

WHO's Operational Update on Health Emergencies

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WHO-trained rapid responders evaluate the aftermath of the flash flood in Mai Mahiu, Kenya which occurred on 29 April 2024, offering essential health support to affected communities. Credit: WHO/Genna Print

Key figures on WHO's work in emergencies (as of 15 July 2024)



WHO is currently responding to 42 graded emergencies across the world, including:

8 Grade-3 emergencies

7 protracted Grade-3 emergencies

13 Grade-2 emergencies

11 protracted Grade-2 emergencies

3 Grade-1 emergencies

Graded emergency: An acute public health event or emergency that requires WHO's moderate response (Grade-2) or major/maximal response (Grade-3). If a graded emergency persists for more than six months, it may transition to a protracted emergency. WHO continuously updates the graded emergencies figures based on inputs from the Organization's three-levels.



In 2024, more than US\$ 32 million were released by [WHO's Contingency Fund for Emergencies \(CFE\)](#) for 23 health emergencies. The largest allocations were for the Sudan conflict and refugee crisis, the global Dengue outbreak, the Israel/occupied Palestinian territories hostilities and the Northern Ethiopia Humanitarian Response.



The Global Outbreak Alert and Response Network (GOARN) has supported 30 deployments in 2024, of which 5 started in 2023 and ended in 2024. As of mid-July 2024, the highest number of GOARN deployments were in response to the escalation of violence in Israel and occupied Palestinian territories (12), the Greater Horn of Africa Drought and Food Insecurity (five), and the cholera outbreak in Zambia (three).



OpenWHO.org totaled 8.7 million enrolments across 290 online public health courses, with learning available in 73 national and local languages. To date, there have been 514 000 enrolments in 2024.



In 2024, Standby Partners have supported WHO's response to 11 graded emergencies through the deployment of 25 new deployments of surge personnel to 16 WHO offices. WHO is an active member of the [Standby Partner Network](#) and the [International Humanitarian Partnership](#).

For the latest data and information on WHO's work in emergencies, see the [WHO Health emergencies page](#) and the [WHO Health Emergency Dashboard](#).

Sustaining equitable access to essential health services during emergencies: a closer look at the fourth intended outcome of WHO’s GPW 14 ‘protect pillar’

WHO’s [Fourteenth General Programme of Work](#) (GPW 14) sets a high-level roadmap for global health and guides the Organization’s work from 2025 to 2028. After an extensive iterative consultative process, the four-year strategy was approved at the Seventy-seventh World Health Assembly in May 2024 with an agreed overarching goal for global health of ‘promoting, providing and protecting health and wellbeing for all’. These three pillars are supported by WHO’s enabling functions to power and perform for health. The work of the Health Emergencies Programme is captured under the ‘protect’ pillar.

WHO’s Operational Update on Health Emergencies has featured a series of articles on the objectives and intended outcomes of the ‘protect pillar’. This fifth and final article in the series delves into its fourth intended outcome: “Access to essential health services during emergencies is sustained & equitable”, under the objective to ensure all health emergencies are rapidly detected and an effective response is sustained.

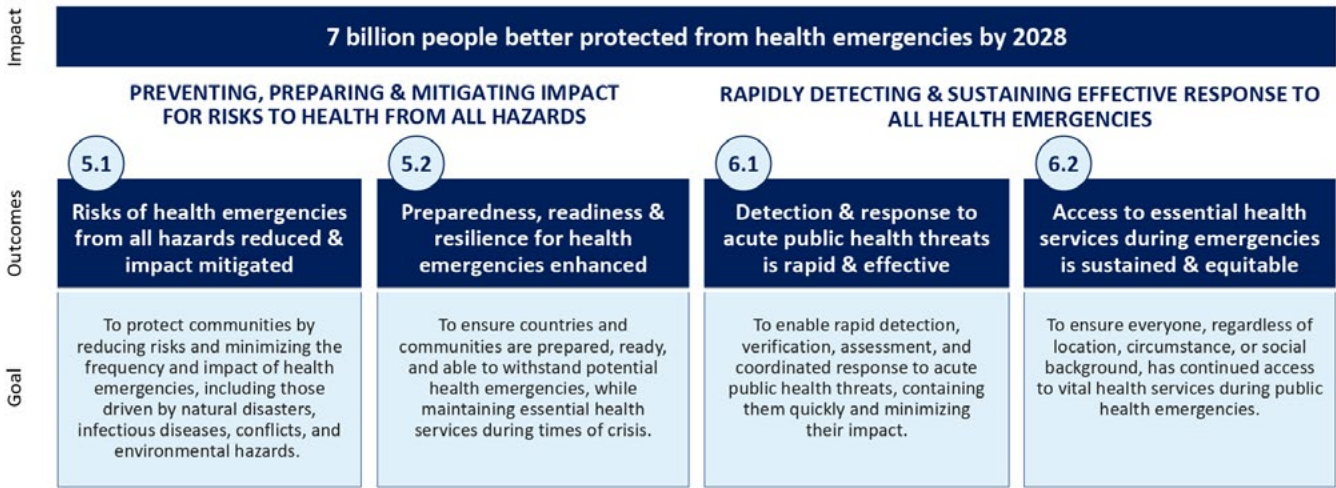


Figure 1: GPW 14 protect pillar’s intended impact, outcomes and goals

In the event of a humanitarian emergency, WHO immediately deploys and scales life-saving interventions to address emergency-related health needs on the ground. In protracted crises, WHO sustains critical health support for as long as required to ensure that no one is left behind. Rapid and sustained access to health-care services can mean the difference between life and death – enabling mothers to give birth safely, protecting children against infectious diseases, treating malnutrition and ensuring those with chronic diseases continue to receive vital treatment. With dedicated teams in 150 countries, WHO stands ready to rapidly assess needs on the ground and coordinate sustained health cluster responses, working with partners, governments, and non-state actors to protect health for all. Failure to do so not only puts lives at immediate risk, it also feeds a cycle of poverty, threatening progress on global targets for health, education, nutrition and livelihoods.

Regardless of the number, nature or duration of health crises, it is imperative that everyone - no matter their location, circumstance, or social background - has continued access to vital health services throughout. WHO’s emergency response coordination efforts are therefore adapted to the contextual needs, with an emphasis on supporting vulnerable or marginalized groups who are disproportionately affected by health emergencies, such as women and children and those living with noncommunicable diseases (NCDs), disabilities and mental health conditions. These principles and actions will remain fundamental to WHO in the years ahead, as health needs arising from increasing numbers of humanitarian crises grow.

Assessing health needs in humanitarian crises is a prerequisite to appropriately meeting these, even as they evolve. Understanding the context, stakeholders and pre-existing capacities and resources in place is equally important to implement an optimised collective response that is tailored to population needs. As the IASC designated cluster lead agency for health, WHO is responsible for leading humanitarian health needs assessments and coordinating the design and delivery of impartial health assistance in collaboration with respective government authorities, institutes and communities and through effective coordination of national and international partners. In some cases, this requires engaging with de facto local health authorities, to reach affected populations in non-government-controlled areas, applying a conflict sensitive approach.

WHO strives to adopt a people-centred approach to determine the different needs of affected populations, including those most at risk. This requires engaging individuals and groups at the community level, in a manner that upholds their rights, dignity and privacy. This approach fosters community trust and acceptance of health care provided. In GPW 14, WHO will further strengthen its leadership of the Global Health Cluster to consistently implement comprehensive, people-centred public health needs assessments as the basis for developing, funding, and managing targeted plans that deliver dignified, compassionate, appropriate, accessible and relevant health care that meets the needs of all emergency-affected individuals, households and communities.

Continued on next page ...



Village Health Team members discuss how they can better address the Sudan virus disease outbreak during a WHO-organized training in Uganda (31 October 2022). Credit: WHO/Katumba Badru

Effective coordination saves lives

On 11 January 2023, Uganda declared the end of the outbreak of Ebola disease caused by the Sudan ebolavirus (SUDV), less than four months after the first case was confirmed in the country's central Mubende district. WHO supported Ugandan health authorities from the outset to rapidly assess health needs and design an appropriate health response plan addressing core issues such as contact tracing, laboratory testing, risk communication and community engagement, safe and quality isolation and treatment, and readiness in neighboring countries. WHO's technical expertise and support with coordination of partners and stakeholders were critical to the success of this collective effort to rapidly contain a life-threatening outbreak.

Whether responding to outbreaks, natural disasters, or complex crises, from 2025 to 2028 WHO will support the efforts of national governments as needed, with an emphasis on maintaining routine health services and bolstering health systems during crises to increase their quality and coverage. Defining a package of essential health services that is tailored to the specific context of the emergency is an important precursor which establishes common minimum standards and helps to ensure equity in health service delivery. WHO's technical expertise and support in case management, infection prevention and control, operation support and logistics, risk communication and community engagement, surveillance, immunisation and water, hygiene and sanitation (WASH) will continue to underpin these endeavours.

Moreover, WHO's Health Cluster leadership role will remain critical to facilitate consensus-building and to leverage collaborations among all stakeholders in the design and delivery of health aid. In GPW 14, WHO remains committed to ensuring full time health cluster coordinators for every country health cluster, to achieve better health outcomes for all. Regular

monitoring of health service delivery is an essential component of all health programming, to sustain standards of care and enable adaptation of health services as needed to address the main barriers for access and utilisation, especially for vulnerable or marginalized groups.

Finally, stopping attacks on health care during emergencies is crucial to enable the continuous, unimpeded provision of life-saving assistance. In the first half of 2024 alone, 571 confirmed attacks on health care took place in 13 emergency-affected countries and territories, killing 202 and injuring 450. These attacks on health personnel, patients, health facilities, warehouses and ambulances deprive people of urgently needed care and undermine health systems.

WHO's Attacks on Health Care initiative aims to ensure that health workers everywhere can provide health care in a safe and protected environment without disruption from acts of violence. Its three main pillars of work include the systematic collection of evidence of attacks, advocacy for the end of such attacks, and the promotion of good practices for protecting health care from attacks. These are of fundamental importance to sustaining equitable access to essential health services during emergencies and, accordingly, are central to GPW 14's protect pillar.

To conclude, effective health responses to humanitarian emergencies meet the health needs of all, for as long as required, in a respectful, collaborative and efficient manner that builds on existing health systems where possible and protects health care from attacks. Achieving this vision necessitates sustained investment in WHO's leadership and proficiency to comprehensively assess needs and develop, fund, and manage targeted people-centred health sector plans, both for acute and protracted crises. In GPW 14, WHO will fulfil these critical functions, to meet the ever-increasing humanitarian health needs anticipated for 2025-2028. This will ensure that health for all remains a fundamental priority during all health emergencies.

WHO-supported Mobile Health and Nutrition Teams bridge service gaps for internally displaced persons and crisis-affected communities in Amhara, Ethiopia



Classrooms repurposed as IDP camp Outpatient Department (OPD) centres, bearing the scars of damage inflicted during the region's conflict. Credit: WHO/Nitsebiho Asrat

Since November 2021, the Amhara region of Ethiopia has faced a severe humanitarian crisis driven by internal armed conflict, multiple disease outbreaks, and the adverse effects of climate change, leading to both drought and floods. As of 15 June 2024, there are nearly a million internally displaced persons (IDPs) across 38 collective sites and host communities. The ongoing crisis has exacerbated the critical demand for essential health and nutrition services. Availability and access to these services, especially for the IDPs, have been severely limited.

To address this urgent need and bring essential services to the most vulnerable populations, WHO and its partners, in collaboration with regional government authorities, deployed 10 Mobile Health and Nutrition Teams (MHNTs) from March 2022 to March 2024. As the conflict intensified and the number of IDPs increased, in April 2024, WHO expanded the number of MHNTs to 19.

These 19 MHNTs, consisting of 132 healthcare workers, are strategically located within IDP sites, covering areas prioritized based on higher concentration of IDPs and the impact of drought and floods. Each MHNT comprises a multidisciplinary team equipped to provide a wide range of services: from primary healthcare to mental health support, immunizations, and nutritional care. As of 5 June 2024, the teams have collectively provided more than 124 250 medical consultations, working under the direct supervision of the Public Health Institute of the region.

Recognizing the need for sustainable solutions, WHO has additionally provided essential medical supplies, including Interagency Emergency Health Kits (IEHK), measles kits, non-communicable disease kits, and supplies for managing severe acute malnutrition to both MHNTs and nearby health facilities serving as referral sites. These additional supplies played a pivotal role in addressing the gaps in essential medicines due to disruptions in the national supply chain. Moreover, in the past two years WHO has trained 265 healthcare workers in essential health and nutrition service packages.

Meaza, a young mother from the Raya Alamata district, was forced to flee her home due to conflict. In a makeshift camp, she had little hope of accessing the healthcare needed for her newborn. The arrival of an MHNT was a turning point. Meaza received critical medical care for her baby and support and counseling for herself, which significantly improved her situation.

Tadesse, an elderly farmer from the West Armachiho district, saw his chronic illness deteriorate due to the collapse of local healthcare services. The MHNTs reached his village, providing the medications and care he had been deprived of. For Tadesse, this wasn't just about receiving healthcare—it was a lifeline that allowed him to continue supporting his family.

As the Amhara region continues to grapple with its complex emergencies, WHO remains steadfast in its commitment to supporting the health and well-being of its people. The 19 MHNTs are currently in the hardest-hit zones, providing thousands of weekly health consultations for the IDPs and crisis-affected communities. However, the challenges are far from over, and there is a need for continued support and resources to sustain these life-saving efforts.

“The collaboration between partners and government is one of our key approaches to revitalizing healthcare. Integrating nutrition surveillance into routine services allows timely treatment and prevents illness through targeted health services.”

Dr Owen L. Kaluwa

WHO Ethiopia Country Representative

For more information, click [here](#).

WHO steps up cross-regional efforts for Sudan's humanitarian emergency



WHO mission visits the Adre border crossing. Credit: WHO/Jonas Naissem

As millions flee war and hunger in Sudan, from 1 to 6 July 2024 senior leadership from the WHO African and Eastern Mediterranean Regions converged in Chad, which hosts the largest number of Sudanese refugees, to assess the urgent health needs of people impacted by this complex and deteriorating humanitarian crisis. The mission aimed to optimize WHO operations in Chad, Sudan and the offices of the African Region and the Eastern Mediterranean Region, to serve affected communities with crucial medical care and scale-up cross-border operations for humanitarian assistance into the Darfur states of Sudan.

WHO's cross-regional priorities include scaling up cross-border operations to Sudan, particularly into Darfur, which has been largely cut off from humanitarian assistance. But lack of access imposed by parties to the conflict and reduced resources - only 18% of the Sudan Humanitarian Response has been funded - severely constrains the response.

According to the Integrated Food Security Phase Classification (IPC), Sudan is facing the worst levels of acute food insecurity ever recorded by the IPC in the country: in the last six months, the number of people facing high levels of acute food insecurity has increased by 45% from 17.7 million to 25.6 million. Opening the Adre border crossing between Chad and Sudan would enable life-saving supplies to address urgent health needs, including malnutrition, into the country.

The small town of Adre in Eastern Chad, originally home to 40 000 people, has seen a six-fold increase in its population. Over 600 000 Sudanese and 180 000 Chadian returnees have arrived in Adre since the beginning of the conflict in April 2023.

"The people of Chad have been incredibly hospitable and offered food, water, and shelter for the refugees coming in, but the needs are overwhelming. Our priority is to create integrated health systems for refugees and host populations that not only address immediate

medical needs, but also develop Chad's healthcare capacity in the long run so the future of the people is not dependent on aid."

Dr Anya Blanche

WHO's Representative in Chad

In mid-April 2024, marking one year to the conflict, the number of people displaced by conflict was nearly 8.7 million. As of 10 July 2024, this has increased by over 45%, with 12.7 million people estimated to be displaced. Over 10 million people are displaced within Sudan, while 2 million have sought refuge into six neighbouring countries. Most refugees have survived multiple displacements as the violence that started in Khartoum escalated to different parts of Sudan.

With the seasonal rains, minimal shelter, and dismal living conditions, there are heightened fears of disease outbreaks such as malaria and cholera, that could lead to yet another layer of suffering.

"It is difficult to see this level of suffering among the refugees. They shared stories of violence, loss, and hunger. With the health system severely degraded - all 241 health facilities in Central Darfur have sustained damage - disease spreading, and famine looming, it is increasingly challenging to meet the soaring health needs. If we don't act with urgency, we will see higher morbidity, mortality, and transgenerational impact of the current conflict."

Dr Shible Sahbani

WHO's Representative for Sudan

For more information, click [here](#).

Yemen begins sharing seasonal influenza viruses with WHO Collaborating Centre in London



Seasonal influenza virus sample shipment process under way on 13 May 2024 at CPHL in Aden, Yemen. Credit: WHO/K. Mayas

Influenza virus sharing is essential to prepare the world against pandemics. Virus sharing also enables the development of candidate vaccine viruses, surveillance for resistance to antiviral medicines, and revision of diagnostic reagents and test kits. Owing to the ongoing conflict in Yemen, the country has been unable to share virus samples every year with the WHO Collaborating Centers under the Global Influenza Surveillance and Response System (GISRS).

However, in May 2024 Yemen succeeded for the first time in shipping the first 50 samples of seasonal influenza viruses to the WHO Collaborating Centre for Reference and Research on Influenza in London, in the United Kingdom. This milestone was made possible by WHO's continuous support to Yemen over several years.

During the H1N1 pandemic in 2009, Yemen's Ministry of Public Health and Population designated the Central Public Health Laboratories (CPHL) as the National Influenza Centre. Following the COVID-19 emergency, Yemen has adapted its respiratory disease surveillance system to monitor both influenza and SARS-CoV-2 viruses. This was done with support from WHO headquarters and the WHO Regional Office for the Eastern Mediterranean. Since then, Yemen has been expanding its services for the subtyping of influenza and other respiratory viruses to feed into this new national integrated surveillance programme and GISRS.

In March 2022, WHO headquarters and Regional Office experts arranged a mission to Yemen in coordination with the WHO Country Office in Yemen. The mission aimed to reactivate

influenza sentinel sites, which had been suspended during the COVID-19 emergency; train Ministry of Public Health and Population and CPHL staff on virus testing and on sharing influenza viruses with human pandemic potential, in line with the Pandemic Influenza Preparedness Framework; and to ensure that CPHL has met the WHO requirements for testing procedures for respiratory viruses.

Since January 2023, samples are being collected at influenza sentinel sites and shipped to the CPHL's governorate-level National Centre for confirmation by polymerase chain reaction (PCR) test. However, until May 2024, logistics constraints prevented the next step of sharing confirmed samples with the WHO Collaborating Centre in London. Dry ice, which is needed to ship samples internationally, has been unavailable in Yemen since 2015 due to the war and an embargo.

With support and facilitation from WHO, dry ice was received in Aden, Yemen from Addis Ababa, Ethiopia on 13 May 2024. This was transported via a United Nations Humanitarian Air Service flight from Addis Ababa to Aden, and the same plane then took the packaged samples on to Amman, Jordan. The samples safely made the last leg of their journey via international courier from Amman to London, where they were received the next day by the WHO Collaborating Centre for Reference and Research on Influenza for further processing.

The same coordination mechanism will be used for future shipments of influenza virus samples until Yemen can produce dry ice.

For more information, click [here](#).

Improving healthcare access for Ukrainian refugees in Romania through WHO-supported family doctors



Dr Lacatus from Brasov, Romania has been a partner of WHO Romania since 2022 and has provided consultations to over 500 Ukrainians. Credit: WHO Romania

Family doctors in Romania provide essential health services such as vaccination, treatment of acute infection, prescriptions for chronic disease and referrals to secondary care. They serve as the gateway to the Romanian healthcare system and address the primary health needs for Ukrainian refugees residing in Romania.

Despite Ukrainian's legal entitlement to these services in Romania, access barriers have persisted since the onset of the crisis. The substantial administrative burden associated with registering Ukrainian refugees in the national system, coupled with low financial compensation for family doctors, serve as a significant disincentive for many doctors to accept Ukrainian patients. Language barriers and the complex health needs of some Ukrainians further contribute to the high workload faced by family doctors who do treat the refugees. This has resulted in many refugees being unable to access essential primary care, forcing some to either return to Ukraine to address their healthcare needs or forgo the necessary care.

WHO Country Office in Romania has addressed these challenges by supporting family doctors across Romania, selected for their proximity to refugee population centres, to adopt a more inclusive approach towards refugees. Financially supported by WHO donors including the United States Bureau of Population, Refugees, and Migration (BPRM) and the Republic of Ireland,

the family clinics hire administrative assistants and nurses who reduce the burden of work on the family doctors by managing the increased administrative workload associated with refugee registration and reimbursement.

Launched in late 2022, this programme has proven to be highly effective in integrating refugees into the primary health system, with over 4500 Ukrainians registered and receiving care in 2023. WHO-supported family doctors have also facilitated information exchange between the national health system and WHO Romania, enabling the prompt identification and resolution of issues faced by family doctors in providing care to refugees at a national level. Building on the success of 2023, the programme was expanded in the second quarter of 2024 to include additional primary healthcare clinics in Cluj, Constanța, Galați, and Bucharest, with more family medicine physicians added to the WHO roster.

The programme's continuation in 2024 - complemented by the [translation hotline](#) for Ukrainian refugees in Romania launched on 10 April 2024 and the team's close collaboration with national and local health authorities - aims to ensure that an increasing number of refugees receive essential healthcare. This initiative underscores WHO's commitment to safeguarding the health and well-being of the most vulnerable members of society in Romania.

How WHO is battling viral hepatitis in the Rohingya camps in Bangladesh, amid mounting risks and resource crunch



Under the supervision of WHO staff, medical personnel analyses a patient's blood sample for potential hepatitis C infection in the Rohingya camps, June 2024. Credit: WHO/Terence Ngwabe Che

In the Cox's Bazar camps in Bangladesh, where nearly a million Rohingyas reside, WHO is seeking to extend screening, testing and treatment for viral hepatitis B and C, a significant health risk exacerbated by the living conditions and devoid of appropriate response due to shrinking humanitarian aid.

Hepatitis B and hepatitis C chronic infections can lead to serious consequences such as liver cirrhosis and cancer. The risk of transmission of these viruses from an infected mother to her infant during pregnancy labour, and delivery poses a significant threat to infant health. Since treatment during pregnancy is not possible, pregnant women are thoroughly monitored and only treated six months after delivery. While hepatitis C can be cured with a three-month course of highly effective direct-acting antiviral medicines, hepatitis B vaccination is a well-proven and effective intervention to prevent new infections.

Since the massive influx of the Rohingya in 2017, WHO and health partners have been supporting the Government of Bangladesh (GoB) in establishing services to address the urgent health needs of this population. To facilitate early detection and timely treatment of Hepatitis C, on 6 March 2024, WHO, the GoB and partner agencies launched a systematic hepatitis C surveillance programme linked to treatment centres.

Between April 26 and June 30 2024, WHO surveillance information systems screened 7734 symptomatic patients for hepatitis B and C using Rapid Diagnostic Tests (RDT). Of these, 3.54% tested positive for hepatitis B, 43.6 % tested positive for hepatitis C of which 72% had active hepatitis C infection requiring treatment, and 1.49% tested positive for both hepatitis B and C. Among the 2923 pregnant women screened for hepatitis C, 80.3% had active hepatitis C infection. To date, treatment has commenced for 290 individuals identified through this surveillance effort, and more patients are being enrolled in the treatment.

As part of WHO's ongoing surveillance initiative, over 110 health facilities are providing testing for hepatitis B and hepatitis C. WHO has provided 15 000 RDT kits each for hepatitis B and hepatitis C to these facilities, with an additional 15 000 RDT kits each being procured to further enhance screening. Individuals who test positive are referred to 18 designated facilities for detailed investigation and blood sample collection, and there are plans to scale up the other health facilities as sentinel sites. WHO has procured 9 000 HCV RNA kits to detect the viral load of hepatitis C cases. As an initial intervention, WHO has provided drugs for 900 patients diagnosed with hepatitis C. Considering the findings of a very high burden of the disease, more drugs to treat 3 000 people are being procured.

While the immediate focus is on testing and treating hepatitis C, WHO's comprehensive programme also contributes to the long-term prevention of cancer. Effective hepatitis B and C interventions for prevention, testing and treatment, including prevention of mother-to-child transmission, will help reduce new infections, disease progression and the risk of developing liver cirrhosis and cancer. Moving forward, subject to available resources, WHO proposes to launch, in a phased manner, a mass campaign to screen and treat Rohingyas, including all pregnant women, infants, children and adolescents.

“We urge all partners to join forces in this vital initiative to reduce the burden of hepatitis C in the Rohingya camps and beyond.”

Dr Jorge Martinez

Head of WHO Cox's Bazar Sub Office, Bangladesh

For more information, click [here](#).

WHO Contingency Fund for Emergencies: enabling quick action to save lives



Community relays standing at oral rehydration points in Rusayo displacement camp during outbreak of cholera in November 2023, Democratic Republic of the Congo. Credit: WHO/Guerchom Ndebo

The [WHO Contingency Fund for Emergencies](#) (CFE) was established by the World Health Assembly in May 2015 following a review of WHO's response to the 2014 Ebola outbreak in West Africa. The CFE allows WHO to react promptly to emergencies, so that assistance can reach affected populations as quickly as possible. Responding at the onset of a crisis can help to save lives, mitigate the social and economic impact and prevent a larger disaster.

Since it was established, the CFE has enabled WHO to deliver life-saving assistance rapidly in some of the worst humanitarian crises. In 2023, WHO used CFE funds to rapidly respond to a range of crises including disease outbreaks such as diphtheria outbreaks in Guinea, Niger and Nigeria and the global upsurge of cholera; complex humanitarian crises in Sudan, the occupied Palestinian territory, Haiti, the Democratic Republic of the Congo and northern Ethiopia; and natural disasters such as the earthquakes that struck the Syrian Arab Republic, Türkiye, Morocco and Nepal.

A total of US\$ 79 million were released from the CFE in 2023 for 22 emergencies affecting more than 30 countries and territories, in addition to the global cholera surge. On average, the

allocation approval time for all releases was 48 hours, enabling rapid disbursement of support.

In 2024, WHO has already released US\$ 31.7 million from the CFE up to 25 June 2024. Allocations have included support to the escalating complex crises in Ethiopia, the occupied Palestinian territory, and Sudan; global cholera and dengue outbreaks; and in response to El Niño flooding in East Africa.

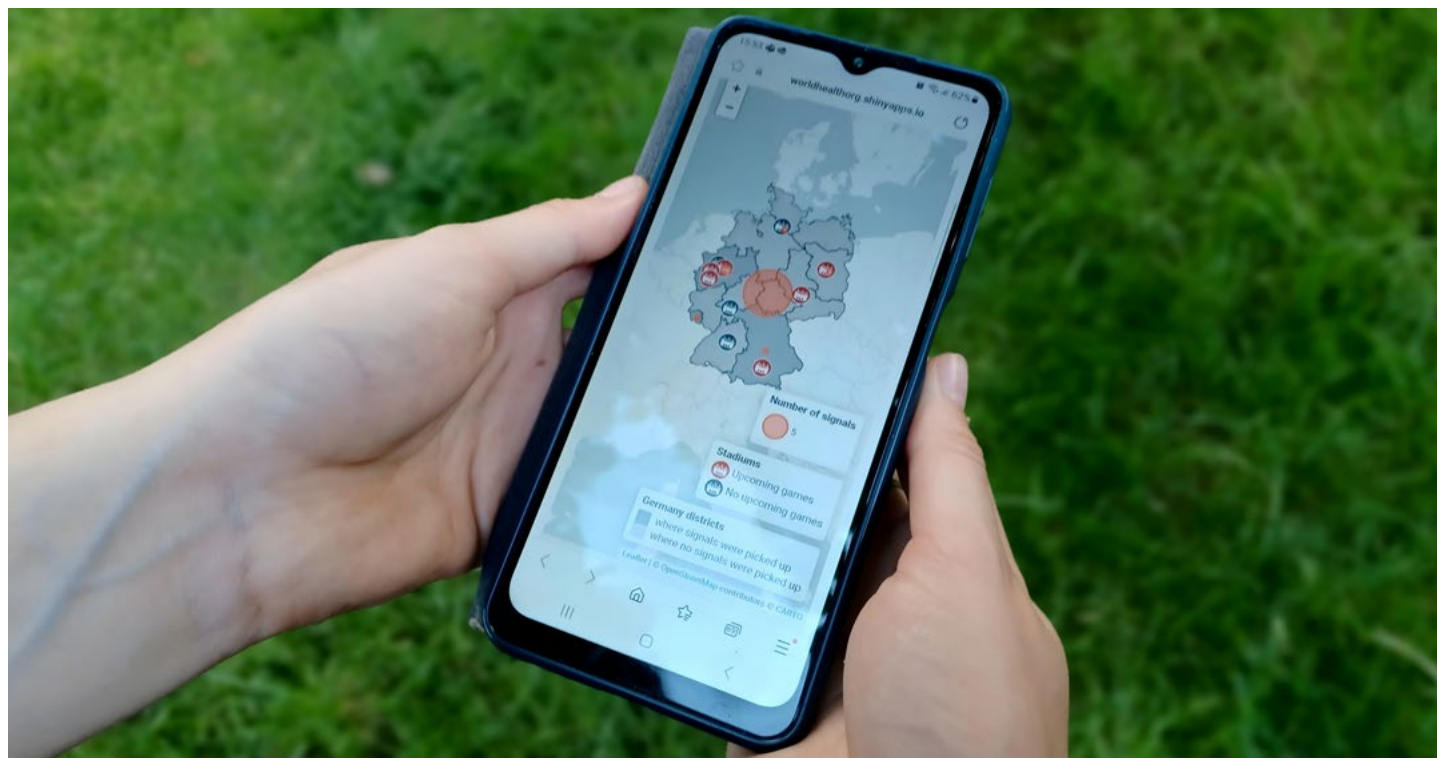
While the CFE is a vital pillar of WHO's health emergency response, it represents only a small amount of the resources needed to reach the millions who require health services in humanitarian crises. For 2024, WHO has launched its annual [Health Emergency Appeal](#) requesting US\$ 1.5 billion to provide health assistance to 87 million people impacted by 41 emergencies. Moreover, considerable resources are mobilized thanks to core funding to the WHO Health Emergencies Programme. Without these funds, WHO will not be able to continue to deliver on its life-saving work in health emergencies.

WHO thanks the 13 Member States who contributed US\$ 34 million to the CFE in 2023 and the six Member States who have committed or contributed US\$ 14 million to the CFE in 2024.

CFE helped tackle multiple concurrent cholera outbreaks in 2023

After a resurgence of cholera that started in 2022, 30 countries were affected by cholera outbreaks in 2023. Multiple releases from the CFE enabled WHO to deploy experts and procure supplies in bulk, boosting the cholera response locally and globally during several concurrent, large-scale outbreaks. Critical, life-saving support was provided in-country, regionally and at headquarters spanning the multiple pillars of the response: coordination, community-based surveillance, infection prevention and control, improved case management, support to cholera treatment centres with equipment and supplies, and risk communication. Thanks to CFE, which provides predictable funding in unpredictable emergencies, WHO was able to step in quickly to help national health authorities save lives.

Enhancing health security: WHO Regional Office for Europe's support to Member States in their preparedness for major summer 2024 mass gathering events



Snapshot of UEFA 2024 signals monitoring dashboard developed by WHO with support for data screening and collection from RKI and ECDC. Credit: WHO

This year's UEFA European Championship, UEFA EURO 2024, and the Paris 2024 Olympic and Paralympic Games are expected to attract millions of spectators worldwide. Such mass gathering events (MGs) necessitate enhanced early detection, prevention, mitigation, and response to potential public health threats, which can significantly strain the preparedness and response capabilities of hosting countries or communities. UEFA EURO 2024 was held in Germany from 14 June to 14 July 2024, followed by the Paris 2024 Olympic and Paralympic Games scheduled from 26 July to 11 August 2024 and 28 August to 8 September 2024, respectively. In anticipation of these MG events, the WHO Regional Office for Europe, in collaboration with WHO headquarters and interested partners, has undertaken several preparedness initiatives to proactively address and mitigate potential public health risks.

In preparation for the Paris 2024 Olympic and Paralympic Games, which are expected to draw over [15 million visitors](#), the Mass Gathering Working Group at WHO Regional Office developed a scenario-based contingency plan. The plan outlines key preparedness and response actions to be implemented within WHO in the event of potential emergencies during the Games. It anticipates and explores potential health impacts of five scenarios, including heatwaves, infectious disease outbreaks, food and water safety hazards, chemical or radio nuclear events, and crowd management challenges. The plan is aligned with the relevant WHO guidance and frameworks and all response activities during potential emergencies will be conducted in accordance with the national and sub-national health response plans of France.

Along with this, WHO Regional Office for Europe, together with the German Federal Centre for Health Education (BZgA) and the

European Centre for Disease Prevention and Control (ECDC), jointly developed [public health advice for UEFA EURO 2024](#). The public health advice provided easily accessible information on topics that range from the vaccines travelers may need before they undertake their journeys, to information on how to protect against various illnesses such as respiratory diseases and tick-borne illnesses.

A well-established comprehensive preparedness plan and implementation of a robust surveillance system for early detection of public health threats are critical prior to MGs. As part of event-based surveillance (EBS), the WHO Regional Office for Europe, with support for data screening and collection by the ECDC and Germany's Robert Koch Institute (RKI), developed [the UEFA 2024 Signal Monitoring Dashboard](#). The dashboard monitors signals on both non-biological and biological threats for all 55 International Health Regulations (IHR) States Parties in the European Region, that could pose health risks. Based on Epidemic Intelligence from Open Sources (EIOS) media monitoring, the dashboard captured public health signals and events starting two weeks before UEFA EURO 2024, and continued for two weeks after the event concluded.

By establishing robust preparedness plans, surveillance systems, and targeted public health advice, these initiatives aim to ensure the safety and well-being of participants, spectators, and the broader community during MGs, reinforcing the readiness to respond effectively to any potential health challenges that may arise.

For more information on how WHO manages health risks during mass gatherings, click [here](#).

How Sri Lanka is building the capacities of its Health Emergency Operations Centres to prepare for and respond to health emergencies



Participants in HEOC capacity building workshop take part in an exercise. Credit: WHO Sri Lanka

A Health Emergency Operations Centre (HEOC) is a hub for the coordination of information and resources to support incident management activities, and integrates traditional public health services into an emergency management model. It supports health sector at national and sub-national level and is a component of existing national disaster management authorities or entities. The HEOC plays a critical role in health emergency preparedness and response activities.

The National Health Emergency Operations Centre (NHEOC) in Sri Lanka was established in 2004 in the aftermath of the tsunami and the physical NHEOC at the premises of the Ministry of Health was established in 2008. Since then, eight subnational Health Emergency Operations centres were established in the most vulnerable districts.

The Joint External Evaluation of the International Health Regulations 2005 (IHR) core capacities, conducted in 2023, identified the need to extend the subnational HEOC coverage, capacity and auditing to all districts in a phased manner. The National Action Plan for Health Security (NAPHS) Strategic Plan 2024-2028 and the two-year operational plan further underscored the need to strengthen NHEOC and sub-national HEOCs in Sri Lanka.

In this context, from 25 to 28 June 2024, Sri Lanka rolled-out a capacity building package for HEOC, to strengthen the capacities of the national and subnational HEOCs to effectively and efficiently prepare for and respond to health emergencies, in line with the IHR requirements. This was a collaborative effort between Disaster Preparedness and Response Division of Ministry of Health and WHO, as well as Robert Koch Institute

(RKI), Germany, whose long-standing experience in providing HEOC-related training and simulation exercises were invaluable.

Prior to the event, a capacity building needs assessment was conducted which identified the current status of the national and subnational HEOCs and set priorities for the country-specific adaptation of the business continuity plan. Based on this, the three-day capacity building workshop was held for 37 national and sub national participants, with an additional day for skill building for master training.

The scope of training included HEOC principles and core components, risk assessment and operations readiness, incident management system, incident action plan, HEOC roles and functions, regional and Sri Lanka experience, HEOC modes of operation, surge response capacities, HEOC activation and deactivation, monitoring and evaluation, after action reviews and a tabletop simulation exercise.

Participants identified priorities that need to be further enhanced moving forward. These include expanding the training for the districts not included in the current training, cascading training for technical staff within districts for which core staff were trained, finalizing the HEOC handbook for national and subnational levels, following up on the sub-national roadmaps developed and a functional simulation exercise to be conducted within six months to assess the overall effect of all the capacity building activities. This list of priorities will guide the future activities to strengthen HEOC capacities in Sri Lanka in 2025.

For more information, click [here](#) and [here](#).

Training on shipping infectious substances in the context of International Health Regulations: the case of Botswana



Trainees and trainers for the training programme for shipping infectious substances, Botswana. Credit: WHO

In an increasingly interconnected global landscape - which necessitates stringent measures to protect human, animal and environmental health - appropriately managing the transportation of infectious substances can play a significant role. Infectious substances, due to their potential to cause severe harm to human and animal health, require meticulous handling, especially when being shipped. WHO's International Health Regulations (IHR) provide a global framework for preventing and responding to public health risks that have the potential to cross borders and threaten global health. A key component of these regulations is the safe transport of infectious substances.

Botswana, like many other nations, faces the risk of outbreaks from both autochthonous and imported pathogens, and its healthcare infrastructure must be fortified against emerging and re-emerging infectious diseases. The nation has demonstrated its commitment to aligning with IHR by implementing a comprehensive training programme for shipping infectious substances. The training took place in Botswana from 24 to 28 June 2024, supported by the WHO Botswana Country Office and the WHO headquarters Operations Support and Logistics (OSL) team that provided their experienced trainer.

The completion of this training marks an important step in mitigating the risk of accidental release or exposure of infectious substances during transit, by equipping healthcare and transport personnel with the skills to package, label, and transport infectious materials. Knowledge of these protocols is essential for laboratories, hospitals, and logistics companies involved in the shipping process. Ensuring that infectious substances are handled and shipped correctly can also have

economic and reputational benefits by reducing the risk of costly incidents and liabilities that may arise from improper handling.

This training helps to ensure compliance with international standards by strengthening biosecurity and building capacity and resilience. Bolstering biosecurity is a critical aspect of national and global health security for Botswana, given its situation in a region with a diverse range of infectious diseases. Enhanced biosecurity measures also build public confidence in the country's ability to manage health threats effectively.

Moreover, building capacity in the public health sector strengthens Botswana's ability to respond to health emergencies by ensuring that trained professionals are available to manage the safe transport of infectious substances. This in turn helps build resilience, which is crucial for handling outbreaks effectively and preventing them from escalating into larger public health crises. Finally, compliance with the IHR through proper training promotes international collaboration, enabling Botswana to engage more effectively with global health initiatives, share data and samples safely and participate in international research.

To conclude, implementing this training programme for shipping infectious substances in Botswana is not merely a procedural enhancement; it is a strategic imperative for public health safety, biosecurity and international compliance. This represents a proactive step in building a resilient healthcare system that is capable of addressing current and future health challenges, and underscores the country's commitment to adhering to international standards as a responsible member of the global health community.

WHO, China Centre for Disease Control and Prevention, and GOARN partners train outbreak responders from 10 countries in the Western Pacific and South-East Asia Regions



Training participants brainstorming ideas for adapting interventions during an outbreak response. Credit: WHO/S. Salmon

In a significant move to enhance global health security and capacity to respond to public health emergencies, WHO and the China Center for Disease Control and Prevention (China CDC) along with four other Global Outbreak Alert and Response Network (GOARN) partners - Guangdong Provincial Center for Disease Control and Prevention; National Institute for Infectious Diseases (NIID), Japan; Ministry of Health Labor and Welfare (MOHLW), Japan; and the Robert Koch Institute (RKI), Germany - jointly delivered trainings for 'Orientation to International Outbreak Response' to introduce participants to the opportunities, processes, challenges, and realities of working as part of an international multidisciplinary outbreak response team on a GOARN deployment with WHO.

From 18 to 20 June 2024, three training workshops including one training for trainers were organized by WHO and hosted by China CDC in Guangzhou, China. A total of 67 participants from 10 countries (Brunei Darussalam, Cambodia, China, Indonesia, Lao People's Democratic Republic, Malaysia, Singapore, Sri Lanka, Thailand and Viet Nam) attended.

"I hope that more public health experts will have more opportunities to participate in GOARN trainings, so that we can be fully prepared to respond to any international public health events in the future."

Dr Yan Li

Deputy Director, Guangdong Provincial Center for Disease Control and Prevention

This was the first-ever GOARN training conducted in China and the first time partners from different regions supported the facilitation and delivery of this GOARN training.

The involvement of trainers from different regions enriched the course with new experiences, best practices and perspectives. It emphasized diversity, cultural differences, and the multicultural nature of working in the field during an international outbreak response mission.

This partnership fosters a sense of global solidarity and shared responsibility in addressing challenges faced when responding to an outbreak in the field, helping to build trust among partners and facilitating smoother and more effective joint efforts in the future. As the GOARN programme evolves, these collaborations are critical to its sustainability as partners embark on providing GOARN partner driven training to continue to build the public health response capacity.

"It is a fantastic opportunity to deliver GOARN trainings with partners from different regions. It promotes diversity, cross-regional sharing, and connectedness. GOARN provides unique opportunities to strengthen public health through these training activities."

Dr Andreas Jansen

Head of the Federal Information Centre for International Health Protection, Director WHO Collaborating Centre for GOARN, Robert Koch Institute (RKI), Berlin, Germany

In an increasingly interconnected world, these partnerships underscore the crucial role and leadership of GOARN in safeguarding global health. By working together, GOARN partners are paving the way for a more resilient and prepared global health community.

For more information on GOARN, click [here](#).

Enhancing global capacities to prepare and provide mental health and psychosocial support through full-scale multi-sectoral simulations



Participants of the WHO Build Better Before global workshops are immersed in field-visits to a school (left) and a mental health facility (right). The two-day full-scale simulation exercise featured professional actors, simulated challenges on social media, and dynamic evolving scenarios. Credit: WHO



Mental health and psychosocial support (MHPSS) is often neglected until after an emergency occurs, by which time the need is widespread. Yet, recent events - from COVID-19 to the escalating challenges posed by climate change to natural disasters like earthquakes in Afghanistan, Morocco, and Türkiye - underscore the urgency of improving preparedness for such crises.

Recognizing this, WHO Member States at the 77th World Health Assembly (WHA) have committed to enhance MHPSS preparedness through a new resolution on strengthening MHPSS before, during and after emergencies. This commitment comes at a crucial time: as of 2020, a mere 28% of Member States had a mental health system in place to prepare for and manage the risks of emergencies. WHO is actively facilitating progress to achieve the goal of reaching 80% by 2030, as set forth in the [WHO Mental Health Action Plan 2013-2030](#).

As part of these efforts, WHO has been implementing the initiative “Build Better Before” to scale-up capacities for MHPSS preparedness and disaster risk management, through development of key tools and capacity building approaches.

Through this initiative, WHO has conducted a series of four-day global capacity building workshops. During these workshops, participants from Member States, UN Agencies and civil society first learn theoretical knowledge then apply their skills in a two-day, first of their kind, full-scale multi-sectoral field-based simulation exercises which include visits to schools and healthcare, social care and civil protection facilities to simulate authentic preparedness and response situations. In follow up, WHO supports participants to plan, develop and implement MHPSS preparedness and risk management strategies in their respective countries and agencies.

In a recent [example in Estonia](#), in collaboration with the Estonian Ministry of Social Affairs, WHO organized a Build Better Before workshop with participants from 35 countries who were challenged to address MHPSS issues from a hands-on and multi-sectoral perspective.

The impact of the Build Better Before workshops is already evident. The North West Syria multi-sectoral MHPSS preparedness, response and recovery [plan](#) was developed following one such workshop. Moreover, in Ukraine, participants from the first workshop held in February 2023 organized their own simulation exercise in Kyiv in July 2023, [drawing over 60 MHPSS experts](#). This has enhanced the country's MHPSS capacity amidst a significant humanitarian crisis, as participants have gone on to play a vital role in the current MHPSS response.

“An estimated one in five people affected by emergencies experience a mental health condition. The 'Build Better Before' full-scale and multi-sectoral simulation exercises are an excellent learning opportunity for governments, partners, and communities to prepare their health systems to better support when needed. They are a significant contribution to fulfilling the recommendations in the most recent WHA resolution on MHPSS.”

Dévorá Kestel

Director, Department of Mental Health, Brain Health and Substance Use, WHO

Throughout 2023, WHO successfully spearheaded three such full-scale multi-sectoral simulation exercises, supporting agencies and ministries from 56 countries to scale up MHPSS preparedness. Currently, WHO is organizing the next ‘Global MHPSS Preparedness Simulation’, scheduled to take place from 28 to 31 October 2024 in Türkiye, in response to the growing needs and requests from partner agencies and Member States.

WHO thanks the USAID Bureau of Humanitarian Assistance for their generous support to this activity.

WHO Global Logistics Hub’s Monthly Update

WHO’s Global Logistics Hub (the Hub), based within the International Humanitarian City in Dubai, United Arab Emirates, has the largest repository of pre-positioned health supplies and equipment within WHO’s global supply chain. The operation rapidly delivers essential medicines and equipment in response to acute and protracted health emergencies around the world and across all six WHO regions. Effective partnerships are essential to these efforts. This includes emergency charter flights and operational support provided by the International Humanitarian City (IHC), the Government of Dubai, and the Government of the United Arab Emirates, as well as dedicated transportation support provided by World Food Program (WFP) to help WHO reach affected populations in the most complex emergencies with access challenges.

The Hub has seen a steady increase in its operational scale in recent years, in response to ever-increasing humanitarian needs. By mid-2024 the Hub had managed health supplies to a value of US\$53.16 million. With the exception of 2020, which was marked by the COVID-19 pandemic, this is a higher total value than any previous mid-year on record (figure 2).

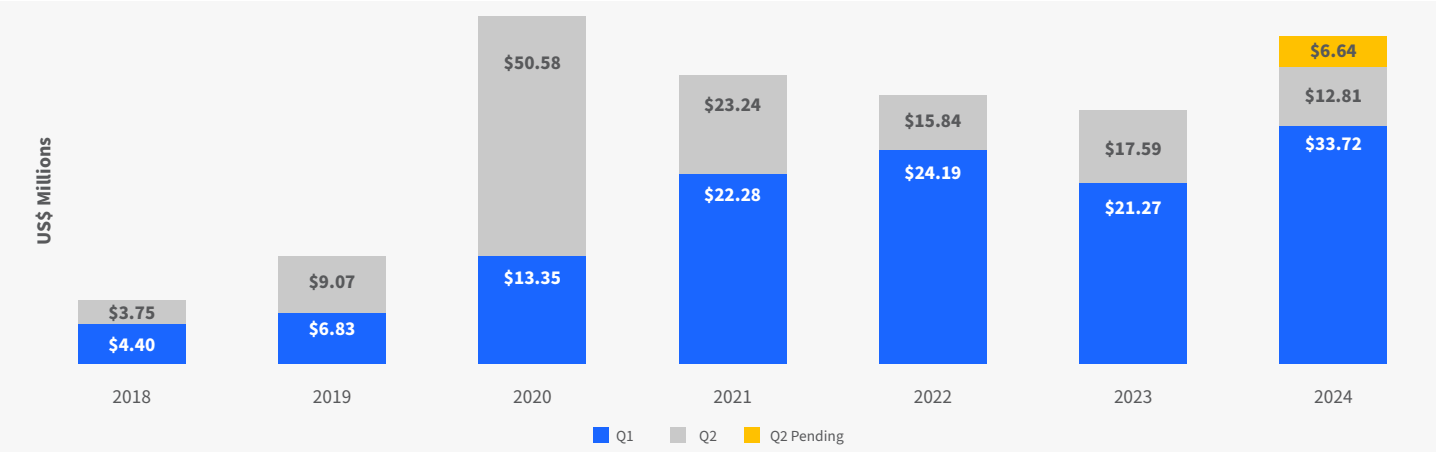


Figure 2: Value of health supplies (US\$) in and out of WHO’s Global Logistics Hub in Q1 and Q2, by year (2018-2024)

As the Hub continues to serve as a lifeline for countries experiencing health emergencies, it is completing ever-increasing numbers of charter flights. Having already completed 24 flights this year, at current trends the Hub is projected to complete 49 charter flights in 2024, surpassing the 35 completed in 2023 (figure 3).

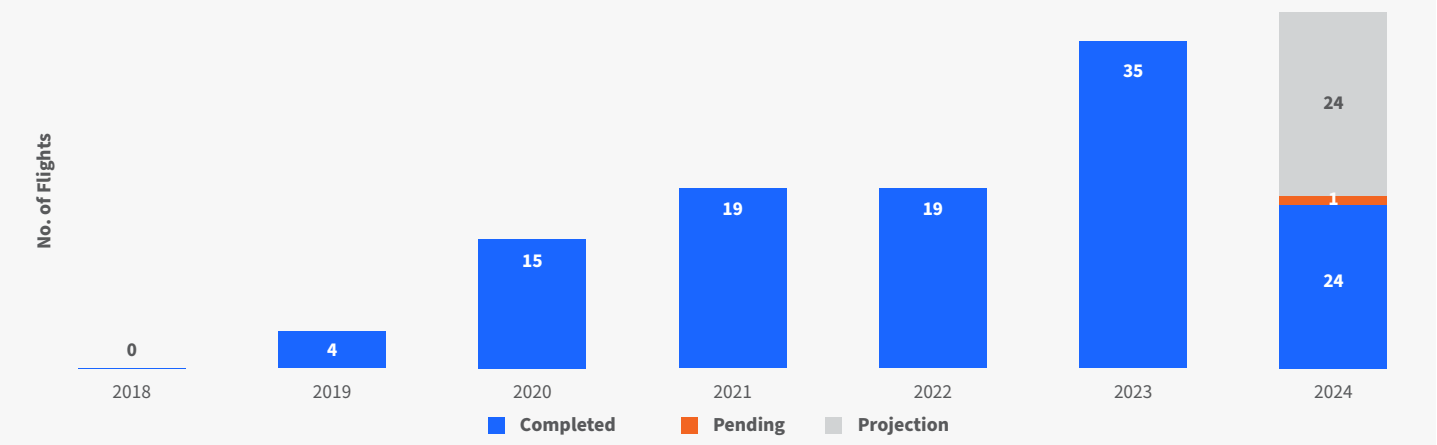




Figure 3: Number of charter flights completed through WHO’s Global Logistics Hub, by year (2018 to 2024)


OPERATIONS IN 2024 (AS OF 11 JULY 2024)




US\$ 31 MILLION
(1307 METRIC TONNES)
Value of Goods Received




US\$ 18.9 MILLION
Value of Goods Delivered




24 CHARTER FLIGHTS COMPLETED



54 COUNTRIES REACHED ACROSS ALL 6 WHO REGIONS



283 REQUESTS FOR ASSISTANCE



62 REQUESTS UNDER PROCESS

OpenWHO.org turns seven: empowering learners with free, multilingual public health knowledge

When WHO launched [OpenWHO.org](https://openwho.org) in June 2017, the goal was to put a platform in place that could host an unlimited number of learners to meet the demand for knowledge during a global pandemic. The learning platform began providing free online courses on epidemic- and pandemic-prone diseases that were optimized for low-bandwidth and offline use, and developed systems to quickly update and translate content to meet emergency needs.

Seven years later, OpenWHO has not only serviced learners during the COVID-19 pandemic but provided trusted health knowledge for a variety of other emergency contexts, including 19 outbreak events in 2024 alone.

When the platform celebrated its anniversary in June 2024, it had amassed 8.7 million enrolments across [290 courses](#), with 33 new courses launched this year. Learning resources were available in 73 diverse languages, including the 20 most spoken around the world. Content in [Romanian](#) was added for the first time in collaboration with the WHO Country Office in Moldova.

The real-world impact of the learning platform was on full display on 12 June 2024, as nearly 4400 people came together to hear from WHO experts who have utilized OpenWHO to disseminate knowledge for critical health topics. The presenters examined the reach of course series on infection prevention and control, neglected tropical diseases, tuberculosis and COVID-19 vaccination, as well as learning developed for the South-East Asia Region, and answered questions from participants.

The webinar included a surprise visit from WHO Director-General Dr Tedros Adhanom Ghebreyesus, who applauded OpenWHO for prioritizing translation to reach as many people as possible in their mother tongue.

“We have heard from many countries how appreciative they are of the innovative approach to training and capacity building that OpenWHO offers and the needs it has met, especially during the COVID-19 pandemic.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Webinar participants said OpenWHO courses had benefitted their organizations, countries, professional practices and career prospects, with many citing its particular importance as a knowledge source during COVID-19 shutdowns.

“I appreciate the entire team of OpenWHO for operating the online courses which are completely free. I think it is a perfect platform for social workers, volunteers and health care professionals to be prepared for every situation.”

Webinar participant



Figure 4: Key OpenWHO achievements and milestones over the past seven years

Dr Michael J. Ryan, Executive Director of the WHO Health Emergencies Programme and Deputy Director-General, underscored that working together to share knowledge and enhance just-in-time learning will also make a difference in future health crises.

“We hope the next pandemic is far away, but no matter what we must be ready. We must invest in more resilient health systems and communities. We must be able to react quickly, adapt quickly, surge quickly and implement quickly.”

Dr Michael J. Ryan
Executive Director WHO Health Emergencies Programme and Deputy Director-General

Browse OpenWHO's [online flipbook](#) of operational updates from the last three years to learn more about the platform's impact at the global, regional, country and local levels.

WHO's work in emergencies

For updated information on where WHO works and what it does, visit the [WHO Health emergencies page](#), the [WHO Health Emergency Dashboard](#), the [Disease Outbreak News \(DONs\)](#), the [Weekly Epidemiological Record](#) and the [Weekly Influenza update](#).



WHO's Health Emergency Appeal 2024

In 2024, 300 million people are facing humanitarian crisis with severe health impacts. In 2024, WHO is appealing for US\$1.5 billion to fund cost-effective, high impact solutions that protect health, lives and livelihoods during a time of significant intersecting humanitarian emergencies. For more information, click [here](#).



GOARN

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



EPI-WIN

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



Emergency Medical Teams (EMT)

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



WHO Publications and Technical Guidance

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



OpenWHO

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



Health Cluster

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



Health Security Learning platform

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

For more information WHO's regional response:

[African Regional Office](#)

[Eastern Mediterranean Regional Office](#)

[European Regional Office](#)

[Regional Office of the Americas](#)

[South-East Asia Regional Office](#)

[Western Pacific Regional Office](#)

News

- [WHO carries out mission to eradicate dracunculiasis in Angola \(In Portuguese\)](#)
- [Fighting Anthrax through mindset change on health seeking behaviour \(Uganda\)](#)
- [Fifteen children from Gaza to receive urgent medical care in Spain](#)
- [Fighting Ebola in the line of duty \(Uganda\)](#)
- [Integrating Nutrition Surveillance into Routine Health Services in the Amhara Region, Ethiopia](#)
- [Cambodia seeks to strengthen health security through its second Joint External Evaluation](#)
- [Community Leaders, Village Health Workers Trained on Event-Based Surveillance \(Lesotho\)](#)
- [Countries of the Americas Strengthen Preparations for the Oropouche Virus](#)
- [Baabda hospital unveils one of 7 new oxygen generation plants across Lebanon](#)
- [How to minimize infection risks: WHO board game scenarios train health and care workers in Ukraine](#)
- [WHO's Pandemic Influenza Preparedness \(PIP\) funds strengthen Influenza and Communicable Disease Surveillance in Maldives](#)
- [Strengthening health security in the DRC: 200 experts trained under the SURGE initiative \(In French\)](#)
- [WHO celebrates milestone of influenza preparedness in South-East Asia Region](#)
- [WHO and UN Women launch joint initiative to support women and children with substance use disorders in Afghanistan](#)
- [Full COVID-19 vaccination in sight for 70% of Somalia's population](#)
- [WHO and Japan transform Al-Qamishli National Hospital in north-east Syria amid growing health crisis](#)

Highlights

- [Mpox - South Africa, disease outbreak news: 9 July 2024](#)
- [Multi-country outbreak of cholera, situation report: 16 - 18 July 2024](#)
- [Sudan conflict and refugee crisis, multi-country situation report: 17 July 2024](#)
- [Multi-country outbreak of mpox, situation report: 28 June 2024](#)
- [Multi-country outbreak of cholera, situation report: 19 June 2024](#)
- [WHO launches unique training course to enable parliamentarians in global health security](#)
- [WHO prequalifies the first self-test for hepatitis C virus](#)
- [Examining influenza cases reported in the past two months](#)
- [WHO publishes pandemic influenza monitoring and evaluation framework](#)
- [Pandemic and seasonal influenza severity assessment guidance updated](#)
- [WHO updates laboratory biosecurity guidance](#)
- [Case study: Dengue in Portugal](#)
- [Dengue - Islamic Republic of Iran, disease outbreak news: 22 July 2024](#)
- [World Hepatitis Day was observed on 28 July 2024 with the theme: 'It's time for action'](#)
- [United Nations Secretary-General calls for global action on extreme heat](#)
- [New initiative launched to advance mRNA vaccine development against human avian influenza \(H5N1\)](#)



Science in 5 is WHO's conversation in science. In this video and audio series WHO experts explain the science related to COVID-19. Transcripts are available in Arabic, Chinese, English, French, Farsi, Hindi, Maithili, Nepali, Portuguese, Russian and Spanish.

[Dementia](#) (19 July 2024)

Is Dementia a normal part of ageing? Someone suffers from dementia every three seconds. What are the causes? Can we prevent it? Is there a cure? Dr Katrin Seeher explains in Science in 5.

[Hypertension](#) (5 July 2024)

Why is hypertension called a silent killer? What happens in your body when your blood pressure is high? Learn about the 4 "S"s to protect yourself from hypertension. Dr Taskeen Khan explains today in Science in 5.