

WHO's Operational Update on Health Emergencies



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Key figures on WHO's work in emergencies: Highlight on the Syrian Arab Republic crisis



On World Health Day, WHO team visited Al Tamayoz nongovernmental organization, Damascus city, Syrian Arab Republic, April 2024. © WHO / Farah Ramada.

The World Health Organization (WHO), working closely with the Ministry of Health, health partners and donors, continues to sustain health services across the Syrian Arab Republic amid ongoing fragility. In June 2025, WHO facilitated the delivery of nearly 20 tons of King Salman Humanitarian Aid and Relief Centre-funded medical supplies to Idlib and Aleppo, supporting around 450 000 treatment courses for an estimated 150 000 people. The reopening of the Ma'arrat An Nu'man primary health care centre supported by WHO and GAVI, the Vaccine Alliance—marked another milestone, providing over 1800 consultations in its first week. In Hama, over 48 000 consultations were delivered at the Al-Birr Association health centre in the first half of 2025.

Despite these advances, the Syrian Arab Republic health system remains severely weakened after more than 14 years of conflict, economic hardship, and displacement. Nearly 80% of the 5.1 million people in northwest Syrian Arab Republic depend on humanitarian health assistance, and severe funding shortages threaten to reverse hard-won progress. Across the country, only 57% of hospitals and 37% of primary health care centres are fully functional, while attacks on health care continue to compromise safety and care delivery.

As the Syrian Arab Republic enters a new phase of recovery and rebuilding, health services remain critical to stabilising communities, supporting returning families, and laying the groundwork for a stronger, more resilient health system. Alongside maintaining lifesaving care, WHO and its partners are focused on strengthening health systems to ensure reliable, sustainable services for all Syrians in the years ahead. WHO and its partners are appealing for urgent donor support to keep facilities operational, protect people's health and dignity, and enable a sustainable transition towards recovery.

Key figures on WHO's work in emergencies as of 15 June 2025



WHO is currently responding to 32 graded emergencies across the world:

17 Grade-3/Protracted 3
14 Grade-2/Protracted 2
1 Grade-1/Protracted 1



US\$ 17.74 million+ **Contingency Fund for Emergencies** released to 10 countries and territories



73 Standby Partners deployments

40 GOARN deployments through the Operational Support Team



Logistics US\$ 8.63 million of goods dispatched to 48 countries and territories



OpenWHO 166 458+ plays, 7559+ hours viewed, 113 topics, 21 languages



Graded emergencies

WHO is actively responding to 32 graded emergencies across the world. Among these, 17 are classified as grade 3 crises, the highest level of graded emergency response, reflecting situations triggering a three-level comprehensive response system based on the [Emergency Response Framework](#). Of these grade 3 emergencies, 6 are considered protracted, meaning they have persisted for over six months.

WHO continuously monitors and updates these designations through its three-tiered incident management system including WHO headquarters, regional offices and country offices, to ensure that resources and support are aligned with the evolving needs on the ground.

To respond to health emergencies [WHO urgently needs US\\$ 1.5 billion](#) in 2025. This support is essential to safeguard the world's most vulnerable communities in the greatest need.



Contingency Fund for Emergencies

In 2025 to date, over US\$ 17.74 million has been released from the [Contingency Fund for Emergencies](#) to support urgent health responses in 10 countries and territories: outbreak response, natural disaster relief, and humanitarian health interventions in Angola, Liberia, Mayotte, Morocco, Myanmar, Sierra Leone, Sudan, Uganda, the United Republic of Tanzania, and Yemen.



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 166 458 plays, with over 7559 hours of content viewed to bolster knowledge for health emergency response across 113 topics. Twenty-one languages are available.

Explore more:
[WHOhealthemergencies.int](#)

Explore more:
[WHOhealthemergencies Dashboard](#)



Standby Partners

As of 15 June 2025, there have been 73 [Standby Partners](#) deployments, 53 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), 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, IMMAP (Information Management and Mine Action Programs), and MSB (the Swedish Civil Contingencies Agency).



GOARN

The [Global Outbreak Alert and Response Network](#) (GOARN) played a crucial role in global emergency operations from January to June 2025. GOARN responded to diverse public health crises, including the conflict in Israel and the occupied Palestinian territory, cholera outbreaks in Angola, South Sudan, and other countries, and the ongoing global COVID-19 response. The network also supported relief efforts after Cyclone Chido in Mayotte, France, and addressed dengue in Cabo Verde, HIV in Fiji, and measles in Mongolia and Viet Nam. Additional work focused on Mpox preparedness and response, especially in the Democratic Republic of the Congo, and continued support for protracted humanitarian emergencies in Myanmar and Sudan.



Logistics

Since the beginning of the year, the WHO Global Logistics Hub in Dubai has dispatched or is preparing to dispatch 270 orders to 48 countries, delivering 820 metric tons of supplies valued at US\$ 8.63 million (3760 cubic metres volume). Key recipients include the occupied Palestinian territory (US\$ 3.96 million), Myanmar (US\$ 0.53 million), and the Syrian Arab Republic (US\$ 0.72 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.

Syrian Arab Republic's health system at a crossroads: sustaining care while paving the way to recovery

June 2025 marks a critical juncture for the Syrian Arab Republic health system. After more than 14 years of conflict, displacement, and economic hardship, millions remain in need of health assistance. The country is entering a phase of recovery and rebuilding that brings hope for the future. However, this transition unfolds amid continued fragility, with a health system that remains severely weakened and humanitarian needs persisting – both for families still displaced and for the large numbers returning and expected to return home in the coming months.

WHO along with the Ministry of Health and health partners, continues to deliver lifesaving care despite severe funding shortages, persistent insecurity, and ongoing health needs. Recent achievements—including the arrival of medical supplies in Idlib, the reopening of the Ma'arrat An Nu'man primary health care centre, and collective Health Cluster efforts across all governorates—demonstrate the resilience of the Syrian Arab Republic health sector. However, these gains remain at risk without urgent and sustained support.

Lifesaving medical supplies arrive in Idlib

On 19 June 2025, nearly 20 tons of medical supplies funded by the King Salman Humanitarian Aid and Relief Centre (KSrelief) arrived in Idlib with WHO facilitation. The delivery included over 70 essential items – from surgical tools and intravenous catheters to maternal health supplies and chronic disease medicines. This shipment is expected to support approximately 450 000 treatment courses, directly benefiting an estimated 150 000 people in Idlib and Aleppo Governorates. This delivery is part of a broader partnership between KSrelief and WHO, which includes two ongoing grants in the Syrian Arab Republic totaling around US\$ 9.5 million. The partnership currently supports more than 50 health facilities, including hospitals, primary health care centers, and specialized units for dialysis and tuberculosis.



KSrelief-funded medical supplies, Idlib, Aleppo, Syrian Arab Republic, June 2025. © WHO.

The support extends beyond supplies to cover salaries for medical and non-medical staff, operational costs, procurement of medical equipment, and the strengthening of disease surveillance systems to detect and contain outbreaks.

“Nearly 80% of people in this region rely on humanitarian health assistance, and every shipment like this helps us keep facilities open and health workers equipped.” said Rosa Crestani, WHO Emergency Lead for the Gaziantep field office.

Ma'arrat An Nu'man health facility reopens

On 16 June 2025, the Ma'arrat An Nu'man health facility in a former frontline area of Idlib reopened after extensive rehabilitation, supported by WHO and Gavi, the Vaccine Alliance. The centre, which began operations on 25 May, provided over 1800 consultations in its first week, offering a comprehensive package of services including outpatient care, maternal and child health, mental health support, immunization, and emergency treatment. The reopening is a crucial milestone for a community where the main referral hospital remains out of service, and the nearest functioning hospitals are more than 45 kilometers away.

The Ma'arrat An Nu'man facility's restoration comes at a time when the area is witnessing increasing returns of displaced families. With 90% of the city's infrastructure was destroyed during years of conflict, the reopening of this health centre is a lifeline for those rebuilding their lives and signals a step toward early recovery.

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“This centre [the Ma’arrat An Nu’mān care centre] is an important step in restoring health services in areas where people are beginning to return. With support from Gavi, we are working to ensure essential care is available to communities rebuilding their lives.” said Christina Bethke, Acting WHO Representative, Syrian Arab Republic.

Health Cluster and Partners: Holding the line

Despite these advances, the health system across the Syrian Arab Republic remains under severe strain. For instance, the Türkiye cross-border operations health cluster, coordinated by WHO and comprising 175 partners, continued to sustain and coordinate health responses, while advocating for the health needs of people in northwest Syrian Arab Republic. This comes at a time when the humanitarian health response is transitioning towards nationally led coordination mechanisms to align with the country’s evolving governance structures and support its recovery efforts. To provide context, the health cluster was officially phased out as of 30 June, and coordination is now transitioning to national and sectoral leadership structures.

However, severe funding shortages continue to threaten the delivery of essential care, with 172 health facilities—including 11 general hospitals and over 100 primary health care centres—at risk of closure, potentially leaving millions without access to lifesaving care. The Health Cluster estimates that US\$ 48.7million is urgently needed to keep facilities across northwestern Syrian Arab Republic operational for the next 12 months. Without immediate donor support, essential services ranging from trauma care to maternal and child health, vaccination, and chronic disease management could be severely disrupted. The situation is compounded by recurring disease outbreaks, high prevalence of noncommunicable diseases, and widespread mental health needs.

In northeast Syrian Arab Republic, needs remain high. Twenty-three health facilities have already suspended operations due to insecurity and underfunding, and another 68 are at risk of closure. Referral systems remain fragile, with thousands of people in camps requiring life-saving medical

transport annually.

Across the country, decades of conflict and underinvestment have left the health system across the Syrian Arab Republic in a state of collapse: only 57% of hospitals and 37% of primary health care centres are fully functional, while around 50-70% of Syrian Arab Republic’s health workforce has left the country. Attacks on health care—including 97 verified incidents since January 2024—have further degraded capacity and compromised the safety of patients and staff. Shortages of essential medicines, outdated infrastructure, and the loss of skilled personnel continue to challenge health service delivery.

WHO, along with its partners, continues to support early recovery interventions, disease surveillance, and mental health services, but the sustainability of these efforts depends on sustained funding and international support.

Sustaining services in Hama

In Hama, central Syrian Arab Republic, WHO and the European Civil Protection and Humanitarian Aid Operations have supported the Al-Birr Association health centre, which provided more than 48 000 consultations in the first half of 2025. Services include outpatient care, surgical interventions, mental health support, and nutrition services. This partnership demonstrates the importance of sustained support for primary care and chronic disease management as the Syrian Arab Republic moves toward recovery.

The road ahead: Urgent need for continued support

While these achievements highlight the resilience and dedication of health workers and communities, the overall outlook remains fragile. Nearly 80% of the 5.1 million people in northwest Syrian Arab Republic depend on humanitarian health assistance. The risk of health facility closures threatens to reverse hard-won gains and leave millions without access to lifesaving care. WHO and its partners remain committed to strengthening health system resilience and ensuring access to essential care for all affected communities, even as the system faces strain.

Community engagement drives Sierra Leone's mpox vaccination and response effort

Sierra Leone continues to face a significant mpox outbreak, with the latest official figures from the National Public Health Agency confirming 4297 cases and 28 deaths, primarily among adults, as of 23 June 2025. The country confirmed its first mpox case on 10 January 2025, tracing symptom onset in the index patient to December 2024. Since then, the outbreak has spread across all 16 districts. Mpox is a viral illness that spreads between people, mainly through close contact, and causes painful skin and mucosal lesions, often accompanied by fever, headache, muscle aches, back pain, fatigue, and swollen lymph nodes. The disease can be both debilitating and disfiguring. In response, the government has declared mpox a public health emergency.

At the onset of the outbreak, Sierra Leone faced limited diagnostic capacity, surveillance infrastructure gaps, and shortages in infection prevention and control (IPC) materials. Community fear and misinformation hindered early reporting and care seeking. However, with strong coordination through the National Public Health Agency, notable progress has been made by intensifying surveillance, case management, and community engagement activities with support from WHO and partners. In June 2025, with WHO support, Sierra Leone further strengthened its response by deploying a multi-disciplinary emergency surge team, composed of trained health and communication professionals from the African Volunteer Health Corps.

Communities are ready for mpox vaccination

Community engagement is central to Sierra Leone's response. More than 700 health workers and community mobilizers have been trained and deployed to raise awareness, dispel misinformation, address stigma and build trust in the mpox vaccine. Local leaders, including chiefs and religious figures, have played a pivotal role in encouraging community participation in vaccination campaigns and addressing concerns directly. Using a range of communication channels, such as community radio broadcasts, door-to-door visits, and public meetings,



WHO strengthens Sierra Leone's mpox response, community engagement activities, June 2025. © WHO Sierra Leone.

ensures that accurate information about mpox prevention and vaccination reaches even the most remote communities. According to the Ministry of Health and Sanitation, these sustained efforts have resulted in readiness for the ongoing mpox vaccine rollout which has already reached over 45 000 people at risk of mpox. These vaccine doses were delivered free of charge through the WHO-led mpox access and allocation mechanism supported by Africa Centres for Disease Control and Prevention, Coalition for Epidemic Preparedness Innovations, Gavi, the Vaccine Alliance, and UNICEF. Efforts to address vaccine hesitancy and misinformation have focused on leveraging trusted local leaders, community health workers and social media platforms to share accurate information and encourage vaccine uptake, especially among vulnerable groups. The willingness of communities to participate reflects growing confidence in the health system and a shared commitment to disease prevention. This is the result of months of intensive sensitization and engagement activities led by the Ministry, with key support from WHO and partners.

"We've done the talking. The people listen to us. They've received the messages. Some of them even play the mpox voice notes from their phones while we're speaking. They know what to do. Now they're asking when they'll get the vaccine." said Hawa Yayah, a community mobilizer.

District-level response: Port Loko and Bombali

WHO, in collaboration with the Ministry of Health and Sanitation, conducted an assessment of the mpox response in Port Loko and Bombali districts, commending district health management teams for their swift action and effective coordination.

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Both districts have activated their Rapid Response Teams and are implementing key interventions, including risk communication, community engagement, surveillance, and case management. These measures have been crucial in containing the spread of the virus and ensuring that suspected cases are quickly identified and managed.

Over 2000 community members have been reached through targeted communication activities in these districts, promoting early reporting of symptoms and preventive practices such as hand hygiene. Collaboration with more than 50 traditional leaders and over 120 community health workers has ensured that response efforts are contextually appropriate and widely accepted. District-level efforts highlight the importance of decentralized implementation and trusted community networks. Local leaders and community health workers (CHWs) not only disseminate information but also strengthen the link between communities and health authorities. WHO also donated critical medical supplies to both districts, including personal protective equipment (PPE) for frontline health workers and laboratory materials for mpox diagnosis. Newly repurposed buildings in Port Loko and Bombali will serve as dedicated mpox treatment centres, further strengthening the local response and ensuring that patients have access to appropriate care.

WHO Support: Donation of medical equipment

To further bolster the national response, WHO donated medical equipment and supplies valued at over US\$ 640 000 to the Ministry of Health and Sanitation. This is the third and largest donation of mpox control laboratory and medical supplies since the outbreak began in January 2025. The supplies include PPE for healthcare workers, GeneXpert cartridges and laboratory materials for mpox diagnosis and monitoring, and cold chain equipment to support HIV and immunization service delivery. The donation also includes 10 patient monitors and 20 oxygen concentrators, which will enhance the capacity of health facilities to provide clinical care and ensure infection prevention and control. More than 2000 PPE kits have been distributed to protect health workers on the frontlines.

Key facts on Mpox

- Viral disease (orthopoxvirus); animal-to-human (contact with forest wildlife or uncooked game meat) and human-to-human transmission (close/sexual/household contact)
- Rash (often with itchy/painful lesions), fever, swollen lymph nodes, muscle aches, fatigue
- Most cases are mild; symptoms resolve in 2–4 weeks; severe illness is rare but possible (higher risk: children, pregnant, immunocompromised)
- Current outbreaks mainly in east, central, and west Africa; global outbreak reported and ongoing since 2022
- Vaccines available for high-risk groups and outbreak response; early detection and supportive care recommended
- Prevention: avoid close contact with any person who has or may have mpox, practice safer sex, hand hygiene, and cook meat thoroughly

These essential supplies will immediately contribute to the mpox response and help build long-term health system resilience.

Sustaining progress and building resilience

Sierra Leone's mpox response has demonstrated determination and adaptability, and ongoing support will be critical in halting transmission, protecting lives, and preventing future outbreaks. Key outstanding needs include funding for active surveillance, genomic sequencing, as well as gaps in IPC supplies, case management capacity, and psychosocial support.

Without sustained investment, critical components, such as the ongoing interventions in community engagement, deployment of rapid response teams, success of the vaccination effort and logistics support systems, risk being disrupted. While the initial response has shown commendable progress, sustaining momentum requires institutionalizing community engagement as a core part of public health emergency response. Continued support for CHW training and risk communication should become standard practice to strengthen preparedness. Sierra Leone's experience demonstrates that robust community involvement is essential for effective response and resilient health systems.

Thailand's comprehensive response to the anthrax outbreak

[Thailand responded to an anthrax outbreak](#) in Mukdahan Province, with five confirmed human cases, including one fatality, linked to direct contact with infected cattle. Anthrax, a life-threatening zoonotic disease caused by the spore-forming bacterium *Bacillus anthracis*, is not endemic in Thailand and neighboring Laos; this marks the country's first anthrax-related death since 1994. The outbreak began in April 2025 when villagers slaughtered two cows during local events, distributing meat that later tested positive for *Bacillus anthracis*. All cases presented as cutaneous anthrax.

Epidemiology and case details

- **Origins:** Exposure occurred through direct contact with infected cattle. The first fatality developed severe symptoms (convulsions) within days of exposure.
- **At-risk population:** Health authorities screened 636 individuals across three villages, identifying 28 high-risk persons involved in slaughtering. Post-exposure prophylaxis (doxycycline) was administered to all exposed individuals.
- **Recent case:** A fifth case was confirmed on May 28, 2025, though clinical details remain unknown.

Public Health Response

Thai authorities implemented comprehensive measures:

Human health:

- Environmental disinfection of 23 high-risk households.
- Enhanced risk screening and post-exposure prophylaxis for at-risk individuals.
- Genomic sequencing of samples to trace transmission.
- Nationwide risk communication campaigns.

Animal health:

- Quarantine of 123 cattle herds and penicillin treatment.
- Vaccination of 1222 cattle/buffalo within a 5-km radius.
- Movement restrictions and checkpoints to prevent cross-border spread.



Situation awareness team on the ground, gathering critical information to control the anthrax outbreak, Mukdahan province, May 2025. © Ministry of Public Health.

"In Thailand, integrated One Health surveillance that links human, animal, and environmental health is essential for effective anthrax prevention and control. Given the zoonotic nature of anthrax, public education and targeted risk communication interventions are equally critical to raise awareness about transmission risks, promote safe practices, and empower at-risk communities to protect themselves." said Dr Saowapak Hinjoy, One Health senior expert, department of disease control, Ministry of Public Health.

WHO risk assessment and guidance

WHO evaluates the outbreak as natural and considers the risk of international disease spread via animal movement to be low, citing the robust public health measures implemented by Thailand. Key recommendations include:

Prevention: Farmers must report animal deaths promptly; high-risk occupations (e.g., veterinarians) should use personal protective equipment and practice workplace hygiene.

Clinical management:

- Suspected cases require immediate care and prompt initiation of antibiotic therapy.
- Healthcare workers should use contact precautions for cutaneous anthrax with active drainage.

This outbreak underscores anthrax's persistent threat in endemic regions despite its rarity in Thailand. The last major outbreak occurred in 1995 (102 cases). Ongoing surveillance in border provinces remains critical, especially given historical spillover risks from neighboring countries.

How Tonga and WHO are joining forces to strengthen dengue outbreak response

Dengue cases have increased significantly across the Pacific islands in 2025, including in Tonga, where this mosquito-transmitted illness continues to spread. Since the outbreak was declared on 19 February, Tonga, a country with just over 100 000 people, has recorded 845 confirmed cases and 3 dengue-related deaths. Cases have been reported on 4 main islands, with the highest numbers in Vava'u and Tongatapu, which includes the capital, Nuku'alofa.

The Ministry of Health has been promptly responding to the outbreak. After 3 deaths, the Ministry conducted a national intra-action review that aimed to identify best practices, challenges, lessons learned, and to propose corrective measures in the outbreak response on 6 May, with support from WHO.

“The intra-action review was an important opportunity to take stock of what’s working, where we need to improve, and how we can strengthen our dengue response together,”
said Dr Ofa Tukia, Director of Public Health from Tonga’s Ministry of Health.

Key facts about dengue:

- A viral infection spread by infected Aedes mosquitoes.
- About 70% of the world’s population is at risk, with 100–400 million estimated infections annually.
- Most common in tropical and sub-tropical urban and semi-urban areas.
- Many infections are mild or asymptomatic; severe cases can be fatal.
- No specific treatment exists; prevention relies on mosquito control, vaccines and early medical care reduces deaths.



Community clean-ups on the way in Tonga, June 2025. © Ministry of Health.

Key actions implemented following the intra-action review include:

- **Enhanced clinical management:** WHO deployed a clinical management expert on 20 May to support early detection, symptom management, and referral of severe cases. Staff at Vaiola Hospital received targeted training, and a 'Training of Trainers' model is being expanded to outer islands, with online mentoring, aiming to achieve zero preventable deaths due to dengue.
- **Strengthened surveillance:** An updated surveillance plan now integrates data from clinics, hospitals, and laboratories, improving case tracking, outbreak severity assessment, and identification of high-risk areas to inform targeted interventions.
- **Vector control:** The government is reducing mosquito breeding sites and applying larvicides, with WHO support. Field teams are monitoring and adapting interventions as needed.
- **Risk communication and community engagement:** The Ministry and WHO are disseminating practical messages, including severe dengue and warning signs via radio, telephones, television, posters, and village outreach. New materials in English and Tongan have been developed post intra-action review, and health workers are conducting village visits to promote protective measures and community clean-up activities.

Continued focus on early detection, robust clinical care, community engagement, and coordinated efforts between the Government, WHO, and partners is essential to contain the outbreak and reduce dengue’s impact in Tonga.

Strengthening evidence for public health and social measures

World Health Assembly adopts milestone public health and social measures resolution



At the 78th World Health Assembly, Member States adopted the resolution [WHA78.3](#), strengthening the evidence-base for public health and social measures (PHSM). This historic resolution urges countries to strengthen and support equitable, rigorous, and interdisciplinary research on PHSM. The focus is on evaluating their effectiveness, assessing unintended consequences, and identifying context-specific implementation strategies. The goal is to ensure that PHSM are not only effective but also balanced, equitable, and grounded in the best available evidence.

The resolution reflects three years of dedicated collaboration and leadership by Member States, led by Norway and including Brazil, China, Georgia, Qatar, Romania, Singapore, Spain, and Zambia. It calls for integrating behavioral and social sciences, community participation, and ethical oversight into PHSM research, and for using robust evidence to inform proportionate, relevant, and equitable policy and practice.

Launch of the PHSM knowledge hub

Coinciding with the resolution, WHO launched [the PHSM knowledge hub](#), a dynamic, open-access digital platform designed to empower policymakers, researchers, and practitioners. The Hub provides access to over 150 000 research articles and global guidance on PHSM for 23 priority diseases.

The knowledge hub leverages advanced artificial intelligence to deliver four integrated tools:

-  **PHSM bibliographic library:** A multilingual, multidisciplinary repository of PHSM research and resources.
-  **Living reviews:** AI-assisted screening that accelerates and automates evidence reviews, delivering timely insights.
-  **Research atlas:** Mapping research articles against WHO's global research agenda and conceptual framework.
-  **Recommendation finder:** A searchable repository of PHSM-related WHO recommendations, technical specifications, and enabling functions.



PHSM resolution and knowledge hub

- **Resolution adopted:** 78th World Health Assembly, May 2025, [WHA78.3](#)
- **Member States leading the resolution:** Brazil, China, Georgia, Norway, Qatar, Romania, Singapore, Spain, and Zambia
- **Launch of the PHSM knowledge hub:** Over 150 000 research articles and global guidance for 23 priority diseases
- **AI-powered tools:** Bibliographic library, living reviews, research atlas, recommendation finder

The PHSM knowledge hub is developed under the auspices of the WHO global initiative on strengthening PHSM during health emergencies and developed by the WHO PHSM Secretariat and Epistemonikos Foundation.

The adoption of the PHSM resolution and the launch of the knowledge hub mark significant steps toward ensuring that PHSM for emergency response are risk-based, evidence-informed, context-specific, equitable and community centred.

For further information, please contact the PHSM Secretariat at phsm@who.int.

Strengthening health security through the European International Health Regulations (IHR 2005) national focal point workshop

In an interconnected world, protecting people from health threats—whether from sudden disease outbreaks, conflicts, natural hazards, environmental hazards, or pandemics—requires robust, coordinated systems. Global, regional and national health security efforts aim to safeguard populations by ensuring countries are ready to detect and respond to such threats swiftly and effectively.

Who are the national IHR focal points?

At the heart of this global defense is the [International Health Regulations \(IHR 2005\)](#)—a legally binding international framework designed to help countries build and sustain the core capacities needed for prevention, preparedness and response. Central to the IHR implementation are National IHR Focal Points (NFPs)—designated entities within countries, territories, and areas who are responsible for detecting and reporting health related events that may pose international concern, among other functions. To support and strengthen their critical role, the WHO Regional IHR Contact Point for Europe convened a regional workshop on 3–4 June 2025 at the WHO Academy in Lyon, France – one of many regular such meetings organized since 2017.

Building a safer future together

The workshop brought together IHR NFPs from 14 selected WHO Member States in the European Region, alongside representatives from public health authorities and international partners to enhance the day-to-day operations of IHR NFPs, particularly their coordination and public health threats communication capacities, and to foster deeper peer-to-peer exchange of experiences and best practices. Designed as an interactive meeting, it featured a blend of presentations, interactive discussion sessions, and working groups. Participants discussed recent developments related to the IHR amendment process, had an overview of WHO's operational mechanisms, including its role in supporting IHR NFPs in event detection, notification and management.



Dr Ihor Perehinets, Regional Emergency Director for the WHO European Region, welcomes participants and delivers key IHR updates, 3 June 2025, WHO Academy, Lyon, France. © WHO.

They were also introduced to the European National IHR Focal Points Knowledge Network that is aimed at promoting continuous learning and collaboration. Beyond information-sharing, the event created opportunities to explore shared interests and identify areas for future collaboration.

By the end of the workshop, participants had strengthened their understanding of how IHR NFPs operate across the Region and gained practical insights into addressing common challenges related to IHR daily work. The event marked a critical step toward enhancing the effectiveness of the IHR NFP network and advancing the broader mission of global health security. The workshop was financially supported by the European Commission.

“This meeting is a valuable opportunity for IHR National Focal Points to connect with counterparts from other countries and with colleagues from the WHO Regional Office for Europe—people we communicate with every day,” said Alethea Charlton, Principal Scientist, the UK Health Security Agency. **“It helps us better understand what information they find useful and what they are looking for, so we can collaborate more effectively. Strengthening these networks enables us to keep learning from one another, share best practices, and continuously improve our work in the UK [United Kingdom of Great Britain and Northern Ireland].”**

WHO enhances emergency workforce readiness in the Western Pacific

When emergencies strike – be they disease outbreaks, cyclones or earthquakes – countries are expected to activate their public health emergency operations centres (PHEOCs) to streamline actions, manage resources and share critical information. Recognizing the crucial role of PHEOCs, WHO and Australia's National Critical Care and Trauma Response Centre (NCCTRC) brought together PHEOC managers, incident leads and the emergency surge workforce from 18 countries across the Western Pacific Region for a hands-on training from 2 to 6 June 2025. Through interactive sessions covering various modes of emergency operations, from watch and alert to full-scale response, participants strengthened their skills for better-coordinated responses to domestic and international public health threats.

This initiative, supported by the Government of Japan and the Australia's NCCTRC Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific, demonstrates the value of partnership in strengthening regional health security. By investing in emergency workforce readiness and promoting multisectoral collaboration, WHO and its partners are helping countries in the Western Pacific Region to better protect their communities from current and future health threats.

“In previous emergencies, such as COVID-19 and H5N1 (avian influenza), we had to coordinate across ministries, WHO and experts to assess risks, plan response strategies and mobilize resources quickly. PHEOCs were a lifeline during these response efforts. Before an emergency, PHEOC guidelines enable us to prepare well. During an emergency, we manage and coordinate through PHEOCs. We are able to collect and share real-time data, guide decisions and communicate clearly with the public and partners. And even after an emergency, we use this coordination mechanism to review efforts and build back stronger. Through this regional PHEOC training, I’ve gained practical skills in surveillance, logistics, outbreak management and risk communication. More importantly, training alongside colleagues from 18 countries in the Region fosters cross-border trust, coordination and solidarity. I’ve learnt so much from PHEOC professionals working in other countries. (...)” said Dr Teng Srey, Deputy Director of the Department of Communicable Disease Control, Ministry of Health, Cambodia.



Dr 'Ana Mahe (right) shares thoughts with Dr Ilisapeci Lasaro from the Ministry of Health and Medical Services of Fiji. © WHO / Chandra Gilmore.

“During the 2022 volcanic eruption and tsunami, my team received survivors on the main island [Tongatapu]. That moment reminded me of why we train – to be ready and to protect our people. PHEOC are essential before, during and after emergencies – from planning and surveillance to coordinating response and recovery. I’ve seen this first-hand during Tonga’s dengue outbreak [this year] and the COVID-19 response. As the PHEOC focal point for Tonga, I’ve worked with WHO to develop a handbook and conduct related trainings. Through this regional PHEOC training, I’ve gained additional skills to manage future health crises. I’ve learnt so much from counterparts across the [Western Pacific] Region who provide emergency response surge support through PHEOCs (...)” said Dr 'Ana Mahe, Senior Medical Officer from Tonga.



Dr Srey (left) talks with Dr Ngoc Long Vu from the Ministry of Health of Viet Nam (right). © WHO / Chandra Gilmore.

GOARN impact in the field: Brazil implements Go.Data for enhanced contact tracing



The epidemiology team from the State of Rio de Janeiro using Go.Data in response to an outbreak, 2025. © PAHO/WHO Brazil.

Nationwide adoption and rollout

Brazil has recently adopted Go.Data, with the Ministry of Health and state health departments now rolling out the tool nationwide. This recent development is enabling health professionals to collect, manage, and analyze outbreak data in real time, making the response to public health emergencies more agile and effective. The adoption of Go.Data marks a new phase in Brazil's approach to epidemiological investigation and contact tracing.

2021-2022 - Pilot phase (COVID-19, Mpox)

The path to nationwide adoption began when Go.Data was first used in two affected municipalities during the Covid-19 pandemic (2021-2022). The tool facilitated rapid and structured data collection and analysis, even for users with limited technical expertise. Its flexibility allowed for customization to meet local needs, demonstrating its value for outbreak investigation and contact tracing in Brazil's diverse and vast territory. Following this experience, Go.Data was also used by some states for Mpox.

2022 - Capacity building and training

Since 2022, in-person training sessions have been conducted in all 27 states, including the federal

district. To date, thousands of health professionals have been trained, with a focus on practical exercises and real-time data management. This approach has ensured that teams across Brazil are equipped to use Go.Data efficiently and effectively.

2024 - Open-source transition

In April 2024, Go.Data became an open-source platform, further increasing its accessibility and adaptability for Brazil and other countries. This transition has allowed for broader adoption and has encouraged local innovation in outbreak response.

Boosting agile outbreak response

With Go.Data now adopted by all 27 states, Brazil has significantly increased its capacity for early detection and rapid response to outbreaks. Thousands of health professionals have been trained to use this tool, which now supports surveillance efforts across 8.5 million km² and 5570 municipalities. This large-scale adoption is already enabling faster, more coordinated data sharing and decision-making, helping to break chains of transmission and protect millions of people.

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Go.data training to all 27 states, November 2023, organized by PAHO/WHO and Ministry of Health, © PAHO/WHO Brazil.

“The adoption of Go.Data has transformed our approach to outbreak response, enabling us to act swiftly and efficiently to protect communities across all regions.” said Felipe Lopes Vasconcelos, a national consultant for PAHO/WHO.

The implementation of Go.Data represented a significant advance in conducting contact tracing investigations and dealing with outbreaks in Brazil. By offering a single platform with regional access permissions, the tool brought greater agility, standardization, and efficiency to processes, allowing real-time monitoring of events. This improvement was essential to accurately understand transmission chains, quickly identify exposed contacts, and adopt more timely control measures, contributing to the interruption of new cases. The integration of Go.Data into the country's official notification system also ensured alignment with national guidelines, strengthening the coordinated and structured response.

Combined with visualization resources, the tool expanded analytical capabilities, facilitating data interpretation and supporting evidence-based decision-making. In addition, the development of operational manuals and specific training allowed for standardizing procedures and qualifying professionals involved in the response.

The result of this process is a concrete transformation in the dynamics of outbreak investigations, which now occur in a more agile, integrated and effective manner, strengthening the response capacity to public health emergencies.

Go.Data in Brazil – key milestones

- **2025** – Rolled out in 27 states, covering four diseases (COVID-19, mpox, avian influenza, measles) across 8.5 million km² and 5570 municipalities to support real-time data collection, contact tracing, and visualization of transmission chains
- **2024** - Became open-source, adopted nationwide by the Ministry of Health and the states
- **2023** - National training reached over 150 health professionals across 27 states
- **2022** - Used for mpox response, over 1000 health professionals trained
- **2021** - Used in two Brazilian municipalities for the COVID-19 pandemic

Honduras strengthens pandemic preparedness with support from the Pan American Health Organization, the United Nations Children’s Fund, and the World Bank



Representatives from the Secretariat of Health, Agriculture and Livestock, Natural Resources and Environment, Forest Conservation Institute, and international partners gather at the official launch of the project “Honduras Prepared and Alert for Potential Pandemic Events”—a strategic initiative to strengthen the country’s ability to prevent and respond to future health threats, 18 June 2025, Honduras. © PAHO/WHO Carlos Florian.

“Strengthening preparedness and response to pandemics is a priority for Honduras. This project will allow us to improve surveillance, early detection, and rapid response to public health threats, working in a coordinated manner among the human, animal, and environmental health sectors.” said Dr Carla Paredes, Deputy Secretary of Health Service Networks.

On 18 June 2025, Honduras formally launched a major effort to strengthen national capacities for pandemic prevention, preparedness, and response. The project, “Honduras Prepared and Alert for Potential Pandemic Events,” is a three-year initiative supported by a US\$ 17 million grant from the World Bank’s Pandemic Fund, with technical assistance from the Pan American Health Organization (PAHO) and United Nations Children’s Fund (UNICEF).

This multisectoral initiative adopts a One Health approach, recognizing the interconnectedness of human, animal, and environmental health. The launch event, convened at the PAHO/WHO offices in Tegucigalpa, brought together representatives from the Secretariat of Health, Secretariat of Agriculture and Livestock (SAG–SENASA), Secretariat of Natural Resources and Environment (SERNA), Forest Conservation Institute (ICF), and international partners. This collaboration underscores the importance of coordinated action across sectors to address complex public health threats.

Objectives and strategic actions

The project aims to:

- Strengthen surveillance systems for early detection and risk assessment of emerging and re-emerging health threats.
- Enhance laboratory diagnostic capacity to support timely confirmation of priority pathogens.
- Build workforce capacity through training of health and technical personnel in outbreak detection, investigation, and response, with a focus on the One Health framework.
- Establish and operationalize coordination mechanisms across human, animal, and environmental health sectors to ensure integrated preparedness and response.

These actions are designed to enhance the country’s ability to prevent, detect, and respond rapidly to health emergencies, mitigating the impact on public health and national development.

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Honduras advances its commitment to the International Health Regulations by implementing the Joint External Evaluation—a key exercise to review and strengthen the country's capacity to respond to health threats, Tegucigalpa, May 2025, Honduras. © PAHO/WHO Carlos Florian.

National and international partnership

The initiative is further reinforced by national counterpart funding and institutional co-investments, which will:

- Expand surveillance and laboratory networks.
- Promote harmonized protocols and joint operational procedures across sectors.
- Foster a culture of preparedness and resilience at all levels of the health system.

Strengthening core capacities through voluntary external evaluation

As a cornerstone of this new Pandemic Fund initiative in Honduras, the country is undertaking a Voluntary External Evaluation (VEE) to assess and strengthen its pandemic prevention, preparedness, and response (PPR) capacities. Initiated in January 2025, this comprehensive national process involves key sectors, including human and animal health, environment, and security, to evaluate the country's readiness to manage health threats emerging at the human-animal-environment interface. The assessment, technically supported by PAHO/WHO, focuses on 15 core International Health Regulations capacities, such as surveillance, laboratories, emergency response, risk communication, and multisectoral coordination, with the aim of identifying gaps, sharing best practices, and defining concrete improvement actions.

Key Facts — Pandemic preparedness in Honduras

- **Duration:** 3 years
- **Funding:** US \$17 million from the World Bank Pandemic Fund
- **Partners:** PAHO, UNICEF, Secretariat of Health, SAG–SENASA, SERNA, ICF
- **Strategic areas:** Surveillance, laboratory diagnostics, workforce development, multisectoral coordination
- **Objective:** Strengthened capacity for early detection and rapid response to potential pandemics

The VEE not only strengthens institutional collaboration and cross-sectoral coordination but also reinforces the country's ability to detect and respond to public health risks early and effectively. This vital evaluation will lay the groundwork for targeted investments and sustained capacity building, ensuring a more resilient and responsive health system aligned with global health security priorities.

This initiative aligns with WHO's global strategy to strengthen health emergency preparedness and response, highlighting the critical role of international cooperation and technical support in building resilient health systems. Honduras' proactive approach serves as a model for countries in the Region of the Americas seeking to enhance national and regional health security.

Uganda leads regional simulation to boost outbreak response

Uganda recently hosted a pivotal regional simulation exercise in Entebbe, aimed at enhancing Eastern Africa's readiness to respond to infectious disease outbreaks. The three-day event brought together over 50 emergency responders from 14 countries, focusing on threats such as Ebola and Marburg viruses. The exercise was part of the WHO and World Food Program-led INITIATE² project, which develops innovative, rapidly deployable solutions for health emergencies.

Diverse participation and hands-on training

Participants represented a wide spectrum of emergency response fields, including clinical case management, infection prevention and control, water, sanitation and hygiene, and health logistics. The simulation centered around the Infectious Diseases Treatment Module (IDTM), a modular facility designed for rapid deployment and high-standard care during outbreaks. Over the course of the exercise, teams practiced setting up the IDTM, admitting and treating patients, and ensuring safe discharges, all within realistic, time-sensitive scenarios.

Strong regional and international collaboration

The event was co-organized by Uganda's Ministry of Health and the Africa Centres for Disease Control and Prevention, with technical support from WHO, the United Nations World Food Programme, the University of Tübingen, and the Infectious Diseases Institute. This collaboration provided a platform for countries to test coordination systems, refine emergency protocols, and foster regional partnerships.

"This simulation exercise presents an opportunity to test our capacities, systems, refine protocols and build relationships, ensuring that the next outbreak finds us ready to respond with speed, and precision so that we save lives" said Dr Allan Muruta, Commissioner of Integrated Epidemiology Surveillance and Public Health Emergencies, Ministry of Health.

Emphasis on innovation and rapid response

A key feature of the simulation was the use of the IDTM, which can become fully operational within six



Medical staff in the low-risk area provide support to colleagues working in full PPE inside the high-risk zone of the Infectious Diseases Treatment Module, Entebbe, May 2025. © WHO / Luca Fontana.

hours of deployment and can be configured to meet diverse outbreak scenarios. WHO's involvement ensured that the latest innovations, such as the IDTM, are aligned with public health priorities. Dr. Kasonde Mwinga, WHO Representative in Uganda, underscored the importance of rapid deployment and capacity building for national teams.

Building capacity for the future

The exercise demonstrated the value of coordinated, multi-agency planning and response, with participants noting the benefits of synergy across logistics, clinical care, and emergency management. Following the event's success, Uganda's Ministry of Health has invited the INITIATE² team to conduct a more extensive, five-day simulation for the country's Emergency Medical Team, focusing on deployment procedures and cross-functional collaboration.

Ongoing commitment to preparedness

Since its inception in 2021, INITIATE² has provided countries with standardized, field-ready solutions for health emergencies. This latest simulation marks a significant milestone in building skilled teams, accelerating response times, and integrating innovation into preparedness frameworks. As outbreaks remain a persistent threat in the region, such initiatives underscore the critical need for investment in people, partnerships, and practical, deployable solutions.

Building resilience through a multisectoral approach: Vanuatu completes first Joint External Evaluation to strengthen health security



Pacific, National and international health security experts gather in Port Vila for the Joint External Evaluation, Vanuatu, June 2025. © BREJ Pacific.

Vanuatu has taken a major step forward in protecting its population from health threats by completing its first Joint External Evaluation (JEE): a process that assesses a nation's capacity to prevent, detect, and rapidly respond to public health risks including outbreaks of diseases and events such as cyclones and earthquakes.

A collaborative review process

In June 2025, over 30 experts from government ministries, WHO, and international partners convened to conduct the JEE. Over a course of a week, they collaboratively reviewed 19 key areas, including disease surveillance, laboratory systems, emergency response, and risk communication and community engagement. This multisectoral approach enabled a thorough assessment of Vanuatu's capacity to manage outbreaks, natural disasters, and other health emergencies.

Progress and achievements

The evaluation highlighted Vanuatu's notable progress in strengthening its core public health capacities. The establishment of a national public health laboratory and improvements in disease surveillance systems have enabled faster detection and reporting of potential outbreaks. Strong government leadership and effective coordination with partners have been critical in responding to recent challenges, such as the COVID-19 pandemic and cyclone-related emergencies.

“These overlapping crises highlighted the urgent need for resilient, multisectoral systems that can withstand and recover from concurrent hazards, and focus towards long-term preparedness and recovery. The JEE process has given us a clear picture of our strengths and the areas where we must invest further to protect the health of our people.” said Mrs Shirley Tokon, Director General of Health, Vanuatu during her opening speech.

Recommendations

Vanuatu has demonstrated commitment to multisectoral collaboration, engaging teams from management, environment, climate change, border agencies, internal affairs and other sectors in its approach to health security. To build on progress so far, the evaluation recommended bringing services that strengthen health security closer to populations at sub-national level and to further strengthen surveillance and investment into health workforce to ensure long-term resilience.

Leadership and the way forward

WHO commends the Government of Vanuatu for its leadership and commitment to transparency and partnership. The successful completion of the JEE demonstrates what can be achieved when countries, international organizations, and donors work together toward a common goal. With continued support, Vanuatu is well-positioned to build on these achievements and serve as a model for health emergency preparedness in the Pacific region.

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 June, the hub delivered over US\$ 8.63 million in vital health supplies to 48 countries across five WHO geographic regions. 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.

Rapid response

Following the 7.7 magnitude earthquake in Myanmar on 28 March, the hub mobilized life-saving supplies within 24 hours. Coordinating two emergency air charters, it delivered 74 metric tons of trauma and emergency surgery supplies, along with life-saving medicines. The hub has since continued its vital support, dispatching a total of 77 metric tons of essential health supplies to bolster the ongoing health response and ensure critical care reaches those most in need.

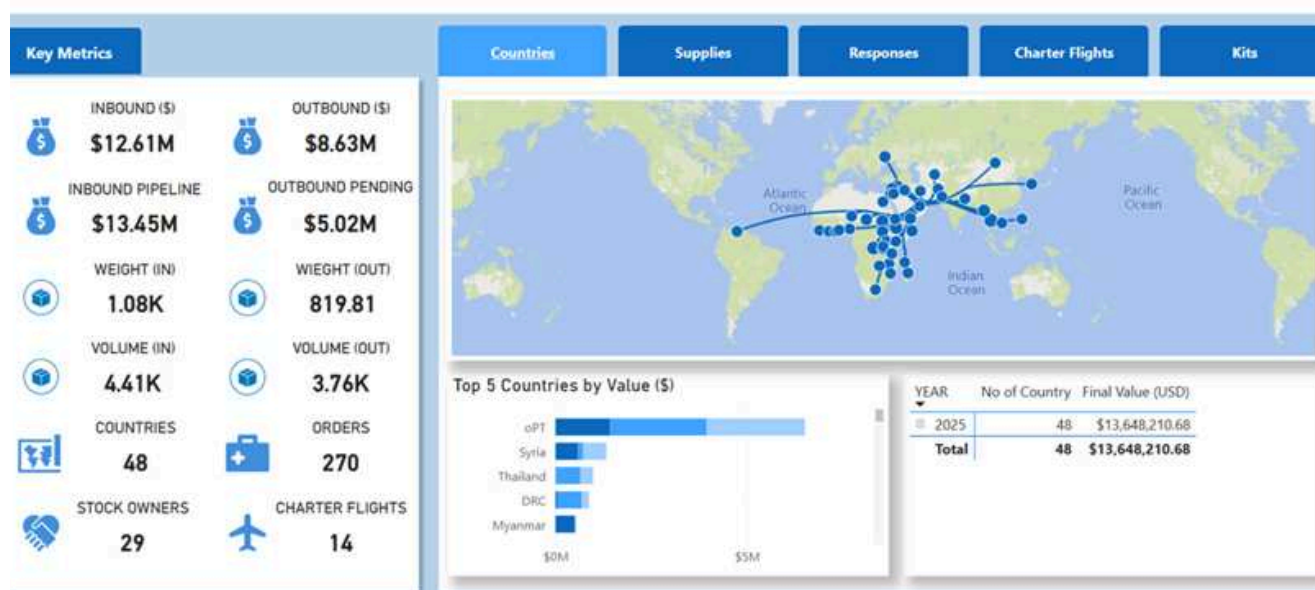


Logistics hub Dubai, 2025. @WHO.

Agile supply chain operations

The hub optimizes resource allocation by prioritizing the delivery of health supplies based on the scale and severity of emergencies. Demonstrating responsiveness and agility, it continuously drives down the per kilogram costs of delivering health supplies. Cost savings are achieved through in-kind charter flights and leveraging logistics networks, reducing the per-patient cost of treatments in challenging humanitarian environments. This enables WHO to deliver more health supplies to more people, more quickly than ever before.

The WHO hub's efficient coordination and cost-saving logistics enable rapid delivery of health supplies to more people, improving access to critical treatments and interventions. This leads to better health outcomes and maximizes the impact of donor investments in public health.



Strengthening WHO's frontline: the humanitarian emergencies epidemiology course



On-site humanitarian emergencies epidemiology training, Kabul, Afghanistan, 2023. Since then, the course has been conducted virtually. © WHO Afghanistan / Zakarya Safari.

As the frequency and complexity of health emergencies increase globally, WHO continues to invest in building a robust workforce of epidemiologists equipped to respond rapidly and effectively. The humanitarian emergencies epidemiology course is a cornerstone of this commitment, an intensive, six-day, competency-based training designed to enhance WHO's operational readiness for health emergencies. This course was developed in partnership with the United States of America Centers for Disease Control and Prevention and the Training Programs in Epidemiology and Public Health Interventions Network, leveraging global expertise to build field epidemiology capacity.

A course shaped by operational needs

Launched in 2019 for graduates of field epidemiology training programmes, the course was developed to address the specific challenges of field epidemiology in humanitarian settings. Its relevance became even more pronounced during the Ukraine emergency, when the curriculum was adapted for just-in-time training of responders. As external funding decreased, the course was adapted to strengthen internal WHO capacity, including the delivery of two dedicated sessions for WHO staff in Afghanistan.

Today, the course is in its third year of virtual delivery to WHO personnel globally, with nearly 70 staff enrolled in 2025, reflecting its increasing demand and flexibility. Participants gain practical competencies in data collection, rapid assessment, and the application of public health information management tools. The curriculum is tailored to ensure immediate operational relevance and deployment readiness.

Comprehensive curriculum for emergency response

Delivered by a team of international experts, the course covers critical topics, including:

- Humanitarian architecture and the cluster approach
- Classification and health impacts of emergencies
- Water, sanitation and hygiene in emergencies
- Nutrition and the principal causes of morbidity and mortality
- Data collection, rapid assessment, and situation analysis
- Communicable disease surveillance and early warning systems
- Emergency surveys, monitoring, and evaluation

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Simulation exercise: Bridging knowledge and practice

A key feature of the course is the immersive simulation exercise, which runs over a 2.5-day period. During this exercise, participants work in teams to navigate a realistic emergency scenario, undertaking activities such as:

- Conducting a public health situation analysis
- Performing needs assessments through simulated field missions
- Developing outbreak response strategies and early warning systems
- Designing, conducting, and reporting on emergency surveys
- Preparing monitoring frameworks for a response plan

This hands-on approach ensures that participants are equipped to apply technical knowledge in real-time and high-pressure contexts.

Real-world impact: Timely and targeted capacity building

The course's flexible format enables rapid adaptation to evolving emergencies. For example, following a recent earthquake in Myanmar, the "Communicable Disease Surveillance in Emergencies" module was prioritized for 14 participants from the Myanmar Country Office. Participants have emphasized the timeliness and operational relevance of the lectures in acute settings. Feedback from participants consistently underscores the value of the course's practical approach, particularly the team exercises, which closely reflect the challenges encountered in the field.

Building a workforce ready for deployment

A primary objective of the course is to maintain a roster of trained epidemiologists who can be deployed through national and international mechanisms. By 2025, over 150 WHO personnel will have completed the training, joining a global network of responders supporting health emergency operations.



On-site humanitarian emergencies epidemiology training, Kabul, Afghanistan, 2023. Since then, the course has been conducted virtually. © WHO Afghanistan / Zakarya Safari.

“We aim to develop your skills to be the first responders for meeting epidemiologic needs in humanitarian emergencies, domestically and abroad.” said Dr Boris Pavlin, course director.

Key milestones in course development

- 2025: Third year of virtual delivery, with nearly 70 staff enrolled, over 150 WHO staff trained
- 2023: Internal rollout for WHO staff, including Afghanistan sessions
- 2022: Adapted for Ukraine emergency; just-in-time delivery
- 2019: Course launched for Field Epidemiology Training Programmes graduates

Looking ahead

As humanitarian emergencies continue to evolve, the Humanitarian Emergencies Epidemiology Course remains central to WHO's strategy for strengthening emergency preparedness and response. Through expert-led instruction, real-world simulation, and a flexible, needs-driven approach, WHO is ensuring its workforce remains ready to safeguard health and save lives wherever crises arise.

This course exemplifies WHO's commitment to building and sustaining operational capacity for effective health emergency response worldwide. For more information, contact the course director, Boris Pavlin at pavlinb@who.int.



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](#).



WHO publications and technical guidance

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OpenWHO

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Health security learning platform

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For more information on WHO's regional response:

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News and highlights

[Building resilience through multisectoral approach: Vanuatu completes first Joint External Evaluation to strengthen health security- Vanuatu, 20 June 2025](#)

[KSrelief-funded medical supplies arrive in Idlib, bringing critical care to 150 000 people, 19 June 2025](#)

[WHO enhances emergency workforce readiness in the Western Pacific, 18 June 2025](#)

[Over 1800 patients receive care in first week as Ma'arrat An Nu'man health facility reopens, 16 June 2025](#)

[How Tonga and WHO are joining forces to strengthen dengue outbreak response - 13 June 2025](#)

[Holding the line: how the Health Cluster keeps northwest Syria's fragile health system from collapse, 12 June 2025](#)

[WHO convenes high-level meeting to update partners on mpox response, Sierra Leone, 11 June 2025](#)

[WHO donates medical equipment worth over US\\$ 640 000 to strengthen Mpox response and health systems in Sierra Leone, 2 June 2025](#)

[Communities in Sierra Leone are ready for the mpox vaccine, 2 June 2025](#)

[European International Health Regulations National \(or equivalent\) Focal Point workshop](#)

[Anthrax - Thailand - Disease Outbreak News - 29 May 2025](#)

[From the field: Brazil implements Go.Data for enhanced contact tracing, 28 May 2025](#)



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.