Current global situation:

By the end of June, over 181.3 million confirmed cases and 3.9 million deaths due to COVID-19 were reported to WHO. Following a steady decline, the global number of new weekly cases stabilized between weeks 24 and 25. In the last week of June, the African Region recorded a sharp increase in incidence (33%), with the Eastern Mediterranean and European regions also reporting increases in the number of weekly cases. The number of weekly deaths continued to decrease throughout June, with more than 57 000 deaths reported in the last week – the lowest weekly mortality figure recorded since early November 2020. All regions, with the exception of the African Region, reported a decline in the number of deaths in week 25. Refer to the WHO Weekly Epidemiological Updates for more information.

Current situation in the Region:

As of 30 June, over 56 million cases of COVID-19 and 1.1 million deaths have been reported across Europe. Following over two months of decline in COVID-19 cases, cases plateaued between weeks 23 and 24 and increased for the first time since April 2021 in week 25.

In the Region, several countries continue to see renewed increases in cases, many linked to the continued spread of the SARS-CoV-2 Delta variant. The United Kingdom, Cyprus, Russian Federation, Kyrgyzstan and Portugal, and several of the countries located in the Central Asia sub-region were reporting observed increases in transmission associated with the Delta variant of the virus by the end of the month.

Despite a recent rise in incident cases, deaths due to COVID-19 and hospitalization rates across the Region have largely continued to decline. During the month of June, age-specific case notification rates declined in all age groups, except for a small increase in incidence observed among those aged 15–24 years. Notification rates among those aged ≥65 years continued to remain low, relative to other adult age groups.

Please refer to the WHO European Region Dashboard and the WHO European Region Surveillance Bulletin for further information.
WHO routinely assesses if variants of SARS-CoV-2 result in any changes relevant to public health impact. It has become apparent that some of these variants of concern (VOCs) differ in their behaviour compared to previously circulating SARS-CoV-2. In June 2021, all four SARS-CoV-2 VOCs continued to circulate in Europe.

**SARS-CoV-2 VOC Alpha (B.1.1.7 lineage)**
- Still the dominant virus in the Region; identified in a median of 84% (4.1–100.0%) of sequenced samples by week 23; however, replacement by Delta variant is ongoing.

**SARS-CoV-2 VOC Beta (B.1.351 lineage)**
- Detected in 40 European countries and territories; identified in a median of 0.3% (0.0–5.9%) of sequenced samples in week 23.

Refer to the WHO web pages on VOI/VOCs for more information.

**SARS-CoV-2 VOC Gamma (P1)**
- Detected in 28 European countries and territories; identified in a median of 0.2% (0.0–10.7%) of sequenced samples, primarily related to travel.

**SARS-CoV-2 VOC Delta (B.1.617.2)**
- Detected in at least 33 European countries and territories; identified in a median of 2.4% (0.0–3.4%) with the prevalence increasing.
- It is expected to rapidly become the dominant variant over the coming months.
- Compared with the Alpha variant, the Delta variant is estimated to be 55% (95% CI: 43–68) more transmissible.
As cases across the Region continued to decline in a majority of Member States, countries have continued to ease social measures. In Member States where there has been a reported increase in the emerging Delta variant, measures have been tightened or further relaxation halted.

**Mask measures**: Since 1 June 2021, Andorra, France, Georgia, Greece, Italy, Montenegro and Spain have adjusted their mask-wearing requirements, moving from a universal to a mandatory risk-based approach. Meanwhile, due to increased transmission of the Delta variant, Israel and the Russian Federation have strengthened their mask requirements.

**Gathering restrictions**: During June, many Member States continued to relax gathering restrictions, including for private, public and mass gatherings. The 2020 UEFA European Football Championship is being held in 11 cities in 10 Member States, from 11 June to 11 July 2021.

**Movement restrictions**: June saw a general easing of domestic movement restrictions, with curfews lifted completely in Cyprus, Luxembourg, France, Monaco, Austria, Georgia and Greece. National traffic restrictions were eased in Greece, North Macedonia and Poland. On the other hand, Portugal and the Russian Federation have introduced new movement restrictions at the subnational level.

**International travel restrictions**: Proof of vaccination is increasingly being used for international travel. As of 25 June, 37 Member States accepted vaccination certificates from international travellers. Within the European Union (EU), 19 Member States have connected to the EU digital COVID-19 certificate gateway. Additionally, due to the spread of the Delta (B.1.617.2) variant, countries are implementing additional travel measures against travellers from India, the UK, the Russian Federation and Portugal.

On 3 June, the WHO Regional Office for Europe published an analysis document examining the public health and social measures (PHSM) implemented across the Region with a focus on "What travel policies have restricted or allowed the movement of foreign nationals across the WHO European Region?"
WHO Regional Office for Europe’s response to COVID-19:

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

### Key figures: Responding to COVID-19 in the WHO European Region

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO has conducted 224 missions and deployments to 22 countries and territories in the Region since January 2020*</td>
<td></td>
</tr>
<tr>
<td>In-country technical support missions</td>
<td>181</td>
</tr>
<tr>
<td>Rapid support teams</td>
<td>17</td>
</tr>
<tr>
<td>Virtual country missions</td>
<td>3</td>
</tr>
<tr>
<td>Intra-action review missions</td>
<td>5</td>
</tr>
<tr>
<td>Operational partner deployments</td>
<td>33</td>
</tr>
</tbody>
</table>

For additional information on missions and deployments, please see the WHO/Europe COVID-19 Country Support Dashboard for Pillar 1: Country-level coordination, planning and monitoring.

### WHO has sent laboratory test kits and supplies to 33 countries and territories in the Region

- **Laboratory tests (PCR):** 543,626
- **Antigen rapid diagnostic tests (RDTs):** 164,000
- **Laboratory supplies:** 701,618

### WHO has sent essential medical supplies to 18 countries and territories in the Region

- **Ventilators:** 801
- **Oxygen concentrators:** 4,647
- **Goggles:** 612,540
- **Face shields:** 1,891,800
- **Gowns:** 2,943,948
- **Respirators:** 6,242,450
- **Gloves:** 16,423,600
- **Masks:** 65,844,300

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

For additional information on essential supplies delivered, please see the WHO/Europe COVID-19 Country Support Dashboard for Pillar 8: Operational Support and Logistics.
Prepare and be ready

The WHO Regional Office for Europe continues to work hand in hand with frontline health workers and health policy-makers as they work to scale up their national responses.

**Between 1 and 30 June 2021:**

689 participants engaged in webinars on infection prevention and control (IPC) and clinical management of COVID-19 patients.

In **Azerbaijan**, experts from the WHO Country Office continue to support capacity-building among health-care workers to ensure the safe provision of care for patients with COVID-19:

- On 9 June, 120 health-care workers across the country joined a webinar on prevention of hospital-associated transmission of COVID-19, organized as part of the European Union/WHO Solidarity for Health Initiative.

In **Georgia**, in week 22, WHO launched a project on the adaptation and implementation of the WHO Hand Hygiene Monitoring Tool in medical institutions during the pandemic. A training for selected trainers was conducted on 22–23 May with training sessions in 10 clinics across the country held from 24 May to 15 June. Following the training, monitoring visits are being conducted by representatives from the Ministry of Health in order to assess the effectiveness of the training and implementation of the WHO-adapted tool.

In **Kazakhstan**, the WHO Country Office held a training on the IPC assessment tool at health-care facility level (IPACF), for health-care workers in 6 hospitals with the aim of conducting a self-assessment of IPC practices. Based on the results of the assessments, an action plan will be developed at health-care facility level.

In **Focus**

WHO and Israel support the Republic of Moldova in carrying out an Emergency Care System Assessment

**6–12 June 2021**

WHO and Israel's national emergency medical, disaster, ambulance and blood bank services supported Moldova in integrating its emergency care system, strengthening functions and institutional capacities as part of the early health system recovery from COVID-19.

The WHO Emergency Care System Assessment (ECSA) helps policy-makers and planners assess the national or regional emergency care system, identify gaps and set priorities for system development in the following domains:

1. System organization, governance, financing
2. Emergency care data and quality improvement
3. Scene care, transport, transfer and referral
4. Facility-based care
5. Emergency preparedness.

At the end of the mission, priority actions were defined for improving the emergency care system nationally. These actions will be explicitly incorporated in the current strategy for the development of emergency care as an essential component of the health system.

As part of the work to build back better after the COVID-19 pandemic, emergency preparedness and response will be reflected in the revised emergency preparedness and response plans at national, regional and local levels.
WHO continues to work with national authorities to strengthen capacities to rapidly identify and isolate COVID-19 cases, treat patients and trace, quarantine and test contacts.

In week 23, the WHO Country Office in Georgia launched a new project focused on ambulance doctors in Tbilisi, Batumi and Kutaisi.

The aim of the project is to build the capacity of staff working in ambulance services in order to avoid excess hospitalization of mild and moderate cases of COVID-19.

A hybrid training – with in-person and remote sessions – will be provided to ambulance doctors in these areas focused on home-based assessment and decision-making on hospitalization based on the severity of COVID-19 and other risk factors.

A training of trainers in COVID-19 contact-tracing was conducted in Tajikistan on 18 June for 10 experts from the Ministry of Health and Social Protection (MoHSP) and the Public Health Emergency Operations Centre in Tajikistan.

The training focused on key principles and processes in contact-tracing for COVID-19, as well as the importance of risk communication and community engagement (RCCE) when performing contact-tracing. The training included a simulation and role-play to illustrate to participants how barriers to participating in contact-tracing may be overcome by building trust and engaging in open and transparent dialogues with contacts.

In Ukraine, the WHO Country Office is supporting the Chernivtsi Oblast Laboratory Centre in establishing contact-tracing for COVID-19.

In partnership with the Ukrainian Public Health Centre, WHO deployed a field mission to Chernivtsi Oblast between 31 May and 4 June to conduct a training on leveraging the Go.Data tool for input and analysis of data on contacts of confirmed COVID-19 cases in Ukraine.

In Focus
Building infection prevention control capacity in Azerbaijan
14 June–5 July
Over three weeks, WHO’s South Caucasus hub is providing support to Azerbaijan to improve IPC standards through the development of sterilization pathways, as well as an assessment of IPC in COVID-19 vaccination sites and primary health care facilities.

The assessment of COVID-19 vaccination sites is being conducted across seven regions of Azerbaijan to support the national vaccination campaign. The assessment aims to ensure that vaccination sites and procedures are carried out safely without an additional risk of COVID-19 or any other infection to the patients. An assessment of IPC capabilities was also conducted at primary health care centres. This assessment will inform the creation of national primary health care guidance as requested by key national partners. Both activities are being undertaken with financial support from the European Union.

The support will also include a review of the sterilization capacity in hospitals in specific conflict-affected regions, as part of the Bridge-5-to-Health project funded by the UN Central Emergency Response Fund. Key hospitals across five districts affected by the recent increase in hostilities between Armenia and Azerbaijan were identified to receive 10 autoclaves, purchased as part of the project. Taken together, these activities contribute to the broader systemic needs for IPC in Azerbaijan, linking WHO’s responses to multiple emergencies in order to generate opportunities for systemwide improvements.
WHO is committed to supporting health authorities and communities in strengthening the public health response to the pandemic to slow and stop further spread of the virus.

On 1 June, the WHO Regional Office for Europe concluded the subnational laboratory external quality assessment (EQA). 25 countries across the Region received EQA panels for their 731 subnational networks. In total, 715 subnational laboratories participated in the EQA with over 650 laboratories from 24 countries submitting results. At the end of the project, 4 online sessions on EQA result submission were held with over 250 participants from across the Region.

In Tajikistan in week 23, WHO laboratory experts visited the national reference laboratory (NRL) between 3 and 5 June. During the visit, the newly received Thermo Fischer PCR was set up and installed in the virology department of the NRL. This included calibration and successful functionality tests.

In Azerbaijan, between weeks 22 and 23, the WHO Health Emergencies Programme (WHE) South Caucasus Hub laboratory expert conducted two assessments of the Inter Diagnostic Laboratory and the Republican Epidemiological Center in Baku, which are responsible for testing serological and polymerase chain reaction (PCR) markers in the cohort studies measuring COVID-19 vaccine effectiveness among health-care workers in the country. This external evaluation gave an opportunity to understand the capacities of national partners in implementing study protocols and ensuring the quality of clinical samples.

In Kazakhstan, between 14 and 18 June, experts from the WHO Country Office held a training for national trainers to conduct training for oblast-level laboratory workers on the Quality Management System. Mapping of activities was conducted as well as the identification of what kind of support is needed.

In Georgia, the 8th COVID-19 Behavioural Insights study was conducted in week 23 with support from WHO. Data analysis and development of the report is ongoing.

In Focus
Frontline responders in Kyrgyzstan boost their skills in risk communication and community engagement
8–9 June 2021

An important step was taken by the WHO Country Office in Kyrgyzstan on 8–9 June in strengthening Kyrgyzstan’s emergency capacities in the context of the current pandemic: the WHO WHE Hub Office, which serves WHO’s Member States in Central Asia, conducted a two-day training on RCCE, a core area of the COVID-19 response. The training engaged representatives of the departments of communications and health promotion, disease control, Public Health Emergency Operations Centre (PHEOC), and from the Ministry of Health.

The training aimed to address gaps within the RCCE response to COVID-19, which were identified during Kyrgyzstan’s Intra-Action Review (IAR). Throughout the two-day training, the participants were able to increase their knowledge, receive practical tips, and actively participate in discussions and simulation exercises on enhancing coordination and operational mechanisms within and beyond RCCE; strengthening public communications capacity; and developing and delivering on RCCE plans.

Overall, the training resulted in increased confidence and skills among participants when delivering public health advice to the public and fostering behavioural change.
**In Focus**

The WHO Regional Office for Europe launches a COVID-19 situation explorer focused on UEFA 2020

**16 June 2021**

With the UEFA European Football Championships being played in cities across the WHO European Region, WHO/Europe has launched an “explorer” or monitoring tool providing an overview of the current COVID-19 situation in the Region, with a particular focus on UEFA EURO 2020 host cities.

The explorer is intended as a tool for authorities, organizers and the public to better understand the COVID-19 situation in host cities and assess related risks at a public health and individual level. It provides epidemiological trends across the Region, an event-based surveillance system, details of PHSM, and tracking of cases of COVID-19 in host countries.

While the UEFA EURO 2020 championships feature a series of large-scale mass gatherings that attract a lot of attention, this summer, thousands of smaller events and gatherings are being held every day across the Region. All these need to be assessed against public health risks, as long as COVID-19 is still spreading in community settings. The explorer offers a new style of dashboard, providing specific information around a major sporting event. A news link provides users with a short extract, describing developments in hosting communities associated with matches. Read more about the explorer here.

**WHO continues to assist Member States in optimizing and adjusting their COVID-19 response through high-level policy dialogues.**

In June, the WHO Regional Director for Europe, Dr Hans Kluge, visited the **Russian Federation** from 31 May to 4 June where he participated in the St Petersburg International Economic Forum and held high-level discussions on Russia’s response to COVID-19.

On 28 June, the Regional Director held a high-level meeting with the 11 countries of the **Small Countries Initiative**, with a special session on COVID-19.

In week 22, the WHO Country Office in **North Macedonia** organized a policy dialogue with 85 representatives from government sectors, UN partners, professional associations, patients and civil society organizations to discuss health inequities and place these issues at the heart of building back better.

**WHO also continues to employ innovative methods to ensure continuous learning, listening and improvement in COVID-19 response efforts.**

In **Georgia**, around 2000 health-care workers and government representatives were trained in interpersonal and crisis communication across Georgia with support from WHO by the end of week 23.

The European Centre for Disease Prevention and Control, together with WHO headquarters and the Regional Office for Europe, developed the first **indicator framework** to evaluate the public health effectiveness of digital proximity tracing solutions. It will provide countries with a standardized approach to evaluating the use of digital proximity tracing solutions and assess the extent to which these solutions have aided contact-tracing strategies for COVID-19.
Leaving no one behind:

The Regional Office continues to work with national authorities and alongside international partners to tailor their responses specifically to high-risk groups and vulnerable populations.

In week 23, WHO in Azerbaijan conducted a mission to the conflict-affected areas of Barda, Tartar, Agdam, Agjabadi and Fuzuli within the “Bridge for Health” project. During the mission, the team met with the heads of executive power, heads of central hospitals, as well as mobile health teams established by WHO in each of the 5 regions. Equipment planned within the project was delivered to the hospitals and mobile health teams.

Overall, the project continues to aim to improve access to health services, provide psychosocial support and minimize the health consequences related to the conflict and COVID-19.

In Ukraine, from 30 May to 4 June, the Health Cluster, in partnership with WHO, conducted a monitoring mission to Donetsk and Luhansk, to support implementation of the COVID-19 vaccination campaign. As part of the field mission, the monitoring group conducted a rapid assessment of the planning and implementation of COVID-19 vaccination in the region, identified critical areas for action, and collected needs and requests for technical assistance.

In week 23, the WHO Country Office in Ukraine conducted a webinar on the surveillance of health-care-associated infections for more than 15 hospitals in Donetsk and Luhansk, in areas affected by conflict.

On 10 June, WHO delivered a humanitarian convoy to the eastern conflict area of Luhansk, which included 6 laboratory microscopes, 18 ventilators and 25 Ambu bags, which were later distributed to five hospitals in the area.

In Focus

WHO initiative launched in Europe to engage and empower civil society organizations in health emergency responses

16 June 2021

Throughout the pandemic, civil society organizations (CSOs) have been crucial partners in reducing the impacts of COVID-19 on individuals and communities, particularly those in hard-to-reach vulnerable groups. The direct participation of CSOs has helped reinforce the actions of governments and has been a key factor in encouraging citizens to comply with guidance.

Now, to engage and empower CSOs, WHO/Europe has launched an initiative that will help them to further contribute to the current COVID-19 response and benefit the future readiness and preparedness of countries and communities by:

- strengthening community readiness and resilience to emergencies;
- connecting vulnerable communities to services;
- enhancing inclusive governance.

This initiative will be directly investing in 11 selected CSOs within 8 Member States of the WHO European Region to demonstrate how small investments in CSOs can have a meaningful impact. The selected CSOs have a track record of working with international organizations and donors to make a difference to the communities they represent, by conducting needs assessments, addressing service disruption and creating platforms for the inclusion of communities.

Read more about the initiative [here](#).
In Focus

Joint ECDC/WHO Europe Regional webinar on “Monitoring effectiveness and impact of COVID-19 vaccine in the WHO European Region”

14 June 2021

On 14 June, a joint ECDC/WHO webinar was held on “Monitoring effectiveness and impact of COVID-19 vaccine in the WHO European Region” to provide a technical forum for countries to share early experiences on establishing systems to monitor COVID-19 vaccine effectiveness and impact, and to provide an update on regional efforts to coordinate the dissemination of data.

The specific objectives of this webinar were:

• to describe the progress within the European Regionwide network to measure and collate information on COVID-19 vaccine effectiveness and impact, and available support for countries;
• to share selected country experience in conducting vaccine effectiveness studies, including vaccine impact and transmission studies;
• to learn from countries’ challenges and needs for support to strengthen and/or establish monitoring systems for vaccine effectiveness;
• to review approaches to pool data centrally to meet study objectives.

WHO continues to work to accelerate vaccine deployment by providing training to health-care workers and introducing the COVID-19 vaccine.

In Serbia, in week 23, following a request made by the national authorities, the WHO Country Office has begun to support the expansion and upgrading of vaccine production capacities at the Institute for Virology, Vaccines and Sera or Torlak Institute.

In Georgia, in week 23, the WHO Country Office launched a project aimed at raising awareness regarding COVID-19 vaccines among the general population. The first targeted activities will take place at Tbilisi, Kutaisi and Batumi.

In Albania and the World Bank, UNICEF and EU supported the Ministry of Health and Social Protection in establishing a harmonized and coordinated approach to COVID-19 vaccination and strengthening vaccination capacity.

In Azerbaijan, in week 23, experts from the WHO Country Office held a joint meeting on “Monitoring the safety of COVID-19 vaccines and using VigiFlow to report adverse events following immunization (AEFIs) to the WHO Global Database.” This offered practical considerations for monitoring the safety of COVID-19 vaccines.

WHO continues to support the integration of COVID-19 vaccine roll-out as part of routine immunizations. On 23 June, the WHO Regional Office for Europe participated in an ad-hoc virtual meeting of the European Technical Advisory Group of Experts (ETAGE) to provide guidance to Member States on decision-making on the use of COVID-19 vaccines, including for use among adolescents aged 12–15 years in national COVID-19 vaccination programmes.

Status of COVID-19 vaccine deployment among European countries/territories

- **198** Days since the first country in the Region started deploying COVID-19 vaccines
- **54** European countries and territories launched COVID-19 vaccination campaigns
- **49** European countries and territories are reporting vaccination data to WHO
Further developing the COVID-19 knowledge base:

Throughout the COVID-19 pandemic, primary health care systems in the WHO European Region have met the unprecedented surge in needs, with several countries responding by accelerating long-standing reforms and showing different degrees of adaptation and transformation in primary health care. On 15 June, the WHO European Centre for Primary Health Care launched a new information series that highlights this transformation.

The Primary Health Care Country Vignettes series illustrates the continued importance and transformation of primary health care across the WHO European Region during the COVID-19 pandemic. These pragmatic and action-oriented publications describe policy instruments that countries have implemented to strengthen the role of primary health care during the pandemic response, as well as to maintain essential health services.

By showcasing the crucial role of primary health care during the pandemic and beyond, the vignettes enable cross-country exchange of experiences to inspire policy action and accelerate long-standing reforms in primary health care.

Read more about the new initiative here and access available Primary Health Care Country Vignettes here.

### New WHO technical guidance published in June 2021

<table>
<thead>
<tr>
<th>Considerations for implementing and adjusting public health and social measures in the context of COVID-19</th>
<th>Guidance for the European Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHSM have proven critical to limiting transmission of COVID-19 and reducing deaths. This guidance document is an update to the interim guidance published on 4 November 2020. This updated guidance provides updates on the assessment framework that drives decision-making for PHSM, particularly on the type of indicators and the thresholds in different epidemiological settings, and in the context of vaccine roll-out and circulation of VOCs. It also contains a new section on considerations for individualized public health measures based on a person’s SARS-CoV-2 immunity status following COVID-19 vaccination or past infection in the context of contact-tracing, international travel and private social gatherings.</td>
<td><strong>Policy brief:</strong> health concerns among children deprived of liberty</td>
</tr>
<tr>
<td>Published June 2021</td>
<td><strong>Published June 2021</strong></td>
</tr>
<tr>
<td><strong>A quick guide ≠ vaccination against COVID-19 with the ChAdOx1-S [recombinant] COVID-19 vaccine</strong></td>
<td><strong>Global guidance</strong></td>
</tr>
<tr>
<td><strong>Young people and COVID-19: behavioural considerations for promoting safe behaviours</strong></td>
<td>Published 9 June 2021</td>
</tr>
<tr>
<td><strong>COVID-19 Vaccine Introduction and deployment Costing tool (CVIC tool)</strong></td>
<td>Published 10 June 2021</td>
</tr>
<tr>
<td><strong>Managing family risk: a facilitator’s toolbox for empowering families to manage risks during COVID-19</strong></td>
<td>Published 18 June 2021</td>
</tr>
</tbody>
</table>

By showcasing the crucial role of primary health care during the pandemic and beyond, the vignettes enable cross-country exchange of experiences to inspire policy action and accelerate long-standing reforms in primary health care.