ANNUAL REPORT | 2018

World Health Organization

WHO's work in emergencies: prepare, prevent, detect and respond

HEALTH EMERGENCIES programme

Keeping the world safe is one of WHO's top priorities. Responding to outbreaks and other emergencies is a key part of what we do all over the world. In global health security, we are only as strong as the weakest link. No one is safe until we are all safe.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Outbreaks of infectious disease, disasters, and conflict have reinforced the reality that the world remains vulnerable to health emergencies that can have a global impact. Significant gaps remain in the capacity of many countries to manage all-hazards health emergencies and disaster risk.

In recent years, WHO has taken on more of an operational role than ever before. Protracted conflict and weak health systems mean that many countries cannot deliver basic health, nutrition and social services. It is in these vulnerable settings where most deaths among children under five occur, as well as the highest rates of maternal mortality, unintended pregnancy, sexual and gender-based violence, malnutrition, mental disorders, under immunization, and infectious disease outbreaks.

Conflict, climate change, population growth and movements are changing the context in which we operate. An estimated 1.4 billion people live in fragile, conflict-affected and vulnerable settings. Eighty percent of people affected by health emergencies and 70% of cases due to epidemic-prone diseases are occurring in conflict-affected settings. Meanwhile, a record number of people around the world - - more than 69 million - - have been forcibly displaced, many of whom are cut off from accessing basic health services.

In the face of these changes, patterns of disease transmission are changing dramatically, crossing frontiers and affecting new populations. Outbreaks of deadly diseases in urban areas are becoming the new norm: yellow fever in Angola and Brazil, Middle East Respiratory Syndrome (MERS) in Kuwait and the Republic of Korea, plague in Madagascar, or cholera in Yemen. The outbreak of Ebola virus disease in the Democratic Republic of the Congo highlights the difficulty of operating amongst the interlinked challenges of a highly mobile population, a struggling health system, and a protracted conflict. In 2018 we deployed more than 700 people to help combat the outbreak, even as we have faced attacks on our health facilities.

All of this means that WHO's role as a convener and lead coordinator to ensure a swift response and international cooperation is more critical than ever. Our mandate at the WHO Health Emergencies Programme is to protect the vulnerable by helping countries to better prepare, prevent, detect and respond to the myriad health risks we face today. That means bringing together partners, providing technical guidance and support, sharing information, and conducting operational and logistical missions. None of this would be possible without our donors, who have helped to strengthen the capacity of the programme over the past two years, including the many donors who have contributed funds to the Contingency Fund for Emergencies and who are working together with us to provide reliable, timely support for preparedness and response.

As you'll read in this report, we face both daily risks - - such as operating health programmes in the midst of war zones - - and organizational hurdles, such as securing long-term funding that allows us to support our Members States to build more resilient health systems. In the face of these challenges, we at WHO, and our partners, are optimistic about the future. We have never been more organized nor had more sustained political attention for health emergencies.

WHO's work in emergencies – achievements in numbers – 2018

PREPARE

ASSESSMENTS FOR ACTION

187 Member States International Health Regulations (IHR) 2005 annual reports
24 Joint External Evaluations
31 Simulation exercises
28 National action plans
18 After action reviews
11 IHR-public veterinary sector bridging workshops

STRENGTHENED CAPACITIES FOR ALL HAZARDS

Health security workforce development

Goal: all countries prepared for the full emergency--cycle management

400
professionals at ports and airports trained on surveillance

850
laboratory personnel trained in 62 countries

2800
health professionals in 141 countries trained on health security

6300
enrolments in online course offered through the Health Security Learning Platform

16 000
downloads of the Managing Epidemics handbook

100 000
subscribers to OpenWHO learning platform

READINESS

41
risk--profiling workshops were conducted in the African region

83%
of high-risk countries in the Index for Risk Management have interagency preparedness plans in place

PREVENT

ELIMINATE YELLOW FEVER STRATEGY

61 million
people vaccinated in 24 African countries

20,8 million
doses of oral cholera vaccine were shipped to 10 countries

ENDING EBOLA

60 000
people vaccinated during response operations in the Democratic Republic of the Congo

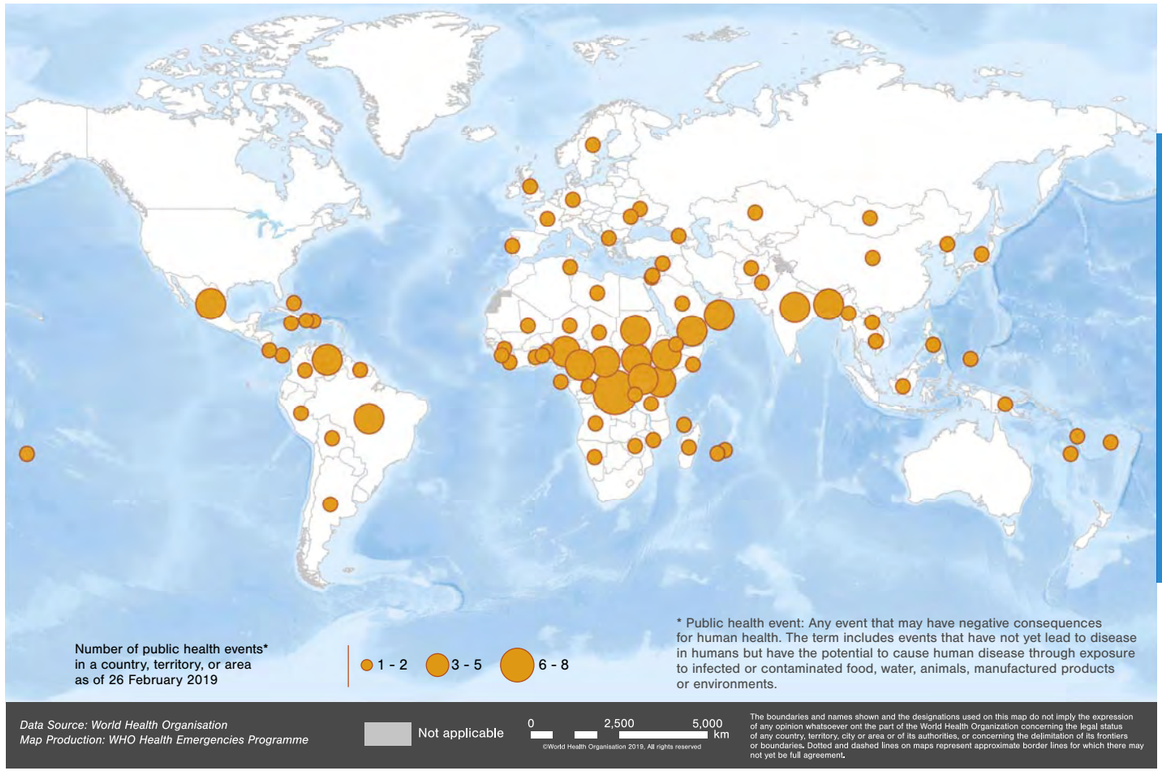
GLOBAL INFLUENZA PREPAREDNESS AND RESPONSE

500 million
people are estimated to have been vaccinated around the world

400 million
doses of pandemic vaccine secured through the Pandemic Influenza Preparedness (PIP) Framework

EMERGENCY VACCINATION

16 million
doses of vaccines deployed through the WHO International Coordinating Group on Vaccine Provision mechanism



1821 health emergencies experts from WHO and its partners deployed in 32 countries

DETECT AND RESPOND

24/7/365
EACH DAY, EVERY DAY
the global surveillance system detects public health events

52
WEEKS A YEAR
the early warning system (EWARS) collects data each week, generates and manages alerts

7000
PUBLIC HEALTH THREAT SIGNALS PICKED UP EVERY MONTH
with about 0.5% of these resulting in a formal field investigation and a formal risk assessment

22
COUNTRIES
developed humanitarian response plans with a health response led by WHO

1600
TECHNICAL/ OPERATIONAL PARTNER INSTITUTIONS
WHO relies on its global network of technical and operational partners when responding to health emergencies, and when helping countries be better prepared to prevent, detect and respond to health emergencies

481
NEW EVENTS IN 141 COUNTRIES AND TERRITORIES
Some of the public health events included: cholera, Ebola virus disease, measles and monkeypox in the Democratic Republic of the Congo; plague in Madagascar; measles in Argentina, Brazil and Ecuador; emergency operations in Libya; West Nile fever in Serbia; Nipah virus in India; diphtheria in Bangladesh; and hand foot and mouth disease in Viet Nam

30
EVENTS IN 29 COUNTRIES
The contingency fund for emergencies was provided within 24 hours

Contents

The many facets of the Ebola response in the Democratic Republic of the Congo

In 2018, the Democratic Republic of the Congo experienced two Ebola outbreaks. The first, in the Equator Province, was successfully contained in 11 weeks, thanks to quick and efficient coordination, planning, and financing. It affected 54 people and claimed 33 lives. This was the first time investigational therapeutics were approved to treat Ebola in the midst of an outbreak. Only one week later, after the Equateur outbreak was declared over, a second outbreak began in North Kivu Province, affecting over 960 number of people, of which 606 died. Despite the scale of the response, operations were hampered by security issues and the geographical location of the outbreak. Because of security issues, access by health workers was difficult, while proximity to urban centres and transit routes increased the risk of spread.

Risk communication and community engagement

Risk communication and community engagement are essential for any disease outbreak response. This is particularly critical during outbreaks of Ebola, which may create fear among the public and frontline responders alike due to the severity of symptoms and fatality rates, and misunderstandings about the causes of illness. This document outlined some of the key considerations for risk communication and community engagement response to Ebola outbreak in the Democratic Republic of the Congo.

From air bridges to case investigation: partnering for health

In addressing health crises around the globe, WHO works closely with ministries of health and many international and national partners. During the two 2018 Ebola outbreaks in the Democratic Republic of the Congo, WHO worked with the UN's World Food Programme to build an air bridge to deliver critical supplies into remote areas. In the Rohingya refugee camps, WHO worked with government agencies, international and non-governmental organizations to control outbreaks. During the Zika outbreak in 2015, WHO and the Pan-American Health Organization worked closely with the Brazilian government on case investigations and to help shape the global research agenda. In combatting pandemics, such as the cholera outbreaks around the world and in preparing for both seasonal influenza and an influenza pandemic, WHO coordinates with national governments, international institutions, and civil society organizations to work towards better prevention and response.

Strengthening clinical care

During the Ebola outbreaks in the Equateur and North Kivu provinces of the Democratic Republic of the Congo, the WHO Emerging Diseases Clinical Assessment and Response Network (EDCARN) played a critical role by deploying clinical experts to the field to help Médecins sans Frontières (MSF) and the Alliance for International Medical Actors rapidly implement the appropriate standards of care. The network also provided support to partners to develop and implement standards of care for therapeutics. EDCARN also worked with Alima on the design of safe, patient-centered supportive treatment units.

Ring vaccination to stop the epidemic

WHO supported ring vaccination, an innovative approach using investigational doses of the vaccine to the contacts of confirmed cases, and the contacts of contacts, as well as health-care workers, frontline responders and other people with potential exposure to Ebola. "Ring vaccination is a new and vital tool in the control of Ebola," said Dr Michael Ryan, WHO Assistant Director-General, Emergency Preparedness and Response. "I just spent the day out with the vaccination teams in the community, and for the first time in my experience, I saw hope in the face of Ebola and not terror. This is a major milestone for global public health. "This vaccination effort is the result of a major collaboration between the Democratic Republic of the Congo and the Republic of Guinea. Dr Alhassane Toure coordinated field operations of a 2015 trial in Guinea. For the 2018 outbreak, Guinean authorities gave their approval to loan more than 30 of the country's health experts to train local health workers in ring vaccination. "I am here to help my brothers and friends in the Democratic Republic of Congo to fight against Ebola," said Dr Alhassane. "Ring vaccination can help stop the spread of the Ebola virus."

Operational support and logistics

WHO deployed 60 000 doses of an Ebola virus disease vaccine and personal protective equipment, and set up an ultra cold chain to maintain its potency in storage. In addition in the particularly difficult contexts of these two outbreaks, WHO set up base camps for over 160 frontline responders, built office infrastructure for over 400 staff, set up the emergency operations center and provided training to local and international frontline responders.

Stopping diseases from crossing borders and mitigating negative economic impact

To prevent the spread of Ebola to neighboring countries, WHO set up exit screening for travelers at international airports, seaports and major land crossings. These activities included risk mapping activities at porous borders, screening for signs and symptoms of Ebola, mapping the history of exposure and reviewing exit screening procedures. WHO also coordinates IHR (2005) compliance with Member States and all relevant stakeholders in the travel transport and trade sectors to:

- minimize unnecessary restrictions to travel and trade during an emergency;
- ensure that effective measures are applied at borders to minimize the risk of spread;
- ensure that travelers are treated with respect for their dignity, human rights and fundamental freedoms, together with confidential treatment of their personal data.

CHAPTER 01

Rapidly responding to acute health emergencies

When WHO's global surveillance system picks up a public health threat signal following a field investigation and a formal risk assessment, a determination is made on the potential outbreak with high risk of spread. A series of steps are triggered within 48 hours:

- grading of the severity of this event;
- activation of an incident management system with a designated team functioning out of emergency operating centers in Geneva, in the regional offices, and in the country offices;
- release of financing from WHO's Contingency Fund for Emergencies - - about US$ 50 million has been provided for 50 events;
- deployment of field teams, personal protective equipment and medical supplies, to be jointly governed at the national level;
- communications on the risk to the affected populations and to neighboring countries through official International Health Regulations (2005) procedures, and with the public through Disease Outbreak News and social media;
- activation of the Global Health Cluster, the Global Outbreak Alert and Response Network (GOARN), emergency medical teams and standby partners.

When an emergency strikes, anywhere in the world within 48 hours, WHO mobilizes health responders, cash and supplies in the field. Within 1 week, WHO:

- has regional and global field mechanisms in place and activated;
- refines knowledge and needs based on working with the ministry of health, and develops a fully costed and budgeted action plan with the initial priorities identified;
- identifies strategies on infection, for prevention and control, for the laboratory, and to protect health workers;
- assesses the state of preparedness in the region and in surrounding countries;
- plans for further surge in human resources and supplies depending on the needs assessment, including looking at potential medical counter measures such as using for the first time on a large scale investigational vaccines and therapeutics for the Ebola outbreak in the Democratic Republic of the Congo;
- activates partnerships and financing mechanisms.

When WHO supports an emergency response in one country, the organization must continue to closely monitor and assess ongoing and new outbreaks not only in the affected country, but in all other countries around the world that are experiencing health events. In 2018, WHO detected, monitored and carried out risk assessments and field investigations of more than 170 health events each month, while providing full support to the two Ebola outbreaks in the Democratic Republic of the Congo beginning 8 May, the cholera outbreak in Yemen (since 2017) and the cholera outbreak in Zimbabwe in September 2018.

Supporting the Rohingya refugee crisis

During the Rohingya refugee crisis, WHO has been using standby partner arrangements to support the ongoing response in Cox' Bazar, Bangladesh. In 2018, 22 deployments took place for a total of 89 person-months. Partners such as the International Civilian Response Corps (CANADEM); Dutch Surge Support (DSS Water); iMMAP, the international information management services non profit organization; Norwegian Refugee Council, RedR Australia; and Save the Children United Kingdom, have worked with WHO to deploy experts in resource mobilization, infection prevention and control, communicable diseases, community engagement, media and communications, mental health and psychosocial care, information management, water, sanitation and hygiene, logistics, and in disease management and coordination of the Health Cluster. These experts were deployed for three to six months at no charge through the standby partnership roster, helping the country team bridge the gap while hiring staff for these locations.

22 deployments for a total of 89 person-months in 2018

Over 1600 technical/operational partner institutions

WHO relies on its global network of technical and operational partners when responding to health emergencies and supporting better preparedness, prevention detection and response. Key networks of partners include:

Global Outbreak Alert and Response Network (GOARN): is a collaboration of existing institutions and networks with over 200 multidisciplinary experts that are ready to deploy when an outbreak strikes, anywhere in the world. WHO coordinates international outbreak response using resources from GOARN.

Global Health Cluster: aims to accelerate collective action, as locally as possible and as internationally as necessary, to ensure crisis-affected communities receive immediate life-saving support and continued access to essential health services. It comprises over 700 partners in 27 countries working together to meet the health needs of approximately 75 million people worldwide.

Emergency Medical Teams Initiative: assists organizations and Member States to build capacity and strengthen health systems by coordinating the deployment of quality assured medical teams in emergencies.

Standby Partners Programme: links WHO with quasi-governmental organizations involved in emergency and relief work, and maintains a roster of trained experts that are ready to deploy at short notice to even the most challenging locations.

Enabling quick action to save lives

The Contingency Fund for Emergencies (CFE) allows WHO to respond rapidly to disease outbreaks and health emergencies--often in 24 hours or less. This saves lives and helps prevent unnecessary suffering. Furthermore, a quick response dramatically reduces the costs of controlling outbreaks and emergencies, as well as the wider social and economic impacts. The CFE is not earmarked, giving WHO the crucial flexibility it needs to act quickly in response to disease outbreaks, natural disasters, and humanitarian emergencies.

Issuing independent and evidence-based recommendations

An Emergency Committee was convened by the Director-General under the IHR in 2018 to get independent, evidence-based advice on whether three different events constituted a public health emergency of international concern, and if yes, to propose temporary recommendations.

- The Emergency Committee on Polio was convened four times in 2018, and the Committee maintained their assessment that current events related to polio spread constitute a public health emergency of international concern.
- The Emergency Committee was also convened for two separate Ebola outbreaks in 2018 in the Democratic Republic of the Congo. Neither event was deemed to be a public health concern.

More than medicine

While it is critical to treat patients affected by epidemic diseases, the response is much more than purely medical. The range of necessary expertise includes epidemiologists, logisticians, clinicians, data managers, anthropologists and planners.
Even something as seemingly straightforward - - and critical - - as vaccination requires quick thinking, as officials discovered when many young Rohingya women were reluctant to be treated by male vaccinators. So health officials worked to quickly recruit and train female vaccinators to make sure that as many people as possible were covered by the life-saving immunization.
"The cultural acceptance of health interventions is always a challenge," said Dr Sylvie Briand, the Director of the Infectious Hazard Management Department at WHO. Evidence from previous outbreaks has emphasized the clear need for including social science experts such as anthropologists to work with communities in outbreak response.

Risk communication

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