

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

WHO provides risk communication support to the Ministry of Health as part of the larger earthquake response in Türkiye



WHO visit to the Turkish town of Antakya. Credit: WHO / Catherine Smallwood

On 6 February 2023, a series of large earthquakes hit southern Türkiye and northern Syria, followed by hundreds of aftershocks. This left thousands dead and thousands more at risk given the destruction of infrastructure and freezing temperatures in the affected areas. To respond to the immediate health needs in both Türkiye and northern Syria, WHO needs US\$ 84.57 million. To learn more about WHO's actions, priorities and financial requirements, read the [WHO flash appeal: Earthquake response in Türkiye and Whole of Syria](#). For more information on the response, including the latest news and latest Situation Reports, visit [WHO's Earthquake in Türkiye and the Syrian Arab Republic webpage](#), the [WHO Country Office for Türkiye webpage](#) and the [WHO Country Office for Syria webpage](#). Donations in support of WHO's work following this emergency can be made through the [WHO Foundation](#).

On 6 February 2023, a 7.8 magnitude earthquake struck at 04:17 am local time with its epicentre located in the Pazarcık district in Kahramanmaraş province of Türkiye. This is the highest magnitude earthquake recorded in Türkiye since 1939. It was followed by around 5700 aftershocks, which altogether affected 9.1 million people in the country, killing over 43,000 and injuring over 108,000 people as of 23 February 2023.






WHO was quick to act and mount a response in Türkiye in support of the Ministry of Health. [WHO's priorities](#) as part of this response include: ensuring access to essential health services for the most vulnerable and affected populations, notably through mobile health clinics; offering immediate trauma care for injured patients as well as post-trauma rehabilitative care; providing essential medicines, emergency kits and supplies; preventing and controlling disease outbreaks, including through strengthening disease surveillance; ensuring access to mental health and psychosocial support; supporting the rehabilitation of health infrastructures; and coordinating the international health response, including through Emergency Medical Teams (EMTs).

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

-  49 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 21 February 2023.

-  **42.6 million** online data analysed between 1-31 January 2023 by WHO as part of social listening and infodemic management support to Member States

-  OpenWHO totaled **7.5 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](#), the [EMS 2](#) and the [AEM Daily global situation update](#).

As in all health emergency responses, an important part of WHO's actions are centered around **risk communication and community engagement (RCCE) to ensure target and vulnerable populations have access to the most up-to-date and relevant public health advice**. Since the first day of the response, RCCE teams have been working hand in hand across WHO's three levels (Headquarters, Regional Office for Europe and Country Office for Türkiye) to best support national governmental efforts. Joint efforts have also been undertaken with other health partners, such as the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF Türkiye, and Turkish Red Cross representatives to maximize outreach.

Within the first week of response, **WHO developed its public health advice in the aftermath of an earthquake and supported Türkiye's Ministry of Health to develop public health advice on 20 key health topics**, such as frostbite or tetanus. Collectively, these RCCE messages included strategic information on various health risks, such as how to protect yourself and your community in cold weather, how to ensure food or water is safe or how to continue breastfeeding babies. Various information supports have been used, among which posters, online resources or social media messages.

To maximize impact, **developed materials were translated into Turkish and the Ministry of Health further disseminated social media tiles based on the WHO-provided messages**. Since 11 February, 52 social media publications have been posted on the Ministry of Health's accounts. The WHO Regional Office for Europe also disseminated public health advice through its social media channels reaching more than 73,000 people on Twitter, 19,000 on Facebook, 13,000 on Instagram and 3,000 on LinkedIn.

Regular infodemic management analysis reports conducted by the WHO showed that 42 signals have been picked up through the social listening system as of 22 February – an encouraging evidence that these messages are reaching their targets and people are talking about RCCE online.

Moving forward, WHO will continue to support the Ministry of Health in issuing and disseminating RCCE messages, to ensure that all those in need are able to easily access the information they need and to help reduce the number of preventable death and injuries.

Soğuk Isırması/Yanığı



Soğuk yanığı, vücudun düşük sıcaklıklara maruz kalan bölgelerinin zarar görmesidir. Burun, kulaklar, yanaklar, çene, parmaklar veya ayak parmakları gibi cildin açıkta kalan bölgeleri en savunmasızdır.




World Health Organization
European Region
Deprem sonrası halk sağlığı tavsiyeleri

Soğuk Isırması/Yanığı



Bu belirtileri fark ederseniz derhal tıbbi yardım alın. Soğuk yanığı vücuda ciddi zarar verebilir ve şiddetli vakalar amputasyon ile sonuçlanabilir.


Soğuk yanığı görülen bölgelere **DOKUNMAYIN**, cildi kar ile **OVALAMAYIN**, etkilenen bölgeleri sıcak suya **KOYMAYIN** veya ısıtıcının yanında **ISITMAYIN**. Bunlar daha büyük zarara yol açabilir.



World Health Organization
European Region
Deprem sonrası halk sağlığı tavsiyeleri


Social media tiles on hypothermia developed by WHO in collaboration with Türkiye's Ministry of Health, based on WHO's Public Health Advice. Credit: WHO

Güvenilir Bilgi Kaynakları



Ulusal ve yerel sağlık yetkilileri gibi resmi kaynaklardan bilgi, tavsiye ve rehberlik almak önemlidir. Kaynağı başkalarıyla paylaşmadan önce daima kontrol edin ve içeriği analiz edin.

Yanlış veya yanıltıcı bilgiler kafa karışıklığına neden olur ve sağlığa zarar verebilecek davranışlara yol açabilir.



World Health Organization
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Emzirme Hakkında



Vücudunuz stres altında bile bebeğiniz için yeterince süt üretebilir. Emzirmeyi bıraktıysanız, yeniden başlamak mümkündür. Mümkünse emzirmeyi deneyin.



World Health Organization
European Region
Deprem sonrası halk sağlığı tavsiyeleri

Social media tiles developed by WHO on [false information epidemic](#), [breastfeeding](#), [child protection](#) and [chronic disease](#). Credit: WHO

Responding to cholera in Malawi

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](#). In 2023, [WHO requires US\\$ 25 million](#) to respond to the immediate needs identified in priority countries across the world, to ensure the outbreaks are contained and to prevent cholera becoming endemic in currently non-endemic countries. For more information, visit the [WHO cholera page](#), WHO [Disease Outbreak News \(DONs\) page](#), and the [Global Task Force on Cholera Control page](#). For more information about the current outbreak in Malawi, visit the [WHO Country Office for Malawi page](#).



Cholera treatment center set up by WHO in Malawi. Credit: WHO

Although cholera is endemic in Malawi, **the country is currently reporting its deadliest outbreak in its history**, further stretching its response capacities and the health system as a whole.

First declared in [March 2022](#), the current cholera outbreak emerged at the intersection of multiple hazards, including a cyclone and flooding. This led to the displacement of a population with low pre-existing immunity for cholera, and lack of access to safe water, sanitation and hygiene (WASH) infrastructure.

From the initial outbreak in 2022 to early August 2023, the country had recorded about 1000 cases and 40 deaths. However, by mid-August of this year, the outbreak spread to the north of the country among fishermen communities, leading to a significant rise in the number of new cases, deaths and affected districts. By the end of October 2023, all 29 districts in Malawi had reported cases.

The outbreak was further declared a public health emergency by the Malawi government on 5 December 2022. As of 14 February 2023, a total of 43 434 cases and 1 412 associated deaths have been reported from all of the country's 29 districts, with a standing case fatality rate of above 3%.

Cholera has spread into neighboring Mozambique and Zambia, and now risks spreading to Zimbabwe. In addition, two imported cases have also been reported from South Africa in early February 2023, with travel history to Malawi.



Cholera treatment center in Lilongwe. Credit: WHO

Since the declaration of the outbreak, WHO and its partners have been quick to offer support to Malawi's Ministry of Health in its response. **WHO swiftly disbursed US\$ 4.2 million to Malawi from its [Contingency Fund for Emergencies](#)**, as part of a wider global disbursement, to scale up immediate supportive actions across all pillars of the response during the acute phase of the outbreak.

To date, key measures conducted by the Ministry of Health, WHO and health partners include:

- **Ensuring surge support:** WHO quickly deployed multi-disciplinary teams of experts to Malawi, to scale up all aspects of the response, including clinical management, health operations, logistics and partner coordination. In February 2023, WHO activated its Emergency Medical Team network and [deployed three EMTs](#), to provide surge support for case management, logistics and capacity building.
- **Enhancing response coordination:** a costed national cholera response plan was developed, and national and district-level emergency operation centres operationalized.
- **Strengthening surveillance:** national rapid response teams have been deployed to all affected districts, and community-based surveillance enhanced. WHO is also supporting the Ministry to increase laboratory testing capacity and diagnostics, as well as genomic sequencing.

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- **Enhancing case management:** WHO and partners are supporting the establishment of cholera treatment units and 47 oral rehydration points in high burden communities. Health care workers received training on the management of cholera and infection, prevention and control. In addition, cholera kits and other supplies, including oral rehydration salt, intravenous fluids, antibiotics, rapid diagnostic test kits, personal protective equipment, tents, and cholera beds have been provided in affected districts.
- **Ensuring vaccination:** WHO mobilized over 4.8 million doses of oral cholera vaccine (OCV) through the [International Coordination Group on Vaccine Provision](#), in collaboration with GAVI, UNICEF and other partners.
- **Informing communities:** awareness-raising and prevention messaging is being shared through community and national radios. Informational and educational communication materials have been disseminated.
- **Ensuring WASH Interventions:** water treatment systems have been strengthened and households in affected districts are being sensitized on WASH promotion. House-to-house chlorination is also ongoing in affected communities.



Health workers at cholera treatment units. Credit: WHO

Despite these significant efforts to scale up the response to the current cholera outbreak, **gaps in the response still remain**. Long-term support will be required to maintain incident management teams currently on the ground and organize further vaccination campaigns into the near future. Long-term and sustained investment will also be needed to enhance WASH infrastructure and ensure access to clean water, maintain treatment centers, ensure medical supplies, and sustain community engagement.

Moving forward, **WHO and its partners remain committed to support Malawi to prevent the further spread of cholera, address these gaps and efficiently respond and recover from this outbreak.**



Health care worker gathering oral rehydrating salt together to save time during the peak of attendance and reduce changing time at a cholera treatment center, Lilongwe. Credit: WHO

“We are calling upon our funding partners, stakeholders, WASH sector, and Health Cluster members to enhance collaboration with the local health authorities to ensure a proactive and coordinated approach to cholera response across Malawi.”

Dr Neema Rusibamayila Kimambo
WHO Country Representative to Malawi

Responding to cholera in the Dominican Republic



Vaccination in the Dominican Republic. Credit: WHO

When the first case of cholera was detected in the Dominican Republic in October 2022, health authorities were quick to respond to prevent the spread of the outbreak, with PAHO/WHO's support.

It is against this backdrop that **85 000 doses of oral cholera vaccine (OCV)** arrived in the country on 23 January, with support from PAHO/WHO. These OCV doses were supplied by the [International Coordinating Group on Vaccine Provision](#), which manages the global cholera vaccine stockpile, following the request from the Dominican Republic's Ministry of Public Health.

In line with WHO's global recommendations, the vaccination campaign was not conducted in isolation but formed part of a larger and more comprehensive response.

PAHO/WHO [provided medicines and medical supplies](#) to the country, including testing equipment, and preventive kits consisting of soap, bleach, and eyedropper. The latter were distributed in various neuralgic points of the province of Santo Domingo, along with information material on how to maintain hygiene in the home.



Distribution of kits. Credit: WHO

Finally, PAHO/WHO has been providing ongoing support to health authorities in their **risk communications activities** to guide the population on how to protect themselves and their families and communities. As part of these efforts, communication products containing key messages on prevention and care, as well as information on how to recognize the symptoms of cholera were printed and distributed across the country.

Moving forward, PAHO/WHO will continue to support the Dominican Republic's health authorities in its efforts to prevent the spread of cholera and to strengthen national preparedness, readiness and response capacities.

“The Pan American Health Organization (PAHO) has put great effort into supporting the improvement of the collective welfare of our people (...) the Organization has always shown willingness to collaborate, as we have seen recently with mpox, but also with COVID-19 and other diseases.”

Dr Daniel Rivera

Minister of Health of the Dominican Republic

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

Supporting thousands in Somalia's hard-to-reach locations with critical life-saving health, nutrition and other services

For more information on WHO's work in the Greater Horn of Africa, including the latest publications and [situation reports](#), visit [WHO's Drought and food insecurity in the Greater Horn of Africa page](#), and read [WHO's 2023 Health Emergency Appeal](#) as part of which WHO is asking for US\$ 178 million to roll out its response in the Greater Horn of Africa. For more information on Somalia, visit the [WHO Country Office for Somalia page](#).



Integrated measles, polio, vitamin A and deworming campaign, Somalia, November 2022. Credit: WHO/Mukhtar Sudani/Ismail Taxte

Somalia is one of seven countries in the Greater Horn of Africa caught up in a complex emergency crisis caused by extreme climate events (both severe drought conditions and floods), pre-existing conflict, along with economic shocks linked to the war in Ukraine. Many of the country's regions remain inaccessible to humanitarian support services, or at least difficult to reach due to their remoteness.

Faced with this deteriorating situation, the Humanitarian Country Team (HCT) moved to scale up drought response activities in Somalia in August 2022, by integrating health, nutrition, WASH and food assistance. It is against this backdrop that WHO partnered up with UNICEF, the World Food Programme (WFP) and others to support the Federal Ministry of Health and Human Services to provide critical health services to drought-affected and newly-liberated areas.

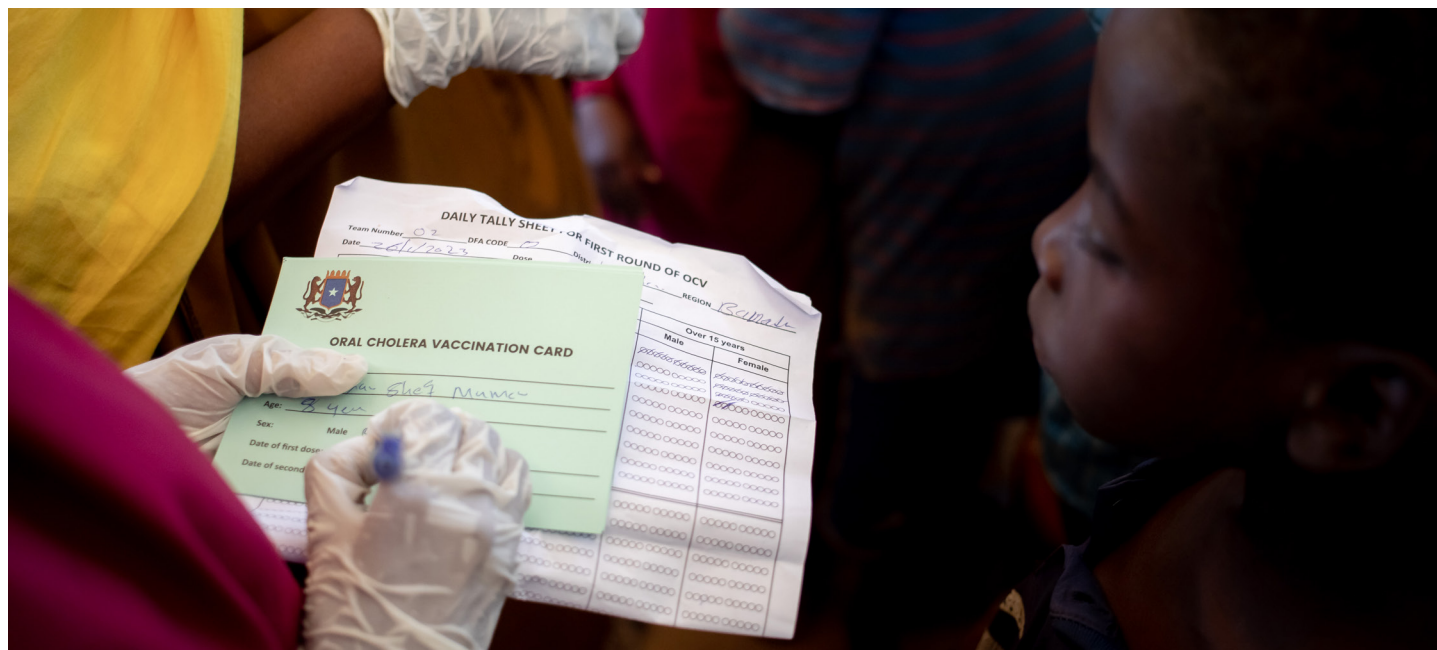
This joint initiative, known as the Integrated Response Framework (IRF) aims to improve access to basic health and nutrition care for vulnerable community members at their places of origin, where such services are usually unavailable. South West State, Jubaland, Galmudug, Hirshabelle and Banadir are the five states particularly targeted by the IRF initiative, as they have been most hit by the drought.

Prior to rolling out the IRF, WHO, WFP and UNICEF consulted remote and hard-to-reach communities on their needs, then jointly mapped the most affected villages, identifying access constraints and the number of households to be served. Meeting and distribution points were agreed upon, in addition to the days on which residents could turn up to receive relief products and services.

Outreach teams selected by the Federal Ministry of Health have since been deployed four times a week to provide services in these hard-to-reach places across the five most drought-affected states, reaching thousands with critical life-saving health, nutrition and other services. Each WHO outreach team consists of a social mobilizer, a data assistant, a vaccinator, a medical staff member and a supervisor. Severe cases are referred to health facilities or to feeding programmes.

The efficiency of the IRF teams had already been proven since May 2022, when WHO declared the drought in Somalia a Grade-3 emergency and the WHO Country Office deployed 100 outreach teams who attended to a total of 12,669 children under the age of five.

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Implementation of single dose Oral Cholera Vaccine in Banadir region, Somalia, January 2023. Credit: WHO Somalia/Ismaïl Taxte

Key activities undertaken to date by outreach teams under the IRF initiative include:

- From August 2022 to end of January 2023, 193,000 people were provided with essential health services.
- 64,000 children received vitamin A, with 30,000 getting deworming tablets.
- About 35,000 pregnant women received iron and folic acid tablets to reduce the risk of maternal anaemia, and the risk of delivering low birth weight babies.
- Over 225,000 people were reached with health promotion messages.
- 434,000 children received doses of the Penta-1 vaccine for protection against five life-threatening diseases and were vaccinated against polio and measles. Many of the infants reached were “zero-dose” children who had not received any immunization in the past.
- 36,000 children received oral rehydration solutions for the home-based management of acute watery diarrhoea and cholera, which have been shown to worsen during a drought.

Overall, the IRF has been highly effective in providing life-saving health and nutrition services for those most affected by the drought in Somalia. WHO and its partners stand ready to continue supporting the Federal Ministry of Health in implementing this initiative, to ensure those most in need receive the appropriate level of care.

“A broken and fragile health system and security issues are not a deterrence to our fight against diseases and deaths when drought and the risk of famine have engulfed almost half the people living in the country.”

Dr Simon Kaddu Ssentamu

Health Operations Officer and acting Incident Manager for drought response, WHO Country Office for Somalia



Integrated measles, polio, vitamin A and deworming campaign, Somalia, November 2022. Credit: WHO/Mukhtar Sudani/Ismaïl Taxte

“Somalia is on the brink of an unprecedented health crisis. We will see more people dying from diseases than from hunger and malnutrition, combined, if we do not act now.”

Dr Sk Md Mamunur Rahman Malik

WHO representative to Somalia

Upgrading the WHO Logistics Hub in Dubai-UAE into a Global Logistics Centre for Health Emergencies to enhance preparedness and response efforts globally



Dubai Logistics Hub team with Dr Tedros Adhanom Ghebreyesus, WHO Director-General, and Dr Michael J Ryan, Executive Director, WHO Health Emergencies Programme before taking a cargo charter to Aleppo, Syria. February 2023. Credit: WHO

With its many challenges linked to the limited availability of medical supplies, increased demands, and decreased transportation options, the response to COVID-19 highlighted the **critical role of supply chain management**. Importantly, the pandemic demonstrated in real-time the **importance of ensuring a global repository of medical commodities to prepare, prevent, and respond to global pandemics and other concurrent public health threats**.

It is against this backdrop that the WHO Logistics Hub in Dubai, United Arab Emirates (UAE), was placed at the **forefront of WHO's medical supply response efforts during the pandemic**. Managing an initial US\$3 million operation since its inception in 2015, the Hub's operations grew to distributing **US\$ 70 million worth of medical supplies at the height of the pandemic**. This notably included the shipping of personal protective equipment and laboratory supplies to 137 countries across all WHO regions.

The Hub's efficiency in distributing lifesaving medical supplies throughout the pandemic helped popularize its use across Member States, **leading to an exponential number of requests for support for all types of emergencies**. In 2021, the Hub therefore registered a 61% increase in the number of requests compared to 2020. Of these requests, only 40% were linked to COVID-19 – the rest being mainly linked to the response to cholera, earthquakes, conflicts, floods, and drought. In 2022, the Hub processed 578 emergency shipments to 90 countries worth approximately US\$ 45 million, including for the responses to the drought in the Greater Horn of Africa, the conflict in Northern Ethiopia and the floods in Pakistan. This represents a **staggering 341% increase in the number of requests for emergency health supply since 2019**.

Recognizing the potential of the Hub to increase global preparedness and response efforts as well as the rise in public health threats, **WHO and the UAE are currently discussing the future of the current Hub, evolving into a Global Logistics Centre for Health Emergencies**.

This new initiative is a **long-term, strategic investment to host a global repository of medical commodities to support global efforts to prepare for and respond to current and emerging global health threats**. Through this initiative, the availability of lifesaving medicines and medical supplies will be increased, thereby unlocking the potential to reach an estimated **10 to 15 million health care workers and people in need of emergency health assistance globally**.

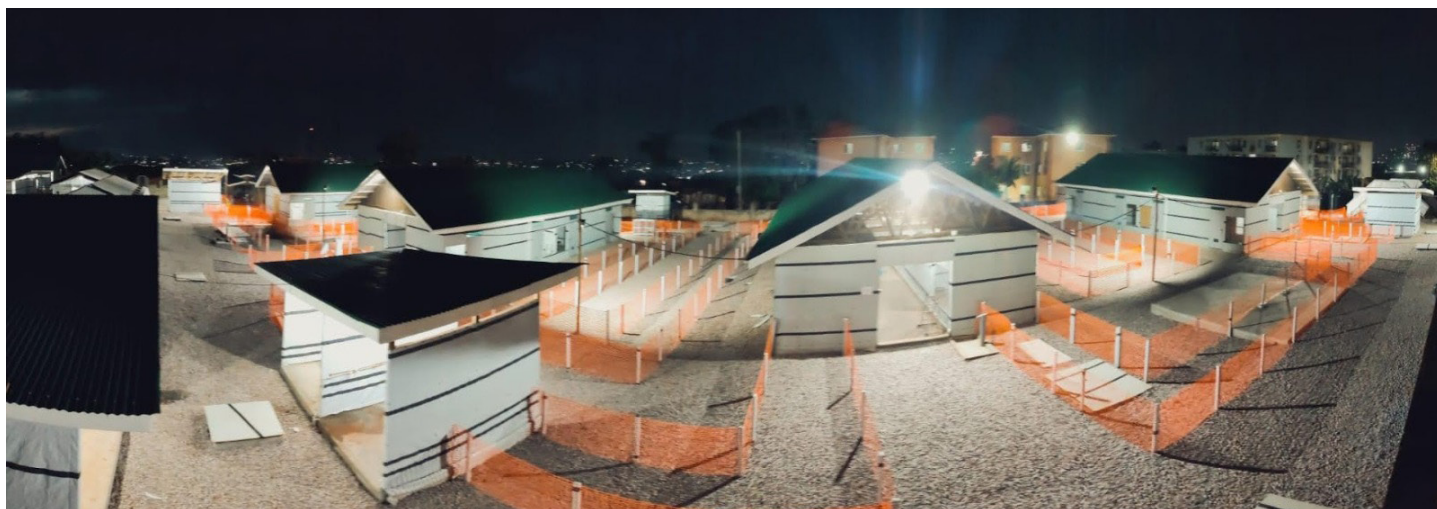
Beyond advancing humanitarian medical supply chain capacities globally, the **Global Logistics Centre for Health Emergencies** will also expand capacity development, innovation, and training to foster a cadre of medical logistics experts, helping WHO to better respond to health emergencies worldwide.

“Overall, and building on lessons learned from the COVID-19 pandemic, the Global Logistics Centre for Health Emergencies will improve the efficiency, precision, and effectiveness of emergency preparedness and response activities, thereby improving public health outcomes, and saving lives across the world”.

Dr Michael J Ryan

Executive Director, WHO Health Emergencies Programme

Téchne, a central platform for the design of Ebola treatment center



Night view of the ETC built by MSF in Kampala, based on design reviewed by Téchne. The clear geometrical design simplifies operations and helps with the implementation of unidirectional patient flows required for infection prevention and control. Credit: Miguel Ángel Morales Fagalde, MSF Paris

The recent outbreak of Ebola disease caused by the Sudan ebolavirus (SUDV) in Uganda triggered an **innovative and streamlined approach to the design of Ebola Treatment Centers (ETC), which has proven particularly efficient in saving lives and ensuring all patients received appropriate care.**

Prior to this response, each ETC was designed and built in a different way by partners and teams on the ground. In addition to being time consuming, this approach resulted in discrepancies in the structures with possible impact on the quality of care offered to patients among ETCs. To increase efficiency and ensure all patients consistently receive the same quality of care in all centers, ETC design was streamlined through a single channel: [Téchne, the technical science for health network](#).

[Téchne](#) is a WHO network of architects, engineers, designers, and public health practitioners from several institutions globally, which aims to make health settings and structures safer for health workers and patients and reduce the risk of hospital-acquired infections. Established in early 2020 as part of the response to COVID-19, Téchne has since continued to grow, becoming a key logistical response tool in health emergencies.

Application of streamlined design coordination in-country

Since the beginning of the outbreak of Ebola disease caused by the SUDV, Téchne received multiple requests for support on building ETCs in and around Uganda, all of which were swiftly answered. During the development of each proposal, great emphasis was placed on the use of local materials to promote environmental sustainability and utilize national skills.

As part of its coordinated response support in Uganda, Téchne:

- reviewed the layout of a 64-beds ETC built by Doctors Without Borders (MSF) located near Mulago National Referral Hospital in Kampala, which has been used for some of the case management trainings and is planned to be used for trainings in the medium to long term.

- jointly designed with WHO and MSF the layout of a 20-bed treatment center in Masaka, as requested by the Ugandan Ministry of Health. A screening facility was also designed and built for the Masaka regional hospital, supported by ALIMA (The Alliance for International Medical Action).
- provided WHO and MSF with the technical layout for the ETC in Jinja's regional referral hospital.
- extended its technical support to neighboring countries – namely Kenya, Rwanda, South Sudan, and the United Republic of Tanzania – to design ETC as part of their preparedness efforts. While some centers have already been built, layouts developed by Téchne have been used to develop strategic preparedness and response plans or as a basis for funds applications.

Despite the [outbreak being declared over by the Ugandan Government in early January 2023](#), Téchne, in collaboration with other organizations continues to work closely with WHO to support Uganda's Ministry of Health in strengthening the country's capacity to detect and respond to infectious diseases. Téchne is currently developing a prototype standardized layout to build four-beds treatment centers units for consideration by the Uganda Ministry of Health for set up in some of the regional referral hospitals. These units are designed to be located close to the hospitals' emergency departments, to ensure that all regional hospitals have the capacity to safely identify, isolate and treat a patient who is infected or suspected of being infected with any highly contagious infectious disease, including Ebola. This intervention is proposed as part of the 180-day post-Ebola recovery phase which will support longer-term national outbreak preparedness.

In addition, to leverage successes from this response and ensure future treatment centers all have human-centered and evidence-based design, Canada's Carleton University, in collaboration with other Téchne's members, is developing standardized indicators to help assess ETC's structural components going forward.

WHO Regional Office for Europe holds workshops on the prevention and response to sexual exploitation, abuse, and harassment (PRSEAH) in the context of the war in Ukraine and other emergencies



WHO teams participating in the PRSEAH workshops, Copenhagen, December 2022. Credit: WHO/Europe

The risk of sexual exploitation, abuse and harassment is enhanced in conflict and fragile settings, particularly for women, girls, and vulnerable groups. Sexual exploitation, abuse and harassment often leads to devastating consequences for the survivors, families, communities, and the prospect of building lasting peace. Ukraine is no exception and WHO is taking this risk very seriously, particularly for the 5.3 million Ukrainians who are internally displaced or the 8.1 million refugees who have fled to neighboring countries, 90% of whom are women and children.

WHO is committed to efficiently preventing and responding to sexual exploitation, abuse, and harassment (PRSEAH) through all its programmes and offices, including in the context of emergency responses. In this respect, WHO's work on PRSEAH aims to inform WHO staff and partners, local authorities, professional entities, decision-makers, and peacebuilders not only on the **specific needs of survivors** but also on the **roles and responsibilities for the prevention of sexual exploitation, abuse and harassment**.

It is against this backdrop that WHO held two workshops in December 2022 in Copenhagen, aimed at enhancing PRSEAH in the response to the Ukraine crisis. The first was a two-day operational review of PRSEAH mainstreaming in WHO's response to the Ukraine crisis. Held from 6 to 8 December 2022, the meeting brought together WHO teams working in Ukraine and surrounding refugee-receiving countries to **document lessons learned** from this response, with a view to use these to strengthen PRSEAH mainstreaming as part of WHO's other emergency operations.

The second workshop, held on 13 and 14 December, aimed to **identify regional priorities for PRSEAH within WHO's global Health Emergencies Programme (WHE)**. The workshop outlined key concrete next steps for WHO/Europe to scale up and integrate the PRSEAH into all WHE program areas and into all future emergency responses.

Key outputs from both PRSEAH events included the need for WHO to:

- **Continue supporting dedicated specialists and providing resources for PRSEAH at the country and regional levels**, to continue materializing WHO's commitment to PRSEAH and enable WHO to push this agenda as part of its engagement with other UN entities
- **Strengthen its corporate commitment to PRSEAH and coordination mechanisms across all three levels of the organization (global, regional, and country)**. Notably, **WHO will maintain its efforts to ensure a survivor-centered approach is streamlined in all its activities**, e.g. through continuing to put in place safe, accessible and appropriate reporting processes, or conducting trauma-informed investigations. Notably, WHO will maintain its efforts to ensure a survivor-centered approach is streamlined in all its activities, e.g. through continuing to put in place safe, accessible and appropriate reporting processes, or conduct trauma-informed investigations
- **Scale up the mainstreaming of PRSEAH programming as part of prevention, mitigation and response activities in all emergency responses**, including through increasing linkages with risk communication and community engagement, mental health and psychosocial services and gender-based violence related activities. **PRSEAH will also be embedded and mainstreamed as a dedicated pillar in WHO's incident management system during all emergency responses.**
- **Advocate for a stronger partnership with national governments on PRSEAH.**

Moving forward, these recommendations highlighting the importance of effective prevention and multisectoral response will help inform the development of the WHO/EURO's regional PRSEAH plan of action, with a view to embed priority actions for PRSEAH in all emergency operations. These findings will also be helpful for other WHO Regions and the Organization at large in its PRSEAH work and have been integrated into WHO's Global Three-Year Strategy for the Prevention and Response to Sexual Misconduct.

WHO conducts a pilot testing of the new Rapid Response Teams Training Programme in Nepal, Saudi Arabia, and Uganda



RRT Advanced Training, October 2023 - Scenario-based skills drill roleplay: RRT members meet with community leaders before initiating contact tracing activities, Saudi Arabia. Credit: WHO

Rapid response teams (RRTs) are trained and equipped multidisciplinary teams able to deploy rapidly at the national and sub-national level, to efficiently respond to a public health emergency. Although RRTs are one of the many actors involved in the response to health emergencies, they are a critical one. **Ensuring these teams are fully operational and ready to immediately deploy** - ideally within 24 hours of the identification of a public health event – is key for countries to avoid an increase in morbidity and mortality.

In 2022, WHO developed a new RRT training programme, which built upon lessons learned and recommendations from 60+ national RRT trainings carried out from 2015 to 2021 across Member States from the African and Eastern Mediterranean regions.

The aim of this new RRT training programme is to **empower Member States to implement a sustainable plan to establish and manage RRTs, and thereby strengthen early detection and effective emergency response at national and sub-national levels**. By doing so, the programme advances Member States' compliance with International Health Regulations (2005) requirements.

Composed of a **structured collection of resources** – including learning materials, guidance and tools – the training programme is designed to **enable Member States to plan, implement and evaluate training for RRT managers, members and trainers at national and subnational levels**. All these resources are meant to be adapted to country-specific learning needs and contexts and are structured around five learning blocks which, when combined create specific learning pathways for the following targeted groups. These include: RRT Essentials Online Course, RRT Managers Online Course, Training of Trainers and Advanced Training Packages and RRT Continuous Learning. Two of the latter (RRT Essentials and RRT Managers courses) are online modules, while the other three courses are in-person.

From May to October 2022, the new programme was successfully **pilot tested in three countries across three WHO regions, namely Nepal, Saudi Arabia and Uganda** through a stepwise process supported by WHO's Headquarters, Regional and Country Offices.

Key milestones from this pilot, led by WHO's Learning Solutions and Training Unit, included:

- **Setting up three 'country pilot testing teams'** responsible for leading the pilot process. Each team was composed of key RRT stakeholders such as Ministries of Health, Emergency Operation Centers management, partners and educational institutions' staff involved in emergency response.
- **Testing the RRT Essentials Online Course and the RRT Managers Online Course** by asking over 240 RRT members across the three countries to follow it and provide feedback;
- **Adapting the RRT Advanced Training Package to countries' context** during a three-day workshop involving national experts. Designed to address all RRT competencies and divided into various modules, the package covers all technical areas relevant to RRTs. These include notably: outbreak investigation, active case finding and contact tracing, infection prevention and control, laboratory sample management, occupational health and safety, risk communication and community engagement, psychological first aid, and ethics including the prevention and response to sexual abuse, exploitation and harassment.
- **Training 40 future national trainers in each pilot country** who will be able to share the knowledge to subnational level RRTs;
- **Training 40 members of national and subnational RRTs in each pilot country** during a five-day training. These included nurses, doctors, epidemiologists, data managers, infection prevention and control specialists, laboratory specialists, environmental health specialists, communication and community engagement officers as well as psychosocial support experts and logisticians.
- **Adapting the RRT Advanced Training Package to subnational level RRTs**, based on feedback received from the country teams during a two-day workshop.

Continued on next page ...

Upon the completion of the pilot testing process, all trained participants were invited to join the RRT Knowledge Network – a community of practice that supports continuous learning through peer-to-peer experience sharing.

WHO is currently reviewing and consolidating content based on the pilot testing's evaluation data, and aims to publish an updated version of the RRT training programme in English on [WHO's Health Security Learning Platform](#) in March 2023, as well as its translation in French and Arabic. The RRT programme is also exploring aligning training programmes and implementation procedures with Emergency Medical Teams (EMTs) in the coming year.

To provide evidence of the programme's impact at country level and help inform its application into the future, WHO is currently conducting a post-training evaluation that assesses trained RRT members' capacity to apply new learnings when responding to events in the field. Findings from this evaluation will be published in an article in the coming months.

“Uganda was the first country to implement the Rapid Response Team (RRT) Training Program. We trained over 81 RRT facilitators and responders who were very instrumental in the recent Ebola response in Uganda.”

Dr Yonas Tegegn Woldemariam

WHO Representative to Uganda



RRT Advanced Training in Jinja, Uganda, July 2022 - Scenario-based skills drill role play: RRT members visit a suspect case at the hospital to conduct case investigation and collect a laboratory sample. Credit: WHO

“Pilot testing the new WHO RRT Training Programme in Saudi Arabia was an enriching experience. It provided great value to the country's emergency preparedness and response in terms of capacity building. Consequently, the multidisciplinary approach for efficient and effective response to public health emergencies is becoming more systematic and standardized.”

Dr Ahmad Alkhorisi

Public Health Operations Center General Supervisor,
Ministry of Health, Saudi Arabia

For more information, contact [Paula Gomez](#).



RRT Advanced Training in Jinja, Uganda, July 2022 – infection, prevention and control skills stations: RRT members practicing how to prepare chlorine solution for handwashing and disinfection. Credit: WHO

Iraq conducts national multi-antigen vaccination campaign for more than 400 000 children

Following years of devastating conflict and economic stagnation, an estimated 2.5 million people in Iraq remain in need of humanitarian assistance, and the country's health system continues to be negatively impacted by its consequences. In 2023, WHO is appealing for US\$ 46.5 million to respond to the most urgent needs of the country, as detailed in its [Health Emergency Appeal](#). For more information about Iraq, visit the [Iraq crisis page](#) and the [WHO Country Office for Iraq page](#).



Multi-antigen vaccination campaign in Basra governorate, Iraq. Credit: WHO

In late 2022, Iraq's Ministry of Health conducted a nationwide multi-antigen vaccination campaign, with support from WHO and UNICEF. Conducted over ten days in priority locations previously identified through a thorough risk assessment, the campaign aimed at reaching the hardest-to-reach children previously missed by routine immunization services.

Over one million doses of various vaccines, including polio, measles and diphtheria, pertussis and tetanus (DTP) were distributed as part of this campaign, reaching over 400 000 of the most vulnerable children.

This campaign complemented and built on successes from previous integrated immunization outreach efforts. Indeed, prior to it, 90% of Iraq's children under 5 years had been reached with the third dose of DTP and the first dose of measles vaccines – the highest coverage in two decades. This December 2022 multi-antigen campaign therefore aimed at reaching children who had still missed out on these and other vaccines, with the hope of minimizing the resurgence of vaccine-preventable diseases and advancing coverage to 95%.

To ensure the campaign's success, more than 3000 vaccinators were trained across 124 districts within 19 health directorates, and national awareness-raising campaigns were conducted on the importance of vaccines. The latter reached millions of parents and children in most Iraqi governorates. Campaign logistics and field implementation were also proactively supported through ensuring transport of vaccination teams and establishing a digital dashboard to compile results and evaluate the campaign's progress on daily basis.

“Having a healthy start in life is a human right for all newborns. However, during COVID-19, some children missed their immunization, which increased their vulnerability to childhood diseases. This campaign is another safety net that ensures that all children in Iraq are immunized, protected and healthy. The campaign was a great success in ensuring that no child is left behind.”

Dr Ahmed Zouiten

WHO Representative to Iraq

Overall, this integrated vaccination campaign is a critical step towards protecting children from deadly and disabling diseases. For over two centuries, vaccines have safely reduced the scourge of vaccine preventable diseases such polio, measles and smallpox, helping children grow healthy and happy. UNICEF and WHO remain committed to supporting Iraq's Ministry of Health to ensure that every child in the country has access to the care and vaccines they need to attain their full potential.

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

“As the largest vaccine buyer in the world, UNICEF remains committed to supporting the national immunization programme in Iraq, so that no child is left behind. Immunization is proven to be one of the most effective public health interventions, both preventing community outbreaks and giving every child the opportunity to survive and thrive.”

Ms Sheema SenGupta

UNICEF Representative to Iraq

Azerbaijan boosts its vaccine cold chain system

An essential part of deploying any vaccine is ensuring vaccine vials can be kept at the necessary temperatures while stored at- and transported between health care facilities or national and local storage. To ensure this and strengthen Azerbaijan's national vaccine cold chain system, the WHO Country Office in Azerbaijan has over the past year **facilitated the procurement of cold chain equipment, including fridges and vaccine carriers, and trained local health-care staff on their use and the type of procedures to initiate in different scenarios.**

The most recent training, conducted in December 2022, focused on a small but critical temperature-monitoring device called **fridge-tag**, and specifically on its use and maintenance. Participants included representatives from hygiene and epidemiology centres, health-care facilities and national health partners.

Temperature conditions within a cold room or refrigerator can fluctuate, for example due to an accidental interruption of the electricity supply, improper storage practices or exposure to direct sunlight. **Fridge-tags** – 2100 of which have been procured by WHO and installed in vaccine storage facilities across the country – **continuously measures vaccine storage temperatures and immediately issues an alert when a set temperature limit has been exceeded.** This allows health workers to see any temperature fluctuations on a 24/7 basis, including during holidays and weekends. In turn, it helps health care workers to **swiftly act on any potential breaches in the cold chain** by alerting supervisors or other departments as necessary and triggering the appropriate corrective measures.

Importantly, fridge-tags' alarms cannot be tampered with and devices cannot be reset. This guarantees the trustworthiness and accuracy of the gathered data, which is retained for 60 days and can be retrieved by downloading it and enables health workers to determine whether any vaccines may have been compromised.



Fridge-tag training. Credit: WHO



Fridge-tag training. Credit: WHO

“The [fridge-tag] equipment greatly strengthens Azerbaijan's cold chain system, because health workers are no longer limited to spot checks with a thermometer, which only informs about the temperature at the time of the reading; this equipment can instead access the last 30-days of temperature recordings as well as the duration of any alarm if triggered.”

Dr Erida Nelaj

Lead of training session, WHO/Europe

Beyond fridge-tags and to further strengthen Azerbaijan's cold-chain system, WHO has also procured 300 vaccine refrigerators and held a training on 10 February on their technical maintenance. Technical staff, as well as students from technical vocational schools across Azerbaijan participated in this online training jointly organized with the manufacturing company “Vestfrost” in the Hygiene and Epidemiology Centers located in Baku, Ganja and Gabala. Participants received general information about the maintenance of devices, their technical parameters, main components and tools, engine operation, replacement of spare parts and technical support, and got acquainted with visual aids.

The procurement of critical cold chain equipment and related training have been undertaken as part of a European Union (EU) funded project, which aims to ensure effective COVID-19 vaccination rollout and strengthen immunization systems in the EU's Eastern Partnership region.

With thanks to these initiatives which complement WHO's work, **over 70% of the country's health care workers involved in the COVID-19 vaccination process have been trained on various aspects of vaccine deployment.** Moving forward, WHO will continue to strengthen the cold chain system including for storage and transportation of both COVID-19 and routine vaccines in Azerbaijan.

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

WHO partners with a civil society organization in Papua New Guinea to promote behaviour change in the workplace



Businesses for Health (B4H) team members organize informational materials at the B4H booth set up in Port Moresby, Papua New Guinea. Photo: WHO / Blink Media - Mel Tatum Niugini

For the past two years, in Papua New Guinea as in other countries, the COVID-19 pandemic has been disruptive for businesses with its negative effect on the economy and the risk of infection it carried for the staff. In the workplace, employers and supervisors have had a key role to play in mitigating the risk of COVID-19 community transmission.

Under its Civil Society Organization (CSO) Initiative, WHO partnered up with [Businesses for Health \(B4H\)](#) – a non-profit organisation specialized in workplace health promotion and behaviour change – to support business' senior leadership in effectively reducing risks of infection and disease transmission.

The CSO Initiative was an accelerator project that aimed to strengthen civil society engagement in the response to COVID-19 at both the national and local levels. Through community-based interventions, WHO and its partners worked to support some of the most vulnerable groups who are often left 'unreached' during health emergencies.

Going door-to-door, the B4H team held **over 200 information sessions** with business owners, staff and customers in malls and other industrial hubs in and around the capital, Port Moresby, including a hub that focused on small, women-led businesses. During these one-on-one or group meetings, B4H shared timely, accurate and accessible information and advice about COVID-19, promoting vaccination and safety messages from the government's official *Niupela Pasin* (New Normal) campaign. B4H also countered rumours, misinformation and disinformation about COVID-19, and shared links to easily accessible official government statistics and advice.

Despite several challenges, including lockdowns, the closing down of businesses and language barriers, **these efforts resulted in a significant improvement in knowledge about**



Health Extension Officers of Businesses for Health (B4H), present a poster outlining COVID-19 safety at Happy Supermarket in Port Moresby, Papua New Guinea. Photo: WHO / Blink Media - Mel Tatum Niugini

COVID-19 and vaccination. 97% of business owners and workers reported that, after one visit from B4H, their knowledge of where to find up-to-date information on COVID-19 or get tested and vaccinated increased. 98% of participants also reported they would share information about how to protect themselves and others with their family and community members. Overall, **the B4H team also observed an increased adherence to public health and social measures.**

“WHO is proud to partner with organizations like B4H to ensure important health messages are reaching the unreached such as small business owners and staff. The pandemic is a reminder that we must leave no one behind if we are to successfully manage infectious diseases like COVID-19 or tuberculosis. Equitable access to information, prevention and care is essential to a healthier future for Papua New Guinea.”

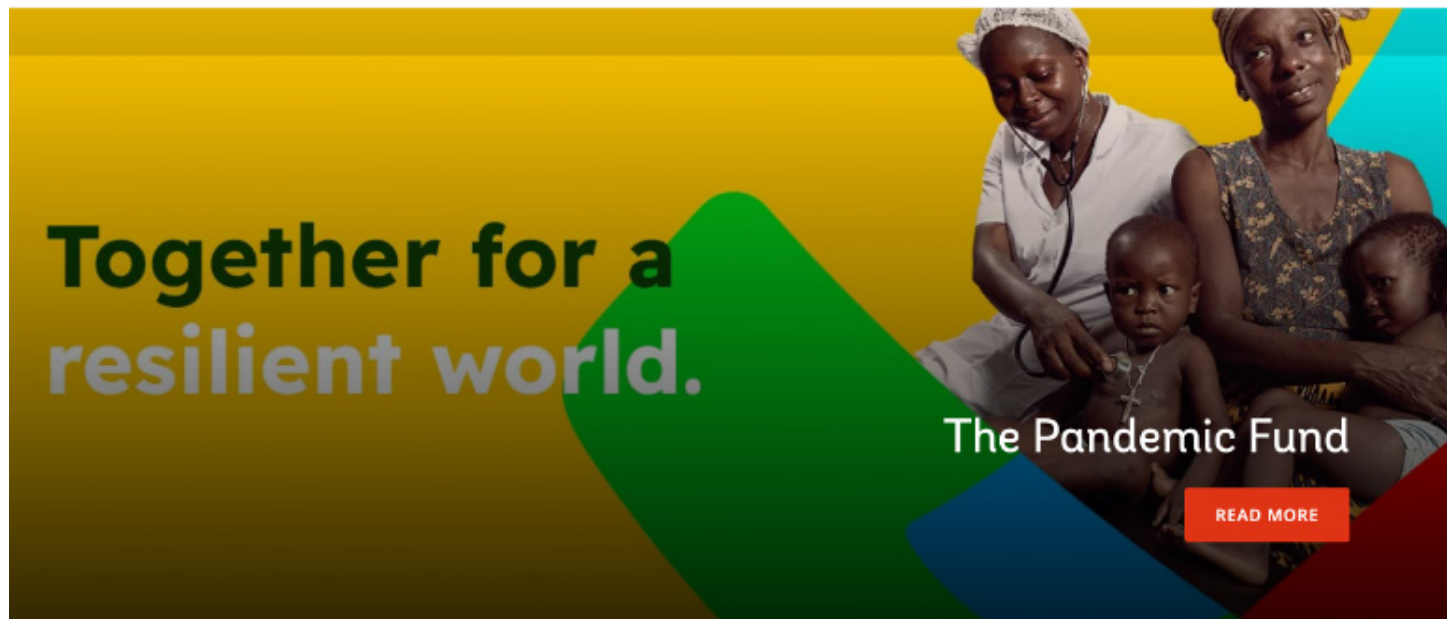
Dr Sevil Huseynova

WHO Representative to Papua New Guinea

The CSO Initiative effectively complemented Papua New Guinea's governmental outreach efforts to communities and health centres throughout the country.

For more information, click [here](#). To learn more about WHO's community engagement approach in the Western Pacific Region, click [here](#).

The Pandemic Fund: strengthening pandemic prevention, preparedness and resilience where it is most needed



Screenshot from the Pandemic Fund website. Credit: World Bank/WHO

Three years of COVID-19 response have shown that countries still remain unprepared to fully prevent, respond and recover from large-scale health threats. This is particularly the case for countries in fragile, conflict and vulnerable settings, for which multi-dimensional and multi-year crises are already a reality. With more than 330 million people in need of humanitarian assistance in 2023 and multiple ongoing health crises, **strengthening health emergencies prevention, preparedness, and resilience capacities around the world is an urgent priority.**

It is against this backdrop that the [Pandemic Fund](#) – a collaborative partnership of donor governments, co-investor countries, foundations, civil society organizations, and international agencies – was created in 2022. Hosted by the World Bank with WHO as technical lead, the Fund aims to **provide a dedicated stream of additional, long-term funding and technical support for critical health emergencies preparedness, prevention and resilience capacities in [eligible low- and middle-income countries.](#)**

The Pandemic Fund will **direct investments to where they are most urgently needed to bolster preparedness, prevention and resilience for future pandemics, addressing key capacity gaps at national, regional, and global levels.** In this respect, Pandemic Fund financing seeks to complement investments from other external and domestic sources and catalyze financing from multiple sources in support of projects.

For its first round of funding, the Pandemic Fund has an estimated envelope of US\$ 300 million. Projects to be financed under this first round will aim to **strengthen comprehensive disease surveillance systems, laboratory systems, and human resources and public health workforce capacity.**

The call to submit [Expressions of Interest \(EOI\)](#) for potential projects was open from 3 to 24 February 2023. Interested [eligible countries](#) and implementing entities will then be invited to share a detailed proposal **between 3 March and 19 May 2023**, which will be signed by officials from both ministries of Health and Finance, along with the [Implementing Entity](#). The latter should be identified during the proposal drafting stage and will be the entities through which Pandemic Fund financing will be channeled. To date, 13 implementing entities have been approved, among which are multilateral development Banks, UN agencies, and specialized global health institutions such as WHO.

The upcoming twelve-week period (3 March – 19 May) will enable countries to **develop national investment plans for health emergency prevention, preparedness and resilience and, based on these, develop detailed proposals for the Pandemic Fund as well as other domestic and international financing sources.**

“The vital role of the Pandemic Fund will be to rapidly close critical gaps in core capacities for implementing the International Health Regulations globally, regionally and nationally. Crucially, countries must be in the driver’s seat.”

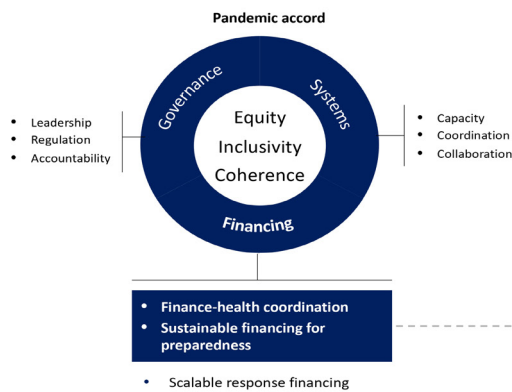
Dr Tedros Adhanom Ghebreyesus

WHO Director-General, opening remarks at the launch of the Pandemic Fund G20 Joint Finance Health Ministers Meeting (13 November 2022)

Continued on next page ...

Strengthening the global architecture for health emergency preparedness & response

There is increasing alignment at a global level ...



- Provide dedicated, **additional** long-term funding for health emergency preparedness and response
- **Complement** existing health emergency preparedness and response institutions & work by addressing gaps
- Promote **coordination** among key agencies working on health emergency preparedness and response
- **Incentivize** increased investments by countries & partners
- Serve as a platform for health emergency preparedness and response **advocacy**
- **US\$ 1.7 Billion in pledges from over 20 donors to date**



The Pandemic Fund and its link to the Global Architecture for Health Emergency Preparedness, Response and Resilience (HEPR). Credit: WHO

As Chair of the Pandemic Fund’s Technical Advisory Panel (TAP), WHO (represented by Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme) will help ensure that the Fund’s Governing Board is kept apprised of the latest developments related to health emergency preparedness, prevention and resilience, and will advise on funding priorities and critical gaps. The TAP brings together a team of experts to evaluate funding proposals submitted through the [Call for Proposals process](#).

Since the launch of the Pandemic Fund, WHO has been proactively supporting eligible and interested Member States in preparing for the submission of project proposals to the Pandemic Fund, including through carrying out regular information sessions. Beyond this call for proposals, WHO will continue to support Member States to increase their health emergency preparedness, prevention and resilience capacities, building on gains from the past three years.

With this first round of funding, the Pandemic Fund is establishing itself as a key financial mechanism to strengthen the [global architecture for health emergency preparedness, response and resilience \(HEPR\)](#), ensuring sustainable financing for preparedness where it is most needed.

“The suffering and loss we have all endured will be in vain unless we learn the painful lessons from COVID-19 and put in place the measures to fill critical gaps in the world’s defences against epidemics and pandemics. The [Pandemic Fund] is one of those key measures.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General



WHO is supporting COVID-19 preparedness and response for vulnerable Rohingya refugees and host communities in Cox’s Bazar, Bangladesh. Credit: WHO / Blink Media – Fabeha Monir.

New certification recognizes WHO commitment to high-quality humanitarian learning



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HPass Certified Learning Provider Spotlight:

Learning in the Health Emergencies Programme of the WHO

Screenshot from the HPass website, with group photo from May 2022 Leadership in Emergencies training workshop in Istanbul, Turkey. Credit: HPass and WHO

Millions of people are affected by humanitarian crises each year, showing the need to empower vulnerable communities and professionals involved in humanitarian action with the latest health knowledge to save lives. To operationalize this, the WHO Health Emergencies Programme (WHE) has been providing access to high-quality learning programmes on key health topics for years.

In recognition of the quality and value of its work, **WHE obtained HPass certification in December 2022, thereby becoming an approved provider for humanitarian learning.**

Managed by the [Humanitarian Leadership Academy](#) and overseen by a Steering Committee of 11 organizations, HPass certification confers international recognition that an organization is providing quality services, in line with global best learning practices in the humanitarian sector. This recently-obtained certification applies to all of WHE's learning initiatives, ranging from the 190 online courses available on [OpenWHO.org](#) developed by WHO expert teams, to highly specialized blended (i.e. both online and in-person) trainings for leaders in health emergencies.

WHE obtained HPass certification following the completion of an extensive independent quality review which confirmed WHE is meeting the criteria for the [eight internationally recognized quality learning standards](#).

In particular, the evaluation of WHE's learning programmes focused on the below primary areas of learning activities:

- Course production activities, including learning needs analysis, learning design and delivery, and learners' assessment, were reviewed to ensure a systematic and sustainable approach to learning development.

- The management of communication channels between administrators and learners were analyzed, as well as the way in which courses' efficacy are evaluated. Accountability mechanisms in place to ensure continuous support to learners and improvement to course offerings were also looked at.
- WHE was also evaluated on its commitment to ensuring the positions of key personnel roles in charge of managing the training processes are quickly filled, and on its implementation of a safety and security policy for participants to in-person trainings.

Becoming an HPass certified learning provider **demonstrates WHE's clear commitment to providing quality learning products and services**. It is also a testament to the quality of the WHE learning programme's work and of its impact in ensuring that those involved in humanitarian action have access to high-quality learning that will allow them to work more effectively, contributing to professionalization across the humanitarian sector.

Moving forward, WHE remains dedicated to delivering high-quality, effective training that is accessible to learners in even the most difficult health emergency and vulnerable settings, and hopes that HPass certification will encourage even more learners to follow its courses.

“We know learning saves lives — so we are thrilled that HPass has certified WHE learning activities for humanitarian action. We are proud to embody the best practices for humanitarian learning to protect the health of communities in crisis.”

Heini Utunen

Head of the WHE Learning and Capacity Development Unit

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
Total	2 541 047

*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

- [Equatorial Guinea confirms first-ever Marburg virus disease outbreak](#)
- [WHO condemns abduction of colleague in Mali](#)
- The [152nd session of the Executive Board](#) takes place from 30 January to 7 February
- WHO launches one-stop resource [toolkit on refugee and migrant health](#)
- [WHO launches new roadmap on breast cancer](#)
- [WHO kicks off deliberations on ethical framework and tools for social listening and infodemic management](#)
- [WHO announces plans to establish a TB Vaccine Accelerator Council](#)
- [Bioinformatics training workshops to strengthen genomic surveillance successfully completed](#)
- [African leaders unite in pledge to end AIDS in children](#)
- [A woman dies every two minutes due to pregnancy or childbirth: UN agencies](#)

Highlights

- [Fourth meeting of the International Health Regulations \(2005\) \(IHR\) Emergency Committee on the Multi-Country Outbreak of monkeypox \(mpox\)](#)
- The Global Task Force on Cholera Control publishes its [interim guidance on Public health surveillance for cholera](#) (February 2023)
- [Global Influenza Update N° 437 \(23 January 2023\)](#)
- [Multi-country outbreak of mpox, External situation report #16 - 16 February 2023](#)
- [A clinical case definition for post COVID-19 condition in children and adolescents by expert consensus, 16 February 2023](#)
- [Statement of the thirty-fourth Polio IHR Emergency Committee](#)
- [Statement on the fourteenth meeting of the International Health Regulations \(2005\) Emergency Committee regarding the coronavirus disease \(COVID-19\) pandemic](#)



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.

[Disability and health inequity](#) (10 February 2023)

WHO's latest report highlights that one in six people in the world have significant disability and experience inequity. What are these inequities and how can we address them? WHO's Darryl Barrett explains in Science in 5

[Living with COVID-19](#) (20 December 2023)

As we enter the 4th year of the Pandemic, what do we know about Omicron so far? Are there settings where you are more at risk? What does it mean to live with COVID-19? Dr Maria Van Kerkhove explains in Science in 5.