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Public health preparedness and response

WHO's work in health emergencies

Report by the Director-General

1. This report is submitted pursuant to requests in resolution EBSS3.R1 (2015)[1] and decision WHA68(10).[2] It provides information on all WHO Grade 3 emergencies, on United Nations Inter-Agency Standing Committee Level 3 emergencies, and on public health emergencies of international concern, in which WHO took action between 1 January and 30 September 2019. At a meeting of the Officers of the Executive Board held in October 2019 on the organization of the Board's 146th session, it was agreed that the scope of the present report should be expanded to include reporting on the rehabilitation of the health system after crisis and on WHO's role as the health cluster lead in humanitarian emergencies.

WHO's response and coordination in severe, large-scale emergencies

2. During the period under review, WHO responded to 51 graded emergencies in more than 40 countries and territories (see Annex). These included WHO Grade 3 and United Nations Inter-Agency Standing Committee Level 3 emergencies, one public health emergency of international concern and other large-scale emergencies of a protracted nature, along with lower-graded emergencies. In addition to the ongoing responses to the previously graded emergencies, WHO had 14 new graded emergencies in the period from January to October 2019.

3. Among the acute events, there were six emergencies classified as Grade 3, of which four were later converted into Protracted Grade 3. That is the highest severity level based on WHO's Emergency Response Framework. It requires substantial and continuous Organization-wide support for the collective response with health partners in the field, to ensure that the emergency health needs of the affected population are addressed in the most efficient, effective and sustained way. Of the four Protracted Grade 3 emergencies, a complex refugee crisis associated with the Rohingya conflict in Bangladesh and Rakhine State, Myanmar, was later downgraded to Protracted Grade 2. The Grade 3 emergencies in Mozambique, the Democratic Republic of the Congo and Yemen are also Inter-Agency Standing Committee system-wide Level 3 emergencies, in which national authorities, United Nations agencies and civil society partners work in close coordination to meet urgent health needs and provide life-saving support to the affected population. For Mozambique, the Inter-Agency Standing Committee

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[1] Resolution EBSS3.R1 (2015) on Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences.

[2] Decision WHA68(10) (2014) 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on the Ebola Emergency.

Level 3 designation was deactivated in May 2019 although WHO continued supporting the event as a Grade 3 declaration until 4 September 2019 when it was lowered to Grade 2. On 17 July 2019 the Ebola virus disease outbreak in the Democratic Republic of the Congo was declared a public health emergency of international concern. At the time of writing, WHO has ongoing responses to four simultaneous Grade 3 emergencies: the Ebola virus disease outbreak in the eastern provinces of the Democratic Republic of the Congo, and the humanitarian crisis in the Kasai region of the same country; in Yemen, and in the Syrian Arab Republic; and three Protracted Grade 3 emergencies in north-east Nigeria, in Somalia and in South Sudan. Given their scale, complexity and the operational difficulties inherent to them, these emergencies require the highest level of Organization-wide support.

Table. Summary of WHO's activation of Grade 3/Protracted Grade 3 emergencies between 1 January and 30 September 2019 (in chronological order)

Country	WHO Region	Grade 3 activation date	Status as of 30 September 2019
Syrian Arab Republic	Eastern Mediterranean	3 January 2013	Ongoing (Grade 3)
South Sudan	African	12 February 2014	Ongoing (Protracted Grade 3 since 1 May 2017)
Yemen	Eastern Mediterranean	1 July 2015	Ongoing (Grade 3/Level 3)
Nigeria (north-east)	African	18 August 2016	Ongoing (Protracted Grade 3 since 10 October 2018)
Somalia	Eastern Mediterranean	9 May 2017	Ongoing (Protracted Grade 3 since 8 August 2019)
Democratic Republic of the Congo	African	29 August 2018 (Kasai) 15 August 2018 Ebola virus disease (Kivu)	Ongoing (Grade 3) Ongoing (Grade 3/Level 3, public health emergency of international concern)
Bangladesh/Myanmar	South-East Asia	9 October 2017	Conversion to Protracted Grade 3 (21 November 2018), later recategorized at Protracted Grade 2 as from 17 April 2019
Mozambique	African	22 March 2019	Ongoing (Level 3 removed and emergency recategorized at Grade 2 as from 4 September 2019)

4. In line with the Emergency Response Framework, all higher-graded emergencies have been managed through the WHO Incident Management System to fulfil its six critical functions (leadership, partnership coordination, information and planning, health operations and technical expertise, operations support and logistics, and finance and administration). This allowed incident management structures to be rapidly established at country, regional and headquarters levels in order to scale up operational and technical support to national health authorities. These structures were supported by funds released within 24 hours from the WHO Contingency Fund for Emergencies, as requested. In the first 9 months of 2019, about US$ 66.5 million was disbursed from the Contingency Fund, to fast-track support for WHO's response in 17 graded emergencies.

5. Although WHO is increasing its own operational capacity, the strengths and expertise of operational partners remain vitally important for delivering essential services to affected populations. For all graded and protracted emergencies WHO developed strategic response and joint operations plans with national health authorities and partners. The Organization supported national governments' efforts to increase the quality and coverage of health services, strengthen primary health, secondary health and hospital care by deploying mobile teams and reinforcing health facilities, to improve surveillance and early warning systems, conduct vaccination campaigns, distribute medicines and supplies and train health workers. As the Inter-Agency Standing Committee Cluster Lead Agency for Health, WHO has led health sector coordination through 29 Health Clusters, targeting the health and humanitarian needs of 65 million people, in partnership with over 700 national and international partners. In collaboration with national authorities, the Inter-Agency Standing Committee, the United Nations Office for the Coordination of Humanitarian Affairs and other global partner networks, WHO is actively strengthening context-specific coordination and multisector collaboration to achieve better health outcomes.

6. Constraints to WHO's emergency responses and its health sector partners at country level in 2019 included: the scale and magnitude of simultaneously occurring crises, accompanied by mass population movements; ongoing insecurity; limited humanitarian access; lack of sufficient funding to ensure sustainable and continuous life-saving health services to crisis-affected and vulnerable populations; limited human resources capacities; looting; attacks on health care workers and facilities; and escalating field costs.

Response and coordination at regional and country levels

7. The majority of WHO higher-graded public health emergencies are occurring in the African Region. In 2019, that region continued to experience prolonged disease outbreaks, population displacements and escalating long-term humanitarian crises. In addition, the countries in southern Africa were heavily impacted by the devastating tropical Cyclone Idai. WHO has scaled up its emergency response activities to address the urgent health needs of the affected populations throughout the region.

8. WHO responded to the protracted crises in the **Democratic Republic of the Congo**, in areas also affected by humanitarian crises arising principally from displaced populations, by ensuring delivery of essential medicines and supplies and by making available a minimum package of essential health services. WHO also continued to provide technical support and coordination for disease surveillance and response, and prevention of communicable diseases. In the reporting period, a cholera vaccination campaign was completed in the Greater Kasai region in response to ongoing outbreaks, reaching over 1.2 million individuals. A first round of cholera vaccination was implemented in north Kivu and in the Goma, Karisimbi and Nyiragongo health zones, reaching close to 800 000 individuals. Over 3.5 million children were vaccinated against measles by WHO and partners in 116 health zones. The Organization declared the measles outbreak a Grade 2 emergency and released US$ 500 000 from the Contingency Fund.

9. In **South Sudan**, WHO responded to the health effects of increased displacements; outbreaks of violence; malnutrition; and increases in communicable diseases; it strengthened contingency planning against emerging communicable diseases. The Organization provided emergency supplies to bridge gaps at primary care level.

10. In **Nigeria**, mobile medical teams were strengthened in order to increase response capacities to acute events; WHO took action in respect of floods and increases in communicable diseases, including measles and cholera, and provided case management training to health care workers dealing with patients suffering from those diseases. The Organization assisted the staff of the cholera treatment

centres by providing logistical support for the treatment of patients, as well as by prepositioning of supplies and commodities.

11. The **Ebola virus disease outbreak in the Kivu region of the Democratic Republic of the Congo** was registered as a Grade 3 emergency in 2018 and was declared a public health emergency of international concern on 17 July 2019. Accordingly, WHO has deployed and maintained more than 700 staff on the ground, to support the Government-led response, together with national and international partners, and is implementing outbreak control interventions in case management, surveillance, infection prevention and control, and conducting research and preparedness activities.

12. WHO continued to engage with the Global Outbreak Alert and Response Network , the Emerging and Dangerous Pathogens Laboratory Network, the Emerging Diseases Clinical Assessment and Response Network, and the emergency medical teams, as well as with regional operational partners and collaboration centres in the African Region, to deploy experts and multidisciplinary teams for the response, and to support intensive preparedness and readiness activities in neighbouring and at-risk countries. Pockets of insecurity in the affected areas, along with localized security incidents, continued to hinder such response activities as safe and dignified burials, vaccination, contact tracing and case reporting.

13. WHO responded to the health impacts of Cyclone Idai (Grade 3) and Cyclone Kenneth in **Mozambique** by supporting the deployment of 20 emergency medical teams providing life-saving care, restoring essential primary and secondary health service access and helping to provide temporary replacements for some of the 55 damaged health facilities. As an example of localization of coordination, WHO supported the Ministry of Health to retain direct coordination and reporting on all activities through the Government’s Emergency Operation Centre. The Organization coordinated over 48 partners within the Health Cluster and deployed experts from WHO headquarters and country and regional offices, and through the Global Outbreak Alert and Response Network, to help set up a disease surveillance system. In response to the increasing number of cholera cases, WHO and partners immediately delivered over 800 000 doses of oral cholera vaccine in a mass vaccination campaign with 98.5% reported coverage, thus preventing a potentially devastating outbreak of the disease.

14. In the reporting period, the **Eastern Mediterranean Region** continued to face an unprecedented scale of humanitarian and health emergencies in many countries. The Region now hosts two Grade 3 emergencies, in the Syrian Arab Republic and Yemen, one Protracted Grade 3 emergency in Somalia, as well as a number of other long-term protracted emergencies. The region continues to host the highest number of populations affected by crises.

15. In the **Syrian Arab Republic**, WHO maintained a swift and scalable response to meet the health needs of the populations affected by conflict, continued to fill critical gaps in primary and secondary health care, ensure provision of essential medicines and medical supplies and strengthen cross-line and cross-border medical supply chains. In the first half of 2019, WHO delivered life-saving medicines and medical equipment to fill gaps in primary health care services in 12 governorates; donated 15 ambulances and 15 mobile clinics to the Ministry of Health; and supported 79 hospitals across the country. The Organization provides monthly supplies of life-saving medicines and medical equipment to around 100 health facilities in the north-west of the country, prepositions sufficient stocks of health emergency kits in Aleppo, Homs and Lattakia, and supports five WHO-funded surgical units in Idleb. WHO continues to support building capacity of health expertise in such necessary fields as mental health and disability, increasing vaccination coverage rates, and expanding partnerships with civil society capacity to scale up referral networks and outreach services. These activities are concentrated especially in underserved areas and areas with massive population displacement such as Aleppo, Al-Hasakeh, Deir-ez-Zor, Homs (from Rukban), Idleb and Raqqa. In addition, WHO continues to lead the health

cluster from all response hubs (cross-line and cross-border) and improve the collection and analysis of real-time health information for evidence-based planning and response.

16. In **Yemen**, in cooperation with the Ministry of Public Health and Population and other health partners, WHO supported the provision of primary and secondary health care services to the affected populations in the north and south of the country. In response to a cholera outbreak, WHO scaled up its operations and supported the establishment of 333 multidisciplinary rapid response teams. At the same time, it conducted oral cholera vaccination campaigns in high-risk districts, vaccinating 2.2 million people. From January to August 2019, WHO and partners provided health assistance to 10.4 million people out of 15.8 million targeted. More than one million children were protected from vaccine-preventable diseases; more than 100 000 children aged under 5 years have been saved from death by severe acute malnutrition; and almost 800 000 pregnant women have received antenatal care.

17. In **Somalia**, in cooperation with the Federal Ministry of Health and other partners, WHO provided primary and essential health care services to the crisis-affected populations in the country. In response to an ongoing cholera outbreak, WHO scaled up its operations, supporting surveillance and oral cholera vaccination campaigns that protected over 600 000 people against cholera. Together, partners provided over 800 000 consultations through integrated health and nutrition mobile units and fixed primary health care facilities to serve a growing population of internally displaced persons and host communities. Reproductive health services were provided to over 230 000 pregnant women receiving antenatal care. Several partners provide specialized referral services, including services for gender-based violence survivors. At the time of writing, 2.9 million children aged under 5 years had been vaccinated against polio.

18. In the **South-East Asia Region**, the Grade 3 emergency in **Bangladesh**, which started in 2017, was downgraded to a Protracted Grade 2 emergency on 17 April 2019. That grade of emergency still requires a sustained WHO operational presence and response. In 2019 the Organization, working together with 119 health sector partners, continued providing emergency health support to the affected population.

19. Over 5.7 million patient consultations were conducted in 250 facilities in 2018; as at 30 September, 2.6 million had been conducted in 2019. Within the current reporting period, WHO established a disease early warning alert and response system covering 95% of the affected population. Five mass immunization campaigns against diphtheria were undertaken by WHO and partners, averting further potential outbreaks. In 2018, WHO provided over 220 metric tons of essential medicines, supplies and equipment, set up a field laboratory in Cox's Bazar and a water testing laboratory ensuring continuous water quality surveillance. An external review of the health services delivery led to further adjustments to the health partners' planning for 2019. A joint WHO operational review in October 2018 resulted, as mentioned above, in the downgrading of the emergency to a protracted emergency, and the establishment of a WHO emergency sub-office at Cox's Bazar.

Health Security Preparedness

20. In 2019, WHO expanded the monitoring and evaluation of International Health Regulations (2005) capacities in all six regions, obtaining the highest number of national responses to the States Parties' self-assessment annual reporting tool since 2010 (191 out of 196 States Parties). A new web-based platform, the e-SPAR, has now been launched, allowing online reporting and making the self-assessment reporting process easier for States Parties.

21. Over 100 Joint External Evaluations have been completed, representing a significant achievement. During the reporting period, 15 after-action reviews and 25 simulation exercises were conducted. The largest ever cross-border field simulation exercise in the Africa region took place along the Kenya–United Republic of Tanzania border, in collaboration with the East African Community. That exercise involved over 250 participants, spread across 23 exercise locations. To improve detection and response at the human–animal health interface, 28 national bridging workshops were held. Collectively, this work has yielded greater understanding of national preparedness levels. Sixty-four countries have used these findings to develop national action plans for health security, which guide how countries address priority actions for building stronger International Health Regulations (2005) capacities, including those across the human–animal interface.

22. The WHO Health Emergencies Programme contributed to the background paper on the status of country preparedness capacities, to support the first annual report of the Global Preparedness Monitoring Board.[1] which was launched at the United Nations General Assembly in New York in September 2019. The WHO Health Emergencies Programme also supported Inter-Parliamentary Union's efforts to advance universal health coverage by 2030 through a resolution that takes into account the close links that health systems have with health security. The WHO Health Emergencies Programme also supported countries in building operational readiness to mitigate the impact of imminent public health threats. This has included developing the capacities to detect imminent importation of Ebola virus disease in the nine countries surrounding the Democratic Republic of the Congo.

Preventing epidemics and pandemics

23. In 2019, WHO continued to develop global strategies with its partners from a wide range of fields to prevent and control high-threat infectious hazards and scale these strategies to regional and country level. The global strategy to eliminate yellow fever epidemics is in its third year of a ten-year plan. Vaccine supply has improved significantly, and it is estimated that 125 million people in Africa have been protected through a combination of routine, preventive and reactive campaigns. These numbers and the engagement of the African Region, the Region of the Americas and the Eastern Mediterranean Region, which are all affected by yellow fever with 40 high-risk countries, are unprecedented. Since the launch of the report of the Global Task Force on Cholera Control: Ending Cholera: A Global Roadmap to 2030,[2] the United Republic of Tanzania, Zambia and Zanzibar have formally launched comprehensive plans for cholera elimination. Bangladesh, Kenya, Mozambique, South Sudan and Zimbabwe are currently developing their national cholera control plans along the lines set out in the Global Roadmap. By mid-2019, 58 million doses of oral cholera vaccines had been shipped to 25 countries. Defeating Meningitis by 2030: A Roadmap[3] was considered favourably by the Strategic and Technical Advisory Group for Infectious Hazards and by the Strategic Advisory Group of Experts. A platform for integrated surveillance has been set up and implementation is starting in the African Region. Validation of a meningitis rapid diagnostic test is under way. As a flagship project under the WHO Global Strategy on

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[1] A World at Risk – Annual report on global preparedness for health emergencies. Geneva: World Health Organization; 2019 (https://reliefweb.int/sites/reliefweb.int/files/resources/GPMB_annualreport_2019.pdf, accessed 28 November 2019).

[2] Global Task Force on Cholera Control. Ending Cholera: a global roadmap to 2030. Geneva: World Health Organization; 2017 (https://www.who.int/cholera/publications/global-roadmap.pdf?ua=1, accessed 27 November 2019).

[3] "Defeating Meningitis by 2030": A Roadmap. Geneva: World Health Organization; 2019 (https://www.who.int/immunization/sage/meetings/2019/april/1_DEFEATING_MENINGITIS_BY_2030_A_ROADMAP_Draft_goals_and_milestones.pdf?ua=1, accessed 27 November 2019).

Digital Health 2020–2024, EpiBrain,[1] an epidemic forecasting tool that harnesses the power of artificial intelligence, has been developed, and a pilot initiated in South Sudan with the engagement of the Ministry of Health, UN agencies and nongovernmental organizations. WHO's Global Influenza Strategy 2019–2030,[2] launched on 11 March 2019, provides a framework for the Organization, States Parties and partners to approach influenza holistically through tailored national programmes – from surveillance to disease prevention and control – with the goal of strengthening seasonal, zoonotic, and pandemic preparedness.

24. Eight new National Influenza Centres have been recognized by WHO: in Bolivia (Plurinational State of), Cyprus, Dominican Republic, Haiti, Kenya, North Macedonia, Turkmenistan and Ukraine, taking the total number of National Influenza Centres to 147 in 124 countries. In 2019, over 3 million specimens were collected by Global System laboratories, informing influenza vaccine strain selection and supporting influenza risk management. Through the implementation of the Pandemic Influenza Preparedness Framework,[3] more than 400 million doses of pandemic vaccine have been secured, which is over four times the amount that was available during the 2009 pandemic. WHO raised US$ 200 million from the Pandemic Influenza Preparedness Partnership Contributions, and those funds have been used to strengthen national preparedness capacities in 72 countries across the globe. Of those, 39 countries are being supported to develop influenza pandemic preparedness plans linked with their national action plans for health security.

25. The first WHO simulation exercise to use game-based methodology has been developed to enable countries to establish national deployment and vaccination plans for pandemic influenza vaccines. In 2019, this simulation was rolled out in the Region of the Americas, the European Region and the Western Pacific Region and has already benefited 23 countries. The very first antiviral agent for smallpox, Tecovirimat, was approved by the United States Food and Drug Administration in July 2018 and, in September 2019, vaccinia vaccine was approved by the Food and Drug Administration for adults at risk of smallpox or monkeypox infection, marking a change in landscape for the pharmaceutical treatment of orthopoxviruses. While vaccinia vaccine has already been approved within the European Union and in Canada for smallpox, the United States' approval of the vaccine for monkeypox is a world first. WHO's Advisory Committee on Variola Virus Research[4] is closely monitoring both new agents.

Detecting, assessing and communicating on potential health emergencies

26. The WHO Health Emergency Programme manages a global event-based surveillance system that detects all public health events and potential health emergencies across the world, 24 hours a day, seven days a week. Once an event is verified, the WHO Health Emergency Programme assesses and communicates the level of risk and sounds the alarm to help protect populations from the consequences of outbreaks, disasters, conflict and other hazards.

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[1] For further information on EpiBrain, see: https://www.epi-brain.com/ (accessed 27 November 2019).

[2] Global Influenza Strategy 2019–2030. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/bitstream/handle/10665/311184/9789241515320-eng.pdf, accessed 28 November 2019).

[3] Pandemic influenza preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits. Geneva: World Health Organization; 2011 (https://www.who.int/influenza/resources/pip_framework/en/, accessed 28 November 2019).

[4] For more information, see: https://www.who.int/csr/disease/smallpox/variola-virus-research/en/ (accessed 28 November 2019).

27. In 2019, 440 events occurring in 138 countries and territories were investigated, risks were assessed and followed up. Of these, 73% were infectious events, 14% were natural disasters, 10% were events related to chemical, radiological or nuclear products or food safety events, and the remaining 3% were other or undetermined. A formalized rapid risk assessment was conducted for 58 of these events occurring in 33 countries; the top five events being Ebola virus disease, measles, vaccine-associated acute paralytic poliomyelitis, cholera and dengue fever. The risk at national level was assessed as very high or high for 90% of the 58 events.

28. It is critical to strengthen early detection of all hazards that have the potential to become acute public health events. The Epidemic Intelligence from Open Sources (EIOS) initiative[1] is a unique collaboration between WHO and various stakeholders. It brings together new and existing initiatives, networks and systems to create a unified all-hazards, One Health approach to early detection, verification and assessment of public health risks and threats, using open source information. It will initially be deployed in 10 countries, and the WHO Health Emergencies Programme is working in close collaboration with several Member States, including Nigeria and Singapore, in anticipation of roll-out. The system was used in Japan during the 2019 Rugby World Cup, and it is anticipated that it will also be used at the 2020 Olympics, also to be held in Japan. The Republic of Korea hosted the second EIOS Global Technical Meeting from 12 to 14 November 2019.

29. Surveillance, epidemiology and health information management support was provided through field deployment in Bangladesh, Chad, Democratic Republic of the Congo, Guyana, Mozambique and Pakistan, and through remote support as well to all other graded emergencies. In support to the incident management system for the Ebola virus disease outbreak in the Democratic Republic of the Congo, an epidemiological cell provided guidance on surveillance activities, regular situation updates and briefings, and advanced epidemiological analysis to guide response activities.

30. The Health Resources Availability Monitoring System,[2] which is critical in assessing and monitoring access to health care was deployed in eight new countries and reinforced in six others. The Early Warning, Alert and Response System,[3] including the deployment of the System's field data collection tool, was enhanced or implemented during emergencies in four countries.

31. An analysis of the public health situation, one of the key products in the Public Health Information Services,[4] was prepared for 16 countries. The analysis provides comprehensive background and contextual information, response capacity, hazards and risk during major emergencies, which can be used by ministries of health and partners to set up priority interventions and coordinate responses. The Public Health Information Services set out the information management services and products needed to inform response to major crisis in three areas: health status and threats faced by the affected population; availability of health resources and services; and health system performance.

32. In order to better support Member States in fulfilling their obligations under the International Health Regulations (2005) regarding early detection of events potentially of public health concern, a

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[1] For more information, see: https://www.who.int/csr/alertresponse/epidemicintelligence/en/ (accessed 28 November 2019).

[2] WHO's Health Resources Availability Monitoring System (HeRAMS) (https://www.who.int/hac/herams/en/, accessed 28 November 2019).

[3] WHOs Early Warning, Alert and Response System (EWARS) (https://www.who.int/emergencies/kits/ewars/en/, accessed 28 November 2019).

[4] Standards for Public Health Information Services (PHIS). Geneva: World Health Organization; 2017 (https://www.who.int/health-cluster/resources/publications/Final-PHIS-Standards.pdf?ua=1, accessed 4 December 2019).

global WHO surveillance and early warning strategy was developed to guide investment and priority activities.

33. The WHO Health Emergencies Programme has developed a method of mapping emergencies and, using geospatial analytics, presenting the details in the form of maps or infographics. These can then be used by the affected countries, to allow them to take more informed public health decisions. During the reporting period, nearly 1000 geographic information products were produced, giving details of acute emergencies. To give one example, to prevent the spread of Ebola virus disease from the Democratic Republic of the Congo into neighbouring countries, in 2019 WHO undertook risk-mapping exercises to identify the alternative routes taken by people by-passing designated points of entry. The alternative crossing-points, thus identified, were subsequently monitored and a series of activities was implemented. These activities included: screening travellers for signs and symptoms of Ebola virus disease; mapping their history of exposure; identifying contacts lost to follow-up; and informing travellers of the risks involved. Geospatial analytics were also used to support the response to the health impacts of Cyclone Idai in Zimbabwe.

34. WHO's Disease Outbreak News publications,[1] are designed to inform the public, public health practitioners, the media, and others of new outbreaks and new information related to specific outbreaks. They contain an epidemiological summary, the public health actions taken in response to the event, a WHO risk assessment, and WHO advice. Since the start of the Ebola virus disease outbreak in the Democratic Republic of the Congo, the WHO Health Emergencies Programme has produced regular Disease Outbreak News publications, working together with the Regional and Country Office.

ACTION BY THE EXECUTIVE BOARD

35. The Executive Board is invited to note this report, and to provide further guidance.

[1] WHO's Disease Outbreak News (DONs) publications (https://www.who.int/csr/don/en/, accessed 28 November 2019).

ANNEX

LIST OF ACTIVE GRADED EMERGENCIES IN THE REPORTING PERIOD (1 January–30 September 2019)

Countries, territories or areas	WHO region	Date of initial grading	Type of crisis	Initial grade	Date of last grading	Latest grade
Democratic Republic of the Congo – Kasai	Africa	29 August 2018	Acute humanitarian crisis	Grade 3	19 April 2018	Grade 3 extension
Democratic Republic of the Congo – Kivu	Africa	15 August 2018	Ebola virus disease outbreak Public Health Emergency of International Concern	Grade 3/ Level 3		
Nigeria (NE)	Africa	18 August 2016	Complex emergency	Grade 3	10 October 2018	Protracted Grade 3 extension
Somalia	Eastern Mediterranean	9 May 2017	Complex emergency/drought/ cholera	Grade 3	8 August 2019	Protracted Grade 3
South Sudan	Africa	12 February 2014	Conflict/civil strife	Grade 3	1 May 2017	Protracted Grade 3
Syrian Arab Republic	Eastern Mediterranean	3 January 2013	Conflict/civil strife	Grade 3	21 July 2019	Grade 3 extension
Yemen	Eastern Mediterranean	1 July 2015	Complex emergency	Grade 3	23 July 2019	Grade 3/ Level 3 extension
Mozambique	Africa	22 March 2019	Floods and Cyclone Idai	Grade 3/ Level 3	4 September 2019	Grade 2
Afghanistan	Eastern Mediterranean	28 October 2015	Displacement	Grade 1	17 July 2019	Grade 2 Extension
Angola	Africa	17 May 2019	Poliomyelitis outbreak	Grade 2		
Bangladesh/ Myanmar	South-East Asia	9 October 2017	Rakhine conflict	Grade 2	17 April 2019	Protracted Grade 2
Burkina Faso	Africa	27 June 2019	Humanitarian crisis	Grade 2		
Burundi	Africa	2 August 2019	Malaria outbreak	Grade 2		
Cameroon	Africa	1 April 2015	Conflict/civil strife	Grade 2	1 May 2017	Protracted Grade 2
Cameroon	Africa	9 November 2018	Humanitarian crisis in north-west and south-west regions	Grade 2		
Central African Republic	Africa	3 June 2015	Humanitarian crisis	Grade 2	1 May 2017	Protracted Grade 2

Countries, territories or areas	WHO region	Date of initial grading	Type of crisis	Initial grade	Date of last grading	Latest grade
Countries of the WHO European Region	Europe	7 May 2019	Measles outbreak	Grade 2		
Democratic Republic of the Congo	Africa	12 July 2018	Poliomyelitis outbreak	Grade 2		
Ethiopia (Gedeo and west Guji)	Africa	23 August 2018	Humanitarian crisis/ internal displacement	Grade 2		
Global	All Regions	1 June 2014	Middle East respiratory syndrome Coronavirus outbreak	Grade 2		
Horn of Africa	Africa/Eastern Mediterranean	2 August 2018	Poliomyelitis outbreak Public Health Emergency of International Concern	Grade 2		
Iran	Eastern Mediterranean	26 March 2019	Floods	Grade 1	9 April 2019	Grade 2
Iraq	Eastern Mediterranean	12 August 2014	Conflict/civil strife	Grade 3	4 February 2019	Protracted Grade 2
Libya	Eastern Mediterranean	3 March 2016	Armed conflict escalation	Grade 2	16 July 2019	Grade 2 extension
Madagascar	Africa	25 December 2018	Measles outbreak	Grade 2	21 May 2019	Removed
Malawi	Africa	19 March 2019	Floods and Cyclone Idai	Grade 2		
Mozambique	Africa	11 January 2019	Poliomyelitis outbreak	Grade 2		
Myanmar	South-East Asia	12 June 2017	Conflict/civil strife	Grade 2	10 January 2019	Protracted Grade 2 extension
Niger	Africa	1 April 2015	conflict/civil strife	Grade 2	1 May 2017	Protracted Grade 2
Niger (Maradi)	Africa	12 September 2018	Cholera outbreak	Grade 2		
Pakistan (Sindh)	Eastern Mediterranean	25 May 2019	HIV/AIDS	Grade 2		
occupied Palestinian territory, including east Jerusalem	Eastern Mediterranean	16 February 2018	Complex emergency	Grade 2	19 July 2019	Protracted Grade 2
Sao Tome and Principe	Africa	14 February 2017	Necrotizing cellulitis	Grade 2	3 May 2018	Protracted Grade 2
Sudan	Eastern Mediterranean	24 April 2017	Complex emergency	Grade 2	1 October 2018	Grade 2
Uganda	Africa	13 June 2019	Ebola virus disease outbreak	Grade 2		
Ukraine	Europe	20 February 2014	Conflict	Grade 2	9 April 2018	Protracted Grade 2

Countries, territories or areas	WHO region	Date of initial grading	Type of crisis	Initial grade	Date of last grading	Latest grade
Zimbabwe (Harare)	Africa	12 September 2018	Cholera outbreak	Grade 2		
Zimbabwe	Africa	19 March 2019	Floods and Cyclone Idai	Grade 2		
Angola	Africa	11 January 2018	Cholera outbreak	Grade 1		
Chad	Africa	6 January 2017	Hepatitis E outbreak	Grade 1		
Djibouti	Eastern Mediterranean	5 March 2019	Malaria outbreak	Grade 1	22 August 2019	Grade 1 extension
Ethiopia	Africa	11 August 2017	Acute Watery Diarrhoea/ Humanitarian crisis	Grade 3	12 June 2018	Protracted Grade 1
Indonesia	South-East Asia	3 October 2018	Earthquake	Grade 1	23 July 2019	Removed
Kenya	Africa	28 June 2017	Cholera outbreak	Grade 1		
Kenya	Africa	22 June 2018	Rift Valley fever outbreak	Grade 1		
Mali	Africa	16 October 2015	Complex emergency	Grade 1	1 May 2017	Protracted Grade 1
Myanmar	South-East Asia	8 August 2019	Vaccine-derived poliovirus	Grade 1		
Namibia	Africa	1 August 2018	Hepatitis E virus outbreak	Grade 1		
Nigeria	Africa	2 July 2018	Cholera outbreak	Grade 1	11 October 2019	Removed
Pakistan	Eastern Mediterranean	12 February 2019	Drought	Grade 1	18 July 2019	Grade 1 extension
United Republic of Tanzania	Africa	15 December 2015	Cholera outbreak	Grade 2	1 May 2018	Protracted Grade 1

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