

HEALTH SECURITY BULLETIN

JANUARY–MARCH 2026



World Health
Organization

European Region

Cover photo: Moldova has completed its second Joint External Evaluation under the International Health Regulations (2005) – an important milestone for national and global health security.

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This page: WHO/Europe's health emergency team takes part in a Joint Assessment and Detection of Events exercise.

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World Health Organization

European Region

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In 2026, health security across the WHO European Region continues to be shaped by growing complexity and uncertainty. Expectations on national health systems to prepare for, prevent, detect and respond to public health threats are rising, as countries face overlapping emergencies and emerging health threats.

During the 79th World Health Assembly, health security was a recurring theme across discussions, decisions and debates. Protracted crises in the Region – including the war in Ukraine, where 2952 attacks on health care have now been recorded – continue to place sustained pressure on health systems and communities.

Meanwhile, our network of National International Health Regulation (IHR) Focal Points continues to be at the forefront, protecting our Region's health, and proving its indispensable value. With the support of WHO, the network strengthens global early warning through the detection, verification and risk assessment of events, and the timely dissemination of information. In the European Region alone, from January to April 2026, the Health Security Division of the WHO Regional Office for Europe assessed and triaged more than 640 raw signals. In April, a signal was detected that related to a hantavirus outbreak linked to a cruise ship; the subsequent response underscored the IHR as the framework for coordinated international action and highlighted WHO's convening role in supporting rapid, coherent cross-border measures.

Events such as the hantavirus cluster reinforce a core lesson: preparedness and response are inseparable, and sustained investment in core public health capacities is required every day, not only during emergencies. Robust surveillance systems, laboratory networks, risk communication, preparedness planning and points of entry capacities are central to effective IHR implementation and to the rapid containment of emerging threats. Across the Region, countries are advancing surveillance, strengthening risk-informed planning and reinforcing core capacities under the IHR. A 100% reporting rate for the IHR State Party self-assessment process reflects a shared commitment to accountability and continuous improvement.

Alongside preparedness for acute threats, our Region's persistent challenges require sustained strategic planning and action; WHO's role in bringing partners together, supporting countries and aligning efforts across borders remains essential. World Tuberculosis (TB) Day on 24 March 2026 highlighted that the WHO European Region continues to fall short of regional and global End TB milestones on two fronts: detection – where one in five TB cases remains undiagnosed or unreported – and drug resistance, which remains substantially higher than in other WHO regions.

In the face of another persistent challenge – antimicrobial resistance (AMR) – WHO continues to support countries to develop and implement evidence-based interventions, including through the AMR Accountability Index development and the antimicrobial stewardship coaching programme. Action on AMR is also part of the renewed memorandum of understanding between the European Centre for Disease Prevention and Control and WHO/Europe; a commitment that strengthens collaboration on European health security, including enhanced epidemic intelligence, communicable disease surveillance and preparedness planning.

Ultimately, health security is about protecting people, especially in the most difficult circumstances. Our mission remains the same: to help countries act early, act together and protect lives.

This bulletin reflects not only the breadth of challenges we face, but also the strength of our collective action; and our continued resolve to prepare for what lies ahead.



Dr Ihor Perehinets

A stylized, handwritten signature in blue ink, appearing to read 'I. Perehinets'.



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The WHO European Region in focus: key highlights

European Centre for Disease Prevention and Control (ECDC) and WHO/Europe renew joint commitment to strengthen European health security and collaboration on public health

On 29 January, the ECDC and WHO/Europe signed an updated Memorandum of Understanding during a visit by the WHO Regional Director for Europe, Dr Hans Henri P. Kluge and his team to the ECDC, hosted in Stockholm, Sweden, by ECDC Director Pamela Rendi-Wagner. The revised agreement builds on over 2 decades of collaboration, reinforcing and modernizing their partnership to strengthen coordination and joint public health action. Over the years, the ECDC and WHO/Europe have cooperated on initiatives such as annual surveillance reports, respiratory virus monitoring and capacity-building efforts.

WHO/Europe partners with University College London (UCL) to advance digital public health and pandemic preparedness

On 25 March 2026 in London, United Kingdom of Great Britain and Northern Ireland, WHO/Europe joined UCL to mark the official launch of the UCL Centre for Digital Public Health in Emergencies as a WHO Collaborating Centre (WHO CC) for digital public health and pandemic preparedness. The designation strengthens collaboration on how digital tools and data can support pandemic preparedness and response; One Health surveillance and climate-sensitive risks; antimicrobial resistance (AMR) control; and communication during health emergencies. Through an agreed joint workplan, WHO/Europe and the UCL Centre for Digital Public Health in Emergencies will work with Member States and partners to advance digital public health solutions.

Strengthening the Network of WHO CCs for the Emergency Medical Teams (EMTs) Initiative

On 6 March 2026, the School of Public Health at Ben-Gurion University of the Negev, Israel, was designated as a WHO CC for emergency expertise exchange. In addition, on 17 March, the new WHO CC for EMTs at the Robert Koch Institute, Germany, was officially launched in Berlin following its designation on 24 December 2025. These designations further reinforce the strong support and commitment of European academic and research institutions to advancing the EMT Initiative at national, regional and global levels.

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The signing of an updated Memorandum of Understanding between the ECDC and WHO/Europe strengthens our partnership and enables us to support our Member States more efficiently. Strong collaboration means we can do more together in a smarter and more anticipatory way. This renewed agreement is not only a necessity from a legal and practical perspective, in times of profound change it also carries huge symbolic importance.

Dr Pamela Rendi-Wagner, ECDC Director.

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The WHO European Region reaches 100% International Health Regulation (IHR) State Party Self-Assessment Annual Reports (SPAR) submission rate

WHO European Region has demonstrated its commitment to global health security through a 100% submission rate of the 2025 IHR SPAR.

Under the IHR (2005) Article 54, States Parties are obliged to develop and maintain a set of minimum core capacities for surveillance and response to potential public health events of international concern, known as the IHR core capacities. Annually, all 197 IHR States Parties report to WHO on the implementation of these, with the global status conveyed by the WHO Director-General to the World Health Assembly. The WHO European Region hosts 55 of the IHR States Parties, including its 53 Member States as well as the Holy See and Lichtenstein. The 100% submission rate of the 2025 SPAR shows that the Region's State Parties are actively monitoring and strengthening national capacities to reduce the likelihood that outbreaks escalate and spread internationally, contributing to regional and global health security.

Digitalization of the WHO Strategic Toolkit for Assessing Risks (STAR) data entry tool at WHO/Europe

WHO/Europe's Center for Preparedness for Humanitarian and Health Emergencies and Preparedness, and IHR Capacities teams piloted a new online version of the STAR risk assessment tool, replacing Excel-based processes with a secure, real-time system for data entry, analysis and reporting.

Tested in Ukraine from 24 to 25 February 2026, the tool improved data quality, reduced manual workload and enabled the instant generation of risk insights, strengthening evidence-based decision-making and supporting more agile, standardized preparedness in line with [the Strategy and action plan on health emergency preparedness, response and resilience in the WHO European Region](#) (Preparedness 2.0). Looking ahead, once the final version of the tool is developed, it is expected to enable broader adoption across countries, support timelier and evidence-based risk management, and contribute to stronger health emergency preparedness by standardizing and scaling high-quality risk assessment processes.

Detecting and responding to health emergencies across the WHO European Region

Early warning and response are key in tackling emerging and acute public health risks globally. Therefore, WHO/Europe regularly conducts public health intelligence activities for the detection, verification, risk assessment and response to acute public health threats. These public health intelligence operations are underpinned by the IHR (2005), which require that countries strengthen surveillance efforts and assess, notify and verify events that may constitute a public health emergency of international concern. From January to March 2026, through Epidemic Intelligence from Open Sources, WHO/Europe screened over 18 635 pieces of information and detected 107 raw signals. After assessment and triangulation of these raw signals, 3 were classified as significant signals and 17 as public health events.



18 635

pieces of information



3

significant signals



17

public health events



1¹

new graded emergency

Protracted Grade 2: Ukraine refugee response

Protracted Grade 3: Ukraine war

Grade 3: Middle East escalation of violence

**WHO continues to respond to COVID-19 and mpox
Countries and IHR States Parties (WHO European Region)**

- Affected by COVID-19 and mpox
- Affected by COVID-19

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

COVID-19: coronavirus disease.

A **graded emergency** is an acute public health event or emergency that requires WHO's moderate response (Grade 2) or major/maximal response (Grade 3). If a graded emergency persists for more than 6 months, it may transition to a protracted emergency. To learn more, see [WHO Emergency Response Framework 2.1](#).

Key figures on WHO/Europe's work in emergencies for January - March 2026

6



ongoing graded emergencies
in or affecting the WHO European Region

US\$



5.7 million
worth of supplies delivered to the WHO European Region

¹The previous event involving Israel and the occupied Palestinian territory, including east Jerusalem (oPt) has been merged under Middle East escalation of violence.

Emergency response

Grade 3: Middle East escalation of violence



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Six-year-old twin girls and their mother from the Gaza Strip, who have been evacuated to Spain for life-saving treatment and refuge.

Key numbers on medical evacuations (medevacs) to the WHO European Region (since October 2023)



1124

medevacs of
patients from the
oPt



19

countries that
accepted patients
for treatment



18 500

patients in oPt
that are in need of
medevac

The conflict in the occupied Palestinian territory, including east Jerusalem (oPt) continues to unfold into a wider context of escalating tensions across the Middle East, including the recent intensification of the conflict in the Islamic Republic of Iran. In the Gaza Strip, the situation remains critical, with 72 289 fatalities and 172 040 injuries reported between October 2023 and 31 March 2026.

On 28 February 2026, at around 07:30 (Central European Time) multiple missile attacks were launched against numerous targets across the Islamic Republic of Iran, including Isfahan, Kermanshah, Qom and Tehran. In-country United Nation sources indicate that strikes have been targeting both infrastructure and Iranian leader residences. The escalating conflict in the Islamic Republic of Iran is casting a shadow over neighbouring countries, affecting them on multiple fronts; economically, strategically and diplomatically. There are increasing concerns about potential spillover effects in the WHO European Region, including the risk of population displacement and broader instability. In response, preparedness efforts are being strengthened, with a focus on enhancing health system capacities for chemical, biological, radiological and nuclear (CBRN) emergencies. WHO is working with ministries of health and national partners to review preparedness measures and ensure the readiness of health systems. As of 25 March 2026, while countries in the WHO European Region – apart from Israel – remain outside direct hostilities, spillover risks remain, alongside ongoing travel, energy and security disruptions. Currently, there has been no significant increase in the number of people crossing into the four European Region neighbouring countries of Armenia, Azerbaijan, Türkiye and Turkmenistan. As part of the preparedness efforts to potential spillover to the European Region, WHO/Europe has prepared and shared a readiness package, including guidance documents on chemical, radiological and nuclear risk communication and public health messages for direct and indirectly affected areas. WHO/Europe has developed a comprehensive Public Health Situation Analysis, covering the priority public health threats for the four regional neighbouring countries. The Analysis is a live document and is expected to guide WHO and other health partner response if the need arises. Contingency plans are also being developed with United Nation partners for radio-nuclear events, mass casualty events and mass population displacement. To date, no WHO/Europe Member State has requested WHO support.

Due to the conflict in the Islamic Republic of Iran and closure of the Kerem Shalom crossing, only one medical evacuation operation of Palestinian patients was conducted between January and March 2026, with a total of seven patients and 27 companions evacuated to Ireland. Since the launch of medical evacuation operations in October 2023 and up to the end of March 2026, a total of 1124 Palestinian patients have been transferred to 19 countries in the WHO European Region through the European Union (EU) Civil Protection Mechanism's Emergency Response Coordination Centre and bilateral arrangements. Local health authorities in the Gaza Strip estimate that more than 18 500 people are currently in need of urgent medical evacuation. As needs in the Gaza Strip continue to grow, WHO/Europe remains engaged in advocacy and coordination efforts.

Emergency response

Protracted Grade 3: Ukraine war



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Family with a child visits a modular clinic near the frontline, newly established by WHO, in Kovyahu village, Kharkiv region.

Key numbers (since 2022)



15 578

deaths²



43 352

injured²



2952

attacks on health
care



3.7 million

internally
displaced



6654

medevacs



33

countries that
accepted patients
for treatment

From February 2022 to March 2026, the [Office of the United Nations High Commissioner for Human Rights](#) recorded 58 930 civilian casualties in Ukraine with 15 578 people killed and 43 352 injured. However, the actual casualty numbers are likely to be higher. In the first quarter of 2026, WHO confirmed 138 attacks against the health-care system, which resulted in 76 casualties. Doctors, nurses and patients continue to lose their lives due to the military targeting health-care facilities. Since 24 February 2022, through the global [Surveillance system for attacks on health care](#), WHO has verified total of 2952 attacks on health-care facilities. Ukraine accounts for approximately 45% of all attacks against health care recorded globally. Comparing the first quarter of 2026 with the fourth quarter of 2025, WHO has recorded a worrying 28% increase in attacks against health care. As Ukraine enters the fifth year of war, health needs and risks continue to increase.

The first quarter of 2026 was characterized by extremely harsh weather, with temperature dropping to –25 °C across the whole country, coupled with recurrent attacks to the energy and heating infrastructures. To ensure the continuity and safety of health care during the winter season and coping with the weaponization of winter, in the first quarter of 2026 WHO delivered 27 power stations, six uninterruptible power supplies, three heating units and 25 energy storage systems, and installed five generators.

WHO delivered 9800 over-the-counter kits with essential medicines in 2025, which benefited more than 30 000 people by addressing common acute conditions and reducing pressure on overstretched health facilities. In the first quarter of 2026, WHO participated in nine interagency convoys and conducted five bilateral deliveries, bringing medicines and health supplies to communities close to the frontline, where the window of access is dangerous and narrow.

Between January and March 2026, the Ministry of Health of Ukraine, with technical support from WHO, successfully coordinated the medical evacuation of 308 patients to 16 WHO Member States. The majority of these evacuations were facilitated through the EU Civil Protection Mechanism. This sustained effort reflects the strong cooperation between the Ministry of Health, WHO and international partners to ensure timely access to specialized medical care. Since the launch of the programme in 2022, 6654 patients have been evacuated to 33 WHO Member States.

In February, the WHO Country Office in Ukraine launched [Ukraine's WHO Health Emergency Appeal 2026](#) requesting US\$ 42.4 million to provide targeted health assistance to 1.5 million people.

² According to the Office of the United Nations High Commissioner for Human Rights, the actual number of civilian casualties might be higher.

WHO is taking rehabilitation into the community in Ukraine

Ukraine's rehabilitation services remain overwhelmingly hospital-based, while needs – particularly among veterans, older adults and persons with disabilities – are concentrated in communities, including in rural and remote areas. WHO has partnered with Momentum Wheels for Humanity to launch “CARE Vinnytsia: Community Action for Rehabilitation and Empowerment”. Running from February to October 2026, the 9-month pilot will train 200 health and social care staff and establish community-delivered rehabilitation services across six hromadas in Vinnytsia Oblast. The model integrates homebased care, primary health care clinic services, discharge planning and case management.

Since 2023, WHO and the International Society of Wheelchair Professionals have been building a national network of certified wheelchair service providers, responding directly to requests from the Ministry of Health. By March 2025, 193 rehabilitation professionals from 59 facilities across Ukraine had achieved the International Society of Wheelchair Professionals Basic Level certification. In August 2025, 10 of these specialists completed Trainer Level certification, becoming Ukraine's first cohort of nationally certified wheelchair training instructors. In February 2026, these trainers delivered their first independent training series in Dnipro, reaching 34 participants including educators from eight Ukrainian universities offering rehabilitation programmes. For the first time, this expertise is being passed on by Ukrainians, to Ukrainians and is therefore no longer dependent on international instructors.

Furthermore, WHO is working alongside the Ministry of Health's official monitoring working group, established by Ministry of Health regulation, to analyse rehabilitation care across health facilities nationwide. The findings will directly inform proposals for the 2026 Programme of Medical Guarantees.

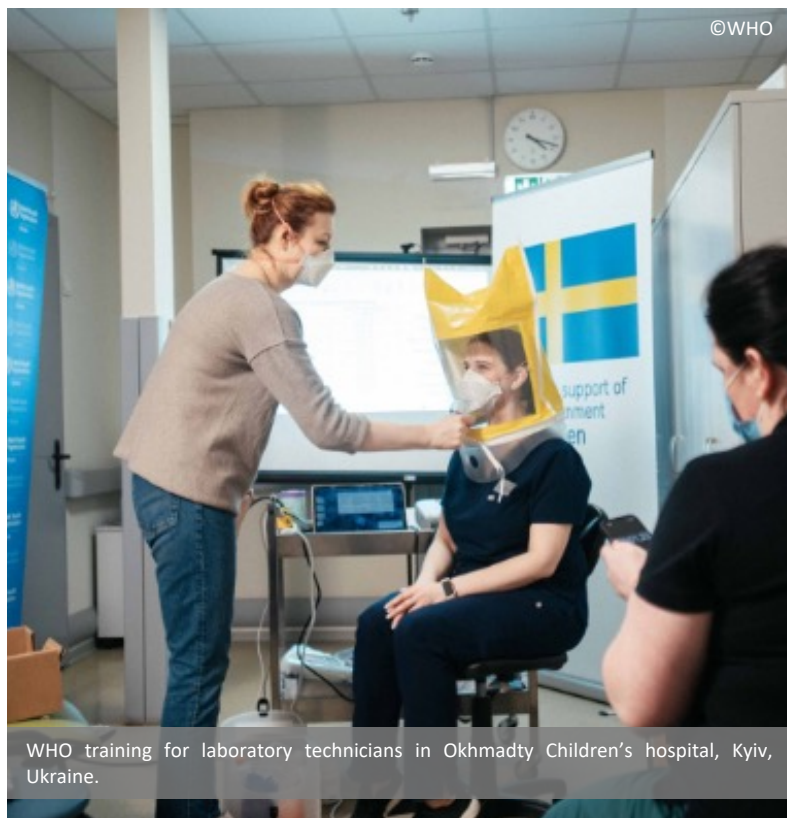
The initiative is financially supported by the EU's Directorate-General for Enlargement and Eastern Neighbourhood and Directorate-General for European Civil Protection and Humanitarian Aid Operations, and the Government of Austria.

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During this training, I learned how to complete documentation and select wheelchairs correctly, how to assess the patient's parameters and needs, and how to use a wheelchair. Upon return to my hospital, I will share these skills with my colleagues.

Tetiana Satyreva, training participant, Occupational therapist at “Odessa Oblast Clinical Hospital” of Odessa Oblast Council

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WHO training for laboratory technicians in Okhmadty Children's hospital, Kyiv, Ukraine.

Safer laboratories, safer blood: WHO launches biosafety and biosecurity training for health specialists and laboratory staff

In February 2026, the WHO Country Office in Ukraine launched a series of practical trainings, theoretical learning, high-reach webinars and mentorship to strengthen biosafety and biosecurity across the country. The capacity-building effort has already reached close to 100 health-care professionals handling blood products across the country.

The trainings introduced drill simulations for the first time: controlled exercises that recreate real contamination scenarios (e.g. dropped or damaged vials, spilled liquids) requiring staff to recognize the hazard, contain the situation, follow established procedures and report the incident correctly.

The trainings are expected to improve the ability of laboratories to produce reliable results, and to detect and correct nonconformities in laboratory testing, reducing the risk that infected units slip through screening or that false positives drive the unnecessary discarding of safe blood.

The trainings are part of a broader WHO programme to strengthen Ukraine's laboratory infrastructure. Looking ahead, WHO is turning the Kyiv Oblast blood centre into a model facility aligned with EU standards, establishing a nucleic acid amplification testing network to improve pathogen screening, upgrading biosafety and biosecurity quality management systems, and aligning regulatory frameworks with international best practice.

The initiative is financially supported by the Swedish International Development Agency.

Emergency response

Protracted Grade 2: Ukraine refugee response



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A Ukrainian refugee who fled Ukraine and sought refuge in the Republic of Moldova.

Key numbers (since 2022)



5.2 million

refugees within
Europe



549 090

refugees beyond
Europe



5.8 million

refugees globally



10.8 million

in need of
humanitarian aid

WHO continues to work closely with national authorities and partners across the WHO European Region to ensure timely, equitable and sustainable access to health services for Ukrainian refugees. To date, the [United Nations Refugee Agency](#) estimates that over 5.2 million refugees from Ukraine remain in Europe. While cross-border movements have stabilized, uncertainty around the continuation of temporary protection and differing national policies continue to pose challenges.

According to the [United Nations Refugee Agency 2025 end-of-year report](#), health-care access in host countries slightly increased in 2025, compared to 2024. Notably, improved awareness campaigns and policy adjustments have enhanced service delivery for those with chronic conditions and disabilities. Mental health and psychosocial support programmes and needs remained significant with 71% of refugees who reported needing support accessing such services and 88% of those needing support reporting improvements in their well-being.

From January to March 2026³, WHO-supported interventions reached over 1740 refugees with health services, trained 25 health workers in refugee-sensitive care and expanded access to mental health and psychosocial support in both urban and rural settings, reaching over 663 individuals. Health sector response coordination – led by WHO – remains essential to maintain service continuity and social stability amid a fluid geopolitical context. Building on 3 years of operational support, the [Regional Refugee Response Plan 2025-2026](#) reflects a transition from acute emergency response to long-term integration, localization and social cohesion. Within this framework, WHO's priorities are to continue supporting refugee integration into national systems to strengthen social cohesion through localized and sustainable responses. In parallel, WHO continues to reinforce scenario and contingency planning, and other targeted capacity strengthening initiatives to address potential surges in displacement, escalating conflict, infectious disease outbreaks and other emerging threats, including CBRN events.

This work remains central to WHO's commitment to health for all, leaving no one behind.

³ Data for Q1 2026 are available only for Bulgaria, Republic of Moldova, and Romania.

Emergency response

Republic of Moldova's health Nexus transition: from emergency response to sustainable solutions

On 12 March 2026, WHO and the Ministry of Health of the Republic of Moldova convened the Nexus workshop "Advancing a sustainable, inclusive and resilient health system for refugees and host communities in the Republic of Moldova". The workshop marks an important milestone in supporting the Republic of Moldova's shift from an emergency-oriented response towards more sustainable, nationally led approaches to refugee health and health system consolidation. The event was jointly co-funded by the EU and Switzerland in their support to strengthen the national health system and the refugee response.

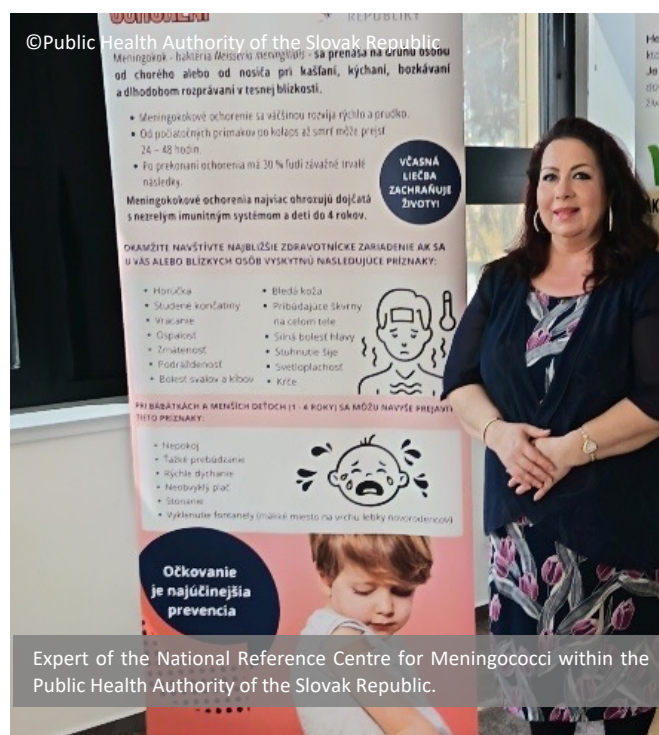
The workshop brought together representatives of the Ministry of Health, the Ministry of Internal Affairs, the National Health Insurance Company, the Delegation of the EU to the Republic of Moldova, the Swiss Cooperation Office in the Republic of Moldova, United Nation agencies, nongovernmental organizations, health institutions and humanitarian organizations engaged in the refugee response in the Republic of Moldova. Through a structured consultation process, participants identified priority areas for joint action across financial protection, service delivery, health workforce, governance and emergency preparedness.

One of the key outcomes of the process was the development of a Health Nexus Strategy and an accompanying Operational Plan. Together, these documents provide a practical framework for the next phase of the response.

By supporting this process the Ministry of Health, WHO and partners are helping ensure that the response to refugee health needs contributes not only to immediate access to services, but also to the development of a stronger, more resilient and more inclusive health system in the Republic of Moldova.



Presentation by the Information Management Officer of the United Nations Refugee Agency in the Republic of Moldova on the Refugee Response Plan.



Expert of the National Reference Centre for Meningococci within the Public Health Authority of the Slovak Republic.

Slovakia strengthens community-based meningococcal disease prevention among Ukrainian refugees and vulnerable populations

In February and March 2026, the WHO Country Office in Slovakia supported national authorities with a targeted initiative to strengthen disease prevention capacities among vulnerable populations, including Ukrainian refugees, in eastern Slovakia. The intervention responded to a concerning rise in invasive meningococcal disease cases – particularly among marginalized communities – and aimed to improve awareness, early detection and preventive behaviours at the community level.

WHO, in collaboration with the Public Health Authority of the Slovak Republic, delivered two intensive training sessions in Košice and Prešov, reaching around 70 participants, including representatives of the Ukrainian refugee community and Roma community mediators. Each participant received a comprehensive educational package – including bilingual materials in Slovak and Ukrainian, hygiene supplies and digital resources – to support continued outreach within their communities. Trained participants are now actively disseminating health information within their communities, helping to bridge trust gaps and improve health-seeking behaviours. This approach is particularly important for refugee populations, who often face language barriers and limited access to reliable health information. The activity contributed to improved awareness, stronger collaboration between public health institutions and nongovernmental organizations, and increased trust in public health messaging.

Looking ahead, WHO and partners plan to expand community-based training models, scale up culturally adapted communication and further address vaccine hesitancy through targeted engagement strategies. The initiative was financially supported by the Asia–Europe Foundation (ASEF).

Protracted Grade 2: Mpox

On 12 February 2026, through consensus with WHO regional and head offices, the mpox outbreak was graded as a level 2 protracted emergency covering the subsequent 6 months. According to the [latest global mpox rapid risk assessment](#) conducted in February 2026, the overall public health risk at the global level was assessed as moderate. From 1 January to 31 March 2026, the WHO European Region reported 700 mpox cases across 22 Member States (Fig. 1) – with the largest numbers reported by the United Kingdom (169), Spain (165) and Germany (74) – representing an 18% increase from the previous 3-month period (1 October–31 December 2025). This total included 199 clade 1b cases reported by 15 countries – with the largest numbers reported by Spain (53), Italy (23) and Germany (11) – representing a 60% increase from the previous 3-month period. During the first quarter of 2026, one death was reported in Spain, and 53 cases (7.6%) required hospitalization across 11 countries – with the largest numbers reported by Spain (19), Italy (10) and France (6). Among cases with known sexual behaviour, 93% were men who have sex with men, with the most affected age group being 31–40 years (39%; n = 692) with a median age of 37 years. Since 2022, a total of 32 154 mpox cases have been reported across 43 countries in the Region, including 11 deaths reported by five countries. Overall, 1488 cases (4.6%) have been hospitalized across 37 Member States. WHO advises Member States to continue implementing the [WHO standing recommendations](#) currently extended to August 2026.

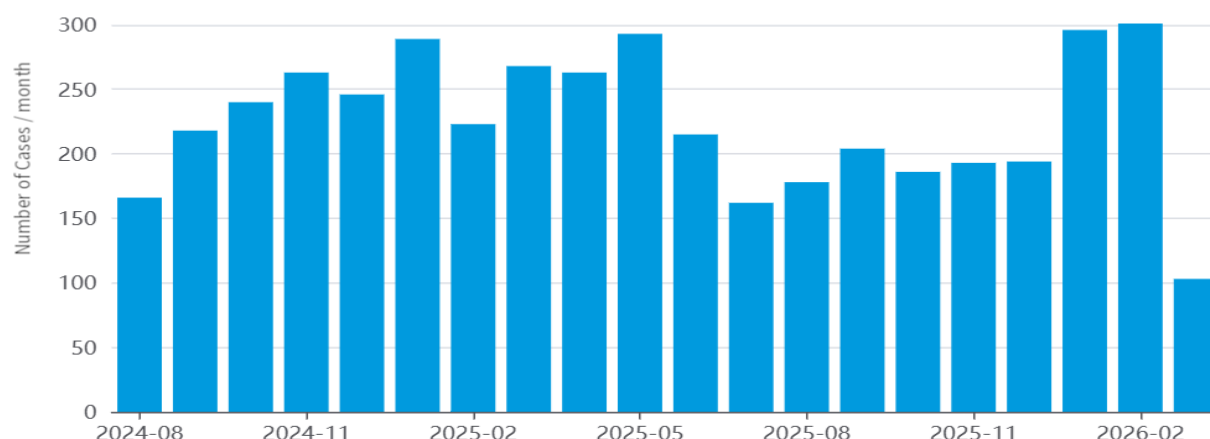


Fig. 1. Number of mpox cases reported by month in the WHO European Region from August 2024 to March 2026
Source: The European Surveillance System.

Protracted Grade 2: COVID-19

The test positivity rate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) at primary and secondary care sentinel sites remained at baseline levels of 1–3% throughout the first quarter of 2026. The number of weekly SARS-CoV-2 detections decreased over the period (Fig. 2) in both primary care and hospitals, with older adults comprising a higher proportion of hospitalized cases compared to those identified in primary care. Throughout the first quarter of 2026, the SARS-CoV-2 Omicron variant and its descendant lineages continued to circulate, primarily XFG, NB.1.8.1 and BA.3.2. The median of country variant proportions for XFG varied from 25–54% over the quarter (with a notable increase in March), while for NB.1.8.1 and BA.3.2 it varied between 3–29% and 6–25%, respectively. Data submitted to the global initiative on sharing all influenza data showed that XFG and XFG.3 were the dominant variants in March, comprising 17% and 14% of 1477 submitted sequences, respectively. These were followed by RE.2.2 (14%), RE.2 (11%) and NB.1.8.1 (9%). Please refer to the joint [WHO/Europe and ECDC European Respiratory Virus Surveillance Summary](#) for further information.

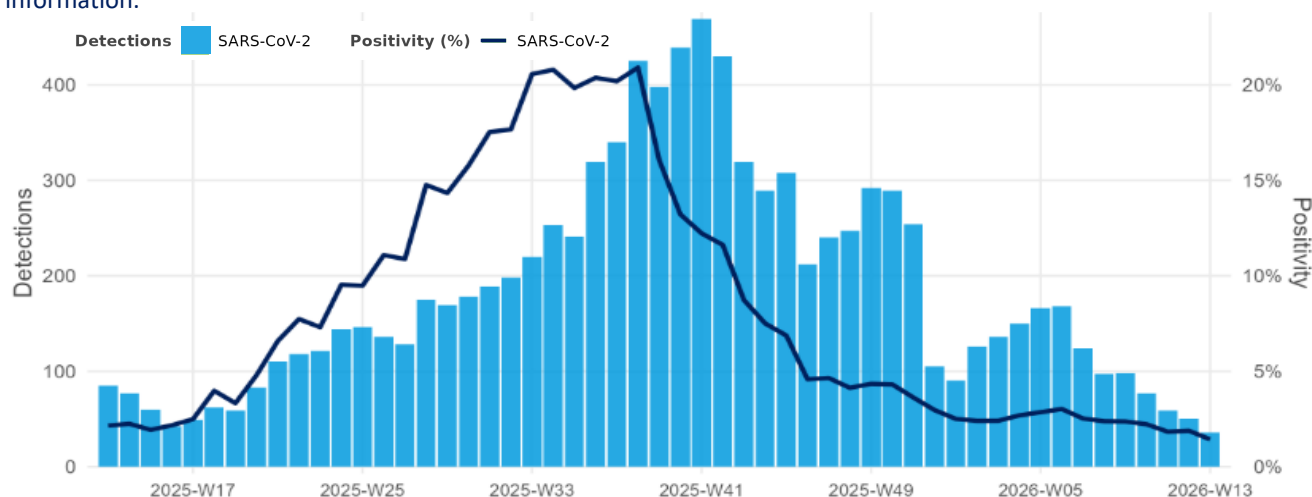
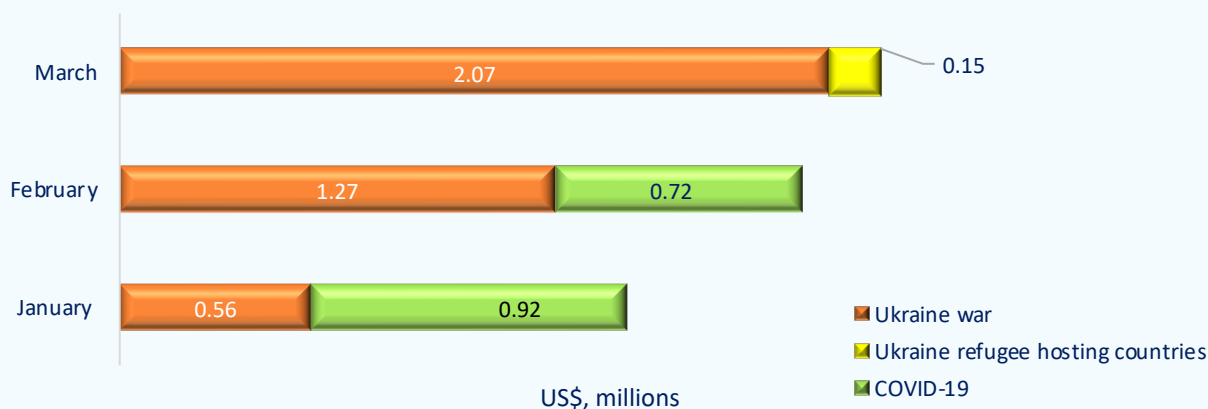


Fig. 2. Primary care sentinel detections and test positivity of SARS-CoV-2 in the WHO European Region from 24 March 2025 (Epi week 13/2025) to 31 March 2026 (Epi week 13/2026). Note: W: Epi week. Source: European Respiratory Virus Surveillance Summary platform.

Operations support and logistics (OSL)

OSL is an essential part of an emergency response, ensuring the timely delivery of critical medical supplies and life-saving services to affected communities, even in the most remote and challenging settings.

From January to March 2026, US\$ 5.7 million worth of supplies were delivered in response to three emergencies in the WHO European Region.



Prevention and response to sexual misconduct (PRS) across emergencies

PRS is an essential pillar of WHO's emergency response. PRS strengthens internal capacity, accountability and coordination to safeguard communities and uphold the highest standards of conduct, with efforts aligned to WHO strategies and supported through interagency collaboration.

In the first quarter of 2026, the WHO Country Office in Ukraine continued to strengthen its work on PRS. As part of enhanced due diligence, a PRS risk screening system for contractors has been introduced. During the reporting period, six PRS checks of WHO contractors and implementing partners in Ukraine were conducted. In addition, six introductory trainings on the PRS assessment process were delivered to the management of the six partner organizations. To raise awareness among affected and vulnerable populations, including people with mental health conditions, in regions close to active hostilities, information materials on PRS were developed. The materials provide information on available reporting channels and mechanisms in Ukraine. In parallel, efforts to strengthen awareness among WHO personnel continued.

In Romania, PRS was advanced through a combination of community awareness, strengthened referral pathways and targeted survivor support. Ongoing coordination with International Justice Mission supported efforts to prevent human trafficking and exploitation, including the dissemination of verified and anti-trafficking hotline contacts to Ukrainian beneficiaries at risk. PRS interventions in Romania contributed to increased awareness among beneficiaries of their rights and available reporting options, and strengthened local referral mechanisms for trafficking and exploitation risks.



In Poland, PRS efforts were strengthened through a series of organizational, coordination and workplace culture initiatives. On 5 March 2026, a respectful workplace workshop – including dialogues on gender equity, inclusion and navigating transitions – was conducted to promote a culture of accountability and respect. On 27 March 2026, participation in the national PSEA–AAP Network⁴ meeting further reinforced coordination and alignment with partners across Poland.

Country offices in Ukraine-refugee receiving countries remain strongly committed to WHO's zero-tolerance policy on sexual misconduct and continue to promote awareness and compliance with the organization's standards of conduct through regular internal communications and the integration of PRS principles in ongoing programmatic work.

⁴The Network title is derived from protection from sexual exploitation and abuse (PSEA) and accountability to affected populations (AAP).

Member States across the WHO European Region continue to play a critical role in implementing the IHR (2005), including the recent amendments, that entered into force in September 2025. A key component of IHR implementation is the development of risk- and evidence-based health security plans, tailored to national contexts and informed by current and emerging threats. To support these efforts, WHO/Europe, jointly with partners, has provided technical assistance to Member States across several core areas.

Strengthening health security through strategic risk assessments

In February 2026, Ukraine successfully completed its first all-hazard subnational strategic risk assessment using the [STAR methodology](#). Strategic risk assessments are recognized as a core capacity under [the IHR \(2005\)](#) and a key pillar of the [Sendai Framework for Disaster Risk Reduction 2015–2030](#). In addition, Ireland conducted their first national strategic risk assessment in March 2026. By adopting the STAR methodology, these countries have taken an important step toward risk-informed programming, strengthening their ability to prevent, prepare for and reduce public health risks.

WHO/Europe SPAR 2025 submissions

WHO/Europe has demonstrated its commitment to global health security through 100% submission rate of the 2025 IHR SPAR. This is the first time ever that all European Region State Parties have submitted their SPAR under the IHR (2005), which is a great milestone for regional and global health security.

Joint External Exercise in the Republic of Moldova

On 16–20 March 2026, the Republic of Moldova completed its second Joint External Evaluation (JEE) under the IHR (2005), marking an important milestone in strengthening national and global health security. The evaluation brought together 15 experts from multiple countries, technical institutions and international organizations. Working in close collaboration with their Moldovan counterparts from 25 national institutions, the JEE assessed the country's capacities to prevent, detect and rapidly respond to public health threats. This second JEE places the Republic of Moldova among the early adopters in the Region to conduct a repeat assessment.



International and national experts during the site visit to the Chişinău International Airport as part of the JEE in the Republic of Moldova.

Key figures on preparedness under IHR (2005) January–March 2026

55



**States
Parties**
submitted
their 2025
SPAR (100%)

1



JEE
completed

0



SimEx
conducted to
test national
preparedness

1



WHO SimEx
management
training
completed

2



**1 national and
1 subnational
STAR
workshops**
completed

1



NAPHS⁵
completed
with 11
more in
development

⁵ NAPHS: National Action Plan for Health Security.

WHO Simulation Exercise Management Training Course in Slovenia

A 2-day WHO Simulation Exercise Management Training Course was delivered in Slovenia, bringing together over 20 participants from key national institutions. The training aimed to strengthen national preparedness and health security in line with the IHR (2005).

Simulation exercises are a core component of validating IHR capacities under the IHR Monitoring and Evaluation Framework, and a key element of effective emergency management. The course focused on practical, hands-on skills, including the planning, design, conduct and evaluation of simulation exercises. Through interactive sessions and applied learning, participants enhanced their ability to test national systems, identify gaps and translate lessons learned into concrete and actionable health security priorities.

Emergency preparedness: a shared commitment

These efforts – from risk assessments and simulation training to action planning and joint evaluations – have been made possible thanks to the support of key partners, including the European Commission (EU4Health), the Government of Germany, the Pandemic Fund and the Swiss Agency for Development and Cooperation.

World Tuberculosis (TB) Day 2026: urgent action to close the detection gap and tackle drug-resistant TB

The [Tuberculosis surveillance and monitoring in Europe 2026: 2024 data](#) report published jointly by WHO/Europe and the ECDC to mark World TB Day on 24 March 2026, highlighted that the WHO European Region, covering 53 countries across Europe and central Asia, including the 30 countries of the EU/European Economic Area, continues to fall short of regional and global End TB milestones on two fronts: a persistent detection challenge, with one in five TB cases going undiagnosed or unreported, and drug-resistance levels that remain far higher than in other WHO regions. To mark World TB Day, Member States, with support of WHO, implemented targeted awareness-raising, prevention and community engagement activities to help address these persistent challenges.

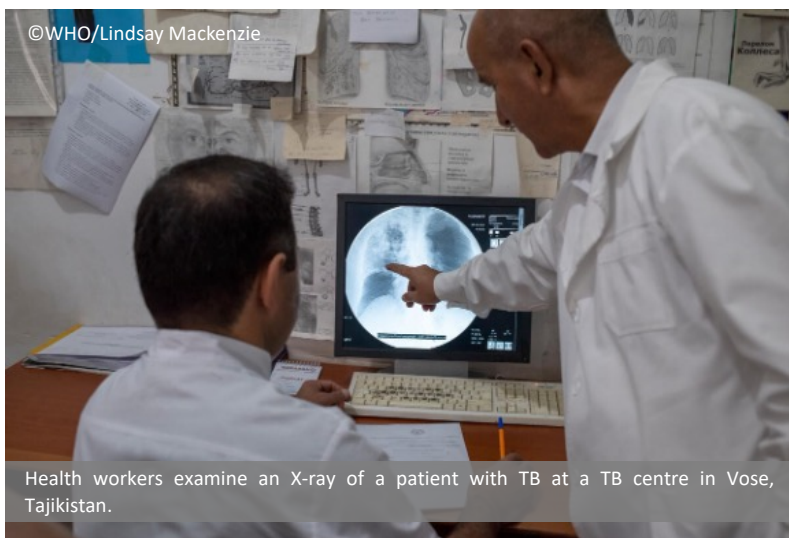
On 16 April 2026, in Azerbaijan, the Ministry of Health of the Republic of Azerbaijan, the WHO Country Office, and partners jointly organized a World TB Day event at the Children's Tuberculosis Sanatorium attended by representatives from health and government agencies. During the event, children were given detailed information about the measures necessary for proper protection against TB and other infectious diseases, including hand washing rules. Messages were also conveyed about breaking stigma and promoting inclusion.

On 24 March 2026, the WHO Country Office in Kyrgyzstan hosted a public awareness event entitled “Yes! We Can End TB: Commit, Invest, Deliver” in Bishkek, Kyrgyzstan. Jointly organized by national institutions, WHO and civil society organizations, the event promoted TB prevention, early detection and care, and highlighted the importance of collective action to end this preventable and curable disease. Activities included free health checks, expert consultations and interactive educational activities.

On 24 March 2026, in Uzbekistan, the Ministry of Health in collaboration with WHO, held a press briefing “Yes! We can end TB!” highlighting progress in strengthening TB services in the country while underscoring remaining challenges, including drug-resistant TB. An interactive discussion with media representatives helped raise public awareness and reaffirm the national commitment to ending TB.

Ahead of World TB Day, on 12 March 2026, representatives of the Ministry of Health of Armenia, the National Center for Infectious Diseases and WHO reviewed national TB progress and remaining challenges. TB incidence and mortality continue to decline in Armenia, reflecting sustained national efforts to control the disease.

On 12 March 2026, the National TB Programme of Tajikistan convened national experts, donors and partners to review new WHO recommendations on near point-of-care TB tests, tongue swabs and sputum pooling for TB diagnosis.



With WHO support, the Programme will prepare estimates using the WHO [Laboratory test costing tool](#) and plan related activities, including capacity-building and training to be included in the upcoming Global Fund proposal for 2027–2029.

On 16 March 2026, WHO Country Office in Turkmenistan hosted a hybrid workshop, bringing together WHO experts, national health specialists, policy-makers and partners to review progress towards TB elimination. Discussions focused on the National TB Strategy 2026–2030, regional efforts to meet TB and multidrug resistant (MDR)-TB targets, improved early detection, and operational research on MDR-TB and hepatitis C management. Participants also highlighted the role of international and civil society partners in accelerating progress toward ending TB by 2030.

In Romania, the WHO Country Office delivered a national awareness campaign, “Tuberculosis can be cured” on 9–24 March 2026 to increase awareness of TB symptoms, inform Ukrainian refugees and the Romanian population about free TB services, promote early testing and reduce stigma. The campaign concluded with a joint event with the Ministry of Health, the “Marius Nasta” National Institute of Pneumophysiology and the National Institute of Public Health, where the Country Office in Romania formally handed over ASEF-funded procurements – GeneXpert cartridges, bronchoscopes and MDR-TB medicines – to the National TB Programme to strengthen rapid diagnosis and ensure uninterrupted access to modern, shorter MDR-TB treatment amid increased demand linked to migration from Ukraine.

These efforts across the Region highlight both commitment and urgency. Accelerating early detection and decisively addressing drug resistance will be essential to get back on track towards ending TB.

Advancing antimicrobial stewardship and AMR accountability in the WHO European Region

Between October and December 2025, WHO/Europe delivered the final five sessions of its first-ever [Antimicrobial Stewardship \(AMS\) Coaching Programme](#); an important milestone in strengthening AMS capacity across the Region and beyond. Each session brought together more than 350 participants from around the world, demonstrating strong demand for practical stewardship guidance and significantly expanding the regional and international AMS knowledge base. The sessions covered a comprehensive range of technical topics essential for improving antimicrobial use in health-care settings, including advancing AMR surveillance in hospitals and the critical role of microbiological laboratories; preventing AMR through optimized infection prevention and control measures; interpreting cumulative antibiograms to monitor resistance patterns; strengthening antimicrobial consumption surveillance; and applying behavioural approaches to improve prescribing practices and stewardship. The AMS Coaching Programme has already generated meaningful and measurable impact across the WHO European Region and globally. The Programme has fostered a growing community of practice, enabling cross-country learning and creating a foundation for sustained capacity-building beyond the training period. Several institutions have already begun adapting session content into their own stewardship activities, signaling tangible downstream impact.

Building on this momentum, on 3 February 2026, WHO/Europe established an independent expert group tasked with guiding the development, validation and refinement of the [AMR Accountability Index](#). The Index will benchmark the performance of countries in the development and implementation of evidence-based interventions to control antimicrobial resistance and highlight policy areas that require improvement in a transparent manner.

“

The AMR Accountability Index isn't just about measuring progress, it's about driving real change. By benchmarking progress and highlighting gaps, it empowers countries to strengthen commitments, refine policies and foster cross-sectoral collaboration. I'm proud to be part of developing a tool that turns existing data into actionable insights and commitments into tangible impact.

Malin Grape, Chair of the Independent Expert Group of the AMR Accountability Index and Special Advisor on AMR to WHO/Europe

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The purpose of the Index is to integrate tailored country-level recommendations into national implementation efforts, highlight best practices and foster sustained commitment to control AMR.

In March 2026, three out of six pilot Index missions were conducted in Malta, Sweden and the United Kingdom, to test the feasibility and usability of the Index in real-world settings. Feedback from these pilots is currently being consolidated to guide further refinement of the Index ahead of its planned presentation at seventy-sixth session of the WHO Regional Committee for Europe. The pilots confirmed the feasibility and relevance of the Index, while also identifying areas for refinement, such as indicator clarity, data availability and country-level coordination. Anticipated impacts of the Index include strengthened national accountability mechanisms, more consistent monitoring of AMR commitments and enhanced regional comparability. The pilot missions were financially supported by the Novo Nordisk Foundation. The remaining three pilot sessions will be conducted in April 2026 in Ireland, Kazakhstan and Serbia.

[Preparedness 2.0](#) emphasizes the need for strong coordination and accountability mechanisms, supported by clear leadership, evidence-based policies, strategic information systems and cross-sectoral collaboration. Both the AMS Coaching Programme and the AMR Accountability Index directly contribute to these aims. The Coaching Programme builds shared technical capacity across sectors, improving information flow and operational collaboration. The Accountability Index provides a structured mechanism for leadership, reporting and cross-sectoral action planning, enabling countries to monitor progress, identify gaps and make informed decisions. Together, they enhance national systems, support empowered leadership, and improve preparedness and response for AMR-related health emergencies.

©WHO/Christopher Black



Rising AMR underscores the urgent need for coordinated stewardship and responsible antibiotic use.

Strengthening cross-border health security: Germany–Poland IHR Twinning Initiative at the Robert Koch Institute, Germany

The Germany–Poland IHR National Focal Point (NFP) twinning meeting, convened at the Robert Koch Institute in Berlin, Germany on 22–23 January 2026, represents an important milestone in advancing cross-border public health cooperation within the WHO European Region. The initiative stems directly from work initiated by the WHO Country Office in Poland, which – together with the Polish NFP – first proposed the concept of piloting an IHR NFP twinning model in 2023. With WHO’s continued technical and strategic support, Poland volunteered to serve as the inaugural host country. Since then, and with ongoing facilitation from the WHO Country Office in Poland and WHO/Europe, Poland has hosted delegations from Montenegro, Serbia and Slovakia, as well as Kosovo^[1], and has additionally organized a subregional IHR NFP meeting with Estonia, Finland, Latvia and Lithuania; further solidifying its emerging role as a regional hub for IHR peer learning and collaborative capacity-building.

The Germany–Poland Twinning Initiative meeting at the Robert Koch Institute brought together technical experts from both NFPs for 2 days of intensive dialogue, joint reflection and practical discussions. The overarching aim was to enhance operational capacity under IHR (2005) by improving coordination, mutual understanding and trust between neighbouring countries.

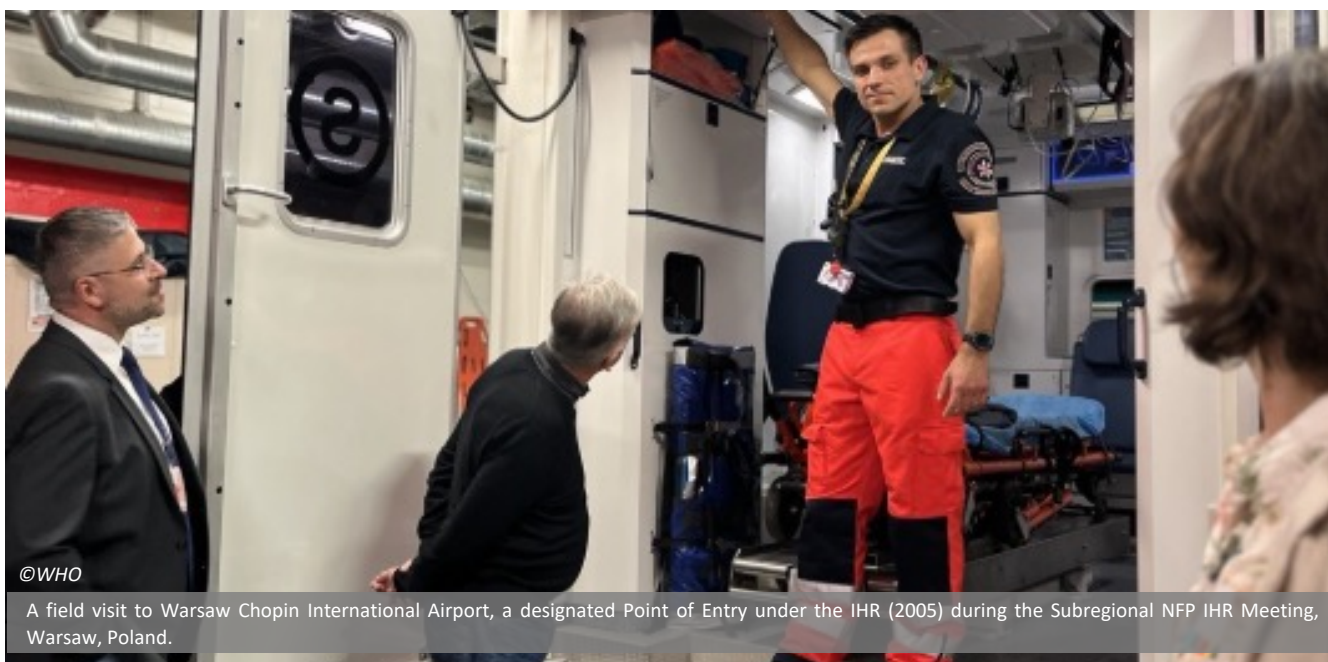
Key topics addressed included international communication and notification procedures for biological events, cross-border TB contact tracing and coordination mechanisms, and national and international epidemic intelligence processes. Participants also reviewed onboarding and training approaches for NFP staff, shared materials and best practices, and mapped each country’s health system structures and institutional responsibilities under the IHR framework. This comprehensive overview created a common reference point for future collaboration and rapid action during emergencies. The twinning approach proved highly valuable, enabling both teams to learn from each other’s systems, tools and real-world experiences. By identifying opportunities for future joint initiatives and building sustainable professional networks, the initiative strengthened collective preparedness and response capacities that extend beyond the two countries involved. Looking ahead, the WHO Country Office in Poland plans to support continued collaboration through follow-up virtual meetings, an in-person re-twinning visit in Poland and targeted technical support aligned with evolving regional priorities. Insights from the Germany–Poland experience will inform the further rollout of IHR NFP twinning across the Region. This activity was co-funded by the EU4Health programme.

“

I was excited to take part in the IHR NFP twinning initiative with Germany. It was an eye-opening experience that offered practical solutions we can bring back to Poland. The exchange showed how early preparation, peer-to-peer technical discussions and in-person engagement strengthen collaboration and mutual understanding. While much work remains, this is an ongoing collaboration that will continue to enhance cross-border preparedness and response.

Wioleta Kitowska, IHR/Early Warning and Response System NFP Coordinator, National Institute of Public Health NIH-NRI, Poland

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A field visit to Warsaw Chopin International Airport, a designated Point of Entry under the IHR (2005) during the Subregional NFP IHR Meeting, Warsaw, Poland.

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244(1999).

New study launched in Bulgaria to strengthen disease surveillance and help sustain measles and rubella elimination



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For us, this study is important because it supports the larger goal of sustaining the elimination of measles and rubella.

Professor Dr Iva Hristova, Director of the National Centre of Infectious and Parasitic Diseases (NCIPD)

”

Bulgaria has achieved both measles and rubella elimination, as verified by the European Regional Verification Commission for Measles and Rubella Elimination back in its September 2025 meeting. Maintaining this status requires continued vigilance, timely case detection and laboratory investigation of every suspected case. In recent years, the number of samples from suspected measles or rubella cases in some regions of Bulgaria have been lower than expected, based on WHO indicators for maintaining measles and rubella elimination status. Strengthening sample collection in harder-to-reach areas, particularly rural communities, is therefore a key priority.

On 9 February 2026, a new study introducing dry bloodspot and oral fluid sampling for suspected measles and rubella cases was launched in Sofia, Bulgaria. Under the study, general practitioners in selected regions will collect paired dry bloodspot and oral fluid samples from suspected cases – primarily children presenting with fever and rash – and the samples will be tested for measles and rubella antibodies and ribonucleic acid at the National Reference Laboratory for Measles, Mumps and Rubella at the NCIPD.

These sampling methods are less invasive than venous blood sampling, are thereby more acceptable to parents and can be conducted at a local clinic rather than a hospital. This is expected to increase the number of samples submitted for laboratory investigation and thereby strengthen measles and rubella surveillance. The study aims to assess the diagnostic performance, feasibility and acceptability in routine practice of this new sampling approach.

The study will inform future surveillance policy and help reinforce outbreak preparedness and response capacity. It also reflects a shared commitment by national authorities and partners to sustain elimination gains in Bulgaria and contribute to health security across the WHO European Region.

The initiative is implemented in partnership with the NCIPD and the Ministry of Health of Bulgaria, with financial support from the ASEF and the Government of Japan.

From insights to impact: new tools powering community-centred health security

From research to real-world application, three new risk communication, community engagement and infodemic management (RCCE-IM) publications released by WHO/Europe between January and March 2026 translate community insights into practical tools, strengthening how health systems engage with and respond to people during emergencies.

Mpox preparedness and response research: a practical guide for research–practitioner teams in the WHO European Region

On 5 February 2026, WHO/Europe in collaboration with the WHO Collaborating Centre on RCCE-IM at Kristiania University of Applied Sciences, Norway, launched a practical, [evidence-based toolkit](#) to collect community insights for mpox and strengthen mpox responses across the WHO European Region. Designed to generate actionable evidence to inform RCCE-IM interventions, the tool equips research–practitioner teams to conduct rapid social science research before and during mpox outbreaks. Although tailored to mpox it offers a flexible approach that can be adapted across health threats. This toolkit is expected to help health authorities and partners improve acceptance of public health recommendations, based on the insights of affected groups, ensuring responses are rapid and context sensitive.

Community mapping for health emergencies: the foundation of meaningful engagement

On 27 March 2026 WHO/Europe, in collaboration with International Federation of Red Cross and Red Crescent Societies (IFRC) and the United Nations Children's Fund (UNICEF) Europe and Central Asia launched the toolkit [Community mapping in health emergencies: strengthening preparedness, response and resilience](#) that brings together years of lessons learned from the COVID-19 pandemic, the mpox outbreak, the full-scale invasion of Ukraine, natural hazards and other crises across the Region. The joint IFRC–UNICEF–WHO resource provides a clear and practical approach for understanding communities as a prerequisite for meaningful engagement before, during and after emergencies. The toolkit offers a structured and scalable approach to community mapping; step-by-step guidance across the emergency cycle; tips from real emergencies; tools to identify key actors, channels, needs and marginalized groups; and a resource guide covering IFRC, UNICEF and WHO frameworks and standards. Designed for use by health authorities, civil protection actors, humanitarian organizations, local governments, civil society organizations and academia, this toolkit fills a critical gap by supporting effective engagement with communities in health emergencies.

By mapping community groups, vulnerabilities and key influencers, the tool enables more targeted, inclusive and effective preparedness and response, placing communities at the centre; aligned with the second European Programme of Work and Preparedness 2.0 priorities.

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WHO/Europe is developing tools for health authorities to identify community actors and health-care workers on long COVID.

This publication was made possible through the financial support of the Ministry of Development Cooperation and Humanitarian Affairs of Luxembourg and the Pandemic Influenza Preparedness Framework.

Myth-busters: engaging communities to debunk long COVID myths and misconceptions

From 30 January to 31 March, a [series of myth-busters on long COVID](#) was published under an EU-funded project. Drawing on insights from civil society organizations, patient groups and frontline health workers, the series identifies and addresses persistent misconceptions to help improve access to services for those affected. Integrating risk communication and infodemic management approaches, real-life stories that foster empathy, and by highlighting manipulative narratives, the series helps audiences both connect emotionally and recognize and resist false information on long COVID: one of the key barriers to accessing care.

All publications are expected to strengthen community trust and engagement by systematically integrating community insights into preparedness and response. This will enable more adaptive and effective interventions, better aligned with community needs. By addressing false information and stigma, they are also likely to improve health-seeking behaviours and access to care. In addition, community mapping will support more inclusive and targeted approaches, particularly for vulnerable groups.

These RCCE-IM tools contribute to a more people-centred approach to health security and reflect a shift in approach: from responding to communities to responding with them.

Strengthening environmental surveillance for poliovirus and antimicrobial resistance in Romania

In 2024, vaccine-derived poliovirus type 2 was detected in several countries across the WHO European Region highlighting persistent immunity gaps and the need for more sensitive surveillance. Romania was one of the countries in the European Region subsequently assessed as being at elevated risk of polio importation, in part due to suboptimal polio vaccination coverage among both local communities and the Ukrainian diaspora. At the same time, AMR continued to pose a growing threat, with drug-resistant bacteria representing one of the most serious long-term challenges to the country's health system.

To address these converging risks, the WHO Country Office in Romania – in partnership with the National Institute of Public Health – launched a joint initiative to strengthen national capacity to detect poliovirus and other high-threat pathogens.

The project focuses on expanding environmental surveillance: the systematic testing of wastewater for poliovirus and AMR markers. This approach can reveal pathogens circulating in communities early, often before cases appear in clinical settings.

At the outset of the project in 2025, the National Institute of Public Health developed and standardized the laboratory methods needed to identify poliovirus and AMR markers in wastewater, laying the groundwork for sustained, routine monitoring. This included selecting and validating extraction and testing workflows, introducing robust quality assurance controls and securing essential reagents and equipment. Importantly, these methods were designed to be transferable, enabling rollout to the Regional Public Health Laboratory in the city of Iași and expanding capacity beyond a single national site. Throughout February and March 2026, surveillance capacity was further expanded to additional border counties in western Romania and counties hosting large numbers of Ukrainian refugees. By testing wastewater at these strategic locations, Romania is strengthening its early warning system: detecting poliovirus and drug-resistant bacteria sooner, enabling faster public health action and reinforcing national and regional health security.

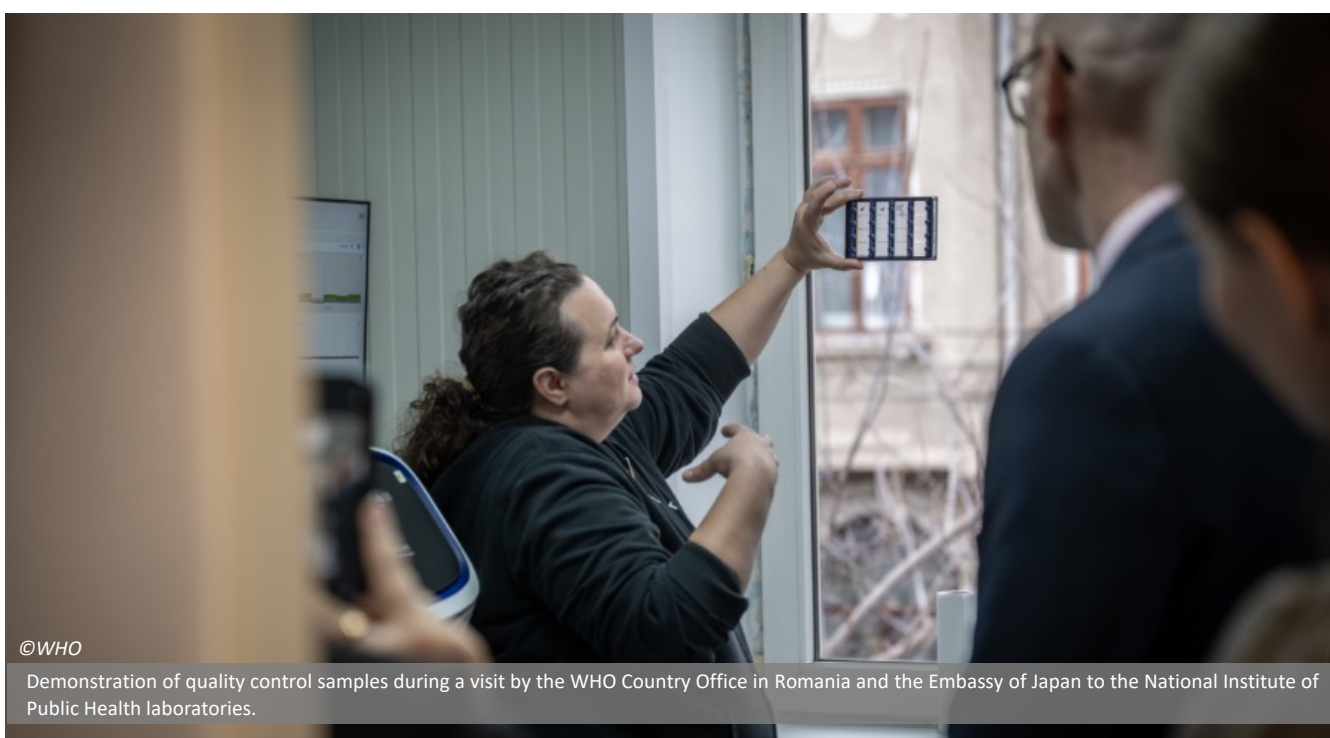
The project was made possible through the financial support of the Government of Japan, through the ASEF.

“

Wastewater monitoring has become an increasingly valuable tool in tracking the circulation of pathogens, including emerging viruses, as we have seen during the COVID-19 pandemic. Through this protocol, we aim to develop joint research projects, exchange best practices and implement innovative solutions for the direct benefit of our communities. We firmly believe that, together with our partners at WHO and with Japan's support, we can expand our testing capacities, modernize laboratory equipment, improve early warning systems, and, not least, invest in human resource development.

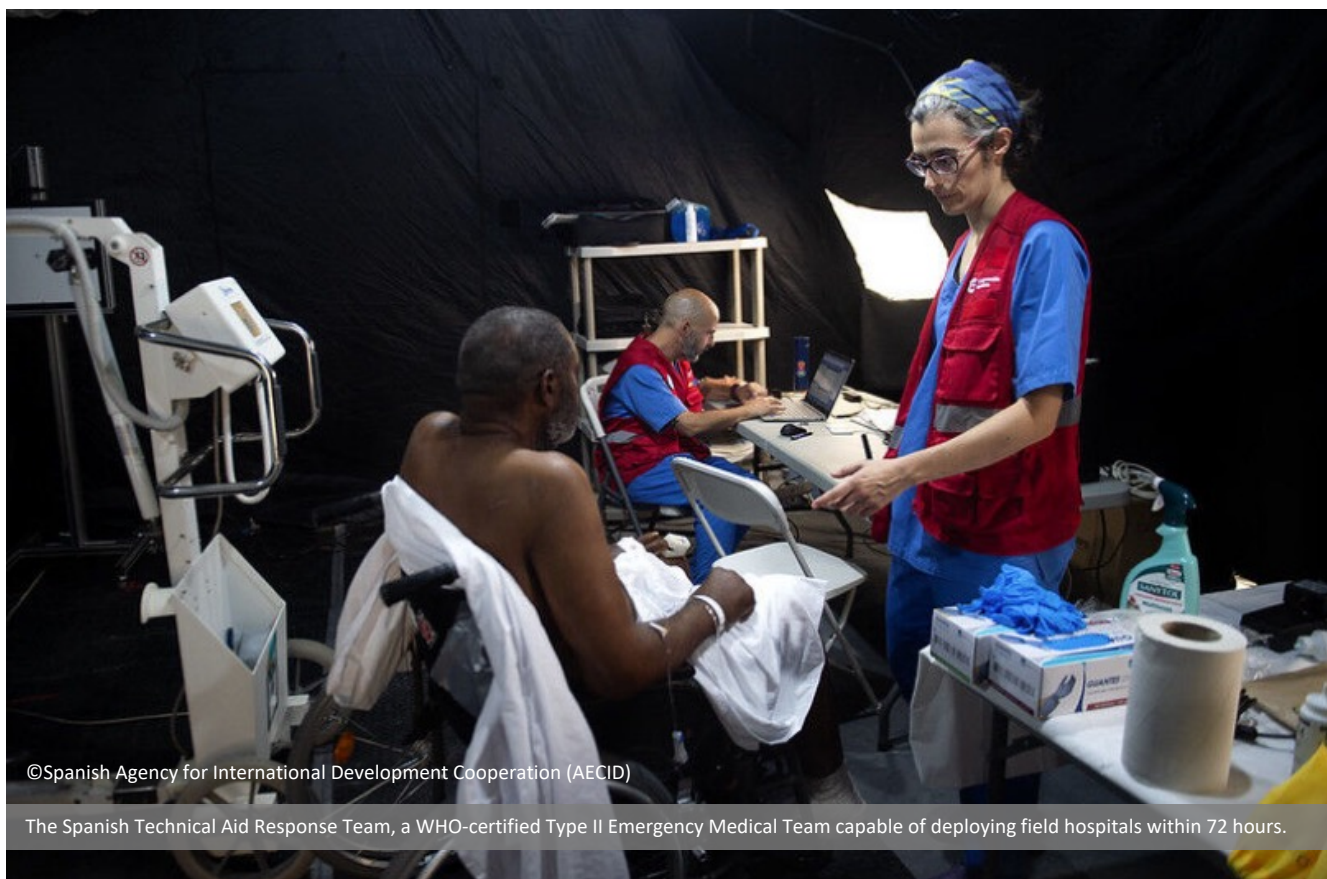
Dr. Simona Pârnu, General Director of the National Institute of Public Health, Romania

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Demonstration of quality control samples during a visit by the WHO Country Office in Romania and the Embassy of Japan to the National Institute of Public Health laboratories.



“

Spain has been supporting the EMT initiative since its creation. Our EMT team had its last deployment to Jamaica in the context of hurricane Melissa. The EMT initiative plays a key role in emergency response and is key part of international health response. Having these response capacities is a great investment. We are very proud of the people who participate in our own capacities, in the EMT initiative.

Antón Leis García, Director of the Spanish Agency for International Development Cooperation, Spain

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EMTs are a critical part of the global health emergency workforce, providing clinical surge capacity and expertise to countries in response to disasters and health emergencies and consist of doctors, nurses, paramedics and other health professionals.

On 27–29 January 2026, the EMT Community of Practice for the WHO European Region came together in Madrid, Spain, at a critical moment for health security. Jointly organized by the Spanish Agency for International Development Cooperation and WHO/Europe, with the support of the Government of Spain, the meeting marks a key transition: moving from the [Global Emergency medical teams 2030 strategy](#) and the [Emergency Medical Teams regional action plan 2024–2030](#) to concrete national health surge workforce action plans, which is a key strategic priority for the WHO European Region. These plans, which are currently being formulated by Member States for implementation by 2030, are expected to be fully aligned with National Action Plans for Health Security across the Region.

Once implemented, these plans will act as a system-wide “switch”, enabling health systems to transition rapidly from routine operations to emergency modes through pre-agreed governance, standardized protocols and surge staffing. This systematic prioritization addresses structural vulnerabilities such as fragmented command and siloed decision-making. The model promotes a balanced approach between strengthening domestic capacities and maintaining international solidarity. Central to this is the integration of interoperable clinical and public health surge functions, coordinated by national public health emergency operations centres.

By adopting the [Global health emergency corps framework](#) through national health surge workforce action plans, Member States reinforce their sovereign responsibility to sustain an emergency-ready workforce that is organized, exercised, coordinated and connected. This integrated approach ensures national health systems remain resilient and capable of rapid, people-centred action in line with the IHR (2005) and the Pandemic Agreement.

Strengthening hospital capacity in the face of chemical, radiological and nuclear hazards in Czechia

As global health security risks evolve, hospitals must be ready to manage incidents that place extraordinary demands on services and staff, especially chemical, radiological and nuclear events, where contamination control and rapid triage can determine outcomes. To prepare for such incidents, on 24–26 March, the WHO Country Office in Czechia and WHO/Europe, in collaboration with the Ministry of Health of the Czech Republic, convened a 3-day workshop to strengthen hospital resilience to CBRN threats. A total of 56 participants – including clinicians, emergency managers, nurses and hospital leaders from hospitals across the country – took part in the workshop. Funded by the EU through the EU4Health CBRN Action, the workshop formed part of a wider effort to boost public health preparedness in Ukraine, neighbouring countries and beyond.

Following sessions on the strategic foundations of CBRN preparedness, and a technical deep-dive, on day 3, participants engaged in a full-scale simulation exercise using the Emergo Train System methodology, managing a realistic mass casualty scenario involving a radiological incident. Developed at Linköping University in Sweden and used in more than 40 countries, the Emergo Train System is a simulation-based methodology recognized globally for testing disaster preparedness and training staff to manage mass casualty events.

The exercise tested hospital response systems in real time; from triage and decontamination to surge capacity and cooperation with authorities. The workshop demonstrated how multidisciplinary teamwork under pressure helps identify strengths and gaps, ultimately contributing to stronger preparedness across the country. It was highly appreciated by participants, reflecting both the relevance of the topic and the importance of hands-on, scenario-based learning.

The workshop presented an important step in translating CBRN preparedness from theory into practice at hospital level in Czechia. By strengthening the capacity of multidisciplinary teams to respond effectively under high-pressure, high-risk scenarios, it supported faster, safer and more coordinated emergency responses, ultimately reducing risks to patients, health workers and the wider community.

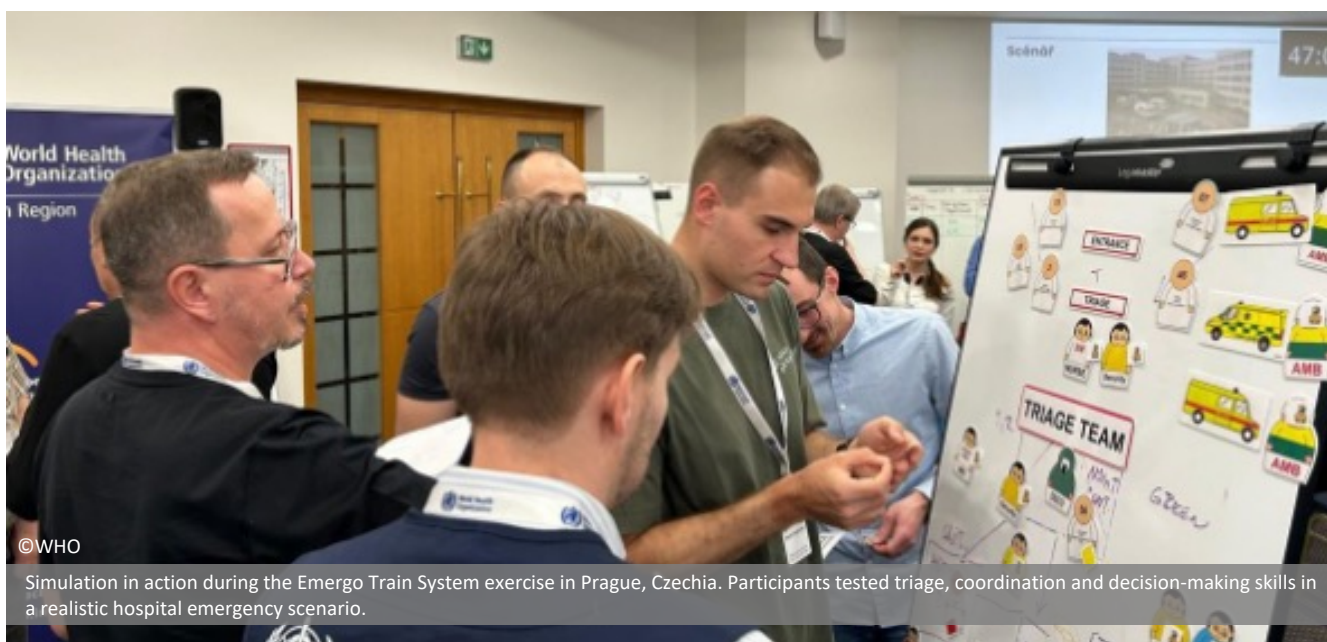
The simulation-based approach not only enhanced individual competencies but also reinforced institutional readiness, highlighting areas for system improvement and investment. As part of the broader EU4Health CBRN Action, the experience and lessons learned will support the scaling up of similar initiatives across the European Region, ensuring that health systems are better equipped to manage complex emergencies and protect public health.

“

During this exercise, we focused heavily on the possibility of a dirty bomb, a radiological emergency and other scenarios. I believe that participants will come away with plenty of valuable lessons or perhaps even entirely new knowledge and that the experience will prompt reflection on what they can improve in their own hospitals.

Markéta Galiová, Head of the Crisis Management and Security Unit at the Ministry of Health of the Czech Republic

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Simulation in action during the Emergo Train System exercise in Prague, Czechia. Participants tested triage, coordination and decision-making skills in a realistic hospital emergency scenario.

Denmark becomes first country in the EU to eliminate mother-to-child transmission of HIV and syphilis

Denmark has low rates of HIV and syphilis among pregnant women. About 5950 people are living with HIV, and less than 0.1% of pregnant women are affected. Routine testing and treatment have reduced mother-to-child transmission to zero. For hepatitis B, the prevalence of chronic infection is estimated at around 0.2–0.3%, mainly among migrants from endemic regions. Congenital syphilis (syphilis passed from mother to baby) is also uncommon due to systematic prenatal screening and care. In 2024, 626 cases of syphilis were reported overall, mostly in men (524) and fewer in women (102). These low infection rates highlight the effectiveness of Denmark's public health efforts and comprehensive prenatal care.

WHO has certified Denmark for the elimination of mother-to-child transmission of HIV and syphilis, recognizing the country's sustained commitment to ensuring every child is born free of these infections.

The validation – based on an assessment by WHO's Regional Validation Committee in June 2025 and the Global Validation Advisory Committee in August 2025 – confirms that Denmark met all required targets from 2021 to 2024, including low transmission rates and high coverage of prenatal testing and treatment for pregnant women. Reaching this milestone reflects decades of sustained commitment by clinical and public health professionals, underpinned by a strong health system and universal health coverage including integrated screening during pregnancy. Denmark's exemplary data systems, robust laboratory capacity and high human rights standards have been essential to this success.

Denmark's experience demonstrates what is possible when rights-based policies, high-quality services and strong data systems come together, providing a powerful model and motivator for other countries seeking to strengthen their elimination of mother-to-child transmission programmes. The country is also on track towards validating hepatitis B virus elimination. WHO is working with Denmark in advancing the triple elimination validation process.

Denmark joins 22 other countries and territories validated by WHO for the elimination of mother-to-child transmission of HIV, syphilis or hepatitis B virus, or certified as on the path to elimination, along with Anguilla, Antigua and Barbuda, Armenia, Belarus, Belize, Bermuda, Brazil, Botswana, Cayman Islands, Cuba, Dominica, Jamaica, Malaysia, Maldives, Montserrat, Namibia, Oman, Republic of Moldova, Saint Vincent and the Grenadines, Sri Lanka, St. Kitts and Nevis, and Thailand. Read the full story [here](#).

“

This validation by WHO is a proud moment for Denmark and the result of decades of work by our health-care professionals, midwives and public health teams to ensure that every pregnant woman receives the screening and care she needs. Denmark's universal health system – built on equal access for all – has been the foundation of this achievement. Being the first country in the EU to reach this milestone is both an honour and a responsibility. We hope our experience can inspire and support other countries on their path to elimination, and we look forward to completing the journey with the addition of hepatitis B to achieve full triple elimination.

Sophie Løhde, Minister for the Interior and Health, Denmark.

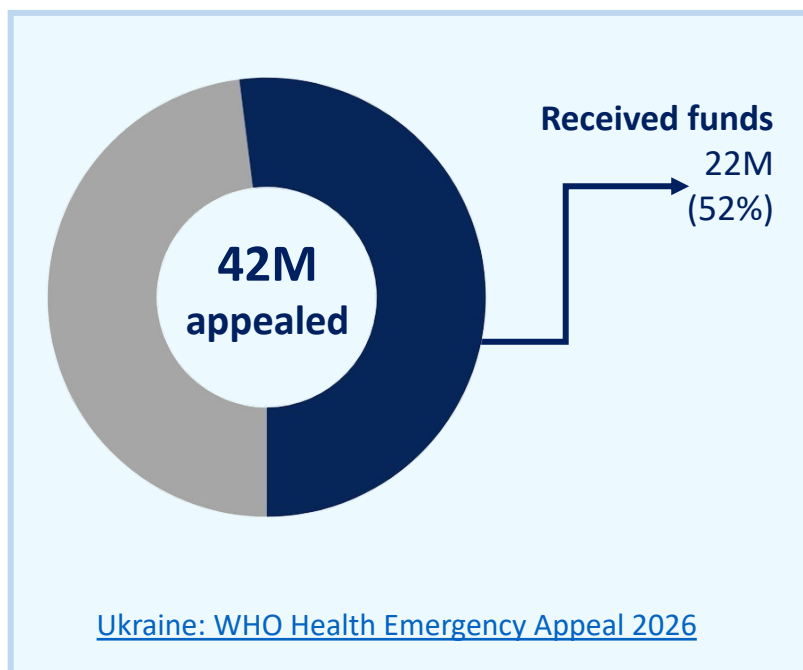
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A mother gazing at her newborn baby.

Funds received through the Ukraine emergency appeal in 2026 (US\$)

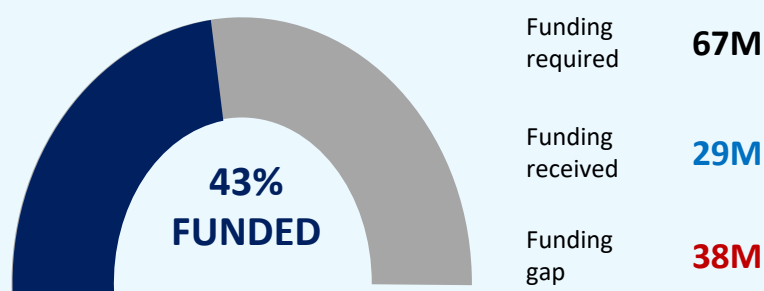


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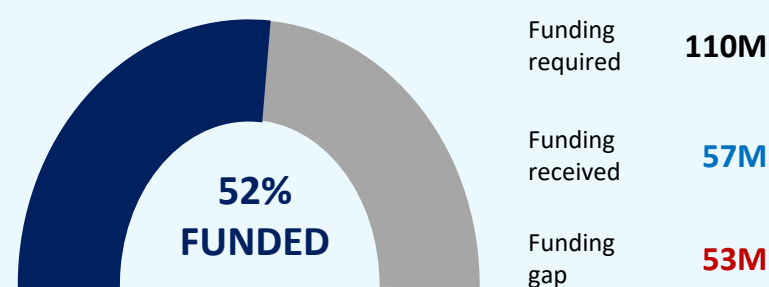
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Funding landscape of the WHO/Europe Health Security Division, 2026–2027 biennium (as of 31 March, US\$)

Base segment of the WHO Programme Budget⁶



Emergency operations and appeals



⁶Figures cover WHO/Europe Regional and Country Office data, with the latter reflecting only the WHO Health Emergencies Programme owing to limited country-level detail.

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- [Measles cases dropped in Europe and Central Asia in 2025 compared to the previous year, but the risk of outbreaks remains – UNICEF and WHO](#)
- [Reflecting on years lost to long COVID: Susan's experience](#)
- [Preventing the next outbreak: women on the frontlines of field epidemiology in Türkiye](#)
- [Meningitis B outbreak in the United Kingdom](#)
- [Ukraine adds HPV vaccine to the national immunization schedule](#)
- [European Region misses 1 in 5 TB cases, while drug-resistant strains remain among the worst globally](#)
- [WHO establishes modular ambulance stations to strengthen emergency medical response in Ukraine](#)
- [WHO and the EU deliver life-saving surgical equipment to frontline hospitals in Ukraine](#)
- [WHO Country Office in Ukraine and ASEF support hospitals on the frontline](#)
- [Strengthening life-saving skills: Republic of Moldova scales up first aid and trauma response](#)

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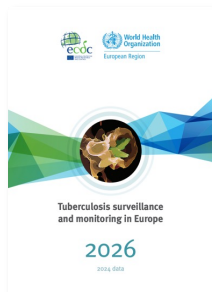
[Mainstreaming antimicrobial resistance interventions into primary health care in Kazakhstan: mission report](#)



[Thirty-third Standing Committee of the Regional Committee for Europe: 20-21 January 2026: report of the second session](#)



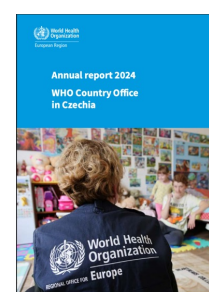
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