

# EVER PRESENT, EVER READY

## First responder and provider of last resort



**When a health crisis strikes, WHO is on the ground ready to respond, scale as needed and stays the course.** In 2020, WHO responded to 116 emergencies in 194 countries, territories and areas, including 60 graded emergencies. Many of these were simultaneous and in multiple locations around the world. In 2021, WHO responded to 76 graded emergencies, including multiple major protracted crises. One of these was the COVID-19 pandemic, with over 360 million cases and more than 5.5 million deaths reported – although the true toll is much higher. COVID-19 also continues to exacerbate other health emergencies. Resources globally are strained, and are often diverted from other critical areas to respond to COVID-19. The needs, expectations and responsibilities of Member States have changed. In turn, so have the financial costs of ensuring that all health emergencies are responded to efficiently and effectively to save lives and reduce human suffering.

From “unseen” outbreaks that are contained and do not make headlines, such as cholera in Nigeria, to the fast mobilization of Ebola response teams in the Democratic Republic of the Congo and tackling the ongoing COVID-19 pandemic, WHO is a first responder and a provider of last resort while also supporting countries to be better prepared by strengthening the resilience, readiness and response of communities and health systems to all hazards that can result in health emergencies.

## A global footprint



**With 194 Member States and 152 country offices, WHO is the only global health agency with such a broad global reach.** In the past decade, disease outbreaks have increased steadily in frequency throughout our globally connected world. High-impact, recurrent outbreaks, such as cholera, yellow fever, meningitis and viral haemorrhagic fevers, occur predominantly in countries of conflict or fragile settings. Outbreaks can escalate rapidly, potentially spreading across national borders before the outbreak is even confirmed. WHO verifies threats, responds rapidly and scales-up health emergency responses, enabling countries to contain outbreaks and provide medical treatment to those affected while also maintaining existing health care systems. This is critical to ensuring that one outbreak does not become a cascade of progressively disastrous health impacts within the community – or throughout and across nations. In public health crises, countries look to WHO to support national responses. WHO convenes partners to support national priorities at the country level.

## Anticipating the next emergency



**WHO's Health Emergencies Programme monitors high-threat diseases on an ongoing basis.** In doing so, WHO aims to identify hot spots for disease emergence or re-emergence, to work with communities and ministries to rapidly detect, prevent and respond to outbreaks before they become epidemics, to limit the risk of animal-to-human transmission and to guide public health decision-making.

All day, every day, an integrated and complex global surveillance system detects public health alerts, which the WHO Health Emergencies Programme verifies, analyzes and investigates. Over 7000 public health threat signals are detected every month, about 0.5% of which result in a formal field investigation and risk assessment. WHO has also begun to implement new mechanisms for future emergencies. To strengthen pandemic preparedness, WHO has established pathfinding initiatives, including the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, the WHO Bio Hub System and the Universal Health and Preparedness Review. These will allow WHO to more rapidly detect signals and provide faster mechanisms to share critical biological samples, leading to both a more rapid response to contain health emergencies, and the accelerated research and development of safe and effective counter measures.

### WHO's tailor made approaches driving impact at country level

WHO seeks to drive country-level public health impact through differentiated approaches tailored to the country's capacities, vulnerabilities, and needs. The four different types of cooperation are: policy dialogue to develop systems of the future; strategic support to build high-performing systems; technical assistance to build national institutions; and service delivery to fill critical gaps in emergencies. As country contexts are complex and continuously changing, WHO's differentiated approaches to cooperation with Member States are not mutually exclusive. Based on their specific needs, countries may adopt all the four types of support or a selected set that is relevant to their specific contexts.

Differentiated approaches by region\*

Differentiated approach	African Region	Americas Region	Eastern Mediterranean Region	European Region	South-East Asia Region	Western Pacific Region	Global
Policy dialogue	41 (87%)	23 (85%)	16 (89%)	28 (90%)	9 (82%)	15 (100%)	132 (89%)
Strategic support	43 (91%)	25 (93%)	18 (100%)	26 (84%)	10 (91%)	13 (87%)	135 (91%)
Technical assistance	46 (98%)	23 (85%)	17 (94%)	29 (94%)	9 (82%)	14 (93%)	138 (93%)
Service delivery	29 (62%)	7 (26%)	11 (61%)	7 (23%)	5 (45%)	4 (27%)	63 (42%)

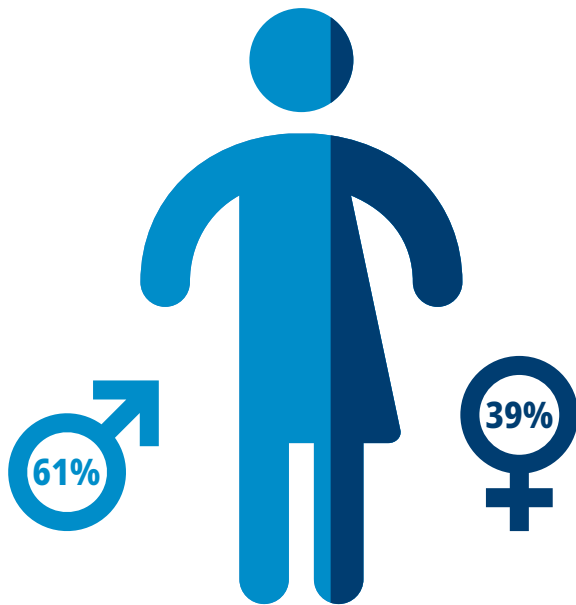
Note: Percentages are out of number of WHO country offices in the respective regions.

\*WHO's Western Pacific Region has 15 country offices across the Region: 11 WHO representative offices and 4 country liaison offices. Together with the Regional Office, 15 country offices support 37 countries and areas.

WHO staff working on health emergencies

WHO Region	International	National	Total
Africa	34	77.8	111.8
Americas	11	2.1	13.1
Eastern Mediterranean	40.1	91	131.1
Europe	4	17.8	21.8
South-East Asia	7.25	8.5	15.75
Western Pacific	8.5	9.5	18
<b>Total</b>	<b>104.85</b>	<b>206.7</b>	<b>311.55</b>

Gender distribution of total WHO international professional staff at the country level (representing a 33% increase from 2015)



WHO is uniquely positioned to respond to emergencies, often within 24 hours or less. WHO Vanuatu supported rapid repairs for damaged health facilities through procurement, transportation and safe storage of materials following a tropical cyclone in Vanuatu. © WHO / Philippe Metois

**Grade 3 emergency in Ethiopia triggers Incident Management System Team (IMST)**

The conflict in Northern Ethiopia was classified as a Grade 3 emergency in April 2021, triggering a full Incident Management System Team to be convened. The team provides support at regional and country levels, where major WHO response is needed and ensures that actions are implemented on time. They also monitor response performance, propose corrective actions if needed and mobilize human and technical resources. WHO headquarters is also instrumental in mobilizing assets to fulfill WHO's core commitments in emergency response.

**Building resilience to hazards in a changing world**

**Climate change multiplies pre-existing threats to health.** Ecological degradation, increased conflict over resources, mass population movement and displacement, flooding, droughts and other extreme weather events are creating new humanitarian needs and increasing the frequency and severity of health emergencies.



WHO helps countries to strengthen the resilience, readiness and response of communities and health systems to all hazards that can result in health emergencies. Disaster and climate risk response planning integrates a whole-of-society approach in fragile, conflict-affected and vulnerable settings. WHO will continue to institutionalize strategic risk and vulnerability assessments of priority hazards in all countries, particularly in fragile, conflict-affected and vulnerable settings. Support will be offered to the development of national emergency response operations plans in priority countries. Health facility preparedness and readiness will be strengthened in fragile health systems to ensure uninterrupted health service delivery during emergencies.

**WHO grading of public health events and emergencies**

Grading is an internal activation procedure that triggers WHO emergency procedures and activities for the management of the response. The grading assigned to an acute emergency indicates the level of operational response required by WHO for that emergency.

A Grade 3 emergency is defined as: single country or multiple country emergency, requiring a major/ maximal WHO response.

# WHO CONTINGENCY FUND FOR EMERGENCIES: A critical investment in global health security

## Enabling a swift response

**Public health emergencies are increasing and can escalate rapidly within and beyond borders.** The ability to respond quickly can make the difference between mitigating impact and minimizing loss of life or seeing health emergencies spiral out of control, inflicting a heavy humanitarian toll on people's lives and well-being. WHO's Contingency Fund for Emergencies (CFE) was created to save time, resources and lives by enabling WHO to respond rapidly to disease outbreaks and health emergencies, often in 24 hours or less.

The CFE's speed and flexibility set it apart from other funding sources used in response to health emergencies. WHO country teams can quickly access this internal financing mechanism to support relevant government ministries and other partners in affected countries to undertake rapid assessments, mobilize response teams, support the deployment of emergency supplies and coordinate and engage in the immediate response. The CFE has helped transform WHO into a first responder in health crises, enabling it to fulfil its vision to protect people in emergencies and keep the world safe.

The CFE relies entirely on the generous support of WHO Member State governments and other contributors who recognize WHO's critical role in crisis response and understand that, in an emergency, every hour counts.

### WHO on-call 24/7 for emergency response

WHO tracks hundreds of public health threats every year, any one of which can become a national, regional or global emergency. At the beginning of 2022, WHO was responding to no less than 74 graded emergencies, including major protracted crises. With the CFE and other resources, WHO country teams around the world are ready to support affected governments to respond to disease outbreaks and other health emergencies.

**US\$ 227 million**  
in allocations (2015–2021)

**53** countries and territories  
across all WHO regions

**130** emergencies

**77** disease outbreaks

**27** complex humanitarian crises

**26** natural and other disasters



### Ebola outbreak in Guinea

The immediate availability of CFE funds at the onset of the Ebola outbreak in Guinea in February 2021 allowed WHO to support national health authorities to contain the outbreak through rapid redeployment of experts and resources.

WHO helped ship around 24 000 Ebola vaccine doses and supported the vaccination of nearly 11 000 people at high risk, including over 2800 frontline workers. More than 100 WHO experts were on the ground coordinating key aspects of the response, such as infection prevention and control, disease surveillance, testing, vaccination and treatment using new drugs. Collaboration with communities was also enhanced to raise awareness about the virus and ensure their involvement and ownership of the efforts to curb the disease.

WHO continues to support Guinea in its efforts to remain vigilant, maintain surveillance and build capacity to respond quickly to a possible resurgence of the virus. An Ebola laboratory, treatment infrastructure, logistics capacity and infection prevention measures have been reinforced to better respond to the disease as well as other health emergencies.

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