

HEALTH EMERGENCY PREPAREDNESS

*KEEPING THE WORLD HEALTHIER,
MORE SECURE, AND BETTER PREPARED.*



2025



World Health
Organization

Foreword



Preparing Today for the World We Want Tomorrow.

In 2025, countries across all regions confronted a complex and evolving risk landscape, marked by overlapping outbreaks, protracted humanitarian crises, climate-amplified hazards, rapid urbanization, and intensified global mobility. Against these challenges, WHO and its partners made tangible progress in strengthening health emergency preparedness. The year demonstrated a clear shift: from reactive crisis management to proactive preparedness, and from isolated technical efforts to more integrated, system-level action.

A defining lesson from the past, which was highlighted in 2025, is that preparedness begins and ends with communities. Through sustained investment in community protection and resilience, WHO supported countries to strengthen risk communication and community engagement, community-based detection and response, and the readiness of frontline health and social workers. At the same time, global learning platforms and practitioner networks expanded, helping evidence move more quickly from guidance to practice and enabling countries to adapt faster and more equitably as risks evolved.

Preparedness also advanced at critical interfaces where health meets mobility and public life. Work at borders and Points of Entry brought together health authorities with aviation, maritime, and labour partners to protect international travel and trade while enhancing early detection and response. Guidance and tools for mass gatherings evolved to address intensifying climate and environmental risks, supporting safer planning and proportionate public health measures. Growing attention to urban settings helped countries strengthen preparedness in cities, where population density, infrastructure, and inequities can amplify the impact of health emergencies.

Equally, 2025 reaffirmed that preparedness must be gender-responsive to be effective. Across the year, WHO and partners advanced gender integration as a practical requirement for emergency readiness: from addressing pushbacks to gender mainstreaming and strengthening the use of sex-, age-, gender- and disability-disaggregated data, to tackling emerging risks such as technology-facilitated violence that undermine staff safety, access to services, and public trust. Through strategic dialogue, technical exchanges, and targeted learning, countries and teams refined concrete tools and approaches, including rapid gender analysis and survivor-centered, rights-based responses, to inform more proportionate measures and equitable outcomes.

These operational gains were reinforced by stronger science, measurement, and learning. In 2025, countries increasingly used risk analytics, scenario modelling, simulation exercises, and after-action reviews to test systems under realistic conditions, identify gaps, and translate lessons into practical improvements. This shift toward demonstrated performance strengthened confidence that plans and capacities can function as intended when faced with real-world stress.

Political leadership and multisectoral collaboration remained essential enablers of progress. WHO worked with governments across sectors, as well as with city leaders, civil society, and the private sector, to translate national preparedness ambitions into operational capabilities. One Health collaboration continued to strengthen links between human, animal, and environmental health systems, reflecting the interconnected nature of today's health risks. At the same time, high-level engagement through the Universal Health and Preparedness Review helped maintain preparedness on political agendas and promote peer learning and shared accountability.

Critically, 2025 saw continued progress in mobilizing resources to strengthen preparedness capacity. Through the Pandemic Fund, where WHO serves as an Implementing Entity, countries strengthened surveillance, laboratory systems, and the health and community workforce. Risk-informed allocation, harmonized monitoring, and delivery support helped ensure that investments translated into measurable preparedness gains aligned with International Health Regulations requirements, particularly in high-risk and high-need settings.

These achievements demonstrate that preparedness is not a single activity, but a continuous process, built with communities, informed by evidence, inclusive and gender-responsive by design, and strengthened through partnerships and sustainable investment. In 2025, this approach translated global commitments into practical capabilities, strengthened system performance across diverse settings, and reinforced confidence that preparedness can be embedded into everyday governance and operational decision-making to protect lives and livelihoods.

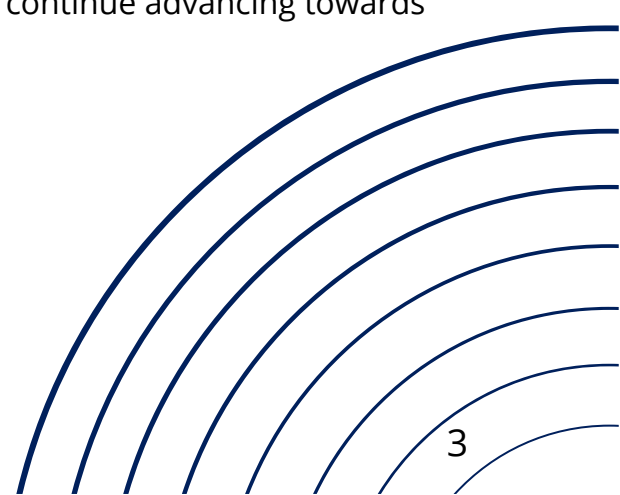
Together with our regional and country offices, we will continue advancing towards better preparedness.

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Building Preparedness Where Outbreaks Begin: Communities Protection and Resilience

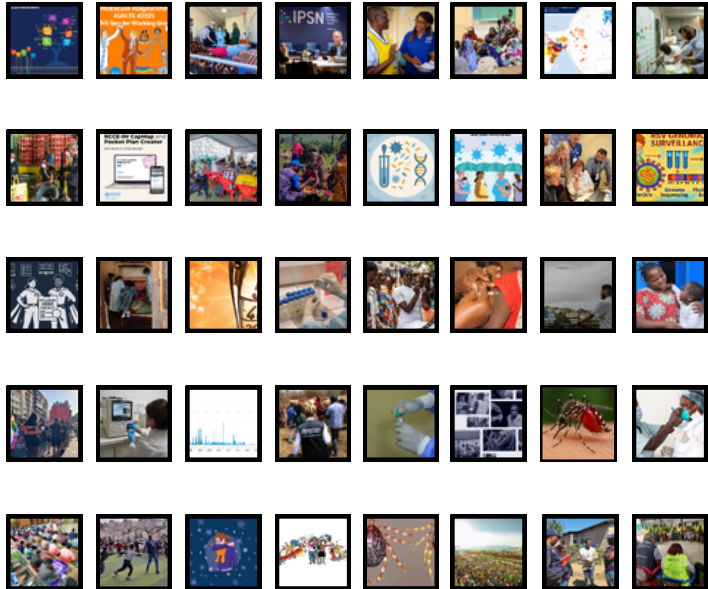
In a year marked by ongoing outbreaks, complex emergencies, and evolving risks, one message stood out clearly: epidemics begin and end with communities. Messages from the WHO Director-General and the UN Secretary-General on the International Day of Epidemic Preparedness reinforced the central role of resilient public health systems and community-centred action in preventing and responding to health emergencies.

Throughout 2025, WHO translated this commitment into practice, strengthening preparedness and response across outbreaks including mpox, Ebola, cholera, and Rift Valley fever. Achievements included large-scale trainings and workshops, new and interim guidance, expanded communities of practice and learning platforms, and tangible country-level impact.



A major milestone was the operationalization of community protection during the mpox public health emergency, integrating risk communication and community engagement (RCCE), community-based detection and response, and targeted measures for infection prevention and control and vulnerable groups. The focus was on providing countries with practical, adaptable approaches rather than introducing new standalone requirements. More than 56 RCCE tools were made available globally, along with consolidated guidance on community protection developed with over 170 contributors from Member States, partners, academia, and civil society. In collaboration with the International Federation of Red Cross and Red Crescent Societies, WHO also issued its first guidance on strengthening community detection and response during an mpox outbreak.

To reinforce frontline capability, WHO launched its first integrated training package for community health workers in Pakadjuma, DRC, which has subsequently scaled across several provinces. A framework to support the sustainability of community protection for mpox prevention and control set out pathways to transition from emergency response to sustained programmatic action, emphasizing partnerships with civil society. This community protection model was also applied during responses to earthquakes in Myanmar and the 16th Ebola outbreak in DRC.



These efforts were supported by a growing ecosystem of learning and practice, including EPI-WIN, the HIVE Community of Practice, the Collective Service, a knowledge and science translation network, and a global network of civil society organizations. The OpenWHO.org learning hub further expanded access to emergency learning, reporting over 280,000 plays across 116 health topics in 25 languages in 2025 alone.

Together, these initiatives reinforce a core preparedness lesson: epidemics are detected earlier, controlled faster, and managed more equitably when communities are informed, engaged, and enabled to act.

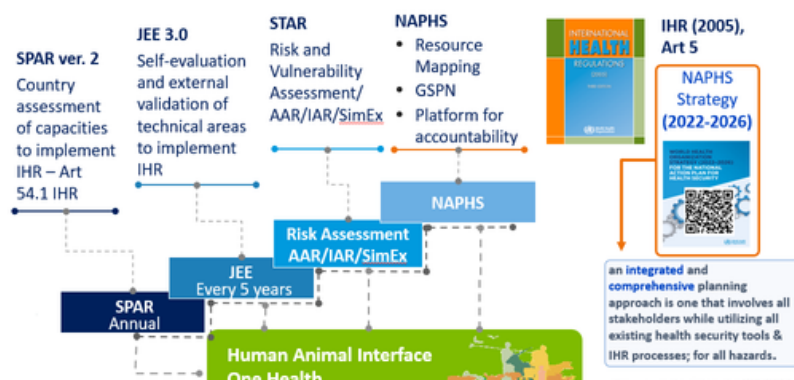
Translating Risk into Readiness: Country Assessment and Planning for Health Security

In 2025, WHO advanced its work to operationalize preparedness under the International Health Regulations (IHR) by supporting countries to translate technical assessments into nationally owned strategies, coordinated investments, and measurable readiness gains. The contribution lay not only in individual tools but in integrating them into a continuous preparedness cycle that connects risk identification with practical implementation.

This cycle begins with understanding what places countries at risk. Through the Strategic Tool for Assessing Risks (STAR), countries conducted all hazards assessments that provided an evidence base for national prioritization. These risk profiles informed deeper analyses of system capacity and performance using complementary tools such as the States Parties Self-Assessment Annual Reporting (SPAR) and Joint External Evaluations (JEE). In 2025, 195 States Parties submitted SPAR reports, reflecting strong State Parties commitment to transparency and accountability. WHO supported 20 JEEs to provide independent, peer reviewed insights into preparedness strengths and gaps.

Multisectoral collaboration was strengthened early in the planning process through National Bridging Workshops (NBW), which bring together human health, animal health, and environmental sectors to operationalize the One Health approach. Ten NBWs were conducted in 2025, bringing the global total to 67 and marking a clear shift toward integrated governance for managing health threats at the human–animal–environment interface. These dialogues were complemented by joint risk assessment workshops and targeted capacity building initiatives to strengthen the One Health workforce, ensuring that coordination is matched by the skills required for effective action.

The findings from assessments and workshops converged in the national planning and prioritization phase of the preparedness cycle. In 2025, WHO supported 22 countries to develop or update their National Action Plans for Health Security (NAPHS)—multi year, costed roadmaps that translate IHR obligations into prioritized national action aligned with broader development objectives. The NAPHS increasingly served as the backbone of preparedness, providing a shared framework for governments and partners to align efforts, sequence investments, and monitor progress over time.



Recognizing that plans are only effective when backed by resources, WHO also played a catalytic role in aligning investments with national priorities. Through Resource Mapping (REMAP) exercises conducted in seven countries, governments gained visibility into health security financing, helping them identify duplication, uncover funding shortfalls, and navigate a rapidly evolving global funding landscape. This enhanced transparency enabled countries to position NAPHS priorities more strategically for domestic financing and external support.

The ultimate test of preparedness is readiness in practice. In 2025, WHO supported countries to convert plans into action through the development of standard operating procedures, preparedness checklists, and anticipatory frameworks. Support to 38 countries strengthened Mpox preparedness, while the launch of the Anticipatory Action Community of Practice promoted proactive, pre agreed actions ahead of escalating risk. Together, these efforts helped shorten the distance between identifying a preparedness gap and implementing a solution.

Beyond operational delivery, WHO strengthened the global evidence base for multisectoral preparedness. Peer reviewed analyses of National Bridging Workshop roadmaps across 51 countries, alongside the development of the One Health workforce tool, generated practical insights into how countries can more effectively move from assessment to sustained capacity.

By the end of 2025, WHO had firmly positioned NAPHS as the central organizing mechanism through which countries transform assessment into readiness—linking risk, governance, financing, and action within a single, coherent preparedness pathway.

Resilient Borders, Connected Systems: Border Health and Points of Entry



As international travel and trade continue to accelerate, effective public health management at borders and Points of Entry remains a cornerstone of global health security. In 2025, WHO supported countries across all six regions to strengthen IHR (2005) capacities at airports, seaports, and ground crossings.

WHO provided normative, policy, and operational support during outbreaks including Sudan virus disease in Uganda, Marburg virus disease in Tanzania and Ethiopia, and Ebola virus disease in the Democratic Republic of Congo. A major focus was the development of practical training resources to strengthen frontline readiness at Points of Entry and adjacent border communities.

Partnerships with the International Civil Aviation Organization and the International Air Transport Association were deepened through the operationalization of formal Memorandum of Understanding and joint work plans, enhancing health emergency management across aviation. Coordination with the International Maritime Organization was reinforced to support alignment of maritime legal frameworks with requirements of the amended IHR, including support for implementation of the Maritime Single Window. Work with the International Organization for Migration advanced cross border public health operations at land borders and border communities. WHO continued to promote cross sectoral coordination to protect transport workers and maintain the continuity of global supply chains during health emergencies, through collaboration with the International Labour Organization and other relevant UN organizations, industry partners.



Through evidence reviews and new guidance on vector surveillance and control at Points of Entry and on conveyances, WHO helped countries apply risk based measures that protect public health while minimizing disruption to travel and trade.

Safer Gatherings, Stronger Communities: Mass Gatherings

Mass gatherings are high visibility moments that can amplify the risk of disease transmission, but they also offer a valuable opportunity to stress test health system and emergency response capacities. Effective public health actions therefore require strong preparedness before events, situational awareness during them, and structured evaluation afterward. In 2025, WHO advanced global guidance to help countries manage the increasingly complex health risks associated with large scale events, including climate related hazards.

A key initiative was the launch of “Beat the Heat” initiative in collaboration with the FIFA World Cup 2022 Legacy Fund. This initiative aims to protect workers, spectators from extreme heat, UV radiation and air pollution, in the context of sports events and mass gatherings. A major milestone was the publication of Heat, Air Pollution and Solar Ultraviolet Radiation: Mass Gathering Specific Considerations and Research Gaps. This guidance supports organizers and authorities in protecting participants from environmental hazards that are becoming central to mass gathering health strategies.



WHO also progressed next generation operational guidance, completing a draft of Medical Care Planning for Mass Gatherings and initiating the update of Public Health Considerations for Mass Gatherings. Three practical tools were released: an event based surveillance guide, a readiness and response toolkit for RCCE, and a practical guide for simulation exercises and After Action Reviews. Together, these tools support the full lifecycle of event preparedness, response, and learning.

A four part global webinar series strengthened the learning community by sharing evidence and country experiences across sporting, religious, political, and cultural gatherings, including events held under extreme heat conditions.

WHO Global Mass Gathering Intelligence Platform

Calendar of Mass Gatherings

To view country-specific information, please click on a dot for the country on the map. This will filter the data in the 'Calendar of mass gatherings' and 'Disease Outbreak News (DON)' tables.

Country	MG Event	Start date	End date
Papua New Guinea	2026 PNG Unity Games		
Italy	Jubilee	12/24/2024	12/14/2025

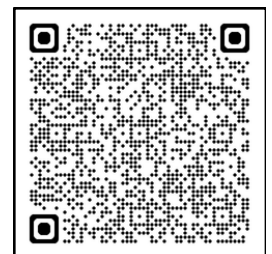
Disease Outbreak News (IDON)

Country ISO3	Public health events	Date of Publication
	Middle East Respiratory Syndrome Coronavirus	12/24/2025
	Seasonal influenza	12/10/2025
	Avian Influenza A(H5N5)	12/5/2025
	Broader transmission of	12/5/2025

Disease(s) under Public Health Emergency of International Concern (PHEIC)*

*Public health emergency of international concern (PHEIC) is defined in the International Health Regulations (2005) (IHR) as, "an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response". For more information, please see [international health regulations \(iahr\)](https://www.who.int/international-health-regulations/iahr).

Disease	Date of PHEIC declaration	Epidemiological distribution
Polio	05/05/2014	https://polioeradication.org
Upsurge of mpox 2024	14/08/2024	https://worldhealthorg.shin



WHO Global Mass Gathering Intelligence Platform

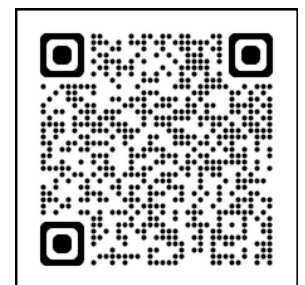
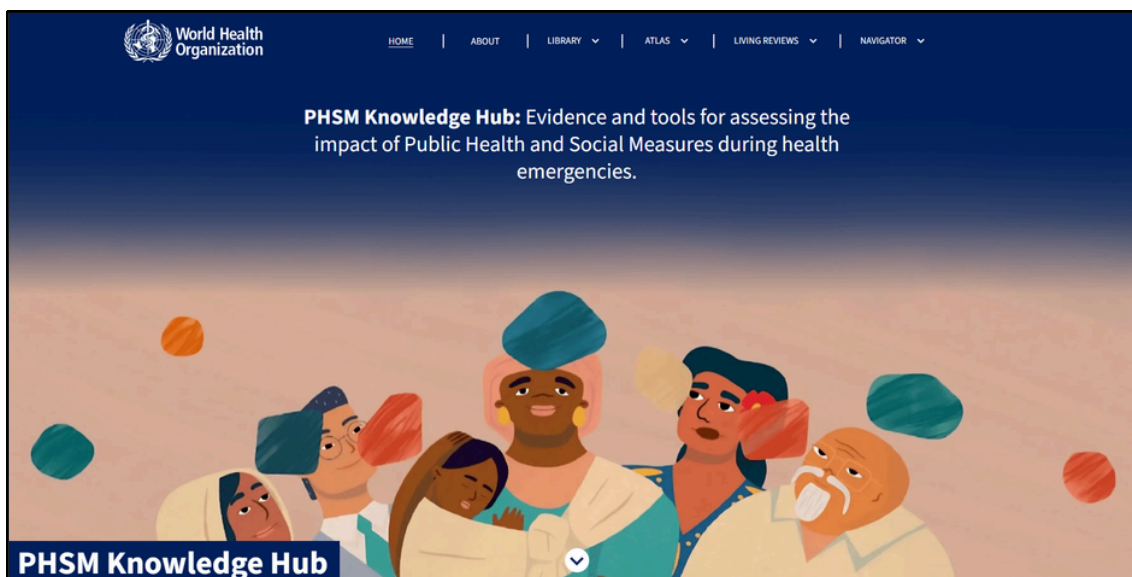
Protecting Lives, Preserving Livelihoods: Public Health and Social Measures

Public health and social measures (PHSM) are essential tools throughout the phases of health emergencies, particularly when vaccines or therapeutics are not yet available and equitably distributed. In 2025, WHO established norms and standards to build the evidence base and strengthen risk-based, evidence informed and equitable decision-making.

A landmark achievement was the adoption of the PHSM resolution at the 78th World Health Assembly, calling on Member States to strengthen interdisciplinary research on effectiveness, unintended consequences, and adherence. To support access to and use of evidence, WHO launched the PHSM Knowledge Hub, an AI-powered digital platform that enables the identification, synthesis and tracking of more than 500,000 existing articles, as well as emerging research and resources across more than 25 priority pathogens with epidemic and pandemic potential. The use of AI accelerates evidence synthesis and production of policy-relevant information and, in turn, increases agility in preparedness and response.



WHO also published the Global Research Agenda on Public Health and Social Measures 2021–2030 and a decision framework for effective, equitable and context-specific PHSM during public health emergencies: the PHSM Decision Navigator. The Navigator provides a clear, systematic framework for selecting and adjusting measures while considering a complex array of factors, including the epidemiological situation, health system capacity, availability of medical countermeasures, political and legal feasibility, equity and public acceptance of PHSM. This threat-agnostic framework will be complemented by disease-, population- and setting-specific operational guidance, leveraging the WHO- and UN-wide collaboration.



HSM Knowledge Hub:
Evidence and tools for
assessing the impact of Public
Health and Social Measures
during health emergencies.

Providing Evidence for Action: Risk Analytics

In 2025, WHO strengthened its role as a technical leader in health emergency preparedness by delivering integrated analytics, operational learning, and evidence-based tools to advance preparedness across global, regional, and national levels. Through its combined expertise in risk metrics, research, benchmarks, action reviews, simulation exercises, and innovation, WHO supported implementation of the IHR (2005) and evidence-based monitoring of progress under WHO's General Programme of Work (GPW).

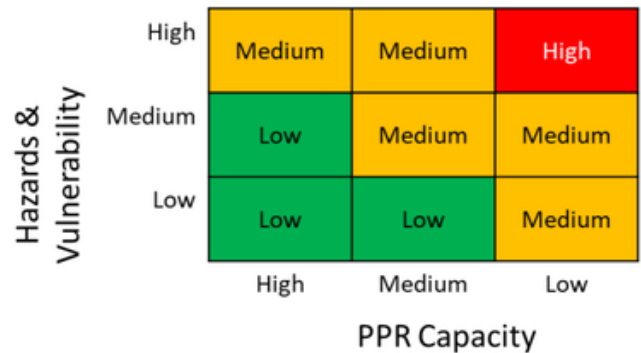
A major achievement was the continued development and institutionalization of global preparedness metrics and GPW-aligned indicators. The Dynamic Preparedness Metric (DPM) provided regularly updated, comparable assessments of health emergency risk and preparedness across 196 countries, supported by quarterly updates and regional analyses that informed planning, prioritization, and resource allocation. The Pandemic Fund's Risk-Need Metric (RNM), developed by WHO at the request of the PF Board and with support from other Implementing Entities and partners, played a critical role in guiding funding allocations, reinforcing its role as a transparent and objective tool for targeting pandemic preparedness investments. Together, these metrics informed GPW13 monitoring, supported GPW14 indicator development, and contributed to measurement of progress toward the "1 billion more people protected from health emergencies" target.

WHO made good progress in developing, validating, and analyzing preparedness indicators underpinning GPW13 and GPW14. Outcome and impact analyses examined how strengthened preparedness capacities translate into reduced risk, improved response performance, and population-level protection. Analytical work linked indicators from the IHR Monitoring and Evaluation Framework and preparedness metrics to GPW reporting, strengthening coherence, credibility, and evidence-based interpretation of results across WHO and partner reporting mechanisms.

In parallel, WHO strengthened the global evidence base and national preparedness through an integrated research, analytics, and implementation portfolio. Key achievements included progress on the Cholera 7-1-7 Project in African countries, and assessment of the feasibility of retrospective Early Action Review/7-1-7 analyses in 17 African countries, generating evidence from recent outbreaks to inform forthcoming policy guidance. Additional achievements included support to finalization of the Framework for Health, Social and Economic Vulnerabilities and Risks (FEVR) for G20 engagement, and analytical contributions to global discussions on pandemic preparedness financing. Operational and implementation research advanced the identification of priority research gaps aligned with WHO benchmarks and GPW outcomes. At country level, the WHO Benchmarks for Strengthening Health Emergency Capacities were embedded in the Pandemic Fund monitoring and evaluation framework and used by more than 40 countries for planning, costing, and proposal development, supported by updated reference libraries, expanded training initiatives, and AI-enabled review tools.

Simulation exercises and action reviews remained a flagship area of work and a core mechanism for translating preparedness planning into tested operational readiness. In 2025, WHO delivered several high-profile simulation exercises, including the ConvEx-3 global nuclear emergency exercise, pandemic vaccine manufacturing simulations, and a G20 pandemic preparedness financing exercise. These exercises tested coordination, decision-making, financing, and surge capacities under realistic conditions, generating evidence on system functionality beyond capacity presence.

In parallel, WHO strengthened the integration and application of its three Action Review modalities—early action reviews, intra-action reviews, and after-action reviews—into a unified learning and improvement cycle. Action reviews, including support to the Marburg Virus Disease outbreak in Rwanda, generated actionable lessons, corrective and preventive actions, and best practices for institutionalization. The development of integrated guidance and tools undergoing can enable consistent application of action reviews across emergencies, systematic tracking of follow-up actions, and direct feedback into preparedness planning and GPW performance monitoring.



Advancing Gender Equality in Health Emergencies: From Commitment to Action

In 2025, WHO strengthened the integration of gender equality across health emergency preparedness and response, treating gender responsiveness as a practical requirement for effective systems, at a time of global pushbacks on gender rights and tightening resources. Grounded in established legal and normative commitments, efforts focused on embedding gender into the policies, data, and tools that shape emergency decisions, demonstrating that gender-responsive approaches improve accuracy, trust, and outcomes.

A key milestone was the webinar “Strategies for Pushing Forward in the Face of Pushbacks to Gender Mainstreaming in Health Emergencies,” convened in March 2025 as part of the International Women’s Day commemoration under the theme “For ALL Women and Girls: Rights. Equality. Empowerment.” Organized by the WHE Gender Working Group, the webinar addressed rising resistance to gender equality in emergencies, including increased gender-based violence, erosion of sexual and reproductive health and rights, and declining funding. Discussions reinforced a core operational reality: while hazards may be neutral, emergency impacts are shaped by gendered social and economic conditions.

This focus was reinforced during the WHE Gender Working Group meeting in May 2025, which reviewed progress and set priorities for the next phase of gender mainstreaming. Discussions highlighted how funding constraints and persistent gaps in sex-, age-, gender- and disability-disaggregated data limit equitable decision-making. The emphasis shifted toward closing these gaps through stronger data use and clearer accountability within preparedness and response processes.

Progress was made by strengthening the role of gender in preparedness monitoring and assessments, elevating it from a cross-cutting consideration to a measurable element of system performance. This reinforced the principle that evidence, particularly disaggregated data, is essential for identifying risk, targeting action, and tracking results.

Gender considerations were also advanced in response to emerging risks. In December 2025, WHO convened the EPI-WIN webinar “UNiTE to End Digital Violence,” highlighting how technology-facilitated violence undermines staff safety, access to services, risk communication, and trust during emergencies, with disproportionate impacts on women and girls. This engagement underscored the need to integrate gender into digital health, communications, and workforce protection strategies.

The poster is for a WHO Health Emergencies EPI-WIN Webinar. The title is "UNiTE to end digital violence: why digital safety is a gender and public health imperative in emergencies". It is scheduled for Monday, 1 December 2025, from 13:00 to 14:30 CET. A QR code is provided for registration. The speakers listed are: Dr Stella Chungong (Director, Health Emergency Preparedness & Chair, WHE Gender Working Group, WHO); Dr Eugene Kongnyuy (Deputy Director of Humanitarian Response Division, United Nations Population Fund); Ms Reem Alsalem (UN Special Rapporteur for Violence Against Women, its causes and consequences); Dr Kai Von Harbou (Unit Head, Community Protection & Resilience, WHO); Ms Vera Nkwate Ngassa (Technical Officer, Gender/Coordinator WHE Gender Working Group); and Ms Millie Phiri (Independent journalist and author on digital violence). The poster also features logos for WHO, UN Women, and the WHE Gender Working Group, along with a graphic of diverse people and the hashtags #NoExcuse, #DigitalVAW, #UNiTE #2025, and WHE Gender Working Group.

Together, these efforts reflect a shift toward embedding gender responsiveness as core infrastructure for health emergency systems, supported by data, reinforced through tools and guidance, and sustained through accountability and capacity-building. Gender equality is increasingly treated not as an add-on, but as a prerequisite for effective, equitable, and resilient preparedness and response.

Stronger Together: Multisectoral Engagement for Health Security Preparedness

In 2025, WHO advanced a whole-of-government and whole-of-society approach to health security preparedness, emphasizing collaboration across sectors and stakeholders to build resilience against health emergencies. Recognizing that preparedness is not solely the responsibility of the health sector, WHO facilitated high-level dialogues and technical workshops that engaged actors from health, foreign affairs, finance, defense, transport, and private sectors, reinforcing integrated governance for health security.

A major focus was on civil–military collaboration for health emergency preparedness, where WHO finalized the publication ‘Compendium of Practice – Guidance Document’, equipping countries with practical guidance on how to implement and strengthen civilian–military collaboration for preparedness based on extensive in-depth research from all regions. At the country level, three national workshops, including mapping exercises using the Civil–Military Health Security Mapping (CMAP) Tool, were conducted in Sri Lanka, Papua New Guinea and the Maldives. These workshops identified and elevated joint cross-sectoral priorities such as surveillance, IPC, CBRN preparedness, and RCCE. In the context of the current geopolitical environment, this area of work has gained increased attention, with three additional national workshops in the pipeline.

Parliamentary Engagement was further strengthened in 2025, reflecting the growing recognition of legislatures as key actors in health security preparedness. The ‘Parliamentary Dialogue’ was officially confirmed as an annual event within the World Health Assembly, underscoring its strategic importance.



WHO participated in the 151st IPU General Assembly, including through a WHO booth and engagement in the first-ever IPU Health Committee meeting, where the newly elected Chair agreed to support raising awareness on health emergency preparedness and response. A significant milestone was also the publication of the WHO–IPU handbook ‘Strengthening health security preparedness: the IHR (2005)’ in Ukrainian, enhancing accessibility for national legislators and demonstrating leadership in preparedness.

Urban health emergency preparedness remained a priority, with WHO supporting Member States in operationalizing the WHA resolution on strengthening preparedness in cities. In June 2025, WHO organized a National Workshop in the Maldives focusing on points of entry (PoE) and piloted the WHO Tool to Review and Map Health Emergency Preparedness in Cities. In South Africa, WHO implemented a project on wastewater surveillance, enhancing early detection and response to public health threats and improving biosecurity in urban areas. These initiatives fostered multi-sectoral collaboration and governance for effective preparedness at sub-national levels.



Global partnerships and knowledge leadership were further strengthened through collaboration with the Global Arbovirus Programme on urban yellow fever preparedness tools and submission of a project proposal on urban infrastructure to the OPEC Fund for International Development. WHO initiated plans for a GSPN Working Group on Infrastructure for Urban Health Emergency Preparedness, expected to launch in early 2026, and delivered a high-profile presentation at the Global Meeting of Healthy Cities Networks, generating strong interest in urban preparedness partnerships.

Innovation and forward-looking initiatives were also a key focus. Membership of the Global Sustainable Preparedness Network (GSPN) continued to expand, strengthening global collaboration on preparedness. Additionally, proposals for urban infrastructure preparedness and integrated surveillance systems were advanced, laying the groundwork for resilient health systems in complex and rapidly evolving settings.

Championing Health Security at the Highest Levels: Universal Health and Preparedness Review

In 2025, Universal Health and Preparedness Review (UHPR) continued to mature as a streamlined, and country-led platform that elevates preparedness to senior political leadership while complementing existing IHR (2005) monitoring and evaluation tools as well as Universal Health Coverage. Building on Member State feedback at EB156 and WHA78, the process was streamlined to focus dialogue, align with national development cycles, and better connect priorities to domestic co-investment and external co-financing (e.g., the Pandemic Fund and regional development banks).

The year marked the successful delivery of the UHPR High-Level Mission in Luxembourg, which engaged senior leadership from WHO Headquarters, WHO EURO, and the European Commission. This mission produced actionable priorities for Luxembourg’s UHPR National Report and set the stage for the 2026 Global Peer Review. UHPR also expanded its reach by securing Sri Lanka’s official engagement in implementation, a significant step forward for the South-East Asia Region. At the country level, UHPR supported financing pathways for follow-up activities in countries including Tanzania and Serra Leone, reinforcing regional collaboration and sustainability.



Member States have consistently highlighted UHPR as a transformative mechanism for strengthening health security and resilience.

Luxembourg underscored that its participation reflects a commitment to “learn from the past and prepare collectively for the challenges of tomorrow,” emphasizing that public health knows no borders and that UHPR fosters transparency, resilience, and collective learning. UHPR was also seen as a signal of strong political leadership and continuous preparedness, and “a strategic investment in resilience and stability” that helps break the cycle of panic and neglect.

Countries implementing UHPR have reported tangible benefits. Sierra Leone credited the process with establishing its National Public Health Agency and securing Pandemic Fund resources, calling UHPR “unprecedented” for its inclusive, whole-of-society approach. Similarly, Cameroon noted that UHPR drove high-level political commitment, improved multisectoral engagement, safeguarded COVID-19 response gains, and promoted sustainable investments in preparedness. Both countries encouraged others to join this “hopeful initiative,” recognizing UHPR as a catalyst for stronger systems and shared responsibility across borders.

Institutionalization efforts progressed with the finalization of Terms of Reference for the UHPR Technical Advisory Group (TAG), alongside outreach to high-profile experts across regions and thematic areas. Technical advancements included the development of the UHPR Social Participation Guide and initiation of the first peer-reviewed UHPR manuscript, underscoring the mechanism’s commitment to evidence-based approaches and inclusive stakeholder engagement. Global partnerships were strengthened through multisectoral collaboration, including parliamentary engagement, civil-military engagement and urban preparedness initiatives, ensuring UHPR alignment with broader health security frameworks.

Strengthening Preparedness Through Strategic Investment: The Pandemic Fund

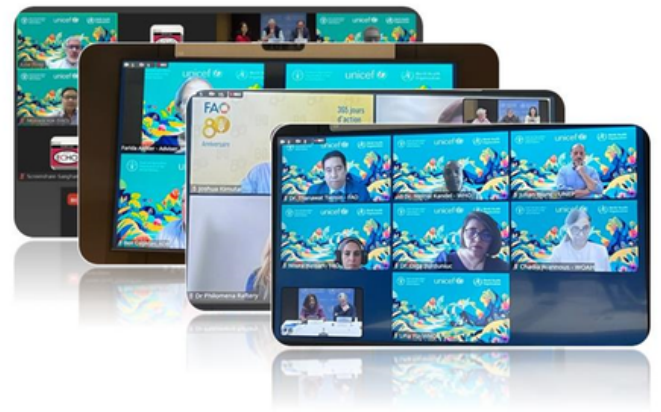
In 2025, WHO strengthened its role as an Implementing Entity of the Pandemic Fund, helping translate global financing into concrete preparedness gains across surveillance, laboratory systems, and the health and community workforce. Through WHO’s technical leadership, 41 projects across all six regions advanced implementation, benefiting roughly 70 countries and accelerating progress where pandemic risks and needs are greatest.

To support high-quality delivery, WHO and partners rolled out a coherent monitoring and learning architecture that countries can use from the outset: the updated Pandemic Fund Results Framework, M&E Guidelines, and WHO’s Operational Guidance for M&E. These tools improved comparability and transparency across grants while easing reporting demands. WHO led the development of the PF’s Risk–Need Metric, which strengthened fairness and targeting in resource allocation, ensuring funding reaches high-risk, high-need settings. WHO also led multisectoral effort requested by the Pandemic Fund Board and advanced the Dynamic Preparedness Metric, providing more timely data for decision-making and portfolio management.

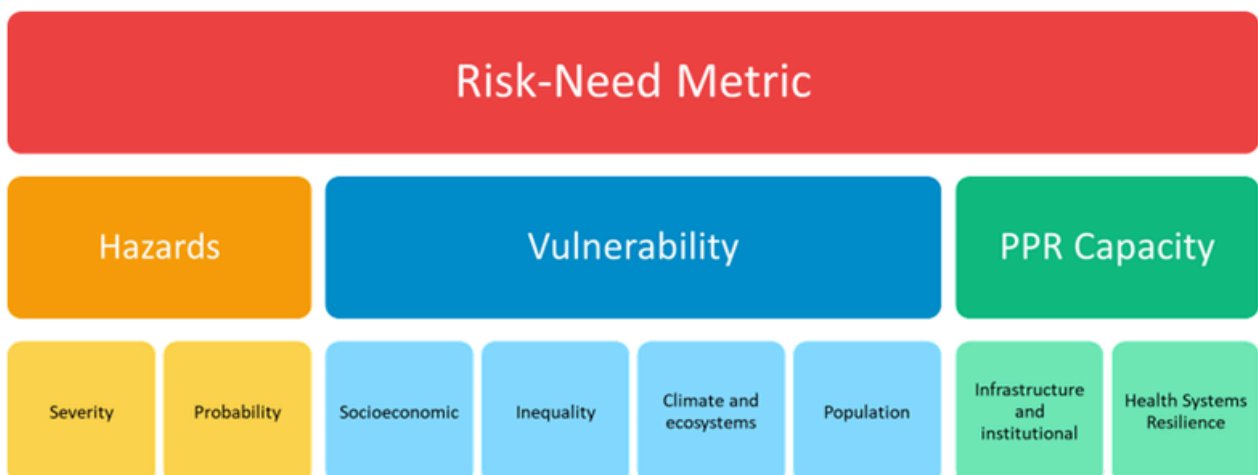
As a result of coordinated efforts across the three levels of WHO, the Pandemic Fund Navigator was launched as a centralized information portal providing timely access to portfolio updates, implementation progress, risks, and achievements. Receiving roughly 400 visits each month, the platform has become a key tool for supporting accountable and coordinated delivery across the Pandemic Fund portfolio.

Learning and visibility were expanded through the WHO Pandemic Fund Newsletter, a public newsletter archive, and the Learning Collaborative webinar series, co-convened with FAO, UNICEF and partners, which highlighted early results and strengthened cross-regional peer exchange.

Momentum was further reinforced with the launch of the Fund’s Third Call for Proposals, offering US\$ 500 million for country, multi-country and regional projects.



By the end of the year, the foundational elements for sustained impact were firmly in place: clearer results logic, harmonized M&E, risk-informed allocations, strengthened delivery support, and active peer-learning platforms. Through national activities as well as multi-country surveillance and workforce initiatives, the projects began converting financing into real capabilities, that can be tested, measured, and scaled. With continued collaboration across governments, WHO offices, and partners, the Pandemic Fund is helping make health systems faster, smarter, and more equitable before the next threat emerges.



Regional and Country Actions: Translating Global Commitments into Local Capability

Across all six WHO regions, 2025 showed how preparedness gains accelerate when global frameworks are translated into regional leadership and country level action. Regional and country offices served as critical connectors, aligning global norms with operational delivery, tailoring support to local contexts, and sustaining momentum across diverse settings. Their engagement helped shift preparedness from plans to performance, strengthening capabilities in communities, cities, borders, and health systems.

A major area of impact was the reinforcement of community protection and frontline readiness, particularly in the African Region. WHO supported large scale deployment of RCCE tools, community level detection capacity, and social protection measures during mpox, Ebola, cholera, and Rift Valley fever outbreaks. Rapid community assessments in the Democratic Republic of the Congo and Liberia informed real time adaptations that reached over 5.6 million people, while an integrated community health worker training package launched in Pakadjuma, DRC expanded across several provinces. These efforts were bolstered by a growing ecosystem of regional learning platforms and civil society partnerships.



Regional and country offices also advanced the IHR based assessment and planning cycle. Strong regional engagement led to near universal SPAR reporting and extensive support to Joint External Evaluations. National Bridging Workshops facilitated One Health collaboration across human, animal, and environmental sectors, helping countries clarify roles and strengthen multisectoral coordination. In EMRO, experts from public health, animal health, and environmental sectors in Jordan met in Amman in December to strengthen One Health workforce capacities for coordinated zoonotic disease management. EMRO also supported a REMAP workshop in Islamabad, where Pakistan's national teams aligned health security investments with national priorities and improved visibility of financing gaps.

Resource mapping exercises in multiple settings improved visibility of financing flows and alignment between domestic and external investments.

Regions played a central role in accelerating implementation of Pandemic Fund projects. WHO's AFRO Project Delivery Unit supported faster roll out of African led initiatives, while the Pandemic Fund Navigator provided real time insight into milestones, risks, and progress, helping ensure delivery aligned with technical standards and IHR based capacity gains. In the Americas, PAHO led key Pandemic Fund-supported projects to strengthen surveillance, laboratory systems, and health workforce capacities, working with countries to bolster resilience to emerging health threats and advance coordinated preparedness and response across the region.

Regions also advanced urban preparedness and mass-gathering readiness. In the Maldives, WHO piloted a tool to map urban preparedness while reinforcing Points of Entry capacities. In South Africa, wastewater surveillance improved early detection and biosecurity in complex environments. Regional and global webinars expanded learning on extreme-heat mass gatherings, event-based surveillance, and after-action reviews.

Regional offices played a pivotal role in strengthening multisectoral and civil-military collaboration. Workshops in Sri Lanka, Papua New Guinea, and the Maldives used the Civil-Military Health Security Mapping Tool to identify shared priorities in CBRN readiness, surveillance, infection prevention and control, and RCCE, building trust and interoperability across sectors.

Finally, regions were central to advancing the UHPR. EURO supported delivery of the first interregional UHPR High Level Mission in Luxembourg, SEARO facilitated Sri Lanka's initiation of UHPR implementation, and AFRO continued to engage countries across the region to strengthen UHPR participation and sustain follow-up to high-level missions, reinforcing political commitment and multisectoral coordination.

Together, these regional and country level efforts demonstrate how WHO's decentralized structures are translating global commitments into tangible preparedness gains, strengthening systems, embedding capabilities, and sustaining readiness across borders.

Looking Ahead: Sustaining Preparedness in an Uncertain World

The progress achieved in 2025 shows that effective health emergency preparedness is not a one-off effort, but a continuous function of governance, investment, trust, and inclusion. Across countries and communities, preparedness has increasingly shifted from plans on paper to capabilities that can be tested, adapted, and sustained under real-world conditions. This evolution is anchored in global commitments, including the amended IHR and the Pandemic Agreement, which reinforce preparedness as a shared, legally grounded responsibility.

Several enduring lessons stand out. Preparedness starts with communities and is strengthened at the interfaces where people live, travel, work, and gather, including at and across borders, and at the human, animal, and environmental interfaces where risks increasingly emerge. It depends on timely, disaggregated evidence and the ability to learn systematically from emergencies, exercises, and decisions. It is accelerated when governments work across sectors and levels, supported by coordinated engagement across global, regional, and country levels, and when political leadership anchors preparedness as a shared national responsibility. And it delivers results when approaches are inclusive and gender-responsive, when climate and environmental risks are anticipated, and when financing is risk-informed, coordinated, and focused on measurable capability gains.

In 2026, the emphasis is on speed, scale, and sustainability, ensuring that preparedness gains translate into meaningful protection where risks are highest and inequities are greatest. This means moving faster from insight to action by shortening the time between identifying gaps and closing them; strengthening the routine use of sex-, age-, gender-, and disability-disaggregated data; and ensuring that lessons lead quickly to practical improvements such as updated procedures, targeted training, and regular drills.

It also means supporting countries to operationalize the amended IHR through sustainable and interoperable capacities, particularly at borders, via cross-border cooperation, joint preparedness activities, and measures that safeguard population movement while protecting border communities during emergencies.

Preparedness in complex operational settings will be further strengthened through targeted technical advances. Countries will be supported to integrate climate-resilient strategies into mass gathering planning, with particular attention to extreme heat, air quality, and other environmental risks. Decision-making on public health and social measures will be enhanced through expanded decision-support tools, complemented by disease-, population-, and setting-specific modules and operational guidance to enable effective, equitable, and context-specific action during public health emergencies.

Sustaining momentum will require continued commitment from Member States, WHO, and partners to invest in people and systems, institutionalize learning, and embed preparedness across health, social, digital, and environmental domains, into day-to-day work and decision-making. With this collective focus, future health emergencies can be met with confidence, coordination, care, and greater equity within, at, and beyond borders.

HSP Departmental 2025 Publications



Journal Articles

Knowledge attributes of public health management information systems used in health emergencies: a scoping review, EDITORS World Health Organization, DOI: 10.3389/fpubh.2024.1458867



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Technical Articles

- Mass Gathering practical guide for simulation exercises and after action reviews:
<https://www.who.int/publications/i/item/9789240104846>
- Effectiveness of disinsection of conveyances to prevent or reduce the spread of mosquito vectors via international travel: evidence reviews:
<https://www.who.int/publications/i/item/B09173>
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<https://www.who.int/publications/i/item/9789240114562>
- Setting global research priorities for public health and social measures during health emergencies
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- Risk communication and community engagement readiness and response toolkit: mass gatherings
<https://www.who.int/publications/i/item/9789240109148>
- Heat, air pollution and solar ultraviolet radiation: mass gathering-specific considerations and research gaps
<https://www.who.int/publications/i/item/9789240117310>
- National Health Simulation Exercise Programme: implementation guidance to strengthen emergency preparedness, readiness and response:
<https://www.who.int/publications/i/item/9789240119208>
- Vector surveillance and control at points of entry and onboard conveyances: meeting report, 19 and 21 November and 10-11 December 2024:
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- A decision framework for effective, equitable and context-specific public health and social measures during public health emergencies: decision navigator
<https://www.who.int/publications/i/item/9789240114623>
- Developing a model for mass gathering medical care planning: workshop report, Lyon, France, 27-28 November 2023:
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- Tailoring event-based surveillance using open sources: practical guide for mass gatherings
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United Nations Office for the Coordination of Humanitarian
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University of Leeds
University of New Mexico (ECHO project)
USAID
Wellcome Trust
West African Health Organizations (WAHO)
World Bank Group
World Meteorological Organization (WMO)
World Organization for Animal Health (WOAH / OIE)
Yale University

Acronyms

- After Action Review (AAR)
- Civil–Military Health Security Mapping (CMAP)
- Early Action Reviews (EAR)
- Emergency Medical Teams (EMT)
- Framework for Health, Social and Economic Vulnerabilities and Risks (FEVR)
- Global Sustainable Preparedness Support Network (GSPN)
- Health Emergency Preparedness and Response (HEPR)
- Health Security Preparedness (HSP)
- International Health Regulations (2005) (IHR)
- Joint External Evaluations (JEE's)
- National Action Plans for Health Security (NAPHS)
- National Bridging Workshop (NBW)
- National Health Emergency Response Operations Plan (NHEROP)
- Points of Entry (PoE)
- Public health and social measures (PHSM)
- Resource Mapping (REMAP)
- Response Preparedness (REPREP)
- Risk communication and community engagement (RCCE)
- Sex-age disaggregated data (SADD)
- Simulation Exercises (SimEx)
- States Parties Self-Assessment Annual Reporting (SPAR)
- Strategic Toolkit for Assessing Risks (STAR)
- Universal Health & Preparedness Review (UHPR)
- WHO Health Emergencies Programme (WHE)



World Health Organization

HSP Contact

**For Further Information and
Collaboration**

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