

WHO's Operational Update on Health Emergencies

Special World
Health
Assembly

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The World Health Organization Member States, meeting in Committee A of the 78th World Health Assembly on Monday, 19 May 2025, approved a resolution that calls for the adoption of an historic global compact to make the world safer from future pandemics. Palais des Nations, Geneva, Switzerland, ©WHO / Christopher Black.

Historic milestone: Adoption of the WHO Pandemic Agreement

“The WHO Pandemic Agreement is a historic step to ensure the world is better prepared, more united, and fairer in facing future pandemics” said WHO Director-General Dr Tedros Adhanom Ghebreyesus.

On 20 May 2025, Member States of the World Health Organization (WHO) formally adopted by consensus the world's first [Pandemic Agreement](#). This landmark decision by the Seventy-eighth World Health Assembly culminates more than three years of intensive negotiations launched by governments in response to the devastating impacts of the COVID-19 pandemic, and driven by the goal of making the world safer from, and more equitable in response to, future pandemics.

The WHO Pandemic Agreement sets out the principles, approaches and tools for better international coordination across a range of areas, in order to strengthen the global health architecture for pandemic prevention, preparedness and response. This includes through the equitable and timely access to vaccines, therapeutics and diagnostics.

Regarding national sovereignty, the Agreement states that: “Nothing in the WHO Pandemic Agreement shall be interpreted as providing the Secretariat of the World Health Organization, including the Director-General of the World Health Organization, any authority to direct, order, alter or otherwise prescribe the national and/or domestic law, as appropriate, or policies of any Party, or to mandate or otherwise impose any requirements that Parties take specific actions, such as ban or accept travellers, impose vaccination mandates or therapeutic or diagnostic measures or implement lockdowns.”

Continue next page...



The WHO Pandemic Agreement in brief

The objective of the WHO Pandemic Agreement: guided by equity as a goal, principle and outcome, and the principles of the sovereign right of States; full respect for the dignity, human rights and fundamental freedoms of all persons; full respect for international humanitarian law; solidarity with all people and countries in the context of health emergencies; and the best available science and evidence, is to prevent, prepare for and respond to pandemics.

The focus is on the world together equitably

Achieving equity in, for and through pandemic prevention, preparedness and response through interconnected approaches and tools laid out under complementary articles on: prevention and surveillance, One Health, workforce, regulatory systems, research and development, local production, transfer of technology, pathogen access and benefit sharing system, supply chain and logistics, procurement and distribution, whole-of-government and whole-of-society, communication and public awareness, international cooperation and, sustainable financing.

The WHO Pandemic Agreement was adopted under Article 19 of the WHO Constitution that gives the Health Assembly the authority to adopt conventions or agreements with respect to any matter within the competence of the Organization. Once the WHO Pandemic Agreement enters into force, 30 days after the 60th Member State ratification, its provisions will be legally binding on those States that ratify it.

The WHO Pandemic Agreement establishes four mechanisms/systems for strengthened pandemic prevention, preparedness and response:

- Article 12 - WHO Pathogen access and benefit sharing (PABS) System
- Article 13 - Global Supply Chain and Logistics (GSCL) Network
- Article 18 - A Coordinating Financial Mechanism

- Article 19 - A mechanism to facilitate and strengthen effective implementation of the provisions of this Agreement

Additionally, specific proposals within the text, include:

- taking concrete measures on pandemic prevention, including through a One Health approach;
- building geographically diverse research and development capacities;
- facilitating the transfer of technology and related knowledge, skills and expertise for the production of pandemic-related health products;
- mobilizing a skilled, trained and multidisciplinary national and global health emergency workforce;
- taking concrete measures to strengthen preparedness, readiness and health system functions and resilience.

Next steps:

In resolution [WHA78.1](#) that adopted the WHO Pandemic Agreement, Member States also:

- Decided to establish an open-ended Intergovernmental Working Group (IGWG) to draft and negotiate the Pathogen Access and Benefit Sharing Annex to the WHO Pandemic Agreement described in Article 12, and submit the outcome to the Seventy-ninth World Health Assembly (May 2026) for its consideration; and to conduct preparatory work prior to entry into force.
- Requested the Director-General to take appropriate steps to provide support to Member States, in preparation for entry into force of the WHO Pandemic Agreement; and to commence, with a view to prompt implementation of the WHO Pandemic Agreement, preparatory activities on matters which are addressed or mandated to the Secretariat of the World Health Organization in the WHO Pandemic Agreement.

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



Sudan rolls out first malaria vaccines, November 2024, Sudan, ©WHO / Omer Tarig.

Since the conflict began in April 2023, WHO has delivered over **2520 metric tons of essential medicines and medical supplies** reaching more than **1.5 million patients in 2024 alone** and supporting stabilization centres for nearly **45 000 children with severe acute malnutrition**. In 2025, **20 WHO-supported mobile clinics treated 123 600 patients** in five conflict-affected states, and **87 rapid response teams**, including 68 in conflict zones, provided emergency health services and outbreak response. **Over 10 million children** have been vaccinated against **polio and measles**, and over **13.8 million people** have received **cholera vaccines**. **Malaria vaccine** was introduced for **148 000 children** in high-burden states. WHO also trained more than **630 psychologists and general practitioners**, deploying 16 mobile mental health teams to Internally Displaced Persons sites, and reaching **12 000 people**. Severe funding shortfalls now threaten the continuity of these life-saving interventions, putting millions of vulnerable people at risk of losing access to critical care, immunization, and outbreak response.

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



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

⚠️ 17 Grade-3/Protracted 3

⚠️ 15 Grade-2/Protracted 2



US\$ 16 million+ **Contingency Fund for Emergencies** released to 7 countries and territories



64 Standby Partners deployments
40 GOARN deployments through the Operational Support Team



Logistics

US\$ 7.71 million of goods dispatched to 48 countries and territories



OpenWHO

137 000+ plays, 6000+ 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 Headquarter, regional office 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\$ 16 million has been released from the [Contingency Fund for Emergencies](#) to support urgent health responses in 7 countries and territories: outbreak response, natural disaster relief, and humanitarian health interventions in Angola, Morocco, Mayotte, Myanmar, 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 137 000 plays, with over 6000 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 May 2025, there have been 64 [Standby Partners](#) deployments, 44 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) partners continue to support response to public health events in several countries through bilateral deployments. The new [mpox operational dashboard](#) was launched to track and coordinate global deployment activities in response to the mpox outbreak. Developed by the GOARN Operational Support Team through the WHO Incident Management Support Team, and with data input from partners. It provides up-to-date information on all deployments since the declaration of the mpox Public Health Emergency of International Concern in August 2024, supporting broader efforts to strengthen assistance to affected countries.



Logistics

Since the beginning of the year, the WHO Global Logistics Hub in Dubai has dispatched 234 orders to 48 countries, delivering 704.53 metric tons of supplies valued at US\$ 7.71 million (3232 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.

GOARN marks 25 years of advancing global health emergency preparedness and response

“GOARN is a vital part of the global health architecture,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. **“Through the network, countries get the expert support they need to respond to health emergencies, and to enhance their own capacities for preparedness and response. This means faster, more effective responses and more lives saved.”**

A coordinated global effort

The Global Outbreak Alert and Response Network (GOARN), coordinated by WHO, [marks its 25th anniversary in 2025](#), a milestone that highlights a quarter-century of transformative impact on global health emergency preparedness and response. Since its inception in April 2000, GOARN has become a vital pillar in the international health architecture, responding to over 175 public health emergencies in 114 countries and deploying more than 3645 international responders to support national efforts.

Origins and early impact

GOARN was established to address a critical gap: while many organisations were willing to help during health crises, their efforts were often fragmented and lacked coordination. Recognising that no single institution could manage complex emergencies alone, WHO convened 121 representatives from 67 partner institutions in Geneva in 2000, leading to the creation of GOARN. The network's first major test came later that year during the Ebola outbreak in Gulu, Uganda, setting the stage for its ongoing role in tackling epidemics and disasters worldwide.

Growing expertise and reach

Today, GOARN includes over 310 partners, such as public health agencies, nongovernmental organizations, United Nations agencies, and academic institutions. The network covers a wide range of expertise, including epidemiology, clinical care, infection control, and risk communication.



On 18 February 2021, a WHO Health Emergencies Programme logistics expert and a Geneva University Hospital pharmacist prepare the initial doses of Ebola vaccines for shipment to Guinea, ©WHO / Mark Nieuwenhof.

“As one of the first responders deployed during the Ebola outbreak in Uganda 25 years ago, I witnessed firsthand the evolution of our response efforts and GOARN’s role,” said Dr Michael J. Ryan, Executive Director of WHO’s Health Emergencies Programme and Deputy Director-General of WHO. **“When I returned to Uganda earlier this year for another Ebola response, I was immensely proud to see how strong the national capacities have become, led by the Ministry of Health with the support of WHO and GOARN partners. GOARN is an example of how multilateralism works to save lives. To this day, I wear the orange GOARN lanyard alongside my blue WHO one to show my respect for and pride in this network.”**

Capacity building for the future

Beyond emergency deployments, GOARN focuses on building national and regional capacities through training and knowledge sharing. This approach strengthens health systems to better manage future outbreaks independently. WHO Director-General Dr Tedros Adhanom Ghebreyesus emphasizes that GOARN enables countries to respond faster and save more lives by enhancing their preparedness.

Looking forward

As [GOARN marks its 25th anniversary](#), its mission remains to foster global collaboration, empower countries, and improve readiness for future health threats. The network’s evolution toward targeted expertise and capacity-building ensures it remains a vital force in protecting global health.

Sudan's health emergency: A catastrophic crisis demanding urgent action

Sudan's ongoing conflict, now in its third year, has triggered a health emergency of catastrophic scale. The crisis is marked by widespread disease outbreaks, malnutrition, massive displacement, and a collapsing health system. Over 30.4 million people -more than half the population -require humanitarian assistance in 2025. 20.3 million people are in urgent need of health services and health cluster partners aim to reach 8.9 million with live-saving support. 10.5 million people are displaced inside Sudan and 4 million people have fled to neighbouring countries, making it the world's largest displacement crisis.

Access to health services severely constrained

The conflict has devastated Sudan's health infrastructure. In assessed states, 62% of hospitals are partially functional and the remaining 38% are not functional, while assessments are ongoing in hard to reach areas and the Kordofans, health authorities estimate up to 70% of health facilities are expected to be non-functional. Insecurity, attacks on healthcare, shortages of medicines and staff, and bureaucratic obstacles have severely restricted the delivery of essential health services. As of May 2025, 163 attacks on healthcare have been verified, resulting in at least 817 deaths and 273 injuries, further compounding the crisis and endangering health workers and patients.

Disease outbreaks and disrupted immunization

Sudan is experiencing simultaneous outbreaks of cholera, malaria, dengue, measles, and diphtheria. Cholera alone has affected over 60 000 people and caused more than 1600 deaths in the past year, with a high case fatality rate of 2.7%. Malaria remains endemic with 2.7 million clinical cases and 134 deaths reported in the past 18 months. The breakdown in routine immunization has left more than 60% of children unvaccinated, increasing vulnerability to preventable diseases such as measles and diphtheria. The onset of the rainy season is likely to worsen disease outbreaks by making it even more difficult for people to access health care and by increasing the risk of waterborne and vector-borne diseases.



An infant admitted to the stabilisation centre in Port Sudan paediatric hospital for complicated severe acute malnutrition ©WHO / L.M. Tesfaye.

Malnutrition and food insecurity

The health crisis is closely linked to increasing malnutrition and food insecurity. Approximately 24.6 million people, half of Sudan's population, are projected to experience high levels of acute food insecurity in 2025, including 770 000 children under five years suffering from severe acute malnutrition. Malnutrition increases susceptibility to disease and worsens health outcomes, particularly among children, and pregnant and breastfeeding women.

Impact on vulnerable groups

Displacement remains at record levels, with 14.5 million people displaced from their homes, including 10.5 million internally displaced and 4 million refugees in neighbouring countries according to the [International Organization for Migration](#). Over half of the displaced are children, and 77% of displaced households report needing health care. Women and girls face particular risks due to lack of access to reproductive health services and increased exposure to gender-based violence.

“This crisis is devastating Sudan's health system. Hospitals lack supplies; health workers face threats and unpaid work for 24 months; diseases are spreading in hard-to-reach areas. The rainy season will worsen health risks and limit access. Urgent access and funding are needed to provide essential care to millions of vulnerable people.” said Dr Shible Sahbani, WHO Representative to Sudan.

Continue next page...

WHO's response and ongoing challenges



Delivering essential medical supplies and vaccines across Sudan

Despite insecurity and resource shortages, WHO and its partners continue to deliver life-saving health interventions. Since the conflict began in April 2023, WHO has supplied more than 2520 metric tons of essential medicines and medical supplies to health partners across all 18 states of Sudan through both crossline and cross-border access, including 1500 metric tons delivered in 2024. WHO-supported services have reached over 1 million patients and have supported stabilization centers treating nearly 45 000 children with severe acute malnutrition. However, significant gaps remain: Sudan currently faces a shortfall of over 60% in medical supplies. Critical shortages affect a wide range of essential items, including cholera kits and other outbreak response and control supplies, interagency emergency health kits, pediatric severe acute malnutrition kits, and trauma kits.



Expanding mobile clinics and emergency response in conflict zones

In 2025, 123 600 patients were treated at 20 WHO-supported mobile clinics operating in 5 conflict-affected states, including Khartoum and Darfur. WHO also supported 87 rapid response teams (RRTs) to provide emergency health services and outbreak response, including 68 RRTs in conflict-affected areas. Operational support has resumed at 12 key hospitals, including Al-Saudi Maternity Hospital in Omdurman, ensuring maternal and newborn care.



Sudan rolls out first malaria vaccines, Port Sudan, November 2024, ©WHO / Omer Tariq.



Vaccination, malaria prevention, and mental health support

Over 10 million children have been vaccinated against polio and measles, and over 13.8 million people have received cholera vaccines. In 2024, malaria vaccine was introduced for 148 000 children in high-burden states. WHO also trained more than 630 psychologists and general practitioners, deploying 16 mobile mental health teams to internally displaced persons (IDP) sites, and reaching 12 000 people, most of them IDPs, with mental health and psychosocial support services.



Funding shortfalls threaten continuity of critical health services

However, funding gaps threaten the continuity of these essential services. Recent funding cuts mean that half of the people targeted for health interventions in 2025 may not receive needed care, and services at 335 health facilities could be reduced, impacting emergency care, surveillance, outbreak response and immunization.

A call for health solidarity

The health crisis in Sudan is severe and ongoing. WHO calls for unrestricted humanitarian access, protection of healthcare, and urgent, sustained funding to support life-saving health services and outbreak response. The resilience of Sudan's health workers and the commitment of international partners remain crucial as the country faces an unprecedented crisis.

Global Outbreak Alert and Response Network partners surge in response to disease outbreaks in the Western Pacific Region



Dr Sapna Sadarangani reviews clinical management of severe measles cases during her deployment in response to the measles outbreak in Mongolia, ©WHO Country Office for Mongolia.

WHO is leveraging its GOARN partners in the Western Pacific Region to enable surge deployment in response to increasing measles cases in Mongolia and Viet Nam, as well as an HIV outbreak in Fiji.

Dr Sapna Sadarangani, an Infectious Diseases Senior Consultant and Adult Internal Medicine-Paediatrics trained physician at the National Centre for Infectious Diseases, Singapore was deployed through GOARN as a Clinical Management Expert to support national measles outbreak response efforts in Mongolia via remote and in-person deployment in 2025. She reviewed the epidemiology and characteristics of severe measles cases, focusing on particularly among children and high-risk groups and recommended updates for the national treatment protocols and guidelines particularly for measles complications.

Dr Sadarangani facilitated a retrospective clinical review of severe measles cases admitted to the intensive care unit with the insights from the review leading to clinical management and overall recommendations and peer-learning for case-based improvements. She supported Mongolia's Ministry of Health-appointed multi-disciplinary Clinical Expert Panel for measles.

“This opportunity to support the measles outbreak response via the GOARN deployment helps provide important surge expertise at critical junctures of the outbreak trajectory while also working alongside local clinicians and expertise for further capacity-building and health-system resilience for outbreak response management and preparedness.” said Dr Sapna Sadarangani, Infectious Diseases Senior Consultant and Adult Internal Medicine-Paediatrics trained physician, National Centre for Infectious Diseases, Singapore.

GOARN serves as the mechanism through which partners like the National Centre for Infectious Diseases, Singapore, play a vital role in deploying technical experts, scaling up response efforts, and strengthening emergency workforce capacities during public health emergencies. WHO acknowledges with gratitude the support from the Australian Department of Foreign Affairs and Trade, which makes this work possible.

Building resilience and readiness: WHO Romania trains frontline staff from national immigration centres

As of March 2025, Romania has granted temporary protection and refugee status to over 182 347 individuals fleeing the war in Ukraine, many of whom require sustained health and social support. This ongoing humanitarian situation has placed increased demands on frontline workers operating in immigration centers across the country, highlighting the urgent need for targeted training and capacity building.

WHO training initiative for immigration centre staff

From 13 to 18 March 2025, the WHO Country Office in Romania organized 2-day training workshops in Braşov, aimed at strengthening the professional capacity of frontline staff across Romania's seven regional immigration centers, covering the regions of Bucharest, Otopeni, Maramureş, Rădăuţi, Giurgiu, Timişoara and Galaţi. The sessions brought together 50 professionals, including health workers, psychologists, integration specialists, and security personnel, united by a shared mission, to improve the health and wellbeing of immigrants, refugees, and asylum seekers.

Comprehensive training content and practical skills development

The training covered a wide array of critical topics, including infection prevention and control, communicable diseases, sexual and reproductive health, mental health and psychosocial support, gender-based violence, and risk communication. Beyond delivering essential technical knowledge, the training's practical component allowed participants to apply theoretical concepts through group discussions, simulation exercises and role-playing activities. The activities equipped them with practical tools such as active listening, clear risk communication, and understanding referral pathways—skills that are directly applicable to their daily work in complex refugee contexts.



Eleodor Pîrvu, Deputy General Inspector at the General Inspectorate for Immigration, giving opening remarks during the first day of training, March 2025, ©WHO.

Building resilience and inclusive healthcare responses

As Romania continues to welcome immigrants and refugees fleeing the Ukraine conflict, capacity-building efforts like this play a vital role in ensuring that frontline staff are equipped to respond to present and future challenges. This initiative reflects WHO Romania's commitment to strengthening national systems and fostering resilience within refugee reception structures. It marks a step toward strengthening a healthcare response that is inclusive, informed, and tailored to the evolving needs of vulnerable populations. This workshop was supported with financial assistance from the Embassy of the Republic of Korea.

“This is a special initiative which brings together colleagues from different departments, medical, psychological, security, and integration, all of whom work directly with refugees,” said Eleodor Pîrvu, Deputy General Inspector at the General Inspectorate for Immigration. **“The need for such training emerged due to legislative changes and exceptional situations, such as the crises experienced in 2012, 2017 and 2022. WHO Romania’s support comes at a critical moment.”**

Uganda ends 2025 Sudan virus disease outbreak with WHO support

Strong leadership from Uganda

Uganda's response to the 2025 Sudan virus disease (SVD) outbreak combined strong national leadership with targeted, high-impact support from WHO.

The outbreak, declared on 30 January 2025, resulted in 14 cases (12 confirmed, two probable) and four deaths (two confirmed, two probable), yielding a case fatality ratio of 29%. The affected individuals ranged from 1.5 to 50 years old, with a mean age of 27 years, and 55% were male. Cases were reported across seven districts: Fort Portal City, Jinja, Kampala, Kyegegwa, Mbale, Ntoroko, and Wakiso.

Concrete and multifaceted WHO contributions

WHO's contribution was concrete and multifaceted. The Organization released US\$2.5 million from its Contingency Fund for Emergencies and mobilized an additional US\$7.2 million from donors to support the government-led response.

WHO deployed 68 experts to key districts, providing hands-on support in coordination, surveillance, laboratory diagnostics, logistics, infection prevention and control (IPC), risk communication, and case management. WHO's technical teams helped strengthen Uganda's laboratory system by supplying Reverse Transcription Polymerase Chain Reaction (RT-PCR) testing kits and supporting sample collection, transport, and diagnostic testing.

“Uganda's swift and coordinated response, backed by WHO's technical and operational support, has been crucial in containing the Sudan virus disease outbreak. This partnership demonstrates how strong leadership, and collaboration can save lives and protect communities from deadly diseases.” said Dr Kasonde Mwinga, WHO Representative to Uganda.



Training health care workers at Mulago National Referral Hospital, Ebola Isolation Unit on infection prevention and control, and patient care during the 2025 Sudan virus disease outbreak, ©WHO Uganda.

Infection prevention and control reinforced

Infection prevention and control (IPC) was reinforced through rapid health facility assessments, capacity building, mentorship, and the activation of IPC “rings” around confirmed cases. WHO also supported the setup of isolation centres and SVD treatment units in Kampala, Mbale and Fort Portal, and mobilized critical supplies-including IPC materials, drugs, and equipment-to complement government resources.

Launch of the Tokemeza SVD vaccine trial

A key milestone was the launch of the “TOKEMEZA SVD” vaccine trial on 3 February 2025, facilitated by WHO, which ensured access to candidate vaccines and therapeutics for affected communities. WHO's risk communication and community engagement efforts included deploying anthropologists, training Village Health Teams, and working with traditional and religious leaders to counter misinformation and reduce stigma.

These combined efforts enabled Uganda to swiftly contain the outbreak, with only 14 cases and four deaths reported. WHO's operational, technical, and financial support was crucial in strengthening Uganda's response capacity, ensuring rapid detection and control, and laying the groundwork for future outbreak preparedness.

The outbreak was declared over on 26 April 2025, after 42 days with no new cases, reflecting the impact of Uganda's leadership and WHO's support. Ongoing surveillance and risk communication continue to ensure rapid detection and response to any re-emergence.

WHO pilots the innovative global laboratory recognition programme in Uganda

Uganda is among the first countries to pilot the WHO new global laboratory recognition programme amidst an ongoing emergency response, marking a milestone for the country and the region in epidemic preparedness. The pilot took place during the recent Sudan virus disease (SVD) outbreak, underscoring the critical role of national reference laboratories in health emergencies.

WHO and Uganda conduct laboratory assessment during the SVD outbreak

In April 2025, prior to the end of the SVD outbreak, WHO and the Ministry of Health conducted a four-day assessment at Uganda's National Health Laboratory and Diagnostic Services (NHLDS), focusing on the Central Emergency Response and Surveillance Laboratory and the Core Genomics Laboratory. This assessment was a real-world test of a laboratory recognition mechanism that WHO is currently in the process of establishing, designed to set global standards and verify capacities of national reference laboratories for epidemic and pandemic-prone pathogen detection and response.

Uganda's laboratories score highly across core standards

The results were compelling: Uganda's laboratories scored between 85% and 100% across core technical and operational standards.

Key achievements highlighted by the pilot include:

- Strong technical capacities at the national reference laboratory
- Advanced genomic and wastewater-based surveillance capabilities
- NHLDS's role in strengthening laboratory capacity for 23 other African countries including supporting External Quality Assessment and equipment maintenance
- International accreditations for 82 laboratories by South African National Accreditation System, Kenya Accreditation Service and College of American Pathologists



Group photo after the debrief meeting with the Honorable Minister of Health, Dr Jane Ruth Acheng Ocero (5th from the right), Ministry of Health officials, NHLDS team and WHO teams. ©Ministry of Health, Uganda.

The outstanding performance of our NHLDS's Central Emergency Response and Surveillance Laboratory along with the Core Genomics Laboratory, as evidenced by WHO's assessment findings, shows our technical competence, team dedication and strong leadership from the Ministry of Health in strengthening our National Laboratory System," said Dr Susan Nabadda, Commissioner in charge of National Health Laboratory services, Uganda. **"Uganda remains committed to setting the pace for the region in epidemic preparedness and response, scientific innovation, and global collaboration to enhance health security."**

The pilot, supported by the European Union's Neighbourhood, Development and International Cooperation Instrument, Global Europe initiative, marks a significant step toward Uganda's laboratories future recognition by WHO. This pilot also helped to advance development of the WHO global recognition programme which is expected to be launched later in 2025.

"The success of this pilot shows how transparent, standardized assessment and recognition can build trust in laboratory systems help advocate for strong quality management systems and strengthen global epidemic preparedness and response." said Dr Nedret Emiroglu, WHO Director of the Health Emergencies Core Capabilities department.

Enhancing hospital readiness in Ukraine amid ongoing conflict

Ongoing conflict puts Ukraine's hospitals under extreme pressure

As war continues to take its toll on Ukraine, hospitals across the country remain under immense strain, damaged, overwhelmed, and often dangerously close to collapse.

Since February 2022, WHO has documented over [2 300 attacks](#) on healthcare facilities, severely undermining the health system and leaving millions without reliable access to essential medical services.

WHO leads emergency response planning workshop in Kyiv

From 15 to 16 April 2025, the WHO Regional Office for Europe and the WHO Country Office in Ukraine, in collaboration with the Ministry of Health, organized [a workshop on hospital emergency response planning in Kyiv](#), Ukraine. The workshop aimed to equip participants with capacities to strengthen the preparedness and readiness of hospitals to effectively manage emergencies and disasters, with a focus on ensuring the safety and continuity of care during crises. The event brought together hospital administrators, emergency planners, healthcare providers and other stakeholders from Kyiv, Kharkiv, Mykolaiv, and Dnipro cities in Ukraine, who are involved in hospital preparedness, readiness and disaster response.

Training focuses on emergency preparedness and hospital safety assessment

The workshop focused on enhancing the capacity of hospitals to respond safely and efficiently to a wide range of emergencies, particularly those involving chemical, biological, radiological and nuclear hazards. Participants were trained to assess hospital emergency preparedness using the [WHO hospital safety index \(HSI\)](#), a globally recognized tool designed to assess hospital readiness and identify areas for improvement. The training also guided participants in developing Hospital Emergency Response Plans (HERPs) based on the results of the HSI assessments.



Assessment of critical systems in Kharkiv Oblast Clinical Hospital, April 2025, ©WHO.

Hands-on hospital assessments drive improvements and future planning

Following the workshop, from 18 April to 9 May, participants, with the support of WHO, carried out HSI assessments at Kharkiv Oblast Clinical Hospital, Okhmatdyt Hospital in Kyiv, Mechnikov Hospital in Dnipro and Mykolaiv Oblast Clinical Hospital. This hands-on experience provided invaluable insights into each hospital's response capabilities and served as a critical learning opportunity and allowed participants to refine their preparedness plans based on the observations made during the assessments. The findings will also support the development of the HERPs for the assessed hospitals, which will serve as examples for healthcare facilities across the country. Moving forward, the initiative will be scaled up to other oblasts to ensure that hospitals in Ukraine have updated and high-quality emergency response plans. The workshop was financially supported by the Government of Germany.

“This workshop helps us systematize our approach to emergency planning and prepare more effectively for potential threats.” said Sergiy Chernishuk, Medical Director of the National Specialized Children's Hospital "Okhmatdyt" in Kyiv. **“We've explored the Hospital Safety Index as a useful tool to assess current preparedness levels and identify areas for improvement. It also contributes to better work organisation, clearer division of responsibilities, and stronger communication during crises.”**

Global Health Emergency Corps in action: Experience from a multi-country cross-regional simulation exercise



Emergency response team in Somalia working through Exercise Polaris material, ©Yusuf Mohamud.

Simulation exercise Polaris brought together more than 15 countries and 20 global and regional health agencies, emergency networks and partners to test coordination during emergencies and put to practice the Global Health Emergency Corps (GHEC) framework. Exercise Polaris highlighted the value of the GHEC framework in strengthening national health emergency workforce, enabling coordination across borders, and promoting collaboration between countries and partners.

Global pandemic simulation exercise Polaris

In April 2025, WHO convened more than 15 countries and 20 global and regional health agencies, emergency networks and partners to take part in Exercise Polaris, a pandemic simulation exercise intended to test and strengthen coordinated emergency response under the [Global Health Emergency Corps \(GHEC\) framework](#). The GHEC framework is designed to strengthen countries' emergency workforce, coordinate emergency surge deployment, and enhance leadership collaboration between countries.

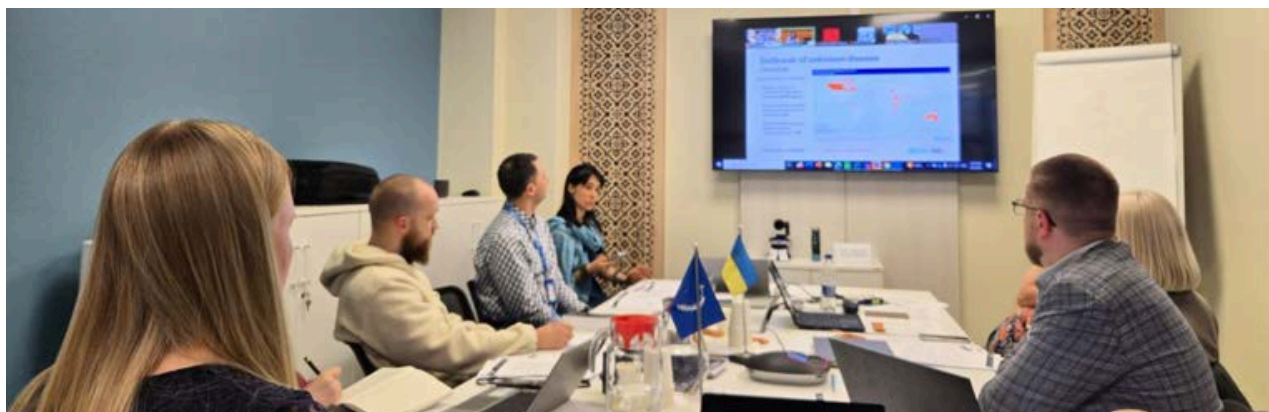
“This exercise proves that when countries lead and partners connect, the world is better prepared. No country can face the next pandemic alone. Exercise Polaris shows that global cooperation is not only possible – it is essential.” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

Broad international participation and collaboration

More than 350 health emergency experts connected globally through this exercise. Fifteen countries, including Canada, Colombia, Costa Rica, Denmark, Ethiopia, Germany, Iraq, Saudi Arabia, Mozambique, Nepal, Pakistan, Qatar, Somalia, Uganda, and Ukraine, actively participated through their national health emergency coordination structures, working under real-world conditions to share information, align policies, and activate responses, with additional countries observing.

Regional and global health agencies and organizations, including Africa Centres for Disease Control and Prevention, European Centre for Disease Prevention and Control, International Federation of Red Cross and Red Crescent Societies, International Office of Migration, UNICEF and established emergency networks such as the Global Outbreak Alert and Response Network, the Emergency Medical Teams initiative, Stand-by partners and the International Association of National Public Health Institutes, collaborated to support country-led responses.

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Emergency response team in Ukraine working through Exercise Polaris material, @Dorin Rotaru, ©WHO Ukraine country office.

“Polaris demonstrated the critical importance of cultivating trust before a crisis occurs. The foundation of our collaborative efforts is significantly stronger than in years past. We've moved beyond reactive measures, and are now proactively anticipating, aligning, and coordinating our cross-border emergency response plans.” said Dr Soha Albayat, Director of Health Emergency Preparedness at the Ministry of Public Health of Qatar.

Realistic scenario testing and strategic coordination

The exercise provided a safe environment to test information sharing, surge deployment coordination and strategic leadership engagement, with countries around the globe. The simulation scenario unfolded in two stages: the early detection and rapid international spread of a fictional novel orthopox virus, followed by enhanced coordinated international response efforts. Countries engaged in joint assessments, sharing intelligence, and aligning strategies – mirroring the real-world dynamics of high-impact health emergencies.

Positive outcomes and enhanced preparedness

Exercise Polaris highlighted the value of the Global Health Emergency Corps (GHEC) framework in strengthening national health emergency workforce and coordination and promoting collaboration between countries and partners. 90% of surveyed participants said the exercise deepened their understanding of GHEC and enhanced collective preparedness for multi-country health emergencies, and 97% said they would recommend future GHEC exercises to colleagues.

Identified priorities for future investment

The exercise also highlighted critical priorities for further investment, including continued roll-out of and familiarization with the GHEC framework, enhanced operational information-sharing practices, and stronger leadership networks. The GHEC framework will soon be published to support emergency workforce strengthening, surge coordination, and enhanced collaboration amongst countries. Additional simulation exercises and activities will be organized to support roll-out and effective implementation of the framework across all regions.

Key figures - Polaris exercise

- Conducted to test and strengthen coordinated emergency response under the Global Health Emergency Corps framework
- 350+ participants from 15+ countries and 20+ regional/global health agencies, emergency networks and partners
- 2-day simulation exercise centered around a fictional novel virus

Strengthening global mpox laboratory capacity: Key milestones from WHO's external quality assessment programme

National public health reference laboratories (NRLs) play a critical role in the early detection and characterization of emerging outbreaks. Their participation in External Quality Assessment (EQA) programmes provides essential insight into national testing capacities, helping to build trust in the laboratories' ability to deliver vital public health functions, and guiding WHO's efforts to better support and strengthen these laboratories worldwide.

WHO has supported the provision of EQA programmes for a number of pandemic- and epidemic-prone pathogens, such as influenza, SARS-CoV-2, viral hemorrhagic fevers, including Ebola or Marburg viruses. Most recently, WHO completed a second round of EQA for Mpox diagnostics, with final result reports to be made available in early June 2025. Through this initiative WHO is helping to ensure that laboratories worldwide are equipped to accurately detect and characterize monkeypox virus, thereby building trust in global laboratory networks and guiding targeted capacity-building.

Key dates - WHO global mpox virus EQA programme:

- May 2023 - First round EQA panels shipped to 145 laboratories in 117 countries and territories
- Dec. 2023 - Sourcing of Clade Ia material via WHO BioHub System
- Apr. 2024 - Preparation of new round 2 EQA panels including Clade I and II viruses
- Aug. 2024 - Second Public Health Emergency of International Concern declared for mpox
- Oct. 2024 - Second round EQA panels shipped to 180 laboratories in 126 countries and territories
- Mar. 2024 - Preliminary results released to participant laboratories
- Jun. 2025 - Publication of final result reports



Preparing the samples for the real-time PCR processing, Ana, a laboratory technician mixes the samples collected from individuals who are suspected to have monkeypox, ©WHO / Khaled Mostafa.

Programme overview and recent developments

The WHO's Global Mpox EQA programme began in 2023, with its first round assessing laboratories' ability to detect Clade IIb, the strain responsible for most cases reported globally at that time. In 2024, with support from the WHO BioHub system, the second round expanded to include both Clade I and II viruses, reflecting the evolving epidemiology and the need for broader preparedness. Laboratories from 126 WHO Member States participated, employing a variety of testing platforms and sequencing technologies.

Evidence-based support to laboratory systems

The number of laboratories reporting correct results for all relevant samples of the panel increased from 83.7% in round one to 88.5% in round two. The results from this latest round will inform WHO's ongoing efforts to identify laboratories requiring further support and to prioritize improvements in diagnostic quality and laboratory readiness. All Member States are encouraged to make EQA participation a routine part of their quality management systems to ensure sustained preparedness for mpox and other high-threat pathogens.

Strengthening emergency preparedness in Central Asia through WHO simulation exercise (SimEx) management training course

WHO's role in advancing emergency preparedness in Central Asia

Across the European Region, the WHO Regional Office for Europe is at the forefront of efforts to help countries anticipate, manage, and respond to public health emergencies. Through technical guidance, capacity building, and direct country support, WHO ensures that nations are equipped to act swiftly and effectively when crises strike. Central to this mission is the implementation of the International Health Regulations (IHR) (2005), a global framework that coordinates how countries manage and respond to public health emergencies.

Simulation exercise management training strengthens regional capacity

Emergency preparedness is a continuous process that demands sustained effort, investment, and collaboration across three levels of organisation. To help countries strengthen their health emergency capacities, the WHO Country Office in Kyrgyzstan, with support from the WHO Regional Office for Europe, hosted a Simulation Exercise (SimEx) Management Training Course in Bishkek from 7 to 11 April 2025. The five-day intensive course brought together 45 public health and veterinarian specialists from Kazakhstan, Kyrgyzstan, and Uzbekistan, united by a shared goal to strengthen national capacities to plan, design, manage, and evaluate SimExes.

Practical training builds skills for real-world emergency response

The training introduced participants to WHO's SimEx methodology, offering a hands-on learning experience grounded in real-world scenarios. Through a dynamic mix of interactive sessions and collaborative group work, participants practiced developing scenarios and injects, building master event lists, facilitating exercises, managing logistics, and conducting effective evaluations. A particular focus was placed on leveraging SimEx as a tool to monitor progress on National Action Plans for Health Security.



Participants of the training developing a SimEx as part of the group work exercise, ©WHO.

Building a regional network of preparedness champions

Designed for national stakeholders involved in emergency preparedness, IHR implementation, and health security planning, this course does more than transfer skills, it builds a regional network of committed professionals. These individuals will become champions of preparedness in their countries, leading future simulation exercises and reinforcing the resilience of national health systems.

By investing in people, partnerships, and practical training, WHO and its partners are helping countries move from plans to action—making health systems more responsive, more resilient, and better able to protect communities across the region in times of crisis. The training was implemented with funding from the Pandemic Fund.

"Simulation exercises are not isolated events, they are part of a continuous cycle of preparedness, response, and improvement," said Akbar Esengulov, Technical officer, WHO Regional Office for Europe. **"Building national capacity to design, conduct, and evaluate exercises ensures that countries can systematically strengthen their readiness for future emergencies. This training, supported by the Pandemic Fund, is a critical investment in sustainable preparedness."**

Transforming emergency health response across the Americas through the Joint Emergency Response Operations System (JEROS)



Training on the use of the Joint Emergency Response Operations System (JEROS), El Salvador, April 2025, ©PAHO/WHO.

The Pan American Health Organization (PAHO/WHO) is advancing health emergency management in the Americas by supporting the implementation of the new Joint Emergency Response Operations System (JEROS) in Latin American countries.

JEROS, an innovative system to respond swiftly and efficiently to emergencies

JEROS is an innovative, interoperable digital platform developed by PAHO/WHO and designed to enhance the coordination and effectiveness of health emergency response operations across the Americas. By consolidating real-time data from multiple sources such as health facilities, shelters, alerts, ongoing emergencies, and field assessments, JEROS serves as a centralized digital hub and provides a unified and evidence-based view of emergencies to support swift, informed decision-making.

More than just a data tool, JEROS connects systems, teams, and processes, standardizing information, automating reporting, and allowing integration with tools like Power BI, R and others for strategic analysis. It supports countries in responding faster and more effectively to emergencies, strengthening resilience at national and regional levels.

Towards stronger and harmonized emergency operations mechanisms within and across countries

In May 2025, **El Salvador** became the fourth country to adopt JEROS, marking a major step in expanding the platform across the region.

The rollout of JEROS began in July 2024 with pilot implementations in **Ecuador**, where health professionals from Esmeraldas and Chone districts conducted simulation exercises to test data collection and response coordination. These exercises helped validate the tool's effectiveness in real-world settings and refine the platform for broader regional use.



Training on the use of the Joint Emergency Response Operations System (JEROS), Ecuador, July 2024, ©PAHO/WHO.

Continue next page...



Training on the use of the Joint Emergency Response Operations System (JEROS), Guatemala, November 2024, ©PAHO/WHO.

Beyond the technological innovation, JEROS is a strategic enabler of faster, smarter, and more unified emergency responses across the Americas. As more countries adopt the platform, the region will move closer to a future where coordinated, evidence-based action becomes the norm in every health emergency.

Guatemala's hands-on engagement with JEROS in November 2024 involved representatives from the Ministry of Public Health and Risk Management Committees across nine departmental networks. They explored the platform's functionalities, highlighting its capacity to generate customized reports and connect with existing systems and applications, making it a flexible and powerful tool for strategic decision-making. The training fostered local capacity and ownership, laying the groundwork for national integration.

El Salvador marked a significant milestone in May 2025 by integrating JEROS into its national health emergency operations. Training sessions, supported by PAHO/WHO, focused on incorporating the platform into daily operations. "The use of advanced technologies like JEROS, which allows availability of real-time data analysis, will transform the way El Salvador handles health emergencies and other critical situations" noted the Vice Minister of Management and Development. This marks a shift toward proactive, data-driven emergency management, reinforcing national preparedness and coordination.

A strategic tool for a resilient region

JEROS is more than a software platform, **it is envisioned as the foundation of a regional ecosystem of interoperable emergency response tools**, ensuring seamless information flow across national levels and reinforcing collective resilience against natural, biological, or technological threats. With successful implementation efforts in Ecuador, Colombia, Guatemala, and El Salvador, and Argentina next in line, this initiative led by PAHO/WHO demonstrates how **technical cooperation and digital innovation can drive more agile, coordinated, and evidence-based health emergency responses across the Americas.**

"JEROS is a tool that allows us to analyze information in real time and make decisions more quickly and appropriately," said Faiber Chimonja, Emergency and Disaster Response Coordinator for the Departmental Health Secretariat of Choco, Colombia.

Building a regional network of epidemiology experts: WHO strengthens public health surveillance in the Western Pacific



The Western Pacific Field Epidemiology Fellowship Programme (FEFP) alumni attend a workshop at the WHO Regional Office for the Western Pacific in April 2025, ©WHO / Rivada D.

Since 2006, WHO has trained more than 200 public health professionals from 17 Western Pacific countries and areas through the Western Pacific Field Epidemiology Fellowship Programme (FEFP), fostering a robust regional network of disease surveillance experts. The FEFP equips Fellows with practical skills in outbreak detection, risk assessment, and the use of innovative surveillance tools to support early warning systems. The programme provides opportunities for participants to conduct regional public health surveillance activities, immediately strengthening countries' capacities.

The most recent FEFP alumni workshop took place from 22 to 24 April 2025 and was attended by 22 participants from 14 countries in the WHO Western Pacific Region. The participants learnt about cutting-edge methods for risk profiling, early action reviews for outbreaks, field epidemiological case study development and hospital event-based surveillance. By creating opportunities for public health surveillance experts to exchange information, address common challenges and build long-term professional networks, WHO enables better coordinated regional responses to public health threats.

Alumni from the programme, the Region's future leaders in public health, form a network that contributes to health emergency preparedness. WHO organizes annual FEFP alumni meetings to ensure that strengths are leveraged, best practices are shared and regional solidarity in health security is advanced through a community of practice. Fellows also become members of the WHO Global Health Emergency Corps initiative, helping to strengthen, standardize and scale up national health emergency workforce capacities worldwide.

In 2025, epidemiologists from the Republic of Korea, the Solomon Islands and Viet Nam were among those who participated in the FEFP, where they were able to spend time with and learn from one another.

Pasifika Medical Association Medical Assistance Team successfully undergoes Emergency Medical Team verification



Pasifika Medical Association Medical Assistance Team (PACMAT) successfully undergoes EMT verification in Auckland, New Zealand, ©Pasifika Medical Association Medical Assistance Team.

The Pasifika Medical Association Medical Assistance Team (PACMAT) has achieved a major milestone by successfully completing [WHO's Emergency Medical Team](#) (EMT) verification process, for Type 1 mobile teams from 12 to 16 May 2025.

What is PACMAT?

PACMAT is a multidisciplinary team of Pacific health professionals, established in 2009 following the Samoa tsunami. Since then, the team has provided emergency support across both Pacific and New Zealand-based disasters, including the recent earthquake in Vanuatu in December 2024. PACMAT is now the 17th WHO-classified EMT in the Western Pacific Region.

“The WHO’s Emergency Medical Team initiative strengthens in-country health emergency response capacities and ensures access to a highly trained surge workforce during emergencies,” said Dr Gina Samaan, WHO Regional Emergencies Director for the Western Pacific Region. **“PACMAT’s deployment to support response efforts in the aftermath of Vanuatu’s earthquake (2024) is an example of the vital role that surge support teams play during a crisis. EMTs form a critical component of the Global Health Emergency Corps effort to address future threats with greater resilience, coordination and effectiveness.”**

Bangladesh advances risk-informed planning through the WHO's Strategic Toolkit for Assessing Risks Workshops at national and district levels

Bangladesh continues to enhance its capacity for risk-informed health emergency preparedness through WHO's Strategic Toolkit for Assessing Risks (STAR). In April 2025, two key STAR workshops were held: a district-level workshop in Cox's Bazar (22 to 24 April) and a national-level workshop in Dhaka (27 to 30 April).



Representatives from the Government, WHO, and partner organizations, STAR workshop in Cox's Bazar, April 2025, ©WHO.

These workshops are critical preparatory steps toward updating Bangladesh's National Action Plan for Health Security and National Health Emergency Response Operational Plan, following the second round Joint External Evaluation (JEE-IHR) in June 2024.

Complex risk landscape and vulnerabilities in Cox's Bazar

Bangladesh, ranked 7th in the Global Climate Risk Index 2021, faces frequent cyclones, floods, and infectious disease outbreaks. Cox's Bazar, home to over 1.13 million Rohingya refugees and vulnerable host communities, faces compounded risks from overcrowding, poverty, and public health threats such as cholera, dengue, and fire-related mass casualty events.

First sub-national STAR implementation in the Region

The Cox's Bazar district-level workshop marked a regional milestone as the first sub-national STAR implementation in the WHO South-East Asia Region. It brought together 30 participants from government agencies, humanitarian organizations, and community stakeholders. Using the STAR methodology, participants conducted a participatory, multisectoral assessment of risks, validating local hazards, vulnerabilities, coping capacities, and seasonal trends. The outcome included a validated risk matrix, seasonal calendar, and a preliminary roadmap for district-level emergency preparedness.

National-level risk profiling and prioritization

At the national level, over 40 participants from technical departments and partner organisations updated Bangladesh's multi-hazard and infectious-hazard risk profiles. The STAR methodology enabled systematic hazard identification, likelihood and impact assessment, and prioritization. Earthquake, cyclone, antimicrobial resistance, and flood were identified as very high-priority hazards; cholera, dengue, and nipah were prioritized among infectious hazards.

Whole-of-Society approach and next steps

The workshops emphasized multisectoral collaboration, engaging experts from health, animal health, disaster management, water and sanitation, environmental science, and civil protection sectors. WHO will support Bangladesh to cascade STAR risk profiling to other high-risk districts, integrate outcomes into national policies, and institutionalize regular strategic risk assessments. These efforts advance Bangladesh toward a resilient, risk-informed, and locally empowered health emergency preparedness system.

“This workshop is expected to generate meaningful recommendations to strengthen preparedness. The insights gathered should guide future planning and policy decisions for Rohingya and host communities in Cox's Bazar.” said Mr Abu Saleh Mohammed Obaidullah, Additional Secretary, Refugee Relief and Repatriation Commissioner's Office, Bangladesh.

The Pan American Health Organization inaugurates the Emergency Operations Centre in Barbados to strengthen Caribbean health security

A new hub for regional preparedness

On 30 April 2025, the Pan American Health Organization (PAHO/WHO) officially inaugurated the Carissa F. Etienne Emergency Operations Centre (EOC) at its Barbados and Eastern Caribbean Country (ECC) office. This state-of-the-art facility is designed to coordinate health emergency preparedness and response across Barbados, the Eastern Caribbean, and the wider Caribbean region. The EOC stands as a living tribute to Dr Carissa Etienne, PAHO/WHO Director Emeritus, whose vision and dedication to public health in the Americas have inspired this initiative.

Addressing regional vulnerabilities

Coordination is essential for effective health emergency preparedness and response in the Caribbean, a region prone to a wide range of recurring natural disasters and health threats, including hurricanes, storms, volcanic eruptions, earthquakes, and disease outbreaks. Recent events—such as Hurricanes Maria, Irma, Dorian, and Beryl, the La Soufrière volcanic eruption, and the COVID-19 pandemic—have highlighted the urgent need for enhanced coordination and rapid response capacities. The new EOC is a timely response to these challenges, providing operational support, information management, resource allocation, and surge capacity deployment during emergencies.

Strengthening partnerships and rapid response

Serving 13 countries and territories in the Caribbean, the new EOC acts as a vital hub for PAHO/WHO's ability to coordinate timely responses across Barbados and the Eastern Caribbean and better support the wider Caribbean in times of crisis. The EOC works in close collaboration with Ministries of Health, the United Nations, and PAHO/WHO's Regional EOC in Washington D.C. During non-emergency periods, the Centre will play a key role in monitoring emerging health threats, reinforcing event-based surveillance, and supporting capacity-building and simulation exercises, ensuring the region remains ready to respond swiftly and effectively to any health emergency.

A long-term investment in enhancing regional response capacity and solidarity

PAHO has made [significant strides](#) in strengthening its capacity to support Member States in coordinating timely and effective health emergency responses, transforming its ad-hoc emergency structure from the 1990s into a 24/7 EOC at the core of its fully integrated Health Emergencies Department. The recent establishment of the new EOC in Barbados represents a significant milestone in decentralizing these capabilities, bringing coordination tools and expertise closer to Caribbean countries. This expansion not only enhances regional readiness and resilience but also reflects PAHO/WHO's commitment to solidarity and shared responsibility in times of crisis. More than just a physical space, the Centre embodies the people, systems, and partnerships that enable the Caribbean to respond swiftly and effectively to health emergencies.



Family members of Dr Carissa Etienne take part in the inauguration of the Emergency Operation Centre in Barbados, May 2025, ©PAHO/WHO.

“This Emergency Operations Center is a critical and timely investment in the region’s health security,” said Dr Jarbas Barbosa, PAHO/WHO Director. **“It strengthens our collective capacity to coordinate rapid responses, monitor emerging threats in real time, and provide timely, life-saving support to Ministries of Health and key partners across Barbados and the Eastern Caribbean and by extension the Caribbean.”**

Cook Islands' first Joint External Evaluation takes a multisectoral, holistic approach to strengthen healthy security



National and international health security experts gather in Rarotonga for the Cook Islands' first Joint External Evaluation, ©WHO / Lepaitai Blanche Hansell.

The Cook Islands' Te Marae Ora (Ministry of Health) conducted the [country's first Joint External Evaluation \(JEE\)](#) for health security from 12 to 16 May, in collaboration with WHO, and with support from the Polynesia Health Corridors and the Governments of Australia, China, New Zealand and the European Union.

The JEE brought together over 60 national and international experts on health security. The Cook Islands will utilize JEE recommendations to formulate their national action plan for health security, ensuring a safer and healthier health system for its people and communities.



Experts participating in the Cook Islands' Joint External Evaluation examine a map used to plot COVID-19 cases at the height of the pandemic, ©WHO/ Lepaitai Blanche Hansell.

At the conclusion of the JEE mission, several important recommendations were provided.

These recommendations include mapping and evaluating existing IHR-related plans, developing a national plan for simulation exercises, and ensuring the resilience of essential functions during health emergency.

It emphasizes enhancing multisectoral coordination and collaboration through the establishment of a National IHR Authority, implementing a One Health approach, and improving communication and connectivity, especially at the Pa Enuas. Additionally, it highlights the need for investing in human resources and infrastructure, including increasing capacities in infection prevention and control, conducting vulnerability assessments of health facilities, and developing a costed, prioritized five-year national action plan for health security.

“Our home, the Cook Islands, is vulnerable to public health emergencies, including disasters, outbreaks, and the impacts of climate change. This is why strengthening health security is a priority for us, not only in the health sector, but also making sure that we work together with our government and civil society partners across many sectors,” said Honourable Vainetutai Rose Toki-Brown, Minister of Health for the Cook Islands. **“We look forward to implementing the recommendations from the JEE and putting them to good use in our planning for a more resilient and healthier Cook Islands.”**

Costa Rica leads regional emergency preparedness with two strategic exercises



Costa Rica hosts a field exercise with Emergency Medical Teams from El Salvador and Guatemala, April 2025, ©PAHO/WHO.

Strengthening national coordination for health emergency preparedness

In April 2025, Costa Rica reinforced its commitment to health emergency preparedness by hosting and participating in a series of major exercises, demonstrating strong leadership and collaboration in Central America. These activities, coordinated with support from the Pan American Health Organization (PAHO/WHO), underscore the country's focus on inter-institutional coordination and regional interoperability.

Emergency preparedness is a collective task. Costa Rica's leadership and collaboration with regional partners and international organizations set a model for integrated, efficient health emergency response in Central America.

National inter-institutional coordination exercise

Costa Rica organized a national Inter-Institutional Coordination Exercise under the Global Health Emergency Corps initiative from 1 to 4 April. Key entities—including the Ministry of Health, Social Security Fund, National Emergency Commission, Red Cross, Fire Department, and National Insurance Institute—engaged in technical sessions, simulations, and group dynamics to strengthen joint responses to health threats. The exercise promoted leadership development and collaborative spaces, aligning with the GHEC framework.

Participation in Polaris 2025 pandemic simulation

A highlight was Costa Rica's integration into the "Polaris 2025" Pandemic Response Simulation, led by WHO and involving over 15 countries globally. Costa Rica participated in international technical meetings, decision-making simulations, and real-time exchanges with PAHO/WHO's Regional Emergency Operations Center. This tested inter-institutional procedures and highlighted the value of efficient coordination and information sharing.

"Efficient coordination and interoperability processes are key to ensuring timely interventions in health emergencies." said

Mariela Marín, Deputy Minister of Health of Costa Rica."

Regional emergency medical teams field exercise

Costa Rica hosted [a field exercise for Emergency Medical Teams \(EMTs\) from Central America](#), including teams from El Salvador and Guatemala from 7 to 10 April. The deployment focused on strengthening clinical and operational interoperability, standardizing procedures, and fostering mutual learning. The exercise validated technical protocols and promoted a cohesive, integrated regional response.

Partnership and support for enhanced preparedness

These activities were supported by the Gates Foundation and the Spanish Agency for International Development Cooperation, reflecting a robust partnership model for emergency preparedness.

A milestone in public health and disease surveillance: Fiji launches Pathogen Genomics Laboratory



Staff of the Fiji Centre for Disease Control with guests during the launch of the laboratory, ©Ministry of Health and Medical Services/M. Katonivualiku.

“With pathogen genomics, Fiji moves into a new era of public health, better protecting our people today and future generations tomorrow,” said Honorable Penioni Ravunawa, Assistant Minister for Health and Medical Services during a speech at the launch of the laboratory on 7 May. **“This laboratory provides Fiji with real-time, in-country laboratory intelligence to protect public health and the economy.”**

The laboratory’s launch is the result of collaboration between Fiji’s Ministry of Health, WHO, the Australian Department of Foreign Affairs and Trade, the Pacific Community, and the Doherty Institute. WHO’s support included equipment, training, and ongoing mentorship, ensuring Fiji’s laboratory remains at the forefront of pathogen genomics.

Fiji launches pathogen genomics laboratory: A new era in public health

In a major advancement in public health in the Pacific, [Fiji has launched its Pathogen Genomics Laboratory](#). The state-of-the-art facility, based at the Fiji Centre for Disease Control, marks a historic milestone in the country’s ability to rapidly detect, characterize, and respond to infectious disease threats, from antimicrobial-resistant bacteria to viral diseases like influenza, COVID-19 and mpox.

Genomic sequencing acts as a “fingerprint” reader for pathogens, enabling scientists to identify, trace, and understand disease transmission in unprecedented detail. This leap in technology shifts Fiji’s healthcare approach from reactive to proactive, allowing for real-time, in-country insights that protect both public health and the economy.

A shift in local capacity: from reactive to proactive healthcare

Pathogen genomics shifts healthcare from reactive to proactive. For example in 2023, sequencing conducted abroad supported Fiji’s response to a complex, [multi-species outbreak of carbapenem-resistant organisms](#). These bacteria, resistant to a class of antibiotics often used as a last resort to treat serious infections, spread quickly in hospitals and lead to longer hospital stays, higher medical costs, and increased mortality.

Genomic analysis enabled early detection and tracking, improving infection prevention and control. A newly established in-country laboratory now provides this critical capability locally, saving time and costs associated with international specimen referral.

Lassa fever clinical management trainings in Nigeria: Building success, seizing regional opportunities

Recognizing the persistent threat of Lassa fever in Nigeria and West Africa, WHO has been actively supporting Lassa fever-endemic countries. In 2024, the WHO led three successful pilot trainings in Nigeria in Bauchi, Benue and Ebonyi States, equipping over 150 healthcare workers with advanced skills in early detection, safe referral, and optimized supportive care for Lassa fever.

Building on this foundation, in March 2025, a landmark regional Lassa fever clinical management training was delivered with support from the West African Health Organization (WAHO) and technical input from WHO.

Why this training matters?

Lassa fever is endemic in several states in Nigeria and in other countries across West Africa. Between January and the end of April 2025, Nigeria reported 707 confirmed cases and 135 deaths, 19% Case Fatality Rate (CFR). Furthermore, 22 healthcare workers (3%) were affected, highlighting the critical importance of adequate infection prevention and control measures at every healthcare interactions, for the protection of patients, healthcare personnel, and their families.

Because the typical symptoms often appear late in the disease, it is utmost important for healthcare workers to be skilled in the early detection and treatment of Lassa fever cases. This includes conducting thorough risk assessments at the onset of the transmission season, to detect and manage the first cases, and guide communities to immediately curb the transmission.

Training approach and impact

The curriculum, refined through pilot sessions, included interactive lectures, practical workshops, and simulation exercises tailored for both frontline and specialist healthcare workers. Participants reported greater confidence in managing cases presenting with complications. Participants also reported a commitment to sharing knowledge with colleagues, helping to build sustainable local capacity.



WHO clinical management training for Lassa fever, Ebonyi State Nigeria, June 2024, ©WHO.

WAHO's involvement has brought regional momentum and financing, opening the door to adapt and scale up this training for other Lassa-endemic countries in West Africa. However, expansion to additional Nigerian states and translation for French-speaking countries remains on hold due to funding constraints.

“These trainings have transformed our ability to respond to Lassa fever outbreaks. With continued support, we can extend this impact to more countries and more health workers.” said Dr Walter KAZADI MULOMBO, WHO Representative to Nigeria.

A call for health solidarity

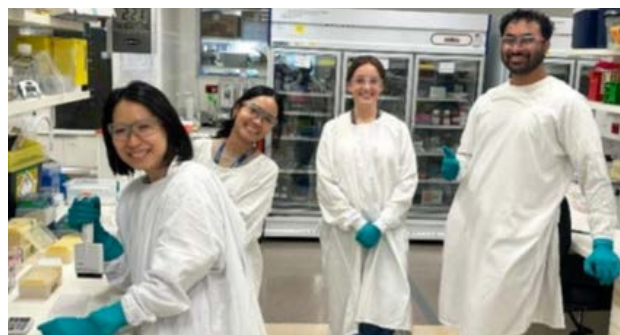
To build on this success, additional donor support is urgently needed, especially to translate and deliver trainings in French for francophone countries in West Africa. Expanding this approach will save lives, protect healthcare workers, and strengthen regional preparedness against Lassa fever.

Key facts (2024-2025)

- 707 confirmed cases, 135 deaths (19% CFR) Jan–Apr. 2025
- 22 healthcare worker infections in 2025, a 45% reduction compared to same period in 2024
- 3 WHO state-level trainings in 2024: Bauchi, Benue, over 150 healthcare workers trained
- 1 regional WAHO training, March 2025 jointly with WHO
- Training focus: Early detection, referral, supportive care, infection prevention and control

Thailand's National Influenza Centre strengthens antiviral resistance testing with the support of the WHO Regional Office for South-East Asia

The National Influenza Centre (NIC) of Thailand has strengthened its capacity to detect and monitor antiviral resistance in influenza viruses, thanks to a specialized training programme supported by WHO Regional Office for South-East Asia. Held from 10 to 14 March 2025 at the WHO Collaborating Centre for Reference and Research on Influenza (CCRRI) in Melbourne, Australia, the training equipped NIC laboratory technicians with advanced skills in antiviral susceptibility testing.



WHO Regional Office for South-East Asia supports antiviral resistance testing training for Thailand's National Influenza Centre at the WHO Collaborating Centre in Australia, March 2025, ©WHO.

Focus on advanced antiviral resistance assays

The programme emphasized hands-on experience with neuraminidase inhibition (NAI) assays and the Influenza Replication Inhibition Neuraminidase-based Assay (IRINA). These assays are essential for assessing susceptibility to neuraminidase inhibitors and baloxavir-key antiviral drugs used in influenza treatment. The training also included genetic analysis of resistance markers, such as neuraminidase and polymerase acidic substitutions, enabling the identification of mutations associated with reduced drug efficacy.

Participants received expert instruction from CCRRI staff, on antiviral surveillance, on IRINA assay techniques, and on FluSurver, a mutation analysis tool. The training ended with a tour of CCRRI's advanced laboratory facilities.



WHO Supports Antiviral Resistance Testing Training, March 2025, ©WHO.

Leveraging regional surveillance expertise

With these strengthened skills, Thailand's NIC can now provide faster, more accurate data to inform national and regional influenza responses.

Dr Patrick Reading, Director of WHO CCRRI, introduced the WHO Global Influenza Surveillance and Response System (GISRS), a network of over 150 National Influenza Centres and Collaborating Centres. GISRS is vital for tracking influenza strains, detecting variants, and guiding antiviral use globally.

WHO regional's lasting support

This collaboration reflects WHO's ongoing commitment to building laboratory capacity in Member States. By supporting Thailand's NIC, WHO ensures the region is better prepared to detect, monitor, and respond to evolving influenza threats, safeguarding public health across Southeast Asia.

“This training has enhanced our technical skills and provided us with new tools to detect and interpret antiviral resistance. These capabilities are essential for making informed treatment and public health decisions in Thailand.” said a National Influenza Centre Representative.

Tonga convenes representatives across its workforce to improve emergency capacities

WHO led the first simulation exercise and training on Tonga's national Public Health Emergency Operations Centre (PHEOC) from 7 to 9 May 2025. Members of Tonga's emergency workforce were trained on the principles of public health emergency management. Tonga's JEE and subsequent risk profiling exercise in 2024 surfaced gaps in public health emergency operations and reiterated the need for strengthening related emergency workforce capacities. This recent PHEOC training was therefore an important opportunity to put plans into practice and further improve capacities.

Broad participation across sectors and levels

Over 31 national and subnational leaders from the Ministry of Health; Port Authority; Department of the Environment; Ministry of Meteorology, Energy, Information, Disaster Management, Environment, Climate Change and Communications; Ministry of Agriculture Forest and Food; and the Police, participated in the training and simulation exercise.

Testing emergency readiness through realistic simulation

The simulation exercise followed the arc of a response, including readiness, response and de-escalation. Participants tested emergency preparedness levels in a realistic environment, ironed out any coordination issues, and built their understanding of public health emergency operations centres and application of related procedures.

“These tools enable us to identify our strengths and weaknesses during response efforts and allow us to address gaps so that we’re better prepared for future emergencies. More importantly, during these reviews, we’re able to convene experts from interrelated agencies and sectors thus strengthening communication channels and fostering greater collaboration,” said Dr Joseph Takai, Senior Medical Officer, Ministry of Health, Tonga.



Members of Tonga's emergency workforce participate in a training on public health emergency management, ©WHO / Gilmore C.

Aligning with global initiatives to enhance emergency workforce capacities

These efforts to advance emergency workforce capacities align with WHO's Global Health Emergency Corps initiative that strives to strengthen countries' emergency workforce capacities, foster coordination among surge teams and experts, and enhance collaboration across sectors during an emergency.

Support from international partners enables emergency workforce strengthening

WHO is grateful for support from the Gates Foundation and the Australian National Critical Care and Trauma Response Centre's Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific (PHOENIX) program, which is funded by the Australian Government Department of Foreign Affairs and Trade Partnerships for a Healthy Region initiative, that enables this work.

Diphtheria Antitoxin procurement and supply: 2017-2025

Responding to a global surge

Since 2017, global diphtheria outbreaks have placed unprecedented pressure on the supply of diphtheria antitoxin (DAT). That year, 8819 cases were reported globally, the highest in over thirteen years, prompting the WHO Operations Support and Logistics (OSL) unit to purchase the entire available DAT stock and for the first time WHO established a 2000-dose rotating reserve stock. This ensured rapid deployment for acute emergencies, particularly during major outbreaks in Yemen and Bangladesh.

Rising demand and coordinated response

For several years, annual demand for DAT averaged around 7000 vials. However, in 2023 and 2024, demand quadrupled, especially in West Africa. OSL responded by increasing its stockpile to 3000 vials using pre-procurement funding, but this still fell short of meeting urgent needs. To prevent competition among partners and ensure fair access, WHO formed a working group with Médecins Sans Frontières, UNICEF, the U.S. Centers for Disease Control and Prevention and other partners to coordinate procurement and prioritize deliveries.

Persistent challenges and next steps

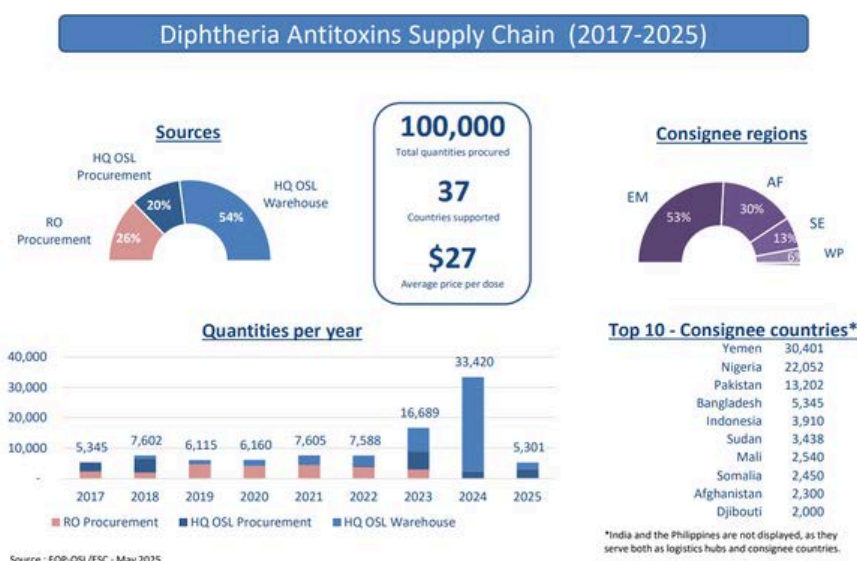
Despite these advances, significant challenges persist in 2025. Several countries lack the funding to pre-position DAT, and new suppliers have yet to consistently meet the required minimum potency of 1000 IU/mL. The market remains small, with manufacturers concentrated in India and global supply chains are vulnerable to sudden surges in demand. Close coordination among partners is more critical than ever to guarantee timely, equitable access to this life-saving treatment.

Strengthening supply and ensuring quality

Expanding production capacity and reducing dependency on a single supplier became a priority. For many years, in absence of a formal WHO prequalification process, only one supplier was WHO approved. OSL and partners encouraged new manufacturers to restart production. WHO has been testing batches at random in a WHO collaborating centre from different manufacturers to guaranty the quality.

Since 2017, OSL has supplied 74% of WHO's total DAT procurement, with over half routed through WHO OSL-managed warehouses-first in Geneva, now in Dubai.

“More than ever, close coordination with partners is essential to address these persistent issues and to ensure timely and equitable access to this life-saving treatment.” said Antoine Delaitre, Team Lead WHO Global Health Emergency Logistics and Supply Chain.



WHO Hub for global health emergencies logistics

Responding to outbreaks of infectious diseases, natural disasters, and escalation in conflicts, the WHO Hub for Global Health Emergencies Logistics plays a vital role in rapidly delivering life-saving health supplies and equipment in response to health emergencies around the world.

Consisting of over 18 000 square metres of temperature-controlled storage infrastructure, the Hub is the largest repository of pre-positioned emergency health supplies within WHO's global supply chain architecture.

Global reach

Delivering over US\$ 7.71 million in vital health supplies to 48 countries across five WHO regions in 2025 (1 January to 15 May), the Hub handles an average of 100 metric tons of health commodities valued at US\$ 1 million each week.

Rapid response

Within 24 hours of the 7.7 magnitude earthquake that struck Myanmar on 28 March, the Hub responded immediately, coordinating two emergency air charters to deliver 74 metric tons of trauma and emergency surgical 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, April 2025, ©WHO.

Agile supply chain operations

Optimizing the allocation of resources, the Hub constantly prioritizes the delivery of health supplies in response to the scale and severity of health emergencies. Demonstrating responsiveness through rapid response and agility through the optimization of transportation networks and modes of shipment, the Hub continues to drive down the per kilogram costs of delivering health supplies. Cost savings realized through the provision of in-kind charter flights and by leveraging the use of logistics networks reduces the per-patient cost of treatments in some of the world's most challenging humanitarian environments enabling WHO to deliver more health supplies to more people, more quickly, than ever before.



What's new on OpenWHO?

During the first quarter of 2025, [OpenWHO](#) expanded its portfolio of free, self-paced online courses designed to strengthen global health emergency preparedness and response. These courses target healthcare professionals, policymakers, public health officials, and communities worldwide, providing accessible, evidence-based learning aligned with WHO guidance.

During the first quarter of the year, 132 344 videos (5 850+ hours) were played covering 16 diseases and 21 languages via 59 channels.



Join the OpenWHO's library of brief, targeted courses to respond effectively to public health threats anytime, anywhere.



in the continuing professional development certification service series:

Level up your skills with
WHO's CPD-accredited courses:

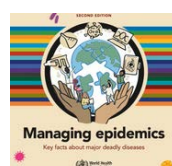
- Ready4Response - Now 3 Tiers available!



[Ready4Response \(3 courses\)](#): Equips your workforce with essential competencies needed to work within public health emergency response. The last tier is now available and aims to help Ministry of Health staff on how to build situational awareness and manage the response.



in the "10 things you should know" series:



Mini videos to highlight key points for each major infectious disease covered in the Managing Epidemics Handbook. Now available [mpox](#) and [yellow fever](#).

New series about:

[Non Communicable Disease kits in health emergencies](#)

[Introduction to MERS-CoV](#)

[Cholera Control](#)

132 344

Plays

351 039

Minutes
viewed

21

Languages

59

Channels

TOP 5 most popular videos

Basic Emergency Care

Emergency Response Framework

After Action Review

Introduction to Cholera

Global Health Cluster

TOP 5 countries

India 9.2 %

USA 8.1 %

Nigeria 7.1 %

Ethiopia 4.2 %

Somalia 2.7 %

Courses
addressing
16
diseases



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

For updated WHO publications and technical guidance, click [here](#).



OpenWHO

For all OpenWHO courses, click [here](#).



Health security learning platform

To learn about or get involved in strengthening health security, click [here](#).

For more information on WHO's regional response:

[Regional Office for Africa](#)

[Regional Office for the Eastern Mediterranean](#)

[Regional Office for Europe](#)

[Regional Office for the Americas](#)

[Regional Office for South-East Asia](#)

[Regional Office for the Western Pacific](#)

News and highlights

[World Health Assembly adopts historic Pandemic Agreement to make the world more equitable and safer from future pandemics](#)

[Fighting cholera in the front lines of Angola's hardest hit provinces, 16 May](#)

[Indonesia and WHO ramp up dengue fight with smarter surveillance, 16 May](#)

[From crisis to care: ensuring safe births in earthquake-affected Myanmar, 15 May](#)

[Ministry of health inaugurates first rehabilitation outpatient centers in West Bank with funding from the Republic of Korea and support from WHO and UNOPS, 6 May](#)

[Implementation of the Joint Emergency Response Operations System \(JEROS\) in El Salvador, 2 May](#)

[GOARN marks 25 years of advancing global health emergency preparedness and response, 28 April](#)

[Sudan virus disease – Uganda, 26 April 2025](#)

[WHO brings countries together to test collective pandemic response, 4 April](#)

[Public Health Situation Analysis: Sudan conflict \(10 March 2025\)](#)

[NCDC Ramps Up Lassa Fever Response as 118 Die in Q1 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.

