

# WHO's Monthly Operational Update on Health Emergencies

The Monthly Operational has broadened its scope and now features articles on WHO's work in all health emergencies inclusive of the COVID-19 pandemic response

## Uganda declares end of outbreak of Ebola disease caused by the Sudan ebolavirus (SUDV)



Ebola trial candidate vaccines arrive in Uganda 79 days after outbreak declared. Credit : WHO

On 11 January, Uganda declared the end of the outbreak of Ebola disease caused by the Sudan ebolavirus (SUDV), less than four months after the first case was confirmed in the country's central Mubende district.

**“I congratulate Uganda for its robust and comprehensive response which has resulted in today's victory over Ebola. Uganda has shown that Ebola can be defeated when the whole system works together, from having an alert system in place, to finding and caring for people affected and their contacts, to gaining the full participation of affected communities in the response. Lessons learned and the systems put in place for this outbreak will protect Ugandans and others in the years ahead.”**

**Dr Tedros Adhanom Ghebreyesus**  
WHO Director-General

This outbreak was caused by the Sudan ebolavirus, one of six species of the Ebola virus against which no therapeutics and vaccines have been approved yet. However, Uganda's long experience in responding to epidemics allowed the country to rapidly strengthen critical areas of the response and overcome the lack of these key tools. Ugandan health authorities showed strong political commitment and implemented accelerated public health actions, among which restricting population movements in the hot-spot communities of Mubende and Kasanda.






WHO and partners supported Ugandan health authorities from the outset of the outbreak, deploying experts, providing training in contact tracing, testing and patient care, as well as building isolation and treatment centres and providing laboratory testing kits. Due to the joint efforts, the processing time for Ebola disease caused by the Sudan ebolavirus samples dropped from a few days to six hours. WHO also helped to protect frontline health workers by ensuring a steady supply of personal protective equipment, and provided nearly \$US 6.5 million to Uganda's response as well as an additional \$US 3 million to support readiness in six neighbouring countries.

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### Key figures on WHO's work in emergencies (as of January 2023)

-  51 graded emergencies across the world
-  8 Grade-3 emergencies
-  5 Protracted-3 emergencies
-  25 Grade-2 emergencies
-  7 Protracted-2 emergencies

**Graded emergency:** An acute public health event or emergency that requires WHO's moderate response (**Grade-2**) or major/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 data reconciliation exercises and on-the-ground updates from WHO Country and Regional Offices. These figures represent the compilation as of 31 January 2023.

-  37.5 million online data analysed between 1-31 December 2022 by WHO as part of social listening and infodemic management support to Member States

-  OpenWHO totaled 7.4 million enrolments for online courses available in 65 national and local languages, including 46 courses dedicated to the COVID-19 response

For the latest data and information on WHO's work in emergencies, see the [WHO Health emergencies page](#), the [WHO Health Emergency Dashboard](#), and the [AEM Daily global situation update](#).



A health workers put on personal protective equipment (PPE) at the Ebola Treatment Unit in Entebbe on 8 November 2022.  
Credit: WHO / Esther Ruth Mbabazi

“With no vaccines and therapeutics, this was one of the most challenging Ebola outbreaks in the past five years, but Uganda stayed the course and continuously fine-tuned its response. Two months ago, it looked as if Ebola would cast a dark shadow over the country well into 2023, as the outbreak reached major cities such as Kampala and Jinja, but this win starts off the year on a note of great hope for Africa.”

**Dr Matshidiso Moeti**  
WHO Regional Director for Africa

WHO also worked with a large range of partners, including vaccines developers, researchers, donors and Ugandan health authorities to identify candidate therapeutics and vaccines for inclusion in trials. Three candidate vaccines were identified, 5000 doses of which arrived in the country between 8 and 17 December 2022. **The speed of this collaboration marks a milestone in the global capacity to respond to rapidly evolving outbreaks and prevent them from becoming larger.**

This outbreak of Ebola disease caused by the Sudan ebolavirus was the country’s first in a decade and its fifth overall for this kind of Ebolavirus. Since the declaration of the first case on 20 September 2022, a total of 164 cases (142 confirmed and 22 probable), 55 confirmed deaths and 87 recovered patients have been reported and the case fatality ration stood at 47%. Over 4000 people who had come in contact with confirmed cases were followed up and their health monitored for 21 days. The last patient was released from care on 30 November.

Although the outbreak in Uganda has been declared over, health authorities are maintaining surveillance and are ready to respond quickly to any flare-ups. A follow-up programme has been put in place to support survivors. Neighbouring countries remain on alert and are encouraged to continue strengthening their capacities to detect and respond to infectious disease outbreaks.

“While [the] candidate vaccines were not used during this outbreak, they remain the contribution of Uganda and partners to the fight against Ebola. The next time the Sudan ebolavirus strikes we can reignite the robust cooperation between developers, donors and health authorities and dispatch the candidate vaccines.”

**Dr Yonas Tegegn Woldemariam**  
WHO Representative to Uganda

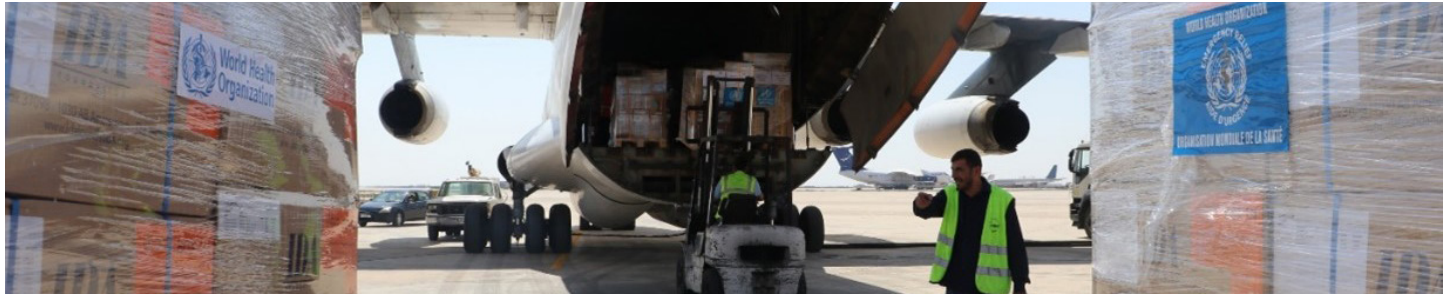
For more information, click [here](#).

For the [situation reports](#), [Disease Outbreak News \(DONs\)](#), and latest news and publications visit the [Ebola outbreak 2022 – Uganda page](#) and the [WHO Country Office for Uganda website](#).

## Cholera further exacerbates vulnerabilities in the Syrian Arab Republic

Over 100,000 deaths are due to cholera every year. WHO and its partners are responding to outbreaks worldwide within the framework of the [Global Roadmap for Ending Cholera \(2030\)](#), including through the [International Coordinating Group on Vaccine Provision](#). For more information, visit the WHO [Disease Outbreak News \(DONs\) page](#), [WHO cholera page](#), and the [Global Task Force on Cholera Control page](#).

For more information about the crisis in the Syrian Arab Republic, visit the [Syria crisis page](#) as well as the [WHO Country Office for Syria page](#).



Responding to the cholera outbreak in Syria, WHO delivered a 60-tonne shipment of cholera kits, oral rehydration solutions, rapid diagnostic tests, and medical supplies for intravenous rehydration treatment, in addition to chlorine for water purification. Credit: WHO/Syria

Since the first case of cholera was declared in the Syrian Arab Republic on 6 September 2022, the disease has spread to all 14 governorates. As of end of November 2022, over 52,000 cases had been reported, of which over 2 000 in camps hosting internally displaced people (IDPs).

The spread of cholera in the Syrian Arab Republic is facilitated by a combination of factors, among which eleven years of conflict, widespread destruction of infrastructure, mass population displacement and climatic-induced and human-caused shocks affecting natural resources. Together, these factors are reducing access to safe water for millions of Syrians and depriving them of essential health services. The fragmented health system suffers from chronic shortage of health care staff and is unable to meet the needs of the population, particularly for those living in IDP camps.

To control the current cholera outbreak, WHO and humanitarian partners are supporting health authorities to implement a **multisectoral approach**, which includes **scaling up surveillance and testing capacity, training health care workers, promoting awareness among the population, and monitoring water quality in high-risk areas**.

### To date, WHO has:

- **activated the incident management coordination systems** in Damascus and Gaziantep, as well as the Cholera Task Force in Gaziantep and northeast Syria to work closely with the Whole of Syria Coordination Cell;
- **delivered 60 tonnes of cholera kits, oral rehydration solutions, rapid diagnostic tests, chlorine for water purification and medical supplies** for intravenous rehydration treatment;
- **provided 3.5 million aqua tabs**;
- **mobilized 3.7 million doses of oral cholera vaccines**, with support from UNICEF and the Global Alliance for Vaccine and Immunization (GAVI);

- **trained 2 500+ health professionals** across 14 governorates on cholera standard case definition, case management, and infection prevention and control; reached 700 000+ individuals with **prevention and control messages**;
- **supported six cholera treatment centres and three oral rehydration points** in northwest Syria, and is working to equip another 11 centres;
- **distributed medical supplies (30 tonnes)**, and is **training 200 health care workers** on case management, active surveillance and intensified water testing in northeast Syria;
- **been providing ongoing operational support for 101 rapid response teams (RRTs)**.

These activities are supported through funding from the UN Office for the Coordination of Humanitarian Affairs (OCHA), the Central Emergency Response Fund (CERF), Italy, Norway, and GAVI. Increased support for WHO and its partners will be required moving forward to adequately fund cholera response plan activities across the country and provide opportunities for scale-up, particularly regarding the procurement of medical supplies and the rehabilitation, construction and maintenance of water structures.

**“Nearly 30% of all public health facilities in Syria remain non-functional and unable to respond to the growing health needs. (...) While we’re extremely concerned about the cholera spike in the country, a coordinated approach by government, partners, and communities can bring this outbreak under control.”**

**Dr Iman Shankiti**

WHO a.i. Representative in Syria

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

## Community health workers on the frontline of Haiti's cholera response



Community health care workers speaking about cholera prevention within the communities. Credit: PAHO/WHO

Between 2 October 2022, when the first case of cholera was recorded in Haiti and November, over 900 cholera cases and 200 deaths have been recorded. This heavy toll highlights the necessity to communicate effectively to affected communities about how to prevent cholera, treat initial symptoms and seek assistance. Bringing information to populations in areas beset by civil unrest and urban violence is however a challenge, and trust is an essential aspect of the communication process, to ensure the information is well received.

It is against this backdrop that PAHO/WHO has been supporting Haiti's Ministry of Health and Population in **training and deploying 300 community health workers to affected communities**. Acting as trusted bridge between communities, health authorities and partners on the ground, these health workers are **disseminating life-saving information and mobilizing communities to prevent and treat cholera**. An additional 300 community health workers are also being trained, for future deployment in communities in the Port-au-Prince metropolitan area. In parallel, other outreach activities are ongoing, such as mass distribution of text messages and daily radio broadcasts.

Esterline Dumézil has been working as a community health worker since 2014 and has been deployed after the recent training to Cité Soleil – her densely populated community south of Port-of-Prince. Going house to house despite insecurity issues, Esterline disseminates information to her community about safe water, sanitation and hygiene practices (WASH) and how to treat early symptoms of cholera. As a member of the community, people listen and speak to her about their health and other concerns.

Beyond sharing prevention messages, Esterline and her colleagues also register and report suspected cases and deaths, and refer patients to nearby cholera treatment centers. By being on the ground and trusted by communities, community health workers are well-placed to detect early signals of cholera and enable rapid action – a key element to prevent and treat cholera.

“I communicate the importance of using treated water for drinking and cooking at home and encourage hand washing and food safety. When I find a person suffering from diarrhea, regardless of the severity of their symptoms, I refer him or her to treatment immediately to receive the necessary care. (...) We are on the ground, despite the difficult situation in the country.”

**Esterline Dumézil**

Community health worker

Since the beginning of the cholera outbreak, PAHO/WHO has been providing medical supplies and supporting surveillance activities, WASH measures, case management and risk communications. PAHO/WHO has provided tents, kits and other medical supplies for the establishment of cholera treatment centers and has facilitated the provision of fuel for health care facilities. The training of community health care workers are supported by the Central Emergency Response Fund (CERF) and the European Commission's Civil Protection and Humanitarian Aid Operations (ECHO).

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

## Afghanistan vaccinates 5.36 million children against measles and 6.1 million children against polio in a nationwide campaign

Afghanistan remains one of the most complex humanitarian emergencies in the world, with 28.6 million people currently in need of humanitarian assistance. In 2023, WHO's activities will focus on supporting the roll-out of the new Health Sector Transitional Strategy, including reaching the most vulnerable populations across the country with a package of essential health services and supporting the foundational elements of the health system, and strengthening coordination among partners. For more information, including the latest news and Situation Reports, visit the [Afghanistan crisis page](#) as well as the [WHO Country Office for Afghanistan page](#). Read also [WHO's 2023 Health Emergency Appeal](#).



Measles and polio vaccination campaign, Afghanistan. Credit: WHO

In 2022, various measles outbreaks have been reported in Afghanistan, with 5484 confirmed measles cases and approximately 300 related deaths recorded as of November.

Measles is a dangerous disease, which primarily targets children under five years. Complications can include severe diarrhoea and dehydration, pneumonia, ear and eye complications, encephalitis or swelling of the brain, permanent disability and death. There is no specific treatment for measles and the only reliable protection is vaccination.

It is against this backdrop that Afghanistan held a nationwide integrated vaccination campaign for measles and polio from 26 November and 12 December 2022. In total, 5.36 million Afghan children aged 9 to 59 months were vaccinated against measles, and 6.1 million children aged 0 to 59 months received the oral polio vaccine.

Based on data from Afghanistan's Ministry of Public Health Expanded Programme on Immunization, the campaign covered 329 districts in all the country's 34 provinces. 4,341 vaccination teams were involved, each comprised of four members. Prior to this nationwide campaign, a series of subnational measles immunization campaigns had been conducted in 141 districts, which had covered approximately 3 million children.

WHO and UNICEF supported the campaign by ensuring the procurement and delivery of vaccines and developing immunization guidelines and communication materials. Both agencies also helped enhance female and male health workers' capacities to manage and implement the campaign and ensure that all eligible children are protected through safe and effective vaccines for measles and polio, through capacity building activities.

“This is the first nationwide integrated measles and polio campaign in Afghanistan since the transition in August 2021 and I thank all health workers, partners and donors who made this possible. (...) While measles is highly contagious, it is also a preventable disease. We must not lose the decades of progress we have achieved in immunizing and protecting Afghan children. The measles vaccine is safe and has been in use for more than 50 years. The benefits of vaccination are clear, as evidence shows measles vaccination saved over 23 million lives worldwide over the past 20-year period.”

**Dr Luo Dapeng**

WHO Representative to Afghanistan

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

## WHO's global analysis of COVID-19 intra-action reviews: consolidating national experiences to encourage peer learning



COVID-19 vaccination. Credit: WHO/ Booming - Carlos Cesar

As COVID-19 became a pandemic in early 2020, it quickly became clear that countries needed a new tool to review, assess and improve their ongoing national and sub-national responses. It is against this backdrop that WHO published in July 2020 its [Guidance for conducting a country COVID-19 intra-action review \(IAR\)](#), developed in collaboration with partners and the organization's three levels.

By 31 December 2022, **80 countries used the IAR methodology and conducted 138 IARs in all six WHO regions**. In doing so, countries brought together a wealth of collective knowledge and experience, amplified by connecting the perspectives of stakeholders from various sectors, from decision-makers to frontline responders.

To ensure these precious collective learnings wouldn't be lost and following temporary recommendations to State Parties from the [fourth](#), [fifth](#), [eleventh](#) and [twelfth](#) meetings of the International Health Regulations (2005) Emergency Committee on COVID-19, **WHO's three-levels worked together to conduct a global analysis of COVID-19 IAR reports** (published in January 2023).

Within this framework, **WHO analyzed best practices, challenges and recommendations** extracted from the 83 IAR reports received from 57 countries as of 2 March 2022. These were supplemented by data derived from 27 interviews and 29 online surveys of WHO regional and country office staff familiar with the IAR implementation process. The information was **synthesized into themes, key messages and considerations, structured along the 13 public health response pillars** proposed in the [IAR guidance and addendum](#).

**Key challenges** shared across all countries emerged from this global analysis, especially those seen during the initial phase of the pandemic response. They include issues such as: preventing a collapse of the healthcare system, getting new vaccines approved and rolled out at unprecedented speed, and ensuring reliable and timely health information would reach communities when scientific evidence continued to rapidly evolve and misinformation is rampant.

WHO's global analysis takes a **solution-oriented approach** aimed at **consolidating and showcasing the various strategies and innovations adopted by countries to address and overcome common challenges to the COVID-19 response, and to bring these to the rest of the world to encourage peer learning**. Some cross-cutting themes identified included:

- **repurposing existing policies, strategies, plans, standard operating procedures (SOPs) and human resources** to rapidly respond to the pandemic. This included repurposing existing infrastructures, systems and processes already been established under the [Pandemic Influenza Preparedness Framework](#);
- **ramping up the use of innovations in information technology (IT)** to monitor vaccine uptake and increase the efficiency of contact tracing, and **creating interoperable systems** between different sectors to allow real-time information sharing;
- **adopting a cross-sectoral, whole-of-government and whole-of-society approach**. This included enhancing public-private partnerships, collaborating with academia and civil society, and recruiting volunteers to broaden the pool of human resources to consolidate resources and experiences and jointly fight the pandemic and the accompanying infodemic.

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## How can countries use this report?

- This report should be used as a **bank of approaches and contextual solutions** that arose from the creative minds around the world to combat the pandemic.
- The **solutions identified in one country may not be applicable to another country**, given each country's unique contexts and settings.
- New **ideas inspired by other countries should be pilot tested in their own contexts** while engaging the community through a whole-of-society approach.



**Disclaimer: Individual strategies taken should not be misinterpreted as formal guidance endorsed or recommended by WHO.**

*Source: Figure adapted from the global IAR analysis report and provided by the Country Simulation Exercises and Reviews Unit.*

Using the WHO global analysis of COVID-19 intra-action reviews report as a reference document. Credit: WHO

This report is therefore **designed to be a reference document for countries around the world, inspiring them to learn from a large range of approaches and solutions to combat the pandemic and future health emergencies.** It is hoped that this large-scale peer learning exercise will help spark innovative and fruitful ideas for countries to improve their public health emergency preparedness and response.

Should countries wish to apply one or more strategies outlined in the global analysis to their national or sub-national contexts, the report highlights **the need for countries to adapt each strategy in close consultation with relevant stakeholders, through a whole-of-society approach.**

Finally, this global analysis helped WHO to understand how countries operationalized and customized the COVID-19 IAR methodology and how IARs impacted and guided national COVID-19 response strategies and actions. These learnings will help inform WHO's future work to update its guidance and tools, always with the aim of encouraging peer learning to improve public health emergency preparedness and response globally.

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



Expert mission by WHO to support COVID-19 pandemic response, Tunisia - November 2020. Credit: WHO / Mirada Agency

**“The pandemic has taught us that to stay the course we must sometimes adjust the course. We can only improve if – as the Director-General said – we know what is working, what is not working, what we have, and what we’re missing”.**

**Dr Michael J. Ryan**

Executive Director, WHO Health Emergencies Programme  
COVID-19 information session, 4 November 2021

## The Marshall Islands' Medical Assistance Team trains to rapidly respond during emergencies



Marshall Islands Medical Assistance Team (MI-MAT) participate in a simulation exercise during the EMT training. Photo: WHO/Sean Casey

In November and December 2022, the Ministry of Health and Human Services of the Republic of Marshall Islands **completed a training for 32 members of the newly launched national emergency medical team (EMT), called the Marshall Islands Medical Assistance Team, or MI-MAT.** The training was supported by WHO with funding from the Government of Japan and the Government of the United States, through the United States Agency for International Development (USAID).

As the Pacific continues to face disasters worsened by climate change alongside infectious disease outbreaks, national EMTs have proven to be a crucial tool for health emergency response across the region. In the past few years, national EMTs have been activated and deployed in the Pacific in response to the COVID-19 pandemic and multiple outbreaks and disasters, such as cyclones and typhoons, volcanic eruptions or tsunamis.

“MI-MAT was established [in 2022] and the team has already hit the ground running, responding to COVID-19 and a drought in the Republic of the Marshall Islands. We are proud of the doctors, nurses, pharmacists, paramedics, logisticians, environmental health specialists, epidemiologists and other staff that together form MI-MAT. These individuals have volunteered their skills and their time to save lives. This EMT training is an important initiative to strengthen MI-MAT and improve the team’s readiness for emergencies, and we thank WHO, USAID and the Government of Japan for making this possible.”

### Honourable Joe Bejang

Minister of Health and Human Services of the Republic of the Marshall Islands

The recent training, which was based on global principles and standards for EMT, aimed to boost the teams’ knowledge and skills to ensure its members can rapidly deploy, be self-sufficient and provide high-quality clinical care in the aftermath of a health emergency, no matter where it may occur across the country’s Islands and atolls.

Beyond the training, WHO is also supporting MI-MAT with the procurement of essential equipment and supplies that are required to run an emergency field clinic, and with the development of detailed standard operating procedures.

“At WHO, we recognize the importance of national EMTs as part of the wider effort towards strengthening health security – particularly in the Pacific Islands, where logistics can be particularly challenging. Leveraging trained local health workers and logisticians for the local response makes sense because they are the closest and most familiar with the local context and health systems. We are grateful to the Republic of the Marshall Islands’ Ministry of Health and Human Services for their leadership, as well as to USAID and the Government of Japan for their continued investment in EMTs in the Pacific.”

### Dr Momoe Takeuchi

Country Liaison Officer for Northern Micronesia (covering the Federated States of Micronesia, the Marshall Islands, and Palau)

For more information, click [here](#). To learn more about the EMT initiative, visit this [page](#).



## WHO/Europe supports the strengthening of North Macedonia's Public Health Emergency Operations Centre through a table-top simulation exercise



Dr Shaban Memeti, Director of the Institute of Public Health and Dr Arta Kuli, National Professional Officer at WHO Country Office to North Macedonia deliver welcoming remarks at the table-top simulated Health Emergency exercise in Skopje, North Macedonia, December 2022. Credit: WHO

In August 2020, at the height of the COVID-19 pandemic, North Macedonia's Ministry of Health and Institute of Public Health inaugurated a new Public Health Emergency Operations Centre (PHEOC) in Skopje. Since then, the Centre has been ensuring essential functions in emergency management, including providing centralized, real-time information to monitor, report and advise on the response to COVID-19 and all health emergencies.

To strengthen PHEOC functions and create a network with regional public health centres, WHO, together with the Ministry of Health and the Institute of Public Health devised a strategy which included developing Standard Operating Procedures (SOPs). It is against this background that a **draft handbook compiling all SOPs developed for the PHEOC was developed in June 2022**, following a workshop conducted by the WHO Emergencies Balkans Hub.

On 6 and 7 December 2022, the Ministry of Health with the support of WHO/Europe held a table-top simulation exercise which aimed at testing the PHEOC SOPs handbook and familiarizing PHEOC staff, PHEOC focal points at regional public health centers, as well as response partners with these newly developed SOPs. As part of this simulation exercise, the SOPs for the PHEOC's activation and de-activation were specifically looked at.

22 participants attended the simulation exercise, including epidemiologists from the Institute of Public Health, the PHEOC focal points at the regional public health centers as well as representatives from the National Emergency Management Agency and other sectors, such as animal health. Participants worked through a simulated zoonotic infectious disease outbreak scenario where an ongoing outbreak of avian influenza among poultry farms has been detected and a farm worker was suspected to have fallen ill from a disease linked to the poultry. The use of a table-top exercise in a low-stress environment allowed for open and frank discussions and reviews, and helped identify areas for improvement and concrete action items for the implementation of SOPs.

Moving forward, **WHO will continue to support North Macedonia to revise its PHEOC SOPs and address the gaps identified as part of the table-top exercise.** Following the revision of the SOPs, the PHEOC handbook will be printed and distributed to the regional public health centres and relevant stakeholders for further use and guidance in emergency response, particularly at the onset of other emergencies such as mpox.

## PAHO/WHO facilitates the installation of genomic surveillance in Honduras



Genomic sequencing equipment donated by PAHO/WHO, Honduras. Credit: PAHO/WHO

In November 2022, the Pan American Health Organization (PAHO/WHO) facilitated the installation of the first laboratory equipment for genomic surveillance of SARS-CoV-2 in Honduras, to enable the country to undertake genomic surveillance of SARS-CoV-2, its variants, and other pathogens of public health importance.

The new generation sequencing equipment (from the American firm MiSeq Illumina) was delivered to the Honduras Secretary of Health, Dr. Manuel Matheu, and installed at the National Virology Laboratory in Tegucigalpa. Reagents and other medical equipment needed to carry out genomic sequencing – such as freezers, plate centrifuges and magnetic media – were delivered shortly after.

Prior to the installation, PAHO/WHO had supported the National Virology Laboratory's staff, by offering training on genomic sequencing and bioinformatics analysis at the Genomic Sequencing Reference Laboratory of the Gorgas Institute of Panama.

The PAHO/WHO Representative to Honduras, Ms. Piedad Huerta emphasized the important progress achieved by Honduras to increase its laboratory capacity. Since the beginning of the COVID-19 pandemic, the number of molecular biology laboratories has indeed increased from one to four. **With the installation of the new equipment, Honduras is now able to carry out timely genomic surveillance, thereby increasing its preparedness and response capacities to existing and potentially emerging pathogens.**

Just like for other countries in the Region of the Americas, PAHO/WHO is encouraging Honduras to submit its SARS-CoV-2 genomic data to [Global Initiative on Sharing Avian Influenza Data \(GISAID\)](#) – the open-source platform that promotes the sharing of genomic sequencing data for influenza and other respiratory viruses. By doing so, Honduras will help GISAID's efforts to analyze on a global level the evolutionary patterns of a virus, track its distribution and geographic spread, characterize risk and impact on public health countermeasures, and identify markers of severity or immune resistance as early as possible.

The delivery of genomic sequencing equipment and related capacity building activities were undertaken under the project “Consolidation of national capacities for genomic sequencing in a regional network for genomic surveillance of SARS-CoV-2”, financed by the United States Government.

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

## WHO supports Sudan to assess oxygen access and identify gaps



WHO team assessing the oxygen systems installations: liquid oxygen vessels with vacuum insulated evaporator (VIE) system on the right, medical gas room on the left, hosting PSA plant, vacuum system and high-pressure oxygen cylinder distribution ramp. Photo credit: WHO/Hugues Gaertner.

COVID-19 waves in 2020 and 2021 have left some traumatic memories throughout Sudan, featuring episodes when hospitals could not receive sufficient oxygen supplies for several days, with harsh consequences for patients' lives. To better understand the situation, WHO in collaboration with the Federal Ministry of Health conducted a 10-day mission to Sudan in September 2022, which aimed to provide a **technical assessment of existing oxygen systems, identify oxygen gaps and develop recommendations for next steps.**

WHO deployed a biomedical expert to support the **assessment of nine health facilities, including six public hospitals and three COVID-19 isolation and treatment centers, as well as the sole producer and supplier of liquid oxygen in the country.** A systematic approach was taken to the assessment, whereby WHO and Ministry of Health experts observed the conditions of the infrastructure (electricity, ventilation, patient flows, etc.), reviewed medical data related to bed inventory and occupancy, as well as the roles, responsibilities and competencies of the technical staff in charge of managing medical oxygen.

The joint assessment findings revealed that **while oxygen supply was not optimal during the height of the COVID-19 pandemic, the main challenges experienced in Sudan were multisystemic with observed gaps in organization of oxygen production and distribution capacity.**

Sudan largely depends on supplies of high-pressure oxygen cylinders to distribute oxygen at patients' bedsides, which can present challenges to ensure safe and efficient management and distribution. In addition, the management of oxygen during rainy season (typically June to September with the highest concentrations of rainfall) can present additional challenges with many hospitals lacking available storage rooms and pipeline networks and an increased risk of fire.

However, Sudan has made progress on scaling up its oxygen capacity during the pandemic. Out of the 44 Pressure Swing Absorption (PSA) plants, 28 are well-functioning, and another

five are in the process of being procured or installed. In addition, liquid oxygen vessels systems are installed to supply COVID-19 isolation and treatment centers.

To continue the health facility-level assessment of oxygen systems and gaps beyond the joint visit, enhance local capacities and improve the quality of data collection, WHO held a **one-day training for 15 biomedical engineers** working for Federal and States Ministries of Health, Khartoum hospitals, and the National Medical Supply Fund on assessment tools and criteria.

Based on the joint Federal Ministry of Health of Sudan and WHO oxygen access assessment findings, the following actions were recommended:

- apply an **integrated and holistic approach when undertaking health facilities rehabilitation projects in Sudan,**
- **improve the entire process of oxygen cylinders management,**
- **complete a full comprehensive suppliers' assessment,**
- **present the results of this oxygen ecosystem assessment to decision-makers to inform public health strategy, and**
- **define an oxygen access scale-up programme.** This programme should take into consideration the conditions of current infrastructure to ensure safety measures are respected and risks of fires linked to installing on-site oxygen generator plants and medical gas pipeline systems are limited.

Moving forward, WHO and health partners will continue to technically support the Federal Ministry of Health to further assess medical oxygen capacities, fill in identified gaps in the system and ensure monitoring and evaluation throughout the country.

## WHO and the Polish Statistical Office publish results from an unprecedented survey, helping to understand health needs of Ukrainian refugees in Poland, and informing public health action



Launch of the survey results with representatives from WHO and the Polish statistical Office ©WHO Country Office for Poland

Since its start in February 2022, the war in Ukraine has caused the largest displacement of people in Europe since World War II and an unprecedented influx of millions of Ukrainian refugees into Poland. This has placed an enormous strain on local and national public services, creating many challenges for the labour market, education and importantly, the healthcare system.

Recognizing the need for data about refugees' health needs to best inform the response, the WHO Regional Office for Europe and WHO Country Office for Poland partnered with the

Statistical Office in Rzeszów and the Polish Statistical Office in Lublin to **design and conduct a survey on health needs for Ukrainian refugees** in the border provinces of Podkarpackie and Lubelskie. Held from June to August 2022 over all border crossing points, the survey aimed to **identify refugees' health needs and status, understand their experiences in accessing health services and grasp the expected scope of long-term assistance and support.**

The survey's results were compiled and presented for the first time on 13 December 2022, at a [hybrid event in Warsaw](#) attended by 45 on-site and approximately 400 online participants.

Key findings from this most comprehensive study on the health needs of Ukrainian refugees in Poland to date include:

- **Demographics** – 59% of refugees are adults, of whom 70% are women, mostly aged 18 to 34 years. 41% of the refugee population is under 18 years, the majority of whom are 5–14 years old.
- **Mental health** – At least at least one in 10 respondents reported suffering from significant mental health issues, and over half (56%) confirmed they would benefit from mental health support. Barriers such as lack of childcare and difficulty in obtaining one-to-one appointments with Ukrainian-speaking mental health professionals mean that many Ukrainian refugees are unable to access the mental health care they need.
- **Chronic diseases and specialized care** – 44% of respondents in need of health care reported suffering from sudden illnesses such as fever, diarrhea or coughing, while 40% needed treatment for chronic illnesses (e.g. cardiovascular diseases, diabetes, cancer and pulmonary diseases). The latter often had difficulties accessing necessary services, but services provided by civil society organizations and targeted programmes led by WHO were cited as helpful.
- **Information barriers** – The lack of information and language and cultural barriers were the most frequently cited obstacles to accessing health care, especially for those with disabilities and people who do not speak Polish or English. Informal communications channels such as social media and face-to-face communication were identified as the most trustworthy and most likely media.
- **Cost of health care** – one in three respondents designed the cost of services – such as the need for prescriptions and the cost of buying medication – as a barrier, especially for families with children with disabilities who often have additional needs. However, electronic prescriptions were mentioned as helpful.
- **Vaccination** – 55% of refugees are vaccinated against COVID-19 and over 70% of children aged 1–4 years, are vaccinated against childhood diseases, in line with the Ukrainian national average. Survey respondents wanted to understand differences in routine immunization schedules and where they could access vaccinations for both children and adults.

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WHO supporting Ukrainian refugees in Poland. Credit: WHO Country Office for Poland

These quantitative and qualitative findings will be extremely useful to inform the development and implementation of health actions. Moving forward, WHO will work with the Polish Government to integrate these learnings into the health response and take action on the identified priority areas, including mental health.

Since the beginning of the war in Ukraine, the WHO Country Office for Poland and the WHO Regional Office for Europe have been supporting Ukraine and neighboring countries, including Poland in the health response to the refugee crisis. In particular, WHO has been ensuring the delivery of critical medical supplies and ambulances to Ukraine, training and deploying medical personnel, supporting the transfer of patients to ensure they receive appropriate health care and verifying attacks on health.

“The state and municipal level governors have an important role in emergencies. City councils can help connect refugees to health and other services, thereby creating safer and more inclusive communities. Access to valid, accurate, and timely information is essential to planning and executing the humanitarian response. (...) The collaboration between Statistics Poland and WHO has been very successful, and the survey results will be useful for all parties involved in the response.”

**Dr Paloma Cuchi**

WHO Representative to Poland

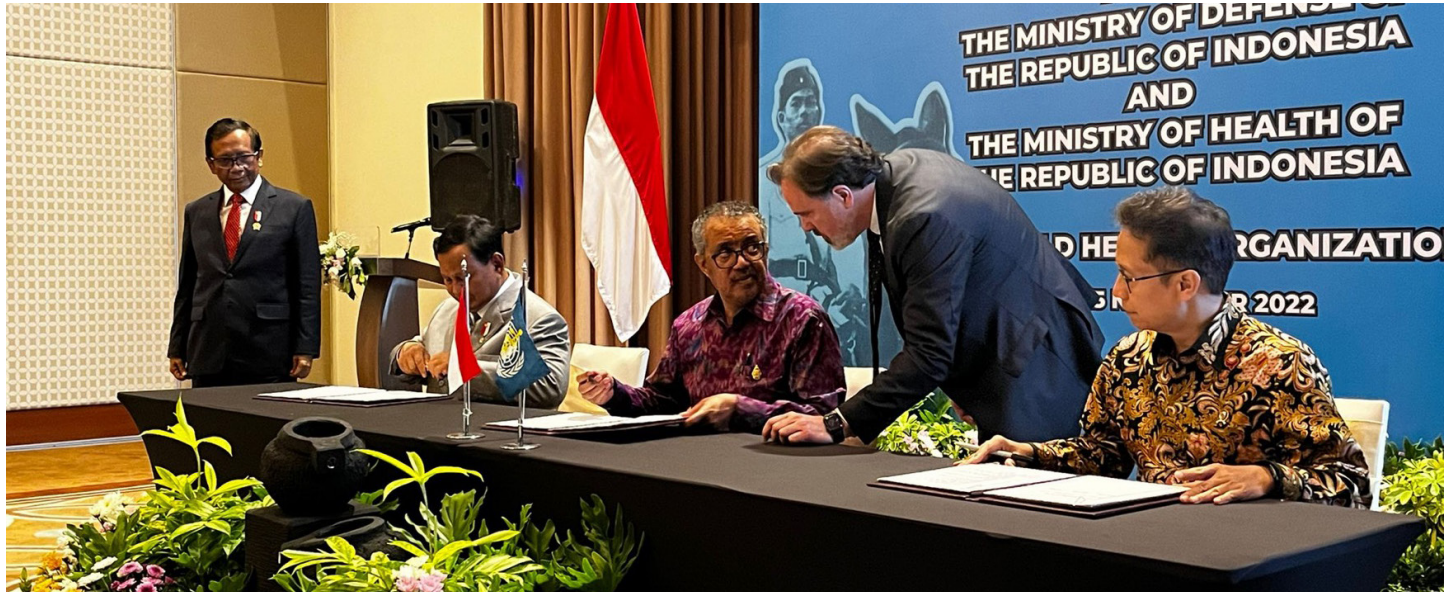
To watch the launch of the survey findings, click [here](#). For more information about WHO’s activities in Poland, click [here](#).

WHO’s response to the conflict in Ukraine is guided by the [Strategic Response Plan for June – December 2022](#), which is implemented in close collaboration with health partners. In January, WHO released its [Health Emergency Appeal 2023](#) in which funding needs for the response to the crisis in Ukraine and refugee-hosting countries are estimated at US\$ 253 million. To read more about WHO’s work and find the latest news and [Situation Reports](#), visit the [WHO Ukraine emergency page](#).



Cover page of the survey results. Credit: WHO Country Office for Poland

## The Republic of Indonesia and WHO agree to strengthen health emergency operational readiness and emergency medical teams in countries



Indonesian Coordinating Minister for Political and Security Affairs Mahfud MD, Indonesian Defense Minister Prabowo Subianto, WHO Director-General, Dr Tedros Adhanom Ghebreyesus, and Indonesian Minister of Health Budi Gunadi Sadikin after signing the MoU. Credit: WHO/Shamila Sharma

On 15 November 2022, WHO and the Republic of Indonesia signed a **memorandum of understanding aimed at establishing a multi-country training hub for health emergency operational readiness and Emergency Medical Teams (EMTs)**. The new training hub will increase capacities for Indonesia, as well as other countries in Asia and beyond to act quickly when an emergency strikes.

The response to the COVID-19 pandemic has highlighted some gaps in Indonesia's national capacity, especially in relation to ensuring the country has sufficient personnel with the adequate range and breadth of expertise. Ensuring the presence of skilled EMTs ready to respond to any disease outbreak is part of the solution, however training these teams requires substantive investments, sustained focus, and specialist support, which not all countries are able to access independently. This multi-country hub is therefore key, in that it will allow neighboring countries to pool together funds and technical resources to offer the best capacity building opportunities for their national EMTs.

Concretely, the multi-country training hub will enable EMT members from Indonesia and other countries in the region and beyond to **access trainings through innovative training packages**. The latter include **simulation exercises** and cover a range of areas, such as the **management of public health emergencies – including under its medical and logistical aspects – and the study of the medical, social, and economic impact of emergencies**.

Located at the Republic of Indonesia Defense University (RIDU), the training hub builds on years of fruitful collaboration between Indonesia's Ministries of Health and of Defense in health emergencies, and particularly between military and civil EMTs. The present memorandum of understanding will also look into improving civil-military cooperation and disseminating EMT medical standards to ensure streamlined coordination and quality of care from all teams, including military teams.

Trainings offered at this new hub will be supported by the WHO [Emergency Medical Teams secretariat](#), which manages the training, capacity building, standard setting and quality assurance processes for the global Initiative.

The launch of this multi-country training hub is perfectly in line with the [recently launched EMT 2030 strategy](#), which envisions a world in which every country has the capacity to respond rapidly and effectively to national emergencies, by leveraging regional and sub-regional capacities to support vulnerable communities.

The memorandum of understanding was signed by Indonesia's Minister of Defense, Ir. Prabowo Subianto, Minister of Health, Ir. Budi Gunadi Sadikin and WHO's Director-General, Dr Tedros Adhanom Ghebreyesus during his visit for the G20 summit held in Nusa Dua Bali, Indonesia, on 15 – 16 November 2022. Other dignitaries present at the signing included the WHO Regional Director for South-East Asia, Dr Poonam Khetrpal Singh and the WHO Country Representative to Indonesia, Dr N. Paranietharan, as well as various state officials.

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

## EWARS in a box: Supporting Syndromic Surveillance of La Mojana Flood Response, Colombia

According to the [2022 Humanitarian Response Plan for Colombia](#), 6.1 million people are in need of humanitarian health assistance across the country. Through its Country Office, PAHO/WHO supports Colombia and other countries in fragile, conflict-affected and vulnerable settings across the world to deliver health coverage and ensure that vulnerable populations have access to basic health services, such as maternal and child health, immunization, nutrition, mental health, and sexually-transmitted diseases, among others. For more information, visit the [PAHO/WHO Country Office for Colombia page](#).



EWARS in a box training 7-8 December 2022. Credit: Camilo Fernando Avila Paerez (PAHO PHE)

Influenced by the La Niña phenomenon, La Mojana region of Colombia is currently experiencing the longest emergency in recent years. [More than 155,888 people of 38,972 households in the departments of Antioquia, Córdoba, Bolívar and Sucre are in need of assistance as a result of atypical rains, floods and the related widespread displacement.](#) In the department of Sucre itself, over 500 temporary emergency shelters (called “Cambuches”) have been identified, some of which are offering shelter for more than 2000 people.

This situation has produced significantly high risks of spread of communicable diseases in affected populations, especially of diarrhoeal and vector-borne diseases. **It is against this backdrop that La Mojana’s regional health authorities mobilized WHO’s electronic early warning, alert and response system, [EWARS in a box](#) to detect outbreaks as part of the flood response, in December 2022.** EWARS in a box has supported over 100 million emergency-affected population across 31 countries since its inception in 2015. This rapid, user-friendly and flexible digital tool can be used in over 60 languages covering diverse communities globally to detect outbreaks early on.

In La Mojana, **the National Institute of Health of Colombia collaborated with WHO’s three levels (PAHO/WHO Country Office, WHO/PAHO Regional Office and Headquarters) to roll-out the early warning system in the temporary emergency shelters, with the aim of being swiftly notified of disease syndromes and events of public health importance, and inform rapid response.**

“EWARS in a box provides an easy and user-friendly digital solution for emergencies like La Mojana response. We would like to expand our experience on the EWARS features of data analysis and visualization of the tool in the future, in order to improve and strengthen early warning, alert and response processes during future emergencies.”

**Milena Borbón, Juan Camilo Rojas, Mónica Carreño**  
Directorate of Surveillance and Risk Analysis, National Institute of Health (INS)

Since its rollout, EWARS in a box has been supporting syndromic surveillance in La Mojana, enabling symptoms of epidemic-prone diseases to be detected early – prior to clinical or laboratory confirmation – especially in an operating environment that may experience delays in confirming outbreaks. Acute respiratory syndrome and acute diarrheal syndrome are the most commonly reported syndromes out of the 11 syndromes that EWARS’ electronic reporting is supporting. Syndromes notified in EWARS are received real-time at the National Institute of Health’s surveillance office, which then prompts epidemiologists and surveillance officers to take necessary actions, including confirmation.

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Mobile data reporting from Temporary emergency shelters with EWARS in a box. Credit: Juan Camilo Rojas Hernandez (Instituto Nacional de Salud)

To support the implementation of EWARS, the National Institute of Health, the PAHO/WHO Country Office for Colombia, and the PAHO Health Emergency Department (PHE) held a two-day training of trainers in December 2022, for 17 national and local surveillance officers and epidemiologists as well as field epidemiologists working as part of the flood response. A further two-day fieldwork was carried out with a team of 16 people, which targeted 650 people in more than 160 temporary emergency shelters, and aimed at increasing their awareness of when and how to notify syndromes using the EWARS mobile application.

While EWARS in a box helps with the early detection of communicable disease outbreaks, the system is also expected to improve activation and articulation of the care routes for the most vulnerable populations experiencing the impacts of the flood emergency. Moving forward, EWARS will continue to support La Mojana's flood response in 2023, and will remain on standby for any other emergency in Colombia that demands disease early warning support.

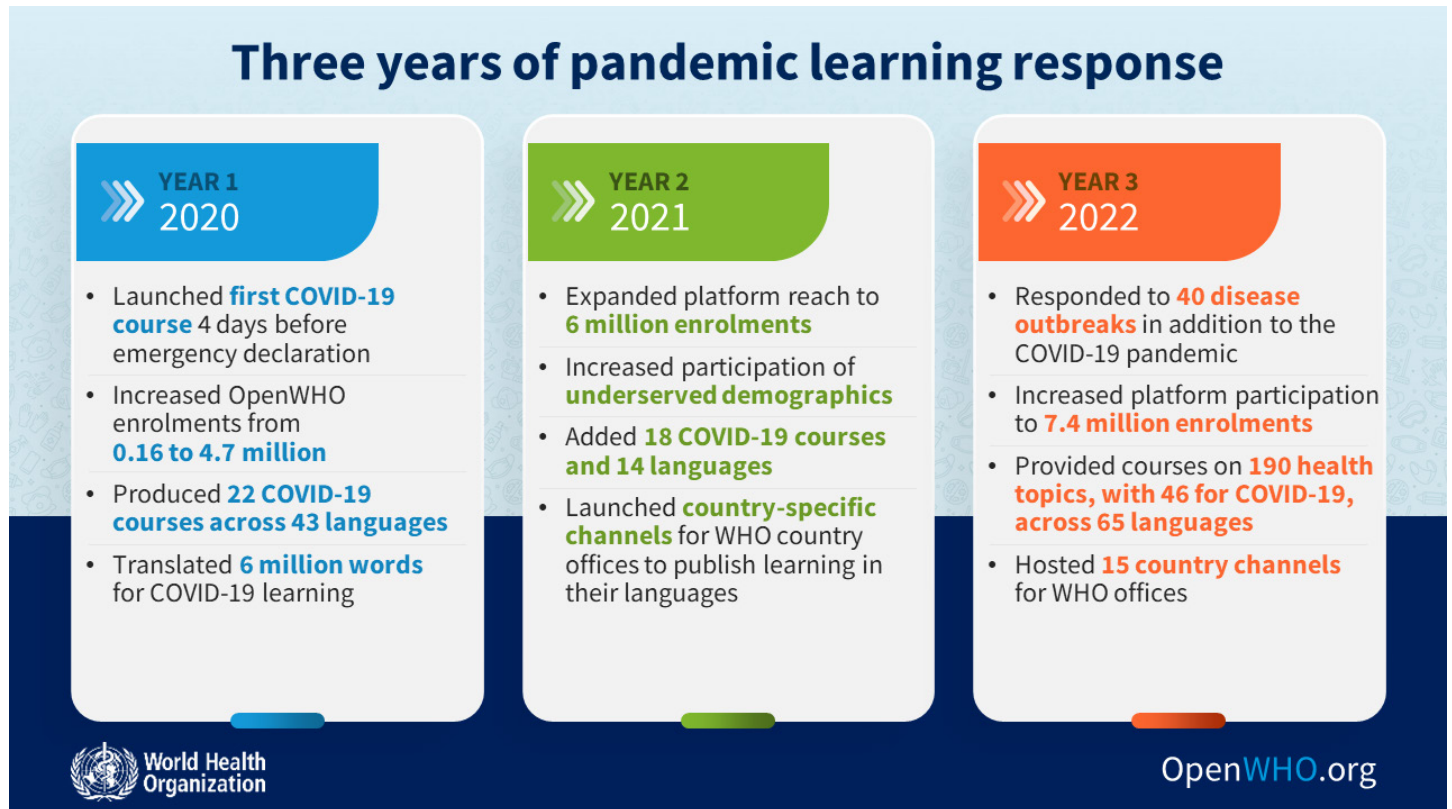
For more information, visit: [EWARS in a box](#). For training and capacity building, visit [EWARS in a box on OpenWHO](#). To contact the EWARS in a box team, write to [ewars@who.int](mailto:ewars@who.int)



EWARS mobile data collection training in the field 12-13 December 2022. Credit: Estefania Mora (Field Epidemiology Training Program, Colombia)



## Three years of pandemic preparedness and response learning: reaching learners across the world with life-saving health knowledge



Key milestones in OpenWHO's response to the COVID-19 pandemic. Enrolment numbers are cumulative since the launch of OpenWHO in 2017. Credit: WHO

26 January 2023 marks three years since WHO launched its first [OpenWHO.org](https://openwho.org) course on the then-novel coronavirus and started providing accessible, up-to-date and informative health knowledge for a diverse global audience amid the fast-evolving pandemic. As of this date, OpenWHO offers a total of [190 online courses](#), 46 of which address COVID-19 topics, and has totaled 7.4 million course enrolments.

To adapt to a multilingual world and best serve the affected global population, OpenWHO courses have been produced in a total of 65 languages, with an average of four languages available per course. 15 [country-specific learning channels](#) have been developed with WHO Country Offices to provide access in Member States' official languages. All learning content has been created and vetted by WHO science and expert teams to ensure its scientific accuracy.

To have the widest possible impact and reach learners from remote communities to high-tech urban settings, including in health emergency contexts, OpenWHO has leveraged existing technologies and is offering simple, adaptable and accessible learning content. OpenWHO courses are provided in self-paced, multi-use formats so learners have the option to participate whenever and however works best for them, in line with the universal design for learning framework. Materials are also increasingly optimized for a world in which many rely on mobile phones to stay informed.

Feedback received to date shows positive and encouraging trends, including through optional exit surveys provided for key courses during the pandemic. An analysis of two surveys for the

platform's second most popular course – [Infection Prevention and Control \(IPC\) in the context of COVID-19](#) – confirmed high user satisfaction, with learning needs overwhelmingly met. More than 95% of respondents said they would change at least some IPC practices after the course, a majority of whom were women aged 20 to 39 years working in a health-related profession.

In addition, survey results from learners who followed the [COVID-19 vaccination training for health workers](#) confirmed the effectiveness of self-paced, multi-use formats from the user perspective, as well as the value of modular and low-bandwidth friendly materials to reduce barriers to access.

Finally, recent feedback indicates that OpenWHO's learning reach has extended beyond the online platform as communities adapt materials to local contexts and key learners impart the knowledge they gained, creating a multiplier effect.

By harnessing the potential of simple formats and technologies to empower millions of people across the globe with knowledge to protect themselves and their communities, OpenWHO has helped WHO further the goal of supporting everyone, everywhere in attaining the highest level of health. Moving forward, this knowledge-transfer platform will remain an important and effective tool in the preparedness for and response to health emergencies across the globe.

## WHO Contingency Fund for Emergencies (CFE): Saving lives through rapid interventions

Set up by a World Health Assembly resolution in May 2015, the [Contingency Fund for Emergencies \(CFE\)](#) allows WHO to respond immediately to disease outbreaks and other health emergencies in support of Member States. CFE funds – which are pooled and fully flexible – can be disbursed in 24 hours or less.

The CFE helps WHO leverage its presence on the ground to support Member States to ensure the continuity of critical operations in the absence of other donor funding, thereby saving lives and preventing unnecessary suffering. Enabling a quick response dramatically reduces the costs of controlling outbreaks and emergencies, as well as wider social and economic impacts. The CFE has become a key instrument in enabling WHO to be a first responder in emergencies.



WHO vaccinator reaching out to flood-affected communities in Pakistan. Credit: WHO/Mobeen Ansari

The past year has been challenging for WHO and for the health and humanitarian community at large. In addition to the ongoing COVID-19 pandemic response, WHO has faced an unprecedented number of complex crises, disasters and disease outbreaks. The CFE has played a critical role in allowing WHO to respond quickly and effectively to these and many other health emergencies. **WHO released nearly US\$88 million in 2022 from the Fund to address 35 emergencies in more than 40 countries and territories**, including the conflict in Ukraine, multiple Ebola virus outbreaks, the global mpox outbreak, an unprecedented surge in cholera and measles outbreaks globally, floods in Pakistan, and humanitarian responses in the greater Horn of Africa and the Sahel region.

In August 2022, WHO released US\$ 10 million from the CFE to respond to the [floods in Pakistan](#) and support emergency health operations. This initial response helped:

- Set up medical camps, reaching 1 million people with essential health services
- Provide testing kits for safe drinking water
- Procure essential medicine packages capable of reaching 130 000 people
- Support risk communication

This would not have been possible without the generous support of our donors. In 2022, eleven Member States provided more than US\$80 million to the CFE, allowing WHO to respond to acute events and escalating humanitarian needs.

As many health threats and emergencies are anticipated in 2023, impacting hundreds of millions of people, **WHO will continue to leverage its presence in 152 countries, territories and areas to support emergency preparedness, readiness and response efforts**. While support to the CFE is vital, **WHO asks its Member States for their continued advocacy and support for all WHO's work in emergencies**. This permits WHO to undertake its life-saving humanitarian health operations in fragile contexts and, in emergencies where the CFE has been used, to support the reimbursement of CFE allocations and the Fund's financial sustainability.

**“In an emergency, every minute counts. CFE allows us to react immediately to the health emergency, ensuring that assistance reaches affected populations as quickly as possible and thereby shortening the duration of the health emergency and mitigating its impact.”**

**Dr Michael J Ryan**

Executive Director, WHO Health Emergencies Programme

For more information, visit the [CFE web portal](#).

## WHO's Health Emergency Appeal 2023: responding to health emergencies across the world

On 23 January, WHO published its [2023 Health Emergency Appeal – serving the most vulnerable during times of crisis](#). Financing of this appeal will enable WHO to meet urgent emergency and humanitarian health needs in more than 54 health crises around the world, including all of the highest-level 'Grade 3' emergencies – those which require an urgent and major WHO response.

The rise in climate change related disasters, combined with conflicts, political and economic instability, food insecurity, displacements as well as the ongoing COVID-19 pandemic have led to a dramatic rise in threats to health globally in 2022, which in many places are reversing hard-won development gains. As we enter 2023, **a record 339 million people are requiring urgent humanitarian assistance – a large part of whom are living in fragile and conflict affected contexts**. The case for investments in health has never been stronger.

**To continue to respond to the needs of the most vulnerable during this unprecedented moment of intersecting emergencies, WHO needs a projected \$US 2.5 billion.** This increased funding, combined with urgent action will enable us to save lives, support recovery efforts, prevent the spread of diseases within countries and across borders, and ensure communities have the opportunity to rebuild, ensuring prosperous futures.

Contributions to WHO's work as planned for under the appeal can be fully flexible, flexible across a region, or flexible within a country appeal, and WHO thanks its donors for their generosity to date.

### 2023 FINANCIAL REQUIREMENTS

In 2023, US\$ 2.54 billion of funding is required to enable WHO to reach the millions of people in need of urgent and life-saving support.

| Grade 3 emergency  | Planned costs (US\$ '000) |
|--|---------------------------|
| G3 - Global COVID-19   | 772 221                   |
| G3 - Afghanistan, Complex Emergency  | 165 488                   |
| G3 - Global, mpox  | 30 571                    |
| G3 - Greater Horn of Africa, Drought and Food Insecurity (Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda) | 178 019                   |
| G3 - Northern Ethiopia, Complex Emergency  | 42 466                    |
| G3 - Syrian Arab Republic, Complex Emergency   | 105 847                   |
| G3 - Ukraine, Conflict   | 253 000                   |
| P3 - Democratic Republic of the Congo, Complex Emergency   | 33 300                    |
| P3 - Nigeria, Complex Emergency  | 22 676                    |
| P3 - Somalia, Complex Emergency  | 16 913                    |
| P3 - South Sudan, Complex Emergency  | 28 588                    |
| P3 - Yemen, Complex Emergency  | 133 884                   |
| Other graded emergencies and ongoing operations  | 730 750                   |
| CFE - Contingency Fund for Emergencies*  | 50 000                    |
| <b>Total</b>   | <b>2 541 047</b>          |

\*minimum requirement for the replenishment of the Contingency Fund for Emergencies

\*\*Please note: Several of the countries listed in the table above are responding to multiple emergencies with different grades simultaneously. For further details on the full funding requirements please refer to the country specific appeals. Below is a snapshot of the total funding requirements, across WHO's ongoing emergency responses in Afghanistan, Ethiopia, Syrian Arab Republic, Democratic Republic of Congo, Somalia, South Sudan and Yemen.  
4WHO Investment Case: <https://www.who.int/about/funding/invest-in-who/investment-case>

#### Overall funding requirements for all ongoing WHO response operations in country

| Emergency response           | 2023 Funding requirements ( US\$ '000) |
|------------------------------|--|
| Afghanistan                  | 188,398                                |
| Ethiopia                     | 127,955                                |
| Syrian Arab Republic         | 88,315                                 |
| Democratic Republic of Congo | 41,100                                 |
| Somalia                      | 98,605                                 |
| South Sudan                  | 52,093                                 |
| Yemen                        | 141,523                                |

**“This unprecedented convergence of crises demands an unprecedented response. More people than ever before face the imminent risk of disease and starvation and need help now. The world cannot look away and hope these crises resolve themselves. I urge donors to be generous and help WHO to save lives, prevent the spread of disease within and across borders, and support communities as they rebuild.”**

**Dr Tedros Adhanom Ghebreyesus**

WHO Director-General



A team of doctors prepare to perform a C-section at Malalai Hospital in Kabul, Afghanistan on 21 November 2022. Credit: WHO/Kiana Hayeri

## WHO's work in emergencies

For updated information on where WHO works and what it does, visit the [WHO Health emergencies page](#), the [WHO Health Emergency Dashboard](#), the [Disease Outbreak News \(DONs\)](#), the [EMS 2](#) and the [Weekly Epidemiological Record](#).



### Mpxv

For the latest data trend and updates, click [here](#).



### COVID-19

For the latest information, visit the [WHO COVID-19 dashboard](#) and [Situation Reports](#).



### GOARN

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



### Emergency Medical Teams (EMT)

For updated EMT Network activities, click [here](#).



### EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#).



### WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance, 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

- International Migrants Day (18 December): read the [World report on the health of refugees and migrants](#) and the [Refugee and migrant health page \(WHO\)](#)
- [TAG-VE statement on the meeting of 3 January on the COVID-19 situation in China](#)
- [Statement by Principals of the Inter-Agency Standing Committee on Afghanistan: Women's participation in aid delivery must continue](#)
- [One Health Joint Plan of Action launched and presented by WHO and the Quadripartite partners](#)
- [WHO, WIPO, WTO call for innovation and cooperation to support timely access to pandemic products](#)
- [Urgent action needed as acute malnutrition threatens the lives of millions of vulnerable children](#)
- [A child or youth died once every 4.4 seconds in 2021 – UN report](#)
- [WHO releases new family planning and abortion care competency standards for health workers](#)
- [WHO welcomes data on COVID-19 in China, meeting with Minister](#)

## Highlights

- [Recommendations to better understand the origins of and factors for the emergence and re-emergence of mpox](#)
- ACT-Accelerator publishes its [Outcomes Report, 2020-22](#) and [Update on the rollout of COVID-19 tools: a report from the ACT-A Tracking & Monitoring Task Force](#)
- WHO's Technical Advisory Group on Virus Evolution (TAG-VE): [Omicron XBB.1.5 Variant Rapid risk assessment](#)
- [Meeting of the Strategic Advisory Group of Experts on Immunization, October 2022: conclusions and recommendations](#) (published 6 January 2023)
- [Biweekly global influenza update #436](#) (9 January 2023) and [Human-animal interface monthly risk assessment](#) (5 January 2023)
- [Close to one billion people globally are served by health-care facilities with no electricity access or with unreliable electricity: new joint report](#)



**Science in 5** is WHO's conversation in science. In this video and audio series WHO experts explain the science related to COVID-19. Transcripts are available in Arabic, Chinese, English, French, Farsi, Hindi, Maithili, Nepali, Portuguese, Russian and Spanish.

### [Influenza](#) (13 January 2023)

How does the vaccine combat the Influenza virus? How does WHO track influenza across the world to decide the composition of the vaccine? Dr Sylvie Briand also explains why we are seeing a spike in respiratory diseases in Science in 5.

### [Respiratory disease in children](#) (22 December 2022)

Why are we seeing a spike in respiratory diseases in children. What are the symptoms and red flags for parents? How can we protect our children from these infections? WHO's Dr Wilson Were explains in Science in 5.