WHO Regional Office for Europe
COVID-19 operational update
A year in review: 2022
Evolution of the COVID-19 pandemic in the WHO European Region in 2022

Regional situation update

As of 2 January 2023, 270 981 354 COVID-19 cases and 2 160 964 COVID-19 related deaths had been reported across the WHO European Region. In early 2022, the European Region saw a sharp increase in COVID-19 cases, with the highest weekly number of cases reported in week 4 at 12.3 million cases. From February onward, the number of COVID-19 cases reported to WHO began to decline, as testing strategies were changed, with several resurgences in transmission seen in early July, mid-October and early December. The number of deaths followed a similar trend, with spikes in deaths lagging the observed increase in cases. Throughout most of 2022, reported COVID-19 deaths remained elevated – but lower than in the previous two years – averaging between 4000–5000 weekly deaths in the Region (Fig. 1). The omicron variant dominated transmission in 2022, with several sublineages emerging and spreading during the year, the most significant being B1.1.529, BA.2, BA.5 and XBB.1.5 which grew in prevalence towards the end of the year. Throughout 2022, hospitalization rates due to COVID-19 saw sharp increases in early February, March and late October, although intensive care unit admissions remained stable at a rate of around 0–1 per 100 000 population.

In the first months of 2022, Member States rapidly lifted public health and social measures (PHSM), dropping the regional PHSM severity average from a six-month high to its lowest level yet by March 2022. Throughout spring 2022, strict measures were replaced with milder requirements or recommendations and universal mask policies for the general population were replaced with risk-based mask requirements in specific settings and eventually with recommendations. International travel restrictions eased as well; from February 2022, most countries in the Region progressively lifted entry bans and requirements for proof of vaccination, recovery or a negative test. Member States shifted their focus to individual responsibility in lifting PHSM and, when faced with a worsening epidemiological situation, expanded or reiterated recommendations rather than reinstating requirements. In addition, personal responsibility was emphasized for those infected with SARS-CoV-2, with 16 Member States having lifted isolation requirements by the end of 2022.

Please refer to the WHO European Region Dashboard and the WHO European Region Surveillance Bulletin for further information.

Fig. 1.Number of COVID-19 cases and deaths reported by epidemiological (epi) week in the WHO European Region from 1 January (epi week 1, 2020) to 31 December 2022 (epi week 52, 2022)
Strong leadership of WHO’s response across Europe and Central Asia has been a critical determinant of the impact of WHO’s work in countries throughout the pandemic. The country- and community-centred strategy and the use innovative approaches, new knowledge generation and sharing tools, as well as an agile response modality has been instrumental in strengthening the regional response capability (Fig. 2).

Implementation and operational support

**Fig. 2. WHO Regional Office for Europe’s key operational support figures (2020–2022).**

<table>
<thead>
<tr>
<th>Missions and deployments</th>
<th>Number of missions</th>
<th>Member States/territories with missions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>476</td>
<td>33</td>
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</table>

<table>
<thead>
<tr>
<th>Emergency supplies delivered</th>
<th>Shipments to Member States in kg</th>
<th>Shipments to Member States in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.8 M</td>
<td>104.0 M</td>
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<table>
<thead>
<tr>
<th>Technical support to Member States</th>
<th>Participants in webinars, trainings and workshops</th>
<th>Webinars, trainings and workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47.2 K</td>
<td>928</td>
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For additional information, please see the [COVID-19 Country Support Dashboard](#).

WHO Regional Office for Europe has carried out many operational support activities, often through in-person deployments. Fig. 3 highlights the field support missions carried out for COVID-19. In addition, using the [Intra-Action Review/After-Action Review tool](#), WHO has continued to support Member States in promoting continuous learning from and improvement of the outbreak response at country level, across all response areas. As of April 2023, 20 Intra-Action Reviews/After-Action Reviews conducted in the Region had utilized WHO guidance, and direct support was provided in this regard to eight countries/area, including Azerbaijan, Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, Ukraine and Uzbekistan.

**Fig. 3. WHO Regional Office for Europe’s field missions to support countries in responding to COVID-19 (2020–2022)**
Operational support and logistics – continuing to support countries in ensuring supply chains for COVID-19

Regular supply chains of essential medicines and health technologies have been disrupted throughout the pandemic, and ensuring sustainable access to quality medicines and health technologies was challenging. Most required health products are available on the WHO Supply catalogue.

Between 2020 and 2022, the Regional Office for Europe delivered 1840 tonnes of supplies, worth over US$ 100 million to 31 countries and areas in the European Region. (Fig. 4). These supplies included over 77.9 million masks, 23 million gloves, 8.9 million respirators, and over 5 million laboratory and diagnostic supplies, including reverse transcription–polymerase chain reaction test kits and swabs.

*Fig. 4. Top 10 emergency supplies dispatched by cost, US$*

*PCR: Polymerase Chain Reaction*
Surveillance, analytics and laboratory diagnostics – using real-time data to inform WHO’s guidance and recommendations

Throughout the pandemic, the Surveillance, Analytics and Laboratory team supported the European Region across three primary tracks: 1) ensuring systems to detect and assess the epidemiological and virological characteristics of SARS-CoV-2 including variants of concern (VOC); 2) creating and maintaining systems to monitor the spread, intensity and impact of SARS-CoV-2 including VOC; and 3) monitoring the uptake, impact and effectiveness PHSM such as COVID-19 vaccines (Fig. 5). As part of providing continuous guidance to Member States for surveillance and laboratory diagnostics, in July 2022, the WHO Regional Office for Europe published the document, *Strategy considerations for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and other respiratory viruses in the WHO European Region during autumn and winter 2022/23: protecting the vulnerable with agility, efficiency, and trust*, in preparation for the autumn and winter seasons. It highlighted the need to protect vulnerable populations from the expected surges in COVID-19 cases and the co-circulation of other respiratory viruses.

Looking forward, the need for a mosaic of respiratory surveillance systems to meet surveillance objectives is described in the *respiratory surveillance framework*, and regional surveillance requirements are outlined in the *joint European Centre for Disease Prevention and Control (ECDC)/WHO Regional Office for Europe operational guidance*, namely the need for effective integrated respiratory surveillance systems to enable monitoring of the spread, intensity and severity of respiratory viruses to guide control measures. In view of the rapid emergence and spread of new variants and the importance of their continued characterization and monitoring, the Regional Office together with the ECDC published several iterations of the guidance *Methods for the detection and characterization of SARS-CoV-2 variants* (March 2021, December 2021 and June 2022), as well as *Technical guidance for antigenic SARS-CoV-2 monitoring* (June 2022).

*Fig. 5. Laboratory support activities for WHO European Region Health Emergency priority countries/areas in 2022*
RCCE-IM has never been so vital as a response pillar nor so high on WHO Member States’ agendas. The WHO Regional Office for Europe has responded to escalating country requests for support by developing innovative capacity building tools; strengthening community partnerships; and generating evidence, guidance and other relevant tools.

The Regional Office launched a series of interventions to help countries build their RCCE-IM capacities including the RCCE-IM School, a flagship capacity building series based on lessons learned; and sub-regional RCCE-IM lessons learned workshops to support countries building their RCCE-IM roadmaps. These initiatives have been underpinned by a series of guidance documents and tools in English and Russian – on Infodemic Management, engagement of faith partners and youth, and COVID-19 vaccination.

A Compendium of Case Studies resulting from dozens of interviews with frontline RCCE-IM practitioners, sheds light on the outcomes of RCCE-IM interventions. The 10 lessons determined by the Compendium can be condensed into three main areas:

1. RCCE-IM is a core public health intervention
2. RCCE-IM leads to trust
3. communities are at the heart of emergency response.

In addition, the Regional Office has been strengthening partnership with civil society organizations, partners, stakeholders and academia, and has launched the first ever WHO Technical Advisory Group (TAG) on RCCE-IM to build evidence to support relevant policy-making.
Over the course of the pandemic, PHSM were utilized as a tool to reduce infection rates and disease burden. The 2022 methodology paper update introduced the PHSM Severity Index – for capturing, coding, visualizing and analyzing PHSM responses to COVID-19 in countries across the WHO European Region – which captured the types, severity and timing of PHSM implemented by a country across six main indicators. By providing standardized data on PHSM implementation, the PHSM Severity Index could support and inform the development of policy at country and regional levels.

The WHO Regional Office for Europe also developed an online tool to support Member States in making informed decisions regarding the implementation of PHSM during the COVID-19 pandemic. This tool is specifically designed for policy-makers in national and local government authorities and offers guidance based on an assessment framework that considers the level of community transmission and the capacity of health systems and public health services within a country or region.

In 2022, WHO launched a new multi-year initiative to measure the effectiveness and social, health and economic impact of PHSM during health emergencies. It aims at strengthening the global evidence base on PHSM to inform the development of action-oriented guidance, mechanisms and tools for decision-makers.
Maintaining essential health services (EHS) – Ensuring the continuity and integration of COVID-19 as part of EHS

The COVID-19 pandemic has significantly impacted the global health of populations leading to disruptions in EHS, and has highlighted health system weaknesses and magnified inequity, health and socioeconomic disparities; disproportionately impacting marginalized and vulnerable people.

At the request of the WHO Regional Director for Europe, a TAG was established from February 2021–2023 to provide advice and guidance to Member States and other interested parties on the key mental health impacts of the COVID-19 pandemic, and to suggest critical actions to be taken by national authorities in response. Recommendations from this TAG on the impacts of COVID-19 on mental health and the associated opportunities were highlighted via a briefing published in September 2022, providing key recommendations for the WHO European Region.

Routine immunizations are a core component of EHS and maintaining immunization schedules was made even more challenging due to COVID-19. The WHO European Region’s average of 94% diphtheria, tetanus toxoid and pertussis vaccination coverage recorded in both 2020 and 2021 represents a 1% decrease compared to 2019. While overall the Region prevented further backsliding in 2021, disparities in immunization performance among countries are now evident in 2022. Pockets of under-vaccination also reflect continuing barriers to vaccination that predate the pandemic, including systemic programmatic weaknesses and gaps in acceptance of and demand for vaccines.

To support countries, the Regional Office Incident Management Support Team’s cross divisional coordination group on EHS developed a comprehensive four-step approach to restore, maintain and strengthen EHS provision during the COVID-19 pandemic and to improve health system preparedness for current and future emergencies (Fig. 6).

*Fig. 6. Percentage of countries reporting integration of COVID-19 related services into routine health service delivery.*

Addressing the Post-COVID-19 Condition or “long COVID” – Putting patient experiences at the centre

The WHO Regional Office for Europe has been actively addressing the post-COVID-19 condition through initiatives such as the patient leaflet, Support for rehabilitation self-management after COVID-19-related illness, and collaborating with partners and patient groups to accelerate research and provide technical guidance. The Regional Office continues to emphasize and publish evidence-based interventions and rehabilitation resources to ensure a safe and supported recovery for long COVID patients, reducing long-term disability.

WHO has also developed three goals in collaboration with Long COVID Europe, jointly calling for governments and health authorities to focus attention on the condition and those affected by it through greater recognition and knowledge-sharing, research and reporting, and rehabilitation.
Clinical and health interventions – Training and capacity building for health-care and front-line workers and supporting access to countermeasures

As part of the South-East European Network on Workers’ Health project, coordinated by the WHO Collaborating Centre for Occupational Health at the Institute of Occupational Health of the Republic of North Macedonia in Skopje, more than 1600 health professionals across south-eastern Europe have been trained in occupational health and safety in the context of COVID-19 with support from the Regional Office (Fig. 7). The project gathers experts in the field of occupational health and focused on strengthening the capacities of health workers in Bosnia and Herzegovina, Bulgaria, Montenegro, North Macedonia, Romania, Serbia and Türkiye.

WHO has continued to provide Member States with clinical guidelines that are evidence-based and that support appropriate standard of care. The WHO Therapeutics and COVID-19: living guideline contains the most up-to-date recommendations for the use of therapeutics in the treatment of COVID-19 and is regularly updated based on the emergence of new evidence.

Adapting guidance is essential to ensuring that Member States can provide the best quality of care. In 2020, the Clinical Care for Severe Acute Respiratory Infection toolkit was adapted for the COVID-19 pandemic and in 2022, an updated version was developed to add new evidence and improved content, with new algorithms, infographics and tables to facilitate the management of patients with severe acute respiratory infections including specifications for influenza virus and SARS-CoV-2 infection.

Fig. 7. Proportion of trainings/webinars by topic, and associated participants in clinical and health intervention trainings/webinars

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**Graphical representation:**

- **Total trainings/webinars:** 928
  - Clinical and Health Interventions: 362 (39%)
  - Vaccination: 78 (9%)
  - Surveillance and Laboratory: 339 (37%)
  - Vulnerable Populations: 78 (8%)
  - Communication: 59 (6%)
  - Others: 12 (1%)

- **Total participants in clinical and health intervention capacity building workshops/trainings:** 28,172
  - 2020: 17,529
  - 2021: 10,011
  - 2022: 632
WHO has continued to provide strategic guidance to Member States in the WHO European Region in their decision-making to procure, administer and purchase vaccines. An ad hoc meeting of the European Technical Advisory Group of Experts on Immunization took place virtually on 5 July 2022 to review COVID-19 vaccination status, current epidemiology and modelling scenarios of SARS-CoV-2 in the WHO European Region.

Over the course of 2022–2023, four mobile health caravans toured remote and under-served locations in the Western Balkans to make sure vulnerable people had access to COVID-19 vaccination and the public health advice they needed to protect themselves. To bring vaccination, health care and health recommendations to the heart of communities, with the support of WHO and partners, national and equivalent public health authorities have organized health caravans in Albania, Montenegro and North Macedonia.

The Regional Office continues to collect data on COVID-19 vaccine doses administered, which are officially reported to WHO by representatives from countries, territories and areas in the WHO European Region through the European Surveillance System curated by the ECDC. Through these regular reports, the Regional Office gains insight into vaccination trends including adverse reactions, booster campaigns, changes in recommendations, new research, the distribution and production of COVID-19 vaccines and their implementation status. This allows for gaps to be identified in vaccine coverage as well as adverse events following immunization. In addition, with the development of many new vaccine products against COVID-19, the Regional Office also carefully tracks where each product is being administered.
The WHO Regional Office for Europe

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

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