

WHO's Operational Update on Health Emergencies

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A child, mother and grandmother at the Nutrition Stabilization Centre of Mehoni Primary Hospital in Northern Ethiopia, where the child is being treated. From the drought-stricken north to the flood-hit southeast of the country, millions are facing hunger and acute malnutrition in Ethiopia. WHO and partners are on the ground, providing life-saving health and nutrition services. Credit: WHO/Nitsebiho Asrat

Key figures on WHO's work in emergencies (as of 15 May 2024)



WHO is currently responding to 41 graded emergencies across the world, including:

8 Grade-3 emergencies

7 protracted Grade-3 emergencies

11 Grade-2 emergencies

11 protracted Grade-2 emergencies

4 Grade-1 emergencies

Graded emergency: 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 six months, it may transition to a protracted emergency. WHO continuously updates the graded emergencies figures based on inputs from the Organization's three-levels.



In 2024, US\$ 23.9 million were released by [WHO's Contingency Fund for Emergencies \(CFE\)](#) to 23 health emergencies. The largest allocations were for the Dengue Global Outbreak, Israel/occupied Palestinian territories hostilities and the Northern Ethiopia Humanitarian Response.



The Global Outbreak Alert and Response Network (GOARN) has supported 27 deployments in 2024 (of which five started in 2023 and ended in 2024). As of mid-May 2024, the highest number of GOARN deployments were in response to the escalation of violence in Israel and occupied Palestinian territories (eleven), the Greater Horn of Africa Drought and Food Insecurity (five), and the cholera outbreak in Zambia (three).



OpenWHO.org totaled 8.6 million enrolments across 276 online public health courses, with learning available in 72 national and local languages. To date, there have been 305 000 enrolments in 2024.



In 2024, Standby Partners have supported WHO's response to 7 graded emergencies through the deployment of 16 new deployments of surge personnel to 10 WHO offices. WHO is an active member of the [Standby Partner Network](#) and the [International Humanitarian Partnership](#).

For the latest data and information on WHO's work in emergencies, see the [WHO Health emergencies page](#) and the [WHO Health Emergency Dashboard](#).

Enhancing preparedness, readiness and resilience to health emergencies: a closer look at the second intended outcome of WHO's GPW 14 'protect pillar'

WHO's [Fourteenth General Programme of Work](#) (GPW 14) sets a high-level roadmap for global health and guide the Organization's work from 2025 to 2028. After an extensive iterative consultative process with WHO Member States and a broad range of partners, the four-year strategy was approved at the Seventy-seventh World Health Assembly in May 2024, with an agreed overarching goal for global health of 'promoting, providing and protecting health and wellbeing for all'. These three pillars are supported by WHO's enabling functions to power and perform for health.

WHO's Operational Update on Health Emergencies (WOU) features a series of articles spotlighting one of the three pillars: **to protect people from emergencies**. The [first article](#) in the series introduced the protect pillar and provided context for its relevance and significance in today's world. The [second article](#) in the series focused on WHO's strategy to attain the first of four outcomes of the protect pillar. This third article delves into the second intended outcome: "preparedness, readiness and resilience for health emergencies are enhanced".



A hospital engineer sets up oxygen cylinder at the Savannakhet Provincial Hospital in Lao People's Democratic Republic where WHO opened a medical oxygen plant. Credit: WHO/Bart Verweij

In the 21st century, threats to human health are growing in scale and complexity across the globe and, as highlighted by the COVID-19 pandemic, collective vulnerabilities exist at all levels. WHO's Health Emergencies Programme aims to prevent or minimize hazards where possible, however countries, people and global communities must be prepared to face health emergencies when they do occur. WHO works with Member States to prepare for this, through building the knowledge, systems, networks and partnerships that enable rapid and effective responses globally, nationally and sub-nationally. Enhancing preparedness, readiness and resilience to health emergencies is critical to protecting the health and wellbeing of people across the world, and constitutes the second of four outcomes of the GPW 14 protect pillar.

There has been substantive progress in health emergency preparedness, but there is a need to better understand existing gaps and weaknesses in the preparedness of national systems remains critical. WHO is mandated through International Health Regulations (IHR) 2005 to monitor and enhance countries' capacities for health emergency preparedness and response, which means helping countries to determine their existing capacities utilizing resources and assessments. The IHR (2005) [States Parties Self-Assessment Annual Report](#) (SPAR) – which

assesses countries' progress in implementing the IHR based on a five-level scoring system – achieved 99% compliance in 2023, reflecting the increased commitment and accountability of States Parties to implement the IHR. However targeted efforts are needed to increase SPAR capacity scores and this remains a priority for WHO in 2025 and beyond. Missions for [Joint External Evaluations](#) (JEE) – a voluntary multi-sectoral process which identifies the most critical gaps within human and animal health systems at national levels – have also increased with 35 completed in 2023 and another 20 planned in 2024.

Beyond assessment measuring, WHO is committed to translating knowledge gained into action to better protect countries and communities against the impact of future public health crises. Accordingly, WHO works with countries to tailor their national preparedness and investment plans to address hazards and monitor emerging threats, and WHO also supports with implementing initiatives that will maximize national preparedness for health emergencies. For example, as a result of its 2023 JEE, Mongolia approved the first ever Public Health Services Law to address gaps identified during the COVID-19 pandemic, demonstrating how such evaluations can garner support for action.

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A vaccination team works in Kabasha, Beni Territory in Democratic Republic of the Congo, where suspected Ebola cases were reported in the town the day before (September 2019). Credit: WHO

[National Action Plan for Health Security](#) (NAPHS) are critical for strategic planning, as they are aimed at accelerating the implementation of IHR core capacities. NAPHS captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development. Looking ahead to GPW 14, WHO will lead a strategic shift in health emergency planning and capacity building, towards strengthening five interlinked sub-systems that occupy the intersection of health security, primary health care and health promotion known as ‘the five Cs’: collaborative surveillance; community protection; safe and scalable care; access to medical countermeasures; and emergency coordination.

Ensuring timely and equitable access to medical countermeasures (MCM) – including vaccines, therapeutics and diagnostic tools – can only be achieved through intensive preparedness efforts to strengthen fast-tracked research and development (R&D), scalable manufacturing, and resilient supply chain systems which WHO will continue to spearhead in GPW 14. The [R&D Blueprint](#) is a global strategy and preparedness plan for identified priority diseases, which sets out a roadmap for rapid activation of R&D activities to fast-track the availability of effective tests, vaccines and medicines during epidemics. On the other hand, the WHO-led interim coordination mechanism for MCM (i-MCM-Net), aims to enhance collaboration to enable timely and equitable access to such MCM by leveraging existing networks in the global MCM ecosystem.

The [International Coordinating Group](#) (ICG) on Vaccine Provision is one such example of a collaboration that enables equitable distribution of emergency vaccine supplies and antibiotics during major disease outbreaks. Led by WHO and working with partners, donors, and manufacturers, ICG manages global emergency vaccine stockpiles to ensure adequate stocks of emergency supplies are accessible to respond to outbreaks across the world. This includes the global stockpile of 500 000 Ebola vaccines which exists to facilitate rapid vaccine roll-out in the relatively rare and unpredictable event of an outbreak. Moving forward, health emergency preparedness will continue

to depend on WHO’s leadership of such global and regional networks and partnerships which enable the right MCM to not only be available prior to emergencies, but also to be delivered equitably when and where they are most needed, including for ‘disease X’ - a hypothetical unknown pathogen that could cause a future epidemic or pandemic.

In line with its commitment to enhancing safe and scalable care, WHO works to build readiness and resilience of clinical care services and systems to ensure the highest standards of care are maintained during health emergencies. One example, which underscores the complementarity between emergency preparedness and broader health system strengthening, is the global effort to strengthen medical oxygen systems that can withstand and adapt to emergencies. In the years ahead, WHO will work to support more countries to establish national costed oxygen system in support of health emergency preparedness. Strengthening infection and prevention control and Water, Sanitation and Hygiene (WASH) measures before outbreaks occur - for example through capacity building, stockpiling personal protective equipment (PPE), investing in infrastructure and developing evidence-based standards, guidance, and protocols for use in health emergencies - is also critical to protect health workers and patients. As the leading normative health agency, WHO will scale its support for such initiatives in GPW 14, to enable the highest standards of clinical care and the protection of health care workers, patients and communities when crises strike.

To conclude, effective health emergency preparedness enables effective health emergency responses, which save lives. Through partnerships and collaborations, WHO works with countries to attain their highest possible levels of preparedness while simultaneously working at global and regional level to ensure the necessary supplies, tools and systems are in place to assist when needed. This is a long-term, continuous process which requires stewardship at the highest levels. As hazards are growing globally, WHO’s Health Emergencies programme has been and will continue to fulfil this critical leadership role in GPW 14, to maintain momentum gained in the effort to protect the health of all people, everywhere.

A dengue outbreak in Samoa spurs action in the island nation and other Pacific island countries



Community engagement for vector control in Samoa. Credit: Ministry of Finance, Government of Samoa

In April this year, Samoa declared an outbreak of dengue which is reflective of a trend of escalating dengue cases across the Western Pacific Region. Given the likelihood of dengue spreading to other Pacific island countries, WHO is partnering with ministries of health across the Region to monitor dengue surveillance data and to implement priority public health interventions. In Samoa, WHO is supporting the Government's multi-pronged response which includes enhancing vector control, promoting community engagement and strengthening early detection and clinical management.

“WHO’s continued technical assistance and provision of essential supplies provide important support to Samoa’s dengue control activities. We continue to strengthen surveillance and public and community awareness prevention and control activities. This multi-pronged approach has helped to contain the outbreak.”

Tagaloa Dr Robert Thomsen

Acting Director General and Deputy Director of Health, Public Health, Ministry of Health Samoa

Samoa has ramped up vector control efforts to reduce the spread of the disease, prioritizing fumigation around schools and medical facilities in areas with higher reported cases. WHO supported these efforts by providing vector control supplies including protective goggles, face shields and foggers.

Communities are pivotal to the success and sustainability of vector control measures and WHO promotes community engagement in these efforts. In Samoa, a community-led, half-day, clean-up campaign brought together members of the public to eliminate potential breeding areas. Effective risk communication is also critical to increase public understanding of the risks and encourage positive behaviour change. The Government of Samoa has engaged the media to promote

preventative measures such as eliminating stagnant water sources, identifying the signs and symptoms of dengue and using mosquito nets and repellents.

An influx of dengue patients to hospitals during outbreaks may stress healthcare systems, impacting quality of care and adversely affecting health outcomes. WHO is therefore enhancing clinical management capacities in Samoa and other affected countries in the Region. This capacity building - for clinicians across primary to tertiary care levels as well as healthcare and hospital administrators - includes diagnosing and managing severe dengue patients, timely referral, and case management. To support early diagnosis, WHO has also provided Samoa with rapid dengue diagnostic tests, prioritizing high-burden areas.

“Although dengue is a complex disease, it can be managed as long as the right interventions are administered at the right time. A well-managed front-line response reduces hospital admissions and saves lives.”

Gina Samaan

Regional Emergencies Director, WHO Western Pacific Region

Moving forward, WHO will continue to provide comprehensive support to Samoa and other affected countries in the Western Pacific Region, to reduce dengue transmission and protect health.

“Samoa has really ramped up its efforts to combat dengue and improve overall mosquito control efforts. We will continue to work with the Ministry of Health on its elimination measures as well as public education and awareness.”

Dr Kim Eva Dickson

WHO Representative for Samoa

Prioritization of mental well-being in Libya will ensure continued mental health and psychosocial support for crisis-affected and vulnerable populations



Dr Ahmed Zouiten, WHO Representative to Libya speaks with a woman affected by the crisis in Libya. Photo credit: WHO/WHO Libya

In Misrata on 7 May 2024, Libya's National Mental Health Strategy (NMHS) for 2024–2030 was endorsed following a two-day consultation co-organized by WHO and the Ministry of Health (MOH). The agreed strategy seeks to establish a comprehensive, intersectoral, integrated and responsive system to ensure access to and use of quality mental health and psychosocial support services across Libya.

The NMHS aims to promote mental health in the country, by providing comprehensive and quality mental health services in a healthy and sustainable environment, in line with national policies and programmes and in conformity with regional and global norms and standards. During the consultation, mental health experts from across Libya together with their WHO counterparts discussed key objectives and initiatives outlined in the strategy.

The strategy sets out the following five general strategic objectives

1. To establish effective leadership and governance for mental health;
2. To improve access to quality mental health services at all levels, including through the integration of a community-based model for ambulatory services;
3. To develop and enhance human resources for mental health;
4. To strengthen the prevention and early detection programmes for mental disorders and promote mental health;
5. To develop an integrated Mental Health Information System to support sustainability and quality of care, and promote scientific research and publishing on mental health

The strategy endorsement comes at a time when the emergency response phase following Storm Daniel's impact on north-eastern Libya in September 2023 is drawing to a close, and humanitarian efforts are being realigned to transition to early recovery and reconstruction support. Mental health services were top in the list of response priorities in the aftermath of the floods – along with safe water and primary health care services

– as identified by an interagency assessment team in the early days of this devastating crisis. This was a stark reminder of the importance of mainstreaming mental health care to improve resilience to such shocks. WHO-supported mental health multidisciplinary teams and trained general practitioners continue to provide essential mental health and psychosocial support (MHPSS) services to affected communities in eastern Libya, in coordination with the National Committee for Mental Health.

Meanwhile, the psychological wounds of this devastating disaster – which include grief, anxiety and loss – are often invisible and will take a long time to heal. Deeply traumatized survivors will require access to mental health and psychosocial support services for years to come and strengthening such assistance, not only for crisis-affected populations but also for other vulnerable populations in Libya, is critical to building a healthy society. To this end, WHO is committed to supporting the MOH in the implementation of Libya's NMHS in the years ahead.

“The finalization and endorsement of the National Mental Health strategy mark a crucial step towards prioritizing mental health in Libya's health agenda. This strategy underscores our commitment to build a resilient and healthy society where mental well-being is recognized as a universal human right.”

Dr Ahmed Zouiten

WHO Representative to Libya

The workshop was made possible thanks to financial support from USAID.

For more information, click [here](#) and [here](#).

WHO works to ensure access for all to assistive technology and rehabilitation in humanitarian emergencies

Evidence from recent and ongoing emergencies shows that acute and ongoing rehabilitation and assistive technology needs rapidly increase during humanitarian crises. To address this, WHO is integrating assistive technology and rehabilitation into its emergency preparedness and response efforts to ensure no one is left behind.



A Palestinian man sits on a wheelchair as he and others flee from Khan Younis to Rafah, in Gaza. Credit: WHO/Christopher Black



A physiotherapist shows a person with burn injuries how to perform functional movement following skin grafting, in Armenia. Credit: WHO

Globally, an estimated 2.5 billion people require assistive technology, and 2.4 billion could benefit from rehabilitation. This need is exacerbated by conflicts, outbreaks and disasters that cause surges in injuries or illness that require early access to rehabilitation and assistive products. Additionally, displacement often results in the loss or damage of assistive products, emphasizing the urgent need for these essential services. A survey in Jordan and Lebanon found that nearly 25% of refugees had impairments, injuries, or chronic health conditions that could benefit from assistive technology and rehabilitation.

Despite this pressing need, assistive technology and rehabilitation services are often poorly integrated into health systems and overlooked in emergency plans. IASC Guidelines and World Health Assembly Resolutions 71.8 and 76.6 stress the importance of including these services in both emergency preparedness and response to ensure inclusivity for people with disabilities, older individuals, and those with health conditions or injuries. The United Nations Interagency Task Force on Noncommunicable Diseases (UNIATF) estimates that each dollar invested in rehabilitation and assistive technology during humanitarian emergencies would yield an average return of six dollars over a person's lifetime.

To address this gap, WHO is strengthening its own capacity in this area, providing rehabilitation technical expertise, coordination, and leadership in 15 emergency responses since 2021 and deploying over 6 000 quality assistive products in crisis-affected areas including in Gaza, Sudan, North-West Syria and Ukraine.

At a systemic level, WHO has integrated rehabilitation professionals and assistive products into [Emergency Medical Teams](#) and the [H3 package of High-Priority Health Services for Humanitarian Response](#). WHO will also soon launch a rehabilitation and assistive products module in the Trauma and Emergency Surgery Kit (TESK) to allow for rapid deployment in emergencies.

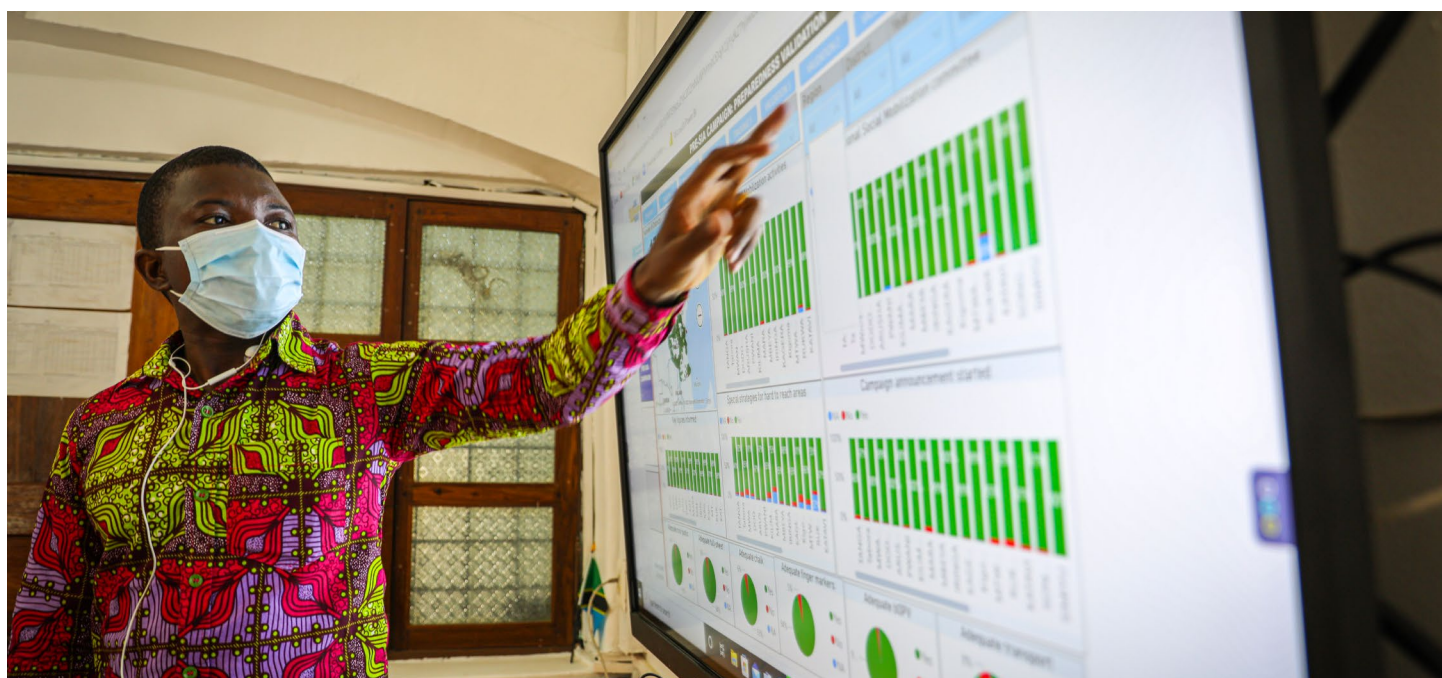
While such emergency response work is impactful, preparedness requires far greater attention and next year WHO will launch a toolkit to support Member States to better integrate rehabilitation and assistive technology into their emergency preparedness efforts.

In May 2024, WHO is supporting a [side-event](#) during the Seventy-seventh World Health Assembly, hosted by the Governments of Pakistan and Ireland and UNIATF, to advocate for access to assistive technology and rehabilitation services in humanitarian settings. This event aligns with WHA resolutions and underscores the significance of these services in emergency responses. Furthermore, WHO plans to launch two emergency-specific training modules over the next month as part of its [Training in Assistive Products \(TAP\)](#).

Despite progress, millions of people affected by humanitarian crisis still lack access to the rehabilitation and assistive technology services they need, highlighting the urgency for accelerated action. Leveraging its mandate, partnerships, and lead agency status, WHO is positioned to drive the integration of assistive technology and rehabilitation services into humanitarian responses, ensuring that no one is left behind.

How WHO supported Southern African countries to halt the transmission of wild poliovirus

Polio has no cure and can cause irreversible paralysis. However, the disease can be prevented and eradicated through administration of a safe, simple and effective vaccine. [The Global Polio Eradication Initiative](#) (GPEI) - spearheaded by national governments, WHO, Rotary International, the US Centers for Disease Control and Prevention (CDC), UNICEF, the Bill & Melinda Gates Foundation and Gavi, the Vaccine Alliance - exists to ensure that no child anywhere will ever again be paralysed by any form of poliovirus.



Emmanuel, working from the Emergency Operations Centre which was set up in Arusha, Tanzania with support from WHO, closely monitors every alert and data received. Credit: WHO/Marta Villa Monge

On 14 May 2024, following thorough assessments in Malawi and Mozambique, an independent Polio Outbreak Response Assessment Team (OBRA) recommended the closure of the wild poliovirus type 1 (WPV1) outbreak in in these two Southern African countries, concluding that there is no evidence of ongoing transmission.

Nine cases of WPV1 were detected in Mozambique and neighbouring Malawi, where the outbreak was declared in February 2022, with the last case in the African Region reported in Mozambique in August 2022. Through robust surveillance, quality vaccination campaigns and enhanced community engagement both countries have effectively controlled the spread of the virus, safeguarding the health of their children.

This was a coordinated response, in which health authorities - with technical support from WHO through GPEI - put in place national prevention strategies in Malawi and Mozambique and their bordering countries of United Republic of Tanzania, Zimbabwe and Zambia.

WHO teams were deployed within 48 hours of the first alert and the WHO Polio program has continued its efforts to expand environmental surveillance for timely detection and response to polio presence. Over the past two years, WHO's Regional Office for Africa has set up more than 15 new environmental surveillance sites in the affected countries which help to detect silent circulating poliovirus in wastewater, so that quality samples can reach laboratories for final confirmation of polio presence.

Additionally, WHO provided strengthened surveillance and data and information management throughout the outbreak. The WHO AFRO Geographic Information Systems (GIS) Center, with its capacity to capture and analyze spatial and geographic data on visual maps, provided geographic real-time coverage information, including locating missing settlements to improve vaccination coverage. To date, more than 100 million vaccine doses have been administered in the most at-risk areas.

"This achievement is a testament to what can be accomplished when we work together with dedication and determination. I commend the governments of Malawi and Mozambique, as well as all those involved in the response, for their tireless efforts to contain the outbreak."

Dr Matshidiso Moeti

WHO Regional Director for Africa

Closing the outbreak marks a significant milestone in the fight against polio in the African region and reflects the unwavering commitment and collaborative efforts of national health authorities, health workers, communities and GPEI partners. This achievement underscores the pivotal role of enhanced polio surveillance, high quality community engagement in vaccination campaigns and timely outbreak response to protect children from the risk of paralysis from poliovirus.

For more information, click [here](#).

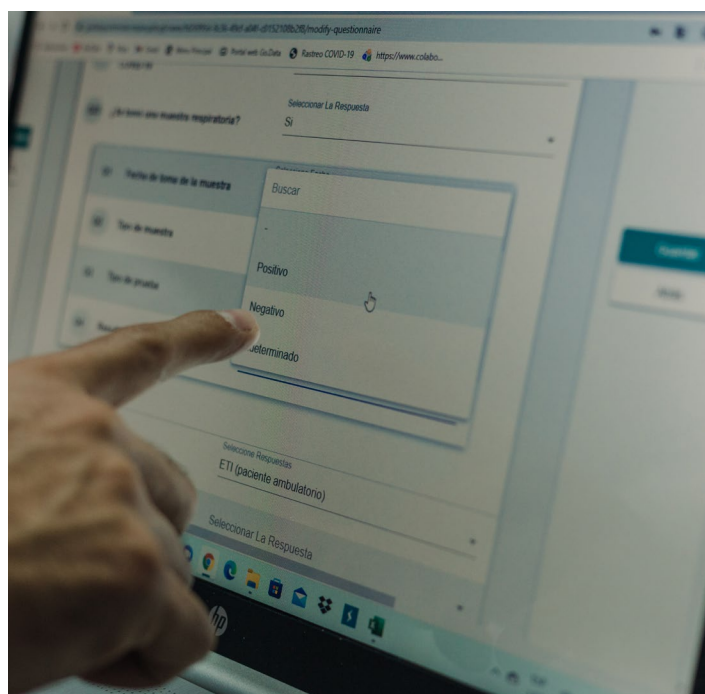
WHO supports transition of the Go.Data tool for disease outbreak response to open source

Go.Data is a web and mobile application developed by WHO in collaboration with the Global Outbreak Alert and Response Network (GOARN) partners, for use by health workers – in particular first line responders, epidemiologists and contact tracers – during outbreak response. The tool equips responders to have more structured data collection, integrated data sets, standardization to compare across different areas or events, real-time analyses to inform field operations, and a series of functionalities to better organize and monitor contact tracing activities.

WHO's Open Source Programme Office (OSPO) sits within WHO's Health Emergencies Programme (WHE) and is a centre of competency for Open source-related efforts. It promotes collaboration and open innovation through practices that facilitate active participation and the growth of contributor communities.

First tested during a 2019 [diphtheria outbreak in Cox's Bazar](#), Bangladesh, Go.Data has since become a trusted information management tool used during outbreak responses across the world. The application supports teams to address some of the key challenges encountered when responding to an outbreak, including the management of complex data and relationships among cases and contacts while simultaneously tracking the disease and minimizing its impact on the community. As its use expanded globally, a transition to open source became increasingly necessary to increase country ownership, facilitate interoperability with national surveillance systems, and maintain flexibility to local contexts.

To this end, the Go.Data project team has worked with WHO Open Source Programme Office (OSPO) to ensure that all aspects of transitioning Go.Data to open source were considered and applied, including the four fundamental freedoms of open source: the freedom to run the program, study how it works, redistribute copies to help others, and distribute copies of the modified versions to others.



Use of Go.Data in response to COVID-19 in Guatemala, November 2021. Credit: WHO / NOOR / Mariceu Erthal

Dedicated spaces for the Go.Data Community of Practice were also established on the GOARN Knowledge platform and GitHub, where implementors and developers can connect, share knowledge, and troubleshoot, to collectively improve the software.

The April 2024 launch event, hosted by the GOARN Operational Support team and the WHO OSPO, marked the formal transition of Go.Data to an open source tool. The online launch event was attended by WHO staff in countries, regional offices and headquarters, with representation from ministries of health, national public health agencies, universities and other GOARN partners.

Speaking at the launch, Dr Mike Ryan, WHO Deputy Director-General and Executive Director for the WHO Health Emergencies Programme, emphasized the relevance of having tools that enable a more precise and effective epidemic responses. Go.Data is one such software that promotes a structured process and state of mind, ensuring precision in public health interventions. He thanked first line responders, implementing countries and institutions as well as WHO and GOARN partners who were instrumental in developing and adapting Go.Data, and welcomed the community of users to participate in this next phase of the Go.Data project.

“What is important around the Go.Data project is that it is not just a software tool, but a community of practice, a group of professionals committed to the process of developing tools that support outbreak containment, which are fit for purpose and support teams that have to do a difficult job”.

Dr Mike Ryan

WHO Deputy Director-General and Executive Director of WHO's Health Emergencies Programme

During the launch event, the Go.Data project team outlined the origins of the Go.Data project, future steps as an open-source tool and how the community of users can engage moving forward. The WHO OSPO team presented various aspects of this transition and its implications, including the updated license and terms of use. In addition, country implementers and a developer shared their experiences and reflections on Go.Data and its transition to open source.

Continued on next page ...

Reflections from the field: Brazil

- Brazil has a high uptake of the Go.Data tool with approximately 16 Go.Data servers.
- The tool has been instrumental in supporting the investigation of various diseases in the country, including Measles, COVID-19, Monkeypox, and Avian Flu.
- While the COVID-19 pandemic posed several challenges due to the large number of a cases and contacts, the successful experience served as a model for other diseases such as Monkeypox and Measles.
- The transition to an open source model, along with the creation of a community of developers, will allow problems to be identified and resolved more quickly and efficiently.
- The open source model provides a platform for collaboration among developers from diverse backgrounds and experiences, enriching the development process.

Reflections from the field: Uganda

- Go.Data was crucial in managing and tracking the growing number of contacts during the Sudan Ebola outbreak in Uganda in 2022, after the initial manual system for contact tracing proved difficult. It helped track transmission chains and with decision-making.
- The Go.Data R package hosted in the tool's GitHub, helped strengthen the country's ability to use data and supported the decision making process.
- Challenges at the beginning included internet connectivity, getting the response team to know how to use the tool, data completeness, as well as linking the laboratory results to the suspected cases in Go.Data.
- The transition of Go.Data as an open-source tool provides an opportunity for further development, and Uganda is willing contribute with interoperability solutions to enhance timely decision making.

Armand Bejtullahu, GOARN Manager a.i. in WHO's Department of Alert and Response Coordination, thanked all partners and stakeholders who contributed extensively to the evolution of Go.Data from the initial stages to the present form as an open-source tool. Moving forward, he called on all partners to continue to collaborate, to continuously improve the efficiency of the tool and ensure it remains responsive to country needs and demands.



Go.Data system dashboard being used on a tablet at the Metsimaholo COVID-19 Call Centre in Sasolburg, South Africa, November 2021. Credit: WHO / NOOR / Alixandra Fazzina

WHO's Standby Partners: strengthening operational partnerships for effective health emergency response

WHO holds Standby Partnership Agreements with ten external partners who provide short-term and gratis surge support to WHO's emergency work. Standby Partners play a key role in strengthening the capacity of WHO and the broader health sector during all aspects of emergencies. In 2022 and 2023, Standby Partners strengthened WHO's response to 27 graded emergencies by deploying 123 surge personnel for a cumulative duration of 824 months. More than half of this was in support of emergencies in the Greater Horn of Africa, Ukraine, Northern Ethiopia and for the multi-region cholera outbreak response.



Group photo of the meeting with WHO's Standby Partners and Dr Michael Ryan, WHO Deputy Director-General and Executive Director of WHO's Health Emergencies Programme, 9 May 2024. Credit: WHO/Christopher Black

To recognize the invaluable contributions of each Standby Partner thus far and to outline future collaboration plans in emergencies, on 9 May 2024 WHO headquarters hosted a half-day meeting with all Standby Partners. The gathering brought together eighteen representatives from partner organizations and donor agencies

Dr. Mike Ryan, WHO Deputy Director-General and Executive Director of WHO's Health Emergencies Programme, inaugurated the meeting by presenting an overview of the current global health emergencies landscape. Subsequent sessions, led by WHO's Health Emergencies Programme leadership, provided insights into WHO's global health emergencies priorities and highlighted the unique challenges faced in addressing health emergencies in fragile, conflict, and vulnerable (FCV) settings. Additionally, partners received briefings on WHO's new Emergency Response Framework and its application in acute emergencies, with a specific focus on the Multi-Region Cholera Outbreak and Dengue.

The meeting concluded with an update on the Global Health Emergency Corps (GHEC). This network of network - which includes Standby Partners - aims to connect senior health emergency leaders, standardize quality and enhance

interoperability between national, regional and global rapid response capacities, and strengthen local and national health emergency preparedness and response workforce.

This meeting with WHO's Standby Partners was a significant step toward enhancing partnerships for a more effective response to health emergencies. The engaging discussions between WHE senior leadership and partners resulted in joint follow-up actions, such as more regular communication and information sharing on WHO emergency priorities. Partners were also urged to prioritize health emergencies and to address the most urgent needs, particularly in FCV settings.

WHO wishes to thank the following organizations for their participation in the meeting and support to Standby Partnerships: UK Foreign, Commonwealth, and Development Office (UK FCDO), CANADEM, Danish Emergency Management Agency (DEMA), iMMAP, MapAction, Netherlands Enterprise Agency (RVO), NORCAP, part of the Norwegian Refugee Council, RedR Australia, Swedish Civil Contingencies Agency (MSB), Swiss Agency for Development and Cooperation (SDC), UK-Med, and the Berlin Center for International Peace Operations (ZIF).

For more information about WHO Standby Partners, click [here](#).

A journey towards strengthening early warning and public health intelligence capacities in Sri Lanka

Epidemic Intelligence from Open Sources (EIOS) initiative was launched with the vision of a world where health threats are identified and responded to so early and rapidly that they have zero negative impact on lives and livelihoods. It is a unique collaboration between public health stakeholders around the globe to harness the benefits from publicly available information to generate public health signals.

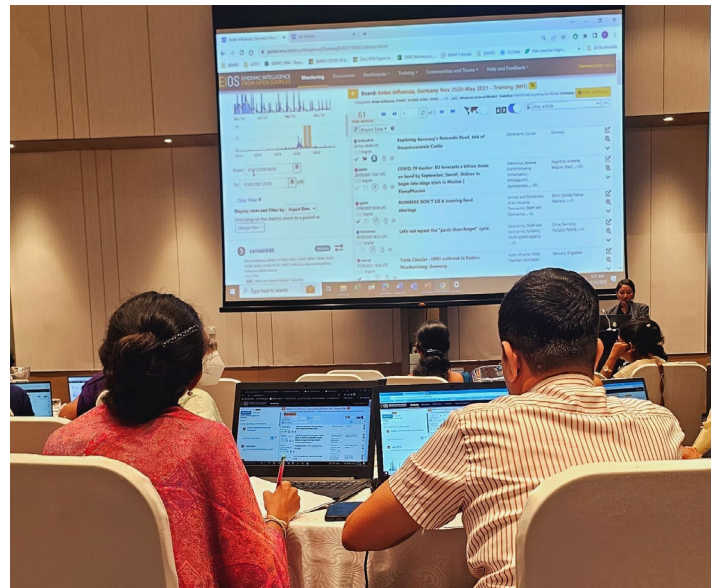
Sri Lanka joined the global community of the Epidemic Intelligence from Open Sources (EIOS) initiative following a three-day workshop that was organized in the country from 20 to 22 November 2023. The event was co-organized by the Ministry of Health Sri Lanka and WHO country office with technical support from WHO South-East Asia Regional Office, to introduce EIOS system for event-based surveillance.

The systems training workshop was conducted with the participation of 35 trainees from One Health partner institutions including those representing human and animal health sectors, and disaster management, chemical, biological and radio-nuclear focal points.

Following the initial sensitization training, WHO Sri Lanka continued bilateral dialogue with participant partner institutions regarding adopting EIOS. As we mark six months of EIOS in Sri Lanka, three institutions have already expressed their interest to be part of the EIOS system: namely, Disaster Management Centre (DMC), Department of Animal Production and Health (DAPH) and the Health Promotion Bureau (HPB).

During the past months WHO Sri Lanka conducted institutional orientation sessions for these three institutions with the relevant technical teams for surveillance and media monitoring. These were instrumental to understand the current capacities at each institution and their extent of engagement in epidemic intelligence as a routine function. Any future expressions of interest to join the EIOS network will also be facilitated.

Sri Lanka uses three official languages (Sinhala, Tamil and English) in its day-to-day communications. Over 150 sources were collectively identified by the three institutions adopting EIOS and by WHO Sri Lanka, to be monitored nationally through the EIOS platform in the official languages of the country. These include media, government sources, meteorological sites, blogs and news agencies, which are publicly available. A list of key words in local languages is also being developed which will enable the system to collate locally relevant articles from a broad range of sources.



Trainees participating in EIOS sensitization workshop held in Sri Lanka. Credit: WHO/Anjalee De Silva

Looking ahead to the next six months, WHO Sri Lanka has planned a sequence of capacity building activities for the three institutions that expressed their interest to adopt the EIOS system to strengthen their public health intelligence. Each institution has already identified a team of technical focal points to be trained through small group trainings utilizing entity specific resources to cater to institution-specific monitoring requirements. Case studies, self-study activities and discussions will help to further define these.

Further to this, WHO will support the development of standard operating procedures and extend troubleshooting support for full implementation of the EIOS system in each institution. Once fully adopted, the system will contribute towards enhancing public health intelligence capabilities, strengthening health risk monitoring, and generating early warning signals for action in the country.

For more information, click [here](#)

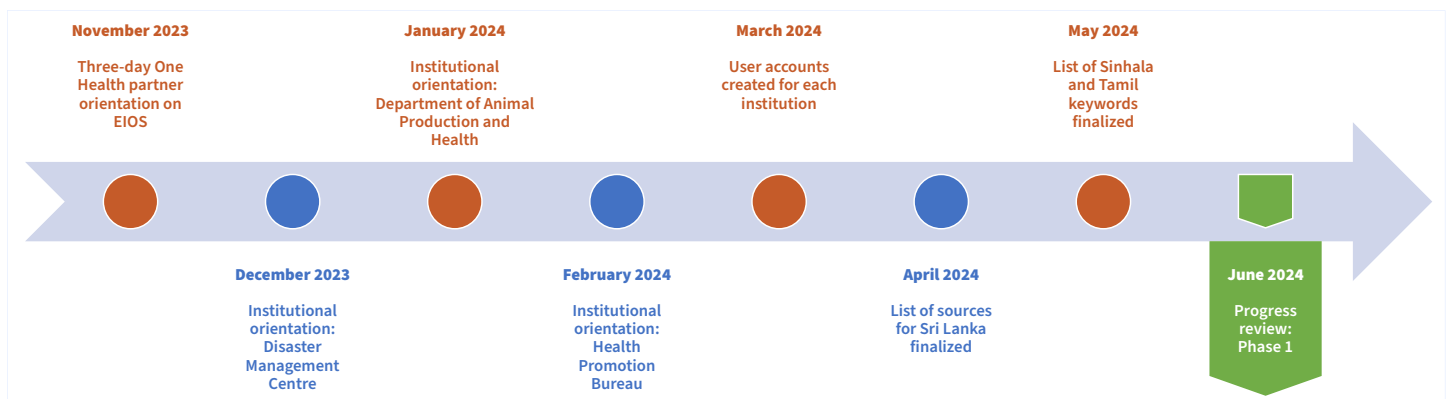


Figure 1 Timeline of activities during the first six months since EIOS introduction in Sri Lanka (Phase 1)

WHO partnered with CERN to develop a much-awaited scientific model to help mitigate the transmission of respiratory pathogens

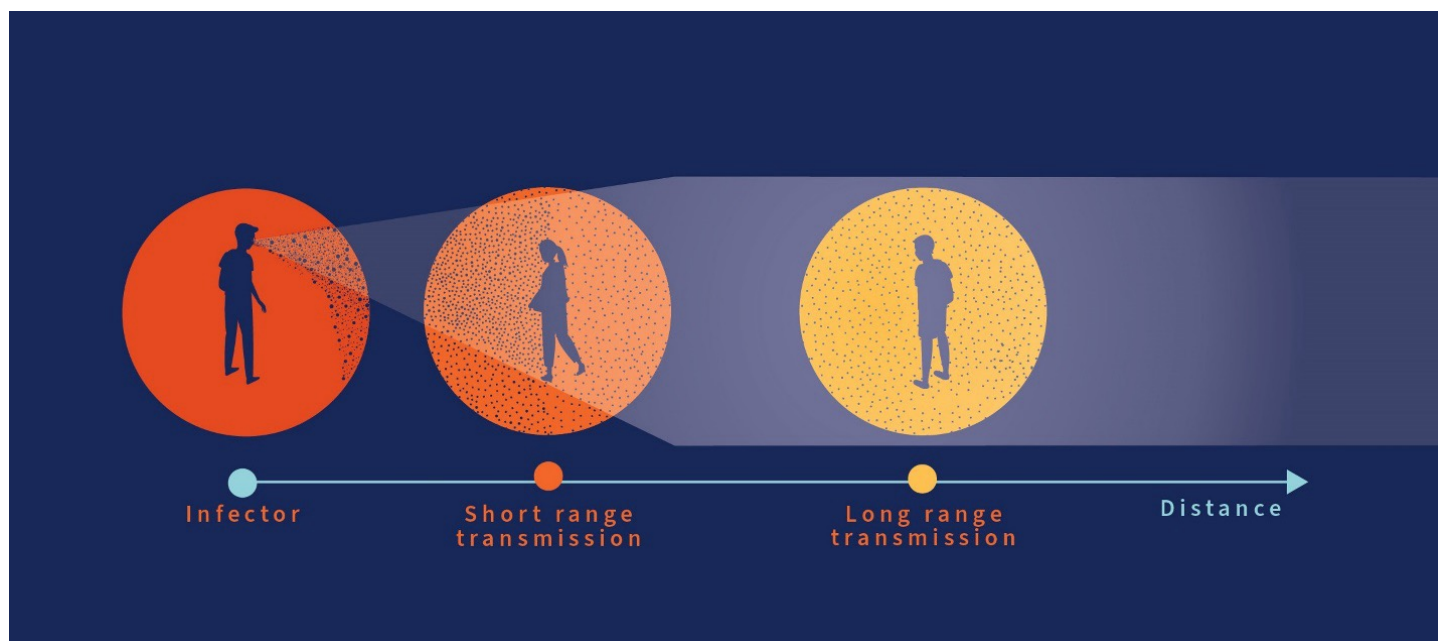


Figure 2: Interaction of short- and long-range transmission and infection respiratory particles concentration reduction according to distance from the source of infection

Understanding how pathogens spread is essential for developing transmission-based precautions to prevent and control infections, including the use of ventilation in our buildings. The SARS-CoV-2 virus can spread in several ways: through zoonotic transmission, direct and indirect contact transmission, direct deposition transmission, and inhalation or airborne transmission.

Airborne transmission occurs when small infectious respiratory particles (IRPs) are exhaled by an infected individual and inhaled by a new recipient and enter the new individual's respiratory tract, allowing the opportunity for infection to occur. This form of transmission can occur when the IRPs have travelled either short or long distances from the infectious person and irrespective of their geometric size.

Since the mid-twentieth century, indoor ventilation has been intentionally used to reduce the risk of airborne transmission, however the rationale behind the model for ventilation standards in healthcare have not been updated since that time. Quantifying the probability of SARS-CoV-2 infection through the inhalation mechanism required a new model, to accurately inform the development of risk reduction measures such as indoor risk-based ventilation standards.

Since the beginning of the COVID-19 pandemic, WHO, the European Organization for Nuclear Research (CERN), and a group of external experts have collaborated on the Airborne Risk Indoor Assessment (ARIA). The collaboration brought together the diverse expertise of CERN in physics, engineering, and other fields with WHO's technical knowledge in infectious diseases and epidemiology.

Both organizations coordinated efforts and gathered experts across various relevant fields to develop a new [model](#) to quantify the risk of SARS-CoV-2 airborne transmission to inform non-pharmaceutical risk reduction measures in residential,

public, and healthcare settings and an online user-friendly [tool](#) to interface with the model.

After two years of intense collaboration, this new mathematical model to quantify the risk of airborne transmission in indoor settings has been made available to the scientific community, replacing the model which had been used since the 1950s. This marks an important milestone for public health.

The model follows a five-tier methodology merging host and pathogen characteristics with environmental factors. This multidisciplinary process for quantifying the risk encompasses domains from virology and epidemiology to infectious diseases, aerosol science, and engineering. Moreover, it employs a probabilistic approach with more than 100 parameters, the majority of which are informed by evidence from systematic reviews.

The new model enables more accurate risk estimation, which will not only enhance the mitigation of respiratory pathogen transmission but also contribute to improving indoor air quality while promoting environmentally sustainable indoor ventilation systems.

The significant impact of indoor air pollution and airborne diseases on public health, especially in resource-constrained environments, extends beyond individual health concerns. These challenges intersect deeply with the Sustainable Development Goals, urging creative thinking and decisive actions. Bridging the gap between public health and environmental science is vital for fostering a unique dialogue on exposure to ambient and viral particles, mitigation measures, and comprehensive risk assessment models.

For more information, watch [this](#) video.

Strengthening medical management of radiation emergencies in the Republic of Moldova



Workshop participants engaging in a group activity. Credit: WHO

Since the onset of the ongoing conflict in Ukraine in 2022, the bordering country of Republic of Moldova has continued to build its capacity to address potential radiation hazards, with a focus on strengthening detection capacities, developing national contingency plans, training personnel, and reinforcing stakeholder capacities.

Following a request from the Ministry of Health, the WHO Country Office in Moldova - in partnership with the WHO Regional Office for Europe and WHO headquarters - conducted a workshop from 5 to 7 March 2024 on the medical management of radiation emergencies. The workshop aimed to strengthen pre-hospital and hospital readiness in providing medical care to victims of radiological and nuclear events. A total of 33 medical professionals from national institutions such as the National Agency for Public Health, dedicated hospitals and other specialist facilities participated, including haematologists, toxicologists, skin burn surgeons, bioassay specialists, and other medical doctors with experience in related fields.

Throughout the three-day workshop, participants were oriented on various radiation sources, basic concepts of ionizing radiation, radiation emergency types and the principles of radioprotection, among other topics. The training included interactive sessions on the use of personal protective equipment and radiation measuring devices, wound decontamination, trauma and radiological triage, as well as response priorities in the event of a nuclear power plant emergency. Participants applied the learned theoretical concepts during a simulation exercise on the medical response to radiation emergencies.

“It was an extraordinary learning experience from colleagues and experts around the world. The WHO guidance in strengthening national preparedness and response to radiation emergencies is crucial given the current global environment and the regional context of war in neighbouring Ukraine. Such educational process and information sharing provide an important contribution to readiness and management of radiation emergency medical response.”

Dr Ion Ursulean

Head of Radiation Protection Department of the National Agency for Public Health Republic of Moldova

Upon completion of the workshop, a post-training quiz was carried out which showed a significant improvement in participants' understanding of radiation emergency medical response, indicating successful communication of key workshop messages to the audience. Gained knowledge will strengthen medical emergency preparedness and response capacities in the Moldovan health system, in its efforts to reduce national vulnerability to eventual nuclear and radiological incidents.

This workshop was financially supported by the US Department of State.

WHO launches the benchmark tool and digital platform to help countries strengthen their health emergency capacities

On 19 April 2024, WHO launched the [Benchmarks for Strengthening Health Emergency Capacities](#), a strategic framework aimed at enhancing global health emergency capacities. This benchmark tool provides structured guidance to Member States, to improve national prevention, preparedness, response, and resilience capacities against health emergencies.

First published in 2019, the tool was subsequently developed and updated to align with the [updated IHR Monitoring and Evaluation tools](#) and the [health emergency architecture](#), and to incorporate lessons learnt from recent health emergencies including the COVID-19 pandemic. The document is accompanied by a [digital platform](#) to ease navigation, and a reference library of available guidelines, tools, templates and training packages linked to the benchmark or actions.

As illustrated in figure 3, the benchmark tool serves multiple functions. It is a framework to benchmark health emergency capacities; a tool to facilitate planning processes, monitor progress, and conduct simulation exercise; and a reference guide for operational and implementation research, to develop assessment recommendations, strategic programmes, workplans and donor proposals, and to prioritize and mobilize resources.

The launch event highlighted the benchmarks' practical applications across different regions and demonstrated their adaptability and relevance. Participants in the panel discussions – including from WHO Regional Office for South-East Asia, US CDC, World Organisation for Animal Health (WOAH), Resolve to Save Lives and Ministries of Health of Côte d'Ivoire and United Republic of Tanzania – attested to the tool's critical role in enabling countries to take action to enhance health emergency preparedness and response.

“The WHO benchmark tool allows Member States to prioritize work, move from IHR States Parties Self-Assessment Annual Report (SPAR) and JEE assessments to take actions, and focus on what needs to be done next.”

Michael Mahar

Associate Director for Global Health Security, US CDC

The updated benchmark tool has recently been utilized in Côte D'Ivoire, Kenya, Sri Lanka, and United Republic of Tanzania to facilitate the planning of national action plans.

“The benchmark tool was used as a first step to clean up and harmonize the actions to be submitted to the national multisectoral technical experts for prioritisation of the NAPHS and provides clarity on the comprehensiveness of interventions for each indicator/level to move from one score to the next.”

Dr Savané Kroman

Public Health Specialist, One Health Focal Point, Ministry of Health, Côte d'Ivoire (on behalf of NAPHS coordination team in Côte d'Ivoire)

Moving forward, the WHO Secretariat with support of the three levels of the Organization as well as partners and other agencies will expand utilization of the WHO benchmark tool by Member States, to enhance national and global capacities for the management of health emergencies.

For more information click [here](#) or contact ehs@who.int

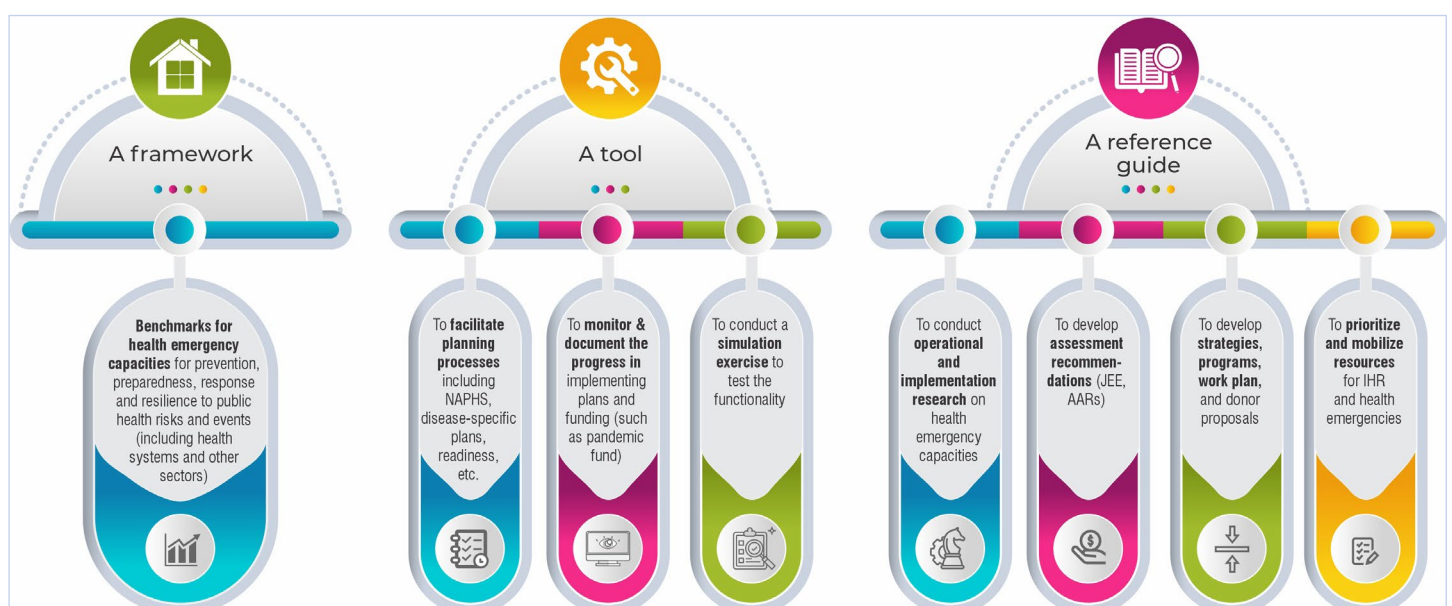


Figure 3. Application of WHO Benchmarks for Strengthening Health Emergency Capacities

Readiness to respond: WHO/Europe trains country workforce on WHO's revised Emergency Response Framework (WHO ERF)



Group picture of participants of the ERF rollout training. Credit: WHO

The consequences of public health emergencies on the health and well-being of communities and societies can be devastating – this includes disruptions and impacts to health systems and services, economies and livelihoods. Recent experiences have highlighted the need for WHO and its partners to be ready and have the capacity to respond to a range of hazards.

To ensure a timely, predictable and effective response in support of Member States and affected communities, WHO adopted and implements its internal Emergency Response Framework (WHO ERF). The ERF provides WHO staff with essential guidance on how the Organization manages the assessment, grading and response to public health events and emergencies with health consequences, in support of Member States and affected communities. The publication of the latest edition (ERF 2.1) in 2024, stems from lessons learnt in recent emergencies, with key areas updated to improve the accountability, predictability, timeliness and effectiveness of WHO's response capacity.

To support the roll-out of the updated WHO ERF, the Emergency Operations team at the WHO Regional Office for Europe conducted a training for 24 WHO Health Emergencies Programme (WHE) national professional officers from across the region, including from Ukraine, Ukraine refugee receiving country offices, and priority countries from sub-regional hubs. The in-person training took place at the WHO Regional office in Copenhagen from 10 to 11 April 2024.

To support the continued implementation of the revised ERF, this event was designed to train WHO's frontline teams on the guiding principles, the risk assessment and health analysis process, and how to determine the level of operational response required by WHO for any event. The training also covered revised ERF procedures and clarified key Incident Management System (IMS) responsibilities and accountabilities. Practical exercises simulated a range of scenarios, allowing participants to apply WHO ERF's principles to a fictional health emergency.

Interactive panel discussions and group activities facilitated knowledge sharing and strategic brainstorming between participants, fostering a collaborative environment and reinforced operational synergies between WHO Country and Regional Offices. Pre- and post-training assessments revealed close to 30% increase in overall knowledge of the ERF.

In recent years the WHO European region has witnessed an increase in the number and complexity of public health emergencies. These include large-scale conflicts, natural disasters, refugee crises and infectious disease outbreaks. Looking ahead, the WHO Europe Emergency Operations team plans to provide a range of WHO ERF training to all WHO Regional and country office personnel, to ensure a comprehensive and coordinated response to future emergencies.

“The ERF Regional training for the WHE team at Hub and country level strengthens our ability to respond to emergencies and builds resilience. Investing in this training ensures we have the necessary skills and coordination to address any crisis effectively. The knowledge acquired from this regional training is invaluable, enabling us to anticipate, plan, and execute responses to the highest standards.”

Dr Abeyayehu Assefa Mengistu

Coordinator of the WHO Health Emergencies Balkan Hub

Enhancing Field Epidemiology through the Competencies for One Health Field Epidemiology (COHFE) Framework in Nigeria



Participants at the workshop on 'Strengthening One health Approach in the Nigeria Field Epidemiology Training Programme'. Credit: NCDC Communications

The One Health approach emphasizes the global strategy of integrating multiple sectors to enhance health security at the human-animal-environment interface, which is particularly important in tackling some of the most complex health crises. The [Competencies for One Health Field Epidemiology \(COHFE\) Framework](#), developed jointly by WHO, the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (WOAH), is an important framework which defines sector-specific knowledge, skills, and competencies for training field epidemiologists in the One Health approach.

While the workforce trained in the Nigeria Field Epidemiology and Laboratory Training Programme (NFELTP) has been crucial in responding to public health emergencies such as outbreaks of Ebola virus disease and COVID-19, the NFELTP curriculum does not currently fully address One Health principles. The imperative to enhance the detection and management of multisectoral health threats has spurred efforts to foster greater integration of training programmes across sectors in Nigeria.

The importance of a multisectoral approach for field epidemiology training was emphasized at a workshop sponsored by WHO and the Nigeria Centre for Disease Control and Prevention (NCDC) in Abuja in March 2024, which assembled participants drawn from the Federal Ministry of Health and Social Welfare, the Federal Ministry of Agriculture and Food Security, and the Federal Ministry of Environment with partners from academia across the One Health disciplines, the African Field Epidemiology Network (AFENET), Africa Centres for Disease Control and Prevention (Africa CDC), FAO and others.

The workshop involved technical sessions, brainstorming discussions, and experience sharing structured around the COHFE framework. Participants conducted a cross-walk of COHFE's One Health knowledge, skills and competencies against the existing curricula for frontline NFELTP training and the FAO-supported In-Service Training Programme for

Veterinarians (ISAVET), demonstrating the numerous overlaps in existing sector-specific training programmes and identifying gaps which remain to be addressed.

“The Nigeria One Health initiative, under the coordination of the Nigeria Centre for Disease Control and Prevention, aspires to foster a nation where both people and animals thrive within a harmonious ecosystem.”

Oladipo Ogunbode

National Coordinator, Nigeria Field Epidemiology and Laboratory Training Programme, NCDC

Key themes that emerged during the workshop related to the necessity for a unified curriculum addressing competencies across sectors, especially from the environment sector. Proposed actions included developing training resources for environment health, optimizing curricula to align with field requirements, and establishing collaborative training programmes for resource and information sharing across the human, animal, and environment health sectors. Participants emphasized the urgency of addressing funding obstacles and enhancing political support for multisectoral collaboration, noting challenges such as sustainability and trained personnel retention.

The workshop concluded with commitments and consensus on the need for advocacy and action to ensure the operational and strategic integration of the One Health principles into Nigeria's field epidemiology training programmes. The insights and recommendations generated will inform future collaborative efforts aimed at bolstering regional and global health security. Overall, the workshop marked a critical step toward enhancing Nigeria's capacity for collaborative surveillance and for managing health threats through a holistic, sustainable and integrated One Health approach.

WHO's seasonal influenza vaccination toolkit to mitigate annual epidemics and prepare for pandemics

Vaccination is our best tool for reducing influenza hospitalization and deaths. WHO recommends that all countries consider implementing an influenza vaccination programme or include influenza vaccination in their national immunization programme. WHO specifically [recommends](#) seasonal influenza vaccination for health workers, pregnant people, adults with chronic conditions, older adults, and other populations identified as priorities by countries. In line with the [Global Influenza Strategy 2019-2030](#), WHO and partners provide technical and financial resources to help countries strengthen their national seasonal influenza programmes.



Seasonal influenza vaccination in Turkmenistan. Credit: WHO

Research has shown that seasonal influenza vaccination served as a platform for introducing A(H1N1) vaccines in 2009, and correlated with higher national COVID-19 vaccination capacities and coverage during the COVID-19 pandemic. Indeed, by helping to sustain manufacturing facilities, develop delivery capacities, increase vaccine acceptance, train health workers, strengthen decision-making, and exercise systems used for pandemic response, national seasonal influenza programmes can strengthen national pandemic preparedness more broadly.

Increasingly, low- and middle-income countries (LMICs) have expressed interest in developing or strengthening their national influenza vaccination programmes. Over the last four years, six LMICs have introduced seasonal influenza vaccination and sixteen have requested technical and financial support from WHO to introduce or strengthen seasonal influenza vaccination in 2024-2025, motivated by the need to protect their health workforce, reduce hospitalizations and deaths in vulnerable populations, and enhance national preparedness for respiratory pathogen pandemics.

To support ministry of health officials, WHO staff, vaccinators, health workers, researchers, and other stakeholders, WHO regularly updates a [seasonal influenza vaccination toolkit](#) that provides guidance, training, and advocacy resources.

In November 2023, a [policy brief](#) was added to the toolkit to provide countries with an adaptable outline that can be used to develop and/or update their respective national policies. Countries around the world have already started using the policy brief, including 11 in the Eastern Mediterranean Region, with more anticipated this year. In May 2024, all PAHO countries were introduced to the policy brief at the annual [Severe Acute Respiratory Infections Network \(SARInet\)](#) meeting in Mexico.

Looking ahead, with support from the US government, the Task Force for Global Health, and the [Pandemic Influenza Preparedness Framework Partnership Contribution](#), additional resources are being piloted in 2024 to strengthen national programmes. These include the **Facilitated Assessment of Influenza Vaccination Programme Review (FAIR) Tool** and the **Measuring Behavioural and Social Drivers for Influenza Vaccination (BeSD IN)** tool which can be used to improve national programmes and identify the enablers and barriers for vaccination. These tools will be added to the seasonal influenza vaccination toolkit later this year. To support countries in using these tools, WHO is planning a global meeting on seasonal influenza vaccination in July 2024.

For more information, click [here](#) or email influenza@who.int

WHO Global Logistics Hub's Monthly Update

WHO's Global Logistics Hub (the Hub), based within the International Humanitarian City in Dubai, United Arab Emirates, has the largest repository of pre-positioned health supplies and equipment within WHO's global supply chain. The operation rapidly delivers essential medicines and equipment in response to acute and protracted health emergencies around the world and across all six WHO regions. Effective partnerships are essential to these efforts. This includes emergency charter flights and operational support provided by the International Humanitarian City (IHC), the Government of Dubai, and the Government of the United Arab Emirates, as well as dedicated transportation support provided by World Food Program (WFP) to help WHO reach affected populations in the most complex emergencies with access challenges.



Armoured Vehicles arriving in Al Arish, Egypt, delivered from Dubai. These will help to protect WHO staff as they work in the high-risk environment to deliver life-saving assistance to those in need in Gaza. Credit: WHO/Sebastien Louis

Responding to outbreaks of infectious disease, natural disasters, and conflict, the Hub continues to deliver more life-saving health supplies and equipment faster than ever before. Having completed twenty charter flights already in 2024 delivering over 530 metric tonnes of essential medicines and equipment, the Hub is currently averaging one flight per week in 2024 in response to health emergencies around the world. Thanks to the strong support from vital donors including the Government of the United Arab Emirates and the European Civil Protection and Humanitarian Aid Operations (ECHO), the per kilogram cost for health supplies delivered by the Hub is less than US\$3 dollars, enabling WHO to utilize limited resources efficiently while reaching those in need.

During the first quarter (Q1) of 2024, the Hub received and dispatched a greater volume of health supplies than any previous Q1 on record and currently manages US\$ 2 million worth of goods per week. At the current pace the Hub is expected to exceed all previous Key Performance Indicators (KPIs) including the value of goods received and dispatched, the value and volume of goods delivered, the number of people reached, and the number of charter flights completed. The operation is now also increasing the value of goods pre-positioned due to surging demands. Today, the top responses by value remain the crises in Gaza, Sudan, Yemen, and Afghanistan, closely followed by numerous health emergencies across the Eastern Mediterranean Region and the African Region.

OPERATIONS IN 2024 (AS OF 15 MAY 2024)



US\$ 26.2 MILLION
Value of Goods Received



20 CHARTER FLIGHTS COMPLETED



US\$ 13.4 MILLION
Value of Goods Delivered



44 COUNTRIES REACHED ACROSS ALL 6 WHO REGIONS



US\$ 8 MILLION*
In-Kind Received



279 REQUESTS FOR ASSISTANCE

*from United Arab Emirates through the Dubai Government's International Humanitarian City and ECHO, to support transportation for ongoing emergency operations.

Empowering peace operations personnel with the latest WHO Ebola learning

Addressing outbreaks of Ebola in conflict settings can be a daunting challenge. To bring essential knowledge to these contexts, the WHO Health Emergencies Programme (WHE) collaborated with the Peace Operations Training Institute (POTI) to release a course tailored to peace operations personnel, [Ebola Virus Disease: Awareness and Precautions for Peace Operations Personnel](#). The course was first released in 2014 and was updated in 2023 by WHO Ebola experts.

“It is critical to have the latest knowledge to stay safe in outbreaks of Ebola virus disease. We are pleased to see that people are interested in learning more and preparing in case they are engaged to support communities facing outbreaks.”

Anaïs Legend

WHO Acting Team Lead for Viral Haemorrhagic Fevers

The course is an introductory primer to Ebola awareness and prevention for those who are not working in a medical or public health capacity. It presents a compilation of WHO materials on how the virus spreads, the symptoms and diagnosis, infection prevention techniques, possible treatments and vaccination, mission protocol and outbreak response coordination.

In total, the course has attracted more than 30 000 enrolments. It is adapted for offline use in the peacekeeping missions where connectivity is compromised.

The 2023 update reflects recent advancements in understanding and preventing the spread of the disease. It provides information on the latest outbreaks, as well as a new lesson devoted to Ebola outbreak coordination and peace operations. The [French translation of the revised course](#) has also been released.

Overall, the updated course garnered nearly 1800 enrolments in 2023, with 85% in the English course and 15% in the French

version. Participants represented 123 different nationalities, with Kenya contributing the most enrollees (186), followed by Nigeria (178), Ethiopia (96), Brazil (95) and Nepal (80). Almost three-quarters of participants identified as men. Of the total enrollees, 32% were military, police and civilians at Ministries of Defence and Foreign Affairs in Africa, Latin America and the Caribbean (LAC), and South Asia, 16% were personnel at national peacekeeping training centres in Africa, LAC and South Asia, 11% were personnel on United Nations, African Union and European Union missions, and 41% represented other affiliations.

Feedback collected from the updated course illustrates that participants were very satisfied: all respondents rated the course as excellent, very good or good, and found concepts to be clearly explained (see figure 4).

“The 2023 update allowed us to integrate lessons learned from the 2014–2016 West Africa outbreak into the course. Key takeaways - such as the importance of community engagement, building trust with the community, and achieving positive outcomes through strong partnerships - are highlighted in this edition and represent essential strategic responses applicable beyond Ebola virus disease.”

Erin Lyons

Chief of Content, Peace Operations Training Institute

The 2023 update was the result of long-term collaboration between POTI, the WHE Health Emergency Interventions Department and the WHE Learning and Capacity Development Unit. The course continues to be available online for peace operations personnel and other interested learners as a globally accessible, self-paced, on-demand course.

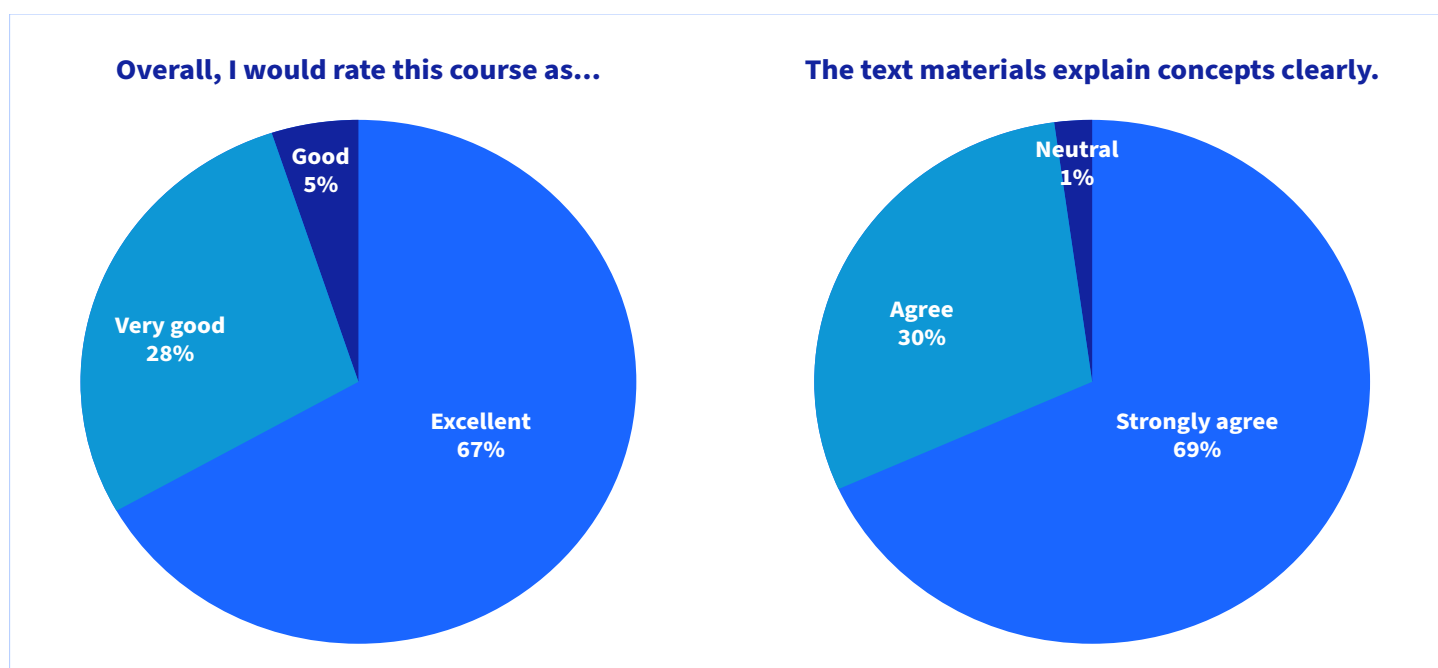


Figure 4: Feedback collected from Ebola course participants

WHO's work in emergencies

For updated information on where WHO works and what it does, visit the [WHO Health emergencies page](#), the [WHO Health Emergency Dashboard](#), the [Disease Outbreak News \(DONs\)](#), the [Weekly Epidemiological Record](#) and the [Weekly Influenza update](#).



WHO's Health Emergency Appeal 2024

In 2024, 300 million people are facing humanitarian crisis with severe health impacts. In 2024, WHO is appealing for US\$1.5 billion to fund cost-effective, high impact solutions that protect health, lives and livelihoods during a time of significant intersecting humanitarian emergencies. For more information, click [here](#).



GOARN

For updated GOARN network activities, click [here](#).



Emergency Medical Teams (EMT)

For updated EMT Network activities, click [here](#).



OpenWHO

For all OpenWHO courses, click [here](#).



Health Cluster

For information on health cluster activities, click [here](#)



EPI-WIN

For updates on EPI-WIN: WHO Information Network for Epidemics, click [here](#).



WHO Publications and Technical Guidance

For updated WHO publications and technical guidance, click [here](#).



Health Security Learning platform

To learn about or get involved in strengthening health security, click [here](#).

For more information WHO's regional response:

[African Regional Office](#)

[Eastern Mediterranean Regional Office](#)

[European Regional Office](#)

[Regional Office of the Americas](#)

[South-East Asia Regional Office](#)

[Western Pacific Regional Office](#)

News

- [Investment Round to sustainably finance WHO's Health for All mandate launched](#)
- [WHO's Investment case 2025–2028 launched](#)
- [Countries agree to integrate MHPSS in emergency response](#)
- [Rafah incursion would increase mortality and morbidity and further weaken health system](#)
- [Rapid response brings relief to flood-affected communities in Kenya](#)
- [Saving lives in northwest Nigeria with the new MenFive vaccines](#)
- [HeRAMS workshop strengthens healthcare decision-making and resilience in Afar Ethiopia](#)
- [Costa Rica hosted regional workshop for the development of new guidelines for the response to dengue, Zika and chikungunya \(in Spanish\)](#)
- [Decreasing zero-dose children threefold amidst pandemic and political unrest in Myanmar](#)
- [Disinformation about biological warfare linked to declaration to Mpox epidemic: Republic of Congo](#)
- [Meningitis outbreak: WHO scales up response efforts in Niger \(In French\)](#)
- [Burn care training to benefit thousands of people at increased risk of injury in north-west Syria](#)
- [JEE in Kingdom of Tonga: a significant commitment to strengthening the country's health security](#)
- [Statement on Syria by WHO Regional Director for the Eastern Mediterranean Dr Hanan Balkhy](#)
- [Saving lives and empowering communities in South Sudan's remote areas](#)
- [WHO delivered 7 metric tonnes of medical supplies to flood-hit northern Afghanistan](#)
- [First high-level meeting to defeat meningitis held in Paris on 26 April 2024](#)

Highlights

- [The Seventy-seventh World Health Assembly convened 27 May to 1 June 2024](#)
- [WHO Member States agree way forward to conclude Pandemic Agreement](#)
- [World Health Assembly agreement reached on amendments to improve the IHR](#)
- [Landmark resolution passed on health and climate change](#)
- [Dengue Global situation - 30 May](#)
- [Nutrition Vulnerability Analysis for Sudan - May 2024](#)
- [WHO releases a strategic framework for enhancing prevention and control of mpox](#)
- [World health statistics reporting: 2024 edition released](#)
- [Universal Health and Preparedness Review Global Peer Review: meeting outcome report](#)
- [WHO prequalifies new dengue vaccine](#)
- [WHO notified of an outbreak of hepatitis E in Chad](#)
- [Multi-country outbreak of mpox, External situation report- 30 April 2024](#)
- [Multi-country outbreak of cholera, External situation report- 16 May 2024](#)
- [Joint FAO/WHO/WOAH preliminary assessment of recent influenza A\(H5N1\) viruses](#)
- [World Hand Hygiene Day campaign held on 5 May 2024](#)
- [WHO updates list of drug-resistant bacteria most threatening to human health](#)
- [Inaugural meeting of the Pan-European Network for Disease Control](#)
- [Global immunization efforts have saved at least 154 million lives over the past 50 years](#)
- [WHO reports overuse of antibiotics in patients hospitalized with COVID-19](#)



Science in 5 is WHO's conversation in science. In this video and audio series WHO experts explain the science related to COVID-19. Transcripts are available in Arabic, Chinese, English, French, Farsi, Hindi, Maithili, Nepali, Portuguese, Russian and Spanish.

[Avian Influenza](#) (13 May 2024)

Why is WHO concerned about Avian Influenza or Bird Flu? Who is at risk? How can you protect yourself and which foods are safe to eat during an outbreak? Dr Wenqing Zhang explains in Science in 5.