

# Emergency Response Framework (ERF 2.1)

WHO Health Emergencies Programme

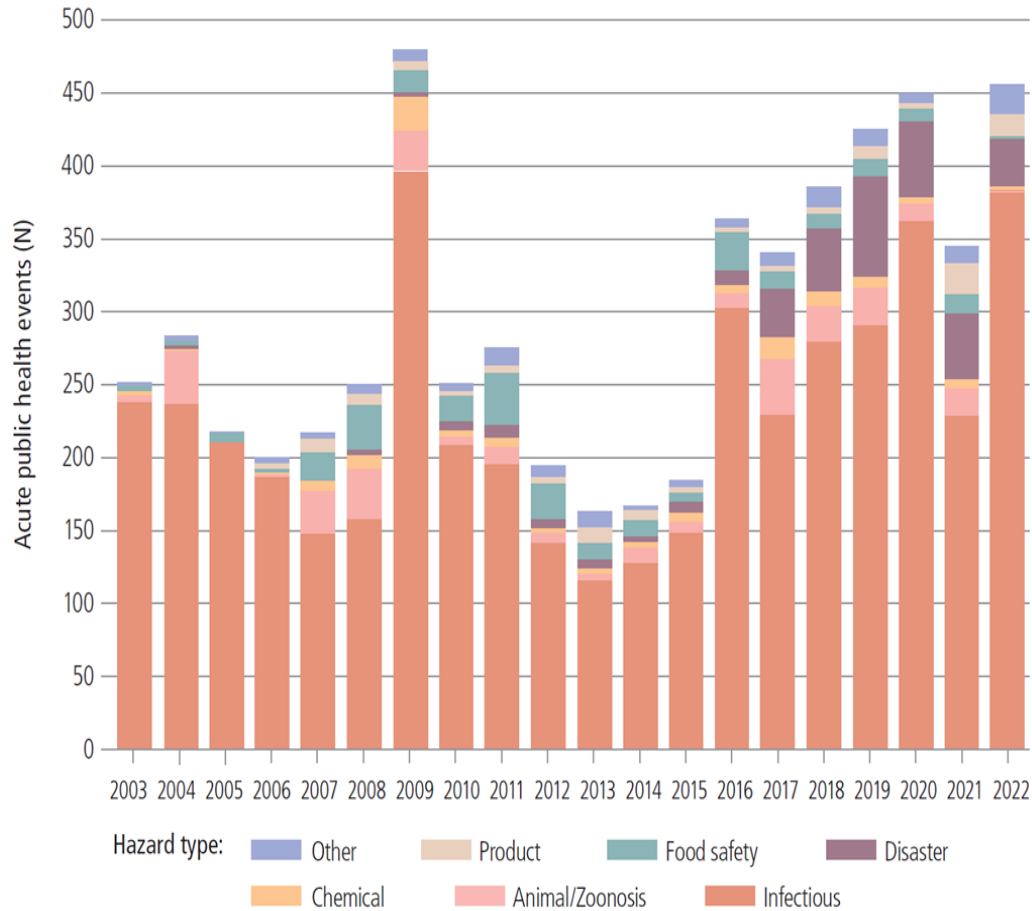
# Overview

- Background
- Detection, Verification, Rapid Risk Assessment (RRA)
- Reporting
- Response and coordination
  - Grading
  - IMS
- Challenges

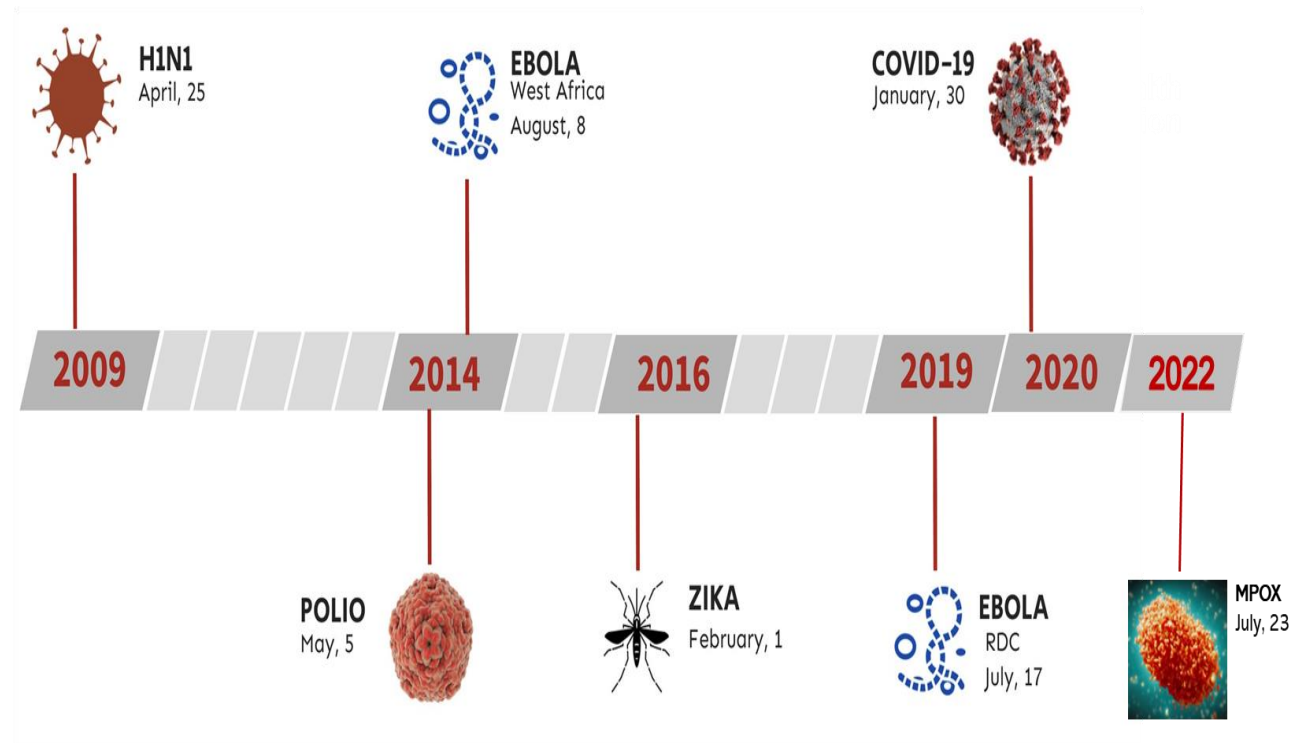
# Background

# Increasing trends and burden of all-hazard acute emergencies

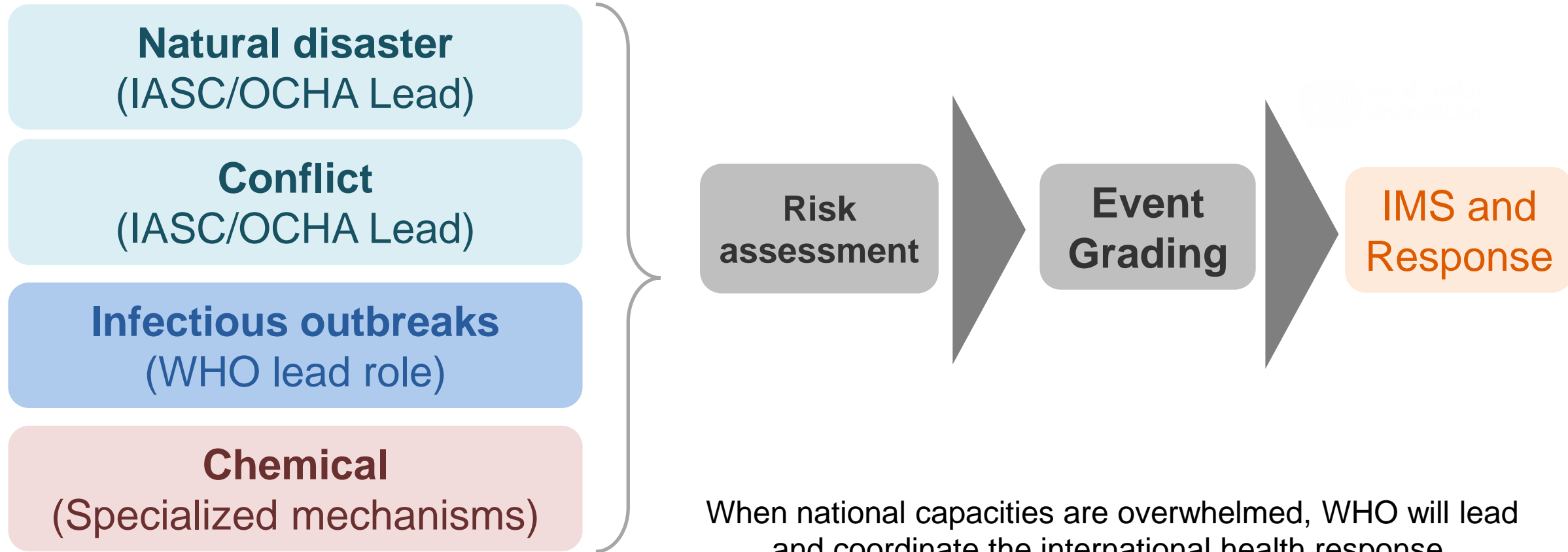
## Trends of acute public health events, 2003–2022



## PHEIC/emerging and re-emerging infectious disease threats



# WHO's Role in Emergencies



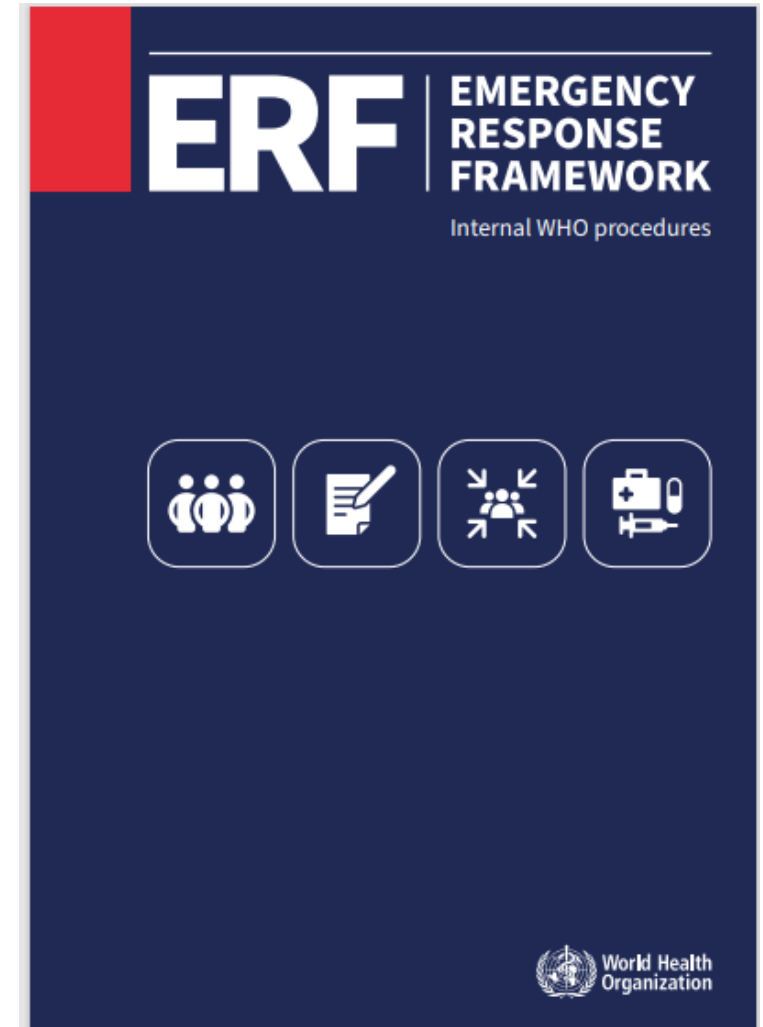
# WHO's Emergency Response Framework

The Emergency Response Framework (ERF) is **internal WHO guidance** on how WHO manages the risk assessment, grading and operational response to public health events, in support of Member States and affected communities. Includes performance standards and indicators.

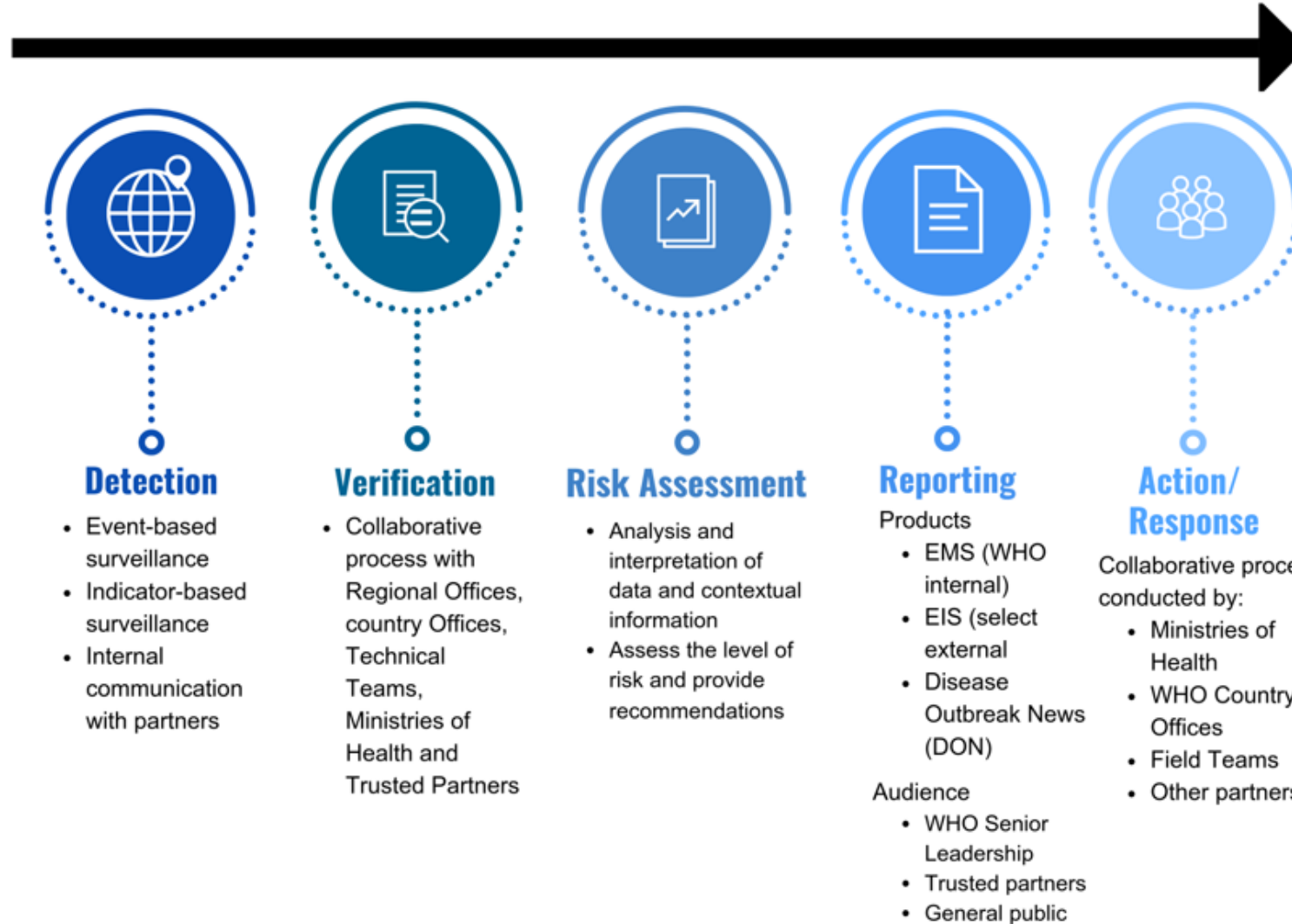
Focuses primarily on **scaling up and managing response activities** for acute events and emergencies.

Adopts an **all-hazards** approach

Complemented by WHO's **Emergency Standard Operating Procedures**, and consistent with interagency emergency protocols and commitments, and IHR (2005).



# The ERF covers Detection → Response

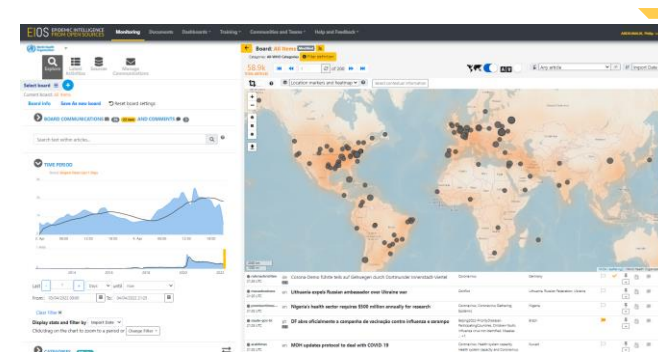
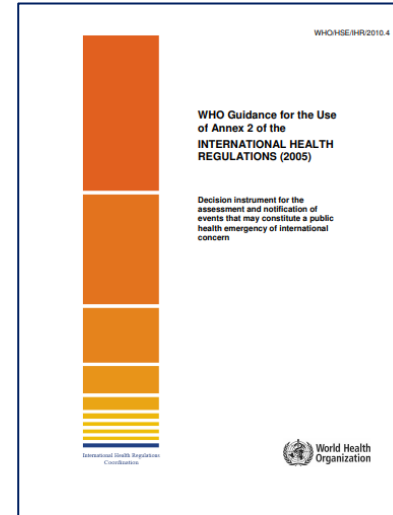


# Detection, Verification and Risk Assessment



# Detection

- Indicator Based Surveillance data
- IHR Event notifications
  - At the national level to assess all reports of urgent events within 48 hours (Annex 1)
  - Notification within 24 hours of assessment of public health information of all events which may constitute a PHEIC, through the national IHR Focal Point (Art. 6)
- WHO Regional and Country Office communications
- Partner communications
- Joint FAO–WHO-WOAH Global Early Warning System for health threats and emerging risks at the human–animal–ecosystems interface (**GLEWS+**)
- Epidemic intelligence from Open Sources (**EIOS**)



# Verification

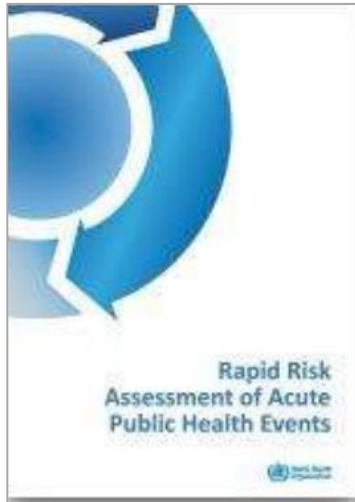
- Multistep process
- Key contributors
  - Ministries of Health
  - WHO Regional & Country Offices
  - Technical Experts
  - Partners / Field Teams
  - GLEWS+
- Key questions
  - Hazard
  - Time, Place, Person
  - Laboratory testing
  - Case definitions



**In 2022, 67% of responses to verification requests were received in 24-48hrs.**



# WHO's Rapid Risk Assessment



Rapid risk assessment, acute event of potential public health concern  
 WHO Form RR  
 Summary page, [EVENT NAME], [LOCATION]  
 Date and version of current assessment: (set by HQ: HQ-1-RR-1)  
 Details of previous assessment(s)  
 Date of last assessment of persons: [ ]  
 Overall risk assessment of persons

Very High	High	Moderate	Low
High	High	Moderate	Low

Field observation

Field questions

Question	Response	Comments
Did the event occur?	Yes/No	
Is the event of concern?	Yes/No	
Is the event unusual?	Yes/No	
Is the event of public health concern?	Yes/No	
Is the event of international concern?	Yes/No	
Is the event of global concern?	Yes/No	

Major recommended actions by the assessment team

Action	Person	Start date	Last update
Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)			
Immediate activation of ERF response mechanism (IMS) as urgent public health response is required			
Recommend setting up of grading call (funding can be accessed before grading completed)			
Immediate support to response, but within limit of CFE (no grading recommended at this point in time)			
Rapidly seek further information and repeat RRA (including field risk assessment)			
Support Member State to undertake preparedness measures			
Continue to closely monitor			
No further risk assessment required for this event, return to routine activities			

Page 2 of 2  
Version 2.0

- WHO internal process
  - Involves all 3 level of WHO (HQ, RO, CO) and WHO technical teams
  - Potential consultation of external expert
  - Formalize WHO's assessment of risks
- Reflect WHO's independent assessment including country's capacities /vulnerabilities to control outbreak/event
- Highlights urgent actions required including
  - **Activation of Emergency Response Framework mechanisms**
  - **Recommend setting up a grading discussion**
  - **Refers event for review of IHR EC for consideration as a PHEIC**
- Dissemination
  - Should be shared with Member State when finalized
  - Shared with GLEWS+ if zoonotic event
  - Very high overall risk shared with UN General Secretariat

## Major actions recommended by the risk assessment team

	Action	Timeframe
<input type="checkbox"/>	Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)	Select.
<input type="checkbox"/>	Immediate activation of ERF response mechanism (IMS) as urgent public health response is required	Select.
<input type="checkbox"/>	Recommend setting up of grading call (funding can be accessed before grading completed)	Select.
<input type="checkbox"/>	Immediate support to response, but within limit of CFE (no grading recommended at this point in time)	Select.
<input checked="" type="checkbox"/>	Rapidly seek further information and repeat RRA (including field risk assessment)	Select.
<input checked="" type="checkbox"/>	Support Member State to undertake preparedness measures	Select.
<input checked="" type="checkbox"/>	Continue to closely monitor	Select.
<input type="checkbox"/>	No further risk assessment required for this event, return to routine activities	Select.

\*If chosen, list actions and identify persons responsible and due dates for each action in section 2 (Supporting information)

# WHO's Workforce/Network and monthly output

## 6 Regional Offices + HQ

+ 150+ Country Offices  
in in countries, territories  
or areas around the globe



## Monthly PHI output

~9,000,000 initial signals retrieved

~60,000 potential signals scanned

~1,000 signals of relevance  
identified

40 events  
highlighted

35 new events  
verified

- ~2000 WHE staff
- GOARN (310+ members)
- GHC (900+ partners)
- Global Network of Technical Experts
- WHO Collaborating centres (800 institutions)

5 Rapid risk  
assessments

5 Disease Outbreak  
News

10 EIS bulletins for  
countries

# Reporting



# Informing Member States & the Public



World Health Organization

Event Information Site for IHR National Focal Points

Home Events Announcements Region Contacts IHR Documents Reports Editor Help Contact Form

Welcome Anastasia Smirnova My Subscriptions My Account Log Out

Search this site  Search

View Edit Panel layout Track Panel content Content Activity Log

### China | Influenza due to...



2021-01-04 | Event Update 2021-01-04

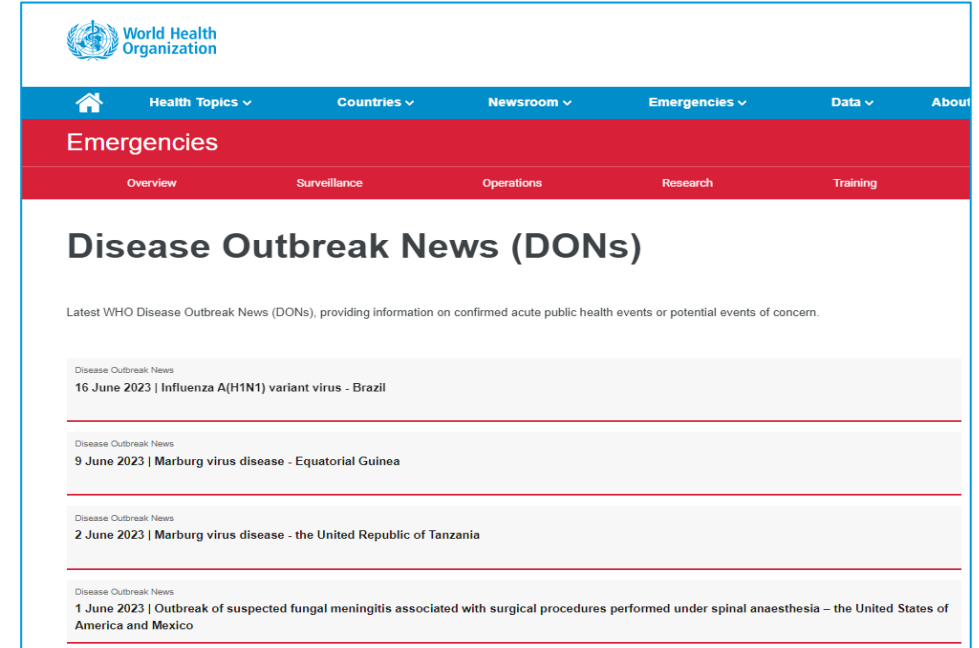
On 17 December 2020, the National Health Commission of the People's Republic of China notified WHO of human infection with a Eurasian avian-like swine influenza A(H1N1)v virus.

Details of the case:

The case is an 11-month-old male resident of Guangdong Province, China. He developed mild symptoms on 16 November 2020. There was no

#### Latest Announcements

- 2021-01-15 - Poliomyelitis (Circulating vaccine-derived poliovirus and Wild...)
- 2021-01-15 - Statement on the sixth meeting of the International Health...
- 2021-01-09 - Additional health measures in relation to the COVID-19 outbreak
- 2021-01-08 - Poliomyelitis (Circulating vaccine-derived poliovirus and Wild...)



World Health Organization

Home Health Topics Countries Newsroom Emergencies Data About

## Emergencies

Overview Surveillance Operations Research Training

### Disease Outbreak News (DONs)

Latest WHO Disease Outbreak News (DONs), providing information on confirmed acute public health events or potential events of concern.

Disease Outbreak News  
16 June 2023 | Influenza A(H1N1) variant virus - Brazil

Disease Outbreak News  
9 June 2023 | Marburg virus disease - Equatorial Guinea

Disease Outbreak News  
2 June 2023 | Marburg virus disease - the United Republic of Tanzania

Disease Outbreak News  
1 June 2023 | Outbreak of suspected fungal meningitis associated with surgical procedures performed under spinal anaesthesia - the United States of America and Mexico

<https://www.who.int/emergencies/disease-outbreak-news>

- EIS: secure website developed by WHO to facilitate communications with the National IHR Focal Points (NFPs) as part of the implementation of the IHR
- Information is provided by WHO to Member States NFPs in confidence (IHR Art 11.1)
- Epidemiology & public health response, WHO risk assessment, advice & recommendations
- Compiled by technical experts across 3 levels of WHO
- WHO's main communications product for the public on acute public health events > 25 years
- Description of the event, risk assessment, advice and links for further information
- Multi-stage production & clearance process of technical experts across all 3 levels of the organization – approx. 10-50 individuals

# Informing the Public: Dashboards and other products



### Coronavirus disease 2019 (COVID-19) Situation Report – 38

16th update | 16th Feb 27 February 2022

**SITUATION IN NUMBERS**  
Total and new cases in last 24 hours

- Global**  
12,296 confirmed (1,133 new)
- China**  
11,618 confirmed (1,031 new)  
2,747 deaths (21 new)
- Outside of China**  
668 confirmed (105 new)  
46 countries (9 new)  
57 deaths (11 new)

**WHO RISK ASSESSMENT**

China: **Very High**  
Regional level: **High**  
Global level: **High**

Figures 1. Countries, territories or areas with reported confirmed cases of COVID-19, 27 February 2022

Distribution of COVID-19 cases as of 27 February 2022

### World Health Organization COVID-19 Weekly Epidemiological Update

16th issue, published 25 June 2022

**Global overview**  
Date as of 23 June 2022

Globally, the number of new weekly cases has continued to decline since a peak in January 2022. During the week of 16 June 2022, over 3.1 million cases were reported, similar to the number reported during the previous week (Figure 1).

After five weeks of decline, the number of new weekly deaths has risen again, with over 8700 fatalities reported, a 4% increase as compared to the previous week.

At the regional level, the number of new weekly cases increased in the Eastern Mediterranean Region (EMR), in the South-East Asia Region (SEAR) and in the Region of the Americas (ROA), while it decreased in the other three WHO regions.

The number of new weekly deaths increased in the Region of the Americas (14 743) and Western Pacific Region (14 761), while decreasing trends were observed in the other four regions.

As of 12 June 2022, over 533 million confirmed cases and over 6.3 million deaths have been reported globally.

Health systems should be prepared with caution as several countries have been progressively changing COVID-19 testing strategies, leading to lower overall numbers of tests performed and consequently lower numbers of case detections.

Figures 1. COVID-19 cases reported weekly by WHO Region, and global statistics, as of 12 June 2022\*\*

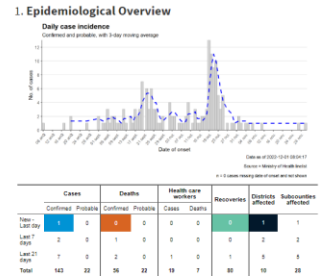
### Sudan Virus Disease Outbreak, Uganda

Daily report  
Produced on 2022-12-01  
Daily update: All data as of 2022-12-01

The report contains examples of automated analysis for use in various presentations or scripts. Presently, the only data source being used is the most direct from Twitter to demonstrate proof of concept. It can be connected to other data sources (e.g. data, WHO COVID) as needed.

**Key Figures**

143	56	80	10
Confirmed cases	Confirmed deaths	Recoveries	Districts affected



### World Health Organization Ukraine Conflict Signal Dashboard

Date as of 15 February, 2023 12:08 AM

**1.4k** signals since February 2022

**Infectious diseases**  
Ukraine (10 February, 2023)  
Incidence of influenza in Ukraine in Epidemic season

**Infectious diseases**  
Ukraine (10 February, 2023)  
Incidence of respiratory infections triples in Romania Oblast

**Infectious diseases**  
Ukraine (9 February, 2023)  
Update on COVID-19 in Ukraine

**Infectious diseases**  
Republic Of Korea (9 February, 2023)  
Seasonal Flu vaccination campaign in Mykolajiv

**Infectious diseases**  
Ukraine (9 February, 2023)  
A domestic dog dies of rabies in Lviv

**Healthcare capacity**  
Ukraine (7 February, 2023)  
Russian volunteers hand over medicine to Ukraine residents

**Healthcare capacity**  
Ukraine (7 February, 2023)  
Mobile teams provide support to Dnipropetrovsk region

**Infectious diseases**  
Ukraine (7 February, 2023)

Healthcare capacity: 100%  
Infectious diseases: 90%  
Technological hazards: 80%  
Mass casualty: 70%  
Population movement: 60%  
Food supplies: 50%  
Water supplies: 40%  
Infrastructure: 30%  
Extension of the conflict: 20%  
Medical supplies: 10%  
Other: null  
Protection: null  
Extreme weather: null  
Healthcare facilities: null

### 59,832 Confirmed cases

### 662 Probable cases

### 126 Deaths

Confirmed mpxv cases by country/territory, As of 21 August 2023

Confirmed mpxv cases by country/territory, As of 21 August 2023

Notes: 1. Effective 1 July 2023, official sources are information received from the International Health Regulations (IHR) National Focal Points (NFPs) and reproduced by WHO/WHO by 18:00 GMT+5, Monday. Reporting frequency has been changed from daily to weekly given the decreasing and varied reporting by Member States and caution should be exercised in interpreting this data. Data updated as of 22 August 2023.

### WHO Coronavirus (COVID-19) Dashboard

Search by Country, Territory, or Area

Overview Measures Table View Data More Resources

Cases: Total

111,242  
New cases in last 24 hours

756,411,740  
Cumulative cases

6,842,462  
Cumulative deaths

# Response and coordination of public health events



# Operational assessment - WHO grading



## 1. Scale

- Large number of cases/deaths in given place and time for the type of event
- Number of affected areas/countries

## 2. Urgency

- Serious public health impact
- Significant risk of international spread
- Significant risk of international travel and trade restrictions

## 3. Complexity

- Event unusual or unexpected (unknown agent, unknown mode of transmission, etc.)
- Multi-layered emergency, presence of a multitude of actors, lack of humanitarian access, high security risks to staff

## 4. Capacity

- External assistance needed to investigate, respond and control event

## 5. Risk of failure to deliver effectively and at scale to affected population.



Operational response **does not exceed** the usual country-level cooperation of the WCO and MS. Event is monitored as required.

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Event requires a **limited response** by WHO, which exceeds the usual country-level cooperation. Organizational or external support required is minimal. Support to WCO is coordinated by an IM counterpart in the Regional Office.

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Event requires a **moderate response** by WHO, exceeding the capacity of the WCO. Organizational or external support required is moderate. Supported to WCO is coordinated by an IM counterpart in the Regional Office, with an IM at HQ to assist with coordination-wide support as required.

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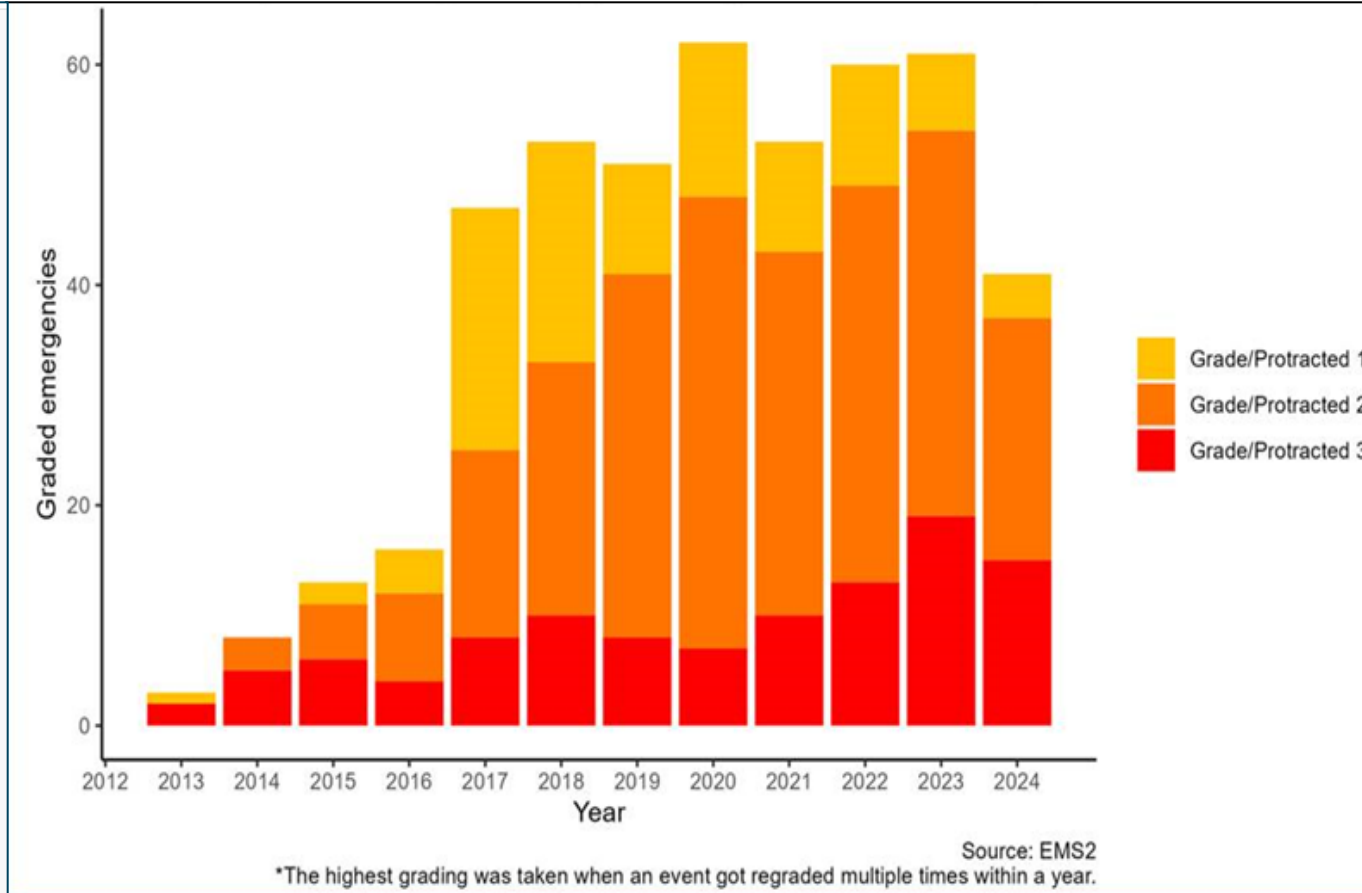


Event requires a **major to maximal WHO response**. Organizational and external support required by the WCO entails the mobilization of Organization-wide assets. Support to WCO is coordinated by an IM in the Regional Office. An IM is also appointed at HQ to assist with the coordination of Organization-wide support. The WHE EXD and involved RDs may agree to coordinate the event from HQ. An IM at HQ will coordinate responses involving multiple regions.

An IASC system-wide scale-up activation automatically results in a WHO Grade 3

# Current and trends of graded emergencies

Acute	Protracted	Data as of 13 March, 2024 12:30 p.m.								
<p><b>2023-G030 Multi-Region Dengue</b> Grade 3 / Infectious Last update: 2024-03-13, 9:23 a.m.</p> <p><b>2023-G011 Sudan Conflict and Complex Emergency</b> Grade 3 / Societal Last update: 2024-03-13, 9:22 a.m.</p> <p><b>2023-G028 Israel/oPt Hostilities</b> Grade 3 / Societal Last update: 2024-03-13, 9:18 a.m.</p> <p><b>2023-G001 Multi-Region Cholera</b> Grade 3 / Infectious Last update: 2024-03-12, 2:27 p.m.</p> <p><b>2022-G013 Greater Horn of Africa Drought and Food Insecurity</b> Grade 3 / Food safety Last update: 2024-03-06, 10:33 a.m.</p> <p><b>2023-G015 Haiti Humanitarian Crisis</b> Grade 3 / Societal Last update: 2024-03-01, 9:26 a.m.</p> <p><b>2020-G014 Northern Ethiopia Humanitarian Response</b> Grade 3 / Societal Last update: 2024-02-26, 10:21 a.m.</p> <p><b>2023-G020 DRC Humanitarian Crisis</b> Grade 3 / Societal Last update: 2023-11-22, 4:31 p.m.</p> <p><b>2023-G027 Multiple Countries Diphtheria</b> Grade 2 / Infectious Last update: 2024-03-12, 2:31 p.m.</p>	<p><b>GLOBAL : 2020-G001 COVID-19</b> Protracted 3 / Infectious Last update: 2024-03-12, 8:47 a.m.</p> <p><b>2013-G002 Ukraine Conflict</b> Protracted 3 / Societal Last update: 2024-02-28, 1:39 p.m.</p> <p><b>2015-G001 Yemen Complex Emergencies</b> Protracted 3 / Societal Last update: 2024-02-21, 10:26 a.m.</p> <p><b>2014-G001 South Sudan Humanitarian Crisis</b> Protracted 3 / Disaster Last update: 2023-08-29, 1:22 p.m.</p> <p><b>2015-G003 Afghanistan Complex Emergencies</b> Protracted 3 / Societal Last update: 2023-05-22, 2:52 p.m.</p> <p><b>2013-G001 Syrian Arab Republic Complex Emergencies</b> Protracted 3 / Societal Last update: 2023-02-14, 8:36 a.m.</p> <p><b>2017-G006 Somalia Complex Emergencies</b> Protracted 3 / Societal Last update: 2020-02-07, 8:21 a.m.</p> <p><b>GLOBAL : 2022-G014 MPOX</b> Protracted 2 / Infectious Last update: 2024-03-07, 10:25 a.m.</p> <p><b>2013-G003 CAR Humanitarian Crisis</b> Protracted 2 / Disaster Last update: 2024-03-04, 9:26 a.m.</p>	<p><b>Total graded emergency</b></p> <p><b>42</b></p>	<p><b>Grade 1</b></p> <p><b>5</b></p>	<p><b>Protracted 1</b></p> <p><b>0</b></p>	<p><b>Grade 2</b></p> <p><b>11</b></p>	<p><b>Protracted 2</b></p> <p><b>11</b></p>	<p><b>Grade 3</b></p> <p><b>8</b></p>	<p><b>Protracted 3</b></p> <p><b>7</b></p>	<p>Country, area or territory reporting COVID-19 cases</p> <p><b>234</b></p>	<p>Country, area or territory reporting Monkeypox cases</p> <p><b>116</b></p>



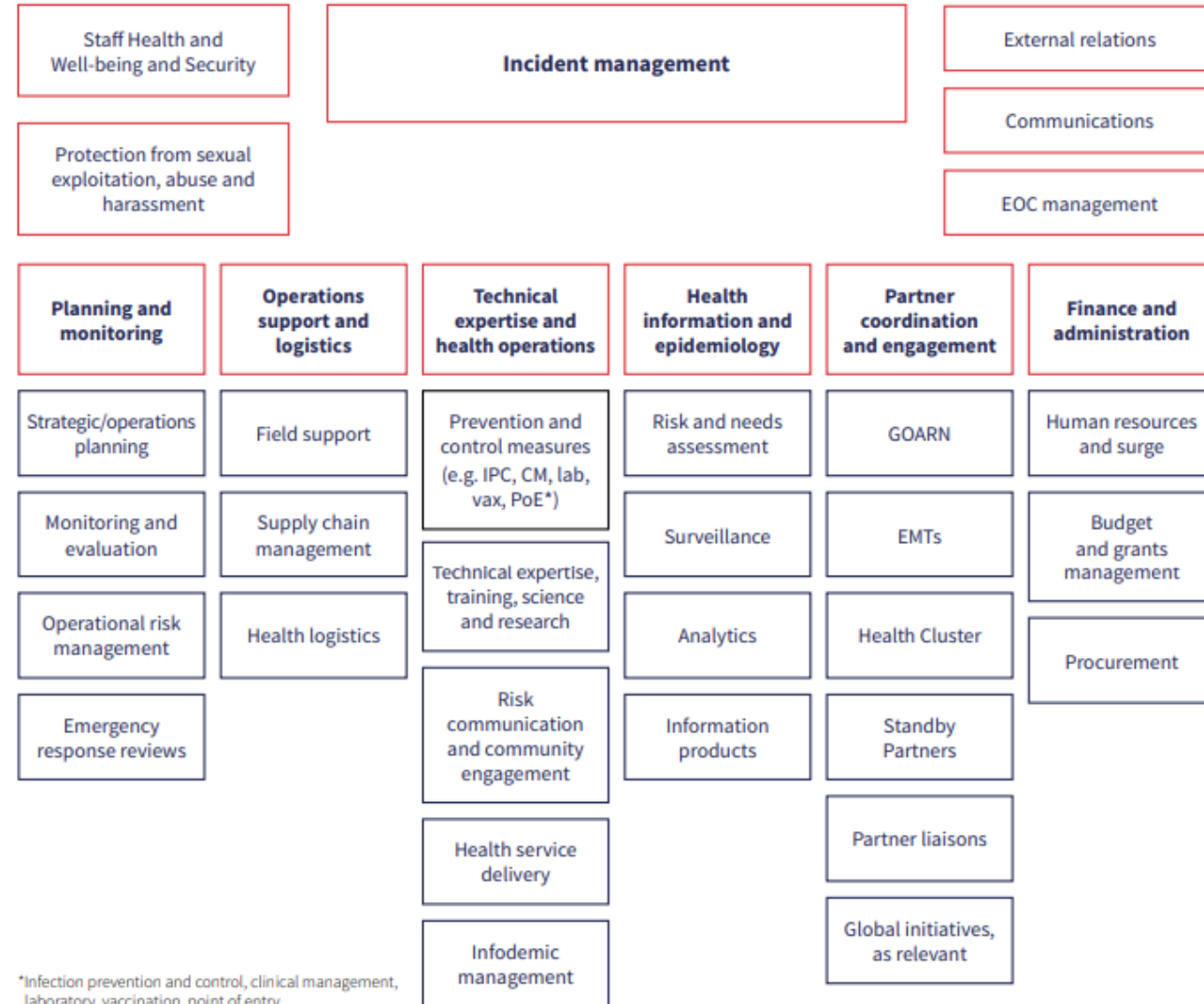
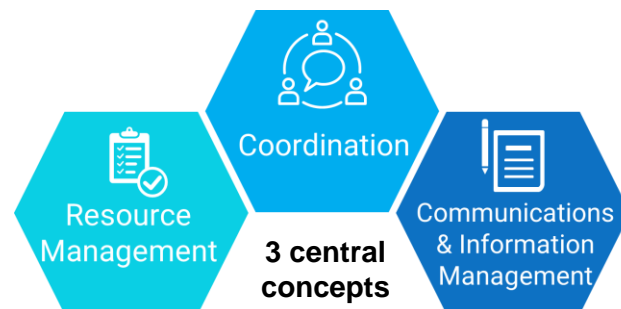
# The Incident Management System (IMS)

The IMS is a **standardized** but **flexible all-hazards** approach to managing WHO's response to an emergency.

Different **technical and operational pillars working together** in a unified coordination structure, within and beyond WHE, and linked across the different levels of the organization.

The **structure and scale of the IMT/IMST can be adapted** based on the needs of the response.

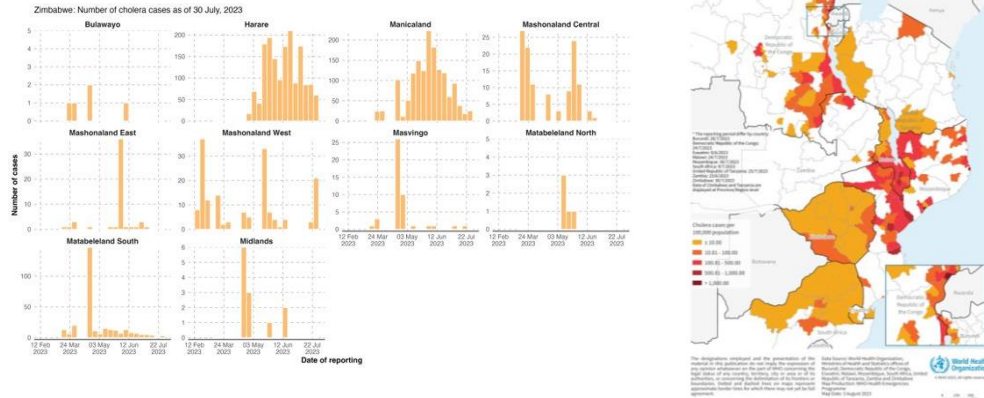
Information flows: 3 levels of Organization



# IMST pillar: Health information and Epidemiology

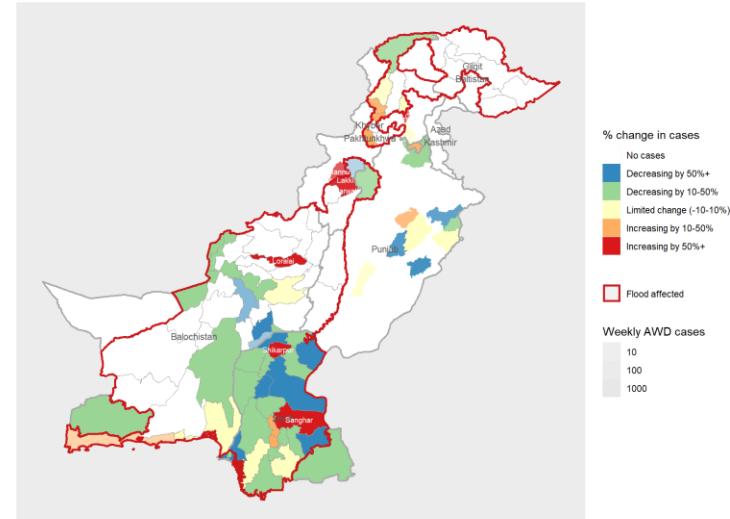


Space-time dynamics of cholera: automation of outputs (e.g. global cholera outbreak, 2023)



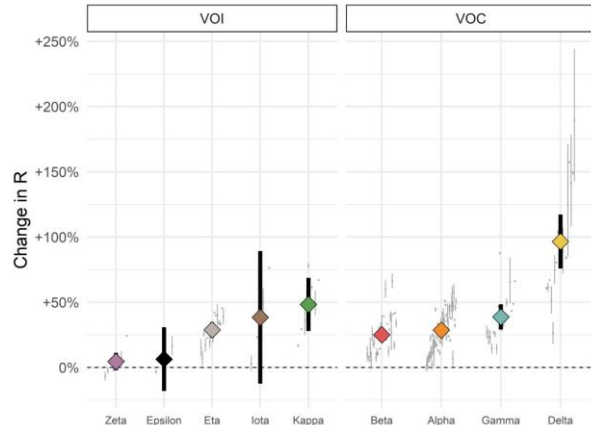
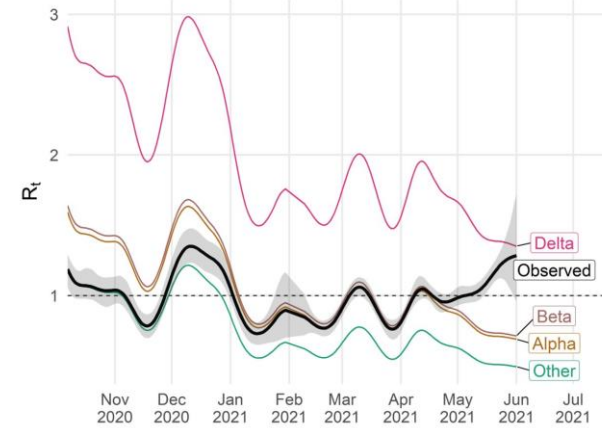
Humanitarian crises: Visualization and automation of outputs (e.g. cholera, Pakistan)

Weekly change in AWD cases, by district  
Week 43, 23 Oct to 30 Oct 2022



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

Transmission characteristics: e.g. Tracking spread of SARS-CoV-2 variants of concern



Increased transmissibility and global spread of SARS-CoV-2 variants of concern as at June 2021  
[Open Access](#)  
[Like](#) [0](#)  
[Check for updates](#)  
[Download](#)  
 Finlay Campbell<sup>1</sup>, Brett Archer<sup>1</sup>, Henry Larremann-Schafer<sup>1</sup>, Yuka Jinnai<sup>1</sup>, Franck Konings<sup>1</sup>, Healee Batra<sup>1</sup>, Boris Pavlin<sup>1</sup>, Katerijn Vandemaele<sup>1</sup>, Maria D Van Kerkhove<sup>1,2,3</sup>, Thibaut Jombart<sup>1,2,3</sup>, Olivier Morgan<sup>1</sup>, Olivier le Polain de Waroux<sup>1</sup>

Analyzing information for operational guidance

Real-time dashboards: e.g. Global Mpox outbreak

2022-23 Mpox (Monkeypox) Outbreak: Global Trends  
 World Health Organization  
 Produced on 25 July 2023

Key Figures

<b>88,600</b> Confirmed cases	<b>152</b> Deaths	<b>113</b> Countries reporting cases
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1. Overview  
 2. Global situation update  
 3. Detailed case data  
 4. Africa In Focus  
 5. Genomic epidemiology  
 6. Literature Summary & Epidemic Parameters  
 7. Disclaimers  
 8. Acknowledgements  
 9. Useful links and documentation

Results published in [Eurosurveillance](#)

# IMST pillar: Technical expertise and Health Operations



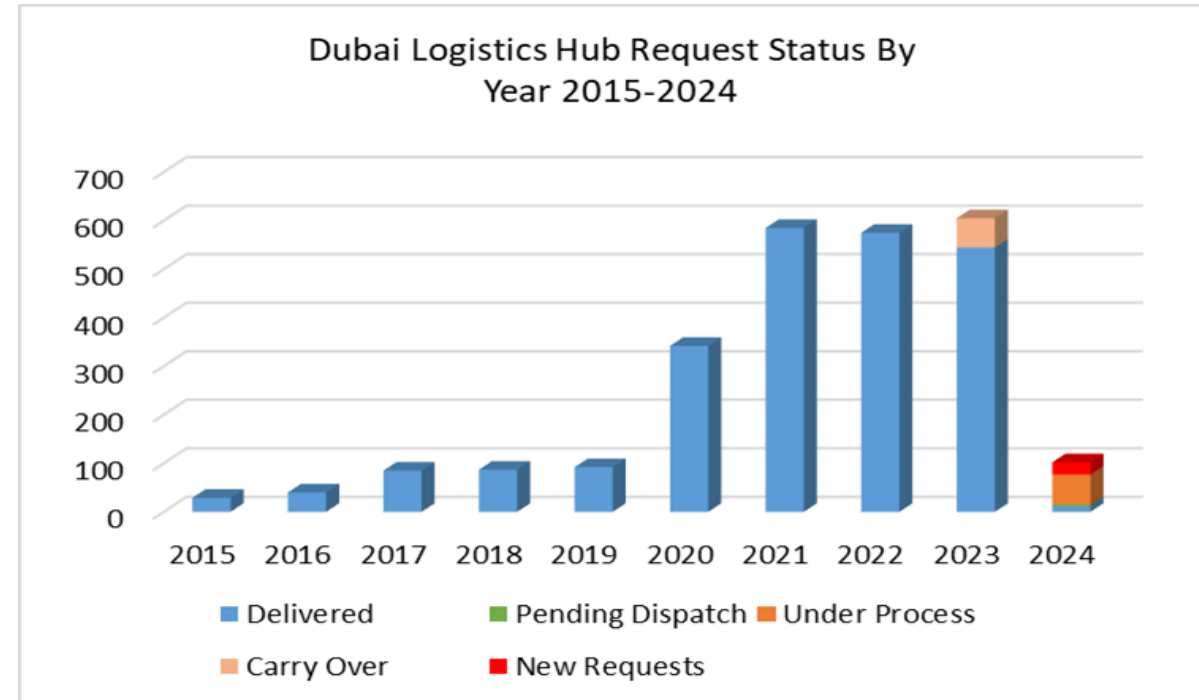
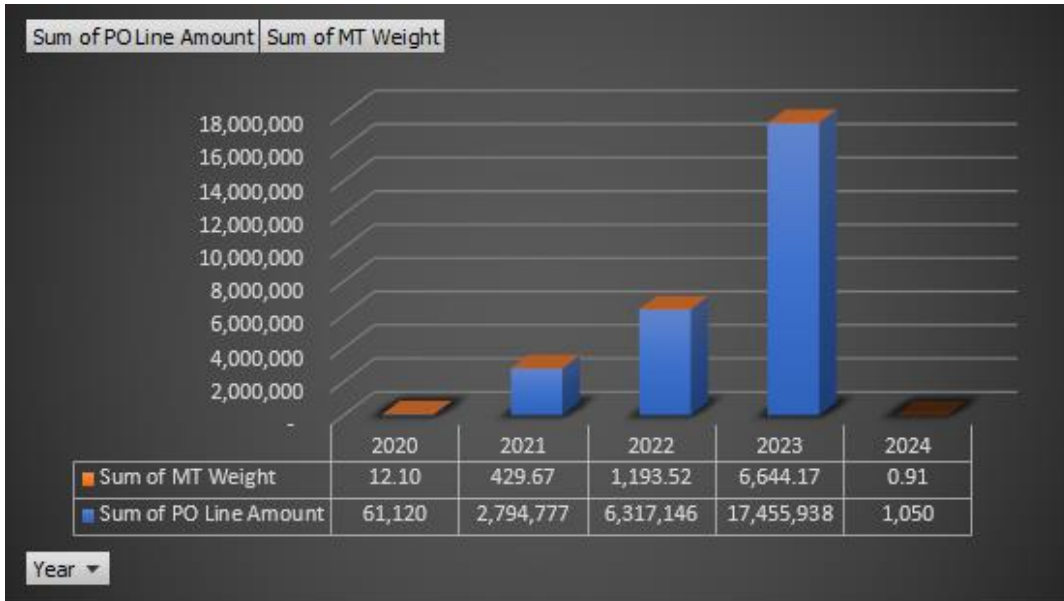
 **Translating technical knowledge...**

 **...into coordinated action**

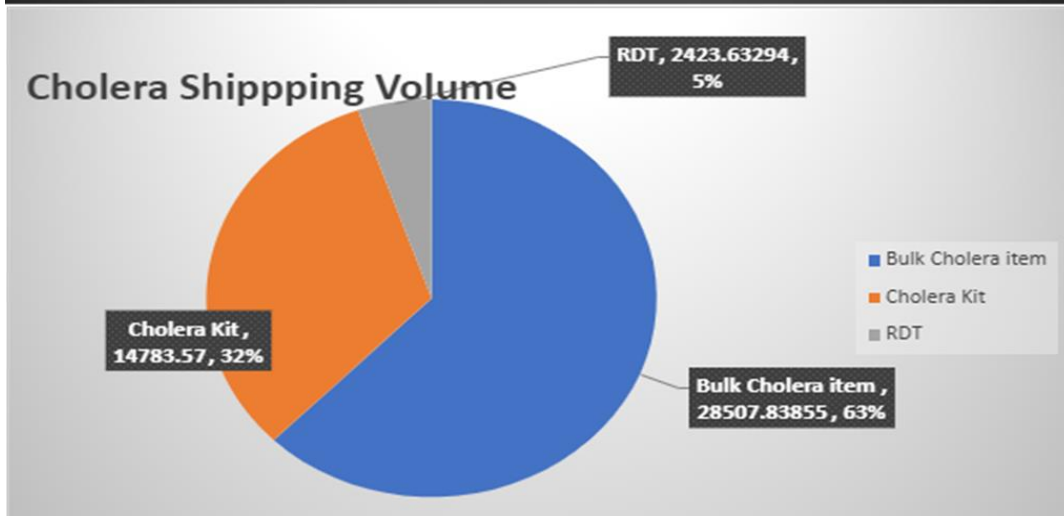
 **...using appropriate methods.**

# IMST pillar - Operation support and logistics

## Cholera response supply



	2019	2020	2021	2022	2023	2024
Supply Value (USD)	11,187,478	58,619,183	47,980,953	39,246,731	34,001,924	4,853,305



# PSEAH operational guidance (new in ERF)

No.	IASC PSEAH Outcome Measures	PSEAH Activities
1.	Leadership and accountability, including investigation capacity	<ul style="list-style-type: none"> <li>• PRSEAH dedicated capacity integrated in the IMT/MST</li> <li>• SEAH risks, and PSEAH needs assessment conducted</li> <li>• PSEAH action-plan integrated in SRP</li> <li>• Facilitate WHO engagement and contribution to Inter-Agency PSEA network action plan</li> <li>• PSEAH tools and SOPs developed, reproduced and disseminated</li> <li>• M&amp;E, JOR and AAR</li> </ul>
2.	Prevention	<ul style="list-style-type: none"> <li>• PSEAH recruitment safe-guarding measures implemented and tracked</li> <li>• PSEAH in contractual arrangements</li> <li>• PSEAH induction briefings, and other trainings</li> <li>• PSEAH awareness and sensitization targeting communities, partners, and government stakeholders</li> <li>• PSEAH capacity of implementing partners (partner mapping, PSEAH capacity assessment and capacity building, tracking of capacity development)</li> </ul>
3.	Safe and Accessible reporting	<ul style="list-style-type: none"> <li>• Establishment and management of SEA reporting at country level</li> <li>• Participation to Inter-Agency SEA Reporting SOPs at country level</li> <li>• Mapping and integration into existing community-based complaint mechanisms (CBCM).</li> <li>• Capacity building for referral</li> </ul>
4.	Victim support services	<ul style="list-style-type: none"> <li>• Mapping and establishment of GBV referral pathways</li> <li>• GBV/PSEAH capacity building for service providers</li> </ul>
5.	PSEAH network plan of action	<ul style="list-style-type: none"> <li>• Support to the Inter-Agency PSEAH network action plan development and implementation (specify areas to be supported by WHO)</li> </ul>

# ERF performance standards

Performance standard (PS)	IMS critical function	Primary responsibility	Indicators	Timeline from grading
<b>PS 1:</b> Ensure safety and security of all staff; activate system as per WHO guidance on business continuity planning to ensure safety and whereabouts of all WHO personnel, dependents, and visitors, and liaise with United Nations Department of Safety and Security locally	Leadership	Country Office	I. Safety and whereabouts of all WHO staff, dependents and visitors ensured	12 hours
			II. System shared with United Nations Department of Safety and Security	12 hours
<b>PS 2:</b> Activate incident management system (IMS); assign critical incident management team functions by repurposing WHO Country Office staff; identify and communicate critical gaps in IMS functions	Leadership, finance and administration	Country Office	I. Incident management team set up and communicated to Regional Office and Headquarters	24 hours
			II. Gaps in critical incident management team functions communicated to Regional Office	72 hours
<b>PS 3:</b> Assess the need for CFE support, review against checklist, issue request and clearance	Leadership	Country Office or Regional Office	I. Assess need and request financial support as per CFE operating procedures	24 hours
		Headquarters	II. Decision after reception of request as per CFE operating procedures	48 hours
<b>PS 4:</b> Convene first meeting with stakeholders	Partner coordination	Country Office	I. Meeting convened and minutes logged in EMS2	72 hours
<b>PS 5:</b> Issue initial internal situation report (sitrep)	Leadership, health information	Country Office	I. Sitrep logged in EMS2	72 hours



# GPW14 PROTECT HEALTH



Impact

Reduce health, social & economic impacts of health emergencies

Prevent

Prepare

**Detect & Respond**

Objectives

*Prevent, mitigate & prepare for emerging risks to health from any hazard*

*Rapidly detect & respond effectively to all health emergencies*

Outcomes

Reduced risk of health emergencies across all hazards

Enhanced preparedness, readiness & health system resilience

Timely, coordinated, & effective detection & response to acute public health threats  
Ensured equitable access to essential health services & public health functions during emergencies

Indicators

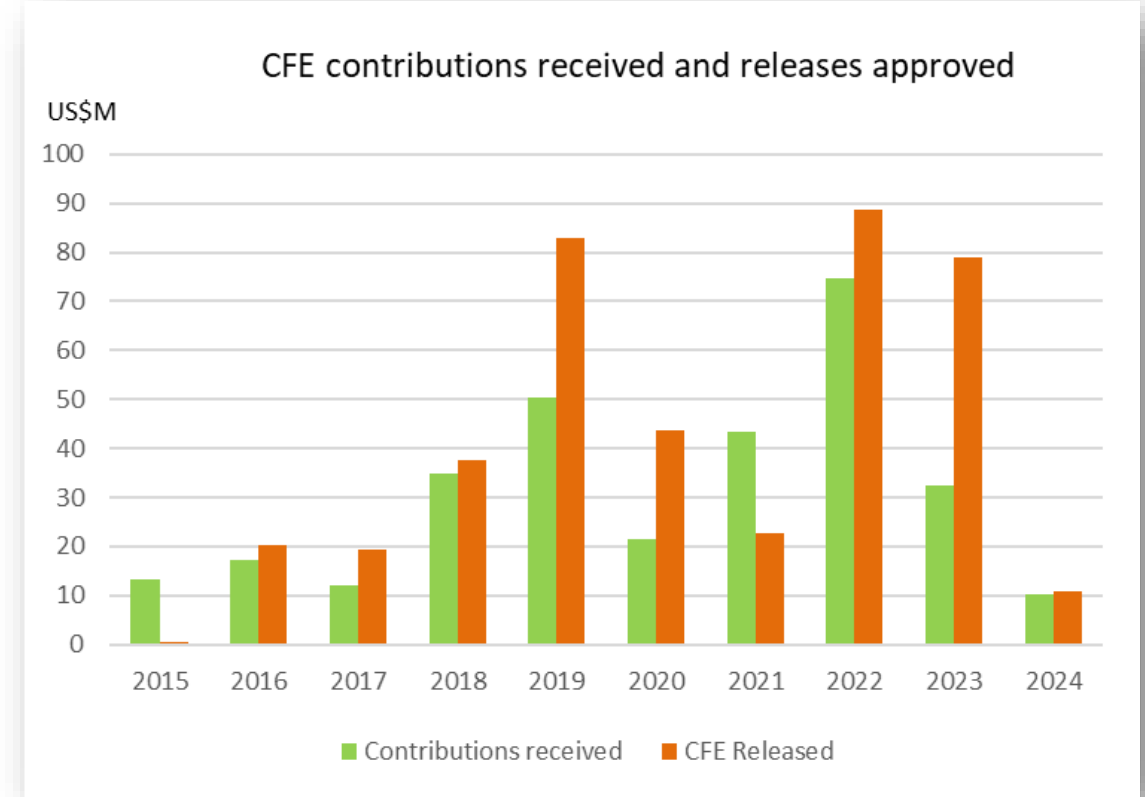
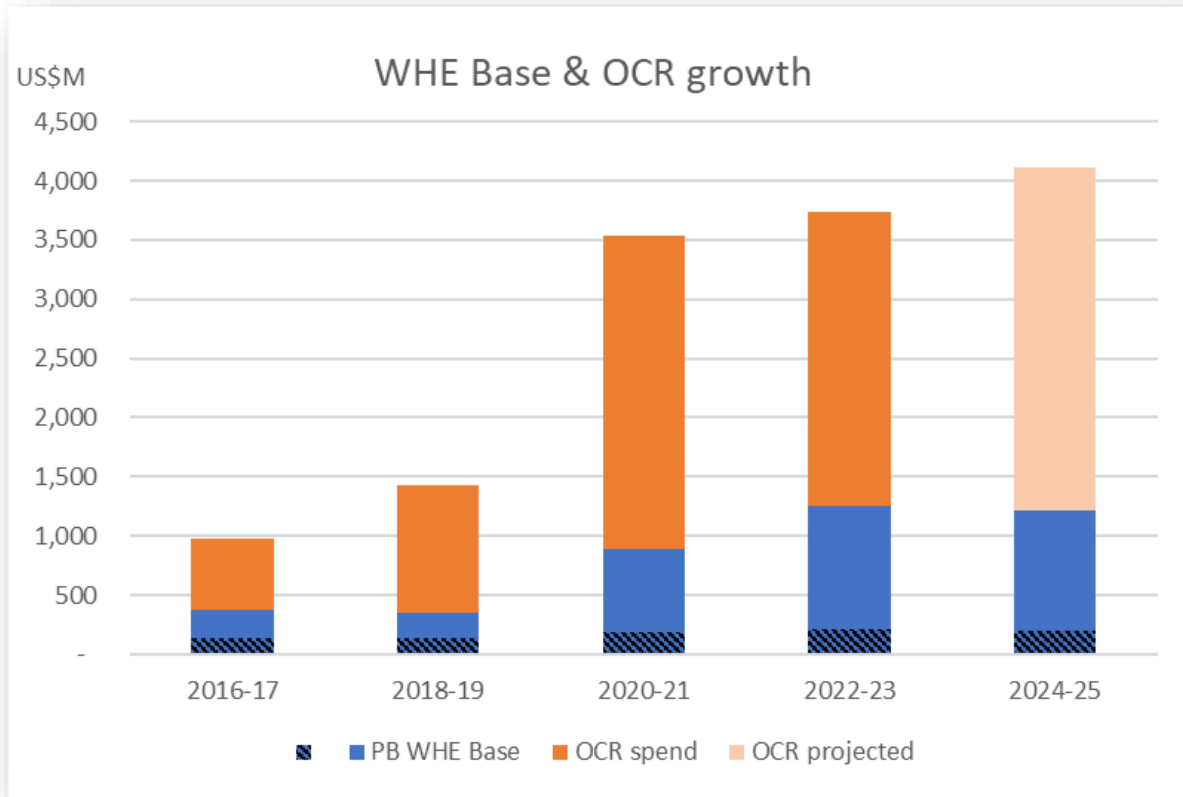
- Zoonotic spillover risk & emergence [TBD]
- Vaccine coverage of at-risk groups
- WASH in health care facilities

- Preparedness capacity measured by the IHR MEF and contextualized with functional assessments

- Timeliness of detection, notification, & response (7-1-7)
- Quality of delivery & response to acute & protracted emergencies
- Provision of essential health services during emergencies
- Timeliness of development & equitable distribution of countermeasures

# Major challenge in implementing ERF and GPW 14

Financial outlook for 2024-25 biennium, Strategic Priority 2 started the with a gap of 70% of approved PB and serious problems with regards to staff cost financing



**Thank you**

[ERF 2.1 https://www.who.int/publications/i/item/9789240058064](https://www.who.int/publications/i/item/9789240058064)