

WHO's Operational Update on Health Emergencies



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Key figures on WHO's work in emergencies:

Highlight on the Ebola Virus Disease outbreak in Kasai Province



The new Ebola treatment centre in Bulape, built in only 10 days, on a 4500-square-meter site about 200 meters from the Bulape General Hospital, is fully operational, Kasai Province, Democratic Republic of the Congo, October 2025. © WHO

On 4 September 2025, the Ministry of Health of the Democratic Republic of the Congo declared the country's sixteenth outbreak of Ebola virus disease. In support of national response efforts, the World Health Organization (WHO), Médecins Sans Frontières (MSF), and partners rapidly mobilized, demonstrating the power of coordinated action and innovation in health emergency response.

By early October, [a 32-bed treatment centre](#) was constructed in 10 days, significantly reinforcing treatment capacity and building community trust. This facility was made possible through two pioneering initiatives aimed at designing the future of pandemic emergency response: [INITIATE2](#), a global project led by WHO and the World Food Programme (WFP) with over 50 partners worldwide; and the [Health Emergency Facility \(HEF\)](#) tool, developed by WHO, the United Nations Children's Fund (UNICEF), and MSF. Key features of the facility included the **Infectious Diseases Treatment Module**, a modular, rapidly deployable unit designed to deliver safe, high-quality, and dignified care; and the **patient liner system**, reusable add-ons that divide standard 24 m² tents into two separate patient rooms with transparent partitions, enhancing infection prevention and control while maintaining patient privacy. In addition, in this remote area with limited infrastructure, logistics were critical. A 3-kilometre gravity-fed water system was installed, and solar power with battery storage was deployed. The facility was developed with a water, sanitation, and hygiene system with permanent storage for over 20 000 litres, supplied from a protected source, 1.2 kilometres away. The innovations tested in Bulape, including modular treatment units, patient liner, renewable energy, and water supply systems, illustrate how emergency response can become an entry point for sustainable development, enhancing outbreak readiness and community resilience.

As of 19 October 2025, the last patient with Ebola has recovered and been discharged. This marks a major step forward and begins a 42-day countdown to declaring the outbreak over. The outbreak totals 64 cases (53 confirmed, 11 probable), including 45 deaths, with over 2000 contacts followed up. Over 31 000 people have been vaccinated, and 31 patients received monoclonal antibody treatment. WHO has deployed 102 experts, mainly in Bulape. The WHO Contingency Fund for Emergencies, which enabled a rapid release of US\$ 2 million, now faces a critical shortfall and urgently needs to be replenished to respond quickly to future outbreaks and other health emergencies. Full donor support is critical to halt the outbreak in the Democratic Republic of the Congo.

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Key figures on WHO's work in emergencies

Cumulative number from 1 January to 15 October 2025



WHO responded to **44 graded emergencies in 76*** countries and territories, including **23** Grade 3 requiring the highest level of Organization-wide support; **20** Grade 2, and **1** Grade 1



US\$ 25 million Contingency Fund for Emergencies released for **20 emergencies** in **28 countries and territories**



97 Standby Partners deployments
55 GOARN deployments through the Operational Support Team



US\$ 39 million of goods dispatched to 77 countries and territories



>281 783 plays, 9235+ hours viewed, 116 topics, 18 diseases, 25 languages of free OpenWHO courses

Explore more:
[WHOhealthemergencies Dashboard](#)



Explore more:
[WHOhealthemergencies.int](#)



* The highest grading is displayed when an event is regraded multiple times within a year. The total number of affected countries and territories excludes all global or multi-regional emergencies (e.g. COVID-19, Mpox, cholera, dengue).



Graded emergencies

As of 15 October WHO responded to 44 graded emergencies. Of these, 23 are Grade 3—the highest level—reflecting situations triggering a three-level comprehensive response system based on the [Emergency Response Framework](#). 20 are Grade 2 emergencies requiring moderate support beyond country office capacity, while one is a Grade 1 emergency, managed primarily at the country level with minimal external support. These classifications reflect the operational scale and coordination required, as defined in WHO's Emergency Response Framework. Nine of the Grade 3 emergencies are protracted, having lasted over six months. WHO continuously monitors and updates these grades through its incident management system to ensure resources match evolving needs. The highest grading is displayed when an event is regraded multiple times within a year. To respond effectively, WHO urgently requires [US\\$1.5 billion in 2025](#) to protect the world's most vulnerable populations and sustain life-saving health operations.



Contingency Fund for Emergencies

These rapidly deployable and flexible resources have enabled WHO to scale up responses to ongoing mpox and cholera outbreaks across Africa; deliver medicines and medical supplies after the Myanmar earthquake; respond to Marburg in the United Republic of Tanzania and Sudan Virus Disease outbreaks in Uganda; provide emergency healthcare in crises in Haiti, Myanmar, Sudan and Yemen; support the Democratic Republic of the Congo's Ebola response; tackle the botulism outbreak in Madagascar; and deliver health services for the cyclone response in Mayotte. Ten donors have contributed over US\$10 million to the CFE this year.



Learning hub OpenWHO.org

The new [OpenWHO.org](#) learning hub is WHO's learning resource hub for health emergencies. Since January 2025, the site has reported more than 281 783 plays, with over 9235 hours of content viewed to bolster knowledge for health emergency response across 116 topics, covering 18 diseases. Twenty-five languages are available.



Standby Partners

As of 15 October 2025, there have been 97 [Standby Partners](#) deployments, 77 of which have started since 1 January 2025. These deployments are providing support across 21 graded emergencies and have been facilitated by 8 Standby Partners: NORCAP (the Norwegian Capacity), part of the Norwegian Refugee Council, the Netherlands (Kingdom of the), CANADEM (the Canadian Association for the United Nations), RedR Australia (the Registered Engineers for Disaster Relief Australia), the Swiss Agency for Development and Cooperation, UK-Med, iMMAP (Information Management and Mine Action Programs), and MSB (the Swedish Civil Contingencies Agency).



GOARN

From January to 15 October 2025, the Global Outbreak Alert and Response Network (GOARN) played a key role in supporting global emergency operations. Leveraging the capacity of its partner institutions, [GOARN](#) contributed to responses to 17 public health events in 2025, including infectious disease outbreaks, natural disasters, and protracted humanitarian emergencies in 16 countries. Following the lifting of the Public Health Emergency of International Concern on 6 September 2025, [the Mpox Operational Surge Dashboard](#), developed by the GOARN Operational Support Team in collaboration with the WHO Mpox Incident Management Support Team and partners, remains a key tool for monitoring and coordination. Since its launch, the dashboard has provided real-time operational updates, reinforcing efforts to maintain vigilance and deliver timely support to countries as needed.



Logistics

Since the beginning of the year, WHO has dispatched 39 million goods to 77 countries and territories to support health emergency preparedness and response. Key recipients include the occupied Palestinian territory, the Democratic Republic of the Congo, the Syrian Arab Republic, and countries responding to global outbreak (cholera, Mpox). The WHO global logistics Hub in Dubai has dispatched or is preparing to dispatch to 65 countries, delivering 7522 cubic meters of supplies valued at US\$ 17.96 million. The African OSL Hubs (Dakar and Nairobi) have dispatched or are preparing to dispatch US\$ 3.86 million of supplies (1680 cubic meters) to 30 countries. The remaining amount (US\$ 17.18 million) corresponds to direct procurement managed by OSL from suppliers to countries.

Reorienting Ebola response: From isolation to integrated, human-centred, and sustainable care—driven by innovative health logistics under INITIATE2 partnerships

The recent Ebola outbreak in Bulape Health Zone, Kasai Province, Democratic Republic of the Congo has shown that even in remote and resource-constrained environments, safe, effective, and humane care is possible through innovation and partnership. For decades, Ebola response strategies have relied on rapid isolation, strict infection prevention, and externally driven logistics. While effective in containment, these approaches often left behind limited national capacity and communities wary of health interventions.

In Bulape, a new model emerged—one that aligns emergency response with long-term system strengthening and sustainability.

A shift from isolation to care in continuity

Historically, Ebola treatment centres were designed as high-containment environments focused on infection control and isolation. These facilities, while essential, often created fear and alienation. Barriers to visibility and communication limited trust, and health workers faced physical and psychological challenges due to constant use of personal protective equipment.

In Bulape, the response deliberately shifted toward a more human-centred model of care, maintaining safety standards while restoring dignity and connection between patients, healthcare providers, and families.

Central to this transformation is the Infectious Diseases Treatment Module—a modular and reusable facility developed under the WHO-WFP INITIATE2 collaboration, involving over 50 humanitarian organizations. The module integrates advanced infection control features with patient-centred design. Transparent walls allow health workers to observe and communicate with patients without wearing full protective equipment, enabling closer monitoring and more responsive care.

This innovation is complemented by patient liners—reusable add-ons that divide standard 24 m² tents into two separate patient rooms with transparent partitions. These simple yet impactful modifications reduce protective equipment consumption, improve



Technical discussion between WHO and MSF on the construction of the new Ebola treatment centre in Bulape, Democratic Republic of the Congo – September 2025. © WHO

This response shows that even in the most remote areas, we can deliver care that is safe, respectful, and sustainable,” said Dr Chikwe Ihekweazu, Executive Director-General for the WHO Health Emergencies Programme. **“The Bulape experience is a powerful example of how outbreak response can strengthen systems and build trust.”**

visibility, and allow staff to engage with patients safely from the low-risk zone.

Together, these innovations represent a new balance between biosafety and humane care—ensuring infection prevention and control while improving clinical services, reducing staff fatigue, and reinforcing community trust in the health system.

Integrating sustainability into outbreak operations

A defining characteristic of the Bulape response is its commitment to sustainability. Every component—from technology selection to support system design—was chosen to meet immediate outbreak needs and provide enduring benefits to the local population.

• Water systems as lasting infrastructure

In previous Ebola responses, water supply often relied on costly and temporary trucking operations. Once the emergency ended, these systems were dismantled, leaving no improvement in local access. In Bulape, response teams worked with community members to identify nearby natural springs and

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establish a gravity-fed water system, installing several kilometres of pipeline to supply both the hospital and the treatment centre.

This system ensured a continuous supply of safe water throughout the outbreak and now serves as a permanent source for the hospital and surrounding communities. It strengthens infection prevention and control, reduces logistical dependence, and leaves behind a tangible improvement in public health infrastructure.

- **Solar energy for sustainable power**

Reliable electricity is critical for outbreak response—powering lighting, refrigeration, diagnostics, and patient care. In isolated settings like Bulape, fuel supply chains are often disrupted, and generators are costly and polluting. Partners are now installing a solar power system with battery storage to meet the energy needs of the Ebola treatment centre.

The installation will ensure uninterrupted electricity, reduces operational costs, and cuts greenhouse gas emissions. Importantly, the solar infrastructure will remain in place post-outbreak, serving the hospital and community as a sustainable, renewable energy source.

Together, these measures, safe water and renewable energy, illustrate how emergency response can become an entry point for sustainable development, enhancing outbreak readiness and community resilience.

Community engagement through transparency and trust

One of the most significant achievements of the Bulape response is the rebuilding of community trust. In past outbreaks, opaque and fortified treatment centres contributed to fear and misunderstanding. Families were often reluctant to send patients for care.

The introduction of transparent partitions, improved patient accessibility, and safe communication interfaces transformed this dynamic. Families can now see their relatives being cared for, health workers can explain procedures more effectively, and communities perceive the treatment centre as a place of protection rather than isolation.



Thanks to an innovative water, hygiene, and sanitation system, over 20 000 liters of clean water are stored and continuously supplied from a protected source 1.2 km away—bringing safe water to communities and health workers in the Democratic Republic of the Congo, September 2025. © WHO

Urgent call for contribution

Despite progress, the Ebola response in the Democratic Republic of the Congo faces major challenges due to critical funding gaps. Shortages in oxygen, blood, food, protective equipment, essential supplies, and healthcare workers persist. The outbreak occurred in a remote area with limited infrastructure, severely constraining supply provision.

WHO released US\$ 2 million from its Contingency Fund for Emergencies to support the initial government-led response. However, the fund now faces a critical shortfall and must be urgently replenished to ensure rapid response to future outbreaks.

An appeal for US\$ 21 million has been launched to scale up operations, interrupt transmission chains, and mitigate health impacts. Only US\$ 6.4 million has been raised so far. Financial support is urgently needed to sustain essential activities, including operational support, supply chain, logistics, and technical expertise.

Building resilience for future emergencies

The innovations tested in Bulape are not only relevant for Ebola. The same modular treatment structures, renewable energy systems, and water supply models can be rapidly adapted for other infectious diseases. With the continued support of the international community, this approach can become a cornerstone of future outbreak preparedness—transforming emergencies into opportunities for resilience, dignity, and sustainable progress.

Introducing the Integrated Outbreak Analytics (IOA) toolkit: a practical guide for public health emergency response

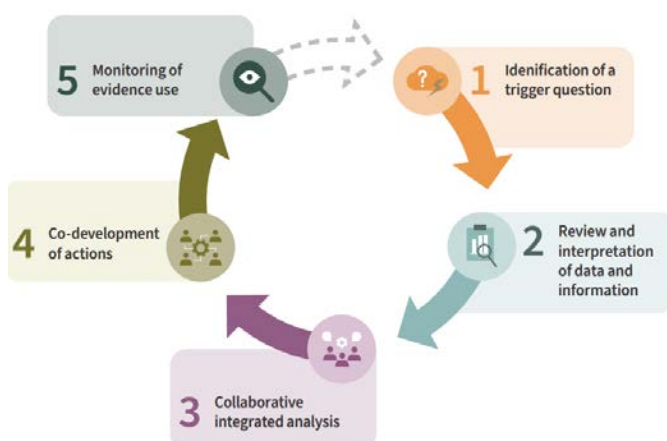
[Integrated Outbreak Analytics \(IOA\)](#) was born out of necessity during the 2018–2020 Ebola outbreak in the Democratic Republic of the Congo. In 2021, representatives from WHO, UNICEF, MSF–Epicentre, the International Federation of Red Cross and Red Crescent Societies (IFRC), and the United States Centers for Disease Control and Prevention (US CDC) came together to form the IOA core team.

Responders needed more than case counts—they needed to understand why people were getting sick, how communities were reacting, and what barriers were preventing effective interventions. IOA emerged to fill this gap. Since its inception, IOA has been used in multiple contexts, including COVID-19, measles, plague, and mpox in Congo, the Democratic Republic of the Congo, as well as in Guinea, Ghana, Uganda, and Haiti.

Unlike traditional surveillance, IOA combines epidemiological data with social, behavioral, and contextual insights, offering a more complete picture of outbreak dynamics. It brings together multiple disciplines and actors—public health experts, social scientists, community leaders, and responders—to generate timely, locally grounded evidence that informs coordinated action.

To scale this approach, the IOA core team developed the [IOA toolkit](#), a practical resource offering step-by-step guidance, templates, and case studies to support Ministries of Health and partners in applying IOA in humanitarian and emergency settings. The toolkit was piloted in Sudan and Somalia, where teams were trained by the core team to apply the IOA Approach in response to ongoing public health emergencies. Following the pilots, a user evaluation was conducted, leading to the adaptation of the toolkit.

The toolkit was presented for the first time to a wide audience during a [WHO EpiWin webinar](#) on 3 September 2025, which brought together over 800 stakeholders. The session showcased how IOA



The five steps of the IOA process, IOA toolkit, page 19, figure 8. © WHO

It [IOA] provides a clear and integrated understanding of epidemics (...) and supports strategic decision-making to effectively coordinate national and provincial responses.” Dr Franck Kafua, Democratic Republic of the Congo, Ministry of Public Health

strengthens outbreak response through collaborative surveillance, enabling responders to act on both data and context.

What makes IOA unique is its ability to bridge quantitative insights with qualitative understanding, ensuring responses are not only data-informed but also community-driven and context-sensitive. Adaptable to a wide range of settings, the IOA toolkit provides a practical starting point for countries aiming to integrate analytics into their emergency operations. Implementation of IOA is set to continue across countries in the African Region in 2026 and 2027, with the WHO Regional Office for Africa playing an increasingly prominent role in supporting and scaling the approach.

Countries interested in implementing IOA are encouraged to [request support](#) from WHO and partners to tailor the approach to their context and strengthen their capacity to manage health emergencies.

Amid localized chikungunya outbreaks and ongoing Oropouche cases, PAHO/WHO urges strengthened surveillance and vector control across the Americas



Source: [PAHO press release 29 August 2025](#).

[Epidemiological alert of chikungunya and Oropouche in the Region of the Americas 28 August 2025](#)

During 2025, outbreaks of chikungunya have been reported in several regions of the world, including Europe and Asia, some of them large in scale. In the Region of the Americas, several countries have reported an increase in cases. In addition, autochthonous cases of Oropouche continue to be reported in six countries in the Region, including areas outside the historical zones of transmission. Given this situation, the Pan American Health Organization/World Health Organization (PAHO/WHO) urges Member States to strengthen epidemiological and laboratory surveillance, ensure adequate clinical management, and reinforce vector control actions for these two diseases in order to mitigate the risk of outbreaks and reduce complications and deaths.

The Pan American Health Organization (PAHO) has called for reinforcing surveillance, clinical management, and vector control to address localized chikungunya outbreaks and the ongoing circulation of the Oropouche virus (OROV) in countries across the Americas. The simultaneous presence of these and other arboviruses increases the risk of outbreaks, severe complications, and fatalities among vulnerable populations.

Chikungunya is a viral disease primarily transmitted by the *Aedes aegypti* mosquito. Symptoms include high fever, rash, and intense muscle and joint pain, which can persist for months or even years, causing

long-term disability. Severe cases may progress to shock, meningoencephalitis, or other neurological complications. Young children, older adults, pregnant individuals, and persons with underlying health conditions are most at risk. There is no specific treatment, so prevention focuses on avoiding mosquito bites.

According to a new [epidemiological alert](#) from PAHO, the largest chikungunya outbreaks in 2025 have been concentrated in South America—particularly in Bolivia (Plurinational State of), Brazil, and Paraguay—and in parts of the Caribbean.

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These are associated with the Asian and East/Central/South African (ECSA) genotypes, marking a shift in the pattern observed since 2014.

Chikungunya follows a seasonal pattern: cases in the southern hemisphere typically rise in the first half of the year during the rainy season, while in Central America, Mexico, and the Caribbean, they usually increase in the second half. Globally, chikungunya has circulated for decades in Africa, Asia, and the Indian subcontinent. It was first detected in Europe (Italy) in 2007 and arrived in the Americas in 2013. However, in 2025, these historically affected regions have contributed minimally so far.

As of mid-August 2025, more than 270 000 cases had been recorded across Africa, Europe, Southeast Asia, and the Western Pacific, with outbreaks in Senegal, France, India, and China. Meanwhile, in the Region of the Americas, 14 countries reported a total of 212 029 suspected chikungunya cases and 110 deaths as of 9 August, over 97% of which occurred in South America.

Regionally, the Asian genotype predominated between 2014 and 2017. However, the presence of the ECSA genotype in at least four countries is concerning, as its cocirculation with the Asian type could enhance viral adaptation.

“Understanding chikungunya virus’ genetic lineages is essential to predict transmission dynamics and tailor public health responses,” PAHO noted.

Meanwhile, in the first seven months of 2025, over 12 700 confirmed cases **of Oropouche** virus diseases have been reported in 11 countries, including autochthonous cases in Brazil, Colombia, Cuba, Panama, Peru, and Venezuela (Bolivarian Republic of). Traditionally, Oropouche virus transmission was mostly confined to parts of the Amazon; yet in 2024 and 2025, its spread has extended to previously unaffected areas,

has extended to previously unaffected areas, highlighting the need to bolster surveillance, particularly through the integration of spatial and temporal analysis and leveraging geospatial tools to detect shifts in vector and case distribution.

Oropouche virus is mainly transmitted by the midge *Culicoides paraensis*, though the mosquito *Culex quinquefasciatus* may also play a role. It causes fever, headache, muscle aches, and sometimes neurological symptoms. There is no vaccine or specific antiviral treatment for this virus; care is symptomatic.

PAHO recommends enhancing early case detection and eliminating mosquito breeding sites in high-risk locations such as schools and health facilities. It also advises improving diagnosis using molecular methods like Polymerase Chain Reaction—especially within the first five days of symptoms—and training healthcare workers in managing both acute and chronic cases.

Oropouche virus disease should be included as part of the differential diagnosis of dengue in the Region of the Americas during the first week of symptoms and be alert to possible neurological complications like meningitis and encephalitis in later stages. Up to 60% of patients may experience relapses. Thus, ongoing monitoring and investigation of fatal cases are urged.

Community engagement is essential for reducing mosquito populations. Promoting the use of repellents and window screens, alongside multisectoral approaches, is crucial. Controlling *Culicoides paraensis* also calls for specific measures, such as draining temporary water bodies, removing stagnant pools, and clearing vegetation around homes to reduce breeding and resting grounds for the vector.

WHO collaborates with Cambodia's Ministry of Health and other United Nations partners to respond to rising human cases of avian influenza A(H5N1)



The wildlife health surveillance network working group conducted a simulation exercise to apply the standard operating procedures for wildlife health surveillance in Cambodia. © WHO / Puthealin Sok



Figure 1: WHO supports Cambodia across the five core components of the health emergency prevention, preparedness, response, and resilience framework.

Between January and 21 August 2025, Cambodia reported 15 confirmed human cases of H5N1, including eight deaths. Notably, seven of these cases were detected in June alone, marking the highest monthly total since 2003. Infections primarily affected individuals in close contact with backyard poultry, often in rural communities.

WHO continues to work closely with Cambodia's Ministry of Health to respond to the ongoing outbreak supporting efforts across the five core components of health emergency prevention, preparedness, response and resilience (HEPR) framework: emergency coordination, collaborative surveillance, community protection, safe and scalable care, and access to countermeasures, see Figure 1. These efforts are part of WHO's broader support to strengthen national HEPR capacities, in alignment with the International Health Regulations (2005) and the One Health approach.

Collaborative surveillance

WHO has long played a pivotal role in strengthening Cambodia's surveillance systems. The Organization provided technical guidance on up-to-date sampling and diagnostic protocols, as well as technical assistance enabling the National Influenza Center to conduct sub-national capacity assessments, procurement of reagents to facilitate decentralized reverse transcription polymerase chain reaction testing of human A(H5N1) cases, and facilitate virus characterization. National and sub-national rapid response teams were deployed for outbreak investigations, contact tracing, and event-based surveillance operations, all coordinated with Cambodian authorities and WHO experts.

Safe and scalable care

Ensuring Cambodia's health system can safely manage and scale care during outbreaks remains a central focus. WHO has facilitated training for 313 clinical and frontline health workers in nine affected provinces, addressing case identification, clinical management, infection prevention and control and patient pathway. Early provision of more than 7000 treatment courses of oseltamivir with support from WHO in 2024 reached all hospitals admitting A(H5N1) patients and over 120 contacts for prophylactic treatment. WHO's updated clinical protocols and guidance have underpinned the continued delivery of essential health services, even during periods of surge.

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WHO Cambodia and the National Institute of Public Health assessed provincial hospitals' laboratory capacities to support influenza outbreak response and surveillance. © WHO / Mardy Lut

Access to countermeasures

Timely and equitable access to essential medical countermeasures has been a cornerstone of Cambodia's H5N1 response in 2025. WHO, in collaboration with the Ministry of Health, has coordinated the procurement and distribution of laboratory diagnostics, and 7000 treatment courses of antivirals (oseltamivir) to health facilities in all nine provinces with confirmed cases. Support has included logistical guidance and in-country distribution to ensure these supplies reached affected health facilities and frontline workers as needed for effective case management and contact prophylaxis.

Emergency coordination

In 2025 so far, WHO has facilitated Cambodia's cross-sectoral management and preparedness for A(H5N1) outbreaks, working closely with the Ministry of Health and other national partners. Under the leadership of One Health Inter-Ministerial Coordination Committee, the Organization has supported multi-sectoral coordination, activated national and provincial incident management systems, developed operational preparedness and response plan for avian influenza in Cambodia, and arranged joint field missions involving health, agriculture, and environmental authorities, with participation from international partners such as the Food and Agriculture Organization of the United Nations. Avian influenza outbreak investigation simulation exercises—including the March 2025 frontline field epidemiology training programme-One Health session—helped strengthen readiness and reinforce inter-sectoral collaboration. For example, the inaugural workshop in 2025 brought together 20 technical and policy staff from key government agencies for joint outbreak investigation training.

The challenge posed by A(H5N1) avian influenza is not new; outbreaks have been reported in Cambodia and several other WHO Member States in the Asia-Pacific and other regions for many years. It is key for countries to remain vigilant, strengthen surveillance systems for both humans and animals, enhance laboratory diagnostic capacity, and share all relevant information under the protocols of the International Health Regulations with transparency and timeliness. This includes sharing virus samples through the WHO Global Influenza Surveillance and Response System. WHO remains committed to supporting Cambodia's long-term efforts to prevent further transmission, protect public health, and save lives.

Community protection

WHO is also supporting Cambodia's Ministry of Health in strengthening risk communication and community engagement (RCCE) for avian influenza (H5N1). Together with partners, WHO is coordinating and co-developing RCCE products that offer more targeted and unified messages for at-risk populations based on epidemiological updates and the One Health approach. WHO is supporting the Ministry of Health in keeping the response people-centered, with RCCE interventions adapted as community feedback and case data evolve.

Enhancing frontline health support in Ukraine: WHO three-level mission to Ukraine



A Chemical, Biological, Radiological, and Nuclear (CBRN) training in Ukraine, conducted by WHO in Mykolaiv Region, September 2025, aimed at strengthening preparedness for CBRN emergencies. © WHO

“Working in Ukraine, we help to address—the immense challenges and support the remarkable resilience of Ukraine’s health system in its ability to sustain and adapt under these circumstances. Despite relentless attacks, hospitals, clinics, and emergency health points continue to serve communities, and with the support of partners, WHO is helping ensure that people in frontline and hard-to-reach areas can still access essential integrated—healthcare with a focus on primary care.” Dr Jarno Habicht, WHO Representative in Ukraine.

From 8 to 12 September, a three-level WHO emergency mission, involving colleagues from WHO headquarters, the WHO Regional Office for Europe, and the WHO Country Office in Ukraine, visited frontline regions with the aim to monitor the needs of vulnerable population and see firsthand the WHO’s emergency response. The mission provided critical insights into the challenges and opportunities of this response and will guide WHO’s ongoing efforts to strengthen Ukraine’s health system resilience amid continued attacks on health.

Zaporizhzhia: Strengthening hospital infrastructure and coordination

In Zaporizhzhia, a frontline area that has endured relentless attacks, including on healthcare facilities, the team visited the City Hospital of Emergency and Urgent Care, where new Intensive Care Unit (ICU) beds were installed with the financial support from the Government of Slovenia. Earlier this year, the hospital’s laboratory received advanced diagnostic tools, and with financial support from the European Commission, the Netherlands (Kingdom of), and

Norway, emergency kits and essential supplies were delivered to strengthen resilience. At Zaporizhzhia Central Hospital, the mission saw a newly installed EU-supported heating unit, a vital investment ensuring uninterrupted patient care through the winter months.

The visit also provided an opportunity for a coordination meeting with the Zaporizhzhia authorities to discuss health needs, and strategies to enhance effective coordination, especially ahead of the winter and a further potential surge of attacks.

Dnipro Region: Expanding emergency medical services

In Dnipro Region, the delegation visited a large modular emergency medical services (EMS) unit in Solone village, installed by WHO with EU support. It is designed to maintain continuity of health services, provide proximity to populations in need, reduce intervention times, and improve working conditions for EMS teams, who have been serving twice as many patients since the start of the war. The mission was

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WHO team visiting Dnipropetrovsk Regional Clinical Hospital in Dnipro city, Ukraine. © WHO

able to hear first-hand from the EMS team how beneficial the modular unit was for them in being able to provide their services.

The WHO team also visited the Dnipropetrovsk Regional Clinical Hospital, a critical facility in the region. With support from the King Salman Humanitarian Aid and Relief Centre (KSrelief), WHO had previously delivered a consignment of laboratory equipment, including critically important items that have strengthened the laboratory's capacity to provide high-quality services. Following a 2024 attack that damaged the hospital's intensive care unit, WHO, with EU support, delivered ICU beds, restoring the hospital's capacity to provide life-saving care for critically ill patients from the Dnipro region and surrounding area.

Mykolaiv Oblast: Trauma care and CBRN preparedness

In Mykolaiv Oblast, the mission visited Mykolaiv City Hospital No. 3, a key facility for trauma and burn care. WHO supports the hospital with medicines for polytrauma and burns injury treatment, medical equipment, and provides capacity-building through training. To strengthen preparedness for chemical, biological, radiological, and nuclear (CBRN) emergencies, WHO provided a decontamination tent and personal protective equipment for healthcare workers. During the visit, specialized CBRN training

was conducted at the facility helping to reinforce CBRN skills and identify gaps in emergency response capacity. In Petrivka village, Mykolaiv Region, WHO team also visited a new primary health care modular clinic which has been installed instead of a primary health facility with funding provided from KSrelief.

Strengthening national cooperation and health system resilience

As part of the mission, Jarno Habicht, WHO Representative in Ukraine, and Ihor Perehinets, Health Security and Regional Emergency Director, WHO Regional Office for Europe, and Altaf Musani, Director of the Department of Humanitarian and Disaster Management, WHO headquarters, together with the WHO mission team, met with Ukraine's Ministry of Health to strengthen cooperation in addressing ongoing challenges and ensuring an effective response to humanitarian needs.

Throughout the mission, WHO engaged with national and regional health authorities, partners, and local facilities to evaluate ongoing projects, identify gaps, and prioritize interventions. These efforts are bolstering Ukraine's health system, ensuring that healthcare workers are equipped to deliver critical services, and that populations, particularly those in frontline or hard-to-reach areas, can access essential care.

Ukraine enhances emergency preparedness and readiness for response to waterborne disease outbreaks through full-scale simulation exercise

More than 150 experts from national and local health authorities, laboratories, emergency services, and partner organizations participated in a full-scale simulation exercise (SimEx) in Odesa, Ukraine, from 12 to 15 August 2025. Led by the WHO Country Office in Ukraine, in collaboration with the Ministry of Health of Ukraine, the WHO Regional Office for Europe, and partners, the exercise aimed to strengthen Ukraine's emergency preparedness and readiness to respond to waterborne disease outbreaks.

The exercise comes at a critical time. The ongoing war has severely impacted Ukraine's infrastructure, particularly water and sanitation systems, increasing the risk of infectious disease outbreaks. Despite these challenges, Ukraine continues to prioritize health emergency preparedness, with WHO providing technical, operational, and logistical support to ensure systems remain responsive and life-saving. Over four days, participants worked through a complex outbreak scenario designed to test coordination, investigation, and response capacities.

The exercise focused on:

- Interagency coordination and information management
- Rapid deployment of response teams and mobile laboratories
- Epidemiological investigation and case management
- Laboratory diagnostics and infection prevention and control
- Community engagement and international vaccine request procedures

A key feature was the deployment of the Rapid Response Mobile Laboratory, donated by WHO to the Ministry of Health. This facility enables high-quality testing for waterborne and other infectious diseases, supporting faster surveillance and response nationwide.

The SimEx revealed strong collaboration across sectors and timely operational response as key



Participants practice coordinated response actions during a disease outbreak simulation exercise. © WHO

“Preparedness, together with strong coordination at all levels involved, saves lives. This simulation exercise in Odesa was crucial to test how Ukraine’s health system can respond to a potential waterborne outbreak under the pressures of war and environmental risks. By bringing together national and local partners, we identified vulnerabilities and ensured that in a real emergency, preventive and response actions will be faster, more effective, and better coordinated to protect communities.” Jarno Habicht, WHO Representative in Ukraine.

strengths. It also identified areas for improvement, including information flow and consistent application of Standard Operating Procedures. These findings will inform updates to national contingency plans and training programmes.

The exercise was conducted with financial support from the Asia-Europe Foundation, underscoring the importance of international collaboration in strengthening global health security.

Simulation exercises are a core component of WHO’s emergency preparedness strategy, helping countries validate systems, identify gaps, and protect communities during health emergencies.

Samoa mobilizes dengue outbreak response with WHO and partner support



Professor Dr Lucy Lum Chai See facilitates knowledge sharing on dengue clinical management and home care with Public Health and Risk Communication and Community Engagement teams in the Ministry of Health.

© WHO / Faizza Tanggol

“We have to get down to the basics so that even resource-limited settings can manage dengue effectively,” said Professor Dr Lucy Lum Chai See. **“It’s not about high-tech solutions—it’s about hydration, careful monitoring, and empowering parents to be part of the care process.”**

Dengue cases are surging across the Pacific, with Samoa among the hardest hit. As of September 2025, over 12 000 people have been clinically diagnosed, and more than 3000 cases confirmed by laboratory testing—91% linked to the DENV-1 strain. Children under 15 years of age are the most affected.

In response, the Ministry of Health declared a dengue outbreak in April and the Government activated the National Emergency Operations Centre in July. A coordinated response was launched with support from WHO, UNICEF, the United Nations Population Fund (UNFPA), and the governments of Australia, New Zealand, and China.

Samoa has been strengthening its prevention, early detection and response capacities based on recommendations from the Joint External Evaluation in 2023, and has enhanced its public health response to dengue, including testing, clinical care, and risk communication and community engagement for vector control with WHO support, including:

Strengthening testing capacity

WHO provided rapid diagnostic testing kits to accelerate case confirmation and improve surveillance. These kits have enabled faster clinical response and hotspot identification, allowing health workers to act swiftly in high-risk areas.

Supporting clinical management

To reduce severe illness and prevent deaths, WHO facilitated the deployment of Professor Dr Lucy Lum Chai See, a paediatric dengue specialist with over 30

years of experience. Her hands-on support across health facilities has strengthened frontline capacity, particularly in paediatric care. Additional personnel from the New Zealand Medical Assistance Team and the Australian Medical Assistance Team have helped manage the patient surge.

Empowering communities through risk communication and community engagement

Risk communication and community engagement efforts, led by the Ministry of Health and supported by WHO, UNICEF, and the Government of Australia, have produced bilingual information, education, and communication materials for schools, workplaces, and communities. Outreach campaigns are active in hotspot districts, with support from the Ministry of Women, Community and Social Development and the Samoa Red Cross Society.

A community toolkit is under development to guide households in mosquito control, symptom recognition, home care, and when to seek medical attention.

Impact on the field

This integrated response has improved case detection, clinical outcomes, and community resilience. By combining technical expertise, clinical support, and localized engagement, Samoa is building long-term capacity to manage climate-sensitive and epidemic-prone vector-borne diseases.

WHO supports national capacity building for seasonal influenza vaccination



Seasonal influenza vaccination training for pharmacists in Ukraine. © WHO / Olha Bondarenko

WHO is supporting countries to introduce or scale up seasonal influenza vaccination programmes through a comprehensive training package, piloted in five countries across four WHO regions, targeting national immunization managers, health workers, and policymakers.

Seasonal influenza vaccination remains the most effective tool to reduce illness, hospitalizations, and deaths caused by annual epidemics. The 2009 influenza A(H1N1) and 2020 COVID-19 pandemics further demonstrated that countries with established seasonal influenza vaccination programmes are better prepared to deploy pandemic vaccines. In preparation for the 2025-2026 Northern Hemisphere influenza season, WHO has released a comprehensive training package to strengthen national capacity.

Developed with support from the Pandemic Influenza Framework Preparedness Partnership Contribution and the Task Force for Global Health, the training materials align with the Global Influenza Strategy 2019–2030 and support preparedness efforts under the Preparedness and Resilience for Emerging Threats (PRET) initiative. The package is designed to help national immunization programme managers, health workers, and policy-makers effectively plan, implement, and monitor seasonal influenza vaccination campaigns. It is suitable for both in-person and virtual training formats.

The training package has been piloted in the Democratic People's Republic of Korea, Guyana, Ukraine, Turkmenistan, and Zimbabwe. Participants reported increased knowledge and improved ability to identify priority groups, store and handle vaccines correctly, and address vaccine hesitancy.

“The national training on seasonal influenza vaccine introduction, supported by WHO, has been a transformative step in strengthening the Democratic People's Republic of Korea's preparedness for influenza epidemics and future pandemics. The training has laid the foundation to equip over 2000 frontline household doctors and officials across the country with practical tools and knowledge for a resilient, country-led vaccination programme. This initiative reflects our shared commitment to sustainable public health preparedness and reinforces the importance of seasonal influenza vaccination as a platform for pandemic response.” Dr Alaka Singh, WHO Representative, Democratic People's Republic of Korea.

Continue next page...

“Our country highly values WHO’s support in national capacity building for seasonal influenza vaccination, fostering resilient health systems and enhancing countries’ ability to protect populations against seasonal influenza.” Turkmenistan Ministry of Health

- In [Guyana](#), which introduced seasonal influenza vaccines in September 2025, the training was used in a June 2025 workshop to prepare Ministry of Health officials and health workers.
- In Turkmenistan, the training was conducted in May 2025. By July, [Turkmenistan](#) Ministry of Health officials had developed a draft national seasonal influenza vaccination policy to strengthen their national programme.
- In the [Democratic People’s Republic of Korea](#), a virtual Training of Trainers was held in 2024, followed by cascade training that reached 426 county-level officials and 2130 frontline household doctors. This effort aimed to meet national vaccination goals and strengthen preparedness and response capacity.

Ministries of Health, WHO regional colleagues, and partners have expressed their appreciation for this support.

What’s in the training package?

The [modular training](#) includes educational content, resources, and tools for the following areas:

- Influenza epidemiology
- Vaccines and recommendations
- Policy and microplanning
- Implementing a sustainable programme
- Social mobilization and community engagement
- Monitoring and supervision
- Programme review

The package is available in [English](#), [French](#), [Spanish](#), [Swahili](#), [Portuguese](#), and [Russian](#). Additional language versions can be developed upon country request. It is intended to be adapted to the country context and can be translated into local languages.



Preparing for seasonal influenza vaccine introduction with training for health and care workers in Guyana, June 2025. © WHO / Guyana

This initiative reflects WHO’s commitment to integrating seasonal and pandemic influenza readiness by strengthening national vaccination capacities during the interpandemic and emergence periods. The full training package and additional useful resources, including technical guidance, advocacy materials, and examples of national good practices, are available on the [WHO influenza vaccination toolkit](#).

Key messages

- WHO is supporting countries to build capacity for seasonal influenza vaccination through a comprehensive, adaptable training package aligned with global preparedness strategies.
- The training has been piloted in 5 countries, resulting in increased knowledge, new national policies, and improved readiness for seasonal and pandemic influenza. Additional countries are expected to use the training later this year.
- Modules cover key areas including vaccine policy, planning, implementation, and community engagement, with materials available in multiple languages and designed for both virtual and in-person use.

Strengthening outbreak readiness: The European Centre for Disease Prevention and Control (ECDC) hosts the Global Outbreak and Alert Response Network outbreak (GOARN) response scenario training in Stockholm

From 7 to 12 September 2025, the European Centre for Disease Prevention and Control (ECDC) and the European Health Task Force (EUHTF), in collaboration with the GOARN Operational Support Team and with support provided by WHO/Europe, hosted the GOARN Outbreak Response Scenario Training in Stockholm, Sweden.

This was the first time ECDC hosted this training in the WHO European Region, representing a key milestone in strengthening outbreak preparedness and workforce development across the Region. As a core GOARN partner, ECDC is now well-positioned to deliver this training in the future, both within the region and potentially to counterparts globally.

ECDC's Head of Emergency Preparedness and Response, Vicky Lefèvre, underlined the importance of the initiative: **"Investing in practical, scenario-based training is essential to building a deployable and resilient public health workforce. Hosting this course allowed us to strengthen collaboration with our GOARN partners, and to better prepare experts across Europe for real-world outbreak response in the future".**

The intensive, week-long course brought together 24 mid-career public health professionals from across the region, including WHO health emergencies programme priority countries such as Ukraine. Selected for their expertise and potential to contribute to future deployments through the EUHTF and GOARN field missions, participants represented a wide range of disciplines, including epidemiology, laboratory science, clinical management, infection prevention and control, animal health, and risk communication and community engagement.

"This training exemplifies GOARN's commitment to building a globally connected and locally grounded outbreak response workforce. Through our partnership with ECDC and the EU Health Task Force, we are investing in the next generation of responders who bring their technical expertise and equip them with response skills essential for real-world emergencies". Armand Bejtullahu, WHO GOARN Manager



Participants from across Europe engaged in a hands-on, scenario-based outbreak response exercise during the GOARN training in Stockholm, September 2025. © WHO

A simulation-driven approach

First launched in 2005, the GOARN Outbreak Response Scenario Training has evolved into a scenario-driven, residential course designed to mirror the real-world complexity and unpredictability of public health emergencies. In Stockholm, participants faced a fast-moving outbreak of unknown origin, testing their ability to prioritize, coordinate, and provide evidence-based recommendations under pressure.

The training emphasized both technical and soft skills - communication, leadership, collaboration, and problem-solving—essential for effective deployment. Each day introduced new challenges, from misinformation to logistical hurdles, forcing teams to adapt and respond under shifting conditions.

A stronger workforce for the future

By the end of the course, participants reported greater confidence and readiness to join multidisciplinary outbreak missions. Feedback highlighted the value of the immersive format in building teamwork and leadership capacity.

As global health threats grow more complex, the need for skilled and agile responders is greater than ever. This training in Stockholm represents an important investment in the next generation of outbreak responders- ensuring Europe's public health workforce is prepared, connected, and ready to act when the next emergency strikes.

Risk communication, community engagement and infodemic management in action: How new tools boost emergency preparedness and response

“Advancing preparedness while juggling multiple crises hasn’t been easy, but these challenges made our new tools stronger and more relevant”, comments Cristiana Salvi, Regional Adviser Community Resilience and Protection in the WHO Regional Office for Europe. **“Every emergency—from COVID-19 and the mpox outbreak to the war in Ukraine and the earthquake in Türkiye—has reminded us why turning lessons from response into real emergency preparedness is absolutely essential.”**

On 9 September, the WHO Regional Office for Europe launched two new online tools—the Capability Mapping Tool (CapMap) and the Pocket Plan Creator—to support European Member States in strengthening their risk communication, community engagement, and infodemic management (RCCE-IM) capabilities as part of all-hazard national emergency planning.

Turning lessons into preparedness

Since 2020, the European Region has faced frequent and complex emergencies, starting with COVID-19, which reshaped emergency management. One key lesson emerged: **health services alone are not enough—they must be understood, trusted, and used.** Communities must be empowered to make informed health choices, fostering trust, resilience, and equity. RCCE-IM acts as a vital bridge between health authorities and communities, serving as an evidence informed public health intervention across every phase of an emergency—from prevention to recovery.

Two insights shaped this process: first, risk communication alone is insufficient—it must be paired with community engagement and infodemic management; second, as demonstrated during the pandemic, emergency management requires digital solutions, especially when in-person missions are not feasible.

Adopting efficient and secure in-house digital solutions

These lessons directly informed the creation of



The tools’ original versions were tested at several multi-country workshops, including the RCCE-IM Forum in Copenhagen, December 2023. © WHO

CapMap and Pocket Plan Creator. Supported by the Pandemic Influenza Preparedness framework and the European Commission, and developed with input from over 100 experts, the tools overcame challenges—including a cyberattack and financial cuts—through efficient, secure, in-house digital solutions.

Countries such as Belgium and Germany are already piloting them. Translations into all WHO European Region official languages and webinars are planned to support roll out across country offices.

CapMap assesses RCCE-IM structures, systems, and skills, across six main areas, including RCCE-IM as well as evidence generation, capacity building, and operational management—critical for pandemic preparedness. The Pocket Plan Creator turns assessment results into practical, tailored all-hazard and pandemic-specific plans through ten interactive modules, templates, checklists, and a resource package.

These tools turn lessons from past emergencies into concrete action, driving a continuous cycle of learning and preparedness. By integrating both successes and setbacks, they equip Member States with practical, evidence-based solutions to assess capabilities, close gaps, and design tailored plans that put communities at the heart of future responses.

Access the tools here: [Building capacities as part of emergency preparedness.](#)

Latin American and Caribbean laboratories strengthen zoonotic influenza detection through a joint PAHO-IAEA workshop

Laboratory technicians from 19 Latin American and Caribbean countries completed a five-day workshop in Rio de Janeiro to enhance the detection of avian influenza A (H5N1), a virus responsible for over 4700 reported outbreaks in birds and mammals and more than 70 human cases in the Americas since 2021.

Organized by the Pan American Health Organization (PAHO) through its Pan American Foot-and-Mouth Disease and Veterinary Public Health Center (PANAFTOSA), in collaboration with the International Atomic Energy Agency (IAEA) and its Joint FAO/IAEA Centre of Nuclear Techniques in Food and Agriculture, the workshop trained participants in advanced diagnostic techniques, including testing influenza in milk samples. This expertise is critical given the zoonotic influenza outbreaks detected in dairy cattle in the United States of America since 2024. Participants reviewed international standards for accrediting diagnostic tests and were trained in biosafety protocols for the safe handling, shipping, and processing of samples.

“Strengthening our region’s laboratories is vital for early detection and control of avian influenza, safeguarding both animal and human health,” said Ottorino Cosivi, Director of PANAFTOSA. **“This training equips countries to more effectively address an evolving threat,”** he added.

Technicians from Argentina, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Dominican Republic, Uruguay, and Venezuela (Bolivarian Republic of) practiced molecular techniques such as real-time Polymerase Chain Reaction (PCR) to identify the virus and genetic sequencing tools to analyze its variants.

The workshop was supported by the Federal Laboratory for Agricultural Defense in Campinas (Brazil), a World Organisation for Animal Health Reference Laboratory for avian influenza, and the Regional Office of the Food and Agriculture Organization of the United Nations (FAO) for Latin



Laboratory technicians trained in advanced diagnostic techniques to enhance the detection of avian influenza A(H5N1), Rio de Janeiro. © PAHO/WHO

“Controlling zoonotic diseases demands a multisectoral approach. This collaboration exemplifies the importance of integrating animal and public health sectors in veterinary training to produce professionals capable of addressing health challenges affecting both animals and humans,” said Carla Bravo de Rueda, Animal Health Technical Officer at the IAEA.

America and the Caribbean. It was also supported by the PROTECT project, funded by the Pandemic Fund, and the IAEA’s regional project RLA 5085.

A(H5N1) is a zoonotic virus transmissible from animals to humans, underscoring the need for coordinated surveillance in animal and human health under the One Health approach, which recognizes the interconnection of human, animal, and environmental health.

Since 2020, the A(H5N1) virus has spread across Africa, Asia, Europe, and the Americas, affecting wild and domestic birds, mammals, and over 1000 dairy herds in 17 States of the United States of America as of May 2025. While there is no evidence of human-to-human transmission, PAHO and WHO urge sustained vigilance to monitor changes in the virus.

PAHO will continue providing technical support to countries in the region to bolster surveillance, response, and preparedness systems for emerging diseases, with the goal of protecting public health, food security, and animal welfare.

SAPHIRE 2025: Annual regional simulation exercise to strengthen International Health Regulations event communication in the WHO South-East Asia Region



Strengthening regional health emergency preparedness and readiness through real-time IHR event communication on food safety for effective implementation of the International Health Regulations. © SAPHIRE Secretariat/WHO SEARO

On 8 July 2025, over 190 public health and food safety experts across the WHO South-East Asia Region participated in SAPHIRE 2025 — the third edition of the region’s flagship South-East Asia Regional Practice of All-Hazard International Health Regulations (IHR) Event Communication simulation exercise.

Held virtually over four hours, the real-time simulation tested the Region’s capacity to respond to a potential public health emergency of international concern triggered by a food safety incident. The exercise brought together national IHR focal points, International Food Safety Authorities Network (INFOSAN), emergency contact points, and WHO IHR contact points at regional and national levels.

This year’s simulation scenario was based on recommendations from SAPHIRE 2024 and focused on food safety — a priority area identified by several Member States. Participants were required to apply the IHR Annex 2 decision instrument and INFOSAN notification criteria, coordinate across sectors, and draft and share key information products in real time.

“SAPHIRE 2025 demonstrates how strong regional leadership, backed by cross-regional technical collaboration, can elevate global preparedness. The South-East Asia Regional Office has shown what it means to operationalize the International Health Regulations in a meaningful, practice-driven way. This initiative exemplifies the One WHO approach — where our collective strength lies in unified action across all levels of the Organization.”

Dr Stella Chungong, Director, Health Emergency Preparedness, WHO headquarters.

“SAPHIRE 2025 marked a meaningful evolution by simulating a food safety-related event, reinforcing the linkage between National IHR Focal Points and INFOSAN Emergency Contact Points. Participants demonstrated strong cross-sectoral coordination, flexibility, and improved clarity of roles under IHR.”

Dr Nilesh Buddha, Regional Emergency Director, WHO Regional Office for South-East Asia.

The simulation was conducted through email-based injects, followed by a virtual “hot wash” debrief. Country teams practiced using institutional communication channels, action logs, and reporting forms, and received immediate feedback on their performance.

Participants reported several improvements compared to previous exercises, including:

- Clearer internal standard operating procedures and communication pathways
- Greater familiarity with IHR procedures
- Enhanced access to the Event Information Site
- Stronger engagement of non-health sectors

Participants’ feedback was collected through online surveys and structured self-review tools to identify areas for future capacity building. For the first time, country-specific feedback reports will be shared confidentially with each National IHR Focal Point, in addition to the overall regional report.

SAPHIRE is now firmly embedded as an annual regional practice and continues to foster a culture of preparedness and collaborative response in line with IHR (2005) obligations and its amendments in 2024.

The Global Outbreak Alert and Response Network (GOARN) enhances emergency leadership capacity across the South-East Asia and the Western Pacific Regions in flagship residential programme in Bangkok, Thailand



GOARN Leadership trainees during an exercise in Bangkok, Thailand. © WHO

The Global Outbreak Alert and Response Network (GOARN) has successfully concluded its flagship Outbreak Response Leadership Programme in Bangkok, Thailand. Delivered in collaboration with the WHO Regional Offices for South-East Asia and the Western Pacific, as well as with the National Critical Care and Trauma Response Centre's (NCCTRC) Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific (PHOENIX) programme, the initiative aims to ensure a well-coordinated health emergency workforce, anchored in countries and connected regionally and globally, aligned with the Global Health Emergency Corps (GHEC) framework.

The PHOENIX programme, supported by the Australian Government's Department of Foreign Affairs and Trade, strengthens national and regional capacity to prepare for, respond to, and recover from public health emergencies across the Indo-Pacific.

"We are proud to welcome partners from across the South-East Asia and Western Pacific Regions to take part in this flagship leadership programme. Trusted and capable leaders are essential at the frontlines of every emergency," said Dr Nilesh Buddha, Regional Emergency Director, WHO Regional Office for South-East Asia. **"This programme not only strengthens individual leadership but also builds the collective capacity of countries to manage complex health threats together."**

The intensive five-day residential programme, held from 29 September to 3 October, brought together 24 seasoned public health experts from across GOARN partner institutions across 16 Member States from across both regions. Each participant has more than a decade of experience in leading public health emergency and outbreak responses.

Continue next page...



Participants in action at GOARN's Leadership Programme. © WHO

"Through the PHOENIX programme, the NCCTRC is proud to contribute to the collective effort of preparing the region for future health emergencies," said Professor Len Notaras AO, Executive Director of the NCCTRC. **"It is the participants who will lead the way in their countries — our role is simply to help create opportunities for them to share knowledge and build confidence."**

Designed for senior professionals with over fifteen years of field experience, the programme focused on enhancing leadership and operational readiness in outbreak settings. Through experiential learning, peer exchange, and mentorship by global crisis experts, participants strengthened skills in adaptive decision-making, stakeholder engagement, and managing polarizing challenges during emergencies.

"In every emergency, it is not only the speed of our response that matters, but the strength of our leadership and the depth of our partnerships. True preparedness is built through collaboration, across nations, regions, disciplines, and communities. The GOARN outbreak response leadership programme is a commitment to growing the kind of leaders the world needs: grounded in experience and ready to act together when it matters most." Dr Gina Samaan, Regional Emergency Director, WHO Regional Office for the Western Pacific.

The GOARN Leadership Programme directly contributes to the GHEC vision and framework by providing a structured, strategic approach to strengthening the national health emergency workforce through targeted leadership development. This programme represents a strategic investment in national, regional and global preparedness for response to public health events. As health threats grow more complex, programmes like this reinforce the critical need for a skilled, agile, and collaborative emergency workforce ready to respond swiftly and effectively across borders.



GOARN Leadership trainees during an exercise in Bangkok. © WHO

Bridging the gap in genomics equity: WHO and partners collaborate to advance genomics capabilities and access across the Western Pacific Region

Genomic surveillance—the monitoring of the genetic makeup of pathogens—is a cornerstone of early warning systems and outbreak response. It enables public health authorities to track pathogen evolution and behavior, and has been instrumental in managing outbreaks of Ebola, Zika, cholera, polio, COVID-19, and mpox. However, the COVID-19 pandemic exposed persistent inequities in access to genomic technologies, particularly in low-resource settings across the Western Pacific Region.

At the fourth meeting of the Western Pacific Region Emerging Molecular Pathogen Characterization Technologies (EMPaCT), the WHO Regional Director for the Western Pacific, Dr Saia Ma'u Piukala, emphasized that genomic surveillance is a necessity, not a luxury. Every country, regardless of size or remoteness, should have access to and capacity for genomic sequencing. To address this, WHO has set a regional target: by 2029, all Member States should have timely access to genomic sequencing, with 70% achieving in-country sequencing capability. In 2021, only 11 countries had such capacity; by 2025, this number has increased to 15.

To accelerate progress, WHO—with support from the German Government and in collaboration with the International Pathogen Surveillance Network (IPSN) hosted by the WHO Hub in Berlin and the Centre for Pathogen Genomics (CPG) in Australia—conducted a regional training programme between April and September 2025. The initiative trained 25 public health laboratory representatives from Cambodia, Fiji, Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, and Viet Nam. The training targeted mpox as a high-threat pathogen and focused on equipping participants with practical and analytical skills across the genomic surveillance workflow.

Training modules included laboratory procedures for sample preparation, sequencing protocols, and quality control. Participants engaged in hands-on sessions using sequencing platforms and were introduced to innovative tools and approaches for genomic data generation.

A significant portion of the training was dedicated to



Senior molecular scientist Rebecca Narokobi from Papua New Guinea participates in a training at CPG, Australia. © CPG

“Genomic surveillance is not only about sequencing, but also about protecting communities, saving lives and preparing for tomorrow’s threats.” Dr Gina Samaan, Regional Emergency Director, WHO Regional Office for the Western Pacific.

bioinformatics—covering data processing, genome assembly, variant analysis, and interpretation of results for public health action. The programme also emphasized the integration of genomic data into outbreak response strategies and clinical decision-making.

Papua New Guinea, which currently lacks in-country sequencing capacity, highlighted the transformative impact of the training. Local scientists reported reduced reliance on external laboratories and faster turnaround times, enabling genomic analysis to inform clinical decisions and outbreak response. Janlyn Kemoi-Kumbu, a laboratory manager at the National Department of Health, noted that the training marked a critical step toward establishing national sequencing capacity.

Senior molecular scientist Rebecca Narokobi added that the new skills would allow the country to respond more rapidly and independently during emergencies.

EMPaCT continues to play a pivotal role in expanding regional genomic capabilities. Supported by Australia’s Department of Foreign Affairs and Trade, the network promotes resource sharing, technical cooperation, and cross-border collaboration. At the latest EMPaCT meeting, over 100 regional participants endorsed an operational roadmap to scale and sustain genomic surveillance equitably.

Strengthening the Global Health Emergency Corps (GHEC): Japan's strategic partnership with the Global Outbreak Alert and Response Network



National Center for Global Health and Medicine Hosts GOARNs Orientation to International Outbreak Response Module in Tokyo. © National Center for Global Health and Medicine

Japan's long-standing partnership with the Global Outbreak Alert and Response Network (GOARN), coordinated by WHO, continues to play a pivotal role in advancing global health emergency preparedness and response. A newly published perspective [article](#) in the Western Pacific Surveillance and Response Journal (WPSAR) highlights Japan's strategic investments in expert training, deployment, and institutional collaboration, reinforcing the global health emergency workforce.

GOARN, now marking 25 years of coordinated response to public health emergencies, has mobilized over 3600 experts across 114 countries, responding to more than 175 major health events, including outbreaks of Ebola, Severe acute respiratory syndrome, COVID-19, and mpox. Japan's contributions exemplify how national leadership and international collaboration can strengthen global health security.

The article, authored by experts from the National Center for Global Health and Medicine, the Japan Institute for Health Security, and WHO's Regional Office for the Western Pacific, outlines Japan's role in capacity building through the Global Outbreak Intelligence, Capacity Building and Deployment Coordination Center. This includes the development of tailored training programs, deployment of Japanese experts to emergency responses, and

Sharon Salmon, GOARN focal point for the Western Pacific Region and co-author of the article, emphasized the importance of regional leadership and sustained investment in workforce development. **“Japan's model demonstrates how national institutions can contribute to a globally connected, well-trained emergency workforce,”** she noted.

fostering institutional linkages that enhance readiness and interoperability.

Japan's engagement also aligns with WHO's broader initiative to establish the Global Health Emergency Corps (GHEC)—a coordinated mechanism to ensure rapid deployment of skilled personnel during crises. As a key pillar of GHEC, GOARN benefits from Japan's technical expertise and commitment to multilateralism.

This collaboration underscores the value of strategic partnerships in building resilient health systems and ensuring rapid, effective responses to emerging threats. As WHO continues to strengthen global coordination mechanisms, Japan's contributions serve as a model for other Member States seeking to invest in preparedness and response capacities.

Japan's partnership with GOARN offers a compelling example of how targeted investments in training, deployment, and institutional collaboration can yield high-impact outcomes for global health security.

A milestone for mental health amid emergencies: WHO trains first responders in Papua New Guinea



Emergency medical team trained on mental health and psychological support. © WHO

“Recent outbreaks of mob violence and social unrest in Port Moresby highlight the need for health workers to understand how psychosocial harm extends beyond individuals to impact entire families and communities.” Dr Garry Nou, Deputy Chief of Emergency Medicine and Team Lead of Papua New Guinea.

In a landmark initiative to strengthen emergency health responses, WHO, in collaboration with Papua New Guinea’s National Department of Health, conducted the country’s first-ever training on mental health and psychosocial support (MHPSS) for the national emergency medical team (EMT). Held from 11–15 August 2025, the five-day programme marked a significant step forward for mental health integration in emergency preparedness and response in the Western Pacific Region.

Seventeen participants—including medical professionals, community-based service providers, and representatives from partner agencies—engaged in the training. Teams from Port Moresby General Hospital, Papua New Guinea Defence Forces, St John Ambulance, and the national capital district provincial health authority were among those represented.

Emergencies and disasters often have profound psychosocial impacts. While many individuals show resilience, others may experience distress, exacerbation of pre-existing mental health

conditions, or develop new ones such as anxiety, depression, or post-traumatic stress disorder.

Recognizing this, the training focused on equipping first responders with the skills to identify priority mental health and substance use issues, integrate MHPSS into triage protocols, and deliver basic psychosocial support.

This pioneering effort is the first of its kind for an EMT in the Western Pacific Region and reflects Papua New Guinea’s commitment to embedding mental health as a cornerstone of its emergency health response. The training also aligns with WHO’s broader goal of ensuring that mental health services are accessible, integrated, and responsive during public health emergencies.

WHO expressed its honour in supporting Papua New Guinea’s efforts, alongside partners such as the Australian Department of Foreign Affairs and Trade, a significant donor to WHO in the Region. As emergencies continue to challenge health systems globally, initiatives like this underscore the vital role of mental health in building resilient communities.

Strengthening Vanuatu's health resilience with better data collection



WHO staff collecting samples in rural Vanuatu as part of an awareness and treatment programme on Neglected Tropical Diseases. © WHO

"The Ministry of Health has always understood that to secure the future of our people, we must be ahead of the curve. With Go.Data, we are not just responding to today's challenges – we are proactively shaping the future of public health in Vanuatu. By recognizing the emerging trends and embracing the best tools for our country, we are ensuring that our health system is not only resilient but ready to meet the evolving needs of our communities. This is about making decisions today that will safeguard the health and well-being of future generations," said Rachel Takoar, Digital Health Manager at the Ministry of Health.

Vanuatu, a Pacific Island Country, faces significant health challenges due to its geographic isolation, vulnerability to natural disasters, and limited health infrastructure. To address these issues, WHO, through the Global Outbreak Alert and Response Network (GOARN), has partnered with Vanuatu's Ministry of Health to enhance the country's health resilience by improving data collection and management systems.

The initiative focuses on strengthening Vanuatu's capacity to detect, respond to, and manage public health threats more effectively. Central to this effort is the implementation of Go.Data, a WHO-supported outbreak investigation tool designed to streamline data collection, contact tracing, and visualization during health emergencies. Go.Data enables health authorities to make informed decisions quickly by providing real-time access to critical epidemiological data.

Training sessions were conducted for local health

professionals, emphasizing practical skills in dataentry, analysis, and outbreak response coordination. These sessions also fostered collaboration between national and regional stakeholders, ensuring that the system is tailored to Vanuatu's specific needs and integrated into existing health structures.

The project aligns with broader goals of health system strengthening in the Western Pacific Region, aiming to build sustainable, locally owned solutions that enhance preparedness and response capabilities. By investing in digital tools and capacity building, Vanuatu is taking proactive steps to mitigate the impact of future outbreaks and improve overall public health outcomes.

This collaboration exemplifies GOARN's commitment to supporting countries in building robust surveillance and response systems. It also highlights the importance of data-driven decision-making in managing health emergencies, particularly in resource-limited settings.

Operations support and logistics: A cornerstone of WHO's emergency response

Since its establishment, WHO's Operations Support and Logistics (OSL) has been instrumental in emergency responses. From deploying mobile laboratories, setting up modular treatment centers, to delivering ultra-cold chain vaccines in remote regions during the COVID-19 pandemic, OSL ensures timely access to essential health supplies and infrastructure.

OSL's role extends beyond delivery. It strengthens national logistics systems, coordinates global supply chains, and deploys technical expertise to the front lines. In today's complex health landscape, logistics is not a support function—it is a strategic enabler of emergency response and global health security.

Delivering impact through integrated support

OSL provides technical and operational support to WHO country offices and partners, particularly in fragile and resource-limited settings.

This includes:

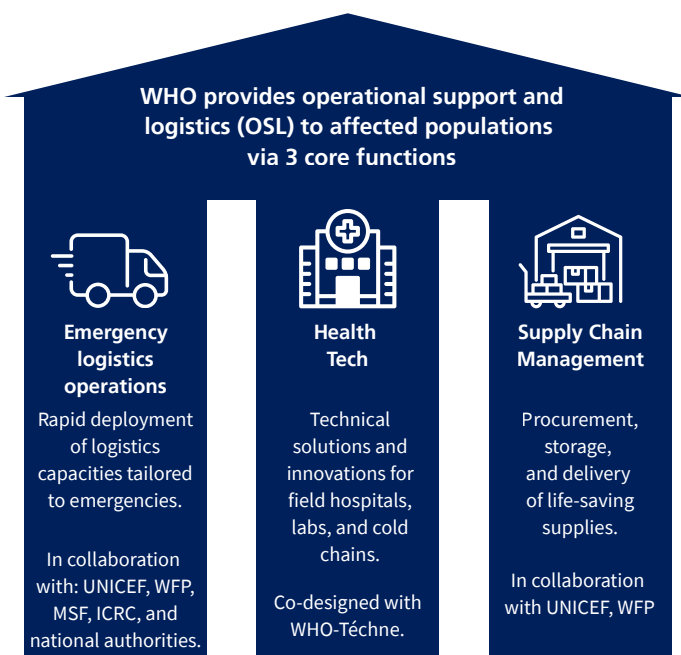
- Developing national logistics plans
- Ensuring timely delivery of medical countermeasures
- Advising on health facility management and design, as well as engineering controls
- Coordinating logistics capabilities across partners

By streamlining procurement and delivery mechanisms, OSL minimizes delays that can compromise emergency response. Its integrated model combines field-level operational experience with technical guidance, supporting both immediate crisis management and long-term system resilience.

Three pillars for OSL support

1 Emergency logistics operations

WHO ensures the rapid deployment of logistics capacities tailored to each emergency. Through continuous monitoring of acute and protracted crises, OSL maintains readiness to deliver timely and effective support.



“Logistics is not just about moving boxes—it’s about enabling life-saving health interventions. Every shipment, every deployment, every coordination effort, and innovative technologies are a step toward protecting communities in crisis.” Paul Molinaro, WHO Operations Support and Logistics Team

Coordination is facilitated via the [Health Logistics Partners Collaborative Platform](#), aligning supply chains with medical priorities. Key partners include UNICEF, WFP, MSF, the International Committee of the Red Cross (ICRC), and national health authorities.

WHO also maintains a global roster of certified health logistics experts, ready to be mobilized to support country offices and partners. Through active engagement in humanitarian logistics forums, WHO contributes to shaping global practices and strengthening sector-wide collaboration.

2 Health Tech

WHO develops and deploys technical solutions to enhance emergency health operations. This includes standards for treatment centres, trauma facilities, mobile labs, and cold-chain systems for vaccination campaigns.

Continue next page...



The Infectious Diseases Treatment Module and the Health Emergency Facility were built in Accra during the INITIATE2 simulation exercise, December 2024. © UNICEF/Ghana/2024/Kotei

In the past five years, Health Tech has:

- Deployed 31 times across 26 countries
- Delivered training to personnel from 40 countries
- Produced 8 WHO publications and 5 peer-reviewed articles
- Provided remote support to over 40 countries, delivering 80+ technical supports

Health Tech is supported by WHO-Téchne, a global network of accredited universities and professional associations. It also co-coordinates INITIATE², a platform for co-designing field-adapted, innovative human-centred solutions and run full scale simulations with more than 50 partners, including WFP, UNICEF, MSF, and academic institutions.

3 Supply chain management

Since 2020, OSL has delivered over US\$ 750 million in essential medical supplies to 184 countries, responding to 57 public health emergencies, including outbreaks and natural or man-made disasters. This has been achieved through coordinated efforts in planning, procurement, warehousing, shipping, and data management. WHO/OSL works closely with the Global Procurement Unit and regional hubs to ensure fast, effective responses, deploying supply chain specialists to countries when required. Beyond emergencies, WHO/OSL supports strategic initiatives like the WHO Supply Chain Policy, the WHO Health Emergencies Programme Global Emergency Stockpile, and the expansion of the WHO Product Catalogue.

WHO also enhances data capabilities, develops planning models, and collaborates with partners to manage supply pipelines and support preparedness.

Strengthening global health security

OSL's work directly supports the global health security agenda. By building countries' logistical capacity, it helps prevent localized crises from escalating into regional or global threats.

The COVID-19 pandemic exposed vulnerabilities in global supply chains and highlighted the need for coordinated logistics capabilities. OSL's contributions inform preparedness and resilience strategies for future emergencies, supported by Member States, donors, and technical partners.

A strategic enabler of emergency response

Through its three pillars—Emergency Logistics Operations, Health Tech, and Supply Chain Management—WHO/OSL delivers a comprehensive framework that balances immediate response with long-term system strengthening.

In collaboration with Member States, United Nations agencies, nongovernmental organizations, academic institutions, and donors, WHO/OSL exemplifies how logistics is not a peripheral function but a central determinant of response effectiveness. By integrating innovative infrastructure, resilient supply chain practices, and coordinated operational support, WHO and its partners are better equipped to protect health and save lives.

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.



Logistics Hub Dubai, 2025. @WHO

Global reach

In 2025, from 1 January to 15 October, the Hub delivered over US\$ 17.96 million in vital health supplies to 65 countries across six WHO regional offices, see Figure 1. Handling an average of 100 metric tons of health commodities valued at US\$ 1 million each week, the Hub's operations are extensive and impactful.

Gaza response

In collaboration with the European Civil Protection and Humanitarian Aid Operations (ECHO) and WFP, the WHO Hub for Global Health Emergencies

delivered US\$ 2.3 million in life-saving medicines and medical equipment through emergency air and overland charters from the Hub to Al Arish. The supplies, consisting of over 151 metric tons (57 MT by air and 94 MT by road), were received in Al Arish, Egypt, and immediately placed on vehicles entering Gaza. Orchestrating the rapid delivery of these critical supplies required extensive supply chain coordination between WHO, ECHO, and WFP, resulting in the cost-effective and efficient provision of supplies during a critical point in the ongoing crisis.

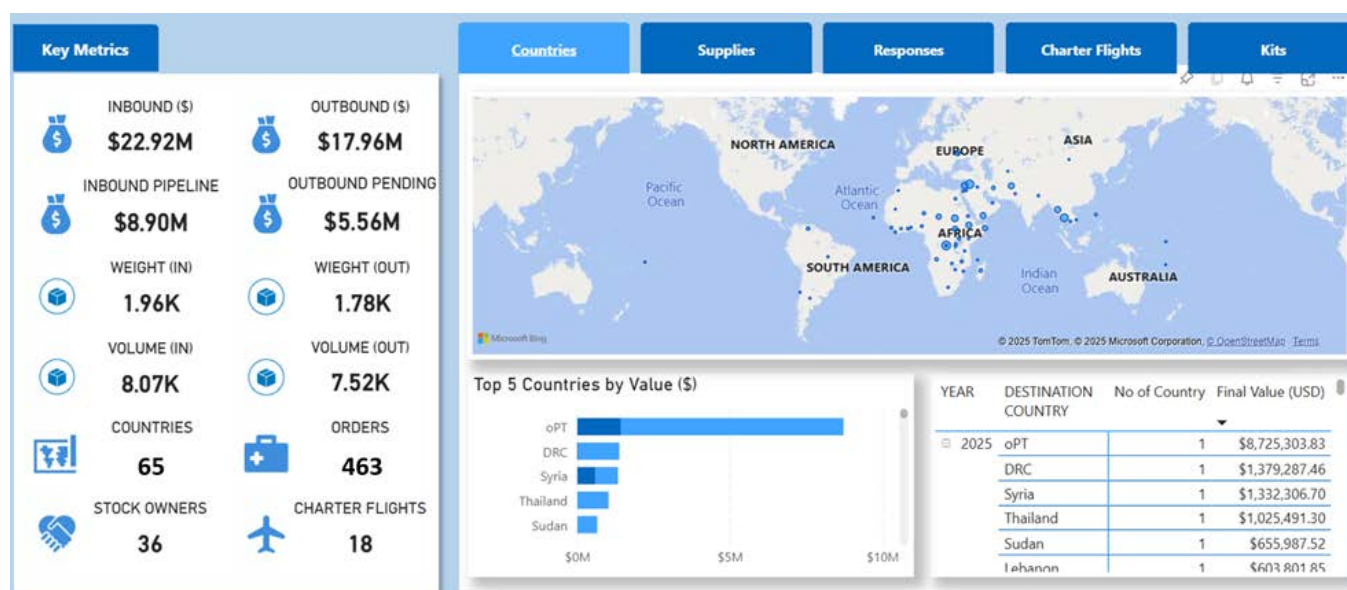


Figure 1 - Dashboard showing key metrics for the Hub from 1 January to 15 October 2025: the Hub delivered over US\$ 17.96 million in vital health supplies to 65 countries across the six WHO regions.

What's new ?

OpenWHO has launched **two new self-paced courses** to support public health preparedness and response.

- A specialized video series on the [Ebola virus disease \(EVD\) outbreak in the Democratic Republic of the Congo](#) equips frontline healthcare workers with essential skills for managing and controlling EVD.
- The [“10 Things You Should Know About Chikungunya”](#) course, part of the microlearning series, offers key insights into this increasingly widespread disease.

Additionally, OpenWHO has released the [Rapid Response Teams \(RRT\) Training Programme](#) — a set of training packages including learning materials, guidance, and tools enabling Member States to plan, implement, and evaluate customized training for RRT managers and RRT members at national and subnational levels. These packages, available in English, French, and Arabic, are **specifically designed for in-person training**.

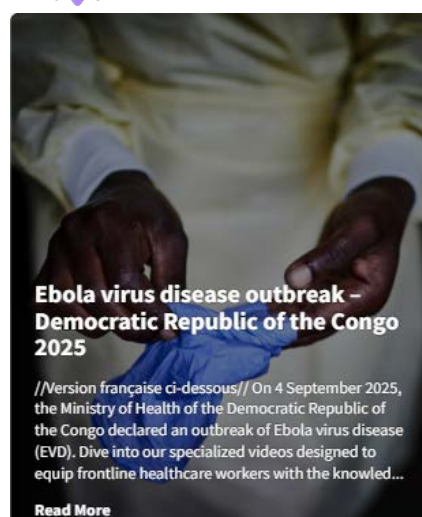
Join the OpenWHO's courses—designed to help you respond effectively to public health threats.

Access anytime, anywhere, for free, without the need for a login.



NEW

Discover new opportunities on OpenWHO.org



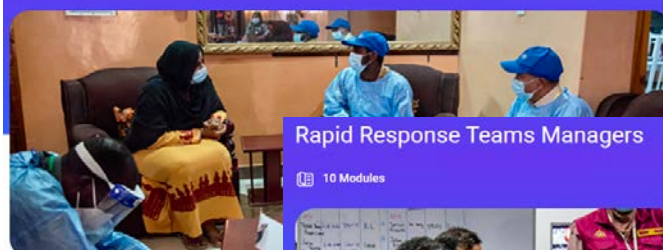
NEW

Discover new opportunities on WHOacademy.org

Completing this, the [WHO Academy platform](#) now hosts **two online self-learning courses** — [RRT Essentials](#) and [RRT Managers](#) — aimed at strengthening emergency response capabilities during both preparedness and active response phases.

Rapid Response Teams Essentials

12 Modules



Rapid Response Teams Managers

10 Modules





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

[Democratic Republic of the Congo improves Ebola care with modern treatment centre - 18 October 2025](#)

[GOARN enhances emergency leadership capacity across SEARO and WPRO in flagship residential programme in Bangkok, Thailand - 3 October](#)

[Strengthening outbreak readiness: ECDC hosts GOARN Outbreak Response Scenario Training in Stockholm, 12 September](#)

[Bridging the gap in genomics equity: WHO and partners collaborate to advance genomics capabilities and access across the Western Pacific Region - 10 September](#)

[Japan's contribution to strengthening global health emergency workforce capacity through the Global Outbreak Alert and Response Network - 17 September](#)

[Samoa mobilizes dengue outbreak response with support from WHO and partners - 5 September](#)

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

[Simulation exercise tests Ukraine's capacity to respond to outbreaks of waterborne disease - 12 August](#)

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

[SAPHIRE 2025: Annual Regional Simulation Exercise to strengthen IHR Event Communication in the WHO South-East Asia region - 8 August](#)

SCIENCE
in 5

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 #143 – The race to stop cholera before it's too late](#)

Did you know cholera still kills thousands every year – and outbreaks are rising, even in countries that hadn't seen it in decades? Dr Kate Alberti is here to tell us how this deadly disease can be preventable and treatable. Learn what you can do to protect yourself, your family, and your community.