WHO's Operational Update on Health Emergencies

In this issue

In Syrian Arab Republic, a WHO team visits a health centre in Maskaneh village in rural Aleppo, meeting with health and community workers and beneficiaries (September 2024). Credit: WHO/Farah Ramadan

Key figures on WHO's work in emergencies: 2024 in review

As of 15 January 2025, WHO is currently responding to 42 graded emergencies across the world, including:

10 Grade-3 emergencies

8 protracted Grade-3 emergencies

10 Grade-2 emergencies

8 protracted Grade-2 emergencies

3 Grade-1 emergencies

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

On 20 January 2024, Tanzania confirmed an outbreak of Marburg virus disease in the northwestern Kagera region after one case tested positive for the virus following investigations and laboratory analysis of suspected cases of the disease. Following this declaration, the outbreak was graded by WHO as a Grade 2 emergency.

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Response to emergencies: From 1 January to 31 December, WHO responded to 51 graded emergencies under the three-tier grading system in more than 89 countries across six WHO regions.

International Health Regulations (2005) (IHR): on 2024, Member States successfully concluded negotiations on a package of amendments to the International Health Regulations (2005) (IHR), and made concrete commitments to finish negotiations on a global pandemic agreement. The goal of both important initiatives is to ensure that robust systems are in place in all countries to protect the health and safety of all people from the risk of future outbreaks and pandemics.

Public Health Intelligence: in 2024, WHO's Public Health Intelligence system provided a global early warning system through its detection, verification, risk assessment, and information dissemination processes for all key public health events, in line with its obligations under the IHR (2005). From January to December 2024, more than 1.2 million pieces of information on potential public health events were assessed and triaged by experts in WHO's public health intelligence teams. Initial risk assessments were undertaken on all 494 newly reported events in Member States. In addition, more than 30 in-depth rapid risk assessments of acute public health events that required more WHO operational support were developed. To inform its Member States of acute public health events, WHO posted 81 event updates on the secure Event Information Site for National IHR Focal Points. For the public, WHO published 47 Disease Outbreak News bulletins as well as detailed situation reports including 12 on the multi-country outbreak of cholera, nine on the mpox Public Health Emergency of International Concern (PHEIC) and seven on the Sudan conflict focusing on the situation in refugee-hosting countries.

GOARN: In 2024, GOARN deployed 67 specialized international technical experts across 16 WHO operations worldwide. These experts, skilled in epidemiology, surveillance, case management, operational research, social behavior change, risk communications and community engagement, provided hands-on support to response activities including training to hundreds of national counterparts. Their efforts not only supported immediate response efforts but also enhanced national and local capacities. GOARN's deployments tackled numerous emergency operations, including the: Mpox outbreak in the Democratic Republic of Congo (DRC), Marburg outbreak in Rwanda, multi-country cholera response, measles outbreak in Mongolia, yellow fever outbreak in South Sudan, drought and food insecurity in the Horn of Africa, and escalating violence in Sudan, the occupied Palestinian territory (oPt), and Israel. Notably, GOARN aims to maintain gender parity for deployments, with 55% of deployees in 2024 being female. Strengthening national institutions has been a core objective of the network. This is exemplified by the development and launch of the National Outbreak Response Handbook, which outlines effective organizational structures and governance models for national outbreak responses and highlights best practices. The handbook will be regionally adapted to enhance its global impact. Additionally, the network has conducted seven global leadership and integrated public health emergency response training modules for 250 participants across WHO regions.

OpenWHO: WHO's OpenWHO.org learning platform closed 2024 with 9.2 million enrolments across 318 online courses, including 930 000 new enrolments and 63 new courses launched in 2024. OpenWHO responded to 26 outbreak events through online learning in 2024 and launched 17 new courses focused on health emergencies topics. Learning materials were available in 75 languages to make lifesaving knowledge available to communities across the globe, including the Maraba, Makonde and Romanian languages that were added in 2024.

Standby Partners: in 2024, Standby Partners played a crucial role in supporting WHO's response to 17 graded emergencies. They facilitated the deployment of 56 new surge personnel to 19 WHO offices, with a total deployment duration of 230 months. Through the SBP mechanism, an estimated US$ 3.45 million worth of in-kind support was mobilized.

Health Cluster: Thanks to the partnership with over 900 national and international partners, 106.4 million people across 25 countries received urgent health care from health cluster partners. Through health cluster partners, 57.3 million primary health care consultations were delivered, and 7565 mobile clinics were deployed in humanitarian settings.

Emergency Medical Teams (EMTs): in 2024, 12 EMTs were newly classified by the WHO EMT initiative, including Senegal as the first in the WHO African Region. This brings the total number of classified EMTs to 52 worldwide, representing over 30 countries and over 30 000 qualified health professionals. Globally, 89 international EMTs were activated throughout the year including for epidemic responses (cholera in Zambia and mpox in Democratic Republic of the Congo and Uganda); natural disasters (landslide in Uganda, and hurricanes in Grenada, Mayotte and the United States of America); and conflict responses (in Gaza, Lebanon and Sudan). In Gaza, 51 EMTs (1 national and 50 international) were deployed providing more than 2.2 million medical consultations and more than 36 000 emergency surgeries from four field hospitals established for the response in 2024.

Contingency Fund for Emergencies: US$ 50.09 million was released by WHO's Contingency Fund for Emergencies (CFE) to provide humanitarian health assistance for 27 emergencies or events. The largest allocations in 2024 were for the Ethiopia humanitarian response, the Sudan conflict and refugee crisis, the escalation of hostilities in Lebanon, the global dengue outbreak, and the occupied Palestinian territory conflict.

WHO appeals for US$ 1.5 billion to protect the health of the most vulnerable affected by 42 emergencies globally in 2025

In 2025, millions of people are in urgent need of life-saving health care due to conflict, displacement, disease outbreaks, and climate disasters.

In the occupied Palestinian territory and Sudan, acute conflicts disrupt vital services, while in the Democratic Republic of the Congo and Syria, ongoing instability and displacement exacerbate health vulnerabilities. While health provides a lifeline for people living in humanitarian settings, giving them the chance to recover and rebuild their lives, many are still deprived of this fundamental human right.

Working together with Member States and partners, WHO has saved millions of lives from health emergencies – but our work is intensifying. We must continue to prioritize health and provide life-saving interventions, ensuring the world's most vulnerable populations have access to the care they both need and deserve.

HUMANITARIAN CRISES DEEPEN HEALTH INEQUITIES

Prolonged crises, now lasting an average of 10 years, devastate health systems and worsen vulnerabilities. Maternal mortality, nearly double the global average in these settings, highlights the urgent need for sustained health interventions.

CLIMATE CHANGE AMPLIFIES HEALTH CRISES

Climate-induced disasters, including floods, droughts, and heatwaves, are intensifying disease outbreaks and worsening health inequities. WHO leads emergency responses and builds resilience in health systems to mitigate these impacts.

HEALTH SYSTEMS UNDER ATTACK

In 2024, WHO recorded 1508 attacks on healthcare in 15 countries and territories, resulting in 886 deaths and 1712 injuries to health workers and patients, disrupting life-saving services and further undermining health access in conflict zones.

Polio vaccination campaign kicks off in Gaza - 1 September 2024. Credit: WHO / Laszlo VEGH

REACHING THOSE IN NEED REQUIRES PARTNERSHIP

An effective global health response cannot be delivered in isolation. Day in and day out, WHO works closely with 900 partners at the local, national and global levels to maximize resources and deliver a coordinated health response for the most vulnerable communities.

HEALTH IS FUNDAMENTAL TO SURVIVAL AND RECOVERY

WHO is uniquely positioned to provide rapid, life-saving support at every stage of the health emergency response, combining immediate life-saving interventions with long-term capacity building. In 2024 alone, WHO worked with partners to provide critical support to more than 45 health emergencies in 87 countries and territories.

WHO SAFEGUARDS GLOBAL HEALTH SECURITY

Through rapid, coordinated responses, WHO prevents the spread of infectious diseases, strengthens fragile health systems, and ensures health interventions reach the most vulnerable during emergencies.

FUNDING GAPS UNDERMINE HEALTH RESPONSES

Health sector funding in humanitarian responses reached only 40% of needs in 2024, forcing critical service cuts and difficult decisions about who receives care. Flexible, timely funding is essential to address these gaps and save lives.

A CALL FOR GLOBAL SOLIDARITY

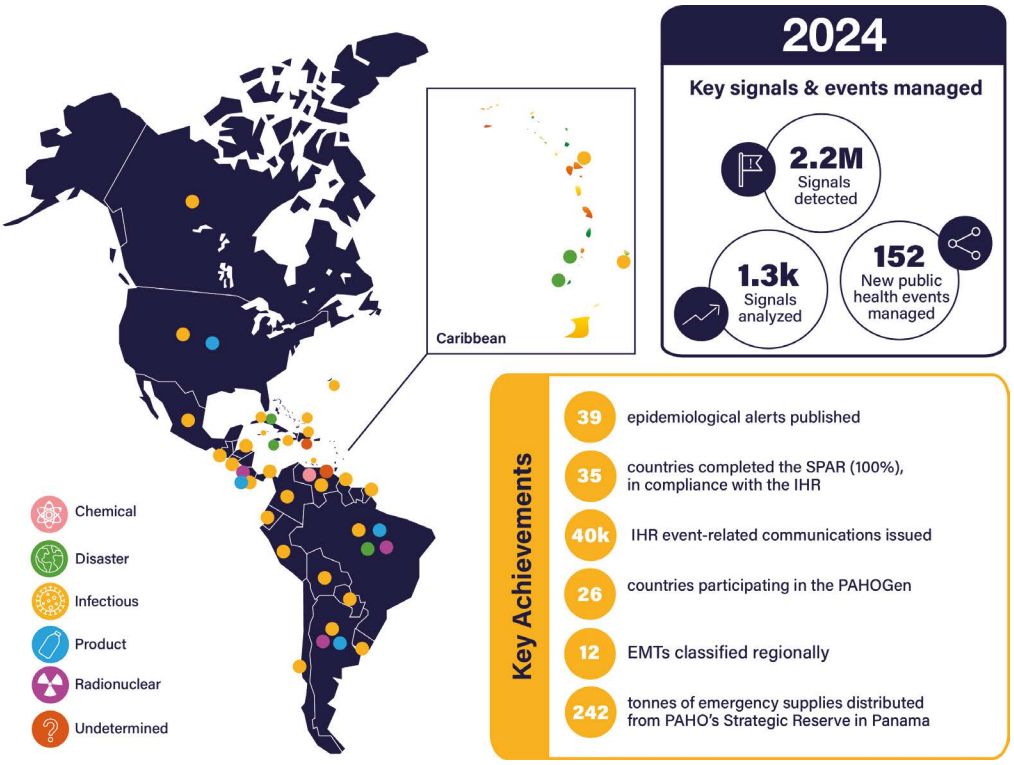
WHO is responding to 42 health emergencies in 2025, with 305 million people in need of humanitarian assistance worldwide. To deliver life-saving care, protect vulnerable populations, and uphold the right to health,

WHO URGENTLY SEEKS US$ 1.5 BILLION IN FUNDING.

For more information on WHO's Health Emergency Appeal 2025, click here.

Preparing for and responding to health emergencies in 2024: a year in review from WHO's Regional Office for the Americas

The Regional Office for the Americas, also known as the Pan American Health Organization (PAHO), plays a critical role in health emergency preparedness, response, and recovery across a region encompassing 35 Member States and territories. The Americas face distinctive challenges, including high vulnerability to natural disasters such as hurricanes, earthquakes, and wildfires; significant health inequities affecting marginalized populations; and the persistent threat of emerging infectious diseases like yellow fever, Oropouche virus, and dengue. Additional complexities arise from rapid urbanization, migration flows, and political instability, which strain emergency response efforts and resource allocation, demanding innovative and collaborative approaches. To address these challenges, PAHO prioritizes strengthening health systems through preparedness training, bolstering epidemiological surveillance, and deploying rapid response teams during crises. The Organization also emphasizes risk communication, community engagement, and the development of climate-resilient health infrastructure. By integrating emergency preparedness into routine healthcare delivery and fostering regional collaboration, PAHO aims to enhance the Region's capacity to manage health crises effectively, ensuring better health outcomes for all.



In 2024, the Americas were hit by a series of health emergencies and natural disasters that tested the Region's resilience. Record-breaking regional outbreaks of dengue and respiratory viruses were exacerbated by the widespread effects of the El Niño phenomenon. Cuba faced a compounding crisis, with Hurricanes Oscar and Rafael, a major earthquake, and their resulting impacts severely straining the country's health system. Hurricane Beryl caused widespread devastation in Saint Vincent and the Grenadines, Grenada, and Jamaica, while Chile battled extensive wildfires. Guatemala confronted simultaneous challenges, including Guillain-Barré syndrome cases and wildfires, while Colombia managed a yellow fever outbreak and a flu outbreak within a military school. Venezuela reported a case of thrombotic thrombocytopenic purpura (TTP), and Brazil experienced catastrophic floods in Rio Grande do Sul alongside a regional outbreak of Oropouche virus. Ecuador and Haiti, meanwhile, endured security crisis driven by escalating social unrest.

In response to these crises, PAHO's Emergency Operations Center (EOC) supported 16 emergency operations, including assistance to two protracted crises: the humanitarian and cholera emergencies in Haiti and the health sector crisis in Venezuela.

Through the following strategic achievements, PAHO has reinforced its role as a regional and global leader in health emergency preparedness and response, contributing to a more resilient and equitable health landscape in the Americas.

Strengthened surveillance and genomic capacities:

- Implemented genomic sequencing protocols for pathogens like dengue, influenza, and Oropouche virus in over 20 countries.
- Launched the Regional Genomic Surveillance Strategy, enhanced pathogen detection capabilities, and established the PAHOGen network connecting experts in genomic surveillance from 26 countries.
- Expanded forecasting and nowcasting projects for respiratory virus surveillance in South America, along with regional workshops on vaccine impact and disease burden.

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In 2024, PAHO made significant strides in enhancing surveillance and genomic capacities across the region, cementing its leadership in pandemic preparedness and response. Genomic sequencing protocols for pathogens such as dengue, influenza, and Oropouche virus were successfully implemented in over 20 countries, supported by the provision of essential materials and reagents. The launch of the Regional Genomic Surveillance Strategy for Epidemic and Pandemic Preparedness and Response was a milestone, strengthening early pathogen detection, technical capabilities, and best practices. The establishment of the PAHOgen network, connecting experts from 26 countries, has fostered collaboration and integration among surveillance networks, reinforcing the region's ability to respond to emerging threats. These advancements, including capacity-building workshops and the deployment of mobile genomic monitoring systems like Brazil's NAVIO project, have positioned the Americas as a global leader in genomic surveillance.

Innovative epidemiological intelligence and early warning systems:

- Approved the *Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies (2024–2029)*, setting a global precedent for epidemic intelligence.
- Detected over 2.2 million public health signals and distributed 1475 critical reports through the Health Emergencies Information and Risk Assessment (HIM) Unit.

PAHO's approval of the *Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies (2024–2029)* marked a groundbreaking achievement in regional and global health security. Developed collaboratively with Member States, the strategy integrates advanced technologies and innovative methodologies to improve epidemiological intelligence. In 2024, PAHO's Health Emergencies Information and Risk Assessment (HIM) Unit played a pivotal role in detecting over 2.2 million public health signals and producing 1475 critical reports, which informed responses to significant health events, including human cases of avian influenza A(H5N1) and Oropouche virus outbreaks. By providing timely, actionable intelligence, this initiative has enhanced the region's capacity for early detection and rapid response to health emergencies.

Emergency readiness and humanitarian support:

- Delivered 38 tonnes of medical supplies to Haiti amid ongoing violence and cholera outbreaks, supporting over 95 900 displaced persons with Water, Sanitation, and Hygiene (WASH) and mental health activities.
- Provided critical aid following Hurricane Beryl, restoring essential health services in Grenada and St. Vincent and the Grenadines, and enhancing surveillance and outbreak management.

In Haiti, PAHO delivered 38 tonnes of medical supplies to support health facilities and mobilized mobile clinics amidst ongoing violence and a cholera resurgence. This included providing vital WASH services, as well as mental health and gender-based violence prevention activities, for over 95 900 displaced persons in 54 sites. Following Hurricane Beryl, the earliest Category 5 storm recorded in the North Atlantic, PAHO supported the restoration of essential health services in Grenada and St. Vincent and the Grenadines, procured critical medical supplies, and strengthened surveillance and outbreak management capacities. These efforts highlight PAHO's ability to respond effectively to complex emergencies while prioritizing the most vulnerable populations.

Advancements in International Health Regulations (IHR 2005):

- Supported national preparedness efforts with quality control indicators, simulations, and training across the Caribbean and Central America.
- Ensured all 35 Member States complied with the IHR 2005 Self-Assessment Annual Report (SPAR), and facilitated voluntary external evaluations in countries like Brazil, Honduras and the USA.
- Prepared for major events, including the 2024 Cricket World Cup and the 2026 FIFA World Cup, through border health and event-based surveillance initiatives.

PAHO advanced regional health security through targeted technical cooperation and capacity-building. All 35 Member States complied with the IHR 2005 Self-Assessment Annual Report (SPAR), ensuring adherence to global standards and providing actionable data to strengthen emergency preparedness. Voluntary External Evaluations (VEEs) were conducted in Brazil, Honduras and the USA, marking a critical step in improving transparency and accountability. PAHO also supported preparations for major events such as the 2024 Cricket World Cup and the upcoming 2026 FIFA World Cup through initiatives on border health and event-based surveillance. These efforts underscore the strategic importance of international collaboration in addressing public health threats.

Hospital resilience and urban health preparedness:

- Trained over 18 000 professionals and documented resilience measures in 295 hospitals under the Hospital Resilience to Health Emergencies and Disasters Initiative.
- Launched the *Urban Health Emergency Preparedness Initiative* in four cities, developing risk reduction plans for 223 hospitals and critical infrastructure mapping.

PAHO's Hospital Resilience to Health Emergencies and Disasters Initiative reached a significant milestone in 2024, with over 18 000 professionals trained and 295 hospitals implementing resilience-focused interventions. This initiative was formalized in Colombia through a national resolution, demonstrating its impact on national health policies. Joint guidance published with WHO's Eastern Mediterranean Regional Office further extended the initiative's global relevance. Additionally, PAHO launched the *Urban Health Emergency Preparedness Initiative* in four key cities, training over 250 professionals and developing risk reduction plans for 223 hospitals. These efforts reflect PAHO's commitment to strengthening health systems and infrastructure to withstand emergencies.

Enhanced Emergency Medical Team (EMT) capacity:

- Achieved WHO global classification for three EMT Type I Fixed teams in Colombia, Panama, and the Dominican Republic, with Costa Rica renewing its classification.

PAHO achieved significant progress in enhancing the region's emergency medical response capacity. Three Emergency Medical Teams (EMTs) from Colombia, Panama, and the Dominican Republic attained WHO global classification as EMT Type I Fixed, while Costa Rica renewed its classification. These classifications signify the highest international standards of readiness and operational capability, enabling these teams to respond rapidly and effectively to health emergencies. This achievement highlights PAHO's dedication to building sustainable emergency response systems that can address both current and future challenges in the region.

Responding to health emergencies in the WHO European Region in 2024: a year in review

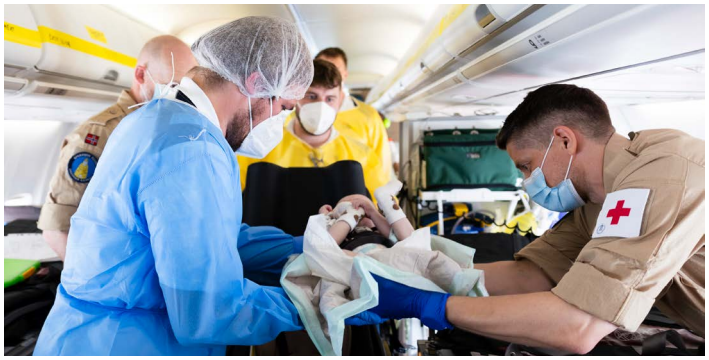
In 2024, the WHO European Region continued to face numerous public health emergencies including the escalation of hostilities between Israel and occupied Palestinian territory; continued war in Ukraine and consequent refugee crisis; the importation of clade Ib mpox cases; locally transmitted dengue cases; growing humanitarian needs following the government change in Syria, and the consequences of Cyclone Chido affecting Mayotte. While responding to emergencies in 2024, WHO delivered medical emergency supplies valued at US$ 44 million to the affected Member States in the Region. In 2024, the WHO Regional Office for Europe:

- Supported 19 Member States/territories through 115 emergency response activities
- Deployed 28 emergency surge missions to 12 Member States

Protracted humanitarian crisis in Ukraine

19 November 2024 marked 1000 days since the Russian Federation's invasion of Ukraine. The toll on the health of the Ukrainian population and its health-care system has been immense. This war remains the largest ongoing emergency in the WHO European Region with 2209 confirmed attacks on health care, with over 6 million Ukrainians displaced as refugees and an additional 3.5 million internally displaced. Despite significant challenges in reaching the most vulnerable populations in Eastern and Southern Ukraine, where volatile conditions and the presence of landmines further hindered access, WHO remained resolute in its emergency response, prioritizing life-saving assistance and capacity-building in ten key regions along the contact line. Through strong collaboration with national stakeholders and external partners, considerable progress was made in ensuring essential support reached those most in need. While emergency relief remained central to WHO's efforts, in 2024 the Organization also placed a strong emphasis on winterization, energy sustainability, and enhancing the autonomy of hospitals. Concurrently, WHO expanded its technical support, focusing on capacity-building across critical areas such as the management of non-communicable diseases (NCDs), mental health, antimicrobial resistance, HIV, tuberculosis, and infection control. Additionally, WHO provided ongoing training in trauma care and mass casualty response to strengthen the health system's overall resilience. In 2024, WHO facilitated the delivery of 240 metric tonnes of medical supplies in Ukraine, reaching up to 4.7 million people with essential healthcare and support. In 2025, WHO will continue to support Ukraine through joint implementation of critical projects, supporting capacity-building across emergency management, health system strengthening and cross-cutting areas, donating equipment, and helping to build resilient healthcare policies to meet both immediate and long-term needs.

Medical evacuations of Ukrainian patients



A Ukrainian child with serious illness is being evacuated from Kyiv hospital to Germany, July 2024. Credit: WHO/Uka Borregaard

Since March 2022, the WHO Regional Office for Europe, with funding from the European Union (EU), has supported the Ministry of Health (MoH) of Ukraine's Medical Evacuation Coordination Unit (MCU) in facilitating over 5000 medical evacuations. These evacuations involved transferring patients requiring specialized trauma treatment, oncology care, rehabilitation, or prosthetic care to countries within the EU and beyond. In 2024, WHO supported the MCU in coordinating 1462 medical evacuations to 28 different countries. The European Civil Protection Mechanism and 21 of the European Member States and European Economic Activity countries supported the transfer and treatment of 905 of these patients. WHO remains committed to providing technical support to the MoH of Ukraine with the MEDEVAC-Cycle in the first half of 2025 and is exploring options to extend the support beyond that period for as long as needed.

Israel/occupied Palestinian territory conflict

In Israel, WHO has been deeply engaged in supporting the MoH response to those affected by the 7 October attacks in 2023, and the hostilities. In 2024, with support from WHO Regional Office for Europe, Mashiv Ha'Ruach organization provided mental health and psychosocial support for almost 1000 frontline workers through workshop retreats, offering a safe space for participants to discuss and process their experiences, and to develop resilience and coping mechanisms. Since October 2023, WHO/Europe has also partnered with Mosaica, an NGO promoting interfaith dialogue and cooperation, to leverage the influence of religious leaders from both Jewish and Muslim communities to connect people with critical mental health support (ceasefire now in place since 19 Jan 2025, article refers to 2024).

Medical evacuation of Palestinian patients to EU countries

Gazan children are preparing to board an airplane at an airport in Egypt, to travel to Spain for critical medical treatment, July 2024. Credit: Bruno Thevenin

In 2024, WHO appealed for the establishment of multiple medical evacuation corridors to ensure sustained, organized,

safe, and timely passage of patients via all possible routes. Israel has committed to facilitating the urgent medical evacuation of sick and injured women and children from Gaza to receiving countries in Europe via the Kerem Shalom border crossing and Eilat Airport (Ramon Airport). Throughout the year, Dr Hans Henri P. Kluge, WHO Regional Director for Europe, has intensified his personal outreach to Member States in the WHO European Region to expedite evacuations and to appeal for more hospital slots to receive patients. By the end of 2024, 710 Palestinian patients were evacuated to 12 Member States of WHO Europe. The medical evacuation was organized through EU Civil Protection Mechanism as well as bilateral arrangements with Member States. Majority of patients and their companions were evacuated to Romania followed by Belgium and Spain. WHO Europe is actively engaging with Member States in the Region with several countries preparing to receive patients in 2025, including Greece, Ireland and Norway.

Response to the imported clade Ib mpox cases

Following the declaration of mpox as a Public Health Emergency of International Concern (PHEIC) on 14 August 2024, on 15 August 2024 Sweden became the first country outside the African continent and in the WHO European Region to confirm a case of new strain, mpox clade Ib. This was followed by sporadic cases reported until the end of the year across the European Region, some which resulted in small clusters of human-to-human transmission which to date have been well-controlled. In 2024, WHO/Europe has actively engaged with Member States to support the response to sporadic mpox clade Ib cases and strengthen preparedness for potential outbreaks in the Region. This has included providing regular situation updates and its implications for the European Region, procuring over US$ 48 000 worth of essential medical supplies, and enhancing laboratory capabilities through capacity-building workshops. WHO/Europe has also supported Member States in implementing epidemiological surveillance, case investigation, and contact tracing. Additionally, WHO has updated its risk communication materials and public health advice, while engaging with community actors to ensure those most likely to be affected can make informed decisions to protect their health.

Response to dengue cases in the WHO European Region

Although dengue is not endemic in the WHO European Region, WHO has determined that the global threat is high due to the growing risk of transmission and the increasing number of cases and deaths. In 2024, the WHO European Region reported the highest number of autochthonous dengue cases on record. WHO/Europe conducted a survey of laboratory and surveillance capacities of countries within the Region. Moreover, WHO/Europe established the first ever surveillance for dengue, chikungunya and Zika virus infections in 30 countries identified as potentially at risk of autochthonous dengue infection. From June to December 2024, France, Italy, and Spain have reported record levels of locally acquired cases of dengue fever through WHO/Europe and partners' surveillance systems. Enhanced surveillance for these arboviruses will be expanded to include West Nile Virus. Such surveillance is critical for early detection of outbreaks, risk assessment and control measures, particularly as climate change influences the epidemiology of vectors and viruses.

Government change in Syria in 2024

Fifty tonnes of EU-funded medical supplies destined for health facilities in Syria arrive in Türkiye, December 2024. Credit: WHO

The recent offensive launched on 27 November 2024 culminated in the change of the Syrian government on 8 December 2024, sparking hopes for an end to country's prolonged humanitarian crisis. The WHO Field Office in Gaziantep, Türkiye, has served as a crucial hub for assistance to 5 million vulnerable people for several years and continues to support ongoing operational activities in Northwest Syria. However, the transition faces significant challenges, including potential security vacuums, political fragmentation, the need for inclusive governance, dire economic conditions and acute humanitarian needs. In response to the growing humanitarian needs, on 27 December 2024, 50 tonnes of lifesaving medical supplies arrived in Türkiye via the EU Humanitarian Air Bridge, ready to be delivered to health facilities in Syria. The shipment, coordinated by WHO, will provide much-needed support to hospitals in the areas of greatest need. Made possible through funding from EU humanitarian aid, the shipment reflects the EU's and WHO's continued commitment to supporting Syria's health care system to recover and rebuild.

Cyclone Chido

Between December 7 and 8 2024, Tropical Depression Chido developed in the southeastern Indian Ocean Basin, moving westward. By December 10, Chido intensified into a Category 4 tropical cyclone (severe typhoon category) before weakening to Category 3 on December 13. From 14 to 16 December, the cyclone passed through several countries, severely damaging parts of the Comoros Islands, northern Mozambique, Mayotte, and southern Malawi.. The cyclone caused extensive damage across Mayotte, severely impacting significant civil infrastructure including Mayotte's main hospital. The disruption of telecommunications and power has posed a severe risk to public health, hindering surveillance, diagnostics, and the timely transmission of critical health information. The lack of access to clean drinking water has heightened the risk of waterborne diseases, including cholera. In response, WHO/Europe together with partners, is committed to supporting the local public health authorities in several key areas, including enhancing laboratory capacity, preventing infectious diseases, enhancing surveillance system, providing risk communication materials, and procuring life-saving medical equipment.

Responding to health emergencies in the WHO Western Pacific Region in 2024: a year in review

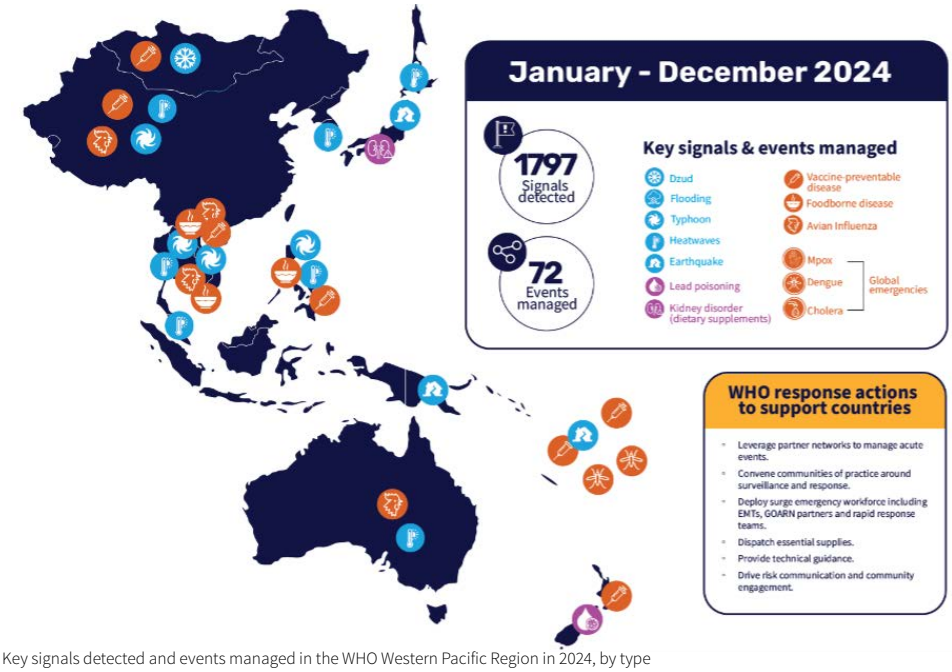


Figure 1: Key signals detected and events managed in the WHO Western Pacific Region in 2024, by type

Dzud in Mongolia

WHO distributed life-saving supplies such as liquid fluid infusion warmers and electric blankets to health facilities, and delivered medicines and water, sanitation and hygiene supplies to provinces in Mongolia affected by the Dzud in 2024. Credit: WHO Mongolia / Uran-Ulzii Mandakh

During the early months of 2024, up to 90% of people in Mongolia were impacted by a dzud — an extreme winter marked by frigid temperatures and heavy snowfall. Roads closures reduced access to health services, while the death of millions of livestock devastated livelihoods of herder communities and increased the risks of zoonotic and other infectious disease outbreaks during the removal of carcasses. Some parts of the country became vulnerable to flash-floods as the ice melted in the spring. To increase immediate access to health services, WHO provided health supplies to 3000 herder families that were most severely affected by the dzud. In partnership with Mongolia's Ministry of Health, WHO also built capacity among frontline workers to support those experiencing depression or anxiety. Moreover, WHO distributed life-saving supplies such as liquid fluid infusion warmers and electric blankets to health facilities, and delivered medicines and WASH supplies at the provincial level. WHO further supported government efforts to disseminate preparedness and response information, empowering vulnerable communities with the vital health information needed to face the threats posed by this devastating event.

Dengue in Samoa and Pacific Island countries

In April 2024, Samoa declared an outbreak of dengue, reflecting a trend of escalating dengue cases across the Western Pacific Region at the time. In Samoa, WHO supported the Government's multi-pronged response by providing supplies to enhance the Government's vector control activities, and through promoting community engagement. To strengthen early detection and clinical management, WHO trained clinicians across primary to tertiary care levels on diagnosing and managing severe dengue patients, timely referral, and case management. Moreover, to support early diagnosis, WHO procured rapid dengue diagnostic tests, prioritizing high-burden areas. Given the likelihood of dengue spreading to other Pacific Island countries, WHO also partnered with ministries of health across the Region to monitor dengue surveillance data, enhance clinical management capacities and implement priority public health interventions.

Typhoon Yagi in Lao People's Democratic Republic, the Philippines and Viet Nam

WHO response team in the Lao People's Democratic Republic disseminates health information to affected communities to minimize health risks. Credit: Centre for Health Statistics and Information

In early September 2024, Typhoon Yagi impacted several countries in the WHO Western Pacific Region, leaving a trail of destruction with its intense rainfall and powerful winds, subsequent flooding and landslides. In the Philippines, the

powerful typhoon was followed by other typhoons, placing considerable pressure on local communities and the Government's capacity to respond effectively. In response to the devastation wrought by Typhoon Yagi, WHO leveraged its convening power to coordinate response efforts among ministries of health, government agencies and international partners in the Lao People's Democratic Republic, the Philippines and Viet Nam. This included assessing health risks and needs in hard-hit areas, developing and implementing joint response and recovery plans with other UN agencies, supporting access to safe drinking water to prevent diarrhoeal diseases, facilitating the delivery of public safety messages and working towards minimizing disruptions in health service delivery.

Vanuatu earthquake

On 17 December 2024, a powerful 7.3 magnitude earthquake struck near Port Vila, the capital of Vanuatu, impacting more than a quarter of the country's population. The disaster caused significant damage to homes, health facilities, and other infrastructure, leaving communities in this South Pacific Island nation without adequate food, water, and sanitation. Amidst the devastation, Vanuatu has shown remarkable resilience. Health facilities in and around Port Vila were operational soon after the earthquake, ensuring continued access to care. Decentralized outpatient services have eased the pressure on the main hospital, Vila Central Hospital, allowing it to focus on more complex and urgent cases. Vanuatu's health leaders, doctors, nurses and allied health professionals provided lifesaving services in the minutes, hours and days after the earthquake, continuing work to care for those in need. The response is also supported by a network of partners including WHO, who have supported assessments of damaged health facilities, coordinated deployment of international emergency medical teams (EMTs), and shared life-saving information in local languages.

WHO infection prevention and control (IPC) expert worked closely with healthcare workers to assess and strengthen IPC practices in local healthcare facilities during a measles response in Mongolia. Credit: WHO

Measles response in Mongolia and Viet Nam

Mongolia: In August 2024, a laboratory-confirmed case of measles raised concerns about the potential for community transmission. Mongolia's Ministry of Health (MOH) responded quickly by establishing an outbreak response incident management team, with technical support from WHO, prioritizing containment to prevent further spread. The overall response strategy involved enhancing syndromic surveillance, implementing rigorous contact tracing, and launching an outbreak response immunization campaign targeting high-risk populations and areas. These efforts led to the identification of eight additional cases unrelated to the initial imported case, with community transmission detected in Bayan-Ölgii Province, located approximately 1700 kilometers from Mongolia's capital, Ulaanbaatar, and bordering Kazakhstan. Recognizing the need for international expert support, the MOH, in collaboration with WHO, requested assistance from the Global Outbreak Alert and Response Network (GOARN). WHO GOARN deployed two experts to support clinical management of measles and infection prevention and control. Through rapid action and expert surge support from WHO and GOARN, Mongolia averted a large-scale outbreak and strengthened its readiness to detect and respond to future imminent infectious disease outbreaks.

Viet Nam: In 2024, Viet Nam's Ministry of Health reported a 130-fold increase in measles cases (compared to the previous year), including 6725 confirmed cases and 13 fatalities. Data suggests that 70 to 80 per cent of children with the infection were unvaccinated or under-vaccinated. Apart from COVID-19 pandemic disruptions, Viet Nam faced vaccine stock-outs in 2022-2023, resulting in hundreds of thousands of children missing out on being immunized against measles. Since the rise in measles cases in 2024, and in collaboration with the Government, WHO has ramped up support such as procuring measles vaccines and test kits, advocacy to resume and sustain vaccine supply, collaborating on risk assessments, strengthening systems for routine immunization, providing technical support to develop outbreak response plans including mass vaccination and "catch-up" campaigns, and enhancing communication to promote awareness of the benefits of vaccination and make vaccination as easy as possible for families to access.

Avian influenza in Cambodia

The Western Pacific Region has seen a steady uptick in human cases of avian influenza (H5N1), and the circulation of various subtypes of the virus poses a significant public health concern. Since 2023, Cambodia has reported 16 human cases of avian influenza (H5NI) and detected a novel reassortant H5N1 virus in human cases since late 2023. The country successfully implemented outbreak response measures, leveraging its national influenza center to curb the spread of the disease. WHO and the Ministry of Health also launched a communication campaign to raise awareness of avian influenza risks among citizens and empower them to adopt preventive behaviours. WHO supported with testing and refining campaign messages. Cambodia's Ministry of Health distributed campaign posters, leaflets and stickers to pagodas, schools, households and health centers, in five high-risk provinces ahead of Khmer New Year, ensuring broad and effective outreach around the festival season. The campaign was run on Facebook, Cambodia's most popular social media channel, during the Khmer New Year festival season. WHO showcased best practices from Cambodia's response measures to enable cross-regional learning, through a dedicated community of practice session on 'A(H5N1) Learnings from Cambodia'.

HeRAMS Accessibility Modelling Service enhances knowledge on health service coverage and the barriers to their delivery in Mozambique's Cabo Delgado province

The Health Resources and Services Availability Monitoring system (HeRAMS) offers a full-spectrum approach to monitoring the health of a healthcare system. Working with ministries of health and other stakeholders to gather data on the location and condition of healthcare facilities, HeRAMS identifies facility functionality, services availability, and the primary reasons for gaps in care. HeRAMS can dynamically update decision-makers with critical information to inform timely, evidence-based decision making and is currently deployed in 27 countries, including Mozambique.

The impact of the conflict between non-State armed groups in the Cabo Delgado of province of Mozambique remains profound. Since it began in October 2017, the turmoil has caused vast displacement across northern Mozambique, severely limiting access to essential services for internally displaced people, host communities and returnees. In October 2024, seven years into this underreported conflict, HeRAMS completed an accessibility modelling analysis aimed to measure and further understand access to maternal, neonatal, and sexual violence services in Cabo Delgado.

HeRAMS produces standard data and analysis reports on the availability of essential health services delivery and has recently developed an additional service to assess physical accessibility of health facilities through geospatial modelling. By integrating data on service availability, barriers to provision, gridded population data, transportation networks, and health-seeking behaviour, HeRAMS can determine the time required from any location to the nearest point of service delivery. HeRAMS can further identify pockets of populations that cannot access services and inform decisions-makers on priority response areas to maximize health coverage.

In Cabo Delgado, the HeRAMS Accessibility Modelling Service analysis reveals that 12% of women of reproductive age (over 77 000 women) and 12% of children under 5 years old (over 68 000 children) experience restricted geographic access to health services due to travel times exceeding two hours to the nearest health facility. Among women of reproductive age, 22% (approximately 146 000 women) lack access to Comprehensive Emergency Obstetric Care (CEmOC) within two hours of travel. Of children under 5, 23% (approximately 132 000) lack access to the Expanded Programme on Immunization (EPI) within a 60-minute travel time. Even with a maximum travel time of 120 minutes, 12 % (69 257 children) still cannot access the service (See Figure 2).

Travel time limits access to health services in most districts within Cabo Delgado province, particularly in Ancuabe, Macomia, Namuno, Nangade, and Palma. The analysis also establishes that lack of security is the leading non-physical barrier for the target population who, according to the model, should have access to these health services. The reports have been shared with the Ministry of Health, other agencies, and non-governmental organizations, further highlighting the impact of violence on access to care and with the goal of playing a role in future policy discussions.

The HeRAMS Accessibility Modelling Service is now integrated into the comprehensive package of services made available to countries and health sector actors collaborating through the HeRAMS Initiative. In addition to Mozambique, accessibility analyses have already been performed in Afghanistan, Central African Republic, Haiti, Iraq, Mali, Ukraine and Yemen. This represents an important step towards a more comprehensive understanding of health service accessibility in these regions, which is crucial to support decision-makers in prioritizing needs, planning interventions, and assessing their impact.

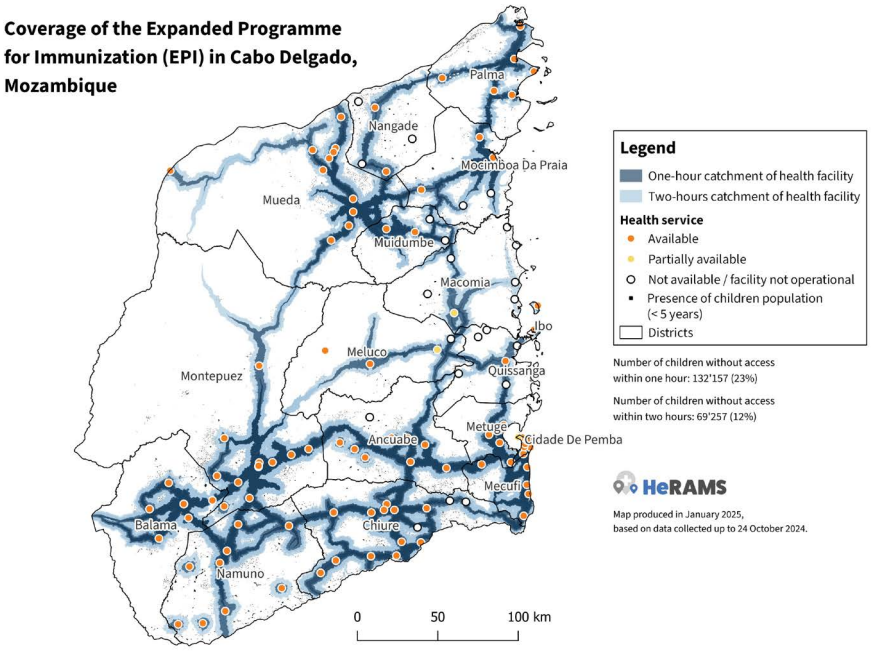


Figure 2. Accessibility to the Expanded Programme for Immunization (EPI) in Cabo Delgado, Mozambique

Tanzania's unified approach to strengthening global health security through the Universal Health and Preparedness Review (UHPR)

In the heart of East Africa, the United Republic of Tanzania has reaffirmed its commitment to safeguarding health security for its people and the broader global community by engaging in the Universal Health and Preparedness Review (UHPR) process. This commitment was underscored by the official launch of its National UHPR Report, led by the Prime Minister of Tanzania on 21st November 2024. The UHPR is a voluntary Member State-led peer review mechanism aimed at strengthening health emergency preparedness by fostering high-level dialogue, multisectoral collaboration, and whole-of-government and whole-of-society engagement. The UHPR draws lessons from the COVID-19 pandemic and other recent public health emergencies, to build sustainable capacities for health security.

Since joining the UHPR process in February 2023, Tanzania established a Commission and Secretariat to coordinate activities and develop its National UHPR Report. Tanzania's engagement culminated in a high-level mission from 19 to 21 November 2024, marking a significant milestone in the country's health emergency preparedness journey. Tanzania became the first country in East and Southern Africa, the fifth in Africa, and the eighth globally to host a high-level UHPR mission. Led by H.E. Prime Minister Honourable Kassim Majaliwa and coordinated by the Ministers of Health, the mission brought together government leaders, parliamentarians, international partners, and Civil Society Organizations in a unified effort to enhance Tanzania's capacity to prevent, detect, and respond to health emergencies

The Prime Minister of the United Republic of Tanzania, H.E. Kassim Majaliwa, delivering a keynote address at the launch of the high-level UHPR mission in Tanzania. Credit: WHO Country Office Tanzania

"I am pleased to note that the review of Universal Health Coverage implementation and emergency preparedness has involved all key stakeholders, including government and non-governmental institutions from Mainland Tanzania and Zanzibar. This inclusive process is commendable as it simplifies the implementation of priority interventions, with all stakeholders being actively engaged from the outset."

H.E. the Prime Minister of Tanzania
Honourable Kassim Majaliwa

One of the mission's highlights was a tabletop simulation exercise (SimEx) which convened twelve key ministers from Mainland Tanzania and Zanzibar, representing sectors such as health, finance, agriculture, and environment. This first-of-its-kind exercise in Tanzania allowed ministers to identify critical gaps, propose concrete solutions, and reinforce inter-ministerial coordination. It also paved the way for further discussions on aligning strategies for improved health security.

Tabletop SimEx during the UHPR mission in Tanzania, chaired by Honorable Hamza Hassan Juma, Minister of State, Second Vice President's Office (Policy, Coordination, and House of Representatives) – Revolutionary Government of Zanzibar. Dr Matshidiso Moeti, WHO Regional Director for Africa participated and Dr Stella Chungong, Director of Health Security Preparedness at WHO Headquarters (standing) facilitated discussions. Credit: WHO Country Office Tanzania.

The WHO delegation had the opportunity to engage in courtesy calls with key line ministers, including the Minister of Health, the Minister of Livestock and Fisheries, the Minister of State for Policy and Parliamentary Affairs, and the Deputy Speaker of Parliament. These high-level engagements resulted in strong political commitment, with key stakeholders engaging to support the implementation of UHPR priorities. Moreover, WHO met with key international partners as well as representatives from civil society organizations, who shared insights and priorities.

While recognizing the government's substantial investments in building emergency management capacity, the UHPR mission identified key gaps in governance, systems and financing that require further attention. In his address at the launch, the prime minister instructed ministers to develop a strategy for implementing priorities outlined in the National UHPR Report, ensuring alignment with Tanzania's development strategy and regional and global health commitments.

The UHPR mission in Tanzania demonstrated the tangible benefits of this process in fostering high-level, whole-of-government, and whole-of-society engagement to enhance health security. This inclusive approach not only reinforces the government's commitment for health security but also strengthens the capacity and resilience of communities to safeguard and promote the health and well-being of the population. As Tanzania now transitions to the next phase of the UHPR process, the Global Peer Review, the country reaffirms its leadership and commitment to advancing global health security.

For more information on the UHPR, click here.

Strengthening Public Health Intelligence in Jordan

Group discussion during the Public Health Intelligence the Public Health Intelligence Foundations Training in December 2024 in Amman, Jordan. Credit: WHO/RKI/AE film

Recent emergencies have underscored the urgent need to enhance Public Health Intelligence (PHI) capacity in Member States globally for early detection and response to health threats. Over the past year, the WHO Hub for Pandemic and Epidemic intelligence (WHO Pandemic Hub) has collaborated closely with the Robert Koch Institute (RKI), Germany's national public health institute, and the WHO Regional Office for the Eastern Mediterranean to pilot a programme aimed at strengthening PHI capacity in several countries including Djibouti, Egypt, Jordan and Lebanon.

From 1 to 4 December 2024, the WHO Pandemic Hub - in partnership with RKI, the WHO Regional Office for the Eastern Mediterranean, the Jordan Center for Disease Control (JCDC), the Jordan Ministry of Health (MoH), and the WHO Country Office in Jordan - held a training workshop on the foundations of public health intelligence in Amman, Jordan. This event brought together over 50 participants from key organizations, including Jordan's Ministry of Health and Ministry of Agriculture, JCDC, EMPHNET, subnational health directorates, Field Epidemiology Training Programs (FETPs), Royal Medical Services, and major hospital centers.

The training provided a unique opportunity to support Jordan in strengthening its PHI capacity, focusing on an all-hazards approach and the principles of collaborative surveillance. It aimed to enhance the public health intelligence workforce's ability to detect, verify and assess information on health threats. The training equipped participants with practical tools and knowledge to bolster PHI capabilities across key institutions in Jordan.

"This PHI workshop enhanced significantly our understanding of public health activities, especially data management, providing insights on how to better track health outcomes and health trends in Jordan. It also emphasized how data-driven decision making enables us to allocate resources more efficiently and respond to public health threats more effectively."

Dr Fatima Thneibat
Head of Data Management Department, Jordan MoH

Additionally, on 5 December, a one-day workshop for key stakeholders was held to design a roadmap for strengthening PHI in Jordan, aiding them in making informed decisions to protect their populations from health threats. This highly interactive workshop aimed to shape Jordan's national PHI strategy.

WHO was honored to address Jordan's request to strengthen and support PHI implementation with an all-hazards, One Health approach. This foundational training has contributed to shaping the global PHI workforce, defining standards, and providing guidance to support and improve PHI quality in Jordan. The knowledge and skills acquired through these trainings and further engagement with the PHI community will have a lasting impact on improving the timeliness and quality of detecting potential public health threats in Jordan and the Eastern Mediterranean Region.

"This Public Health Intelligence workshop has been instrumental in building the skills of health personnel, enabling quick and efficient responses to public health emergencies."

Dr Adel Belbasi
President of Jordan CDC

Group discussion during the Public Health Intelligence the Public Health Intelligence Foundations Training in December 2024 in Amman, Jordan. Credit: WHO/RKI/AE film

WHO launches the first disease-agnostic contact tracing guideline

The guideline development group, systematic review team, methodologist, technical writer and WHO project team met in the WHO Hub for Pandemic and Epidemic Intelligence in Berlin in December 2023 to review the evidence and formulate recommendations. Credit: WHO

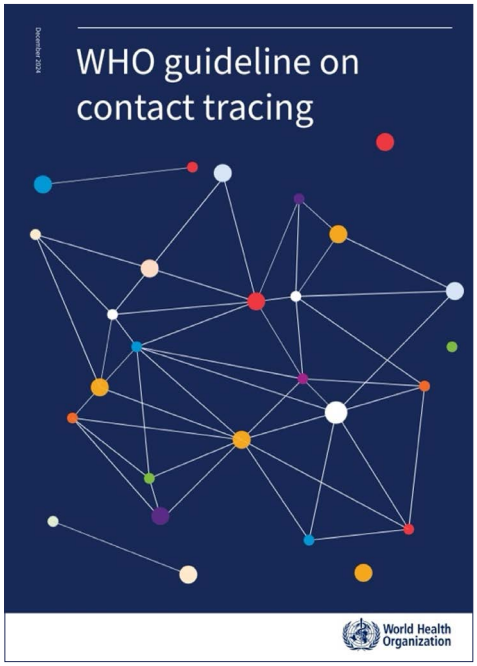
Recent health emergencies such as Ebola, mpox and the COVID-19 pandemic have heavily underscored both the complexity and the importance of contact tracing for managing outbreaks. By identifying, monitoring, and supporting individuals who have been in close contact with confirmed cases, contact tracing enhances understanding of epidemiological characteristics and pathogen transmission dynamics. This can inform public health decisions, guide public health and social measures, and improve outcomes through early detection and effective case management.

The absence of a comprehensive global contact tracing strategy, guidelines, and standard operating procedures was emphasized during a consultation organized by the Global Outbreak Alert and response Network (GOARN) in June 2020. Although many resources exist for vertical programme disease management, outbreak containment and response, none address the overall rationale of contact tracing and optimal strategies, nor the truly multisectoral nature of this public health intervention. To address this need, in January 2025 WHO published an evidence-based disease-agnostic contact tracing guideline.

> "The COVID-19 pandemic has shown the clear need for a more general guideline on contact tracing and the importance of an interdisciplinary approach. This new evidence-based and expert opinion-based guideline will guide decision makers and those who advise their governments on how to develop contact tracing guidelines in the future in a more evidence-based way."
>
> **Anja Schreijer**
> Guideline Development Group co-chair

The purpose of this guideline is to offer a "disease-agnostic" framework for contact tracing, providing general principles and recommendations when disease-specific guidelines are unavailable. It aims to enhance outbreak preparedness and response strategies to reduce the impact of epidemics. The guideline establishes definitions for terms like "contact" and "contact tracing" and presents practical recommendations, addressing some key questions raised during the COVID-19 pandemic and other outbreaks. The primary audience for this guideline includes WHO Member States, public health agencies, WHO teams and other organizations which play roles in implementing or researching contact tracing efforts including NGOs, community-based groups, academic institutions and UN agencies.

> "These guidelines are essential, especially for policymakers as well as Member States, because how to invest resources and money is easier to decide when there is enough evidence in the form of WHO guidelines."
>
> **Aassim Ahmad**
> Guideline Development Group co-chair



Overall, the development of these global guidelines for contact tracing represents a key step towards harmonizing surveillance practices across the world and enhancing preparedness and response to health emergencies. It is expected that these guidelines will help decrease the spread of infectious diseases while optimizing response measures and minimizing negative impacts on affected communities. Looking ahead, in order to encourage the application of these concepts and definitions and the uptake of the recommendations, a practical implementation guidance will be developed in 2025. This will define methods for contact person identification, contact person monitoring and measuring the performance of the contact tracing strategies; as well as a minimum set of variables needed for contact tracing.

For more information about this project, please contact Marie-Amélie Degail at contacttracing@who.int

Shaping the future of public health intelligence: the 2024 EIOS global technical meeting

Epidemic Intelligence from Open Sources (EIOS) is the world's leading initiative for open-source intelligence in public health decision-making, spearheaded by WHO and hosted at the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, Germany. The initiative is built on three pillars: a growing global community of practice, comprised of over 100 Member States and close to 30 organizations and networks around the world; a diverse range of multi-disciplinary collaborators; and an evolving, fit-for-purpose system that uses cutting-edge technology to harness the power of open-source data for the detection and assessment of public health threats, in near real time. In the WHO African Region, from 2018 to 2023, 47.4% of the 646 public health events were first detected by the EIOS system before being reported by Member States, underscoring its vital role in early outbreak detection and health emergency response.

In December 2024, members of the EIOS community gathered in Senegal for the fifth EIOS Global Technical Meeting (GTM), bringing the future of public health intelligence (PHI) to the forefront. The global event was organized in close collaboration with the WHO Regional Office for Africa and the WHO Emergency Hub in Dakar, with the support of the European Commission's Health Emergency Preparedness and Response Authority (HERA).

The three-day meeting featured dynamic discussions, interactive sessions and collaborative workshops with participants, exploring how PHI can strengthen global surveillance efforts and decision-making. Key discussions focused on the latest national and global advancements in PHI, contributing to the ongoing revision of PHI guidance. Experts also discussed the transformative potential of artificial intelligence in enhancing public health tools and strategies. The event showcased updates and innovations within the EIOS system, offering a glimpse into the platform's upcoming features. In addition, the meeting emphasized strategies for future preparedness, focusing on bolstering the PHI workforce and enhancing global health resilience against emerging threats.

> "The highlight of this year's GTM for me is really a connection with the global community of practice, bringing together public health intelligence practitioners from various partner institutions from all over the world."
>
> **Dr Christie Manthey**
> Epidemiologist, United States Centers for Disease Control and Prevention

Bringing together nearly 200 participants from 70 countries, the 2024 GTM provided a rich platform for exchanging ideas and experiences. This global collaboration underscored the importance of innovation in shaping the future of PHI. The successful conclusion of the 2024 GTM marks a pivotal step forward for the EIOS initiative. It sets the stage for continued progress in PHI and collaborative surveillance, reinforcing a global commitment to protecting health and saving lives through innovation and shared expertise.

> "The GTM provides a valuable opportunity to connect, collaborate and learn. By sharing experiences and exchanging ideas, we not only broaden our perspectives but also enhance how EIOS is implemented worldwide — improving our collective practices for the future."
>
> **Dr Philip Ngere**
> Head of the Event-Based Surveillance Unit, Kenya Ministry of Health

For more information about the EIOS initiative and this year's GTM, click here or contact EIOS@who.int

2024 EIOS GTM. Saly, Senegal. Photos: WHO/Geraldine Hutt

WHO Hub for Global Health Emergencies Logistics: 2024 in review

WHO's Hub for Global Health Emergencies Logistics (the Hub) – based within the "Dubai Humanitarian" in Dubai, United Arab Emirates – has the largest repository of pre-positioned health supplies and equipment within WHO's global supply chain. The operation rapidly delivers essential medicines and equipment in response to acute and protracted health emergencies around the world and across all six WHO regions. Effective partnerships are essential to these efforts. This includes emergency charter flights and operational support provided by the Dubai Humanitarian, the Government of Dubai, and the Government of the United Arab Emirates, as well as dedicated transportation support provided by the European Civil Protection and Humanitarian Aid Operations (ECHO) to help WHO reach affected populations in the most complex emergencies with access challenges.

WHO's Hub for Global Health Emergencies Logistics (the Hub) – based within the "Dubai Humanitarian" in Dubai, United Arab Emirates. Credit: WHO

ACHIEVEMENTS IN 2024

US$ 42.2 MILLION (2425 METRIC TONNES)
Value of Goods Received

US$ 12 MILLION (INCLUDING US$ 4 MILLION IN EMERGENCY AIR CHARTER FLIGHTS)
In-kind Received

US$ 32.7 MILLION (2164 METRIC TONNES)
Value of Goods Delivered

46 CHARTER FLIGHTS COMPLETED

591 REQUESTS FOR ASSISTANCE FULFILLED

74 COUNTRIES REACHED ACROSS ALL SIX WHO GEOGRAPHIC REGIONS

Completing a record number of emergency requests for support and emergency air charters, in 2024 the Hub delivered more supplies to reach more people more quickly than ever before. Having delivered over US$ 200 million in health supplies to support over 140 countries since it began operations, the Hub continues to respond to increasing demands for health supplies around the world. Of the US$ 32.7 million value goods delivered in 2024, 40% went to support the health response in Gaza while 30% went to Sudan.

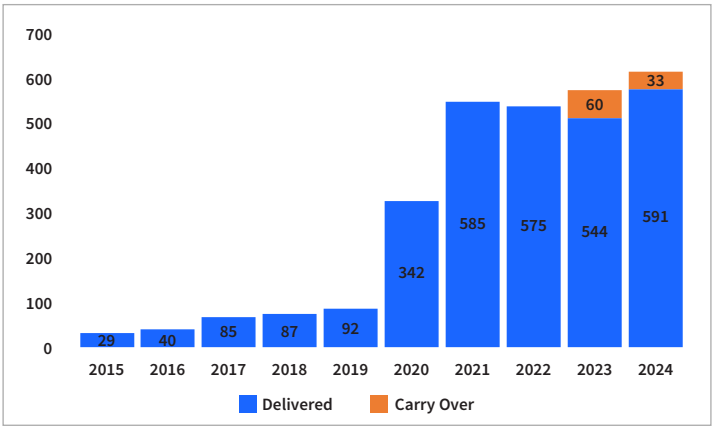


Figure 3. The Hub request status by year (2015-2024)

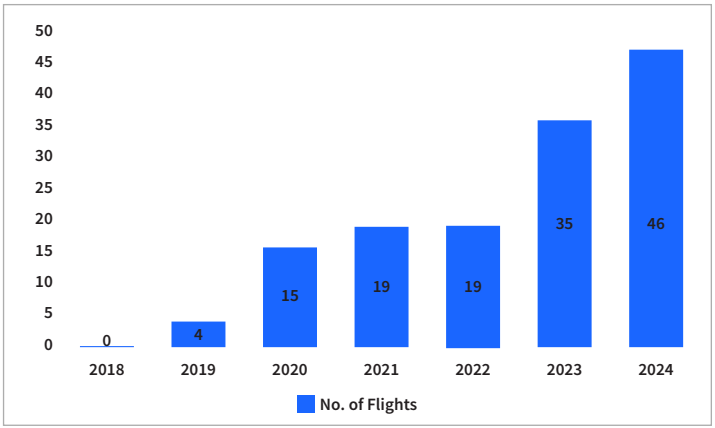


Figure 4. No. of charter flights completed by the Hub, by year

In November 2024 WHO signed a host agreement with United Arab Emirates for the WHO Hub for Global Health Emergencies Logistics, enabling the Hub to continue its vital work to protect the health of those affected by humanitarian crises across the world.

> "The WHO Hub for Global Health Emergencies Logistics in Dubai is the backbone of our logistics support to emergency responses. We are pleased to sign the host agreement with United Arab Emirates - it is a significant milestone that highlights our joint commitment to addressing global health."
>
> **Dr Tedros Adhanom Ghebreyesus**
> Director-General of WHO

New WHO guidance promotes equitable access to life-saving information and learning tools through just-in-time learning for health emergencies

In the face of escalating global health emergencies, timely access to life-saving knowledge and learning opportunities has never been more crucial. WHO continues to prioritize ensuring health workers, emergency responders and the public are equipped with the information and tools they need to respond to different kinds of health emergencies.

To enhance these efforts, WHO collaborated with experts and partners to develop a comprehensive capacity-building guidance document with a focus on just-in-time learning for health emergencies. Just-in-time learning is about delivering specific training to support health emergency responders with the information, knowledge and skills they require for various kinds of emergency situations that impact the health of the public, be it events caused by natural disasters, humanitarian crises or emerging epidemics.

> "Providing just-in-time learning for health emergencies can enable policy-makers, governments, health institutions, the health workforce and the people to proactively mitigate the effects of health hazards."
>
> **Dr Michael J. Ryan**
> Executive Director of the WHO Health Emergencies Programme and Deputy Director-General

This is the first guidance of its kind developed by WHO to provide good practice recommendations to promote safe, up-to-date and practice-oriented tools for health emergency learning interventions. It reinforces capacities required to prevent, prepare for and respond to health emergencies of local, national, regional and international concern.

The guidance is designed to support those who are responsible for delivering learning or training to manage health emergencies. It targets a broad audience engaged in promoting public health, including the health workforce, experts, volunteers and contributors from various sectors and disciplines. Additionally, it serves those who require immediate access to and support for learning, such as affected communities, especially during health emergencies where the demand for timely learning delivery is critical.

The development process included gathering available evidence through scoping and systematic reviews, which were examined by an external group of 35 experts who provided recommendations. Further inputs were obtained through consultations with WHO, the United Nations and other partners and organizations, with a final review by 12 independent experts. This resulted in the following key recommendations:

- Deliver just-in-time learning that is appropriate, relevant and evidence-based.
- Ensure access to and rapid dissemination of information, knowledge and tools.
- Ensure and optimize learning capacities and opportunities.
- Establish the required networks before or in the interlude of events.
- Explore and deploy innovative technologies and methods for emergency learning.

Within three months of its launch on 23 September 2024, the guidance was downloaded 1800 times through the WHO website and disseminated to key collaborators in printed editions. A one-pager was also developed as an implementation tool for the key recommendations.

> "We are committed to WHO's global effort to safeguard the world from health emergencies and will continue to work with relevant sectors across multiple disciplines to facilitate access to just-in-time learning related to health emergencies."
>
> **Heini Utunen**
> Head of the WHO Health Emergencies Programme's Learning and Capacity Development Unit and the Guidance Secretariat Lead

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 (HEA), 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 WHO's regional response:

African Regional Office
Eastern Mediterranean Regional Office
European Regional Office
Regional Office of the Americas
South-East Asia Regional Office
Western Pacific Regional Office

News and highlights

- Disease Outbreak News: Chapare haemorrhagic fever- the Plurinational State of Bolivia (20 January 2025)
- Disease Outbreak News: Outbreak of suspected Marburg Virus Disease - United Republic of Tanzania (14 January 2025)
- Multi-country outbreak of mpox: External situation report edition 46 (28 January 2025)
- Multi-country outbreak of cholera: External situation report edition 22 (24 January 2025)
- Disease Oubreak News: Trends of acute respiratory infection, including human metapneumovirus, in the Northern Hemisphere (7 January 2025)
- Tanzania confirms outbreak of Marburg virus disease
- The ceasefire in Gaza brings hope, but immense challenges lie ahead to restore the health system
- Responding to health needs in Mozambique in wake of Cyclone Chido
- Niger: ending yellow fever with preventive mass vaccination (In French)
- Leveraging collaboration to combat mpox among Uganda's most vulnerable communities
- Uganda conquers Ebola in 69 days
- Yemen: empowering health education volunteers to support disease prevention
- 50 newly trained emergency responders join the Liberia AVoHC SURGE
- Strengthening cholera containment and mpox preparedness in Machinga district, Malawi
- Cholera vaccination drive completes in Al-Hol camp in Syria, tackling outbreak in record time
- How WHO is supporting cholera outbreak response in Sudan
- Cholera vaccination campaign commences in Rubkona, South Sudan, as part of efforts to address and control the ongoing outbreak
- WHO support for Tanzania's response to suspected Marburg virus disease outbreak
- WHO races to contain malaria resurgence in southeastern Iran
- PAHO/WHO Trinidad and Tobago office donates dengue educational materials to the Port of Spain city corporation
- Overcoming health barriers for elderly Sudanese refugees in Libya
- WHO calls for emergency health funding to save millions of lives in Yemen
- Nepal strengthens laboratory quality management with internal auditor and lead assessor training
- Climate-resilience and sustainability for safer health care in Viet Nam

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.

From alerts to action - how WHO protects your health (10 January 2025)

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.