

2022

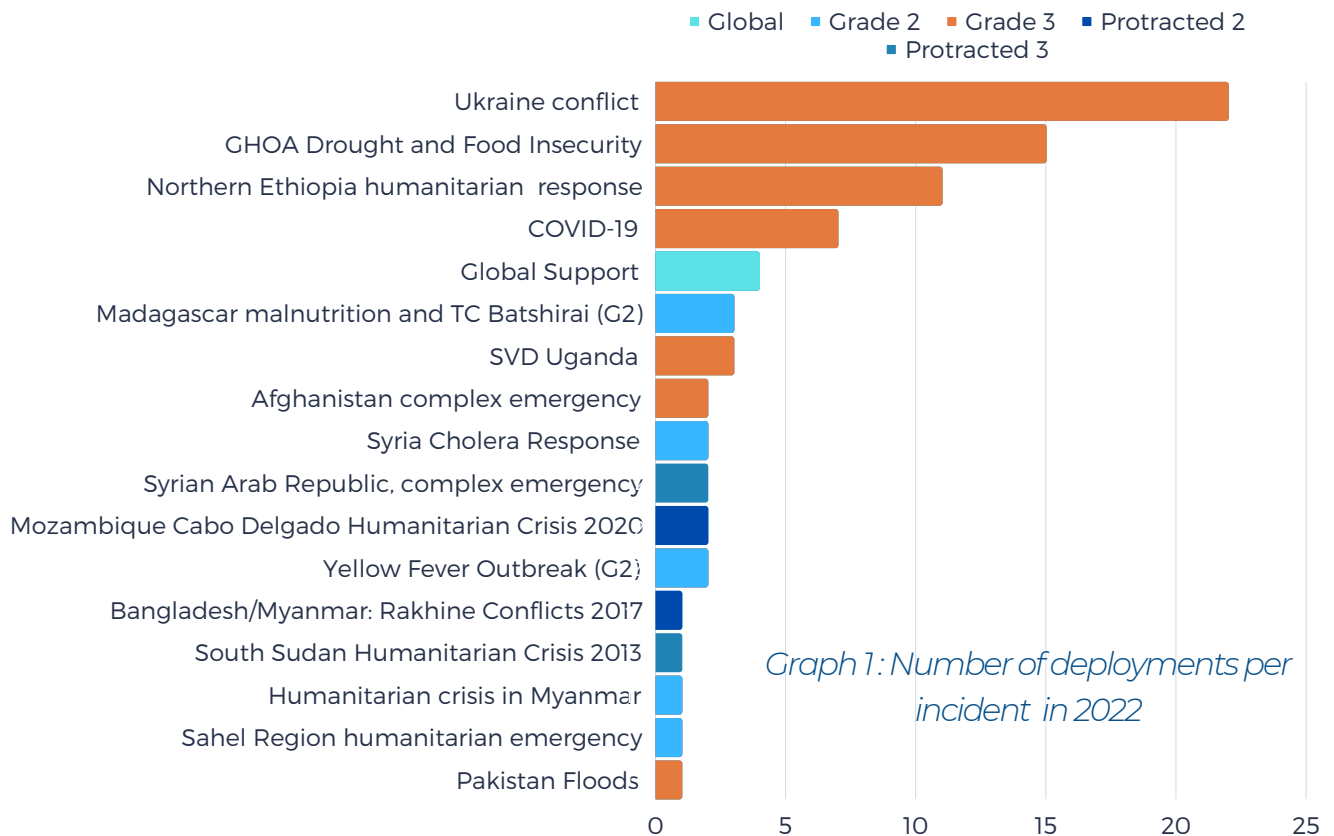
WHO Standby Partner  
**ANNUAL REPORT**



Summary of Achievements and Activities

# DEPLOYMENTS HIGHLIGHTS

- ▶ In 2022, 80 Standby Partner experts were deployed to support the scale-up of WHO's response to 16 graded emergencies;
- ▶ 60% of all SBP deployments were to support the response to Ukraine Emergency, Drought and Food Insecurity in the Greater Horn of Africa, and Ethiopia Humanitarian Response;
- ▶ The main technical areas supported by partners in 2022: Information and Data Management, Prevention of Sexual Exploitation and Abuse (PSEA), Health Cluster Coordination, Risk Communication and Community Engagement (RCCE), WASH, Nutrition, and Logistics among others.



# 80

SBP Experts deployed (416 months), an increase of 25 % compared to 2021.

# USD \$7,280,000

in-kind support from WHO's Standby Partners, an increase of over 60% compared to 2021.

# 43%

of the total deployments (35) are in support of the health cluster in 12 countries.

# 2022 OUR ACTIVITIES

## Partnerships

- **Monitoring missions from Standby Partners** were facilitated to WHO Offices (Mozambique, Kenya, Ethiopia, EMRO/Egypt);
- From 19 to 20 January 2022, **WHO visited DEMA's International Logistics Center** in Herning (DK) with the aim of discussing priorities and synergies for future collaboration in emergencies;
- WHO signed **two new Standby Partnership agreements** in 2022: ZIF - Berlin Center for International Peace Operations (picture below) and MapAction.



## Capacity Building

With support from ZIF, our Standby Partner, the Global Health Cluster held its **first all-women training focused on Health Cluster coordination and leadership** on 17-21 October in Berlin, Germany. Through the financial support of the German Federal Foreign Office, ZIF provided organizational support and covered the training venue, as well as the board and accommodation for the duration of this course.

The training brought together participants from WHO and partners. The participants gained the necessary skills to work as Health Cluster coordinators and in other leadership positions linked to the coordination, planning, implementation, and monitoring of effective humanitarian health interventions in acute and protracted emergencies.



WHO

Mr Riclef Beutin, Director General for Crisis Prevention, Stabilization, Peacebuilding, and Humanitarian Assistance, German Federal Foreign Office, Dr Almut Wieland-Karimi, ZIF Executive Director and Dr Chikwe Ihekweazu, WHO Assistant Director General.

## Deployment of Service Models

**Luxembourg, Sweden, and the United Kingdom**, through WHO, provided in-kind contributions of equipment and services worth US\$ 995,000 (equivalent to over 3.6 billion Ugandan shillings) to Uganda following the Sudan Virus Disease (SVD) Ebola outbreak.

Luxembourg contributed with eight incinerators and air transport of WHO medical supplies. Sweden contributed with two 45KVA generators and tents and has deployed two staff to support the construction of the Ebola Treatment Unit (ETU) at Mulago and the air transport of the equipment to Uganda. The UK contributed with tents and flooring. Generators, tents, and construction materials were used to equip the ETU at Mulago Hospital and isolation units in the country. The official equipment handover ceremony to the Uganda Ministry of Health was held on 9 December 2022.

WHO medical supplies being loaded into the aircraft provided by Luxembourg.



MFEA Luxembourg

Uganda has been battling an outbreak of the deadly hemorrhagic fever since 20 September 2022, and the outbreak was officially declared over on 11 January 2023.



*"We contributed to the completion of the Mulago Ebola Treatment Unit in close collaboration with MSF on a tight schedule. It feels very valuable to have contributed to the construction of facilities to treat Ebola patients in Kampala."*

**Roy Stromberg and Thomas Magnusson,**  
Camp Technicians deployed by MSB  
Sweden to WHO Uganda.

MSF / Hugo Moreno

## Standby Partner Network

- ▶ **SBP Network Joint Monitoring Mission for the Ukraine response** took place in October 2022, with contributions from WHO Country Offices in Ukraine, Poland, and Moldova. The purpose of this exercise was to assess the overall Standby Partnership contribution to United Nations operations with a focus on: a) assessing the impact and performance of the Standby Partner deployees, b) identifying operational challenges and recommendations, c) identifying emerging needs for future support.
- ▶ In 2022, WHO was one of the **Co-Chairs of the Duty of Care Working Group**, together with Danish Refugee Council, and a member of the Steering Committee of the Standby Partner Network.
- ▶ WHO participated in the SBP Network Annual Consultation Meeting in Geneva, Switzerland (May 2022) and the Mid-Annual Consultation Meeting in Rome (December 2022).

Mid-Annual Consultation Meeting hosted by FAO in December 2022 in Rome, Italy.



# STORIES FROM THE FIELD

## Ukraine

The Ukraine emergency has been the largest response operation supported by WHO's Standby Partners in 2022. Twenty-two experts (with a total deployment duration of 79 months) were deployed to WHO offices in Ukraine, Poland, Regional Office for Europe (EURO), Romania, Bulgaria, and Hungary. These experts supported functions on Cluster Coordination, Prevention of Sexual Exploitation and Abuse, Geographic Information Systems and Information Management, Risk Communication and Community Engagement, Mental Health and Psychosocial Support, Gender Based Violence, Sexual and Reproductive Health, Logistics, Monitoring and Evaluation.

*"The technical expertise and commitment of the stand-by-partners deployed to WHO Poland to support the response to the Ukrainian emergency have been outstanding. These excellent professionals have provided expertise in multiple areas of the response, such as information management, mental health and psychological support, gender-based violence, and PRSEAH. WHO and Standby Partners have jointly benefited from fruitful and rich cooperation and exchange of knowledge."*

**Paloma Cuchi,**  
WHO Representative Poland

**NORCAP, CANADEM, RedR Australia, IMMAP, Dutch Surge Support, and UK-MED** deployed these experts. The contributing donors that enabled these deployments were the UK Foreign, Commonwealth and Development Office (FCDO), Norwegian MFA, USAID's Bureau for Humanitarian Assistance (BHA), Dutch Ministry of Foreign Affairs, Global Affairs Canada, and UK-MED.

*"My experience as a gender-based violence specialist with WHO Poland has been overwhelmingly positive. I am grateful to have worked with global experts to introduce the clinical guidelines and tools developed by WHO on GBV to the Polish context, which will have a lasting impact on access to health for survivors for many years to come."*

**Melanie Hyde (RedR Australia)** pictured below, Gender Based Violence Specialist to WHO Poland, reflecting on her six-month assignment



**UK-MED** deployed two Risk Communication and Community Engagement (RCCE) Specialists to the Ukraine emergency from March to June 2022. These missions had a significant impact as they facilitated in-depth qualitative data collection and analysis on the perceptions, needs, concerns, and fears of the Ukrainian refugees regarding health.

Diana Maddah (Lebanon), deployed as RCCE Specialist, contributed jointly with the WHO Regional Office for Europe (EURO) to the paper "Risk Communication and Community Engagement in Action During Ukraine's War," published in the *Annals of Global Health Journal*. The paper showcases best practices for RCCE measures applied in the context of the Ukrainian emergency, which ensured that refugees are able to access health services in host countries based on their needs and concerns.

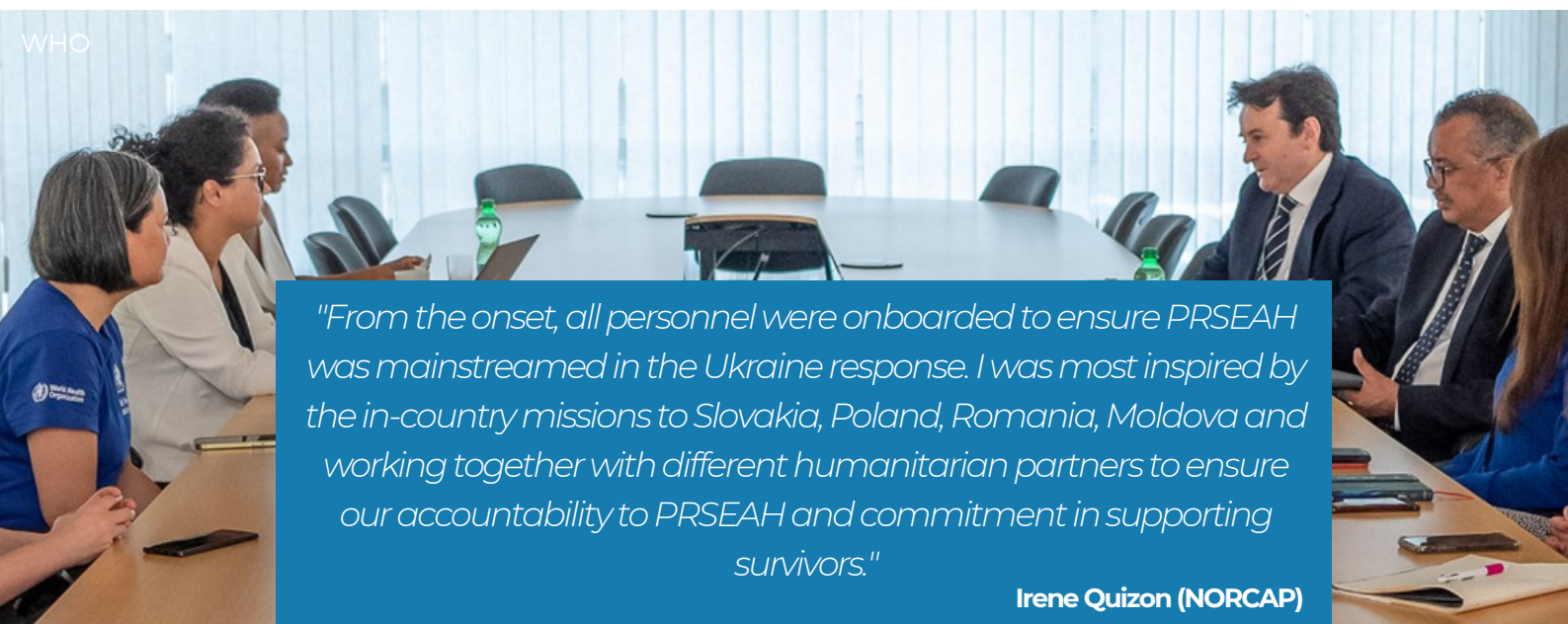


**Diana Maddah (UK-MED)** - Senior Health Advisor Risk Communication and Community Engagement and Research pictured on the left

WHO / Diana Maddah

*"Thanks to the strong partnership and collaboration with our Standby Partners (NORCAP, CANADEM, and ZIF) and to UK FCDO for the funding support, WHO was able to deploy highly qualified and committed PRSEAH experts to multiple priority emergency operations, including the Ukraine emergency, Ebola SVD outbreak in Uganda, Ethiopia, Somalia, and the Sahel crisis. This was instrumental for defining the PRSEAH model for WHO Health Emergency Operations and helping accomplish some of the critical milestones. We look forward to a truly strengthened partnership and collaboration for the future events"*

**Margaret Lamunu,**  
PRSEAH Lead, WHO Health Emergencies Programme



*"From the onset, all personnel were onboarded to ensure PRSEAH was mainstreamed in the Ukraine response. I was most inspired by the in-country missions to Slovakia, Poland, Romania, Moldova and working together with different humanitarian partners to ensure our accountability to PRSEAH and commitment in supporting survivors."*

**Irene Quizon (NORCAP)**

front left, Roving PSEAH Technical Specialist deployed to WHO Regional Office for Europe, pictured above with the WHO Director-General in Slovakia.

## Greater Horn of Africa Drought and Food Insecurity

With more than 37 million people in Integrated Food Security Phase Classification (IPC) Phase 3 or above, the drought and food insecurity emergency in the Greater Horn of Africa was declared a Grade 3 emergency by WHO. While finding food and safe water is the absolute priority, the health response is essential to avert preventable disease and death.

WHO's Standby Partners have contributed significantly to the scale-up of the response operations, with **15 experts** deployed ( for a total duration of 73 months) to Kenya, Somalia, South Sudan, and Uganda to support technical areas such as Information Management, Health Cluster Coordination, Logistics, Prevention of Sexual Exploitation and Abuse, Nutrition, and WASH.

More than half of these deployments were facilitated by **NORCAP**, followed by **IMMAP**, **Berlin Center for International Peace Operations (ZIF)**, **CANADEM**, and **Dutch Surge Support**. Donors that enabled these deployments were the Norwegian Ministry of Foreign Affairs, USAID's Bureau for Humanitarian Assistance (BHA), the UK Foreign, Commonwealth and Development Office (FCDO), the Dutch Ministry of Foreign Affairs, and the German Foreign Office.



WHO / Billy Miaron

*"The Health Cluster in Somalia could step up the much-needed Sub-National coordination capacity by hosting two Sub-National coordinators from CANADEM. Combining the skillsets of four information management officers deployed by IMMAP ensured high-quality information products guiding the health response. Additionally, the Health Cluster could operationalize the MHPSS technical working group by deploying a specialist from Dutch Surge Support. Finally, we could ensure MHPSS coordination and capacity building in Somalia, a country with extremely high levels of unmet mental health needs which are expected to be exacerbated by the effect of the current drought crisis on top of the ongoing conflicts."*

**Erna Van Goor,**  
WHO Somalia Health Cluster Coordinator



## Ethiopia

The Northern Ethiopia Humanitarian Response (Grade 3 emergency since 2021) remained a priority for WHO's Standby Partners in 2022, with **11 experts** deployed (for a total duration of 63 months) to support the health cluster coordination and information management, and prevention of sexual exploitation and abuse.

The main Standby Partners who supported WHO's scale-up for this response in 2022 were: **IMMAP, CANADEM, and RedR Australia**. The donors who enabled this continued support were USAID's Bureau for Humanitarian Affairs (BHA), UK Foreign, Commonwealth and Development Office (FCDO), and the Australian Government's Department for Foreign Affairs and Trade (DFAT).



WHO / Martha Tadesse



WHO / Ala Khair

*“Whether it is in sub-national health cluster coordination, information management, prevention of sexual exploitation and abuse, or technical capacities like mental health and psycho-social support, the capacity support we received from stand-by partners was critical to scale up our capacity for Northern Ethiopia response to meet our commitments in these technical areas highlighted above. Northern Ethiopia is a complex response with fast-paced changes and needs for multiple human resources deployments over several months. Therefore, we appreciate the huge support received from WHO's Standby Partners.”*

**Ilham Nour Abdelhai, HQ Incident Manager  
for Ethiopia Response, WHO**

## WHO thanks its contributing Standby Partners:



Government of Iceland



Netherlands Enterprise Agency



NORWEGIAN  
REFUGEE COUNCIL



UK-MED



Geneva, March 2023