

WHO's Operational Update on Health Emergencies

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A refugee from Sudan enters a health centre in the transit center in Renk, South Sudan (9 November 2023). Credit: WHO/Peter Louis Gume. On 20 June 2024 WHO observed [World Refugee Day](#), in solidarity with refugees and their specific health needs.

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



WHO is currently responding to 43 graded emergencies across the world, including:

- 9 Grade-3 emergencies
- 7 protracted Grade-3 emergencies
- 12 Grade-2 emergencies
- 12 protracted Grade-2 emergencies
- 3 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\$ 31 million were released by [WHO's Contingency Fund for Emergencies \(CFE\)](#) to 22 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 28 deployments in 2024 (of which five started in 2023 and ended in 2024). As of mid-June 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 8.7 million enrolments across 280 online public health courses, with learning available in 72 national and local languages. To date, there have been 342 000 enrolments in 2024.



In 2024, Standby Partners have supported WHO's response to 9 graded emergencies through the deployment of 21 new deployments of surge personnel to 15 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](#).



WHO Director-General Dr Tedros Adhanom Ghebreyesus giving his remarks during the the launch of WHO's Investment Round prior to the formal opening of the World Health Assembly at WHO Headquarters in Geneva, Switzerland, on 26 May 2024. Credit: WHO/Thomas Ruhland

Seventy-Seventh World Health Assembly

On the eve of the Seventy-Seventh World Health Assembly (WHA77), WHO [launched its first-ever Investment Round](#) as part of a broader plan to transform the way the Organization is funded heading into an era of climate change, mass migration, pandemic threats, an ageing world population, and turbulent geopolitics. The Investment Round will culminate in November with a major pledging event to be hosted by Brazil around the G20 Leaders' Summit.

WHA77 approved the [Fourteenth General Programme of Work \(GPW 14\)](#), a four-year, US\$ 11.1 billion strategy for global health to promote, provide, and protect health and well-being for all people, with an emphasis on climate change, ageing, migration, pandemic threats, and equity, and adapted for a time of fast-moving geopolitics, science and technology.

In a roundtable, WHO launched [an investment case](#) that lays out the Organization's essential contribution to global health and seeks investment in its 2025–2028 strategy to save 40 million lives and improve the health of 6 billion people. The investment case underpins WHO's Investment Round, which has gained many robust expressions of support, commitments from countries to co-host, and a number of initial pledges that build momentum toward the Investment Round's culmination later this year.

In a historic development, WHA77 agreed on a [package of critical amendments to the International Health Regulations \(2005\) \(IHR\)](#), and made concrete [commitments to completing negotiations on a global pandemic agreement within a year](#),

at the latest, and possibly in 2024. These critical actions have been taken in order to ensure comprehensive, robust systems are in place in all countries to protect the health and safety of all people everywhere from the risk of future outbreaks and pandemics. The package of amendments to the Regulations will strengthen global preparedness, surveillance and response to public health emergencies, including pandemics.

A resolution suggested by the 154th session of the Executive Board on the [Global Health and Peace Initiative \(GHPI\)](#) was approved by WHA77. In a nutshell, [Resolution WHA77.9](#) requests the WHO Secretariat to continue gathering evidence, raising awareness about the initiative, capacity building, continuing dialogue and working with partners on the GHPI while strengthening the roadmap (and reporting back on the preceding in 2026 and 2029).

WHA77 adopted a [resolution to strengthen mental health and psychosocial support across all stages of emergencies](#), including conflicts, natural disasters and humanitarian crises. The new resolution calls for integrated, quality mental health services which are accessible to all, particularly in fragile and conflict-affected areas. It urges Member States to implement the WHO Comprehensive Mental Health Action Plan 2013–2030, incorporating mental health and psychosocial support into emergency preparedness, response and recovery efforts. The resolution underscores the need for long-term investments in community-based services and cross-sectoral coordination to improve access to care.

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On 1 June 2024 at the Palais des Nations in Geneva, Switzerland, the World Health Assembly agreed a package of critical amendments to the International Health Regulations (2005) (IHR) and made concrete commitments to completing negotiations on a global pandemic agreement within a year, at the latest. Credit: WHO/Pierre Albouy

WHA77 adopted a resolution to accelerate national and global responses on antimicrobial resistance (AMR), ahead of the second UN General Assembly High-Level Meeting (HLM) on AMR to take place in September 2024. The resolution welcomes the [WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector \(2025–2035\)](#), with the four strategic priorities of: prevention of infections; universal access to affordable, quality diagnosis and appropriate treatment of infections; strategic information, science and innovation; and effective governance and financing of the human health sector response to AMR.

Member States adopted a [resolution on aligning the participation of Palestine in WHO with its participation in the UN](#). The Resolution grants Palestine, in its capacity as an observer State, in the World Health Assembly and other WHO meetings, expanded rights and privileges, including being seated among Member States, the right to speak on a wider range of topics, to submit proposals, and to hold certain positions in the Health Assembly. Palestine retains the status of observer and as such, cannot vote or put forward candidacy for WHO organs.

WHA77 adopted the [Resolution on Strengthening health emergency preparedness and response in cities and urban settings](#) which urges Member States to sustain political commitment and strengthen multisectoral approaches in national health emergency preparedness and response policies, by developing, solidifying, and implementing comprehensive health emergency plans that incorporate regular simulation exercises and thorough after-action reviews, all conducted through a multisectoral approach.

WHA77 adopted a landmark [resolution on health and climate change](#), in a resounding call to action that recognizes climate change as an imminent threat to global health. The Health Assembly asserts that radical action is imperative to safeguard the health of the planet, underscoring the interdependence of environmental sustainability and public health. The resolution marks a key moment in the fight against climate change,

emphasizing the urgent need for collective action to protect both human health and the planet. WHO is committed to continuing to lead the global health response to climate change.

Inter-Agency Policy for Emergencies

Inter-Agency Standing Committee (IASC) Principals Bi-annual

On 29 May 2024, the Principals of member organizations of the IASC (the global coordination mechanism for humanitarian action) met in New York for their first of two biannual in-person meetings. The IASC Principals focused their discussions on active IASC-wide responses in the occupied Palestinian territory, Sudan, Democratic Republic of the Congo, Myanmar, Haiti and Afghanistan. The meeting adopted an IASC Principals Statement on Protection from Sexual Exploitation and Abuse (PSEA), which aligns with WHO's own Policy and three-year Strategy on Preventing and Responding to Sexual Misconduct.

IASC Principals Joint Statement on Sudan

On 31 May 2024, the IASC Principals released a [joint statement on Sudan](#), calling out multiplying attacks against hospitals and calling deliberate hindrances to humanitarian aid a violation of international humanitarian law. The WHO Director-General endorsed the statement for WHO. The statement also put forward six immediate priority action points to conflicting parties, following a mission of the IASC Emergency Directors Group (EDG) to Sudan in April 2024, in which WHO participated. This is the second IASC Principals-level statement on the situation in Sudan since the current conflict broke out in April 2023 and an IASC system-wide Scale Up was activated for the country.

Rapid and effective detection and response to acute public health threats: a closer look at the third 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 guides the Organization's work from 2025 to 2028. After an extensive iterative consultative process, 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. The work of the Health Emergencies Programme is captured under the 'protect' pillar.

WHO's Operational Update on Health Emergencies has been featuring a series of articles on the objectives and intended outcomes of the 'protect pillar'. This fourth article in the series delves into its third intended outcome: "Detection and response to acute public health threats is rapid and effective", under the objective to ensure all health emergencies are rapidly detected and an effective response is sustained.

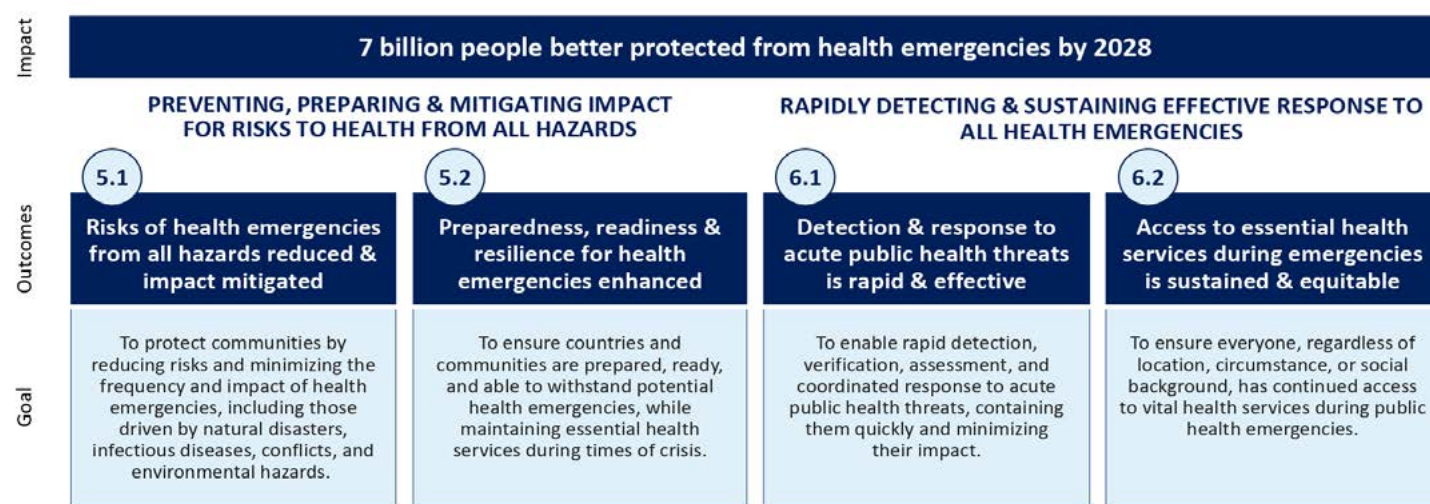


Figure 1: GPW 14 protect pillar's intended impact, outcomes and goals

Under the purview of the IHR (2005), WHO is the global intergovernmental organization responsible for detecting and verifying public health threats, assessing associated risks, and alerting public health authorities and the world about potential emergencies. WHO's global surveillance system picks up public health threats 24 hours a day, 365 days a year, even in the most remote areas. Once an event is verified through surveillance networks that integrate data from hospitals, laboratories, and public health agencies, WHO assesses and grades the level of risk and sounds the alarm to help protect populations from the consequences of outbreaks, disasters, conflict and other hazards.

Ensuring that no time is lost in this process of identifying and responding to health threats remains a priority in GPW 14 and WHO is working towards the 7-1-7 target which aims to identify every suspected infectious disease outbreak within seven days, report to public health authorities within one day, and have all essential control measures in place within seven days. This is a continuous quality improvement process in which WHO supports Member States to conduct bottle-neck analysis to strengthen both event detection and response.

In the coming years, WHO will develop and provide essential resources for improved data collection and management, analysis and interpretation, and effective communication for public health decision-making. WHO is committed to a collaborative surveillance approach across levels, sectors, and organizations to enable multi-source and multisectoral

surveillance, to address fragmented and insufficient capacity. Supporting Member States to develop and implement early warning systems that enable timely detection of potential health threats is especially important at the community level, and in GPW 14 WHO will work to integrate community-based surveillance with alert systems for comprehensive coverage.

Strengthening laboratory systems is also of critical importance in GPW 14 to enable pathogens to be detected and characterized fast and accurately. This includes supporting national reference laboratories to deliver their core functions for pathogens of epidemic and pandemic potential, including genomic surveillance, complemented by decentralized testing capabilities at or near the point-of-care to extend reach. Innovating and strategically leveraging opportunities to enhance early detection and monitoring, for example through artificial intelligence, genomic and environmental surveillance, will be central to these efforts.

With dedicated teams in 150 countries WHO is already on the ground ready to assess needs and public health risks and rapidly deploy and scale-up a response that saves lives and protects health. In 2023, WHO responded to a total of 65 graded emergencies, targeting more than 102 million people. Currently, the Organization is simultaneously responding to 43 graded emergencies. As a trusted, neutral partner to governments and ministries of health, WHO often delivers lifesaving care in areas others cannot access.

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Sustaining an effective response necessitates strong coordination, multisectoral response capacities deployment, surge of emergency supplies and logistics support, provision of contingency financing, and implementation of strategic and operational response plans to meet the needs on the ground.

As the Health Cluster lead, WHO works at the centre of the health response in humanitarian crises - coordinating teams across health ministries, UN agencies, and over 900 operational partners. WHO will continue to fulfil this critical role to ensure collaborative, timely, appropriate, and effective health interventions aligned with priority needs and capacities.

Within the Organization, WHO adopts a standardized approach to health emergency operations through the incident management system (IMS). In GPW 14, rapid activation of IMS will remain critical to ensure functions such as leadership, communications and logistics are present regardless of whether the emergency or outbreak at a national, regional or global level.

Moreover, WHO supports countries to establish and maintain effective public health emergency operation centres (PHEOCs) that can quickly activate response to health threats through coordination and real-time information sharing. These foster collaboration among global, regional, and national stakeholders during health emergencies and WHO will continue to support implementation of functional PHEOCs in the years to come.

When needed, WHO mobilizes, deploys and coordinates rapid response capacities required to meet the needs on the ground. This comprises teams and experts from various sectors and disciplines, including through the Global Outbreak Alert and Response Network (GOARN), Emergency Medical Teams (EMTs), the Standby Partnerships Programme, and the Global Health Cluster and other specialized networks. Under GPW14, WHO will promote and support the implementation of the Global Health Emergency Corps vision of a strengthened health emergency workforce at country level, coordinated regionally and globally,

with emphasis on coordinated leadership, deployable and interoperable rapid response capacities and a well-practiced emergency workforce to strengthen response to all health emergencies, including through interdisciplinary training, exercising, learning, knowledge exchange and trust building.

Maintaining and rapidly deploying stocks of emergency supplies, including medical equipment and essential medicines, is also essential to saving lives during acute and humanitarian emergencies. This hinges on robust supply chain and logistics systems to ensure timely and efficient delivery of these supplies to affected areas. WHO will continue to diligently work behind the scenes to ensure surge supplies can rapidly be availed to reach those in need.

Finally, the effectiveness of health emergency responses depends on ensuring financial resources are readily available when needed. WHO's Contingency Funds for Emergencies (CFE) enables rapid response within hours. In the first quarter of 2024, WHO released US\$ 21.6 million from the CFE to swiftly support emergency health needs in 15 emergencies including in Ethiopia in response to worsening crisis; to provide health assistance to flood victims in the Republic of Congo; in response to the global dengue outbreak; to respond to escalating emergency health needs in Haiti; and to scale up and sustain critical operations for WHO's response to other major emergencies, including in the occupied Palestinian territory, Sudan and Ukraine. In GPW 14, WHO will continue to allocate and manage contingency funds and will collaborate with international financial institutions and donors to secure additional resources and augment contingency financing.

To conclude, timely and effective identification of and response to public health threats saves lives. Through effective coordination, partnerships and collaborations, WHO works to rapidly identify public health threats and reach populations affected by health crises with the right supplies, workforce, and technical knowledge to ensure access to and quality of health care.



On 9 November 2023, Health Cluster partners took part in a weekly coordination meeting at the Renk County Health Department Office to receive updates on ongoing response activities. The meeting was chaired by the County Health Director with technical support from WHO. Credit: WHO/ Peter Louis Gume

In the Gaza Strip, medical evacuations bring hope but are insufficient to meet growing needs for life-saving health care



On 17 June 2024 WHO and partners evacuated two patients from Al-Ahli hospital in northern Gaza: a 6-year-old girl with upper limb injury and a 32-year woman with spinal fracture. Both patients have congenital hearing loss and will continue receiving care in European Gaza Hospital. Credit: WHO

Since 7 October 2023, the escalation of hostilities in the occupied Palestinian territory (oPt) and Israel has caused widespread devastation in the Gaza Strip. The current violence comes in the context of ongoing occupation, blockade of the Gaza Strip, political division, and long-term displacement of Palestinian refugees, which contribute to severely worsened humanitarian needs and vulnerabilities. WHO is implementing a multi-pronged response.

As of 20 June 2024, over 37 400 fatalities and 85 650 injuries have been reported by the Ministry of Health in the Gaza Strip. While the health needs are overwhelming, health services have been severely destroyed by the conflict. In the Gaza Strip, hostilities and a lack of medical supplies, food, water, and fuel have damaged and virtually depleted an already under-resourced health system. Hospitals that are still functional have been operating far beyond capacity due to rising numbers of patients as well as displaced civilians seeking shelter.

For Palestinians in Gaza suffering from critical injuries or medical conditions, the collapse of the health system is nothing short of catastrophic. For many of these individuals, being transferred from their current health facility to one where the health care they need is available is the only hope for survival. Accordingly, WHO has been supporting medical evacuations in several ways since the onset of the conflict.

On the one hand, WHO supports referral of patients who need urgent care outside the Gaza Strip through facilitating the evacuation of the cases and addition to the list of people in

need of urgent medical evacuation. WHO also communicates with referred patients to gather information required by third states for evacuation. Additionally, to strengthen record and documentation systems, WHO has supported the Ministry of Health in Gaza to develop a dashboard for medical evacuations.

On the other hand, WHO has worked with the Egyptian Ministry of Health and Population to establish a comprehensive triage, stabilization, and medical evacuation system, through the provision of ongoing training for health care staff. WHO is also working with the Egyptian Red Crescent Society to ensure that psychological trauma support services are integrated into the service package offered to these patients.

The first batch of WHO-supported medical evacuation outside the Gaza Strip took place on 10 November 2023 and included 12 children with blood disorders who were transferred from the Strip to Egypt and Jordan. By the end of 2023, WHO and partners conducted an additional four missions to transfer patients, relatives and health workers from Al Ahli and Al Shifa hospitals to hospitals in southern Gaza and Egypt. As of 30 May 2024, through partnership and concerted effort, WHO had contributed to the successful evacuation of 4895 patients to Egypt and third countries, which is 37% of the 13 123 requested cases.

Seven-year old Jana, admitted in February 2024 to Kamal Adwan Hospital in north Gaza due to life-threatening complications arising from dehydration and severe acute malnutrition, is [one such case](#). After receiving initial treatment at the nutrition

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On 14 April, WHO and partners transferred this seven-year-old girl with severe acute malnutrition and dehydration from Kamal Adwan hospital in Gaza to a field hospital in South Gaza. Credit: WHO

stabilization center at Kamal Adwan, she was transferred by WHO with assistance from CADUS, an international emergency team, to a field hospital in Rafah. She was approved for evacuation to Egypt in late April and currently awaits to be added to the evacuation list for transfer outside Gaza to continue her treatment. Her conditions continue to worsen as she remains unable to leave after closure of the Rafah Crossing on 7 May.

“I am truly happy that she’s finally going to be able to receive treatment abroad. I hope that day comes soon. I hope my child comes back healthy as she was before.”

Nesma

Jana's mother

WHO estimates that around 10 000 patients in critical condition, just like Jana, remain stranded in the Gaza Strip, unable to leave for specialized care. With the rise in infectious diseases, lack of food, water, sanitation and the ongoing escalation of hostilities, the health system’s capacity to meet the specialised health needs of the most vulnerable patients in Gaza is diminishing.

As a result of restrictions imposed, medical evacuations outside Gaza remain inadequate and ad hoc and the closure of the Rafah crossing with Egypt has completely halted medical evacuation of patients since 7 May, leaving over 2000 people unable to leave the Gaza Strip.

WHO will continue its efforts to support medical evacuation as needed, as a temporary solution to provide access to essential health services at primary and hospital level. More broadly, as outlined in its updated response plan for 2024, WHO remains

committed to ensuring sustained access to health care inside Gaza and is delivering critical medications and supplies while also supporting the deployment of Emergency Medical Teams and field hospitals across the Gaza Strip. Where and when the security situation allows, WHO is planning an in-depth socio-economic impact assessment of service delivery jointly with the partners on recovery and rehabilitation needs, to pave the way for future health system plan for Gaza and lay the foundation for Gaza’s health system rehabilitation and reconstruction.

In the meantime, for patients that can no longer be treated sufficiently in the current condition of the health system in Gaza, medical evacuation is the only viable option and WHO urges all parties to allow a routine and timely medical evacuation process for all patients in need, without distinction of any kind. Medical evacuations must be facilitated through all possible crossings, including Rafah for transfers to Egypt, Karem Shalom for transfers to the West Bank and East Jerusalem, and when needed to other countries for specialized care.

WHO calls for an immediate ceasefire, the unconditional release of all hostages, the expansion of humanitarian access into and across Gaza to allow delivery of humanitarian aid, and the active protection of civilians and health care.

“We recognize the capacity and resilience of the Palestinian health workers and communities, who deserve and need our strategic and consistent support.”

Dr Richard Peepkorn

WHO Representative, occupied Palestinian territory

WHO works to redress gaps in health service availability for survivors of gender-based violence in Ukraine



Capacity building for Emergency medical teams' health care workers on Quality Health Care for survivors of sexual violence and intimate partner violence. Credit: WHO

It is estimated by WHO that 18 percent of Ukrainian women have experienced physical and/or sexual violence by an intimate partner in their lifetime. This does not include conflict-related sexual violence and psychological violence. Other studies found that two of every three Ukrainian women have experienced psychological, physical, or sexual violence in their lifetime. In humanitarian emergencies, risks of violence against women increase. The full-scale Russian invasion of Ukraine started on 24 February 2022 and continues to cause unprecedented levels of displacement, destruction, and human suffering. During this period, violence as well as conflict related sexual violence has increased within Ukraine.

Survivors of gender-based violence (GBV) including conflict-related sexual violence are particularly - and disproportionately - affected for a variety of reasons, such as stigma and a lack of access to services. These types of violence have serious short and long-term consequences on women's physical, sexual and reproductive (SRH), and mental health as well as on their social well-being.

Health services, when accessed in time, can provide critical, time sensitive interventions for sexual assault and intimate partner violence, such as emergency contraception to prevent pregnancy. Health services can also provide first-line support and referral to additional services for the survivor.

Given that gender-based violence is exacerbated during periods of emergency, resulting in a higher number of survivors in need of survivor-centered health services, WHO in Ukraine has been collaborating with health cluster partners as well as the ministry of health to strengthen these services.

The role of health care providers to address GBV is crucial to ensure life-saving care for women, girls and other at-risk groups. They are often among the first and only points of contact for GBV survivors. Health care providers not only offer immediate medical attention and first-line support but can also link survivors to other needed assistance including mental health and psychosocial support, social services, legal aid, shelter/housing services, or livelihood support.

The WHO country office is working on the humanitarian-development nexus alongside the emergency cluster systems to address needs along the frontlines, as well as within the national health system in collaboration with the Ministry of Health. WHO has carried out assessments to determine the status of the health system response to survivors of violence and identify the gaps.

[HERAMS data](#) from 2022 to 2023 emphasized that in more than half (62%) of health facilities in the 10 oblasts most affected the war, clinical management for survivors of gender-based violence is not provided. At the primary health care (PHC) level, the service is not fully available in more than three quarters of PHC health facilities.

In light of this, WHO's main workstreams have focused on improving PHC and emergency care health care workers' (HCWs) knowledge and skills on clinical case management of rape and raising HCWs awareness about prevention and response to GBV and conflict-related sexual violence (CRSV) response.

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A family doctor in a remote community in Zaporizhzhia Oblast, speaks with a patient on 28 July 2023. Credit: WHO/Christopher Black

WHO trains health care providers using the [guidelines](#) on the clinical management of rape and intimate partner violence (CMRIPV) and the [WHO training curriculum](#). Between February 2022 and May 2024, the country office has provided trainings for 636 HCWs - including 418 PHC professionals and 218 (national) emergency medical teams - to be able to provide first-line support and medical interventions (emergency contraception, sexually transmitted infections prevention and HIV post-exposure prophylaxis) for survivors of violence.

First-line support involves responding to a woman who discloses violence in a way that is supportive, helps to meet her needs, and prioritizes her continued safety without intruding on her privacy. It consists of LIVES: listening, inquiring about needs, validating experiences, enhance safety, and support. First-line support is consistent with the principles of psychological first aid, which helps people who have been through various adverse or distressing events.

In addition, to facilitate a sustainable approach whereby national health systems are ready to provide survivor-centered services to survivors of violence, the WHO country office in Ukraine is contextualizing WHO guidelines, supporting health facilities to meet minimum standards, training facility managers, and undertaking training of trainers on CMRIPV for 18 professionals from national institutions and NGOs working in the field of gender-based violence prevention and response. WHO is also working with the Ministry of Health to revise, where possible, the national GBV health-related legislation to align these with international recommendations to improve the health system response to survivors of violence.

“The current situation in Ukraine requires strong and comprehensive approach to strengthen the health facility infrastructure and its readiness to ensure health care services for GBV, including conflict-related violence survivors. While the Government, the UN agencies and other international and national NGOs have been involved in improving the health facility networks and infrastructure creation to improve access to GBV survivors related services, there is still a critical need to improve the health workforce awareness and knowledge. The trainings thus present an unprecedented opportunity to work together in scaling up GBV prevention and response services to every Ukrainian woman, girl, boy and man. It’s an important investment that WHO has made.”

Dr Emanuele Bruni

Acting WHE Lead, WHO Health Emergencies Programme
Ukraine

Moving forward, WHO will continue its work to redress gaps in service availability for survivors of gender-based violence in Ukraine to ensure that every Ukrainian survivor of gender-based or conflict-related sexual violence receives the appropriate services when and where they need it.

High level events renew WHO's commitment to putting communities at the centre of managing health emergencies



Mobile health team traveling by canoe to reach patients in hard-to-reach communities for COVID-19 vaccination, Bombali District, Sierra Leone (December 2022). Credit: WHO/Michael Duff



WHA77 Side event on Community Protection: opening panel. Credit: IFRC/Rachel Goodermote

Community protection is a core pillar of the Health Emergency Preparedness, Response and Resilience (HEPR) framework. Based on over 300 recommendations from COVID-19 and other health emergencies, HEPR is an integrated framework for tackling contemporary health emergency challenges.

In May 2024, two high level international events held in Geneva, Switzerland brought together partner agencies, civil society organisations, youth, faith and public service worker representatives, and others that deliver protection with and for communities in health emergencies. Through discussion and debate, these events renewed commitment to placing the people who are affected at the centre of decisions taken to protect their health and well-being.

“There is inherent recognition collectively that the most effective response is one that is led by communities for communities with communities, because these emergencies begin and end in communities.”

Dr Michael J. Ryan

Executive Director of the WHO Health Emergencies Programme and Deputy Director-General

On 7th May, the inaugural Community Protection partners meeting kickstarted a renewed initiative to strengthen and build multisectoral partnerships. Speakers highlighted the acute and wide-ranging impacts of emergency events on health and wellbeing. Emergencies also have social and economic impacts, including from the public health measures designed to tackle these crises. These impacts are disproportionately felt among vulnerable and marginalized populations. As a result, emergency response may inadvertently widen inequities, and fail to protect those most in need.

Civil society representatives brought a powerful message: “Nothing about us without us” – and discussed their vital role as trusted partners in the communities they serve and the work they do as a bridge to the government. They called for the assets and resilience of communities to be engaged to co-develop and co-deliver accepted, relevant and meaningful solutions to those affected.

A side event during the Seventy-seventh World Health Assembly drew high level speakers to call further attention to this critical agenda. Speakers highlighted the infrastructure needed to scale up population environmental interventions for zoonotic spillover prevention; vector control; water, sanitation and hygiene (WASH); and other public health and social measures, including at points of entry for safe travel and trade, and vaccination.

Reflecting on lessons learned from recent emergencies, speakers underscored the critical role of community workers, the need to strengthen capacities for early detection and response and the need to strengthen community systems to prepare and respond to health emergencies. In response to crises, communities mobilise through their networks to provide emotional, social and financial assistance, to alleviate the burden of affected individuals and families.

WHO will continue to advance this agenda, together with core partners including UNICEF and IFRC and the Collective Service, through leadership, advocacy, providing technical and operational guidance and tools, and directly supporting preparedness programmes and emergency response efforts.

Enhancing emergency coordination: the EOC-NET 2024 Global Network Meeting



Group photo of the EOC-NET 2024 Global Network Meeting participants. Credit: WHO, EOC-NET

A Public Health Emergency Operations Centre (PHEOC) plays a central role in health emergency coordination. WHO established the Public Health Emergency Operations Centre Network ([EOC-NET](#)) in 2012 to promote best practices and standards, support capacity building in countries, and strengthen collaboration and coordination between EOCs and response partners for effective response.

From 24 to 25 April 2024, WHO conducted the EOC-NET 2024 Global Network Meeting in Dubai which gathered 123 participants from 76 countries, including national PHEOC managers and directors, leading emergency officers and experts, other partners and WHO staff. The EOC-NET Secretariat, comprising WHO headquarters and Regional Focal Points from the six WHO Regional Offices, provided updates on EOC-NET, regional PHEOC networks and initiatives, and the second edition of the PHEOC Framework.

“An EOC is a state of mind, it's a state of organization, it's a commitment to a process, and in a sense, an EOC is the physical manifestation of the will to coordinate, the will to contribute, the will to be predictable, the will to be efficient, and most importantly, the will to be maximally efficient and effective with the resources provided to deliver services to our peoples. It's a solid responsibility to be able to provide such a platform.”

Dr Michael J. Ryan

Executive Director of the WHO Health Emergencies Programme and Deputy Director-General

Experts from 13 Member States (Australia, Brazil, Côte d'Ivoire, Kenya, Lebanon, Malaysia, Mongolia, Nepal, Philippines, Sierra Leone, Somalia, Uganda and Zambia) shared their experiences and best practices regarding the legal authority of PHEOCs, policies, operational systems, physical infrastructure, communication technologies, workforce training, and operations during public health emergencies (see Table 1).

Table 1. Example good practices shared by Member States

Developing PHEOC within the National Public Health Agency
Collaborating across sectors, state and territory governments is a key pillar for success
Establishing an enabling mechanism for cross-sectoral communication and coordination
Utilizing the effective legal framework for clarity of command during outbreaks and mandate for coordination
Regularly conducting joint external evaluations to examine progress in the capability to prevent, detect, prepare, respond and recover from public health threats
Adopting the electronic Public Health Emergency Management (ePHEM) application for effective and efficient information management
Developing in-country teams of skilled, resourced, and well-coordinated professionals who can be utilized during public health emergencies
Constructing regional state-level PHEOCs linking with national PHEOC which can delegate when needed
Establishing the national disaster risk reduction management plan, which builds linkage between disaster risk reduction and management, climate change adaptation, and human security
Developing the legal instruments in-country, to implement the IHR core competencies including PHEOC

Experts and partners exchanged ideas and concepts on enhancing coordination mechanisms through PHEOCs for all-hazards health emergency management and explored funding opportunities for national EOCs and the EOC-NET development. An exhibition featured posters, videos, scenario displays and presentations, providing a vibrant platform for collaborative learning.

Participants proposed amendment to the EOC-NET terms of reference and proposed many actions for WHO to follow-up including implementing the electronic Public Health Emergency Management (ePHEM) application, Health Emergencies Management Suite (HEMS) and other information management applications for effective emergency management.

WHO appreciates the financial support for this global meeting provided by US CDC.

For information on WHO's Framework for a PHEOC, click [here](#). To access the OpenWHO training on PHEOC, click [here](#).

35th Global Outbreak Alert and Response Network (GOARN) Steering Committee meeting held in Kigali, Rwanda

GOARN was established in April 2000 as a mechanism to allow technical partners and networks around the world to work together in a coordinated way to assist WHO Member States in responding to public health emergencies. Over the last 24 years, GOARN supported 175 operations in over 110 countries and territories, with 3 600 deployments through 315 institutions.



Group photo of participants at the 35th Global Outbreak Alert and Response Network (GOARN) Steering Committee meeting. Credit: WHO/Habib Kanobana

The 35th Global Outbreak Alert and Response Network (GOARN) Steering committee (SCOM) meeting was hosted by the Rwanda Biomedical Center from 28 April to 1 May 2024 in Kigali, Rwanda. The meeting is held twice a year and provides a forum for the Steering Committee to strengthen governance of the network and review GOARN's workplan.

The main focus of the meeting was on how GOARN can work with and support national public health agencies to operate more effectively in the face of growing global threats, including those caused by climate change and humanitarian emergencies. SCOM also discussed GOARN's future role vis-a-vis the Global Health Emergency Corps (GHEC), established last May and launched at the 2023 World Health Assembly as a platform for collaboration for emergency response between existing networks and member states.

The meeting reflected on GOARN's 2024 priorities which include the provision of strong national response capacities, high quality, interoperable, and coordinated surge capacity at regional and global levels and developing strategic and connected leadership such as the existing GOARN leadership training course. In addition, the meeting was used to soft-launch the [National Outbreak Response Handbook](#) which documents best practices and will serve as a practical guide for national public health agencies (NPHAs) and ministries of health (MoHs) when responding to outbreaks and/or developing national outbreak response plans.

Reflection on the 35th meeting by SCOM Members

Dr Andreas Jansen, from the Robert Koch Institute (RKI), noted that SCOM provides an opportunity for GOARN members and partners to discuss issues of mutual interest. He appreciated the establishment of the first GOARN Strategic Group and committed to hosting its first meeting.

Dr Haitham Bashier, from the Eastern Mediterranean Public Health Network (EMPHNET), shared his impression of the 35th SCOM in relation to the Eastern Mediterranean Region (EMR). He appreciated the identification of tangible operational areas to proceed with, and confirmed that EMPHNET will continue collaborating with GOARN partners to advance the strategic plan and ensure that countries in EMR are part of these international efforts. EMPHNET is committed to reflecting the GOARN SCOM recommendations in its relevant projects with a focus mainly on providing support to complex emergencies in the region, including Gaza and Sudan.

The meeting concluded with several actionable recommendations aligned to GOARN's Strategic plan and its 2024 priorities. This includes development of the Monitoring, Evaluation, Accountability and Learning framework, scaling-up GOARN training, rollout of the National Outbreak Response Handbook, and continuous support to ongoing operations and response to public health events.

For more information, please email goarn@who.int

Integrated Disease Surveillance and Response system: a game changer in Somalia



WHO and Ministry of Health personnel check the IDSR records during a joint supervision visit to a health centre in Beledweyne district, Hirshabelle state, Somalia. Photo credit: WHO/WHO Somalia

Amid the complex humanitarian emergency that is ongoing in Somalia, the population is highly vulnerable to disease outbreaks. In such a situation, early detection of disease outbreaks is crucial for an appropriate public health response and interventions. Somalia has been successfully strengthening its multi-disease surveillance system by implementing the Integrated Disease Surveillance and Response (IDSR) system since 2021, in collaboration with the WHO Regional Office for the Eastern Mediterranean and the WHO Country Office in Somalia.

IDSR improves the efficiency and effectiveness of health information systems. IDSR data are hosted on DHIS2, the digital platform used nationally to collate district health information. Health workers use this platform to record, in one place, real-time information on health events and analyse data for early detection and prompt response to disease outbreaks.

WHO Somalia supported the development of a three-year, multiphase operational plan which includes technical guidelines for IDSR implementation, standard operating procedures, and training material tailored to the surveillance needs of health workers.

Phase one was completed in 2023, with health workers from 371 out of 620 (59.8%) health facilities trained, surpassing the target coverage for the training. Of the health facilities that have received the training, 80% have been regularly submitting surveillance data. The IDSR system has been instrumental in detecting cholera, diphtheria and pertussis alerts in Somalia since April 2023.

Since January 2024, the country has been implementing the second phase of the plan, which aims to improve the quality of data that health workers report to the IDSR system; link surveillance data with laboratory information; strengthen the capacity for data use at the subnational level; monitor

and evaluate the implementation of the IDSR system through supportive supervision monitor indicators; and conduct review meetings with all stakeholders. The final phase of the operational plan will complete in 2024. The IDSR system will then provide a holistic approach to public surveillance of priority diseases and conditions, as well as address response needs.

“IDSR has enabled the Ministry of Health and Human Services to stay ahead of the public health events and safeguard the health of our communities by detecting outbreaks early.”

Dr Sahro Isse Mohamed

Head of the Integrated Disease Surveillance and Response Unit, Ministry of Health and Human Services, Federal Government of Somalia

Somalia has also initiated steps to implement event-based surveillance, especially at the community level, to complement the IDSR system. Meanwhile, the country is strengthening its public health laboratory capacity to ensure that priority diseases reported through the IDSR system are diagnosed in good time. Rapid response teams will be trained to respond to emergencies within the community. There are also plans to establish surveillance and response systems for antimicrobial resistance, and maternal and perinatal deaths.

WHO is committed to supporting Somalia as it continues to develop and refine its IDSR system. This support is vital for strengthening Somalia’s surveillance system to improve the country’s preparedness and response plan to disease outbreaks.

For more information click [here](#).

WHO strengthens preparedness for cholera response in conflict-affected Ukraine through a table-top simulation exercise



Participants of the Table-Top exercise are discussing scenario-based actions. Credit: WHO

The ongoing conflict in Ukraine has had a profound impact on the country's infrastructure, severely affecting water and sanitation systems and increasing the vulnerability of the population to water-borne diseases such as cholera. The damage to infrastructure and the resulting displacement of populations have overwhelmed existing water and sanitation services, exacerbating the challenges in public health management and increasing the risk of epidemic outbreaks. These conditions are compounded by the frequent disruptions in areas with active military actions, particularly in the southeastern regions of Ukraine, where the ability to maintain routine epidemiological oversight and respond to health emergencies is critically hampered. The war has also led to the significant migration of populations from conflict-affected regions to safer areas, which strains local resources and complicates disease surveillance and control.

In light of this, from 14 May to 16 May 2024 the WHO Country Office in Ukraine together with the Ministry of Health (MOH) and with support of WHO Regional Office for Europe, organized a two-day cholera Table-Top simulation exercise (TTX) in Kyiv, Ukraine. The exercise was attended by over 50 participants, including staff from the MOH, Public health Center of Ukraine (UPHC), and oblast Centers for Disease Control and Prevention (CDC) representatives. The aim was to build a comprehensive understanding among health sector stakeholders of the multifaceted challenges that could be posed by a cholera or other water-borne disease outbreak within the current context of Ukraine. The exercise was designed to test and refine the

nation's preparedness and response strategies, such that all actions taken are sufficiently robust to withstand the pressures of both ongoing conflict and public health emergencies. As part of the [Global Strategic Preparedness, Readiness and Response Plan for Cholera](#) and the [Emergency Preparedness, Readiness and Response Plan for Cholera in the WHO European Region](#), the TTX is a critical component of broader efforts to enhance cholera outbreak management capabilities.

The TTX simulated a realistic public health emergency scenario to provide participants with a platform to engage with the systematic demands caused by a cholera outbreak in a conflict-prone setting. During the TTX, participants were tasked with devising and implementing national and sub-national based actions in response to specific local needs, thereby using means and capacities available in the country. The participants responded to simulated events as they would in a real emergency, adhering to the Standard Operating Procedures (SOPs) that were in place.

Participants identified the TTX as a very useful opportunity that brought together stakeholders from different sectors to understand and address critical challenges to national cholera outbreak response. This platform was used to identify existing gaps, and to make targeted recommendations for strengthening national preparedness and readiness to combat outbreaks of cholera and other water-borne diseases within the current context of Ukraine.

The workshop was financially supported by USAID.

Ready to deploy: strengthening national emergency medical teams (EMTs) across the Pacific



The Marshall Islands Medical Assistance Team (MIMAT) participates in a simulation exercise during a week-long EMT training in May 2024. Credit: WHO/E Grud

Situated in the Ring of Fire, Pacific island countries and areas are highly vulnerable to disasters. Given that local responders are always the first to act, having national emergency medical teams (EMTs) that are well equipped and trained to deploy at a moment's notice makes timely and high-quality health emergency responses possible, even in lower-resource settings.

WHO works with Pacific island countries to develop and strengthen EMTs through its [EMT initiative](#). With support from the governments of Australia, Japan, New Zealand and the United States of America, EMTs from the Cook Islands, Fiji, the Federated States of Micronesia and the Marshall Islands recently trained and tested their readiness to respond to health emergencies through workshops and emergency simulation exercises.

“Ensuring that first responders are prepared and well equipped to provide necessary medical care in the minutes and hours after a disaster is crucial in strengthening resilience within national emergency response mechanisms. The dedication and commitment demonstrated by the EMTs to serving their own communities are truly commendable.”

Zema Semunegus

Pacific Islands Mission Director for the United States Agency for International Development (USAID)

WHO's Pacific EMT training modules were designed to ensure that the teams can be self-sufficient and provide high-quality medical care in challenging environments, based on WHO's global standards adapted to the unique context of Pacific islands. The training modules cover EMT principles and minimum standards, the deployment cycle, clinical operations, triage and mass casualty management, water/sanitation/hygiene, infection prevention and control, the use of satellite

communications and field clinic camp planning. To ensure response readiness, EMTs also go through a full-scale simulation exercise and respond to a fictitious sudden-onset disaster.

As part of its EMT Initiative, WHO further supports countries and areas with a range of equipment and supplies – known as an EMT cache – and provides training on how to use and manage this specialized equipment. In May 2024, EMTs in the Cook Islands, the Federated States of Micronesia and the Marshall Islands received EMT cache and logistics training, as well as onsite support to “kit” the cache and store it to ensure readiness for rapid deployment.

Interoperability – enabling different EMTs to operate in conjunction with one another – is a long-term goal of WHO's global EMT Initiative. WHO invites EMTs from the Pacific to share their expertise by contributing to training programmes for teams in neighbouring countries. In May 2024, members of Palau's EMT, known as KLEMAT, co-facilitated EMT training in the Marshall Islands.

“Not only are we sharing knowledge, but we're also learning how to better integrate into each other's teams. So, when we respond to future emergencies together, we will already have the advantage of an established connection.”

Tirisa Tirso

KLEMAT logistician from Palau

Nearly every country in the Western Pacific has developed EMT capacity or is working to develop national teams. The Region also has 12 classified international EMTs that can deploy to support emergency response efforts in other countries when requested. Through the EMT Initiative, WHO is enabling timely and high-quality responses to emergencies in the Region, and around the world.

For more information click [here](#).

WHO pilots new modular trainings for infodemic management in three regions



Participants, trainers and special guests at Fiji training. Credit: WHO/DPS Anish Prasad

In May 2024, a new modular infodemic management training package was developed and piloted in three separate trainings in Bhutan, Fiji and the United States of America.

An infodemic is defined as the overwhelming amount of information, accurate and otherwise, accompanying an acute health event. Their impact during the COVID-19 pandemic and subsequent emergencies has been highly visible in recent years, yet managing an infodemic is complex and multifaceted, requiring new skills and rapid action in a changing information environment.

“It has become clear that risk communication and infodemic management and the active role that various actors in a community can play, in an often complicated and perplexing information ecosystem, are truly imperative constituents of a comprehensive response to health emergencies.”

His Excellency Mr Tandin Wangchuk

Minister of Health of the Royal Government of Bhutan, in his opening address

With infodemic management emerging as a relatively new field of public health, WHO has responded by developing a range of trainings and resources since 2020, seeking to upskill professionals globally and build capacity to prevent, mitigate and manage the infodemic. These have included seven OpenWHO courses, four online WHO infodemic manager global trainings, in-person trainings, a community of practice and a monthly [newsflash](#). In 2024 WHO developed a new modular training package with updated content and concepts designed to allow for choice in module delivery based on trainees’ needs and capacities.

The training was piloted in May 2024 with participants in three WHO regions including from 24 Caribbean countries during a Pan American Health Organization workshop on strengthening risk communications and community engagement to manage health emergencies and improve vaccine uptake; from ministries of health and WHO Country Offices representing 10 countries in the WHO South-East Asia Region during the Annual Regional Forum on Community Engagement and Resilience in Paro Bhutan; and with 30 ministry of health and medical services as well as WHO Division of Pacific Technical Support participants in Fiji. All training packages were adjusted according to the region or the country’s capacity building needs, and the trainings received excellent feedback.

“I am thoroughly impressed by the comprehensive and insightful nature of this program. The training was meticulously organized, providing a well-structured blend of theoretical knowledge and practical strategies to tackle the complex challenge of managing misinformation in the digital age.”

Mohammed Sanif

Fiji Red Cross

The trainings utilize best practices in adult learning including the use of digital interactive tools and immersive scenarios. The new 2024 modular-based training packages and tools can be tailored and adapted to the needs of regional offices and Member States to facilitate building and strengthening of the set of the capacities described in the infodemic management competency framework.

For more information, please email infodemicmanagement@who.int

Developing National Deployment and Vaccination Plans for vaccines against pandemic influenza and other respiratory viruses of pandemic potential: a workshop for Francophone countries in the African Region

Reliable access to medical countermeasures (MCMs), including vaccines, diagnostics, and treatments, is paramount for an effective global response to pandemics. National Deployment and Vaccination Plans (NDVPs) are key tools in enabling countries to strategically and operationally plan for swift access, allocation, and distribution of pandemic vaccines. Developing or revising NDVPs involves ongoing collaboration among stakeholders to ensure thoroughness and suitability for implementation during crises. WHO conducts training sessions and workshops for NDVP development and testing, enhancing capabilities within the support provided by the Pandemic Influenza Preparedness (PIP) Framework.



Group photograph of participants of the regional workshop for the development of NDVPs. Credit: WHO

From 24 April to 26 April 2024, six West African countries participated in a francophone multi-country regional workshop in Abidjan, Côte d'Ivoire, for the development of NDVPs for vaccines against pandemic influenza and other respiratory viruses of pandemic potential, within the context of planning for respiratory pathogen pandemics. Convened in collaboration with the WHO Regional Office for Africa with support from the WHO Country Office Côte d'Ivoire, the workshop brought together representatives of the ministries of health and national public health experts from Algeria, Burkina Faso, Cameroon, Côte d'Ivoire, Mali and Senegal.

The participants of the workshop recognized the importance of creating or updating an NDVP as an iterative process bringing together diverse stakeholders to ensure the plan is comprehensive and ready for use during an epidemic or pandemic.

“This workshop compelled us to thoroughly examine and reassess our existing plans. This reflective process allowed us to identify gaps, incorporate new insights, and ensure that our plans are robust and adaptable to future challenges. By scrutinizing our approaches, we are better equipped to enhance our preparedness and response mechanisms for pandemics.”

Participant from Algeria

Participants' presentations reflected experiences, lessons learned and best practices from COVID-19, to explore several key areas shaping how vaccines are accessed and deployed

such as: planning and coordination, legal and regulatory considerations, selecting key populations for vaccination, establishing vaccine delivery strategies, supply chain and waste management optimisation, human resource management and training, vaccine acceptance and uptake, surveillance systems strengthening, management and evaluation and financing.

Simulation exercises are central to these regional workshops and, employing an innovative and interactive method, participants partook in a tabletop game simulation exercise called PIP Deploy. This aimed to pinpoint gaps and improve planning and implementation capacities across all phases of access, allocation, and deployment.

“These three days were extremely useful and the educational aspect of playing PIP-Deploy during the workshop was incredibly important. It provided an engaging and interactive learning experience that helped participants better understand and retain complex information.”

Participant from Burkina Faso

In the latter part of the workshop, participants were invited to fortify their plans for accessing, allocating, and deploying vaccines against pandemic influenza and other respiratory viruses.

The workshop underscored the importance of collaborative efforts and strategic planning in bolstering pandemic preparedness at national and regional levels. By strengthening NDVPs and enhancing coordination, countries can better mitigate the impact of future pandemics on health, society, and economies.

How WHO works behind the scenes to deliver life-saving medical supplies to previously unreachable areas in Sudan



WHO trucks in South Kordofan's Abu-Jubayha locality with 14 metric tonnes of emergency health supplies that will help meet the urgent healthcare needs of IDPs and other vulnerable groups residing there. These are the first WHO supplies to reach the locality in 2024. Credit: WHO

Sudan is the world's largest humanitarian crisis, with 12.7 million people displaced: 10.5 million internally within Sudan and 2.2 million in neighbouring countries, as of 25 June 2024. The country now faces its worst food security crisis ever recorded, with 25.6 million people in high levels of acute food insecurity, 755 000 people in catastrophic conditions, and 14 areas at risk of famine. About 80% of hospitals in the most conflict-affected areas and 45% of health facilities in five states are not working, and the remaining ones are overwhelmed with people seeking care. As a result of the closures, critical services - including maternal and child health care, the management of severe acute malnutrition and the treatment of patients with chronic conditions - have discontinued in many areas. People are dying from a lack of access to essential health services and medicines.

As the situation in Sudan continues to decline, WHO is on the ground distributing urgently needed medicines and medical supplies using all available avenues, including cross-border operations, which involves delivering supplies through other neighbouring countries to Sudan. Operations support and logistics (OSL) is a critical component of WHO's support to the country, aimed at reducing morbidity and mortality from high burden and high impact conditions including communicable diseases; emergency and trauma; vaccine-preventable diseases; maternal and birth-related complications; newborn and childhood illnesses; noncommunicable diseases; malnutrition; mental health and gender-based violence. In 2024, WHO has delivered over 300 metric tonnes of medicines and medical supplies to Sudan, and a further 280 metric tonnes are in the pipeline pending arrival in-country.

In June 2024 WHO made several "breakthrough" deliveries to reach previously unreachable areas in Darfur and Kordofan, where the needs are greatest. WHO delivered 46.7 metric tonnes of medical supplies in Khartoum State to support more than 2300 emergency surgeries and help provide primary healthcare to more than 100 000 people for three months. A further 19.5 metric tonnes of emergency health supplies were delivered to 18 health facilities and five stabilization centres in Sudan's North Kordofan State, to meet the emergency nutrition and primary healthcare needs of IDPs and other populations. After some months, WHO was able to access the Abu-Jubayha locality in South Kordofan State with 14 metric tonnes of emergency health supplies to help meet the urgent healthcare needs of conflict-affected populations.

"Every effort must be made to reach populations that are in need, and the needs are immense. Logistics are the backbone of a complex emergency response like Sudan."

Dr Egmond Evers

Incident Manager, Sudan conflict and refugee crisis

Every medical supply that successfully reaches Sudan is made possible through the hard work and dedication of WHO's OSL personnel working 'behind the scenes' at all three levels of the Organization. The process begins with planning and forecasting whereby the supply officer works with the procurement team to forecast and identify potential suppliers early. This stage further



Urgently needed trauma and emergency surgical supplies arrived in Port Sudan in May 2023 aboard a chartered flight from the WHO Logistics Hub in Dubai. Credit: WHO



involves determining warehouse capacity, outlining transport requirements, and estimating shipping costs. Once an order request is approved, the procurement can be initiated. The supply officer meticulously checks and screens the technical specifications to ensure compliance before proceeding with procurement. The majority of procurements for Sudan are [WHO emergency health kit](#) - standardized sets of medicines and medical supplies that can be rapidly deployed and are designed to meet various health needs in humanitarian emergencies and disasters.

The next stage is warehousing and shipping. If the required items are already in stock in the WHO Dubai Logistics Hub warehouse, they can be rapidly dispatched by air charter to Sudan or to a neighbouring country for cross-border delivery, which significantly reduces the lead time. The Dubai warehouse plays a crucial role in storing and quickly dispatching items which prevents supply chain disruption, and has allocated 1000 square meters of storage for the Sudan response. If the required items are not in WHO stock, the OSL team orders them from suppliers and WHO's global shipping team in Kuala Lumpur handles all aspects of shipment, from the supplier up to port of entry.

To enable monitoring, tracking and reporting, the supply officer at headquarters manages a tool that tracks the entire supply process, providing real-time data on procurement, supply, and shipping, which ensures compliance with donor requirements and enhances overall efficiency. A dashboard provides a visual representation of these metrics and supports coordinated efforts across the Organization.

When a consignment arrives in Sudan or a neighbouring country, a complex logistical operation begins to ensure the supplies reach the people in need. This phase is marked by insecurity, operational hurdles and unpredictability, with the terrain becoming increasingly dangerous due to deteriorating

road conditions and the rainy season. The geographic division of territories under the control of different parties complicates humanitarian access, which is negotiated with the authorities by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) through a deconfliction process which involves informing conflicting parties about the location, movements, and activities of humanitarian operations to avoid unintended attacks. This process, while not legally binding, relies on mutual trust and aims to ensure the safety of humanitarian personnel and facilities in order to serve affected populations.

Several states in the Darfur Region in particular have been very difficult to access, despite exploring all avenues including cross-line or cross-border operations to reach people in need through any means possible. In addition to warehouses within Sudan in Port Sudan and Kosti, WHO operates a logistics base with medical warehousing in Chad. These have allowed the Organization to provide support to hard-to-reach areas in recent months and to engage with other cross-border health stakeholders in both Chad and Sudan. In order to maximize operational reach, WHO intends to establish another cross-border office in South Sudan to support the delivery of essential life-saving health services in the southern states such as Kordofan states and parts of Blue Nile, as well as the Abyei special administrative area (SAE).

The entire process of delivering life-saving health supplies to people affected by the conflict in Sudan requires a coordinated effort between country office, regional office, headquarters, the Dubai logistics hub and Global Service Center in Kuala Lumpur, to handle transportation up to the last mile. The volatile situation in Sudan calls for flexibility and the capacity to rapidly shift operational and delivery modalities and WHO's 2024 operational plan for Sudan reflects this need for an agile and adaptable emergency health response.

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

WHO trains Organization of Turkic States health professionals on emergency management



Participants attempt a coordination challenge during the Leadership in Emergencies Phase 2 workshop held in Istanbul, Türkiye, from 6-10 May 2024. Credit: WHO/Katrina Litam

A five-day training course on leadership in health emergencies for some 30 health professionals from members of the Organization of Turkic States (OTS) and WHO offices in these countries has wrapped up in Istanbul, Türkiye.

Organized by the WHO European Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul, the health emergencies learning and capacity development team at WHO headquarters, and the OTS, the course targeted those in middle to high management roles involved in health emergency response.

“We are in an age of permacrisis: mounting emergencies arriving faster than before. Our experience has clearly shown the necessity for effective leadership and collaboration across all levels – local, national and global.”

Dr Hans Henri P. Kluge

WHO Regional Director for Europe

The participants underwent over 50 hours of intensive learning aimed at enhancing critical non-technical skills essential for effective emergency management, such as team coordination, problem-solving, decision-making, and effective communication and negotiation with various stakeholders.

“Recently, our country experienced flooding. If this training had been conducted earlier, I am sure we could have managed our response much better.”

Mr Timur Muratov

Board Chairperson of the National Coordination Center for Emergency Medicine in Kazakhstan

The practical components of the course were particularly impactful. Participants engaged in scenarios and a training

exercise designed to put their newly honed leadership skills to the test, while also emphasizing the need for multisector collaboration and teamwork to respond adeptly to emergencies.

“Given the current natural and man-made disasters around the world, the timing of this exercise was apt. The course equipped us with valuable skills such as teamwork, meticulous planning and effective negotiation in delicate situations, which are crucial as we tackle tasks during emergencies. I believe these skills will ultimately help us save more lives.”

Ms Nigar Panahova

Azerbaijani Ministry of Emergency Situations

The training course was the first joint project between the OTS and WHO/Europe under the 2024–2025 action plan signed in October 2023. This was also the first country-focused Leadership in Emergencies course conducted since the programme was launched in 2019. Overall, 608 people have been trained through Leadership in Emergencies courses, reaching 102 countries across the globe. Among these, 86% of participants were WHO staff, while 14% worked in ministries of health.



The first country-focused Leadership in Emergencies course hosted by the Organization of Turkic States and WHO European Centre for Preparedness for Humanitarian and Health Emergencies gathered in Istanbul, Türkiye, from 6-10 May 2024. Credit: Almagul Serikbay/OTS

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](#).

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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](#).
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GOARN
For updated GOARN network activities, click [here](#).
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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](#).
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WHO Publications and Technical Guidance
For updated WHO publications and technical guidance, click [here](#).
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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](#)

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- [Detention of UN and nongovernmental organization personnel in Yemen](#)
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- [Asia-Pacific countries sound the alarm and commit to tackling antimicrobial resistance](#)
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- [Despite record dengue cases, Latin America and the Caribbean maintain a low fatality rate](#)
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Highlights

- [World Refugee Day 2024: In solidarity with refugees and their specific health needs](#)
- [World Elder Abuse Awareness Day 2024: ensuring older people's safety in emergencies](#)
- [World Food Safety Day 2024: prepare for the unexpected](#)
- [Statement by Principals of the IASC: no time to lose as famine stalks millions in Sudan](#)
- [Disease Outbreak News: Avian Influenza A\(H5N2\) - Mexico](#)
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- [Dengue - Global situation: 30 May 2024](#)
- [Multi-country outbreak of cholera- situation report: 19 June 2024](#)
- [Sudan conflict and refugee crisis- situation report: 18 June 2024](#)
- [Multi-country outbreak of mpox- situation report: 31 May 2024](#)
- [Western Pacific Surveillance and Response Journal - Volume 15 No.2: April-June 2024](#)



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.

[Social isolation](#) (21 June 2024)

Did you know that social isolation or loneliness could increase your risk of early death by up to 32%? How would you know if you are socially isolated and how does it impact your health? Alana Officer explains and gives tips to overcome social isolation.

[UV Radiation](#) (7 June 2024)

Did you know that putting on your sunglasses is one of the ways to protect your eyes from cataract? Learn about ways to protect yourself from UV radiation from Dr Cornelia Baldermann, Scientific Senior Consultant, at the German Federal Office for Radiation Protection. Dr Baldermann explains where UV radiation comes from and how it impact our health.