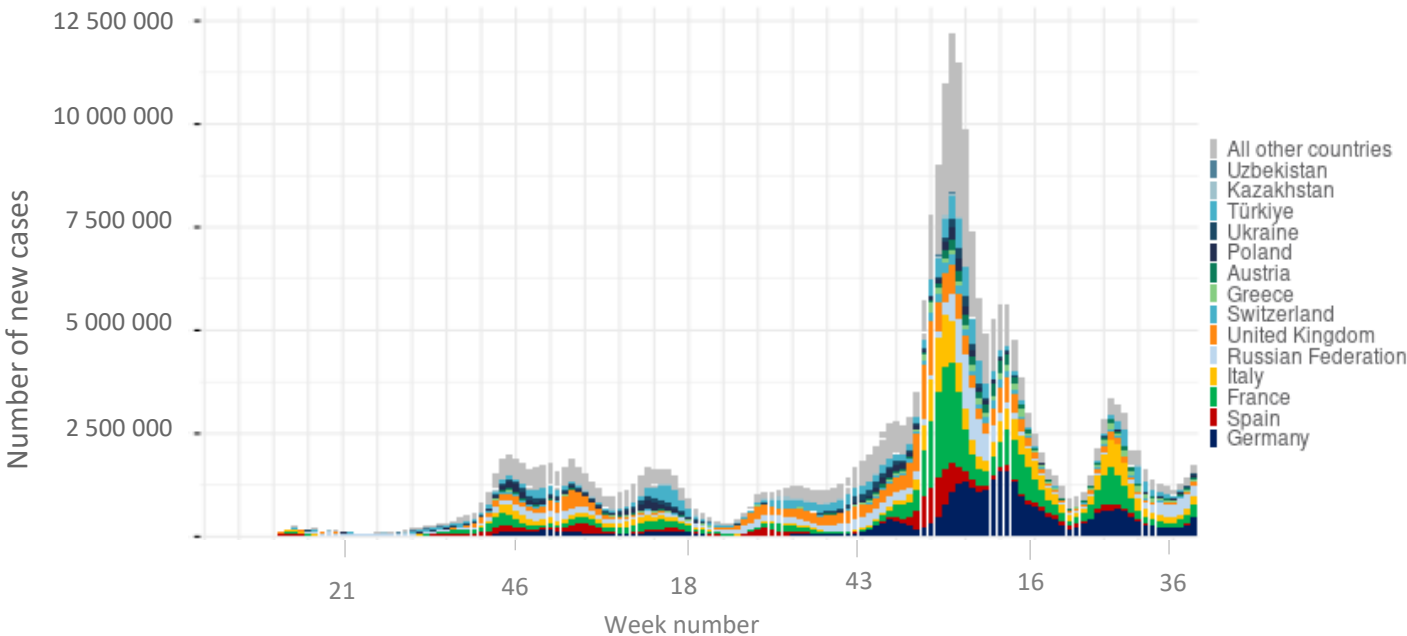


COVID-19: WHO European Region Quarterly Operational Update

Third quarter 2022: Weeks 26–39 (July–September 2022)

Regional epidemiological situation



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255 million cumulative cases

2.1 million cumulative deaths

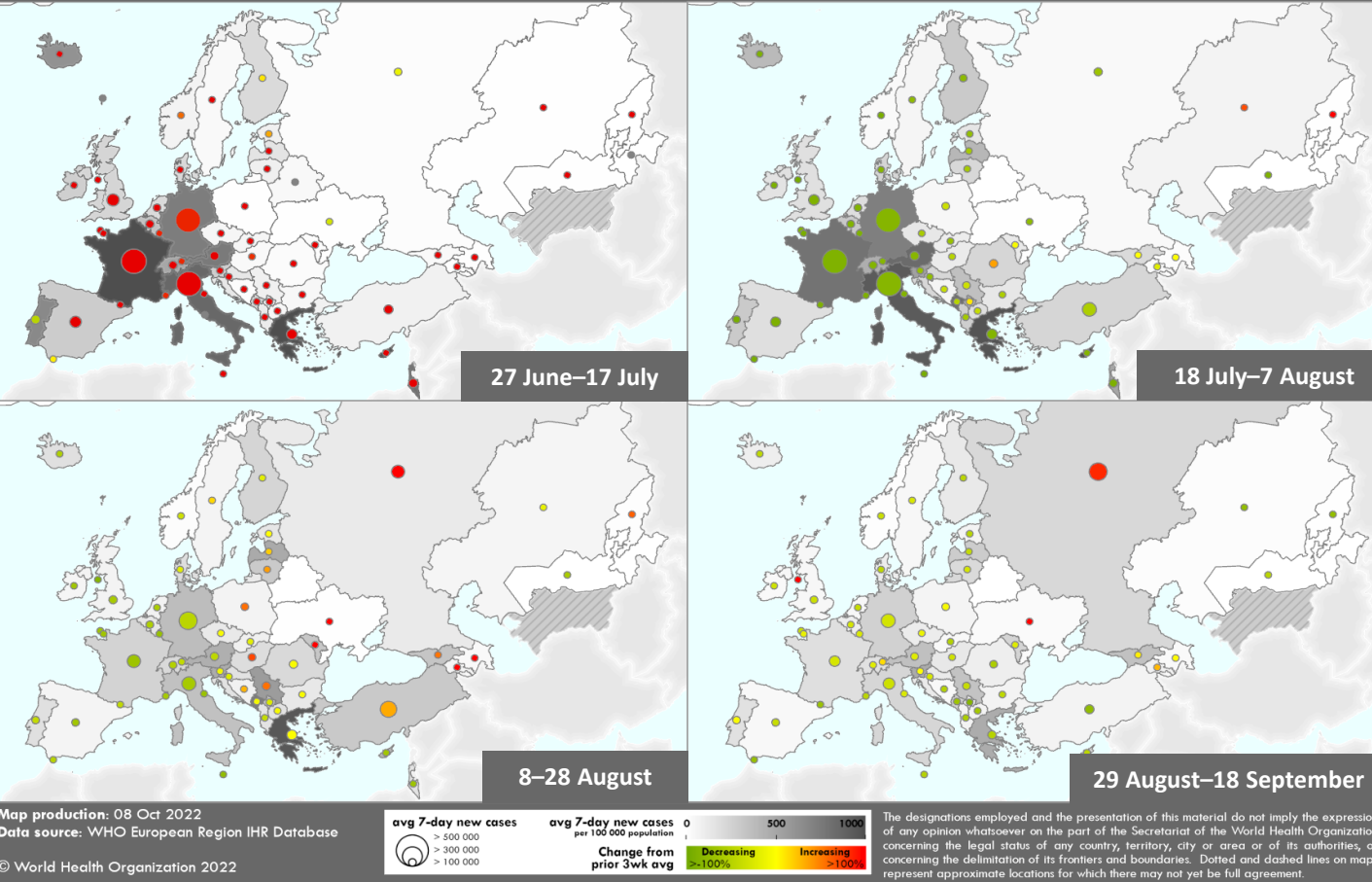
As of 30 September 2022, close to 255 million cases of COVID-19 and 2.1 million deaths have been reported across the WHO European Region. Between July and September, the weekly average of deaths and cases decreased by 50% for cases and 14% for deaths. From mid-July, the European Region saw a decline in COVID-19 cases and hospitalizations with a slight resurgence in late September. The increase in case incidence has been associated with the continued spread of the SARS-CoV-2 Omicron variant of concern (VOC), including its BA.4 and BA.5 sub-lineages.

Following a spike in hospitalizations in week 29, new admissions decreased over these three months. During late August, there was a slight increase in hospitalizations due to COVID-19 with a hospitalization rate of about 4 per 100 000 population. During this period, ICU admissions also decreased slightly, remaining low overall.

Following an increase in deaths in weeks 28–32, regionwide COVID-19 deaths decreased throughout the remainder of the third quarter of 2022.

Please refer to the [WHO European Region Dashboard](#) and the [WHO European Region Surveillance Bulletin](#) for further information.

WHO European Region average weekly COVID-19 cases and incidence
July - September 2022

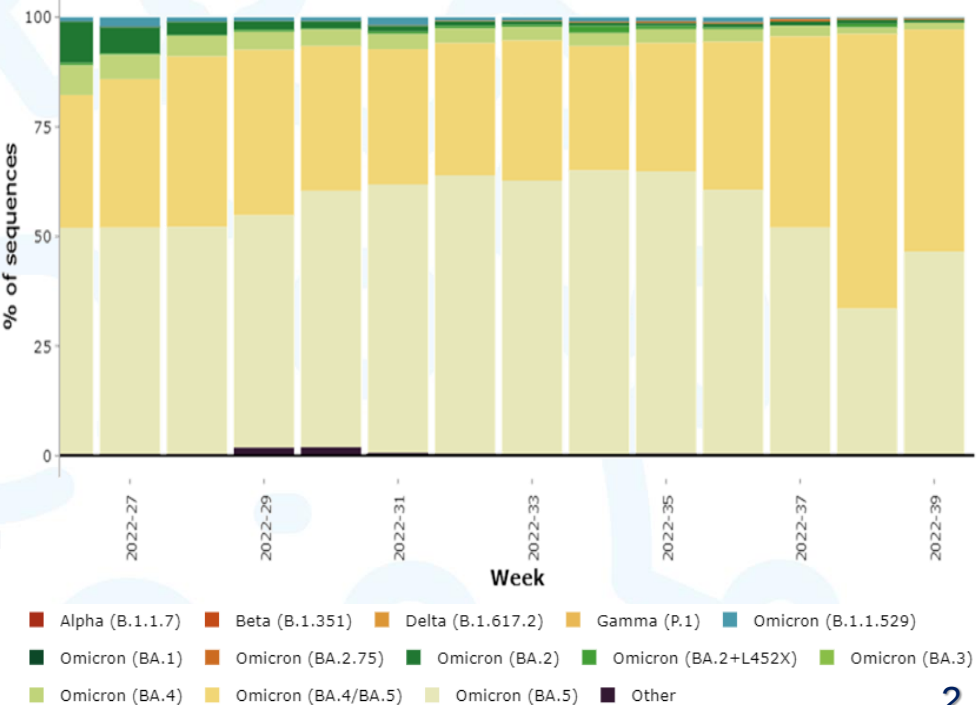


Update on SARS-CoV-2 variants of concern (VOCs) circulating in Europe

During the third quarter, the Omicron VOC and its sub-lineages remained the dominant viruses circulating globally, accounting for 98% of sequences reported in the month of September. In the European Region, BA.4 and BA.5 increased in prevalence and became dominant between weeks 26 and 39. In week 39, all the nationally sequenced virus isolates detected that were current or former VOCs or variants of interest were 98.4% for BA.4 and BA.5, 0.6% for BA.2 and 0.1% for BA.2.75.

These trends should be interpreted with due consideration of the limitations of surveillance systems, sequencing capacity and sampling strategies between countries.

Percentage of variants that are VOCs per week



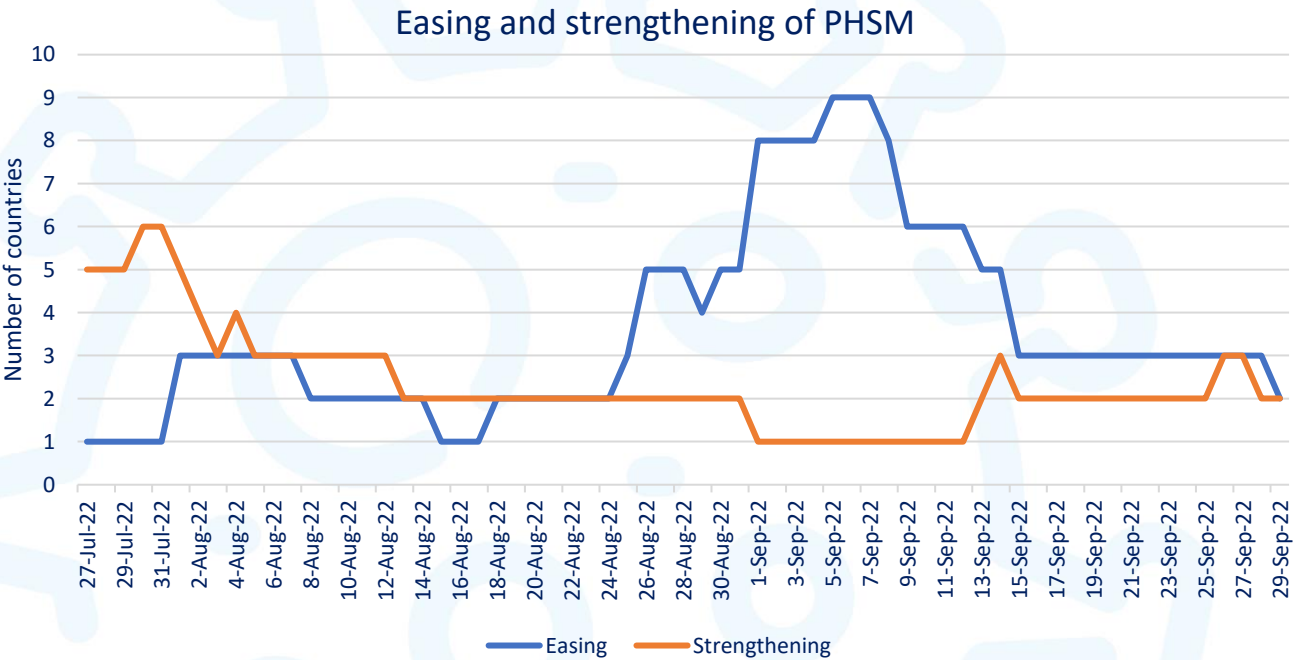
Emergency public health measures taken across the Region

In the [autumn and winter 2022/2023 strategy of the WHO European Region](#), key areas of consideration were identified for Member States in applying public health and social measures (PHSM), including applying a risk-based approach with clear plans in place for adjusting measures, focusing on basic measures individuals can take to protect themselves, protecting vulnerable populations and settings, and maintaining isolation periods to avoid further transmission.

As of 26 September 2022, 14 countries in the Region have published national autumn strategies or specific measures for the autumn period.¹ Vaccination is the predominant component (9 countries), followed by measures regarding masks (5), schools (5), businesses (1), gatherings (1), domestic movement (1), and international travel (1). The focus is on ensuring protection while keeping constraints to a minimum. Austria, Denmark and Lithuania have published comprehensive strategies with contingency measures, while the Czech Republic and Romania have communicated their strategies of encouraging vaccination and recommending basic individual measures. Ukraine is not planning any national-level requirements but measures such as masking are recommended to be applied at a regional level with a risk-based approach.

In the first half of 2022, 36 countries lifted the majority of PHSM; since then, changes to PHSM have been limited, most often related to mask policies. Since 14 July 2022, 6 countries have strengthened mask recommendations and 5 have strengthened mask requirements. Croatia, which announced no formal autumn strategy, will require masks in areas where maintaining a physical distance of 1 metre is difficult, such as public transport or concerts, if the situation worsens. All countries have returned to in-person education for the 2022–2023 school year, with 37 countries and 1 territory maintaining recommendations or adaptations and 16 countries applying no measures.

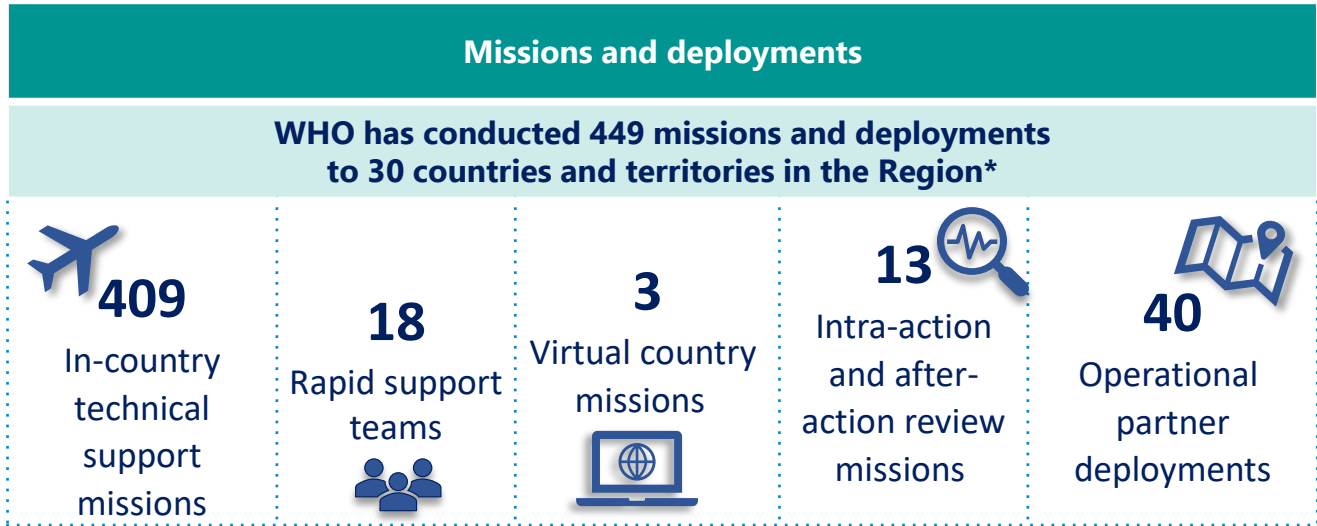
As part of its strategy, Lithuania upgraded capacities aimed at high-risk groups ahead of the expected autumn infection wave and made the fourth vaccine dose available to individuals over 80 years and those at higher risk from 1 August 2022. New or strengthened measures to protect vulnerable populations, such as screening at entry to health and care facilities, have been put in place by 7 countries since the beginning of July 2022, and 3 countries have eased subnational protection measures for vulnerable groups. In contrast to WHO’s recommendation of a 10-day isolation for those who test positive, 13 countries have abolished required isolation periods for all individuals positive for SARS-CoV-2. Isolation periods in the remaining countries vary from 5 to 14 days.



¹ As identified through weekly country monitoring by the WHO/Europe Incident Management Support Team (IMST)

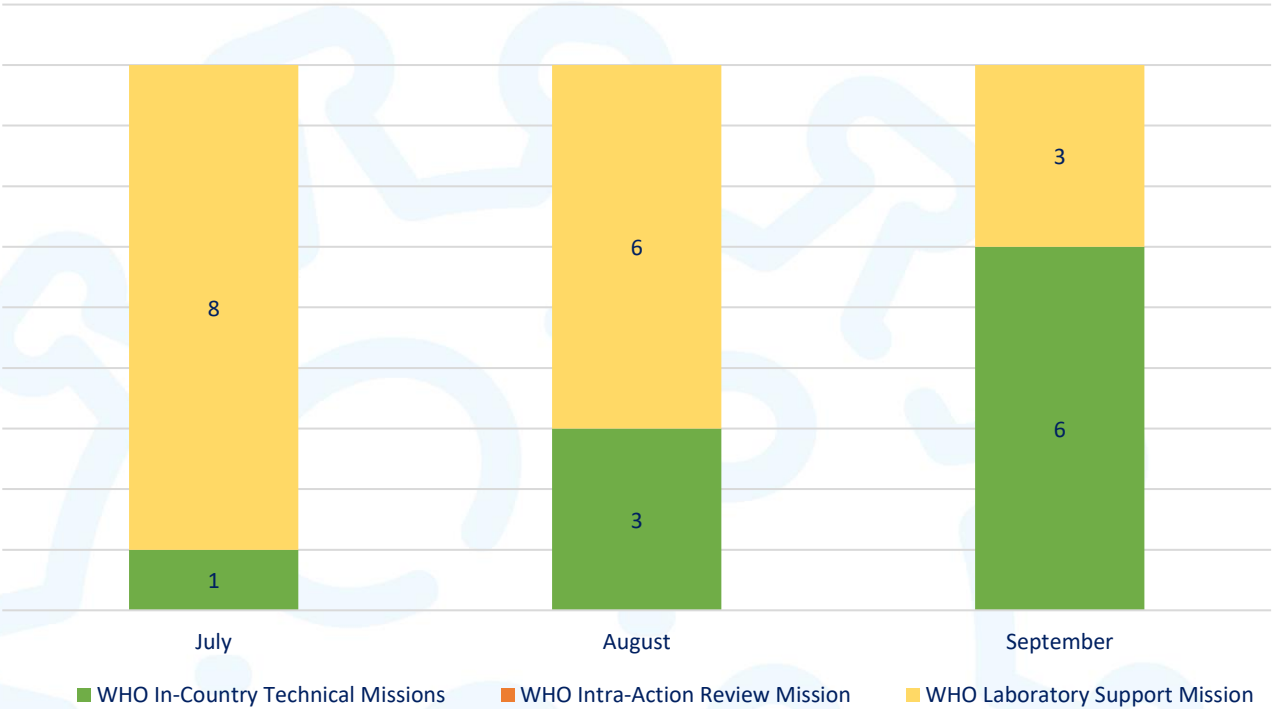
WHO’s response to COVID-19 in the European Region

The WHO Regional Office for Europe’s response is built around a [comprehensive global strategy](#) to end the acute phase of the pandemic and build resilience and readiness for the future by targeting four areas: **prepare and be ready; detect, protect and treat; reduce transmission; innovate and learn.**



For additional information on missions and deployments, please see the WHO/Europe COVID-19 Country Support Dashboard for [Missions and Deployments](#).

Missions – by type
Quarter 3: July–September



* The data presented have been adjusted following retrospective analysis of WHO’s records.
For additional information on essential supplies delivered, please see the WHO/Europe [COVID-19 Country Support Dashboard](#).

Operational support and logistics

WHO has sent laboratory test kits and supplies to 31 countries and territories in the Region* (cumulative figures starting February 2020)



1 479 796

Laboratory tests (PCR)



694 250

Antigen rapid diagnostic tests (RDTs)



5 043 874

Laboratory supplies delivered

WHO has sent essential medical supplies to 18 countries and territories in the Region* (cumulative figures starting February 2020)



499

Ventilators



9 275

Oxygen concentrators



645 180

Goggles



2 215 960

Face shields



4 261 948

Gowns



8 952 450

Respirators



22 864 000

Gloves

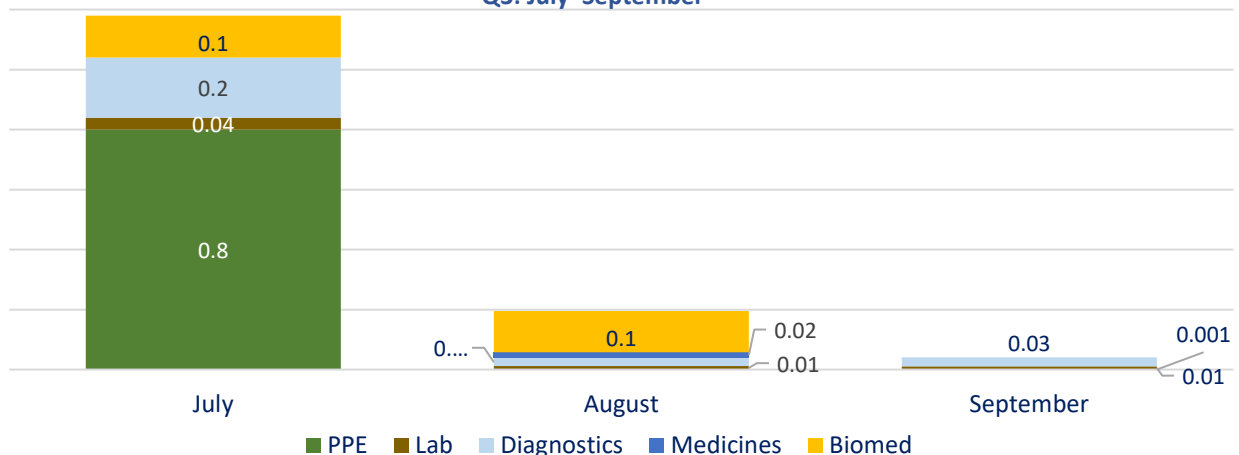


77 844 800 Masks

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

WHO has sent supplies worth US\$ 102.99 million to 31 Member States since the start of the pandemic. In quarter 3 of 2022, WHO sent supplies worth US\$ 1.27 million to 10 Member States.

Emergency supplies delivered (US\$, million)
Q3: July–September



For additional information on essential supplies delivered, please see the WHO/Europe [COVID-19 Country Support Dashboard](#).

From the field

WHO/Europe supports Kazakhstan's national laboratory working group to develop national laboratory policy and strategic plans to address COVID-19 lessons learned

At the height of the COVID-19 pandemic, countries faced incredible challenges, including massive demands on laboratory capacity, infrastructure, human resources, procurement, and difficulties in scaling up diagnostic access. Indeed, most had not anticipated or prepared for a public health crisis of this magnitude. After more than two years of the pandemic, many countries are now reviewing their lessons learned from their laboratory response to COVID-19 and using these to inform national laboratory policies and strategic planning with the aim of further strengthening their laboratory systems. This is an opportunity to share experiences, identify best practices, challenges and lessons learned on the laboratory response, as well as raising the issue of laboratory sustainability.

Between May and July 2022, WHO/Europe and Kazakhstan's national laboratory working group worked on a set of activities to further develop and strengthen the country's national public health laboratory system. These included:

- analysing **available documentation of current policies and plans** in which the laboratory sector is involved;
- performing a **strengths, weaknesses, opportunities and threats (SWOT) analysis** of the laboratory system during the COVID-19 scale up;
- performing a **situational analysis**;
- developing a **vision of Kazakhstan's laboratory services post-COVID-19**;
- defining **topics and content for policy statements**;
- setting up **strategic plans** for laboratory services.



PCR training carried out in Almaty, Kazakhstan ©WHO Kazakhstan Country Office

The national laboratory working group met on 3 May to kick off the process with a SWOT analysis and identification of strategic priorities and plans for the laboratory system. Priorities to be addressed were identified based on the challenges that the laboratory system had faced during the COVID-19 response and included: governance and coordination, regulatory framework, human resources, quality management systems, procurement and logistics, biosafety and biosecurity, laboratory information systems, scientific cooperation.

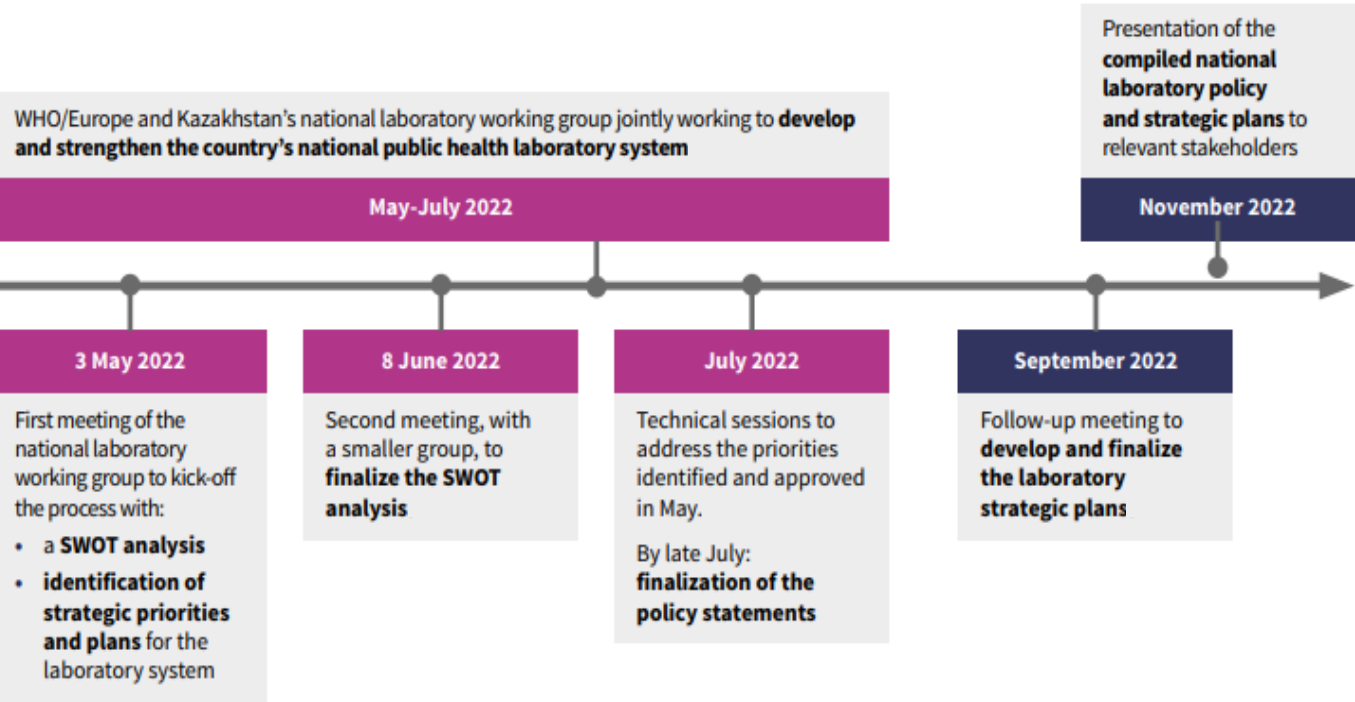
A second meeting, held on 8 June 2022, gathered a smaller group consisting of representatives from the national laboratory working group active in public health, clinical diagnostic laboratories, private laboratories, laboratory associations, research laboratories and veterinary and ecology laboratories to finalize the SWOT analysis.

Technical sessions continued throughout July 2022 to address the priorities identified and approved in May by the national laboratory working group. By late July, the policy statements were finalized by the working group.

Moving forward, a follow-up meeting took place in September to develop and finalize the laboratory strategic plans and, by November 2022, the working group will present the compiled national laboratory policy and strategic plans to relevant stakeholders.

Through this process, WHO is supporting Kazakhstan to maintain COVID-19 laboratory capacities and ensure the sustainability of investments made into these capacities. All such activities were undertaken with the support of funding received through [WHO’s 2022 Global Health Emergency Appeal](#).

Timeline of WHO/Europe and Kazakhstan’s national laboratory working group activities (2022)



From the field

Support to the State-run hospital in Tbilisi, Georgia, for reorganizing the infectious diseases ward in accordance with WHO standards



Infectious diseases ward in the First University Clinic in Tbilisi
©WHO

As the COVID-19 pandemic is gradually becoming an endemic public health issue, there is pressure to return hospital facilities previously assigned to the treatment of COVID-19 patients to the treatment of other illnesses experienced by the public on a regular basis, while also keeping certain COVID-19 clinical capacities in place. In this connection, the WHO Health Emergencies Hub based in Tbilisi was approached by the Director-General of the First University Clinic in Tbilisi, one of the two State-run capital hospitals, requesting WHO support with technical advice on properly reorganizing one of the floors of the hospital for patients with infectious diseases while complying with international standards and WHO recommendations on infection prevention and control.

To address this request, on 8–12 August 2022, the WHO Health Emergencies Programme deployed an architect specializing in building health-care facilities to Tbilisi to work directly with the health-care facility. The architect spent 5 days working with the facility, developing a detailed plan for the infectious diseases ward of 750 sq.m able to hold 28 beds in total, consisting of 10 isolated spaces with 2 beds in each and 8 beds with intensive care capacities. Special attention was placed on the flow of human traffic in the facility, oxygen supply, infection prevention and control measures, and ventilation as essential components of the infectious disease ward. As a result of this work, within one month following the mission, the hospital management will receive a hands-on report containing detailed information needed to establish a functional infectious disease health-care facility, which is safe both for patients and the staff.



Developing a detailed plan with an architect for health-care facilities in Tbilisi ©WHO

From the field

Building next-generation sequencing capacity for SARS-CoV-2 through workforce strengthening in Kyrgyzstan

Next-generation sequencing (NGS) and bioinformatics are being used increasingly for infectious disease surveillance. Genomic surveillance leverages NGS and bioinformatic analysis to identify outbreak origins, track transmission dynamics and pathogen evolution, and develop countermeasures like vaccines.

The emergence of SARS-CoV-2 and its many variants has reiterated the prominent role NGS and bioinformatics play in the surveillance of pathogen genomics.

Genomic sequencing and bioinformatics remain complex technologies, and implementation can be challenging. These challenges range from access to appropriate tools (sequencing platform, computation and information technology infrastructure), to implementing suitable methodologies (sequencing approach and choice of bioinformatics methodologies), and finally, the availability of an adequately trained workforce (supply and retention of specialists) to operationalize them.



Laboratory SARS-CoV-2 sequencing ©WHO

Prior to the COVID-19 pandemic, NGS was used primarily for tuberculosis (TB) surveillance in the National TB Reference Laboratory, National TB Center, Bishkek City. This capability was leveraged in response to the COVID-19 pandemic with the support of the WHO Regional Office for Europe (WHO/Europe) and the German Epidemic Preparedness Team (SEEG) of GIZ, in addition to the implementation of the multisectoral contingency plan to strengthen the country's laboratory capacity for COVID-19. In collaboration with the Ministry of Health and the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance (DDP&SSES), laboratory specialists from the National TB Center commenced sequencing for SARS-CoV-2 in 2021.

The National TB Reference Laboratory serves as a learning hub for laboratory specialists from the National Influenza Center and the High Threat Pathogens and HIV Center to increase the country's capacity for genomic sequencing. However, one major implementation challenge was the lack of experts in bioinformatics. Recognizing the need to build an adequate workforce to accelerate and sustain the capability for genomic surveillance, Kyrgyzstan prioritized specialized training for NGS and bioinformatics.



Training for SARS-CoV-2 sequencing in Kyrgyzstan ©WHO

With the support of WHO/Europe, a training session on Bioinformatics for Molecular Epidemiology of SARS-CoV-2 was conducted for laboratory specialists involved in SARS-CoV-2 diagnostics in April 2022. The training aimed to strengthen the NGS and bioinformatics capacity for SARS-CoV-2 surveillance and its application to other emerging and re-emerging pathogens of epidemic and pandemic potential. In June 2022, beneficiaries of the training in the National TB Reference Laboratory shared the SARS-CoV-2 genomic sequence data with the Global Initiative on Sharing All Influenza Data (GISAID). As of August 2022, over 300 SARS-CoV-2 sequences have been generated and shared by national experts in Kyrgyzstan.

One of the objectives of the [Global Genomic Surveillance Strategy for Pathogens with Pandemic and Epidemic Potential 2022–2032](#) is to “strengthen the workforce to deliver at speed, scale, and quality”. This can be achieved by implementing training packages in genomics and bioinformatics. Outputs from workforce strengthening for genomic surveillance during health emergencies will enable the country to prepare for and respond effectively to the COVID-19 pandemic and other pathogens with pandemic and epidemic potential.

From the field

Armenia enhances data-driven decision-making for better health care and efficient response to health emergencies, including COVID-19

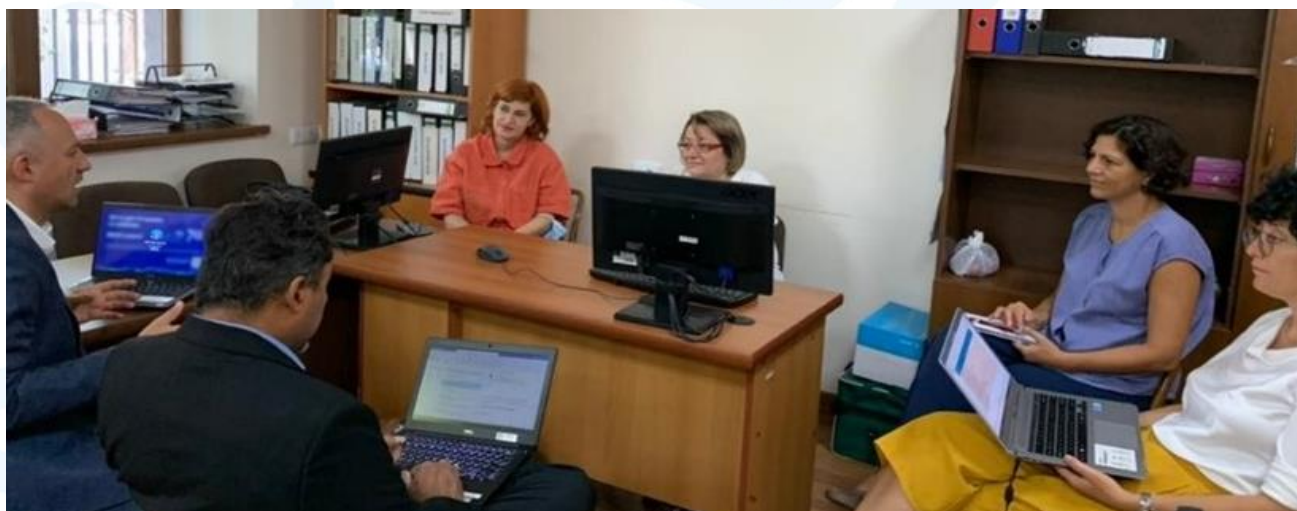
Lessons from the COVID-19 pandemic have identified the need to reinforce health information systems (HIS) at global, regional and national levels to ensure the provision of reliable and timely information on disease outbreaks. Investing in a robust and well-functioning HIS is therefore key for all countries, as it helps to inform health authorities' risk management decisions and minimize the impact of emergencies (all hazards) on human populations.

It is against this backdrop that, between 29 August and 2 September, the WHO Regional Office for Europe rolled out a comprehensive assessment of the key components of Armenia's HIS, in close cooperation with the Ministry of Health and the WHO Country Office for Armenia. Focusing on digital health as well as the digitalization of COVID-19 and routine vaccination recording and reporting, this assessment aimed to identify current gaps and needs and suggest ways forward to strengthen Armenia's overall HIS.

Throughout the planning and rolling out of the assessment, WHO experts worked closely with key HIS stakeholders, among which were the Armenian Ministry of Health, the Health Information Analytic Centre of the National Institute of Health, the National Centre for Disease Control and Prevention and ArMed.

WHO experts also met with international partners, namely, the US Agency for International Development (USAID) and the World Bank and visited various institutions active in health care to learn more about their capacities in using health data for knowledge generation to support evidence-based decision-making. This included the American University in Armenia, the Yerevan State Medical University, the Yerevan State University, the Russian-Armenian University as well as the Surb Grigor Lusavorich hospital and the Association on Digital Health.

The assessment report will contain suggestions for concrete actions to strengthen HIS in Armenia, including on how to improve its data management and strengthen the electronic immunization information system. The assessment was conducted as part of a larger support package implemented by WHO with financial support from the European Union (EU), under the ["EU-WHO/Europe Action for deployment of COVID-19 vaccines and vaccination project"](#). As part of this project, WHO is providing critical support and assistance to six Eastern Partnership countries, including Armenia, to ensure safe and effective vaccination against COVID-19.



WHO/Europe's HIS/digital health mission meeting at the National Centre for Disease Control and Prevention, 30 August 2022 ©WHO Armenia Country Office

From the field

WHO/Europe and Long COVID Europe host side event on post-COVID-19 condition during the 72nd Regional Committee in Tel Aviv

New modelling by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington shows that in the first two years of the pandemic, an estimated 17 million people in the WHO European Region may have experienced a post-COVID-19 condition, also known as long COVID, with symptoms lasting for at least three months. This indicates a staggering 307% increase in new cases of long COVID identified between 2020 and 2021, driven by the rapid increase in confirmed COVID-19 cases over the same period.

Long COVID refers collectively to the constellation of long-term symptoms that some people experience after having contracted COVID-19. While most people who develop COVID-19 recover fully, it is estimated that 10–20% develop a variety of mid- and long-term effects such as fatigue, breathlessness, and cognitive dysfunction. Long COVID can also directly and indirectly affect mental health.

Considering the number of individuals suffering from post-COVID-19 conditions, and the multidisciplinary treatment required in response – which mixes health care and psychosocial support – long COVID is undeniably weighing heavily on national health systems. This is particularly challenging as most health systems have been operating in emergency response mode since the beginning of the pandemic and have so far only put in place limited, or no, service delivery structures for patients suffering from long COVID.

To raise awareness about this issue and try to identify common solutions, the WHO Regional Office for Europe and Long COVID Europe, the European network of long COVID patient associations, organized a side event on long COVID during the 72nd session of the WHO Regional Committee for Europe in Tel Aviv, Israel.



WHO/Europe 72nd Regional Committee side event on long COVID-19 ©WHO

Held on 13 September, the event aimed:

- to provide an overview of the knowledge on the post-COVID-19 condition – including prevalence estimates, conclusions from clinical assessments and an overview of mental health needs and support options – and point out major knowledge gaps;
- to showcase service delivery models put in place for patients with long COVID in the Region, including rehabilitation services;
- to improve understanding of what is currently working in the care of the post-COVID-19 condition, including patient care management across levels and facilities in an integrated way, and why it is urgent to scale up surveillance and operational research; and
- to identify learning opportunities among countries in the Region.



Long COVID team present at the 72nd Regional Committee ©WHO

To spark discussions, a video on [people living with long COVID](#), which follows patients on their path to recovery, was shown. It further highlighted the extent to which COVID-19 has impacted people's lives within the WHO European Region and illustrated some of the points discussed.

As part of the event, participants called upon WHO/Europe to promote research and take action to combat inequalities in and barriers to the equal treatment of people with the post-COVID-19 condition. In particular, discussions focused around ensuring a replacement income for patients during their convalescence.

Member States were encouraged to work together to design standardized clinical trials, set up treatment protocols and surveillance systems and raise awareness on the importance of vaccination and the benefits of rehabilitation. Participants also highlighted the need for patients, health-care providers and scientists to work together and jointly make decisions regarding the treatment to be followed. Finally, both WHO/Europe and Member States agreed on the need to raise awareness over the issue of long COVID and advocate for adequate long-term funding for diagnosis, treatment and financial support for patients.

From the field

New publication shares lessons learned from COVID-19 training on occupational health and safety for health workers in south-eastern Europe

More than 1600 health professionals across south-eastern Europe have been trained in occupational health and safety in the context of COVID-19 through a project supported by WHO/Europe. The COVID-19 pandemic placed a heavy burden on health workers and safeguarding their health while sustaining the COVID-19 response is critical. The training series enabled the exchange of experiences in addressing the multiple demands faced due to COVID-19 and strengthened professional networks that enable the sharing of good practices at the subregional level. The project was implemented through the South-East European Network on Workers' Health (SEENWH), which gathers experts in the field of occupational health. SEENWH is coordinated by the WHO Collaborating Centre for Occupational Health at the Institute of Occupational Health of the Republic of North Macedonia in Skopje. The results of the project are now documented in a new publication that includes key lessons learned.



COVID-19 training on occupational health and safety for health workers in south-eastern Europe ©WHO

The project was entitled “Actions to strengthen resilience of health workers in south-eastern Europe in response to COVID-19 and beyond: implementation of WHO/ILO guidance and mapping of priority needs for occupational health and safety programmes for health workers”. It delivered a series of courses adapted to national circumstances in the local languages, along with communication materials. It contributed to increasing the resilience of health workers in participating countries in responding to COVID-19 as well as new and emerging risks. It also promoted the adoption of WHO/ILO guidance and identified the need for further national occupational health and safety programmes for health workers.

The [new publication](#) provides an overview of the training activities implemented from October to December 2021 in seven countries (Bosnia and Herzegovina, Bulgaria, Montenegro, North Macedonia, Romania, Serbia and Türkiye). It includes brief reports from the training courses, key messages and lessons learned, and suggestions of possible next steps in each country. The publication also highlights that occupational health and safety for health workers needs to be a priority, as emphasized by the pandemic. Read more [here](#).



WHO/Europe and US-CDC workshop on Public Health Emergency Management held in Tbilisi, Georgia ©CRDF Global

WHO and the US Centers for Disease Control and Prevention (CDC) jointly expand multicountry work on public health emergency management in the WHO European Region

Public health emergencies, both large and small, continue to threaten populations across Europe, Central Asia and globally. To support Member States in strengthening their resilience, preparedness and response efforts, WHO/Europe in partnership with the US Centers for Disease Control and Prevention (CDC), **delivered a subregional workshop on public health emergency management** for multisectoral teams from nine countries: Armenia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

Held in Tbilisi, Georgia, between 29 and 31 August, this in-person workshop **used experiences and lessons from the COVID-19 pandemic to draw attention to public health emergency management**, including multisectoral coordination in responding to current and future emergencies.

Participants followed keynote speeches, interactive group sessions, panel discussions, expert sessions on key technical areas, and a table-top simulation exercise, through which they were encouraged to discuss and reflect on:

- national legislation and mandates for public health emergency preparedness and response;
- national multisectoral coordination systems and/or strategies for public health emergency management, concentrating on the functioning and operations of emergency operation centres;
- information collection and data-sharing within the context of emergency preparedness and response;
- the role of public health emergency operation centres in supporting national emergency management systems; and
- integrating COVID-19 lessons learnt for future emergency management.

During of the workshop, participants visited the Georgian National Center for Disease Control and Prevention and its public health emergency operation centre and participated in a table-top simulation exercise to discuss and determine their countries’ response to a fictitious outbreak scenario. As part of the latter, participants focused on: preparedness activities that might be undertaken to strengthen core capacities for response; policies and legislation frameworks that enable their respective public health emergency management systems and support intersectoral coordination, collaboration and information-sharing; and practical operational arrangements that could be made nationally to support and enhance evidence-based decision-making for a better response to public health emergencies.

Overall, this subregional workshop equipped participants with concrete tools and the skills to enhance their national and multisectoral public health emergency management systems. The workshop also provided a good forum for countries to share their lessons learned from COVID-19 and comparatively understand how these could be concretely applied into the future.

The three-day workshop was supported with funding from Canada’s Health Systems Connector.



Visit to the Georgian National Center for Disease Control in Tbilisi, Georgia ©CRDF Global



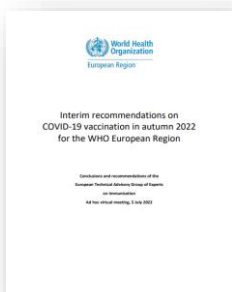
Workshop session on the legal structures needed in public health emergency management ©CRDF Global

Key links and resources



- ✓ Information for the public and media
- ✓ Situation updates
- ✓ Technical guidance and publications
- ✓ Country response overviews
- ✓ Other resources

WHO/Europe publications | July–September | Online archive available [here](#)



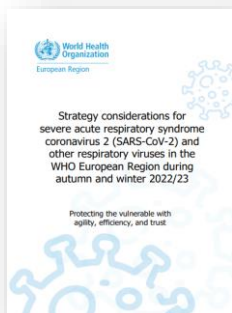
Interim recommendations on COVID-19 vaccines in autumn 2022 for the WHO European Region

<https://www.who.int/europe/publications/item/WHO-EURO-2022-5813-45578-65356>



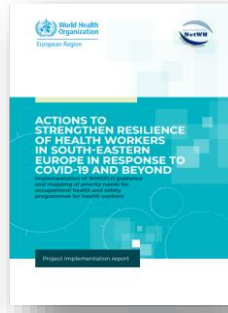
Methods for the detection and characterisation of SARS-CoV-2 variants: second update, 21 June 2022

[Methods for the detection and characterisation of SARS-CoV-2 variants: second update, 21 June 2022 \(who.int\)](#)



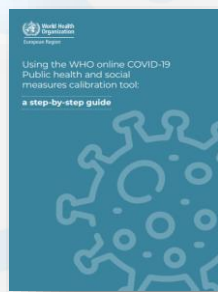
Strategy considerations for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and other respiratory viruses in the WHO European Region during autumn and winter 2022/23: protecting the vulnerable with agility, efficiency, and trust

<https://www.who.int/europe/publications/item/WHO-EURO-2022-5851-45616-65461>



Actions to strengthen resilience of health workers in south-eastern Europe in response to COVID-19 and beyond: implementation of WHO/ILO guidance and mapping of priority needs for occupational health and safety programmes for health workers

[Actions to strengthen resilience of health workers in south-eastern Europe in response to COVID-19 and beyond: implementation of WHO/ILO guidance and mapping of priority needs for occupational health and safety programmes for health workers](#)



Using the WHO online COVID-19 public health and social measures calibration tool: a step-by-step guide

[Using the WHO online COVID-19 public health and social measures calibration tool: a step-by-step guide](#)

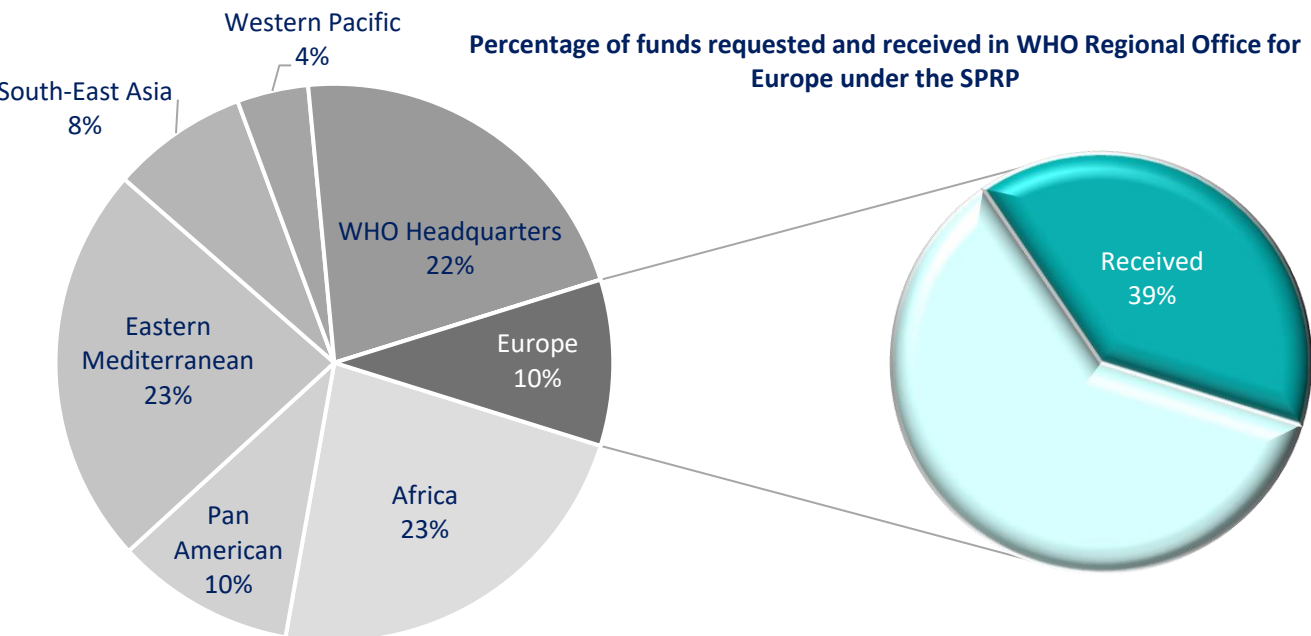


Technical Advisory Group on the mental health impacts of COVID-19 in the WHO European Region
Briefing: mental health impacts of COVID-19 across the European Region and associated opportunities for action

[Technical Advisory Group on the mental health impacts of COVID-19 in the WHO European Region briefing: mental health impacts of COVID-19 across the European Region and associated opportunities for action](#)

Funding implementation

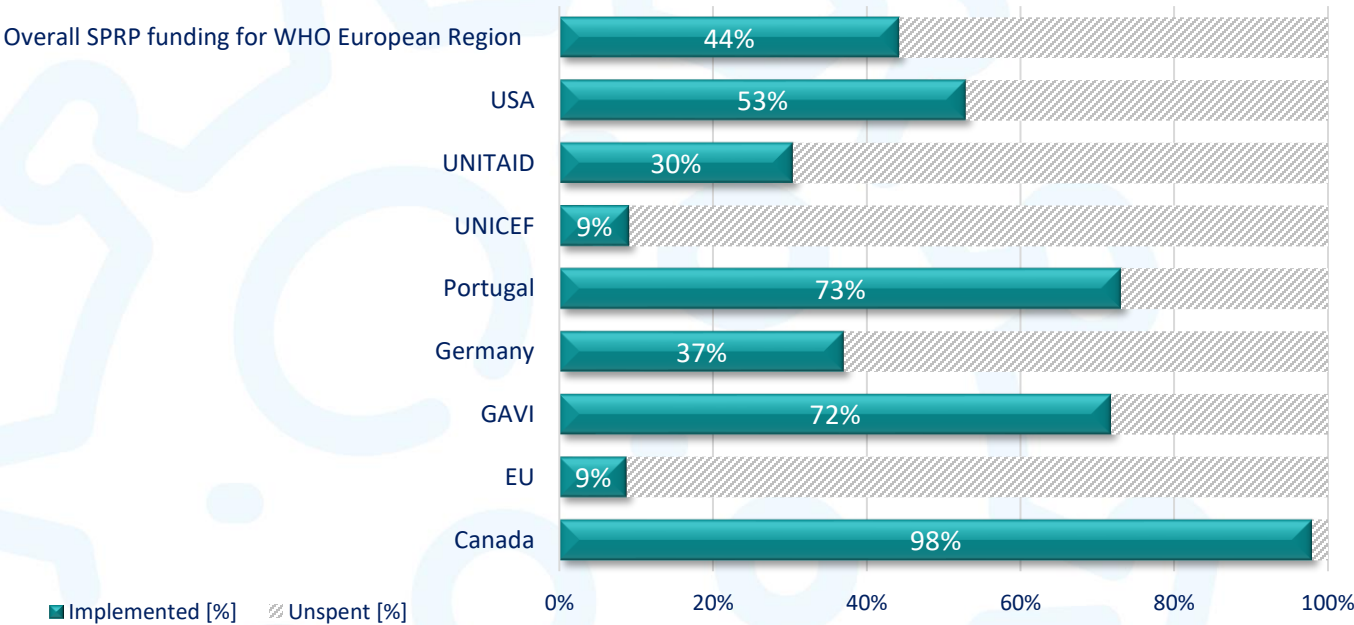
WHO launched the COVID-19 Strategic Preparedness and Response Plan (SPRP) for 2022 on 24 February, requesting US\$ 1.5 billion to fund WHO’s essential role in ending the acute phase of the epidemic. For 2022, the WHO European Region requested a total of US\$ 153.7 million. Under the SPRP, WHO/Europe has received around 39% of the requested funds for the WHO European Region between January and September 2022.



Global funding request under SPRP by region

In 2022, the WHO Regional Office for Europe has received support from several partners, including GAVI, the Vaccine Alliance, UN organizations, the European Union, the United States and several other Member States (i.e. Germany, Portugal and Canada, which were provided in 2021). Between January and September 2022, 44% of the total requested funds for the WHO European Region had been implemented, a 19% increase from Quarter 2.

Implementation of COVID-19 SPRP allocation by major donor in 2022

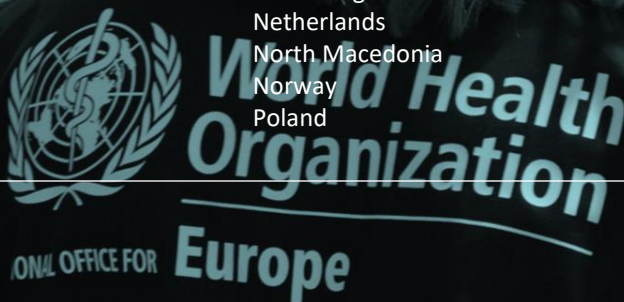


The WHO Regional Office for Europe

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.

Member States

- | | | |
|------------------------|-----------------|---------------------|
| Albania | Greece | Portugal |
| Andorra | Hungary | Republic of Moldova |
| Armenia | Iceland | Romania |
| Austria | Ireland | Russian Federation |
| Azerbaijan | Israel | San Marino |
| Belarus | Italy | Serbia |
| Belgium | Kazakhstan | Slovakia |
| Bosnia and Herzegovina | Kyrgyzstan | Slovenia |
| Bulgaria | Latvia | Spain |
| Croatia | Lithuania | Sweden |
| Cyprus | Luxembourg | Switzerland |
| Czechia | Malta | Tajikistan |
| Denmark | Monaco | Türkiye |
| Estonia | Montenegro | Turkmenistan |
| Finland | Netherlands | Ukraine |
| France | North Macedonia | United Kingdom |
| Georgia | Norway | Uzbekistan |
| Germany | Poland | |



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**World Health Organization
Regional Office for Europe**

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
WEB www.euro.who.int