

COVID-19: WHO European Region Operational Update

Epi Weeks 25–26 (15–28 June)

Current global situation:

By the end of Week 26, WHO has received reports of 9 843 537 globally confirmed cases of COVID-19, including 495 763 deaths, reported from 216 countries. Virus transmission continues to accelerate – in the first month of the outbreak, less than 10 000 cases were reported to WHO; over the past month, nearly 4 million cases have been reported. 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.

Current situation in the Region:

The WHO European Region has **over 2.7 million confirmed cases**. An increasing incidence continues to be noted in a growing number of countries/territories across the Region.

Most countries in the Region have begun to adjust public health and social distancing measures. As a result, countries have also begun to note an increase in cases due to a range of factors – in some cases linked to increased testing (e.g. Sweden); outbreaks in schools (e.g. Israel); and in others, outbreaks in industrial settings such as meat processing industry (e.g. Germany, the Netherlands) or the mining sector (e.g. Poland, Czech Republic).

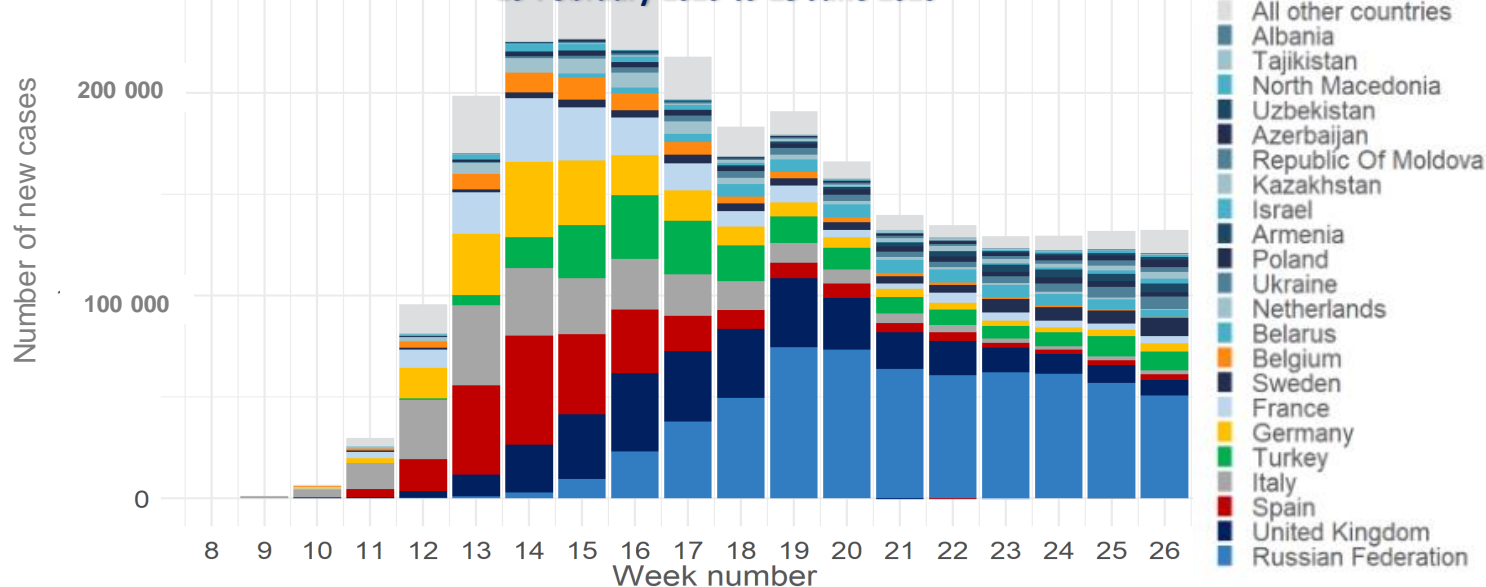
Certain countries in Eastern Europe and Central Asia (e.g. Albania, Armenia, Azerbaijan, Kazakhstan, North Macedonia, and Republic of Moldova) are witnessing increased case counts that may be linked to broader community transmission.

Week 26 Epi Snapshot*

- **21%** of all reported infections are in health-care workers.
- **90%** 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 (66%).
- **46%** of all cases and **57%** of all deaths were in males.
- **27%** 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 28 June 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.

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.*

As the epidemiology of the disease changes, countries are adjusting public health and social measures accordingly. At the end of Week 26, 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.

9 countries are implementing partial or full domestic movement restrictions, **2** fewer than in Week 24. In **32** countries, a state of national emergency was declared due to COVID-19. In **26** countries, the state of emergency has since ended – **7** more than in Week 24.

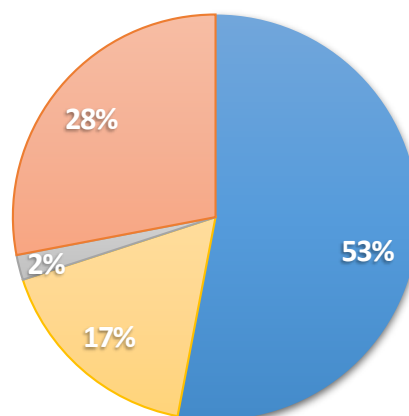
Due to localized upsurges in cases over the past two weeks, several countries (**17**) in the Region have re-introduced public health and social measures at **local** (*Armenia, Denmark, Israel, Kyrgyzstan, Portugal, Spain, United Kingdom*), **regional** (*Austria, Azerbaijan, Czech Republic, Germany, Kazakhstan*) or **national** (*Croatia, Kazakhstan, Montenegro, Ukraine, Uzbekistan*) levels.

A number of the localized outbreaks seen across the Region have had direct links to schools. This resulted in their immediate closure, testing of students and teachers for COVID-19, and quarantine where necessary. As a precautionary measure, some schools have been closed due to localized outbreaks, which have no direct connection to the students or teachers. For example, a localized outbreak at a slaughterhouse in Germany prompted schools in the surrounding area to close immediately.

Overall, approaches to school closure are extremely diverse across the European Region, with countries consistently adapting to the changing situation due to COVID-19.

15 countries have not instituted school closures, **1** country has recommended the closure of schools at some or all levels, **28** require some levels of schools to close and **9** require the closure of all schools at all levels. Many countries recommended or required schools to close from early- to mid-March. This was adapted through either a precautionary approach based on age (i.e. kindergarten, primary, secondary, university) or holistically, with a closure of all schools.

Percentage of WHO European Region Member States by category of approaches to school closures



■ Required closing (some levels) ■ Required closing (all levels)
■ Recommend Closing ■ No School Closures

While the majority of countries in the Region initially closed schools rapidly without prior recommendation, a phased approach was implemented when reopening, often beginning with kindergartens, day-care centres or allowing students moving to their next educational levels to complete the necessary exams.

Some countries, such as France, Germany and Denmark, have begun to adjust their requirements and recommendations to allow for students to return to school. Others, such as Italy, Romania and Tajikistan, have extended school closures until the fall semester of 2020. Turkey has implemented a nationwide obligation for students to complete course work through their summer holidays due to missed school days during the regular academic year.

Additionally, several countries have ensured that educational or child-care services were made available to the essential workforce when schools were required to close. This was primarily focused within the kindergarten to primary school age range.





Austria, Luxembourg and Greece have created a rotational system in which students alternate days or weeks where they are physically present in schools or engage in distance learning from home. Groups of students have been created based on age, class or rank within school.

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

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 70 in-country and 3 virtual missions in collaboration with 23 countries and 1 territory in the Region				
	13	48	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, 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 26, the webinars have reached half the countries in the Region and over 11 200 health-care workers.

The COVID-19 pandemic has overstretched many health systems, resulting in non-urgent care being deprioritized across the Region – there are, however, some areas of health that cannot wait, one of them being maternal health. On 26 June, the WHO Country Office and the Ministry of Health in Uzbekistan organized a joint seminar on “COVID-19: pregnancy, childbirth and breastfeeding”. The webinar, based on the national interim guidelines, was conducted for medical institutes, practitioners of perinatal care, and centres of professional training. There were 35 participants, including national experts from the Republican Perinatal Center, and the Ministry of Health's Maternal and Child Health, and Education and Science Departments.

In focus: Strengthening primary health care services and COVID-19 measures in refugee health centres in Turkey

The WHO Regional Office for Europe continues to support Turkey in the design of primary health care service provision to refugees and migrants. Recognizing that primary health care can play a significant role in the response to COVID-19, the WHO Country Office in Turkey has begun organizing virtual courses for Syrian health-care workers in the country to increase awareness and knowledge about COVID-19-related developments, guidance and programmes. The first class was organized on 16 June, with more than 600 participants.

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

WHO recommends that all countries ensure that public health measures and health system capacities are in place to detect, test and isolate all cases and their contacts. The WHO Regional Office for Europe, in collaboration with various partners, has found innovative ways to repurpose machines already in place in Uzbekistan's hospitals. Together, WHO and the United Nations Population Fund (UNFPA) collected data, identifying 60 polymerase chain reaction systems spread out across the country, which were already available for rapid detection of other viruses, and could potentially be used to test for COVID-19. Read more about the work in Uzbekistan to strengthen key response capacities [here](#).

WHO is intensively and proactively engaged in efforts to mitigate the mental health consequences of the COVID-19 pandemic. While many uncertainties remain about how the pandemic will progress, the impact on the mental and psychosocial well-being of those most affected and their communities will be large and enduring. In an effort to mitigate these impacts, the WHO Regional Office for Europe developed a guide for a psychosocial support hotline in collaboration with various partners in Turkey, including the Public Health Directorate Mental Health Department, Bakirkoy Mazhar Osman Mental Health Training and Research Hospital, universities, Turkish Red Crescent and International Medical Rescue Teams Association (UMKEDER), etc. In Week 26, the support hotline was launched with 418 trained staff offering advice on how to protect against COVID-19, manage stress and access mental health services. According to the Ministry of Health, the service has reached all of Turkey's 81 provinces and has provided more than 80 000 consultations to health workers and citizens since its launch in March.

In focus: WHO partners with the European Union to deliver critical supplies to the COVID-19 frontline, 22–23 June 2020



The WHO Regional Office for Europe distributed essential supplies worth \$4.5 million and weighing over 92 tons to Ukraine, Azerbaijan and Belarus. The supplies included personal protective equipment such as face shields, goggles, gowns, respirators and surgical masks, with the largest shipment consisting of more than 3 000 000 surgical masks and nearly 1.4 million respirators. Azerbaijan was the first recipient country of the first of several shipments organized by WHO, in partnership with the European Union (EU). The delivery of supplies is part of a larger package of assistance announced by the EU in March 2020.

The €30 million aid from the EU will go towards preventing, detecting and responding to COVID-19 in 6 countries: Ukraine, Azerbaijan, Belarus, Armenia, Georgia and the Republic of Moldova. Supply shipments to the latter three are expected to arrive in the coming weeks. Read more about the initiative [here](#).

Target 3: Reduce transmission

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. A WHO rapid response team involving high-level and technical WHO personnel, has been deployed to Armenia for two weeks. In Week 26, the mission engaged at the highest levels of government to bring together all sectors around a single, whole-of-government response, putting health at the centre of a strategy that protects both lives and livelihoods.

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 17 June, the WHO Regional Office for Europe convened the fourth consultation of the regional WHO–UN–Red Cross coordination platform to discuss the Global Action Plan on Healthy Lives and Well-being for All and engage with Member State representatives. The platform will continue to be convened to further coordinate the ongoing regional COVID-19 response and to understand, discuss and address current, country-specific challenges in multisectoral health response activities.

In focus: Supporting the response to COVID-19 in North Macedonia

On 19 June, the WHO Regional Office for Europe completed a 2-day, virtual technical support mission in collaboration with the Ministry of Health of North Macedonia. WHO experts engaged with ministry officials and technical staff, providing technical support and next steps across COVID-19 response areas, including planning and monitoring, risk communications, restoring and maintaining essential services, health workforce coordination, infection prevention and control and case management.



*Ministry of Health of North Macedonia
Health-care workers joining in the 5 May clap initiative.*

Following this, as part of a second wave of support, the WHO Regional Office for Europe deployed a senior expert team to North Macedonia from 22 to 25 June. The team met with senior health officials and religious leaders and visited hospitals and long-term care facilities. The team is supporting the response to a resurgence of cases and providing advice regarding mass gathering risks and further targeted measures that can be taken, and sharing lessons learnt from other countries' responses to COVID-19.

Target 4: Innovate and learn

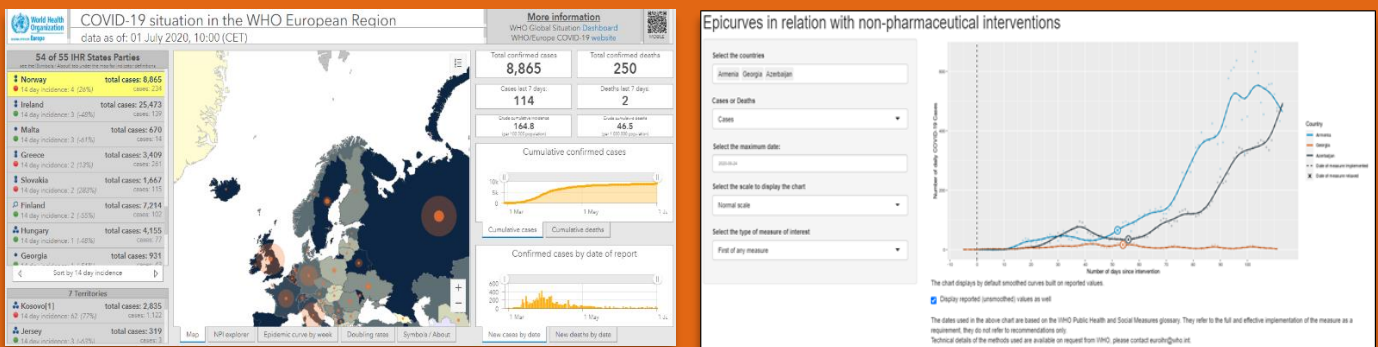
In all aspects of the response to COVID-19, special attention must be given to those individuals and population groups who are most vulnerable and most likely to be left behind. On 24 June, the WHO Regional Office for Europe participated in the European Public Health Alliance's (EPHA) COVID-19 Stakeholder Dialogue to exchange knowledge and provide various stakeholders in the Region with information about the impacts of COVID-19 on vulnerable groups. EPHA members, experts from the WHO Regional Office for Europe and partners shared perspectives on the practical needs and responses of various vulnerable groups (including women experiencing domestic violence, migrants, Roma communities, the homeless, people living in poverty/destitution, sex workers, drug users, LGBTI+, etc.) as well as some health professionals whose jobs are strained in the current situation.

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 25 June, the WHO Regional Office for Europe hosted a webinar to present and discuss the technical guidance on "Strategies and interventions to prevent and respond to violence and injuries among refugees and migrants in the COVID-19 context through the lens of gender-based violence". The Ministry of Health in Turkey, INMP, UNFPA and IOM, along with experts from all three levels of WHO, delivered addresses and presentations on the topic. Government officials, academics, members of civil society organizations and colleagues from UN agencies participated.

Increase in interpersonal violence during times of crisis is well documented. The COVID-19 pandemic has challenged the ability of the health and social services to connect with and support victims of violence. On 16 June, the regional UN Issue-based Coalition on Gender Equality (IBC-Gender) held an interactive webinar focused on sharing lessons learnt and challenges in addressing gender-based violence in country-level COVID-19 responses. The session discussed ways to address gender equality and violence against women and girls as a central feature of national socioeconomic responses and all efforts to build back better from the pandemic. The webinar was attended by high-level UN staff from WHO, UNFPA, UN Women, UN Resident Coordinators and UNCTs and had a total of 212 participants.

In focus: Exploring the effects of public health and social measures

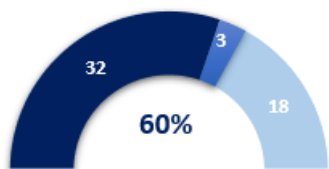
In the initial response to COVID-19, the WHO Regional Office for Europe developed a COVID-19 situation dashboard to present, visualize and disseminate the data on COVID-19 reported by countries, territories and areas within the Region. The dashboard is continuously updated, with the latest addition being an “NPI explorer”, which presents epidemiological curves in relation to non-pharmaceutical interventions (NPI) implemented and adjusted across the Region. The platform allows users to explore a single country or a combination of countries as well as the specific measures implemented.



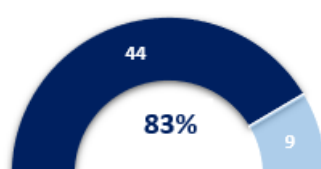
Continuously monitoring regional readiness:

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.

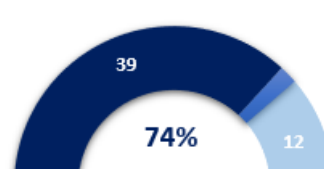
Countries with a COVID-19 national preparedness and response plan



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



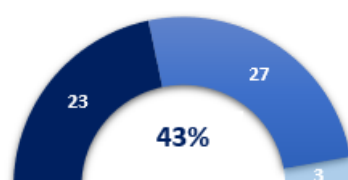
Countries with an active COVID-19 hotline number system



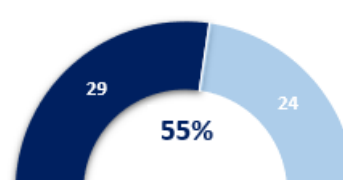
Countries with COVID-19 laboratory test capacities



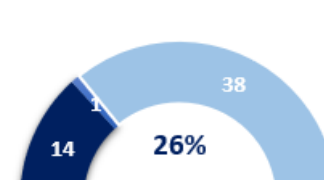
Countries with a National IPC Program and WASH Standards within all healthcare facilities



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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