

# Strengthening health emergency preparedness, response and resilience in the WHO European Region 2024–2029

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## Preparedness 2.0

PREVENTION PREPAREDNESS  
RESPONSE RECOVERY RESILIENCE

# A region hit by major new acute emergencies in 2022–2023



## Ukraine

**Emergency: Conflict**

**Grade: Grade 3 acute for Ukraine and Grade 2 protracted for refugee hosting countries (re-graded)**

Since the 24 February 2022 Ukraine invasion:

- Massive civilian displacement and casualties
- Critical civil and health infrastructure targeted
- Challenges with access to health services

## Türkiye

**Emergency: Earthquake**

**Grade: Grade 3 acute, now protracted Grade 2**

6 February 2023, two major earthquakes (of 7.7 and 7.6 magnitude):

- Affecting south-east Türkiye and parts of Syria
- Over 45 000 dead, 107 000 injured
- Mobilization of emergency medical teams (EMTs) (deployment of 42 international EMTs)
- Trauma related rehabilitation and mental health
- Cross-border support into north-west Syria (through Türkiye/Gaziantep hub)

## Armenia

**Emergency: Refugee response**

**Grade: Grade 2 acute**

Since 1 October 2023, mass population movement:

- Massive refugee movement into Armenia
- WHO support to Ministry of Health-led response
- EMT deployments for burn treatment and rehabilitation
- Focus on mental health and psychosocial support



## Israel and Occupied Palestinian Territory

**Emergency: Armed conflict**

**Grade: Grade 3 acute**

7 October 2023, rapid escalation of armed conflict:

- Extensive human suffering, civilian deaths and injuries in both Israel and the Occupied Palestinian Territory
- Documented attacks on health care, hostages in Gaza
- Possibility of regional conflict and mass population movement internationally

# Preparedness 2.0

**PREVENTION PREPAREDNESS**  
**RESPONSE RECOVERY RESILIENCE**



Closing the gaps while ensuring alignment with global processes

- **Strengthening country preparedness** and readiness based on **lessons learned** through an **all-hazards** and **One-Health** approach
- **Accelerating the implementation of Monti Commission recommendations**, including operationalization of the **Pan-European Network for Disease Control**
- Building a **flexible and agile health emergencies workforce**, including through **expanding regional EMT capacities**
- Strengthening country capacities and building resilience to manage the **dual-track approach**
- **Building trust** through risk communication, community engagement and infodemic management
- Institutionalizing a **gender perspective** across the emergency management cycle and accelerating regional efforts to prevent **any form of sexual misconduct in emergency contexts**

# Preparedness 2.0 – Towards a resilient WHO European Region



**Additional processes to be considered** during this timeframe include the implementation of the new regulations under the EU health security framework, and establishment of the Pan-European Network for Disease Control, the global Health Emergency Preparedness, Response and Resilience (HEPR) framework, and the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response (FIF PPR)

EU – European Union  
 IHR – International Health Regulations (2005)  
 INB – Intergovernmental Negotiating Body  
 MS – Member State  
 RC – WHO Regional Committee for Europe  
 TAG – Technical Advisory Group  
 WGIHR – Working Group on amendments to the International Health Regulations (2005)  
 WHA – World Health Assembly

# Preparedness 2.0 initial TAG recommendations



- **Region should not wait until global architecture is finalized before moving forward with Preparedness 2.0.**
- **All-hazards approach** to consider the range of potential threats across the Region.
- **Elevate One Health**, to ensure cohesion between human health, animal health and environmental challenges.
- **The TAG endorses the HEPR 5C framework** as a structure for Preparedness 2.0.
- **Collaborative surveillance** is central to preparedness – across all sectors and types of data, allowing for meaningful presentation of different data points in parallel, including genomics.
- **Communities must be at the heart of all efforts**, recognizing the vital role that they play in all phases of health emergencies.



# Preparedness 2.0 initial TAG recommendations



- **Equity in access to countermeasures** must be at the heart of preparedness.
- **Strong health systems with routine essential health services** are central to preparedness, which can then scale up to the demands of an emerging crisis.
- All of preparedness and response relies on a **well-trained, resourced, paid and protected workforce**.
- **Ministries responsible for preparedness must be empowered** to implement relevant activities and to do so working across the whole of government and whole of society.
- **Becoming prepared will require optimized governance arrangements** between sectors, between levels of governance and between institutions. This will also need sufficient financing within national budget lines or through international assistance.





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