WHO's Operational Update on Health Emergencies

In this issue

The World Health Organization (WHO) responded to the Myanmar earthquake by deploying 3 tonnes of trauma kits, medical supplies and tents within 24 hours, and delivering nearly 140 tonnes of medicines and equipment within two weeks, enough to meet the basic health needs of about 450 000 people for three months, Myanmar, April 2025, @WHO.

Key figures on WHO's work in emergencies as of 15 April 2025

WHO is currently responding to 36 graded emergencies across the world:

- 11 Grade-3 emergencies
- 7 protracted Grade-3 emergencies
- 7 Grade-2 emergencies
- 8 protracted Grade-2 emergencies
- 3 Grade-1 emergencies

USD 13 million+ **Contingency Funds for Emergencies** released to 7 countries in 2025 so far

60* Standby Partners deployed including 39 new partners since the start of 2025
29 GOARN experts deployed across 5 WHO operations worldwide

Logistics
US$ 5.8 million of goods dispatched, 35 countries and territories reached

OpenWHO
108 000+ plays, 4 800+ hours viewed, 112 topics, 21 languages

HEALTH EMERGENCIES programme

World Health Organization

* This number was corrected as of 5 May 2025.

Graded emergencies

WHO is actively responding to 36 graded emergencies across more than 30 countries and territories worldwide, spanning all six WHO regions.

Among these, 18 are classified as grade 3 crises, the highest level of graded emergency response, reflecting situations triggering a three-level comprehensive response system based on the Emergency Response Framework. Of these grade 3 emergencies, seven are considered protracted, meaning they have persisted for over six months.

The most recent addition to the grade 3 emergencies list occurred following two powerful earthquakes that struck central Myanmar on 28 March 2025. Within 24 hours of the earthquake, WHO declared the situation a grade 3 emergency.

WHO continuously monitors and updates these designations through its three-tiered incident management system to ensure that resources and support are aligned with the evolving needs on the ground.

To respond to health emergencies WHO urgently needs US$ 1.5 billion in 2025. This support is essential to safeguard the world's most vulnerable communities in the greatest need.

Contingency Fund for Emergencies

In 2025 to date, over US$ 13 million has been released from the CFE to support urgent health responses in seven countries: Angola, Mayotte, Myanmar, United Republic of Tanzania, Uganda, and Yemen. US$ 5 million released on 29 March, enabled WHO to respond within 24 hours to the devastating earthquake in Myanmar. This rapid funding supported the immediate delivery of emergency medical supplies, deployment of surge teams, and coordination of emergency medical response in the hardest-hit areas.

Explore more:
WHOhealthemergencies.int

Partners deployed

60 Standby Partners are currently deployed, with 39 of them having joined this year alone. Together, they are responding to 18 incidents, 16 of which began in 2025.

The WHO Global Outbreak Alert and Response Network (GOARN) deployed 29 international experts across five WHO operations specializing in epidemiology, surveillance, data management, analytics, risk communication, and community engagement. They provided direct operational support for responses to mpox in the Democratic Republic of the Congo, multi-country cholera outbreaks, health emergencies in Sudan, HIV in Fiji, and dengue in Cabo Verde

Logistics

Since the beginning of the year, the WHO Global Logistics Hub in Dubai has dispatched 95 shipments (including 10 charter flights) to 35 countries, delivering 610 metric tons of supplies valued at US $5.8 million (2 632 cubic meters volume). Key recipients include the occupied Palestinian territory (US$ 2.8 million), Myanmar (US$ 0.9 million), and the Syrian Arab Republic (US$ 0.7 million). The hub also supported outbreak responses for the United Republic of Tanzania Marburg virus disease, the Uganda Ebola virus disease, cholera, and polio containment efforts.

Learning hub OpenWHO.org

The new OpenWHO.org learning hub is WHO's learning resource hub for health emergencies. Since January 2025, the site has reported more than 108 000 plays, with 4 800+ hours of content viewed to bolster knowledge for health emergency response across 112 topics. Twenty one languages are available.

Explore more:
WHOhealthemergencies Dashboard

WHO implements rapid, life-saving "4R" activities in earthquake-hit Myanmar

On 28 March 2025, two powerful earthquakes of magnitude 7.7 and 6.4 struck central Myanmar, devastating communities already enduring extreme hardship. As of 14 April, the disaster has claimed 3 600 lives. An estimated 4 800 are injured and almost 150 remain missing.

Rapid intervention following an earthquake is crucial to quickly assess damage, allocate resources efficiently, and save lives by addressing urgent needs before secondary hazards worsen the situation.

One of the many buildings damaged in Mandalay due to the massive earthquake that hit Myanmar on 28 March 2025, @WHO.

Within 24 hours of the earthquake

In the immediate aftermath, WHO activated an Incident Management Support Team and released US$ 5 million from its Contingency Fund for Emergencies. Within 24 hours, WHO dispatched nearly 3 tonnes of trauma kits, medical supplies and multipurpose tents from its emergency stockpile in Yangon. The supplies were urgently delivered to support Rapid Response Teams and hospitals in the hardest-hit areas.

Within 1 week - Emergency Medical Teams deployed

Within the first week, WHO deployed and coordinated seven WHO-classified Emergency Medical Teams (EMTs), a core WHO function in acute health crises. Seven more EMTs have since been deployed, meaning 14 EMTs are now providing life-saving emergency and primary care, conducting rapid health assessments, and upporting local health authorities to manage the influx of patients, both substituting and supporting the health system.

Within 2 weeks - Support to cover basic health needs for 450 000 people for 3 months

By 11 April, WHO had flown an additional 74 tonnes of critical supplies from its Global Logistics Hub in Dubai to Yangon, supplementing 60 tonnes mobilized from within Myanmar. Together, these supplies can meet the basic health needs of around 450 000 people for three months.

Within 24 hours of the earthquake
3 tonnes of trauma kits, medical supplies, tents deployed

Within 1 week
98 tonnes of critical supplies:
- For basic health needs for 200 000 people for 3 months
- To treat 1 200 wounded

Within 1 week
7 WHO-classified Emergency Medical Teams (EMTs) deployed
Within 2 weeks
14 EMTs and
Infection Prevention and Control experts deployed

Within 2 weeks
Nearly **140 tonnes of medicines and equipment** for basic health needs of about 450 000 people for 3 months deployed including key medical supplies to treat cholera, acute respiratory infections and skin infections in hard to reach areas

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> **"In these tents, patients with fractures, wounds, shock and lack of access to medications are being stabilized and treated. They are functioning as health clinics or hospitals – delivering care where there are no longer walls."**
> Emergency Medical Team member on site in Mandalay.

Within 2 weeks - Support to prevent outbreak

Concurrently, WHO has worked with partners to rapidly deploy expertise in critical areas like water, sanitation and hygiene and infection prevention and control in health facilities, building on lessons learned from the recent cholera outbreak response and leveraging an existing Standby Partnership. This will help prevent outbreaks of acute watery diarrhoea and associated diseases, such as cholera. WHO has also provided local organizations with key medical supplies to treat cholera, acute respiratory infections and skin infections in remote and hard-to-reach areas.

Early warning surveillance system activated

In addition, WHO rapidly activated early warning surveillance systems to monitor potential outbreaks and enable swift containment measures. WHO continues to collaborate closely with local health authorities to ensure critical supplies reach remote communities.

> **"Our work is not just about responding today. It's also about building stronger systems for tomorrow."**
> Saima Wazed, WHO Regional Director for South-East Asia.

Respond today

Build stronger systems for tomorrow

Within 72 hours of the earthquake, inspection of the multipurpose tents by WHO staff in Nay Pyi Taw, @WHO.

Building resilience for a sustained recovery

WHO's immediate response and relief operations have been critical to saving lives and responding to urgent health needs. However, efforts are now shifting to medium- and long-term resilience and recovery. A 30-day plan has been developed to restore primary health care systems, followed by a 6-month rehabilitation phase aimed at rebuilding resilient health infrastructure.

Early Recovery Cluster activated

WHO is an active, vital participant in the Early Recovery Cluster, recently activated at the Humanitarian Coordination Task Team level. WHO continues to implement best practices learned from the 2015 Nepal earthquake response, which enabled WHO and partners. to activate community-driven solutions for preparedness and readiness to natural disasters.

Call to Action: US$ 8 million for Myanmar

WHO is urgently appealing for US$ 8 million to deliver critical health assistance where it is needed most. Without immediate funding, lives will be lost and fragile health systems will falter. WHO calls on donors to act now, your support is vital to protect health, prevent outbreaks, and ensure access to care for those hit hardest by the crisis.

Yellow fever cases surge in the Americas, prompting urgent public health response: Vaccination and non-human primate surveillance at the forefront

Yellow fever (YF) cases have more than doubled across the Americas in early 2025 compared to the same period in 2024, prompting coordinated regional responses. Colombia uses its primate sentinel system to detect outbreaks, while cross-border networks track the spread of the virus. With the Pan American Health Organization (PAHO/WHO) warning of "high risk," countries are rushing to vaccinate vulnerable groups and control mosquito vectors.

Community health workers carry out vaccination activities in Sao Paulo, Brazil, @PAHO/WHO.

National authorities are urged to:

- Ensure YF vaccine coverage exceeds 95%
- Review vaccine stockpiles
- Activate rapid response plan
- Inform travellers
- Ensure mosquito control
- Enhance surveillance (human and non human primate)

Regional surge of cases

As of 22 March 2025, 131 cases and 53 deaths have been reported—more than twice the totals recorded in all of 2024. PAHO/WHO has issued multiple epidemiological alerts since mid-2024, warning of a "high risk" scenario and urging Member States to strengthen clinical management, surveillance, and vaccination efforts (PAHO Alert – 26 March 2025). Confirmed cases have emerged in Bolivia (Plurinational State of) (1 case, 1 death), Brazil (81 cases, 31 deaths), Colombia (31 cases, 13 deaths), and Peru (18 cases, 8 deaths), with outbreaks occurring outside traditionally endemic Amazonian basin.

Importance of vaccination and vector control to mitigate risks

Vaccination remains the cornerstone of the regional response. In its March alert, PAHO/WHO called on countries to intensify immunization efforts in high-risk areas and ensure vaccine coverage exceeds 95%. Most recent cases occurred in unvaccinated individuals. National authorities have also been urged to review their vaccine stockpiles, activate rapid response plans, and inform travellers to endemic areas about immunization needs. In parallel, mosquito control strategies are being ramped up to curb transmission.

Community-based surveillance, a key strategy for early detection of YF virus circulation

Yellow fever is a severe viral disease transmitted by mosquitoes. It remains endemic in 13 American countries and territories, where it circulates in a sylvatic cycle between forest-dwelling mosquitoes and non-human primates. Since 1960, it has caused 9 591 human cases and 3 444 deaths. Although fatal in many cases, yellow fever is preventable through vaccination.

The re-emergence of yellow fever as a regional threat echoes the large epidemic that swept through Brazil between 2016 and 2018. Since then, health authorities have worked to strengthen surveillance and response mechanisms across the continent. Community-based surveillance has emerged as a key strategy, allowing for early detection, rapid response, and meaningful community engagement.

PAHO/WHO and national health authorities continue to stress the importance of integrating vaccination, vector control, and enhanced surveillance, including non-human primate monitoring, to prevent further spread. Regional cooperation and knowledge sharing are seen as vital to minimizing the impact of this ongoing surge and protecting vulnerable populations from this preventable, yet deadly, disease.

Colombia's community-based response in the midst of a regional yellow fever re-emergence

Colombia, a regional model for community-based surveillance: Through a PAHO/WHO-supported initiative, Colombia hosted technical exchange visits from Ministries of Health of Ecuador, Paraguay, Bolivia (Plurinational State of), and Brazil to exchange knowledge and experiences in community-based surveillance. This initiative aims to enhance regional early disease detection and response to health emergencies through collaborative learning and expertise sharing.

@Diana Malo, PAHO/WHO.

Yellow fever outbreak hits Tolima for the first time

In Colombia, the department of Tolima—a region with no previous recent history of yellow fever activity and therefore low vaccination coverage—is currently facing one of the most severe outbreaks this year. With 31 confirmed cases and 13 deaths in six months, the area faces a lethality rate of 41.9%, according to the National Institute of Health. On 23 March, residents of San Isidro, in the municipality of Cunday, discovered a dead monkey in a cocoa plantation. This alarming signal prompted a new alert in a region already under close watch. PAHO/WHO deployed technical teams to monitor vectors and reinforce community-based surveillance in the area.

"Community-based surveillance, which includes monitoring non-human primates as sentinels, represents a major advance in public health strategies. It reinforces control measures such as vaccination and entomological surveillance. It allows for effective communication with the community, avoiding panic and promoting their participation in prevention."
Mauricio Cerpa, international health emergency advisor at PAHO/WHO.

100 residents trained to report monkey deaths

Non-human primates serve as crucial early-warning sentinels for yellow fever outbreaks. Their deaths often precede human infections, making them key indicators for viral circulation. PAHO/WHO and the National Institute of Health have trained more than 100 residents in Tolima to monitor and report monkey deaths, an essential step for identifying transmission hotspots and launching rapid preventive actions.

A dynamic CBS network: 29 municipalities, 665 local leaders and 70 active community members

Colombia's community-based surveillance (CBS) strategy, led by the National Institute of health, currently operates in 29 municipalities, with over 665 local leaders and 70 active community members contributing to early warning systems. This network has been instrumental in tackling outbreaks of diseases like dengue and now yellow fever, particularly in indigenous and rural areas.

By building trust and facilitating timely, two-way communication, the community-based surveillance model ensures communities are active participants in public health.

Sharing best practices from Colombia

Colombia's experience demonstrates that empowering communities and integrating primate surveillance are essential to strengthening public health systems and responding rapidly to yellow fever threats. By expanding CBS and sharing best practices, Colombia is helping build a regional defense against yellow fever and future health threats, with communities at the center of protecting public health.

Angola's cholera outbreak: A call for urgent action

Angola is grappling with one of its most severe cholera outbreaks in decades, with over 12 368 cases and nearly 470 deaths reported as of April 14, 2025. The outbreak, confirmed on January 7, has rapidly spread to 17 of the country's 21 provinces. This crisis is driven by complex challenges, including inadequate water, sanitation, and hygiene (WASH) infrastructure and weak health systems. Without adequate multisectoral intervention, experts warn of an imminent cross-border threat to the Democratic Republic of the Congo's vulnerable western regions, with heightened risk of broader regional dissemination.

With WHO support local authorities intensify mobilization and community involvement in Bengo province, 22 March 2025, @João Carlos Domingos.

Since January, Angola has implemented significant measures to combat cholera:

- **Coordination:** WHO has supported the National Commission for the Fight Against Cholera and provincial leadership for the multisectoral coordination of the response.
- **Surveillance and early reporting:** WHO has supported the Ministry of Health in data management, analysis and development of information products.
- **Case management:** WHO provided technical support on scaling up of health care capacity, cholera treatment centers (CTCs) and Oral Rehydration Points (ORPs), in the 5 most affected provinces (Bengo, Icolo e Bengo, Cuanza Norte, Benguela and Luanda).
- **Training:** WHO trained and supported the deployment of rapid response teams to Luanda, Bengo, Icolo e Bengo, Cuanza Norte, Benguela provinces to respond to new cases. Over 200 health workers have been trained in active case detection, data processing, and community mobilization.
- **Water source mapping and treatment:** WHO supports government teams on water quality surveillance and water treatment in coordinaiton with partners to improve access to potable water.
- **Vaccination campaigns:** Angola, with support from WHO and partners, launched oral cholera vaccine (OCV) campaigns in February and March 2025, vaccinating over 925 000 people in Luanda and Bengo provinces. Aditionally, 700 000 doses are currently being administered in hotspot areas to contain the spread.

Urgent scale-up needed in Angola's cholera crisis

However, underfunding healthcare gaps and inadequate WASH infrastructures continue to hinder progress. The alarming spread rate, critically high fatality ratio, and persistent systemic challenges, including inadequate sanitation infrastructure, severe clean water shortages, and concentrated high-density urban populations, collectively necessitate an immediate, coordinated escalation of containment and relief measures.

Continue next page...

Cholera vaccination campaign reaches schools in Luanda, March 2025, @WHO, João Carlos Domingos.

"Without immediate action from international donors and partners to scale up efforts, Angola risks facing a public health crisis that could have broader regional implications."
Dr Indrajit Hazarika, WHO Representative in Angola.

Why current efforst are insufficient?

- **Limited access to healthcare:** Over 30% of deaths have occurred in the community, outside healthcare centers due to delayed care seeking, case detection and barriers to accessing care. The high case fatality rate of 3.8% underscores critical gaps in access to healthcare.

- **Inadequate WASH infrastructure:** Rapid population growth and rural to urban migration, affect access to safe water supply and sanitary facilities across many communities in Angola and practice of open defecation facilitates rapid and sustained transmission of the cholera within the community.

- **Regional risks:** Angola's proximity to the Democratic Republic of Congo with frequent population movement between both countries heightens concerns about cross-border transmission and increases likelihood of regional spread.

- **Areas most affected:**
  - Luanda and Bengo provinces account for nearly 63% of the cases, due to high population density, limited access to healthcare and poor WASH infrastructures.
  - Other major affected provinces include Icolo e Bengo (8%), Cuanza Norte (11%), and Benguela (11%) as of 13 April 2025.

Call for global action
The global community must act urgently to prevent Angola's cholera crisis from escalating further or spreading regionally. Immediate support is urgently needed to scale up management of cases by expanding healthcare capacity through cholera treatment centers and oral rehydration points to prevent more deaths; strengthen water, sanitation, and hygiene infrastructure; and enhance community engagement in affected provinces to prevent further transmission and save lives.

Early detection of outbreaks in crisis: the success of Early Warning and Response System (EWARS) Mobile in Gaza

The ongoing conflict in Gaza has severely impacted health infrastructure, disrupting disease surveillance systems and increasing public health risks. To address these challenges, WHO introduced the Early Warning Alert and Response System (EWARS) Mobile in January 2024.

WHO's support to the Humanitarian and Emergency Health Response in the occupied Palestinian territory (oPt) - January 2025, @WHO.

EWARS Mobile - an innovative method for transmitting critical health data during crises

This innovative system was initially piloted in collaboration with United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) to ensure disease surveillance even amidst internet outages and access constraints. By leveraging existing mobile phones and SMS gateways, EWARS Mobile provided a reliable method for transmitting critical health data during crises.

Approximately 32 partners, including the Ministry of Health, now support EWARS Mobile. This initiative represents a significant shift in Gaza's health surveillance landscape, enabling disease detection even amidst security and resource constraints. The densely populated area remains especially vulnerable to infectious disease outbreaks due to overcrowding in shelters and limited access to essential services.

Expansion to 117 reporting sites by end 2024

By December 2024, EWARS Mobile expanded across all five Gaza governorates, integrating 117 reporting sites, including hospitals and primary healthcare centers, in addition to Emergency Medical Teams. This expansion unified previously fragmented data streams and enabled real-time alerts for newly trained rapid response teams. The system also incorporated advanced features such as mapping, water quality monitoring, nutrition surveillance, and laboratory data integration.

These capabilities allowed for better tracking of high-risk diseases using standardized case definitions and alert thresholds.

From data into actionable insights

The system results were immediate. In 2024 alone, EWARS Mobile had captured 2.4 million cases of respiratory infections, acute diarrhea, jaundice, and other priority diseases, turning fragmented data into actionable insights. Detecting acute jaundice syndrome and bloody diarrhea cases, responders accelerated water purification in high-risk shelters. Real-time immunity gaps guided vaccination campaigns, reaching 560 000 children with polio vaccines and 480 000 with vitamin A supplements, reducing preventable deaths. More recently, on 25 February 2025, a sudden rise of acute jaundice syndrome triggered investigations into potential hepatitis outbreaks.

Despite 18 months of conflict devastating Gaza's health infrastructure, EWARS Mobile emerged as a critical public health tool, demonstrating innovation's value in crises. WHO plans to refine the system by applying lessons from Gaza to improve global disease surveillance in fragile and conflict-affected regions.

> **"Without this system, Gaza would be battling epidemics blindfolded."**
> Dr Ahmed Dahir, WHO incident manager, oPt

Meaningful public health action is possible in protracted conflict with commitment from all parties

Detection Polio cVDPV2 in environmental samples Jul 2024

Paralytic case detected in Aug 2024

Round 1 559 161 children vaccinated Sep 2024

Round 2 556 774 children vaccinated from Oct to Nov 2024

Round 3 602 795 children vaccinated during the ceasefire in Feb 2025

Round 4 Pending area specific & temporary cease fire

A successful polio vaccination campaign in Gaza interrupted due to resurgence of hostilities and aid blockades

In the Gaza Strip, a polio vaccination campaign led by the Palestinian Ministry of Health, with support from WHO, UNICEF, UNRWA, and more than 40 health cluster partners, has achieved significant success.

Following the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) in environmental samples in July 2024 and a paralytic case in August 2024, Supplementary Immunization Activities were launched to prevent further outbreaks.

Despite ongoing conflict, displacement, and limited humanitarian access, the campaign successfully vaccinated nearly 560 000 children under ten during its first round in September 2024. A second round in October-November 2024 reached approximately 556 774 children with a second dose of nOPV2, achieving up to 94% coverage.

In February 2025, due to continued transmission, a five-day mass vaccination effort enabled by a temporary ceasefire, reached nearly 603 000 children across the Gaza Strip, including many in previously inaccessible areas. However, post-campaign assessments confirmed that around 24 000 children were missed and remain vulnerable to poliovirus transmission.

WHO played a key role in coordinating the campaign and advocating for humanitarian pauses to facilitate safe vaccination efforts. The organization also intensified disease surveillance to monitor poliovirus circulation and prevent further outbreaks.

WHO, UNICEF, UNRWA, and partners urgently call for an immediate ceasefire and unimpeded humanitarian access to resume polio vaccinations and protect vulnerable children. The fourth round of the polio vaccination campaign, planned for April 2025, has been deferred due to the resumption of intense hostilities, aid blockades preventing the entry of vaccines and supplies, and the lack of safe access for health workers. Current conditions continue to support the spread of poliovirus (and other infectious diseases), with massive destruction of shelters, water, sanitation and hygiene infrastructure, and ongoing mass displacement now affecting 70% of the Gaza Strip.

Polio campaign in Gaza Strip reaches around 603 000 children with better access, February 2025, @WHO.

> **"These campaigns demonstrate what's possible even in dire circumstances, but their success is fragile without peace. A temporary ceasefire is crucial to safeguard Gaza's health and well-being of population."**
> Dr Hanan Balkhi, WHO Regional Director for the Eastern Mediterranean.

Human infection with avian influenza A(H5N1) virus in different regions

The A(H5N1) avian influenza virus has continued to expand its geographic reach, with notable spread into the Americas since 2022, driven by wild bird migration. By 2024, outbreaks in mammals, including dairy cattle in the United States of America, marked a concerning shift. The virus has been evolving genetically, though efficient human-to-human transmission remains absent.

In 2025, human infections with A(H5N1) have been reported in Cambodia, Mexico, and the United States of America. Cambodia saw three fatal cases linked to backyard poultry exposure. Mexico confirmed its first-ever human case of A(H5N1). In the United States of America, sporadic infections were reported among farmworkers and poultry handlers. These developments highlight the virus's growing human impact and underscore the need for strengthened global surveillance and coordinated containment efforts.

Mexico: first human A(H5N1) case ever reported

In April 2025, Mexico reported its first laboratory-confirmed human case of avian influenza A(H5N1) in a child under the age of 10 years from Durango state. The child developed symptoms on 7 March, was hospitalized due to respiratory failure on 13 March, and died on 8 April. Genetic sequencing identified the virus as clade 2.3.4.4b genotype D1.1, associated with avian influenza in North America.

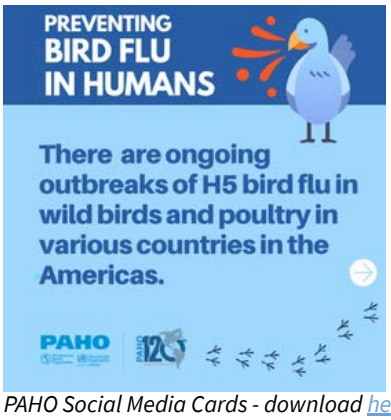
The Pan American Health Organization (PAHO/WHO) facilitated multidisciplinary coordination through its Country Office and technical experts, including:

- **One Health collaboration** to investigate potential animal exposures.
- **Contact tracing activities** to ensure no secondary transmission, 91 individuals (households contacts, healthcare workers and individuals from a childcare center) were identified of which samples were collected from 49 contacts, all testing negative.
- **Public awareness campaigns** on safe poultry handling and symptom recognition, building on PAHO's regional workshops and surveillance strengthening efforts.

This case represents Latin America's first A(H5N1) human infection since Chile's 2023 report.

PAHO/WHO, through its Health Emergencies Department and the Pan American Center for Foot-and-Mouth Disease (PANAFTOSA), has supported Member States by coordinating cross-border surveillance, managing outbreaks and strengthening diagnostic capacity building. Recent A(H5N1) detections in Durango's wild birds prompted enhanced poultry biosecurity measures.

WHO assessed the global public health risk of influenza A (H5N1) viruses to be low, and the risk of infection for occupationally exposed persons as low to moderate depending on the risk mitigation measures in place and the local epidemiological situation.



PAHO Social Media Cards - download here

"This case highlights the urgent need for collaboration between health authorities and communities. PAHO/WHO is committed to providing technical expertise and resources to prevent further transmission." Dr José Moya Medina, PAHO/WHO Representative in Mexico.

Cambodia's fight against avian influenza: the power of preparedness and collaboration

Since February 2023, Cambodia has reported 19 human infections with avian influenza A(H5N1) virus, including three fatalities in 2025. All infections have been linked to direct exposure to infected poultry or contaminated environments, emphasizing the ongoing zoonotic transmission risk. Sequence analysis of the HA gene revealed the virus belongs to clade 2.3.2.1e (previously classified as clade 2.3.2.1c), similar to viruses circulating in poultry in Cambodia in 2025.

Building early detection and response capacities in Cambodia. © WHO

"We noticed that despite our efforts, we kept having pandemics every few years: SARS in 2003, Swine Flu in 2009 and COVID-19 in 2020. We had to decide if we should prepare for the next pandemic in nine years or find a different way to address this recurrence. Our strategy was 'stop the source', focus on testing samples for early detection and encourage our physicians, both private and public, to report cases and facilitate timely testing."
Dr Ly Sovann, Director of the Communicable Disease Control Department, Ministry of Health, Cambodia.

The country's response to this threat highlights the critical role of National Influenza Centers (NICs) in early detection and disease outbreak management. The Ministry of Health, supported by WHO and other partners, implemented a robust response strategy to stop the source of these outbreaks with human infections that focused on early detection, multisectoral collaboration, and community engagement.

Cambodia's National Influenza Centers network and H5 Reference Laboratory form the backbone of its outbreak response. These facilities operate 24/7, ensuring rapid testing of suspected cases. By streamlining reporting processes, healthcare providers are encouraged to act quickly, enabling rapid response teams to intervene and prevent further transmission.

The country's "One Health" approach unites key ministries, Health, Agriculture, Forestry, Fisheries, and Environment, to address the outbreak comprehensively. This collaboration ensures thorough investigations into infection sources and transmission pathways with international partners like WHO.

Public awareness campaigns are central to Cambodia's strategy. Using the Communication for Health approach, the government targets high-risk provinces with culturally tailored messaging. These campaigns emphasize practical preventive measures, such as avoiding contact with sick poultry. A dedicated hotline enables citizens to report suspected cases swiftly, while emergency resources ensure frontline responders are equipped to act.

Enhancing diagnostic capacity through the deployment of a rapid response mobile laboratory (RRML) to Mayotte

On 14 December 2024, Tropical Cyclone Chido struck Mayotte, severely impacting essential infrastructure and critical utilities such as electrical, hydraulic, transport, and communication networks. Destroyed infrastructure and limited access to safe drinking water have increased the risk of waterborne diseases including typhoid and cholera.

To address this crisis, the WHO Regional Office for Europe partnered with the Global Outbreak Alert and Response Network (GOARN) to deploy a multinational Rapid Response Mobile Laboratory (RRML) Type 2 team.

Led by the Institut Pasteur in France and supported by several institutions, the team comprised of six members on rotation from WHO/Europe, Institut Pasteur Laboratory for Urgent Response to Biological Threats (CIDU), University of Leipzig, Belgian B-LiFE at the Catholic University of Louvain, and Israel's Ministry of Health. **Equipped with microbiological and chemical testing capacities, the RRML supported health authorities of Mayotte to fill critical gaps in water quality testing and disease surveillance.**

On 15 January, the first rotation of four experts began testing human and environmental samples for waterborne diseases. The second rotation followed on 24 January to provide diagnostic support to Emergency Medical Teams (EMTs) deployed by France. The RRML operation in Mayotte continued until 3 March 2025.

WHO/Europe played a crucial role in coordinating efforts with local health authorities, health facilities, EMTs, and nongovernmental organizations. The deployment was funded by WHO's Contingency Emergency Fund and supported by RRML community of partners who contributed human resources, technical expertise, equipment, reagents, and supplies.

A multinational team of experts analyzing water samples for potential waterborne diseases, @WHO/Jan Baumann.

This international collaboration proved vital in addressing challenges faced by Mayotte. A multinational team of chemists and microbiologists worked together, leveraging their expertise and experience from past disaster responses to mitigate further health risks.

"The RRML deployment was a game-changer. By mobilizing international experts and cutting-edge testing capabilities, it ensured safe drinking water and mitigated health risks for Mayotte's population. This effort exemplifies the power of collective action in emergency response."
Dr Oleg Storozhenko, WHO Regional Office for Europe.

WHO, Sri Lanka and Thailand co-developed a tool to map and assess complex information environments during crises

In February 2025, WHO piloted a new tool and training package in Sri Lanka and Thailand designed to conduct comprehensive information environment assessments. This initiative aims to guide rapid, impactful communications during public health emergencies, addressing the growing challenges posed by misinformation, disinformation, and the overwhelming volume of information available today. Ensuring communities receive timely, accurate, trusted, and understandable information is more critical than ever, as effective communication can be lifesaving in crisis situations.

Identification of barriers and facilitators within the information environment

The tool, developed by WHO's Community Protection and Resilience Unit within the Health Emergencies Programme, in partnership with the WHO Regional Office for South-East Asia, helps countries map and assess the complex information environments that shape how information is created, disseminated, and accessed during emergencies. Funded by Gavi, the Vaccine Alliance, the tool evaluates four key categories influencing the information environment:

- Information sources
- Policy, process, and enablers
- People and community
- Actors

By capturing factors, from policy and legal frameworks to communication infrastructure and stakeholder roles, the tool identifies barriers and facilitators within the information environment.

This insight is vital for designing effective, equitable communication strategies and emergency responses tailored to diverse community needs. To ensure practicality and relevance, WHO collaborated with the Ministries of Health and WHO Country Offices in Sri Lanka and Thailand, using a co-design approach.

Thailand workshop, @Ministry of Public Health, Thailand, February 2025.

> **"This tool is a game-changer for ensuring health authorities can reach people quickly and effectively with the information they need, when they need it the most during a health emergency. The co-design process is extremely valuable in ensuring the solutions we develop are tailored to diverse needs and contexts and help to build community readiness and resilience to all health emergencies."**
> Dr Nedret Emiroglu, Director, Health Emergencies Core Capabilities, WHO.

Piloted by 64 country and partners representatives

Sixty-four representatives from government ministries, partners, civil society groups, and academia piloted the tool and training package. This collaboration created a comprehensive national picture of the information environments and provided valuable feedback on the tool's usability, methodology, and areas for improvement.

Based on lessons learned from these pilots, WHO will refine and finalize the tool and training package. Once released, it will serve as a global resource to strengthen countries' emergency risk communication and infodemic management capacities, fostering healthier information environments and safer, more resilient communities.

Enhancing emergency preparedness: emergency medical teams coordination cell training in Lithuania

Emergency Medical Teams (EMTs) are crucial in responding to health emergencies, including epidemics, sudden-onset disasters, chemical, biological, radiological, and nuclear (CBRN) threats, conflicts, and displacement crises. Recognizing the importance of robust coordination mechanisms, **the WHO Regional Office for Europe and the Country Office in Lithuania, in collaboration with the Robert Koch Institute, jointly organized an Emergency Medical Team Coordination Cell (EMTCC) training session** in Vilnius, Lithuania, from 16 to 22 March 2025.

A WHO officer provides insights on EMTs coordination process during the training session in Vilnius, Lithuania, March 2025, @WHO.

The training brought together 32 participants from across Europe, including Lithuania, Germany, Ukraine, and the Baltic States. Attendees included EMT experts, national health ministry officials, nongovernmental organization members, and representatives from the Red Cross and European Union.

The training aimed to enhance national health system's capacity to integrate and manage EMTs during CBRN health emergencies. Participants gained critical skills in establishing and operating EMTCC within national health structures. They learned how to request and receive international EMTs and Rapid Response Mobile Laboratories, coordinate with stakeholders, as well as master a new Knowledge and Information Management in Emergencies Platform designed to improve communication and decision-making during emergencies.

The highlight was a simulation exercise that immersed participants in a realistic emergency scenario. This hands-on experience allowed them to practice making real-time decisions, coordinating response, and managing EMT deployments. Graduates are now part of an international EMTCC pool of experts who can support local authorities during emergencies.

The training marks a significant achievement in strengthening regional health security by equipping participants with practical knowledge and fostering collaboration, thus enhancing emergency preparedness across Europe.

This initiative was supported by the German Ministry of Health and the European Union's EU4Health Programme.

> **"As a team leader of the national EMT, I found this training invaluable for enhancing coordination and disaster management skills. Beyond the technical knowledge gained, the opportunity to network, share experiences, and apply concepts in a practical setting, guided by skilled facilitators, truly sets this course apart."**
> Participant Ana Correia, National Institute of Medical Emergency, Portugal.

Strengthening health security in Cyprus through the Strategic Toolkit for Assessing Risks (STAR) workshop

Participants of the National Strategic Risk Assessment workshop in Nicosia, Cyprus, March 2025, WHO/Carlos Mansilla.

The first-ever National Strategic Risk Assessment workshop in Cyprus, held from 26 to 28 March 2025, marked a significant step towards strengthening health security and emergency preparedness in the country. Organized by the WHO Country Office in Cyprus (WCO Cyprus) and the Ministry of Health, with support from the WHO Regional Office for Europe, this workshop brought together 50 experts from diverse sectors, including health, civil defense, and utilities, to address pressing health hazards through a multisectoral approach.

Using WHO's Strategic Toolkit for Assessing Risks (STAR), participants identified and prioritized 14 high-risk hazards, such as heatwaves, pandemic influenza, and wildfires**.** The STAR methodology emphasizes an all-hazards, evidence-based approach to risk assessment, fostering collaboration among stakeholders to evaluate risks and develop targeted preparedness actions. This participatory process not only enhances technical capacities but also promotes knowledge-sharing across sectors.

The workshop's outcomes will inform updates to Cyprus's national disaster and health emergency preparedness plans. By integrating insights from this initiative into strategic planning, Cyprus aims to bolster its resilience against current and future public health threats. This aligns with international frameworks like the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction 2015–2030. The workshop also reflects priorities outlined in WHO's Preparedness 2.0 framework and the upcoming European Programme of Work 2 (EPW2), which focus on enhancing health system resilience.

Supported financially by the European Union and Cyprus's Ministry of Health, this initiative represents a proactive effort to safeguard public health through strategic risk management. By uniting expertise across sectors, Cyprus is setting a benchmark for comprehensive emergency preparedness in the region.

> **"Preparedness is an intersectoral activity. Collaboration needs to be tested in peacetime to work efficiently during crises."**
> Dr Irshad Shaikh, WHO Representative in Cyprus.

Lao People's Democratic Republic builds on efforts to advance national health security through its second Joint External Evaluation

To strengthen health security preparedness and response capacities, the Lao Ministry of Health — in collaboration with WHO and relevant partners from multiple sectors — completed its second Joint External Evaluation (JEE) from 17 to 21 March 2025. The evaluation aimed to reinforce the country's capacity to implement its National Workplan for Health Security, following the country's first JEE in 2017. JEEs are a mechanism through which countries assess, enhance, and advance national capacities under the International Health Regulations (2005) (IHR).

The JEE was led by health security experts, Dr Gina Samaan, Regional Emergencies Director for the Western Pacific, and Dr Henk Ormel, an independent expert from the Netherlands (Kingdom of the). They worked alongside HE Dr Bounfeng Phoummalaysith, Minister of Health, Lao People's Democratic Republic, other government representatives and national experts. The evaluation also benefited from the contributions of experts from Australia, Canada, Nepal, New Zealand, Singapore, United States of America and the United Kingdom of Great Britain and Northern Ireland, who brought diverse perspectives and technical expertise to the process.

A number of key recommendations emerged from JEE to advance health security capacity in Lao People's Democratic Republic, these included:

- Strengthening mechanisms for whole-of-government International Health Regulations coordination and implementation;
- Increasing the number of qualified professionals for health security, improving workforce distribution, and training surge personnel for public health emergencies across sectors;
- Prioritizing sustainable domestic budget allocation for IHR core capacities, and streamlining processes to access contingency funds for rapid responses to public health emergencies.

A team of experts participate in the 2nd Joint External Evaluation in Lao People's Democratic Republic, @WHO/ Thevongsa P.

In addition to the JEE, Lao People's Democratic Republic has used other tools including the IHR States Parties Self-Assessment Annual Report, Intra-Action Review and After-Action Review to convene stakeholders across sectors, assess multisectoral capacities and strengthen health security systems.

> **"Lao People's Democratic Republic is one of only four countries in the Western Pacific Region to have completed a second JEE and we are committed to building on these advancements through domestic funding, investments in human resources and critical health infrastructure."**
> HE Dr Bounfeng Phoummalaysith, Minister of Health, Lao People's Democratic Republic.

Strengthen mechanisms for whole-of- goverment IHR coordination and implementation

Increase number of educated, trained, well distributed, surge Health workforce across sectors

Priortize sustainable domestic budget allocation and access to Contingency Funds for Emergencies for rapid response

Fiji's emergency medical Assistance team (FEMAT) reclassified: maintaining global standards as an emergency medical team

Fiji's Emergency Medical Assistance Team (FEMAT) celebrated maintaining its status as a WHO-classified Type 1 Fixed Emergency Medical Team (EMT). The reclassification was confirmed after two days of intense evaluation by a team of experts from WHO and peer-reviewers from the Australian Medical Assistance Team and the New Zealand Medical Assistance Team, both of which are also WHO-classified EMTs.

Fiji's Emergency Medical Team (FEMAT) reclassified as a WHO-classified Type 1 Fixed Emergency Medical Team © WHO/ Wong N.

Having achieved classification in 2019, FEMAT demonstrated its continued compliance with global standards, showing that the team remains capable of providing medical surge support and quality emergency care during a disaster outbreak. Reclassifications are undertaken every five years after initial attainment to confirm continued alignment with WHO's EMT principles and minimum standards.

The Western Pacific Region hosts 16 of 53 internationally classified EMTs. WHO has actively supported FEMAT since it was first launched in 2016. The Organization's work to establish and continuously strengthen EMT capacity in the Pacific is funded by the Australian Department of Foreign Affairs & Trade and the New Zealand Ministry of Foreign Affairs & Trade.

Pacific EMTs also receive technical support from critical partners in the region, including Australia's National Critical Care and Trauma Response Centre, and peer EMTs.

WHO's EMT Classification is a quality assurance mechanism and advances WHO's Global Health Emergency Corps (GHEC) vision of a trained health emergency workforce centered in countries and coordinated regionally, as well as globally.

> **"The Fiji Government through the Ministry of Health and Medical Services extend our sincere appreciation to the World Health Organization and other benevolent benefactors for their steadfast support of the Emergency Medical Team (EMT) initiative in Fiji and the Pacific."**
> Minister for Health and Medical Services Honourable Dr Ratu Atonio Lalabalavu.

Three Pacific Island Countries conduct a risk profiling and emergency workforce mapping exercise

Pacific Islands Countries are increasingly impacted by climate-change related risks that pose a significant threat to health security. From January–March 2024, Papua New Guinea, the Cook Islands and the Marshall Islands conducted emergency risk profiling exercises to identify potential hazards and map related emergency workforce capacities using an all-hazards approach. WHO's strategic risk-based approach to emergency management reflects a paradigm shift in managing risks: moving away from reactive, event-based, single-hazard, single-agency and top-down planning, towards a more collaborative, proactive, risk-based, all-hazard, multisectoral and participatory approach.

Papua New Guinea became the first country in the Western Pacific to map emergency workforce capacities using an all-hazards approach. Over 50 experts from 16 sectors participated in the National Strategic Risk Assessment for All-Hazards Workshop (18–21 February 2025), representing various ministries, institutions, and sectors, including: health, defense, security, rapid response teams, academia, industry, agriculture, environment, faith-based and nongovernmental organizations. Participants applied a stepwise process to identify hazards facing the country, assess their potential impact and prioritize actions to mitigate risks, including strengthening Papua New Guinea's emergency workforce.

The Cook Islands Te Marae Ora (Ministry of Health) conducted a three-day workshop (18–20 February 2025) involving participants from various government ministries, officials from the outer islands, and civil society organizations. Following the workshop, the Cook Islands developed a national risk profile which will serve as a foundational document for the country's health security plans.

Strategic Toolkit for Assessing Risks (STAR) workshop participants analyze which hazards pose the greatest risk to the Marshall Islands, @WHO/ Gilmore C.

The Marshall Islands become the first country in the North Pacific to develop a national profile of prioritized risks during a workshop (20–23 January 2025) that involved 27 participants from six different government and non-governmental agencies, including the National Disaster Management Office, the Marshall Islands Ports Authority and international partners such as International Organization for Migration and the Marshall Islands Red Cross Society.

> **"I just do not want to be part of the workshop... I want to ensure that my voice is heard."**
> Patrick Samar, Secretary of the National Youth with Disability Association, Papua New Guinea.

The workforce mapping exercise is an example of how WHO's Global Health Emergency Corps Initiative (GHEC) is being rolled out across countries in the Region. Through GHEC, WHO supports countries to strengthen, standardize and scale national health emergency workforce capacities. WHO is grateful for the contributions from the Gates Foundation, the Government of Japan, the Australian Department of Foreign Affairs and Trade and the National Critical Care and Trauma Response Centre that have made this work possible.

Strengthening global health response: Standby Partners train for Ebola and Marburg deployments

From 15 to 17 April 2025, Brindisi, Italy, hosted an immersive simulation exercise (SIMEX) that brought together 43 experts deployed through the Standby Partnerships programme, an essential mechanism that provides surge capacity to United Nations operations during humanitarian emergencies. Organized under the INITIATE² project and held at the United Nations Humanitarian Response Depot, the simulation aimed to enhance preparedness for Ebola and Marburg outbreaks by equipping participants with hands-on experience in setting up and operating treatment centers.

The Standby Partnership programme plays a critical role in global emergency response, supporting over 1 000 deployments annually across more than 100 countries. Through bilateral agreements with more than 50 partner organizations, the programme ensures that technical experts are rapidly deployed to support UN agencies in times of crisis.

This training brought together a diverse group of professionals, including emergency responders, logisticians, WASH specialists, clinicians, and IPC experts, from 13 organizations. Participants represented both Standby Partner entities and leading medical institutions, underscoring the collaborative and multidisciplinary nature of the initiative.

A key feature of the training was the deployment of the Infectious Disease Treatment Module (IDTM), a modular and rapidly deployable facility developed under INITIATE² project. The IDTM includes dedicated zones for patient care and staff support. Its real-time deployment during the exercise allowed participants to translate theory into practice while receiving peer feedback and building team coordination.

Participants practice safe and dignified dead body management during the INITIATE ² project training in Brindisi. Wearing full PPE, Standby Partner experts simulated critical procedures required in high-risk outbreak settings such as Ebola and Marburg, ensuring biosafety and cultural sensitivity are upheld during field deployments, @Karin Bauer/ Photomedics.

The training addressed every phase of outbreak response: from planning and designing treatment centers, estimating essential supplies, and assembling infrastructure, to conducting patient admissions, ambulance and environmental disinfection, waste management, and decommissioning. Simulated clinical activities also included the safe and dignified management of deceased patients, an essential yet often overlooked component of outbreak preparedness.

> **"This was more than a training—it was a rehearsal for the real world. And we're now better prepared."** Participant Neil Doherty, RedR Australia, registered in the Australian Assists Government programme.

By fostering cross-sectoral learning and strengthening operational readiness, the training reaffirmed the value of joint preparedness efforts. Supported by WHO, the World Food Programme and the University of Tubingen (Germany), it stands as a model for how integrated, practical training can help ensure rapid and effective responses to future outbreaks.

WHO Hub for Global Health Emergencies Logistics

The WHO Hub for Global Health Emergencies Logistics is crucial in rapidly delivering life-saving health supplies and equipment in response to global health emergencies, including infectious disease outbreaks, natural disasters, and conflict escalations. With over 18 000 square meters of temperature-controlled storage, the Hub is the largest repository of pre-positioned emergency health supplies within WHO's global supply chain.

Logistics hub Dubai, April 2025, @WHO

Global reach

In 2025, from 01 January to 15 April, the Hub delivered over US$ 5.8 million in vital health supplies to 35 countries across five WHO geographic regions. Handling an average of 100 metric tons of health commodities valued at US$ 1 million each week, the Hub's operations are extensive and impactful.

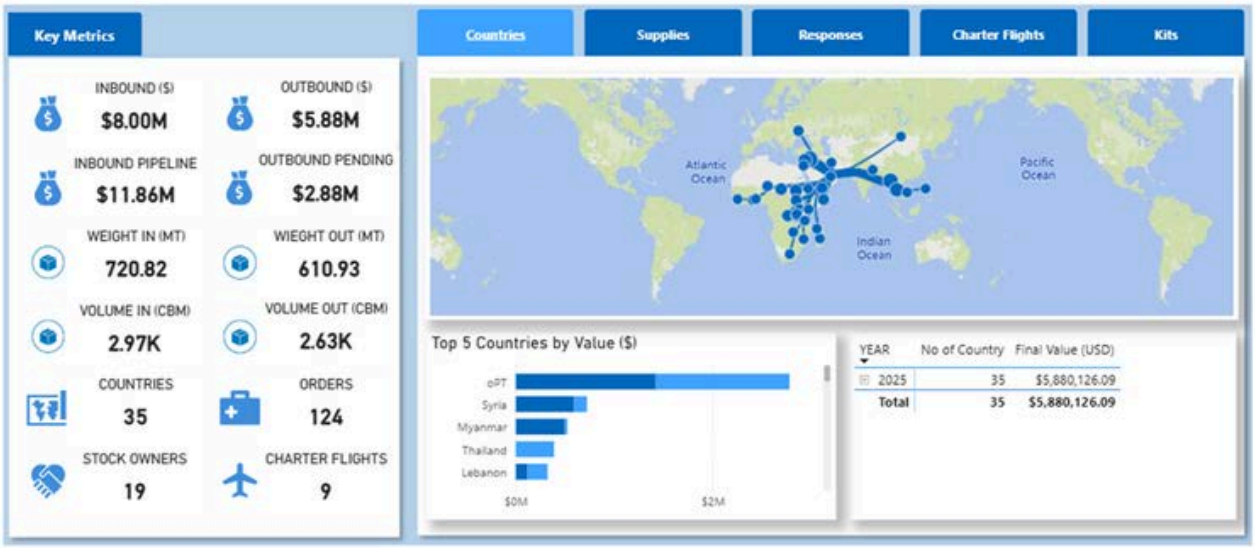
Rapid response

Following the 7.7 magnitude earthquake in Myanmar on 28 March, the Hub mobilized life-saving supplies within 24 hours. Coordinating two emergency air charters, it delivered 67 metric tons of trauma and emergency surgery supplies, along with life-saving medicines to support critical surgical interventions and treatments during the initial response.

Agile supply chain operations

The Hub optimizes resource allocation by prioritizing the delivery of health supplies based on the scale and severity of emergencies. Demonstrating responsiveness and agility, it continuously drives down the per kilogram costs of delivering health supplies. Cost savings are achieved through in-kind charter flights and leveraging logistics networks, reducing the per-patient cost of treatments in challenging humanitarian environments. This enables WHO to deliver more health supplies to more people, more quickly than ever before.

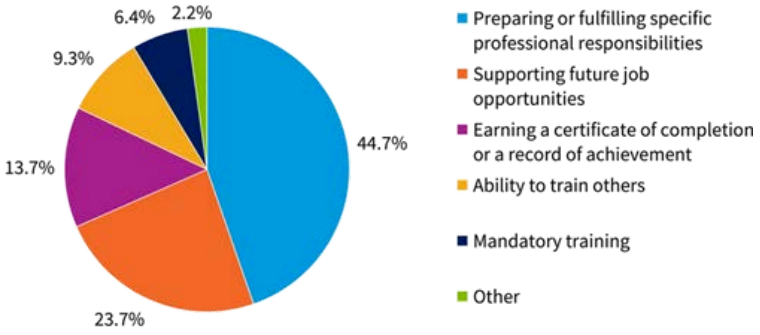
The WHO Hub's efficient coordination and cost-saving logistics enable rapid delivery of health supplies to more people, improving access to critical treatments and interventions. This leads to better health outcomes and maximizes the impact of donor investments in public health.



WHO enhances OpenWHO.org with focus on rapid, AI-powered video and translation for emergency learning

In January 2025, WHO redesigned OpenWHO.org to focus on delivering critical knowledge for health emergency response more efficiently. The platform now prioritizes just-in-time learning, able to produce resources, especially video content, within 72 hours of a major health emergency, aligning with the Emergency Response Framework.

Users feedback: *The findings suggest that WHO learning materials are considered valuable resources for career development and meeting operational needs in public health.*



The new OpenWHO emphasizes open-access videos, slides, and downloadable resources adaptable to local contexts. Unlike the previous format of self-paced courses and certificates, the redesigned site uses a globally accessible video player and does not require registration. A key feature of the redesign is the **ability to rapidly develop and translate learning materials into more than 140 languages, ensuring the needs of frontline staff and communities are met**. Currently, courses are available in 21 languages. All translated text undergoes a quality check.

These changes address needs identified in a 2024 survey. The survey of 1 415 respondents in June 2024 revealed that most participants were health professionals or affiliated with academia, using OpenWHO courses to prepare for or fulfill professional responsibilities (44.7%). Fewer were motivated by earning certificates (13.7%).

The survey also found that most participants accessed learning materials via smartphones (55.8%), highlighting the need for easily accessible content. Nearly three-quarters of respondents preferred videos for learning (74%). To meet this demand and to enhance the speed and reach of multilingual content creation, OpenWHO is exploring artificial intelligence tools to facilitate the rapid production of multilingual videos grounded in WHO evidence.

The redesigned site currently offers learning resources on 110 health emergencies topics, with more than 100 000 video plays in the first three months of 2025. By enhancing OpenWHO, particularly through AI-assisted translation and video production, and the ability to offer resources in over 140 languages, WHO aims to improve access to knowledge, science, and learning transfer for emergency response globally.

Users feedback: *Most participants accessed learning materials via smartphones (55.8%), highlighting the need for easily accessible content. Nearly three-quarters of respondents preferred videos for learning (74%).*

WHO's Health Emergency Appeal 2025

Conflict, climate change, epidemics and displacement are converging to create an unparalleled global health crisis, with 305 million people in urgent need of humanitarian assistance in 2025. In response, WHO is calling for US$ 1.5 billion for its 2025 Health Emergency Appeal, to support life-saving health interventions worldwide.

GOARN
For updated GOARN 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 on WHO's regional response:

- Regional Office for Africa
- Regional Office for the Americas
- Regional Office for the Eastern Mediterranean
- Regional Office for South-East Asia
- Regional Office for Europe
- Regional Office for the Western Pacific

News and highlights

Disease Outbreak News: Avian Influenza A(H5N1) - Mexico

PAHO issues new epidemiological alert amid rising yellow fever cases in the Americas

Primates as Sentinels: Advancing Community-Based Yellow Fever Surveillance in Colombia

WHO's Health Emergencies Programme: acute emergencies monthly summary – February–March 2025

Angola takes measures to improve access to safe water and curb cholera

People's Health in Myanmar (including previous editions of the WHO external situation reports on the Sagaing Earthquake

Amid earthquake recovery, WHO steps in to prevent dengue outbreaks in Myanmar

Mass polio vaccination campaign to continue in the Gaza Strip

WHO's response in the occupied Palestinian territory, April 2024 - December 2024

Healthy beginnings, hopeful futures – On World Health Day WHO calls for an immediate ceasefire in Gaza

Breaking news to be featured in next month's update: Uganda declares end of Ebola outbreak, 26 April 2025

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

Episode #132 - From alerts to action - How WHO protects your health

Did you know that WHO receives over a 100,000 signals every month? What are these health signals or threats? How do scientists and WHO decide which one of these signals could be a potential outbreak or disease? Tune in to Science in 5 with Dr Chikwe Ihekweazu to learn how WHO protects your health every day.