

# LEADING COORDINATED HEALTH ACTIONS TO SAVE LIVES

## Coordination

**No organization can respond to a health emergency alone.** WHO is at the centre of global health architecture, and works with its global network of over 1600 technical and operational partner institutions when responding to health emergencies and supporting better preparedness, prevention, detection and response.<sup>1</sup> WHO leads the United Nations Global Health Cluster, a critical platform which galvanizes and coordinates the capacities of over 900 country and global level health partners. Close work with other partners, through WHO's Global Outbreak Alert and Response Network and Standby Partnership Programme, also helps to meet the complex needs of crises affected populations through timely and effective action.

WHO works with numerous alliances of local, national, regional and global partners to facilitate effective and efficient responses. The ongoing COVID-19 response demonstrates WHO's key role in synthesizing scientific evidence and providing recommendations for newly emerging threats. The crucial partnerships between WHO and donors underpin every action WHO takes, as well as every programme and initiative WHO provides.

### WHO's priorities for 2022 include:

- Work with global and local partners to achieve better health outcomes.
- Conduct rapid risk assessments and implement interventions.
- Strengthen decision-making through holistic and integrated outbreak analytics.

### Supporting the health sector

As the Inter-Agency Standing Committee Health Cluster lead, WHO encourages donors to contribute to the health sector as a whole, ensuring timely outbreak crisis and response activities of all health partners.

The number of people in need continues to rise at an alarming rate. In 2022, 274 million people will need humanitarian assistance and protection.

The United Nations and partner organizations aim to assist 183 million people most in need across 63 countries, which will require US\$ 41 billion.

[Global Humanitarian Overview 2022](#)

### Emergency Operations Centres (EOCs)

Seamless, rapid, active, and actionable multi-sectoral information flow is crucial throughout the public health emergency management cycle. As a cross-cutting function within the WHO Health Emergencies Programme, the Emergency Operations Centre provides a common operating platform for information sharing and coordination of emergency operations. WHO works with Member States to strengthen the global network of Emergency Operations Centres to enhance partnership for preparedness and response. For example, in the 2014–2016 Ebola outbreak, Nigeria's rapid actions in containing the virus in Africa was attributed to an early established Centre that was set up for the 2012 polio eradication programme. The on-scene adaptation to local circumstances facilitated the containment of the outbreak with streamlined actions, limiting social and economic disruptions.



### WHO worked with partners to provide emergency health support in Cox's Bazar, Bangladesh

WHO and partners supported COVID-19 preparedness and response for Rohingya refugees and host communities in Cox's Bazar, Bangladesh. WHO mobilized partners to establish over 1000 beds in and around the camps for treatment of severe cases of COVID-19. WHO also assisted the Institute of Epidemiology Disease Control And Research Field Laboratory to increase COVID-19 testing capacity from around 100 tests per day to over 1500 per day. In addition, WHO and partners enhanced the disease surveillance system, strengthened contact tracing, trained health workers on infection prevention and control and delivered essential health supplies.

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### Integrated Outbreak Analytics Partnership (IOA)

IOA is a nucleus within the Global Outbreak, Alert and Response Network that applies a multidisciplinary approach to understanding outbreak dynamics. IOA embraces a holistic perspective of outbreak dynamics throughout: from research questions to data collected or accessed, to interpretation of results and recommendations that follow. In addition, IOA promotes co-development of evidence-informed recommendations with Ministries of Health.

<sup>1</sup> WHE Annual Report 2018



## Readiness and resilience of health systems

**Public health emergencies can devastate health systems.** The COVID-19 pandemic has hit populations in situations of fragility, conflict, violence and other vulnerabilities particularly hard. This has been especially challenging for people who depend on the informal sector for survival and communities already exposed to other threats, including natural hazards and the impact of climate change. COVID-19 has resulted in other adverse effects, further increasing the barriers to access for essential health services and reducing vital socioeconomic safety nets. This is a particular threat for the estimated 25% of the global population living in settings of fragility, conflict, violence and other vulnerable environments. Health systems in these settings were struggling to meet basic needs even before the pandemic. COVID-19 then severely impacted the operational readiness of health systems worldwide, dealing a considerable blow to operating budgets and the ability to maintain the minimum stock levels of essential commodities for HIV, tuberculosis and malaria.<sup>2</sup> In addition, infant immunization coverage in 2020 dropped to 2009 levels, leaving 3.7 million more children unvaccinated or under-vaccinated than in 2019: almost all were zero-dose children.

### Emergency supplies arrive in Afghanistan

In August 2021, WHO's Dubai Logistics Hub dispatched a delivery of WHO medicines and health supplies to Afghanistan – the first air shipment of medical supplies to arrive in Kabul since the situation escalated. The 12.5 metric tonnes of supplies included trauma kits and interagency emergency health kits, enough to support the basic health needs of more than 200 000 people, provide 3500 surgical procedures and treat 6500 trauma patients. The supplies were delivered to 40 health facilities in 29 provinces. As of 1 February 2022, 27 cargo flights have delivered 500 metric tonnes of essential medical supplies to Afghanistan, with a total value of US\$ 7 million.

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### WHO's priorities for 2022 include:

- Strengthen national health emergency preparedness and response systems.
- Strengthen operational readiness capacity.
- Improving access to essential vaccines, diagnostics and therapeutics with a special focus on zero-dose children, in line with Immunization Agenda 2030.
- Ensuring health systems are more resilient, particularly in fragile and conflict settings.
- Intensifying efforts to eradicate all remaining strains of circulating vaccine-derived poliovirus type 2 while continuing to transition the assets, functions and expertise established by the polio programme to benefit broader public health efforts (e.g., COVID-19) and ensure longer-term sustainability.
- Support countries in integrating biological hazards (health emergencies) in national disaster risk management policies.

**The COVID-19 pandemic has hit populations in situations of fragility, conflict, violence, and other vulnerabilities particularly hard. WHO works tirelessly in these settings to make health systems more resilient.**

<sup>2</sup> <https://gho.unocha.org/trends/health-services-most-vulnerable-have-been-severely-impacted>

## Global health emergency workforce

**WHO-led initiatives support a global pool of experts, teams and local and international partners, who can be deployed to respond rapidly to health emergencies across the world.** The Global Outbreak Alert and Response Network, Emergency Medical Teams, Standby Partnerships Programme and the Global Health Cluster are all key WHO initiatives, helping ensure a global health emergency workforce is in place to respond when needed.

WHO's training, learning and knowledge sharing platforms have helped to strengthen workforce capacity and readiness at country level, often in real time during emergencies. This work continues to be prioritized through initiatives including [OpenWHO](#) – an online learning platform to improve health emergency response, and the [WHO Academy](#) – a state-of-the-art lifelong learning centre, bringing the very latest innovations in adult learning to global health. Safety of the global health emergency workforce is critical. WHO works to prevent the spread of infections during health care delivery to prevent health facilities from amplifying the disease, protect health workers and patients, and maintain safe essential health services.

Responses to the COVID-19 pandemic have further exacerbated unmet mental health needs. Last year, experts in mental health and psychosocial support were deployed to support scaling up services in 18 countries and territories in response to public health and humanitarian emergencies. WHO is also supporting many countries to expand access to mental health and psychosocial support services, including in Bangladesh, Jordan, Paraguay, Philippines, Ukraine and Zimbabwe.

### WHO's priorities for 2022 include:

- Increase supply of predictable and embedded standing capacity for health emergency surveillance, alert, case investigation, and other functional capacities.
- Address the gaps created in funding and human resources, and ensure the polio eradication workforce is adequately funded to support the COVID-19 response.
- Ensure that responders and the health workforce have sufficient, effective and sustained access to infection prevention and control measures and supplies as well as skills and tools to effectively respond to infodemics during emergencies.
- Increase access to necessary and appropriate emergency health working conditions, remuneration, hazard pay, education and training, and mental health and psychosocial support.
- Assess the impact of attacks on health care delivery, and document best practices.



A doctor works in the parasitology laboratory of the Alonso Suazo Health Centre, the largest in the Honduran capital, where she is responsible for the surveillance of pneumococcal, meningococcal pneumonia, and rotavirus vaccines. © PAHO / WHO



### Polio eradication workforce the backbone of the COVID-19 response and vaccine roll-out

The polio workforce has been engaged in COVID-19 vaccination and immunization recovery efforts, demonstrating again the value of this workforce for broader public health. According to real-time data collected in the African Region, more than 467 polio workers have been engaged in COVID-19 vaccination activities across 33 countries. In the South-East Asia Region, the integrated polio and immunization surveillance networks have taken on key roles in COVID-19 vaccination guideline development, cold chain management, training of health workers and the facilitation of real-time reporting and data management during campaigns. In the Eastern Mediterranean Region, polio personnel have been involved in a wide range of activities, such as recruiting vaccinators, developing microplans and conducting surveillance for adverse events following COVID-19 vaccination.

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## Operations support and logistics

**WHO delivers rapid, flexible and predictable logistics to ensure that life-saving services and supplies are provided to populations experiencing health emergencies.**

This includes comprehensive and coordinated field operations and logistics support, end-to-end supply chain management to provide critical supplies to countries across all WHO regions, and technical guidance and expertise on emergency response logistics. WHO's Operations Support and Logistics team includes first response, coordination and last resort response capacity. Key tactics include integrating technical guidance with operations, consolidating demand and allocation, coordinating purchasing across partners' operations, and streamlining deliveries, which enable flexibility, speed and agility.

### WHO's priorities for 2022 include:

- Strengthen technical health logistics capacity, including technical guidance for biomedical equipment, laboratory equipment, operational support packages and quality assurance.
- Ensure coordinated strategies for disease outbreak response and field operations, deploy personnel as necessary and support increase of operational capacities at country level.
- Position and strengthen the Dubai Logistics Hub as WHO's critical centre for emergency supply preparedness and response operations.
- Establish a forecasting, demand and analysis unit that manages development of data sharing protocols, data repositories, analytical tools and data platforms for supply chain operations and market intelligence.

**WHO's Health Emergencies Programme is poised to respond to disease outbreaks and other health emergencies at any time.**



### Global logistics centre for health emergencies

WHO continues to strengthen and expand its dedicated strategic global health supplies hub in the International Humanitarian City in Dubai, United Arab Emirates. The Global Logistics Centre for Emergencies will serve as one of the world's leading health emergency response and services centres, implementing complex supply chain, stockpiling and logistical operations. It has played a critical role in the COVID-19 response and ongoing humanitarian crisis, supporting over 120 countries across all six WHO regions whilst expanding from an initial 2500 square metres to more than 20 000 square metres today, including a state-of-the-art cold chain facility.

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## Early warning and new capabilities to detect and verify health emergencies

**WHO tracks hundreds of public health threats every year, any one of which can escalate from a local threat to a national, regional or global emergency.** WHO's Health Emergencies Programme is poised to respond to disease outbreaks and other health emergencies at any time. The speed and accuracy with which threats are identified and verified determines the speed and accuracy with which WHO can take appropriate action to save lives and reduce outbreak impacts. Critical tools for success include the Early Warning Alert and Response System, which is designed to improve disease outbreak detection in emergency settings. [The Public Health Emergency Operations Centres Network](#) also helps strengthen collaboration and coordination between centres and response partners. Further mitigation of public health emergencies is aided by [Epidemic Intelligence from Open Sources](#), which connects experts around the world, providing them with the best possible solutions to detect, contextualize, analyse, assess and share information for quick, evidence-based action.

### WHO's priorities for 2022 include

- Co-develop with FAO, OIE and UNEP integrated OneHealth disease surveillance systems for Emerging Infectious Diseases based on up-to-date data that encompasses the interface of human, animal, and environmental health.
- Strengthen linkages to regional and national emergency operations centres and networks, to enable these centres to function as major strategic information hubs, and strengthen health information management systems and enhance surveillance systems.
- Help countries to better prepare for, prevent, detect and respond to health risks by integrating communities into the detection and response system.

- Conduct risk assessments to identify the public health threats faced by emergency-affected populations, and conduct operational and emergency support missions.
- Provide support for training and programme implementation, and implement innovative decision-making tools to shift from a reactive to a proactive approach to prepare for and address infectious threats.

**The speed and accuracy with which threats are identified and verified determines the speed and accuracy with which WHO can take appropriate action to save lives and reduce outbreak impacts.**

### Sudan protects people against yellow fever

Sudan is at a high risk of yellow fever outbreaks due to climatic and ecological factors, and low population immunity. In 2021, as per WHO recommendations for all endemic countries, and with the support of the global strategy to eliminate yellow fever epidemics – EYE Strategy (a partnership between WHO, Gavi, the Vaccine Alliance, and UNICEF) – Sudan now includes yellow fever in the routine immunization schedule. Sudan also works to protect displaced people from neighbouring countries. This has been achieved despite the ongoing challenges of COVID-19 and other political factors. Sudan has also implemented catch-up campaigns for people who may have missed childhood immunization with 89%–97% coverage.



### WHO responded to suspected cases of plague in Madagascar

On 29 August 2021, the Public Health, Epidemiological Surveillance and Response Department of the Ministry of Health, Madagascar received an alert from the Arivonimamo health district regarding a suspected community death and 15 suspected cases of pneumonic plague. By the following day, 25 suspected cases of pneumonic plague had been reported to the health authorities. Early warning systems allowed for WHO and partners to take swift actions, including diagnosis and case management, coordination, epidemiology and surveillance. These swift actions alleviated suffering and saved lives.

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## Research and innovation

### WHO translates knowledge into coordinated action.

Research, science and innovation will continue to be a critical lever for WHO's response to health emergencies. WHO is uniquely positioned to conduct and catalyse rapid research, and those findings directly feed into WHO technical guidance materials. As new priority research areas arise, WHO's response evolves. For example, in the global COVID-19 response, initial efforts catalysed by the Global Research Roadmap resulted in the development of safe and effective vaccines and diagnostics in record time and the confirmation that one existing therapeutic (dexamethasone) was effective in hospitalized patients with severe disease. Throughout 2021, the ACT-A mechanism, which WHO co-leads, coordinated accelerated work to support the research, development, regulatory approval, allocation and implementation of each product group.

### WHO's priorities for 2022 include

- Strengthen and sustain the dynamic multi-agency, multi-partner system that translates knowledge into coordinated action through four interlinked coordination, leadership and support processes.
- Generate high-quality evidence and leverage expertise from WHO and partners.
- Shape emergency response through authoritative, accessible, evidence-based guidance and tools.
- Provide implementation and operational support.
- Monitor progress, receive feedback and ensure information sharing.
- Strengthen the evidence base on public health and social measures to monitor, evaluate and harmonize research on non-pharmaceutical interventions and to promote evidence-driven public health and social measures implementation during future health emergencies.



### Accelerated innovative research on containing the spread of COVID-19 and providing clinical care for those affected

WHO brought together more than 3000 researchers from more than 1000 global institutions, 40% of whom were from low-income or middle-income countries. WHO also supported the development of global research platforms and built on the knowledge from the current pandemic to better prepare for the next epidemic. A key part of the research effort has been the development of several standardized generic sero-epidemiological investigation protocols branded as [UNITY studies](#). These enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic. These are now critical to better understand any changes in the epidemiological parameters of variants of concern. Additionally, in May 2021, WHO and the Swiss Confederation signed a Memorandum of Understanding to launch the first WHO BioHub facility as part of the WHO BioHub System. The facility will enhance the rapid sharing of information about viruses and pathogens between laboratories and partners globally, informing risk assessments and enabling global preparedness against the pathogens. Currently, most pathogen information sharing is done bilaterally between countries and ad hoc.

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# GRADE 3 EMERGENCIES



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## COVID-19

### Pandemic

WHO and partners continue to deliver science and solutions to end the acute phase of the pandemic. Key initiatives include the ACT-A (vaccines, diagnostics and therapeutics), technical guidance and risk communication and infodemic management.



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## Syrian Arab Republic

### Complex emergency

Nearly a quarter of all hospitals and one-third of all primary health care centres remain non-functional. WHO continues working with partners to respond to urgent health needs and protect the lives of millions of vulnerable people.



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## Ukraine

### Complex emergency

WHO is working closely with partners to rapidly respond to the health emergency triggered by the conflict and to minimize disruptions to the delivery of critical health care services.



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## Yemen

### Complex emergency

Yemen's health system is on the brink of collapse. WHO works alongside health authorities and other partners, supporting primary health care services, to respond to disease outbreaks and to support vaccination campaigns.



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## Afghanistan

### Complex emergency

An estimated 24.4 million people are in need of humanitarian assistance. WHO continues to coordinate the Global Health Cluster, ensure continuity of health services, provide life-saving medical supplies and respond to COVID-19.



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## Somalia

### Complex emergency

WHO supports Somali health authorities to provide equitable and safe access to emergency and essential life-saving health services for vulnerable populations and build health system resilience for emergency preparedness, response, recovery and disaster risk reduction.

\* The grading reflects the highest level of emergency grade per country for ongoing public health events and emergencies excluding COVID-19.

A protracted emergency is defined as "an environment in which a significant proportion of the population is acutely vulnerable to death, disease and disruption of livelihoods over a prolonged period of time. If a graded emergency persists for more than six months it may transition to a protracted emergency.

Emergency grades are subject to revisions and changes.

### Emergency grade\*

■ Grade 3 / Protracted 3

■ Not applicable, disputed borders



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## Nigeria

### Humanitarian response

Persistent armed conflict in North-Eastern Nigeria is resulting in widespread displacements and food insecurity. WHO is working with the Nigerian Ministry of Health and partners to reach those in need with life-saving health care while maintaining prevention measures.



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## Democratic Republic of the Congo

### Complex emergency

WHO works to increase access to essential health services and improve prevention, detection and response to epidemics and other public health events. In particular, WHO works to strengthen disease surveillance and reporting and reinforce broader health information management.



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## South Sudan

### Humanitarian response

WHO supports the health authorities at the central and local levels in strengthening health services, addressing public health issues and supporting and promoting research for health. WHO and partners also continue to support the Ministry of Health in conducting vaccination campaigns.



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## Ethiopia

### Humanitarian response

More than 5.2 million people in Tigray are in need of support. As Global Health Cluster lead, WHO coordinates with 23 partners to provide emergency health support, including prevention, preparedness and response to disease outbreaks.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme

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