

WHO Regional Office for Europe COVID-19 Operational Update

A year in review: 2020



The global situation at a glance:

A pneumonia of unknown etiology (unknown cause) was first reported to WHO on 31 December 2019. It was initially detected in Wuhan City, Hubei Province of China. The end of January 2021 marks one year since WHO's Director-General declared a public health emergency of international concern over the outbreak of the novel coronavirus – the highest level of public health alarm under international law. At the time, there were fewer than 100 cases of the disease we now call COVID-19, and no deaths outside China. By the end of January 2021, the world reached 100 million cases.

Overview of the Regional situation throughout 2020:

The first cases of COVID-19 detected in the WHO European Region were reported in France on 24 January 2020. From late February, the pandemic evolved rapidly across the Region, with Europe taking just 3 months to reach the first 1 million cases and 8 months to reach the first 10 million cases. By May, 54 of the 55 States Parties' to the International Health Regulations (IHR, 2005) within the Region had reported cases of COVID-19.

Across the Region, COVID-19 has disproportionately affected older age groups — in the early months, people 50 years and older accounted for about 70% of cases and close to 100% of deaths. Over the course of the pandemic and as testing expanded, this shifted.

By the end of the year, nearly 60% of cases were among those between the ages of 5 and 48 years, while those over 50 years of age continued to account for a large proportion of reported deaths.

As 2020 came to a close, countries began to look eagerly towards COVID-19 vaccination as a way out of the pandemic. However, the virus itself has posed new challenges, with new SARS-CoV-2 variants of concern detected and overall transmission sustained at very high levels across the Region. Going into 2021, it remains imperative that countries continue to implement a comprehensive range of measures, adhered to by populations, to reduce transmission and loss of life.



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

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. The Regional IMST has remained agile, adapting to meet country needs, and organized itself around key response pillars, with surveillance and laboratory, public health and social measures, clinical interventions, risk communications and community engagement, and health systems readiness at the centre.

In April 2020, a special projects pillar was established to work on specific, cross-cutting topics related to COVID-19, such as vulnerable populations, vaccine deployment, and research and development, laying the ground for mediumterm strategic interventions. In September 2020, a new vaccine pillar was established to advance planning and preparedness in that area.

A tailored strategy and concept of operations was developed for the Region to prevent the spread of the pandemic, save lives and minimize adverse impacts on populations, guiding the response and WHO's actions to support countries.



In Focus

First meeting of the WHO Regional Office for Europe COVID-19 IMST

23 January 2020

To ensure a well-coordinated, agile operational response to the pandemic, WHO Europe activated its Incident Management Support Team (IMST), which has since delivered equitable support to all Member States in the Region, in order to ensure that no one is left behind in the fight against COVID-19.

Credit: WHO Regional Office for Europe

Strategic objectives for response in the WHO European Region



Mobilize and engage all sectors and communities



Identify and control sporadic cases and clusters community transmission



Prevent and suppress



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

WHO united for health: responding to the COVID-19 pandemic together



In Focus: Balkans Hub

WHO delivering together as one – placing countries at the centre with hubs leading the way

6 February 2020

A joint team from WHO, including the WHO Health Emergencies Balkans Hub Coordinator and WHO Representative in Serbia, joined the Serbian Ministry of Health and Institute of Public Health on a visit to one of the international airports in Serbia to discuss the steps taken to respond to the COVID-19 outbreak before the report of first cases in Serbia in March 2020.

Credit: WHO Country Office in Serbia



To deliver support that is matched and tailored to country and population needs, the concept of operations utilized the Regional Office's existing hub-and-spoke model, centreing around three strategically placed subregional hubs — in the Balkans, South Caucasus and Central Asia.

Each hub, led by a hub coordinator, links together 17 priority countries in the Region, which are selected based on:



concomitant emergencies;



health systems capacities;



universal health coverage.

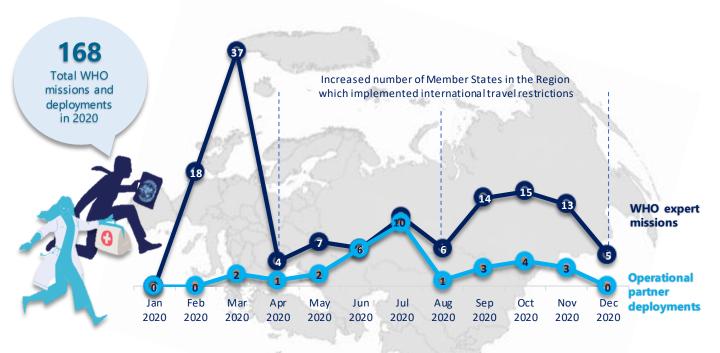
Through the 3 hubs, 32 country offices and liaison office teams, the WHO Regional Office for Europe has continuously provided direct technical and operational support to countries in coordination with UN Country Teams (UNCTs) and operational partners in the response to the COVID-19 pandemic.

The COVID-19 response in the WHO European Region has been built on several decades of preparedness work, undertaken against the backdrop of the legally binding IHR (2005), and reinforced by the creation of the WHO Health Emergencies Programme (WHE) in 2016.

In addition, the <u>Pandemic Influenza</u> <u>Preparedness (PIP) Framework</u> and recent accelerated efforts to implement <u>IHR core capacities</u> have contributed to this foundation of <u>preparedness</u>. For example, <u>previous initiatives</u> to strengthen the capacities of IHR national focal points have been further built upon as a vital aspect of the response to COVID-19.

Making a difference on the ground

From the activation of the IMST in Europe, the WHO Regional Office for Europe deployed emergency planners, and public health professionals and partners to support countries to prepare for cases and respond when they occurred. **During the year, the Regional Office deployed a WHO expert or operational partner to support a European Member State every 2.5 days on average.**



WHO's deployments included **8** Emergency Medical Teams (EMTs) providing life-saving care to COVID-19 patients, **24** Global Outbreak Alert and Response Network (GOARN) partners, as well as mobile laboratories, epidemiologists and other public health experts.

To overcome the unprecedented challenges due to travel restrictions imposed in March 2020, the WHO Regional Office for Europe used innovative approaches such as virtual missions and webinars, and combined cargo and other humanitarian flights in order to enable access to countries and areas in the Region.

In Focus: South Caucasus Hub

Virtual mission to Armenia

5 May 2020

A first-of-its kind virtual mission to Armenia took place via Zoom (5–7 May). Experts from the Regional Office and the Robert Koch Institute worked with Armenian health authorities to assess the COVID-19 situation and offered advice on the strategy for easing COVID-19 measures.

Some 400 mission participants subsequently worked together in a virtual space over the course of two weeks.

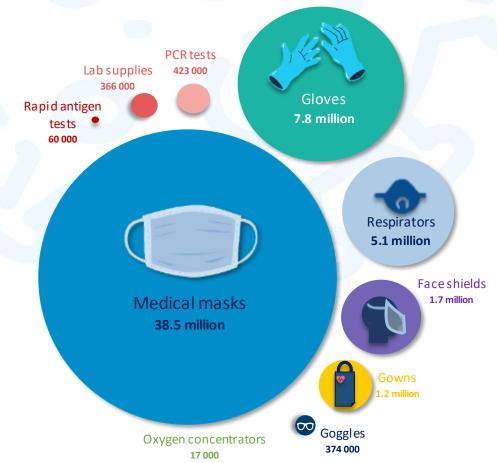


Delivering essential supplies

Ensuring sustainable access to essential supplies and health commodities has been a priority of the Regional Office throughout the pandemic response. Supply procurement has been based on assessment and prioritization of the needs of Member States and areas in the context of COVID-19.

Through this process, the Regional Office has procured supplies worth US\$ 42 million for 32 countries and areas in the Region.

These supplies include over 38.5 million masks, 7.8 million gloves, 5 million respirators, and over 600 000 laboratory and diagnostic supplies, including reverse transcription-polymerase chain reaction (RT-PCR) test kits, laboratory supplies and swabs.



Delivery of these critical supplies ensured that **all 53 countries** in the Region had the capacity to test for and detect COVID-19 and allowed health workers in **18 countries and areas** in Europe to safely treat patients with COVID-19.



In Focus: Central Asia Hub

Personal protective equipment (PPE) and lab equipment delivery to Kyrgyzstan

30 April 2020

The WHO Country Office in Kyrgyzstan, together with the Ministry of Health of Kyrgyzstan, received a shipment of PPE and laboratory consumables as part of the fight against COVID-19.

The PPE shipment included 950 protective overalls; 100 infrared thermometers; 950 pairs of disposable gloves; 950 goggles; 950 type FFP2 face masks. The Sanitary and Epidemiological Service of the Kyrgyz Republic distributed half of the PPE to health-care facilities in the south of the country. Read more about the shipment here.

Target 1: Prepare and be ready

The Regional Office supported Member States as they prepared to detect their first cases of COVID-19 and continued to provide capacity-building and inform health workers on evolving knowledge and updated WHO guidance.

In 2020, the Regional Office held over **300** capacity-building webinars and online training modules in English and Russian with a wide range of experts in Member States and areas on various topics:



1000+ participants engaged in training focused on laboratories and sero-epidemiology strengthening.



25 000+ participants from 19 Member States and territories engaged in webinars on infection prevention and control (IPC) and dinical management of COVID-19 patients.



2700+ people participated in training on risk communication and community engagement.



3200+ participants engaged in webinars focused on the protection of vulnerable populations.

The Regional Office through its hub and country offices supported local actors in reinforcing and strengthening the leadership capacities of health authorities, advocating for strengthening health emergency preparedness and response, and building resilient health systems for the long term.

To do this, WHO has continued to work hand in hand with doctors, nurses and all health workers to save lives and stop the pandemic, providing crucial support, remote training and expert guidance to front-line health workers who care for patients with COVID-19, as well as health policy-makers, as they worked to scale up their national responses.



In Focus: South Caucasus Hub

PPE training at Baku's New Clinic during a COVID-19 training

18 June 2020

A combination of WHO facilitation efforts and collaboration enabled 19 Azerbaijani doctors from Turkey to travel to Azerbaijan for the Rapid Scale-up of Essential Capacities for COVID-19 (REACT-C19) project — an initiative to share expertise with fellow workers, use innovative solutions and digital platforms, and reshape the hospital response to COVID-19. They visited 12 COVID-19 response hospitals throughout the country to help them scale up essential hospital capacity and get ready for the virus.

The doctors used the WHO Rapid Hospital Readiness Checklist to assess and support their peers. The tool allows hospitals to see how well they are performing against a set of 11 components, such as establishing an incident management system, setting up an operational body for COVID-19, and strengthening IPC, including by setting up triage systems. Read more about the training here.

Credit: WHO Regional Office for Europe



In Focus: Balkans Hub

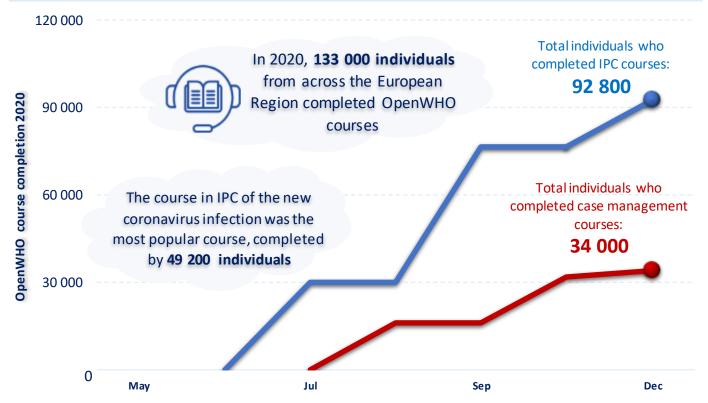
Strengthening clinical management of patients with COVID-19 in Montenegro

18-23 October 2020

A WHO team was deployed to support the clinical management of patients with severe COVID-19 in Montenegro and review clinical management practices in primary health care clinics and general hospitals. The mission identified areas for improvement as well as examples of good clinical management practices for COVID-19.

A key resource to help reach additional frontline workers from across the Region was the OpenWHO platform, WHO's interactive, web-based platform offers online courses to people preparing to work in epidemics, pandemics and health emergencies or who are already doing so. The Regional Office translated these into the local languages to increase their reach.

Educating responders on IPC for and case management of COVID-19*



*data collection began in May 2020; course completion is based on 80% completion of a course.

In Focus: Central Asia Hub

WHO expert team deploys to Turkmenistan to support COVID-19 response

6–16 July 2020

A WHO expert team, including an expert deployed through GOARN, was deployed to Turkmenistan. The technical team worked closely with health authorities to prepare for and respond to COVID-19. The WHO experts visited health-care facilities, public health centres, laboratories, emergency centres and other facilities at the national, regional and city levels.



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

The Regional Office has worked with national authorities to strengthen detection of and contact tracing capacities for COVID-19 to rapidly identify cases and prevent them from turning into clusters.

By the end of January 2020, **31 of the 53** Member States in the Region had the capacity to test for SARS-CoV-2 (Fig. 3) and, in just three months, all countries in the Region had established virus diagnostic capacities for SARS-CoV-2. Almost all had also identified national laboratories for SARS-CoV-2 testing.

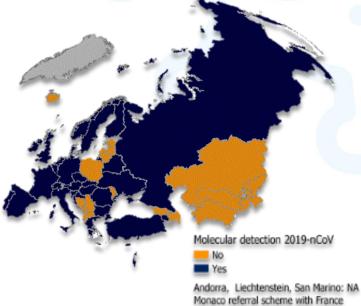


Fig. 3. Molecular detection ability for SARS-CoV-2 as of 31 January 2020

To further support countries, the Regional Office has established **5** regional COVID-19 reference laboratories to support international testing where needed, shipping **1218** samples from **22** countries and areas for confirmatory COVID-19 testing in 2020.

The Regional Office worked throughout 2020 to leverage international, regional and operational partners for an enhanced response to COVID-19. Working closely with the European Centre for Disease Prevention and Control (ECDC), professional networks of experts on respiratory pathogens as well as GOARN, International Federation of Red Cross and Red Crescent Societies (IFRC) and the United Nations Children's Fund (UNICEF), the Regional Office has coordinated technical and operational support to countries with a special focus on highly vulnerable populations, including those in fragile, conflict-affected and vulnerable (FCV) settings.



In Focus

Operational partners deployed to support refugee populations in Lesvos, Greece

12 September 2020

After a fire on 8 September at the Moria refugee and migrant camp on Lesvos Island, WHO's internationally classified EMTs from Norway and Germany deployed experts, including medical doctors, nurses and paramedics. They were tasked with supporting local authorities to establish a triage, testing and isolation facility for patients with COVID-19 and provide medical support to people in need.

As part of the response, a rapid response mobile lab (RRML) was set up on 19 October with GOARN to provide further support for COVID-19 surveillance and control. The RRML supports health providers' efforts at COVID-19 PCR diagnostics in the Reception and Identification Centre (RIC) at Kara Tepe and provides supportive analysis. The team will continue to provide services until the end of February 2021.

Credit: WHO Country Office in Greece

Target 3: Reduce transmission

To slow and stop virus transmission, the Regional Office supported national and local health authorities in strengthening the public health response to COVID-19, mobilizing and engaging communities, and protecting individuals, including those most vulnerable to the virus and its socioeconomic effects.



In Focus: Balkans Hub

COVID-19 Awareness workshops with migrants and refugees in Serbia

November 2020

Throughout October and November 2020, the WHO Country Office in Serbia kicked off a series of COVID-19 awareness workshops in migrant and refugee camps. The workshops aimed to raise awareness and understand attitudes towards COVID-19 among the migrant population and to convey messages related to the prevention of COVID-19.

In total, 28 workshops were held by the end of November 2020, covering 14 camps, including asylum centres in Krnjaca, Banja Koviljaca and Bogovadia and the reception centres (RCs) in Obrenovac, Kikinda, Subotica, Principovac and Sid.

Over the course of 2020, national authorities in a number of Member States recognized the importance of establishing Public Health Emergency Operations Centres (PHEOCs), which are central coordination mechanisms for emergency preparedness and response. By November, the Regional Office had supported:



3 countries in establishing PHEOCs



2 countries in strengthening operations of existing PHEOCs.

To further facilitate data-driven decisions, help responders to work smarter and visualize chains of transmission in order to break them, the Regional Office has been supporting national and local authorities in rolling out Go.Data — an outbreak investigation and contact tracing tool developed by WHO and GOARN partners — throughout the response to COVID-19.



18 countries and areas in Europe have now implemented Go.Data with WHO support.

Leveraging regional Member State platforms, like the <u>Healthy Cities Network</u> – a network of 100 European flagship cities, covering 1400 municipalities – the Regional Office was able to coordinate support across the Region regarding city-level implementation of WHO guidance, as well as regional and national response plans.



WHO Regional Office for Europe Healthy City: Milan's Municipal Social Affairs and Food Policy Office, food aid system

Target 4: Innovate and learn

Throughout 2020, innovative ways have been employed to communicate risk and engage communities to enhance the effectiveness of response measures implemented by international, national and local authorities.

Behavioural insights survey

In April 2020, the Regional Office partnered with Erfurt University in Germany to standardize and roll out a tool for <u>Behavioural Insights research</u>. By the end of 2020, this had reached **27** countries in the Region.

HealthBuddy+

The WHO Regional Office and UNICEF Regional Office for Europe and Central Asia (ECARO) jointly developed HealthBuddy+, an online tool to reduce misinformation and bust myths on COVID-19.

In 2020, HealthBuddy+ replied to over 173 000 user questions, providing COVID-19-related information in 12 languages.

High-level policy dialogue

The Regional Office also promoted and facilitated learning for Member States to help them optimize the COVID-19 response and adjust approaches. Policy dialogues were held with ministers of health and heads of states, which allowed for an exchange of best practices and lessons learned between countries and regions.



Dr Hans Henri P. Kluge and Dr Dorit Nitzan during the highlevel virtual meeting on schooling during COVID-19

Since March 2020, more than **23** multilateral, subregional discussions regarding the response to COVID-19 have been held with ministers of health from **29** European countries.

Continuous improvement

Intra-action reviews (IAR) were developed to identify current best practices, gaps and lessons learned, and apply corrective actions to immediately improve the response to COVID-19. In 2020, three IARs were carried out in Member Sates — Uzbekistan, Kyrgyzstan and the Republic of Moldova.



In Focus: Central Asia Hub

WHO and RKI joint IAR missions to Uzbekistan August 2020

From 21 to 29 August 2020, a team of technical experts and clinicians from the Regional Office, Robert Koch Institute (RKI), Charité University Berlin, University of Frankfurt and University of Düsseldorf were deployed to Uzbekistan to conduct the first IAR in the Region.

The aim of the review was to support investigation of the ongoing outbreak of COVID-19, and the response activities related to that outbreak. During the mission, the expert team worked closely with Uzbekistan's high-level officials, public health counterparts and health professionals to assess the risks, understand the situation on the ground and help improve response mechanisms.

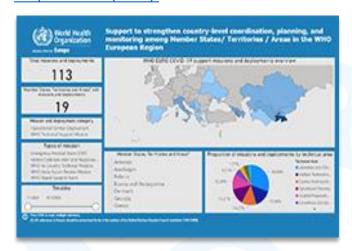
To ensure the quality and effectiveness of the emergency response, the Regional Office has developed innovative platforms to gather information, monitor and analyse country responses to COVID-19, and provide transparent communication on the support it has provided to Member States.

Monitoring the Regional Epidemiology

On 20 February 2020, the Regional Office created a COVID-19 regional situation <u>dashboard</u>, which is updated daily. It displays regional, national and subnational data. By the end of December 2020, it had received close to 8.2 million visits.

Monitoring WHO response activities

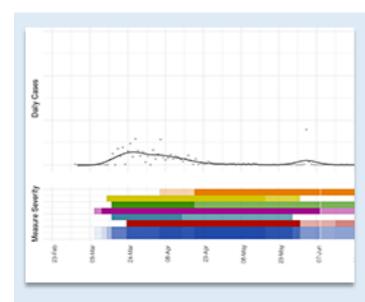
To allow for coordination and consistency, and to better monitor the WHO Regional Office for Europe's response to COVID-19, a <u>COVID-19</u> <u>Country Support Dashboard</u> was developed which, in its beta form, provides a dynamic overview and real-time display of the support that has been provided to Member States across the Region since January 2020, aligned to the 9 pillars of the <u>Strategic Preparedness and Response Plan (SPRP)</u>.



Monitoring country responses to COVID-19

The Regional office, 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 crosscountry analyses of health system responses and key policy lessons from across the Region.

The Regional Office has also continued to support and guide countries in applying public health and social measures in innovative ways in order to stop virus transmission.



In Focus

Public Health and Social Measures Severity Index

10 November 2020

The WHO Regional Office for Europe launched a Public Health and Social Measures (PHSM) Severity Index, which provides standardized data on PHSM implementation and can support and inform the development of policy at country and regional levels. The index is based on a database and methodology, which helps to capture, code, visualize and analyse PHSM responses to COVID-19 in countries across the WHO European Region.

The PHSM Severity Index is integrated into WHO Europe's COVID-19 dashboard and captures the types, severity and timing of PHSMs implemented by a country across six main indicators: *mask wearing; closure of schools; closure of offices, businesses, institutions and operations; restrictions on gatherings; restrictions on domestic movement; and limitations to international travel.*

This level of analysis enables a comparison of individual public health measures within a country as well as overall responses across countries in the European Region. The PHSM Severity Index can be accessed <u>here</u>.

Responding to COVID-19 - Leaving no one behind:

Throughout the response to COVID-19, the WHO Regional Office for Europe has worked with national authorities and alongside international partners to tailor their responses specifically to humanitarian settings and high-risk groups, such as people living in informal settlements, prisons and youth detention centres. Other such groups include residents of refugee, migrant and internally displaced people (IDP) camps, and high-risk groups, including people who are homeless and people with substance-use disorders.

Through the development of guidance, research, rapid assessments and capacity-building webinars, the WHO Regional Office for Europe has supported 33 Member States in tailoring their national responses to address the needs of vulnerable populations across Europe. The regional approach adopted early on in the response, in March 2020, has provided the basis for the Regional Office, through a variety of networks in the Region, to provide targeted support European to countries/territories, front-line service providers and health workers on:



providing psychological support;



reducing gender-based and domestic violence;



establishing a COVID-19 surveillance project in prisons;



assessing and addressing the needs of people living with disabilities,

To further advocate for the inclusion of vulnerable groups in the response to COVID-19, the Regional Office has published, in the context of COVID-19:



6 factsheets on vulnerable groups in Europe;



5 guidance documents and **1** policy brief on refugees, migrants, informal workers, detainees and long-term care residents;



2 checklists on COVID-19 prevention and control in prisons and long-term care facilities;



1 risk assessment tool to respond to refugee and migrant health.



In Focus: Operational Hub, Turkey

Strengthening primary health care services and COVID-19 measures in refugee health centres in Turkey and Northwest Syria

16 June 2020

The WHO Regional Office for Europe has continued 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 organized 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 2020, with more than 600 participants.

The WHO Field Office in Gaziantep, Turkey has also facilitated face-to-face refresher trainings on case management based on the WHO guidelines. The training sessions also covered comorbidity and medical conditions due to COVID-19. This initiative was complementary to an online training held for health-care workers in April and May 2020. In week 30/2020, 70 medical doctors and 222 nurses and intensive care unit technicians from north-west Syria were trained.

Getting ready for a COVID-19 vaccine:

By the end of 2020, the ground was set for the roll-out of safe and effective vaccines as one of the tools to bring the pandemic to an end. Vaccine development for COVID-19 required huge efforts to develop and trial. But vaccination requires more than just a vaccine.

In 2020, the Regional Office assembled a team of experts:



to develop a collaborative framework for vaccine deployment in Europe;



to engage with national immunization programme managers of the 53 Member States in the Region;



to convene and work in collaboration with a Strategic Advisory Group of Experts (SAGE) on Immunization for COVID-19.

Working in coordination with COVAX partners, the Regional Office supported Member States that have committed to the facility, as well as those that have not, to prepare for the future deployment of a potential vaccine for COVID-19.

In Focus: Operational hub, Ukraine

COVID-19 vaccine deployment in Ukraine December 2020

The WHO Country Office in Ukraine has been working the government in implementing and deploying the COVID-19 vaccine. In 2020, the Ukraine Country developed and presented a draft proposal on vaccination platforms, service delivery modalities and macro-plan estimates to the Ministry of Health, partners and Vaccine-Preventable Disease (VPD) Task Force. The Country Office also provided assistance for participation in COVAX and related inputs during partners' coordination meetings to support the rollout of COVID-19 vaccination in Ukraine.

As of December 2020,



37 countries and areas in the WHO European Region have committed to collaborate through the COVAX Facility.



6 countries and areas in the Region are eligible to have their participation in the COVAX Facility supported by the COVAX Advance Market Commitment (AMC).



45 countries and territories have reported updates on their vaccine preparedness status to the Regional Office since November 2020.

24 Jan 2020:

First cases of the novel coronavirus in the WHO European Region are confirmed in France.



24 April 2020:

WHO hosted the launch of the Access to COVID-19 Tools (ACT) Accelerator and began working to develop the COVAX Facility.

5 August 2020:

The Regional Platform on COVID-19 vaccination is established in the WHO Regional Office for Europe.

9 October 2020:

Strategic guidance on preparing for deployment of the COVID-19 vaccine and vaccination in the WHO European Region is published.

28 September 2020:

WHO/Europe establishes the European Regional COVID-19 Vaccine Coordination Group.





16 September 2020: A new working group

under WHO's European Technical Advisory Group of Experts on Immunization (ETAGE) is established.

26-27 December 2020:

European Union Member States begin deploying COVID-19 vaccines.

21 September 2020

Digitalization of immunization registers and systems for the COVID-19 vaccine in priority countries and areas begins.

5 November 2020:

The Regional office launched a framework for regional monitoring of country preparedness for the deployment of COVID-19 vaccines.

2 December 2020:

The United Kingdom became the first country globally to approve a COVID-19 vaccine (Pfizer/BioNTech)

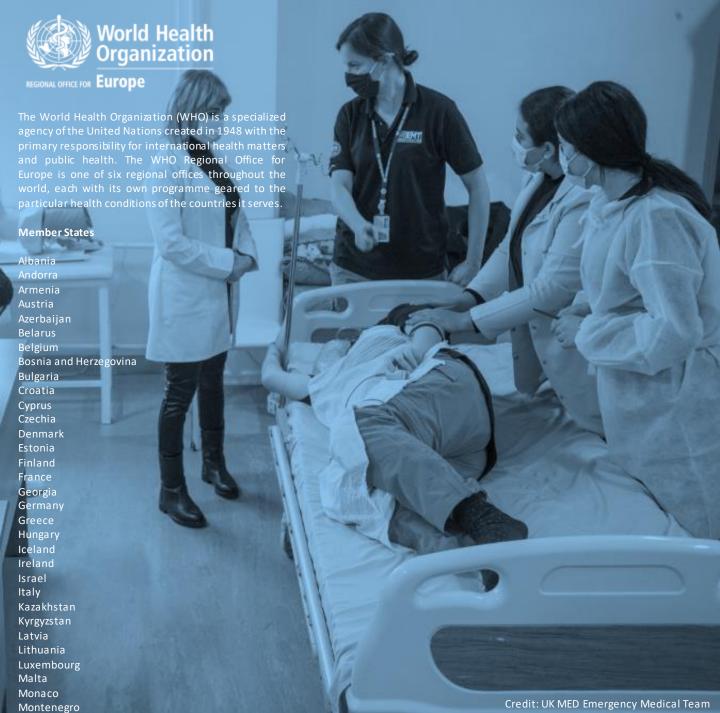
21 December 2020:

The European Medicines Agency recommends authorization for the COVID-19 vaccine developed by Pfizer/BioNTech

31 December 2020: WHO issued its first emergency

use validation of COVID-19

vaccines (Pfizer/BioNTech).



Poland Portugal Republic of Moldova Romania **Russian Federation** San Marino Serbia Slovakia Slovenia Spain Sweden Switzerland Tajikistan Turkey Turkmenistan Ukraine **United Kingdom**

Uzbekistan

Netherlands North Macedonia

Norway

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