WHO Health Emergencies Programme

Our global health security – it is in your hands

World Health Organization

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Executive Summary

Protecting lives from health emergencies

In 2025, the world is facing an unprecedented convergence of health threats. Conflict, climate change, food insecurity, antimicrobial resistance, and the rising frequency of disease outbreaks are reshaping the risk landscape at a speed and scale never seen before.

Health emergencies today are not isolated events—they are system shocks that spill across borders, destabilize economies, and erode social trust. In today's interconnected world, the threat of future pandemics is rising. Increasing pressures at the intersection of humans, animals, and the environment—driven by population growth, urbanization, climate change, and environmental degradation—are making outbreaks more frequent, more disruptive, and harder to contain.

In this context, the World Health Organization (WHO) Health Emergency Programme (WHE) serves both as the world's firefighter and its shield. It is the firefighter that responds quickly when an outbreak sparks—coordinating international action, containing the spread, and saving lives. Health security is inseparable from global health security. When the next pandemic occurs, the world's ability to respond effectively and equitably will depend on having the right systems, partnerships, and leadership already in place.

That is why the successful negotiation of the Pandemic Agreement in 2025 marks a historic turning point. For the first time, countries have come together to create a binding international framework that strengthens global readiness, ensures equitable access to countermeasures, and mandates early, transparent information sharing. It is a major achievement for global health diplomacy—and a critical foundation for collective action in the face of emerging threats.

Investing in WHO is not only a moral imperative—it is a strategic necessity. Without a strong and trusted global mechanism, the world risks facing the next pandemic fragmented and unprepared. If WHO cannot fulfill its core functions, the result would be chaos, systemic failure, and preventable loss of life. The stakes are high for both governments and businesses. Health emergencies already cost the global economy up to $1.3 trillion annually. That figure will only rise without sustained, coordinated preparedness.

Health emergencies know no borders

COVID-19 made clear how rapidly infectious diseases can spread—crossing borders in days and overwhelming health systems, economies, and societies across the globe

Health emergencies disrupt economies

Already costing up to $1.3 trillion annually, health emergencies are not just health crises - they threaten economic stability, disrupt supply chains, and derail domestic growth.

Health emergencies threaten security

Outbreaks fuel displacement, and conflict, and erode trust in institutions, turning local shocks into cross-border crises. In today's interconnected world, health security is global security — without preparedness and response, these threats become multipliers of instability, from fragile states to global supply chains.

WHO-supported mobile clinic in Kufra. September 2024

Without urgent financial interventions, WHO's capacity to rapidly detect, contain, and respond to global health threats will be severely compromised, endangering millions of lives.

Executive Summary: Call to Action

Critical funding shortfall threatens WHO Health Emergencies Programme

While the successful negotiations of the Pandemic Agreement in 2025 mark a major step forward for global cooperation - the WHO is now facing an unprecedented and urgent funding crisis. The very organization responsible for turning the treaty's ambitions into action is at risk of being unable to sustain its core health emergency functions. Amid shrinking Official Development Assistance (ODA), economic shocks, and an overall pullback from multilateral engagement, donors are scaling down commitments. This includes a 20% decline in voluntary contributions, compounded by the sudden withdrawal of the United States, creating a substantial financial shortfall for 2025 - with an immediate need of $105 million. Without sustained and predictable investment, the promise of the new agreement may falter before it can be fully realized

Finding opportunity in adversity

Despite the gravity of this moment, we see an opportunity to turn crisis into catalyst. The erosion of funding, morale, and legitimacy within WHO and the broader multilateral system is real—but it also marks an inflection point for purposeful transformation.

Our ambition is to build a stronger, leaner, and more agile Health Emergencies Programme—one that is fit for the future, more responsive to countries and better able to protect the world. We are already taking decisive, strategic actions:

- **Prioritizing programme deliverables:** reducing outputs from 180 to 66, sharpening focus on the highest-impact areas.

- **Aligning workforce to funding realities:** restructuring to 75% staffing levels from 2025 onward as part of a longer-term shift to a more efficient and sustainable organizational model.

The world is changing, and we must adapt - doing more with less by working differently. This transformation is built on two priorities:

- **Shifting to country-led, community-driven approaches, with WHO in an enabling role.**

- **Creating a coherent global health ecosystem, where key partners work together to avoid duplication and maximize impact.**

Rooted in the SDG 2030 - Goal 3 agenda, this shift emphasizes national ownership, inclusive governance, and smarter coordination - moving from fragmented efforts to integrated, locally grounded systems.

Investing in health security

Health is the first casualty of crisis—and the foundation of recovery. Without adequate funding, outbreaks go unchecked, essential care disappears, and fragile systems collapse. Investing in health is not optional—it's life-saving, stabilizing, and central to every humanitarian response.

We are ready to do our part - to make tough decisions, implement meaningful reforms, and emerge stronger. But for WHO to truly serve as the world's shield and global firefighter, fulfilling its unique mandate to coordinate health emergencies, lead rapid, evidence-based action, and build long-term capacity - it must be empowered and properly resourced.

We call on donors, Member States, and partners to reaffirm their commitment to global health security by sustaining the Health Emergencies Programme as the strategic playmaker of the international response system.

Now is the time to act - not react. To prepare, not just repair. Because in global health, the cost of inaction outweighs the cost of preparedness.

Without immediate financial support, the Programme's ability to safeguard global health security and respond to emergencies will be critically impaired, putting millions of lives and decades of progress at risk.

$105 million immediate need for 2025

	$140mn	Projected funding gap for WHE Programme for 2025
-	**$60mn**	Estimated internal savings through prioritization and cost-efficiency
=	**$80mn**	Adjusted immediate funding programmatic requirement for 2025
+	**$25mn**	Additional structural adjustment costs to enable sustainable transformation
	$105mn	**Immediate financing need for 2025**

Imagine the next health emergency without….

Our mandate and impact

A snapshot of our work in numbers

Detecting & responding to emerging health threats

WHO stops outbreaks at the source by detecting signals, mobilizing global resources, and ensuring rapid access to life-saving tools

- **Rapid detection**: Strengthening surveillance and early warning systems to detect outbreaks at the source
- **Rapid deployment:** emergency teams, supplies, and funding
- **Fast-track R&D & manufacturing**: Coordinated, scalable manufacturing, and equitable distribution of medical tools
- **Scalable clinical care**: Supporting countries in delivering safe, effective, and scalable clinical care

300,000
surveillance signals scanned daily

150 risks
assessed daily

48h
from detection to deployment

Serving as the global health authority in crises

WHO fulfills its mandate under the International Health Regulations (IHR) and within the UN humanitarian system by:

- **IHR Implementation:** Supporting countries to meet IHR obligations, incl. preparedness planning and timely outbreak reporting
- **Health Cluster coordination:** Leading the Health Cluster in crises to assess needs, mobilize resources, and coordinate life-saving responses
- **Provision of life-saving care:** Sustaining essential health services and systems during emergencies, incl. in fragile and conflict-affected settings

900 partners
coordinated to deliver essential health services

89mn people
in conflict & disaster zones reached with care

70+ emergency
responses yearly - delivering aid, containing outbreaks

Building community resilience and reducing risks

WHO mitigates the long-term impact of health emergencies by empowering communities and protecting populations through:

- **Community engagement**: Engaging communities to communicate risks, combat misinformation, and implement public health measures.
- **Health system strengthening**: Scaling cross-sectoral prevention - from vaccination and vector control to WASH and food safety – to address outbreak root causes and strengthen environmental health.

53,000+ people
subscribed to WHO Information Network for Epidemics (EPI-WIN)

9mn enrolments
on our OpenWHO.org learning platform

50 communities
of practice

Transforming WHO's Emergencies Programme

As the multilateral system evolves, so too must WHO and the global health ecosystem it anchors. In this context, the Health Emergencies Programme is charting a bold strategic shift—moving toward smarter prioritization, country leadership, and long-term impact.

A central pillar of this vision is the transition from an ODA-driven model to one that is nationally led, locally owned, and globally supported. This is not simply a financial shift—it marks a recalibration, moving away from legacy models of multilateralism toward more equitable partnerships based on mutual accountability. The rise of regionally empowered institutions such as the European Commission Health Emergency Preparedness and Response (HERA) and the Africa Centres for Disease Control and Prevention (Africa CDC) illustrates a new era where countries and regions are asserting agency and building their own capacities. Within this evolving landscape, the WHO Health Emergency Programme recalibrates its role and adapt to the new normal.

This vision calls for smarter coordination, inclusive governance, and genuine national ownership. It represents a decisive move away from fragmented, top-down models toward integrated, locally grounded systems that are more resilient, more accountable, and more effective. A long-term vision for WHO along these lines goes beyond internal reform. It is about fundamentally redefining how WHO delivers value to countries and engages with the broader global health ecosystem. This transformation rests on two core shifts:
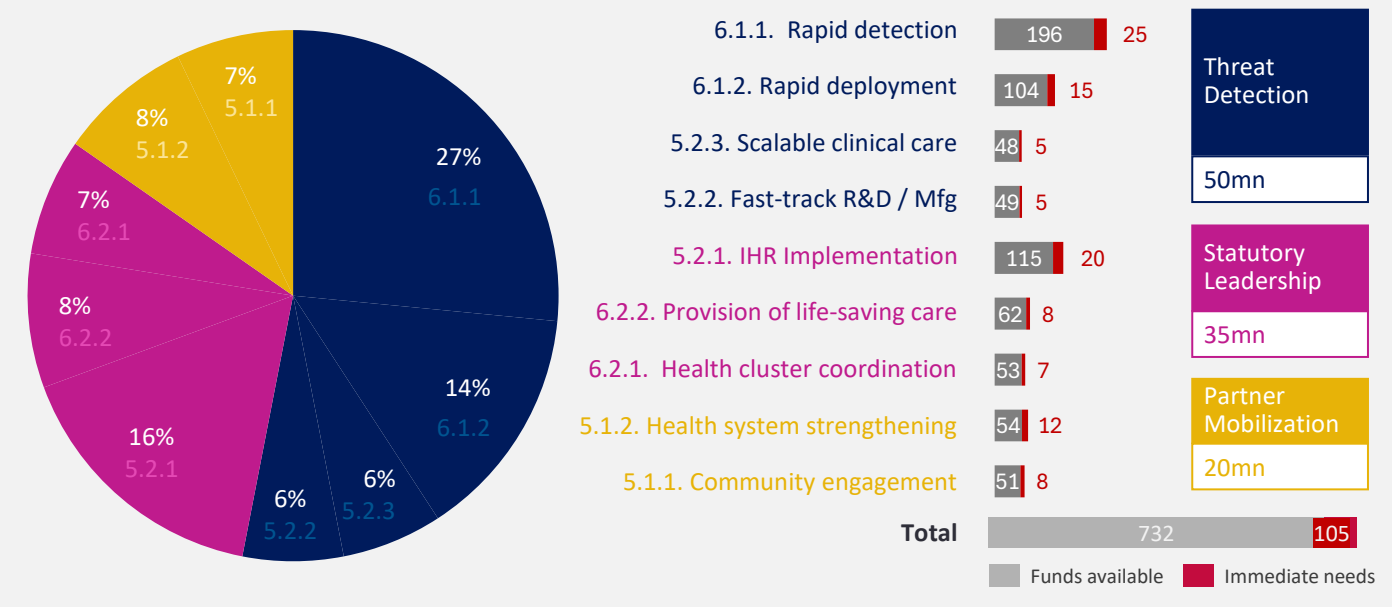
- **Putting countries in the lead:** Embracing a country-led, community-driven approach, with WHO in a supportive and enabling role that strengthens national systems and capacities.

- **Building a coherent global health ecosystem:** Fostering alignment among key actors—including UN agencies, leading global health institutions such as Gavi, the World Bank, governments, NGOs, and the private sector—to reduce duplication, improve coordination, and maximize collective impact.

At the core of this evolution, WHO's normative function and its unique mandate for global coordination remain indispensable. By guiding the response to global health emergencies, we provide a backbone for coherence and consistency in a fragmented world. In light of reduced funding and operational capacity, the WHO Health Emergencies Programme conducted a criticality review to identify the most essential and impactful functions. Guided by the Protect Health objectives of the Fourteenth General Programme of Work (GPW 14), the review established high-level priorities, which are detailed further in Section 3. The 25% reduction demanded a refocus on our mandate and resulted in consolidation of teams, reduced fragmentation, a laser focus on priorities and ways of working through partnerships.

WHE's nine programmatic priorities at risk for lack of funding in 2025

% of total WHE core funding and projected shortfall by programmatic priorities

Immediate needs by strategic focus areas

Pie chart:
- 27% — 6.1.1
- 14% — 6.1.2
- 6% — 5.2.3
- 6% — 5.2.2
- 16% — 5.2.1
- 8% — 6.2.2
- 7% — 6.2.1
- 8% — 5.1.2
- 7% — 5.1.1

Priority	Funds available	Immediate needs
6.1.1. Rapid detection	196	25
6.1.2. Rapid deployment	104	15
5.2.3. Scalable clinical care	48	5
5.2.2. Fast-track R&D / Mfg	49	5
5.2.1. IHR Implementation	115	20
6.2.2. Provision of life-saving care	62	8
6.2.1. Health cluster coordination	53	7
5.1.2. Health system strengthening	54	12
5.1.1. Community engagement	51	8
Total	732	105

Immediate needs by strategic focus areas:
- Threat Detection — 50mn
- Statutory Leadership — 35mn
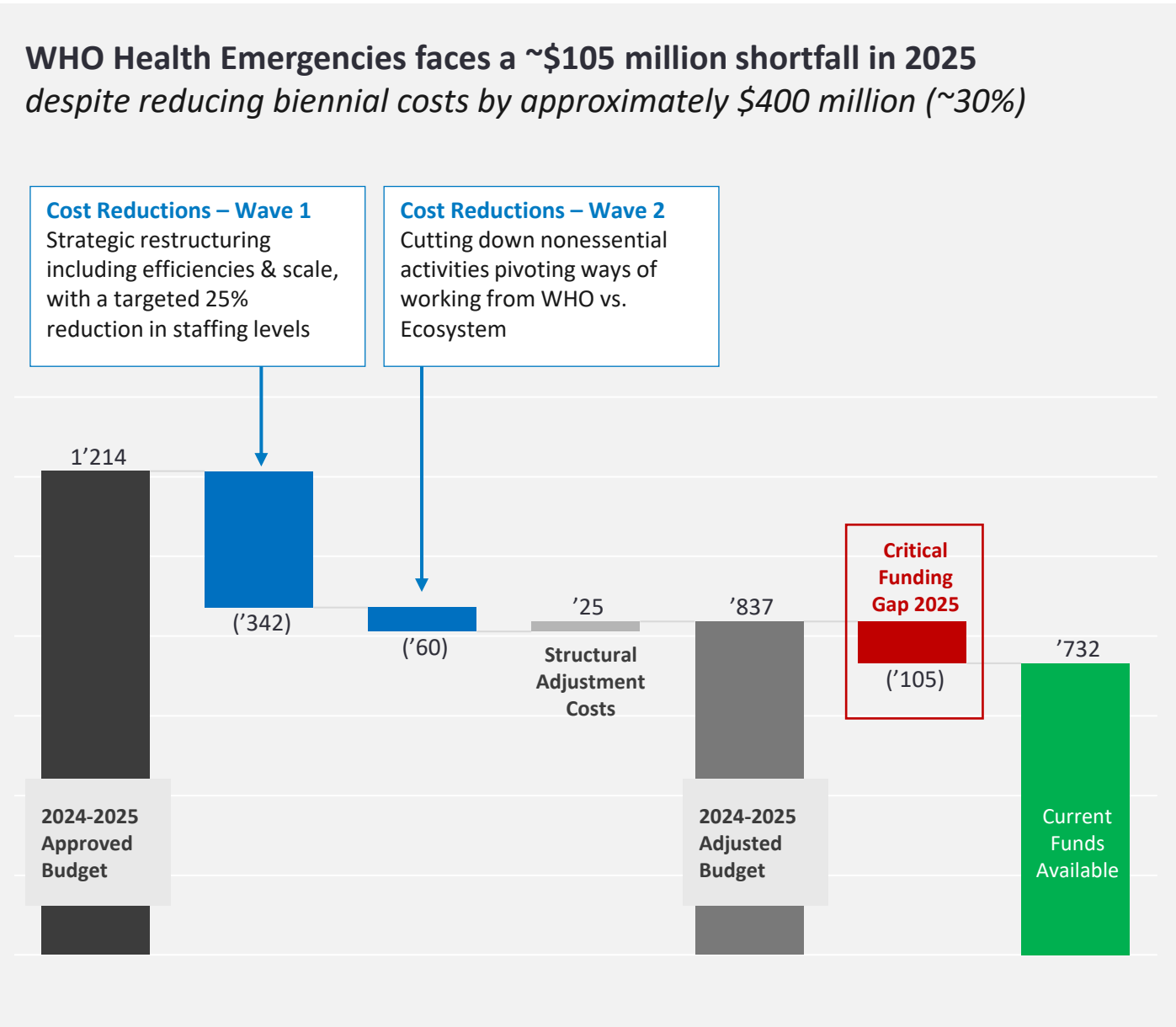- Partner Mobilization — 20mn

Funds available | Immediate needs

Unprecedented funding crisis demands immediate support in 2025

For the 2024-2025 biennium, WHE had an approved budget of $1,214 million; however, the total funding available currently stands at $732 million. This represents a $482 million deficit, which we are actively mitigating through extensive cost saving measures.

A funding increase from 2022-2023 was required to support the approved budget; however, the opposite occurred: voluntary contributions fell by 21%, including

- A 12% decline in non-U.S. contributions originating at the beginning of its biennium in 2024, which prompted WHE to implement strict cost-containment measures to maximize efficiency and sustain core functions

- The withdrawal of an additional $72 million in committed U.S. funding, necessitating additional cost reduction measures to be initiated

As a result of the extensive actions already underway (detailed on the next page), the 2025 funding gap has been reduced to $105 million. However, there are critical funding gaps for which WHE needs critical funding now.

WHO Health Emergencies faces a ~$105 million shortfall in 2025
despite reducing biennial costs by approximately $400 million (~30%)

Cost Reductions – Wave 1
Strategic restructuring including efficiencies & scale, with a targeted 25% reduction in staffing levels

Cost Reductions – Wave 2
Cutting down nonessential activities pivoting ways of working from WHO vs. Ecosystem

1'214

('342)

('60)

'25
Structural Adjustment Costs

'837

Critical Funding Gap 2025

('105)

'732

2024-2025 Approved Budget

2024-2025 Adjusted Budget

Current Funds Available

Our journey towards greater efficiency: Substantial measures in 2024 - 2025

Measures in 2024 led to $342 million biennium cost reduction

We reduced costs in three major ways:

1. We did not fill vacant budgeted positions

2. We put several activities on hold, including new systems and trainings

3. We implemented a 15% reduction in the workforce through organic means (retiring, resigning, short-term contracts) and strategic restructuring of headquarters

WHE HQ

	2023	Today	Tomorrow
Departments	9	6	≈5
Units	49	26	≈20
Staff Positions	623	435	≈300

Measures in 2025 account for $60 million in biennium cost reduction

We are implementing the following additional cost reduction measures to enhance efficiency and optimize resource allocation:

1. **Workforce Adjustments**: Up to 25% reduction in staffing levels, in part through suspension of new hires and limited contract renewals

2. **Strategic Contract & Review**: Canceling or shortening contracts where feasible, particularly within Contractual Services, SSA Expenses, and Training

3. **Procurement & Logistics Efficiencies**: Limiting non-essential purchases, including office refurbishments and IT equipment, while renegotiating supplier contracts

4. **Incremental Activity Reductions**:
   • Travel costs reduced by 20% while prioritizing essential missions
   • General Operational Costs reduced by 20% by scaling back administrative expenses.
   • Security, Equipment for Third Parties, and Direct Implementations adjusted down by 5-10%

5. **Donor Fund Reallocation**: Engaging donors to redirect funding toward core programmatic priorities and essential emergency response functions

Prioritizing what matters most: To ensure WHO remains focused on its most critical day-to-day functions, we are prioritizing deliverables based on necessity—not arbitrary decisions. In Q1 of 2025, a comprehensive review of 180 deliverables led to a streamlined set of 66, using a structured and transparent framework:

• **Must Preserve** – Essential functions that must be maintained

• **Important** – High-value activities that may be scaled down

• **Consolidate** – Areas of overlap to be streamlined

• **Sunset/Stop** – Activities no longer aligned with strategic priorities

This prioritization ensures resources are directed where they are most needed, enabling WHO to remain agile, effective, and focused—especially in an increasingly resource-constrained environment.

Structural Adjustment Costs estimated to be $25 million: WHE has and will incur certain near-term costs related workforce adjustments and other long-term cost savings measures

Looking Forward: Protecting Health under Programme Budget 2026-2027

In this context, Strategic Objectives 5 and 6, focused on preparedness, response, and resilience, are supported by 2 shared outcomes, which in turn guide 9 programmatic priorities and their associated deliverables.

An in-depth review of these programmatic priorities - mapped against HEPR and GPW 14 - has defined the key interventions and investment needs required to protect global health security in the face of growing and future threats.

Objective 5
Prevent, mitigate and prepare for risks to health from all hazards

Objective 6
Rapidly detect and sustain an effective response to all health emergencies

5.1	5.2	6.1	6.2
Risks of health emergencies from all hazards reduced and impact mitigated	Preparedness, readiness & resilience for health emergencies enhanced	Detection of and response to acute public health threats is rapid and effective	Access to essential health services during emergencies is sustained and equitable
Priorities	**Priorities**	**Priorities**	**Priorities**
• Community Engagement and Leadership • Risk Communication and Infodemic Management • Public Health and Population Interventions • One Health and Environmental Interventions	• IHR Capacity Assessments and Risk Analyses • Threat-Specific Preparedness and Readiness • R&D for Pandemics and Epidemics • Supply Chain Preparedness and Resilience • Coordination of Global Medical Countermeasure Partnerships	• Public Health Intelligence • IHR Alert, Verification and Risk Assessment • Laboratory Systems, Networks and Biosafety • Strengthening National Surveillance Systems • Acute Event Management • Health Emergency Corps • Emergency Medical Supplies and Operational Support	• Humanitarian Health Leadership • Monitoring Health Service Delivery • Provision of Life-Saving Care • Strengthening Local Health Services and Systems
Proposed Programme Budget 26-27 **$134.6 million**	**Proposed Programme Budget 26-27** **$257.9 million**	**Proposed Programme Budget 26-27** **$400.7 million**	**Proposed Programme Budget 26-27** **$125.3 million**

5.1.1. Community Engagement, Risk Communication & Infodemic Management
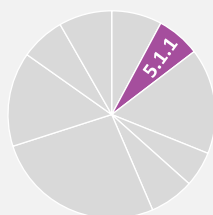
The **Community Engagement, Risk Communication & Infodemic Management program** empowers communities to protect their health by providing accurate, timely, and actionable information during health emergencies. By fostering active community participation and countering misinformation, this program enhances public trust and the effectiveness of health interventions.

Our Priorities & Deliverables

1. Community Engagement and Leadership

Strengthen community involvement to ensure equitable access to knowledge and science, vaccines, essential health products, and public health services, particularly for vulnerable populations. Strengthen governance mechanisms and build trust to enable inclusive, participatory decision-making in health emergency preparedness and response

- Community Engagement, Partnerships & Governance
- Trust-Building & Risk Perception Management
- Community-Led Health Workforce Strengthening

### 2. Risk Communication and Infodemic Management

Implement evidence-based strategies to communicate health risks effectively, provide public health advice, and combat misinformation and disinformation during health emergencies

- Risk Communication & Public Health Messaging
- Two-Way Communication & Community Feedback
- Capacity-Building for Risk Communication Systems, Social Listening & Infodemic Management

Resource Requirements (US$ million)

Priority Area	Staff	Activity	Total
Community Engagement and Leadership	17.3	13.8	31.0
Risk Communication and Infodemic Management	14.2	11.2	25.5
Total	**31.5**	**25.0**	**56.5**

5.1.2. Population & Environmental Public Health Interventions
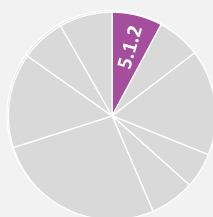
The **Population and Environmental Public Health Interventions** program employs a One Health approach, recognizing the interconnectedness of human, animal, and environmental health. This initiative collaborates with communities to develop and implement interventions that mitigate risks at the human-animal-environment interface, thereby strengthening public health resilience.

Our Priorities & Deliverables

1. Public Health & Population Interventions

Implement and enforce policies that ensure safe travel, trade, and public gatherings. Additionally, develop effective preventive vaccination programs targeting high-threat pathogens to bolster community immunity and reduce disease transmission

- Evidence-Based Decision-Making for Public Health & Social Measures
- Multisectoral Collaboration for Social & Economic Resilience
- Community-Centered Preventative Vaccination
- Cross-Border Health Protection & Mass Gatherings

### 2. One Health & Environmental Interventions

Coordinate efforts across human, animal, and environmental health sectors to prevent zoonotic diseases. This integrated approach recognizes the interconnectedness of these domains and promotes collaborative strategies to mitigate health risks

- Multi-Sectoral One Health Coordination
- Preventing Zoonotic Spillover
- Vector Control & Environmental Health
- Community-Led WASH (Water, Sanitation, and Hygiene)

Resource Requirements (US$ million)

Priority Area	Staff	Activity	Total
Public Health & Population Interventions	16.8	14.4	31.2
One Health & Environmental Interventions	25.2	21.7	46.9
Total	**42.0**	**36.1**	**78.1**

5.2.1. National Preparedness Assessments & Plans
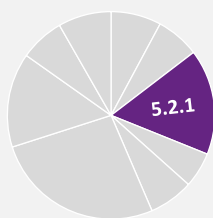
The **National Preparedness and Readiness Assessments & Plans** program is a critical initiative aimed at enhancing countries' capacities to anticipate, prevent, and respond to health emergencies. By continually assessing national threats and vulnerabilities, aligning strategies with the International Health Regulations (IHR), and ensuring sustainable financing, this program seeks to mitigate the impact of health threats before they escalate into crises.

Our Priorities & Deliverables

1. IHR Capacity Assessments and Risk Analyses

Conduct assessments of International Health Regulations (IHR) capacities and perform comprehensive risk and vulnerability analyses to identify gaps in national preparedness

- International Health Regulations (IHR) Capacities, Risk & Vulnerability Assessments
- National Action Plans for Health Security (NAPHS), Partnership and Governance
- Investment Planning, Financing & Resource Mobilization

### 2. Threat-Specific Preparedness & Readiness

Create and implement readiness plans that address specific threats from emerging diseases and challenges posed by climate-related risks

- Epidemic & Pandemic Control Capacity-Building & Pandemic Influenza Preparedness (PIP) Implementation
- Threat Specific Prevention & Mitigation Strategies for High Threat Pathogens
- Disaster Risk Reduction & Health Resilience

Resource Requirements (US$ million)

Priority Area	Staff	Activity	Total
IHR Capacity Assessments and Risk Analyses	60.3	55.0	115.3
Threat-Specific Preparedness & Readiness	20.0	18.4	38.4
Total	**80.3**	**73.4**	**153.7**

5.2.2. Timely & Equitable Access to Medical Countermeasures
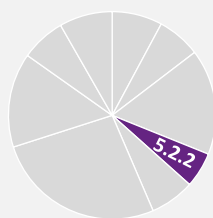
The **R&D, Manufacturing, & Supply Chain for Timely & Equitable Access to Medical Countermeasures** program is a vital initiative aimed at accelerating the development, production, and distribution of essential medical countermeasures (MCMs), incl. vaccines, therapeutics, and diagnostics, during Health emergencies. By fostering global collaboration and strengthening supply chain resilience, this program ensures that all populations, especially those in vulnerable settings, have timely and equitable access to life-saving interventions.

Our Priorities & Deliverables

1. R&D for Pandemics & Epidemics

Maintain robust global health research and development efforts to accelerate the creation, testing, and approval of critical medical countermeasures for pandemic & epidemic prone diseases

- Medical Countermeasure R&D & Innovation
- Global Coordination for Fast-Tracked R&D Including Clinical Trials in Emergency Settings
- WHO BioHub for Biological Material Sharing

2. Supply Chain Preparedness & Resilience

Strengthen supply chain resilience to ensure the equitable and efficient distribution of essential health products

- End-to-End Medical Supply Chain Distribution Coordination & Resilience
- Strategic Stockpiling, Procurement Coordination, Pre-Negotiated Supplier Contracts & Legal Frameworks

### 3. Coordination of Global Medical Countermeasure Partnerships

Establish a global network of medical countermeasure partnerships, including securing emergency financing, to support timely procurement and outbreak responses

- Interim Medical Countermeasures Network (i-MCM-Net)
- Needs-Based Allocation System
- Emergency Financing Coordination

Resource Requirements (US$ million)

Priority Area	Staff	Activity	Total
R&D for Pandemics & Epidemics	11.5	11.1	22.6
Supply Chain Preparedness & Resilience	8.9	8.7	17.6
Coordination of Global Medical Countermeasure Partnerships	5.1	5.0	10.1
Total	**25.5**	**24.8**	**50.3**

5.2.3. Safe & Scalable Clinical Care During Health Emergencies
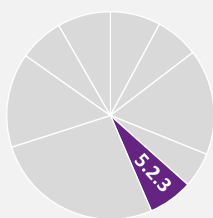
The **Scalable and Resilient Clinical Care for Emergencies** program is designed to ensure that health systems can rapidly adapt and expand during crises, providing life-saving medical care, infection prevention and control (IPC), and critical health services. Strengthening clinical and workforce preparedness is essential to protecting populations from disease outbreaks, natural disasters, and humanitarian emergencies.

Our Priorities & Deliverables

1. Scalable Clinical Care

Ensure hospitals and clinics are prepared to rapidly scale up services during crises, including the provision of emergency medical oxygen

- Scalable Clinical Care Pathways and Agile Workforce
- Emergency Health Infrastructure & Oxygen Supply
- Stockpiles & Supply Chain for Emergency Clinical Care

### 2. Infection Prevention & Control (IPC)

Enable the provision of safe care during public health emergencies through IPC & WASH leadership, partnerships, and adherence to standards

- Leadership and Partnerships for IPC and WASH in Emergencies
- IPC & WASH Standards, Health Workforce Training, Health Facility Safety & Emergency IPC Supply Chain Readiness
- IPC & WASH Monitoring, Healthcare-Associated Infection (HAI) Surveillance & Quality Improvement

Resource Requirements (US$ million)

Priority Area	Staff	Activity	Total
Scalable Clinical Care	18.1	14.1	32.2
Infection Prevention & Control (IPC)	12.2	9.5	21.7
Total	**30.3**	**23.6**	**53.9**

6.1.1. Surveillance, Early Warning & Alert
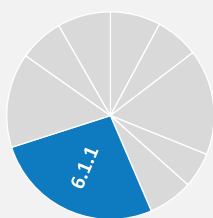
The **Strengthened Surveillance, Early Warning, and Alert** program, including diagnostics and laboratory systems, is a mission-critical initiative designed to detect, verify, and assess emerging health threats before they escalate into full-scale outbreaks. This function is fundamental to global health security, ensuring that public health authorities can respond swiftly to threats such as pandemics, emerging infectious diseases, and cross-border health risks.

Our Priorities & Deliverables

1. Public Health Intelligence

Establish systems to ensure continuous surveillance & effective public health intelligence insights and analytics

- Public Health Intelligence & Epidemic Intelligence from Open Sources Platform
- Global Surveillance Platforms & Secure Data Sharing for Global Health Security
- Multi-Source Data Collection & Integration

2. IHR Alert, Verification & Risk Assessment

Support real-time risk assessments and early warnings through the continuous operation of WHO's International Health Regulations (IHR) alert systems

- IHR Alert and Rapid Threat Detection
- Event Verification, Risk Assessment & Impact Analysis
- Global Public Health Threat Notification, Event Categorization & Grading

3. Laboratory Systems, Networks and Biosafety

Strengthen global laboratory systems, networks and diagnostics and enhance biosafety frameworks to ensure rapid pathogen detection and response

- Global Laboratory Networks for Epidemic Pathogens
- Strengthening Laboratory Systems & Advancing Diagnostic Innovation
- Biosafety & Biosecurity

### 4. Strengthening National Surveillance Systems

Strengthen national surveillance systems to improve outbreak forecasting, detection and rapid risk assessment

- Global Public Health Surveillance Network to Enhance Countries' Surveillance
- Cross-Border Public Health Data-Sharing Platform
- Community-Based Early Warning System

Resource Requirements (US$ million)

Priority Area	Staff	Activity	Total
Public Health Intelligence	26.2	32.4	58.6
IHR Alert, Verification & Risk Assessment	41.7	51.5	93.2
Laboratory Systems, Networks and Biosafety	29.8	36.8	66.6
Strengthening National Surveillance Systems	21.4	26.4	47.8
Total	**119.1**	**147.1**	**266.2**

6.1.2. Coordinated & Effective Responses To Acute Public Health Threats
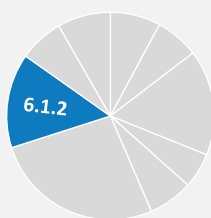
The **Acute Event Management** program is a critical initiative aimed at enhancing global emergency response capabilities through leadership, coordination, and technical support. This program ensures rapid, structured, and effective responses to acute health crises, including pandemics, disease outbreaks, and humanitarian emergencies.

Our Priorities & Deliverables

1. Acute Event Management

Establish global, regional, and national networks for acute event management to ensure coordinated responses and effective information sharing among national responders and partners

- Acute Event Management Coordination & Governance
- Crisis Decision-Making & Information Sharing
- Strategic & Operational Planning & Simulation Exercises
- Emergency Financing & Coordination

2. Health Emergency Corps

Swiftly mobilize and deploy Health Emergency Corps resources, including trained emergency medical teams and outbreak control units

- Emergency Workforce Development & Coordination with Connected Leadership
- Interoperable Surge Deployment
- Rapid Response Training, Standards & Deployment

### 3. Emergency Medical Supplies & Operational Support

Deploy strategically pre-positioned stockpiles of essential health supplies and provide robust operational support to ensure prompt and effective response operations

- Global Emergency Supply Stockpile & Deployment
- Emergency Logistics & Supply Chain Management

Resource Requirements (US$ million)

Priority Area	Staff	Activity	Total
Acute Event Management	36.2	31.2	67.4
Health Emergency Corps	18.0	15.7	33.7
Emergency Medical Supplies & Operational Support	18.2	15.2	33.4
Total	**72.4**	**62.1**	**134.5**

6.2.1. Coordination & Leadership in Humanitarian Health Crisis
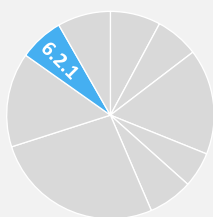
The **Coordination & Leadership in Humanitarian Health** Crisis program is a mission-critical initiative ensuring the effective delivery of health services during humanitarian emergencies. As the lead agency of the Global Health Cluster (GHC), WHO coordinates over 900 partners to provide life-saving care, emergency medical supplies, and public health interventions in crisis-affected regions.

Our Priorities & Deliverables

1. Humanitarian Health Leadership

Maintain WHO's humanitarian health leadership as Health Cluster lead agency and Inter-Agency Standing Committee (IASC) full member Agency to ensure coordinated, efficient, and life-saving responses

- Global Health Humanitarian Leadership & Governance
- Health Cluster Partner Coordination for Intersectoral & Integrated Health Response
- Needs Assessment & Strategic Planning

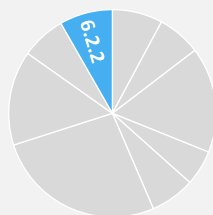### 2. Monitoring Health Service Delivery

Monitor health service delivery and track attacks on healthcare in conflict zones:

- Health Services Monitoring & Evaluation
- Health Care Attack Monitoring & Protection
- Health Cluster Performance Assessment & Support

Resource Requirements (US$ million)

Priority Area	Staff	Activity	Total
Humanitarian Health Leadership	21.0	15.8	36.8
Monitoring Health Service Delivery	14.0	10.5	24.5
Total	**35.0**	**26.3**	**61.3**

6.2.2. Essential Health Services & Systems in Emergencies

The **Provision of Life-Saving Care and Maintenance of Essential Health Services in Emergencies** program is a critical initiative aimed at ensuring the delivery of essential health services and life-saving interventions during health emergencies, particularly in vulnerable and crisis-affected settings. This program focuses on sustaining health system functionality and providing immediate medical care to populations impacted by disasters, conflicts, and disease outbreaks.

Our Priorities & Deliverables

1. Provision of Life-Saving Care

Ensure readiness and rapid mobilization of health cluster partners to provide immediate life-saving healthcare services, including mental health support, in crisis situations

- Provision of Life-Saving Care with Rapid Emergency Surge Capacity
- Operational Guidance & Adaptive Health Service Delivery
- Health Access Barrier Mitigation

2. Strengthening Local Health Services and Systems

Maintain uninterrupted delivery of essential health services during emergencies to prevent additional health complications

- Essential Health Service Continuity & Localization & Capacity-Building for Health Leadership in Emergency Health Response
- Health System Recovery & Resilience

Resource Requirements (US$ million)

Priority Area	Staff	Activity	Total
Provision of Life-Saving Care	17.5	20.5	38.0
Strengthening Local Health Services and Systems	11.6	13.7	25.3
Total	**29.1**	**34.2**	**63.3**

WHO Health Emergencies Programme

2025