The coronavirus disease (COVID-19) pandemic has shown how countries and the global multilateral system were and remained ill-equipped to deal effectively with the growing scale and complexity of health emergencies. It became vital for the world to do things differently. The devastation caused by COVID-19 has highlighted the need to urgently strengthen the way countries and, by extension, the world prepares for, prevents, detects and responds to health emergencies. Amidst this urgency, national, regional and global efforts are to be coordinated, coherent and reflective of a broad consensus, including with inclusive participation of all stakeholders.

During 2023, WHO continued to drive, support and coordinate diverse efforts to strengthen the global architecture for health emergency prevention, preparedness, response, and resilience (HEPR). These efforts can be broken down into three distinct yet complementary areas: governance, financing, and systems.

### Leadership, inclusivity, and accountability: strengthening global governance

Effective governance enables Governments and national and international partners to achieve the collective goals of HEPR, galvanized by political will, and with the resources to sustain positive changes. WHO continued to support several key initiatives to reform the global governance of HEPR, cognizant of the lessons of COVID-19 and the need to build global governance mechanisms that are based on agreed rules and norms, are equitable, inclusive, and coherent, and which are founded on a spirit of solidarity, trust, and mutual accountability.

At the heart of efforts to reform the global HEPR governance are two aligned processes driven by WHO Member States.

The first of these processes, which is mediated through the Intergovernmental Negotiating Body (INB), seeks to present a so-called pandemic accord, or Pandemic Treaty, for endorsement by the World Health Assembly in May 2024. To date, the INB has already agreed on a number of key parameters, including that the treaty or accord will be legally binding, and that it will be negotiated under the auspices of WHO’s Constitution Article 19. A conceptual zero draft, which was published in December 2022, sets forth many of the principles on which a final accord might be based, including the principles of solidarity and benefit sharing, transparency and accountability, and the sovereignty of Member States. Continued to be guided by the timeline set out in document A/INB/3/4 et notably the upcoming submission of its final outcome to the World Health Assembly in May 2024, the INB further worked to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response (referred to as the WHO CA+). During the reporting period, the INB met several times to progress on the text. In addition to the four INB meetings being held since early 2023, additional drafting group meetings were organized. Regular updates (Bureau Newsletters or publications such as in journals) were shared with stakeholders and are accessible on the voice of the INB Bureau webpage. A full Progress report was also presented at the WHA in May 2023.

In parallel to the INB process, WHO Member States continued to engage in the process of considering amendments to the International Health Regulations (IHR 2005). The Working Group on Amendments to the IHR (WGIHR) has met on seven occasions with its latest meeting from 5 to 9 February 2024. This meeting, however, was suspended and reconvened on 8 March to hold a special session focusing on equity. The WGIHR’s final meeting is scheduled to take place in April 2024 ahead of the 77th World Health Assembly which will consider a package of IHR amendments.

In the wake of the initial response to the COVID-19 pandemic, several reports and reviews identified the lack of a formal mechanism for Heads of State and Governments to discuss emerging and future global health crises. The question of how to ensure sustained high-level political leadership across the pandemic and health emergency cycle also remains open. WHO continued to work with its Member States and partners to propose solutions that balance the need to elevate HEPR to a whole-of-government, whole-of-society priority, with the need to avoid duplication of existing governance mechanisms and promote coherence, particular with respect to the need for any additional governance mechanism to be aligned with WHO’s constitution and mandate. Two UN high-level meetings on Universal Health Coverage and on Pandemic Preparedness, Prevention and Response, provided crucial opportunities to precipitate the bold solutions required to elevate coordination on HEPR to the level of Heads of State and Government.

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<thead>
<tr>
<th>Area</th>
<th>Subject of monitoring and assessment</th>
<th>Current status</th>
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<tbody>
<tr>
<td>Global architecture on health emergencies</td>
<td>WHO coordination of existing mechanisms and new initiatives/platforms</td>
<td>Please provide the progress and update since March 2023 to March 2024 to IOAC including:</td>
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<tr>
<td></td>
<td>Pandemic treaty discussions</td>
<td>• DG’s ten proposals and HEPR</td>
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<td>WHO relations with MS and key stakeholders</td>
<td>• Governing bodies led processes (INB, WGIHR, SCHEPPR)</td>
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The IOAC Monitoring Framework for WHO/WHE (as of March 2024)
A third aspect of governance that required urgent strengthening related to the establishment of a mechanism for monitoring the implementation of IHR capacities that promotes transparency and accountability, and which incentivize Member States to enact recommendations, whilst fully respecting sovereignty and complementing existing voluntary assessment mechanisms. To respond to this need, the Universal Health and Preparedness Review (UHPR) process was announced by the WHO Director-General in November 2020. 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. The UHPR process seeks to elevate emergency preparedness to national leadership and promote political commitment and sustainable investment taking stock of outcomes of existing the existing mechanisms, such as the State Parties Annual Reporting (SPAR) tool and the voluntary Joint External Evaluations (JEE). Its aim is to improve mutual accountability and promote regular intergovernmental dialogue between Member States to strengthen their emergency preparedness further. While in 2022, a detailed concept note on UHPR was presented at the Seventy-fifth World Health Assembly, to date, the Central African Republic, Iraq, Thailand, Portugal, and Sierra Leone have conducted voluntary country pilots of the UHPR and an additional five countries have expressed interest to undertake those UHPR pilots in 2024. Additionally, at the first global peer review of national UHPR reports which took place 13-14th February 2024, the Central African Republic, Portugal and Thailand presented the findings of their national review and engaged in a dialogue with other Member States. Experiences and lessons learnt in the national and global phases will be used to further improve the UHPR process and will be presented at the Seventy-seventh World Health Assembly in 2024. In January 2024, the Executive Board (EB154) also adopted a decision on UHPR, requesting WHO to continue developing the voluntary pilot phase of the UHPR.

Self-assessment and peer review of national capacities, including through the UHPR process, should continue to be complemented by strengthened independent monitoring at the international level. Such mechanisms should be modelled on best practice in independent monitoring of international instruments; should be evidence-based, transparent and expert-led; and should build on and strengthen existing monitoring mechanisms, such as the Global Preparedness Monitoring Board and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. It is crucial that independent monitoring encompass the breadth of the global architecture of HEPR, including financing and governance.

A fourth aspect is the continuing commitment of the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPR) to strengthen the governance of HEPR. Established by the WHO Executive Board (EB) following the 75th World Health Assembly in May 2022, SCHEPR provides Member States with the opportunity to deliberate and be briefed on health emergencies between EB sessions. The Standing Committee is made up of 14 members (two from each WHO Region, as well as a Chair and Vice-Chair), and is mandated to meet at least twice a year. As per the Terms of Reference, the WHO Director-General shall convene an extraordinary meeting in the event of declaring a Public Health Emergency of International Concern (PHEIC). The EB may also convene an extraordinary meeting, if necessary, between planned sessions. During 2023, SCHEPR met in April and September 2023. The Standing Committee has established its standing agenda which include a discussion on: 1) update on ongoing PHEIC; 2) updates on health emergency prevention, preparedness and response initiatives; 3) update on the response to major ongoing health emergencies. The Committee will discuss at its next meeting in April 2024 the Standard Operating Procedure for the extraordinary meeting. It has also requested the Secretariat to provide an overview on the implementation of the IOAC recommendations by the Secretariat since the inception of the Committee.

Rebooting the health emergency operating system: realizing the world’s potential through collaboration, coordination, and strengthened capacities

Harnessing diversity and promoting coherence through collaboration. The global health landscape has evolved and diversified over the past several decades. The emerging roles of new public–private partnerships, philanthropic donors, and multilateral institutes have combined with the increased participation of civil society and communities in global health initiatives to produce a broad network of actors and stakeholders at national, regional and global levels. This diversity can be a potent source of strength but increasing complexity can also pose challenges arising from fragmentation, duplication, and competition. During COVID-19, new global mechanisms were rapidly developed to address the urgent need to unite often disparate groups of partners around common goals. The ACT-A initiative, and its vaccine arm COVAX, are probably the best-known examples of such multi-partner, time-limited coordination mechanisms developed at the global scale during COVID-19. The need for these ad-hoc, COVID-19-specific coordination mechanisms at global, regional, and national levels is testament to the fact that the network of stakeholders in health emergency prevention, preparedness and response has outgrown and coordination mechanisms. We need new ways of connecting and collaborating to harness our collective strengths in health emergency preparedness, prevention and response. At the national level this means working more effectively across governments and, more broadly, across societies to prevent, prepare for, detect, and respond to health emergencies. At the regional and global levels this means streamlining and strengthening mechanisms for prevention, preparedness, detection and response built ontrust, cooperation, solidarity, and accountability amongst governments and other global health stakeholders, including UN agencies, regional public health institutes, and other international partner organizations.

A renewed focus on One Health for pandemic preparedness and prevention, and on sustainable, multisectoral and integrated solutions to growing humanitarian needs. Within the UN system, an exploration of new ways to connect and coordinate action was already underway prior to COVID-19 in the sphere of One Health, through the Tripartite Alliance of WHO, the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (WOAH). In 2022 the Tripartite evolved into the Quadripartite through the inclusion of the UN Environment Programme, in recognition of the need to consider the environmental dimensions of One Health.
One Health, as recently defined by the One Health High-Level Expert Panel (OHHLEP), means taking an integrative and systemic approach to health, grounded in the understanding that human health is closely linked to the healthiness of food, animals and the environment, and the healthy balance of their impact on the ecosystems they share, everywhere in the world.

The One Health approach has underpinned zoonotic disease prevention and response strategies for some time, with multidisciplinary and intersectoral efforts focusing on the understanding and investigation of the multiple drivers, patterns and dynamics that lead to the emergence and re-emergence of zoonotic diseases. But as we build on the lessons of COVID-19, we may seek to apply the same coordinated, multi-factorial approach that underpins One Health to health emergencies more broadly.

In December 2022, over 339 million people – almost one in 20 of the world’s population – were predicted to need humanitarian assistance throughout 2023. This is an increase of 25% compared with 2022, and more than double the total of 135 million people who needed humanitarian assistance in 2018. However, in under two months into 2023 these estimates already look conservative, as the aftershocks of the devastating earthquake in Turkey and the Syrian Arabic Republic continue to be felt.

The number, scale, and complexity of health emergencies continues to increase year on year, driven by many of the same long-term trends that continue to accelerate the emergence and re-emergence of epidemic-prone diseases: geopolitical conflict, the collapse of trade leading to famine and shortages of essential goods, the intensification of ecological degradation and climate change, weakened health systems, and widening economic and social inequalities. The evidence of the past few decades tells us that these trends are increasingly interacting in complex and unpredictable ways to drive health emergencies. Sustainable solutions, and the attainment of the sustainable development goals, will depend on giving more weight to proactive preventative, readiness and resilience-building measures even as we respond to ongoing crises.

### Strengthening capacities at the intersection of health security, primary health care, and health promotion: the “five Cs”

WHO has worked closely with partners to develop a concept of HEPR systems strengthening that brings together the need for new collaborative mechanisms to harness collective strengths and build cohesion, with the concept of One Health, and the principles of equity and inclusivity at its core. This concept depends on accelerating a strategic shift by countries and health emergency stakeholders to focus on the transformative potential of strengthening five core health emergency capacities, or subsystems, that sit at the intersection of health security, primary health care, and health promotion, and which interface with multiple non-health sectors and stakeholders at national, regional, and global levels.

These five interlinked systems, which encompass all IHR core capacities but also expand beyond them, are explicitly multi-stakeholder and whole-of-government, and extend into every area of health emergency preparedness, prevention, readiness and response, from One Health surveillance systems to equitable access to medical technologies. The five Cs are outlined briefly below.

#### Collaborative surveillance

A truly interconnected global system for public health intelligence has the potential to revolutionize our ability to detect an emerging outbreak, communicate information quickly and rapidly initiate an appropriate response. We should move together towards a collaborative surveillance ecosystem at national, regional and global levels that: (a) puts into the hands of decision-makers accurate, timely information on emergence, transmission, susceptibility, morbidity and mortality; and (b) can combine that information with in-depth contextual insights on risk and vulnerability. Achieving these goals will mean strengthening capacities and combating fragmentation at national, regional, and global levels through enhanced mechanisms for coordination, collaboration and innovation among a range of traditional and new partners across the One Health spectrum.

Community protection

Any effective health emergency response must have communities and their interests at its heart; therefore, communities must be at the centre of efforts to prepare for, prevent and respond to health emergencies. Protecting communities will require partners to come together at subnational, national, regional and global levels to ensure that capacities are in place to provide proactive risk communication and infodemic management functions in order to understand, respond to and inform communities, as well as to build enduring trust in public health authorities.

Population-based and environmental interventions (such as vaccination, vector control, and infection prevention and control measures) form a crucial aspect of protecting communities from infectious disease. However, to be at their most effective these interventions must be co-created and co-designed with affected communities. Such interventions must also be combined with multisectoral actions that ensure that health protection is indivisible from the protection of social and economic welfare, mental health, livelihoods, food security and dignity.

#### Safe and scalable care

A strong HEPR architecture must be built on a foundation of strong national health systems centered on primary health care. High-quality health services and public health capacities are necessary to detect, prevent and respond to health emergencies. Resilient health systems have the resources to reorganize and redeploy existing resources in response to shocks such as health emergencies, while at the same time maintaining essential health services.

Access to medical countermeasures

Rapid and equitable access to safe, effective medical countermeasures is crucial for responding to outbreaks. Existing partnerships and legal agreements have made important progress in increasing access to medical countermeasures, primarily against specific pathogens such as influenza, smallpox, yellow fever, cholera and meningitis. These partnerships and agreements have largely focused on addressing access issues at different points in the medical countermeasures value chain. For example, the International
Coordinating Group on Vaccine Provision addresses some of the downstream and delivery challenges related to allocation. It provides a framework for managing and coordinating the provision of emergency vaccine supplies and antibiotics to countries during major outbreaks. The Pandemic Influenza Preparedness Framework focuses on upstream elements, enabling the access of developing countries to vaccines and other pandemic-related supplies by guaranteeing reserved volumes of products for low-income and lower-middle-income countries. More recently, the ACT-Accelerator was established in April 2020 to support the end-to-end process of rapid development and equitable deployment of COVID-19 vaccines, tests, treatments and personal protective equipment. Together, the initiatives above provide solid foundations on which to build a global, integrated, end-to-end mechanism for medical countermeasures against known and “disease X” epidemic-prone and pandemic-prone diseases.

Emergency coordination
The ability to rapidly detect health threats and mount a decisive and sustained response requires meticulous and continual strategic planning at subnational to global levels across every stage of the emergency cycle, informed by a constantly evolving and accurate assessment of readiness, threats and vulnerabilities. The benefits of strengthening the other four core HEPR systems can only be realized through systems of leadership and coordination that are able to rapidly leverage capacities, including the key capacity of a multisectoral and professionalized health emergency workforce.

The five Cs must be embedded in strengthened national health systems; enacted by a well-resourced and protected health emergency workforce; underpinned by data, research and innovation; and have strong links to regional and global support, coordination and collaboration structures and mechanisms across all phases of the health emergency cycle of preparing, preventing, detecting, responding and recovering.

Community Protection
Any effective health emergency response must have communities and their interests at its heart; therefore, communities must be at the center of efforts to prepare for, prevent and respond to health emergencies. Protecting communities will require partners to come together at community, local, subnational, national, regional and global levels to ensure that capacities are in place to detect, report and respond to the health emergencies at community and local levels, provide proactive risk communication and infodemic management functions in order to understand, respond to and inform communities, as well as to build enduring trust in public health authorities. It is also important to build community resilience and leverage community structures and assets as the foundation for engaging and empowering communities in primary health care and delivering community-based health and social services including emergency management.

Population-based and environmental interventions (such as vaccination, vector control, and IPC measures) form a crucial aspect of protecting communities from infectious diseases. However, to be at their most effective, these interventions must be co-created and co-designed with affected communities. Such interventions must also be combined with multisectoral actions that ensure that health protection is indivisible from the protection of social and economic welfare, mental health, livelihoods, food security and dignity.

Sustainable, coordinated, and innovative financing for HEPR
Agreement on the governance and the systems required to deliver HEPR will be meaningless without the resources to implement them in full on a global scale. WHO Member States have already signaled strong support for the creation of the WHO and World Bank Pandemic Fund, which was officially launched at a high-level event hosted by the G20 Presidency of Indonesia on the margins of the G20 Joint Finance and Health Ministers’ Meeting on November 13, 2022, in Bali, Indonesia. WHO worked intensively to support countries to develop detailed proposals as part of broader efforts to support the development of national multi-sectoral and multi-hazard health emergency preparedness and response investment cases to drive strengthening of the Five Cs. WHO Chairs the Technical Advisory Group of The Fund. For the first call for proposals 179 applications from 133 countries were submitted. With the funding envelop actually available for allocation only being US$ 338 million, most request could not be accommodated. WHO is an implementing entity for 13 of the 16 approved single-country projects and 2 of the 3 multi-country projects. US$ 158M, or 47 % of the total approved funding, is coming through WHO. The second call for proposals was announced in December 2023 with a submission deadline in May 2024 and a total funding envelop of US$500M. WHO continues to work closely with regions and countries in monitoring implementation of already approved projects and on the development of proposals for the second funding round.

Despite the rapid progress of The Fund, it’s current size and scope poses it as an important but limited source of funding with several key questions related to the financing of key HEPR capacities remain to be resolved. Foremost of these is the question of how we expand at-risk financing for the development of medical countermeasures, and how we can ensure the financing is in place to ensure equitable access to all available medical countermeasures during large-scale health emergencies. At present, financing requirements for diagnostics, therapeutics and vaccines far exceeds the scope and scale of existing fragmented and often unpredictable emergency funding mechanisms, especially for newly emerging pathogens. WHO is working with and convening multi-sectoral partners at pace to build consensus for an equitable, sustainable solution that will ensure the lessons of the COVID-19 pandemic are learned. Supporting countries to develop and maintain comprehensive national investment plans (NIP) to secure a diversified set of sources for a more sustainable financing for health emergency preparedness, resilience and response is becoming a key objective for WHO.

Under the Health Emergency Preparedness and Response (HEPR) architecture, one of the 10 proposals include the process for amending the International Health Regulations (2005) (see document EB152/12 - https://apps.who.int/gb/ebwha/pdf_files/EB152/12-en.pdf ).
As background, the WHO Member States, through the Working Group on Strengthening WHO preparedness and response to health emergencies (WGPR) examined the findings of the multiple reviews of the global response to the COVID-19 pandemic and agreed through decision EB150(3) to begin consideration of potential amendments to the International Health Regulations (2005), with the understanding that this would not lead to reopening the entire instrument for renegotiation. Such amendments should be limited in scope and address specific and clearly identified issues, challenges – including equity, technological or other developments – or gaps that could not effectively be addressed otherwise but are critical to supporting effective implementation and compliance of the International Health Regulations (2005) and their universal application for the protection of all people of the world from the international spread of disease in an equitable manner. Then, in May 2022, Member States of WHO decided to transform the WGPR into the Working Group on amendments to the IHR and invited Member States to propose amendments to the Regulations by no later than 30 September 2022 (Decision WHA75(9)).

Through the same decision, WHO Member States requested the Director-General to convene a Review Committee to provide technical recommendations to the proposed amendments to the IHR, which were supposed to be submitted by Member States by 30 September 2022. The Review Committee was convened in line with provisions of Article 50.1.a) of the IHR on 6 October 2022. The IHR Secretariat supported the Review Committee on amendments to the IHR, which met for 6 meetings between October 2022 and January 2023, and submitted its report to the Director General by mid-January 2023, who transmitted it without delay to the WGHR1. The IHR Secretariat also supports the Working Group on amending the IHR (https://apps.who.int/gb/wgihr/index.html), which has four more meetings in 2023, before they agree on a package of proposed amendments to be submitted for the consideration of the WHA in May 2024. More than 300 amendments were proposed by 16 States Parties to the IHR (some on behalf of groups of countries, so in total more than 90 countries submitted these proposed amendments), to 33 of the 66 articles of the IHR, five of its nine annexes, and including also six new articles and two new annexes. The proposed amendments address the following issues: purpose and scope, principles, responsible authorities, notification, verification, and information sharing, risk assessment, determination of PHEIC and intermediate level of alert, including temporary recommendations and convening and functioning of the Emergency Committee, public health response and collaboration and assistance, health measure, conveyances, digitalization of health document and compliance and implementation.

| WHE Health Management | Please provide the progress and update since March 2023 to March 2024 to IOAC including:
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<tr>
<td>• Emergency response framework</td>
<td>• Field application of ERF in graded emergencies</td>
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<tr>
<td>• Reporting lines from the field to HQ for graded emergencies</td>
<td>• Alignment of DOAs of EXD, RD, REDs, WR/IM</td>
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<tr>
<td>• Decision-making processes among Headquarters, Regional Offices and Country Offices including Grading, risk assessment, IM appointment/staff deployment, CFE disbursement</td>
<td>• Platform/mechanism for three level consultations</td>
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<tr>
<td>• Communication within the WHE Programme across the three levels</td>
<td>• Memo or other internal documents on the subject</td>
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<td>• IMT functioning in WCOs</td>
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The WHE leadership team is made up of the Executive Director/WHE, one Assistant Director-General, the Regional Emergency Directors and WHE HQ Directors. The Programme adopt a continuous business improvement approach to continually strengthens and demonstrates its effectiveness in building One Programme and ensure coherent work as a 3-level team. A new HQ structure made of 3 technical divisions and 9 technical departments has been established in 2022 and the organizational charts are pending approval from the Director-General.

Launch of the revised Emergency Response Framework 2.1 in February 2024 following intensive review process

The revision of the ERF 2.1 was published in February 2024 and a briefing to Member States and partners is planned for March 2024. A simulation will also be organized later this year and various briefings with staff and partners.

To enable the successful implementation of the Emergency Response Framework (ERF), the WHO Health in Emergencies Programme has digitalized the WHO Country Office (WCO) readiness checklist. Effective from October 2023, the online tool is accessible through the WHO Partners Platform (https://partnersplatform.who.int/). WHE has led on the revision and update of the online tool, in close coordination and collaboration with other WHE team across HQ and RO. The tool builds on consultations held with WRO and WCO based staff being appointed by WHO Country Representatives as focal points for operational readiness of core capabilities at their respective country teams. The digital tools prioritize core capabilities WCO need to have in place from the angle of operations management, health readiness and Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PSEAH).

The online WCO Readiness Checklist provides essential readiness steps for all Country Offices to be prepared to support emergency responses; through an all-hazards approach, it enables Country Offices to prioritize critical actions to respond more quickly and efficiently to health emergencies.

The design, implementation and monitoring of the tool build on the close coordination with several thematic networks, within and outside WHE, including - inter alia - the Gender, Equity, Diversity and Human Rights Network, Staff Wellbeing, Environmental Health.

The tool supports Country Offices to assess, monitor and adjust their capability to deliver across the incident management system (IMS) core functions, identifying areas of
strength and areas for increased support. The tool has been piloted tested among 61 WHQ Country Offices and sub-office of WHO Gaziantep (pilot lead in coordination with WHO Country Office Türkiye), involving over 200 country and regional office colleagues being trained about the use of the tool (approximately 40% female staff, national and international). All country-based teams are part of the WHO Country Model type D and E (as per WHO Director-General’s Action for Results Group (ARG) initiative).

The design and roll-out of the online WCO Readiness Checklist was organized into two main phases:
- Phase One: from October 2023 to February 2024 (pilot). Within Phase One, 61 Country Offices (WHO presence type D & E) pilot tested the online tool and contributed to it in terms of co-creation. As result of Phase One, WHQ HQ, in coordination with regional health readiness teams and WHE program management network, has developed WCO readiness profiles, informing future planning as per ERF requirements.
- Phase Two: from April 2024 onwards, the online tool will go to scale and will be accessible to other WHO Country Offices (WHO presence type B & C).

In parallel to the roll-out of the digital Country Office Readiness Checklist, WHE has coordinated the update of the HQ Readiness Checklist. The update covers both content and structure and builds on the lessons learned from COVID-19 response, primarily. As the roll-out of the WCO Readiness Checklist continues, WHQ HQ is coordinating with the regional focal points of health readiness and emergency operations management to start the design of the regional readiness checklist, in adherence with the ERF 2.1 requirements.

To enhance and harness organizational resilience, WHE has supported the update of the WHO Business Continuity Management (BCM) Framework and developed, in close coordination with Assistant Director-General, Business Operations (BOS), the Business Continuity Planning (BCP) toolkit. The BCP toolkit guides the activation and deactivation of the BCP; it builds on systemic review of best practices in the area of organizational resilience and introduces new features informing programme recovery in BCP and strategic thinking. During the reporting period, the BCP toolkit has been piloted tested at the WHO Berlin Hub for Pandemic Preparedness. Moving forward, WHE recommends digitalizing the tool and integrate it with other online operational readiness tools, primarily the WCO Readiness Checklist. In parallel to the development of the BCP toolkit, WHE has carried out the first round of review of the contingency planning guidance; the update and testing of the tool will be completed in 2024.

In its co-chair role of the Programme Criticality Coordination Team (PCCT) and Programme Criticality Steering Group (PCSG), WHO has completed the inter-agency field survey assessing the implementation of Programme Criticality (PCA) recommendations (Steps 8/9) across 25 priority countries where WHO, along with other UN and non-UN partners, is delivering its response (acute and protracted). The field survey has gathered feedback from 31 UN Agencies/Funds/Programmes, reaching over 300 UN staff (80% Country Representatives/Deputy). The PCA field survey findings have provided possible approaches to using the PCA methodology as an entry point for business continuity planning and contingency planning, and generated field-based learning on how to improve PCA Steps 8/9 implementation for security risk management priorities and programme delivery. At the time of submission of the present update, the field survey recommendations are for the consideration and endorsement of the UN PCSG and for further implementation by the PC Secretariat, in coordination with PCCT.

Alignment of DOAs of EXD, RD, REDs, WR/IM
The revision of the ERF has been completed with an updated matrix of accountability and responsibilities in graded emergencies. A revised DoA to the EXD/WHE is also undergoing clearance by the Director-General to ensure that the authorities of the EXD are aligned with his strategic role in coordination and planning at the 3 levels.

Finance

- WHO/WHE Programme Budget
- Health Emergency Appeals
- Contingency fund for emergencies
- WHE donor portfolio and multiyear partnerships
- WHE fundraising strategies in the context of the investment round
- Allocation of funds across the Organization and accountability
- Resource mobilization capacity at country level: level and effectiveness engagement of WHO Representatives with in-country donor representatives

Please provide the progress update since March 2023 to March 2024 to IOAC including:

- Breakdown of the WHE Budget and gaps (Core budget, Appeals and CFE)
- % of funds sent to ROs and WCOs
- Pandemic Fund envelop, pledges, funding gap, amount released, and number of countries benefiting
- Number of donors and funding status, % of funding raised at country level
- RM training, support provided to Country Offices
- Number of donor agreements in countries graded WHO Grade 3 emergencies
- % of funding against planned budget by “core”, “specified” and “unspecified” in WHE priority countries
- DOA of WR financial authority to accept funds

In decision WHA75(8) (2022), the World Health Assembly adopted the Working Group’s recommendations, which included a request for the Secretariat to explore the feasibility of a replenishment mechanism to broaden further the financing base and raise voluntary contributions for the full period of the 14th WHO General Programme of Work 2025-2028 (GPW14).

In 2023, significant efforts were made by the WHO Secretariat and Member States to develop a replenishment mechanism for WHO for the core budget including the core...
| Prevention of financial mismanagement and mitigation measures in emergency context | The budget of WHE. This led to Member States proposing a replenishment modality, called the Investment Round, which was approved in January 2024 by the Executive Board for the WHO Secretariat to proceed with an Investment Round approach to broaden the financing base and raise voluntary contributions. A WHO Investment Round Event for the GPW14 is planned to take place at the G20 summit on the 19th November 2024. The Investment Round will be hosted by the President of Brazil and leverages the G20 Presidency. The Investment Round will be a pledging moment, Leading Member States from each of the WHO’s six regions would co-host the Investment Round, deploying their global and regional leadership at the highest political level in support of the GPW14 - a critical milestone for the future agenda on global health. The indicative budget for the GPW14 is US$ 11.2 Billion, with the indicative target envelope for the Investment Round coming in at US$ 7.1 billion. The US$ 7.1 billion represents the part of WHO’s budget, which is financed by voluntary contributions, and thus excludes the forecasted assessed contributions. The Investment Round will seek to promote greater flexibility in funding both geographically and programmatically. The definition of thematic flexible funding will be expanded to create greater programmatic and geographic flexibility, thereby making it easier for contributors to pledge flexible rather than earmarked funding. Every pledge count – and while the Investment Round aims to increase the proportion of flexibility of voluntary contributions every pledge is welcomed and counted against the target envelope, as long as it falls within the period of the GPW14, starting January 2025 and through till December 2028, whether from a Member State, a Foundation, or from the private sector. During 2023, WHO continued to implement the existing resource mobilization strategy, while preparing a plan for the Investment Round. This included continued efforts to maintain, expand, and grow strategic partnerships with donors. This work is underpinned by individual donor profiles and engagement plans developed for top donors on an annual basis, with dedicated WHE profiles including analyses of key partner institutions, budget cycles, and key opportunities incl. dates/events for engagement. In 2023, as in previous years, WHO held strategic dialogues and high-level bilateral meetings with governments, philanthropic foundations, and international financial institutions including Australia, Canada, Ireland, Germany, Luxembourg, Norway, the United Kingdom of Great Britain and Northern Ireland, Sweden, Switzerland, the United States of America, the Bill & Melinda Gates Foundation (BMGF), the United Nations Central Emergency Response Fund (CERF), the Rockefeller Foundation (ROK), and the European Commission for Civil Protection and Humanitarian Aid Operations (ECHO). All included high-level representation of the health emergencies programme allowing for strategic discussions on key topics including the INB, IHR, HEPR, emergency response operations and the criticality of an adequately resourced core budget of WHE, especially in light of the WHO approved increase of total Programme Budget (PB) 2022-23 of US$ 604.4 million, the majority of which US$ 404.6 million was for Billion 2 on health emergencies. At the close of 2023, and despite concerted resource mobilization efforts and while the overall PB 2022-2023 is relatively well funded, there remains a critical funding gap of US$ 411 million (33%) for the base component of WHE. As can be seen from the below graph, Billion 2 was the Strategic Priority with the highest funding gap at the end of 2023. While WHO as a whole reported available funding equivalent to 77% of the base segment in its financial outlook for 2024-25, Billion 2 started the biennium with a gap of 70% of approved PB and serious problems with regards to staff cost financing. There is a need for responses in humanitarian contexts that not only meet the urgent short-term health needs of affected communities but that also build their strategic resilience through coordinated and targeted measures to strengthen core capacities at the health security, primary health care and health promotion interface. A more strategic and holistic approach in responding to all health emergencies would help to break the cycle of panic and neglect that often leaves communities in positions of entrenched vulnerability and fragility. WHE is country focused, with more than 50% of the base segment and more than 80% of the emergency operations and appeals segment of its budget allocated to country offices. The lack of sustainable funding therefore poses a significant challenge to WHE’s capacity to meet the needs of emergency-affected populations in fragile and vulnerable contexts and limits the strengthening of long-term community resilience. Resource Mobilization for the Emergency Operations and Appeals Segment of the PB: In January 2024, WHO launched its third iteration of the new annual WHO Health Emergency Appeals. Three years on following extensive consultations, the Appeal has become a common initiative and tool for RM, which has buy-in from colleagues across the three levels of the Organization, including senior management, and is helping to bring harmonized operational planning and consistency to appeal development, where there was only ad-hoc efforts to develop appeals, with no harmonized approach or quality to the process or products. The appeal has been welcomed by donors as it provides ready information for overview of WHO’s priorities and needs, basis for contributions and engagement on allocations. There is consistently also more discipline around issuance of flash appeals for acute onset emergencies in line with the ERF. 2023 Summary In January 2023, ahead of the Programme, budget and administration committee (PBAC) and Executive Board (EB) 153, WHO has launched the Organization’s Health Emergency Appeal for 2023 calling for US$ 2.5 million to respond to health emergencies including COVID-19 and other disease outbreaks such as mpox and cholera. WHO held a dedicated launch event led by the Director-General, Dr Tedros Adhanom Ghebreyesus, which included several high-level speakers, who spoke to the importance of ensuring that health is a
priority in emergencies as well as the partnerships with WHO. The event was livestreamed to ensure engagement of the public, media, and other stakeholders, and a concerted visibility effort was made across WHO’s social media platforms with the support of WHO’s Department of Communications (DCO). In 2023, WHO responded to no less than 65 graded emergencies, targeting more than 102 million people across 29 countries, alongside health cluster partners.

During the course of the year, flash appeals were issued for the earthquakes in Türkiye and the Syrian Arab Republic, the Sudan Crisis, Cholera and the Israel/occupied Palestinian territory escalation. Dedicated briefings took place throughout the year to donors, and to provide them with a better understanding of health responses, the priorities, challenges and opportunities, WHO’s role, and the financing situation. In 2023, the Department of Resources Mobilization(CRM) and WHE organized several donor briefings on emergencies such as on the global cholera outbreak with focus on Haiti and Malawi, the earthquake response in the Syrian Arab Republic and Türkiye, the Ukraine and neighboring country response, the Sudan crisis, the Israeli/occupied Palestinian territory escalation and in February 2024 on the protect pillar of the GPW 14.

Recognizing the important role that communications/advocacy plays in resource mobilization, CRM continues to work closely with the Department of Communications (DCO) to increase the visibility of donor contributions through the development of dedicated webpages (“Partners in Health” pages) and via various social media channels.

WHO also continued resource mobilization for the Contingency Fund for Emergencies (CFE) including through the WHO Foundation, which for the first time in 2023, became a donor to the CFE. Several initiatives were held including a dedicated donor meeting on the CFE, as well as a photo-exhibit aimed at raising awareness on the role of the CFE, and the impact delivered by WHO through the CFE. Efforts were also made to increase WCO reimbursement rates against CFE releases, as 2022 saw a significant dip in reimbursement, and in 2023 levels were stabilized around some 30% reimbursement – while efforts continue to raise awareness and follow up with WCOs on the importance of making every effort to reimburse CFE releases.

In 2023, WHO’s appeal was 62% funded with some US$ 1.58 billion available of which US$ 606 million was raised in 2023.

On 15 January 2024, WHO launched its Health Emergency Appeal 2024 for US$1.5 billion, to protect the health of the most vulnerable populations facing emergencies worldwide, the appeal reflects the growing health delivery needs globally and across all six WHO regions and is based on robust and rigorous planning with a focus on funding for greatest impact. As a result of the intersecting threats of conflict, climate-related threats and increasing economic hardship, almost 300 million people will need humanitarian assistance and protection in 2024, of which an estimated 166 million people will require health assistance. Through this year’s appeal, WHO will continue to provide critical support to 41 ongoing health crises around the world, including 15 Grade 3 emergencies which require the highest level of support. The appeal was launched by Dr Tedros Adhanom Ghebreyesus, Director-General, WHO and Dr Mike Ryan, Executive Director, WHE and strong remarks in endorsement of WHO’s role in responding to emergencies were also delivered by high level representatives from the German Federal foreign Office, the King Salman Humanitarian Aid and Relief Center (KSRelief) and Martin Griffiths, Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator among others. An internal toolkit to support RM efforts across the three levels has also been developed and SOPs for resource mobilization in emergencies. In March 2024, a Grade-3 emergencies resource mobilization network meeting was organized to ensure a more joined up approach to resource mobilization for emergencies across the Organization.

Efforts to mobilize resources for the CFE continued. In 2023, the CFE enabled WHO to respond to 22 emergencies impacting more than 30 countries and territories, including the global cholera response. CFE funding was used in six complex emergencies (US$ 42 million), seven natural disasters (US$ 22 million), and nine disease outbreaks (US$ 15 million). Nearly US$ 79 million was released from the CFE, while contributions amounted to US$ 34 million in 2023 from 13 Member States and, for the first time, private sector contributions from the WHO Foundation. Advocacy for the CFE is increased through publication of quarterly CFE updates, the CFE annual report and a dedicated CFE photo exhibition during the Executive Board in May 2023.

Supporting the 3-levels of the Organization in resource mobilization. Effective resource mobilization requires partnership skills at the highest level of WHO, especially at the country level, where the role of the WHO Representative (WR) is critical to the effective engagement of donors for strengthened partnership and resource mobilization. In this regard, CRM continued to support resource mobilization across the three levels of the Organization – examples include:

- continuous and targeted support to WHO’s work in graded emergencies through the organization of dedicated donor briefings including on the Ukraine response, Sudan, the Earthquake in Türkiye/the Syrian Arab Republic, the Israel/occupied Palestinian territory escalation and cholera. In these briefings careful consideration was given to ensure representation from country offices, as well as a balanced representation of gender among the speakers.
- organizing the participation of WHO in high-level events including pledging conferences e.g., occupied Palestinian territory, Sudan
- facilitating virtual ‘brown-bag lunches’, which target resource mobilization practitioners across WHO. They were held once a month on topics related to RM, with an attendance of an average 50-70 participants. Topics covered Included the CFE and RM at country level; climate change and healthy engagement with Foundations; the use of the Contributor Engagement Management (CEM) system, the Investment Round, donor visibility including field visits, donor reporting; the Health Emergency Appeal 2024 etc.

1 https://www.who.int/emergencies/funding/health-emergency-appeals/2024
- introduction of the CEM – a corporate system for the recording of donor related information and intelligence, which provides the three levels of the Organization with equal access to contribution/donor related information including donor profiles, contribution templates and much more.
- participative role in Incident Management Support Teams (IMSTs) – in 2023, the team were represented in the IMSTs for cholera, Sudan, occupied Palestinian territory, and diphtheria
- development of SOPs for resource mobilization in emergencies and a Grade-3 emergencies network meeting planned for March 2024 to ensure a more joined up approach to resource mobilization for emergencies
- deployment for surge support for resource mobilization, e.g., for the occupied Palestinian territory response in November/December 2023.

Dedicated resource mobilization officers remain in place in a number of graded emergencies including in the Democratic Republic of the Congo (DRC), Ethiopia, Nigeria, Somalia, South Sudan, Afghanistan, the occupied Palestinian territory, Ukraine crisis and Whole of Syrian Arab Republic and CRM is in regular contact with colleagues at regional and country level to support and when needed coordinate engagement with donors.

PB funding status by Outcome and Major Office

<table>
<thead>
<tr>
<th>Outcome</th>
<th>AF</th>
<th>AM</th>
<th>EM</th>
<th>EU</th>
<th>SE</th>
<th>WP</th>
<th>HQ</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 PRE</td>
<td>58%</td>
<td>41%</td>
<td>37%</td>
<td>69%</td>
<td>45%</td>
<td>41%</td>
<td>74%</td>
<td>55%</td>
</tr>
<tr>
<td>2.2 EPP</td>
<td>143%</td>
<td>29%</td>
<td>46%</td>
<td>68%</td>
<td>56%</td>
<td>20%</td>
<td>84%</td>
<td>88%</td>
</tr>
<tr>
<td>2.3 EDR</td>
<td>57%</td>
<td>32%</td>
<td>87%</td>
<td>51%</td>
<td>58%</td>
<td>38%</td>
<td>74%</td>
<td>65%</td>
</tr>
</tbody>
</table>

PB funding status by Outcome and Major Office - US$M

<table>
<thead>
<tr>
<th>SP2 WHE Base Approved Budget</th>
<th>SP13 EOA Allocated Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>USD 1.251M</td>
<td>USD 8.752M</td>
</tr>
<tr>
<td>Funded $839M 67%</td>
<td>Funded $5.792M 68%</td>
</tr>
<tr>
<td>Gap $411M 33%</td>
<td>Gap</td>
</tr>
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</table>

Financing of Base budget Strategic priorities by type of funds (provisional data as of 31 December 2023, % of their total funding)
## CFE SUMMARY 2022-23  US$'000

<table>
<thead>
<tr>
<th>Contributions received incl psc</th>
<th>114,542</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions received excl psc</td>
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<tr>
<td>Currently released</td>
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<td>Transferred into 2024-25</td>
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<td>Remaining balance</td>
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### Contributions received (incl psc)

<table>
<thead>
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<th>Contribution</th>
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<th>2023</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
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<td>164</td>
<td>164</td>
</tr>
<tr>
<td>Canada</td>
<td>1,446</td>
<td>734</td>
<td>2,179</td>
</tr>
<tr>
<td>China</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Estonia</td>
<td>32</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>France</td>
<td>703</td>
<td>703</td>
<td>703</td>
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<tr>
<td>Germany</td>
<td>20,396</td>
<td>23,219</td>
<td>43,615</td>
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<tr>
<td>Ireland</td>
<td>2,146</td>
<td>2,146</td>
<td>2,146</td>
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<tr>
<td>Kuwait</td>
<td>100</td>
<td>500</td>
<td>1,000</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1,176</td>
<td>1,176</td>
<td>1,176</td>
</tr>
<tr>
<td>New Zealand</td>
<td>917</td>
<td>946</td>
<td>1,863</td>
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<tr>
<td>Norway</td>
<td>4,650</td>
<td>4,676</td>
<td>9,326</td>
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<tr>
<td>Philippines</td>
<td>35</td>
<td>40</td>
<td>75</td>
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<tr>
<td>Portugal</td>
<td>28</td>
<td>107</td>
<td>135</td>
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<tr>
<td>Slovak Republic</td>
<td>109</td>
<td>109</td>
<td>109</td>
</tr>
<tr>
<td>Switzerland</td>
<td>101</td>
<td>97</td>
<td>198</td>
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<tr>
<td>United States of America</td>
<td>49,962</td>
<td>49,962</td>
<td>49,962</td>
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<tr>
<td>WHO Foundation</td>
<td>50</td>
<td>50</td>
<td>50</td>
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</table>

### CFE contributions and approved releases by year (excl psc)

### Top 10 Donors

#### Funds Distributed to SP 2 WHE

<table>
<thead>
<tr>
<th>Donor</th>
<th>WHE Thematic</th>
<th>Specified</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAVI Alliance</td>
<td>0.00</td>
<td>333.98</td>
<td></td>
</tr>
<tr>
<td>Bill &amp; Melinda Gates Foundation</td>
<td>0.00</td>
<td>301.27</td>
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</tr>
<tr>
<td>Miscellaneous</td>
<td>8.01</td>
<td>162.02</td>
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</tr>
<tr>
<td>POC Proxy Donor</td>
<td>0.00</td>
<td>151.77</td>
<td></td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention (CDC), United States of America</td>
<td>0.00</td>
<td>149.66</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>28.46</td>
<td>116.21</td>
<td></td>
</tr>
<tr>
<td>Directorate General for International Partnerships (MTTP), European Commission</td>
<td>0.00</td>
<td>136.67</td>
<td></td>
</tr>
<tr>
<td>United States Agency for International Development (USAID)</td>
<td>0.00</td>
<td>132.39</td>
<td></td>
</tr>
<tr>
<td>Real Estate Fund Proxy Donor</td>
<td>0.00</td>
<td>84.96</td>
<td></td>
</tr>
<tr>
<td>IT Fund Proxy Donor</td>
<td>0.00</td>
<td>81.69</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,650.75</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Top 10 Member State Donors

<table>
<thead>
<tr>
<th>Donor</th>
<th>WHE Thematic</th>
<th>Specified</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States of America</td>
<td>107.81</td>
<td>307.81</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>25.89</td>
<td>161.52</td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>0.00</td>
<td>79.81</td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>0.83</td>
<td>72.76</td>
<td></td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>0.00</td>
<td>46.23</td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>25.71</td>
<td>42.58</td>
<td></td>
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<tr>
<td>United Kingdom of Great Britain and Northern India</td>
<td>37.28</td>
<td>37.28</td>
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<tr>
<td>Japan</td>
<td>0.00</td>
<td>35.26</td>
<td></td>
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<tr>
<td>Russian Federation</td>
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<td>33.28</td>
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<tr>
<td>Saudi Arabia</td>
<td>23.42</td>
<td>30.14</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>845.75</strong></td>
<td></td>
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</table>

**Total # of donors:** 98
HR planning, recruitment and retention of talent

- WHE functional review and other corporate/regional exercises (e.g., Country Business Model)
- Systematic application of fast-track standard operating procedures (SOPs) and contract arrangements for rapid deployment
- Selection, recruitment, training and deployment of WHE key positions including WR, IM, and HCC
- Staff turnover and exit interviews
- WHE staff rotation in the context of WHO global mobility
- Provision of incentives to attract/retain high caliber staff in hardship duty stations

Please provide the progress and update since March 2023 to March 2024 to IOAC including:

- Outcomes of the functional review
- WHE organigram
- % of WHE staff appointments against HR plan across 3 levels
- Recruitment rate of WHE positions at the three levels
- Breakdown of staff by office, department, grade, contract type and gender
- Number of vacant positions
- WHE staff turnover rate
- Data on WHE exit interviews and reasons for leaving
- % of core posts filled in hardship duty stations including WR and IMs
- WHE ad hoc incentive scheme

WHE functional review

In October 2023, WHE has initiated a functional review of its set up at WHO Headquarters. The extensive exercise, led by two external experts, is expected to be completed by the end of May. So far, more than 50 interviews have been completed across the 3 levels in order to complete the current state functional assignment and identify opportunities for improvement. The WHE SMT met in a retreat in February 2024 to discuss the feedback from this exercise and identify options for improvement.

The overarching goal of the functional review exercise is to ensure optimized performance of the Health Emergencies Programme. It has been designed building on scenarios such as looking at the alignment of WHE’s work against GPW14/HEPR strategic frameworks, delivering “value for money”, identifying functional gaps and overlaps, supporting the operationalization of the GPW14 with countries and partners, delivering improved coherence across WHE with clarified roles and responsibilities, and establishing a “fit-for-purpose” organizational structure including developing cross-cutting/agile ways of working.

Top 10 Donors Funds Distributed to SP 13 OCR

<table>
<thead>
<tr>
<th>Rank</th>
<th>Donor Name</th>
<th>Amount (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Germany</td>
<td>385.52</td>
</tr>
<tr>
<td>2</td>
<td>United States Agency for International Development (USAID)</td>
<td>293.93</td>
</tr>
<tr>
<td>3</td>
<td>United States Department of State (USAOS)</td>
<td>254.20</td>
</tr>
<tr>
<td>4</td>
<td>UNICEF</td>
<td>199.43</td>
</tr>
<tr>
<td>5</td>
<td>Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), European Union</td>
<td>150.10</td>
</tr>
<tr>
<td>6</td>
<td>United Nations Central Emergency Response Fund (CERP)</td>
<td>139.44</td>
</tr>
<tr>
<td>7</td>
<td>Department of Foreign Affairs, Trade and Development (DIAT), Canada</td>
<td>114.73</td>
</tr>
<tr>
<td>8</td>
<td>International Development Association (IDQA)</td>
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</tr>
<tr>
<td>9</td>
<td>Directorate-General for International Partnerships (INTPA), European Commission</td>
<td>93.17</td>
</tr>
<tr>
<td>10</td>
<td>IC for Neighbourhood and Enlargement Negotiations (NEAR), European Commission</td>
<td>83.79</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1,821.76</td>
</tr>
</tbody>
</table>

Top 10 Member State Donors Funds Distributed to SP 13 OCR

<table>
<thead>
<tr>
<th>Rank</th>
<th>Donor Name</th>
<th>Amount (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>United States of America</td>
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</tr>
<tr>
<td>2</td>
<td>Germany</td>
<td>486.73</td>
</tr>
<tr>
<td>3</td>
<td>Canada</td>
<td>116.01</td>
</tr>
<tr>
<td>4</td>
<td>Hong Kong</td>
<td>81.24</td>
</tr>
<tr>
<td>5</td>
<td>Japan</td>
<td>63.87</td>
</tr>
<tr>
<td>6</td>
<td>France</td>
<td>53.22</td>
</tr>
<tr>
<td>7</td>
<td>Norway</td>
<td>51.71</td>
</tr>
<tr>
<td>8</td>
<td>Netherlands</td>
<td>49.82</td>
</tr>
<tr>
<td>9</td>
<td>UK</td>
<td>33.39</td>
</tr>
<tr>
<td>10</td>
<td>Kuwait</td>
<td>25.46</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1,487.86</td>
</tr>
</tbody>
</table>
WHE will present some options being considered to the Director-General for his feedback, in order to finalize the WHE HQ Organizational design. The current WHE organigram is attached in Annex 1.

**Country business model (CBM):** The percentage of overall occupied positions at the country level has changed from 37% in October 2017 to 66% in October 2023.

Following the Global Management Meeting of all senior leaders of the Organization in December 2023, the Global Policy Group agreed to accelerate actions to empower country offices. Core Predictable Core Presence (CPCP model) was introduced to strengthen the country office capacities, along with enhancing the emergency leadership and technical functions under the CBM model. The revised CBM staffing scenario is integral to the CPCP and has been aligned with priority country structures as envisaged in the CPCP. Next steps will include further consultations with the WHO Regional and Country Offices with the aim of enhancing the HR recruitment processes. As of October 2023, Leadership functions such as WHE lead, Health Cluster coordinators and Health Information management function were filled in most of the priority 1 countries². Functions most at risk were Infectious Hazard Management Country preparedness 55%, resource mobilization 64% and communications 50%.

**Incident Manager selection, recruitment and training:** WHE has a flagship Leadership training programme to identify and train staff with demonstrated or potential leadership abilities in order to perform key leadership roles under the Incident Management System (IMS).

The Leadership in Emergencies programme was launched in 2019 and moved into digitally supported live classes in 2020 to increase access for learners. Since its launch in 2019, 464 WHO and Ministry of Health staff have completed Phase 1 course and 233 have completed both Phase 1 and 2. The personnel attending the programme are senior and mid-management emergencies personnel, Incident Managers, Health Cluster Coordinators, WHE Team Leads, Incident Management Support Team (IMST) Pillar leads and in various other senior operational roles.

The programme consists of two phases: Phase 1 is an eight-week online course focused on developing leadership skills, while Phase 2 comprises four weeks of online classes followed by a workshop and training simulation exercises for nominated individuals. The proportion of women trained through the Leadership programme increased from 29% of participants in 2019 to 41% in 2023. The first fully French cohort was launched in 2022 and continued in 2023 with the Phase 2 workshop which the Regional Office for Africa held fully in French in Douala, Cameroon, in October 2023.

² Democratic Republic of the Congo, Ethiopia, Mali, South Sudan, Afghanistan, Somalia, Sudan, Syria, Yemen, Ukraine, and Haiti.
In 2024, a total of five online Phase 1 cohorts for more than 200 participants are planned (two English cohorts are currently ongoing, and three others are planned to include one in French) and five hybrid Phase 2 cohorts (upcoming one organized by the Regional Office for the Eastern Mediterranean in Istanbul in March 2024, with four others are being planned to include one in French).

The WHE Learning and Capacity Development team together with the Acute Event Management team is designing a curriculum to train up to 30 new Incident Managers in a dedicated programme and cohort. A curriculum for Incident Management System Training is being revised per the new ERF 2.1 and IMS training events are planned with Regions. Highly popular online learning courses for WHO IMS on OpenWHO is also being revised during 2024.

Emergency Experience of WHO Representatives:

<table>
<thead>
<tr>
<th>No of WR positions</th>
<th>Filled WR positions</th>
<th>0</th>
<th>1 to 3 years</th>
<th>4 to 6 years</th>
<th>7 to 9 years</th>
<th>More than 10 years</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>23</td>
<td>9%</td>
<td>22%</td>
<td>13%</td>
<td>22%</td>
<td>30%</td>
<td>4%</td>
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Incident Manager positions at the P4/P5 level stipulate at least 7 to 10 years of related experience in emergency management and operations, with proven experience in emergency response.

**Mobility:** WHO’s Global Geographical Mobility Policy was finalized based on the outcome of the mobility simulation exercise, as well as additional inputs from senior leadership, management and staff. It came into effect in June 2023. The first phase of implementation of the Policy was launched in 2023 and comprised a voluntary mobility round. Several information sessions were organized for all staff as well as a call for volunteers from the group of eligible staff members. Out of a total of 443 volunteers, 259 were eligible. The compendium for the voluntary mobility exercise comprised 205 positions at different levels of the Organization from P2 to D2 level. A total of 183 eligible applicants applied to the positions in the compendium. For this voluntary phase, special measures were applied that enabled volunteers to apply for up to five positions, of which a maximum of two could be at a higher grade provided that volunteers also applied to the same number of positions at their current grade.

**Human Resources:** The HR team supporting WHE and WSE are fully involved in both the regular ongoing HR work of WHE, as well as the management of graded events, such as Ukraine, the occupied Palestinian territory and Sudan across the three levels of the Organization, including deployment of personnel under graded emergencies to manage.

The use of emergency SOPs especially in HR can be improved. The HR structure except at headquarters and the Regional Office for Europe, does not provide for additional HR resources, which means that emergency response HR needs are handled in addition to on-going HR support. While the awareness of the e-SOPs is there, they are not routinely integrated as a fast-track option in the administrative workflow at Regional and Country Office, which prevents the use of e-SOPs.

There is still a need to regularize staff in the HR deployment team who have been on temporary contracts for nine years. Working mechanisms to expand the work of external partners of the Berlin Hub have been developed and are used to expand the collaborative work of WSE. WHE is also providing two dedicated fixed-term staff to the World Bank to serve the Technical Advisory Panel (TAP) in Washington DC.

Throughout the reporting period, the dedicated emergency HR team and the Office of the EXD/WHE continued to collaborate on WHE’s strategic objectives, coordinating, managing and monitoring HR support to WHE.

Key performance indicators for the centralized functions have been developed and a monitoring framework is in place. Each centralized function maintains tracking for the key centralized processes and are reported on a 6-monthly period.

WHE is also in the process of completing an in-depth review of the e-Manual content, working closely with WHO technical units to generate updated content that 1) streamlines
lessons learned from the pandemic response and other emergencies and 2) ensures alignment with the interim update of the ERF 2.1. The e-Manual format has been restructured to ensure that it is fit-for-purpose. New chapters include resource management and resource mobilization, finance in the field, procurement, and partnerships in emergencies.

<table>
<thead>
<tr>
<th>Emergency response (multi hazard, both acute and protracted crises)</th>
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<tbody>
<tr>
<td>• Potential health emergencies rapidly detected, and risks assessed</td>
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<tr>
<td>• Risk assessment and situation analysis, WHO grading, Incident Management System (IMS), response procedures, roles and responsibilities</td>
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<tr>
<td>• Rationalization/standardization of production and dissemination of situation reports and risk assessments for each event</td>
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<tr>
<td>• Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</td>
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<tr>
<td>• Essential health services and systems maintained in fragile, conflict and vulnerable settings, working jointly between WHO and HIS</td>
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<tr>
<td>• Support affected countries for risk communication and community engagement</td>
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<tr>
<td>• WHO response to the Natural disasters and climate change related emergencies</td>
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<tr>
<td>• WHO leadership in Humanitarian emergencies</td>
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<tr>
<td>• Engagement and support to the Global Health Cluster</td>
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<tr>
<td>• Health cluster coordination in priority countries</td>
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<tr>
<td>• Leadership role in outbreaks as per the Inter-Agency Standing Committee L3 protocol</td>
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<tr>
<td>• Expansion and strengthening of the Global Outbreak Alert and Response Network, Emergency Medical Teams, standby partnership, etc.</td>
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<tr>
<td>• Global health peace initiatives</td>
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</table>

Please provide the progress and update since March 2023 to March 2024 to IOAC including:

- Number of graded emergencies by grade, type, country, responsible offices
- Number of PHEIC, including key figures (cases, deaths)
- Setting up IMTs, surge capacity, deployment, scaling down process
- Performance against the ERF indicators
- Timeline of events between risk assessment, grading, assignment of Incident Manager, strategic response plan development and deployment for all graded events
- % events detected, completed risk assessment and key information publicly available
- % of target population with access to essential health services
- % of WHO priority countries with a dedicated full time HCC
- % appointments made through the Roster of HCC or IMs

In 2023, 377 events were reported in WHO’s event management system. All were either verified signals or events directly reported under the IHR (2005) by a Member States’ National Focal Point. All events recorded in WHO’s event management system were risk assessed. Additionally, 52 events in 26 countries, had a more detailed rapid risk assessment produced and disseminated in 2023, this included 15 rapid risk assessments for multi-country or global events. The risk at the national level was assessed as very high or high for 78% of those events (29 out of 37 done for single country events).

Most assessments were for events caused by dengue, cholera, measles, COVID-19, and diphtheria. Three global-level assessments for COVID-19 were conducted, as well as three global-level assessments for cholera, two global-level assessments for monkeypox, and one global-level assessment for dengue.

In 2023, WHO posted 87 event updates on the secure Event Information Site (EIS) for National IHR Focal Points, related to 47 country-specific public health events. The EIS platform is allowing WHO to share confidential timely information on acute public health events enabling Member States to prepare speedy response measures. The EIS bulletin includes epidemiological information on the event, a summary of WHO’s risk assessment and WHO advice to Member States. In 2023, most event updates concerned influenza due to identified avian or animal influenza virus (29), measles (seven), Marburg virus disease (six) and cholera (four). In addition, 44 announcements were published on the EIS for National IHR Focal Points, mainly on additional health measures in response to multi-country events, including COVID-19 (10), medical product alerts (eight), poliovirus (seven), mpox (six), dengue (four), and others.

To communicate to the public on acute public health events WHO used a variety of approaches, including the disease outbreak news (DON) reports which have been produced since 1996 and are posted on the WHO website. In 2023, 67 updates on new and ongoing public health events were published, related to 51 events that occurred in 39 countries, and seven events that involved multiple countries. Further in-depth epidemiological updates were provided through situation reports for COVID-19 (39 epidemiological updates), mpox (19 situation reports) and multi-country outbreak of cholera (nine situation reports). The Weekly Epidemiological Record (WER) has also continued to serve as an essential instrument to disseminate epidemiological information with 52 publications issued in 2023.

Graded emergencies: From 1 January to 31 December 2023, WHO responded to a total of 72 graded emergencies. Including 19 graded emergencies at the highest-level Grade 3 including both acute and protracted emergencies. This number also includes emergencies in Afghanistan, the Democratic Republic of the Congo, Ethiopia, Haiti, Somalia, Sudan, and Ukraine where United Nations Inter-Agency Standing Committee System-Wide Scale-Up protocols were activated. Given their scale, complexity and inherent operational challenges, all Grade 3 emergencies required the highest level of Organization-wide support.

Throughout the year, some acute and protracted grades of emergencies were either removed or downgraded/ upgraded. As of 31 December 2023, WHO was responding to a total of 41 graded emergencies: over half (23) were acute graded emergencies, of which eight were Grade 3 emergencies requiring the highest level of Organization-wide support. The remaining 18 graded emergencies were classified as ‘protracted’, seven of which were protracted Grade 3 emergencies.

Of the 72 acute and protracted graded emergencies, 23 emergencies received an initial grading during the reporting period, including six new acute Grade 3 emergencies: the earthquake in the Syrian Arab Republic and Turkey (reclassified from an acute Grade 3 emergency to a protracted Grade 2 emergency in September 2023); the escalation in humanitarian needs in Haiti; conflict in Sudan; the humanitarian crisis in the Democratic Republic of the Congo; escalation of hostilities in the occupied Palestinian territory and Israel (upgraded to Grade 3 on 17 October 2023), and multi-region outbreak of dengue.
The overarching trend during the reporting period was a steep increase in humanitarian health needs on a global scale, driven by overlapping and interacting aggravating factors, including accelerating climate change, increased conflict and insecurity, increasing food insecurity, weakened health systems in the wake of the COVID-19 pandemic, and new infectious disease outbreaks. These trends are reflected in the nature of the graded emergencies, of which all but six of the 19 Grade 3 emergencies of acute and protracted nature were primarily complex humanitarian crises precipitated by conflict, climate change or natural disaster.

**Application and adherence to the ERF procedures.**

Headquarters does not have access to the information required to determine how well WHO has done in the application of the ERF. The challenge we face is that this information needs to come from the WCO level. Unfortunately, country office colleagues are often faced with multiple high-pressured demands on their limited time. Their primary focus is initiating the operational emergency response at country level. This can result in limited time and capacity to ensure filing to the EMS 2.

**Multi-country cholera response**

The global cholera situation remains of grave concerns. So far, in 2024 (and as of 20 February 2024), 18 countries had reported cholera/acute water diarrhoea (AWD) cases. Since the beginning of 2023 and as of 20 February 2024, this totals 32 countries that have reported cholera/AWD cases. Besides, while figures cannot be compared directly, based on preliminary reporting from WHO Member States, the number of cases in 2023 (over 708,200) surpassed the number reported to WHO in 2022 (472,697). From 1 January to 15 February 2024, a total of 53,620 cases, including 959 deaths, have been reported.

Outbreaks continued to be marked by large number of cases, increased geographical spread and high mortality with a case fatality rate (CFR) that has surpassed the 1% threshold in several countries, and have been coupled with a critical global shortage of oral cholera vaccines (OCV). As of February 2024, the global OCV stockpile has been emptied. All newly produced doses are immediately shipped to address urgent needs in affected countries. Current approved requests are already exhausting all projected OCV production until mid-March 2024, leaving no buffer for unforeseen outbreaks or preventive campaigns.

As notified in the previous report (reporting period up to March 2023), the multi-country cholera outbreak global risk was assessed as very high in October 2022 and the event was graded an acute Grade 3 on 26 January 2023, with a global Incident Management Support Team (IMST) already established on 13 January 2023. Since then, and within the current reporting period, the risk was re-assessed, and grading was reviewed in May 2023 and subsequently in September 2023. At the time of the writing of this report, the global risk remains very high, and the grading remains an acute Grade 3. The next rapid risk assessment and review in grading is scheduled end of March 2024.

A Global Cholera Strategic Preparedness, Readiness and Response Plan (SPRRP) was published in May 2023 and is running until April 2024 – with a funding ask of US$ 160.4 million. Despite numerous appeals (global SPRRP, WHE appeal), the global cholera response remains significantly underfunded and has almost entirely relied on funds from the Contingency Funds for Emergencies (CFE) and repurposed Solidarity Funds. An additional allocation of US$ 5 million from the CFE has been released in June 2023, for global cholera response, and has been used to initiate cholera response in over 11 countries experiencing large-scale cholera outbreaks.

The global cholera IMST continues to work in close collaboration with several teams, including with all members from the global cholera programme leading areas of work within the global IMST. Continuous work includes the collection, cleaning and analyses of available cholera data. The global cholera IMST has developed and circulated internal weekly global data packs since February 2023, with almost 50 data packs produced to date. The weekly data packs include a weekly prioritization of countries, categorizing countries into acute crisis, active outbreak and preparedness/readiness, and supporting evidence-based prioritization of response. In addition, the global cholera IMST has produced and published monthly global situation reports since March 2023 – at time of writing. 11 situation reports have been produced and published.

As of to date, the global cholera IMST continues to work across the three levels of the Organization and with key partners to support cholera response in acute crisis and active outbreaks countries through technical assistance, deployments, procurement and delivery of supplies, sharing of tools and rapid allocation of CFE to initiate response. The global cholera response continues to leverage the Global Outbreak Alert and Response Network (GOARN), Emergency Medical Teams (EMT) and Standby Partnership (SBP) networks for critical partner coordination efforts, including deployment of experts to support response in country.

**COVID-19 updates:**

- Global technical leadership, sharing of timely access to critical lifesaving information and guidance for Governments and communities to support tailored national responses for COVID-19
- Development and publication of the SARS-CoV-2 Variant Risk Evaluation Framework.
WHO launched a revitalized version of its global COVID-19 dashboard, continuing to serve as the world’s authoritative source of information on the evolution and impact of the COVID-19 pandemic.

COVAX, a historic multilateral effort co-led by WHO and several partners from 2020 through 2023, pushed to place vaccine equity at the heart of the global response to the COVID-19 pandemic. At its closure on 31 December 2023, COVAX had delivered nearly 2 billion vaccines and safe injection devices to 146 economies – averting the deaths of an estimated 2.7 million people.

**Mpox updates:**

- A global emergency response to the mpox outbreak was convened in line with the provisions of the IHR (2005), and an IHR Emergency Committee for mpox was convened which met five times. In addition, a Public Health Emergency of International Concern (PHEIC) was declared and temporary recommendations to all States Parties were issued on four occasions.
- A global surveillance system was established for all Member States to report confirmed and probable cases.
- Following the provisions of the IHR (2005), after the declaration of the PHEIC was lifted, a review committee was convened, and the WHO Director-General issued standing recommendations on mpox to all States Parties which are valid until August 2024.
- A technical briefing on mpox was delivered to the 75th World Health Assembly just a few days after the global outbreak began.
- WHO Director-General Report to the 154th Executive Board on resolution on Smallpox Eradication WHA60.1 (2007) and provided an update on the status of the global mpox outbreak which reached 117 countries and an update on the status of the emerging clade I mpox outbreak in the Democratic Republic of the Congo.
- WHO Standing recommendations on mpox issued by the WHO Director-General in August 2023 will be presented to the 77th World Health Assembly through inclusion as an annex to the IHR report.
- Emergency response framework application for mpox assessed through external audit in January 2024.

**Dengue updates:**

- As dengue outbreaks are on the rise globally, including in non-endemic countries where a significant part of the global population is immunologically naïve to the current virus circulating, WHO supported countries to awareness of dengue warning signs. Risk categorization exercise for Dengue have been completed in 3 of the 6 WHO regions.
- Surveillance efforts are ongoing, with a focus on standing up long-term surveillance for dengue globally. Once in place, the dengue surveillance system is intended to be in place indefinitely, addressing the growing global burden of dengue.
- Advanced /ongoing work on the development of clinical management guideline for dengue and arboviruses (building on the Regional Office of the Americas’ previous work) and on adapting clinical surveillance tools with the global clinical platform, addressing multiple occurrences of dengue.
- Online WHO learning publication on dengue [https://openwho.org/courses/dengue](https://openwho.org/courses/dengue) - introduction with readiness for translations and adaptations for country and outbreak contexts.

**Viral haemorrhagic fevers (VHF) updates:**

In 2023, the WHO coordinated heath operations and technical expertise of the following events:

- Grade 3: Marburg virus disease outbreak, Equatorial Guinea (February – June 2023 with a total of 40 cases including 17 confirmed and 20 probable).
- Grade 2: Marburg virus disease outbreak in the United Republic of Tanzania (March – June 2023 with a total of nine cases including eight confirmed and one probable).
- Grade 2: CCHF in Iraq (peak in April–September 2023 with a total of 587 confirmed cases including 83 deaths).

For all these events, WHO provided technical and operational support to national health authorities, in coordination with various partners. Support included strengthening response capacities including surveillance, laboratory, clinical care, infection prevention and control activities, one health activities (when relevant), community engagement and risk communication, safe and dignified burials (when relevant), care for survivors and access to licensed therapeutics and vaccines (when applicable).

For all other events and alerts, timely technical support to risk assessment and technical advice was provided to affected countries and regions.

**Ukraine support**

- HQ, EURO and WRO Ukraine supported biological and chemical deliberate event readiness in the country by assessing front-line hospitals, training health workers and procuring decontamination facilities, PPEs and countermeasures.
Palestine-Israel conflict

- Chemical and biological attack readiness trainings and provision of factsheets on white phosphorus use including guidance on case management and staff protection (HQ-EMRO/EURO joint approach).

Infection prevention and control (IPC) & Water, sanitation, and hygiene (WASH):

  i) In-country support:
The IPC & WASH team has supported multiple emergencies/IMSTs, including those for i) outbreaks; mpox, COVID-19, cholera, diphtheria, dengue ii) humanitarian crises; oPt, Sudan, Yemen, Ethiopia iii) natural disasters; Türkiye earthquake

IPC/WASH experts were deployed to support Member States responses to emergencies in Equatorial Guinea (Marburg disease), Zambia (cholera) and occupied Palestine territory (oPt). Support included providing IPC & WASH strategic direction and technical guidance, mobilizing resources, scaling-up IPC measures, undertaking rapid healthcare assessments, providing training, and developing guidance as required. Through IPC & WASH audits, trainings, and technical discussions, HQ experts are committed to maintaining safe health service operations and mitigating the risks of infectious disease transmission during health service delivery.

- In Equatorial Guinea, WHO HQ staff was deployed to oversee the rapid implementation of IPC and operational support in response to the Marburg virus outbreak. Key achievements of the deployment included:
  - Facilitated development of national IPC Marburg response strategy
  - The training of 571 health and care workers, including those undertaking safe and dignified burials
  - Establishing and undertaking electronic rapid assessment of IPC measures in over 50 health-care facilities followed by supportive supervision
  - Assisted with 12 safe and dignified burials.

- In Zamb, WHO staff have been deployed to scale up IPC capabilities during a cholera outbreak. Staff have strengthened IPC practices in Cholera Treatment Centers (CTCs), trained 298 communities volunteers in Lusaka; including completed several audits. Furthermore, IPC training was completed for 97 health and care workers in Chilanga.

- In oPt, WHO IPC & WASH team coordinated the development of a technical note to respond to the immediate needs of WASH and IPC needs in Gaza and providing alternate options when standards cannot be adhered considering the contextual challenges in Gaza. WHO. The team has developed and established partnerships with Geneva Water hub to support the study on projections of water borne diseases in Gaza. WASH FIT and IPC Rapid Assessment Tool (RAT) tools were adapted to the context to assess the WASH and IPC measures in health care facilities. To provide strategic guidance, WASH technical office is being deployed to support the operations in Gaza-Palestine from regional office.

  ii) Collaborations/Partnerships:
The IPC & WASH team has continued to solidify partnerships to help support readiness and response efforts:

- Created the IPC Public Health Emergencies (PHE) working group to address the emerging issues related to IPC and WASH in emergencies.
- Ongoing collaborations/partnerships between WHE and UNICEF and the United Kingdom Rapid Response Support Team (arm of UK PHA), resulting in collaboration on technical and operational areas of IPC and WASH.
- To ensure the effective integration of WASH measures into Strategic Preparedness and Response Plans for emerging outbreaks, a WASH network for public health emergencies has been established. This network comprises experts from humanitarian organisations, external support agencies, and academia. Their role is to contribute to the development of WASH interventions during public health emergencies. The group has identified several thematic areas for discussion and guidance provision, drawing from WHO and UNICEF expertise. These include the role of WASH in vector-borne diseases, wastewater surveillance in outbreak response and emergencies for key pathogens, WASH considerations in protracted crises, and addressing challenging WASH situations, such as the ongoing crisis in Gaza. These topics were discussed and consulted upon with global experts.

  iii) Norms and standards in response to PHES:

- In response to emergencies the following evidence-based guidelines, technical notes, and operational guides have been published:
  - The WHO IPC guideline for Ebola and Marburg disease which contains the Organisation's most up to date recommendations for IPC measures to be implemented in all health facilities when caring for people with, or managing outbreaks of, Ebola or Marburg disease. A summary of this guideline was then published in the BMJ.
  - In response to the diphtheria outbreak, the IPC &WASH team published an operational guide on diphtheria in health care settings, addressing important IPC and WASH
measures that should be implemented during a diphtheria outbreak and primarily addresses respiratory *Corynebacterium diphtheriae* (C. diphtheria). Which also includes a summary one pager for quick reference guide for health and care workers and IPC/WASH focal points.

- **In response to the dire circumstance in the Gaza strip, the IPC&WASH team has developed a technical note offering vital guidance for implementing core IPC and WASH measures in healthcare and shelter settings.** Emphasizing access to safe water, sanitation, hand hygiene, IPC supplies, and proper personal protective equipment selection is crucial in mitigating infectious disease spread, alongside adherence to cleaning and disinfection protocols amidst overcrowdings.

- **In response to the multi-country outbreak of mpox - a) updating the interim rapid response guidance for Clinical management and IPC and b) conducting experimental research on inactivation of monkeypox virus on surfaces and laundry**

- **The technical note was drafted to provide recommendations on key WASH actions to control the mosquito borne diseases targeting the aquatic phase of the mosquitoes.** An expert review meeting was convened, bringing together 51 experts and professionals from WHO, UNICEF, IFRC, MSF, the Global Fund, CDC, SIDA, LSHTM, health clusters, and The Mentor Initiative. This hybrid meeting focused on discussing the role of WASH in managing vector-borne diseases and reducing mortality, culminating in a "Call to Action".

### Clinical Management

WHE maintains a network of over 300 clinicians and experts to support WHO and member states in development of guidelines and operational guidance, training packages and deployment for outbreak response through the Emerging diseases and clinical research network (EDCARN). This network provides clinical and health operations expertise to most recent outbreak of filovirus including implementation of MEURI protocols (Marburg Virus in Equatorial Guinea 2023, Sudan Virus outbreak in Uganda 20229) and other outbreaks such as cholera (Malawi 2023, Zambia 2024); and conducted readiness filovirus clinical training in Zambia and Tanzania in 2023.

### Emergency Medical Teams

The EMT 2030, Emergency Medical Teams (EMT) 2030 strategy, has identified 11 global targets for a stronger health emergency workforce in which progress can be monitored and reported on a regular basis. The strategy embodies a necessary global paradigm shift in approach to health emergencies from primarily reactive responses to also proactive strategies centered on building local capacities and resilience within all health systems. The effectiveness of the EMT tools and methodologies is in its standardized approach applied in different emergencies during the reporting period: 19 health emergencies in 18 countries were responded to by international and/or national EMTs applying the EMT minimum standards and core principles established by WHO and partners.

While allowing for necessary adaptations to local contexts, the adoption of globally agreed standards confers predictability and reliability both of and between surge capacities. The ability to draw on the EMT network will include the development of capacities at country level including through a dedicated quality-assurance process and national validation system. This progress can be monitored through JEE reporting. To date, 40 EMTs have been globally classified while 115 from 57 countries are in the process to demonstrate compliance with agreed international standards, while 64 countries now have established EMT capacities (with another 31 in progress).

### WHO Collective Service

The Collective Service, a collaboration with UNICEF and the International Federation of Red Cross and Red Crescent Societies to boost community engagement, provides tools to support specific responses, a help desk, surge support, and data for action, while leveraging support from the Global Outbreak Alert and Response Network and key stakeholders. In 2023, WHO was responsible for chairing the collective service steering committee responsible for guiding joint decision making and action of the novel partnership.

### Global Health Cluster (GHC)

**Impact of operational support provided by Health Cluster Partners**

During 2023 (January to December) the target population for humanitarian health assistance provided by the Health Cluster was 107 million people; by year end, the total number of people reached was 67.7 million (63.2% of target). Inhibiting factors include restricted humanitarian access and insecurity; insufficient funding for HRPS, limited funding for local partners who may have population access but limited capacity; and under reporting by some country health clusters.

The Global Health Cluster also tracked the collective achievement of all country health clusters against a selected set of common core indicators.
2023 global achievements included:

- 67,713,865 of people reached
- 87,109,073 of primary health care/ OPD consultations
- 2,017,683 of trauma consultations
- 10,976 of mobile clinics (total number of mobile clinics active during the reporting period as reported by 13 clusters)
- 7,553,544 of maternal health consultations (comprised of 5,553,236 antenatal care consultations; 1,817,734 normal deliveries; 182,574 C-section deliveries).
- 2,666,686 of mental health and psychological support related consultations
- 451,225 of disability related consultations
- 22,525,220 of vaccinations (various antigens)

Since the last report, four new partners were approved by the GHC Strategic Advisory Group (SAG): International Planned Parenthood Foundation (IPPF), PathFinder International and the Geneva Centre for Humanitarian Studies (GCHS) were all assigned full member status. Jhpieg was assigned observer status. IPPF and Pathfinder bring extensive experience in sexual and reproductive health to the GHC SRH Task Team; whilst the GCHS and Jhpieg strengthen research and evaluation capabilities. During the application review process the GHC SAG raised several questions regarding the current GHC membership criteria and suggested it should be reconsidered to ensure GHC membership appropriately reflects operational and strategic needs. The SAG recommended a governance review should be included in the proposed external evaluation of the Health Cluster planned for 2024 (funding dependent).

During this reporting period, the GHC completed four studies multi-country focused on COVID19 in humanitarian settings – including coordination, multisectoral collaboration, vaccination and an impact analysis. This BHA funded work captured lessons learned to inform preparedness and response actions for future disease outbreaks including pandemics. The GHC has actively shared the findings and recommendations with external partners and within WHO, with a particular emphasis on integrating humanitarian requirements within the many internal WHO initiatives promoting new guidance and good practice, especially related to preparedness and readiness actions. Three study reports can be found via the following links below, with impact analysis to be published soon:


In response to other epidemics, new humanitarian crises and Inter-Agency Standing Committee (IASC) scale-ups, the Global Health Cluster participated in the partnership coordination pillar of nine WHO Incident Management Teams during this reporting period including Global Cholera, Ethiopia, Haiti, Greater Horn of Africa Drought and Food Insecurity, Libya Complex Emergency, occupied Palestinian territory, Sudan and Ukraine. In total, nine country support missions were undertaken by the GHC team including Haiti - HCC surge deployment; Malawi - HSC surge deployment for cholera; Sudan - two HCC surge deployments; occupied Palestinian territory/ the Gaza Strip – SNHCC surge deployment; Ukraine – three level mission; Yemen – Emergency Directors Group mission. Prolonged remote coordination and information management support was also provided to the occupied Palestinian territory /West Bank and Myanmar. At the request of WCOs, support missions to Chad and Poland were also undertaken in February 2024 to support reviews of cluster performance and partner coordination respectively.

During all support missions, meetings were held with cluster partners to gain their insights on the cluster response, overall performance and evolving needs. An increasing emphasis is placed on the engagement of local and national actors who constitute the largest proportion of cluster partners in all settings yet are insufficiently represented in cluster coordination roles and decision-making entities such as strategic and technical working groups. During this reporting period, the GHC agreed with BHA to repurpose funding to accelerate the development and implementation of a GHC Localization Strategy to complement WHO’s strategic intent. A Global Health Cluster Steering Group on Localization has been created and whose membership includes four national NGOs from Ethiopia, Mali, South Sudan and Yemen and two localization consultants have been hired to help develop the strategy and its roll-out at country level in collaboration with local partners.

Throughout this reporting period, the GHC has strengthened work on accountability to affected populations by securing a global AAP Advisor (via NORCAP) who reviewed the status of AAP across all country health clusters, updated global guidance in alignment with IASC policy and provided direct support to country health clusters through support missions and securing country-based AAP advisors.

Health cluster partners also directly contribute to the IASC mandatory annual Cluster Coordination Performance Monitoring (CCPM) exercise, through which they can assess to what extent their country cluster performed against the six and one core cluster functions. Survey results are reviewed during a partners’ workshop and a joint action plan agreed to course correct where needed. The 2023 CCPM exercise was initiated in October 2023 and will conclude by end Q1 2024 (as per agreed United Nations Office for the Coordination of Humanitarian Affairs (OCHA) cycle). At the time of reporting, 28 (90%) clusters have initiated the exercise.
Cluster Staffing

As of December 2023, 26 out of 31 (84%) health clusters had a dedicated Health Cluster Coordinators (HCCs) at the national level – reflecting no change compared to Dec 2022. This does not meet the PB target indicator of 100%. All priority countries have a dedicated HCC. The remaining clusters had double holding HCCs including Burundi, Cox’s Bazaar (Bangladesh), Honduras and Mozambique. The relative stability in number of filled, dedicated HCCs positions during this reporting period is encouraging and it is hoped that the inclusion of the HCC position in the CPCP for category E countries will advance recruitment to achieve PB targets. It is worth noting that HCC turnover during this reporting period occurred in eight health clusters (Afghanistan, Cox’s Bazaar (Bangladesh), Chad, Haiti, Mozambique, the Pacific, North-east Syrian Arab Republic and Venezuela (Bolivarian Republic of)).

As of December 2023, 23 out of 31 (74%) health clusters had a dedicated Information Management Officer, a slight increase from the previous reporting period (70%). The over reliance on Standby Partner (SBP) deployments to fill IMO positions had continued, but increasingly challenged as the main supplier (IMMAP) has reduced their support due to a shift in their organizational strategy. This reduction has stimulated increased deployments from other SBPs and encouraged WCOs to identify funding to directly hire consultants or short-term staff. In January 2023, IMMAP announced they will no longer supply global IMO capacity to the GHC and will further reduce SBP support to country health clusters due to donor budget cuts. As a result, as of 30 April 2024, the GHC will lose its entire IMO capacity at global level (four dedicated IMOs) leaving a major gap in this core function and risk to WHO reputation as CLA. GHC Coordinator and Director HEI are seeking alternative resources to mitigate this risk.

Health Cluster Coordination (HCC) roster:

From the GHC perspective, the WHE HCC Roster is not a reliable source from which to recruit HCCs due to unclear strategy and poor response to requests. In March 2023, at the request of the HR Roster team the GHC reviewed and validated the interview questions for the planned interview of 41 candidates who passed the initial screening for the External Emergency Roster HCC shortlist. There has been no further feedback from the Roster team and the overall status and capacity of the roster remains unclear due to lack of visibility. From GHC experience, the most effective way to identify HCCs has been through use of WHO Standby Partners which has been highly responsive to requests and supported 23 deployments to 12 country health clusters during 2023. The GHC actively encourages participants in Health Cluster Coordination trainings to join the Standby Partnership (SBP) rosters. It is unclear how people can apply to join the WHE roster. In addition, during this reporting period the GHC participated in four HCC selection panels convened by regional offices; two of these processes were put on hold when the first mobility compendium was issued.

The GHC continued to support capacity strengthening for cluster coordination through the delivery of training packages including in collaboration with Ros, WCOs and partners. Capacity strengthening continues to be the most underfunded activity in the GHC workplan which restricts the scope of support offered.

That said, through co-funding arrangements the GHC supported delivery of the following:

- **In the South-East Asia Region**: Nepal, August 2023. 24 participants completing the HCC Simulation Exercises (SimEx) training. Supported by (six facilitators who also completing Training of Trainers (ToT) on HCC facilitation.
- **Globally**: Kremmen, Germany, October 2023. HCC SimEx Training: Focus on women in coordination leadership roles. 20 female participants from WHO headquarters and across all six WHO regions along with seven NGO partners, supported by six female facilitators who also completed ToT on HCC facilitation. Co-funded by WHO and the German Center for International Peace Operations (ZIF).
- **In the African Region**: Bi-lingual (English/ French) HCC SimEx training. Mombasa Kenya, November 2023. 27 HCC participants attended the training, there were 17 male and 10 female participants. Supported by four facilitators three female, one male, who also completed ToT on HCC facilitation.
- **Haiti**: HCC induction workshop, June, with 18 Health Cluster Partners.
- **In the Eastern Mediterranean Region**: The GHC supported the EMRO Joint WHE – UHS Team Leads and Health Cluster Coordinators Retreat 9-13 July and Yemen Health Cluster Coordination workshop focus on sub national health cluster coordinators: strengthening leadership and AAP 18-23 February 2024.

In addition, the GHC delivered the annual Health Cluster Forum in Istanbul from 18-23 June which is an excellent opportunity to update Health Cluster Coordinators on policy and good practice and to advance shared learning from different cluster contexts. [https://healthcluster.who.int/newsroom/events/item/2023/06/20/default-calendar/health-cluster-forum-20-22-june-2023](https://healthcluster.who.int/newsroom/events/item/2023/06/20/default-calendar/health-cluster-forum-20-22-june-2023)

Health Resources and Services Availability Monitoring System (HeRAMS) progress updates:
This past year has been marked by significant achievements, including the development of HeRAMS-based geospatial models of accessibility to offer decision-makers a systematic and efficient way to identify, characterize and target underserved communities. HeRAMS access models have already been implemented in six countries supporting the planning of activities targeting zero dose children, the identification of people in need of access to essential services or health service rationalization.

Six new HeRAMS projects were initiated bringing the total number of countries supported technically and/or financially to 27.

Other key landmarks of 2023 include:
- over 100,000 updates submitted through HeRAMS, which demonstrates HeRAMS ability to efficiently track health systems operationality trends, even in the most challenging environments as well as
- the implementation of HeRAMS new API, which ensures its full compatibility with other Health Information Systems components and makes it a comprehensive and efficient Master Facility List service for countries.

Leveraging partnerships and networks and building rapid scalable response capacities:

The Global Outbreak Alert and Response Network (GOARN) Steering Committee (SCOM) met twice in this reporting period, in May 2023 and in December 2023. SCOM meetings serve as a forum to review operations, activities in GOARN areas of work and projects, and to provide further guidance for workplan of activities.

On the side of the May SCOM meeting, the GOARN Operational Support Team organized a workshop for the implementation of the GOARN 2022-26 strategy.

In addition to GOARN Steering Committee members, a small group of representatives from GOARN partner institutions were invited to participate in this workshop and had informed discussions on activities related to the strategy implementation.

In follow-up to this Strategy implementation workshop, GOARN developed:
(i) a GOARN National Outbreak Response Handbook including detailed resource compendium,
(ii) a Strategic grouping concept, and
(iii) a Strategy implementation plan.

All three documents are now in process of technical editing and at the stage of finalization.

In December 2023, an inaugural GOARN Outbreak Response Leadership was conducted in Berlin, in collaboration with the Robert Koch Institute. This flagship course strengthens individual and collective emergency response leadership skills and enhance participants’ capacities to become influential and trusted leaders during public health emergencies. 24 public health expert responders from a multidisciplinary array of GOARN partner institutions participated and were supported by a faculty of public health and leadership experts.

In 2023, WHO and partners launched the Global Health Emergency Corps (GHEC) as a strengthened approach to collaboration across countries and existing health emergency networks aimed at stopping the next pandemic and strengthening emergency response at all levels. The vision of the Global Health Emergency Corps is a well-coordinated health emergency workforce centered in countries.

Conceptually, the GHEC provides a framework for strengthening the health emergency workforce focusing on (i) the emergency preparedness and response workforce, (ii) the surge capacities as well as (iii) health emergency leadership, whilst recognizing that this is part of the overall public health workforce.

Operationally, the GHEC is shaping up to provide a collaboration and coordination platform regionally and globally between countries, health emergency networks and institutions (i) to collectively address the gaps exposed by the COVID-19 pandemic and identify best practices in strengthening health emergency workforce, surge capacities and connected health emergency leadership, and (ii) to prevent, prepare for, detect, and rapidly contain new health threats through robust, early, and highly coordinated and interoperable response at national, regional, and/or global levels, particularly in potential public health emergencies of international concern.

Standby Partnership (SBP): In 2023, Standby Partners played a crucial role in bolstering the World Health Organization’s response to 13 graded emergencies by deploying 43 surge personnel for a cumulative duration of 225 months across 19 WHO offices. Among these deployments, 53% provided support to the Health Cluster/Sector in 12 countries.
and the Global Health Cluster. Notably, nearly 70% of the personnel were deployed to address six Grade 3 emergencies, including responses to multi-Regions Cholera, the conflict in Israel and the occupied Palestinian territory, the Haiti emergency, the Democratic Republic of the Congo humanitarian emergency, the Sudan emergency, and the drought and food insecurity in the Greater Horn of Africa.

Additionally, Standby Partner personnel aided WHO's response to four Grade 2 emergencies, such as the Armenia refugee response and the Ukraine refugee crisis, along with protracted emergencies in Mozambique, the Central African Republic, and Yemen.

The most common profiles deployed through Standby Partners were experts in information management, health cluster coordination, prevention of sexual exploitation and abuse (PSEA), mental health and psychosocial support (MHPSS), infection prevention and control (IPC), logistics, risk communication and community engagement (RCCE), water, sanitation and hygiene (WASH), or nutrition among others.

Key deploying partners included NORCAP (17 deployments), CANADEM (nine), Dutch SURGE Support (four), IMMAP (four), MSB (three), RedR Australia (three), ZIF (two), and UK-Med (one). Notably, the Global Health Cluster, with funding from the German Federal Foreign Office and support from ZIF, organized its second edition of the all-women training focusing on Health Cluster coordination and leadership in Berlin, Germany, in September 2023.

Among the largest contributing donors in 2023 for the SBP mechanism are the Norway Ministry of Foreign Affairs (MFA), the United Kingdom Foreign, Commonwealth and Development Office (UK FCDO), the Dutch Ministry of Foreign Affairs, the United States of America Agency for International Development (USAID) Bureau for Humanitarian Affairs, the Swedish International Development Cooperation Agency (SIDA), the German Federal Foreign Office, and the Australian Government Department of Foreign Affairs and Trade (DFAT). The estimated in-kind support is valued at over USD 3 million.

Regarding partnerships, significant efforts were directed in 2023 towards renewing six expiring Standby Partner agreements with CANADEM, the Danish Emergency Management Agency (DEMA), IMMAP, the Netherlands Enterprise Agency (RVO), NORCAP, and UK-Med. In addition, following the positive completion of the due diligence and risk assessment conducted by the Ethics department (under FENSA) for four non-state actors, all six agreements have been successfully re-signed for a period of 5 years until 2028.

In response to the conflict in Israel and the occupied Palestinian territory, WHO and the Swedish Civil Contingencies Agency (MSB) signed a one-off Letter of Agreement for the deployment of gratis personnel, with three SBP personnel deployed so far for 12 months under this agreement. Negotiations for a multi-year SBP agreement continued in 2023 with MSB as well as with the Swiss Agency for Development and Cooperation (SDC), with finalization expected in 2024.

WHO continues to actively participate in the SBD Network and the International Humanitarian Partnership coordination meetings and other working groups.

WHO is thankful for the continuous invaluable support received from the SBP and all contributing donors throughout 2023 in swiftly and effectively deploying surge personnel serving at scaling up WHO’s response to public health emergencies worldwide.

Global Health and Peace Initiative (GHPI)

The Roadmap for the Global Health and Peace Initiative (GHPI) has been developed in response to decision WHA75(24) of the 75th World Health Assembly (2022), which requested that WHO develops, in full consultation with Member States and Observers, and in full collaboration with other organizations of the United Nations system and relevant non-State actors in official relations with WHO, a Roadmap for the Initiative. As part of the ongoing consultation process, the living Roadmap for GHPI has been revised several times, with in May 2023, Its Current and Past Drafts being published.

Following decision WHA 76 (12), progress was reported by the Director-General to the Executive Board in January 2024, and will be further reported to the Member States at the upcoming World Health Assembly in May 2024.

Learning and Capacity Development

LEARNING PROGRAMS FOR WHO STAFF

The WHE Learning and Capacity Development team has provided Leadership in Emergencies training to WHO and Ministries of Health staff between April 2023 and March 2024 and was nominated for the People Development Award at the 2024 Learning Development Institute awards.

During the reporting period, the Leadership in Emergencies programme:
- Trained 349 participants (Phase 1 and Phase 2), bringing the total to 542 total participants since 2019
- A total of 200 learners have signed to the Leadership learning pathway in 2024
- 39% of participants over this period were women (a steady increase from 29% in 2019)
The leadership community of practice grew from 205 members to 261.

Expanded the training to an additional 21 countries bringing the total number of countries covered to 102 countries.

The countries include 10 priority 1 countries and 15 priority 2 countries.

Ran five Phase 1 courses (four English, one French) and five hybrid Phase 2 courses, with the first French course hosted in Cameroon by the Regional Office for Africa.

22 leaders received 150 coaching hours.

Additionally, the Incident Manager and Emergency Operations Centre (ECC) Emergency Management Officer training was developed. In 2023, a total of 39 participants completed project management training delivered in collaboration with the WHO Project Management Centre of Excellence, EMRO and EURO.

Three Health Cluster Coordinator face-to-face training exercises were also supported.

LEARNING THROUGH THE MASSIVE OPEN ONLINE PLATFORM FOR HEALTH EMERGENCIES

Recognized with a gold award as the Learning Platform of the year 2023, OpenWHO.org continued its expansion to meet the following achievements as of February 2024:

- 255 different course topics
- 49 courses related to COVID-19
- 72 languages, including 20 most-spoken languages worldwide
- 8 million enrolments
- 4.4 million certificates awarded
- 17.7 million words translated
- Courses relevant to 47 disease outbreaks in 2023, including a course on Marburg Virus Disease outbreaks
- 33 courses available in Ukrainian, a prioritized emergency response production in collaboration with the WHO country office of Ukraine

LEARNING SUPPORT

- direct learning and facilitation support to a range of teams across WHE. In 2023, facilitation of 9 events, including three Training of Trainers courses for the Global Health Cluster facilitation team and the Epidemic Intelligence from Open Sources (EIOS) team, three training exercises for the Global Health Cluster, the EURO WHE team retreat in Denmark, EURO project management training and EMRO’s delivery of humanitarian response training in Jordan. Use of the Calian training case study and exercise platform for three Global Health Cluster training exercises in 2023. Approximately 500 participants and facilitators have utilized Calian since 2021.

- production of a Guidance on just-in-time learning in health emergencies. One of the biennium’s technical products, a thorough development process has been applied, including with two External Expert Group meetings, internal and external consultations, 1 scoping review and 3 systematic reviews yielding more than 1,200 included research out of 3,000 hits.

- revision of the WHE Learning Strategy (2018 to set the direction for the future of WHE capacitation activities relevant to WHE staff.
  - production of the HEPR learning landscape mapping in early 2023 with 300 learning instances mapped.
  - designation of the ECHO Institute at the University of New Mexico as a WHO Collaborating Centre for Digital Learning in Health Emergencies with dozens of activities across the three levels of the Organization with major input to the Regional Office for Africa work program on emergencies.

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<tr>
<th>Pandemic prevention and preparedness, country readiness, IHR</th>
<th>Please provide the progress and update since March 2023 to March 2024 to IOAC including:</th>
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<tr>
<td>• All-hazards emergency preparedness including IHR core capacities assessed and reported in fragile states</td>
<td>• Progress with JEE, UHPR and NAP and their relations</td>
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<td>• Joint External Evaluations (JEEs)</td>
<td>• Impact of WHO work on IHR core capacity building in countries</td>
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<td>• Universal Health and Preparedness review (UHPR)</td>
<td>• % countries funded for implementation of the NAP</td>
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<td>• National Action Plans (NAPs)</td>
<td>• % of WHO country offices with a minimum package of operational readiness in place</td>
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<td>• Minimum core capacities for</td>
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<td>• Progress report on the GPW13</td>
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<td>• Review of programme budget</td>
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emergency preparedness and disaster risk management established in all countries
- Countries and WCOs operationally ready to manage identified risks and vulnerabilities
- Lessons learnt applied to build national capacities following major events
- Research agendas, predictive models and innovative tools, products and interventions available for infectious hazards
- Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale
- Risk of the emergence/re-emergence of high-threat infectious pathogens mitigated and reduced

- WHO Platforms/ networks for pandemic prevention and preparedness (Bio Hub, lab networks, McM platform, GIP)
- Linking the existing platforms with the ongoing pandemic treaty discussions
- WHO secretariat’s support for IHR amendments
- Progress with R&D blueprint

During the reporting period, WHE has been working closely with Member States to assess capacity gaps and foster the development and implementation of national action plans (NAPs) to strengthen country capacities for managing the range of risks they face in relation to health emergencies. WHE has been working across WHO programmes to ensure this work is integrated within an overall approach to health systems strengthening, that best practices are shared and applied, and that community engagement is a component of all national capacity strengthening plans.

The States Parties Annual Reporting (SPAR), and other assessments of IHR (2005) capacities including Joint External Evaluations (JEE), Simulation Exercises (SimEx) and After-action Reviews (AAR) are the main components of the IHR Monitoring and Evaluation Framework (IHR MEF). These assessment tools are used as measurement criteria within WHO’s Thirteenth General Programme of Work (GPW 13) and are annually reported to the WHA. The SimEx and AARS are invaluable components of the IHR MEF as they are utilized to stress test and assess preparedness and response mechanisms, systems and the functionality of national IHR (2005) capabilities through a simulated or real event.

As of 16 February 2024, 74 countries have reported using the States Parties Annual Reporting (SPAR), 177 Country COVID-19 Intra-Action Reviews (IARs) have been implemented by 89 countries and territories, 117 countries have completed a Joint External Evaluation. Thailand became the first country in 2022 to do a second round of the JEE and use the updated JEE 3.0 version of the tool and test the JEE IT platform. 260 Simulation exercises have been implemented (including country level, regional and global exercises) and 102 After Action Reviews (AAR) have been conducted. 56 IHR-PVS National Bridging Workshops have been organized in Member States to encourage the contribution of the veterinary sector in the implementation of the IHR (2005) and define One Health roadmaps for improved coordination at the human-animal interface.

For the 2022 annual reporting period, 186 (95%) State Parties of all Regions reported to the IHR (2005) States Parties Annual Reporting (SPAR). The SPAR tool’s second edition has been translated into all UN languages, including Portuguese. The Joint External Evaluation (JEE) tool was updated, considering the lessons from the COVID-19 pandemic. The third edition of the JEE tool (JEE 3) was used in Thailand and Nepal in 2022 and 35 JEE missions were conducted in 2023. The relationships across technical areas were mapped allowing to identify indicators across technical areas relevant to evaluate a particular technical area comprehensively. With the release of JEE 3.0, an accompanying online platform was developed to facilitate the conduct of JEE missions in case of travel restrictions that may occur in a public health emergency. The traditional in-person JEE remains the preferred option to ensure that key strengths of JEE, including the in-person discussions and sharing of experiences between external experts and their national peers, are preserved. SPAR and JEE consultation meetings were conducted in 2023 to share the experiences of States Parties, WHO and partners and incorporate them in the guidance documents and strategies.

In order to accelerate National Action Plans for Health Security (NAPHS) implementation and further support Member States in the development, implementation, and monitoring of activities, the Secretariat developed a five-year NAPHS strategy (2022-2026). This new NAPHS strategy defines the WHO vision. 87 countries that have used findings from their JEE to develop or update their national action plan for health Security (NAPHS). Routine evaluations and action planning for health emergency preparedness strengthened, which contributed to the increment of Member State’s reporting and translation of the findings into NAPHS.

WHE is committed to assisting countries in establishing national programs for simulation exercises aimed at bolstering health emergency preparedness, readiness and response. These programs are designed to test and validate response plans, enhance capacities, and improve overall planning in a consistent and regular manner. Through these exercises, healthcare systems will be better equipped to anticipate and effectively manage a range of health threats, ensuring they are fully prepared for actual emergencies.

WHE is currently developing guidance on the development of a programme that covers simulation exercises across the health system and links to other multi-agency exercise programmes. The aim of the guidance is to ensure that Member States will have a cohesive and well-planned exercise programme based on relevant risks and threats. Simulation Exercises have also been supporting the Universal Health and Preparedness Review (UHPR) process through high level and technical simulation exercises in pilot countries.

The COVID-19 pandemic has highlighted the importance of accessing, processing and disseminating critical knowledge in a timely manner to guide decision-making processes for the response, especially during uncertain times. WHE is currently building a Knowledge Management System for health emergencies, known as the Nuggets of Knowledge (NoK) Platform. This platform will assist countries in utilizing the knowledge and insights gained from real-world events. It will serve as a key resource for collecting, organizing, and disseminating information gleaned from simulation exercises, Intra-Action Reviews (IARs), and AARS. This central hub will promote ongoing learning and identify best practices and areas for improvement, ultimately enhancing emergency response strategies. Its purpose is to guide decision-making for future emergency preparedness and response, while ensuring the continuity of critical knowledge among frontline responders.
WHE is also developing a guidance and tools for Early Action Review (EAR), a new concept based on the 7-1-7 approach and accountability metric, which is complementary to IAR/AAR by improving documentation in the early phase of the response and promoting a stepwise guidance for rapid performance improvement for outbreak detection and response through a set of performance targets for detection, notification and response.

A COVID-19 AAR guidance and accompanying tools were published in August 2023 to provide advice to Member States on key considerations when planning and conducting a COVID-19 AAR, following the removal of the Public Health Emergency of International Concern (PHEIC) status by the WHO Director-General upon the recommendation of the 15th COVID-19 IHR Emergency Committee and the termination of the national emergency status for COVID-19.

WHO continued to work with its Member States and partners to strengthen the coherence between the implementation of the Sustainable Development Goals (SDGs), the Sendai Framework for Disaster Risk Reduction, the IHR, the Quadripartite’ s One Health Joint Plan of Action (2022-2026) and other global and regional frameworks for health security.

WHO has also continued to lead the health implementation of the Sendai Framework for Disaster Risk Reduction (DRR) globally in close collaboration with countries through inter agency mechanisms. Countries across all six regions reported on the implementation of the Sendai Framework linking to SDGs. WHO has worked with multiple partners, inside and outside of WHO, to support countries in the implementation of the Sendai Framework for Disaster Risk Reduction in health through the WHO health emergency and disaster risk reduction framework across all hazards including climate change impacts.

Throughout the reporting period, WHE stepped into its leadership role for DRR

- WHE represented WHO at the United Nations Senior Leadership Group (UNSLG) for disaster risk reduction meetings and is continuing to lead the implementation of UNSLG recommendations in health through a UN joint action plan by aligning the actions in WHO workplans for countries.
- WHE played a key role at the UN inter agency focal point group for disaster risk reduction to lead the health sector implementation of the Sendai framework for DRR.
- WHE was present at the Capacity for Disaster Reduction Initiative (CADRI) Board of Directors to lead the health sector assessment and capacity development for DRR in countries.
- WHE advanced with the integration of disaster risk management approach in humanitarian response/situation including engaging UNDRR in high level dialogues at Crisis Management Team (CMT) meetings.
- WHE led the health sector participation at the Global Platform for Disaster Risk Reduction, the World Association of Disaster and Emergency medicine conference and the World Congress on Disaster medicine, COP16 and COP27.
- WHE promoted health in the G20 working group of DRR
- WHE continued to report yearly on the implementation of Sendai targets and indicators in health across all six regions which links the emergency work to SDGs. The Health Emergency a Disaster Risk Management approach creates opportunity for countries to link all emergency interventions directly to SDGs through national policies/strategies and planning which is critical to protect countries’ development agenda and ensures better resilience ensuring gender equity and inclusiveness.
- WHE developed a mapping and monitoring tool to support countries in tracking health sector implementation of Sendai Targets and indicators for the report to the United Nations Secretary-General (UNSG).
- WHE led the implementation of health score card of resilient city initiative including learning/training in collaboration with the United Nations Office for Disaster Risk Reduction (UNDRR) and the United Nations System Staff College (UNSSC).
- WHE contributed to the UN Resilience framework to position health in the broader multisectoral recovery agenda of the countries for resilience.
- Along with UNDRR, three comprehensive guidance were developed for countries to support the Ministries of Health in mapping health sector disaster risk reduction actions under the Sendai Framework targets and indicators, accessing DRR financing for health sector implementation, using the risk management approach for infectious hazards and to include/integrate biological hazards in the national policies for disaster risk management.
- WHE is worked with partners such as United Kingdom of Great Britain and Northern Ireland Health Security Agencies, the International Science Council, the World Meteorological Organization (WMO) and other UN agencies and partners to comprehensively include biological hazards in the International Hazards Classification and International Hazard Information Profiles (HIP).
- WHE co-lead a research network along with the WHO Kobe Center to support the evidence-based practice of health emergency and disaster risk management (Health-EDRM) implementation in countries. A comprehensive handbook on Health-EDRM was published in 2022 linking Health-EDRM research in the context of the COVID-19 pandemic.

WHE has been working closely with partners to support Member States for all hazards strategic risk analysis (for all hazards, climate change impacts, including El Niño Southern Oscillation (ENSO)) to prioritize capacity development, providing evidence base to the planning process at all levels including multi hazards emergency response planning for countries, national action planning for health security, contingency and business continuity planning for better health security in countries and communities.
The Strategic Toolkit for Assessing Risks (STAR) was used to conduct risk analysis. It is a comprehensive toolkit developed in line with the IHR (2005) Monitoring and Evaluation Framework and the Sendai Framework for Risk Reduction, and provides countries and partners a comprehensive, easy-to-use approach to rapidly conduct a strategic and evidence-based assessment of public health risks for planning and prioritization of health emergency preparedness and disaster risk management activities. The methodology has been applied in 93 workshops globally to date and the risk profiles was developed for all those countries to inform policy, planning and capacity development for priority hazards to strengthen preparedness, trigger readiness, response and recovery.

So far, 98 countries have developed their all-hazards disaster risk profile (STAR) which supports countries to develop hazard specific contingency planning for emergencies and provides an evidence base for all emergency planning including NAPHS and national emergency response planning. 142 workshops were conducted in countries across six regions to develop capacity for conducting strategic risk assessment in countries and communities.

Considering the need for developing capacities for emergency and disaster risk management, a core group of 20 countries (Australia, Bangladesh, Botswana, Costa Rica, France, Germany, India, Italy, Ireland, Monaco, Nepal, Pakistan, Peru, Samoa, Slovakia, Slovenia, the United Republic of Tanzania, Türkiye, the United States of America) co-led by Croatia, Fiji and Mozambique has drafted a resolution on ‘Strengthening Health Emergency Preparedness for Disasters Resulting from Natural Hazards’ which was presented to the EB154 and will be further discussed at the WHA in May 2024. This resolution aims to further reiterate the resolution WHA64.10 on Strengthening national health emergency and disaster management capacities and resilience of health systems, which was adopted by the 64th World Health Assembly in 2011.

Safety and resilience of the health facilities and hospitals from all hazards including the climate change impacts, have been underscored as one of the key priorities in countries of all six Regions which is a target of the Sendai Framework. Along with its partners, WHE supported countries in assessing, planning and developing capacity for health facilities and hospitals including for vulnerable communities like camp settings, and aiming to strengthen the foundational elements of health systems that are essential to strengthening health security for resilience.

Looking for continuously building sustainable capacity development for emergency and disaster risk management, WHE took a futuristic approach by engaging the younger generation including the International Federation for Medical Student Association, Accademia, Public Health Institution, International Hospital Federation, International Union of Architects, International Federation for Healthcare Engineering, CityNet and private sectors at national, regional, and global levels.

WHE has developed six videos, illustrating country-specific examples (Kosovo, the Republic of Moldova, South Africa, South Sudan, Bhutan, Indonesia) of how past investment in pandemic preparedness has reaped benefits for national responses to the COVID-19 pandemic. Each of them zoomed into how capacities and capabilities built as part of the COVID-19 response have helped enhance existing systems for current and future pandemic and public health emergencies.

In line with the updated IHR MEF tools, building on lessons learnt from COVID-19 pandemic and other recent health emergencies, applying the Health Systems for Health Security framework, and in supporting the Health Emergency Prevention, Preparedness, Response, and Resilience (HEPR), WHE has updated the WHO Benchmarks for IHR capacities, with benchmarks expanded from 44 to 80 benchmarks. Out of the 80 benchmarks, 62 benchmarks focus on strengthening both IHR and HEPR capacities and 18 focus on HEPR capacities beyond IHR. The tool is accompanied by an online portal.

The updated WHO Benchmarks for Strengthening Health Emergency Capacities which supports the implementation of the International Health Regulations (IHR), and health emergency prevention, preparedness, response and resilience capacities has been published in January 2024. Taking on board the lessons from the COVID-19 pandemic and other recent health emergencies, and through an extensive consultative process, the benchmarks have been expanded to incorporate not only those lessons but also to reflect closer alignment with International Health Regulations 2005 (IHR) monitoring and evaluation framework, the health systems for health security framework, disaster risk management, and the health emergency prevention, preparedness, response and resilience (HEPR) framework. This is the updated version of WHO Benchmarks for IHR capacities. This 400-page document is heavy; therefore, WHE has updated its benchmark portal with the updated benchmarks. The portal is providing a step-by-step process where countries can efficiently draft plans regarding emergency management, including national action plans for IHR, health security, emergencies or disease-specific plans. The portal also allows users to generate and filter actions based on type and sector and provide additional actions for threat-agnostic readiness or disease-specific activities. The portal has also a reference library with downloadable documents that guide the actions proposed in the different technical areas.

To build capacity of countries to undertake monitoring and evaluation of IHR, WHE has developed and rolled out IHR monitoring and evaluation course. The course is an online publicly accessible course targeting the IHR national focal points (NFPs), WHO staff, partners, academia and other partners. As of December 2023, around 1,100 learners were enrolled in the system. In December 2023, WHO conducted IHR M&E TOT training for seven fragile, conflict and violence (FCV) countries that included Cameroon, Nigeria, South Sudan, Ethiopia, Mozambique, Zimbabwe and Mauritius. Cascading of the training by TOTs in these is projected to take place in 2024 and 2025.
The Health Systems for Health Security framework introduced an integrated approach to bring in health systems and other sectors for effective management of health emergencies. WHO Benchmarks for IHR capacities provides guidance and a bank of action to support countries in developing plans based on current IHR capacities and the identification of relevant steps to improve capacity levels across technical areas, accompanied by the costing tool help prioritize the actions in the national plans.

WHE is making progress in bringing in health systems in emergency management through the implementation of the Health Systems for Health Security framework. It has been implemented in countries through the review of national health strategic plans/policies to strengthen the foundational elements of health systems that are essential to strengthening health security.

WHE has also progressed toward the development and application of the Dynamic Preparedness Metric (DPM) and its online dashboard to gauge preparedness capacity dynamically and inform key action plans for improving capacities for each country or region on the basis of identified gaps and risks. at hazards, vulnerabilities and capacities dimensions. DPM is used as a core metric for the Universal Health and Preparedness Review (UHPR) and WHO’s GPW 13 and it has been identified as a key tool for measuring and monitoring risk and prioritizing countries with high risk of emergency within HEPR. DPM components have been proposed to develop outcome indicators for the GPW14 Protect. In addition, it is used for readiness measures (partners portal), to monitor the El Nino status [El Nino Report] linked to health and the secretariat is sharing regional and country summaries of five syndromes.

Using the results of the IHR MEF and other assessments conducted in the animal health sector, the IHR-PVS National Bridging Workshops (NBWs) created a conducive environment for the critical review and discussion of the current strengths, weaknesses and opportunities in the One Health (OH) collaboration. The NBW charts a course for the development of a joint operational, consensual roadmap geared towards improvement of this coordination at the human-animal-environment interface, with a special focus on zoonotic diseases. NBW have been conducted in 54 countries and are complemented with a community of national consultants, named NBW Catalysts, whose role is to support the implementation of the OH in general, and the NBW roadmap in particular. The program currently includes 18 catalysts.

The FAQ-OIE-WHO (Tripartite) guidance document “Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries” (also referred to as the Tripartite Zoonoses Guide) aims at supporting national implementation of multisectoral, One Health approaches for a variety of topics and associated TZG Operational Tools. An updated version is currently being discussed, the recent adherence of United Nations Environment Programme (UNEP) in the Quadrupartite (FAO, UNEP, WHO, WOAH) providing the opportunity to better address environmental aspects in this guide.

- The Joint Risk Assessment (JRA) Operational Tool has been piloted and used in 49 countries to assist countries in conducting joint qualitative risk assessments for threats at the human-animal-environment interface.
- The Multisectoral Coordination Mechanism (MCM) Operational Tool has been used in nine countries to support establishing or strengthening a government-led multisectoral, One Health mechanism for zoonotic diseases and other One Health challenges.
- The Response Preparedness (RePrep) Workshop has been piloted and used in five countries to support developing an operational framework on jointly responding to zoonotic disease outbreaks. The RePrep materials provide the basis for the development of the Coordinated Investigation and Response Operational Tool, which will be completed by a module on Joint Investigation currently being developed under the leadership of the Food and Agriculture Organization of the United Nations (FAO).
- The Surveillance and Information Sharing Operational Tool (SIS OT) has been piloted and used in nine countries and helps in assessing and strengthening the capacity for coordinated, multisectoral surveillance and information sharing for zoonotic diseases within the country.
- The operational tool for One Health Workforce Development is in the latest stage of development and has already been piloted in four countries. In parallel, the FAO is leading the development of the Monitoring and Evaluation Operational Tool (one pilot already conducted).
- The roll out of JRA, MCM, RePrep, WFD workshops is ongoing in 2024.

WHE has also rolled-out a WHE Gender Working Group (GWG) to support the development and implementation of a Gender Mainstreaming Strategy across its policies, strategies, operations and capacity building action as a priority. The Working Group includes representatives of each of the technical departments in the WHE programme as well as representatives from all 6 WHO Regional Offices and some WHO Country Offices.

The WHE Gender Strategy has three pillars:
Outcome 1: WHE Is Gender Responsive Across Programs and Operations
Outcome 2: WHE is Gender-Balanced Across Staffing and Organizational Levels
Outcome 3: WHE is accountable with systems effectively supporting a gender-responsive program

The WHE Gender Working Group effectively implemented key elements of the Strategy, resulting in substantial progress towards achieving gender equality within WHE directly contributing to strengthening the implementation of the IHR as follows:
• Guidance development: The Gender Working Group has provided guidance and training to help countries measure and report on the new IHR Gender Equality Indicator, ensuring consistent data collection and analysis. This conforms with Article 8 of the IHR, which requires States Parties to notify WHO of public health events that can potentially spread internationally. By measuring gender gaps, countries can identify and address potential inequalities in preparedness and response, thereby strengthening their overall notification and response systems under IHR.

• Knowledge management and research: Research on "The Relevance of Gender to Health Emergencies" and data improvement projects have been ensured. The research is based on Key Informant Interviews and Scoping review of evidence highlighting how gender inequalities play a role in infectious disease risk and vulnerabilities, as well as in response and recovery from outbreaks. This evidence will help inform the future development of guidance to assist MS in better articulating IHR capacities, as measured by the gender equity indicator included in the SPAR and JEE. This conforms with Article 5 of the IHR, which emphasizes the importance of conducting risk assessments and collecting relevant data. Understanding the impact of gender in emergencies helps improve data collection and risk assessments, leading to more informed and effective public health measures aligned with IHR.

• Skills development: The GWG has launched an online course on "Integrating Sex and Gender in Infectious Disease Programmes" and conducted orientation sessions for country offices. This initiative aligns with Article 10 of the IHR, which requires States Parties to build capacity for preparedness and response. Equipping personnel with gender-sensitive skills ensures a more responsive and inclusive approach to outbreaks, complying with IHR’s emphasis on public health capacity building.

• Capacity building for women’s leadership: The GWG continues to hold events and initiatives for women in leadership roles. This aligns with Article 10 and Article 11 of the IHR, which promote capacity building and collaboration. By fostering diverse leadership, WHO sets a good example for States Parties to encourage inclusivity and utilize all available expertise, ultimately strengthening global health security under the IHR.

• Partnerships and Advocacy: The GWG has strengthened engagement with partners and increased visibility of work on gender through presentations and conferences. This aligns with Articles 12 and 13 of the IHR, promoting cooperation and coordination. Partnering with other organizations helps leverage combined expertise and resources, ultimately strengthening global preparedness and response efforts under the IHR. Encouraging public awareness and communication. Raising awareness about the importance of gender in health emergencies encourages wider understanding and commitment to gender-sensitive approaches, promoting better compliance with IHR principles.

Enhanced and Quality-Assured Public Health Laboratory Services Globally

The WHO Lyon Office has been acting as a one stop shop for public health laboratories, and has been implementing the following flagship initiatives, in addition to supporting response to acute emergencies such as outbreaks of cholera, dengue, viral hemorrhagic fevers (Marburg virus disease), Diphtheria, as well as the humanitarian emergency related to the conflict in Israel and the occupied Palestinian territory:

• The WHO/USCDC/ECDC/FAO/OIE/APHL Global Laboratory Leadership Programme (GLLP) which is reaching a good level of maturity, with on-going implementation in 24+ countries and multiple expressions of interest received from additional countries. This programme is a unique partnership initiative aiming at fostering and mentoring current and emerging laboratory leaders from all sectors to build, to strengthen and sustain national laboratory systems for health security. A competency framework was published in 2019 and a package of learning modules is now available on the WHO Health security learning platform. At the end of 2023, the total number of countries benefitting from the programme was 24: The total number of participants engaged to date is 353 (72% from human health sector, 21% from animal health sector, 7% from environmental health sector).

• The WHO Public Health Laboratories webinar series, which was established to enhance WHO guidance dissemination, peer to peer knowledge sharing and improve WHO's understanding of barriers to guidance and best practices implementation. In 2023, the series global audience expanded with 54,140 cumulated participants from 205 countries or territories. Eight webinar editions were delivered on a range of topics related to public health laboratory functions such as biobanking, pathogen genome data sharing, SARS-CoV-2 variants detection and monitoring, and the multi-country Diphtheria outbreak.

• The development of a new Laboratory Recognition Programme for national reference laboratories for pathogens of epidemic and pandemic potential, that will be invited to demonstrate that they can deliver their core public health functions for surveillance and response with a high level of quality and safety. The programme will facilitate the recognition of the laboratories when functional capacity is available and constitute a unified framework, addressing both cross-cutting elements of laboratory capacity and disease specific ones, to drive laboratory capacity building and systems strengthening. The Lyon Office hosted a global consultation in January 2023 to further engage on this programme with WHO technical units and regions, representatives from Member States, partners, and donors. This initiative will further develop in 2024 with the finalization and piloting of the programme policies and procedures.

• Organization of External Quality Assessment (EQA) schemes, that are a must for laboratories willing to assess and improve their level of quality and which are a requirement for accreditation to international standards. Following the rapid expansion of cases of mpox globally throughout 2022, the first ever global laboratory EQA scheme for Mpox
was organized in 2023, with 154 national reference laboratories from 117 countries returning results for a panel of specimens including mpox virus. This EQA scheme allowed these laboratories to assess their performance and take corrective actions in case deficiencies were observed.

**Increased Access to Safe and Scalable Care Globally**

**A) IPC and WASH - Significant progress in strengthening operational readiness for IPC and WASH has been undertaken in the last year.**

**Capacity strengthening**

- By specifically targeting six high-risk countries for Ebola and/or Marburg disease outbreaks, a pilot workshop was held in Liberia.
  - The 56 participants in this workshop included IPC focal points representing Ministries of Health, partners and WHO country office focal points for Liberia and five additional sub-regional countries: Ghana, Sierra Leone, South Africa, Tanzania, and Uganda. Except for South Africa, each country sent a representative from its MoH and a representative from the WHO country office and headquarters staff and consultants. To assess knowledge gain, a pre and post-test were distributed. A total of 56 pre-tests and 52 post-tests were completed. Overall, 52% of the questions were answered correctly on Day 1 and 66% were answered correctly on Day 5 at the end of the workshop, suggesting an increase in overall knowledge.
  - In collaboration with the WHO Regional Office for the Eastern Mediterranean, eight countries in the category of fragile, conflict-affected, and vulnerable (FCV) settings facing challenges such as fragmented health systems and limited resources, were brought together to an intensive training session.
    - The IPC capacity in EMRO has been historically limited, as prior to the COVID-19 pandemic only 50% of the Region’s countries and territories (11 of 22) had established an IPC unit or programme, and just 45% (10 of 22) had developed national IPC guidelines. Since March 2020, 5 more countries have set up a dedicated IPC unit or programme (bringing the total to 16 of 22). By November 2023, 77% of the countries and territories (17 of 22) had devised IPC guidelines. To promote IPC capacity in the region, a 3-day training was conducted. Key sessions included: IPC and WASH roles in health emergencies, the framework and toolkit for IPC in outbreak preparedness, and the IPC component of the national contingency plans, focusing on integrating IPC strategies into national-level planning for health emergencies. The workshop participation included 16 national staff (2 per country) from 8 countries (Afghanistan, Yemen, Syria, Somalia, Libya, Jordan, Iran, and Iraq); three staff from WHO Collaborating Centre for IPC and Antimicrobial Resistance in Saudi Arabia; 2-3 HQ staff and 5-7 secretariat/EMRO and Jordan WHO staff. A pre- and post-test evaluated participants’ baseline and post-training IPC knowledge on public health emergencies. There was a 7% overall improvement in the participants’ individual scores post-training.
  - In support of assisting member states to identify best teaching modalities for IPC training in public health emergencies, the IPC team is engaged in conducting evidence-based research to highlight which teaching methods should be employed during the readiness and response phase of an outbreak.

**Conferences**

- At the ARAB Health Conference, a keynote speech addressed current outbreaks and implementing IPC measures, and strategies for mitigating mosquito-borne diseases through WASH interventions.
  - Four poster presentations and two oral presentations were given at the International Conference on IPC.
    - Poster presentations included topics such as the implementation of the IPC ring approach during the Uganda-Sudan Ebola Virus Disease response at the epicentre, a mixed-methods study evaluating the valuation and contextual factors related to IPC measures for Ebola disease, as well as the validation assessment of a scorecard for IPC in health facilities during an Ebola or Marburg disease outbreak. Furthermore, research priorities for IPC for both Ebola and Marburg diseases were discussed.
    - An oral presentation centred on COVID-19 guidelines and perceptions regarding the uptake of Personal Protective Equipment (PPE), physical barriers, and distancing measures in the context of the pandemic.
  - At the Lebanese Society of Infectious Diseases and Clinical Microbiology, a keynote speech was prepared, addressing pandemic preparedness and lessons learned in IPC.
  - Additionally, insights into infection control and prevention lessons learned were shared in a keynote presentation at the Association for Professionals in Infection Control and Epidemiology.

**Research priorities**

While developing IPC guidelines for Ebola and Marburg Disease, a systematic review found an alarmingly low-quality of evidence for many IPC practices in the context of VHF. Therefore, the IPC&WASH team has spearheaded a research priority exercise, highlighting the areas that required the most attention.
Scientific brief
The IPC&WASH team is crafting a concise scientific brief to explore innovative IPC&WASH research initiatives, summarizing the research gaps, and implementation considerations. This aims to propel targeted research areas and furnish contextual support for advancement.

IPC Resolution
The 75th WHA adopted a resolution for improving IPC in Member States leading to the development of the Global Strategy on IPC, published in 2023. This initiative is spearheaded by the global IPC hub unit, with support from the WHE IPC&WASH team.

WASH under Community Protection Subsystem
The importance of community WASH and waste management in addressing health emergencies is recognized within the global Health Emergency Preparedness, Response, and Resilience (HEPR) framework (within the 'Community Protection' pillar). This aspect of the framework aims to place communities at the forefront of health emergency response efforts, helping them prepare for, prevent, and withstand health crises. Achieving this goal requires collaboration among partners at various levels—subnational, national, regional, and global—to ensure the availability of resources for proactive risk communication and managing infodemics. This entails understanding, responding to, and informing communities while building and maintaining trust in public health authorities. Establishing strong links between communities and governments is crucial, with activities such as monitoring, reporting, and advocating for rights playing integral roles. WHO IPC/WASH team is building partnership internally within the organization and externally with UNICEF to strengthen the WASH pillar in the community protection pillar through developing capacity building modules for water borne diseases and mosquito borne disease.

B) Clinical Management and Operations
Through the Oxygen scale up initiative, WHE increased country implementation of large-scale oxygen generation by supporting 20 Member States with accelerating access to medical oxygen. WHE is serving as co-secretariat of the Global Oxygen Alliance GO2AL, leading the country implementation working group to support Member States scale up oxygen at the national level. Work is underway to convene the Global Oxygen Scale-Up Framework Meeting in May 2024. In addition, WHE published the hallmark WHO Foundations for medical oxygen: Foundations of medical oxygen systems (who.int) and the Developing key performance indicators for the medical oxygen ecosystem: Developing key performance indicators for the medical oxygen ecosystem through Delphi consensus (who.int) documents.

WHE continued building capacity of biomedical and clinical workforce with over 17,000 trained in COVID-19 respiratory equipment training and over 3000 trained via the C19 skills for critical care course. WHO COVID-19 respiratory equipment | OpenWHO launched in February 2022 and is now available in all UN languages and has enrolled over 17,000 learners. WHO partnered with the ESICM to provide the online, self-paced C19 skills in critical care course for nurses and doctors across LMICs in English, French, Arabic, Chinese, Spanish and Russian, with more than 2,863 clinicians enrolled in the virtual course from 61 countries across the six WHO geographical regions.

To further the clinical research and innovation agenda, WHO's O2COv2 study recruited over 3000 hospitalized patients in 23 LMICs to understand oxygen use and availability in patients with severe and critical COVID-19. The findings of this study (manuscript in process) showed huge variability in the delivery of oxygen and advanced respiratory support in these patients, the infrastructure available to produce and distribute oxygen, and very high mortality rates. This will serve as a key input to a larger WHO respiratory support clinical trial to find best interventions to save lives from severe acute respiratory infection and subsequently support the development and refinement of norms and standards for oxygen use and derivative training materials and tools. To better understand variants and diseases in vulnerable populations, WHO Global Clinical Platform synthesized data from over 1 million patients, 65 countries and provides a live dashboard.

WHO’s living clinical practice guidelines frequently updates to share best recommendations to deliver medical oxygen and other lifesaving therapeutics to patients with COVID-19 and other emerging and re-emerging diseases. WHE has continued to update the living guidance for clinical management of COVID-19 and has, to date, produced 14 versions of Therapeutics and COVID-19: living guideline [latest version November 2023] Therapeutics and COVID-19: Living guideline, 10 November 2023 (who.int) and seven versions of Clinical management of COVID-19: Living guideline [latest version August 2023] Clinical management of COVID-19: Living guideline, 18 August 2023 (who.int). New guidelines also published for Clinical management of diphtheria: guideline, 2 February 2024. (who.int) and under development are Clinical care of arbovirus and influenza virus and sepsis.

Ready and Resilient Communities Positioned at the Center of Health Emergency Preparedness, Readiness and Response
WHE worked with countries and partners to actively involve communities and their networks through enhanced risk communication and community engagement to ensure that health and emergency programs are aligned with community needs, priorities, capacities and expectations.
WHO has continued to support regional and country offices on CSO engagement for health emergencies, including organizing the i
community simulation exercise toolkits and implement it in other countries in AFRO and other regions to support strengthening AFRO and country office. In partnership with UK
included community health volunteers, community health workers, community leaders, district health emergency management teams, Ministry of Health officials, and WHO AFRO and country office. In partnership with UK-Public Health and Rapid Support Team, the exercise’s objective was to strengthen operational readiness of communities for imminent threat, through assessing operational readiness of communities and identifying readiness gaps and priority actions. Building on this pilot exercise, WHO will finalize the community simulation exercise toolkits and implement it in other countries in AFRO and other regions to support strengthening community and community facing local capacities to prevent, detect and respond to health emergencies.

WHO has organized a community readiness tabletop exercise in Ghana, as the first of its operational activities under the HEPR Community protection subsystem. Participants included community health volunteers, community health workers, community leaders, district health emergency management teams, Ministry of Health officials, and WHO AFRO and country office. In partnership with UK-Public Health and Rapid Support Team, the exercise’s objective was to strengthen operational readiness of communities for imminent threat, through assessing operational readiness of communities and identifying readiness gaps and priority actions. Building on this pilot exercise, WHO will finalize the community simulation exercise toolkits and implement it in other countries in AFRO and other regions to support strengthening community and community facing local capacities to prevent, detect and respond to health emergencies.

WHO has continued to support regional and country offices on CSO engagement for health emergencies including organizing the internal technical consultation on CSO engagement and identification of priority actions for engaging CSOs for health emergencies in WHO. WHO has also established a Knowledge Sharing Platform to provide an informal space for community stakeholders (mostly but not limited to community-based and civil society organizations and inclusive of scientists, researchers, private individuals, government officials and others) to network through peer-to-peer learning and build a community of practice for collaborative construction of knowledge.

Risk communication, community engagement and infodemic management programmes continued to drive the shift to community centred approaches so important for equitable, inclusive and effective health emergency programmes.

This work included coordinating and convening partners through the Collective Service to increase the scale, coordination and quality of risk communication and community engagement approaches and ensure rapid information sharing and alignment of messaging through regular facilitated meetings of risk communication focal points from national public health institutes. **Key activities included:**

- Standardizing concept and message testing protocols that strengthen the confidence and quality of risk communication messages during emergencies
- Providing direct social science support to countries to strengthen the
- Convening the “SocialNet + RCCE-IM School Training – Global Tools, Regional Guidance, Local Wisdom” in Krakow, Poland, June 2023 that brought together more than 30 RCCE experts from 11 countries affected by conflict in Ukraine.
- Strengthening the collection, analysis and use of social-behavioral data through the development of global and local dashboards to promote better decision making and aligning health emergency response programmes to community needs, capacities and expectations.
- Updating and publishing the latest science and information into accessible, appropriate and tailored information products to provide lifesaving information to the most vulnerable including message sets, Q&As, social media tiles and public health advice
- Developing and piloting the Community Conversation Kit – a step by step guide on how to lead community conversations to protect health now piloted in Mexico and Egypt
- Hosting the Community Crowdsource webinar series designed to share local knowledge and hear from community workers and those directly affected by Cholera outbreaks

WHO also supported countries in strengthening the community health workforce for emergencies, which can be leveraged in crises to reduce the burden on health systems as well as provides evidence-based guidance to strengthen community level detection, early warning and response to health emergencies, the delivery of essential community health services, and how to safely and effectively work with communities to promote their participation and encourage the development of interventions and services that are culturally acceptable and implementable.

**Evidence based Risk Communication and Community Engagement**

WHE continued to provide risk communication and community engagement (RCCE) support to regions and countries to inform, empower and protect communities from COVID-19. This work included rapidly translating new science and emerging risks into life-saving messaging and public information products, listening and responding to community
concerns, beliefs and rumors, and promoting access to trusted information channels. WHE continued to lead and champion interventions that promote community-centered and whole-of-society approaches for stronger health emergency programmes that are more equitable, inclusive and effective. This included promoting the collection, analysis and use of social-behavioral data and providing direct social-science support to countries, enabling them to use the data to co-develop workable solutions and build on local capacities. WHE continues to build local capacities through the development and updating of training modules, and in 2023, provided direct RCCE training support to more than 50 Member States. A four-day training session on infodemic management was held in Malaysia in March 2023 and was attended by 50 participants from Ministries of Health in Malaysia and Brunei Darussalam. The workshop aimed to build the capacities of the ministries and integrate this discipline effectively and systematically into routine public health programmes and in response to emergencies.

**Well-Capacitated Member States Ready for Future Health Risks**

**A) Border Health and Mass Gatherings**

WHO steadfast technical support to mass gatherings and event organizers for safe planning and delivery of mass gatherings.

- WHO published "Evolution of mass gathering decision-making and implementation during the COVID-19 pandemic" on the Lancet Public Health (correspondence).
- WHO published All-hazard risk assessment for the mass gathering planning web application. The tool is intended to support mass gathering host countries and event organizers to identify hazards related to the event, assess and quantify the overall level of risk, identify and account for precautionary measures that may reduce the risk, making the event safer.
- WHO provided assistance to event organizers and national governments through the provision of technical guidance on the areas such as risk assessment encompassing all public health hazard, emergency medical planning, surveillance system strengthening, and risk communication and community engagement, which has been proven lasting legacy and culminated with a proposal for WHA resolution by Qatar, the draft proposal was approved during EB 154 for adoption in the WHA 77.
- WHO has been teaming up with International Olympic Committee to support health emergency planning for Paris 2024 Olympic Games.
- WHO supported the planning and documentation of Legacy through hosting FIFA 2022 World Cup, a globally significant event with profound implications for sports, culture, and public health, hosted by Qatar. Legacies include improvements in the health systems in the host country, improvements in health behaviors, and the ability to deliver future mass gatherings. WHO has set up Health Security Working Group in preparation for the FIFA World Cup 2026, with the involvement of three host countries, FIFA, Interpol, with the aim of supporting countries to coordinate country health emergency preparedness, improve health and safety measures, and prevent disease introduction and spread during the FIFA World Cup.

WHO continued its support to reinforce countries' capacities for preparedness, readiness and response associated with international travel, transport, including at Points of Entry, in close coordination and cooperation with relevant UN organizations and international partners.

WHO continued to conduct regular systematic reviews to gather the evidence available on the effectiveness of travel-related measures to minimize the exportation, importation and onwards transmission of epidemic prone diseases, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), as well as their broader impact on international travelers to facilitate the IHR capacity building and evidence informed decision making on emergency response in association with international travel including at Points of Entry.

- WHO continued it capacity building support to strengthen and maintain the IHR points of entry for prevention, early detection and response to public health events. Five regional and sub-regional trainings were organized, national assessments and trainings have been carried out at eight countries across six regions focusing on ship inspection and issuance of ship sanitation certificates, PoE assessments and contingency planning at Points of Entry. A virtual reality training on ship sanitation inspection is also developed to provide users with the possibility to interact and familiarize themselves with a life-like ship environment when preparing to conduct sanitation inspections, aiming to support resource limited countries to access hands-on practical training when F2F training cannot be arranged.
- WHO has co-led with ILO The Joint Action Group involving eight international transport organizations and federations to review the impact of the COVID-19 pandemic on the world's transport workers and the global supply chain (JAG-TSC). The group has developed a set of 23 recommendations that were adopted by the heads of the participating organizations and federations to address this challenge in future health emergencies, presenting a lasting legacy to tackle challenges that transport sector may encounter and to safeguard global trade and supply chains during health emergencies.
- A joint workplan between WHO and ICAO is under development to facilitate and monitor the implementation of WHO-ICAO MoU which provides a framework of cooperation and understanding to facilitate collaboration in the following areas: 1) provision of evidence-informed and risk-based advice on policy and technical matters...
related to civil aviation and public health during the preparedness and response to health emergencies; 2) joint advocacy and risk communication efforts on risk-based approaches to international travel in the context of health emergencies; 3) share information and tools to facilitate technical cooperation and risk assessment efforts in the areas of public health and civil aviation.

- WHO-IATA workplan for 2024-26 finalized and approved during EB154(2), which focuses on shipment of infectious substances; vector control and disinfection on board aircrafts; aircraft disinfection; preparedness and response to ongoing and future public health emergencies, building upon the lessons learned from COVID-19 e.g. simulation exercises to strengthen collaboration between aircraft operators and port health authorities

### B) Readiness Assessment and Prioritization

**Health Emergency Readiness Checklists** WHE is supporting member states to assess and monitor key capabilities for health emergency readiness for response through readiness checklists such as Health Emergency Readiness for Response Operations (HERO) CAPE-12. The HERO CAPE-12 consist of 12 critical capabilities that are cross-cutting for health emergencies response. This will allow countries to identify potential gaps and anticipatory actions including best practices for implementing the actions in resource constrained settings.

**Readiness Intelligence** Although there are large amounts of data available on risk (hazard, vulnerability and capabilities), it is difficult to turn the existing data into summarized information for decision making. CRS is supporting member states to analyze and streamline the data for readiness intelligence. The Readiness Intelligence platform (RI) has been designed and is currently in the process of implementation. It can collate 80 different measures from over 20 different data sources in the areas of hazard, vulnerability and capacity. This data collation aims to support countries in monitoring their hazards and risks to facilitate the prioritization of readiness action and support strategic resource mobilization. Readiness Intelligence links all 80 measures to a list of associated hazards, providing guidance to the user when prioritizing their top priority risks. A previous version of Readiness Intelligence was piloted in 3 FCV countries: Nigeria, South Sudan and Chad. The newly developed upgrade will be launched with a multi-country training programme. The multi-country training aims to reach 15 AFRO countries including all 13 FCV countries and two additional high-risk countries.

**WCO Readiness** WHE developed WHO country office readiness checklists based on the ERF and series of consultations with technical experts across WHO and with regional office readiness focal points. The checklists are made available in a digital platform to facilitate the user friendliness and easy monitoring of the various indicators of Country Office readiness. This tool has been piloted in WHO country office models D and E (48 budget centers including Gaziantep) with over 200 participants at WCO level from all 6 regions with over 40% of women. This exercise is agreed with all regions to be maintained to monitor country office capacity and strengthen readiness to priority risks.

**Partners Platform and Pandemic Fund support** The Partners Platform has provided a virtual space and tools in response to complex humanitarian crises such as the Ukraine conflict and El Niño natural disaster response. Amidst the challenges of geopolitical instability and natural disasters, these tools provide a crucial platform for coordination, communication, and resource allocation across diverse stakeholders. The virtual space created for the Ukraine crisis facilitated the exchange of real-time information between humanitarian agencies, government entities, and affected communities, enabling rapid response and targeted interventions in conflict-affected areas. This virtual space concept can be applicable for other conflicts of grade 3 emergency such as the current OPT/Israel hostilities. Furthermore, in the face of climate-related disasters such as El Niño, virtual space tools facilitate early warning systems, risk mapping, and coordination of relief efforts, ensuring timely assistance to vulnerable communities and effective adaptation strategies. By harnessing the power of technology and virtual collaboration, humanitarian actors can navigate the complexities of crises more effectively through a one stop shop tool for operation, ultimately saving lives and building resilience in the face of adversity.

Another collaboration of the Partners Platform is with the Core Clinical Care Readiness (C3R) initiative. The tool is planned to be integrated within the Partners Platform as it offers a comprehensive solution for emergency healthcare preparedness. By leveraging real-time data analytics, hazard-specific assessments, and collaborative communication channels, C3R equips healthcare systems with the tools to anticipate, assess, and mitigate risks effectively. This integration enhances emergency response efficiency and fosters resilience within healthcare institutions, ensuring they can address evolving challenges in healthcare delivery.

The Pandemic Fund Support tool within the Partners Platform serves as a crucial resource in combating global health crises. Designed to provide targeted financial assistance to healthcare systems and frontline responders during pandemics based on the reference of the World Bank, this tool facilitates the rapid allocation and distribution of funds where they are needed most. Through streamlined processes and transparent accountability mechanisms, the Pandemic Fund Support tool ensures that resources are deployed efficiently and equitably to support essential healthcare services, medical supplies procurement, and emergency response efforts. By harnessing the power of data-driven decision-making and collaborative partnerships, this tool enables stakeholders to adapt swiftly to evolving pandemic dynamics and mitigate the impact of health emergencies on vulnerable populations.

### C) Learning Solutions and Technologies

To build capacity of countries to undertake monitoring and evaluation of IHR, WHE has developed and rolled out IHR monitoring and evaluation course. The course is an online
publicly accessible course targeting the IHR national focal points (NFPs), WHO staff, partners, academia and other partners. As of December 2023, around 1,100 learners were enrolled in the system. In December 2023, WHO conducted IHR M&E TOT training for seven fragile, conflict and violence (FCV) countries that included Cameroon, Nigeria, South Sudan, Ethiopia, Mozambique, Zimbabwe and Mauritius. Cascading of the training by TOTs in these is projected to take place in 2024 and 2025.

WHE supported rapid response capacities strengthening at national and subnational levels through the new Rapid Response Training programme, a structured collection of learning resources and tools enabling Member States to plan, implement and evaluate customized training for RRT managers and RRT members at national and subnational levels. As a successful example of a national RRT rollout, Saudi Arabia adapted the material for national use and conducted the training for 260 national emergencies staff in 2023.

Further support was provided to strengthen IHR Core Capacities through a variety of capacity building approaches, such as training of trainers, virtual and in-person IHR onboarding workshops for newly appointed IHR National Focal Points and key IHR stakeholders, as well as through innovative learning initiatives, including:

- **IHR Training of Trainers**, implemented in AFRO in December 2023, targeting 30 National IHR Focal Point representatives from seven English speaking African countries. A French edition of the IHR Training of Trainers is planned for 10 AFR countries in April 2024, and in other WHO Regions second semester 2024.
- **The Health Emergency Preparedness, and IHR Compliance (EPIC) game**, which is centered on multi-sectoral decision-making is geared to address learning needs of national professionals, WHO IHR Contact Points at country and regional levels. The game can meet the needs of about 10,000 professionals, including 800 NFPs, 200 WHO IHR Contact Points (COs) and preparedness officers (ROs); 8,000 IHR stakeholders; 800 ministry officials.
- **The first WHO virtual reality training tool on ship sanitation inspection**. This tool will benefit the over 230 ports in the WHO European Region to start with and then other WHO regions that have the public health capacities to manage public health events and the 41 IHR State Parties with authorized ports to issue ship sanitation certificates. This training will also contribute to further improvement of public health capacities at ports and on ships, which are at the forefront of prevention, detection and response to public health events arising from international travel and trade via sea.

WHE is developing a learning needs assessment on operational readiness package, that will be disseminated worldwide to help assess the gap between current and desired practice for Member States professionals supporting operational readiness, and to identify learning modalities that would be suitable for them. Ultimately, the result of this learning needs assessment will enable WHE developing evidence-based learning strategies/activities for Member States professionals supporting readiness.

WHE activities focused on preventing the next pandemic while still responding to the current one, and preventing, preparing and responding to pathogen emergence as it occurs, covering a wide range of emerging and re-emerging pathogens, including but not limited to SARS-CoV-2, MERS-CoV, influenza, mpox, Arboviruses, plague.

Key activities included:

- Global pathogen/pathogen family-specific consultations (e.g., for MERS-CoV and other emerging zoonotic coronaviruses 27-29 November 2023 in Riyadh, Saudi Arabia)
- The development of global mapping of pathogen emergence and spillover risk (e.g. “hot spot mapping” in collaboration with the Institute for Health Metrics and Evaluation, the Carey Institute and the London School of Hygiene and Tropical Medicine and numerous partners contributing data) as well as dashboards to strengthen global pathogen trend monitoring and improve data quality, visualization and analysis (e.g. WHE launched a new WHO COVID-19 Dashboard in December 2023)
- The development of quantitative indicators for the risk of zoonotic disease emergence
- Conducting a series of regional technical workshops on surveillance of pathogens with epidemic and pandemic potential at the animal-human-interface
- The development and update of investigation, surveillance tools, seroprevalence study protocols (Unity Protocols)
- The development and updates of packages of comprehensive interventions to reduce the risk of zoonotic pathogen emergence.

WHE worked with countries to develop stronger data collection and reporting systems to report more meaningful impact data as part of strengthened surveillance systems (e.g., publication of the Addendum to Public health surveillance for COVID-19 interim guidance to revise reporting requirements; earmarked funding to support COVID-19 preparedness through strengthened surveillance activities and updated technical guidance was secured).

To address the growing risk of vector borne disease, WHE in collaboration with the Control of Neglected Tropical Diseases (NTD) team has developed a global strategy for arbovirus diseases with an established Technical Advisory Group for Arbovirus (TAG-Arbovirus) that has met virtually and in person in Accra, Ghana in 2023. WHE has also worked with regions and technical reviewers to draft a manual for detection of Aedes-borne arboviral infections in countries with established vectors but no prior recorded transmission, or interruption of prior transmission.

WHE continued to directly support countries to ensure sustainable, self-sufficient medical oxygen production and utilization, making national and subnational health systems resilient to COVID-19 and other infectious and non-infectious threats.
During the reporting period, several new knowledge and learning products were developed by WHE and disseminated during 2023 (e.g. the Global Compendium of Country Knowledge on COVID-19 Vaccination, a knowledge platform to inform planning for expanding vaccination across the life-course in non-emergency settings and for considering how emergency vaccination could be scaled-up in a future health crisis; Numerous public health advice documents and other products and tools for risk communication and community engagement for mpox were developed and disseminated through interdepartmental coordination and collaboration; most are available here).

Deliberate events preparedness:
A website has been set up, factsheet and Q&A published, with a beta-version pilot of a mobile app on disinformation and cyberattacks on healthcare infrastructure being underway. To report as well is a WHO Staff roster for deliberate event international coordination and deployment composed of trained staff that has been launched as part of the WHO readiness and surge capacity development.

Laboratory biosecurity:
To continue to safeguard biosafety and biosecurity in laboratories, WHE further worked on a revising its guidance following wide consultation. In January 2024, the Executive Board decided to recommend to the upcoming World Health Assembly the adoption of a resolution. Additionally, a laboratory biorisk assessment tool (RAST) was developed, and laboratory biosafety, security and associated regulatory expert support have been provided to Romania and Sierra Leone, and the smallpox repository site inspection was conducted in Novosibirsk, Russian Federation.

Emerging and re-emerging diseases: support to prevention, risk assessment, preparedness and response.

- **INFLUENZA:** More than 120 countries have integrated influenza and SARS-CoV-2 surveillance and shared surveillance data using WHO’s RespiMart data platform. The Global Influenza Surveillance and Response System (GISRS) continues to play a critical role in the monitoring of SARS-CoV-2 variants. Guidance for integrated surveillance of influenza, SARS-CoV-2 and other respiratory viruses of pandemic and epidemic potential is being updated. GISRS continues to inform influenza vaccine strain selection and to support influenza risk management. GISRS remains critical for health security with the increased risk of zoonotic influenza viruses. In collaboration with WOAH/FAO Network of Expertise on Animal Influenza (OFFLU), GISRS continues to assess and update the candidate vaccine viruses to cover the current zoonotic viruses with pandemic potential.
  
  - Seasonal influenza vaccination programmes contributed to pandemic preparedness by sustaining manufacturing facilities, developing delivery capacities for adult populations, increasing acceptance of vaccines, training health workers, strengthening decision making and exercising systems annually.
  - During 2014 - 2022, 13 countries introduced an influenza vaccination policy bring the total to 128 out of 194. A further 14 countries use seasonal influenza vaccines but do not have a national policy. WHO’s Policy Brief on strengthening national seasonal influenza vaccination programmes published in November 2023 has triggered further demand to develop national policies, assess factors underpinning acceptance and demand, and implement seasonal influenza control and pandemic preparedness.
  - There are 57 next-generation influenza vaccine candidates in active clinical development from 25 developer groups of which 9 are combination products (influenza with Respiratory Syncytial Virus (RSV) and/or SARS-CoV-2) and four are in/have completed Phase 3 trials (as of February 2024). Two-thirds of next-generation influenza vaccines in development are nucleic acid based, primarily using the mRNA vaccine platform. Monitoring this robust R&D landscape is key to driving better tools in line with WHO’s Global Influenza Strategy.

- **Pandemic Influenza Preparedness (PIP) Framework**
  Through the implementation of the Pandemic Influenza Preparedness (PIP) Framework, capacities have been strengthened in more than 100 countries. The access and benefit sharing system set out in the PIP Framework continues to be successfully implemented by WHO and monitored by the PIP Advisory Group. More specifically, WHO continues to advance in the implementation of the two benefit sharing mechanisms established in the Framework.
  - The Partnership Contribution (PC) is a voluntary annual contribution paid to WHO by manufacturers that use GISRS. Since 2012, the annual amount collected by WHA has been set at US$ 28M and over US$ 300M has been collected to date. The funds are used to strengthen pandemic influenza preparedness and response in countries where capacities are weak. In 2023, WHO published the third High-level implementation plan (HUP III) for the period 2024-2030, outlining how the PC funds are to be used across the three levels of the Organization. Four key areas of work were identified: policy and plans; collaborative surveillance through GISRS; community protection; and access to countermeasures. These areas are in full alignment with the Global Health Architecture for Emergency, Preparedness, Prevention, Response and Resilience. For the coming 18 months, US$ 25M have been disbursed to build capacities in these areas globally and in 79 countries, covering all six regions.
  - WHO also continues to strengthen global preparedness for an equitable response to the next influenza pandemic by concluding advance supply agreements – known as Standard Material Transfer Agreement 2 – that guarantee access by WHO to 10% of future pandemic vaccine production in real time. To date 16 agreements with pandemic influenza product manufacturers have been signed. More are in the pipeline for conclusion in 2024.

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3 https://www.who.int/health-topics/deliberate-events#tab=tab_1
COVID-19:
- WHE has provided the technical coordination and the convening of global expertise for COVID-19 through the creation of technical expert groups to address the needs of the pandemic: TAG-CO-VAC, TAG-VE, SAGO.
- In 2023, the scope of the SARS-CoV-2 reference laboratory network, established by WHO in 2021, was updated to encompass all coronaviruses with public health importance, becoming the WHO Coronavirus Network (CoViNet). CoViNet will work closely with GISRS to support countries in the timely risk assessment of SARS-CoV-2, MERS-CoV and novel coronaviruses of public health importance using a One Health approach and in the building of laboratory capacity.
- In alignment with transition strategies, WHE worked with countries to prioritize efforts to integrate COVID-19 clinical care pathways into primary health care services to ensure that individuals who test positive for the virus are efficiently linked to care, while maintaining a safe and clean environment for health and care workers, patients and caregivers.

Mpox:
- Prior to the global outbreak of mpox, online training courses were prepared and posted by WHE on OpenWHO. These proved invaluable in supporting the early days of the response in all countries. The monkeypox field guide that was also in development served as the starting material for creating a suite of interim technical guidance documents which were published by WHE within just days to weeks of the beginning of the global mpox outbreak.
- During the global outbreak response, a global surveillance system was established and data on laboratory-confirmed and probable cases reported regularly throughout the outbreak and is still ongoing.
- Guidance was issued by WHE on vaccines and immunization for mpox and stocks of therapeutics were repurposed for compassionate use during the outbreak. Template protocols were developed for clinical trials.

Countries are finding efficiencies in integrating the systems, planning and monitoring for groups of pathogens based on their transmission mode, which is in line with the Preparedness and Resilience for Emerging Threats (PRET) approach. PRET pandemic planning is aligned with the HEPR framework and builds on IHR core capacities to provide hazard-focused guidance, tools and networks for better preparedness. Since PRET’s launch on 26 April 2023 and until 31 December 2023, 118 countries have started to update their respiratory pathogen pandemic plans including nine that have conducted simulation exercises and 4 that have finalized updates of these plans.

Genomic surveillance plays a critical role in pandemic and epidemic preparedness and response. As of 31 December 2022, 84% (163 of 194) of countries have sequencing capability for SARS-CoV-2. This represents a 58% increase (from 103 to 163) in the proportion of countries with sequencing capability between February 2021 and December 2022. In line with the global genomic surveillance strategy, WHO’s policy and tools have supported countries in 2023 to develop national strategies and/or cost their sequencing programs to right-size and maximize sustainability.

One Health: WHE is actively engaged in developing strategies, tools and policies through partnerships with the Quadripartite (FAO, UNEP, WDOH), regional organizations and partners. WHE supported multi-sectoral, multi-disciplinary and multi-partner mechanisms for coordination, planning, financing, and monitoring and evaluation at national and subnational levels throughout 2023.

Viral haemorrhagic fevers:
In 2023, about 50 events of viral haemorrhagic fevers (VHF) were reported to WHO from about 20 countries. Events included alerts and/or outbreaks of Ebola disease, Marburg virus disease (MVD), Lassa fever, Crimean-Congo haemorrhagic fever (CCHF), Rift Valley fever, Nipah virus disease, Rift Valley fever and other new world arenavirus, hantavirus and alphavirus diseases. In addition to outbreaks activities (see in response section of the report), WHE has been working with countries to better prepare and/or recover from outbreaks of VHF. Long-term projects are on-going and include among others:
- the development or update of disease-specific preparedness, alert, control and evaluation manual targeting sub-national health authorities,
- the development or update of comprehensive 3 clinical care training packages, one for filovirus diseases, one for Lassa fever and one for CCHF,
- the development or revision of laboratory strategies for each of the following diseases: filovirus, Lassa fever, CCHF and Nipah virus,
- the development and implementation of packages of care for filovirus disease, Lassa fever and CCHF survivors,
- management of the stockpile of the licensed Ervebo vaccine in close collaboration with the International Coordinating Group vaccine provision secretariat, finalization of a training package for the use of the licensed Ervebo vaccine during outbreak response, and support to at-risk countries to implement preventive vaccination of frontline workers using short shelf-life doses of the vaccine, and
- maintaining strong relationships with health authorities and key partners to share up-to-date and evidence-based guidance.

The HQ VHF team works in close coordination with WHO Regional offices and WHO Country Offices to provide technical and operational support at time of outbreaks but also through in-country mission or visit to support joint preparedness efforts. The VHF team works also across the WHE Programme and WHO to tap on specific expertise
19. This work for the development, manufacturing, production and distribution of capacities against future pandemics by aligning partner efforts and resources, leveraging collective expertise, and catalysing Regulations (IHR) and the Intergovernmental Negotiating Body processes, it is imperative to develop “i

In ensuring readiness and building response capacities for a potential pandemic, rapid access to such pathogens and their information by rele

WHO BioHub System pilot phase has been completed and the report published. The System aims to overcome existing barriers in international sharing of pathogens which is a building block for effective and functioning capacities to develop medical countermeasures. The initiative promotes safe, rapid and timely sharing of biological materials with epidemic or pandemic potential, facilitating rapid access to such pathogens and their information by relevant, interested, and qualified entities for the development of effective and safe public health products including diagnostics, vaccines and therapeutics; and ensuring fair and equitable access to such products by all countries, based on public health needs.

- ACCESS TO MEDICAL COUNTERMEASURES (MCM initiative) – a global multi-stakeholder coordinated effort to reduce inequities in access, prevent epidemics and improve epidemic control

In ensuring readiness and building response capacities for a potential pandemic response, without prejudging the outcomes of Working Group of the International Health Regulations (IHR) and the Intergovernmental Negotiating Body processes, it is imperative to develop “MCM-Net”, contributing to enhancing global preparedness and response capacities against future pandemics by aligning partner efforts and resources, leveraging collective expertise, and catalysing joint action to ensure a more equitable foundation for the development, manufacturing, production and distribution of medical countermeasures.

- Public Health and Social Measures (PHSM)

  - Strategy for IHR and HEPR capacity development through PHSM - The WHO global initiative for PHSM is the central coordinating body to strengthen research, policy and implementation of evidence-informed, equitable and context-specific PHSM during health emergencies. WHO benchmarks for strengthening health emergency capacities was published and includes PHSM as a new technical area, proposing optimal performance actions to move up national and subnational capacity levels in implement in strengthening leadership and governance for PHSM across sectors and levels. This directly contributes to capacity building for both IHR and HEPR implementation.

  - Country operational readiness for PHSM - WHO guidance was issued and updated to support countries in utilizing PHSM, through a risk-based approach, according to circulation of the virus, capacities to respond to surges, and in the context of increasing population-level immunity. The WHO’s global PHSM Initiative is supporting WHO, Member States and partners in raising their ability to respond quickly and effectively through the implementation of evidence-informed, risk-based PHSM. In particular, the Initiative identified over 200 critical initial actions for high-priority threats for agile actions in the domains of PHSM research, monitoring, decision-making and multiseCTORal coordination. The Initiative, in close collaboration with regional offices and European Center for Disease Control, is developing a global guidance on monitoring multi-hazard PHSM policies. This guidance will play a key role in harmonizing systems, mechanisms and matrices for monitoring national and subnational PHSM policies during health emergencies. Its implementation will facilitate the timely and dynamic introduction and adjustment of PHSM across sectors, levels and stages of a health emergency, thereby enhancing coordination with other public health interventions including medical countermeasures.

  - Research and development - The WHO global PHSM Initiative led the global evidence reviews of multidisciplinary evidence on the effectiveness and broader impacts of PHSM as well as social protection policies to mitigate unintended negative consequences. Leveraging evidence from the current research landscape and gaps in PHSM knowledge, the Initiative has developed immediate research agenda for addressing PHSM research for COVID-19 as well as a comprehensive, long-term research priorities for multi-hazard PHSM. The second global expert consultation on PHSM during emergencies was held in November 2023 to discuss experiences with PHSM as part of pandemic responses. Participants hailed the importance of including civil society and communities, especially marginalized, vulnerable groups, in PHSM research and implementation, the development of transdisciplinary research methodologies and validation of models.

Risk Communication based on science

WHR continued to provide risk communication and community engagement (RCCE) support to regions and countries to inform, empower and protect communities from COVID-19. This work included rapidly translating new science and emerging risks into life-saving messaging and public information products, listening and responding to community
### Health Emergency Intelligence and Surveillance Systems

| Health Emergency Intelligence and Surveillance Systems | Please provide the progress and update since March 2023 to March 2024 to IDAC including:
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<td>• WHO Hub for Pandemic and Epidemic Intelligence</td>
<td>• Roles and responsibilities of EIOS versus EOC, IHR FP and working relations</td>
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<td>• Building national capacities and country support</td>
<td>• Number of external partners</td>
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<td>• Engagement, partnerships and alignment with global initiatives</td>
<td>• WHO publications or internal documents</td>
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<td>• Platform and collaborative mechanisms to leverage partners</td>
<td>Progress reports to the Governing Bodies</td>
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<tr>
<td>• Engagement with other divisions across the Organization</td>
<td>In September 2021, the WHO Hub for Pandemic and Epidemic Intelligence (WHO Hub) was inaugurated by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, and Angela Merkel, former Chancellor of Germany. With the inauguration came the formation of the Division of Health Emergency Intelligence and Surveillance Systems (WSE) composed of three departments located in both Geneva and Berlin-Surveillance Systems, Pandemic and Epidemic Intelligence Systems and Collaborative Intelligence. This new Division, embedded within the WHO Health Emergencies Programme, was established to address the gaps in public health intelligence that were revealed by the COVID-19 pandemic and to re-imagine and co-create epidemic intelligence for future public health emergencies.</td>
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In the first two years of its existence, the Division anchored its work around the Collaborative Surveillance approach – one of the five interconnected components within WHO’s framework to strengthen the global architecture for health emergency, prevention, preparedness, response, and resilience (HEPR). WSE worked with colleagues across WHO HQ and Regional Offices in the development of this concept as it will serve as an important reference for countries, partners, and WHO colleagues managing surveillance and related activities, at all levels. In May 2023, WSE published the guiding principles of Collaborative Surveillance describing how this concept can bolster global public health security, enhance decision-making, and address the complexities of emerging health emergencies through the systematic strengthening of capacities and collaboration.

In 2023, WSE finalised its comprehensive 2023-2025 strategy outlining its vision and mission, centred on working towards a world where Collaborative Surveillance prepares countries and communities to minimize the impacts of pandemic and epidemic threats. Through this strategic approach, WSE has spent 2023 focused on the consolidation and fortification of a diverse portfolio of work aligned to its strategy, the expansion of its team, and integration within the global public health landscape.

#### Key WSE portfolio achievements:

**International Pathogen Surveillance Network (IPSN)**

- Launched in May 2023, IPSN brings together experts from governments, philanthropic foundations, multilateral organizations, civil society, and academia working to build capacity for genomics and analytics in national surveillance systems.
- Since its launch, IPSN has expanded its membership to 94 partner organizations across 43 countries.
- In 2023, the Network had secured USD 4m in financing for a catalytic grants fund to be launched in 2024.

**Epidemic Intelligence from Open Sources (EIOS)**

- The EIOS initiative provides Member States and partner organizations with a suite of integrated services for early detection, assessment, and rapid response to public health threats. In 2023, EIOS expanded its user communities globally, with 34 Member States and 3 organizations joining, bringing the total number of users to 85 Member States and more than 20 organizations and networks.
- The team provided a total of 68 training workshops in 45 countries and organizations, and trained more than 1,100 users.

**Collaborative Surveillance Implementation**

- Held a technical workshop to support tool development with the WHO Regional Office for South-East Asia in October 2023.
Participated in the Zambia Integrated and Collaborative Disease Surveillance Workshop and Leadership Forum to help shape the design of a three-year project to be implemented across four African countries (Ethiopia, Mozambique, Nigeria and Zambia) in November 2023.

**Health Security Partnership to Strengthen Surveillance in Africa (HSPA)**
- Launched in July 2023 in partnership with the Africa Centres for Disease Control and Prevention (Africa CDC), the Robert Koch Institute, the WHO AFRO and WHO EMRO, the HSPA project strengthens capabilities in biosecurity, integrated disease surveillance, event-based surveillance, genomic surveillance and epidemic intelligence.
- An initial phase, with a CAD 5m from Global Affairs Canada is being implemented in six countries (Gambia, Mali, Morocco, Namibia, South Africa and Tunisia).

**Collaboratory**
- Three communities of practice set up on GitHub (a web-based collaborative interface) to facilitate planning and sharing.
- Partnered with Imperial College London in May 2023 to organize a technical workshop in Berlin on advanced analytics to inform decision-making during public health emergencies.
- Partnered with the London School of Hygiene and Tropical Medicine in September 2023 to organize an "Early-Stage Outbreak Analytics Hackathon" in Berlin.

**Decision-Support Simulator for Pandemic and Epidemic Interventions**
- Produced a blueprint which includes the vision and proposed solution as well as required resources.
- Created partner outreach strategy and developed an investment case. In 2024, funding and technology/data partners will be identified and development of the first version initiated.

**Open-Source Programme Office (OSPO)**
- Began hosting webinars on open-source concepts and platforms to encourage collaboration among global experts in software, data science, and AI.
- Helped Member States adopt and scale Go.Data and improved cooperation with EIOS, with a focus on developing open-source models.
- Played a vital role in advising the European Organization for Nuclear Research (CERN) on opening their OSPO, which launched in November 2023.

**Initiatives in partnership with Robert Koch Institute (RKI)**
- Integrated Genomic Surveillance
  - Conducted in-depth stakeholder consultations and needs assessments in Côte d'Ivoire, Madagascar, and Namibia to inform projects dedicated to enhancing pathogen genome sequencing, bioinformatics, and integrated genomic surveillance capabilities.
- GOARN Berlin Fellowship Program
  - Two fellows joined the inaugural cohort of the GOARN Berlin Fellowship, one from the National Institutes of Health, Pakistan and one from Nigeria Centre for Disease Control.

**Strengthening Field Epidemiology Workforce**
- Inaugurated the Global Field Epidemiology Partnership in October 2023 alongside the World Health Summit. SEARO began implementing a Field Epidemiology Training Programs Roadmap and requested a dedicated FETP staff position, setting a precedent for other regional offices to follow.

**Public Health Intelligence (PHI) Competencies**
- Created the PHI Landscape Analysis report, developed a draft PHI Competency Framework and Curriculum, created a PHI learner profile, and established a dedicated Working Group to guide PHI training.

**Pandemic and Epidemic Intelligence Innovation Forum and Speaker Series**
- Three virtual sessions hosted engaging experts from 78 entities across all WHO regions, focused on data journalism, AI potential, and data standards for infectious disease surveillance.
- Three high-level discussions held on topics including open-source solutions for health emergencies, climate-sensitive infectious diseases, One Health, data preparedness, innovative technologies and insights from the social sciences (archived on YouTube).

**Contact Tracing Guidance**
- Established and hosted a Guideline Development Group to review findings and draft guideline recommendations in December 2023.

**Public Health Information strengthening**
Throughout 2023, WSE continued to build and strengthen public health intelligence capacity in Member States, regional network, and international organizations:

- Through the Epidemic Intelligence from Open Sources (EIOS) initiative – a global collaboration led by WSE out of the WHO Hub for Pandemic and Epidemic Intelligence, capitalizing on publicly available information on the Web to generate open-source intelligence [https://www.who.int/initiatives/eios](https://www.who.int/initiatives/eios)
  - The EIOS initiative continued to engage across and beyond the health sector, in line with collaborative surveillance and its goal of strengthening public health intelligence
  - Based on ongoing engagements with and requirements provided by stakeholders, the EIOS system’s sensitivity and specificity were improved through the addition of 206 new categories and the enhancement of 36 categories
  - In collaboration with WHO Regional and Country Offices:
    - An additional 34 Member States and 3 organizations were equipped with access to the EIOS community and system, with over 900 individuals trained on principles of public health intelligence and the use of the EIOS system for the early detection of health threats from publicly available information.
    - This brings the total number of organizations with access to the EIOS community and system to 85 Member States and 23 supranational, regional and international networks and organizations since the initiative was started by WHO in Q4 2017.
    - A 3-year strategy for the ongoing expansion and sustainability of the EIOS initiative was started and extensive consultations have been conducted. It is expected that the strategy will be completed by end of Q1 2024.
    - Work began on a new and improved version of the EIOS system with an enhanced user experience, performance and features. The anticipated release date for the new version of the system is in Q3 2024.
  - Through the development of a competency framework and curriculum design to guide the strengthening of the public health intelligence workforce.
    - Both deliverables are being finalized in early 2024 under the leadership of WSE and in collaboration with multiple stakeholders through a global working group of PHI experts
    - An initial introductory training module on public health intelligence was developed in collaboration with Italy’s Istituto Superiore Di Sanita.
      - This will be further expanded in 2024 in alignment with the competency framework currently being finalized.
  - Through the conceptualization of a solution to improve decision- and policymaking by simulating the impact of interventions on various health, societal and economic dimensions throughout the health emergencies lifecycle. A blueprint has been finalized in 2023 with development of the first phase build in 2024
  - Through the ongoing development of the Collaboratory, a global platform to foster collaborative ideation, development, testing and implementation of public health intelligence solutions to emerging challenges
    - A working agreement was put in place between the WHO Hub for Pandemic and Epidemic Intelligence and data.org to work jointly in 2024 on establishing the first phase of the platform
    - Communities have been identified as initial candidates for the Collaboratory: the EIOS community and a disease modelling community

**Number of external partners**

WSE has also been systemically socialising the work of the Division globally through information exchange forums, the establishment of networks and communities, facilitation of regional collaborations and institutional partnerships. WSE leadership engaged with over 197 institutions across all six WHO regions, not including engagements during attendance at conferences or internal WHO meetings. In addition, WSE leadership have travelled to all six WHO regions to forge vital partnerships and strengthen collaborations across Regional Offices, Member States, and partners. To underscore WSE’s commitment to fostering collaborative efforts and information-sharing within the broader global health landscape, 4 institutional partnerships have been established in 2023. Memoranda of Understanding have been signed with Fundação Oswaldo Cruz (Fiocruz), The Rockefeller Foundation, The University of Oxford and data.org.

**Berlin Hub**

**Structure**

The Pandemic and Epidemic Intelligence Systems Department, Collaborative Intelligence Department, and the ADG Office compose the WHO Hub for Pandemic and Epidemic Intelligence.
There is a total of 60 approved Fixed-Term staff positions in the WHO Hub, 34 of which have been filled as of 29 Feb 2024. The WHO Hub has also placed 7 Short-Term Developmental Assignments (STDA) from the regional offices in 2023 to meet operational needs. In addition, the WHO Hub has been applying different contract modalities, including Secondees (two), Junior Professional Officer (one), Intern (two), Consultants (25), APW contractors (14-24), resulting in expansion of the WHO Hub workforce to 83.

**Budget**

Following the increase of Programme Budget allocated to WSE Division in May 2022, the overall Programme Budget available for WSE Division (incorporating the WHO Hub) is USD 63 million in 2022-23. For WHO Berlin Hub, the planned cost for 2022-23 is USD 45.7m, mainly funded by Germany, HERA, Canada, Gates and USCDC. The overall expenditure in 2023 of the WHO Hub was USD 22.5m, including staff salary of USD 6.3 million and activity cost of USD 16.2 million. This represents an 81% increase from 2022 expenditures, a reflection of both the accelerated team growth and delivery of programmatic activities.

**WHO publications or internal documents**

- Defining collaborative surveillance: A core concept for strengthening the global architecture for health emergency preparedness, response, and resilience (HEPR) [May 2023]
- Defining collaborative surveillance to improve decision making for public health emergencies and beyond
- WHO Division of Health Emergency Intelligence and Surveillance Systems: Strategy Plan 2023-2025
- The WHO Hub for Pandemic and Epidemic Intelligence Starts Up: Year in Review 2022

**WHE relations with other divisions**

- GPW14: Internal coordination mechanism and collaboration with other pillars
- Decision making processes among the WHE and other divisions
- Internal surge/repurposing non-WHE staff in emergencies
- Performance management of non-WHE staff involved in the emergency management and reporting line

Please provide the progress and update since March 2023 to March 2024 to IOAC including:

- GPW 14 discussions
- Delegation of authority to HQ/ADGs of other divisions
- Memo or other internal documents on the subject
- WHO Organigrams

The Thirteen General Programme of Work GPW13 has set out three ambitious strategic priorities to enable the achievements of the health-related SDGs targets, by 1. Achieving universal health coverage with one billion more people benefitting from universal health coverage, 2. Addressing health emergencies with one billion more people better protected from health emergencies, and 3. Promoting healthier populations with one billion more people enjoying better health and well-being.

Contributing to the delivery of strategic priority 2, the Health Emergencies Programme had focused on three Outcome measures:

2.1 COUNTRIES PREPARED FOR HEALTH EMERGENCIES
2.2 EPIDEMICS & PANDEMICS PREVENTED
2.3 HEALTH EMERGENCIES RAPIDLY DETECTED & RESPONDED TO

Each of these Outcomes has been accompanied by Outputs and indicators that allow the programme to report on the progress being made. At the time of the writing of this report, the preparation of the Programme Budget 2022-2023 End of Biennium assessment and reporting against Output balanced scorecards is in process; biennial achievements and results will be presented to the Member States at the Seventy Seventh World Health Assembly in May 2024.

During the reporting period, significant progress has been made with the development of the Fourteenth General Programme of Work (GPW14). The draft proposed GPW14 was presented at WHO’s Programme, Budget and Administration Committee at its thirty-ninth meeting and at the Executive Board at its 154th session in January 2024 and will be submitted for approval at the Seventy Seventh World Health Assembly in May 2024.

Building on the strengths of the GPW13, GPW14 strives to be a strategy for global health and will guide the work of WHO for the 4-year period 2025-2028. The goals are on improving health and well-being in the context of an increasingly complex world.

There are three main overarching areas in GPW14: Promote, Provide, and Protect health. Leadership and representatives of WHO’s Health Emergencies Programme from across the three levels of the Organization have been working together to develop and refine the proposed content for ‘Protect’ which is focused on protecting people and communities from all health emergencies with two proposed strategic objectives: (I) prevent, mitigate and prepare for emerging risks to health from any hazard; and (II) rapidly
detect and respond effectively to all health emergencies. These objectives are linked to four proposed Outcomes and 15 proposed Outputs which are fully aligned with the HEPR framework.

In addition to the GPW14 strategy, an updated results framework and a ‘recalibrated’ impact framework are being developed. A third investment case for WHO will be produced to support WHO’s first ever investment round which is planned for the last quarter of 2024.

The consultation process will continue to entail broad engagement, and iteration with representatives from Member States, key constituencies, partners, and stakeholders. GPW14 will build on the successes of GPW13, be informed by the independent evaluation of GPW13, and will ensure gender, equity and human rights are at the centre of the strategy.

WHO is building the core system capabilities to protect health - connected across all levels & fully integrated into OneHealth & health systems

WHE’s role in the development of the new corporate Business Management System (BMS):

While WHE was involved in the development of BMS modules such as the Supply module (see progress report in the Procurement and supply chain management section below)
and the Travel and expense module, WHE is concerned regarding the development and further roll out of the other modules such as the programme management, human resources, finance, and meetings & events modules.

It will be critical for these modules to be adapted to meet WHE specificities required to rapidly respond to emergencies and to ensure optimal effectiveness of the Programme.

Procurement and supply chain management

- Supply chain process
- Staffing and corporate investment level Emergency measures under the Framework of Engagement with Non-State Actors

Please provide the progress and update since March 2023 to March 2024 to IOAC including:

- Quantity and type of supplies provided by WHO
- Relations with the regional hubs
- Timeliness and effectiveness of the process across the Organization

Among progresses and updates since March 2023, are:

- The establishment of a functional sourcing mechanism for central global emergency kit planning to meet different health needs in humanitarian emergencies and 43 disasters.

The supply planning of emergency health kits (EHK) mechanism has been put in place following a high demand of EHK early 2022, and to ensure optimal use of WHO’s EHK stockpile and suppliers’ production capacity, promoting fair and equitable access to these strategic resources for all Member States and donors. A similar streamlined process and approach has been developed and managed for cholera and diphtheria supplies.

Detailed supply information on purchases, suppliers, delivery, etc. are accessible and disseminated on an internal WHO kits dashboard.

- The Supply Chain Transformation project has been well advanced and is on track, with the accountability matrix for key areas of inventory/warehouse management getting finalized. Through this project, WHO will ensure effective delivery of goods and services.

Supply Chain Transformation achieved through a set of projects; underpinned by SCOR, BMS and Programme Management

- The emergency supply module of the upcoming corporate Business Management System (BMS) is in progress for emergency supply ordering processes, transportation management and tracking. WHO is currently working on the warehouse management module. The overall goal is to have an easy and intuitive system, transparent, and
<table>
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<tr>
<th>PRSEAH</th>
<th>WHO policy and framework and its impact on PRSEAH in emergencies</th>
<th>Please provide the progress and update since March 2023 to March 2024 to IOAC including:</th>
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<tr>
<td></td>
<td>HR planning, management and reporting line between PRS and WHE</td>
<td>• Implementation of the 3-year strategic plan</td>
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<td>• Number of PRSEAH posts in countries, including emergency operations</td>
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<td>• Statistics of sexual misconduct and abuse cases and disciplinary measures: Dashboard on investigations into sexual misconduct (link)</td>
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<td>Security and staff protection</td>
<td>Corporate strategy and investment</td>
<td>Please provide the progress and update since March 2023 to March 2024 to IOAC including:</td>
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<td>WHO security function in emergencies in relation to the United Nations Department for Safety and Security</td>
<td>• Number of security incidents and types related to WHO operations</td>
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<td>Procedures and measures for protection of staff and deployed experts, including medical evacuation</td>
<td>• WHO strategy and SOPs for security</td>
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<td>HR planning, management and reporting line between BOS and WHE across the three levels</td>
<td>• Security reports including medical evacuation and incidents on the ground</td>
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<td>• Budget allocation to security</td>
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<td>• Number and % of WHO Security Officers deployed against HR plan in WHE priority countries</td>
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<td>• The WHO Security Management Strategy (2021-2025) defined a dedicated security structure to support emergencies. Unfortunately, due to non-availability of funds, none of the posts had been filled up. The Strategy is currently being amended based on the results of the recent functional review of SEC, which now proposes a revised structure and a Security Service Delivery Model. Funding to enhance support for corporate security requirements continues to be looked into.</td>
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<td>• WHO Security SOPs are essentially adopting those of the UN Security Management System. SOPs and policies specific and peculiar to WHO are contained in Chapters XXI and XVII.7.3 of the WHO eManual.</td>
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<td>1. At HQ level, Director security (SEC) reports to ADG/BOS and EXD/WHE as first and second level supervisors. In accordance with the WHO Security Management Policy (WHO eManual Chapter XXI), Director SEC has technical oversight and link with the regional field security officers (FSOs) and in turn with FSOs in the field.</td>
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<td>4. FSOs in the field, especially those deployed to support emergency response provide direct technical support to the Incident Managers and the Incident Management Support teams.</td>
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<td>5. Incident Management Structures established at any location are integrated with the UN security management system and structure on the ground.</td>
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<td>6. The security staffing in WHO include 24 international and 44 national security staff worldwide. These complement 799 United Nations Department of Safety and Security (UNDSS) security staff worldwide.</td>
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<td>7. Same as items 3, 4 and 5 above.</td>
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<td>8. Security reports, including security incidents with impact on staff, facilities and operations, are submitted regularly and in accordance with security reporting guidelines.</td>
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<td>9. Budget allocation to security covering emergency response is included under the specific emergency response plan and funding. Corporate security requirements are covered under the SEC workplans within the three levels of the organization. Unforeseen corporate security requirements are covered under the Security Fund.</td>
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<td>10. As of this reporting, the number of WHO security personnel WHE priority countries are as follows: Somalia, Iraq, Jordan, Afghanistan, Pakistan, Sudan, Yemen, Libya, Syrian Arab Republic and the Gaza Strip - 30; Ukraine and Gaziantep (cross-border to the Syrian Arab Republic) - nine; and the Democratic Republic of the Congo, Ethiopia, Nigeria, Guinea, South Sudan and the Central African Republic (including cross-border to Sudan) - 12.</td>
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and WHE across the three levels
- Budget allocation and accountability
- Field application of WHO’s policy for prevention of and response to sexual harassment, sexual exploitation and abuse
- Staff training and awareness campaigns

- **Timeline targets for end-to-end process from complaint to disciplinary action**

Tackling all forms of sexual misconduct has been in the center of WHO’s agenda with major achievements, communicated including on a dedicated [website](https://www.who.int) on preventing and responding to sexual exploitation, abuse and harassment which is being regularly updated.

Throughout the reporting period, WHO has worked intensely against institutionalizing zero tolerance for all forms of sexual misconduct.

Several products have been updated accordingly, including the implementation framework in Emergencies

- Link to PASM Policy: Preventing and Responding to Sexual Exploitation ([who.int](https://www.who.int))
- Link to updated Code of conduct: code of ethics 2023.pdf ([who.int](https://www.who.int))
- Link to the May 2023 updated WHO Principal Risks: https://cdn.who.int/media/docs/default-source/documents/about-us/accountability/principal-risks.pdf?sfvrsn=5a2a417a_1&download=true , with SEA being Principal Risk # 14

**Update of PRSEAH implementation Framework in WHE**

- Link to updated ERF 2.1, incorporating PRSEAH: https://www.who.int/publications/i/item/9799240058064
- eManual section on emergencies updated to incorporate PRSEAH implementation in emergencies
- Progress with the emergency SOPs (under update)

**Investigation Dashboard**

- Dashboard on sexual misconduct link: WHO dashboard into sexual misconduct investigations

**Overall progress updates include:**

1. The completion of the policy framework with the Prevention and response to sexual misconduct policy launched in March 2023, the Preventing and addressing Retaliation, a new Code of Ethics in which PRSEAH is explicitly highlighted; and updates to the preventing and addressing Abusive Conduct (all launched in the third quarter of 2023) – all documents to be accessed on the website at https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment
2. The completion and roll out of the policy implementation framework: The three year strategy (year 1 completed up to 92% implementation, year 2 launched in January 2024); The Accountability Framework for PRs which outlines accountabilities of all personnel and collaborators including EXD/WHE, Incident managers, etc.; and the end-to-end PRSEAH Incident management system – all documents to be accessed on the website at https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment
3. The hiring of P5 fixed term experts in each WHO Regional Office (in the Office of the Regional Director); and P4 full time PRSEAH programme coordinators in 15 priority countries; supported by a global network of 415 PRSEAH focal points in countries, including at the field office levels in high-risk countries
4. The completion of the 2023 annual compulsory PRSEAH risk assessment in countries and subsequent roll out of mitigation plans; in addition, SEAH risk assessments have been conducted in graded emergencies
5. WHO joined the UN Partner portal (PSEA module) in July 2023 to enhance our capacity for managing SEAH risk from implementing partners; WHO also worked with partners agencies (World Food Programme, UNICEF, UNHCR) to train more than 3,000 UN personnel on safeguarding from sexual misconduct. Implementing partners were mapped in 17 priority countries (complex emergency countries).
6. WHO funded three Inter-Agency Standing Committee (IASC) PSEA coordinators in 2023 as contribution to the inter-agency efforts on PRSEAH, including co-funded an IASC study on improving community-based complaint mechanisms.
7. In the Democratic Republic of the Congo, WHO continued to support SEA victims/survivors, and will initiate targeted supported for a third year for those survivors in cases where SEA by WHO personnel has been substantiated
8. WHO convened more than 200 stakeholders (UN, humanitarian, civil society, Member States, academia, and media) to review progress in 2023, including a dedicated panel on gaps and priorities in humanitarian emergencies.
9. The Director-General highlighted two areas for consideration by Member States at the EB in January 2024 – the accountabilities of Member States in PRSEAH work in countries where WHO is present including those in which we have joint emergency operations; and the need for establishing reliable funding mechanisms for PRSEAH work in emergencies.
Additional progress updates specific to WHE

- In line with the updated ERF 2.1, PRSEAH is systematically integrated in priority emergency response operations, with PRSEAH incorporation in IMST, response strategy and plans of action, including funding request. PRSEAH is a pre-condition for CFE release
- A PRSEAH technical unit has been established in WHE/HQ and is functioning but it still requires additional funding and staffing; its scope of work has been developed and a 3-year workplan rolled out.
- A PRSEAH global roster for surge deployment coupled with a standing arrangement with Stand-by Partners (SBP) to support PRSEAH surge deployments as feasible.
- The PRSEAH operational toolkit is under development with many components completed.
- The PRSEAH training toolkit targeting various audiences in emergency response operations is under development. As of end-February 2024, the process of developing detailed training to build capacity of roster participants (WHO and SBP roster) and the P4 PRSEAH programme coordinators in the 15 priority countries is well advanced, - PRSEAH country programme coordinators and technical officers in field operations received a briefing on working with in-country Inter-agency PSEA network coordinators, joint planning and implementation
- PRSEAH training module targeting leadership in emergency was integrated in the WHE leadership training program and implemented in Thailand and in Cameroon.
- Substantial efforts have been made to implement the 10 priority actions in all graded emergencies and to make significant contributions to the IASC PSEA outcome measures in field operations (prevention, safe and accessible reporting, access to gender-based violence (GBV) services, enhancing PSEA leadership and accountability in field operations working closely with the in-country PSEA network partners, and contributing to in-country PSEA network structures and joint activity plan implementation.
- Recruitment safe-guarding measures were systematically implemented and supported by appropriate tools.
- Briefing of personnel in field operations implemented. Ongoing efforts to standardize the briefing materials and improve on quality.
- PRSEAH rapid risk and needs assessment framework has been developed and implemented jointly with partners in a few operations, and with the outcomes used to inform joint PSEA action plans in ongoing emergency operations.
- A checklist for monitoring implementation of PRSEAH minimum standards in graded emergencies has been finalized and will be used to track progress across various emergency response operations. An electronic version is to be launched.
- An e-reporting tool is being finalized and will be launched for pilot testing effectively from end of February 2024.
- WHO supported the IASC Secretariat to develop a checklist for integrating PSEA in humanitarian system-wide scale up for Infectious diseases. It is almost finalized.

| Public communications in support of emergencies | Please provide the progress and update since March 2023 to March 2024 to IOAC including:
|-------------------------------------------------|--------------------------------------------------|
| Consistency and coherence of WHO corporate communications | • Number of incidents related to Media (attack against WHO staff, leakage, allegations, backlash etc.)
| Internal communication mechanisms and processes | • Media coverage on WHO’s work in emergencies (e.g., Number of press conference)
| Communication coordination mechanism/platform with UN and other partners for emergencies | • Correlation between communications and funds raised
| Preventive actions and mitigation measures for media leakage | Consistency and coherence of WHO corporate communications
| Collaboration with WHE and DCO for risk communication and infodemics | Throughout the reporting period, this remained a strength, fed by close coordination within the Department of Communications (DCO), with the team that provides communications on emergencies, and their coordination with communicators in regional and country offices. All units in the department (Web, social media, media team) were nimble in responding to emergencies, working to disseminate information quickly during evolving situations, and to bring attention to more neglected emergencies. One of the most effective tools has been the Director-General’s regular press conferences on emergencies, now held twice per month, where issues of high media interest can be addressed, while also bringing attention to the less followed topics (e.g., the Democratic Republic of the Congo, Sudan).

WHE external communication mechanisms and processes

WHE continued to use multiple mechanisms and processes available from the Department of Communications, such as the social media platforms X, Instagram, LinkedIn, TikTok; press briefings, one-on-one interviews set up by the media team, Director-General press conferences; social media live interviews allowing the public to ask direct questions; press releases, Q&A and so on.
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<th>Collaboration with WHE and DCO for risk communication and infodemics</th>
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<td>The principles of risk communication inform the public-facing communication that DCO undertakes. DCO colleagues worked closely with risk communication colleagues on specific topics when deeper collaboration was needed, such as on COVID-19 and mpox; DCO also highlighted infodemic events to wider audiences.</td>
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