



## **EDITORIAL**

### **The Importance of Public Health Emergency Management in Countries: The Role of WHO**

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Moving on from the criticisms faced by the Ebola crisis in West Africa during 2014 and 2015, WHO listened to the many concerns raised from its handling of the Ebola outbreak and the organization revisited its reform deliberations. Perhaps the most pertinent of these in the wake of Ebola was the establishment of the new Health Emergencies Programme (Wenham, 2017).

In 2016, the Sixty-ninth World Health Assembly, through decision WHA69(9), expressed its approval of the advancements achieved in creating the new WHO Health Emergencies (WHE) Programme (WHO, 2016). The Assembly acknowledged the development of an implementation plan and timeline for the new program, as well as the establishment of the Independent Oversight and Advisory Committee (IOAC) for the WHE Programme (WHO, 2016). The WHO's Health Emergencies Programme collaborates with countries and partners globally to enhance preparedness for health emergencies endangering global health security. WHO efforts span the globe, involving research, prevention, and management of epidemic and pandemic-prone diseases (WHO, 2023).

The role of the newly established programme built upon a series of critical aspects around public health emergencies under an all-hazard approach: outbreaks and health emergencies are unpredictable, occurring anywhere and at any time. Consequently, every country must prioritize and prepare for a spectrum of health threats. Therefore, WHO aims to fortify and maintain sufficient capacities in all Regions, facilitating effective progression through the prevention, preparedness,

response, and recovery cycle in addressing public health threats. This cycle underscores the continuous process that organizations and governments should adopt to minimize the impact of disasters.

No single step in this cycle is more critical than another; WHO invests equally in prevention, preparedness, response, and recovery, with a specific focus on rehabilitation. Preventive measures and preparedness efforts can proactively avert outbreaks, contain them at an early stage, reduce the likelihood of conflicts escalating into complex humanitarian health crises, and alleviate the impact of natural disasters. Placing countries at the center of preparedness activities ensures that all essential elements are in place when a crisis occurs.

Health emergencies preparedness and health systems strengthening are interconnected. By cultivating robust preparedness and response capacities, in accordance with the International Health Regulations (IHR) (2005), WHO tries to enhance health system resilience and the ability to provide universal health coverage. Conversely, when health systems are strengthened, the effective implementation of IHR is facilitated. Well-managed response operations deliver life-saving health interventions, ensuring timely access to quality health services. These operations directly connect to the recovery stage once the immediate crisis has passed. WHO assists countries in learning from each emergency event, encouraging them to "build back better" and fortify their health systems for future health crises.

The COVID-19 pandemic underscored that effective

management of health emergencies demands more than a robust health response; it necessitates the implementation of a challenging whole-of-society approach (Samaan et al., 2022). The World Health Organization (WHO), as the principal health agency within the United Nations (UN), spearheaded the UN response globally through the Crisis Management Team and locally through the UN Country Teams (UNCTs) in alignment with its mandate. This is exemplified in different case studies, including Jordan (Al-Shaikh et al., 2021; Bellizzi et al., 2023a; Bellizzi et al., 2023b).

Insights gained from internal and external reports, highlighted that WHO's actions involved providing technical expertise to ensure an effective whole-of-society response while minimizing social disruption. This included addressing challenges such as peacekeeping, livelihood sectors, education sector, as well as the area of refugee and migrant health (Bellizzi et al., 2021; Samaan et al., 2022). The utilization of local-level volunteers from diverse sectors not only strengthened the public health response but also facilitated the continuity of work in other sectors. Throughout these efforts, risk communication and community engagement (RCCE) emerged as a crucial theme for UN engagement at the country level.

The collaborative endeavors to operationalize a whole-of-society response at the country level must persist not only for the ongoing COVID-19 response but also in readiness for future health and non-health emergencies. Building resilience for future emergencies entails the development and practice of multi-sectoral preparedness plans, benefiting from collective UN support to countries.

A good example of the work of WHO along the public health emergency cycle management is provided by the readiness experience of Jordan towards cholera threat (Popescu et al., 2023) In the wake of cholera

outbreaks declared in Iraq, Lebanon, and Syria, health authorities in Jordan initiated a series of emergency meetings in September 2022 to address concerns related to travel, trade, and shared waters. WHO actively participated in these consultations, offering guidance on the application of the International Health Regulations 2005. As the risk of cholera importation persisted, the Ministry of Health took on a leadership role in coordinating the overall health sector response. Concurrently, the Jordanian Center for Disease Control assumed a coordinating function, with clearly defined roles and responsibilities outlined in the National Cholera Preparedness and Response Plan. In December 2022, a comprehensive whole-of-government risk assessment was conducted by WHO, complemented by a field visit to the Zaatari refugee camp. This visit played a crucial role in evaluating the risk and readiness for a cholera outbreak in Jordan, thereby informing priority activities.

In response to the assessment, key initiatives were implemented, including the establishment of a national risk communication and community engagement working group. Additionally, training programs on case management were conducted, contributing to a holistic and well-coordinated approach to cholera preparedness and response in the country.

This particular case study underlines the overall concept of the WHO Emergency Programme, which focuses on fortifying and broadening systems for the swift detection, investigation, and assessment of potential threats to public health. Additionally, WHO commitment extends to immediate and systematic responses for managing acute emergencies. In conflict-affected and humanitarian settings, WHO staff and operational partners may even function as the last-resort healthcare providers.

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