Global Health Emergency Corps

GHEC

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GLOBAL HEALTH EMERGENCY CORPS 'IN ACTION'

ONE FRAMEWORK, MANY REALITIES

EVENT REPORT

Global Health Emergency Corps 'In Action' | One Framework, Many Realities

Date: 17 May 2025
Location: Geneva, Switzerland

Summary

Now in its third year, the Global Health Emergency Corps (GHEC) continues to evolve from concept to implementation. Held on the margins of the 78th World Health Assembly, the 2025 GHEC side event brought together participants from government, philanthropy, multilateral organizations, and civil society. The session, titled "One Framework, Many Realities", emphasized how the GHEC framework is being adapted across contexts, highlighting how countries identify their gaps in the health emergency workforce, invest in the interoperability of surge capacities and strengthen connected leadership. It also showcased valuable examples of coordination and collaboration between countries through the emergency networks forming the connected ecosystem.

Held at Pavillon Gallatin in Geneva, Switzerland, the high-level event convened **over 105 participants**, including representatives from national ministries of health, intergovernmental organizations, global health foundations, financing bodies, NGOs, INGOs, and technical experts spanning public health, academia, and research institutions. Attendees included senior officials from WHO regional offices, country-level leadership, and global emergency response partners. A complete list of participants is available in the annex. Co-hosted by seven countries, Ethiopia, Germany, Australia, the Philippines, the Solomon Islands, Singapore and Nepal, and co-sponsored by the Institute of Philanthropy (IoP) and the Gates Foundation, the event showcased tangible progress and bold commitments.

Key Takeaways:

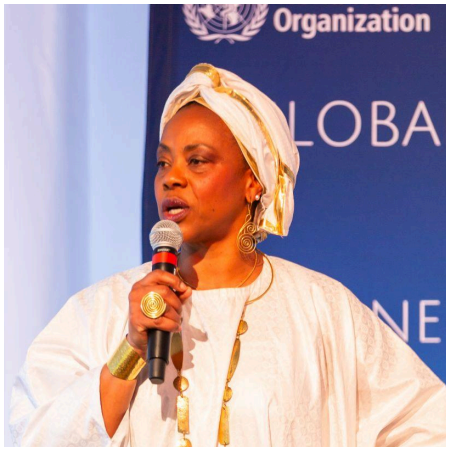
- **GHEC is becoming operational across regions and in real time**. From national risk profiling and emergency workforce mapping in PNG and Solomon Islands to the regional PHOENIX program in the Indo-Pacific, from AI-enabled surge modeling to upcoming EMT meetings in Addis Ababa, from a national simulation in Costa Rica to the global pandemic response simulation "Polaris", GHEC is a living, learning system.
- **GHEC is country-owned and context-driven**. Country representatives demonstrated how countries are shaping the GHEC around their own national realities, leveraging it as a platform to strengthen local capacities and align regional collaboration.
- **Flexibility is the framework's strength**. Across regions, from the Asia Pacific to Africa, GHEC is being interpreted and operationalized in different ways. This flexibility allows for cross-fertilization, interoperability, and adaptation to diverse health systems and threats.
- **GHEC complements and connects existing networks**. The EMT network, GOARN, EOC-NET, and other surge and leadership mechanisms are core components of the ecosystem. Formalized collaborations are a testament to the growing cohesion and connections across surge response mechanisms.

Opening and Welcome Remarks

Dr. Valerie Bemo, Deputy Director, Global Development, Gates Foundation, opened the session by welcoming participants and setting the tone for the evening's dialogue. She emphasized the urgency of building a proactive, coordinated global response to health emergencies. Reflecting on the inception of the Global Health Emergency Corps (GHEC), Dr. Bemo acknowledged the strong momentum generated since its launch and thanked the attending countries, co-hosts, and partners for their growing commitment.

Her remarks framed the session as an opportunity to showcase how GHEC is already at work across diverse regional contexts, demonstrating collaboration, learning, and collective preparedness. She highlighted the importance of leadership, country engagement, and sustained investment to ensure emergency response mechanisms are not only reactive but also preventative and strategic.

"One thing we've come to understand is that during difficult, complex, and challenging moments, whether disease outbreaks, climate change, or political shifts, we also have an opportunity: to join forces, avoid duplication, and use our resources more effectively."
Dr. Valerie Bemo, Deputy Director for Global Development, Gates Foundation



Hon. Dr. Paul Popora Bosawai, Minister of Health & Medical Services, Solomon Islands, delivered an opening address emphasizing the Solomon Islands' commitment to regional and global health emergency preparedness through the Global Health Emergency Corps (GHEC) framework. He began by acknowledging the practical relevance of the GHEC for small island developing states (SIDS), particularly in regions like the Pacific where health emergencies intersect with climate change, geographic isolation, and limited resources. He noted that the Solomon Islands, like many Pacific nations, is highly vulnerable to natural disasters and disease outbreaks, making rapid and locally-driven response capacities essential.

Dr. Bosawai highlighted the Solomon Islands' efforts in operationalizing the GHEC approach, particularly through:

- **National emergency risk profiling** to understand and prioritize vulnerabilities,
- **Mapping and developing the emergency workforce**, and
- **Exercising coordination mechanisms** across sectors to simulate real-world responses.

He praised GHEC's ability to unite countries across the Pacific to share knowledge, align protocols, and coordinate surge capacity, stressing the importance of country ownership and solidarity in strengthening emergency systems.

"As one of the world's most disaster-prone nations, situated in the Pacific Ring of Fire and vulnerable to both natural hazards and disease outbreaks, the Solomon Islands knows firsthand the importance of having a ready, capable, and connected emergency workforce."
Hon. Dr. Paul Popora Bosawai, Minister of Health & Medical Services, Solomon Islands

Dr. Bhim Prasad Sapkota, Division Chief, Health Coordination Division, Ministry of Health and Population, Government of Nepal, underscored Nepal's active participation in the development of the GHEC framework. He spoke to Nepal's unique vulnerabilities, including natural disasters and disease outbreaks, and the importance of cross-border and multi-sectoral coordination to respond effectively.

Dr. Sapkota commended the GHEC framework for promoting solidarity, technical collaboration, and shared learning among countries. He reiterated Nepal's appreciation for WHO and partners in facilitating platforms like GHEC and affirmed the country's readiness to contribute to global and regional health security efforts.

"Our tough terrain and topography, susceptibility to disasters, from earthquakes to floods, and the relentless threat of disease outbreaks have fueled our determination to build a resilient, decentralized, and inclusive emergency response system. This aligns seamlessly with the mission of the Global Health Emergency Corps: to safeguard vulnerable communities through collaboration, innovation, and equity."
Dr. Bhim Prasad Sapkota, Division Chief, Health Coordination Division, Ministry of Health and Population, Government of Nepal

GHEC: Global Progress and Regional Adaptation

Dr. Scott Dowell, Senior Advisor on GHEC, WHO HQ, provided an overview of the GHEC's evolution, noting that 2025 has marked a significant acceleration in both implementation and innovation. He emphasized that the GHEC is no longer just a conceptual framework but an adaptable model being operationalized across diverse settings, particularly in the Asia-Pacific region. He reaffirmed that GHEC is anchored in three foundational principles, sovereignty, equity, and solidarity, and functions as both a national-level workforce pyramid and a collaborative ecosystem of networks linking emergency operations centers, surge teams, and health emergency leaders across countries and regions.

Key milestones included:

- **The publication of the GHEC framework,** developed over a year-long process with experts from countries and public health agencies across all regions
- **Exercise Polaris**, which simulated a global response to a fictitious "Mammothpox virus," demonstrated the practical application of the GHEC framework.
- **Institutionalizing health emergency leaders' networks**, including an upcoming convening of emergency leaders from the EMRO and AFRO regions in Morocco.

Dr. Dowell also introduced an exciting innovation, a **GHEC AI solution**, co-developed with Pathfinder countries and the Gates Foundation, to help countries: 1) tailor the GHEC Workforce Pyramid to their own systems; 2) enhance efficiency in emergency operations; and 3) conduct scenario-based disease modeling to guide strategic decisions. He concluded with appreciation for Dr. Mike Ryan's foundational vision and reaffirmed WHO's commitment to advancing GHEC as a cornerstone of global health emergency preparedness.

"The framework that many of you helped us build is laying the boundaries, as was with Rome, to define multiple realities and let them flourish. We're seeing the adaptation of the Global Health Emergency Corps in many different settings, countries, and regions, with a focus this year on the Asia-Pacific region."
Dr. Scott Dowell, Senior Advisor on GHEC, WHO HQ

Dr. Gina Samaan, Regional Emergency Director, WHO Western Pacific Region, opened by contextualizing the significance of GHEC in the Asia Pacific region, home to over 4 billion people across 48 countries and areas, spanning both the Western Pacific and Southeast Asia WHO regions. She underscored that the Asia Pacific Health Security Action Framework (APHSAF), a recently updated 20-year-old bi-regional strategy, provides the strategic framing under which GHEC is implemented in the region

She emphasized the region's structured approach to operationalizing GHEC through three key elements:

- **Workforce**: Strengthening capabilities at all levels, foundational, surge, and leadership.
- **The glue**: Building the systems and structures that connect these workforce layers and enable coordination.
- **The ecosystem**: Fostering an enabling environment that allows the workforce and systems to function effectively and sustainably.

Dr. Samaan credited **Dr. Paul Bosawai**, Minister of Health of the Solomon Islands, for summarizing the regional approach succinctly, anchoring efforts in the International Health Regulations (IHR), applying emergency risk profiling, workforce mapping, and collaborative exercises to strengthen emergency preparedness across countries. Dr. Samaan concluded by stating that the Asia Pacific is "all in," and reiterated the region's commitment to driving forward the emergency workforce agenda in one of the world's most disaster-prone regions.

"How are we addressing GHEC in the Asia Pacific? I'll put it simply, we're addressing three key aspects: 1) the "bits and pieces" of the workforce, whether at the foundational level, the surge level, or the leadership level. These are the core building blocks. 2) the glue, which is the systems and structures that connect the layers, whether between the levels or within a single layer, and 3) the ecosystem…we need an enabling environment. The ecosystem that allows this all to function effectively. This is GHEC in the Asia Pacific Region."
Dr. Gina Samaan, Regional Emergency Director, WHO Western Pacific Region

One Framework, Many Realities: Video and Audience Reflections

A short video showcased the Global Health Emergency Corps (GHEC) in action, illustrating how countries and regions are already implementing elements of the framework.

Dr Valerie Bemo then invited the audience to contribute their reflections and insights, stimulating the audience with the following questions: Where could the GHEC framework align with existing platforms? What barriers exist in building or deploying an emergency workforce? And what support might enable more effective engagement?

Dr. Ahmed Zouiten, Regional Emergency Director at WHO EMRO, emphasized flexibility as a defining strength of GHEC, one that was particularly relevant for the African continent. He shared how EMRO and AFRO were collaborating to create a pan-African approach to health emergency response. Rather than operating in silos, the regions are working toward a connected continent, one that unites leaders, builds regional response teams, shares core capacities, and promotes cross-border training among institutions.

Priya Basu, Executive Head of the Pandemic Fund, followed with congratulatory remarks, noting the acceleration in GHEC's progress over just three years. She underscored the

Pandemic Fund's ongoing support, with funding already reaching 75 countries, and expressed hope that future proposal rounds would see even greater alignment with GHEC's mission.

Dr. Ciro Ugarte, Director for Health Emergencies at PAHO/WHO, reflected on the importance of strengthening national capacity as the cornerstone of GHEC. Solidarity, he emphasized, is not just about emergency managers or lab technicians working in isolation. It's about building whole-of-country, cross-sectoral coordination that centers the well-being of communities over institutional visibility.

Alegnta Gebreyesus, from the Permanent Mission of Ethiopia to the UN, Geneva, stressed three key points: the need to build national capacity, the value of cross-regional collaboration, and the importance of targeted investments.

Dr. Abdou Salam, WHO AFRO's Regional Emergency Director, provided a powerful real-world example of GHEC's potential. During a recent Marburg outbreak in Rwanda, the country faced a dire situation, the epicenter was in the intensive care unit of the capital's main hospital. In response and by mobilizing GHEC networks, WHO mobilized clinical and public health personnel from Sierra Leone, Liberia and Uganda to support Rwanda. More than 50 health personnel were deployed across borders in record time. For Dr. Salam, this was proof that when countries collaborate within the GHEC framework, **"1 plus 1 becomes more than 2."**

Panel Discussion: Unpacking the Health Emergency Corps – What does it mean in different contexts?

Dr. Gina Samaan, then opened the panel session by welcoming a diverse group of speakers representing both national and global perspectives on the implementation of the Global Health Emergency Corps (GHEC). The panel comprised of **Dr. Teodoro Herbosa**, Secretary, Department of Health, Philippines; **Prof. Vernon Lee**, Chief Executive Officer, Communicable Diseases Agency, Singapore; **Dr. Mesay Hailu Dangisso,** Director General of the Ethiopian Public Health Institute (EPHI); **Dr. Johanna Hanefeld**, Vice President, Robert Koch Institute; and **Dr. Lucas de Toca** PSM, Ambassador for Global Health, Australia

Secretary Ted Herbosa shared a personal account of the Philippines' journey from being a recipient of aid to a contributor to global emergency responses. Drawing on his four decades of experience in disaster medicine, Herbosa reflected on how national capacity-building efforts have reshaped the country's emergency preparedness. A poignant example was the recent deployment of the Philippine Emergency Medical Assistance Team to Myanmar, led by a doctor who had once been on the receiving end of international aid following Typhoon Haiyan. The Philippines, now home to three WHO-classified EMTs, was able to deploy faster than some of its wealthier neighbors, signaling a significant shift in its readiness and resilience. Herbosa's account captured the heart of GHEC: empowering countries to stand ready not only for their own emergencies but to support others.

“The team I sent to Myanmar (in the recent earthquake) was from the hospital in Tacloban, the very same hospital that had once been a victim of the world’s strongest typhoon. The lead doctor on that team cried because they remembered receiving aid in the past, and now they were giving it. This is the whole concept of the GHEC.”
Dr. Teodoro Herbosa, Secretary, Department of Health, Philippines

Professor Vernon Lee spoke about Singapore's new Communicable Diseases Agency, which was established following insights gained during the COVID-19 pandemic. The agency consolidates communicable disease expertise under one roof to improve coordination and responsiveness, as well as to ensure readiness against public health threats and emergencies. Singapore's approach aligns with the GHEC framework through expert workforce development, surge response capabilities, and international collaboration. Lee emphasised that while the agency is small, it functions within a larger, multisectoral ecosystem. This includes strengthening emergency preparedness through regular joint exercises with local and international partners, recognising that future emergencies require collective work.

“We're active in regional and global networks, such as the ASEAN Health Sector and International Association of National Public Health Institutes (IANPHI). These networks bring together emergency leaders and experts to collaborate, communicate, and deploy both in peacetime and during crises. The GHEC framework provides a toolkit to strengthen our workforce and build relationships with counterparts across the world.”
Prof. Vernon Lee, Chief Executive Officer, Communicable Diseases Agency, Singapore

Dr. Mesay Hailu Dangisso presented Ethiopia’s structured and legally grounded approach to public health emergency preparedness. Ethiopia has invested in integrating emergency workforce systems into existing structures, enabling subnational coordination and interoperability. A key achievement has been the launch of a Center of Excellence for EMT training and knowledge exchange, positioning Ethiopia to contribute both regionally and globally. Dangiso highlighted the importance of a clear legal framework, government commitment, and scalable interventions, pillars that GHEC is now helping to elevate.

“Ethiopia is a diverse country, and as such, we’ve faced many challenges. However, we have implemented tailored interventions specific to regions of the country, and we’ve strengthened our emergency operation centers (EOCs) both at the national and subnational levels. One of the key strategies has been integrating emergency health workforce systems into existing structures. This alignment has significantly improved our response capability.”
Dr. Mesay Hailu Dangisso, Director General of the Ethiopian Public Health Institute (EPHI)

Dr. Johanna Hanefeld, reflected on Germany’s dual engagement with both Emergency Medical Teams and GOARN. As Chair of the EMT Strategic Advisory Group and representative of the world’s only WHO Collaborating Centre for GOARN, Hanefeld highlighted how GHEC offers a unique opportunity to bridge and align these systems. She noted the growing number of EMTs worldwide and the increasing demand for interoperable deployment mechanisms. Hanefeld emphasized that health emergencies are becoming more frequent, complex, and prolonged, and that countries like Germany are increasingly activating both EMT and GOARN support in parallel. She believes that GHEC provides the global architecture needed to coordinate these deployments more strategically, ensuring technical excellence and faster, integrated responses.

“GHEC offers us the ability to develop the health emergency workforce more strategically and more cohesively. The world around us is changing faster than we could have imagined…and terrifyingly, the demand for health emergency response is expanding just as fast. We must come together, and use the opportunities in front ot us even more.”
Dr. Johanna Hanefeld, Vice President, Robert Koch Institute

Dr. Lucas de Toca brought a Pacific perspective to the discussion, emphasizing Australia’s long-standing involvement in regional emergency response and its leadership in initiatives such as PHOENIX (Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific). PHOENIX focuses on training public health professionals from Pacific and Southeast Asian countries using a train-the-trainer model, ensuring local capacity is built and sustained. He celebrated recent deployments of regional EMTs, including the mental health-inclusive Pasifika Medical Association Medical Assistance Team (PACMAT) from New Zealand and Fiji's Emergency Medical Assistance Team (FEMAT). Reflecting on the spirit of regional solidarity, he shared that Australia’s participation in initiatives like GHEC is grounded in deep partnerships, shared values, and a commitment to neighbor-to-neighbor support.

“As the world becomes more polarized, divided, and resource-constrained, and facing more frequent and lengthy health crises, mechanisms that bring together existing connections, bring leadership together, break silos and pull all the expertise and the goodwill that exists around the world to be more prepared for health emergencies are more needed that ever.”
Dr. Lucas de Toca PSM, Ambassador for Global Health, Australia

To close the session, **Dr. Saia Ma’u Piukala**, WHO’s Regional Director for the Western Pacific, delivered a heartfelt reflection on the importance of GHEC to the region. He underscored that preparedness is not an abstract concept but a life-saving necessity. Drawing on his cultural roots and personal experiences, he spoke of the urgency and moral imperative to act while in positions of influence. He commended the catalytic role of institutions like Australia’s NCCTRC and Korea’s KCDC and emphasized that the Western Pacific, as an emergency-prone region, must continue building resilient, interconnected systems.

Dr. Piukala ended with a personal vision that when he retires and walks the shores of his island home, he can say with certainty that his work and the collective work of GHEC, made the region safer for future generations.

“The moment disaster strikes, whether an outbreak, a devastating storm, or a health emergency demanding immediate attention and immediate response, in that critical moment, the strength of our preparedness is not just theoretical, it is everything that we have prepared for. Today, we have heard all our panelists, we have heard compelling examples, and it is inspiring to hear how visions are being transformed into reality through the GHEC.”
Dr. Saia Ma'u Piukala is the WHO Regional Director for the Western Pacific

Closing Reflections

Dr. Mike Ryan, Executive Director, WHO Health Emergencies Programme and WHO Deputy Director General, traced the evolution of the GHEC and the broader health emergency preparedness architecture. He reminded the audience that GHEC builds on decades of work, including initiatives like GOARN, EMTs, the Public Health Emergency Operations Centre Network, and the Global Health Cluster, and is the result of countless “silent heroes” committed to getting help where it’s needed, fast and in support of national systems. He underscored that the GHEC is not about creating new silos, but weaving together existing efforts with humility, passion, and community-centeredness. Drawing on personal anecdotes, from field visits during Ebola outbreaks to recent convenings on pandemic governance, Dr. Ryan stressed the human element at the heart of emergency response: frontline health workers, communities in crisis, and systems under strain.

A key message was that frameworks like GHEC are not the goal themselves; they are the trellises upon which resilience and excellence can grow. The ultimate objective is not structure, but readiness, the ability to respond quickly, equitably, and effectively when crises strike.

He closed with a quote from Shakespeare’s *Hamlet*, underscoring a final message: *"If it be now, ’tis not to come; if it be not to come, it will be now; if it be not now, yet it will come. The readiness is all."*

“And readiness is everything. We need to be ready. We need to be ready to help our communities in the next pandemic, in the next big epidemic, in the next big typhoon. And we're taking a big step forward in doing that tonight.”
Dr. Mike Ryan, Executive Director, WHO Health Emergencies Programme and WHO Deputy Director General

Dr.Gabriel Leung, Director, the Institute of Philanthropy (IoP), described GHEC’s trajectory over the past three years as a visible acceleration: The first year, he noted, was *tentative and aspirational*, the second *quiet but determined*, and this third year marked by *surprising momentum*. What was once viewed by some as a dream is now becoming an institutional reality, supported by governments, experts, and partners across regions. Dr. Leung emphasized the critical role of catalytic philanthropic capital, not as a gap-filler for systemic funding failures, but as a force to mobilize and unite stakeholders around common goals. He made a strong call for greater philanthropic engagement, especially from Asia, arguing that the region, home to over half of the world’s population and its challenges, must also drive its solutions.

He pointed to the symbolic and practical collaboration between IoP and the Gates Foundation, despite time zone divides and geopolitical complexities, as proof that global cooperation is possible. In closing, he celebrated the growing strength of GHEC and invited a standing ovation for Dr. Mike Ryan, recognizing his leadership in driving this vision forward.

“I remember that first year, the 'coming out party' of GHEC…It was tentative, aspirational, and met with a fair amount of skepticism…Then came year two. There still wasn’t much to show, except to those already in the know, who were working tirelessly behind the scenes…And now, this third year, Scott’s word “acceleration” is apt. It might seem surprising, but it isn’t, not to those of us who’ve been watching and contributing. The pace has quickened. The momentum is real.”
Dr. Gabriel Leung, Director, the Institute of Philanthropy

In post-event interviews, **Sadaf Lynes**, Director of Collaborative Surveillance, Workforce and Health Emergencies at the International Association of National Public Health Institutes (IANPHI), highlighted the growing demand for a surge-ready workforce capable of operating across systems. With health emergencies on the rise globally, she stressed that rapid response requires not only those within national public health institutes but also professionals embedded in non-health sectors who must be trained, engaged, and ready to act when needed. **"We need to make sure they are engaged, trained, and that they have the skills and competencies to be able to surge when required.”**

Bringing in a perspective from the front lines, **Dr. Trina Sale**, Head of the Emergency Department at the National Referral Hospital in the Solomon Islands, underscored why the stakes are particularly high for small island developing states. She pointed to the lasting lessons from the COVID-19 pandemic, especially the importance of preparedness in a deeply interconnected world. With increasing natural disasters and outbreaks, and with the unique vulnerabilities faced by countries like the Solomon Islands due to their geography, she argued that readiness is not a luxury but a necessity. **“He who fails to prepare, prepares to fail,”** she said, emphasizing that without investment in emergency preparedness and response, countries risk being caught unready when crises strike.