

WHO's Operational Update on Health Emergencies

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WHO team visit to Al Nasser Medical Complex in Khan Younis in the southern Gaza Strip to deliver emergency medical supplies, trauma kits and surgical supplies. Credit: WHO

Key figures on WHO's work in emergencies : 2023 in review



From 1 January to 31 December 2023, WHO responded to a total of 63 graded emergencies. This includes 19 graded emergencies at the highest level Grade 3, including both acute and protracted. Given their scale, complexity and inherent operational challenges, these Grade 3 emergencies required the highest level of Organization-wide support.



Thanks to the partnership with over 900 national and international partners, more than 107 million people across 29 countries and two regions were targeted for support by the health cluster through Humanitarian Response Plans (HRPs) in the reporting period. By year end the health cluster reached 68 million people (63.5% of the target).



In 2023, US\$ 78 513 472 were released by [WHO's Contingency Fund for Emergencies \(CFE\)](#) to 22 health emergencies, spanning 30 countries and territories. The largest allocations were for the Türkiye/Syria earthquakes, the conflict in the occupied Palestinian territory, the Ethiopia complex emergency, the global cholera (multi-country) crisis, and the Sudan conflict (as of 19 December 2023). For more details about CFE contributions and allocations in 2023, see [here](#).



In 2023, WHO provided detection, verification, risk assessment, situation analysis and information services for all important public health events, in line with its obligations under the International Health Regulations (IHR 2005). WHO posted 87 event updates on the secure Event Information Site for National IHR Focal Points, relating to 47 country-specific public health events; and a further 44 announcements relating to additional health measures in response to multi-country events. WHO published 35 weekly and four monthly COVID-19 epidemiological updates, 19 mpox situation reports, nine situation reports on multi-country outbreak of cholera, and over 20 Public Health Situation Analyses.

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 \(DONs\)](#) and the [Weekly Epidemiological Record](#).

WHO appeals for US\$ 1.5 billion to protect the health of the most vulnerable in 41 emergencies globally in 2024



As a result of the intersecting threats of conflict, climate-related threats and increasing economic hardship, almost 300 million people will need humanitarian assistance and protection in 2024, of which an estimated 166 million people will require health assistance. WHO stands committed to ensuring the fundamental right to health for all, which is increasingly threatened. Every humanitarian crisis is also a health crisis.

WHO's new [Health Emergency Appeal 2024](#) outlines the urgent need for

**US\$1.5 BILLION FUNDING
THIS YEAR,**

to protect the health of the most vulnerable populations facing emergencies worldwide.

Launched in January 2024, the appeal reflects the growing health delivery needs globally and across all six WHO regions and is based on robust and rigorous planning with a focus on funding for greatest impact.

In 2023 WHO responded to no less than 65 graded emergencies, targeting more than 102 million people across 29 countries, alongside health cluster partners. Through this year's appeal, WHO will continue to provide critical support to 41 ongoing health crises around the world, including 15 Grade 3 emergencies which require the highest level of support. WHO's technical expertise in health emergencies is multi-faceted: ensuring emergency preparedness, rapidly detecting threats and assessing risks, acting as a first responder, coordinating rapid response as health cluster lead, deploying workforce capacity, delivering specialist supplies, providing global leadership and advocacy, and supporting recovery.

The case for investment in this appeal is strong: [for every US\\$1 invested in WHO, at least US\\$35 is delivered as a return on investment](#). This is due to WHO's position as a long-term partner

to crisis-affected countries and unique capacity to coordinate an interoperable response across countries, combined with a commitment to investing in local solutions and prioritizing high impact interventions.

“On the ground in more than 150 countries, working with 900 international, regional and local health cluster partners to deliver vital health assistance, WHO offers the unique expertise and capacity to save lives. And they have more than shown their ability to do so.”

Martin Griffiths

Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (Remarks at the Launch of WHO's Health Emergency Appeal 2024)

Observed global declines in humanitarian funding in 2023 are a cause for concern, and the cost of inaction due to health sector underfunding is one the world cannot afford. When communities and humanitarian partners cannot respond, more lives are put at risk and more communities suffer from the long-term consequences of a lack of access to health. This is particularly true for women, children, older people and people with pre-existing medical conditions who are disproportionately affected by humanitarian emergencies.

The 2024 Emergency Health Appeal is plea for support to save lives, meet critical health needs for the most vulnerable, and help communities emerge from humanitarian events with a greater ability to tackle future health threats. WHO stands 'ever present, ever ready', but depends on the generous contributions of donors and partners to fulfill its critical humanitarian mandate.

For more information, including breakdown of funding requirements by emergency response, click [here](#).

Palestinians in the Gazan strip face devastating levels of food insecurity and high risk of infectious disease outbreaks

Since 7 October 2023, the escalating crisis in the occupied Palestinian territory (oPt) has caused large numbers of civilian deaths and injuries. In the Gaza Strip, airstrikes and a lack of medical supplies, food, water and fuel have virtually depleted an already under-resourced population and vulnerable health system. WHO is working with partners to address the most urgent health needs in the ongoing crisis affected areas in oPt and has issued an appeal for US\$ 204 million to support the most vulnerable population in needs in 2024. For more information click [here](#) and [here](#).



People displaced from their homes waiting for food at Al-Shaboura Camp, in the centre of Rafa, Gaza on 17–18 December 2023. Credit: WHO

Situation report in the Gaza Strip as of 23 February 2024



28 985 FATALITIES
of which 70% are said to be women and children



68 883 INJURIES



1.7 MILLION
(75% of the population) displaced



378 ATTACKS
on health affecting 98 health facilities

Five months since the start of the conflict, the health situation in the Gaza Strip is catastrophic, affecting the majority of the population of which 75% have been displaced. The death toll, particularly on women and children, is unfathomable in such a short time. The humanitarian situation was dire before the current escalation of hostilities, and continues to deteriorate exponentially. Adding to the myriad health concerns faced by Palestinians in the Gaza Strip - including discontinuation of essential health services, immeasurable mental health concerns, and vast trauma and injury needs - the population is now facing growing morbidity and mortality from the intersecting risks of malnutrition and infectious diseases.

According to the [latest Integrated Food Security and Nutrition Phase Classification \(IPC\) report](#), between 8 December 2023 and 7 February 2024 the entire population in the Gaza Strip is classified to be in IPC Phase 3 or above (Crisis or worse). This is the highest proportion of people facing high levels of acute food insecurity that the IPC initiative has ever classified, anywhere.

At least a quarter of the population is classified to be in IPC Phase 5 (Catastrophe). If hostilities and restricted humanitarian access to food, basic services, and lifesaving assistance persist or worsen, there is a risk of famine. With the situation rapidly deteriorating, famine thresholds for acute malnutrition may be breached within the next six months.

The increased nutritional vulnerability of children, pregnant and breastfeeding women and the elderly is particularly concerning. Based on nutrition screening conducted in January 2024, the recent [Nutrition Vulnerability and Situation Analysis-Gaza report](#) shows a rapid deterioration of the nutrition situation particularly in the Northern Gaza Strip, with global acute malnutrition (GAM) rates over 15% among children aged 6–23 months. Of these, almost 3% suffer from severe wasting, the most life-threatening form of malnutrition which puts young children at highest risk of medical complications and death unless they receive urgent treatment.

Continued on next page ...

These concerns are exacerbated by extreme concentration of people in inadequate shelters or areas without basic services or access to safe water. Hunger weakens the body's immune system and opens the door to many illnesses, and conditions are ripe for a continued rise in infectious disease outbreaks. Findings from the Nutrition Vulnerability and Situation Analysis - Gaza report indicate that 81% of households lack safe and clean water. Overall, 90% of children under 5 are affected by one or more infectious disease, while 70% had diarrhoea in the past two weeks representing a 23-fold increase compared with the 2022 baseline.

The incidence of diarrhoeal diseases is expected to rise unless water and sanitation facilities are provided with electricity or fuel to resume their operations. Malnutrition increases the risk of children dying from illnesses like diarrhoea, pneumonia and measles, especially in a setting where they lack access to life-saving provisions, safe drinking water and health services. WHO is working on strengthening disease surveillance through the Early Warning Alert and Response function, including laboratory capacity.

The conflict has also damaged or destroyed essential infrastructure and services, severely limiting capacity to treat malnutrition and infectious disease outbreaks. A total of 378

attacks on healthcare have been reported in the Gaza Strip since the start of the conflict. Only 11 out of 36 hospitals with inpatient capacity are now partially functional, while more than 80% of primary health centres are not functional. WHO's response is significantly hindered due to denials of missions and insufficient humanitarian access and corridors, both inside the strip and from outside.

WHO and partners have been supporting Gaza's health system with deliveries of medical equipment and supplies, medicines and fuel. As of 22 February 2024, WHO has procured US\$ 14.6 million in health commodities (756 metric tonnes) of which 66% has already been delivered to the Gaza Strip. These include medical supplies to support treatment for up to 1250 children with severe acute malnutrition (SAM) and the establishment of therapeutic feeding centres, where the most severe cases are treated as inpatients. Beyond provision of supplies, WHO has trained and supported partners to improve treatment access for this life-threatening condition. WHO is further scaling-up screening of children and pregnant and breastfeeding women for acute malnutrition, for rapid detection and timely case referral. As a global partner for the IPC and a member of the Nutrition Cluster, WHO will continue to contribute data and technical expertise to the analysis of the situation in the Gaza Strip.

“Hunger and disease are a deadly combination. Hungry, weakened and deeply traumatised children are more likely to get sick, and children who are sick, especially with diarrhoea, cannot absorb nutrients well. It's dangerous, and tragic, and happening before our eyes.”

Dr Mike Ryan

Executive Director of WHO's Health Emergencies Programme



Internally displaced Palestinian woman prepares food in temporary shelter in Rafah, Gaza strip (12 February 2024). Credit: WHO

Reaching earthquake-affected people with essential health services in Herat, Afghanistan



Patients wait at the Ab Jalil health centre to see a doctor. Credit: WHO/Zakarya Safari

On a cold winter morning, a young woman named Shokria visited a newly established WHO-supported health centre close to her home in Herat province, western Afghanistan. On arrival, she waited with a dozen other women from the area to see a doctor. Her name was called after a short wait.

From 7 to 15 October 2023, a series of earthquakes and aftershocks struck Afghanistan's Herat province, affecting more than 275 000 people across eight districts. Overall, 1482 deaths and 2100 injuries were reported. More than 10 000 homes were destroyed and 40 health facilities were damaged.

Shokria's village in Injil district was directly affected. Like so many others in the Ab Jalil area of Injil, Shokria had been suffering from what seemed to be a seasonal cold due to the increasingly cold weather. "Since our houses are damaged, we are living in tents or temporary shelters" Shokria said. "With unusual winds, it can get very cold in my place."

People in earthquake-affected areas need food and permanent shelter and are also in dire need of health services. In the aftermath of the earthquakes, with funding from the Afghanistan Humanitarian Fund and Bill and Melinda Gates Foundation, WHO established 12 health centres across six districts in Herat to provide critical health services to earthquake-affected communities.

"I would have been forced to deal with my health issues by myself at home" said Shokria. "The new health centre is a very big hope for all of us." Community elders in Ab Jalil are also content with the services delivered by the WHO-supported health facility. "The doctors are professional. The quality of services is very good. The medicine is useful" said Ghulam Hussain, a local village leader. "All services, including medicine here, are free of cost" he continued. "Many of us are not able to pay for the treatment of our health problems."

Shokria said that before WHO set up the health centre in her village, members of the community would need to travel long distances to visit a doctor. "The hospital was far away. We didn't have the means to get there on time. A new clinic is now functional in our village. We are very happy that this health facility is nearby. I can even go there by myself. The clinic has both male and female staff. They are very nice to us. We feel very comfortable to share our problems with them" she said.

The 12 new health centres provide essential medical consultation, nutrition, midwifery and vaccination services, as well as psychosocial support, and health education. This support is currently funded until June 2024, to ensure availability of services throughout the recovery efforts.

"The health centres have professional health staff and are supplied with adequate equipment and medicines. They are receiving male, female and child patients every day from morning till dawn. With support from WHO, we have been delivering essential health services in all earthquake-affected areas during the first 100 days of the earthquakes. These new health centres will continue to deliver health services in the earthquake-affected areas for 3 months now but the needs are more. I hope we can continue to support them for the longer term."

Dr Faridoon Sultani

Regional Manager at the Organization for Community Coordination and Development (OCCD), WHO's partner in Herat province

New study finds COVID-19 vaccinations have saved more than 1.4 million lives in the WHO European Region



Influenza and COVID-19 vaccination in Portugal. Credit: WHO/ Khaled Mostafa

Since their introduction in December 2020, COVID-19 vaccines have reduced deaths due to the pandemic by at least 57%, saving more than 1.4 million lives in the WHO European Region. Most of those saved were aged 60 or older, the group at highest risk of severe illness and death from the SARS-CoV-2 virus. The first vaccine booster alone saved 700 000 lives.

These are among the findings of a [new study published](#) by WHO Regional Office for Europe which reveals that the known COVID-19 death toll in the Region, currently at 2.5 million, might be as high as 4 million without the vaccines. Since the COVID-19 pandemic began, the Region's 53 Member States across Europe and central Asia have collectively seen more than 277 million confirmed cases and over 2.5 million recorded deaths.

Study findings show a 57% reduction in mortality among those aged 70–79 and a 54% decrease in deaths among those aged 60–69. Mortality was 52% lower in the 50–59 age group. The over-80 age group benefited the most from vaccination, with a 62% reduction in mortality.

Among those aged 25–49, receiving a second vaccine dose resulted in a 48% reduction in mortality, although the uptake of vaccines for the second and third boosters was just 5% in this group. In other words, even in this younger age group, without vaccination the number of deaths would have been almost double.

The study reveals that COVID-19 vaccination saved most lives during the period when the Omicron variant was dominant,

from December 2021 to April 2023. In terms of impact on mortality in the Region as a whole, Israel saw the biggest benefits for all age groups with a 75% reduction, followed by Malta and Iceland with a 72% and 71% reduction, respectively. Broken down by age group, those aged 80 and older once again saw the most significant benefits from COVID-19 vaccination, with a reduction in mortality of 70% in Malta and 71% in the United Kingdom.

Countries that implemented early vaccination programmes covering large parts of the population – such as Belgium, Denmark, Iceland, Ireland, Israel, Malta, Netherlands and the United Kingdom – saw the greatest benefit in terms of the number of lives saved overall through vaccination.

WHO Regional Office for Europe's report underlines the position of the European Technical Advisory Group of Experts on Immunization (ETAGE), which has consistently advised Member States to ensure that all eligible people are up to date with their COVID-19 vaccinations in line with national COVID-19 vaccination policies. Read more [here](#).

“We have constantly stressed the importance of the COVID-19 vaccines, particularly for older people and the most vulnerable. This study documents the result of countries implementing that advice. The evidence is irrefutable”

Dr Hans Henri P. Kluge
WHO Regional Director for Europe

WHO completes largest Mass Drug Administration (MDA) campaign for scabies treatment and prevention, reaching one million Rohingya refugees

In response to a persistent scabies upsurge among the Rohingya refugees in Bangladesh, WHO in partnership with Government counterparts and Health Sector partners carried out a large-scale Mass Drug Administration (MDA) campaign from November 2023 to February 2024. Targeting nearly one million individuals residing in 33 camps in Cox's Bazar and Bhasan Char Island, this initiative was the world's most extensive MDA campaign for scabies treatment and prevention yet.

MDA is a crucial public health intervention which provides medicines to large populations for disease prevention or control. This campaign was initiated following a WHO-led prevalence survey in May 2023 which identified a scabies prevalence rate of 39%, far surpassing the crucial 10% WHO threshold necessitating MDA. Persistent transmission in some areas combined with increased health facility caseloads supported the need for a sustained community-level strategy.

With an aim to provide therapeutics to over 992 500 Rohingya refugees, 5.2 million Ivermectin tablets and 185 000 tubes of Permethrin 5% cream were required. MAP International facilitated a significant pharmaceutical donation of 3.5 million Ivermectin tablets, 120 000 Ivermectin tablets were received from IOM, and a further 2 million Ivermectin tablets and the required Permethrin 5% cream tubes were procured through WHO's global and local channels. A total of 68 sites were selected within the camps for drug storage and distribution ahead of the campaign.

WHO provided extensive training to healthcare workers to oversee the MDA campaign which was rolled out using a Directly Observed Treatment (DOT) strategy utilizing existing network of more than 1700 community health workers (CHWs) including 130 CHW supervisors.

The initiative faced funding shortages, resource constraints among health sector partners in Cox's Bazar and delays in drug procurement and logistics due to limited global drug availability and complex procurement processes. Nevertheless, the commitment to enhance the health and well-being of the affected population remained steadfast. In spite of challenges, the campaign was successfully completed within the planned time frame and achieved a coverage of 104.1%.

Addressing the complexities of such a large-scale public health emergency represents a major achievement by WHO and its partners. Moving forward, WHO will conduct a post-MDA assessment in March 2024 to gauge the impact of the MDA campaign on the prevalence of scabies within the community and inform further actions as necessary.

“MDA is a proven strategy recommended by WHO to break community-wide transmission of Preventive Chemotherapy Neglected Tropical Diseases, including scabies, when scaled up with highest coverage targets. Scabies remain endemic in the camps, and the MDA efforts will not end transmission but will aim to bring it down to a manageable level for existing healthcare systems without straining available resources. A reduction in the scabies burden is expected, which will considerably improve the refugees' quality of life.”

Dr David Otieno

Epidemiology team lead, WHO Cox's Bazar



An elderly man receives the first dose of Ivermectin tablets in Rohingya Camps, Bangladesh, December 2023. Credit: WHO/Terence Ngwabe Che



WHO MDA team inspects tools and confirms the safe arrival and storage of drugs before MDA in Rohingya Camps, Bangladesh, November 2023. Credit: WHO/Terence Ngwabe Che

Enhancing WHO's response to crisis in Northern Ethiopia and Haiti through the deployment of Standby Partners

In any health emergency, time is of the essence. [WHO holds Standby Partnership Agreements with nine external partners](#) who maintain rosters of pre-screened and trained candidates able to rapidly deploy to support WHO and the Health Cluster with its emergency work. The Standby Partner covers the core costs of a deployment and manages most administrative requirements. In 2023, Standby Partners have deployed 43 experts in response to 13 graded emergencies. Their commitment and vast expertise underscore the vital importance of these partnerships for WHO and the Health Cluster's work across the world in ensuring essential support is delivered when and where it is needed the most. The below article focuses on seven ongoing deployments.



Omer Okpro, NORCAP Standby partner expert deployed as WASH Specialist, conducting a mentorship visit to a Cholera treatment center (CTC) in Haiti. Credit: WHO/Omer Okpro

Haiti: navigating a complex humanitarian crisis

[Haiti](#) is facing a multifaceted humanitarian crisis marked by political instability, violence, malnutrition, cholera and human rights violations, which is impacting over 5 million people. In September 2023, four Standby Partner' experts from [NORCAP](#) were deployed for a six-month assignment to support the WHO Country Office with information management, nutrition, Water, Sanitation, and Hygiene (WASH), and the prevention and response to sexual exploitation, abuse and harassment (PSEAH).

The deployees' expertise is bolstering WHO/PAHO's response in Haiti in several ways. The PSEAH specialist is supporting efforts to ensure the safety and well-being of vulnerable populations during the crisis. The information management officer works closely with the Health Cluster coordinator in organizing and managing critical health data to aid in efficient response planning. The nutrition specialist is reinforcing WHO/PAHO's assistance to the Ministry of Health in addressing malnutrition and ensuring proper nutrition for those affected by the current crisis. Finally, the WASH specialist is bringing much-needed experience to this key pillar of the Ministry's cholera response.

NORCAP's deployment is funded by the Norwegian Government.

Northern Ethiopia: addressing cholera and beyond

Since late 2020, Northern Ethiopia has been facing a dire humanitarian crisis resulting from conflict which has killed, injured and displaced millions of people. Food insecurity and disease outbreaks including malaria and measles are rising. A cholera outbreak was declared in early August 2023, further stretching the country and the WHO Country Office's capacities. In October 2023, three Standby Partners' experts from [CANADEM](#) were deployed for 6-months to support WHO's efforts on the



Rebecca Apolot, CANADEM Standby partner expert deployed as IPC/WASH Specialist, training Health Workers on IPC during Cholera outbreaks in Amhara Region, Ethiopia. Credit: WHO/Rebecca Apolot

ground in the Amhara region. Their expertise in infection prevention and control (IPC), risk communications and community engagement (RCCE), water, sanitation and hygiene (WASH) and surveillance have been critical to the development and execution of the Strategic Operational Plan.

In the past months, the deployed team developed an IPC/WASH monitoring checklist for use within Cholera Treatment Centers and Units (CTCs/CTUs), effectively diminishing the transmission of infections. The RCCE unit tailored essential Information, Education, and Communication (IEC) tools on cholera and malaria — including posters, factsheets, and radio messaging — to ensure community access to critical information. Deployees' expertise in epidemiological data analysis informed decision-making and optimized the cholera outbreak response across affected zones and districts. They also supported to the Oral Cholera Vaccine (OCV) campaign which resulted in vaccination of 34 100 people eligible for immunization.

Capacity building is always a vital contribution of standby partners, and the expert team in Ethiopia have revised essential training resources for tackling cholera and malaria and trained 246 healthcare professionals in IPC/WASH practices and 222 surveillance officers on cholera epidemiology, preparedness, prevention and response strategies and oral cholera vaccination. A further 372 RCCE officers were coached to enhance their effectiveness. The deployed experts have additionally facilitated supportive supervisions and mentorship endeavors at hospitals and CTCs/CTUs, aiming to build the capacity of national colleagues and have provided continuous mentorship to personnel from the Amhara Regional Health Bureau (RHB) and the Amhara Public Health Institute (APHI).

These deployments were funded by the United Kingdom's Foreign, Commonwealth and Development Office (FCDO).

WHO supports the Democratic Republic of the Congo with mpox (monkeypox) outbreak assessment and response

A public health emergency of international concern (PHEIC) was declared by WHO in 2022-2023 due to the rapid spread to 117 countries of an outbreak of mpox linked to clade IIb of the monkeypox virus (MPXV) with more than 93 000 cases reported. While the PHEIC was lifted in May 2023, mpox remains a neglected disease requiring concerted action to curb its progression.



Meeting with the PNLS Team (Programme National de Lutte contre le VIH et IST) in Kwango Province, DRC. Credit WHO/Jack Maliro Katson

Over several years, the Democratic Republic of the Congo has been experiencing a surge in cases of mpox caused by the more virulent clade I MPXV. Across 23 of 26 provinces, the outbreak in 2023 exceeded the number of cases reported in previous years in both endemic and non-endemic regions, particularly affecting younger children and adolescents. Mirroring trends in the global clade IIb outbreak, sexual transmission was also reported for the first time in DRC in 2023, including new outbreaks among sex workers, adding a layer of risk and complexity.

Against this backdrop, the national Ministry of Public Health, Hygiene, and Prevention (MSPHP) requested the support of WHO to conduct a joint evaluation to describe the epidemiological landscape, assess risks, and propose public health response strategies for the outbreak. This joint evaluation - with support from WHO headquarters, regional and country offices - took place from 28 November to 12 December 2023.

Based on this evaluation, the public health risk from mpox in the Democratic Republic of the Congo has been assessed as high. Factors contributing to this assessment include rising incidence, a high case fatality ratio from MPXV clade I of 4.6% nationally and over 8% in some highly affected areas, geographical expansion to new areas, gaps in response capacity particularly surveillance, limited understanding of the contribution of various modes of transmission, inadequate resources for clinical care and infection prevention and control, and insufficient access to diagnostic testing, vaccines and therapeutics. Furthermore, sexual transmission has implications on the need to reach key populations not previously known to be at risk for mpox in this setting, especially those at risk of HIV and sexually transmitted infections.

Given the complex dynamics of the outbreak, the response demands a multifaceted approach. Updating the national response plan, enhancing surveillance and laboratory capacity, increasing access to diagnostics and optimal clinical care, and reinforcing risk communication and community engagement (RCCE) are crucial. These require updating training and communication materials and clinical guidance to address sexual transmission and integrating mpox with HIV/STI prevention and care. Advancing on vaccine regulatory approval and immunization strategies in country are also vital to improve access to life-saving vaccines.

The importance of a coordinated response is underscored in the assessment report's main recommendation to strengthen coordination among government stakeholders and partners, under the leadership of the National Monkeypox and Viral Hemorrhagic Fevers Control Programme (PNLMPX-FHV). Collaboration with the National HIV/AIDS Control Programme and the Expanded Programme on Immunization is essential to ensure integration of critical action with existing health care and advance priority research. Another key recommendation is to define a multidisciplinary research programme with a One Health approach to explore zoonotic reservoirs, better understand transmission dynamics, risk factors and clinical characteristics to assess vaccine effectiveness in this setting.

Further to the joint evaluation, the MSPHP convened a high-level meeting on 11 February 2024 to discuss strategies to strengthen the response to mpox in the Democratic Republic of the Congo. Looking ahead, WHO will support the MSPHP in leading a workshop to update the national mpox preparedness and response plan (27 to 29 February 2024).

The evaluation report can be requested from mpox@who.int.

WHO addresses most urgent health needs for earthquake-affected populations in Karnali Province, Nepal

On 3 November 2023 an earthquake with a Richter scale magnitude of 6.4 struck Jajarkot, Rukum West and seven other districts in Karnali Province, two districts in Lumbini province, and two districts in Sudurpaschim province, Nepal. This event was followed by over 300 aftershocks. A total of 154 people died and 934 people were injured in this disaster. In the two severely affected districts of Jajarkot and Rukum West, 58 792 houses were damaged. An estimated 275 445 people were displaced following damage to their homes. Of the approximately 1.3 million people, affected 0.25 million were identified as in need of support. A total of 76 health facilities were damaged, with 13 rendered non-functional.



WHO Surveillance Medical Officers support government's disease surveillance and case investigation activities in Rukum West district, Karnali Province, Nepal. Credit: WHO Nepal/B.Rai

Inadequate living conditions following the earthquake have increased vulnerabilities of the affected population to health risks, particularly among children, pregnant women, older people and those with comorbidities. People sheltering in temporary tents near their homes are exposed to extreme cold weather while people in the formal resettlement areas face overcrowding and difficulties in safely accessing water and sanitation.

The situation is complicated further by the mountainous terrains in affected districts, with many remote populations not easily accessible even prior to the earthquake. In areas where health facilities were damaged, there has been disruption in health care services resulting in reduced access to testing and treatment for communicable and non-communicable diseases, to safe blood for emergencies and transfusions, to safe surgery and obstetric interventions, to reproductive health interventions and to mental health and psychological support.

WHO, in collaboration with provincial and federal government counterparts and partners, aims to address these multiple health risks. Co-leading the health cluster, WHO has led regular meetings at federal and provincial levels since the outset of the response, and developed the Health Cluster Joint Recovery Plan for a coordinated response. A temporary office was established in Karnali province to accommodate WHO surge teams who, together with WHO's provincial team, provided technical, operational, and information management support.

Given the high risks from infectious disease, surveillance and

vaccination activities were prioritised. WHO, in collaboration with the Epidemiology and Disease Control Division (EDCD) and Karnali Provincial health service directorate, supported the establishment of a syndromic surveillance system in the two severely affected districts, utilising the efforts of 10 municipalities' health coordinators and 325 female community health volunteers (FCHVs).

The public health intelligence at the provincial level follows a collaborative surveillance approach, collecting information from multiple sources including WHO's Early Warning, Alert and Response System (EWARS), syndromic surveillance, open media sources via WHO's Epidemic Intelligence Using Open Sources (EIOS), and community calls to the public health emergency operations centre (PHEOC) call centre.

WHO teams routinely track vaccine preventable disease (VPD) reports from reporting units, including follow up of fever and rash cases with laboratory testing. WHO provided technical and operational support to the vaccination efforts of the Ministry of Health and Population (MoHP) for measles-rubella (MR) and typhoid conjugate vaccine (TCV) vaccination campaigns in seven earthquake affected districts. In the campaign held between December 2023 to January 2024, 118 831 children were vaccinated with the MR vaccine achieving 102% administrative coverage, whereas 520 900 persons were vaccinated with the TCV achieving 75% coverage (as per preliminary reporting). WHO continues to support routine immunization, ensuring regular supply of vaccines, maintenance of cold chain, and microplanning.

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To bridge the gap of affected health facilities and increase access to services, WHO facilitated the establishment of temporary healthcare facilities in earthquake-affected areas by procuring and establishing Medical Camp Kits (MCKs) and providing Interagency emergency health kit (IEHK) modules to the provincial health directorate. WHO further collaborated with the provincial government to distribute Rapid Diagnostic Kits (RDTs) for Scrub Typhus (1500) and Dengue (1500) for swift identification and diagnosis in hospitals, in addition to two complete sets of the Central Referral Module, Cholera Kits.

To strengthen clinical management, with WHO's technical and financial support, 30 health care workers representing 20 health facilities across the 10 districts of Karnali province were oriented on clinical readiness and management of priority communicable diseases, injury rehabilitation, and Infection Prevention and Control (IPC) measures in the aftermath of the earthquake.

WHO has provided tailored and innovative support to overcome contextual challenges, for example with the establishment of a hybrid photovoltaic solar system to address frequent power disruptions in the remote earthquake affected areas, to ensure uninterrupted power supply for baby warmers and postnatal

care during winter. Following an assessment by a disability specialist, efforts are now underway to establish three temporary secondary-level rehabilitation centers which will be integrated with existing health facilities. WHO deployed a mental health specialist for clinical supervision and management of specialized case, bolstering the three psychosocial counselors deployed by partner organizations for mental health care.

In recent weeks, WHO initiated a health facility assessment using WHO's Health Resources and Services Availability Monitoring System (HeRAMS), targeting the 76 health facilities affected by the earthquake. Forty-one health facilities have already been assessed and the remaining facilities will be assessed in the coming weeks.

A joint MoHP and WHO review of the earthquake response was conducted in February 2024 to identify and document the best practices and challenges, upon which a plan outlining the next steps for improving preparedness and response capacities at the provincial and federal level will be based.

“From the first day of the earthquake, WHO has been on the ground, supporting the government to coordinate the health sector response, initiate disease surveillance activities, provide essential health supplies, and support restoration of basic health services including psychosocial counselling for the affected population. WHO will continue to provide the necessary support to the government as it implements the recovery plan to build back better.”

Dr. Rajesh Sambhajirao Pandav

WHO Representative to Nepal



Nurse drawing a blood sample for a suspected measles case in Jajarkot (1 December 2023). Credit: WHO

WHO hosts major Member States consultation on developing a model for the medical (care) planning of mass gatherings



Group photograph of workshop participants. Credit: WHO

Mass gatherings (MGs), such as the Olympic Games and the Hajj, are events attended by significant numbers of people. Without appropriate levels of medical planning, these events have the potential to seriously disrupt the health system of a host country in an emergency.

The current challenge is that no standards for medical planning exist for such events. With MGs increasing in frequency and scale globally, there is a growing and urgent need to address this gap and to ensure that all host countries benefit from a standardized and adaptable model for MG preparedness, readiness and response.

In its ongoing role in providing technical support to Member States hosting MGs, WHO proposed using the Emergency Medical Teams' (EMT) methodology of core standards, principles, coordination and quality domains as a possible effective solution for developing a MGs medical planning model. This was discussed during a workshop in Doha in June 2022, with reference to the 2022 FIFA World Cup in Qatar as a starting point.

Against this backdrop, a major Member States consultation was held in Lyon, France in November 2023, to explore the development of a model for the medical (care) planning of MGs based on an adapted version of the EMT methodology. Organized by the WHO EMT and other Rapid Response Capacities Unit and the WHO Border Health and Mass Gatherings (BHMGM) Unit, the two-day workshop was attended by over 30 senior experts representing all six WHO regions, international organizations such as the Fédération Internationale de Football Association (FIFA), the International Criminal Police Organization (Interpol) and the International Olympic Committee (IOC), as well as WHO collaborating centres on MGs.

Attendees shared their experience about different approaches to the medical planning of MGs. Common challenges such as stakeholders communication, coordination and visibility were raised, and priority areas to be addressed such as risk assessment, training and capacity building were identified. A survey conducted during the workshop revealed consensus on the need to feature clinical and operational capacity and capability, coordination and activation plans, and human resources and team management as critical elements in a model.

The workshop concluded with widespread support for a standardized, adaptable and scalable model that is effective in various contexts, with the EMT methodology serving as its framework. Moving forward, the WHO EMT and other Rapid Response Capacities Unit and the WHO BHMGM Unit will form a technical working group to develop a draft model. This will be followed by additional consultation and piloting with regional and Member State involvement in order to better address the countries' needs.

“We have objectives. We have what countries have done and already do. And from that we can identify the missing tools in a toolbox that are needed. And the EMT initiative is clearly a good toolbox.”

Professor Pierre Carli

Chairman of the Hospital Emergency National Council in France

For more information on MGs and EMT, click [here](#) and [here](#). You can also contact WHOMassgatherings@who.int.

INITIATE²'s first project to develop a prototype for an infectious disease treatment centre: from blueprint to reality

With the rising threat of infectious diseases, ensuring operational readiness and timely response is of paramount importance. To address this, WHO and the World Food Programme (WFP) jointly launched **INITIATE²** in June 2021: a five-year initiative aiming to develop technical innovations (such as medical facilities, temporary medical installations or laboratory disease-specific facilities); and provide trainings and simulations for improved readiness and response capabilities in health emergencies involving infectious diseases. Co-steered by WFP and WHO and operationally based at the United Nations Humanitarian Response Depot (UNHRD) in Brindisi, Italy, INITIATE² brings together multiple humanitarian actors, NGOs, UN agencies, Member States, as well as research and academic institutions with a shared mission to forge innovative and standardized solutions for health emergencies' readiness and response.



External view of INITIATE²'s infectious disease prototype. Credit: WHO

As the number and infectious disease epidemics has increased in recent years, the design of infectious disease treatment centres has considerably improved. Moving away from being mere isolation units, these centres are now built to prioritize patient welfare, medical care quality and societal acceptance while respecting advanced infection prevention and control protocols. However, as the construction of such centres usually requires several weeks, the initial phases of outbreak response are still often handled by sub-optimal, rudimentary infrastructure.

To reduce the construction time in early outbreak response, INITIATE² was tasked with developing a prototype rapidly deployable and easily transportable treatment centre for infectious diseases that can be used either as a standalone solution or integrated sustainably into existing on-site health services.

The first prototype is designed to:

1. Deliver an advanced, rapidly deployable, and self-sufficient treatment module, seamlessly integrating with local health systems. This was designed by the INITIATE² core solution team and members of [WHO's technical science for health network \(Téchine\)](#), by visualizing the journey of different users to and through the facility and detailing its necessary characteristics, such as the need to offer humanized care and ensure rapid deployment, environmental sustainability, and inclusiveness.

2. Minimize the lead time to inaugurate a treatment centre to amplify outbreak containment efficacy. The infectious disease treatment prototype is folded for transportation and can easily be set up anywhere through a simple blower and a valve inflation mechanism, within close to 24 hours. This would greatly enhance the first containment phase and reduce possible outbreaks spreading.
3. Ensure a universal standard of care, respect infection prevention and control protocols and prioritize patient comfort for all responses across the world. The prototype places human-centered care at its core, for instance by using transparent screens to enable patients to be surrounded by and cared for by their families and health care workers without spreading diseases.

After months of collaborative work, INITIATE² reached an important milestone in June 2023: 75 experts from 24 organizations, representing a myriad of emergency response roles, gathered at the UNHRD centre in Brindisi to install, test and rigorously evaluate the prototype through a full-scale simulation exercise. Under strong winds and heavy rain conditions, participants tested the infectious disease treatment module prototype through logistic and medical scenarios of increasing complexities. They began by manually transporting the module from the warehouse to the construction field and inflating it using solar panels and ensuring it was operational. They then progressed to more complex medical scenarios, such as performing a caesarean section and neonatal resuscitation within the facility.

Continued on next page ...



INITIATE²'s infectious disease prototype during the simulation exercise, June 2023. Credit: WHO

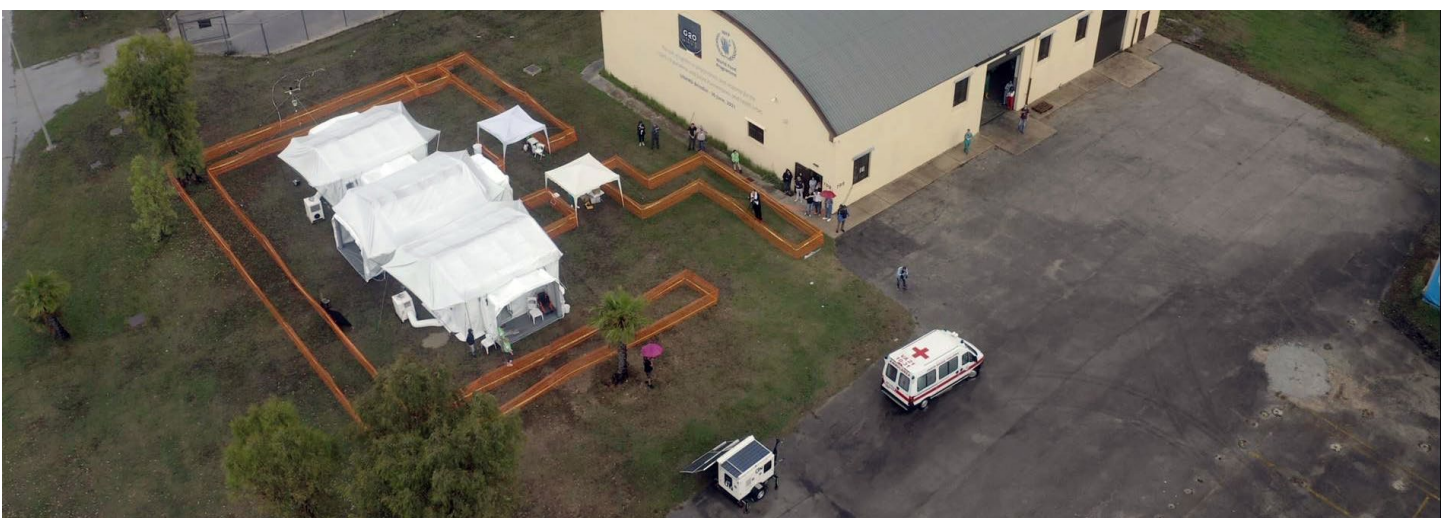
Results of this simulation exercise were overall very positive, indicating the prototype's high potential for deployment in early outbreak response across the world. The exercise also enabled participants to identify recommendations for improvement, which are currently being implemented. To standardize training on the structure across INITIATE²'s member organizations and their partners, a comprehensive guidebook for installation, use and maintenance is also under development.

The final product will be showcased in a multi-agency simulation exercise, scheduled to take place in Senegal in early 2024. Once finalized, these infectious disease treatment centre modules will be strategically prepositioned and deployed globally, to enable swift and coordinated responses in case of infectious disease outbreaks. Overall, this project will enable the wider humanitarian community to join forces to be better prepared for future disease outbreaks and pandemics, and offer the best services for patients.

INITIATE² is made possible by the engagement of:

Alima, the Bring Hope Foundation, Doctors with Africa (CUAMM), the Directorate-General for European Civil Protection and Humanitarian Aid Operations at the European Commission (DG ECHO), the Food and Agriculture Organization (FAO), the Federal Department of Foreign Affairs of Switzerland (FDFA), GOAL, the International Committee of the Red Cross (ICRC) - represented by the Norwegian Red Cross, the International Federation of the Red Cross (IFRC), the International Rescue Committee (IRC), the International Organization for Migration (IOM), Medair, Medical Aid Films, Médecins Sans Frontières (MSF), Samaritan's Purse, Save the Children (SCI), UNICEF, the United States Agency for International Development (USAID), World Vision International (WVI), the World Food Programme (WFP), and WHO.

For more information, click [here](#). To watch a video of the deployment and testing of INITIATE²'s infectious disease treatment module prototype, click [here](#).



Set up of the infectious disease treatment module during the simulation exercise in Brindisi, June 2023. Credit: INITIATE²

Country Readiness Strengthening Workshop for Infection Prevention and Control (IPC) for Ebola and Marburg Disease outbreaks in the African region



Photographs from simulation exercise and practical session. Left: Waste management. Right: Hand hygiene demonstration. 6 to 7 December 2023. Credit: WHO/Devika Dixit

An IPC readiness workshop for Ebola and Marburg disease outbreaks in the African region was held in Monrovia, Liberia from 4 to 8 December 2023. This was the result of collaboration between the Ministry of Health of Liberia, WHO headquarters, WHO Regional Office for Africa and WHO Liberia country office with funding from United States Agency for International Development (USAID) and United States Centers for Disease Control and Prevention (CDC).

“We had over 300 health workers that got infected during Ebola. Of that, 192 died. And so we have been able to improve our method of safely guiding ourselves. To provide services, you have to be alive. And so, IPC is keeping them alive and doing what they love to do.”

Dr Francis N. Kateh

Liberia's Chief Medical Officer (Workshop opening remarks, 4 December 2023)

The 56 participants included representatives from Ministries of Health and WHO country offices of Ghana, Liberia, Sierra Leone, South Africa and United Republic of Tanzania. Countries were selected based on being English speaking and having prior experiences with Ebola and Marburg disease outbreaks, except for South Africa which was chosen to enhance readiness. A similar workshop for French-speaking countries in the African region is also anticipated in the future.

The 5-day workshop had three objectives. First, to review the [new WHO IPC guideline for Ebola and Marburg outbreaks recommendations](#). Second, to develop an action plan for Ebola and Marburg disease outbreak readiness and response based on current contingency plans, taking into account updates in the newly released guideline. And third, to identify tools and resources available to support implementation of the IPC Ebola and Marburg recommendations in the event of an outbreak.

Following presentations from the countries and in-depth review of new guideline recommendations, the workshop culminated in a full-day simulation exercise held concurrently at two health facilities in Monrovia.

The simulation exercise was based on four scenarios that are commonly experienced during an Ebola or Marburg disease outbreak: i) screening, triage and isolation of suspect Ebola/Marburg patients ii) inpatient surveillance and patient management iii) waste and linen management in the context of Ebola and Marburg disease outbreaks iv) health and care worker exposure risk management. These scenarios provided an opportunity for participants to gain valuable hands-on experience and apply new tools and knowledge such as putting on and taking off personal protective equipment (PPE), setting up an appropriate screening and triage area and safe waste management processes.

The workshop concluded with each country presenting their roadmap for inclusion of IPC in their contingency plans for emergencies, and their plans for adoption of the new WHO IPC guideline and key activities for Ebola and Marburg disease outbreaks. Overall, this workshop was deemed a success by both participants and organisers, with all objectives met. Participants were engaged throughout, and expressed their satisfaction, particularly with the opportunity for peer-to-peer learning that was provided. Participants were provided with copies of the updated guidelines as well as resources and tools to support implementation at national and county levels.

While some newer concepts will take further time to normalise and embed into practice, participants demonstrated during simulations and in the post-training test that they had increased knowledge of many key IPC recommendations from the new guidelines. Further support to Liberia to strengthen IPC readiness is ongoing and a second workshop is anticipated within two years, to follow-up on implementation status.

Training a generation of global leaders to respond to health emergencies: WHO's first global Public Health Emergency Operations Centre (PHEOC) Training of Trainers



Participants of the Global PHEOC TOT. Credit: WHO, EOC-NET

Public Health Emergency Operations Centers (PHEOCs) are critical in preparing for, responding to, and recovering from public health emergencies by coordinating operational information and resources for emergency management. PHEOCs are essential to meeting the International Health Regulations (IHR 2005) requirements aimed at preventing, detecting, and responding to public health threats, and there is a need for sufficient numbers of well-trained and fit-for-purpose PHEOC experts who can serve as a surge capacity to leverage PHEOC functions in health emergency management.

With an aim to strengthen core capacities of PHEOC experts in public health emergency management and to establish a roster of skilled experts to implement PHEOCs and support emergency management in Member States, WHO committed to organize one global and six regional PHEOC Training of Trainers workshops in 2023 and 2024 through its [PHEOC Network \(EOC-NET\)](#). Accordingly, the PHEOC Network (EOC-NET) secretariat (consisting of WHO headquarters and Regional Focal Points), in collaboration with its partners, organized the first global PHEOC Training of Trainers' (Global PHEOC ToT) in November 2023.

In a three-stage training process, participants first completed a pre-training self-learning online courses in early November 2023, followed by five facilitated virtual training sessions. The Global PHEOC ToT culminated in the face-to-face workshop which was held in Dubai from 20 to 25 November 2023. This was attended by 46 participants including experts nominated by Member States and WHO regional offices, key EOC-NET secretariat staff from WHO headquarters and regional Offices, and EOC-NET experts and partners.

The workshop was enriched by interactive presentations, group activities, and plenary sessions, facilitated by skilled facilitators with prior experience in developing PHEOC training packages and conducting PHEOC trainings. Majority of the training materials had been developed over the last six years for previous PHEOC trainings led by WHO's Regional Office for

Africa and Regional Office for the Eastern Mediterranean, and were adapted to meet the objectives of the Global PHEOC ToT. These will be further refined and improved for future trainings, with an aim to develop a standardized training package that can be universally adaptable for regions and countries.

Comparing the pre-test result to the post-test result, the average score increased from 57% to 71% and all trainees were issued certificates of completion. Moving forward, those who completed the Global PHEOC ToT are expected to be included in EOC-NET's global roster of PHEOC experts to assist in implementing PHEOCs and training projects as well as provide surge capacity at global, regional, national and sub-national levels as needed.

“PHEOC is not a meeting room, it is at the heart of emergency management cycles and incident management system, a hub for coordinating the preparation for and the response to public health emergencies.”

Dr Michel Yao

WHO Strategic Health Operations (SHO) Director

WHO appreciates the financial and technical support for this training project provided by United States Centers for Disease Control and Prevention, Africa CDC, European Centre for Disease Prevention and Control and West African Health Organization (WAHO).

For information on WHO's Framework for a Public Health Emergency Operations Centre, click [here](#). To access the OpenWHO training on PHEOC, click [here](#).

WHO Regional Office for Europe's 2023 Joint Assessment and Detection of Events (JADE) exercise tested the International Health Regulations implementation during a fictional radiation event



National IHR Focal Point for Portugal. Credit: WHO

The International Health Regulations IHR (2005) form a comprehensive legal framework guiding countries in preventing, preparing for, reporting, and responding to public health events and emergencies. A key component of IHR implementation is the communication between National IHR Focal Points (NFPs) and the WHO IHR Regional Contact Point (CP). It includes public health event reporting, notification, verification, information-sharing, and risk assessment.

Annually, the Joint Assessment and Detection of Events (JADE) exercises serve as a crucial testing ground for practicing the communication and risk assessment capacities in the context of a complex public health emergency in a safe and controlled environment. These exercises specifically emphasize the collaboration and coordination between NFPs and CP, highlighting the essential roles played by NFPs.

Often tasked with response coordination, including risk assessments, the NFP serves as a singular point of communication during emergencies, streamlining the information flow within a country and with international partners, including WHO. Participants of the JADE 2023 are required to undertake simulated emergency functions that reflect their role, as a member of the NFP community, in a life-like developing situation.

JADE 2023 took place from 14 to 16 November 2023, and focused on Annex 2 of the IHR which provides a decision-making tool for countries to determine whether they need to notify WHO of a public health event. Participants also accessed the IHR Event Information Site for NFPs in order to engage in bilateral communication with other NFPs, and tested their knowledge of national radio nuclear response plans.

JADE 2023 exercise involved around 150 participants from 43 States Parties and focused on a fictional scenario involving radioisotope release from a pharmaceutical facility and its potential consequences on human health. The NFPs dealt with this simulation scenario by acting and communicating quickly. They used their country's policies (such as a radio nuclear

response plan) and coordinated in many instances across sectors with radiation safety authorities. It demonstrated that communication under the IHR is well established in much of the WHO European Region.

The WHO Exercise Management Team will draft a report which will document JADE 2023, including lessons identified and recommendations in line with the exercise objectives.

“The key takeaway from this activity was observing how countries effectively utilized existing inter-sectoral arrangements to handle hazards of diverse origins. This was evident in numerous countries and precisely aligned with the exercise’s objectives: fostering interdisciplinary dialogue and strengthening it as needed.”

Nicolas Isla

JADE 2023 Exercise Director, Team Lead, Core Capacity Monitoring and Evaluation, Country Health Emergency Preparedness and IHR WHO Regional Office for Europe



National IHR Focal Point for Kyrgyzstan. Credits: WHO

WHO supports Government initiative to strengthen public health emergency preparedness at points of entry in Philippines



Dr Rui Paulo de Jesus, WHO Representative to the Philippines, reiterates WHO's commitment to support the Philippines in enhancing the country's capacity in preparedness and response to disease outbreaks at points of entry. Credit: WHO

To enhance public health preparedness and response capabilities at Philippine's points of entry (PoE), the Bureau of Quarantine (BOQ) of the Department of Health (DOH) in collaboration with WHO, USAID Philippines and the Manila International Airport Authority (MIAA) conducted table-top and functional exercises from 14 to 16 November 2023.

The objective of these exercises was to test the airport's Public Health Emergency Contingency Plan (PHECP) and to evaluate the BOQ's ability to effectively manage and mitigate the impact of potential public health threats of national or international significance, in collaboration with relevant actors operating at the airport.

The three-day event began with a tabletop exercise which aimed to improve the PHECP, share and review information on response capabilities, plans and procedures at PoEs, and assess the level of internal and external coordination and communication. Standard operating procedures (SOPs) for single inbound aircraft with suspect cases of a communicable disease on board were closely examined and analysed in facilitated group discussions.

The highlight of the event was the functional exercise on the second day which gave participants the opportunity to test the effectiveness of PHECP at the airport itself. This exercise served as a procedural test of necessary actions during a public health threat or emergency at the airport. Philippine Airlines' (PAL) provided an aircraft which allowed PoE officers to practise the drill for handling symptomatic passengers on board the flight and at the airport. PAL cabin crew and management also participated in the exercise.

Each exercise was followed by a debriefing, during which participants shared their experiences, lessons learnt and recommendations. Representation by numerous agencies greatly strengthened the discussions, observations and suggestions for improving the contingency plan, including the



Functional exercise in an aircraft to test capacities for identifying and reporting a suspected case arriving at the Ninoy Aquino International Airport (NAIA) in Manila. Credit: Bureau of Quarantine, Philippines

communication and coordination system. Such involvement by different stakeholders was particularly important given the need for collaboration in responding to public health emergencies.

"I would like to reiterate WHO's commitment to support the Philippines in enhancing the country's capacity in preparedness and response to disease outbreaks. Please remember: no country is safe until all countries are safe. Let's act now to protect Filipinos by strengthening national health security."

Dr Rui Paulo de Jesus

WHO Representative to the Philippines

The BOQ remains steadfast in its adherence to international public health border regulations. The successful conclusion of these exercises reaffirms its commitment to continued improvement in managing public health threats at PoE. The exercise is intended to be replicated in other international airports to support development or revision of respective contingency plans for public health emergencies.

"A comprehensive and dependable contingency plan is essential for the public health and border control officers to respond and act in the event of a public health threat. This exercise helped our communication, coordination and response system and will help us identify the gaps and challenges we need to address so we can effectively implement our mandate."

Ferdinand Salcedo

BOQ Director

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

Sub-Regional Emergency Medical Teams Coordination Cell Training Course in Georgia

Emergency Medical Teams (EMTs) are a group of health professionals who provide direct clinical care to populations affected by outbreaks and emergencies, as surge capacity to support the local health systems. They respond nationally and internationally in a variety of roles as part of, or to augment, the capacity of national health systems when overburdened by disease outbreaks, onset disasters, conflict or displacement emergencies. The EMT Coordination Cell (EMTCC), typically led by a host government health authority, is responsible for coordinating both national and international EMTs during each phase of the response and may request support from WHO and its EMT Secretariat.



Participants of the EMTCC training course are engaging in the group activity. Credit: WHO/Sophio Levadnaia

Since 2015, a standard EMTCC training course was introduced across the world resulting in over 200 participants graduating onto the global and regional cadres. There have been six EMTCC courses in the European Region, with the most recent being the South Caucasus Regional EMTCC training which took place in Tbilisi, Georgia from 5 to 10 November 2023. Prior to this, countries in the Caucasus had been underrepresented at these training events. However, the recent emergence of government led EMT organizations in both Armenia and Georgia has given rise to a new level of awareness within their respective national systems.

“Here with this training and simulation exercise we are building up national capacities. We work closely with the Ministries of Health, with our partners from ASB funded by EU and we really look forward to not only building up capacities, but also creating a network of professionals, friends and community of practice.”

Oleg Storozhenko

Partnerships Officer WHO EURO/WHE

During the course 28 participants were trained on the EMT coordination methodology, in order to facilitate a cohesive national response based on the national emergency operations center and incident management system. As part of the wider

strategy of the Regional European Emergency Medical Team Capability Hub (REECH), the EMTCC training’s primary focus is on strengthening national leadership of EMT coordination and contributing toward the establishment of a pool of regionally based personnel that could be readily seconded to support the EMTCC in another country, should external support be required.

“The training is very important for the countries to gain the experience and skills in order to establish coordination mechanisms when disasters occur and to establish emergency coordination mechanisms under the umbrella of the Ministry of Health.”

Armiran Gogitide

Head of Medical Support Department and Georgia EMT National Focal Point

The Sub-Regional EMTCC Training, which was funded by European Union, was jointly hosted by the WHO’s Country Office and Arbeiter-Samariter-Bund (ASB) in Georgia. The EMT Secretariat at the WHO Regional Office for Europe facilitated the course delivery with support from WHO headquarters, as well as other partners within the EMT Network.

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. In the past five years, from 2018 to 2023, the Hub has delivered a total of 13 000 metric tonnes of supplies valued at US\$ 197 million, fulfilling 2269 orders across 142 countries and reaching over 100 million people affected by infectious disease, natural disasters, conflict, and climate-change related events. 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, and dedicated transportation support provided by World Food Program (WFP) to help WHO reach affected populations in the most complex emergencies with access challenges.

72 hours. An air bridge was rapidly established with 2 flight rotations per week, and a total of 230 metric tonnes of supplies were delivered reaching 1.5 million people.

In response to the conflict in Sudan, in 2023 the Hub coordinated 6 charter flights to deliver 180 metric tonnes of vital health supplies to 4 million people both in Sudan and Egypt, including those fleeing violence. With the escalation of hostilities in the occupied Palestinian territory, in 2023 the Hub coordinated 8 charter flights delivering 113 metric tonnes of humanitarian aid to Gaza, reaching 1 million people with critical health supplies including trauma and emergency surgery supplies, essential medicines, specialized surgical instruments, and medical consumables to meet the overwhelming need for humanitarian health assistance.

OPERATIONS IN 2023

In 2023, the Hub delivered more emergency supplies faster than ever before. With 35 charter flights completed, nearly double any previous year, a record estimated 50 million people were reached with 2000 metric tonnes of life-saving medicines and health supplies. The majority of support requests were initiated from WHO’s Regional Office for the Eastern Mediterranean and Regional Office for Africa, 61% and 22% respectively. The Hub is responding to more acute events than ever before, while continuing to support protracted crises as necessary.

Yemen, which struggles from years of conflict, drought, and weakened health systems, remains the Hub’s largest response activity by financial measures with over US\$ 8 million spent delivering 60 metric tonnes of health supplies to 10 million people in 2023. The year 2023 was also marked by several acute emergencies which required rapid response. In the aftermath of the earthquake that struck southern Turkey and North Syria in February 2023, the Hub delivered critical supplies within



Sami Raci, WHO Logistics Officer preparing insulin for immediate dispatch to support WHO’s response in Gaza (26 February 2024). Credit: WHO/R. Blanchard

OPERATIONS IN 2024 (AS OF MID-FEBRUARY 2024)

 **US\$ 9.3 MILLION**
Value of Goods Received

 **2 CHARTER FLIGHTS**

 **US\$ 4 MILLION**
Value of Goods Delivered

 **25 COUNTRIES ACROSS 5 WHO REGIONS**

 **WHO has released an innovative, interactive report that provides insights into the vast operations and global impact of WHO’s Global Logistics Center.**

 **US\$ 6 MILLION***
In-Kind Donation Received

 **125 REQUESTS RECEIVED**

48 REQUESTS UNDER PROCESS

*from United Arab Emirates and ECHO to support ongoing emergency operations

OpenWHO.org in 2023: A glance at the most used courses and channels

OpenWHO continues to deliver real-time learning for health emergencies across the globe with over 8 million enrolments across 252 free online courses, 60 of which were launched in 2023. Courses are organised via a series of 25 topical learning channels currently addressing various public health themes – from antimicrobial resistance, to infection prevention and control, to health emergency response. Learning is now available in 72 national and local languages, including the 20 most-spoken languages across the globe.

In 2023, OpenWHO’s COVID-19 channel and the Infection Prevention and Control (IPC) channel were the most popular channels for learning.

1. COVID-19 channel: The COVID-19 pandemic led to a significant and rapid rise in the utilization of digital and web-based learning in an emergency context. This was largely attributed to the quick delivery of the lifesaving technical and operational content, and prioritizing the provision of different language versions of the learning materials to the most vulnerable populations. Three courses included in the COVID-19 channel were amongst the top 10 most-enrolled courses of 2023, collectively amassing over 96 000 new enrolments throughout the year. The COVID-19 courses have led to a shift in platform use from predominantly health professionals and experts, to a now significantly increased portion of non-health related audiences.
2. Infection Prevention and Control (IPC) channel: The goal of the IPC channel is to strengthen health workers’ IPC knowledge and advance the IPC focal points’ capacity to implement facility-led IPC efforts. The IPC channel

includes courses on COVID-19 preparedness, readiness and response, as well as IPC strategies required to prevent and mitigate the spread of COVID-19 infections in health facilities. The COVID-19 pandemic and other public health emergencies have provided an unprecedented opportunity to strengthen IPC. Six of the top 10 courses in 2023 were included in this channel, amassing over 116 000 enrolments.

The COVID-19 pandemic demonstrated the need for just-in-time health information during health emergencies globally. The extent to which OpenWHO courses are being used for different purposes and patterns of adapting content to local and contextual needs show that trustworthy, adaptable, and learner-centric content should be accessible in health emergencies. It is pivotal to promote equitable access to critical health information during health emergencies, creating evidence-informed content in multiple formats and means of presentations packaged and delivered in the languages spoken by the target audiences to effectively transfer urgent knowledge.

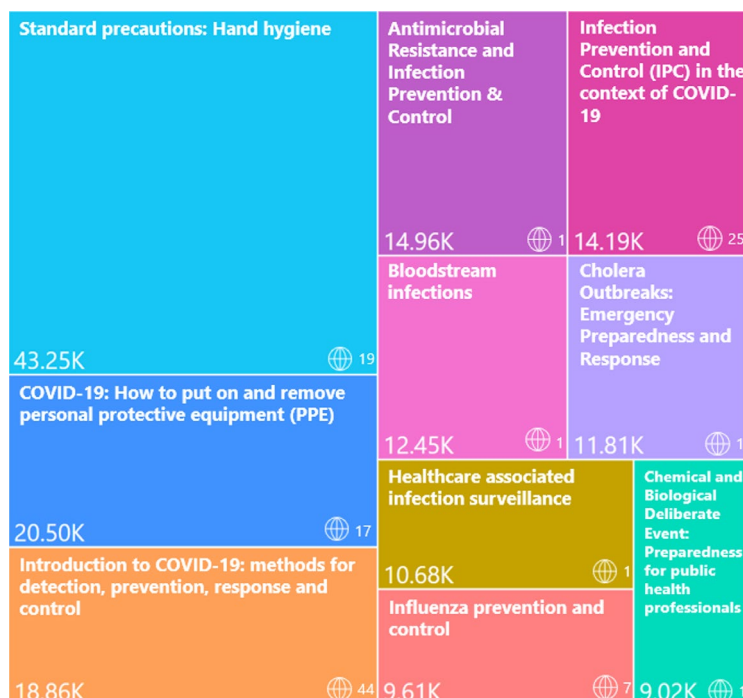


Figure 1: Top ten courses on OpenWHO in 2023 by enrolment numbers

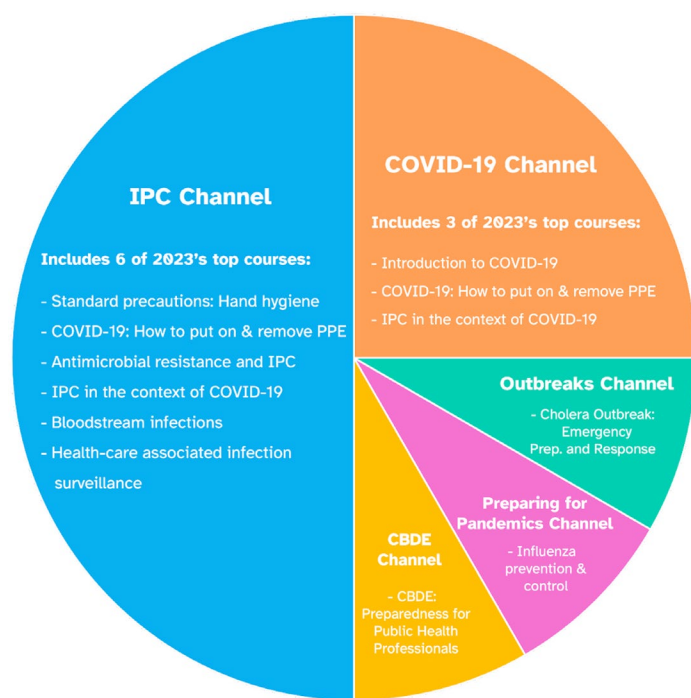





Figure 2: Top ten courses in 2023 and the OpenWHO channels they are part of

 **Outbreak and Crisis Response Appeal 2024**
In 2024, 300 million people are facing humanitarian crisis with severe health impacts. In 2024, WHO 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 on WHO's Health Emergency Appeal 2024, click [here](#).


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

 **EPI-WIN**
For 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](#)

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

- [The Pandemic Fund Announces Second Round of Funding with Half-a-Billion-Dollar Envelope](#)
- [Türkiye earthquakes – 1 year on](#)
- [World Neglected Tropical Diseases Day observed 30 January 2024](#)
- [Meeting on noncommunicable diseases in humanitarian settings – 27 to 29 February 2024](#)
- [Ukraine witnessing increasing impact of attacks on health and education](#)
- [WHO supports flood emergency response in Congo](#)
- [Second consultation on public health and social measures during health emergencies – November 2023](#)
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- [Universal Health and Preparedness Review: first pilot peer review held on 13 to 14 February 2024](#)
- [Dr Saia Ma'u Piukala appointed WHO Regional Director for the Western Pacific](#)
- [Ms Saima Wazed takes charge as Regional Director, WHO South-East Asia](#)
- [Dr Hanan Balkhy is appointed WHO Regional Director for the Eastern Mediterranean](#)
- [WHO Director-General's speech at the World Governments Summit – 12 February 2024](#)
- [Families gripped with grief with the loss of loved ones as the Cholera outbreak rages in Zambia](#)
- [Pandemic prevention, preparedness and response: INB to meet 19 February to 1 March 2024](#)
- [Global Influenza Surveillance and Response System: pivotal meeting held 11 to 13 December 2024](#)
- [India's National Pandemic Preparedness Plan for Respiratory Viruses: national consultation held](#)

Highlights

- [Addressing dangerous health narratives in emergencies: operational toolkit published](#)
- [New report describes clinical characteristics and outcomes for children hospitalized with COVID-19](#)
- [Updated WHO Benchmarks for Strengthening Health Emergency Capacities published](#)
- [Report on responses to cyber-attacks on health care and disinformation in public health emergencies](#)
- [EPI-WIN webinar: Seasonal influenza prevention and control- national and regional perspectives](#)
- [EPI-WIN webinar: WHO update on COVID-19 \(1 February 2024\)](#)
- [Thirty-seventh Meeting of the IHR Emergency Committee for Polio 22 December 2023: Statement](#)
- [WHO adopts resolution on access for life-saving aid into Gaza and respect for laws of war](#)
- [Introducing Mental Health and Psychosocial Support \(MHPSS\) in emergencies](#)
- [Sudan's Humanitarian Needs and Response Plan 2024 launched](#)
- [Weekly Regional Cholera Bulletin: 5 February 2024](#)
- [WHO publishes first-ever guidance on the clinical management of diphtheria published](#)
- [WHO issues Avian influenza and Lunar New Year festivities: vigilance and precautions](#)
- [WHO publishes 2nd edition edition of Emergency response framework \(ERF\)](#)
- [Multi-country outbreak of cholera, External situation report #11 - 12 February 2024](#)
- [WHO launches appeal for US\\$ 1.5 billion for key emergencies in 2024](#)



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.

[Sun and skin cancer](#) (19 January 2024)

WHO and the International Labor Organization (ILO) recently released estimates on how many workers are exposed to intense sunlight at work and how many of them develop non melanoma skin cancer. How does long exposure to sunlight cause skin cancer? Who is at risk? How can you, your employer and your Government protect you? Dr Frank Pega explains in Science in 5.

[Protecting you from substandard and falsified medicines](#) (5 January 2024)

You may have heard about substandard or falsified syrup harming children and even causing deaths. There have been reports of falsified diabetes and weight loss treatments. How can you protect yourself? How does WHO keep you safe from substandard or falsified medical products? WHO's Pernette Bourdillon Esteve explains in Science in 5.