

WHO's Operational Update on Health Emergencies

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Man walks away from a dry well during a drought last year in Modogashe, Garissa County, Kenya (18 February 2023). Credit: WHO / Billy Miaron

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



WHO is currently responding to 42 graded emergencies across the world, including:

- 8 grade 3 emergencies
- 7 protracted grade 3 emergencies
- 11 grade 2 emergencies
- 11 protracted grade 2 emergencies
- 5 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\$ 9.5 million were released by [WHO's Contingency Fund for Emergencies \(CFE\)](#) to four health emergencies. The largest allocations were for the Dengue Global Outbreak and the Northern Ethiopia Humanitarian Response. For more details on CFE contributions and allocations in 2023, see [here](#).



The Global Outbreak Alert and Response Network (GOARN), a global network of technical institutions and networks that contribute resources to international disease outbreak response, has supported 20 deployments in 2024 of which five started in 2023 and ended in 2024.



In 2024, OpenWHO course enrolments total 186 538. This brings the total ever enrolments up to 8.5 million, across 262 online public health courses, with learning available in 72 national and local languages. These include the newly released courses in 2024 on [Taking Sex and Gender into account in Infectious Disease Programmes](#), [Health Emergency Readiness for Response Operations](#), and [Prevention & response to sexual exploitation & abuse for public health practitioners in Ukraine](#)



In 2024, [Standby Partners](#) have supported WHO's response to 7 graded emergencies through the deployment of 16 surge personnel to 10 WHO offices.

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

Protecting people from health emergencies: a critical pillar in WHO's Fourteenth General Programme of Work

WHO's Fourteenth General Programme of Work (GPW 14), which is currently under development, will set a high-level roadmap for global health and guide the Organization's work from 2025 to 2028. Further to adoption by the seventy-seventh World Health Assembly in May 2024, the GPW 14 will also serve as the technical strategy underpinning WHO's first Investment Round which is proposed for end of 2024. The GPW 14 is being co-created with Member States and partners through widespread consultation and stakeholder input. Consensus has been obtained for the overarching goal of **promoting, providing and protecting health and wellbeing for all**.

As details of the GPW 14 are agreed and finalized, WHO's Monthly Operational Update on Health Emergencies will feature a series of articles spotlighting the goal to protect people from emergencies, referred to as the protect pillar. This first article in the series introduces the GPW 14 protect pillar and presents its importance in today's changing world. Subsequent articles will delve further into the details of this pillar's strategic objectives, expected outcomes, impact measurements and resource requirements as these become available.



In Kismayo, Somalia a young child is measured for acute malnutrition at a WHO-supported stabilization centre for the treatment of Severe Acute Malnutrition (August 2023). A severe drought caused widespread food insecurity and acute malnutrition levels across the country last year, exacerbated by concurrent conflict, insecurity and disease outbreaks. Credit: WHO/Ismael Taxta

Health emergencies threaten human lives, disrupt economies and devastate societal wellbeing and, as COVID-19 exposed, everyone is susceptible to their impacts. Yet in this rapidly changing world, pandemics are just one of the growing and myriad risks to people's health globally. New large-scale conflicts are erupting, with devastating health consequences for civilian populations as human migration and displacement reach unprecedented levels. Air and chemical pollution, microbial breaches of the animal-human species barrier and climate-sensitive epidemic diseases are increasing in frequency across the globe. Most critically, the accelerated pace of climate change and environmental degradation is emerging as the greatest threat to human health in the 21st century.

The State of Global Climate report confirmed 2023 as the hottest year on record, and climate-related humanitarian emergencies - including heatwaves, wildfires, floods, tropical storms and hurricanes - are increasing in scale, frequency and intensity across the world. Climate change is expected to cause approximately 250 000 additional deaths per year between 2030 and 2050, from undernutrition, malaria, diarrhoea and heat stress alone. With 3.6 billion people living in areas highly susceptible to climate change, the increasing risks to each of us - and our loved ones - are undeniable. In addition to inflicting new crises, extreme weather and climate conditions further exacerbate health needs in pre-existing fragile settings. This creates emergencies within emergencies, and contributes to the proliferation of multi-year, protracted crises.

Every humanitarian crisis is a health crisis, and in 2023 WHO's emergencies programme supported Member States to respond to more emergencies than ever before. In 2024, an estimated 166 million people will require humanitarian health assistance, owing to the intersecting hazards of climate crisis, environmental degradation, urbanization, geopolitical instability and conflicts, against a backdrop of health system fragility and fatigue exacerbated by the COVID-19 pandemic. WHO is currently responding to 42 graded emergencies across the world, including eight grade 3 emergencies and seven protracted grade 3 emergencies.

The urgent need to scale up and invest in health emergency prevention, preparedness, response and resilience is unambiguously reflected in WHO's GPW 14 which includes, as one of its three goals, the goal to protect the health and well-being for all people, everywhere. Faced with alarming global trends and unprecedented levels of need, this protect pillar aims at reducing the frequency, scale, duration, and consequences of health emergencies. Specifically, it comprises two objectives: to prevent and strengthen preparedness for emerging risks, to mitigate their impact; and to rapidly detect and effectively respond to all health emergencies.

GPW 14 brings a renewed focus on measuring impact, with the results framework as its backbone to transform health goals into measurable targets. While the impact and outcome indicators are still under consideration and will feature in a future article in this series, the following outcomes have been proposed, linked to the two strategic objectives within the protect pillar.

Strategic objective 1: Preventing, preparing and mitigating impact for emerging risks to health from all hazards

- Risks of health emergencies from all hazards reduced and impact mitigated
- Preparedness, readiness and resilience for health emergencies enhanced

Strategic objective 2: Rapidly detecting and sustaining effective response to all health emergencies

- Detection and response to acute public health threats is rapid and effective
- Access to essential health services during emergencies is sustained and equitable

WHO's global reach, technical expertise, operational capabilities, and convening power will be fundamental to tackling the imperative to protect health. Leveraging the extensive experience, lessons learned, partnerships, and capabilities-built from both GPW 13 and the COVID-19 pandemic will be central to the protect pillar strategy, underpinned by the five core components of collaborative surveillance; community protection; safe and scalable care; access to countermeasures; and emergency coordination. WHO's in-country presence allows direct collaboration with communities and governments which will be critical to delivering tailored, on-the-ground solutions.

The need to protect the health of people worldwide has never been clearer. Inaction in the face of these growing threats to health would further deepen global inequalities and come at immense cost to human life, health and wellbeing, particularly for society's most vulnerable populations. WHO's health emergencies programme is committed to fulfilling the GPW 14's ambitious and necessary goal of protecting people from health emergencies, and is preparing itself for the immense task ahead.

For more information on the GPW 14, click [here](#)



Also in Somalia, devastating flash floods in Dolow district following El Niño torrential rains resulted in further population displacement and increased infectious disease risks (14 December 2023). Credit: WHO/ Abdirahman Mohamed

Monitoring and advocating against attacks on health care during complex humanitarian emergencies

Attacks on health care are a recurrent issue in complex humanitarian emergencies, where the protection of health care is at greater risk of being undermined. Whether they occur against the background of new or re-emerging health crises, intensification of conflicts, or deteriorating community acceptance, attacks ultimately lead to reduced access to health care for those most in need.

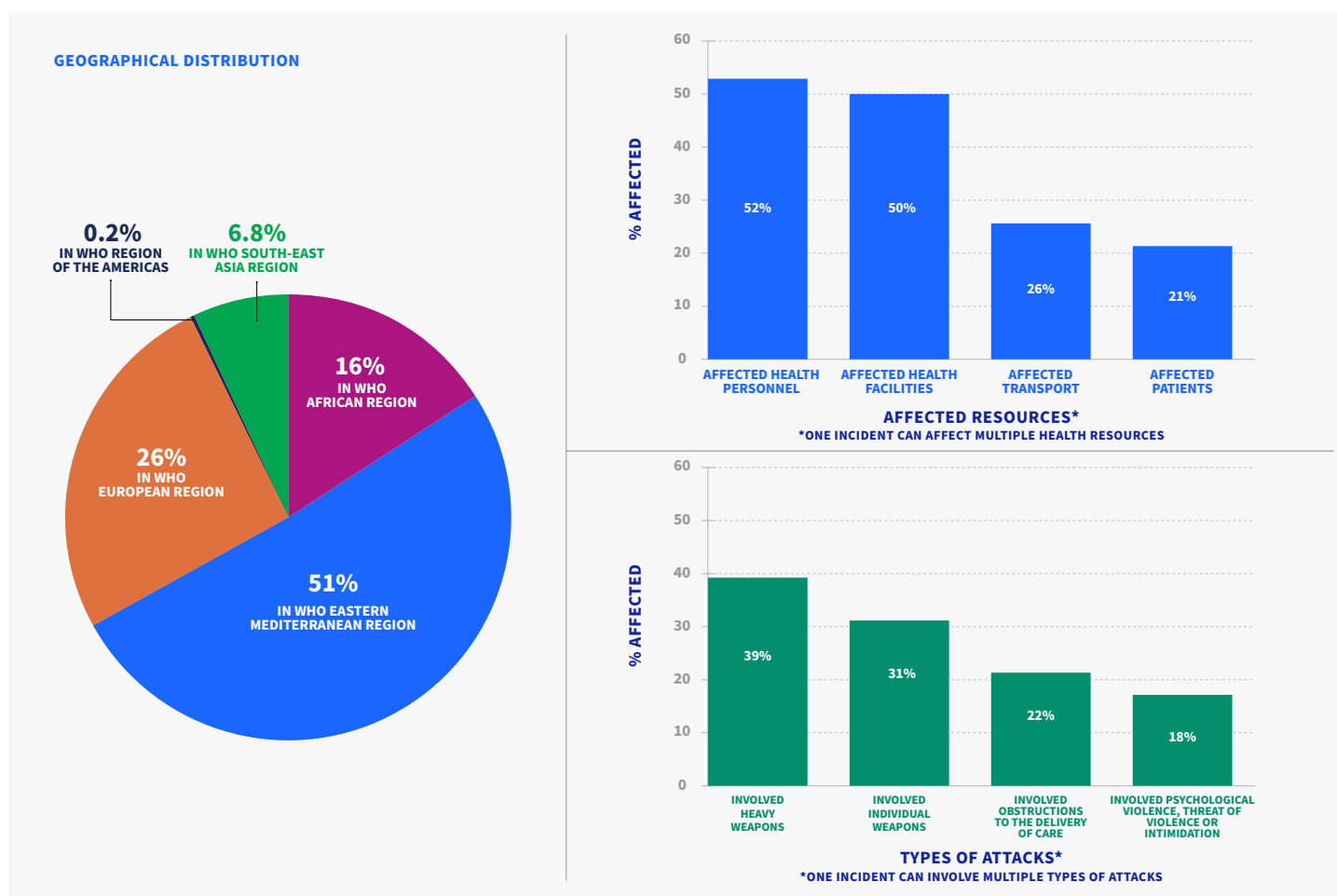
WHO's Director-General through the adoption of World Health Assembly Resolution 65.20 to provide global leadership in the development of methods for the systematic collection and dissemination of data on attacks on health facilities, health workers, health transport and patients in complex humanitarian emergencies.

The Attacks on Health Care initiative was implemented in response to this mandate, followed by the launch of WHO's Surveillance System for Attacks on Health Care (SSA) and its [public dashboard](#) in December 2017. The initiative has since been rolled out in over 20 countries and territories affected by complex humanitarian emergencies. Through this initiative, WHO monitors attacks on health care to build a strong body of evidence, advocates for the end of attacks on health care, conducts operational research and documents good practices to better prevent and mitigate the consequences of these attacks.

Since its launch, WHO's SSA has documented 6401 reports of attacks on health care across 21 countries and territories (see figure below for the characteristics of these attacks). These have led to more than 1900 deaths and 4100 injuries among health workers and patients.

WHO defines an attack on health care as “any act of verbal or physical violence or obstruction or threat of violence that interferes with the availability, access and delivery of curative and/or preventive health services during emergencies”. Such acts include heavy weapons attacks (e.g. bombing and shelling), but also incidents such as the theft or looting of health assets.

Based on the principle enshrined in its constitution that “the health of all peoples is fundamental to the attainment of peace and security”, and with the populations it serves at the heart of its response to attacks, WHO is committed to ensuring that life-saving health services are accessible and provided to all during emergencies, unhindered by any form of violence or obstruction. In 2012, WHO Member States specifically called on



Characteristics of reported attacks on health care in SSA (01/12/2017 – 01/03/2024). Source: <https://extranet.who.int/ssa/index.aspx>

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WHO puts considerable effort into ensuring the reporting of incidents through the SSA, to inform both global and local responses to attacks on health care. Data collected feeds into other areas of work of the Attacks on Health Care initiative across all levels of the organisation, and is the first step for establishing the body of evidence required to generate analyses, identify context-specific prevention and protection measures, and conduct evidence-based advocacy for behaviour change.

“Monitoring attacks on health care is part of our mandate and a key element in supporting our work to ensure that the populations we serve continue to receive life-saving health services during a crisis.”

Dr Mike Ryan

Executive Director of WHO’s Health Emergencies Programme

Every attack on health care reported to the SSA has a profound impact on people’s access to health care in the short-, medium- and long-term. They affect the capacity of both health and humanitarian systems to provide quality health care and can cause fear and hesitancy to seek care among communities. Ultimately, each incident contributes to further depriving vulnerable populations of urgently needed care and jeopardizes long-term public health goals.

Leveraging on the data collected by the SSA, WHO raises awareness about attacks on health care and their impact on people and operations, supports further SSA data analysis, and disseminates information to partners – including Ministries of Health – conducting health operations in countries. Globally, the data collected by the SSA enables advocacy against attacks on health care at the highest levels, including in the United Nations fora. Its data are also commonly used in World Health Assembly reports and other Member States-led reports to draw further attention to the issue.

WHO encourages all Member States, WHO Country Offices, and operational partners with health operations to support the full implementation of attacks monitoring via the SSA in all countries and territories experiencing complex humanitarian emergencies. Attacks on health care should never be normalized. Recent examples from the occupied Palestinian territory, Sudan and Ukraine highlight the need to be prepared for monitoring attacks on health care prior to any escalation.

WHO will continue to call for an end to attacks on health care and the active protection of health care. The Organization continues to appeal to all concerned, especially those in positions of influence and control, to prevent or stop attacks from occurring. Regardless of the situation, the sanctity and neutrality of health care and the right to safe access to care must be respected and protected everywhere.

Reporting to the SSA – experience from Ukraine

WHO’s country office in Ukraine first rolled out the SSA in 2020 and rapidly scaled up the implementation of the system after the escalation of the conflict in 2022. The country office works closely with partners on the ground who submit incident reports to the SSA. These are then verified and reviewed by the country office during a three-step process, before being published in near-real time to the SSA’s public dashboard.

The country office first triangulates information to verify the incident and assign a certainty level to the report. The report goes through a second-level review to confirm the information displayed in the report. Finally, a third review takes place, during which a decision is made to publish the report to the public dashboard considering any security concerns that may jeopardize the informant’s safety or health operations on the ground. WHO does not share any data beyond the information published on the SSA without partners’ consent.

“Since February 2022, our team has verified more than 1600 reports of attacks on health care. We maintained rigorous data confidentiality safeguards throughout the verification process for the protection of the informant and to ensure that no further harm is experienced by survivors of an attack and affected populations.”

Dr Jarno Habicht

WHO Representative to Ukraine

Reflections from two years: WHO's response to war in Ukraine, Europe's largest emergency

On 24 February 2022, Russian armed forces launched a full-scale armed attack on Ukraine. In the two years since, [the UN Human Rights Monitoring Mission in Ukraine \(HRMMU\)](#) has verified that conflict-related violence killed more than 10 000 civilians and injured nearly 20 000. The actual numbers are likely significantly higher. Ukraine's health system has been severely impacted by the war. Through the [Surveillance system for attacks on healthcare \(SSA\)](#), WHO has verified 1574 attacks on health since February 2022, claiming the lives of 118 health care workers and impacting health facilities, transport and warehouses. These attacks have disrupted access to critical health services for thousands, including vulnerable population groups such as the elderly, children, and people with disabilities.



Opening of a new modular primary health-care clinic in the village of Khukhra, Sumy region. Credit: WHO

WHO has been an active partner to Ukraine since the start of the war, navigating the complexities of delivering health support in a war-torn country. Two years into Europe's most significant crisis in decades, there is a lot to learn from Ukraine's challenges and its remarkable adaptation. Ukraine's continuous determination to lead its own response have underscored the importance of supporting existing systems rather than overlaying them with parallel structures.

Throughout the response, WHO has partnered with Ukraine's Ministry of Health to determine and be responsive to the key needs of the health sector at any point in time, bolstering existing systems. This includes regularly donating essential medical supplies, vehicles, and equipment to ensure existing health-care facilities continue to function. In communities where health facilities have been damaged or destroyed, WHO has built temporary structures to help ensure continuity of care. Currently, 12 modular primary care clinics are functioning in vulnerable communities across the south and east of the country, where doctors and nurses continue to provide essential health care.

After the Nova Kakhovka dam's destruction in June 2023, WHO supported local authorities with water surveillance and increased medical staffing to combat water-borne diseases and address health service gaps. Over two years post-invasion, WHO's focus has been on reinforcing Ukraine's emergency medical services and routine health care. At the same time, WHO is supporting Ukraine with longer-term reforms to strengthen areas such as health security, public health surveillance, and water, sanitation, and hygiene (WASH) to help catalyze comprehensive improvements in public health infrastructure, safeguarding it against both ongoing and future threats.

Throughout the response, WHO's coordination role has been critical with an emphasis on helping partners to collaborate better. The Health Cluster and the Technical Working Group on Mental Health, both led by WHO and consisting of dozens of international and local partners, now coordinate health response activities at the oblast (province) level. This ensures that Ukraine's vast size and population diversity are taken into account when designing any new intervention.

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Since 24 February 2022, WHO and its partners have donated 95 emergency ambulances to the Ministry of Health of Ukraine. Credit: WHO

The dedication of Ukraine's health-care workers, often at great personal risk, is the backbone of the country's health response. WHO is supporting these individuals by improving working conditions and providing additional funding and mental health support. The humanitarian and development funding provided to Ukraine over the last 24 months by generous donors has been critical in this regard. Coupled with evidence-based technical expertise, this support has allowed WHO to reach millions with critical life-saving interventions.

The war in Ukraine is more than a geopolitical crisis – it is a stark reminder of the interconnectedness of health, peace, and security. As we enter the third year since the Russian Federation's full-scale invasion in 2022, continuous international support is crucial for the country's recovery and for building a healthier, more resilient future for Ukraine and its neighbours.

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

“To Ukraine's committed government and Minister of Health Viktor Liashko, to its committed health and care workforce – operating 24/7, exhausted by the double whammy of Covid-19 and war but still going strong – to all of them I say, WHO has and will continue to stand with you, no matter what. To Ukraine's committed neighbors who have welcomed refugees – mostly women, children and the elderly – to all of them I say, WHO thanks you for demonstrating our shared humanity, for underscoring that health is a human right. To the country's committed donors – from the EU to entities further afield in the U.S., Middle East and Asia – to all of them I say, WHO is grateful for your continued solidarity. But your generous support for health in Ukraine must remain unwavering.”

Dr Hans Henri P. Kluge

WHO Regional Director for Europe, [POLITICO](#)

WHO supports Government of Mongolia to ensure continuity of health services for populations affected by a severe dzud



WHO staff visit homes of herders affected by the severe Dzud in Mongolia. Credit: WHO Mongolia

People in Mongolia are grappling with a severe dzud, an extreme winter freeze with temperatures dropping to -30°C or lower and strong winds, heavy snow and ice. This year's snowfall has been the highest recorded in 49 years, affecting 90% of the country at the peak of this dzud in late February and early March 2024.

The Mongolian Government has activated its Emergency Operations Centre and declared a heightened state of readiness until 15 May 2024. WHO is supporting the response through the Ministry of Health and in collaboration with government agencies, local authorities, and national and international partners.

The freeze has disrupted travel, trade and school openings, and has severely impacted access to health services. Populations in soums (rural communities) are particularly affected as blocked roads and trails make it difficult and sometimes impossible for primary health care providers – including bagh feldshers (community doctors) of soum health centres – to reach patients. Thousands of people are unable to access health services in a timely manner, increasing health risks for those living with cardiovascular, respiratory and chronic illness. The delivery of medicines and medical supplies is also compromised, which creates challenges in providing care even to those who reach a health facility.

WHO's key priority in this response is to ensure the continuity of health-care services, with a particular focus on protecting the most vulnerable populations. In preparation for this year's dzud, the WHO Regional Office for the Western Pacific had already shipped Interagency Emergency Health Kits to Mongolia in mid-2023. On 24 February 2024, an additional 4 tonnes of critical supplies and equipment were dispatched from the regional emergency stockpile in Manila, Philippines. This stock includes Interagency Emergency Health Kits with medicines and supplementary renewable kits and supplies to ensure safe water, sanitation and hygiene that will be distributed to the 21 provinces in Mongolia. On 7 March, an additional shipment of medical supplies reached Mongolia from the WHO global stockpile in Dubai.

Other life-saving supplies, such as bagh feldshers' kit bags, liquid fluid infusion warmers and equipment such as electric

blankets have been distributed to health centres across the country. To increase immediate access to health services, WHO is also providing health supplies to 3000 herder families that were identified as the most severely affected.

The dzud is a protracted, multifaceted health emergency, requiring a multi-faceted response. Nearly four million (6%) of the country's total livestock population (65 million) has been lost which could lead to long-term economic and social strain. Combined with displacement, this has implications for the mental health and well-being of vulnerable communities across Mongolia. As part of its long-term response plans, WHO is supporting the Ministry of Health and the Government of Mongolia to ensure continued delivery of health services including mental health.

“Dzud is a recurring emergency that affects the most vulnerable population in Mongolia. We are working with the government to reposition primary health care to sustain service delivery while at the same time strengthening the resilience of local health systems to mitigate the health and social impact of Dzud, improve capacity for preparedness and response and, mitigate the health and social impact of Dzud.”

Dr Socorro Escalante

WHO Representative in Mongolia

Now, as temperatures begin to rise, the risk of flash-floods increases as a result of thawing snow and melting waterways, carrying a risk of communicable and water-borne diseases. And with warming temperatures, the millions of buried livestock will resurface and becoming a potential source of infectious and zoonotic diseases, putting herders at risk of infection.

WHO continues to assist in the strengthening of Mongolia's health system and stands ready to provide support to the country to address both the short-term and long-term health impacts of this emergency.

For more information, click [here](#)

WHO-led efforts to improve access to primary health care services for refugees in Armenia



Sargsyan Ellada, a refugee from Karabakh region, talks to a WHO-trained biomedical student in the refugee shelter. Credit: WHO

In September 2023, over 101 000 people were displaced from the Karabakh region into Armenia. During humanitarian crises, refugee populations find themselves exceedingly vulnerable and at-risk of facing barriers or delays in accessing primary health services. In light of this, WHO - in partnership with the Ministry of Health of Armenia, the Armenian Public Health Association, the Armenian Association of Healthcare and Assistance to Older People - launched a campaign focused on the immunization of older people and those suffering from chronic conditions. This campaign also aimed to provide primary health services to older refugees, including raising awareness and conducting rapid medical examinations to assess the health status of refugees.

From 24 November 2023 to 26 January 2024, teams of healthcare workers such as cardiologists and infectious disease specialists visited care centres and assisted-living facilities to provide medical consultations to those with cardiovascular disease, and administer influenza vaccinations to the refugee shelter residents. During this phase, the campaign successfully reached eight assisted-living centres in Yerevan and the Ararat region, providing approximately 500 older people with medical consultations and influenza vaccination services. Furthermore, these centres were equipped with personal protective equipment (PPE) and additional medical care products such as blood pressure, blood glucose level, and oxygen saturation measurement devices.

Information pamphlets were also provided to enhance awareness of preventive measures against influenza and other infectious diseases. To further support vaccination efforts, WHO's Country Office in Armenia has trained forty biomedical students on vaccine communications and infectious diseases through the EU-funded 'Youth for Health' initiative. These students, along with healthcare workers, participated in discussions with the refugee shelter's residents about the risks of infectious diseases and suggested preventive behaviours.

On 19 January, the campaign extended to Masis city, reaching a Kindergarten which has been converted into a refugee shelter accommodating over 90 refugees from the Karabakh region. One of its residents, Ms. Ellada, shared her family's experience with the campaign, emphasizing the comfort and assurance they experienced receiving vaccinations directly in the shelter, a necessity given its high population density. She and her family of three were vaccinated against influenza.

“I keep up with medical topics on TV, and I was aware that vaccinations against the flu were being administered. I know that flu poses a particularly high risk in densely populated areas such as this. It was reassuring that the doctors came and vaccinated us on the spot.”

Ms. Ellada
Beneficiary

A second phase of the project started from 28 to 29 February 2024 with a training on vaccine-preventable diseases and 'the value of vaccines in public health', for 240 healthcare workers, including general practitioners, paediatricians, and gynaecologists. This next phase will focus on vaccination against measles and/or pertussis for vulnerable groups at primary health care centres – including children under six years of age, pregnant women, and individuals with underlying medical conditions – in response to observed increased transmission of these vaccine preventable diseases within the region.

Moving forward, WHO will continue to actively support the Ministry of Health of Armenia and the health workforce to ensure that all refugees have access to the essential services they need.

WHO supports remote conflict-affected communities and health facilities in Mozambique with access to clean and safe water

Mozambique's Mueda district is in the far north of the Cabo Delgado province, bordering with the Republic of Tanzania. This district has faced long-standing structural challenges with its water supply, compounded by its climatic and geographical conditions which make it difficult to supply drinking water. Mueda district provides refuge for large numbers of individuals who have been internally displaced by violence from non-state armed groups. This population expansion is placing additional strains on all essential services, including access to sufficient safe drinking water for the displaced populations and the host communities alike.



Water supply donation in Mueda district (2 February 2024). Credit: WHO/E.Mandhate

The Mozambican government has endeavored to improve the situation in Mueda district by implementing new water supply systems. However, due to financial limitations and the influx of internally displaced people, local communities' water needs are not fully met. This is particularly challenging in remote and inaccessible areas of the district. Such is the situation within the isolated village of Chapa, where significant population mobility and the inadequate condition of the sanitation infrastructure have severely impacted the availability of clean drinking water for all.

The absence of sufficient clean water has considerable implications for infectious disease risks, particularly in the context of Mozambique's ongoing cholera outbreak which has been growing exponentially since December 2022. Although Cabo Delgado province is yet to report cholera cases, the outbreak is continuously spreading to new districts and Acute Watery Diarrhoea (AWD) samples are being tested from one of Cabo Delgado's districts.

Financed by the Central Emergency Response Fund (CERF), WHO's Mozambique Country Office has responded to water shortages in Chapa village by installing two new water supply systems early in February 2024: one in the village itself, and a second in the Chapa health facility. These systems, which are

equipped with a reserve capacity of 5000 litres, fulfil an urgent need for clean water for both the local community and health care workers, thereby supporting the delivery of safe, quality health care. WHO has additionally successfully restored the manual water supply system in Chapa.

"We are immensely thankful, it was challenging for us to meet the clean and drinking water needs of our communities. As you witnessed, the access routes are precarious, making it difficult to ensure local supply and receive water in Chapa, but now we are confident that our community will have secure water, I am deeply appreciative, on behalf of myself and my community."

Chapa community leader

To complement this support, WHO has devised a strategy to create new water sources in the area and continues to monitor and respond to evolving health needs across Mozambique including infectious disease surveillance.

Outpacing outbreaks in fragile countries: South Sudan's remarkable progress against polio



Polio vaccination team reaches a remote village in South Sudan. Credit: WHO South Sudan

While South Sudan was certified free of wild poliovirus along with the entire African region in 2020, the country has remained vulnerable to variant poliovirus. Since the last outbreak in 2020, WHO has supported the Ministry of Health (MoH) - together with the Global Polio Eradication Initiative (GPEI) and other partners - to maintain certification standard polio surveillance performance indicators, attain 3 doses of oral polio vaccine (OPV3) coverage above 70% for the first time in 10 years, and introduce the second dose of routine inactivated polio vaccine (IPV) after maintaining the first dose above 60% for three consecutive years.

WHO has invested significantly in these efforts through a National Polio Eradication team and technical support presence at each administrative level in the country. This extensive network supports the surveillance, supervision, monitoring and support activities across the whole country, and has been central to improved national capacity to surveil, detect and respond to polio threats in the recent past. Despite its very difficult health service delivery situation, South Sudan's programme indicator are comparable to more stable countries. The country has increased acute flaccid paralysis (AFP) case detection to attain AFP/polio surveillance indicators above the global standard.

While South Sudan has remained free from wild polio virus, the first cases of imported variant poliovirus type 2 were identified in December 2023. A total of three cases have now been isolated in different locations, and were efficiently traced back to their potential sources and strains of origin. This is evidence that the systems are well functioning.

“Obtaining all such details on variant poliovirus type 2 in a crisis country speaks to a well-functioning polio surveillance system.”

Dr Nathan Atem Anyuon

Director General for Primary Health Care, Ministry of Health

The country responded very fast- declaring the outbreak a national public health emergency as per guidelines issued by the International Health Regulations, conducting a risk assessment, and grading the outbreak all within a month of the first case isolation. Within two months, a GPEI coordination mechanism was established, additional capacity was expanded within the WHO network of polio eradicators and active surveillance for AFP cases was intensified.

“This speaks to the technical know-how of the WHO network of Polio Eradicators in the application of outbreak response standard operating procedure, linkages with other levels of our organization and the confidence earned of the donors that support the eradication programme.”

Dr Jamal Ahmed

Polio Eradication Programme Coordinator, African Region

A national vaccination campaign was initiated within three months of the first case isolation, targeting all children across the country. This was a daunting task given the current food and security challenges, however 3 083 515 were successfully vaccinated, exceeding the targeted 3 003 656. A second-round campaign is planned from mid-April 2024.

“I take this opportunity to thank the GPEI partners that have never relented on supporting polio eradication in fragile countries, and in a special way, for believing in the Government of South Sudan and the WHO Polio Eradication teams. Because of this, the future is bright for polio eradication efforts in the country.”

Dr Humphrey Karamagi

WHO Representative for South Sudan

WHO Member States meet in Geneva for the first-ever Universal Health and Preparedness Review (UHPR) pilot Global Peer Review

The Universal Health and Preparedness Review (UHPR) is a voluntary, transparent, Member State-led peer review mechanism that aims to establish a regular intergovernmental dialogue between Member States on their respective national capacities for health emergency preparedness. UHPR is hosted within WHO headquarters' Department of Health Security and Preparedness (HSP). UHPR is organized in two phases: (1) a national review and (2) a global peer review. The 154th session of the Executive Board (EB) in January 2024 adopted a decision to continue the development of the voluntary pilot phase of the UHPR, including piloting the second phase: the Global Peer Review (GPR).



Open, interactive and engaging dialogue between Member states at the UHPR Global Peer Review. Credit: WHO/Antoine Tardy

The first pilot Global Peer Review (GPR) of Universal Health and Preparedness Review (UHPR) was held from 13 to 14 February 2024 at WHO headquarters in Geneva, Switzerland with the participation of all WHO Member States and relevant stakeholders. The GPR was well attended by high-level delegates of the WHO Member States including health ministers, deputy health ministers, ambassadors, representatives of the permanent missions to UN, and delegates from the Ministries of Health. Senior management of the three-levels of WHO joined the event, including Director-General, Assistant Director-Generals, Directors and WHO country representatives. The GPR was chaired by Dr Samira Asma, Assistant Director-General (ADG) of Data Analytics and Delivery for Impact, and participants were welcomed by Dr Stella Chungong, Director Health Security & Preparedness (HSP) of WHO's Health Emergency Programme (WHE).

This first-ever GPR provided a unique opportunity for interactive dialogue between Member States, encouraging cooperation, solidarity, and peer-to-peer learning. During the national (first) phase of UHPR, Member States follow a whole-of-society and whole-of-government approach to identify key gaps, challenges and priorities in health security and preparedness in their respective countries with the attention and engagement of the highest level of the government. This results in a UHPR national report, which becomes the basis for the second global peer review phase.

Between December 2021 and May 2023, a total of 10 Member States volunteered to pilot the national (first) phase of UHPR process, namely: Central African Republic, Cameroon, Congo, Dominican Republic, Iraq, Luxembourg, Portugal, Sierra Leone, Thailand and United Republic of Tanzania. So far, five countries have completed the national phase: Central African Republic, Iraq, Thailand, Portugal, and Sierra Leone. Of these, three countries – Central African Republic, Portugal and Thailand – volunteered to present their national UHPR reports containing the priorities, gaps and challenges in terms of health emergency preparedness to the pilot GPR for review.

Prior to the GPR, all Member States were given the opportunity to review the national reports of [Central African Republic](#), [Portugal](#) and [Thailand](#) and to submit written comments which were provided in advance of the meeting. A Member States review panel was formed for the GPR, including representatives from Central African Republic, Portugal and Thailand and additional three countries that have started their national UHPR process: Cameroon, Luxembourg and Sierra Leone.

“There is no global preparedness without national preparedness.”

Dr Tedros Adhanom Ghebreyesus

WHO Director-General (in his address to the GPR)

During the GPR, the review panel members as well as Member States representatives asked questions and provided comments and observations to the country under review, ensuring interactive, open and engaging dialogue throughout. This first pilot GPR provided an enriching environment for countries to discuss and prioritize actions that require attention and action in the national context as well as in line with regional and global priorities. Member states also identified a number of areas for future collaboration and coordinated actions. The GPR platform enabled mutual learning and sharing of best practices, potential solutions, and innovations for strengthening health emergency preparedness and enhancing global health security.

Moving forward, the UHPR Secretariat will work closely with the three-levels of the organization and the relevant countries to sustain this high political momentum and ensure that key national commitments and bilateral collaborative initiatives are supported for better health security and preparedness.

For more information click [here](#) or write to: uhpr@who.int

For a video of the UHPR First Pilot Global Peer Review click [here](#)

WHO supports the design of three new infectious diseases treatment centres to strengthen emergency preparedness in Uganda

The [Technical Science for Health Network \(WHO-Téchne\)](#) is a WHO network of architects, engineers, designers and public health practitioners from several institutions globally, that aims to make health settings and structures safer and reduce the risk of hospital-acquired infections. Since it was established in 2020, Téchne has become a key logistical response network helping with preparedness and response to global health emergencies.



Artistic impression/rendering of the Rwekubo Treatment Centre demonstrating family and patients visual contact. Credits: Téchne

The Government of Uganda, with the technical guidance of the Ministry of Health (MoH) and financial support from the World Bank, is working to strengthen national infrastructure for public health emergency preparedness under the framework of the Response and Emergency Preparedness Project (UCREPP). This includes establishing strategically located health facilities dedicated to treating patients affected by infectious diseases.

In this context, in 2022 WHO-Téchne collaborated with Uganda's MoH and WHO Country Office to provide technical support in the design phase of three new permanent treatment centres in Kisoro, Bwera and Rwekubo. These sites were selected by MoH in consultation with the district local governments, based on population needs and geographic proximity to international borders with the neighboring countries of Democratic Republic of the Congo and Rwanda, where risks of cross border spread of any outbreaks are higher.

These specialized infectious diseases facilities are not only isolation units, but provide optimal, humanized and effective care in a safe environment centred around the needs of patients, families, the community and health workers.

The preliminary facility design was developed between September 2022 and March 2023 through close collaboration between the MoH, the WHO Uganda country office, the Operational Support and Logistics (OSL)/ Health-Tech team from WHO headquarters, and the WHO-Téchne member Polytechnic of Turin. Regular virtual meetings were held to share ideas on best practice in the design and construction of this type of health infrastructure. WHO-Téchne team provided further guidance based on their previous involvement in similar projects in other countries.

The facilities were designed to ensure capability to admit patients with various infectious diseases, with particular attention to strategic areas such as screening and triage stations, treatment wards with both single and shared rooms, laboratory and support areas. The design incorporates extensive use of transparent surfaces that ensure visual contact between health workers and patients, facilitating advanced medical care and continuous monitoring while minimizing exposure risks for staff and reducing PPE consumption. Outer areas dedicated to patients are included to enable interactions between visitors and patients from a safe distance, and to improve patients' overall well-being.

Natural ventilation strategies were prioritized, with design solutions to guarantee minimum ventilation rate in line with WHO guidance in the context of respiratory diseases. Where possible, local materials are used to enhance thermal control and support local construction activities and community participation – a strategy that reduces running costs and enables long-term environmental sustainability.

Following completion of the preliminary design, Uganda's MoH finalised the design based on budget needs, developed the structural calculations and layouts, and identified construction companies. Construction is now underway for the Kisoro treatment centre, with foundations laid in February 2024. The inauguration of the Rwekubo building site is scheduled for March 2024, when construction will begin. This marks significant progress in realizing these critical healthcare facilities, while the Bwera treatment centre construction is foreseen for the second phase of the project. Once completed, these three centres will bridge an identified gap in Uganda's emergency preparedness, providing essential infrastructure to respond to potential epidemics that may arise in the country.

Saudi Arabia's success in implementing the Rapid Response Teams (RRT) Training Programme



RRT Advanced Training, December 2023, Saudi Arabia - Teambuilding activity: trainees creating their team logo. Credit: Saudi Arabia Ministry of Health.

WHO supports Member States to strengthen their rapid response capacities through its technical programs such as the Emergency Medical Teams and Rapid Response Teams, together constituting key elements of the Global Health Emergency Corps.

In alignment with a directive from WHO's Regional Office for the Eastern Mediterranean (EMRO), Saudi Arabia was selected to execute WHO's [new Rapid Response Teams Training Programme](#). Saudi Arabia's Ministry of Health (MOH), particularly the Public Health Deputyship, remains steadfast in its commitment to ensuring the highest level of preparedness to effectively address potential public health risks.

Following a successful pilot in 2022 - supported by WHO EMRO, the Learning Solutions and Training Unit (Country Readiness Strengthening Department, WHO Health Emergencies Programme) and the US Centers for Disease Control - the Rapid Response Teams (RRT) training programme in Saudi Arabia was cascaded to the sub-national level from October 2023 to February 2024. An RRT management team was strategically assembled to guide the programme towards excellence, enabling successful implementation of the cascading initiative in three stages.

First, an adaptation workshop ensured that training materials were tailored to Saudi Arabia's unique needs. Drawing on feedback from the previous year's pilot, WHO materials were adapted by the project team, and their content were aligned with MOH templates. Over two days, national trainers and experts collaborated on further refining these adapted materials.

The training of trainers (TOT) workshop was a crucial second stage, equipping national trainers with the necessary knowledge and skills to subsequently train RRT members in the Advanced Training Programme (ATP). Developed by the MOH and the project team, the three-day programme focused on foundational training principles, programme design, presentation skills, learning styles, and teamwork. The selection of facilitators was based on predefined qualifications and availability, ensuring the seamless execution of the programme.

Each of Saudi Arabia's 22 health clusters/directorates nominated 10 RRT members for advanced training, based on predefined criteria, requirements and roles. Participants, having successfully completed the [RRT Essentials Online Course](#), engaged in an online survey to provide necessary information for inclusion in the RRT roster. Finally, RRT members underwent the advanced training programme, grouped in sets of three geographically connected clusters/directorates to ensure comprehensive coverage and standardized training.

To date, the MOH has successfully completed eight out of nine ATPs, with 260 RRT members trained across all health regions of Saudi Arabia. These trainings have enhanced key RRT competencies, while empowering qualified trainers to deliver a standardized emergency response curriculum locally. Revised materials have been integrated into regular capability building sessions, with plans for further customization in identified high-risk regions.

"Saudi Arabia's successful execution of the Rapid Response Teams Training Programme is a testament to our commitment to public health excellence. With seven completed Advanced Training Programmes benefiting 260 team members across all regions, our emergency response capabilities are significantly fortified. This ongoing commitment not only enhances our national preparedness but also contributes to global health security, aligning with WHO's mission to strengthen Member States in safeguarding public health."

Dr Abdu Adawi

Director of Saudi Arabia's National Rapid Response Team Programme

While the Rapid Response Team programme was formally established in Saudi Arabia in 2012, the new all-hazard approach adopted in 2023 marked a crucial milestone and was underscored by the robust work already done in the country on the national Emergency Medical Team (Saudi Disaster Medical Assistance Team, SDMAT). In a joint effort with WHO EMRO, the WHO HQ Emergency Medical Teams and other Rapid Response Capacities (Country Readiness Strengthening Department, WHO Health Emergencies Programme), and the US Centers for Disease Control, the capacity building efforts in 2023 have led to a collaborative endeavor to integrate the RRT and EMT programmes.

MOH's commitment to leverage successes across programmes underscores the nation's dedication to optimizing global platforms, meeting diverse needs of local public health, and reinforcing its pledge to excellence in emergency response. Its commitment to targeted skill development, regional customization, and continuous training positions Saudi Arabia to adeptly recognize and respond to health security concerns.

Information, innovation and inclusivity: EPI-WIN as a global enabler of health emergency preparedness and response

In a health emergency, timely, credible information enables evidence-informed actions by individuals, communities, and decision makers – which saves lives. To make life-saving decisions in an uncertain situation, communities and decision makers need to know what, why and how the information regarding the situation has evolved, and how they can use it.

The WHO Information Network for Epidemics (EPI-WIN) platform is a unique science and knowledge translation platform for preparedness, readiness and response to health emergencies. It enables direct engagement between the public and global and WHO experts on a topic of interest, allowing communities and decision makers access to key scientific information in a nuanced but relevant and understandable manner. It helps explain the scientific rationale behind public health recommendations in health emergencies, filling a gap between more technical discussions among experts, and shorter, simplified (but accurate) messages for the public. It also contributes to mitigating misinformation.

In the past year, the EPI-WIN platform has been used innovatively to go beyond providing “one-way” actionable information. It has promoted exchange of experiences and learnings among regions and countries, featuring voices from communities and civil society and obtaining global public feedback.

First established in 2020 during the COVID-19 pandemic, EPI-WIN initially focused on COVID-19. With the emergence of mpox (monkeypox) as a Public Health Emergency of International Concern (PHEIC) in 2022, it became a resource for explaining mpox. In January 2023, EPI-WIN was expanded beyond PHEICs to cover all issues of epidemic and pandemic potential, prioritizing the 19 identified diseases with pandemic potential.

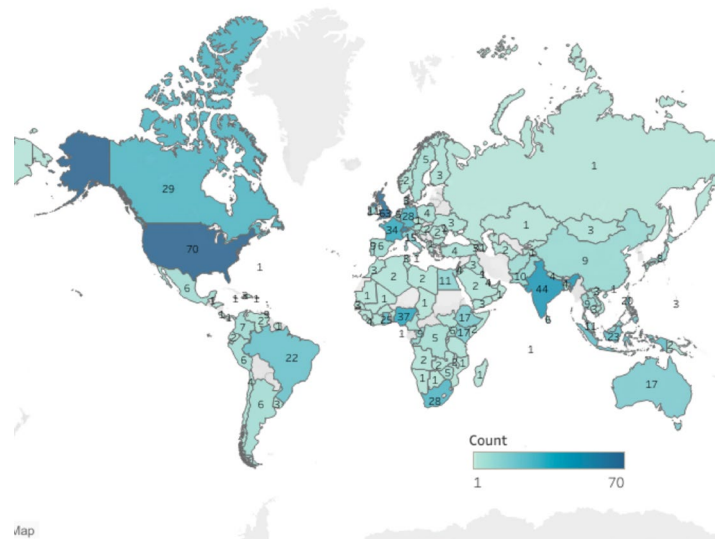
EPI-WIN webinars and updates have since become a repository of credible information on a number of relevant topics. These range from COVID-19 to a series on influenza, including avian and human influenza, how influenza candidate vaccine viruses are selected and seasonal influenza vaccination in countries; a series on Preparedness and Resilience for Emerging Threats (PRET), incorporating exchange of experiences among Member States, partners and community stakeholders; and a series on One Health and pandemic preparedness.

“I found the webinar to be informative and appreciated the up-to-date content it provided. The comprehensive coverage of the aspects covered were particularly insightful and helped me grasp the subject.”

Participant

EPI-WIN Webinar on ‘Preventing epidemics and pandemics in communities, through the One Health approach’, 18 September 2023

In 2023 EPI-WIN widened its reach considerably, expanding from 40% of Member States in January 2023 to 93% in November 2023. Attendees include government officials, health workers, decision makers, civil society organizations, academia, international organizations, media and others.



Participants from 181 countries (93% of WHO Member States) attended the EPI-WIN webinar on 1 November 2023

There was also a 70% increase in the number of registrations in 2023, combined with a 35% increase in webinar attendance, with more than 1000 attendees for three webinars. The introduction of AI-supported language interpretation in eight languages was a force multiplier and enabled wider reach and access, promoting language and information equity. An EPI-WIN community on WhatsApp has also been introduced, to continue the conversation among participants.

Surveys reveal that the information from EPI-WIN was used by participants for:

- Clinical management in communities
- Capacity building and education
- Health literacy curriculums, such as for healthcare workers
- National policies and plans such as the National Health Emergency Prevention, Preparedness and Response Plans
- Operational plans, such as for One Health, following a series on One Health.

Participant feedback has been very positive, with 92% reporting the webinars are either “very useful” or “quite useful”.

“The knowledge gained will help to facilitate the promotion and awareness of the influenza's vaccine uptake in Africa.”

Participant

EPI-WIN webinar on ‘Seasonal influenza prevention and control: national and regional perspectives’, 6 December 2023

As it expands, the EPI-WIN platform continues to aspire to reach further, empowering communities’ access to scientific information and information equity in health emergencies.

For more information on EPI-WIN, click [here](#)

Sri Lanka becomes the first country globally to develop its National Action Plan for Health Security utilizing the new online e-NAPHS platform

Global Architecture for Health Emergency Preparedness, Response and Resilience (HEPR), serves to guide the future direction for health emergency preparedness and response. The HEPR focuses on three key areas for strengthening the global architecture, namely: governance, systems and financing. The development of the National Action Plan for Health Security (NAPHS) has a central position in the systems area of the HEPR.



Group photograph of participants of the NAPHS workshop held in February 2024 in Colombo, Sri Lanka. Credit: WHO

Sri Lanka launched the development process for its National Action Plan for Health Security 2024-2028 (NAPHS) in February 2024, in a multi-stakeholder consultative effort utilizing WHO's e-NAPHS tool. Sri Lanka is the first country globally to utilize the e-NAPHS online tool which enables progress review and monitoring of the 12–24 months operational plans of the NAPHS across sectors and stakeholders. Over 80 national subject matter specialists and technical representatives from the 19 technical areas took part in the event alongside technical representatives from WHO Headquarters, WHO Regional Office for South-East Asia and WHO Sri Lanka.

The e-NAPHS is designed to be a practical and comprehensive online tool that will help Member States to plan and implement actions and monitor the progress of activities against their strategic results. It can be adapted to the country profile and allows for integration and updating of relevant assessments of International Health Regulations (IHR 2005) capacities and other data. This in turn enables faster transition from assessment to action, and standardizes the progress tracking mechanism.

In 2023, in preparation for the development of the NAPHS 2024-2028, Sri Lanka underwent several key assessments under the IHR monitoring and evaluation framework. These include the IHR Performance of Veterinary Services (PVS) national bridging workshop (IHR-PVS NBW), the Strategic Toolkit for Assessing Risk (STAR), the Performance of Veterinary Services assessment (PVS) through World Organisation for Animal Health (WOAH), and the repeat Joint External Evaluation (JEE) of IHR in September.

The NAPHS translated findings and recommendations from these existing national capacity reviews and IHR assessments into concrete activities and prioritized actions. It further incorporated lessons learnt in the past five years from the previous NAPHS (2018-2023) and from the unique experiences of the COVID-19 pandemic. It is also the first five-year NAPHS

that will be accompanied by a two-year costed operational plan, which is a living document. The first day of the NAPHS consultation workshop was dedicated towards reaching consensus on priority strategic actions. The second and third days focused on defining the activities that will be included in the operational plan for 2024-2025.

"Sri Lanka is the first country globally to utilize the WHO National Action Plan for Health Security (NAPHS) online tool which enables the prioritization and monitoring of the 24-month operational plans of the NAPHS. Through the development and implementation of NAPHS, we have the window of opportunity to strengthen IHR core capacities, investing in health systems for health security, and enhancing national emergency preparedness and response capacity in order to keep communities safe, serve the vulnerable, and promote health."

Dr Alaka Singh

WHO Representative to Sri Lanka

A post-facto debriefing session was held to identify key lessons from this effort, to review how best the NAPHS process can be streamlined going forward and suggest key improvements for e-NAPHS roll-out in other countries. High level advocacy, continuous monitoring and periodic evaluation and routine testing of national systems using after action reviews and simulation exercises were recommended as key next steps for successful implementation of NAPHS and its operational plan.

For more information on NAPHS, click [here](#)

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, and dedicated transportation support provided by World Food Program (WFP) to help WHO reach affected populations in the most complex emergencies with access challenges.



WHO Logistics Hub's expansive warehouse spans over 14 000 square meters of state-of-the-art storage infrastructure. Credit: WHO / Yoshi Shimizu

In a world fraught with natural disasters, conflicts and disease outbreaks, the Hub delivers hope to millions of people in need of health. On 6 March 2024, WHO's Global Logistics Hub reached a significant milestone with the completion of its 100th chartered flight since 2019, to deliver vital health support to countries in crisis. This flight carried US\$ 1.3 million worth of essential medicines and consumables for almost two million people in need of humanitarian assistance in the Gaza Strip.

Since the start of the current conflict in October 2023, the Hub has completed 23 charter flights carrying essential health supplies for Gaza. This represents an average of 3.5 charter flights per month to support people in need with a monthly average of 55 metric tonnes of medicines, trauma and emergency surgery supplies and other essential health supplies.

In 2024, the Hub has already reached 35 countries with life-saving assistance. The operation has completed 15 charter flights this year, currently averaging 1.5 charter flight a week in response to health emergencies in Gaza, Sudan and Yemen among others.

OPERATIONS IN 2024 (AS OF 15 MARCH 2024)

US\$ 19.9 MILLION
Value of Goods Received

US\$ 11 MILLION
Value of Goods Delivered

US\$ 6 MILLION*
In-Kind Donation Received

*from United Arab Emirates and ECHO to support ongoing emergency operations

15 CHARTER FLIGHTS

**35 COUNTRIES ACROSS
6 WHO REGIONS**

**196 REQUESTS
FOR ASSISTANCE**

**41 REQUESTS
UNDER PROCESS**

Click here for an interactive report that provides insights into the vast operations and global impact of WHO's Global Logistics Center.

Expanding hybrid learning to capacitate leaders for health emergency response

As communities across the globe continue to face urgent health crises, the WHO Health Emergencies Programme (WHE) has prioritized reaching more WHO and Ministry of Health leaders with emergency response capacitation opportunities. Accordingly, WHO's multidisciplinary Leadership in Emergencies learning programme has expanded to meet the continued demand for training and collaboration to build leadership skills for health emergency responders across WHO's six regions.

Launched in 2019, the [hybrid programme](#) consists of self-paced foundational online learning called 'Ready4Response' and two phases of courses specifically focused on leadership. Phase 1 is an eight-week face-to-face online course designed to develop leadership skills. Phase 2, which is only completed by individuals nominated by their regional offices or directors, provides concentrated training on the use of transversal skills in an emergency setting through online learning, a face-to-face workshop and a training exercise. Throughout the programme, participants have access to individual coaching to strengthen their leadership competencies, as well as a community of learning for networking and knowledge sharing.

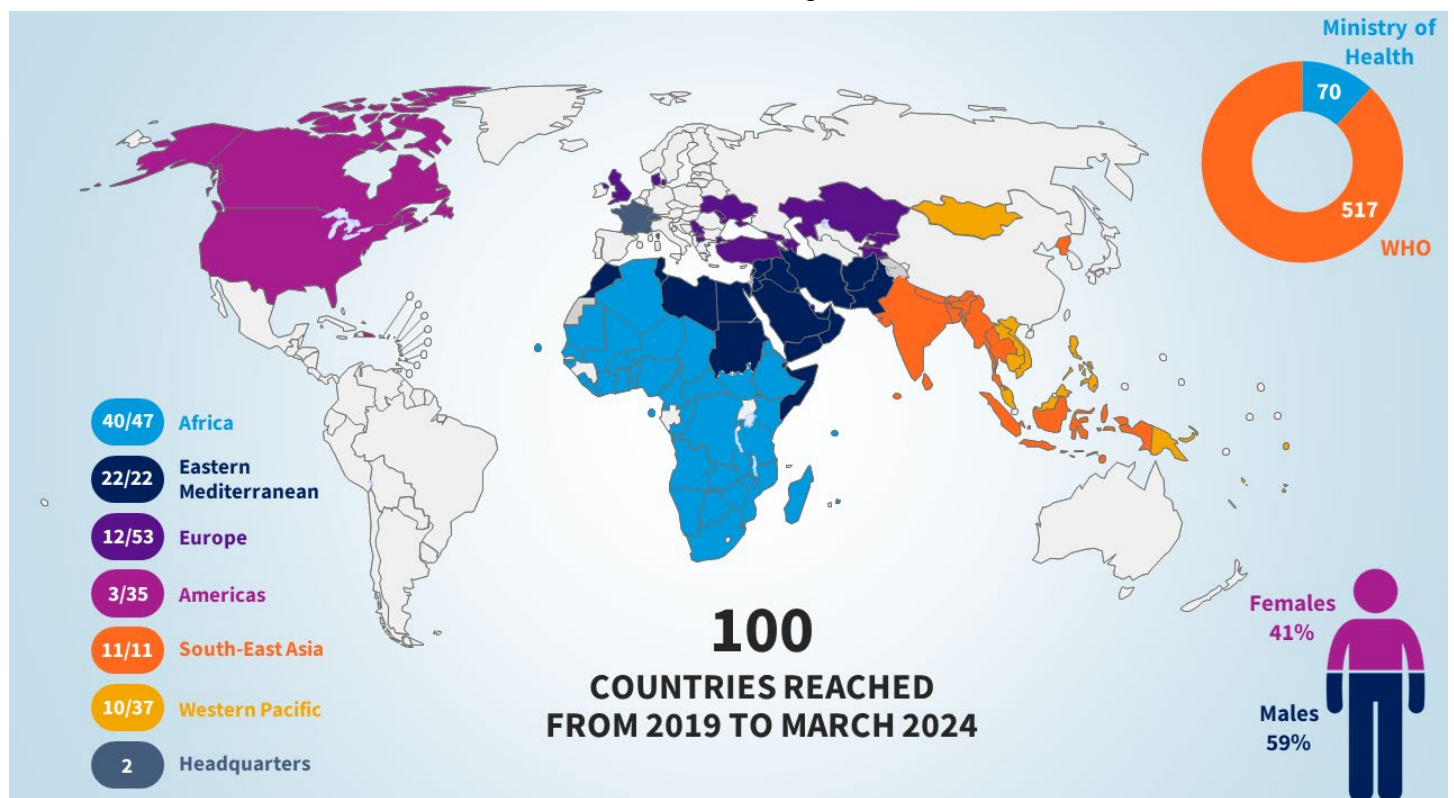
In 2023, 156 participants completed the Phase 1 course in English and 22 in French. Of these, 41% were women compared to 29% in 2019, advancing a key priority to correct the gender imbalance among leaders for health emergency response. With support from the WHE Learning and Capacity Development Unit (LCD), WHO regional colleagues in Türkiye, Kenya, Denmark, Thailand and Cameroon led four English-language Phase 2 courses and one French-language course, training a total of 157 WHO and Ministry of Health participants last year. In addition, LCD provided 150 hours of individual coaching to 22 leaders in 2023, bringing the total to 616 hours of direct coaching provided to 61 leaders since 2020.

“Completing the Leadership in Emergencies course has positively impacted how I work with the team I lead. Through improved communication, strengthened team cohesion, effective conflict resolution, and empowering leadership, I have created a more collaborative and productive work environment. These changes have not only enhanced team dynamics but also contributed to better outcomes and the ability to navigate challenging situations more effectively.”

Course participant

Since the programme launched, 465 participants have completed the Leadership in Emergencies online Phase 1 course and 234 have completed the intensive Phase 2 course. The programme's community of practice has grown to 300 members. With continued demand from WHO regions, the programme is expected to further expand its ranks this year: five Phase 1 cohorts (four in English and one in French) and three Phase 2 cohorts are planned for 2024. There are also plans to produce a Spanish-language version of the course.


The Leadership in Emergencies learning programme was a finalist for the 2024 Learning and Performance Institute's "People Development Programme of the Year" award, which recognizes proactive, large-scale programmes that can show demonstrable impact and performance improvement for their organizations. The redesign of the Leadership programme for primarily online delivery has provided an enduring model for training leaders to better counter the complex health emergencies of our time.




Impact of Leadership in Emergencies programme 2019 to date

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 \(DONs\)](#) and the [Weekly Epidemiological Record](#).

 **Outbreak and Crisis Response 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 on WHO's Health Emergency Appeal 2024, 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](#).

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

 **WHO Publications and Technical Guidance**
For updated WHO Publications and Technical Guidance, click [here](#).

 **Health Cluster**
For information on health cluster activities, 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

- [Sudan to respond to new emergence of variant poliovirus](#)
- [WHO transfers critical patients out of Nasser Medical Complex, fears for safety of remaining patients](#)
- [Yellow fever vaccine approved for Ethiopia's routine immunization programme](#)
- [More than 2.1 million people vaccinated against cholera in Zimbabwe hotspots](#)
- [Preventive Ebola vaccination safeguards health workers in Democratic Republic of the Congo](#)
- [International Pathogen Surveillance Network launches catalytic grant fund for pathogen genomics](#)
- [PAHO/WHO and UK-FCDO Handover four Smart Health Care facilities in Belize to the MoHW](#)
- [Exercise PanPRET-1: lessons from simulation exercise in 7 countries to update pandemic plans](#)
- [Including NCD care in response to humanitarian emergencies will help save more lives](#)
- [Unprecedented number of Syrians in need of aid after 13 years of war](#)
- [UN World water day observed on 22 March 2024: Water for Peace](#)
- [Quadripartite on One Health: 2nd annual meeting held](#)
- [Rapid measles outbreak response critical to protect millions of children in WHO European Region](#)
- [WHO supports Mauritius with its first dengue outbreak](#)
- [WHO Combats Cerebrospinal Meningitis outbreak in Nigeria](#)
- [Yemen conflict enters 10th year: 17 million people need health aid](#)
- [Strengthening Indicator-Based Surveillance- PAHO/WHO](#)

Highlights

- [WHO position paper on multivalent meningococcal conjugate vaccines in the African meningitis belt](#)
- [Hosting Mega-Sporting Events: Lessons from FIFA 2026 World Cup Webinar on Security Considerations](#)
- [Multi-country outbreak of cholera: situation report 14 March 2024](#)
- [Situation Report: Greater Horn of Africa Food Insecurity and Health \(1 November - 31 December 2023\)](#)
- [Joint external evaluation of IHR core capacities of Kyrgyzstan](#)
- [Learnings from COVID-19 for future respiratory pathogen pandemic preparedness: literature summary](#)
- [Building coalitions to strengthen public health and social measures in emergencies: meeting report](#)
- [Enhancing Nipah virus event readiness in countries not reporting a Nipah virus event: Technical Brief](#)
- [Laboratory biosafety guidance related to SARS-CoV-2 \(COVID-19\): Interim guidance](#)
- [Ninth meeting of the INB for WHO instrument on pandemic prevention, preparedness and response](#)
- [WHO report reveals gender inequalities at the root of global crisis in health and care work](#)
- [Influenza at the human-animal interface summary and assessment, 26 February 2024](#)
- [COVID-19 epidemiological update – 16 February 2024](#)
- [Emergency preparedness, readiness and response plan for cholera in the WHO European Region](#)
- [Situation update on Yellow fever in African region- 20 March 2024](#)
- [Disease Outbreak News: Psittacosis – European region](#)



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.

Obesity (1 March 2024)

Did you know that where you live, the food systems around you and your lack of opportunities to be active increase your risk of developing obesity? How big is this issue? How can you reduce your risk and protect yourself? WHO's Dr Francesco Branca explains in Science in 5.

Long COVID (23 February 2024)

If you have suffered from COVID and are still feeling the symptoms, could it be Long COVID? What are the symptoms? Are treatments available? WHO's Dr Jamie Rylance explains in Science in 5.