions on risk assessment performance, laboratory biosafety measures related to COVID-19 testing, and biosafety measures for use of point-of-care or near point-of-care systems.

WHO recommends that all countries ensure public health measures and health system capacities, including strong surveillance systems. These must be in place to detect, test and isolate all cases and their contacts. In Week 24, the WHO Regional Office for Europe, in coordination with the European Centre for Disease Control (ECDC), held a virtual meeting with all Member States in the Region through the COVID-19 network. Over 100 participants joined the meeting and discussed contact tracing and maintaining influenza surveillance. Experts from Albania, Belgium and the Netherlands shared their experiences in using sentinel surveillance for COVID-19 while experts from Israel and Ireland presented information regarding school outbreaks in the two countries.

In focus: WHO's COVID-19 response operations in Tajikistan

The WHO Regional Office for Europe is supporting the deployment of the emergency medical team from the Polish Center for International Aid. Twenty-three experts were deployed for 3 weeks to Tajikistan on 7 June, with support of the Government of Poland.

On 13 June, through the Global Outbreak Alert and Response Network (GOARN), WHO deployed 4 experts in public health, epidemiology and laboratory services from Germany and the United Kingdom. They will work closely with their peers in Tajikistan to strengthen disease surveillance and laboratory systems.

Three WHO experts have also been deployed to further support the response in Tajikistan and additional support is being mobilized. Read more about WHO's support to Tajikistan here and here.

Target 3: Reduce transmission

In response to COVID-19, every country should be implementing a comprehensive set of response measures, calibrated to the local context and epidemiology of the disease. On 2 June, the WHO Regional Office for Europe provided support to five police academies in Poland through an open discussion on the development of a reopening strategy, with a focus on safely recruiting cohorts in the academies. The reopening of the academies was outlined in a 14-day strategy, which includes the use of rigorous reverse transcriptase polymerase chain reaction (RT-PCR) testing among the staff and students present (on days 1, 7 and 14 of the training courses), social distancing measures implemented among the students, online classes and the use of face masks.

Risk communication and community engagement (RCCE) is a public health intervention integral to each phase of the response and key to impacting individual behaviours. The WHO Regional Office for Europe has completed a series of 13 weekly webinars held over the past three months, each focusing on different aspects of RCCE for the ongoing COVID-19 pandemic. The Regional Office convened experts from UN partner agencies and other international organizations to share their expertise and experience, facilitating knowledge exchange and creating a platform to answer questions regarding RCCE and COVID-19. This remote training initiative attracted over 400 participants from health authorities and partner agencies. Evaluations from the participants will inform the next phase of the webinars, which is planned to be a hands-on experience on RCCE themes most relevant at the country level.

In focus: WHO European Healthy Cities Network interregional webinar with the Pan American Health Organization (PAHO),10 June 2020

Cities can be considered national epicentres of the COVID-19 pandemic, providing support to increase surge capacity, risk communication and community engagement, and upholding public health measures for the COVID-19 response. The WHO European Healthy Cities Network, comprising 1 500 cities in the Region, participated in an interregional webinar with the city of Sao Paolo, the Brazil WHO Country Office, representatives from PAHO and cities from Portugal and the Netherlands, focusing on the COVID-19 response among cities and transition phases.

Target 4: Innovate and learn

COVID-19 has disrupted access to mental health services across the Region and, in addition, made mental health facilities vulnerable settings, at high risk for virus transmission. The Regional Office has been working with countries across the Region to conduct a rapid appraisal of long-term mental health-care institutions in the context of the COVID-19 crisis to learn from their experiences. As of 11 June, 78 long-term mental health-care institutions from 16 countries have shared their experiences in dealing with COVID-19, with WHO helping to identify lessons learnt and best practices for future improvement in emergency preparedness and response within these facilities.

In focus: Health Systems Response Monitor – identifying best practices

Measures taken in countries to protect care homes during COVID-19
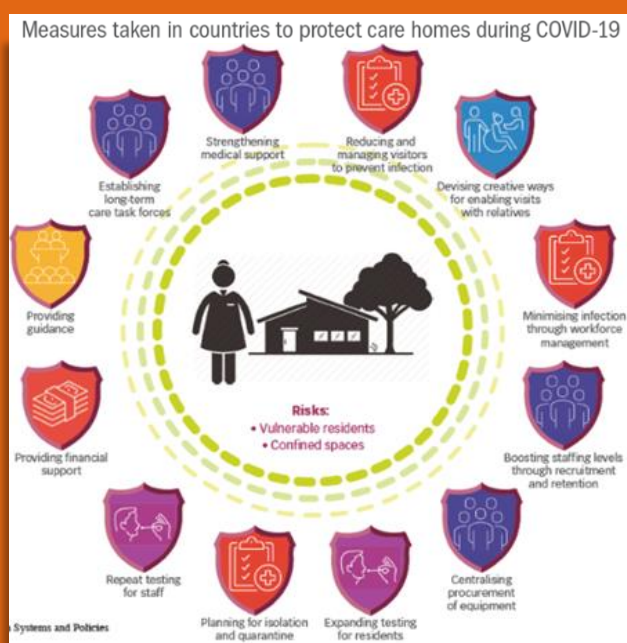
The WHO Regional Office for Europe, in collaboration with the European Union (EU) Commission and the European Observatory for Health Systems and Policies, designed the Health System Response Monitor (HSRM) in order to collect and organize up-to-date information on how countries are responding to the COVID-19 crisis. Information gathered in this online platform facilitates cross-country analyses of health system responses and key policy lessons from across the Region, helping to identify best practices for decision- and policy-makers.

In Week 24, the HSRM examined what countries across the Region have done to protect care homes. A majority of countries have implemented a variety of response measures, including providing guidance, strengthening medical support, implementing efforts to prevent virus transmission and minimize infection, testing residents and staff, and other supportive measures.

Read more about the main strategies deployed as well as key differences and similarities in approaches between countries here.

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
24 | 1 | 28 | **45%**

Countries with a functional multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response
42 | 11 | **79%**

Countries with a COVID-19 risk communication and community engagement plan according to transmission scenario
35 | 18 | **66%**

The country has an active COVID-19 hotline number system
2 | **100%**
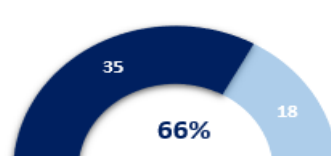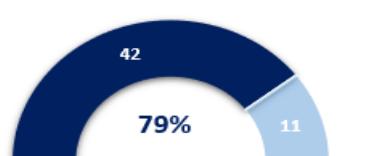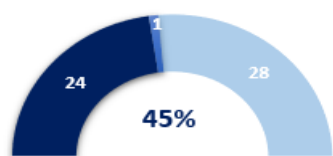
Countries with COVID-19 laboratory test capacities
53 | **100%**

Countries with a National IPC programme and WASH standards within all healthcare facilities
22 | 28 | 3 | **42%**

Countries with a clinical referral system in place to care for COVID-19 cases
20 | 33 | **38%**

Countries which produce and distribute messages at Points of Entry (PoE) for both travellers and staff working at PoE facilities and conveyances
20 | 33 | **38%**
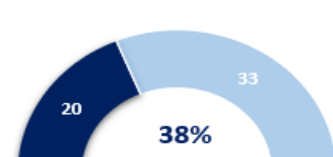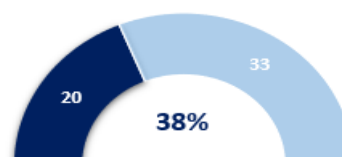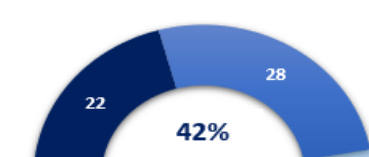
Yes | **No** | **Missing data***

*Data collection ongoing

Identifying gaps and challenges across the Region:

Gaps

Surveillance systems: Functional, interlinked public health surveillance and contact tracing systems need to be in place for COVID-19.

Essential supplies: Many countries are in need of additional response items including personal protective equipment (PPE) and medical supplies.

Hospital readiness: IPC assessments need to be made across the Region to inform the development/revision of IPC plans.

Risk communication: Risk communication strategies - which are tailored to country situations, make use of local languages, and address both the transition phase - are needed to strengthen the response in many countries.

Health workforce: General shortages in the health workforce hinder countries' surge capacity and contact tracing activities, particularly as travel and tourism reopen.

Intensive care units (ICUs): More ICU beds will be needed to manage severe cases in some countries.

Maintaining essential health services: In many countries, during the initial response, essential health services were disrupted, including vaccination, noncommunicable diseases and mental health services.

Vulnerable groups: The health and socioeconomic impacts of COVID-19 on vulnerable groups need to be managed.

Challenges

Public health measures: Continued adherence to individual protective measures (use of masks, physical distancing, good hand hygiene) as travel, transportation and trade reopen.

Points of entry: Managing ground crossings and scaling-up preparedness and control measures at these locations to detect imported risks.

Laboratory capacities: Strengthening and scaling up national laboratory capacities; increasing testing; ensuring regular procurement of laboratory supplies.

Surveillance systems: Surveillance systems across the Region are overwhelmed, making the maintenance of overall public health surveillance systems for COVID-19 and non-COVID-19 events a significant challenge.

Community engagement: Intensifying key messages to proactively and effectively engage communities, addressing individual fatigue, community perceptions and combatting misinformation.

Re-establishing health services: Countries now seeing a decrease in cases are beginning to scale down COVID-19 operations and scale up regular operations safely.