HEALTH SECURITY BULLETIN

APRIL–JUNE 2026



World Health Organization

European Region

Cover photo: A firefighter in the Sierra Oeste region of Madrid, Spain, confronts intense flames. As Europe faces longer, more intense wildfire and heat seasons, responding to these risks requires long-term preparation.
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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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Table of contents

Foreword by the WHO Health Security and Regional Emergency Director ii
The WHO European Region in focus: key highlights 1
Detecting and responding to health emergency across the WHO European Region 2
- Andes hantavirus outbreak linked to the cruise ship M/V Hondius 3
- Middle East escalation of violence 4
- Ukraine war 5
- Ukraine refugee response 7
- Mpox 9
- COVID-19 9

Cross cutting updates across emergencies 10
- Operational support and logistics 10
- Prevention and response to sexual misconduct 10

Preparedness and readiness 11
Funding overview 21
Key publications and resources 22

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Foreword by WHO/Europe's Health Security and Regional Emergency Director

The detection of an unprecedented multi-country cluster of Andes orthohantavirus among passengers of the MV Hondius cruise ship in May was a powerful reminder that health threats can emerge unexpectedly and cross borders within hours. The response required close collaboration between countries, International Health Regulations (IHR) (2005) National Focal Points, laboratories, public health authorities and international partners. It demonstrated the importance of coordinated cross-border action, timely risk assessment, rapid information sharing and operational readiness when managing health events that extend beyond national jurisdictions.

The same principle applies to infectious disease threats beyond our Region. The determination in May of the Ebola virus disease outbreak caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda as a Public Health Emergency of International Concern was another reminder that infectious diseases know no borders. Although the current risk to the WHO European Region remains low, such events reinforce the importance of maintaining strong surveillance systems, laboratory capacity and the ability to detect, assess and respond rapidly when threats emerge. But health security is not only about responding when an emergency occurs. It is also about building the capacities that make effective response possible.

In this bulletin, we see what preparedness looks like in practice: simulation exercises testing radiological emergency response in Ukraine and diphtheria outbreak preparedness in Tajikistan; efforts to strengthen laboratory quality and the safe transport of infectious substances; and new approaches using geospatial information to support surveillance, preparedness and emergency response. Through its Health Security Division, WHO/Europe supports Member States in translating regional and global health security commitments into practical national capacities – bringing together technical expertise, common standards and tools, and opportunities for countries to test, strengthen and learn from their systems. These investments may seem routine when no crisis is unfolding, but they are precisely what enables health systems to act quickly when one does.

Preparedness also means reducing risks before they become emergencies. Across the Region, countries are working to close immunization gaps, strengthen One Health approaches to zoonotic disease threats and prepare for the growing health impacts of heatwaves and wildfires. These are different challenges, but they share a common lesson: prevention and resilience require sustained action, collaboration across sectors and an understanding of risks before they escalate.

The ongoing war in Ukraine is changing the nature of humanitarian action. During his recent visit, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Tom Fletcher, saw first-hand the intensifying use of drones and missiles against civilians and humanitarian workers, describing the experience as "quite chilling". In frontline areas such as Kherson Oblast, these attacks are making it increasingly difficult for ambulances and emergency services to reach people in need and are damaging health facilities. This changing reality requires us to adapt how we deliver humanitarian health support – combining operational reach, technical expertise and strong local partnerships to keep essential health services functioning. For WHO, this means supporting emergency and trauma care, strengthening first aid and emergency response capacities, supplying essential medicines and trauma equipment, supporting medical evacuation, and helping communities maintain access to primary health care and mental health services even when traditional ways of delivering assistance are increasingly constrained.

This was also the message at the WHO Ministerial Conference on advancing health security through earthquake emergency management, held in July in Istanbul, Türkiye – a city that itself faces significant seismic risk. The conference marked an important milestone with the adoption of the Istanbul Outcome Statement 2026. The Statement sends a clear message that preparedness, resilience and solidarity must be translated into sustained action across sectors and across borders.

Together, the updates in this bulletin illustrate a broader reality: health security is built before crises emerge. It is built through surveillance that detects threats early, laboratories that can provide reliable results, health workers who are trained and ready to act, systems that can withstand disruption, communities that are informed and engaged, and partnerships that allow countries to work together when risks cross borders. WHO/Europe's Health Security Division helps bring these elements together – supporting national capacities while providing the regional coordination, technical expertise and collective mechanisms needed to safeguard health across the Region.



Dr Ihor Perehinets

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The WHO European Region in focus: key highlights

Ebola virus disease outbreak caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda

On 17 May 2026, WHO determined that the Ebola virus disease outbreak caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda constituted a public health emergency of international concern (PHEIC). Based on current evidence, the risk of Ebola spreading in the WHO European Region remains low, although the outbreak highlights the importance of maintaining high levels of readiness. WHO/Europe is collaborating closely with Member States on information sharing, risk communication and coordinated readiness across the Region.

European Immunization week 2026

The WHO European Region celebrates European Immunization Week every year to promote awareness of the role immunization plays in preventing diseases and protecting lives. In 2026, European Immunization Week marked its 20th anniversary, under the theme "For every generation, vaccines work." Held from 19–25 April 2026, one of the WHO/Europe's campaign aims was to highlight how vaccines safely protected people across generations and continue to safeguard our future.

United readiness – WHO/Europe Toolbox Fair for Baltic and Nordic countries

On 27–28 April 2026, WHO/Europe convened a WHO Toolbox Fair and Operational Readiness Workshop for Baltic and Nordic countries to strengthen coordination and interoperability for health sector preparedness in conflict and hostile event scenarios. Through WHO tool demonstrations, peer exchange and strategic discussions, countries identified common readiness priorities and agreed on areas for continued collaboration under the United Readiness framework. Participants shared practical approaches to operational readiness, information management and continuity of essential health services during emergencies. What emerged from the workshop was the need to move forward together; with a united, practical and context-specific readiness agenda grounded in WHO's Health Emergency Preparedness and Response and the Strategy and action plan on health emergency preparedness, response and resilience in the WHO European Region (Preparedness 2.0) approach.

> *I learned about the different possibilities in which WHO can assist us but also what our common capability gaps and weakness are. So I think if we could have a one-to-one approach from WHO/Europe but also as a Region together, there will be more value. Considering the security situation, it is mainly how to prepare for war or a major incident that will have different type of crisis components. I think that now is the time to think of how we can actually survive a mono crisis to multiple crises. And that is a good challenge for a small country.*
>
> **Birgit Lao, Director General of the Estonian Health Board**



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Minister of Health of Ukraine, Viktor Liashko, and the WHO Regional Director for Europe, Dr Hans Henri P. Kluge, after signing the Biennial Collaborative Agreement 2026–2027.

Ukraine and WHO/Europe sign a Biennial Collaborative Agreement for 2026–2027

On 18 May 2026, WHO/Europe and the Ministry of Health (MoH) of Ukraine signed a Biennial Collaborative Agreement for 2026–2027, reaffirming their partnership to strengthen Ukraine's health system amid ongoing challenges. The agreement prioritizes maintaining essential health services, particularly in frontline and hard-to-reach areas; strengthening primary health care, rehabilitation, mental health, immunization and services for noncommunicable diseases; and advancing health security while supporting Ukraine's path towards European Union (EU) health standards. It also supports implementation of the WHO–Ukraine Country Cooperation Strategy 2024–2030, with a continued focus on response, recovery and health system reform.

Preparing the WHO European Region for heatwave- and wildfire-related health risks

Heatwaves and wildfires are increasingly significant public health threats in the WHO European Region, causing excess mortality, respiratory and cardiovascular illnesses, disruptions to health services and substantial economic losses. Climate change is increasing the frequency, intensity and duration of extreme heat events, while creating conditions that heighten the risk and impact of wildfires across the Region.

Recognizing extreme heat as a recurring public health crisis and a major challenge linked to climate change, WHO/Europe continues to support countries in strengthening resilience to heatwave- and wildfire-related health risks. In preparation for the 2026 summer season, the Health Security Division developed and disseminated technical guidance and a resource package on heatwaves and wildfires. The package aims to support Member States in enhancing preparedness, readiness, response and adaptation measures, enabling governments, health systems and communities to better anticipate, manage and mitigate the health impacts of extreme heat and wildfires.

Detecting and responding to health emergencies across the WHO European Region

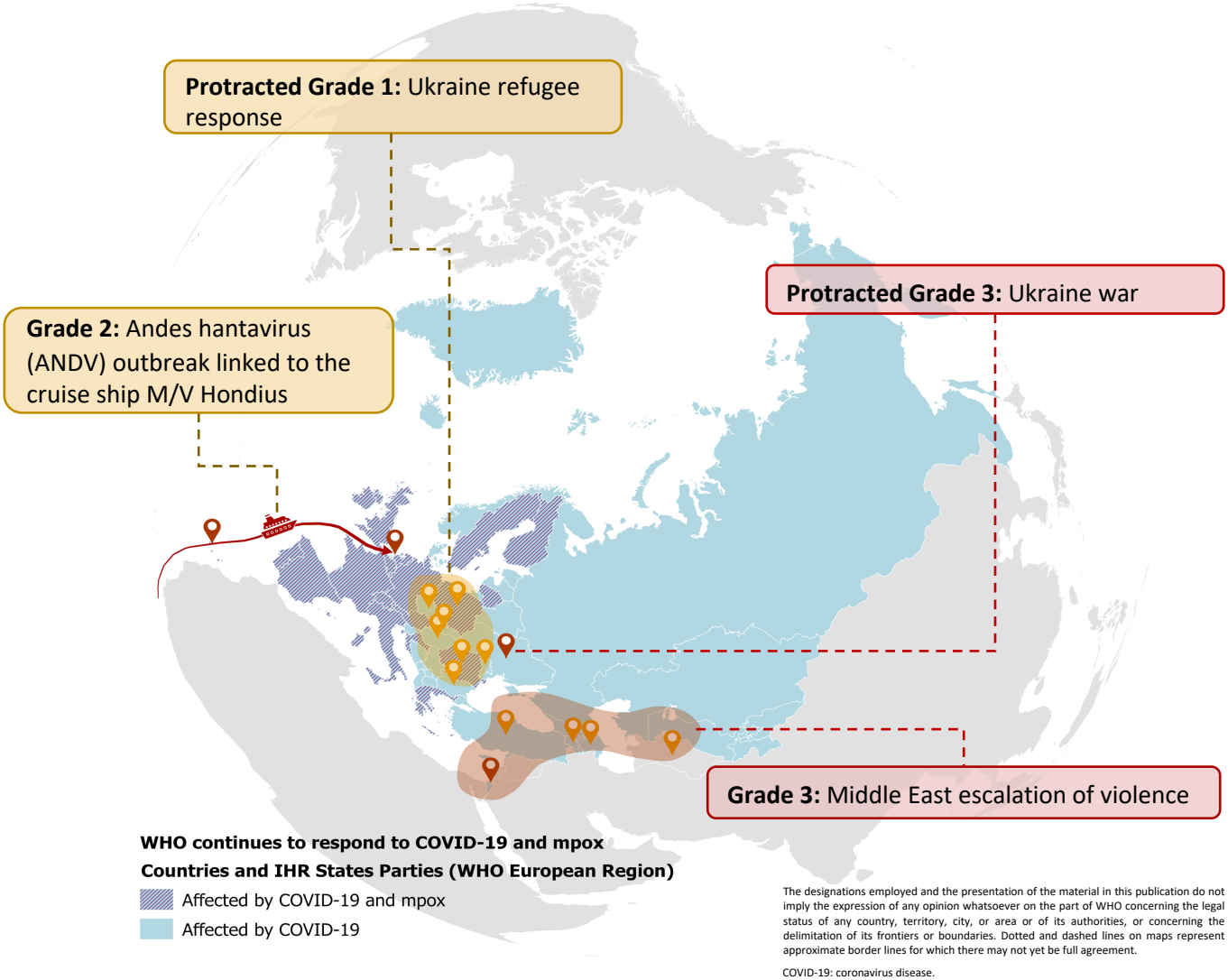
Early warning and response are key in tackling emerging and acute public health risks globally. Therefore, WHO/Europe regularly conducts public health intelligence activities for the detection, verification, risk assessment and response to acute public health threats. These public health intelligence operations are underpinned by the IHR (2005), which require that countries strengthen surveillance efforts to assess, notify and verify events that may constitute a public health emergency of international concern. From April to June 2026, through Epidemic Intelligence from Open Sources, WHO/Europe screened over 13 349 pieces of information and detected 426 raw signals. After assessment and triangulation of these raw signals, 13 were classified as significant signals and six as public health events.

13 349 pieces of information

13 significant signals

6 public health events

1 new graded emergency



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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 April – June 2026

7 **ongoing graded emergencies** in or affecting the WHO European Region

US$ 5.5 million worth of supplies delivered to the WHO European Region

Grade 2: Andes hantavirus outbreak linked to the cruise ship M/V Hondius



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Partners and authorities supporting response and coordination operations in Port of Granadilla, Tenerife, Spain.

Key numbers

147
passengers and crew on cruise ship

13
cases (12 confirmed and 1 probable)

3
deaths

over 600
contacts traced

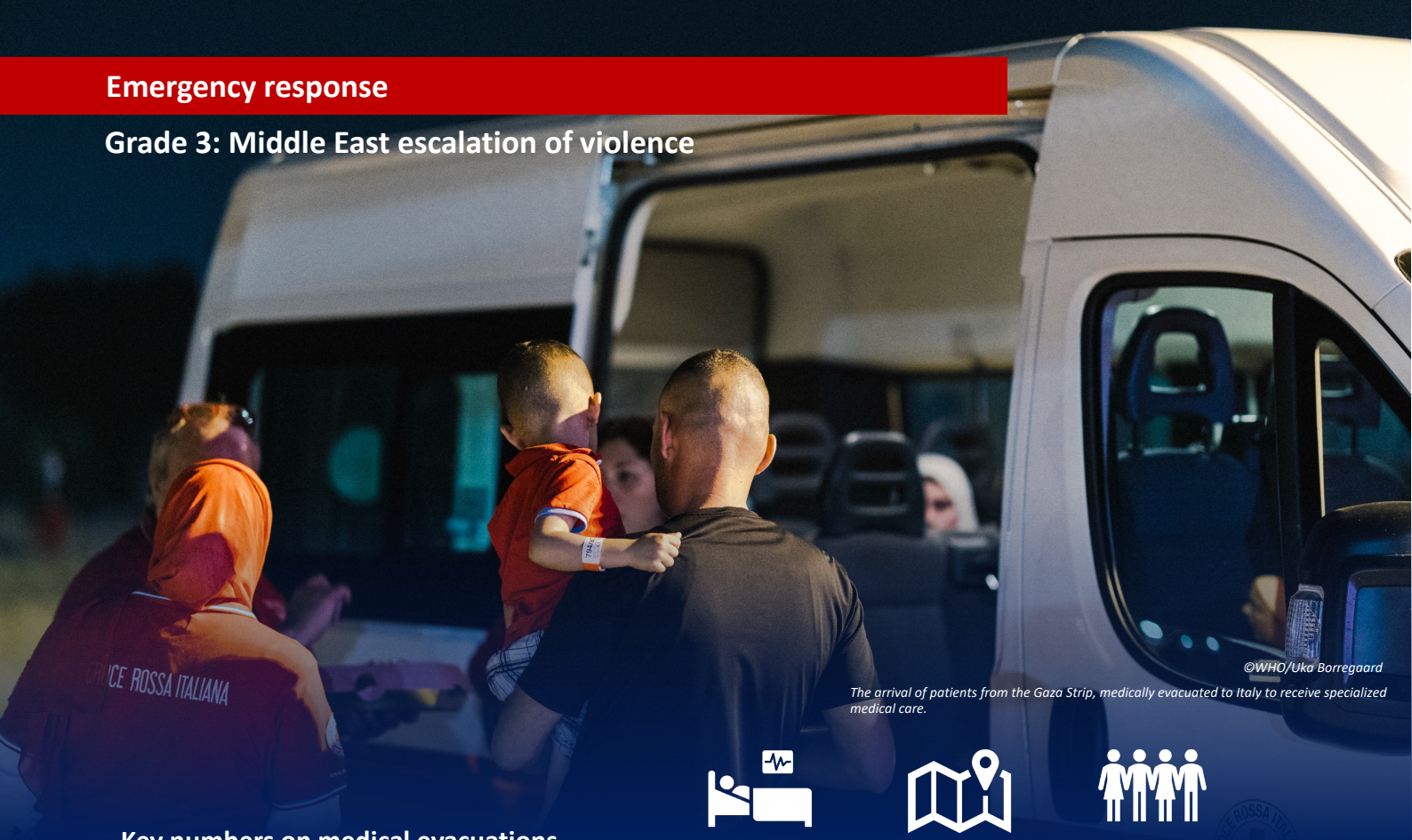
33
countries and territories where contacts were identified and followed up

On 2 May 2026, WHO received notification from the International Health Regulation (IHR) National Focal Point of the United Kingdom of Great Britain and Northern Ireland of a cluster of severe respiratory illness of unknown etiology aboard a cruise ship originating from the Netherlands (Kingdom of the), MV Hondius, involving two deaths and one critically ill passenger who was medically evacuated to South Africa. On the same day, laboratory testing conducted in South Africa confirmed a hantavirus infection in the medically evacuated critically ill patient receiving intensive care. At the time of notification, the vessel was nearing the end of a multi-week itinerary across the South Atlantic, having departed from Ushuaia, Argentina, on 1 April 2026, making multiple stops, including mainland Antarctica, South Georgia, Nightingale Island, Tristan da Cunha, Saint Helena and Ascension Island, before arriving off the coast of Cabo Verde on 4 May. After departing Cabo Verde on 6 May, the ship diverted from its original itinerary and sailed to the Canary Islands, Spain, where it arrived on 10 May in Tenerife and passenger disembarkation commenced. Passengers and most crew members were repatriated from Tenerife to their countries of residence or onward transit destinations on specially arranged non-commercial flights, with the Emergency Response Coordination Centre of the Directorate-General for European Civil Protection and Humanitarian Aid Operations, WHO and partners supporting the disembarkation process. The vessel departed from Tenerife on 11 May for Rotterdam, Netherlands (Kingdom of the) with 25 crew members remaining on board, accompanied by two health and care workers of the Netherlands (Kingdom of the) to monitor their health status and provide medical care as needed.

As of 18 June 2026, WHO was informed of 13 cases (12 confirmed and one probable), including three deaths. All 13 cases are among passengers and crew who travelled onboard the MV Hondius. More than 600 contacts were identified and placed under quarantine or health monitoring by local health authorities across at least 33 countries and territories. All identified contacts completed the required 42-day follow-up period. On 2 July 2026, WHO declared the outbreak over after the final contact completed their quarantine period, tested negative and returned home. From the outset of the response on 2 May 2026, WHO operated across all three levels of the Organization with a no-regrets policy and the objective of achieving total containment of the outbreak. On 7 May, following a three-level organizational call, the event was graded as a Grade 2 emergency. Throughout the response, WHO facilitated coordination with Member States and partners to share information and provide technical guidance on epidemiology, laboratory diagnostics, clinical management, infection prevention and control, environmental sampling and ship sanitation. From 10 May onwards, WHO supported the Spanish Government in coordinating the disembarkation of passengers and crew, while also supporting the Netherlands (Kingdom of the) in coordinating the management and repatriation of crew members who were third country nationals in collaboration with other affected countries. During May and June, WHO also conducted four WHO Information Network for Epidemics webinars to disseminate information and engage stakeholders.

The outbreak represented a quintessential cross-border public health event, requiring extensive application of the IHR (2005). More than 12 specific IHR provisions were activated by States Parties and the WHO Secretariat; an unprecedented level of simultaneous application. The effectiveness of the response was underpinned by the rapid and transparent exchange of information between Member States and WHO, demonstrating the value of established IHR mechanisms in coordinating an international public health response.

Grade 3: Middle East escalation of violence



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The arrival of patients from the Gaza Strip, medically evacuated to Italy to receive specialized medical care.

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

1127
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. The situation in the occupied Palestinian territory, including east Jerusalem remains critical, with 73 066 fatalities and 173 514 injuries reported in the Gaza Strip, and 1179 fatalities and 12 919 injuries reported in the West Bank between 7 October 2023 and 30 June 2026.

The conflict in the Islamic Republic of Iran is affecting neighbouring countries 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 have been strengthened, with a focus on enhancing health system capacities for chemical, biological, radiological and nuclear (CBRN) emergencies. WHO continues to work with ministries of health and national partners to review preparedness measures and ensure the readiness of health systems.

As of 30 June 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. To date, no WHO European Region Member State has requested WHO support.

The regional conflict has led to repeated closures of the Karem Shalom border, the main corridor for medical evacuations to countries in the European Region. The majority of patients are now being evacuated through the Rafah crossing to Egypt, which currently serves as the primary route for medical evacuations from the Gaza Strip. During the period between April and June 2026, only two medical evacuation operations of Palestinian patients were conducted, with a total of three patients and their companions evacuated to Türkiye. Since the launch of medical evacuation operations in October 2023 and up to the end of June 2026, a total of 1127 Palestinian patients have been transferred to 19 countries in the WHO European Region through the 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 awaiting urgent medical evacuation. Health needs in the Gaza Strip remains high and WHO/Europe remains engaged in advocacy and coordination efforts.

Emergency response

Protracted Grade 3: Ukraine war



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WHO delivers generators to the hospitals in Kyiv and Odesa, Ukraine, January 2026.

Key numbers (since 2022)

16 431
deaths[1]

48 613
injured[1]

3116
attacks on health care

3.9 million
internally displaced

6947
medevacs

33
countries that accepted patients for treatment

From February 2022 to June 2026, the Office of the United Nations High Commissioner for Human Rights recorded 65 044 civilian casualties in Ukraine with 16 431 people killed and 48 613 injured.[1] However, the actual casualty numbers are likely to be higher. In the first half of 2026, WHO confirmed 300 attacks against the health-care system, which resulted in more than 130 casualties, including 15 deaths. Since 24 February 2022, through the global Surveillance system for attacks on health care, WHO has verified total of 3116 attacks on health-care facilities. Ukraine accounts for approximately 40% of all attacks against health care recorded globally. As Ukraine enters the fifth year of war, health needs and risks continue to increase. The second quarter of 2026 was characterized by escalation of hostilities, including with the use long-range missiles and drones. The WHO Country Office in Kyiv was hit by drone debris.

Between April and June 2026, WHO participated in three interagency convoys and conducted four bilateral deliveries. Cumulatively, in the first half of 2026, WHO participated in 12 interagency convoys and conducted nine bilateral deliveries, ensuring the delivery of essential medicines and health supplies to communities near the frontline where the window of access is dangerous and narrow.

Over the same 3-month period, the MoH of Ukraine, with technical support from WHO, successfully coordinated the medical evacuation of 304 patients to 15 WHO Member States. The majority of these transfers were facilitated through the EU Civil Protection Mechanism, which supported the evacuation of 206 patients during the reporting period. This achievement underscores the continued commitment and effective partnership of the Ministry of Health, WHO and international stakeholders in ensuring timely access to specialized treatment abroad for patients affected by the ongoing war. Since the programme's inception in 2022, 6947 patients have been evacuated to 33 WHO Member States, highlighting the sustained impact of this collective effort to save lives and support recovery.

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.

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

Ukraine's Emergency Medical Services (EMS) Rally tested mass-casualty readiness

On 21 May 2026, 87 emergency medical professionals from across Ukraine gathered in Sadove village, Vinnytsia Oblast, for the Vinnytsia Medical Rally 2026; a full-day mass-casualty simulation designed to test real-time triage, clinical decision-making and evacuation logistics. The 12-hour exercise brought together 29 teams representing EMS, the State Emergency Service, private providers, and international partners from Lithuania and Poland .

As mass-casualty events in Ukraine have become increasingly complex, combining blast injuries, hazardous substances, hostile environments and fragmented communications infrastructure, the consequences of uneven preparedness across teams may affect patient outcomes during emergency mass-casualty response. The exercise provided a rare opportunity to assess 24 regional EMS teams, alongside national and international partners. Throughout the simulation, participants strengthened their skills in real-time triage, enhancing their ability to prioritize patient care effectively under high-stress conditions. They also honed their clinical decision-making abilities, allowing for more timely and appropriate interventions, while improving their coordination and communication in evacuation logistics, which are crucial for successful outcomes in mass-casualty scenarios.

The exercise demonstrated substantial variation in performance. For the same scenario – an industrial gas cylinder explosion – team scores ranged from 20% to 89%. These findings suggest that implementing a fully standardized national framework for mass-casualty response could help reduce variability in performance and strengthen the consistency of emergency response across the country.

Moving forward, further efforts will focus on institutionalizing regular mass-casualty exercises across Ukraine. Developing standardized national guidance, competency-based training modules and interoperable communication systems will be critical to reducing these differences in performances across regions, strengthening interagency coordination and ensuring that EMS teams can deliver rapid, safe and consistent care during real-world mass-casualty events.



Simulation of response to mass casualty incident for pre-hospital EMS.



Participants and EMT verification teams, Kyiv, Ukraine.

Ukraine's first WHO-verified Emergency Medical Team (EMT)

As introduced above, Ukraine accounts for approximately 40% of all attacks on health care documented globally. Maintaining a verified, deployable EMT means that when facilities are struck or access routes are hindered, Ukraine has a nationally owned, internationally recognized team capable of stepping in without waiting for external deployment.

The State Institution "Ukrainian Scientific and Practical Center for Emergency and Disaster Medicine of the Ministry of Health of Ukraine" has become the first Ukrainian Emergency Medical Team (UAEMT) to receive WHO verification. On 19 June, it was certified as an EMT Type 1, in both fixed and mobile configurations. Ukraine is now the 69th country to join the global WHO-classified EMT network. WHO verification requires teams to demonstrate that they can deploy, operate and sustain emergency outpatient services to internationally defined clinical and organizational standards.

The UAEMT met those standards while simultaneously delivering care under the pressures of an ongoing war; a fact that gives this certification a significance beyond the administrative process. The path to verification began in November 2023, when the UAEMT submitted its Expression of Interest to WHO. Over the following period, WHO provided technical expertise and mentorship to prepare the team for the formal peer verification process. The process confirmed that the team is self-sufficient, clinically safe and accountable for providing lifesaving medical aid during crises.

Looking ahead, the UAEMT will join a subregional group of verified EMTs from Estonia, Lithuania, Poland and Romania and become part of the EU Civil Protection Pool, strengthening Ukraine's capacity to contribute to regional emergency response mechanisms. Nationally, the team is integrated into Ukraine's emergency medical care and disaster medicine system, coordinated by the MoH, alongside the State Emergency Service of Ukraine.

Emergency response

Protracted Grade 1: Ukraine refugee response



©WHO/Laszlo Vegh
A Ukrainian family who fled Ukraine and sought refuge in Hungary.

Key numbers (since 2022)

5.2 million
refugees within Europe

527 420
refugees beyond Europe

5.7 million
refugees globally

10.8 million
in need of humanitarian aid

On 23 June, following a three-level organizational assessment, WHO regraded the ongoing humanitarian health crisis in Ukraine refugee-hosting countries to a protracted Grade 1 emergency for the next 12 months. The United Nations Refugee Agency estimates that almost 5.2 million refugees from Ukraine are recorded as being in Europe as of 30 June 2026.

The consistently high levels of health-care access across the region demonstrate the effective incorporation of Ukrainian refugees into national health systems and financing arrangements. As the response has evolved, health-care provision has progressively transitioned from humanitarian organizations to government-led institutions, resulting in reduced dependency on emergency health services and refugee-specific delivery mechanisms. This shift has been facilitated by policy reforms, broader health insurance coverage and targeted measures aimed at improving access for vulnerable populations, including people living with chronic illnesses and disabilities. According to the 2025 United Nations High Commissioner for Refugees Socio-Economic Insights Survey, 84% of individuals across the countries covered by the Ukraine Refugee Response Plan reported being able to obtain health care when needed. These findings suggest that national health systems have developed sufficient capacity to meet health-care needs, demonstrating a marked reduction in response urgency and supporting a gradual scaling down of WHO's emergency humanitarian response.

From April to June 2026, WHO-supported interventions reached over 738 refugees with health services, trained 95 health workers in refugee-sensitive care and expanded access to mental health and psychosocial support in both urban and rural settings, reaching over 233 individuals[2]. Health sector response coordination – led by WHO – remains essential in maintaining service continuity and social stability amid a fluid geopolitical context.

WHO's priorities are to continue supporting refugee integration into national systems to strengthen social cohesion through localized and sustainable responses. However, persistent funding shortfalls have significantly reduced the scale of WHO's activities since 2024. Despite the funding gaps, 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.

[2] *Data for second quarter of 2026 are available only for Republic of Moldova and Romania.*



WHO staff field trip visit to collective accommodation centre for refugees, Pomeranian Voivodship, Poland.

Leaving No One behind: strengthening health system coordination for sustainable and inclusive healthcare in Poland

From April to June 2026, the WHO Country Office in Poland continued working closely with the Polish MoH, United Nations agencies, local authorities and civil society organizations to strengthen coordination mechanisms and address barriers preventing refugees from accessing essential health services.

Legislative changes introduced in early 2026, which transitioned Poland from the emergency legal framework established under the 2022 Special Act to the regular temporary protection system, influenced refugee access to protection and health services. As health sector lead, the WHO Country Office in Poland convened and facilitated dialogue with national authorities and partners to identify implementation gaps, strengthen coordination, and support the adaptation of operational mechanisms to evolving policy and legislative frameworks to improve access to health care for refugees while reinforcing the resilience of Poland's health system. WHO also continued to support the nationally led Mental Health and Psychosocial Support Working Group, established in November 2025, through the provision of technical guidance. This included strengthening knowledge on mental health and psychosocial support standards and tools, and building new communication and coordination channels to clarify institutional roles and support continuity of mental health and psychosocial services for refugees and host communities alike.

Moreover, WHO continued its long-standing collaboration with Statistics Poland. As part of this collaboration, WHO and Statistics Poland have, since 2022, conducted successive rounds of a survey to better understand the evolving health needs of refugees from Ukraine in Poland. The third round of the survey, launched in 2025 and currently under analysis, provides valuable evidence to guide health policy and humanitarian planning. Looking ahead, WHO will continue to support national authorities and partners to strengthen coordination, promote evidence-informed decision-making, and ensure that refugees and vulnerable populations can access quality health services.

Older Ukrainian refugees receive mental health and psychosocial support in Czechia

As of 31 May 2026, Czechia was hosting more than 388 050 Ukrainian refugees displaced by the ongoing war. According to the International Organization for Migration, in 2024, older refugees were among the most vulnerable, facing the combined effects of trauma, displacement, social isolation and chronic health conditions. Many experienced anxiety, depression and war-related stress, with data indicating that a third of older refugee households reported depression. This underscored the need for targeted mental health and psychosocial support, and initiatives promoting social connection and healthy ageing, both to safeguard the well-being of older refugees and to support social cohesion and health system resilience in Czechia, in line with WHO priorities and the Sustainable Development Goals.

To address these challenges, on 1 March 2025, WHO with the financial support of the Government of Japan, launched a 12-month initiative "Inclusive and Holistic Support for Older Ukrainian Refugees in Czechia: Mental Health, Psychosocial Support, and Healthy Ageing" to strengthen the mental health, psychosocial well-being, healthy ageing and mobility of older Ukrainian refugees across five regions of Czechia. Over the 12 months, it delivered therapy sessions, community-based activities and workshops, and assistive mobility devices to over 1000 people.

The project was implemented through strong coordination at local, regional and national levels, building on the well-established networks of the Alliance of Mental Health Centres and community mental health centres. These networks have long-standing partnerships with municipalities, state institutions, nongovernmental organizations, local service providers and international partners; ensuring effective referrals, mutual trust and smooth coordination in identifying and supporting vulnerable older Ukrainian refugees.

The project also actively engages Ukrainian professionals with relevant qualifications. Ukrainian therapists and psychologists are involved in the delivery of services, enabling culturally and linguistically appropriate support to beneficiaries.

> *This type of support is especially important for older people because it helps alleviate feelings of isolation, promotes mental and emotional well-being, and creates a space for safe communication. The feeling of uncertainty in a foreign country has a very strong impact on one's inner state and peace of mind, especially among older people. They have many concerns, primarily about what lies ahead.*
>
> **Oksana Pavlova, a psychologist who worked on the project.**

Protracted Grade 2: Mpox

From 1 April to 30 June 2026, 1013 mpox cases were reported across 22 European Region Member States (Fig. 1) – with the largest numbers reported by Spain (185), France (177) and Germany (145) – representing a 1% decrease from the previous 3-month period. This total included 414 clade Ib cases reported by 19 countries – with the largest numbers reported by Spain (78), Portugal (74) and Germany (51) – representing a 22% increase from the previous 3-month period. During the second quarter of 2026, one death was reported in Spain, and 97 cases (9.6%) required hospitalization across 12 countries, with the largest numbers reported by France (24), Germany (17) and Italy (11). Among cases with known sexual behaviour, 91% of cases were in men who have sex with men, with the most affected age group being 31–40 years (38%; n = 1009) with a median age of 37 years. Since 2022, a total of 33 692 mpox cases have been reported across 47 countries in the Region, including 12 deaths reported by five countries. Overall, 1632 cases (4.8%) have been hospitalized across 39 Member States. The WHO Director-General's standing recommendations on mpox issued under the IHR (2005) remain in effect until August 2026.

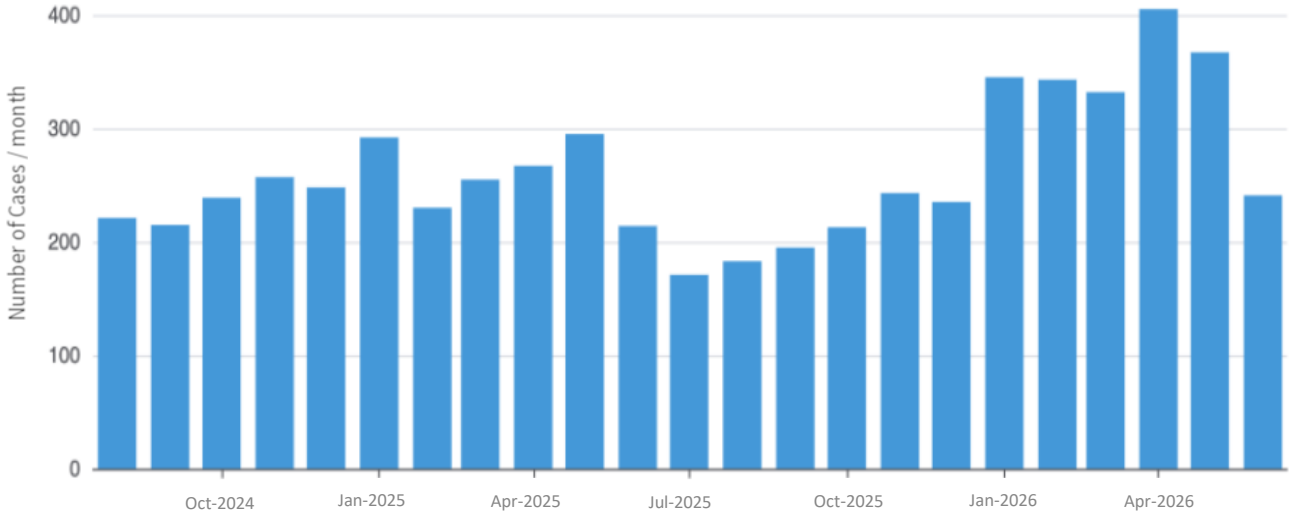


Fig. 1. Number of mpox cases reported by month in the WHO European Region from August 2024 to June 2026
Source: The European Surveillance System.

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 0–2% throughout the second quarter of 2026. The number of weekly SARS-CoV-2 detections remained low and stable 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 second quarter of 2026, the SARS-CoV-2 Omicron variant and its descendant lineages continued to circulate, primarily BA.3.2, XFG, and NB.1.8.1. The median of country variant proportions for BA.3.2 and XFG varied over the quarter between 21% and 82% and 15% and 52%, respectively, while NB.1.8.1 steadily decreased from 20% to 0%. Data submitted to the Global Initiative on Sharing All Influenza Data showed that XFG (11%), RE.2.2 (8%) and XFG.3 (8%) were the dominant variants in the Region during the second quarter, from 910 submitted sequences. These were followed by RV.1 (6%), and BA.3.2, PQ.2, XFG.1.1 and NB.1.8.1 (all 5%). Please refer to the joint WHO/Europe and ECDC European Respiratory Virus Surveillance Summary for further information.

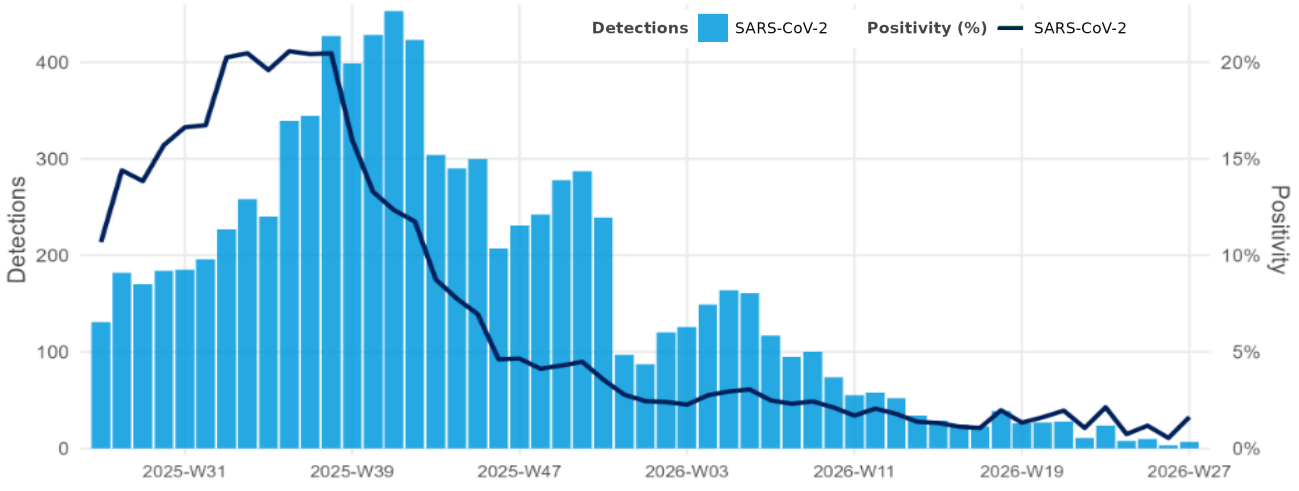
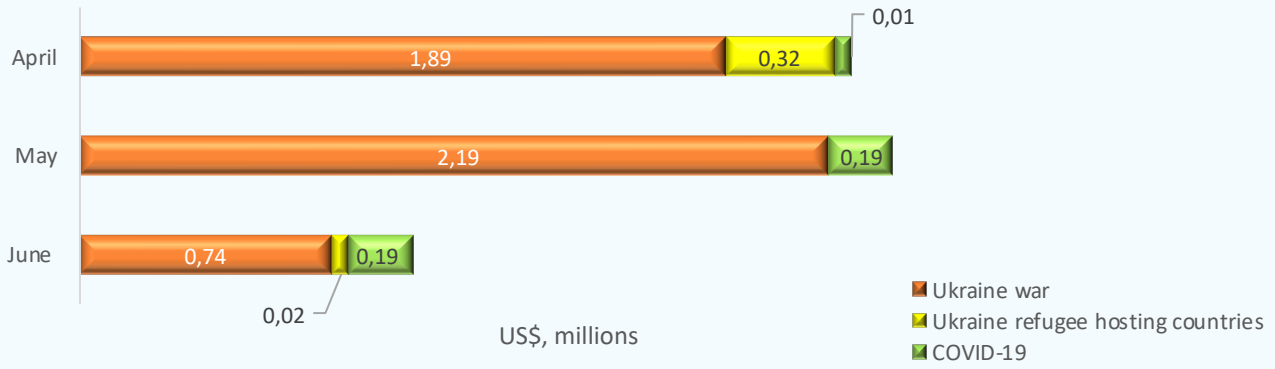


Fig. 2. Primary care sentinel detections and test positivity of SARS-CoV-2 in the WHO European Region from 30 June 2025 (Epi week 27/2025) to 29 June 2026 (Epi week 27/2026). Note: W: Epi week. Source: European Respiratory Virus Surveillance Summary platform.

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 April – June 2026, US$ 5.5 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.

During the second quarter of 2026, WHO Ukraine continued advancing the implementation of its PRS approach by strengthening prevention, awareness-raising, capacity building and interagency coordination. During the reporting period, WHO PRS activities in Ukraine reached more than 412 participants, including WHO personnel, implementing partners, contractors and Health Cluster partners. Through training, technical guidance and continuous engagement, WHO further strengthened partner capacity to prevent and respond to safeguarding risks while promoting accountability and a culture of zero tolerance across the humanitarian health response.

On 13–14 May 2026, as part of the joint WHO and Health Cluster workshop entitled Localization and Capacity Strengthening for Local Health Actors, the WHO Country Office in Ukraine delivered a dedicated protection from sexual exploitation and abuse (PSEA) capacity-building session in Dnipro, Ukraine that brought together 45 humanitarian workers from across the country. The session focused on strengthening participant understanding of safeguarding responsibilities and supporting local organizations in aligning their systems with United Nations standards. Participants enhanced their knowledge of PSEA principles, mandatory reporting obligations, survivor-centred approaches, reporting and referral mechanisms.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Localization and Capacity Strengthening Workshop for Local Health Actors in Dnipro, Ukraine.

In Poland, PRS efforts were further strengthened through a series of capacity-building, awareness-raising and workplace culture initiatives. In May and June 2026, The WHO Country Office in Poland PRS Focal Point participated in targeted learning and coordination activities, including a refresher session on the Implementation Partner PSEA Assessment on 12 May and an inaugural Safeguarding Focal Point Network meeting on 26 May, among other activities.

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.

Advancing health emergency preparedness under the IHR (2005)

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.

Revision of the States Parties Annual Reporting (SPAR) Tool

Health emergencies in the Region continue to underscore the importance of strengthening implementation of the IHR (2005), including the amendments adopted by the World Health Assembly in 2024. To support States Parties in meeting their annual reporting obligations under the IHR (2005), WHO is revising the SPAR Tool, currently in its second edition.

To gather feedback on the clarity, feasibility and usability of the revised tool to inform its finalization, a regional consultation process was launched in May 2026 with an information webinar, bringing together States Parties from the WHO European Region and other relevant stakeholders. The third edition of the tool will be used for the 2026 reporting cycle.

WHO/Europe supports National Action Plans for Health Security (NAPHS) through the rollout of a new planning tool

WHO/Europe continued to strengthen health security across the Region by delivering webinars and briefing sessions for Member States on the updated National Action Plan for Health Security tool that is aligned with the EU Public Health Emergency Preparedness Assessment framework and the WHO Joint External Evaluation (JEE) Tool.

Fostering peer exchange to strengthen health security planning

Following the 75th session of the WHO Regional Committee for Europe's side event on Strengthening health security planning through evidence and risk-based approaches, in December 2025, WHO/Europe launched a regional peer exchange webinar series exploring key pillars of health security planning, including the use of data and evidence, community resilience and protection, and the One Health approach.



WHO Exercise Management Team experts observe a full-scale simulation exercise on a radiological emergency in Ukraine.

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

- **55** States Parties submitted their 2025 SPAR (100%)
- **2** JEE Completed (including 1 JEE/PHEPA[a])
- **4** SimEx[b] conducted to test national preparedness
- **1** WHO SimEx management training completed
- **2** STAR[c] workshops completed
- **1** NAPHS in the final stage with 11 more in development

[a] PHEPA: Public Health Emergency Preparedness Assessment.
[b] SimEx: Simulation exercise.
[c] STAR: Strategic Toolkit for Assessing Risks.

The webinar series concluded in June 2026 and brought together more than 500 participants from across the WHO European Region, fostering knowledge exchange and the sharing of experiences among Member States and partners.

Regional radiological emergency exercise package tested and validated in Ukraine

On 10–11 June 2026, the WHO Country Office in Ukraine and WHO/Europe supported the implementation of tabletop and full-scale SimExes in Ukraine to test and validate a regional SimEx package for radiological emergencies developed for countries across the WHO European Region. Building on previous national experience and a 3-day training programme, the exercises brought together national, regional and local stakeholders to assess readiness for a large-scale radiological incident affecting more than 400 people in an urban setting.

The exercises tested notification and coordination mechanisms, radiological monitoring and laboratory capacities, casualty management procedures, health-care surge arrangements, and coordination with humanitarian and international partners. The activity was funded by the EU through the WHO/EU CBRN Action.

Strengthening diphtheria preparedness in Tajikistan through tabletop and operational SimExes



Health responders test a simulated suspected diphtheria case during the SimEx in Tajikistan on diphtheria outbreak preparedness.

> *Participating in the SimEx on preparedness and response to diphtheria was very useful and timely for me as a health-care professional. The practical scenarios, group discussions and focus on coordination, laboratory samples and infection control were particularly valuable. I am grateful to WHO for organizing such as important SimEx, which further strengthens our preparedness for emergencies.*
>
> **Boir Shomuddinov, Public health specialist, Tajikistan**.

On 6–7 May 2026, a Diphtheria Tabletop Simulation Exercise and an operational SimEx were conducted in Dushanbe, Tajikistan, as part of the World Bank-funded Millati Solim Project. The exercises were jointly organized by the Ministry of Health and Social Protection of the Population, WHO/Europe and the WHO Country Office in Tajikistan.

The exercises gathered national and subnational stakeholders to assess and strengthen Tajikistan's preparedness and response capacities for a simulated diphtheria outbreak. The exercise built on lessons learned from previous preparedness activities and was intended to identify operational bottlenecks, validate current arrangements and generate practical recommendations for strengthening response capacity in accordance with the IHR (2005).

The scenario began with the detection of suspected diphtheria cases in a rural district and progressed through a series of developments requiring district, regional and national-level action. Participants were required to make time-sensitive operational decisions as the scenario progressively escalated, allowing evaluators to assess functional readiness under simulated outbreak conditions. The exercise confirmed that Tajikistan has established many of the essential elements required for an effective response to a diphtheria outbreak.

Overall, the exercise successfully achieved its objectives and provided valuable evidence that Tajikistan possesses a strong foundation for responding to diphtheria outbreaks. At the same time, the findings reaffirm that preparedness is a continuous process requiring regular testing, continuous learning and sustained investment in operational capacities to ensure an effective response to future public health emergencies and continued implementation of the IHR (2005).

The findings from the exercise will inform future preparedness activities, including the revision of procedures, targeted training and additional SimExes aimed at strengthening national capacity to detect, investigate and respond to diphtheria and other vaccine-preventable disease outbreaks.

As a next step, the Ministry of Health and Social Protection of the Population, together with relevant national institutions and technical partners, will review the recommendations generated through this exercise and translate them into a structured corrective action plan with clearly assigned responsibilities and implementation timelines.

Strengthening infectious substances transport capacity across the WHO European Region

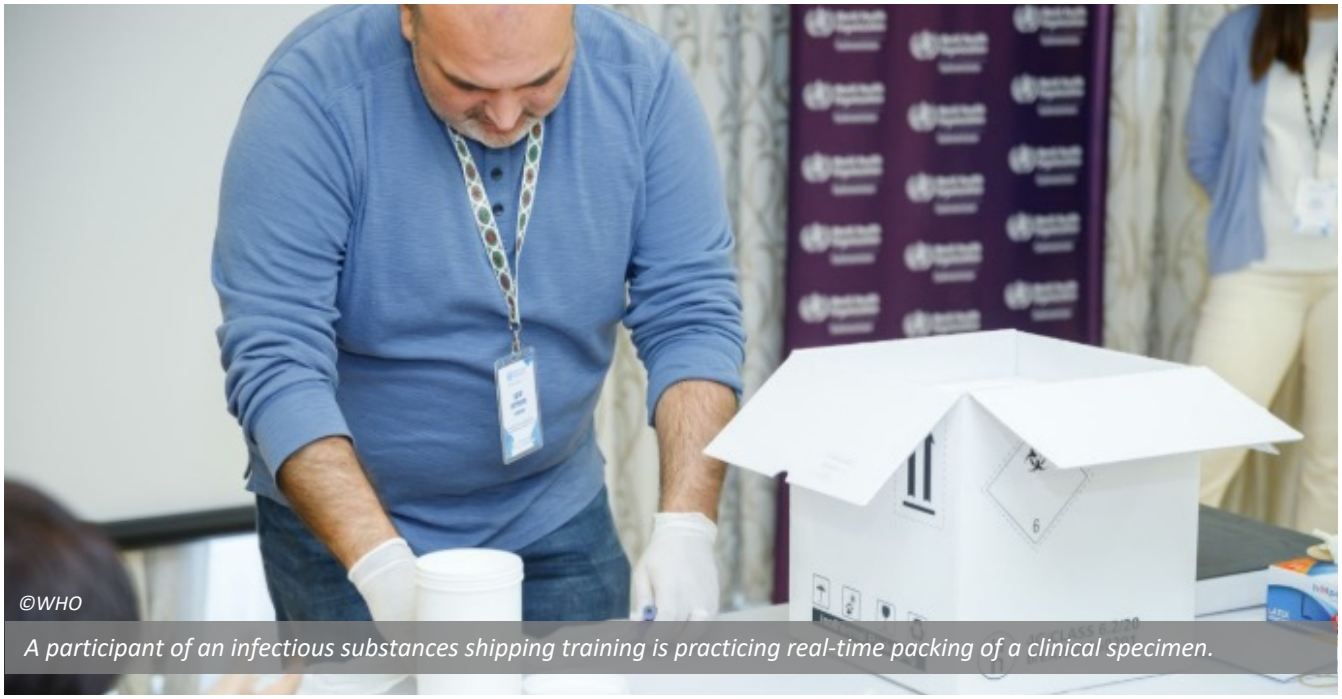
When a patient presents with a suspected high-threat pathogen, the response hinges on a chain of actions starting with the safe transport of the diagnostic specimen to the reference laboratory. Recent health emergencies have highlighted the importance of this capability. The multi-country cluster of Andes orthohantavirus among passengers of an Antarctic cruise ship, and the ongoing Bundibugyo virus outbreak in the Democratic Republic of the Congo and Uganda, both required the rapid international movement of specimens under strict regulatory conditions. In these types of outbreaks, the capacity of laboratory staff to correctly classify, package, document and ship infectious substances is a determining factor in how quickly diagnosis can be confirmed and a response mobilized.

Since November 2023, WHO/Europe has been working to enhance infectious substance transport capacity across the WHO European Region, addressing critical gaps in preparedness through capacity-building training and the strategic pre-positioning of essential shipping resources. As of May 2026, through its Infectious Substances Shipper Training programme, 168 laboratory professionals from 14 countries across the WHO European Region have been trained and certified against international air, sea and ground transport regulations.

Where needed, training was conducted in local languages and all materials were translated to maximize comprehension and practical retention. A total of 120 Category A packing sets – costly, specialized and often unavailable at short notice – have been pre-positioned in five priority countries, with a stockpile maintained at WHO/Europe for rapid deployment to any country facing an urgent outbreak situation. All certified shippers have been enrolled in WHO's online refresher course, enabling certificate renewal and ensuring competency does not erode between emergencies. The investment in shipper certification is an investment in diagnostic speed, epidemiological intelligence and ultimately in the protection of the people these laboratories serve. Every trained shipper represents a link in a chain that must hold under pressure; across borders, across regulatory systems and in the most challenging circumstances.

This work was made possible through funding provided by the United States Centers for Disease Control and Prevention under the Cooperative Agreement until 2025, and through support from the Pandemic Influenza Preparedness Framework.

> *This training is of great importance. The transportation of infectious materials is a highly relevant issue. The knowledge we have gained from this training will make a significant contribution to helping us train our specialists across all regions and improve their professional competence.*
>
> **Sulushash Zhumabayeva, Biosafety Specialist, National Center of Public Health of the Republic of Kazakhstan**



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A participant of an infectious substances shipping training is practicing real-time packing of a clinical specimen.

Learning from crisis: strengthening risk communication and community engagement strategies in humanitarian emergencies



©WHO/Tunc Ozceber

A family, displaced after losing their home in the earthquake, finds shelter in the tent camp established by the Disaster and Emergency Management Authority in Antakya, Türkiye.

> *We are dealing with crises that are multifaceted: from climate change and natural disasters to disease outbreaks, to the risk of CBRN threats. Health systems need to continue to function even in very destabilized conditions. Against this background, this is very useful guidance: risk communication remains an integral part of any prevention, preparedness and response planning. It has been excellent to collaborate with WHO on this.*
>
> **Velina Pendolovska, Team Leader for Prevention, preparedness and response planning, Health Security Unit, Directorate-General for Health and Food Safety, European Commission.**

Drawing on operational experience from some of the Region's most complex emergencies, a new risk communication, community engagement and infodemic management (RCCE-IM) tool translates lessons learned into practical strategies, strengthening how health systems engage with people during humanitarian emergencies. The tool, launched on 23 April 2026, brings together lessons from the full-scale war in Ukraine, the earthquakes in Türkiye and the refugee crisis in Armenia, combined with findings from a literature review and expert opinions. These responses revealed that RCCE-IM approaches used in disease outbreaks do not always translate seamlessly to conflicts, disasters and other humanitarian emergencies, where immediate needs such as shelter, safety, food and water often take precedence over health.

The tool offers five key strategies – coordinating RCCE-IM across the humanitarian response, listening to affected communities and acting on insights, releasing health information strategically, connecting communities to strengthen resilience, and planning for emerging hazards – each accompanied by concrete actions and examples from real emergencies. The tool is designed for national and local health authorities, United Nations agencies, civil society organizations and other emergency response partners, and addresses the full spectrum of hazards; from conflicts and disasters to CBRN threats.

The tool fills a critical gap while advancing WHO's Second European Programme of Work 2026–2030 and Preparedness 2.0 priorities to strengthen country multi-hazard RCCE-IM capacity and community resilience and protection.

The value of this tool comes from a hard-learned lesson: in humanitarian emergencies, RCCE-IM is not a support function but a public health intervention in its own right; one that enables every other intervention to work. Without it, medicines go unused, services go untrusted and those most at risk remain unreached. By helping responders understand what affected communities need – and how those needs evolve as displacement, loss and uncertainty reshape people's ability to protect their health – the tool supports responses designed around people rather than assumptions. It is expected to help ensure that those most affected – displaced and dispersed populations navigating unfamiliar systems – are heard, reached and empowered to make informed decisions about their health.

The development and publication of the tool were made possible through the financial assistance of the EU under the EU4Health programme.

Strengthening the laboratory quality management system at the Institute of Public Health in Kosovo[1] (IPHK)

On 1–5 June 2026, WHO/Europe conducted a mission to IPHK to enhance its laboratory services through the Better Labs for Better Health initiative. This comprehensive effort aimed to align the IPHK's quality management system with International Organization for Standardization (ISO) 15189 standards, which are crucial for ensuring reliable laboratory performance in the face of public health threats.

As part of this process, WHO provided practical support to IPHK in conducting internal audits to assess compliance with ISO requirements. The audits identified key areas requiring improvement and informed the development of corrective action plans and standard operating procedures to address identified gaps. This included establishing procedures for assessing personnel competency and defining clear roles and responsibilities. By strengthening staff accountability and standardizing laboratory processes, these improvements contribute to reducing errors, enhancing diagnostic reliability and ensuring that surveillance systems are supported by high-quality laboratory data.

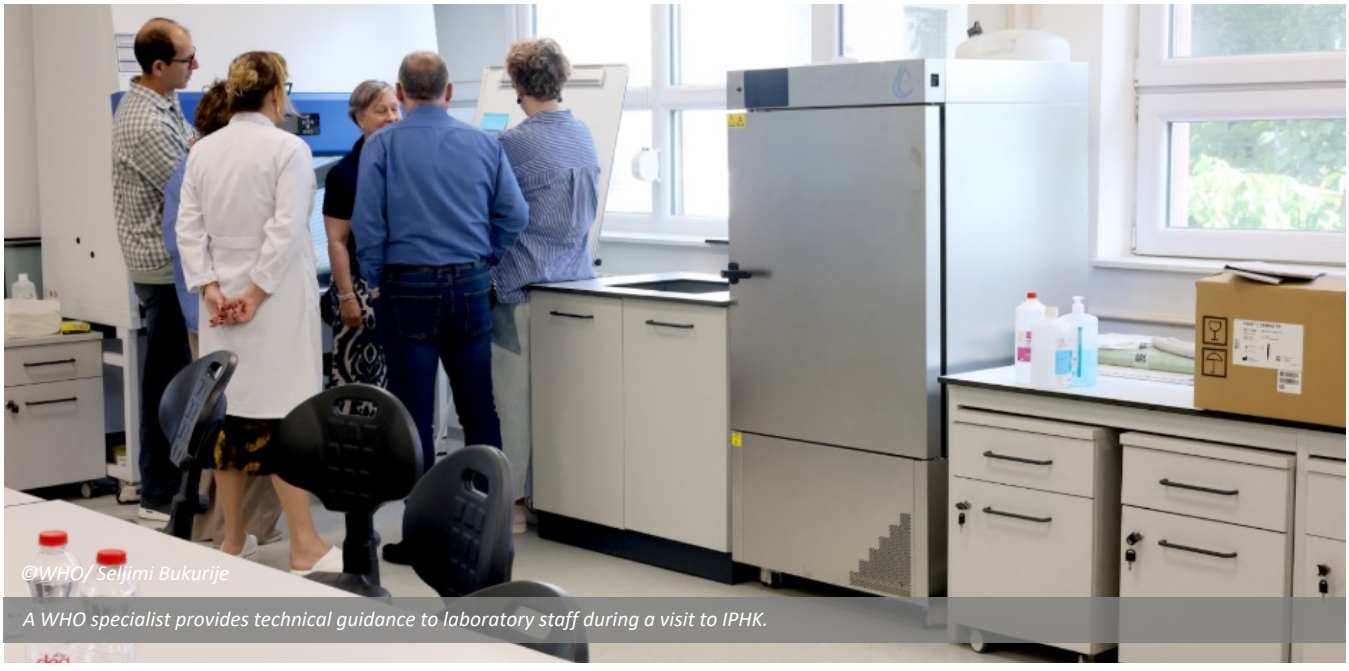
Following the internal audits, WHO also assisted IPHK in structuring its management review process. This involved evaluating laboratory activities and resource adequacy while identifying key quality indicators necessary for continuous improvement.

The review underscored the importance of systematic monitoring, leading to the establishment of quality indicators such as turnaround time compliance and sample rejection rates. WHO also recommended implementing a quarterly quality indicator dashboard to effectively track these metrics. To further bolster IPHK's quality management planning, WHO supported the development of a quality management system improvement plan based on the management review findings to ensure that IPHK is well prepared to respond to public health emergencies and maintain high standards of laboratory performance.

Alignment with ISO 15189 standards is expected not only to ensure reliable laboratory performance but also to enhance the credibility of laboratory results, which is critical for public health decision-making.

This activity contributes to Preparedness 2.0 by strengthening laboratory systems that generate reliable, high-quality data for surveillance and early detection of public health threats. The mission also supported a comprehensive approach to enhancing laboratory preparedness for public health emergencies, including surge capacity planning and integration with surveillance systems.

> Accurate diagnostics begin with a strong quality management system. Through regular audits, continuous improvement and standardized processes, laboratories can ensure reliable results that support effective health-care decisions and protect public health.
>
> **Donjeta Hajdari, Microbiology Specialist, IPHK.**



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A WHO specialist provides technical guidance to laboratory staff during a visit to IPHK.

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

WHO/Europe launches roadmap to strengthen Geographic Information System (GIS)-enabled public health systems



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More integrated use of geospatial information will enable authorities to identify emerging health risks, map inequalities in access to services and target surveillance, vaccination and emergency response resources more precisely.

> *For Türkiye, the WHO European Region GIS roadmap is an important step towards making geospatial intelligence a systematic part of public health decision-making. By bringing together surveillance, environmental, population and health-system data, GIS can help turn information into timely action, from strengthening routine disease surveillance and detecting emerging outbreaks, to guiding preparedness, response and resource allocation during earthquakes, climate-related hazards and other health emergencies.*
>
> **Dr Zeynep Ozgüler, National Professional Officer at the WHO Country Office in Türkiye.**

On 17 April, WHO/Europe launched and published *Geographic Information Systems for health in the WHO European Region: roadmap 2025–2030*, the first regional strategic framework for strengthening GIS-enabled public health systems. Coordinated through WHO/Europe's GIS Hub at the WHO European Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul, Türkiye, the roadmap establishes a shared regional strategic framework and implementation model for strengthening GIS-enabled public health systems through five priority areas: governance and coordination; workforce capacity; data management and interoperability; software and infrastructure; and multisectoral collaboration.

Its tiered implementation model enables countries to advance from different levels of GIS readiness and progressively integrate geospatial intelligence into national health planning, surveillance and emergency preparedness.

By helping decision-makers identify emerging risks, gaps in access to services and priority locations for interventions, the roadmap will support faster, better-targeted and more equitable responses to health emergencies across the Region. A key learning from the roadmap's development is that GIS capacity varies significantly across the Region.

Technical tools alone are insufficient: sustainable progress also requires clear governance, a skilled workforce, interoperable data systems and effective collaboration among health authorities, statistical and mapping agencies, emergency management bodies and academia. Recognizing countries' different starting points is therefore essential to ensuring that implementation is realistic and responsive to national contexts.

Anticipated impacts include stronger national GIS capacity, improved data-sharing and reduced duplication across institutions. More integrated use of geospatial information will enable authorities to identify emerging health risks, map inequalities in access to services and target surveillance, vaccination and emergency response resources more precisely. Over time, this is expected to support faster evidence-informed decisions, more efficient resource allocation and more equitable public health interventions across the WHO European Region.

The roadmap supports the emergency coordination pillar of Preparedness 2.0 by strengthening the use of geospatial intelligence to identify risks, coordinate partners and resources and guide timely, targeted action during health emergencies.

Strengthening CBRN event preparedness through the exchange of best practices

The United Kingdom of Great Britain and Northern Ireland has experienced several major public incidents, including the terrorist attacks in Manchester and London in 2017 and the Novichok nerve agent poisonings in Salisbury in 2018. Responding to these events required close coordination among multiple agencies, including police, ambulance and fire services.

Drawing on lessons identified through statutory public inquiries, the United Kingdom has strengthened the interoperability of its emergency services by improving response systems, equipment and operational protocols, with the aim of delivering life-saving interventions as quickly as possible.

On 20– 22 April 2026, WHO/Europe convened a study visit at the United Kingdom's Fire Service College in Moreton-in-Marsh, hosted by the National Health Service's Resilience Emergency Capabilities Unit and funded by the EU4Health CBRN Action. During the study visit, specialists in CBRN response and decontamination procedures from the United Kingdom shared their expertise with 22 delegates from Estonia, Hungary, Lithuania, Romania and Ukraine. The delegates engaged with subject-matter experts, observed live demonstrations and participated in discussions exploring international collaboration.

A live CBRN decontamination demonstration of a "worst-case CBRN scenario" offered delegates learning on how to set up decontamination facilities, use personal protective equipment and manage and triage casualties. The session provided a unique opportunity to observe realistic operational conditions and the coordinated functioning of response teams. A central lesson was the value of interoperability: when ambulance, fire and police services can work seamlessly – using compatible protocols, equipment, communications and shared command structures – life-saving care reaches patients faster, even in complex, high-risk environments. Experience from the United Kingdom, informed by major incidents and public inquiries, shows that interoperability is built through clear roles, routine joint training and systems that keep operational capacity continually ready.

Across the Region, this kind of knowledge exchange accelerates national preparedness and strengthens collective health security. The United Kingdom's extensive CBRN experience offers practical models and expertise that can be adapted to support national preparedness and response capacities, strengthening collective health security across borders.

> *I was impressed by the interagency working models. Lithuania is doing a lot on preparedness, but intersectoral decision-making is an area we can work on. International collaboration and the sharing of good practices improve our health system preparedness.*
>
> **Odeta Vitkūnienė, Director of Personal Health Care, Ministry of Health, Lithuania**



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A demonstration of a "wet" decontamination as part of the study visit.

Subregional workshop on workforce development for the effective management of zoonotic diseases using the One Health approach in the Western Balkans and the Republic of Moldova



Through strong intersectoral collaboration between veterinary services, public health, end environmental protection, risks to food safety and population health can be significantly reduced.

> *Sharing good practices, strengthening interinstitutional collaboration, and conducting joint practical workshops are critical to translating One Health principles into effective action.*
>
> **Erson Dhimespira, Director, National Authority of Veterinary and Plant Protection, Albania.**

From Salmonella and Campylobacter to antimicrobial resistance and chemical contaminants, foodborne and zoonotic threats are often shaped by what happens across the entire food chain: on farms, in slaughterhouses and processing plants, in water and soil, along supply chains, and the way countries prevent, prepare for and respond to outbreaks. Preventing and managing these threats requires more than technical expertise within individual sectors. It depends on a workforce that can collaborate across human health, animal health, environment and food safety sectors. A strong One Health approach relies on clearly defined roles, shared competencies and professionals who are prepared to work together before an event occurs, not only when an emergency unfolds.

On 22–24 April 2026, WHO/Europe, in cooperation with World Organisation for Animal Health, convened a subregional workshop in Chisinau, Republic of Moldova, to help countries strengthen the workforce needed to prevent, detect and respond to zoonotic disease threats through a One Health approach. The 3-day workshop brought together 15 representatives from Albania, Bosnia and Herzegovina, North Macedonia, the Republic of Moldova and Serbia, covering human health, animal health, environment and food safety sectors. During the workshop, participants moved beyond general discussion to structured self-assessment. Using the workforce development operational tool from the Tripartite Zoonoses Guide, participants assessed how well existing institutions, occupations and competencies support priority functions for effective zoonotic disease management.

Country teams reviewed 36 workforce functions across eight categories and identified gaps against 133 competencies grouped into 36 competency packages.

The workshop generated concrete national workplans for 2026–2030, with 20 priority actions identified across the five participating countries. These included formalizing One Health coordination mechanisms, developing zoonotic disease roadmaps and legislation, conducting SimExes, strengthening intersectoral epidemiological investigation, improving laboratory capacity including genomic sequencing, and establishing continuing education programmes with a One Health focus. Once implemented, these actions are expected to strengthen country ability to prevent, detect and respond to zoonotic disease threats at the human–animal–environment interface. The workshop demonstrated the value of moving from sector-specific approaches towards integrated preparedness.

The activity contributed to Preparedness 2.0 by strengthening essential public health functions through a multi-hazard and One Health approach. Bringing together human health, animal health, environment and food safety actors from five countries, the workshop supported cross-sectoral collaboration and the identification of workforce gaps and priority actions to improve preparedness and response to zoonotic disease threats.

The workshop was made possible with financial support from the EU under the EU4Health cross-border action.

Closing immunity gaps in Armenia – local evidence driving action to strengthen childhood vaccination

Armenia is taking decisive steps to close immunity gaps and prevent future outbreaks of vaccine-preventable diseases. Although the country has maintained overall high immunization coverage for more than two decades, measles outbreaks in 2023 and 2024 revealed pockets of unvaccinated and under-vaccinated populations—often hidden within otherwise high national coverage.

To better understand and address these immunity gaps, the MoH and National Centre for Disease Control and Prevention conducted an in-depth assessment across three regions (marzes)—Armavir, Gegharquniq and Yerevan—with technical support from WHO and funding from Gavi, the Vaccine Alliance.

Using an approach developed by WHO to address inequities in immunization programmes, Armenia mapped the geographic locations of children in the targeted marzes who had missed vaccination doses, followed by triangulation of facility-level measles/mumps/rubella vaccine (MMR) coverage and measles surveillance data from 2023 and 2024. Eight health facilities were prioritized for site visits to review immunization records, and behavioural insights research was carried out with caregivers of fully vaccinated, partially vaccinated and unvaccinated children in the catchment areas of these identified health facilities. The findings show that Armenia's immunization programme is robust: vaccination is available free of charge five days a week, waiting times are short, stockouts are rare and health workers are committed.

However, the investigation uncovered several factors contributing to under-vaccination in the reviewed areas. These include missed opportunities to vaccinate on time, one-size-fits-all communication strategies, "drop-out" risk due to insufficient follow-up or potentially negative prior experiences, and documentation gaps limiting targeted outreach. The findings were discussed with national and local health authorities, health workers and academia on 29 April 2026 to guide development of an Immunization Equity Improvement Plan, with the aim of reaching every child with all recommended vaccine doses. Planned actions include:

- standardizing the documentation of reasons for missed or delayed doses;
- introducing structured reminder and recall systems, including text messages and follow-up calls;
- reducing missed vaccination opportunities related to unwarranted contraindications through targeted paediatrician training;
- strengthening the communication skills of health professionals to better address common concerns and rumours; and
- enhancing data quality and use within Armenia's electronic immunization system.

Armenia's commitment to equity-focused, data-driven improvement reflects the goals of the European Immunization Agenda 2030, which calls for tailored local action to reach underserved groups. Read more here.

> *As the country has progressed from identifying immunization gaps and the factors contributing to them to designing and implementing targeted interventions, the action plan to address immunization inequities will guide concrete activities at the facility, marz and national levels – ensuring that every child, in every community, is protected.*
>
> **Zaruhi Grigoryan, Deputy Director General of the National Centre for Disease Control and Prevention in Armenia.**



©WHO/Marta Soszynska

10-month-old baby is getting a health check up by two nurses. The boy is healthy and has been fully vaccinated.

North Macedonia Adopts a National Mass Casualty Management Plan



©EU Delegation to North Macedonia

WHO-supported medical evacuation following the 2025 nightclub fire in Kočani, Republic of Macedonia. The experience highlighted the importance of coordinated mass casualty management and helped inform efforts to strengthen national preparedness through North Macedonia's first National Mass Casualty Management Plan.

> *Before this plan, efforts were often fragmented. Now, we have a unified framework that aligns institutions, strengthens capacities and ensures that our health system can respond effectively to any crisis. Now our focus is on the implementation of the action plan, to enable the Mass Casualty Plan to become fully operational.*
>
> **Angel Mitevski, State Advisor for Crisis Management and Health System Resilience, MoH of North Macedonia.**

Effective mass casualty preparedness requires clear national leadership, sustained multisectoral engagement and practical arrangements covering the entire patient pathway, from the incident scene to definitive hospital care.

In April 2026, North Macedonia adopted its first National Mass Casualty Management Plan, establishing a unified national framework for preparing for and responding to emergencies involving large numbers of casualties. The initiative was launched through a national workshop on 4–6 December 2024 and gained further urgency following the tragic nightclub fire in Kočani, Republic of Macedonia, on 16 March 2025, which killed 63 people and injured 193. The plan was developed with technical support from WHO/Europe and the WHO Country Office in North Macedonia, working closely with the MoH and other key stakeholders across the strategic, pre-hospital and hospital levels. It defines clear roles and coordination arrangements for ambulance services, hospitals, police, fire services and other responders, helping to reduce fragmentation, duplication and delays during the critical early stages of an emergency.

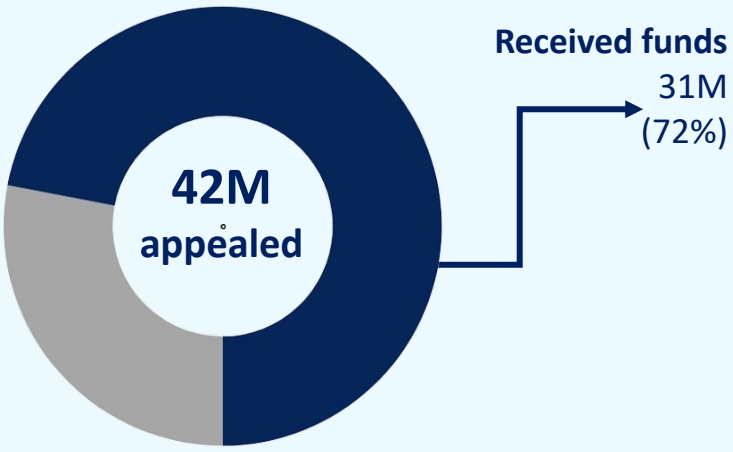
The plan also supports the development of standardized protocols for triage, treatment and referral, enabling consistent decision-making and continuity of care from the incident scene through transport and hospital treatment. In addition, it strengthens emergency communication, resource management and assessment of national capacities and gaps.

The next step will be to test these arrangements through joint training and exercises, helping identify operational gaps and ensuring responders are familiar with their roles before the next mass-casualty incident. Its adoption represents a meaningful shift from fragmented institutional arrangements towards a coordinated, whole-of-system approach. It provides the foundation for faster and more consistent decision-making, improved continuity of care, reduced duplication and delays, and more effective use of limited staff, equipment, transport and hospital capacity during emergencies.

Aligned with the whole-of-government approach promoted through Preparedness 2.0, the plan strengthens collaboration across health and non-health sectors, ensuring that all responders can act together with a common understanding of their roles and responsibilities. The plan provides a context-specific national framework and will be implemented through joint exercises, workforce development, and continuous learning and improvement, contributing to a more agile and resilient health system capable of responding effectively to future emergencies.

This adoption marks a significant step within WHO's broader work to strengthen health security by boosting national capacities to respond to emergency situations across the WHO European Region. By establishing a shared framework for preparedness and response, the plan will help North Macedonia improve operational readiness, enhance interinstitutional coordination and optimize the use of resources when lives are at stake.

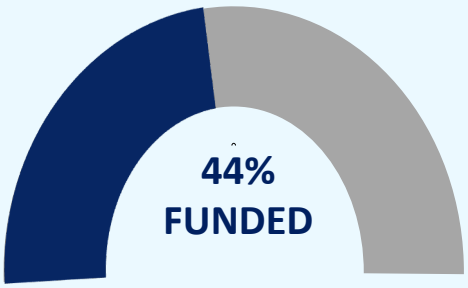
Funds received through the Ukraine emergency appeal in 2026 (US$)



Ukraine: WHO Health Emergency Appeal 2026

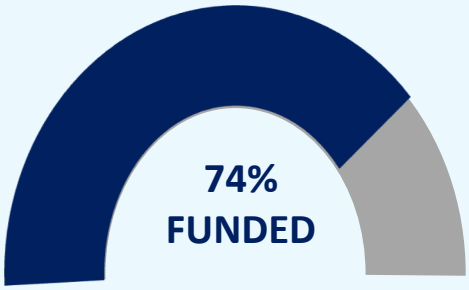
Funding landscape of the WHO/Europe Health Security Division, 2026–2027 biennium (as of 30 June, US$)

Base segment of the WHO Programme Budget[3]



Funding required	68M
Funding received	30M
Funding gap	38M

Emergency operations and appeals[4]



Funding required	128M
Funding received	95M
Funding gap	33M

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United Nations Multi-Partner Trust Fund Office
WHO Foundation
World Bank
World Diabetes Foundation

[3]Figures cover WHO/Europe Regional Office and Country Office data, with the latter currently reflecting the WHO Health Emergencies Programme only.
[4]Increase compared with first quarter reflects the routine updating of funding requirements as situation and plans evolve.

Key publications and resources

News and highlights from April–June 2026 | Available here

- Public health in action: from detection to response – how International Health Regulations (2005) guided response to hantavirus outbreak
- Statement – WHO/Europe: Ebola risk remains low ahead of the Football World Cup
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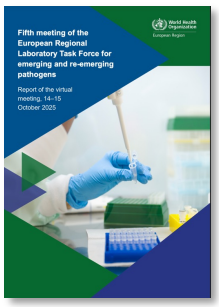

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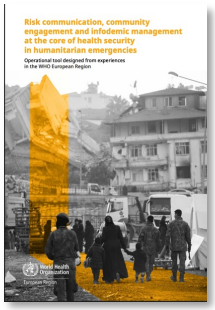

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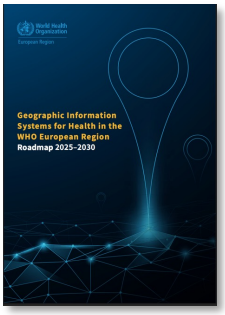

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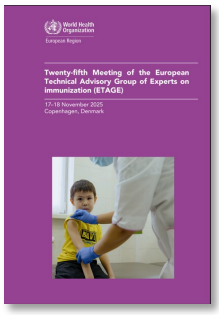
19th meeting of the Measles/Rubella Regional Reference Laboratories of the WHO European Region, 17-18 October 2024 Copenhagen, Denmark



Thirty-third Standing Committee of the Regional Committee for Europe: 23-24 March 2026 (virtual): report of the third session



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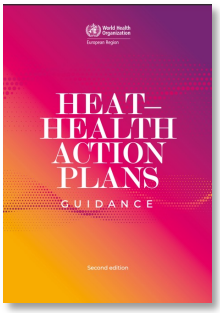

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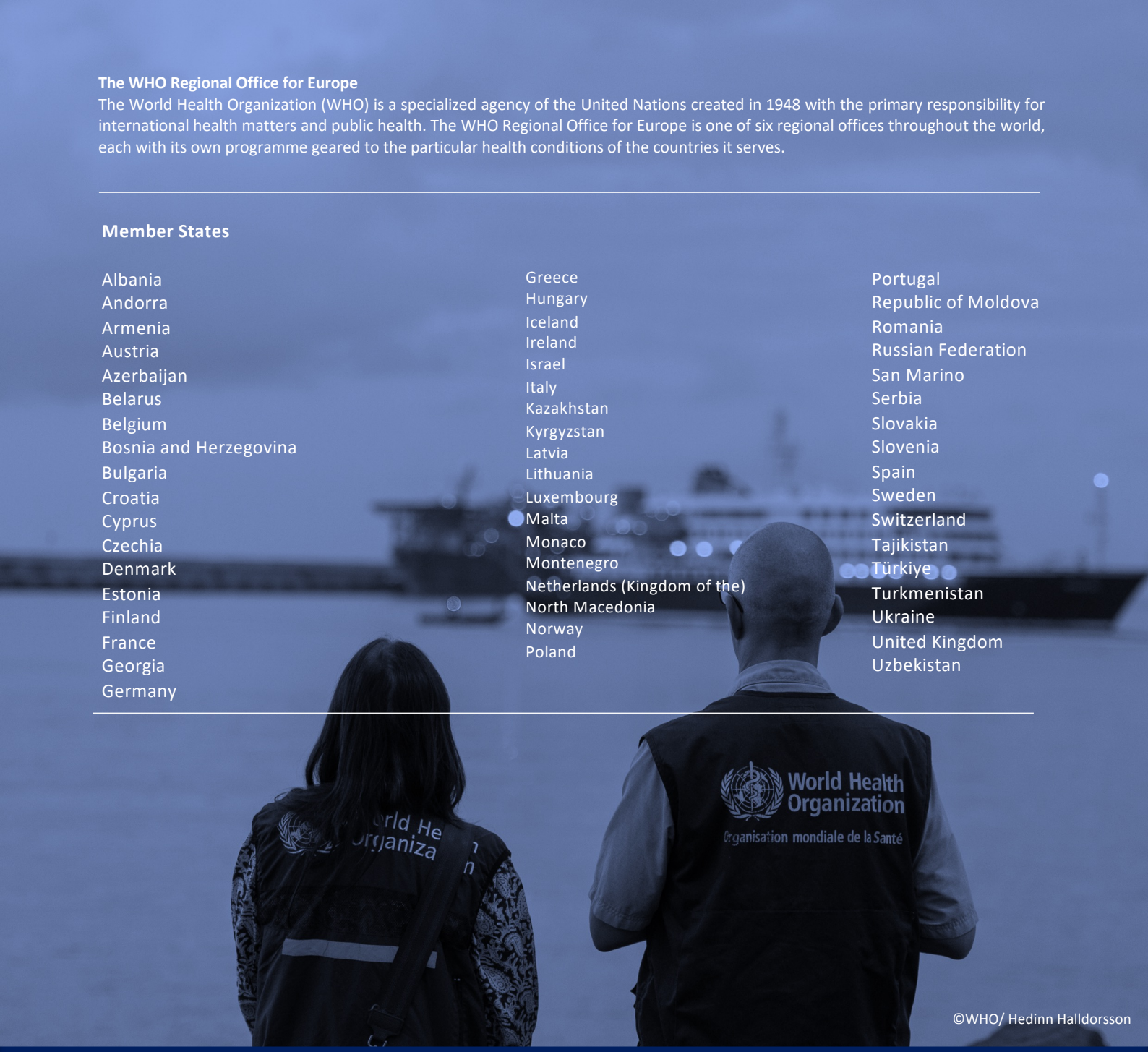

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World Health Organization
Regional Office for Europe
UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
WEB www.who.int/europe

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