

A photograph of a WHO officer, seen from the back, hugging a woman. The officer is wearing a dark blue jacket with the WHO logo and the word 'Organization' on the back. The woman is wearing a light-colored headscarf and has a warm, smiling expression. The background is a plain, light-colored wall.

WHO European Region Emergency Operations Bulletin

Fourth quarter 2024: Weeks 40–52
(October–December 2024)

Contents



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74th session of the WHO Regional Committee for Europe, October 2024

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Key figures on the work of the WHO Regional Office for Europe in emergencies in 2024 (as of 31 December)

116 Technical support activities provided	19 Member States reached	US\$ 44 million worth of supplies delivered*	28 Surge deployments
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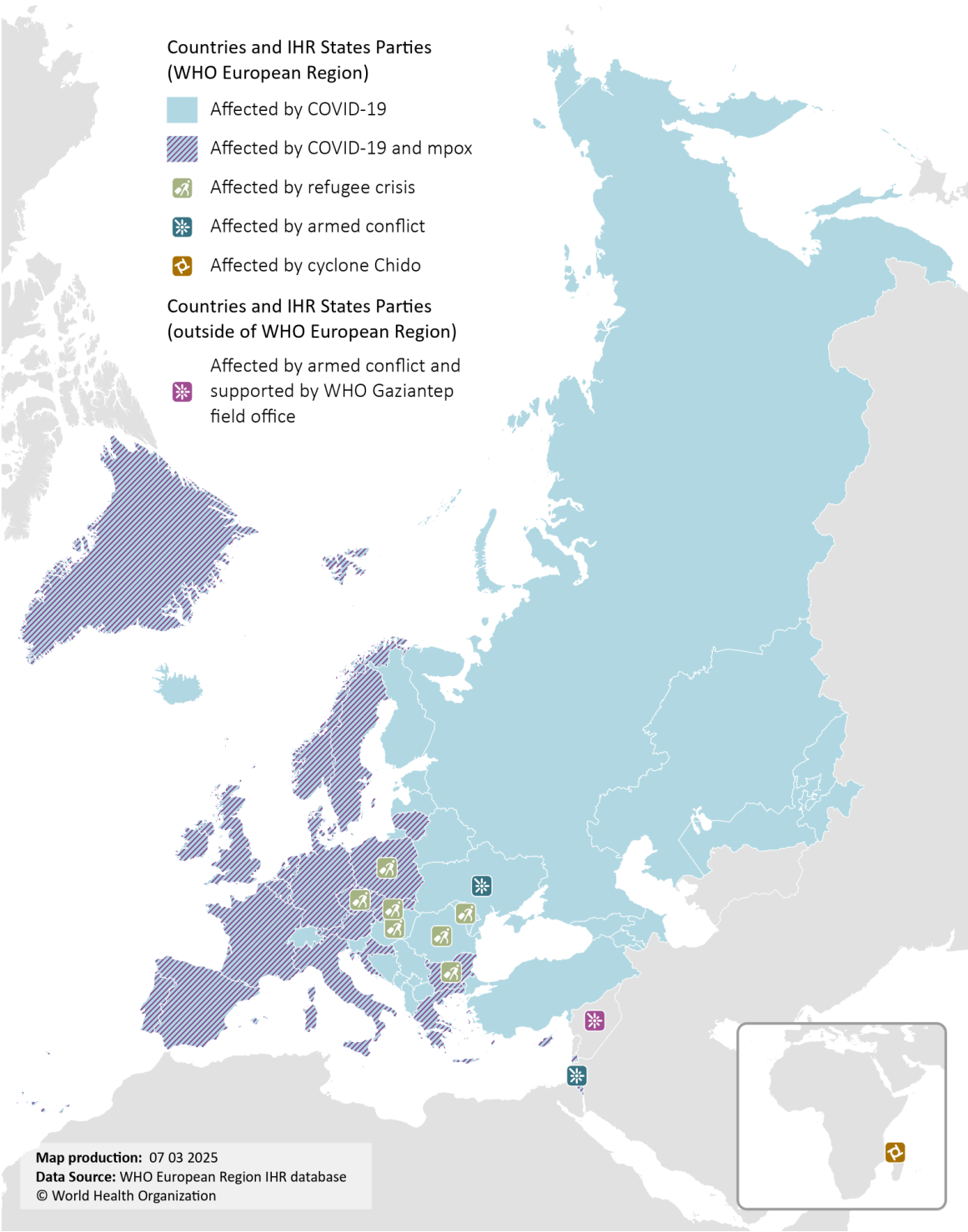
10 graded emergencies in or affecting the WHO European Region in the past quarter

- 4 grade 3 emergencies
- 2 protracted grade 3 emergencies
- 1 grade 2 emergency
- 3 protracted grade 2 emergencies

- of which
- 2 new graded emergencies
 - 4 are outbreaks
 - 6 are humanitarian crises

For the latest data and information on the WHO Regional Office for Europe's work in emergencies, see the [WHO Health emergencies page](#).

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



*Figure has been adjusted to include local procurement from the country offices of Ukraine and Türkiye.

GRADE 3 – ISRAEL/OCCUPIED PALESTINIAN TERRITORY CONFLICT

Situation update

1593
Deaths

7921
Injured

72
Attacks on health care

100
Hostages still in Gaza



Barzilai Medical Centre in Tel Aviv, Israel

On 7 October 2024, it was one year since the Hamas-led attacks in Israel. Following the attacks of 7 October 2023, 1593 people are reported to have been killed and 7921 injured as of 31 December 2024. In addition, as of 31 December, an estimated 100 Israeli hostages remain in Gaza. Since 7 October 2023, 72 attacks on health care have been verified in Israel, with 25 deaths and 38 health workers and patients injured.

Throughout 2024, WHO has been deeply engaged in supporting the Ministry of Health (MoH)'s response to those affected by the 7 October attacks in 2023, and the ongoing hostilities. With support from the WHO Regional Office for Europe, [Mashiv Ha'Ruach organization](#) provided mental health and psychosocial support for almost 1000 frontline workers through workshop retreats, offering a safe space for participants to discuss and process their experiences, and to develop resilience and coping mechanisms.

From 3 October to 3 December 2024, WHO/Europe has also partnered with Mosaica, a nongovernmental organization promoting interfaith dialogue and cooperation, to leverage the influence of religious leaders from both the Jewish and Muslim communities to connect people with critical mental health support.

With the support of WHO, Mosaica engaged leading trauma psychologists to develop specialized training programmes for religious and community leaders. These leaders, once trained, went on to hold around 100 support sessions in diverse settings, including synagogues, mosques, community centres, and even temporary residences for evacuees. Ongoing collaboration between religious and community leaders and mental health professionals was a key feature of the project, ensuring continuous engagement and swift response to urgent cases, such as evacuee trauma or youth at risk of violence.

Since the beginning of the project, over 1000 leaders from Mosaica's network of religious leaders in the Muslim and Jewish communities have amplified messages that promote mental health and resilience, and some 300 Muslim and 400 Jewish religious, community and pedagogical leaders have participated in training. So far, over 200 Muslim and Jewish youth have received professional mental health treatment, and 4000 Muslim and Jewish community members have participated in ceremonies, conferences and services devoted to resilience and reflection, led by those trained by the project. Read more [here](#).

Medical evacuations: providing life-saving care to Palestinian children

Since the Hamas-led attacks of 7 October 2023, the intense conflict involving Israel and the occupied Palestinian territories has led to devastating civilian casualties — over 45 000 dead and over 100 000 injured in Gaza alone as of December 2024. As of 7 October 2024, most of the deaths reported are among children (33 %) and women (18 %).

Despite severely restricted access to essential services, WHO, with the European Union (EU) and other partners, has been providing emergency medical supplies, stressing that health care must remain neutral and protected in all circumstances. While WHO's top priority remains maintaining crucial health services in Gaza, medical evacuations are lifesaving for severely ill patients facing severe trauma, advanced infections and cancer, who cannot be treated there.

In 2024, WHO appealed for the establishment of multiple medical evacuation corridors to ensure sustained, organized, safe and timely passage of patients via all possible routes. Israel has committed to facilitating the urgent medical evacuation of sick and injured women and children from Gaza to receiving countries in Europe via the Kerem Shalom border crossing and Eilat Airport (Ramon airport).

Throughout the year, Dr Hans Henri P. Kluge, WHO Regional Director for Europe, has intensified his personal outreach to Member States in the WHO European Region to expedite evacuations and to appeal for more hospital slots to receive patients.

Since the establishment of MEDEVAC operations in October 2023, 710 Palestinian patients were evacuated to 11 Member States of the European Region as of December 2024. The medical evacuations were organized through the EU Civil Protection Mechanism as well as bilateral arrangements by Member States. The latter arrangement was used before the closure of the Rafah border through which patients were able to travel to Egypt and be medically evacuated to different countries in the European Region. Following the closure of the Rafah border in May 2024, the only way to evacuate patients from Gaza is through the Karem Shalom border and airlift them from Ramon airport in southern Israel. As of December 2024, 22 patients were evacuated from Ramon airport to Romania (15), Belgium (5) and Spain (2). WHO Europe is actively engaging with Member States in the Region and several countries are preparing to receive patients in 2025, including Norway, Greece and Ireland. WHO once again calls for an end to the war, as peace is ultimately the best path to health. Read more [here](#) and [here](#).



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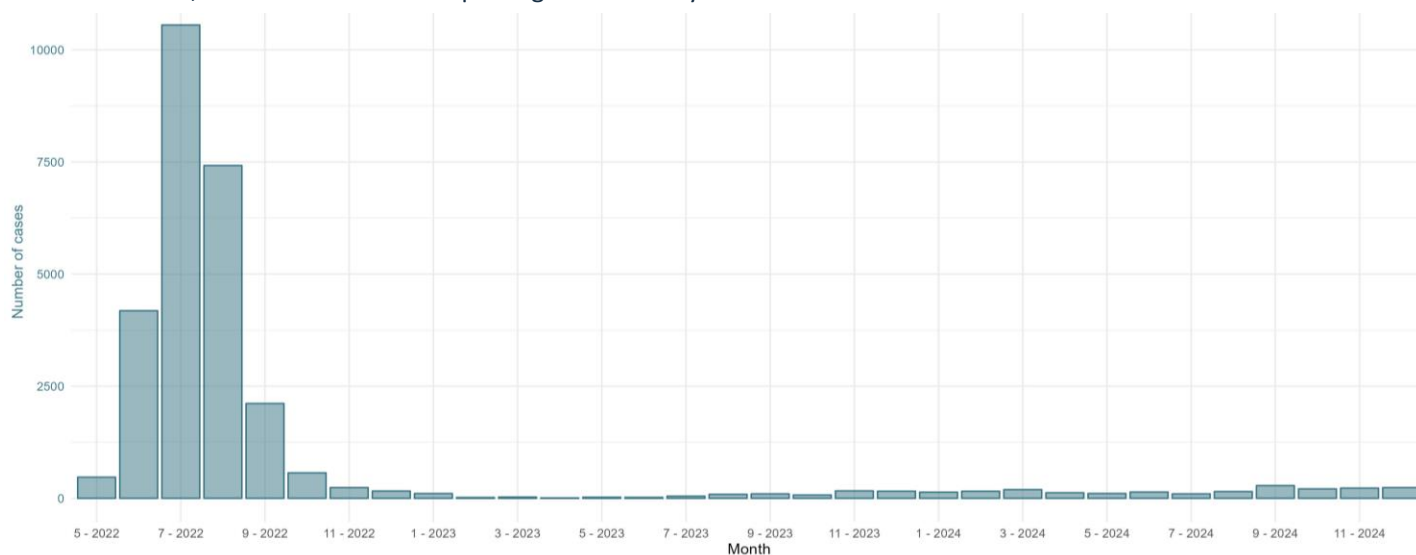
Gazan children preparing to board an airplane at an airport in Egypt to travel to Spain for critical medical treatment, July 2024

GRADE 3 – MPOX

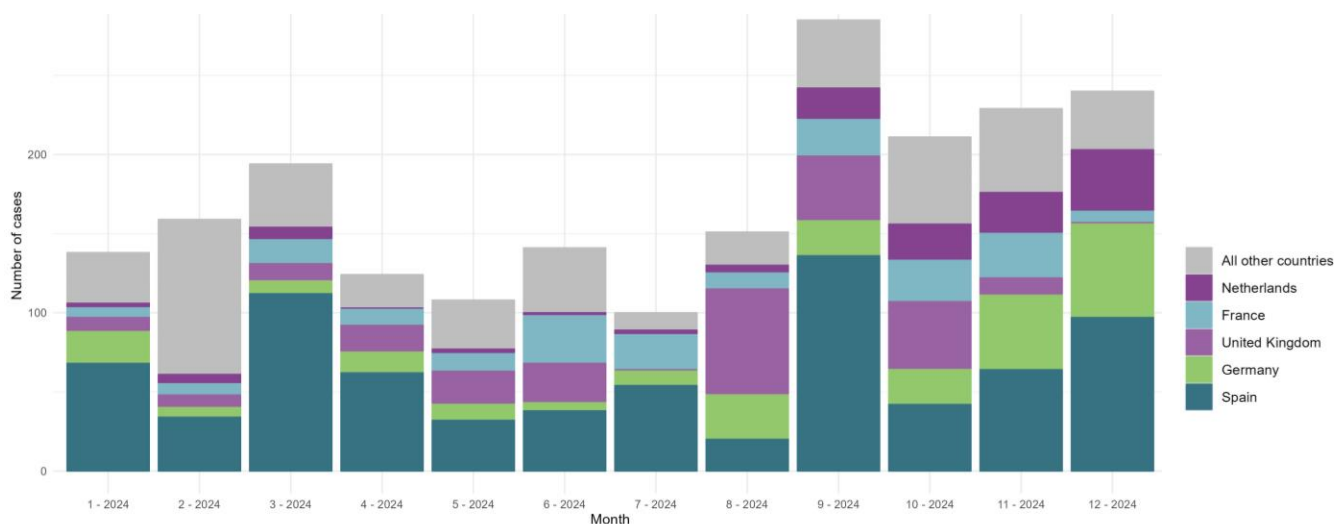
Regional epidemiological situation

From 7 May 2022 to 31 December 2024, there have been 28 635 cases of mpox, and nine deaths reported across the Region. Low-level transmission continues in the Region, with the number of monthly mpox cases slightly increasing from 195 cases in October to 244 cases in December, with the highest number of cases (285) being reported in September. Overall, the most affected countries were Spain with 203 cases, Germany with 131 cases, and Netherlands (Kingdom of the) with 85 cases.

During the fourth quarter, sporadic cases of mpox clade 1b were reported in several countries of the WHO European Region, including the United Kingdom (5 cases), Germany (6 cases), and Belgium (2 cases). Some of these imported cases led to small clusters of human-to-human transmission, which have been well-controlled to date. No new deaths have been reported in the European Region within this period. By the end of December, the WHO European Region represented 11.6% of the global incident caseload, with most countries reporting on a monthly basis.



Mpox cases reported by month in the WHO European Region from May 2022 to December 2024



Top five countries reporting new mpox cases by month in the WHO European Region from January 2024 to December 2024

As of December 2024, most cases continue to be reported among men (98%) between 31 and 40 years of age (39%). Of the male cases with known sexual behaviour, 97% self-identified as men who have sex with men. Among cases with known HIV status, 37% were HIV-positive. Since the beginning of the outbreak in May 2022, 928 (7% of cases) have been hospitalized, of which 314 cases required clinical care. Nine cases were admitted to intensive care, and nine* cases of mpox were reported to have died. Most of the cases presented with rash and systemic symptoms such as fever, fatigue, muscle pain, chills or headache. Please refer to the [Joint ECDC–WHO Regional Office for Europe Mpox Surveillance Bulletin](#) for further information.

*One death in Portugal was misclassified in earlier reports this year.

Strengthening laboratory capacity preparedness for mpox in Montenegro

Effective public health interventions to control and prevent infections depend on early detection and laboratory confirmation. Diagnosing mpox presents challenges due to its relatively mild symptoms, limited clinical recognition by health workers in the early stages, and insufficient laboratory capacity to detect the virus. To address these challenges, strengthening the health workforce's capacity, particularly in laboratory diagnostics, has become a priority. This includes continuous education and knowledge-sharing to enhance preparedness and response capabilities.

To ensure timely and accurate laboratory detection of mpox, a one-day workshop was held on 6 December 2024 at the Institute of Public Health (IPH) in Podgorica, Montenegro. A total of 14 participants, including microbiologists, epidemiologists, general practitioner, dermatovenerologist and paediatrician attended the workshop to discuss current diagnostic capacities and identify opportunities for improving mpox diagnostics in Montenegro. During the workshop, participants were provided with comprehensive information on the laboratory aspects of detecting mpox, from sampling and transportation to the interpretation of test results and biosafety measures.

The workshop was organized and financed jointly by the EU's Directorate-General for Neighbourhood and Enlargement Negotiations (EU DG NEAR), WHO Country Office in Montenegro, WHO Health Emergencies Balkan hub and the IPH in Podgorica.

Since August 2024, WHO/Europe has been strengthening laboratory capacity by procuring the reagents and diagnostic tests needed to detect all mpox clades across all Member States. On 20 December 2024, WHO/Europe, in collaboration with the Erasmus University Medical Center and National Institute for Public Health and the Environment of Netherlands (Kingdom of the), as well as colleagues from the Amsterdam University Medical Centre and Public Health Agency of Sweden, hosted an mpox laboratory webinar. The webinar attracted 130 participants who gained insights into the molecular diagnostics of mpox, mpox whole-genome sequencing, mpox diagnostics and molecular epidemiology in Africa as well as the technical aspects of mpox/orthopox serology and its significance for patient care. The WHO Regional Office for Europe continues to support Member States by enhancing laboratory capacities across the Region and reaffirming its commitment to strengthening preparedness and response efforts for mpox and other emerging health threats.



Participants at the mpox diagnosis and detection workshop held in Podgorica, Montenegro, December 2024

Strengthening the global mpox outbreak response through engagement with African communities

Following a series of mpox cases imported into the European Region, WHO/Europe has been collaborating with the Africa Advocacy Forum to develop outreach strategies aimed at the African diaspora in Europe at most risk from mpox infection. This specifically includes those with plans to travel between Europe and Africa, which could heighten the risk of cross-regional transmission.

Leveraging the extensive network of the Africa Advocacy Forum, WHO/Europe has established an informal working group with organizations representing the African diaspora, including Association Youth of the World in Action, Prevention SIDA Belgium, House of Rainbow and Unstukk:

- to test WHO risk communication materials for their relevance and impact;
- to ensure their widespread dissemination to target groups;
- to co-develop interventions, either through information campaigns or informal briefings;
- to engage the African diaspora in designing a multi-country study on mpox.

This enables WHO/Europe to provide timely and relevant health information and advice to these communities, ultimately enhancing their intention and ability to accept and implement protective measures.

How can I protect myself from mpox?

If you travel to countries with confirmed cases:

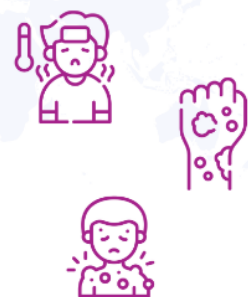
- Review travel advisories.
- Take precautions (avoid close contact if someone has an mpox-like rash and avoid wild animals).



Mpox is a viral infection which can spread between people, mainly through close contact, including sex, and occasionally from the environment to people via things and surfaces that have been touched by a person with mpox.

The most common symptoms include:

- rash
- swollen lymph nodes
- fever
- headache
- muscle aches
- back and rectal pain
- low energy.



Social media tiles with public health advice developed by WHO/Europe

The following materials were shared for feedback, and translated into French, German and Dutch:

- [Public health advice for people travelling to and from countries affected by mpox.](#)
- [Mpox toolkit for health-care workers \(HCWs\).](#)
- [Social media tiles on mpox symptoms.](#)

Besides engaging with African communities, WHO/Europe is also supporting a broader research initiative, led by Kristiania University College in Norway. The multi-country online study explores the knowledge and risk perception of mpox in the United Kingdom, Netherlands (Kingdom of the), France and Belgium, and focuses on the African diaspora as well as gay and bisexual men who have sex with men (MSM). To ensure the robust representation of affected groups, WHO/Europe works closely with civil society partners to mobilize their networks and encourage participation in the survey.

Experiences and lessons learned from engaging African communities are regularly shared with practitioners of risk communication and community engagement and infodemic management in other regions to ensure that they can benefit from these experiences, further strengthening the global response to mpox outbreaks.

GRADE 3 – ESCALATION OF HOSTILITIES IN SYRIA

Situation update

156 Deaths*	2568 Injured*	882 000 Internally displaced	16.7 million People in need
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On 27 November 2024, armed groups escalated hostilities within the Syrian Arab Republic, which led to a transfer of authority on 8 December, sparking hopes for an end to Syria’s prolonged humanitarian crisis. This happened against the background of 14 years of a complex and protracted humanitarian crisis, compounding substantial challenges and evolving complexities.

The humanitarian toll since November has been severe, with over 156 civilian deaths and 2568 injuries in northwest Syria, most of which are trauma related. Looting and destruction of shops and warehouses have limited the availability of relief items and essential supplies, leaving communities more reliant on humanitarian assistance to survive. The impact on the local population is profound, with access to essential health services having been disrupted and families facing acute challenges in accessing basic necessities. In coastal areas, insecurity and ongoing airstrikes continue to place the population at risk.

The ongoing violence has triggered massive population movement, with 882 000 people internally displaced, as of 18 December 2024. Civilians on the move face multiple risks, including exposure to violence, trauma, injuries caused by explosive ordnance and the erosion of mental health.

At least nine health facilities have been vandalized and looted in northeast Syria, reducing access to essential health services and aggravating existing gaps in trauma care, maternal health services and management of communicable diseases. Health facilities report critical shortages of medical supplies, while security concerns and sporadic violence further hinder service delivery. Hospitals across Syria are overwhelmed by the large number of trauma and injury cases.

Health facilities continue to receive large numbers of weapon-wounded patients while projecting funding shortages that pose a risk to the delivery of trauma care, maternal and child health services, and the management of chronic conditions. By the end of the year, it is projected that 141 health facilities will face funding shortages. There are serious shortages of health personnel across all health facilities. Lack of transportation, security concerns and displacement of health-care workers exacerbate the situation.

The WHO Field Office in Gaziantep, Türkiye, has served as a crucial hub for assistance for several years and continues to support ongoing operational activities in northwest Syria.

**Figures reflect information from northwest Syria as of 18 December 2024.*



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A joint mission in December 2024, during the escalation in Idlib, northwest Syria, with UN partners to assess the situation one week after the surge in hostilities

Fifty tonnes of EU-funded medical supplies destined for Syria's overstretched health facilities reach Türkiye

WHO's operational and logistic base in Gaziantep, Türkiye plays a critical role in ensuring that supplies are delivered to facilities in Syria, supporting health workers who often operate under challenging conditions. In response to the escalating humanitarian needs in Syria, on 27 December 2024, 50 metric tonnes of lifesaving medical supplies arrived in Türkiye via the European Union (EU) Humanitarian Air Bridge, ready for delivery to health facilities in Syria. The shipment, coordinated by WHO, will provide much-needed support to primary health care centres and hospitals in areas where the needs are most pressing.

The shipment, which will benefit thousands of Syrians, includes trauma emergency surgery kits (TESKs) and essential medicines. TSKs are specially designed kits for trauma care in emergencies containing surgical tools, anaesthetic supplies, IV fluids and sterilization materials. The consignment also contains essential medicines to treat common conditions and prevent disease outbreaks, ensuring that hospitals and clinics can respond to both urgent and routine needs.

The cargo, which will enable more than 8000 emergency surgical procedures, includes 30 000 pouches for infusions, providing vital resources to support critical care in health facilities. The delivery, which is made possible through funding from EU humanitarian aid, reflects the EU's and WHO's continued commitment to supporting Syria's health-care system to recover and rebuild. Even before the recent developments, 141 health facilities in Idlib and northern Aleppo faced the risk of closure by the end of 2024 due to funding shortfalls, with potentially devastating consequences. This consignment will help bridge critical gaps, ensure that medical supplies reach those in urgent need and enable health workers to continue to provide essential care.

Since 27 November 2024, WHO has delivered 510 trauma supply units to 37 health facilities in Syria, enabling over 94 900 treatment courses. These included over 8800 trauma procedures, around 80 100 courses of essential medicines, and over 5900 mental health treatments, which reached more than 33 000 people. To read more, click [here](#).

This delivery will provide millions of Syrians facing extraordinary hardship with much-needed life-saving medical supplies. These supplies could not have come at a more critical time, as health workers struggle to provide care in overstretched facilities. We are deeply grateful to the EU for its unwavering support, which has made this consignment possible. This delivery will help save lives and strengthen services in areas where health-care systems are overstretched. WHO will continue to deliver vital support wherever it is needed most.

- Rosa Crestani, WHO Emergency Lead for the Gaziantep Field Office



Fifty tonnes of EU-funded medical supplies destined for health facilities in Syria arrive in Türkiye, December 2024

GRADE 2 – CYCLONE CHIDO

Situation update

4	80	1900	100 367
Affected countries	Deaths	Injured	People displaced

Between 7 and 8 December 2024, a tropical cyclone named Chido, developed in the southeastern Indian Ocean basin, moving westward. By 10 December, Chido had intensified into a category 4 tropical cyclone (severe typhoon category) before weakening to category 3 on 13 December. From 14 to 16 December, the cyclone passed through several countries, severely damaging parts of the Comoros Islands, northern Mozambique, Mayotte and southern Malawi. Following these events, on 20 December 2024, WHO assessed the emergency at three levels of the Organization and classified it as acute Grade 2, requiring a moderate response from WHO.

Cyclone Chido made landfall in Mayotte, a French overseas department, on Saturday, 14 December 2024. The cyclone caused extensive damage across the island, severely impacting critical civil infrastructure, including Mayotte’s main hospital. The disruption of telecommunications and power posed a severe risk to public health, hindering surveillance, diagnostics and the timely transmission of critical health information.

As of 31 December, the official death toll stood at 39, but local authorities expect the number to rise to hundreds, if not thousands. The lack of access to clean drinking water has further heightened the risk of waterborne diseases, including cholera.

Health-care services on the island were critically disrupted due to widespread structural damage, insecurity, and the inoperability of health centres. Major hospitals also struggled to function amid the extensive devastation. The magnitude of the destruction is overstressing local public health authorities, and health needs are expected to increase.

In response, the WHO Regional Office for Europe, together with partners, is committed to supporting the local public health authorities in several key areas, including enhancing laboratory capacity, preventing infectious diseases, enhancing the surveillance system, providing risk communication materials, and procuring life-saving medical equipment.



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WHO officer arrives in Mayotte to deliver important diagnostic and microbiological surveillance aid, January 2025

PROTRACTED GRADE 3 – UKRAINE CONFLICT

Situation update

12 456 Deaths*	28 382 Injured*	2209 Attacks on health care	3.7 million Internally displaced
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Opening of new modular primary health care clinic in Odesa region in Ukraine, September 2024

With Ukraine entering its third winter since the start of the war, attacks impacting critical civilian infrastructure have disrupted basic services across the country. From February 2022 to December 2024, [the Office of the UN High Commissioner for Human Rights \(OHCHR\)](#) recorded 40 838 civilian casualties in the country with 12 456 killed and 28 382 injured; however, actual casualty numbers are likely to be higher. 19 November 2024 marked 1000 days since the Russian Federation’s full-scale invasion of Ukraine. This war remains the largest ongoing emergency in the WHO European Region. As of 31 December 2024, through the global [Surveillance System for attacks on health care \(SSA\)](#), WHO has verified 2209 reported attacks on health-care facilities.

From 17 to 22 November 2024, WHO launched a three-level mission in Ukraine, bringing together experts from the WHO Country Office in Ukraine, the Regional Office for Europe, and WHO headquarters to discuss further collaboration and a coordinated approach to meeting the country’s health needs. During the mission, WHO representatives met with Ukrainian health authorities, including the Deputy Minister of Health of Ukraine, Ihor Kuzin, and the Acting Director of the Public Health Department, Tetiana Skapa, to discuss ongoing efforts to support Ukraine’s health-care system, focusing on health emergency responses and preparedness beyond the third winter of the war, and preparing for the challenges of 2025.

*According to OHCHR, the actual number of civilian casualties might be higher.

Throughout 2024, WHO remained resolute in its emergency response, prioritizing life-saving assistance and capacity-development in ten key regions along the contact line. Through strong collaboration with national stakeholders and external partners, considerable progress was made in ensuring that essential support reached those most in need. While humanitarian relief remained central to WHO’s efforts, the organization also placed a strong emphasis on winterization, energy sustainability, thereby enhancing the autonomy of hospitals.

In 2024, WHO supported the MoH of Ukraine’s Medical Evacuation Coordination Unit (MCU) in coordinating 1462 medical evacuations to 28 different countries. From October to December 2024, WHO supported the MCU in coordinating 373 of these medical evacuations to 21 different countries. WHO remains committed to providing technical support to the MoH of Ukraine with the MEDEVAC-Cycle in the first half of 2025 and is exploring options to extend the support beyond that period for as long as needed.

In 2024, WHO facilitated the delivery of 240 metric tons of medical supplies to affected regions across Ukraine, reaching up to 4.7 million people with essential health care and support. In 2025, WHO will continue to support Ukraine to meet both immediate and long-term needs.

WHO donates ICU beds to Mechnikov hospital in Dnipro, Ukraine



Handover of ICU beds to the health-care staff at Mechnikov Hospital, Dnipro, Ukraine, December 2024

On 9 December 2024, WHO donated 10 intensive care unit (ICU) beds to Mechnikov Hospital in Dnipro, helping to restore critical care services after the hospital, including its ICU, was severely damaged in an attack in October. These specialized beds are essential for stabilizing critically ill patients and enabling health-care professionals to provide life-saving care. This contribution is particularly significant, given the increased demand for medical services in the region due to the ongoing conflict in Ukraine.

On 25 October, a residential area in the eastern Ukrainian city of Dnipro came under attack. At least 21 people were injured, and five people, including a child, lost their lives. Among the impacted structures was Mechnikov Hospital in Dnipro. Mechnikov Hospital, one of the oldest and most renowned medical institutions in Ukraine, has played a critical role in providing care for patients affected by the war, including civilians and military personnel. The hospital's ICU was a key facility for managing complex trauma cases and life-threatening conditions before being damaged. Restoring its capacity is vital for meeting the health-care needs of the Dnipropetrovsk region and nearby areas.

This support allows the hospital to continue delivering vital medical services by admitting and treating critically ill patients from the Dnipropetrovsk region and surrounding areas.

It also reflects WHO's ongoing commitment to strengthening Ukraine's health system during this challenging time. This assistance was made possible with the support of the EU, showcasing the collaboration between international organizations and local institutions to address urgent health-care challenges. This donation is part of WHO's broader efforts to support Ukraine's health system, which has been severely strained by the ongoing conflict.



ICU beds donated by WHO to Mechnikov hospital in Dnipro, Ukraine, December 2024

Enhancing laboratory capacity in primary health care in Ukraine



Participants applying theoretical knowledge during the practical component of the training session, November 2024

Laboratory capacity in primary health care facilities (PHCF) plays an important role in early diagnosis, increasing the efficiency of treatment, monitoring of diseases, saving lives, improving health, and decreasing the rate of costly hospitalization. The integration of laboratory research into primary health care systems ensures rapid detection and accuracy of diagnoses and ultimately contributes to better health outcomes. Strengthening laboratory capabilities in primary health care (PHC) facilities is a key component of improving health care access and quality, ensuring that patients receive the best possible care close to their communities.

From 19 to 22 November 2024, the WHO Country Office in Ukraine conducted a four-day practical training session "Laboratory services in PHC centres" at the Lviv Territorial Medical Association's Clinical Hospital of Planned Treatment, Rehabilitation, and Palliative Care. This was the fourth training of its kind, following the pilot sessions held earlier in 2024, which involved management of PHCFs and lab specialists in Chernihiv, Lutsk and Chernivtsi regions. This initiative is part of a broader WHO strategy aimed at improving the quality of laboratory services in hospitals, with a focus on human resource development as a key component to ensure accurate diagnostics and effective treatment.

The training was attended by 30 specialists in clinical laboratory diagnostics, including 16 leaders of PHC institutions, as well as doctors, biologists, laboratory technicians, and nurses from Lviv and the Lviv region. The training consisted of theoretical and practical components and enhanced participants' knowledge of the national regulations and international standards, good laboratory practices, laboratory management, quality assurance, biosafety, and enhanced skills in laboratory standard operational procedures and equipment operation. Participants noted a significant improvement in their knowledge, with the average score increasing by 53% after the training.

WHO remains committed to empowering health-care workers and strengthening laboratory services to ensure better health outcomes for all. WHO will continue supporting laboratory services at PHCFs around Ukraine, progressing along the PHC Roadmap developed in 2024. The practical training was held with financial support from the Government of the Netherlands (Kingdom of).

PROTRACTED GRADE 2 – UKRAINE REFUGEE RESPONSE

Situation update

6.3 million Refugees within Europe	560 200 Refugees beyond Europe	6.8 million Refugees globally	14.6 million In need of humanitarian support
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The escalation of war in Ukraine in February 2022 triggered a major increase in humanitarian needs due to the mass internal displacement of citizens within Ukraine as well as refugee outflows. More than two years since the beginning of the Russian Federation’s full-scale invasion of Ukraine, [UNHCR estimates](#) that 6.8 million refugees from Ukraine are recorded globally, with over 6 million recorded in European states alone. Additionally, more than 3 million have registered for asylum, temporary protection, or similar national protection schemes in Europe.

UNHCR’s [report](#) finds that most Ukrainians who have been forced to flee are still planning and hoping to return home one day. The sixth such report is based on interviews conducted in July and August with over 11 150 households, including refugee families across Europe, internally displaced households, and refugee returnee families in Ukraine. Overall, 61% of Ukrainian refugees still plan and hope to return home one day. As in previous rounds of this survey, the main inhibitor to return remains the prevailing insecurity in Ukraine, followed by concerns over job opportunities and access to housing.

In 2024, WHO continued to provide operational and technical support to refugee-hosting countries’ MoHs, as their health systems continue to cope with refugee arrivals, aligning its response activities with the [Regional Refugee Response Plan for 2024](#). In 2024, across 7 Ukrainian refugee-hosting countries:

- a total of 14 284 health consultations were provided to refugees, and 402 859 people were supported in accessing health care through medical support and health information;
- a total of 5 626 mental health and psychosocial service (MHPSS) consultations were provided, with 11 301 individuals participating in MHPSS services and activities;
- a total of 11 275 health-care providers were trained in providing health services to refugees;
- a total of 24 543 non-health professionals were trained to support the refugee health response.

In 2024, WHO delivered supplies worth more than US\$ 4.9 million to refugee-hosting countries, including the Republic of Moldova, Poland, and Romania.



Official handover of procured items to Romania’s General Emergency Management Inspectorate, Bucharest, November 2024

Supporting family doctors to integrate Ukrainian refugees into Romania's national health system



Dr Tatiana Camencean discussing health services for Ukrainian refugees during an awareness session in Braşov

Family doctors are at the forefront of efforts to integrate Ukrainian refugees into Romania's health-care system. With a significant number of Ukrainian refugees seeking medical assistance, expanding the number of family doctors who accept Ukrainian patients is essential for ensuring sustainable and efficient access to health care.

On 12 December 2024, the Braşov branch of the College of Physicians hosted its annual meeting, where two family doctors supported by the WHO Country Office in Romania shared their experiences and strategies for integrating Ukrainian refugees. They delivered detailed presentations on how Ukrainian refugees can easily be registered in the national health system. This process, often perceived as overly complex, has deterred many family doctors from enrolling Ukrainian patients. By providing practical examples of the registration procedure, these presentations marked a significant step toward encouraging more doctors to open their practices to refugees. Despite the high patient loads that Romanian family doctors already manage, the willingness to support refugee integration is growing. WHO Romania's ongoing efforts are instrumental in this endeavour. Financial contributions from DG SANTE, the Government of South Korea, and the United States Bureau of Population, Refugees, and Migration (BPRM) have enabled targeted initiatives, such as training sessions, workshops, and resource-sharing, to encourage more family doctors to join this crucial integration process.

I hope we can engage as many family doctors as possible to support us in this programme, which we initiated nearly three years ago, and which brings us immense satisfaction by being able to assist Ukrainian refugees.

- Dr Tatiana Camencean, a WHO-supported family doctor



Through these collaborative efforts, Romanian health authorities aim to make health care accessible to all, both Ukrainian refugees and the Romanian host population. Although challenges persist, the resilience and commitment of family doctors, coupled with sustained support from international donors, are driving progress toward a more accessible and inclusive health-care system for everyone.

Moving forward, family doctors supported by WHO Romania are becoming a network and a valuable resource for other general practitioners in Romania, by offering guidance and sharing best practices related to the integration of Ukrainian refugees into the national health-care system and addressing their unique health-care needs.

Empowering emergency care through an airway management course in Moldova



Participants applying theoretical knowledge during the practical session of the course, November 2024

Effective airway management is a critical skill for health-care professionals in emergency care, as it directly affects patient survival and recovery in cases of respiratory failure, trauma, stroke, shock, intoxication, and other medical emergencies. Amid Moldova's ongoing efforts to support the health needs of Ukrainian refugees, enhancing the capacity of emergency health-care workers is essential as Moldovan health-care institutions continue to address the increased demand for emergency care services.

To address this vital need, in collaboration with the MoH and Nicolae Testemitanu State University of Medicine, an airway management course was organized at the University Center for Simulation in Medical Training (CUSIM) in two sessions: 20–21 and 25–26 November 2024. The course aimed to bolster the emergency response capacity of Moldovan health-care professionals, ensuring that they are better equipped to provide high-quality care to both local populations and refugees.

A total of 39 participants from various hospitals and medical institutions across the Republic of Moldova attended the course, representing specialties such as emergency medicine, anaesthesia and intensive care. Their active participation and enthusiasm contributed significantly to the vibrant learning environment throughout the course.

Participants included professionals from institutions such as the Institute of Emergency Medicine, municipal hospitals in Chişinău and regional hospitals such as those in Bălţi, Edineţ, Ungheni and Soroca. The course successfully addressed a critical gap in airway management skills among emergency and critical care professionals in Moldova. By combining theoretical instruction with practical application and immersive simulations, the course fostered confidence and competence in managing complex airway disorder cases. During the course, participants were trained in basic manoeuvres for airway opening, use of supraglottic airway devices, definitive airway and guidelines for airway management. This initiative sets a benchmark for advanced clinical training in the Republic of Moldova and highlights the importance of structured, multidisciplinary education in improving patient outcomes. The training was financially supported by the United States BPRM.

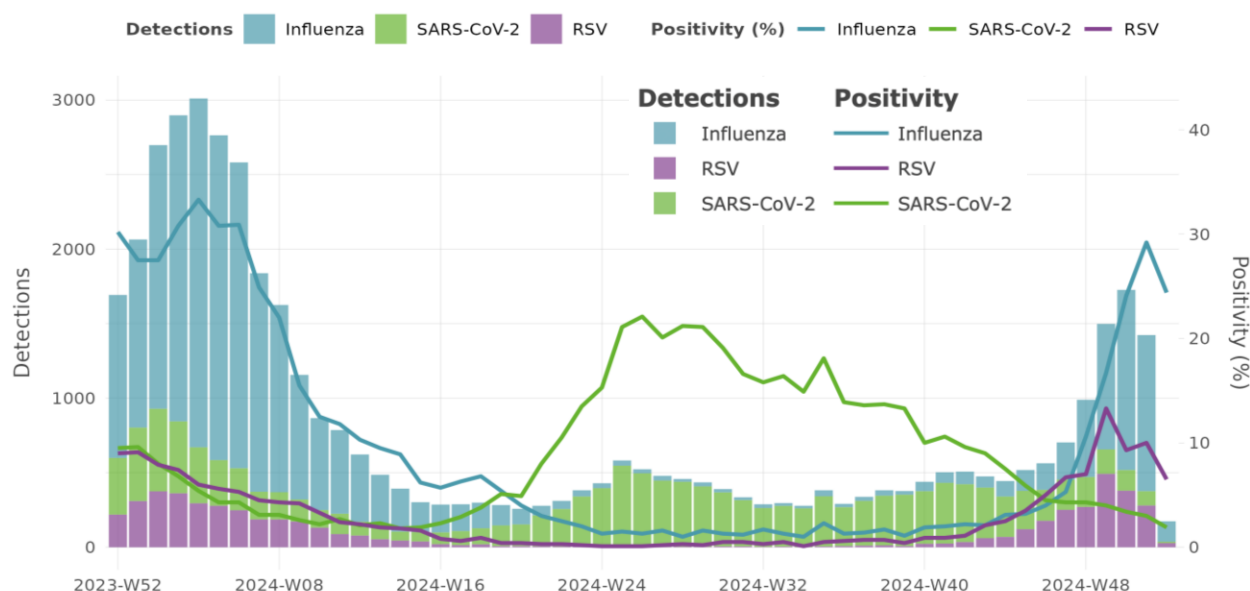
Moving forward, WHO will continue working closely with the MoH to enhance the emergency care system through the integration of international evidence-based quality standards and protocols and the reinforcement of health-care workforce training standards. This systemwide intervention ensures that both refugees and host communities receive long-term benefits from the improvement of acute care in the country.

PROTRACTED GRADE 2 – COVID-19

European Respiratory Virus Surveillance Summary (ERVISS)

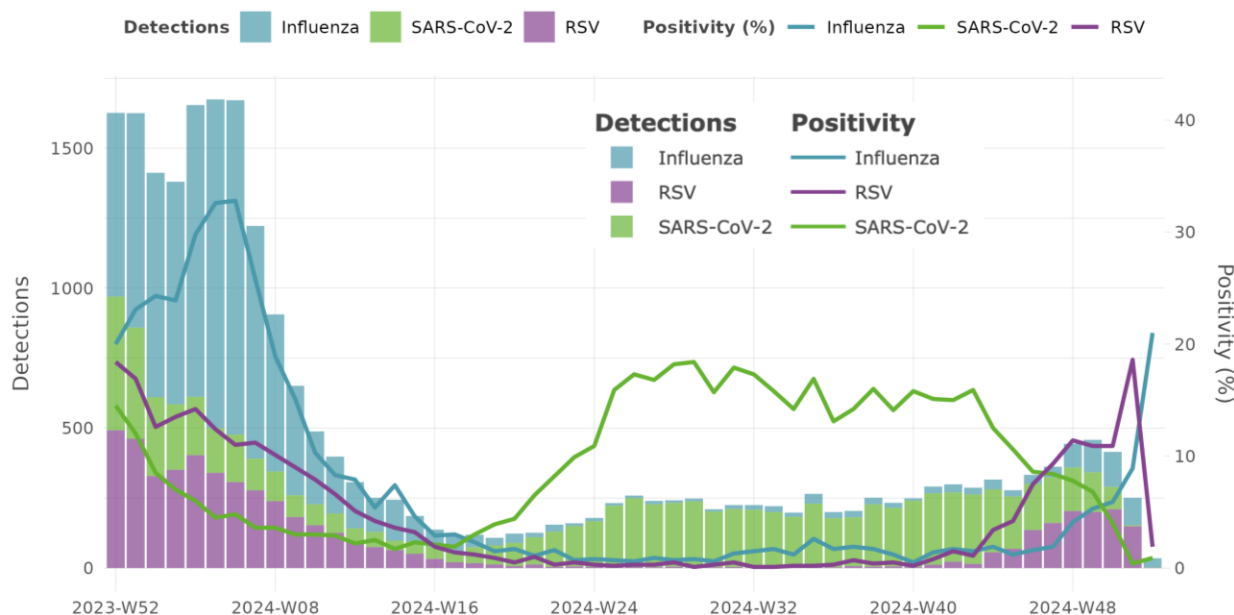
On 13 December 2024, consensus was reached among the six WHO regions to downgrade the COVID-19 emergency from a protracted Grade 3 to a protracted Grade 2 emergency. During the fourth quarter of 2024, the positivity rate for influenza in primary care sentinel sites across the European Region saw a sharp increase compared to the previous quarter, peaking at 47% by week 52. Concurrently, the positivity rate for SARS-CoV-2 at primary care sentinel sites continued the declining trend from the previous quarter, dropping to 2% by the end of December. This was accompanied by a sevenfold reduction in SARS-CoV-2 detection, from 414 cases in week 40 to 57 cases in week 52. Meanwhile, the positivity rate for respiratory syncytial virus (RSV) gradually increased from week 42, peaking at 11% in week 50.

Primary care sentinel testing



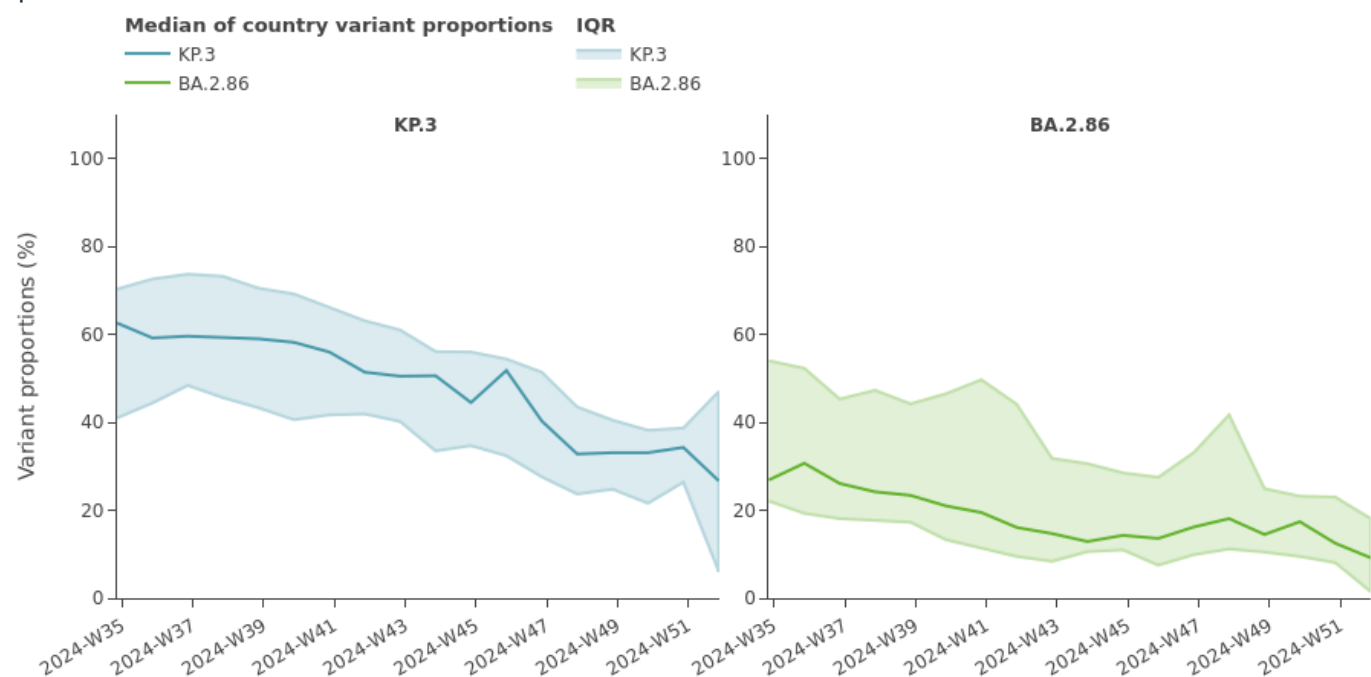
Primary and secondary care sentinel detections and test positivity by pathogen in the WHO European Region from 25 December 2023 (Epi week 52/2023) to 29 December 2024 (Epi week 52/2024)

Secondary care sentinel testing



In secondary care sentinel settings, the influenza positivity rate maintained a steady upward trend, from 0.5% in week 40 to 19% by week 52. In contrast, SARS-CoV-2 positivity rates were around 15% between weeks 40 and 43, before gradually declining to 4.7% by week 52. The number of weekly SARS-CoV-2 detections in secondary care sentinel sites also fluctuated around 240–280 in weeks 40 to 43, then gradually dropped to 165 cases in week 52.

The number of reported hospitalizations and ICU admissions for influenza steadily increased among the nine reporting countries and areas with 108 admissions in week 48 to 784 admissions in week 52. In contrast, hospital and ICU admissions for SARS-CoV-2 have steadily decreased throughout the fourth quarter, with older adults remaining the most affected group. Between October and December, the SARS-CoV-2 Omicron variant and its descendant lineages, including KP.3 and BA.2.86, continued to circulate. The prevalence of BA.2.86 declined from the previous quarter, reaching 12% in week 42, before fluctuating slightly to 14% in late December. Meanwhile, the prevalence of the KP.3 variant showed a steady decline, dropping from 55% in week 40 to 27% in week 52. Data submitted to the Global Initiative on Sharing Avian Influenza Data (GISAID) showed XEC was the dominant lineage in the Region throughout the fourth quarter, comprising 55% of the total in December, followed by KP.3.1.1 at 20% among 5029 submitted sequences.



Distribution of variant proportions across the WHO European Region from 26 August (Epi week 35/2024) to 29 December (Epi week 52/2024)

Please refer to the joint [ECDC–WHO European Region European Respiratory Virus Surveillance Summary \(ERVISS\) platform](#) and the [WHO European Region COVID-19 Information Hub](#) for further information.

Vaccination uptake from January through September 2024

The following data represent COVID-19 vaccination uptake across WHO/Europe Member States as at the end of the third quarter of 2024, categorized by three population groups:

- **Older adults:** in 35 Member States reporting data, approximately 11.5 million doses were administered to older adults, representing an uptake of 5.13% among this group across the reporting countries.
- **Health-care workers:** data from 20 reporting Member States indicated that approximately 146 700 doses were administered to health-care workers, covering 0.38% of the health-care workforce in these countries.
- **Targeted population:** in 38 Member States reporting data, around 13.6 million doses of the COVID-19 vaccine were administered to targeted population groups across the reporting countries.

These figures highlight ongoing vaccination coverage rates among various demographic groups within the WHO/Europe Region up until the end of the third quarter of 2024. Please note that there is a delay in the collection and reporting of COVID vaccination data. For more information on vaccination uptake in the European Region and globally, please click [here](#).

PREVENTION AND RESPONSE TO SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PRSEAH)

Across all emergencies

PRSEAH specialists and focal points coordinate efforts in and across countries to strengthen internal capacity, reporting and accountability mechanisms in our operations response to the Ukraine conflict, escalation of hostilities in Syria in 2024, and refugee-hosting countries. Response efforts are in line with the WHO PRSEAH strategy, and collaboration is through interagency mechanisms.

Ukraine response

Between October and December 2024, the PRSEAH team in Ukraine reached over 212 individuals through training sessions, workshops and other activities, including external partners and WHO staff. In addition, more than 1500 people were reached with the online PRSEAH course for public health partners on the WHO Platform, available in [English](#) and [Ukrainian](#).

On 11 and 16 October 2024, PRSEAH capacity-building workshops for WHO national implementation partners were delivered in Kyiv, reaching 60 individuals. A diverse group of implementation partners was invited to participate in the workshop, including organizational leaders, focal points for PRSEAH, programme specialists, field specialists, account/programme managers, and communications staff. Throughout the training, practical exercises were used to enhance attendees' understanding of the topic related to sexual exploitation, abuse and harassment.

On 12–13 and 19–29 November 2024, the PRSEAH team in Ukraine conducted a two-week mission to Odesa and Dnipro to provide support with the interagency PRSEAH Network decentralization training. The training is part of the PRSEAH Network's decentralization strategy, which aims to establish a nationwide structure of PRSEAH professionals and focal points across various regions. This initiative involves multiple entities, including UN agencies, community-based organizations and nongovernmental organizations (NGOs). By co-facilitating two rounds of interagency training sessions, the PRSEAH team was able to contribute to strengthening the interagency network, raising the visibility of WHO's expertise in this area, and sharing essential information materials.

Refugee-receiving countries

During the fourth quarter, the WHO Country Office in Bulgaria actively engaged with different stakeholders in distributing the main messages of the UN zero tolerance policy against sexual exploitation and sexual abuse (SEA) among most vulnerable communities. SEA-dedicated posters in Ukrainian and Bulgarian were provided to WHO partners implementing refugee response projects in major Bulgarian cities – Sofia, Varna, Plovdiv and Burgas.

During the same period, the WHO Country Office in Slovakia contributed towards a plan for risk assessment of gender-based violence (GBV) and development of mitigation, focusing on high-risk settings, elaborated in December 2024 in cooperation with UNHCR.



Posters on the UN zero tolerance policy against SEA that were provided to WHO implementing partners in Bulgaria

On 28 December, the Slovakia Country Office held a joint PRSEAH and GBV task force meeting to strengthen coordination among partners and address emerging risks.

In Poland, the WHO Country Office updated PRSEAH risk assessment and contributed to the creation of a directory of GBV victim/survivor support services.

Escalation of hostilities in Syria

On 6 December 2024, the WHO Country Office in Türkiye supported the northwest Syria PRSEAH Network by advising the integration of PRSEAH into the inter-cluster response plan. The Office also led Network coordination meetings to discuss actions during the ongoing crisis in the Syrian Arab Republic.

In October 2024, data on PRSEAH were collected from health facilities across northwest Syria to identify gaps and address them accordingly; 88% of health facilities, members of the health cluster, requested support for training of trainers on PRSEAH for their facilities. In response to this request, a training of trainers' session is planned for January and February 2025.

EMERGENCY OPERATIONAL READINESS

Strengthening emergency management: launch of the EOC-NET European Regional Forum

The WHO Regional Office for Europe, in partnership with the European Centre for Disease Prevention and Control (ECDC), launched the EOC-NET European Regional Forum on 4–5 December 2024 in Istanbul, Türkiye. Bringing together 46 participants, including EOC-NET national focal points, regional partners, and technical experts, the event marked a significant milestone in strengthening emergency management and coordination systems across the Region.

The establishment of this Regional Forum reflects the continued growth of EOC-NET, a dynamic network founded in 2012 to enhance the capacity and functionality of public health emergency operations centres (PHEOCs). Over the years, EOC-NET has provided countries with platforms for collaboration, technical resources and opportunities to exchange best practices, playing a pivotal role in improving emergency coordination. The EOC-NET European Regional Forum now serves as a central platform for advancing PHEOC capabilities and operational readiness.

Its activities focus on addressing the unique needs of national and regional EOCs through:

- *mapping operational capacities* to identify strengths and address gaps within the Region;
- *developing targeted strategies* to enhance EOC functionality and long-term sustainability;
- *delivering technical training and simulation exercises* to strengthen real-world response capabilities;
- *facilitating knowledge exchange* through webinars, workshops and networking events.

By building on lessons learned from past emergencies and leveraging shared expertise, the Forum ensures that PHEOCs are better equipped to address current and future public health threats with greater coordination and efficiency.

This launch is an excellent opportunity – both to broaden the success of the global Public Health Emergency Operations Centre Network and to go beyond it. We'll be tailoring this Network to the unique challenges and strengths of the WHO European Region. It will be a strong platform for collaboration. We'll be building a repository of expertise and resources that benefits both regional and global health emergency work.

- Dr Hans Kluge, Regional Director, WHO Regional Office for Europe



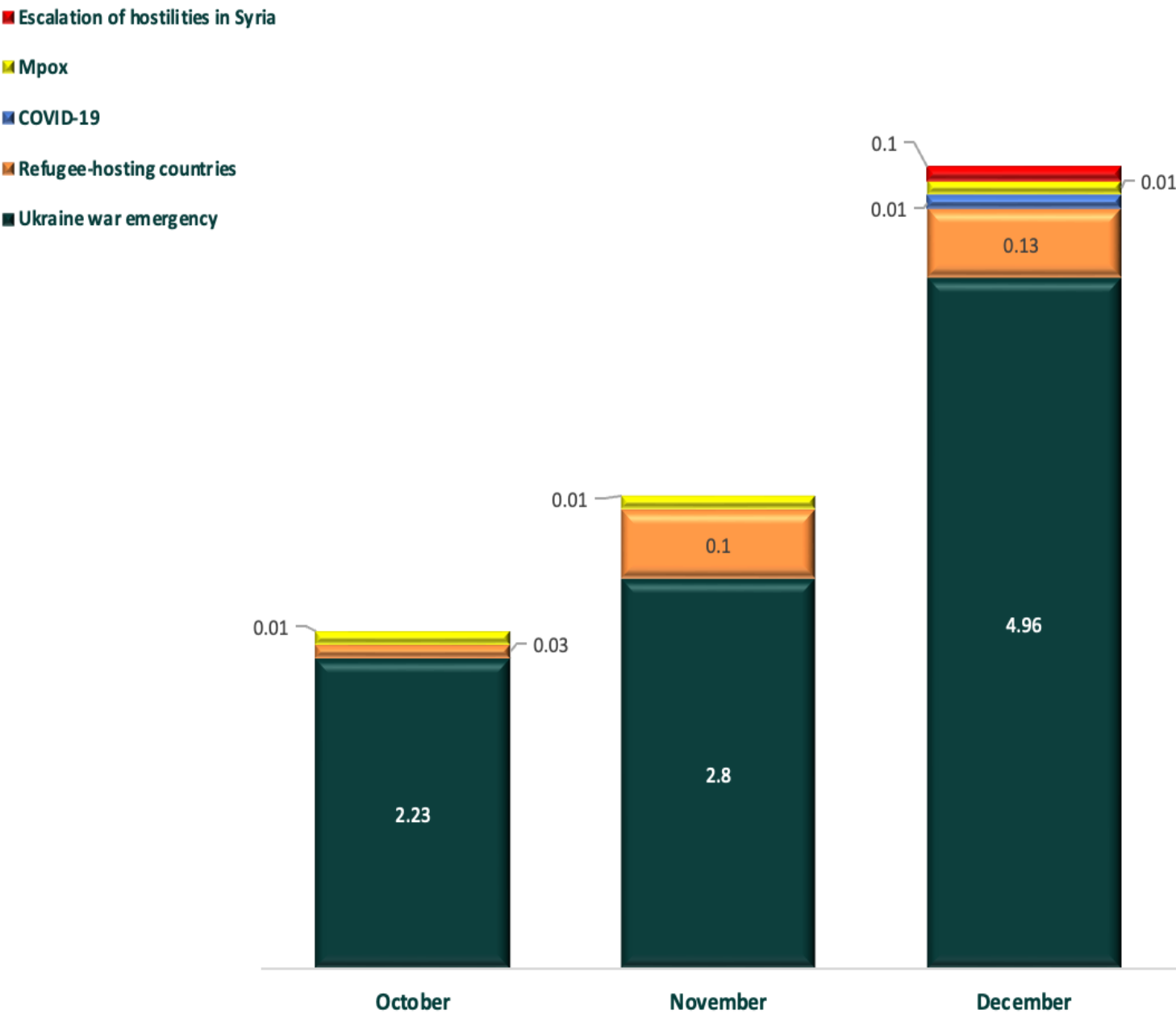
Participants working together as part of the EOC-NET European Regional Forum Launch meeting activities, December 2024

OPERATIONAL SUPPORT AND LOGISTICS

Across all emergencies

Operational support and logistics (OSL) is an essential part of an emergency response. It ensures that critical and medical supplies arrive in a timely way where they are most needed. WHO delivers rapid, flexible and predictable access to life-saving services and supplies to communities in need, often in some of the most remote and challenging contexts.

Emergency supplies delivered (US\$, millions)
Q4 October-December



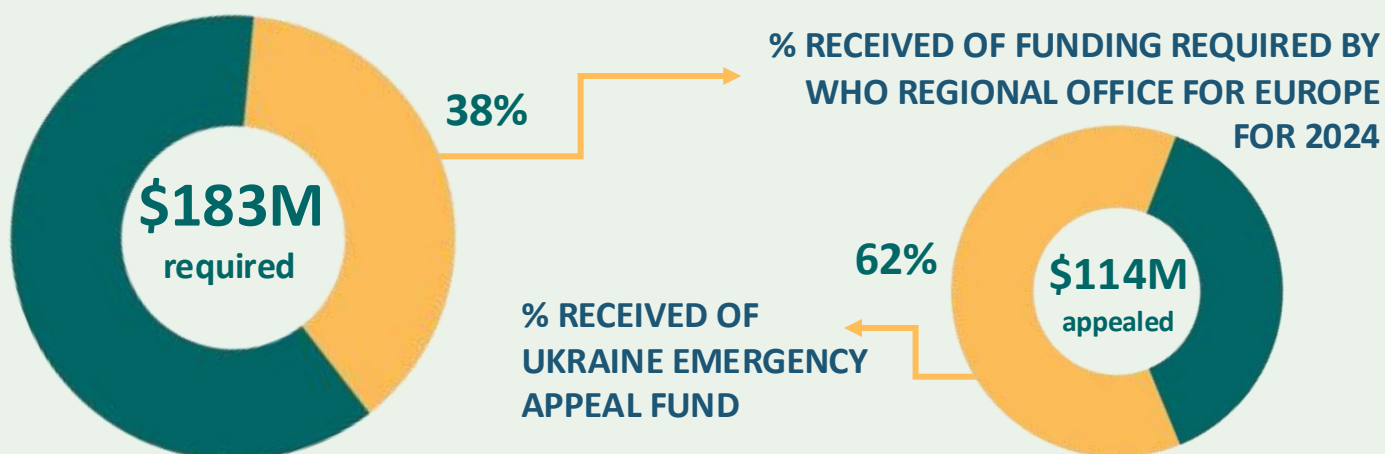
* The data presented have been adjusted following retrospective analysis of WHO's records.

FUNDING IMPLEMENTATION

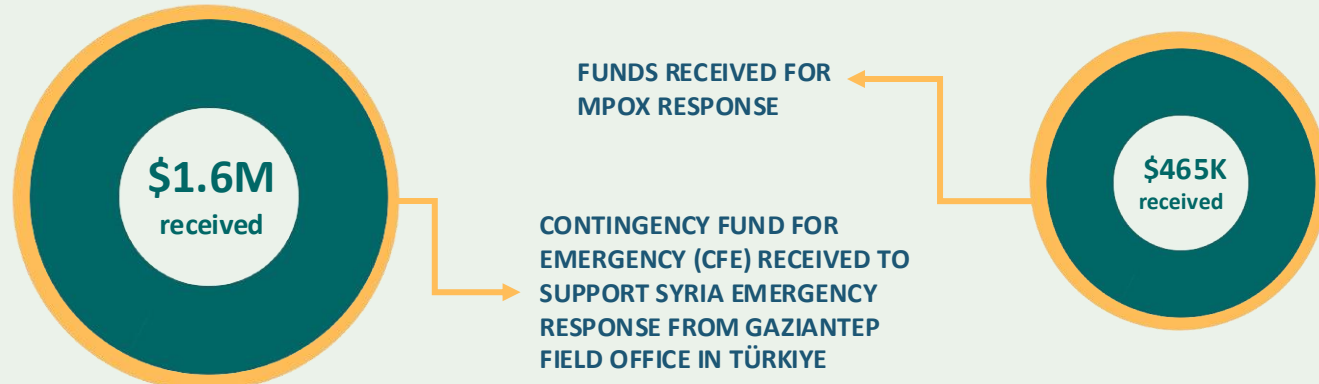
Across all emergencies

The European Region continues to face many public health emergencies that require attention and resources on the ground. With increased funding and urgent action, WHO can ensure that health is protected during emergencies – saving lives, supporting recovery efforts, preventing the spread of diseases within countries and across borders, and ensuring that communities have the opportunity to rebuild.

FUNDING IMPLEMENTATION IN 2024: UPDATE AS OF 31 DECEMBER 2024



Please refer to [WHO's Health Emergency Appeal 2024](#) for further information.



Since the beginning of 2023, the world has been facing an upsurge of dengue cases and deaths reported in endemic areas, with further spread to areas previously free of dengue. Although dengue is not endemic in the WHO European Region, autochthonous cases have been reported in Italy, Spain and France.



Please refer to [Dengue: WHO Health Emergency Appeal 2024](#) for further information.

Funding gaps continue for ongoing emergencies in the European Region. To learn more about how you can support WHO in its emergency response, click [here](#).

Key links and resources

WHO European Region publications | October–December | Online archive available [here](#)

Regional workshop on advancing civil–military collaboration to strengthen health emergency preparedness

Meeting report, 10–11 April 2024, Copenhagen, Denmark



Regional workshop on advancing civil–military collaboration to strengthen health emergency preparedness: meeting report, 10–11 April 2024, Copenhagen, Denmark

<https://iris.who.int/handle/10665/379622>



Joint ECDC–WHO Regional Office for Europe mpox surveillance bulletin: 16 October 2024

<https://www.who.int/europe/publications/m/item/joint-ecdc-who-regional-office-for-europe-mpox-surveillance-bulletin--16-october-2024>

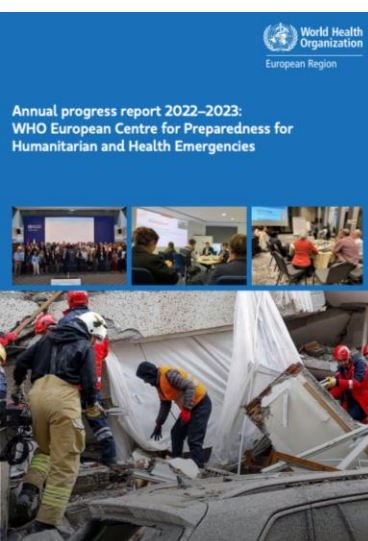
Impacts of the large-scale displacement from Ukraine on health systems in refugee-receiving countries in the WHO European Region: Challenges and opportunities for transformative actions and policies

Kayvan Bozorgmehr, Elin Rast, Akaki Zoidze, Martin McKee



Impacts of the large-scale displacement from Ukraine on health systems in refugee-receiving countries in the WHO European Region: challenges and opportunities for transformative actions and policies

<https://iris.who.int/handle/10665/379377>



Annual progress report 2022–2023: WHO European Centre for Preparedness for Humanitarian and Health Emergencies

<https://iris.who.int/handle/10665/379392>

The Emergency Medical Teams initiative in the WHO European Region

Governance structure 2.0

The Emergency Medical Teams initiative in the WHO European Region: governance structure 2.0

<https://iris.who.int/handle/10665/373508>



Ukraine: Health Cluster Bulletin #11 (November 2024)

<https://reliefweb.int/report/ukraine/ukraine-health-cluster-bulletin-11-november-2024-enuk>

Upcoming emergency response activities by the WHO Regional Office for Europe for quarter 1 of 2025

Mpox

- ✓ Multi-country assessment of knowledge and attitudes on mpox
- ✓ Meeting of informal working group of civil society organizations (CSOs) working with African diaspora

Ukraine conflict

- ✓ Co-facilitate an EU-hosted nexus meeting in the context of the Ukraine refugee response to support the WHO Country Office in Moldova and UN Country Team on rapid health services assessment

Israel–oPt conflict

- ✓ Continued facilitation of medical evacuation of Palestinian patients to Member States of the European Region

COVID-19

- ✓ Publication of the transition from the acute phase of COVID-19: working towards a paradigm shift for pandemic preparedness and response in the WHO European Region: implementation report 2023–2024

Cyclone Chido

- ✓ Deployment to Mayotte to set up a rapid response mobile laboratory to help health authorities ensure the quality of drinking and service water.

Escalation of hostilities in Syria

- ✓ Emergency support to be provided to affected health facilities in the surrounding areas
- ✓ Continued distribution of emergency supplies and routine medical supplies to northwest Syria
- ✓ Preparing for medical transfer of patients with psychiatric illnesses from northwest Syria to health facilities in Aleppo

Events

- ✓ WHO 156th session of WHO Executive Board, 3–11 February 2025, Geneva, Switzerland

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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