

Public health emergencies: preparedness and response

WHO's work in health emergencies

Report by the Director-General

1. This report is submitted pursuant to requests made by the governing bodies in resolution EBSS3.R1 (2015) and decision WHA68(10) (2015). It streamlines WHO's reporting on preparing for, preventing, detecting and responding to health emergencies.¹

PREPARING FOR HEALTH EMERGENCIES

2. **Assessing and reporting national emergency capacities for all hazards.** In 2018, WHO worked closely with countries and partners to monitor and report on their emergency preparedness capacities for all hazards. The work covered: preparedness for traditional health security risks, such as infectious diseases, zoonotic diseases, contaminated food and water, and environmental hazards; newer health security challenges, including chemical and radio-nuclear disasters, antimicrobial resistance, mass gatherings, and re-emergence and changing patterns of known diseases due to climate change; and biosafety and biosecurity in rapidly evolving global and regional contexts and realities.

3. In 2018, 161 States Parties submitted annual reports under the International Health Regulations (2005), and States Parties also conducted 31 simulation exercises, 24 joint external evaluations, 18 after action reviews, and 11 International Health Regulations–public veterinary sector bridging workshops.²

STRENGTHENING NATIONAL EMERGENCY PREPAREDNESS

4. WHO, through health systems strengthening efforts across the Organization, worked with regions and countries to improve those capacities by developing guidance and tools, and delivering targeted training sessions to build skills and capacities in the health workforce.

5. WHO provided support for the following activities: developing national action plans on health security to accelerate multisectoral implementation of International Health Regulations (2005) core capacities following an all-hazards approach; strengthening Member States' laboratory and surveillance capacity through the development and dissemination of technical guidance, materials and tools, and provision of technical assistance to vulnerable and fragile States; and providing guidance, advice and

¹ The present report is an executive summary of a more comprehensive document entitled "WHO's work in emergencies: annual report 2018".

² See also document A72/8.

technical support to countries to minimize the risk of disease spread, and advice to international travellers designed to keep them safe. WHO's support included training more than 400 professionals at ports and airports in surveillance, 2853 health professionals in 141 countries in health security, and over 850 laboratory personnel in 62 countries.

6. The Secretariat supported Member States in developing and implementing the wide range of capacities required to manage risk factors for emergencies associated with natural, biological, technological and societal hazards by applying prevention, preparedness, response and recovery measures and strengthening health systems. Key types of guidance and support were provided on multisectoral disaster risk management and resilience, and the integration of universal health coverage and health security.

READINESS TO RESPOND

7. The Organization and its partners continued to work with Member States to ensure their readiness to respond to signals of health risks and imminent, high-priority risks. In 2018, key areas of work included: coordinating operational readiness functions in the headquarters incident management team for the two Ebola virus disease outbreaks in the Democratic Republic of the Congo, since May 2018, and for the cholera outbreak in Zimbabwe, since September 2018; supporting the operational readiness of the four countries neighbouring the Democratic Republic of the Congo deemed to be at high risk from the spread of Ebola virus disease (Burundi, Rwanda, South Sudan and Uganda) by improving border screening of travellers, and by enhancing surveillance and contact tracing, and the vaccination of frontline and health care workers.

8. Through the Emergency Response Framework, International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction, the Secretariat supported Member States in developing and implementing comprehensive plans and programmes for national health security, emergency preparedness and all-hazards health emergency and disaster risk management.

9. WHO continued to strengthen collaboration and coordination with its global network of over 1644 technical and operational partners when responding to health emergencies and helping countries to be better prepared to prevent, detect and respond to health emergencies.

PREVENTING EPIDEMICS AND PANDEMICS

10. WHO fostered research and information sharing for high-threat hazards prevention and control, including developing and coordinating expert technical networks and advisory groups from various fields to provide guidance, drive knowledge development and ensure access to technical knowledge on new and evolving high-threat infectious hazards.

11. WHO continued to coordinate global expert networks in developing and implementing the research and development blueprint (R&D Blueprint), a global strategy and preparedness plan that triggers the rapid activation of research and development activities during outbreaks. The activities included the fast-track development of effective diagnostic tests, vaccines and medicines, which can save lives and prevent the spread of large-scale epidemics.

12. WHO, with partners from a wide range of technical, scientific and social fields, continued to develop global strategies to counter high-threat infectious hazards, such as yellow fever, cholera and influenza, including: the strategy to Eliminate Yellow Fever Epidemics (EYE), under which 61 million people were vaccinated in 24 African countries; the Ending Cholera Global Roadmap to 2030, which

enabled nearly 21 million doses of oral cholera vaccine to be shipped to 10 countries; the Global Influenza Strategy 2019–2030, under which more than 500 million people worldwide are estimated to have been vaccinated and more than 400 million doses of pandemic vaccine secured through the Pandemic Influenza Preparedness (PIP) Framework; and the Ebola virus disease outbreak response, which enabled 60 000 people at high-risk of contracting the virus to be vaccinated in the Democratic Republic of the Congo.

13. WHO worked with its network of partners from a broad range of technical areas to reduce the risk of re-emergence of high-threat pathogens and the emergence of new and unknown high-threat pathogens, such as viral haemorrhagic fevers, vector-borne diseases, respiratory pathogens, biosecurity threats and antimicrobial resistance.

RAPID DETECTION AND RESPONSE

14. WHO's global surveillance system currently picks up approximately 7000 public health threat signals every month. If, following a field investigation and a formal risk assessment, the threat is determined to be a potential outbreak with a high risk of spreading, action is triggered within 48 hours.

15. During outbreaks, WHO provided support to countries to continuously monitor events and conduct risk assessments, including implementation of health information systems, assessment of early warning capacity and monitoring of the response. When WHO supports an emergency response in one country, it continues to closely monitor and assess ongoing and new outbreaks not only in the affected country, but also in other countries around the world that are experiencing health events.

16. In 2018, WHO detected, monitored and carried out risk assessments and field investigations for more than 170 health events each month, while providing full support to two Ebola virus disease outbreaks in the Democratic Republic of the Congo, since 8 May, and to the protracted cholera outbreak in Yemen, and the cholera outbreak in Zimbabwe.

EMERGENCY RESPONSE

17. During the period 1 January to 31 December 2018, WHO responded to 36 graded emergencies in more than 30 countries and territories. They included WHO Grade 3 emergencies and United Nations Inter-Agency Standing Committee Level 3 and other large-scale emergencies. The Director-General has made no new declaration of a public health emergency of international concern in 2018. At the beginning of 2018, WHO's operations were targeting 75 million people for humanitarian assistance, although that number has progressively risen with new outbreaks and emergencies throughout the year.

18. Among the acute (graded and ungraded) emergencies, eight were classified as Grade 3 emergencies, which is the highest severity level based on WHO's Emergency Response Framework, requiring a significant response from WHO and mobilization of substantial Organization-wide support for the collective response with partners in the field. Of these, three complex humanitarian crises (the Myanmar/Bangladesh Rakhine conflict, and those in Nigeria and South Sudan) were later categorized as Protracted Grade 3 emergencies (persisting for more than six months, as defined in the Emergency Response Framework), for which a sustained WHO operational presence and response are still required on a major scale. The Grade 3 emergencies in the Syrian Arab Republic and Yemen are also Inter-Agency Standing Committee system-wide Level 3 emergencies, in which governments, United Nations agencies and civil society partners work together to meet response needs.

19. In accordance with the principles of the Emergency Response Framework, WHO activated the Incident Management System to fulfil its six critical functions and scaled up its operational and technical support in order to address immediately the health needs of, and risks facing, the affected population. Working with partners, the Secretariat supported national governments' efforts in life-saving interventions to increase the quality and coverage of health services, strengthen primary and secondary health and hospital care by operating mobile teams and health facilities, improve surveillance and early warning systems, conduct vaccination campaigns, distribute medicines and supplies, and train health workers. WHO also led or jointly led health sector coordination, including 25 activated health clusters. Those actions were supported by the rapid release of funds from WHO's Contingency Fund for Emergencies: about US\$ 37.6 million have been disbursed in 2018 in order to ensure rapid expansion of WHO's response in 29 graded emergencies.

ACTION BY THE HEALTH ASSEMBLY

20. The Health Assembly is requested to note the report.

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