



# WHO's Operational Update on Health Emergencies

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## Key figures on WHO's work in emergencies: Highlight on the Gaza crisis



Palestinians wait to receive free food from a food distribution center in Gaza City, 27 December 2024. © WHO.

As of 22 August 2025, famine has been confirmed for the first time in Gaza, with over 500 000 people facing starvation, destitution, and preventable deaths. By September, 640 000 people will be in [Integrated Food Security Phase Classification](#) Phase 5 (catastrophic), 1.14 million in Phase 4 (emergency), and 396 000 in Phase 3 (crisis). In July alone, 12 000 children were acutely malnourished—a six-fold increase since January. Over 32 899 children have received treatment for acute malnutrition since January. On 25 August, two strikes on Nasser Medical Complex killed at least 20 people, including four health workers and five journalists, and injured 50 others, among them critically ill patients. Between 7 October 2023 and 17 August 2025, the World Health Organization (WHO) recorded 788 confirmed attacks on health care in Gaza, resulting in 959 deaths and 1527 injuries. The hospital's emergency department, inpatient ward, and surgical unit were damaged. Between October 2023 and 26 August 2025, WHO delivered supplies that supported more than 20 million treatments and procedures across Gaza with 694 trucks, including 130 from Health partners. As of 26 August, 28 trucks loaded with food, fuel, and medicines remain blocked outside Gaza. Since July, food and aid supplies entering Gaza have increased slightly but remained vastly insufficient, inconsistent, and inaccessible compared to the need. Major supply gaps persist in Gaza's medical response, particularly in critical health categories. As of 26 August 2025, only 15.5% of procured medicines and 63.9% of medical materials have reached Gaza. The Food and Agriculture Organization of the United Nations, UNICEF, the United Nations World Food Programme, and WHO have collectively and consistently called for an immediate ceasefire and unrestricted humanitarian access to prevent further deaths and stop famine at all costs.

## Key figures on WHO's work in emergencies

*Cumulative number from 1 January to 15 August 2025*



WHO responded to **41 graded emergencies**, including **19** Grade 3/ Protracted 3; **21** Grade 2/ Protracted 2, and **1** Grade 1/ Protracted 1\*.



**>US\$ 22 million** Contingency Fund for Emergencies released to **27 countries and territories**



**67 Standby Partners** deployments  
**51 GOARN** deployments through the Operational Support Team



**US\$ 13.84 million of goods** dispatched to **62 countries and territories**



**>222 681 plays**, 7349+ hours viewed, 113 topics, 18 diseases, 21 languages of free OpenWHO courses

Explore more:  
[WHOhealthemergencies Dashboard](#)



Explore more:  
[WHOhealthemergencies.int](#)



\* The highest grading is displayed when an event is regraded multiple times within a year.



### Graded emergencies

Between 1 January and 15 August 2025, WHO responded to 41 graded emergencies. Of these, 19 are Grade 3—the highest level—reflecting situations triggering a three-level comprehensive response system based on the [Emergency Response Framework](#). Twenty-one are Grade 2 emergencies requiring moderate support beyond country office capacity, while one is a Grade 1 emergency, managed primarily at the country level with minimal external support. These classifications reflect the operational scale and coordination required, as defined in WHO's Emergency Response Framework. Nine of the Grade 3 emergencies are protracted, having lasted over six months. WHO continuously monitors and updates these grades through its incident management system to ensure resources match evolving needs. The highest grading is displayed when an event is regraded multiple times within a year. To respond effectively, WHO urgently requires [US\\$1.5 billion in 2025](#) to protect the world's most vulnerable populations and sustain life-saving health operations.



### Contingency Fund for Emergencies

Up to 15 August 2025, more than US\$ 22 million has been released from the [Contingency Fund for Emergencies](#) (CFE) to support urgent health responses in 27 countries and territories: the mpox response across Africa; cholera outbreaks in Angola and Congo; botulism in Madagascar; the earthquake in Myanmar; complex crises in Haiti, Iran, Myanmar, Sudan and Yemen; cyclone response in Mayotte; and for outbreaks of Marburg in the United Republic of Tanzania and Sudan Virus Disease in Uganda. Ten donors have provided more than US\$ 10 million to the CFE so far this year.



### Learning hub OpenWHO.org

The new [OpenWHO.org](#) learning hub is WHO's learning resource hub for health emergencies. Since January 2025, the site has reported more than 222 681 plays, with over 7349 hours of content viewed to bolster knowledge for health emergency response across 113 topics, covering 18 diseases. Twenty-one languages are available.



### Standby Partners

As of 15 August 2025, there have been 67 [Standby Partners](#) deployments, 49 of which have started since 1 January 2025. These deployments are providing support across 18 graded emergencies and have been facilitated by 8 Standby Partners: NORCAP (the Norwegian Capacity), part of the Norwegian Refugee Council, the Netherlands (Kingdom of the), CANADEM (the Canadian Association for the United Nations), RedR Australia (the Registered Engineers for Disaster Relief Australia), the Swiss Agency for Development and Cooperation, UK-Med, IIMAP (Information Management and Mine Action Programs), and MSB (the Swedish Civil Contingencies Agency).



### GOARN

From January to 15 August 2025, the Global Outbreak Alert and Response Network (GOARN) played a key role in supporting global emergency operations. Leveraging the capacity of its partner institutions, GOARN contributed to responses to 12 public health events in 2025, including infectious disease outbreaks, natural disasters, and protracted humanitarian emergencies in 10 countries. The [Mpox Operational Surge Dashboard](#), developed by the GOARN Operational Support Team in collaboration with the WHO mpox Incident Management Support Team and partners, continues to serve as a critical tool in coordinating and tracking global deployments for mpox response. Since the declaration of mpox as a Public Health Emergency of International Concern in August 2024, the dashboard has provided real-time operational updates, reinforcing efforts to deliver timely assistance to affected countries.



### Logistics

Since the beginning of the year, the WHO global logistics Hub in Dubai has dispatched or is preparing to dispatch 372 orders to 62 countries, delivering 1380 metric tons of supplies valued at US\$ 13.84 million (6090 cubic metres volume). Key recipients include the occupied Palestinian territory (US\$ 6.04 million), the Syrian Arab Republic (US\$ 1.33 million) and the Democratic Republic of the Congo (US\$ 1.08 million). The Hub also supported outbreak responses for the United Republic of Tanzania Marburg virus disease, the Uganda Ebola virus disease, cholera, and polio containment efforts.



## Gaza's health crisis deepens: Famine confirmed, the first in the Middle East



*Destruction of Al-Shifa hospital, Gaza's largest health facility. © WHO.*

**"We call for a scaled-up, sustained and unimpeded flow of humanitarian aid, including food and health aid, in line with international humanitarian law, via all possible routes. ... And most of all, we call for a ceasefire, and a lasting peace."** Dr Tedros Adhanom Ghebreyesus, Director-General, WHO.

The humanitarian and health crisis in Gaza has reached catastrophic levels. Famine is now officially confirmed in Gaza Governorate and is projected to spread to Deir Al Balah and Khan Younis. WHO and partners report urgent needs for humanitarian access to prevent further loss of life.

### Rising casualties and displacement

Casualties and displacement in Gaza have surged since the conflict re-escalated on 18 March 2025. Sixty-three evacuation orders have affected over 780 000 people, with 88% of the territory now militarized or under displacement orders. These conditions severely limit access to essential resources like shelter, clean water, food, and health care. With no safe refuge, many are forced into overcrowded or damaged buildings, increasing the risk of communicable and waterborne disease outbreaks.

### Famine confirmed

The Integrated Food Security Phase Classification has declared famine in Gaza—the first in the Middle East. Over 500 000 people are trapped in famine conditions. By September, 640 000 are expected to face catastrophic food insecurity (Phase 5), with 1.14

million in Emergency (Phase 4) and 396 000 in Crisis (Phase 3).

Following a total aid blockade from 2 March to 18 May, aid resumed but remains critically insufficient. Between 19 May and 31 July, only 109 927 metric tons of food entered Gaza—covering only 59% of basic humanitarian food assistance needs. Since May, over 2000 civilians have died and 15 000 have been injured while seeking aid.

Food diversity is at its lowest since the conflict began. In July, 81% of households reported poor food consumption (up from 33% in April), and 39% went days without eating. 86% regularly lacked food, and nearly 90% resorted to scavenging or unsafe practices to find food.

### Impact on children and women

Children are acutely affected. In July alone, over 12 000 children were identified as acutely malnourished—a six-fold increase since January. Between January and 20 August, more than 35 430 children aged 6–59 months were treated for acute malnutrition.

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Nearly one in four of these children suffers from severe acute malnutrition, the deadliest form. Since the last Integrated Food Security Phase Classification analysis in May, the number of children expected to be at severe risk of death from malnutrition by the end of June 2026 has tripled from 14 100 to 43 400. Similarly, for pregnant and breastfeeding women, the number of estimated cases has tripled from 17 000 in May to 55 000. The impact is visible: one in five babies is born prematurely or underweight. While aid deliveries have increased slightly since July, they remain grossly insufficient, inconsistent, and inaccessible to most of the population.

### Escalating emergency: system collapse

Nearly two years into the conflict, Gaza's health system is collapsing: 94% of hospitals are damaged or destroyed with only half of hospitals and 39% of primary health care centers partially functional. Bed occupancy is critically overloaded—300% at Ahli, 240% at Shifa, 210% at Rantissi, and 180% at Nasser. Fuel shortages threaten essential services, though WHO has delivered over 15.5 million liters since January. Over 14 800 people urgently need medical evacuation.

Attacks on health facilities continue to cripple humanitarian operations. Since October 2023, 520 aid workers have been killed in Gaza — the deadliest place for humanitarians for the second year running. WHO's central warehouse was destroyed, and one staff member has been detained since July. On 25 August, two strikes on Nasser Medical Complex killed at least 20 people, including health workers and journalists, and injured 50 others. The hospital's emergency department, inpatient ward, and surgical unit were damaged.

### WHO's response and the path forward

Despite extreme challenges, WHO remains active across the Gaza Strip. Between October 2023 and 26 August 2025, WHO delivered supplies that supported more than 20 million treatments and procedures across Gaza with 694 trucks, including 130 from Health partners.

WHO supports four severe acute malnutrition treatment centers and plans to expand with two more. The Organization works with the Ministry of Health to verify malnutrition-related deaths, while in parallel collaborating with partners to strengthen nutrition surveillance.

WHO coordinates Emergency Medical Teams, which have provided over 3.3 million consultations and 48 284 surgeries since January. However, entry denials have risen nearly 50% since March, blocking 102 critical health professionals.

Despite bureaucratic and security hurdles, WHO supported the evacuation of 2177 patients and 3448 companions to Jordan and the European Union from January to 13 August. WHO has coordinated trauma care, delivering orthopedic equipment, intensive care unit nutrition supplies, and patient beds, while strengthening referral pathways to relieve overloaded hospitals.

Disease surveillance remains critical. WHO and partners respond to increased Guillain-Barré Syndrome (GBS) cases (85 cases since June, with eight deaths), a surge in meningitis (over 452 suspected cases), and rising acute watery diarrhea, bloody diarrhea, and continued respiratory infections—conditions fueled by severe overcrowding, deteriorating water and sanitation, and malnutrition. The absence of key treatments such as intravenous immunoglobulin for GBS puts patients at grave risk.

**Call for action:** As of 26 August, 28 trucks loaded with food, fuel, and medicines remain blocked outside Gaza. WHO stresses that this crisis is entirely preventable and overwhelmingly human-made. The Food and Agriculture Organization of the United Nations, UNICEF, the United Nations World Food Programme and WHO have collectively and consistently called for an immediate ceasefire and unrestricted humanitarian access to prevent further deaths and stop famine at all costs.

## The International Coordinating Group (ICG) on vaccine provision: Strategic vaccine allocation in emergencies



Health workers administering vaccines during a cholera outbreak response campaign. © WHO South Sudan.

The International Coordinating Group (ICG) on vaccine provision was established in 1997 by the International Federation of Red Cross and Red Crescent Societies (IFRC), Médecins Sans Frontières (MSF), the United Nations Children’s Fund (UNICEF), and WHO to coordinate vaccine allocation during meningitis outbreaks. Over time, ICG expanded to include yellow fever (2001), oral cholera (2013), and Ebola (2021). The ICG Secretariat, hosted by WHO, oversees the mechanism’s operations. ICG’s core mandate is to allocate vaccines for these diseases in emergencies and to provide essential medicines for meningitis, such as ceftriaxone. The aim is swift outbreak control and interruption of disease transmission to save lives.

“The increasing cholera outbreaks this year offers a moment for reflection. The ICG mechanism remains a cornerstone of our emergency response architecture—ensuring timely, equitable access to life-saving vaccines. We must continue to strengthen this system to meet the growing demands of our Member States and uphold our commitment to protecting lives in the most vulnerable settings.” Dr Chikwe Ihekweazu, Executive Director, WHO Health Emergencies Programme.

Through the ICG mechanism, timely and targeted vaccine deployment maximizes the impact of emergency response, while the coordinated management of global stockpiles with partners ensures availability for rapid interventions.

ICG includes the four founding agencies that assess vaccine requests (IFRC, MSF, UNICEF, WHO), UNICEF Supply Division as the main procurement agency, and Gavi, the Vaccine Alliance, as the principal funder of vaccine stockpiles. To safeguard ICG’s independence, the governance oversight committee, established in 2020, monitors performance through an accountability framework and includes senior representatives from MSF, IFRC, UNICEF, WHO, and Gavi.

ICG decision date (2025)	Disease	Number of doses approved	Countries
1 July	Cholera	620 000	South Sudan
4 July	Yellow fever	1 102 314	Burkina Faso
9 July	Cholera	3 562 335	Sudan
14 July	Cholera	297 222	Kenya
22 July	Cholera	1 194 742	Nigeria
24 July	Cholera	3 692 140	Democratic Republic of the Congo
30 July	Cholera	76 260	Côte d'Ivoire
5 August	Cholera	406 430	Sudan
13 August	Cholera	2 198 722	Democratic Republic of the Congo
14 August	Cholera	870 879	Chad
<b>Total</b>		<b>14 021 044</b>	

Figure 1 - From 1 July to 14 August 2025, the ICG approved over 12.9 million cholera vaccine doses for seven countries and over one million yellow fever doses. This highlights the critical role of the ICG mechanism in supporting the response to the outbreak of cholera across the African and the Eastern Mediterranean Regions.

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Emergency vaccine stockpiles are central to the ICG's strategy. These include seven million doses for meningitis, six million for yellow fever, five million oral cholera vaccines, and 500 000 Ebola vaccines. Some of these stockpiles are kept at all times and need to be replenished once drawn down. These vaccines meet the highest standards of quality and safety, as demonstrated by their WHO prequalification status, which is upheld through rigorous and ongoing monitoring.

The ICG plays a critical role in shaping the vaccine market, particularly for vaccines facing persistent market challenges. As a key enabler, it helps ensure the sustained availability of these essential vaccines for timely deployment in response to outbreaks.

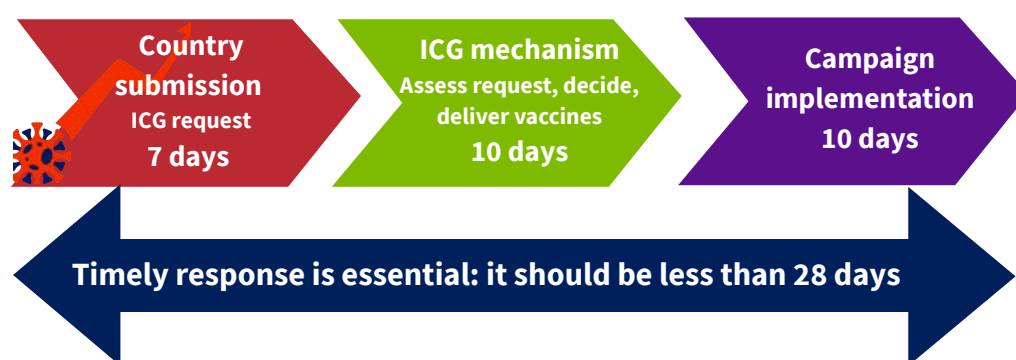
As shown in Figure 2, ICG requests are assessed against epidemiological evidence, laboratory confirmation, vaccination strategy, stockpile, national availability, and operational capacity. Requests should be submitted within seven days of outbreak confirmation, with review and consensus reached in two working days. UNICEF then organizes delivery within seven days, and vaccination campaigns are expected to start within ten days of arrival.

Since its inception, the ICG has contributed significantly to epidemic control, shipping about 383 million vaccine doses. As of 18 August 2025, 49 million doses were requested by 17 countries, compared to 45.2 million doses requested by 16 countries in 2024.

A recent study found emergency vaccination programmes, including those led by the ICG, helped reduce deaths and infections by around 60% across 210 outbreaks of Ebola, measles, cholera, yellow fever, and meningitis in 49 low- and middle-income countries between 2000 and 2023, averting an estimated 327 000 deaths and almost 6 million cases.

The ICG's work underscores the strength of global solidarity in advancing health security and equity. By maintaining emergency stockpiles and delivering life-saving vaccines where they are needed most, the ICG helps countries stop outbreaks before they escalate. Looking ahead, expanding capacity to address emerging threats like mpox, while strengthening partnerships, funding, and innovation, will help ensure better preparedness for future epidemics. With sustained commitment and collaboration, rapid vaccine deployment remains an essential tool to protect communities and save lives.

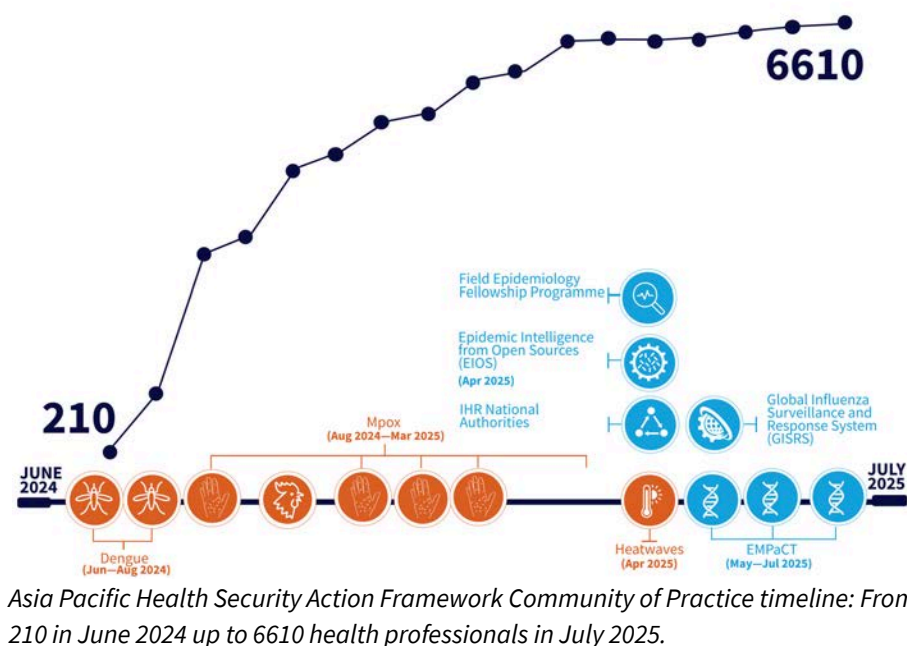
**For more information, contact the ICG Secretariat at [ICGsecretariat@who.int](mailto:ICGsecretariat@who.int)**



*Figure 2 - Timely response is essential to save lives during health emergencies: Eligible countries should submit a request to the ICG within 7 days of outbreak confirmation or crossing the epidemic threshold. The ICG mechanism aims to assess requests and deliver vaccines when approved within 10 days upon request. Upon vaccine arrival, it is highly recommended that the country implement the vaccination campaign within 10 days. To be efficient, the whole process should be less than 28 calendar days.*

## Connected to protect: Building a resilient emergency health workforce in the Western Pacific

In the face of escalating health emergencies, the WHO Regional Office for the Western Pacific is strengthening its operational response through the **Asia Pacific Health Security Action Framework (APHSAF) Community of Practice**. Launched in July 2024 during a major dengue outbreak, this initiative has rapidly evolved into a vital lifeline for approximately 7000 health workers across 45 countries and areas. This work aligns with the WHO Global Health Emergency Corps initiative to strengthen and scale up health emergency workforce capacities worldwide.



**“The Community of Practice proved how quickly we can come together to share solutions when countries need it most.”** Dr Gina Samaan, WHO Regional Emergency Director, Western Pacific Region

The APHSAF Community of Practice enables clinicians, nurses, emergency managers, and community responders to exchange real-time insights, clarify technical guidance, and access curated resources tailored to specific outbreaks and hazards. From dengue and mpox to influenza A(H5N1), the platform ensures that frontline workers are equipped with the latest WHO guidance and practical tools to navigate fast-moving challenges.

Operationally, this community has proven essential. During the WHO Grade 3 dengue emergency, over 1000 participants joined two targeted events focused on clinical management and early diagnosis. These sessions surfaced urgent gaps—such as the need for simplified guidance for primary care—and led to the development of regionally adapted strategies, including the Philippines’ national patient disposition algorithm.

Beyond dengue, the Community of Practice swiftly mobilized the health workforce in response to the mpox outbreak declared as a Public Health Emergency of International Concern in August 2024. A series of webinars attracted 2000 participants from 33 countries, sharing expertise on diagnosis, genomic sequencing, contact tracing, and inclusive prevention strategies.

This initiative is not just a network—it’s a strategic asset for WHO operations. It enhances coordination, accelerates response times, and fosters locally led solutions that protect lives. As the Region faces evolving threats, the APHSAF Community of Practice will expand its focus to disaster preparedness, risk communication, and community engagement, ensuring that responders remain connected, informed, and empowered. This work was made possible through contributions from the Gates Foundation and the Institute of Philanthropy.



### Tackling mpox through global and local collaboration in the Democratic Republic of the Congo

Mpox continues to put significant strain on the Democratic Republic of the Congo's health system, with 15 377 confirmed cases and 41 deaths reported between 1 January and 17 August 2025—around half of all confirmed cases in Africa during this period.

In response, WHO and the Global Outbreak Alert and Response Network (GOARN) are supporting national efforts to improve clinical care, strengthen disease detection, and build the capacity of frontline responders.

As a key pillar of the Global Health Emergency Corps, GOARN helps develop a resilient health emergency workforce rooted nationally and connected regionally and globally. Coordinated by WHO, it deploys resources and expertise where they are needed most.

For the Democratic Republic of the Congo's mpox response, GOARN deployed seven technical specialists with expertise in clinical care, data analysis, epidemiology, and surveillance—working both on the ground and remotely from Nairobi. These deployments were made possible through support from the UK Public Health Rapid Support Team, the Public Health Agency of Canada, the Research Institute of Nursing Care for People and Community, the University of Hyogo, and the European Centre for Disease Prevention and Control.

Among them was Dr Andre Basilua Muzembo, a case management specialist from the University of Hyogo in Japan. Over nearly two months, he worked with national health professionals and WHO teams to improve coordination across logistics, infection prevention, vaccination, and clinical response.

At Clinique Kinois, Kinshasa's main referral centre for severe mpox cases, he addressed major challenges. The 42-bed facility, with an average of 20 patients, had only five of 95 staff trained in mpox care. Shortages of gloves, medicines, equipment, and limited lab access contributed to a 10% mortality rate.



*Tackling mpox through GOARN support and local collaboration in the Democratic Republic of the Congo. © WHO.*

Dr Muzembo mentored staff in compassionate care, improved hygiene practices, and coordinated medicine and supply deliveries. He also supported Kokolo, Vijana, Masina Cinquanteaire, and Kinkole treatment centres to streamline referrals and ensure continuity of care.

As part of long-term system strengthening, 59 frontline workers—including 27 doctors and 32 nurses from Clinique Kinois—were trained in mpox clinical management.

**“This mission has not only helped us respond to the outbreak but also strengthened the local health system in ways that will last well beyond the end of the current crisis.”** Dr Boureima Hama Sambo, WHO Representative, Democratic Republic of the Congo, referring to one of the GOARN deployments.

To ensure timely and well-coordinated support, WHO and GOARN have developed a [mpox deployment dashboard](#). This tool, created with partner institutions and managed by the WHO's global incident management support team, provides real-time insights into where and how experts are being deployed to assist outbreak responses, offering a transparent view of global efforts to strengthen local capacities.

### From refuge to resilience: The Republic of Moldova's path to inclusive healthcare

Since the onset of the Ukraine emergency, ensuring uninterrupted access to healthcare for refugees has remained a top priority for the Government of the Republic of Moldova. In a landmark step towards equitable healthcare access, the Government, with support from WHO, United Nations agencies, and development partners and the National Health Insurance Company (CNAM), introduced a dedicated health benefit package in 2022 for refugees with temporary protection.

This package aligns healthcare entitlements with those of Moldovan citizens. Temporary protection has since been extended until 1 March 2026, along with the automatic renewal of identity documents—ensuring continued access to healthcare and protection for displaced individuals.

The package was further expanded in 2024 and again in March 2025, extending coverage for an additional year through March 2026, to include additional outpatient services and essential medicines, and medical products. Today, refugees with temporary protection have access to comprehensive primary and specialized healthcare, including maternity and childcare services, chronic disease management, and vaccination - ensuring no one is left behind.

To ensure the financial sustainability of this initiative, a Multi-Partner Trust Fund, was established by the United Nations Children's Fund, the United Nations Population Fund, the International Organization for Migration, and WHO. The first round of contributions was supported by the European Union and Norway, followed by a second round funded by Switzerland. The fund enables CNAM to cover healthcare costs for refugees, marking a crucial transition from humanitarian aid to sustainable system integration within the framework of the Humanitarian-Development-Peace (HDP) Nexus.

Since June 2024, WHO has been working closely with CNAM and the Ministry of Health to ensure the inclusion of refugees and migrants in the mandatory health insurance system.



Meeting with the representatives of Ministry of Health, National Health Insurance Company, Multi-Partner Trust Fund and Swiss Cooperation Office in the Republic of Moldova. © National Health Insurance Company / Republic of Moldova.

**“The Government of the Republic of Moldova has remained firmly committed to ensuring that every Ukrainian displaced by the war has access to essential, high-quality, and timely healthcare services. The provision of the health benefit package for refugees under temporary protection stands as a clear reflection of this commitment. With the support of WHO, UN agencies, and our development partners, we are not only addressing urgent needs but also laying the foundation for a stronger and more inclusive health system for the future.”** Dr Ion Prisacaru, State Secretary, Ministry of Health.

A National Inclusion Plan was developed and formally adopted by the Government decision, outlining concrete steps for the integration. Once adopted, the plan will operationalize long-term integration of refugees in healthcare system of the Republic of Moldova, further embedding the HDP Nexus approach.

WHO continues to support the Government of the Republic of Moldova through technical assistance, policy dialogue, and strategic planning, advancing universal health coverage for all.

### Improving access to medical services for Ukrainian refugees in Constanța, Romania

With the support from the Directorate – General for Health and Food Safety of the European Commission, WHO has expanded health care initiatives for Ukrainian refugees in Constanța, Romania, in May and June 2025. Led by the WHO's cultural mediator and local partners, these activities aimed to empower displaced populations with vital health information and support integration in the Romanian health system.

On 21 May, WHO and the United Nations High Commissioner for Refugees, Constanța, jointly organized a meeting with Ukrainian community mobilizer volunteers to raise awareness among refugees with temporary protection status about their healthcare entitlements. The session covered access to primary healthcare services, emergency care, chronic disease treatment, and the national childhood vaccination programme. Participants received step-by-step guidance on obtaining the National Health Insurance Code and navigating referrals for specialized care. The WHO interpretation hotline, a free service offering real-time telephone translation during both medical and psychological consultations, was also presented.

On 28 May, WHO hosted a women's health session entitled "Menopause: Overview and Changes", in partnership with a local gynecologist. The event provided a safe space to discuss physical and emotional changes associated with menopause, symptom management, and preventive healthcare strategies. Strong interest from attendees highlighted the need for culturally sensitive health information tailored to refugee communities.

Continuing its outreach efforts, WHO's cultural mediator participated in an International Children's Day celebration on 29 May, organized with humanitarian partners supporting the Ukrainian community in Constanța.



WHO cultural mediator facilitating a discussion with Ukrainian refugees on access to primary healthcare services in Romania © National Health Insurance Company / Republic of Moldova.

**"I am infinitely grateful to WHO for support and invaluable help! Thanks to you, now I better understand how the National Health Insurance House in Romania works – something I knew nothing about before. You helped me find the right specialists at a time when I felt completely lost and did not know where to turn. Because of your support, I am now receiving the treatment I urgently needed. You guided me every step of the way, even remotely - scheduling appointments, explaining procedures and making sure I understood everything."** Tetiana, Ukrainian refugee in Constanța, about the support provided by the WHO cultural mediator

Health promotion materials on vaccination and oral health were distributed in a welcoming, community-based environment promoting healthy behaviors among refugee families. based environment promoting healthy behaviors among refugee families. Together, these initiatives support a refugee-inclusive, responsive, and resilient health system in Constanța - one that ensures equitable access to medical services and empowers Ukrainian refugees to make informed decisions about their health and well-being.

WHO continues to facilitate healthcare access for Ukrainian refugees in Constanța, including improving institutional coordination—such as enabling direct data exchange between immigration and health insurance authorities—to support long-term integration of refugees into the national health system.



### Somalia: WHO strengthens trauma care to save lives and protect frontline health workers

As violence intensifies in parts of Jubaland and Somaliland, Somalia's already fragile emergency health system is under growing strain. Hospitals are confronted with a rising number of trauma patients, often in settings with limited blood supplies, shortages of essential medical equipment, under-resourced trauma teams, and inadequate systems to manage a sudden influx of casualties. During mass casualty incidents, these gaps can cause dangerous delays in life-saving care.

The pressure is equally heavy on health workers — doctors, nurses, security staff, and cleaners — who must make rapid, high-stakes decisions while coping with repeated exposure to severe injuries and loss of life. Over time, this unrelenting stress erodes their well-being and undermines their ability to deliver quality care.

#### Training under pressure

To respond, WHO Somalia launched a trauma preparedness initiative with support from the Contingency Fund for Emergencies. The programme combines delivery of trauma supplies with training in mass casualty management, psychological first aid and trauma-informed care — ensuring health workers are better equipped, supported, and protected.

In Bossaso and Burao, 49 frontline staff — including doctors, nurses and support workers — trained in triage under pressure and took part in full-scale simulation drills replicating the chaos of conflict-driven surges. A unique feature of the programme was its focus on self-care planning, stress regulation techniques, and clinically supervised debriefings.

#### Supplies where they are needed most

Alongside the training, WHO distributed 32 trauma kits to hospitals across all Federal Member States — many in hard-to-reach or conflict-affected areas, including Jubaland, Hirshabelle, Galmudug, Puntland, Southwest State, and Banadir.



WHO team visit to Madina Hospital, Mogadishu, Somalia - February 2023. © WHO / Ismail Taxta.

**“The most encouraging outcome of this workshop was that participants understood the change is for them, and for their wellbeing.”** Uchechi Chukwuma, WHO Mental Health and Psychosocial Support Specialist.

To accelerate emergency response, trauma kits were pre-positioned at WHO hubs in Hargeisa, Garowe and Mogadishu. In Bossaso, a live simulation tested both clinical response and coordination across departments, using colour coded triage wristbands, designated patient zones and phased activation protocols. The exercise highlighted strong team cohesion and identified areas for improvement in logistics.

#### Building stronger systems

The initiative also supports longer-term system strengthening. A draft Mass Casualty Management Plan was developed for Bossaso General Hospital and will serve as a model for other facilities. In Mogadishu, WHO and the United Nations Population Fund co-led a coordination workshop to integrate mental health and psychosocial support, gender-based violence services, and trauma protocols into the wider humanitarian health response.

**Looking ahead,** WHO Somalia plans to extend this approach to more hospitals nationwide. Working closely with the Ministry of Health and key partners, the goal is to reduce trauma-related deaths and disabilities while protecting frontline health workers.

## Strengthening hospital preparedness for chemical, biological, radiological, and nuclear (CBRN) emergencies in the WHO European Region

Hospitals are at the frontline of any emergency, but chemical, biological, radiological, and nuclear (CBRN) incidents pose unique operational and clinical challenges that go beyond standard all-hazards preparedness plans. Yet, no comprehensive international guidance currently exists for hospital-specific CBRN preparedness — leaving many health facilities underprepared for such complex events.

To help address this gap, WHO/Europe and the European Commission's Directorate-General for Health and Food Safety convened a series of four online peer-exchange sessions between 18 June and 9 July. The initiative is part of the second phase of a three-year joint CBRN Action project to strengthen hospital readiness in the Republic of Moldova, Ukraine, Hungary, Lithuania, Bulgaria, Romania, Poland, and the Czech Republic.

The sessions brought together 86 participants from over 28 countries, representing hospitals and health facilities, public health institutes, ministries of health, military and defence medical services, emergency services, academia, international organizations, and the private sector. This diverse participation fostered an interdisciplinary dialogue, enabling countries and institutions to exchange lessons learned from past incidents and explore practical approaches to improving both hospital and national preparedness for CBRN emergencies.

Discussions were structured around the “4S” framework:

- **System** – coordination between institutions for effective response
- **Staff** – personnel supporting emergency operations
- **Stuff** – essential resources for CBRN readiness
- **Space** – adaptable physical infrastructure for emergency care



Health workers building their capacity to respond to a CBRN emergency. © WHO.

**“This peer-exchange series has been a crucial and timely platform for hospital staff, policy makers, and experts from across the European Region to come together, share expertise, and advance our collective readiness. This group will be key to shape the new CBRN-specific hospital preparedness tools that will significantly enhance our ability to protect both patients and frontline health workers.”** Laura Lloyd-Braff, Preparedness Officer, WHO Regional Office for Europe.

The exchanges also supported the adaptation of WHO's Hospital Safety Index and the draft Hospital Emergency Response Plan guidance to address CBRN-specific requirements. They contributed to the ongoing WHO-supported desk review of existing tools, literature, and resources relevant to hospital CBRN preparedness.

Building on the insights gained, WHO/Europe will:

- Prepare a summary report of session outcomes;
- Integrate participant feedback into the revised desk review;
- Develop draft CBRN annexes to hospital emergency preparedness guidance; and
- Pilot these in selected countries in 2026 for refinement before broader dissemination.

These sustained efforts aim to ensure hospitals and health systems across Europe are better equipped to respond to the evolving threats posed by CBRN emergencies, safeguarding care delivery, operational continuity, and the safety of health workers.

## One Region, One Health: A unified front for health security in the Western Pacific

**“Our health is inextricably interwoven with the health of the animals we live alongside and the environment we rely on. This principle is central to the Region’s strategy for preparedness and resilience.”**

Dr Saia Ma’u Piukala,  
WHO Regional Director  
for the Western Pacific



Traditional food market assessment for public health risk mitigation measures: Boroko market, Port Moresby, Papua New Guinea, April 2025. © WHO Papua New Guinea.

The COVID-19 pandemic underscored the urgent need for a holistic approach to health—one that recognizes the deep interconnections between human, animal, and environmental health. In the Western Pacific Region, this understanding has driven the adoption of the One Health approach, which promotes multisectoral collaboration to address complex health challenges such as zoonotic diseases, climate-related outbreaks, and food safety.

Over the past 30 years, 75% of emerging human diseases have originated from animals, resulting in over 2.7 million deaths annually. Environmental disruptions—deforestation, intensive farming, and wildlife trade—have accelerated disease spillover. At the same time, climate change has exacerbated disease outbreaks, exemplified by the recent record-breaking dengue cases across Pacific island countries.

To address these threats, the Quadripartite collaboration—comprising WHO, the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme, and the World Organisation for Animal Health—has supported countries in implementing National One Health Joint Plans of Action, facilitating technical guidance, and promoting regional initiatives like the Association of Southeast Asian Nations One Health framework.

On 12 August 2025, WHO and its Quadripartite partners convened over 140 representatives from across the Region to advance priority actions and share national experiences. This Member States’ briefing responded to requests made during the 2024 Regional Committee session and reinforced the importance of sustained cross-sectoral engagement.

### Country-level experiences highlight progress towards One Health priorities:

- **Cambodia** has formalized coordination mechanisms through its Inter-Ministerial Coordination Committee, enabling rapid multisectoral responses to outbreaks like H5N1.
- **Papua New Guinea** has integrated One Health modules into its Field Epidemiology Training Programme, building a multi-skilled workforce and strengthening food safety systems.
- **Indonesia** has leveraged inter-departmental coordination to manage outbreaks of leptospirosis and rabies, supported by the Quadripartite.

Going forward, WHO and its partners will continue to convene Member States, share best practices, and support the integration of One Health into national policies and academic curricula—ensuring that preparedness efforts are inclusive, evidence-based, and future-ready.



## The Global Outbreak Alert and Response Network (GOARN) launches new immersive simulation training to boost leadership and surge readiness in the Western Pacific and beyond

GOARN's latest training in Darwin introduces a new standard for emergency health preparedness—using, for the first time, a rigorously designed scenario that fully immerses responders in the real-life pressures of a public health crisis. This advanced Tier 2 outbreak response training departs from conventional courses by demanding real-time decision making, adaptability, and leadership throughout a dynamic, multidisciplinary outbreak simulation.

Held in partnership with the WHO Western Pacific Regional Office, the National Critical Care and Trauma Response Centre (NCCTRC), and Australia's PHOENIX Program, the five-day training assembled mid-career public health responders from 13 partners and 12 countries. By simulating complex, high-stress outbreak situations, the exercise not only sharpened technical skills but, more importantly, assessed and built the leadership and collaborative abilities essential for effective deployment in multifaceted emergencies.

**“This training moves beyond theory to build the leadership attributes and practical skills needed for effective decision-making in challenging emergency contexts,” highlighted Renee Christensen, GOARN Lead for Capacity Strengthening and Emergency Workforce Development.** Renee Christensen, GOARN Lead for Capacity Strengthening and Emergency Workforce Development.

The initiative is closely aligned with the objectives of the WHO Global Health Emergency Corps (GHEC), which advocates for a coordinated, interoperable global emergency workforce, able to rapidly deploy and support national responses in times of crisis. As a core pillar of GHEC, GOARN plays a vital role in strengthening surge capacity and operational leadership in the region.

All 23 participants from the Western Pacific Region demonstrated not only technical proficiency but also adaptability and communication skills—qualities fundamental for cross-cultural deployments in resource-limited environments.



Participants in action during a hands-on simulation exercise, Darwin, Australia, June 2025. © NCCTRC, Australia.

**“Networks such as GOARN are central to the availability of technical expertise and surge capacity for emergencies. This training prepares regional experts to lead integrated responses across a diversity of contexts.”** Dr Sharon Salmon, WHO Regional Office for the Western Pacific.

The participants were public health emergency response professionals from various disciplines, including epidemiology, laboratory, clinical management, risk communication and community engagement, infection prevention and control (IPC), and logistics.

The Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific Programme, delivered by NCCTRC and funded by the Australian Government, complements these efforts by promoting regional collaboration, skills development, and sustainable, localised response capabilities. Through such synergies, the Indo-Pacific region strengthens its public health resilience against outbreaks, natural disasters, and humanitarian emergencies.

This milestone strengthens global emergency workforce capacity and ensures consistent, practical preparedness across regions. Through capacity building initiatives like this, GOARN and its partners are forging a future-ready, surge-ready public health workforce—committed to protecting the health and resilience of communities throughout the Western Pacific and beyond.

### PRET for impact: Advancing pandemic preparedness in the Democratic People's Republic of Korea

On 8–9 May 2025, a core team from the Ministry of Public Health of the Democratic People's Republic of Korea participated in a two-day virtual workshop. The event, which included a mini-simulation exercise, was organized by WHO South-East Asia Regional Office in collaboration with the Preparedness and Resilience for Emerging Threats (PRET) Secretariat at WHO headquarters and the WHO Country Office for the Democratic People's Republic of Korea.

#### Simulation exercise to reinforce pandemic readiness

Adapted from the WHO's [Exercise panPRET-1](#), the simulation centered on a fictional influenza outbreak to test national systems for surveillance, risk assessment, and response coordination. The exercise highlighted strengths in preparedness planning, while also identifying areas for further improvement.

Key outcomes of this exercise included a cadre of national facilitators equipped to lead future simulation exercises and a roadmap for revising the National Influenza Pandemic Preparedness Plan to incorporate response to broader respiratory pathogens. Building on lessons from a regional simulation event held in 2024, this workshop emphasized the importance of knowledge sharing and developing essential skills through virtual engagement to build a sustainable, country-led response.

The existing National Influenza Pandemic Preparedness Plan, updated in 2019 with inputs from in-country workshops and WHO expertise, will now undergo further revision. The Democratic People's Republic of Korea plans to convene a national multisectoral workshop and additional simulation exercise later in 2025, led by newly trained facilitators. These activities will directly support the ongoing work to align national preparedness with the PRET framework and further strengthen health security.



Strengthening influenza pandemic preparedness and response in the Democratic People's Republic of Korea, May 2025. © WHO.

**“The PRET initiative provides a platform for national, regional, and global stakeholders to enhance our preparedness. By aligning our efforts and sharing knowledge, we can build a more resilient and responsive health system.”** Dr Alaka Singh, WHO Representative a.i. Democratic People's Republic of Korea.

#### PRET: a global approach to health emergencies

The PRET initiative, launched by WHO in 2023, represents a significant shift in pandemic preparedness. The initiative encourages countries to assess and plan for health threats based on “mode-of-transmission”—categorizing threats by how infectious agents are most likely to spread. This approach enables countries to conduct focused, context-specific preparedness activities and scenario-based simulations, ensuring response plans are rigorously tested ahead of real-world emergencies.

Since its launch, the PRET initiative has driven notable progress worldwide. By June 2025, over 125 Member States have developed or updated respiratory pandemic plans adhering to the initiative's guidance. More than 15 countries have used simulation packages to strengthen operational readiness, and WHO has facilitated 54 national bridging workshops to reinforce multisectoral collaboration through a One Health approach, supporting coordination at the human–animal–environment interface.

### Ukraine advances national health emergency preparedness through an all-hazard Strategic Risk Assessment using the WHO strategic toolkit for assessing risks



Participants at the all-hazards national Strategic Risk Assessment workshop, Lviv, Ukraine, 24-26 June 2025, © WHO.

**“These exercises catalyze actions to prevent, prepare for, and reduce the level of risk associated with hazards and their health consequences. The national strategic risk assessment is not just a technical exercise; it is an important step towards building a safer and more resilient health system here in Ukraine.”**

Dr Jarno Habicht, WHO Representative in Ukraine

The negative impacts of health emergencies and disasters on communities and countries continue to underscore the importance of an all-hazards risk management approach in emergency preparedness, readiness, and response. Strategic risk assessment plays a critical role in this planning process, helping the health sector plan effectively and prioritize readiness actions.

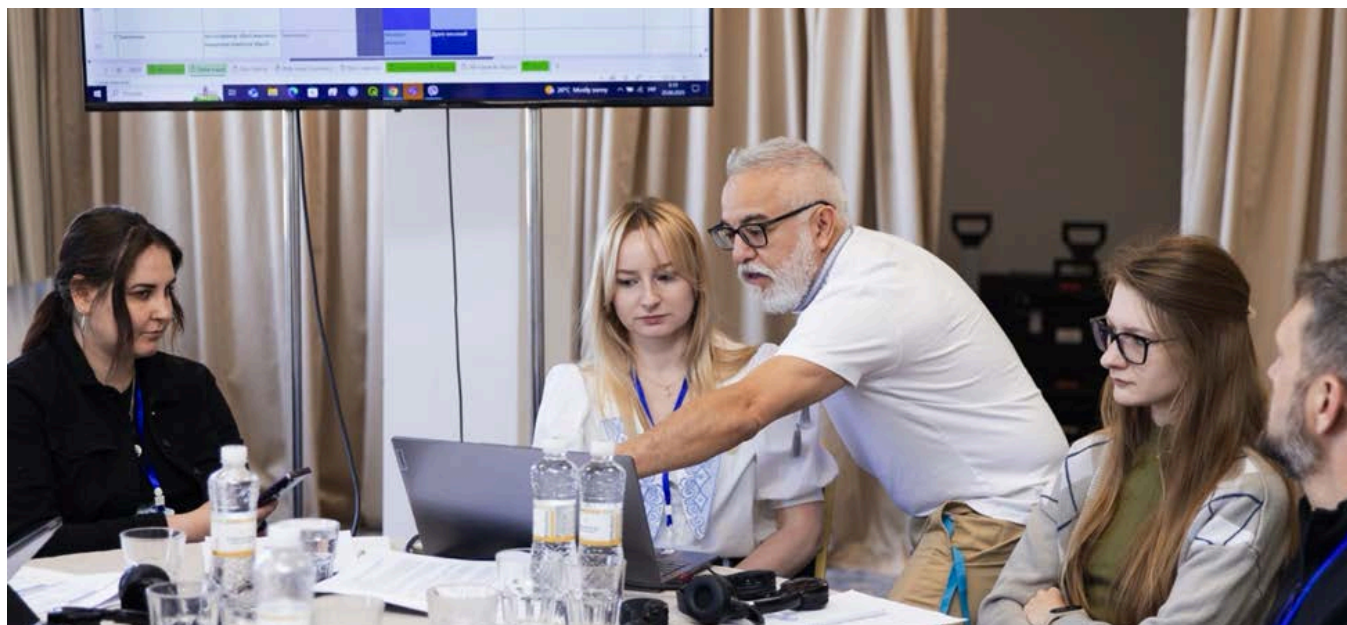
Risk profiling is recognized as one of the core elements of the [International Health Regulations \(2005\) \(IHR\)](#) and the [Sendai Framework for Disaster Risk Reduction 2015–2030](#). [WHO’s Strategic Toolkit for Assessing Risks \(STAR\)](#) is a methodology that enables public health authorities to rapidly conduct an evidence-based assessment of public health risks using an all-hazards, multisectoral, and participatory approach. Through STAR, countries can identify the hazards most likely to trigger health emergencies—whether biological, environmental, or societal—and guide risk-informed strategies to prevent, prepare for, and reduce their health impacts.

From 24 to 26 June 2025, with the support from the WHO Regional Office for Europe and the WHO Country Office in Ukraine, the Ministry of Health (MoH) conducted a strategic risk assessment workshop, applying the STAR methodology. The workshop brought together a total of 61 participants – including representatives from the MoH, the Public Health Center, oblast Centres for Disease Control and over 10 non-health sectors in Lviv.

Participants assessed the risk of 27 pre-identified hazards, including biological, hydrometeorological, technological, natural, and human-caused hazards. Through collaborative discussion, the list was expanded to 30 hazards, and participants jointly determined the risk level of each using the WHO STAR tool. These efforts laid the groundwork for risk-informed programming and set the stage for more strategic, multisectoral preparedness and response planning.

*Continue next page...*





Participants during the discussion on the application of the WHO Strategic Tool for Assessing Risk (STAR) methodology to systematically evaluate the level of risk for each of the 30 hazards. @ WHO.

**“Importantly, this workshop is not an endpoint—it is a launchpad. The results will cascade into subnational risk assessments, guiding preparedness at regional and oblast levels. This is how we ensure that risk-informed planning is not only national in scope but locally relevant and actionable.”**

Dr Ihor Perehinets, WHO Europe, Regional Emergency Director

This workshop marks a significant step toward strengthening Ukraine’s health emergency risk management. The insights and cross-sectoral dialogue generated during the event will directly inform the revision of national and subnational emergency preparedness plans.

By fostering collaboration and knowledge-sharing, the workshop helped align stakeholders around common priorities and facilitated the development of a comprehensive National Risk Profile for Ukraine—including a risk calendar, a risk matrix, and a report that compiles initial short-, medium- and long-term prioritized action planning.

### Key milestones

- **2019:** Ukraine completes its first national strategic risk assessment, establishing early hazard mapping
- **2021:** Joint External Evaluation (JEE) rates emergency preparedness low; recommends strategic risk assessments at national and subnational levels.
- **2021-2023:** MoH and national health authorities prioritize strengthening IHR (2005) core capacities and emergency preparedness; lessons from COVID-19 inform planning.
- **2023-2025:** MoH, Public Health Center, and partners compile and refine list of priority national hazards.
- **2025:** Partners engaged (WHO, Germany, EU); technical and financial support mobilized.
- **June 2025:** Strategic risk assessment workshop convened in Lviv; 61 participants from health and 10+ non-health sectors apply WHO STAR tool, expand hazard list from 27 to 30, develop national risk profile and priority action plan.

## Building a resilient health emergency workforce: Nepal's first national health emergency operation centre capacity-building workshop



Opening session of the workshop in Bagmati Province, Nepal, featuring (from left) WHO Representative to Nepal, Dr Rajesh Sambhajirao Pandav; Deputy Inspector General, Nepal Armed Police Force, Dr Rupak Maharjan; Executive Director, National Disaster Risk Reduction and Management Authority, Er Dinesh Prasad Bhatt; Honourable Minister of Health and Population, Mr Pradip Paudel (centre); Spokesperson, MoHP and Chief, HEOC/Health Emergency and Disaster Management Unit (HEDMU), Dr Prakash Budhathoky; Additional Secretary, MoHP, Dr Keshar Dhakal; and Deputy Inspector General, Nepal Police, Dr Gopesh Kumar Thakur. © WHO Nepal/S.G. Amatya.

**“This capacity building initiative is more than just a training event. It marks a milestone for Nepal and serves as a valuable learning opportunity for the region. We look forward to its integration into Nepal’s routine health workforce development agenda and its full incorporation into national emergency preparedness strategies.”** Dr Rajesh Sambhajirao Pandav, WHO Representative to Nepal.

The Ministry of Health and Population (MoHP), in collaboration with the WHO, conducted Nepal’s first national workshop for the capacity building of the Health Emergency Operation Centre (HEOC) Workforce from 29 July to 1 August 2025.

The four-day workshop was attended by more than 50 participants from national and provincial HEOCs, along with representatives from key emergency response agencies beyond the health sector, including the National Disaster Risk Reduction and Management Authority (NDRMA), the Armed Police Force, and the Nepal Army.

Since its establishment in 2014, the National HEOC has served as the central coordinating hub for health emergency responses in Nepal. Over the past decade, the HEOC network has evolved into a vital backbone of the country’s health emergency response infrastructure, enabling timely, coordinated, and effective responses across all levels. Nepal is also part of the Emergency Operations Center Network (EOC-NET)—a global platform that envisions a future where every Emergency Operations Center, regardless of size or geography, has the capability to respond swiftly, coordinate effectively, and recover sustainably.

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The workshop aimed to further strengthen this network by enhancing the capacity of both national and subnational HEOCs to coordinate, manage, and respond to health emergencies. It was built upon the HEOC capacity building package launched by the WHO Regional Office for South-East Asia in 2024, supporting the institutionalization of regular training for the HEOC workforce in Nepal over the long term.

A key highlight of the workshop was the presentation of the recently endorsed public health emergency management directive and national HEOC standard operating procedures (SOPs), which outline the operational framework for emergency response coordination and provide a foundation for developing SOPs at the provincial level.

The workshop also featured a scenario-based tabletop simulation exercise, simulating a flood emergency followed by a disease outbreak. This exercise provided a practical opportunity for participants to apply core HEOC functions across different phases of emergency management.

The workshop marked a significant step towards strengthening the HEOC network's capacity for effective emergency management. It also underscored the importance of strengthening the regional health emergency workforce by focusing on capacity development at both the national and subnational levels.

### Key highlights

- First national HEOC capacity-building workshop (29 Jul – 1 Aug 2025) organized by MoHP and WHO, supported by the European Commission.
- 50+ participants from national and provincial HEOCs and key emergency response agencies (NDRRMA, Armed Police Force, Nepal Army).
- Aimed to strengthen emergency coordination and management skills at all HEOC levels.
- Introduced new public health emergency management directive and national HEOC SOPs.
- Included a simulation exercise (flood and disease outbreak).
- Trained participants with PHEOC best practices for interoperability
- Significant step towards building a resilient national health emergency system.



Closing session of the workshop featuring (from left) Mr Nod Narayan Choudhary, Chief, Policy Planning and Public Health Division, MoH, Lumbini Province – participant of the training providing feedback; Dr Allison Eugenio Gocotano, Team Leader (WHO Health Emergencies Programme), WHO Nepal; Dr Wagawatta Liyanage Sugandhika Padmini Perera, Programme Area Manager (Emergency Operations), WHO Regional Office for South-East Asia; Dr Prakash Budhathoky, Spokesperson, MoHP and Chief, HEOC/HEDMU; Dr Shree Krishna Shrestha, Additional Secretary, MoHP; and Dr Sourabh Sinha, Technical Officer, WHO Regional Office for South-East Asia. @WHO, Nepal.

**"I am grateful to WHO and the Ministry of Health and Population for organizing this valuable PHEOC training. To further improve understanding at the local level, I recommend providing training content in Nepali and incorporating more practical exercises alongside theory. Strengthening Provincial HEOCs is essential for effective planning and preparedness, especially when working with limited resources."** Mr Nod Narayan Chaudhary, Chief, Policy Planning and Public Health Division, MoH, Lumbini Province (Sr. Health Education Administrator).

By bringing together stakeholders from various sectors and levels of government, the workshop facilitated the exchange of experiences and best practices, and contributed to enhancing the country's health emergency workforce and the broader emergency response ecosystem.

The successful implementation of the workshop reflects Nepal's strong commitment to building resilient health systems capable of preventing, preparing for, and responding to emergencies.

Nepal's continued investment in HEOC capacity building serves as a model for strengthening national HEOC networks in countries across the region. This capacity building workshop was supported by the European Commission.



## WHO Hub for global health emergencies logistics

The WHO Hub for Global Health Emergencies Logistics is crucial in rapidly delivering life-saving health supplies and equipment in response to global health emergencies, including infectious disease outbreaks, natural disasters, and conflict escalations. With over 18 000 square meters of temperature-controlled storage, the hub is the largest repository of pre-positioned emergency health supplies within WHO's global supply chain.

### Global reach

In 2025, from 1 January to 15 August, the Hub delivered over US\$ 13.84 million in vital health supplies to 62 countries across six WHO regional offices, see Figure 1. Handling an average of 100 metric tons of health commodities valued at US\$ 1 million each week, the Hub's operations are extensive and impactful.

### Gaza response

Through the receipt, storage, consolidation, and delivery of life-saving medical supplies, the WHO Hub for Global Health Emergencies Logistics plays a pivotal role in supporting WHO and partners emergency response to the conflict in Gaza. Leveraging innovative logistics solutions, the Hub manages the delivery of supplies by air, sea, and land routes providing WHO the agility and flexibility required to respond in a highly controlled and restricted context, making WHO the first provider of health emergency supplies for the Gaza response. Working closely with WHO's country team, the Hub delivered US\$ 20 million in life-saving medicines and

health supplies amounting to over 1200 metric tons since the start of the conflict. With generous funding support provided by the European Civil Protection and Humanitarian Aid Operations and the Government of the United Arab Emirates, the Hub coordinated 39 emergency air charters valued at US\$ 3.4 million. The cost savings from the in-kind charter flights enable WHO to procure additional medicines and supplies to reach more people in need of immediate assistance.

The Hub is currently preparing immediate delivery of over US\$ 2 million in health supplies, including nearly US\$ 1 million in laboratory diagnostics and equipment vital to surveillance and detection efforts. These resources will help strengthen the effectiveness and timeliness of WHO's interventions. With the current inventory and pipeline of supplies, valued at over US\$ 10 million, the Hub's role in supporting the WHO response to Gaza is expected to continue to ensure a safe, secure, and uninterrupted supply of health supplies to support the immense needs of the people of Gaza.

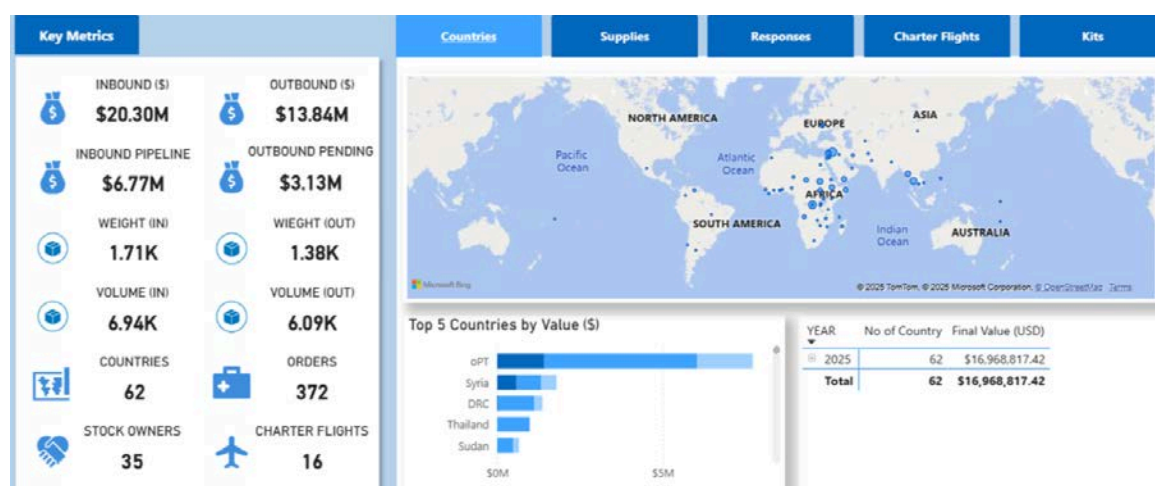


Figure 1 - Dashboard showing key metrics for the Hub from 1 January to 15 August 2025: the Hub delivered over US\$ 13.84 million in vital health supplies to 62 countries across the six WHO regions.

## Operational support and logistics contributions to Gaza



WHO and health partners trucks with medical supplies reaching Gaza on 7 August 2025. © WHO Gaza.

Between October 2023 and 26 August 2025, WHO delivered supplies supporting over 20 million treatments and procedures across Gaza via 694 trucks, including 130 from health partners. The highest delivery volume occurred in the first quarter of 2025, with 104 trucks entering Gaza following the February ceasefire. However, the situation has sharply deteriorated since then. In the third quarter of 2025, only three trucks managed to enter, due to the severe access constraints resulting from renewed hostilities. This decline stands in stark contrast to the growing accumulation of shipments at Al Arish, which has become the central hub for logistics operations in recent months.

Since July, food and aid supplies entering Gaza have increased slightly but remain vastly insufficient, inconsistent, and inaccessible relative to the scale of need. Shipments have originated from multiple WHO warehouses in Al Arish, Cairo, the West Bank, Dubai, and Amman. WHO has delivered a broad range of essential supplies, such as assistive devices, blood bank reagents, infection prevention and control materials, water, sanitation and hygiene items, and medical kits.

Despite these efforts, access restrictions and procedural delays continue to obstruct the timely delivery of life-saving supplies.

Major supply gaps persist in Gaza's medical response, particularly in critical health categories. As of 26 August, 28 trucks loaded with food, fuel, and medicines remain blocked outside Gaza. Only 15.5% of procured medicines and 63.9% of medical materials have reached their destination. The Ministry of Health's priority list highlights acute shortages in essential items, including laboratory reagents, antibiotics, analgesics, and blood supplies—many of which are now completely unavailable.

A significant volume of critical goods remains in transit, held at logistics corridors or awaiting dispatch. These delays underscore the urgent need to lift access barriers, streamline procedures, and enable sustained humanitarian deliveries.

**WHO continues to advocate for unimpeded humanitarian access, protection of health care, and a rapid scale-up of aid to meet the escalating needs of Gaza's population.**

## Strengthening Uganda's emergency response: National emergency medical team tests innovative infectious disease treatment module and the health emergency facility



Innovative infectious disease treatment module. Transparent interface from the staff area, July 2025, Uganda. © WHO Uganda.

In July 2025, Uganda took a major step forward in strengthening its health emergency preparedness. From 14–18 July, the Ministry of Health, with support from WHO, the World Food Programme (WFP), Médecins Sans Frontières (MSF), Makerere University Infectious Diseases Institute (IDI), and other partners, led a week-long full-scale simulation exercise in Jinja City. The exercise tested the country's capacity to respond to viral haemorrhagic fevers using the innovative Infectious Disease Treatment Module (IDTM) and Health Emergency Facility (HEF).

The simulation was supported by INITIATE<sup>2</sup>, a global collaboration that brings together more than 25 organizations and networks, including WHO, the WFP, WHO-Téchné, University Hospital Tübingen, MSF, the United Nations Children's Fund, IDI, and the Africa Centres for Disease Control and Prevention. By combining expertise from diverse partners, INITIATE<sup>2</sup> aims to make advanced outbreak response tools rapidly deployable where they are most needed.

Seventy-five members of Uganda's National Emergency Medical Team, joined by health workers

from the Uganda People's Defence Forces and the Uganda Police Force, participated in the exercise. The scenario simulated the detection of an Ebola outbreak and the subsequent cascade of investigation and response measures. Participants practiced critical skills in clinical management, infection prevention and control, water, sanitation and hygiene, logistics, psychosocial support, and safe and dignified burials.

This simulation exercise underscored the importance of regular training, standardized procedures, and strong partnerships in outbreak preparedness. It also highlighted ongoing logistical challenges, such as the need for more reliable supply chains and rapid deployment systems. Lessons learned from the exercise will inform Uganda's future planning and reinforce its leadership in regional health emergency preparedness.

Uganda's use of the IDTM and HEF in this simulation demonstrates how innovation and collaboration can transform preparedness plans into real-world readiness for health emergencies.



## What's new on OpenWHO?

Since the beginning of the year, OpenWHO has expanded its portfolio of free, self-paced online courses to strengthen global health emergency preparedness and response. As of 15 August, the platform has reported over 222 681 course plays and more than 7349 hours of learning viewed, helping to build critical knowledge across 113 health topics covering 18 diseases.

With content available in 21 languages, these courses serve a wide audience—including healthcare professionals, policymakers, public health officials, and communities worldwide—offering accessible, evidence-based learning fully aligned with WHO guidance.



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**New course on screening and treatment facilities design in the context of Mpox outbreaks**

//Version française ci-dessous// The design of screening, treatment wards and centers is a key element in preventing disease transmission within communities and at the facility level. It can also improve the overall patient experience and contribut...

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**🚨 GTFCC launches life-saving cholera case management course during critical global surge**

Amid a resurgent cholera crisis, the Global Task Force on Cholera Control (GTFCC) today unveiled a new online Cholera Case Management course on OpenWHO to empower frontline health workers with essential, evidence-driven skills. The new training m...

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**Together we can #Endcholera**

**Together, we can #Endcholera**

//Version française ci-dessous// We are pleased to announce the launch of the French versions of the GTFCC (Global Task Force on Cholera Control) training courses on cholera surveillance and Priority Areas for Multisectoral Interventions (PAMIs). These resources ...

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Together we can end cholera! That's why we just added 5 free online courses developed by the Global Task Force on Cholera Control to our OpenWHO hub. Learn about Priority Areas for Multisectoral Interventions, cholera surveillance and more in the s...

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### WHO's Health Emergency Appeal 2025

Conflict, climate change, epidemics and displacement are converging to create an unparalleled global health crisis, with 305 million people in urgent need of humanitarian assistance in 2025. In response, WHO is calling for US\$ 1.5 billion for its [2025 Health Emergency Appeal](#), to support life-saving health interventions worldwide.



#### GOARN

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



#### Emergency Medical Teams (EMT)

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



#### Global Health Emergency Corps (GHEC)

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



#### Health Cluster

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



#### EPI-WIN

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



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#### Health security learning platform

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[Regional Office for the Eastern Mediterranean](#)

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## News and highlights

[Amid localized chikungunya outbreaks and ongoing Oropouche cases\[...\]](#) 29 August 2025

[Mpox multi-country external situation report no. 57 published](#) 28 August 2025

[Latin American and Caribbean laboratories strengthen zoonotic influenza detection through joint PAHO-IAEA workshop](#), 22 August

[Famine confirmed for first time in Gaza](#), 22 August

[oPt Emergency Situation Update, Issue 63](#), 21 August

[Integrated Food Security Phase Classification](#), August

[International Coordinating Group \(ICG\) on Vaccine Provision](#)

[Emergency medical supplies for displaced communities in Cambodia](#)

[One Region, One Health: A joint Quadripartite approach to complex health challenges in the Western Pacific](#), 26 August

[Ukraine: national all-hazards strategic risk assessment using the WHO Strategic Toolkit for Assessing Risks](#)

[PRET for impact: Advancing pandemic preparedness in the Democratic People's Republic of Korea](#), 16 July

[Hospital Preparedness for CBRN Emergencies – Peer-Exchange Series](#), 9 July



Science in 5 is WHO's longest running video and audio series. Originally created in late 2020 to explain the science related to COVID-19, it has since expanded to cover a much broader range of topics related to health.

### [Episode #132 - From alerts to action - How WHO protects your health](#)

Did you know that WHO receives over a 100 000 signals every month? What are these health signals or threats? How do scientists and WHO decide which one of these signals could be a potential outbreak or disease? Tune in to Science in 5 with Dr Chikwe Ihekweazu to learn how WHO protects your health every day.