WHO's Operational Update on Health Emergencies

Sudanese refugees fill water tanks at Adre refugee camp in Chad (July 2024), where access to food and water is extremely limited. Sudan is one of the most vulnerable countries to climate variability and climate change. Over the past decades, the country has experienced increasing droughts, high rainfall variability, depletion of water sources, and desertification of millions of hectares causing immense human suffering which has been exacerbated by the ongoing violent conflict. For more information on climate change and health, in the context of COP29 (11 to 22 November 2024), click here. Credit: WHO / Nicolò Filippo Rosso

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

WHO is currently responding to 41 graded emergencies across the world, including:

11 Grade-3 emergencies

7 protracted Grade-3 emergencies

10 Grade-2 emergencies

9 protracted Grade-2 emergencies

4 Grade-1 emergencies

Graded emergency: An acute public health event or emergency that requires WHO's moderate response (Grade-2) or 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.

So far in 2024, nearly US$ 48 million has been released by WHO's Contingency Fund for Emergencies (CFE) to provide humanitarian health assistance for 26 emergencies. The largest allocations have been for the Sudan conflict and refugee crisis, the Ethiopia humanitarian response, the global dengue outbreak, the crisis in the occupied Palestinian territory, and the escalation of hostilities in Lebanon.

The Global Outbreak Alert and Response Network (GOARN) has supported 61 deployments in 2024. The highest number of GOARN deployments were in response to the escalation of violence in Israel and occupied Palestinian territory (13), the outbreak of Marburg virus disease in Rwanda (12), and global and multi-country support for cholera (10).

OpenWHO.org totaled 9.1 million enrolments across 309 online public health courses, with learning available in 75 national and local languages. To date, there have been 793 000 enrolments in 2024.

In 2024, Standby Partners have supported WHO's response to 16 graded emergencies through the deployment of 52 new deployments of surge personnel to 20 WHO offices.

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

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Upsurge of mpox continues to constitute a public health emergency of international concern: second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the mpox upsurge 2024

The 'International Health Regulations (2005) (IHR) Emergency Committee regarding the upsurge of mpox 2024' (Committee) met for the second time on 22 November 2024. The WHO Director-General, agreeing with the advice of the IHR Emergency Committee, has determined that the upsurge of mpox continues to constitute a public health emergency of international concern (PHEIC). The decision was based on the rising number and continuing geographic spread of cases, operational challenges in the field, and the need to mount and sustain a cohesive response across countries and partners.

The Committee held its first meeting on 14 August 2024. On the same day, the WHO Director-General determined the event to constitute a PHEIC, following an upsurge in cases in the Democratic Republic of the Congo (DRC) and several neighbouring countries, driven by the emergence of a new strain – called clade Ib – which was initially detected in Eastern DRC and has since expanded geographically to several East African countries, with travel-related case exportations to nine other countries in various WHO regions.
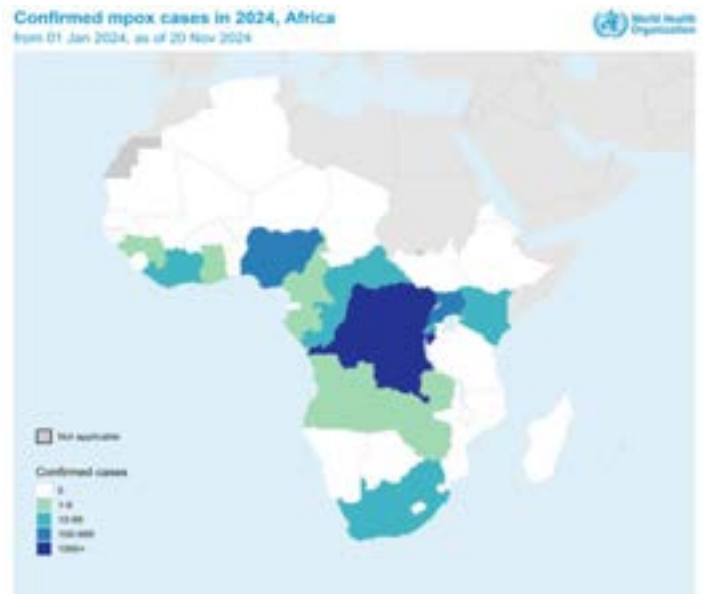
Confirmed mpox cases in 2024, Africa. Credit: WHO Health Emergencies Programme (2024).

SELECTED MPOX OPERATIONAL RESPONSE FIGURES

SINCE MPOX OUTBREAK BEGAN ON 1 JANUARY 2022 (AS OF 18 NOVEMBER 2024)

110 Number of countries reached with mpox supplies

US$ 3.08 MILLION Value of mpox supplies procured

Supplies delivered:

219 819 Testing items

732 140 PPE items

598 therapeutics**

141 845 OpenWHO Mpox course enrolments*** from all six WHO regions

SINCE DECLARATION OF PHEIC ON 14 AUGUST 2024 (AS OF 18 NOVEMBER 2024)

38 Number of countries reached with mpox supplies (with a further 18 awaiting supplies)

US$ 2.29 MILLION Value of mpox supplies procured

Supplies delivered:

62 398 Testing items

731 820 PPE items

0 therapeutics**

27 691 OpenWHO Mpox course enrolments*** from all six WHO regions

1 174 000 vaccine doses received by or allocated to nine countries (as of 11 November 2024)

53 deployments to support mpox response

*The designations employed and the presentation of the material in this figure do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
**through Mpox Monitored Emergency Use of Unregistered and Experimental Interventions (MEURI) framework
***includes three courses: 'Mpox: Introductory course for African outbreak contexts'; 'Mpox: Epidemiology, preparedness and response for African outbreak contexts'; and 'Mpox and the 2022-2023 global outbreak'.

Implementing Go.Data tool in response to mpox outbreaks: experience from Chile and Uganda

Go.Data is an open-source outbreak investigation tool developed by WHO in collaboration with GOARN partners. The tool allows for real-time analyses to inform field operations and includes features to streamline and enhance contact tracing activities. During the COVID-19 pandemic it was utilized in 65 countries and territories and by over 115 institutions and it continues to support countries and institutions in managing responses to a range of outbreaks. The ongoing global upsurge of mpox outbreaks was declared a Public Health Emergency of International Concern (PHEIC) on 14 August 2024. In some countries, Go.Data is being utilized to help rapidly detect and control mpox outbreaks, which is one of three strategic objectives outlined in WHO's current 'Mpox global strategic preparedness and response plan', alongside efforts to promote research and equitable access to medical countermeasures and to minimize transmission between humans and animals.

Chile: an early adopter and continuous user of Go.Data for mpox

Local healthcare team conducting a case investigation in response to an outbreak. Credit: Regional Secretariat of Health (SEREMI) of Araucanía and Antofagasta, Chile.

In June 2022, Chile reported its first mpox case, sparking an outbreak that challenged the country's public health system. By the end of the year, 1421 cases were recorded, primarily concentrated in the densely populated Metropolitan and Valparaíso regions. The Chilean Ministry of Health (MoH), with support from the Pan American Health Organization (PAHO), swiftly mobilized to contain the spread, with Go.Data implementation fulfilling a central role in the response.

Chile's national surveillance system, Epivigila, has been crucial in managing past health crises. However, when the first case of mpox was reported in the country, creating the case investigation form in Epivigila posed some initial challenges. Faced with an escalating public health emergency, the Chilean health authorities recognized the need for a timely comprehensive response to manage the emerging threat. Within just one week, the MoH developed an epidemiological interview form using Go.Data and provided training for response teams. The platform was first piloted in five of Chile's 16 regions before being rolled-out nationwide, and its early implementation proved crucial to control the outbreak.

Go.Data enabled precise tracking of transmission chains by incorporating relationship types and exposure details, and the system interoperates with vaccination and laboratory data

thereby providing a comprehensive view of the cases. Its features also helped to overcome specific challenges, particularly due to stigma associated with mpox which often led to underreporting and reluctance to share contact information. Despite limited information, Go.Data allowed mapping potential transmission chains and identifying contacts that might have been missed. It also generated visual representation of how the virus was spreading through communities, enabling more precise and effective interventions. Finally, availability of real-time data facilitated informed decision-making which is crucial in a rapidly evolving outbreak.

Since the implementation of the mpox vaccination strategy in 2022, Chile has not experienced a new outbreak of mpox cases, with cases only associated with importation or high-risk sexual behaviours. However, as of 2024, Go.Data continues to be used nationwide to support epidemiological surveillance and monitor possible transmission chains, ensuring national preparedness and a rapid response capability. Additionally, within this year, updates will be launched to further optimize data collection and the public health response.

Chile's experience with Go.Data during the 2022 mpox outbreak underscores the vital role of adaptable digital tools in public health responses. The rapid deployment of Go.Data, coupled with well-trained health workers, enabled Chile to control the outbreak effectively.

> "The emergence of mpox required the rapid implementation of new surveillance systems. Go.Data was crucial in developing questionnaires, integrating vaccine and laboratory data, and visualizing transmission chains."
>
> **Doris Gallegos Ulloa**
> Epidemiologist, Ministry of Health, Chile

In 2024, the experience gained in 2022 has laid the foundation for a more robust response capacity, with established action protocols and trained human resource teams ensuring efficient, effective responses to new health events. This approach highlights Chile's commitment to continuous improvement in public health preparedness, demonstrating the impact of scalable and integrated systems on safeguarding public health.

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Surveillance officers being assisted to set up Go.Data during a training of responders from the Greater Kampala Metropolitan Area. Credit: Warren/WHO Uganda

Uganda: leveraging prior Go.Data experience to respond to the current mpox outbreak

The first case of mpox was confirmed in Uganda on 24 July 2024 in the district of Kasese. As of 11 November 2024, a total of 343 cases were reported in Uganda from 36 districts. Following the declaration of a national mpox outbreak by the Ministry of Health (MoH), response interventions by pillars were initiated. The implementation of digital tools for outbreak response, spearheaded by the pillar of Strategic Information Research and Innovation (SIRI), is led by MoH Division of Health Information with the support of WHO and other partners.

Go.Data was first utilized in Uganda during the 2019 Ebola outbreak and was later adopted during the COVID-19 pandemic. More recently, Go.Data was utilized as the data management digital solution for case investigation and contact tracing during the the 2022 Ebola outbreak. Coordinated by MoH with facilitators and trainers from both MoH and WHO, national level trainings were cascaded to the district level, enhancing the country's capacity for utilization of Go.Data.

Following the confirmation of an mpox outbreak in Uganda, MoH approved the use of Go.Data for case investigation and contact tracing after a series of meetings to build consensus, initiate and customize the instance of Go.Data to the mpox response, and map resources. The SIRI pillar of the response provided roll-out guidelines and availed technical teams with whom WHO worked to train responders at district level.

A roadmap was developed to roll-out Go.Data to all districts with confirmed cases and, as of 11 November 2024, this target was met through training of responders in all 36 affected districts. All 343 cases have been listed in Go.Data, along with over 2 000 contacts of which more than 80% have been followed-up. Each district has capacity to update the contact list for a confirmed case, assign contacts, as well as follow up contacts and utilize the data visualization options within Go.Data to inform actions.

Despite the successful implementation of Go.Data in this response, there were some delays in rolling-out the tool to districts with new confirmed cases due to time lags for mobilizing resources and seeking approvals across agencies. To mitigate this, a country wide capacity building has been planned, as well as mapping resource persons to provide oversight to districts continually. The SIRI pillar is also undertaking an integration exercise to link all digital tools to achieve consistency and improve data protection and privacy.

Go.Data has been integral in Uganda's response to the mpox outbreak thanks to the country's prior experience and the effective leadership of the SIRI pillar, supported by WHO and other partners. Crucially, lessons learned from previous implementation inform improvements in the next response, and the capacity built in one response is carried to another.

"Go.Data has been critical in contributing to the interruption of the mpox transmission chain by creating epi-link relationships between cases and contacts."

Dr Charles Lukoya Okot
WHO's mpox Incident Manager in Uganda

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Public Health Emergency Operation Centre brings Lebanon's health sector together to respond to acute crisis

Public Health Emergency Operation Centre (PHEOC) meetings in Lebanon. Credit: WHO

On 17 September, following the explosion of pagers that resulted in over 3000 severe injuries, emergency rooms in Beirut's hospitals functioned well, sheltered from the chaos of this acute crisis. About 2800 victims were transported to medical facilities as Lebanon's Public Health Emergency Operation Centre (PHEOC) coordinated the response efforts.

In emergencies, PHEOCs plays a central role in assessing the requirements of the injured and determining the most suitable hospitals for their care. In this response, volunteers verified and provided status updates on available hospital beds and injured patients. Upon noting that Mount Lebanon Hospital had reached full capacity, for instance, instructions were sent to paramedics, PHEOC representatives, the Lebanese Red Cross, and civil defence teams to send patients to other hospitals.

This effective coordination results from long-term investment in Lebanon's PHEOC. In 2007, WHO supported the Ministry of Public Health as it established the Emergency Operations Cell (EOC) at the Rafik Hariri University Hospital, Lebanon's national referral centre for casualties and quarantine centre for communicable diseases.

The EOC played an important role in casualty referral during the 2019 protests and in the early phases of the COVID-19 pandemic. In 2022, WHO supported the Ministry of Public Health as it established the PHEOC – mandated the dual role of coordinating preparedness for, and the response to, health emergencies – on the Ministry's own premises. The PHEOC went on to play an instrumental role in the response to the 2023 cholera outbreak.

In the context of the ongoing escalating hostilities in Lebanon – which have claimed 4047 lives and resulted in 16 638 injuries as of 27 November 2024 and the ceasefire agreement – the PHEOC has been activated to coordinate the national emergency health response. Temporarily relocated back to the Rafik Hariri University Hospital due to the security situation, its

functions are all the more essential given the volatility of the current situation. Several hospitals and health facilities closed due to evacuations or infrastructural damage, including from attacks on health care.

WHO is supporting Lebanon's PHEOC to rehabilitate the assigned space while continuing to provide technical support in formulating and updating plans for cholera, mpox and trauma; assessing referral hospitals; and training hospital staff on the management of mass casualty events.

WHO welcomes the ceasefire and remains committed to supporting the PHEOC, while actively working on lessons learned and maintaining readiness for any potential re-escalation, recognizing the inherent fragility of the ceasefire.

> "We serve everyone, including health facilities across the country. Thanks to WHO support, we are able to accelerate and structure this coordination."
>
> **Mrs Wahida Ghalayini**
> PHEOC Manager, Lebanon

The PHEOC is a vital component of WHO's Flash Appeal for Lebanon which is seeking to mobilize $50 million over six months to strengthen leadership and coordination of the response, provide life-saving trauma and emergency care, ensure continuity of essential health services for displaced and vulnerable populations, and strengthen disease surveillance and outbreak control measures.

The critical support to the Lebanon PHEOC is made possible thanks to the generous support of our donors, in particular through the Governments of Spain and Canada.

For more information, click here.

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WHO and Kenya combine efforts to strengthen readiness and response to mpox and Marburg virus disease at Points of Entry

Training participants observe a demonstration of the thermal screening station in the Port Health area of Jomo Kenyatta International Airport. Credit: Genna Print / WHO

While international travel and trade contribute enormously to economic development and social well-being, they can also play a significant role in importing and exporting infectious diseases via travellers, conveyances, cargoes, etc. Points of entries (PoEs) into countries are therefore challenging settings for public health as they involve people, conveyances and goods from all over the world crossing borders via air, sea and road. In the spirit of the International Health Regulations (IHR) and with the aim of minimizing international spread of health risks, PoEs are required to be equipped with a specific set of capacities to protect the health of travellers and the population, and to ensure transportation means are safe and hygienic, preventing unnecessary disruption to international travels and trade.

Kenya has 38 PoEs including eight airports, four sea or lake ports, 26 ground crossings, with numerous additional informal crossing points. The country borders five countries: Ethiopia, Somalia, South Sudan, Uganda and the United Republic of Tanzania. Cross-border public health threats driven by population movements and interaction of humans, animals and environments pose potential risks to population health. Over the years, the country has stepped up its efforts to enhance the IHR capacities at PoE and has integrated PoEs strategically in collaborative surveillance, community protection and emergency coordination activities. In the context of an expanding clade Ib mpox outbreak in 2024, two mpox cases were rapidly detected at borders between Kenya with Uganda and Tanzania respectively. This prevented further transmission in communities, showcasing the impact of improved IHR capacities at PoE.

To support Kenya in further strengthening operational readiness and response to health emergencies at PoE, particularly for Marburg virus disease outbreaks and mpox, WHO and the Ministry of Health (MoH) combined efforts and organized a

training workshop for PoE health service in the country across airports, ports and land borders. The five-day face-to-face training took place from 14 to 18 October 2024 and was attended by 45 participants representing various functions at PoEs including MoH, port health service, PoE operators, conveyance operators, immigration officials and health service providers. The International Organization for Migration (IOM) was also invited to share experiences in population mobility mapping.

The training workshop utilized diverse learning activities encompassing facilitator-led presentations, scenario-based exercises, case studies and site visits, to maximize learners' learning experiences. Training content focused on IHR capacity building for surveillance, infection prevention and control (IPC), risk communication and community engagement (RCCE), environment health, and multi-sectoral contingency planning at PoEs and across borders.

> "PoEs are at the frontline of responding against public health threats. This training is so timely especially when the world is facing multiple outbreaks concurrently. The training will enable port health officers to be well-capacitated to respond to public health events and protect the population, which is our shared goal."

> **Dr Diallo Abdourahmane**
> WHO Representative in Kenya

Moving forward, WHO will build on the momentum from this training to support countries in accelerating their IHR capacity building for emergency preparedness, readiness and response concerning cross border movement including at PoEs.

Protecting health and life in remote communities in southwestern Colombia affected by prolonged armed conflict

Building first response capacities to medical emergencies is a lifesaving intervention for the remote and confined communities of the Sanquianga subregion, located more than two hours away by boat from the nearest health centre. Credit: PAHO/WHO/ Karen González

In the Sanquianga subregion of Colombia, where mangrove ecosystems coexist with the shadow of armed conflict, life and health are at constant risk. This remote and challenging area in southwestern Colombia is affected by the prolonged armed conflict and the presence of illegal groups. The Indigenous and Afro-descendant communities that inhabit the land face daily threats of violence, poverty and disease.

Since June 2023, the Pan American Health Organization/World Health Organization (PAHO/WHO) has been working under a joint initiative funded by the United Nations Central Emergency Response Fund (CERF) to provide life-saving assistance for communities affected by emergencies caused by armed conflict in the area. In this joint project—implemented by eight UN agencies in the departments of Chocó, Nariño, and Valle del Cauca—PAHO/WHO's contribution has focused on developing prevention, care and health promotion interventions in these communities.

PAHO/WHO interventions began with an exploratory trip to the Sanquianga subregion. A multidisciplinary team of doctors, nurses, engineers, psychologists, social workers and water and sanitation experts navigated the Iscuandé River, one of the main rivers connecting several local towns, and continued along the Satinga and Tapaje Rivers. Throughout this journey, they faced not only the challenges of the terrain but also the realities of the violent context permeating the region.

The team conducted rapid needs assessments and participatory community assessments that promoted a collaborative and inclusive approach. With the knowledge gained and in collaboration with local partners and authorities, they developed a health plan adapted to the region's unique context to address the health challenges faced by the community.

In Sanquianga, people fight against the scars of the armed conflict and face battles against diseases facilitated by tropical conditions and poor infrastructure. This situation has enabled the spread of diseases such as malaria, dengue, chikungunya, and Zika. However, in many cases, patients must be treated within their communities due to restrictions imposed by the armed conflict, economic barriers to accessing the nearest centre—which can be two or three hours away by boat—or simply a lack of knowledge about symptoms.

The Eperara Siapidara Indigenous Guard—which patrols the estuaries, mangroves, and waters of the Tapaje and Satinga Rivers to protect the rights of people across municipalities in Nariño—has, therefore, become a key health ally in their communities. Through PAHO/WHO, men and women in the Indigenous Guard received training as first responders to recognize the signs and symptoms of the most common diseases and activate referrals for health services when needed. The first aid training also includes psychosocial support and knowledge of cardiopulmonary resuscitation.

> "I would like the health workshops to be repeated in each community. Thanks to PAHO/WHO training, we know that caring for our health is essential for living. Now we are more prepared."
>
> **Marcial González**
> Indigenous Guard who received first aid training in the Boca de Víbora village, Nariño Department, Colombia

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PAHO/WHO teams have trained members of the Eperara Siapidara Indigenous Guards in basic first aid and psychological first assistance, enabling them to save lives within their own community. Credit: PAHO/WHO/ Karen González

Even for patients who overcome the challenges to reach health facilities, conditions are often inadequate. Health centres in the area face many obstacles to providing quality health care: aging infrastructure, shortages of supplies and equipment, and constant staff turnover that limits both diagnosis and treatment. Lack of access to drinking water and sanitation in health posts and the communities further aggravates the risk of waterborne diseases, such as diarrhoea, mainly affecting children and worsening malnutrition and infant mortality.

PAHO/WHO prioritized interventions in four health centres to address these challenges, concentrating on infrastructure upgrades and access to clean drinking water. The organization also provided tanks and filters to enhance community water quality. These efforts improved service quality and strengthened community trust in the local health system and primary care services.

> **"Thanks to facility upgrades and donated equipment, like the automated hematology machine that lets us process more samples with accurate results, we can now provide timely treatments."**
>
> **Mabel Orobio Tello**
> Legal representative of the Nuestra Señora del Carmen Health Center in La Tola, Nariño Department, Colombia

PAHO/WHO has complemented its intervention with support for the mental health and well-being of the population: providing mental health services, forming community groups and support networks, and creating safe spaces for dialogue that allow community members to express emotions affected by the violence. Despite the risky conditions of living in an area affected by armed conflict, with frequent displacements or forced confinements, the communities have demonstrated a great capacity for adaptation and resilience.

Together, these efforts contribute to a continuous initiative to strengthen comprehensive health care in the region, ensuring that communities gain access to quality, sustainable, and long-term health services.

> **"Thanks to the support of PAHO/WHO we know that there is hope, that we can take care of our people. This is fundamental. If I am healthy, I can work; if I am healthy, I can move more calmly; if I have health, I can love; if there is health, I have life."**
>
> **Heiber Riascos**
> Teacher and community leader from Las Varas, Nariño Department, Colombia

By the project's conclusion in 2024, local institutions are expected to have a health plan tailored to the region's specific needs, empowering them to continue advancing well-being and supporting a dignified life for all.

For more information click here (in Spanish).

Universal Health and Preparedness Review (UHPR): making health security preparedness a national priority in Republic of the Congo and Republic of Cameroon

The Universal Health and Preparedness Review (UHPR) is a voluntary, member state-led peer review mechanism that aims to establish a regular intergovernmental dialogue between Member States on their respective national capacities for health emergency preparedness. UHPR is implemented in two main phases. The national phase is a thorough consultative process to review a given country's health emergency preparedness capacities and capabilities, to identify strategic priorities. The global phase is an intergovernmental dialogue between Member States to review country's priorities in a supportive, transparent environment, to find collaborative solutions.

Since its launch in November 2020, eight countries – Central African Republic, Iraq, Portugal, Republic of Cameroon, Republic of the Congo, Republic of Tanzania, Sierra Leone and Thailand – have implemented the national phase of the UHPR process. National preparedness efforts – which are essential to global health security – call for leadership and collaborative actions across all sectors. To this end, as part of the national process, UHPR facilitates national missions aimed at bringing health emergency preparedness dialogues to the attention of respective countries' leadership at the highest-levels, policymakers of multiple sectors, partners and civil society. In 2024, high-level UHPR missions were conducted in Republic of the Congo and in Republic of Cameroon, with a third mission taking place in United Republic of Tanzania at the end of November 2024.

In Republic of the Congo, the UHPR mission took place from 18 to 21 June 2024 with the participation of the Minister of Health and Population, joined by honorable Ministers of the Health Committee of the National Assembly, UN country Resident Coordinator and the heads of the UN agencies, NGOs, representative from civil society and the community. Republic of the Congo is the third Member State in the African Region to undertake the national phase of UHPR.

> "The UHPR has made it possible to engage the highest authorities of the Government of the Republic of the Congo, partners and civil society, according to a multisectoral and pan-societal approach that has allowed us to assess our capacities, and identify our strategic priorities in terms of health security, health system and universal health coverage."
>
> **Mr Gilbert Mokoki**
> Minister of Health and Population, Republic of the Congo

The UHPR high-level mission of Republic of Cameroon took place in Yaoundé from October 1 to 4 2024, led by the Prime Minister of Republic of Cameroon, His Excellency Dr Joseph Dion Ngute. The event was coordinated by the Minister of Public Health and was attended by 15 key ministers. The mission included numerous strategic discussions with over 20 Parliamentarians and Mayors, 30 Ambassadors and heads of development partners agencies.

High-level UHPR Mission in Republic of Cameroon: His Excellency Dr Joseph Dion Ngute, Prime Minister of Republic of Cameroon (middle); Dr Chikwe Ihekweazu, WHO Assistant Director General (left); and Dr Stella Chungong, Director of WHO's Health Security Preparedness (right). Credit: WHO

High-level UHPR Mission in Republic of the Congo: H.E. Mr Gilbert Mokoki, Minister of Health and Population (first row, third from left); H.E. Mrs Arlette Soudan-Nonault, Minister of Tourism and Environment (first row, fourth from left); Dr Matshidiso Moeti, WHO Regional Director for Africa (first row, second from left); key representatives from line ministries and members of the WHO delegation. Credit: WHO

During both missions, the countries' capacities in governance for health, strengthening health systems resilience, and sustainable health funding were deliberated. Strategic national priorities identified at the high-level missions will serve as a foundation for mobilizing technical, developmental, and financial support for Republic of the Congo and Republic of Cameroon, facilitated through the UHPR Global Peer Review process.

For more information click here or write to: uhpr@who.int

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WHO Global Health Emergency Corps (GHEC) sets out actions needed to save lives during health emergencies

Country representatives and partners discuss the design of GHEC and outline concrete steps for implementation. Credit: Ara Johannes/WHO

Since the launch of the Global Health Emergency Corps (GHEC) in May 2023, WHO, ministries of health and partners have worked to consolidate a vision of an interoperable and globally connected workforce that can work together on health emergencies. GHEC aims to enable countries to strengthen their emergency workforce capacities, streamline coordination mechanisms during responses, and ultimately save lives.

To foster broadened ownership of GHEC, WHO is rolling-out implementation guidance that can be adapted and used at national, regional, and global levels. From 30 October to 1 November 2024, WHO gathered a broad range of country representatives and partners to evaluate the design of the GHEC through a scenario-based exercise and to discuss concrete steps for implementation. Workshop participants reiterated the value of the GHEC and shared foreseen outcomes such as strengthening and standardizing emergency workforce capacities; enabling coordination mechanisms across surge networks; and connecting emergency health leadership.

GHEC enables countries, regions and emergency response partners to strengthen and standardize their health emergency workforce and related coordination structures in a comprehensive manner. Pre-established and tested coordination mechanisms are critical during an emergency response. Through implementing and adapting GHEC to own realities, countries can identify elements that are missing or require strengthening to ensure a robust response to health emergencies that can – when needed – also be coordinated effectively with those in neighbouring countries, the region and globally.

"For countries with robust health security systems, like Qatar, GHEC enables us to confirm that we are on the right track and is an eye-opener to workforce-related gaps that exist."

Dr Soha Al-Bayat
Director of of Health Emergency Preparedness, Ministry of Public Health, Qatar

GHEC also connects emergency health leadership at all levels, so that they can work collectively to effectively address emerging health threats. In alignment with GHEC, WHO is establishing a regional health emergency leaders' network — involving emergency health leaders from across Africa and the Eastern Mediterranean — to enhance abilities to respond to complex health emergencies in Africa.

Additionally, WHO is working to establish Regional Health Emergency Councils in South-East Asia and the Western Pacific, composed of heads of state and supported by standing and/or limited tenure committees, to guide pandemic preparedness and public health emergency response efforts. This is part of WHO's efforts with partners to adapt the implementation of the Global Health Emergency Corps in the region under the Asia Pacific Health Security Action Framework (APHSAF).

The GHEC design workshop was an opportunity to build further consensus around GHEC and its implementation at country level. WHO, Ministry of Health representatives and key partners from across regions were also introduced to generative artificial intelligence (AI) and how it could be used as a tool to operationalize GHEC, empower countries to adapt the principles to their own specific circumstances, and accelerate the dissemination of the innovation.

"Mechanisms for better coordination that GHEC provides will streamline response efforts and enable better coordination among various stakeholders. This ultimately enables us to avoid delays, minimize duplication of efforts and better utilize resources."

Dr Eduardo Samo Gudo Junior
Director General, Mozambique National Institute of Health

Over the coming months, WHO and partners will work with several pathfinder countries to implement GHEC, test improvements in coordination through a simulation exercise, and further strengthen the Emergency Corps for the benefit of all.

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Singapore and the Philippines contribute to regional health emergency readiness through achieving Emergency Medical Team classification

Singapore EMT verification process. Credit: WHO

In September 2024, Singapore's Emergency Medical Team (EMT), known as SGEMT, and three Philippine Emergency Medical Assistance Teams (PEMATs) joined the ranks of quality-assured and classified Emergency Medical Teams (EMTs), prepared to self-sufficiently provide high-quality medical care to patients affected by a wide range of health emergencies. This builds on years of work by both countries to support emergency response regionally and globally.

Each classification followed intense evaluation by external expert peer reviewers from other EMTs in the Region, along with EMT experts from WHO. This achievement of ensuring that Singapore and the Philippines are now able to deploy teams of trained and equipped responders to outbreaks or emergency events anywhere in the world reflects both countries' commitments to advancing health security.

With the classification of EMTs in Singapore and the Philippines, the Western Pacific Region now hosts 16 of 49 internationally classified EMTs, and national or international teams have been developed in nearly every Member State across the Region, from Mongolia in the far north to New Zealand in the south, and in both the largest and smallest countries.

WHO's EMT Global Classification is a quality assurance mechanism, using external peer review to assess compliance against international principles and standards. The process ensures that EMTs are composed of trained team members, have appropriate equipment, are fully self-sufficient, and are well-integrated within national health systems when deployed for emergency response. This mechanism enables safe and high-quality medical care to be provided during public health emergencies.

Members of classified emergency medical teams form an integral part of the global health emergency workforce, comprising a network of trained and equipped emergency responders that can surge when required and requested by affected countries. The EMT Initiative, hosted by WHO, aligns with global efforts to standardize quality and enhance interoperability between national, regional, and global emergency workforce capacities.

EMT classification advances WHO's Global Health Emergency Corps (GHEC) vision of a trained health emergency workforce centred in countries and coordinated regionally, as well as globally. GHEC provides a uniformly trained and globally connected emergency workforce corps that can effectively respond, as one cohesive unit, during a health emergency.

> "In our interconnected world, efforts to build national emergency workforce capacities simultaneously advance global health security. Initiatives like EMTs ensure that countries are ready to respond with their own national emergency workforce during an emergency, and that they can access trusted networks of emergency responders across borders, when required."
>
> **Dr Saia Ma'u Piukala**
> WHO Regional Director for the Western Pacific

The COVID-19 pandemic drove home the need for all countries to have health emergency response capacities, a highly trained national workforce and access to essential technology and equipment. Through the GHEC, collaborations between surge capacities – including EMTs, rapid response teams and other emergency response networks such as the Global Outbreak Alert and Response Network (GOARN) – help ensure that no country or district becomes overwhelmed by emerging health threats.

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WHO European Region Member States adopt two landmark health emergency action plans

74th session of the WHO Regional Committee for Europe. Credit: WHO/Andreas Beck

From 29 to 31 October 2024, the 74th session of the WHO Regional Committee for Europe took place in Copenhagen, Denmark, bringing together health ministers and high-level delegates from the 53 Member States of the WHO European Region, as well as representatives from partner organizations and civil society. A major milestone was achieved for the Region as Member States adopted two critical strategies aimed at enhancing health emergency preparedness and response across the region: the Preparedness 2.0 regional strategy and action plan and the Emergency Medical Teams (EMT) regional action plan.

Preparedness 2.0 is WHO/Europe's new regional strategy and action plan for health emergency preparedness, response and resilience for the next five years (2024–2029). This forward-thinking plan takes preparedness to the next level as it builds on lessons learned from recent crises to close gaps in health security and strengthen collective readiness for future threats.

> "Preparedness 2.0 is our chance to build a better future for the European Region, with collective resilience, solidarity and trust."
>
> **Dr Hans Henri P. Kluge**
> WHO Regional Director for Europe

Preparedness 2.0 was developed in close consultation with Member States and is tailored to their unique needs and contexts with the aim of supporting countries in the European Region to build national preparedness and response plans and systems that are fit for purpose. It provides an implementation support package, which ensures that WHO's assistance to Member States is readily available. It will also help to strengthen the Pan-European Network for Disease Control, launched in 2024, and create a more robust health emergency workforce. The strategy encourages Member States to adopt a whole-of-government approach, ensuring that all sectors – not just health – are involved in health security planning.

Immediately after adopting Preparedness 2.0, the Regional Committee took the first joint step in its operationalization by adopting the Emergency Medical Teams (EMT) regional action plan 2024–2030. EMTs provide life-saving care in the immediate aftermath of health emergencies, including natural disasters, outbreaks, and conflicts. The WHO European Region is home to one of the world's strongest EMT networks, comprising over 85 teams with more than 75 000 highly trained medical professionals. The EMT regional action plan 2024–2030 seeks to further regionalize the global EMT strategy, ensuring that national EMT capacities are fully integrated into health systems. This will build long-term resilience and prepare countries to respond quickly and effectively to emergencies.

The Regional European EMT Capabilities Hub (REECH) based in Türkiye will provide the training and expertise needed to strengthen EMT capacities across the Region while a Knowledge and Information Management Emergency Platform (KIMEP) will help to coordinate teams in the field, monitor progress, and ensure that EMT systems are sustainable and meet WHO standards of care.

> "With the adoption of Preparedness 2.0 and the EMT regional action plan 2024–2030, the Member States of the WHO European Region came together to build a more resilient future for the Region, ensuring that as crises continue to evolve, countries will not face health emergencies alone, but instead avail of networks of support and best practices shared among countries and health partners."
>
> **Gundo Weiler**
> Regional Emergency Director at WHO/Europe

Together, these two strategies underscore the ongoing commitment of the Member States of the WHO European Region to building resilience and bolstering health security for individual countries and the Region as a whole.

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Outbreak response simulation exercise in Accra bolsters West Africa's readiness for future epidemics

Set up of Infectious Disease Treatment Module (IDTM) and the Health Emergency Facility (HEF) modular solutions during the Filovirus simulation in Ghana. Credit: WFP

A high-stakes simulation aimed at strengthening outbreak preparedness and response in the African region concluded on November 15 2024, in Accra, Ghana. The intensive, hands-on exercise brought together 48 leading global health organizations, including WHO, World Food Programme (WFP), UNICEF, and Médecins Sans Frontières (MSF), to put cutting-edge emergency tools and collaborative strategies to the test. This week-long exercise brought together a diverse coalition of responders, united to prepare for infectious disease outbreaks in the African region.

The simulation focused on evaluating two breakthrough innovations: the Infectious Disease Treatment Module (IDTM) and the Health Emergency Facility (HEF). These modular solutions were developed respectively within INITIATE and HEF initiatives in close collaboration with WHO-Téchne and associated health communities, to provide rapid-response capabilities for treating infectious diseases. During the exercise, participants deployed and operated these facilities in mock outbreak scenarios, rigorously testing their integration, adaptability and resilience.

The results were promising: the IDTM and HEF proved versatile, scalable and efficient in handling patient care and containment challenges, underscoring their potential as game-changers in outbreak response. Participants worked through real-world scenarios, addressing patient flow, infection control, case management and logistics to ensure these modules are ready for deployment when future outbreaks strike.

One of the exercise's primary aims was to deepen interagency coordination. With organizations from the public and humanitarian sectors operating in close quarters, participants aligned emergency protocols, practiced rapid communication and ironed out collaborative strategies essential for swift outbreak containment. The exercise highlighted the critical role of unified action, showing how rapid response by a coordinated network of agencies can make all the difference in an unfolding health crisis.

The exercise also served as a proving ground for innovative outbreak response technologies. Responders from the African region gained practical experience with the latest diagnostic, containment and patient management tools designed to transform outbreak response. The field hospital setting provided a sense of urgency and realism that enhanced the experience. In a region particularly vulnerable to infectious disease outbreaks, the simulation provided a critical platform to practice in an environment that mirrors the region's unique challenges.

With every outbreak, the stakes are high. Exercises like these are crucial investments in global health security, particularly for areas where disease outbreaks have historically stretched resources to their limits. This simulation was a vivid reminder of the global health community's determination to stay ahead of emerging infectious threats in an increasingly interconnected world. By validating the IDTM and HEF's capabilities and strengthening interagency bonds, the exercise represents a tangible contribution to a more resilient response framework in the African region and, ultimately, around the world.

Looking ahead, the participating organizations plan to refine and enhance their strategies based on insights from the exercise. Each partner has reaffirmed its commitment to maintaining a strong, unified approach to health emergencies in the African region, with an eye toward a more agile, efficient response to the next outbreak.

For more information, click here.

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Strengthening Pandemic Preparedness and Resilience for Emerging Threats (PRET) in WHO's South-East Asia Region: insights from the inter-country simulation exercise

Launched in April 2023, the Preparedness and Resilience for Emerging Threats (PRET) initiative is an innovative approach to enhance preparedness and ensure a more equitable and robust response to pandemics. It incorporates the latest tools and approaches for shared learning and collective actions developed during the COVID-19 pandemic and other recent public health emergencies.

Participants in WHO's South-East Asia Region PRET inter-country simulation exercise. Credit: WHO Health Emergencies Programme, Regional Office for South-East Asia

Recognizing the importance of the PRET initiative in alignment with the Regional Strategic Roadmap for Health Security and Health System Resilience for Emergencies 2023-2027, the WHO Regional Office for South-East Asia launched a PRET regional road map. During a regional meeting in October 2023, Member States from the region recommended that WHO conduct a regional PRET simulation exercise in 2024, leveraging WHO's Health Emergency Preparedness, Response and Resilience (HEPR) framework.

From 17 to 18 October 2024, WHO's Health Emergency Programme (WHE) in the South-East Asia Region (SEAR) — along with WHO's PRET secretariat — conducted a multi-country simulation exercise in New Delhi, India. The exercise focused on planning for respiratory pathogen pandemics, leveraging global standardized simulation exercise tools to assist country participants to effectively prepare.

The exercise objectives were to strengthen regional capacity in pandemic planning, test and evaluate multilateral coordination and communication mechanisms, reinforce and clarify roles and responsibilities among stakeholders, and identify opportunities for improving cross-border preparedness and collaboration for respiratory pandemic preparedness and response.

WHO's "Exercise panPRET-2" simulation scenario was utilized, re-engaging a group of experts in respiratory pathogens and national pandemic planning from all Member States in SEAR along with Advisory Group members of the Pandemic Influenza Preparedness framework from the region, and development partners. Participants assumed various roles in a fictional scenario involving an outbreak of a novel respiratory virus that originated in one country and spread to three neighbouring

countries, eventually escalating to a global pandemic. The simulation evolved over five stages from the outbreak detection phase to post-outbreak recovery, prompting responses to evolving situations and future preparedness.

Participants identified key strengths and gaps in their current national influenza pandemic preparedness plans (NIPPPs), to adapt them into comprehensive respiratory pathogen pandemic plans capable of responding to future pandemics caused by novel respiratory pathogens. Countries outlined their next steps and the support needed from WHO and partners to conduct similar exercises at the national level before, during or after the finalization of their national respiratory pathogen pandemic plans using the PRET approach.

The PRET simulation underscored critical response elements and highlighted the commitment and ingenuity of SEAR Member States in assessing and strengthening their national and regional pandemic preparedness and response strategies.

"The inter-country regional simulation exercise was an integral part of the PRET roadmap in SEAR. The SIMEX emphasized the value that the regional office could offer to countries by clustering them based on geographical proximity to plan a coordinated response to future pandemics."

Dr Pushpa Ranjan Wijesinghe
Programme Area Manager, Infectious Hazard Management, WHO Health Emergencies Programme, Regional Office for South-East Asia

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WHO initiative aims to understand, build and protect trust for strengthened pandemic preparedness

Delegates shake hands at the Seventy-seventh World Health Assembly, May 2024. Credit: Pierre Albouy

The critical role of trust for pandemic preparedness and response was underscored globally by the COVID-19 pandemic and continues to be highlighted in current outbreaks and in the global response to strengthening preparedness. In the absence of trust from the people whose health they seek to protect, governments, institutions and policy makers at all levels will face constraints in responding to pandemics. Protecting and restoring this trust is therefore imperative to pandemic preparedness activities.

In May 2023, WHO launched an Initiative on Trust and Pandemic Preparedness which seeks to build a common understanding of trust in the context of pandemics and pandemic preparedness, with an emphasis on protecting trust during pandemics and building trust in low-trust settings. Trust is a complex area with many dimensions. The Initiative, which focuses on trust between communities and trust in pandemic preparedness by different communities, is currently implementing several activities.

A research group of three academic university partners was formed with multi-regional representation, to review existing literature regarding trust as related to pandemic preparedness. This represents a first step in identifying key avenues of research.

Concurrently, a "Call for Expression of Interest" was completed in September 2024 for researchers, community leaders, faith-based representatives, people with lived experience of health issues, policymakers, practitioners, partners from the "world of work", and representatives from WHO Member States with experience of working with trust and pandemic preparedness including at a country level. Working groups and the research group are being formed to co-develop a framework for defining trust in the context of pandemic preparedness which will be used to guide the delivery of practical tools to support and build trust at country and local levels, informed by multi-disciplinary research and lived experiences.

A bi-monthly online Trust Partners Engagement Forum (TPEF), launched in July 2024 and coordinated by WHO, convenes and builds a community of diverse partners for collaborative sharing and learning on relevant topics, research and projects related to trust and pandemic preparedness with a focus on practical tools and approaches. In September 2024, the forum discussed understanding and measuring trust, and International Federation of Red Cross and Red Crescent Societies (IFRC) presented their Community Trust Index. The Coalition of Immokalee Workers, a human rights organization representing farmworkers, in collaboration with Partners in Health and other partners will present their work building trust during COVID-19 pandemic at the next TPEF.

> "Restoring trust will be a long-term exercise and must begin now with the implementation of trust-building measures, including making governance more inclusive, engaging civil society, taking preparedness closer to the populations most in need, and investing in monitoring as the foundation of mutual accountability."
>
> Excerpt from 2023 Global Preparedness Monitoring Board (GPMB) Annual report

The Initiative aims to align with existing global pandemic preparedness frameworks, networks, and approaches, including: the global architecture for Health Emergency Preparedness, Response and Resilience (HEPR), the WHO Preparedness and Resilience for Emerging Threats (PRET) initiative and the WHO Faith Network for Pandemic Preparedness.

To inquire about joining the TPEF or for any queries or suggestions please contact hesss@who.int

World Health Organization

Shaping the future of healthcare: integrating gender-based violence (GBV) training into medical education in Romania

Delegates from Romania discussed the importance of integrating GBV module into the curriculum of the medical training programmes. Credit: WHO

One in four women in the WHO European Region experience intimate partner violence and/or sexual violence during their lifetime, and 26% of girls experience intimate partner violence by the age of 20. With the right training and competencies, the healthcare workforce can play a critical role in identifying and responding to gender-based violence (GBV).

On 27 September 2024, the WHO Country Office in Romania, in collaboration with the University of Medicine and Pharmacy "Iuliu Hațieganu" in Cluj-Napoca city, co-hosted a workshop advocating for the introduction of a GBV module into the pre-service medical curriculum. The event brought together national and international experts to discuss the need for standardized education and the crucial role medical professionals play in responding to GBV cases.

The workshop emphasized the need for continuous professional development to ensure that healthcare professionals of all ages are equipped with the necessary skills to provide comprehensive care and support to GBV survivors. Such training would enable medical professionals to offer support to GBV survivors among vulnerable Romanian and Ukrainian refugee populations, in a culturally sensitive manner.

Medical schools across Europe are starting to introduce GBV modules into their curricula. In Poland, students from universities that have implemented such programmes are already benefiting from a comprehensive curriculum related to GBV. The WHO Country Office in Romania invited representatives from Poland to share their experience with Romanian colleagues. The workshop called for similar educational initiatives in Romania to enhance the health sector's response to GBV.

The discussion explored opportunities to introduce a dedicated GBV training module in the medical curriculum with the aim to prepare future medical practitioners to address complex cases effectively. Participants also discussed how current practices can be adapted to the new legislative requirements at the national level, as well as to international good practice guidelines.

The event concluded with the commitment from the University of Medicine and Pharmacy "Iuliu Hațieganu" to introduce a GBV module in their resident training programmes during the summer semester of 2025. Thereafter the module will be incorporated into the pre-service curriculum for medical students in the 2025-2026 winter semester. This initiative aims to ensure that the next generation of medical providers is equipped to support GBV survivors from various vulnerable backgrounds, including refugees.

"Comprehensive training would ensure that healthcare professionals are well-equipped to collect not only biological evidence but also testimonial and circumstantial evidence that can support GBV cases in court. By equipping medical students and practitioners with the right skills and knowledge, Romania can ensure that its healthcare system becomes a supportive and effective resource for GBV survivors, helping them to regain their health and safety."

Dr Ligia Barbarii
"Mina Minovici" National Institute of Forensic Medicine in Bucharest, Romania

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Global Laboratory Leadership Programme (GLLP): a regional approach in 2024 to bolster national laboratory systems

Laboratories play a critical role in the prevention, detection, and control of diseases and are essential to global health security. The Global Laboratory Leadership Programme (GLLP) aims to foster and mentor current and emerging laboratory leaders to build, strengthen, and sustain national laboratory systems across the globe using a One Health approach. It is a joint initiative between WHO, the Food and Agriculture Organization of the United Nations (FAO), World Organisation for Animal Health (WOAH), European Centre for Disease Prevention and Control (ECDC), US Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL). GLLP started in 2019 and has been adopted by 30 countries.

In 2024, four regionally customized GLLP workshops were organized by WHO Regional Offices, supported by the Public Health Laboratories Unit of the WHO Health Emergencies Programme as Secretariat of this global initiative. The first workshop took place in Slovenia in June 2024 for the sub-region of the Balkans; the second was held in Oman in July 2024 for the Eastern Mediterranean Region; the third brought together participants from South-East Asia and Western Pacific Regions and was held in Philippines in August 2024; and the fourth was organized in Togo in October 2024 for four countries of the African Region.

Altogether, these workshops were attended by 115 participants from 35 Member States and three from UNMIK, representing the three One Health sectors as follows: human health (46% to 73%); animal health (12% to 19%) and environmental health (9% to 20%). In the Region of the Americas, a regional training of master trainers was held in Mexico in June 2024, which brought together 27 participants from 15 countries representing national institutions, ministries, universities and regional organizations of public health. This is the first step of a training of trainers (ToT) approach which aims to be cascaded to sub-regional ToTs.

The country teams in attendance at these regional events preliminarily defined the immediate next steps to start preparing and advocating for the implementation of GLLP in their respective countries. Crucially, these events fostered a strong collaborative One Health network among country teams, enabling the sharing of best practices and the development of action plans for GLLP implementation. This was enriched by the presence and engagement of regional partners, such as the Eastern Mediterranean Public Health Network, Gulf Center for Disease Prevention and Control, Asia Development Bank, Mérieux Foundation, West African Health Organization and Caribbean Public Health Agency.

Group work by country teams as they finalized country specific draft GLLP implementation plans, Bi-regional GLLP workshop in Manila. Credit: WHO/D. Rivada

"The understanding of the work of all sectors involved in One Health has expanded. There is more communication with colleagues from other organizations, they are involved in discussions and meetings related to the One Health approach."

GLLP workshop participant
response in feedback survey

Collectively, the GLLP regional strategy, implemented in all six WHO Regions in 2024, represented a global effort to onboard Member States and provide the necessary tools to advocate for the GLLP concept and its implementation to promote national laboratory leaders, and through them, national laboratory systems.

Group work by country teams as they finalized country specific draft GLLP implementation plans. Credit: WHO/D. Rivada

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WHO Global Logistics Hub's Monthly Update

WHO's Hub for Global Health Emergencies Logistics (the Hub) – based within the "Dubai Humanitarian" 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 Dubai Humanitarian, the Government of Dubai, and the Government of the United Arab Emirates, as well as dedicated transportation support provided by the European Civil Protection and Humanitarian Aid Operations (ECHO) to help WHO reach affected populations in the most complex emergencies with access challenges.

OPERATIONS IN 2024 (AS OF MID-NOVEMBER 2024)

US$ 41.8 MILLION (2356 METRIC TONNES) Value of Goods Received

US$ 10 MILLION* In-Kind Received

US$ 30 MILLION (2164 METRIC TONNES) Value of Goods Delivered

42 CHARTER FLIGHTS COMPLETED

503 REQUESTS FOR ASSISTANCE FULFILLED

80 REQUESTS UNDER PROCESS

70 COUNTRIES REACHED ACROSS ALL SIX WHO REGIONS

*from United Arab Emirates through the Dubai Humanitarian, Government of the UAE, and ECHO, to support transportation for ongoing emergency operations

In 2024, as more people around the world require humanitarian assistance, the demand for emergency health supplies is increasing. Fulfilling a record number of emergency requests and emergency air charters, the Hub's continued growth underscores the need to maintain critical capabilities to rapidly respond to acute health emergencies. The Hub supports over 140 countries and must remain agile to direct health supplies in response to ever-changing events around the world. While from 2020 to 2023 the greatest value of supplies were delivered to support the humanitarian response in Yemen, in 2024 the Hub shifted significant resources to address simultaneous humanitarian crises in occupied Palestinian territory (oPt), Sudan, and Lebanon (see Figure 1).
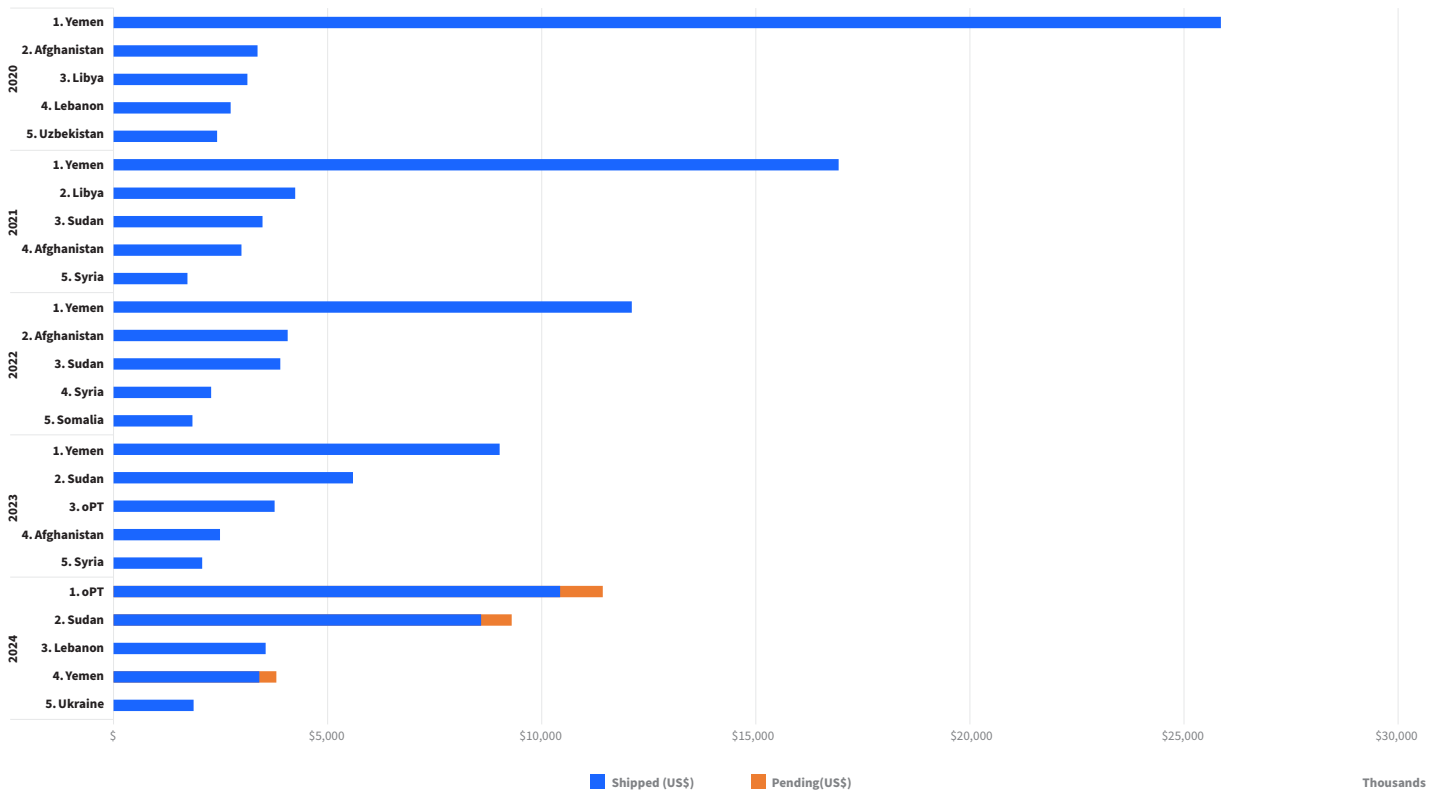

Figure 1: Top five country recipients of supplies from the Hub by value, 2020 - 2024.

WHO launches new and updated online learning resources for Marburg virus disease outbreak

When an outbreak of Marburg virus disease (MVD) was declared in Rwanda on 27 September 2024, two online courses were available on WHO's free OpenWHO.org learning platform to support the response: an introductory MVD course and a course focused on screening and treatment centre design. Two days after the declaration, a new course on infection prevention and control (IPC) measures in health-care settings for Ebola and Marburg disease outbreaks was launched, adding a new topic to the available learning resources. The introductory MVD course was also updated in October 2024 to reflect the latest knowledge about the disease.

This prioritization of just-in-time learning for outbreaks of epidemic-prone diseases like MVD is critical to supporting professionals with the information, knowledge and skills they need for emergency situations that impact public health. MVD is a severe, often fatal illness in humans that is clinically similar to Ebola virus disease. Early detection and identification of cases through functional screening activities, applying IPC standard precautions along with transmission-based precautions (which includes isolation measures), and providing supportive care and symptomatic treatment improves survival.

> "We must prioritize the protection of health and care workers who are on the front lines in the battle against high-threat pathogens like Marburg virus disease. These dedicated professionals are fighting to save lives, and they must be equipped with the skill set to safeguard their own health. By protecting themselves, they also ensure the safety of the patients and communities they serve. These courses are a critical step in developing the required skills."

Dr April Baller
IPC and Water, Sanitation and Hygiene (WASH) Team Lead, WHO Health Emergencies Programme

An analysis of participation in the three Marburg-related courses since the start of the outbreak found that students and health professionals represented the highest numbers of new enrolments in the introductory and IPC courses, while the treatment centre design course saw the most new participation from health professionals and health ministries.

Many new enrolments have come from Rwanda, suggesting that materials are reaching and being used by those who need them. Rwanda had the most new enrolments of any country for both the introductory (14%) and screening courses (42%), and the third most new enrolments in the new IPC course (6%), following populous India (10%) and Nigeria (8%).

Overall, in the three weeks following the outbreak declaration, the introductory course had nearly 400 new enrolments while the treatment centre design course added more than 100 enrolments. The new IPC course reached nearly 1800 enrolments during that period, attracting global interest in the new content. In total, as of 20 October, the introductory course has nearly 10 800 enrolments across six languages (English, French, Kirundi, Luo, Spanish, Swahili) and the treatment centre design course had nearly 3500 enrolments.

Access the courses here:

Introduction to Marburg Virus Disease:

1 hour, Confirmation of Participation available

Ebola and Marburg diseases screening and treatment center design:

2 hours, Certificate of Achievement available

Infection prevention and control measures in health-care settings for Ebola or Marburg disease outbreaks:

2 hours, Certificate of Achievement available

Daily enrolments in OpenWHO.org Marburg virus disease courses from 26 September – 20 October 2024
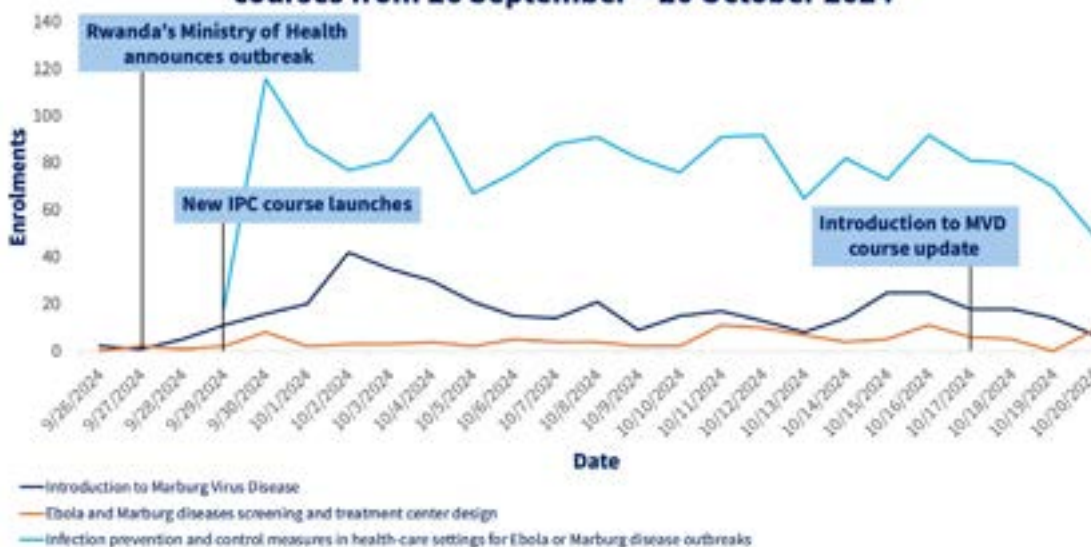
WHO's Health Emergency Appeal 2024
In 2024, 300 million people are facing humanitarian crisis with severe health impacts. In 2024, WHO is appealing for US$1.5 billion to fund cost-effective, high impact solutions that protect health, lives and livelihoods during a time of significant intersecting humanitarian emergencies. For more information, click here.

GOARN
For updated GOARN network activities, click here.

Emergency Medical Teams (EMT)
For updated EMT Network activities, click here.

OpenWHO
For all OpenWHO courses, click here.

Health Cluster
For information on health cluster activities, click here.

EPI-WIN
For updates on EPI-WIN: WHO Information Network for Epidemics, click here.

WHO Publications and Technical Guidance
For updated WHO publications and technical guidance, click here.

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 and Highlights

- Disease Outbreak News (DONs): Marburg virus disease – Rwanda (13 November 2024)
- Multi-country outbreak of mpox, External situation report (9 November 2024)
- Multi-country outbreak of cholera, External situation report - 20 November 2024
- IPC Famine Review Committee Alert Gaza Strip (8 November 2024)
- COP29 Special Report on Climate and Health: Health is the argument for climate action
- Vaccine doses allocated to 9 African countries hardest hit by mpox surge
- Twelfth meeting of the Intergovernmental Negotiating Body (INB) for a WHO instrument on pandemic prevention, preparedness and response (4-15 November)
- PAHO contributes essential medical supplies to hurricane Oscar response and recovery in Cuba (In Spanish)
- Sudan kicks off polio campaign to protect over 648 000 children in hard-to-reach areas in White Nile State
- Five regions in Ethiopia conducted-polio vaccination with nOPV2 vaccine to reach over 5.6 million children
- South Sudan mounts a nationwide polio vaccination campaign: a massive push towards stopping the ongoing outbreak
- Reinforcing mpox clinical care in Democratic Republic of the Congo

- WHO, Africa CDC support 17 countries to develop mpox vaccination plans
- Bolstering public awareness to help curb mpox spread in Uganda
- Rwanda begins countdown to declare Marburg outbreak over
- Seasonal influenza vaccination starts in pharmacies in Ukraine
- Ethiopia to host 2024 global EOC simulation exercise, strengthening public health emergency preparedness
- Strengthening Liberia's capacity to detect and manage epidemics through genomic sequencing and bioinformatics
- WHO's lifesaving and limb-saving hospitalization programme saves lives in Lebanon
- Rising waters, rising challenges-WHO's response to severe flooding in Bangladesh
- First local transmissions of clade Ib mpox in the WHO European Region confirmed in the United Kingdom
- Breaking the cycle: addressing recurring cholera outbreaks in Somalia
- WHO helps meet the health needs of internally displaced persons in Sudan through support to primary health care facilities
- WHO Investment Round: culminating moment at G20 Summit as leaders pledge
- 16 Days of Activism against Gender-Based Violence begins 25 November 2024

Science in 5 is WHO's longest running video and audio series. Originally created in late 2020 to explain the science related to COVID-19, it has since expanded to cover a much broader range of topics related to health.

Is pollution causing your COPD? (21 November 2024)

If you are experiencing breathlessness and fatigue and are exposed to polluted air you could have Chronic Obstructive Pulmonary Disease (COPD). Dr Sarah Rylance explains the symptoms, treatment and prevention of COPD. Find out if you are more susceptible to COPD in Science in 5.

How is climate change affecting your health? (10 November 2023)

Climate change is affecting your health every day. What are the future scenarios for health? How can you cope and protect your health? Dr Diarmid Campbell-Lendrum explains in Science in 5.