

WHO's Monthly Operational Update on Health Emergencies

The Monthly Operational is broadening its scope and now features articles on WHO's work in all health emergencies, inclusive of the COVID-19 pandemic response

WHO and partners deploy medical personnel and supplies in solidarity with Tuvalu's COVID-19 response effort in the Western Pacific region



Members of the Fiji Emergency Medical Assistance Team (FEMAT) and two WHO personnel coming to support Tuvalu's COVID-19 response effort. Credit: WHO.

After more than two-and-a-half years without any cases of COVID-19 aside from those detected at the border, Tuvalu reported its first community outbreak on 3 November 2022. To support the Pacific Island nation's emergency response, WHO and partners swiftly deployed health expertise and supplies.

A chartered flight transporting both regional health experts and 500 kilograms of life-saving medical supplies arrived in Tuvalu on 19 November 2022 to bolster the country's COVID-19 response. Transported by the World Food Programme (WFP) through its Pacific Humanitarian Air Service, the plane included therapeutics donated by WHO and rapid antigen test kits provided by UNICEF and the New Zealand Ministry of Foreign Affairs and Trade.

Members of the Fiji Emergency Medical Assistance Team (FEMAT), a Tuvaluan laboratory expert and two WHO clinical management experts were also onboard. The latter joined a third clinical management expert already on the ground to support the Tuvaluan Ministry of Health, Social Welfare and Gender Affairs with the collection and analysis of COVID-19 data as well as with risk communication and community engagement.

Continued on next page ...

In this issue

COVID-19 pandemic response	2
Mpox	9
Cholera	13
Ukraine	15
Uganda – Ebola disease caused by Sudan virus	16
Pakistan – Flood response	17
Greater Horn of Africa – Drought response	18
OpenWHO and learning	19
Key links and useful resources	20

Key figures on WHO's work in emergencies (as of December 2022)

	53 graded emergencies across the world
	9 grade 3 emergencies
	4 protracted 3 emergencies
	28 grade 2 emergencies
	6 protracted 2 emergencies

Graded emergency: An acute public health event or emergency that requires WHO's moderate response (Grade 2) or major/maximal response (Grade 3). If a graded emergency persists for more than six months, it may transition to a **protracted emergency**. For more information, please look at [WHO's Emergency Response Framework](#).

WHO continuously updates the graded emergencies figures based on data reconciliation exercises and on-the-ground updates from WHO Country and Regional Offices. These figures represent the compilation as of 14 December 2022.

For the latest data and information on WHO's work in emergencies, see the [WHO Health emergencies page](#), the [WHO Health Emergency Dashboard](#), and the [AEM Daily global situation update](#).



Members of the Fiji Emergency Medical Assistance Team (FEMAT) and two WHO personnel coming to support Tuvalu's COVID-19 response effort. Credit: WHO.

The FEMAT, which was set up under the initiative of the Fijian Ministry of Health and Medical Services and was trained and equipped with support from WHO, has played an instrumental role in Fiji's response to a number of health emergencies, including COVID-19. **The deployment to Tuvalu is FEMAT's first international assistance mission**, since receiving its Emergency Medical Team (EMT) classification in 2019.

Overall, this swift response by the Tuvalu government and partners, combined with strong preparedness efforts have proven efficient, **and 98% of the eligible population have already been vaccinated against COVID-19.**

The flight and deployment of health expertise and supplies were made possible thanks to generous funding from partners including the Government of Australia, the European Union and the United States of America.

For more information, click [here](#). To learn more about how WHO is supporting the COVID-19 response in Tuvalu, please visit this [page](#).

“Our team has been in constant contact with our Tuvaluan colleagues who are currently working day and night to respond to their first community transmission of COVID-19. They are now in the situation that many of us faced a year or two ago. We are extremely thankful to WFP for offering us the opportunity of harnessing the Pacific Humanitarian Air Service once again to get support to Tuvalu at the time they need it most.”

Dr Nuha Mahmoud

Officer in Charge WHO South Pacific



Medical supplies arrive in Funafuti, transported via WFP-chartered flight from Nadi. Credit: WHO

WHO and AIRA host workshops on the ‘co-design’ approach on content development for Infodemic management in Nigeria

Over the past years, Nigeria and other African countries have had to deal with infodemic surrounding COVID-19 as well as ongoing disease outbreaks such as mpox, Ebola and polio. To respond to this, the [Africa Infodemic Response Alliance \(AIRA\)](#) – a WHO/AFRO hosted network – recently organized **two workshops on the co-design approach in infodemic management**.

Held from 31 October to 3 November 2022 in Abuja, these workshops aimed at **building the capacity of participants who are directly involved in developing infodemic management content in Nigeria, through the “co-design approach”**. The latter is a process which uses creative and participatory methods to involve people working to manage infodemic in the creation of effective content.

The first workshop targeted four AIRA Infodemic Managers from the Democratic Republic of the Congo, Guinea, Kenya and Nigeria, as well as one AIRA manager in charge of regional portfolios. The aim was to **equip them with the necessary skills, methods and resources to start implementing co-design workshops on content development in their own countries**. Participants discussed lessons learned on infodemic management during the pandemic and considered how these could be applied to the responses to other health emergencies. Through practical sessions and sharing of experiences, participants were also introduced to the key principles of **human-centered design**: an approach which designs content *with* those who are mostly affected by the infodemic, not *for* them.

The second workshop gathered 17 Nigerian health communication practitioners from diverse backgrounds, among which journalists, fact checkers and researchers, civil society representatives, pandemic preparedness experts and Ministry of Health representatives. AIRA infodemic managers who had been trained in the first workshop also attended. This time, the workshop focused on **using the co-design method to develop a country-level strategy to countering infodemic and devise engaging and shareable information products in Nigeria**. Participants learned how to map audience segments, and create appropriate content adapted to each audience.

“All sections of the trainings were useful; however, I especially liked the audiences mapping and content ideation as they clearly set the pathway for an efficient workflow on infodemic content production”.

Nigeria-based reporter who followed the workshops



Infodemic management workshop, Abuja, Nigeria, 2-3 November 2022. Credit: WHO

“The plan is to ensure that when you are trying to communicate to [people], you should know the kinds of contents that would be appreciable to them. There are different kinds of contents for different kinds of audience.”

Dr Abdulrahman Danjuma

Technical officer, WHO Country Office for Nigeria

Overall, these workshops will help Nigeria better counter infodemic both in relation to, and beyond COVID-19.

The workshops also helped identify three key next steps, namely:

1. AIRA infodemic managers will conduct co-design workshops on content development in their own localities;
2. Nigeria-based stakeholders will develop four concept notes on the production of engaging information, which will be largely disseminated across the country to help guide practitioners on infodemic management;
3. The AIRA team, together with [Viral Facts Africa](#) – a social content initiative that acts as the AIRA’s public face – will support the design of locally relevant content as detailed in the stakeholders’ concept notes.



Infodemic management workshop, Abuja, Nigeria, 2-3 November 2022. Credit: WHO

For more information, click [here](#) and [here](#).

WHO/Europe carries out its Regional Joint Assessment and Detection of Events (JADE) simulation exercise for the first time since the pandemic

Public health events reporting, notification, verification, consultation and information sharing between Member States and WHO are key components of the International Health Regulations (IHR, 2005). Although the COVID-19 pandemic has disrupted all aspects of local, national and international public health, it has also increased the volume of communications under IHR, and catalyzed new innovations and technologies for health information sharing and analysis.

To ensure IHR communications function in a timely and effective manner, Member States recommended at the 2018 [high-level meeting on Accelerating Implementation of the IHR \(2005\) and Strengthening Emergency Preparedness in the WHO European Region](#), that regular simulation exercises be undertaken. It is against this backdrop that WHO designed the Joint Assessment and Detection of Events (JADE) simulation exercise method, which aims to test and strengthen IHR communication channels, and train IHR national focal points and WHO IHR regional contact points in WHO/Europe Member States.



WHO Regional Office for Europe running exercise JADE with State parties within the region ©WHO

JADE exercises were conducted in 2018 and 2019 but were discontinued since the start of the COVID-19. To reflect on and integrate lessons learned from the pandemic, and strengthen preparedness efforts including beyond COVID-19 across all member states, WHO/Europe however recently emphasized the importance of re-launching JADE exercises.

The WHO Regional Office for Europe therefore organized a JADE exercise from 22 to 24 November, for 150 participants from 47 States in the European Region. The simulation exercise provided a fictional scenario whereby a research laboratory had accidentally released the Crimean Congo hemorrhagic fever and two laboratory staff were infected. Participants were asked to support the fictional country in the form of diagnostics, case investigation, and providing personal protective equipment, and IHR national focal points were expected to carry out certain routine tasks, prompted by directions coming from the management team in the WHO European Regional Office.

Through this simulation exercise, participants had the opportunity to:

- validate the two-way communications between the IHR national focal points and WHO IHR regional contact points (e.g. on verification request or communicating initial assessments) using registered contact details;
- practice and test IHR national focal points' assessment of public health events, using the IHR decision-making instruments and notification process. This included practicing the inclusion of inputs for an IHR event information site (EIS) posting;
- test IHR national focal points' access and use of the EIS;
- review the IHR national focal points' knowledge as well as the existence of biosafety procedures and plans in each corresponding IHR State Party;
- review other modalities for bilateral communication and assistance between IHR national focal points under the IHR (2005); and
- describe international mechanisms that can support outbreak control (such as the [Global Outbreak Alert and Response Network](#), [Emergency Medical Teams](#) and [Standby Partners](#)).



Calling national focal points as part of the JADE exercise ©WHO

Overall, this first JADE exercise since COVID-19 has proven extremely helpful to refresh and strengthen national focal points' knowledge and skills and identify gaps. Moving forward, WHO/Europe will publish a report on the training, to disseminate relevant findings to all state parties, and will hold internal strategic discussions on how to best address identified gaps through targeted capacity building activities for national focal points.

WHO conducts an assessment visit in Bhutan, ahead of the installation of the country's first on-site medical oxygen generation system



WHO team from headquarters and the biomedical technicians from Mongar hospital. Photo credit: WHO/Kinga Namgyel

From 14 to 23 September 2022, WHO, together with the Bhutan Ministry of Health and the Royal Government of Bhutan undertook a field visit to two regional hospitals, where the country's first on-site medical oxygen generation plants are planning to be installed in the first quarter of 2023. The aim of the mission was to **conduct an assessment of current capacities prior to the installation** – including the existing medical gas system – **identify potential challenges, and issue recommendations for the way forward.**

To date, hospitals in Bhutan have been relying on a private distributor for its medical oxygen. The installation of two Pressure Swing Adsorption (PSA) plants and medical gas capacity in the Jigme Dorji Wangchuk National Referral Hospital in the capital city, and the Mongar Regional Referral Hospital in the eastern district, will **considerably help to scale up access to medicinal oxygen for patients suffering from both COVID-19 and other medical conditions.**



WHO team from headquarters assessed the current medical gas system status in Mongar hospital through discussions with the local technicians. Photo credit: WHO/Kiki He

WHO's assessment included an **analysis of the hospital's readiness for the installation of PSA plants, the functional status of the existing medical gas system, and the hospital biomedical engineering team's capacities and resources.**

Observations and recommendations included:

- **Closely following up on the construction and renovation work** for the housing of the PSA plants at both hospitals, which were still ongoing at the time of the visit. In particular, WHO recommended engaging with specialized electricians to ensure the connection between the PSA plant and the electrical panel would be efficient. WHO also recommended closely monitoring the logistics, such as ensuring the sufficient availability of staff.
- **Upgrading the current medical gas system**, which WHO committed to support. New medical air systems, vacuum systems and alarm panels were necessary to efficiently match the hospitals' needs. As of November 2022, steps are already underway to identify the supplier for this project.
- **Establishing more formal training programmes to strengthen the biomedical staff's technical capacities, and ensuring proper maintenance** for sensitive medical equipment such as ventilators. WHO will support capacity building activities for technician and biomedical engineers in the coming months, to enhance their understanding of the relevant standard requirements for the medical gas system and the operationalization of the PSA plants.

By the end of the visit, both Bhutan's Ministry of Health and WHO confirmed their commitment to work together to implement these recommendations and ensure the timely implementation of the new PSA plants and the medical gas system. Once installed, these devices are expected to greatly increase access medical oxygen and medical gases in Bhutan, thereby improving the quality of health services provided to people both as part of and beyond COVID-19.

For more information, click [here](#).

A nurse's role in counteracting myths about COVID-19 vaccination in Honduras: “We talked for an hour, and I managed to vaccinate them against COVID-19”

In the outpatient clinic of the Tela Integrated Hospital, in northern Honduras, six nurses have been working since COVID-19 vaccines started to be administered in the country. When the number of people coming to the hospital is low, nurses go house-to-house looking for children who are missing out on their second doses, to ensure they complete their vaccination schedule.

Nurses report a general lack of understanding about vaccines and frequent rumors, which spread misinformation among the population surrounding vaccines. To counter existing myths about the COVID-19 vaccine, and get more people vaccinated, these health professionals are making every effort to communicate effectively, in an easily understandable language.

“In the village of Los Patos, I found a family of five people and none of them had received even one dose of the COVID-19 vaccine. I spent about an hour talking to them, convincing them and I managed to vaccinate them all. (...) In the villages, there are parents who don't want their children to be vaccinated, and there are people who still say that COVID-19 doesn't exist”.

Karen Canales
Hospital nurse

“There is a general lack of education and information at the country level. From the beginning, when we started COVID-19 vaccination, there was a lot of false information circulating,”

Ana
Hospital Nurse

This approach has been successful, helping to increase the number of people vaccinated. Indeed, informing populations about the health risks posed by COVID-19 as well as the steps they can take to protect themselves is critical to mitigate the spread and reduce the likelihood of people becoming infected. Furthermore, ensuring that accurate and timely information is brought to the population through trusted channels, such as health professionals from their own communities, is the most efficient to enable populations to take informed decisions and adopt positive behaviors.

For more information, click [here](#).



Nurses from the Tela Integrated Hospital, in northern Honduras. Credit: WHO

Local health workers in the Philippines champion COVID-19 safety on remote islands



The WHO-supported non-governmental organization People In Need is leading the COVID-19 response on remote Manicani Island, under WHO's Civil Society Organization Initiative. Credit: WHO/Blink Media - Veejay Villafranca

Over the past two years, people on the remote island of Manicani in the Philippines have built their resilience against COVID-19, with the help of a civil society organization, local government units, local health care workers and WHO.

In the early days of the pandemic, it was challenging for the 3000 residents of Manicani Island in the Eastern Samar province to separate sound advice on COVID-19 vaccinations from misinformation. Even those who wanted to be vaccinated faced the cost and hassle of a 45-minute boat ride to the nearest vaccination centers. As a result, vaccine uptake was low.

Under [WHO's Civil Society Organisation \(CSO\) Initiative](#), WHO partnered with People In Need (PIN) Philippines, an international non-profit organization that works with vulnerable and hard-to-reach groups to provide humanitarian and development assistance, to better understand these barriers to vaccination and how to overcome them.

The CSO Initiative was an accelerator project that aimed to strengthen civil society engagement in the response to COVID-19 at both the national and local levels. Through community-based interventions, WHO and its partners have worked to support some of the most vulnerable groups who are often left 'unreached' during health emergencies. In the Philippines, this initiative was also supported by the European Union.

With support from WHO, PIN led the COVID-19 response on the island and worked closely with village health workers, local leaders and the Department of Health, to promote vaccine confidence and improve awareness and action around COVID-19 guidelines.



Tailored information, education and communication materials, translated into the local language helps improve people's knowledge, address rumours and provide science-based messaging around COVID-19 vaccines in Manicani island, Philippines. WHO/Blink Media - Veejay Villafranca

The first step in understanding people's reluctance to be vaccinated against COVID-19 was listening. The PIN team went house-to-house in Manicani's four villages to understand people's knowledge, perceptions, concerns and fears surrounding vaccination. To further understand and debunk these myths and concerns, the team organized meetings with residents of the island, local government units and health workers, who are trusted members of the community. Tailored and creative information, education and communication materials, translated into the local language, were also distributed and posted to help fill gaps in people's knowledge, address rumours and provide science-based messaging.

These efforts resulted in a **significant increase in vaccine uptake and reduction of COVID-19 cases via community transmission. Every resident in Manicani island was reached with information and vaccination rates almost tripled, with 79% of the island's eligible population being vaccinated by March 2022.**

Overall, trust in health workers was crucial in keeping people safe and for the success of the project.

“We were the first to get vaccinated because we are the frontliners so we served as examples to other people in our barangay [village] that nothing bad will happen if you will get vaccinated.”

Lorena Ida
Village health worker

For more information, click [here](#). To learn more about WHO's community engagement approach in the Western Pacific Region, please visit this [page](#).

Fostering and mentoring laboratory leaders in Central Africa



Participants, mentors and organizers at the 2nd face-to-face session in Bamako, Mali, September 2022. Credit: © WHO/AFRO

As the COVID-19 pandemic has proven on a global scale, laboratories are central to any well-functioning health system. Some countries in the WHO African Region - particularly in Central Africa - however have chronic and systemic weaknesses in term of laboratory infrastructure, equipment, human resources and networking. Fixing these requires a comprehensive understanding of policy and governance implications, as well as strong leadership and management, for which laboratory leaders need meaningful training.

Recognizing this need, the WHO Regional Office for Africa, through the '[Centre d'Infectiologie Charles Mérieux](#)' (CICM) in Bamako, Mali, is currently organizing **the first sub-regional training programme in laboratory leadership and management in French language for laboratory leaders from five countries in Central Africa: Chad, the Central African Republic, Congo, the Democratic Republic of the Congo, and Gabon.**

Starting in May 2022 and extending through April 2023, this sub-regional training programme aims to **equip participants with four essential competencies needed by laboratory leaders**, out of the nine outlined in the [Laboratory Leadership Competency Framework](#), namely: **laboratory system, leadership, management, and communication.** Four to six participants - either laboratory directors or managers - have been selected per country to participate, including from Ministries of Health and national COVID-19 and veterinary laboratories.

The one-year training programme combines various learning methods, including didactic sessions, mentorship, and project-based learning. Between May and September 2022, participants followed the instructional part, which included two face-to-face sessions focused on management, exchanging on the design of national laboratory systems, as well as communication methods for different types of audiences. This also included weekly sessions on leadership - from strategic planning to partnerships and ethics - held from June to August.

Since September, participants have been implementing their individual projects, with support from their mentors. These projects will help apply skills and knowledge gained during the didactic part, and results will be presented during the closing session in March 2023.

This is the first sub-regional implementation of the [Global Laboratory Leadership Programme \(GLLP\)](#), which aims to empower laboratory leaders worldwide to drive laboratory critical roles in preparedness and response to health threats, through a One Health approach. The GLLP is jointly managed by WHO, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health, the European Centre for Disease Prevention and Control, the United States Centers for Disease Control and Prevention and Association of Public Health Laboratories.

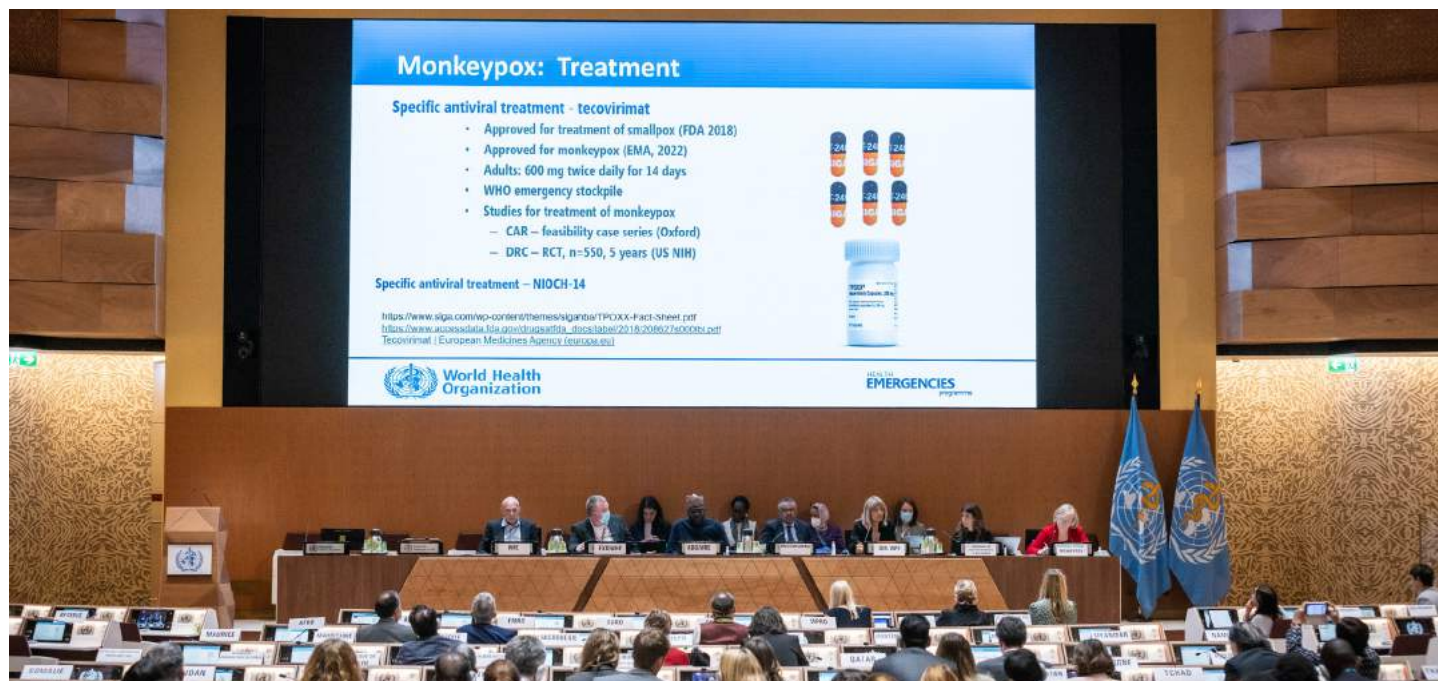
Moving forward, WHO and its GLLP partners plan to expand this training programme to other countries, to foster stronger and more sustainable national laboratory systems able to respond to COVID-19 and other current and future health emergencies. Currently, 33 countries are either engaged in or discussing GLLP implementation.

“It is hoped that this training programme will contribute to the improvement of medical and veterinary laboratory systems, but also that it will promote collaboration between the human, animal and environmental sectors at national and regional levels, thus reinforcing the “One Health” approach.”

Dr Christian Itama Mayikuli
WHO Representative to Mali a.i

WHO launches emergency-use protocol for tecovirimat to support mpox response efforts globally

WHO issued its [Emergency Appeal for Mpox \(July 2022-June 2023\)](#), appealing for US\$ 33.82 million to take immediate action to stop the mpox outbreak in collaboration with Member States, partners and other stakeholders. For more information on the mpox outbreak, including the latest Disease Outbreak News (DON) and situation reports, visit the [WHO mpox page](#) and the [WHO health emergency dashboard](#).



A technical briefing about the multi-country mpox outbreak held during the 75th World Health Assembly on 27 May 2022. Credit: WHO

Since May 2022, WHO has supported Member States across the world to respond to the ongoing [mpox \(monkeypox\)](#) outbreak. With many mpox cases reported in different geographic areas for the first time, WHO has mobilized all three-levels of the organization to develop technical guidance, operationalize response actions, and collaborate with health authorities and partners to prevent a further spread of the disease and optimize clinical care for people with mpox infection.

In July 2022, the WHO Director-General declared the [escalating global mpox outbreak as a Public Health Emergency of International Concern \(PHEIC\)](#). The International Health Regulations Emergency Committee [recommended](#) that investigational therapeutics should be used under clinical trials, and when this is not possible, may be used under expanded access protocols under the [Monitored Emergency Use of Unregistered and Investigational Interventions \(MEURI\) framework](#).

WHO has developed a protocol for the use of one such investigational drug, **tecovirimat**, under an ethical framework for data monitoring and safety reporting. It aims to **support Member States wanting to use this investigational drug under close monitoring for safety, and ensures collection of clinical data from patients with mpox.**

To operationalize this emergency use protocol, WHO invited lower, lower middle, and upper income countries to express their interest in receiving small amounts of tecovirimat through the [Partners Platform](#). Expressions of interest closed on 6 December 2022, with deployment of medicines anticipated to start in early 2023. Moving forward, WHO will continue to support Member States in all aspects of their emergency preparedness, readiness and response work related to mpox, including surveillance, laboratory work, clinical care, infection prevention and control, as well as risk communication and community engagement.

Overall, this emergency protocol is a good illustration of how flexible global action in response to a Public Health Emergency of International Concern, coordinated by WHO, can help to swiftly generate clinical evidence at the global level while prioritizing patient safety.

For more information on the emergency use protocol, please write to monkeypox_MEURI@who.int

Peru responds to mpox by engaging affected communities



Mobile health team. Credit: WHO

With more than 3,000 infections to date, Peru is among the countries of the Americas that has reported the most cases of mpox (monkeypox) not linked to countries in Africa, where the disease is endemic.

Before the disease first hit the country in June 2022 however, **health authorities had already begun implementing a response plan** prepared with technical support from the Pan American Health Organization (PAHO/WHO). The plan includes training for health professionals in epidemiological surveillance, laboratory diagnosis, prevention, and case management for timely screening and detection of infected people. It also includes **actions, in collaboration with affected communities, to communicate the risks of mpox and provide non-discriminatory and appropriate prevention tips to help people make informed decisions about their health.** As in other countries, the outbreak has particularly affected men who have sex with men in Peru.

Key elements of Peru's response to mpox include:

- **Working in close cooperation with affected communities, to avoid stigmatization.** A working group on mpox was convened by [UNAIDS](#), to bring together health authorities and community organizations. Authorities have also involved 40+ civil society and community organizations, as well as representatives of the LGBTQ+ community and people living with HIV in creating key messages about mpox and proposing ways to communicate them. Owners of nightclubs, bars, and saunas have also been encouraged to put up information posters on their premises.
- **Deploying nearly 100 mobile teams,** made up of health personnel and peer educators, to bring information on how to prevent infection to the streets, bars and nightclubs in Lima. By the end of October, mobile teams were able to reach 25,114 men who have sex with men (MSM) and hope to reach many more by the end of the year.

- **Setting up an mpox hotline** to answer questions about infection, transmission, and where to get tested, which operates 24/7 and refers people with suspected infection to health facilities. As of September, the hotline had received more than 117,000 calls.
- Using **instant messaging channels and email** to answer questions. The Ministry of Health also recently launched the Qatipay mobile application to support contact tracing.

Challenges remain, such as those related to the management of complications related to mpox and timely follow-up with patients or the question of how to use vaccination as a complementary prevention tool in a specific population, without discriminating or stigmatizing. Peru acquired 9,800 doses of monkeypox vaccine through the [PAHO Revolving Fund](#) and recently announced it will prioritize people with HIV and those at risk of developing a severe case of the disease.

Overall, although Peru continues to record mpox cases, numbers have been declining in recent weeks and authorities will continue working closely with communities to respond to the outbreak.

“Close dialogue between health authorities, civil society and community organizations has been a fundamental part of the response to the outbreak.”

Dr Eduardo Ortega

General Director of Peru's National Center for Epidemiology, Prevention and Disease Control

For more information, click [here](#) and [here](#).

The WHE Balkan Hub builds local and long-term public health capacity for mpox prevention and control



Capacity building Workshop in the Balkan Hub ©WHO Balkans Hub

In May 2022, an atypical outbreak of mpox (monkeypox) was declared in the WHO European Region, following reports of cases across several Member States not linked to countries where the disease is endemic. Indeed prior to this, all the cases detected so far in this outbreak had been identified as the milder West African clade.

Since the beginning of the mpox outbreak, the WHO Health Emergencies (WHE) Balkan Hub, together with the WHO Regional Office for Europe and Country Office in Serbia, have been working closely with health authorities in the Western Balkans, Moldova, and South Caucasus to help **build local public health capacity for managing mpox outbreaks, by improving preparedness, readiness, and response capacities.**

It is against this backdrop that **the first sub-regional training workshop was held in Novi Sad, Serbia from 9 to 10 November 2022, with the aim of sharing the most up-to-date scientific knowledge and tools available for managing the mpox outbreak.** The meeting brought together 34 participants in multidisciplinary teams from eight countries and one territory (Albania, Armenia, Bosnia and Herzegovina, Montenegro, North Macedonia, Republic of Moldova, Serbia and Kosovo¹) to **address gaps, challenges and long-term planning for mpox in each local context.**

In particular, the workshop helped countries to:

- gain the most current evidence and technical resources available for managing the mpox outbreak;
- understand how to further strengthen mpox surveillance, detection, and risk communication and community engagement (RCCE) capacities;
- advance on linking and integrating prevention and response into broader sexually transmitted infection prevention and control services; as well as,
- understand the need to engage trusted civil society organizations (CSOs) as partners in all phases of planning and response.

Topics discussed throughout the training included: risk assessment, surveillance, case-management, infection prevention and control, and efficient risk communication and community engagement for mpox. Country teams attended interactive case-study discussions, as well as detailed planning sessions which helped them to lay out future steps to strengthen and sustain their responses.

Without quick and robust interventions, mpox could establish itself as an endemic disease in Europe, thereby posing a significant public health risk. This is especially the case for vulnerable groups, such as young children and immunosuppressed persons, and for a large part of the population which has not gained protection through the smallpox vaccine, due to the global discontinuation of the vaccination campaign.

As a result, outbreak response, and broader elimination of the disease in Europe will rely on increased and sustained systems to detect and respond to autochthonous and imported mpox cases. **This recent WHO workshop has been key to strengthen national capacities in this respect, by helping participants to identify priority actions to be taken to implement WHO recommendations issued under the Public Health Emergency of International Concern, and to plan for long-term needs in terms of mpox prevention and control.**

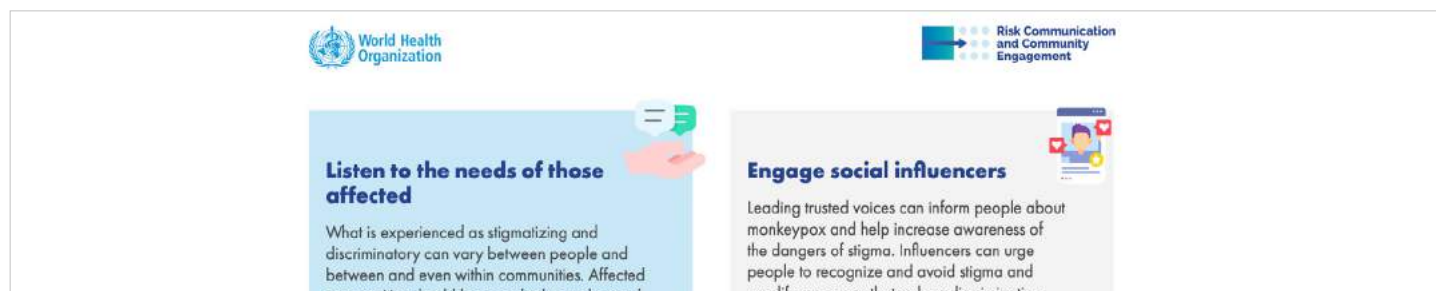
This activity was supported by the [WHO Contingency Fund for Emergencies](#).

For the latest news, publications and situation reports about the mpox outbreak in WHO/Europe, click [here](#).

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All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

WHO publishes public health advice on preventing and addressing stigma and discrimination related to mpox



Screenshot from the Risk communications and community engagement public health advice on understanding, preventing and addressing stigma and discrimination related to mpox. Credit: WHO

As the [mpox](#) (monkeypox) outbreak continues to unfold, the importance of effective strategies to guard against and respond to stigma and discrimination is increasingly clear. It is against this backdrop that the WHO recently released its [“Public health advice on understanding, preventing and addressing stigma and discrimination related to mpox”](#), which provides information on the potential impact of stigma and recommends language and actions to counter stigmatizing attitudes and discriminatory behaviours and policies.

“In the very early days of the outbreak, we anticipated that affected populations would face stigma. Our response focused heavily on targeted, behaviour-based yet sensitive communication and engagement. This guide took our work to the next level by helping individuals recognize their own unintentional biases that could lead to stigmatization of those most in need.”

Melinda Frost

Risk Communications and Community Engagement Lead,
WHO Health Emergencies Programme

Stigma and discrimination or associated fears may prolong a disease outbreak by stopping people from coming forward for information or seeking testing or care, which undermines public health efforts. For mpox, stigma, discrimination and racism have been particularly directed against communities initially most affected by the disease, namely men who have sex with men, trans people and gender diverse communities, and communities from previously affected regions. Lessons learned from decades of response to HIV were used to develop the mpox public health advice and deconstruct these stigmatizing attitudes.

“At WHO, we have adopted and encouraged the use of clear, simple, descriptive and non-judgemental language when talking about mpox and how it spreads. In this way, people feel empowered to understand and manage their own risks and join in public health efforts to help prevent further spread, for example through adapting their activities or helping to reach their contacts who may be at risk.”

Rosamund Lewis

WHO Technical Lead for the mpox global outbreak response

“We have learned over the 40 years of the HIV response that stigma and discrimination are critical barriers to equitable access to prevention, treatment and care. We have an opportunity with mpox to not repeat the mistakes of the past and ensure all people with mpox and HIV have access to testing, vaccines and treatment, free from stigma and discrimination.”

Meg Doherty

Director Global HIV, Hepatitis and Sexually Transmitted Infections Programme, WHO

Harmful behaviours are never acceptable and while stigma is often fueled by fear or anxiety, stigmatizing language can also be used by people accidentally and/or without ill intent. Part of addressing such attitudes involves undertaking an inventory of our own unconscious biases, by reflecting on our own beliefs and perceptions, seeking feedback and calling out stigma and discrimination when we see it. Fundamentally, this requires being open to receiving feedback, learning and changing our own behaviour, as individuals and as organizations. In this respect, WHO’s public health advice provides a wealth of **practical information primary targeted towards governments, UN agencies, civil society, health workers and the media, to support a proactive approach to reducing stigma and discrimination and ensuring people seeking health care are treated with kindness, confidentiality and respect.**

WHO contributes to cholera outbreaks response across the world



Arrival of first batch of OCV doses in Haiti, 12 December 2022 - Credit photo: PAHO/WHO

Over 100,000 deaths are due to cholera every year. WHO and its partners are responding to outbreaks worldwide within the framework of the [Global Roadmap for Ending Cholera \(2030\)](#), including through the [International Coordinating Group on Vaccine Provision](#). For more information, visit the [WHO Disease Outbreak News \(DONs\) page](#), [WHO cholera page](#), and the [Global Task Force on Cholera Control page](#).

After years of declining numbers, 2022 has seen an upsurge of cholera outbreaks around the globe. To date and although numbers are clearly underreported, 30 countries have reported cases of cholera – including Haiti, Lebanon, Pakistan, and Syria. Evidence shows that case fatality rates are higher than usual in many of affected countries, and at least 10 countries have a case-fatality rate above the 1% threshold. This flare-up of cholera can be explained among others by the combined effects of conflict, forced migration, economic and social disruptions linked to the COVID-19 pandemic, and a changing climate.

“Cholera thrives on poverty and conflict but is now being turbo-charged by climate change. [These drivers] reduce access to clean water and create the ideal environment for cholera to spread.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Cholera can be prevented and controlled through investments in water and sanitation, improved health systems and large-scale use of the Oral Cholera Vaccine (OCV). Although it can kill within hours, cholera can be effectively treated with rehydration, including simple oral rehydration solution (ORS) as well as antibiotics and intravenous fluids for the more severe cases. Most cholera-related deaths are attributable to people not having timely access to medical care, which shows the critical need to set up treatment facilities close to the population, ensure they are adequately staffed and equipped, and provide immediate access to safe water.

Meeting global demands for supplies for the detection and treatment of cholera is becoming increasingly challenging. Given the large number of countries currently affected by outbreaks and the limited available OCV supply, the [International Coordinating Group on Vaccine Provision](#) – which is led by WHO and governs the use of the Gavi-funded OCV stockpile– has taken the difficult decision to temporarily hold back the second dose of OCV in outbreak settings.

In line with the framework of the [Global Roadmap for Ending Cholera \(2030\)](#), WHO and its partners will therefore intensify its efforts to support Ministries of Health in affected countries in all pillars of their response, including vaccination.

In particular, WHO will continue to provide technical guidance to:

- ensure proper clinical management practices and treat people suffering from cholera with ORS or antibiotics;
- reinforce infection prevention and control best practices;
- strengthen countries’ detection and surveillance capacities, to ensure cholera ‘hotspots’ are identified;
- ensure cholera testing protocols are in place;
- supply lifesaving [treatment kits](#) and medicines;
- raise awareness among healthcare workers and populations on prevention protocols, and
- collaborate with both health and other sectors to ensure better access to safe water and sanitation.

“Cholera can kill, but it is preventable. Let us not allow the hard-won public health gains of the last decades vanish due to people lacking access to simple interventions.”

Dr Ahmed Al-Mandhari
WHO Regional Director for the Eastern Mediterranean

WHO at the forefront of the cholera response in Lebanon

Between 6 October 2022 when the first case of cholera was confirmed in northern Lebanon and 6 December, over 652 confirmed cases and 22 deaths have been reported across 20 of the country's 26 districts. It is against this backdrop that WHO and its partners have intensified their efforts to support the Ministry of Public Health to curb the spread of the outbreak.

A **multisectoral national task force for cholera** was immediately established under the leadership of the Ministry of Public Health, and a **costed comprehensive multisectoral cholera preparedness and response plan** developed. **Multiple field missions** were quickly conducted, to engage local authorities and communities in the response.

Considering the challenges faced by Lebanon, including the current economic crisis, poor water and sanitation infrastructure, and the limited availability of energy supplies, response actions have been driven by the following priorities:

- **Introducing cholera vaccination.** A total of 2.4 million doses have been approved by the [International Coordination Group \(ICG\) on Vaccine Provision](#). 600 000 doses have already arrived in the country and been administered to 480 000 refugees and host communities in high-risk districts during a national door-to-door vaccination campaign. The additional 1.8 million doses will be delivered in batches, from December 2022 onwards.
- **Prioritizing the provision of clean water, and adequate sanitation and hygiene.** WHO and its partners have been working to monitor water quality in affected districts.
- **Strengthening early warning surveillance and laboratory capacities.** Personnel have been trained at national and regional reference laboratories and supplies procured. As of early December, 734 stool samples and 407 water samples have been tested for cholera, with 40% and 36% testing positive, respectively. WHO also procured over 22,000 rapid diagnostic tests, which will be distributed to both hospitals and surveillance teams at field level, and has assessed 12 hospitals designated by the Ministry for cholera treatment, and responded to identified gaps.

- **Strengthening clinical care and outbreak management.** To palliate a shortage of qualified health workers and support outbreak management, over 130 senior nurses and infectious disease specialists have been deployed to key referral hospitals in Tripoli and Akkar governorates. Multidisciplinary teams of doctors, nurses and infection prevention and control (IPC) officers have also been deployed to train health care workers on IPC and case management.
- **Undertaking health education campaigns.** Intensive risk communication campaigns are being organized, including as part of the vaccination campaign, to encourage residents from vulnerable areas to receive the Oral Cholera Vaccine as a preventive measure, and to abide to public health recommendations.

“We need concerted efforts to ensure that people have access to health services, clean water and sanitation, and to educate them on how to deal with cholera if anyone becomes infected.”

Dr Abdinasir Abubakar
WHO Representative in Lebanon

Scaling up collective response interventions are key to contain the outbreak and avoid cholera becoming endemic in the country. Moving forward, WHO and its partners will require increased support to sufficiently fund the cholera response plan jointly implemented with the Ministry of Public Health.

For more information, click [here](#) and [here](#).



Vaccination campaign in Lebanon. Credit: WHO Lebanon

WHO/Europe hosts a strategic and operational planning and Monitoring and Evaluation workshop for refugee-hosting countries responding to the crisis in Ukraine

WHO's response to the conflict in Ukraine is guided by the [Strategic Response Plan](#) for June – December 2022, which is implemented in close collaboration with health partners. In September, WHO released its [Emergency Appeal for Ukraine and refugee-hosting countries](#), in which funding needs are estimated at US\$ 167.5 million. To read more about WHO's work and find the latest news and [Situation Reports](#), visit the [WHO Ukraine emergency page](#).



Strategic and operational planning workshop for refugee-hosting countries in Warsaw Poland ©WHO.

Since the start of the conflict in Ukraine, the WHO Regional Office for Europe has been on the ground to support Ukraine and Ukrainian refugees-hosting countries with their health response. In particular, WHO delivers specialized medical supplies, coordinates the deployment of medical teams, and works with health authorities to minimize disruptions to the delivery of critical healthcare services.

As part of its planning for 2023, WHO/Europe held an **operational planning workshop on 7 and 8 November, which aimed at reviewing and updating the current [Strategic Response Plan \(SRP\)](#) (June to December 2022) to align activities with the health needs of both refugee and host populations in hosting countries.**

Held in Warsaw and coordinated by the WHO Refugee Health Extension and the WHO Country Office to Poland, the workshop brought together WHO Representatives and technical staff from 11 refugee-hosting countries (Belarus, Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, and the Republic of Moldova). The main objectives were to **inform WHO's planning for the coming year, and harmonize and strengthen the response's monitoring and evaluation process.**

During the first day of the workshop, participants discussed current and future health needs and country-level workplans, and shared their experiences, good practices and lessons learned from the past eight months of the conflict. The second day was dedicated to discussing programmatic priorities and targets for 2023, as well as the response's monitoring and evaluation framework. Participants worked to harmonize monitoring practices, enhance the results-based management

approach to planning and implementation, and ensure further alignment with the monitoring mechanisms of the multi-partner [Refugee Response Plan](#). Debates centered particularly on determining proper indicators to measure and assess countries' refugee response actions and progress, including indicator targets, available data, data sources and information collection mechanisms.

Overall, the workshop helped to:

- **Identify current and anticipated [health needs](#)** for refugees and host communities at both country and regional level, and **inform planning for 2023**;
- **Gather experiences and lessons learned** from refugee-hosting countries from the past eight months;
- **Agree on and commit to strategic directions and priorities** for the 2023 refugee health response among refugee-hosting countries; and
- **Improve and streamline the monitoring and evaluation approach** across refugee-hosting countries, and further align it to country operational plans.

Building on these outcomes, WHO will convene a second workshop in 2023 to help refine the agreed-upon monitoring and evaluation indicators across all refugee-hosting countries, and adjust the monitoring and evaluation plan. In the long run, this work will help inform WHO's planning and ensure activities are effectively responding to the needs of the population on the ground.

Rapid response teams bolster Uganda’s response to Ebola Disease Outbreak

On 20 September 2022, Uganda declared an Ebola disease outbreak caused by the Sudan ebolavirus species. WHO is closely supporting the government-led response, providing advice, supplies and specialists and is appealing for [US\\$ 88.2 million to contribute to the reduction of mortality and morbidity](#). For the [Situation Reports](#), [Disease Outbreak News](#), and latest news and publications visit the [Ebola outbreak 2022 – Uganda page](#) and the [WHO Country Office for Uganda website](#).

Building on gains from the response to COVID-19, Ugandan rapid response teams are at the forefront of the response to the current outbreak of Ebola disease caused by Sudan virus.

Between December 2020 and April 2022, a total of **840 rapid response team members** were trained in Uganda to support the COVID-19 response. In June 2022, WHO launched the “Rapid Response Teams Training and Implementation Package”, which helped train 86 Ministry of Health staff, either as trainers of trainers or national rapid response team members. When the outbreak of Ebola disease caused by Sudan virus was declared on 20 September, **60 well-trained rapid response team members were able to be quickly deployed to districts that reported cases**, including Kassanda and Kyegegwa districts, as well as Masaka city and the capital, Kampala. Teams have also been working in districts where no cases have been recorded but where contacts live, to ensure communities and health workers are prepared to rapidly respond to any potential infection.

Since then, rapid response team members have been working tirelessly to curb the disease outbreak, engaging in a variety of tasks, including risk communication and contact tracing.

Hilda Wesonga is part of the teams who were deployed to Mubende and Kassanda districts, where the first cases were reported. Working on risk communication and fully respecting infection, prevention and control measures, she goes every day from one village to another to sensitize communities on the current Ebola outbreak. Sometimes, Wesonga also features on radio talk-shows where she answers listeners’ questions about the disease, how to protect oneself and where to seek care. **Over the last two months, Wesonga and her colleagues have reached over 25 000 people in Mubende and Kassanda districts.**

“Everywhere I have gone, people are satisfied. The awareness is high. We are now dealing with behavioural change, which takes time.”

Hilda Wesonga

Rapid response team member

Overall, these collective efforts to mount a full-scale response are paying off and in November, the outbreak had slowed down in six districts, with two dropping from the follow-up list as they have reported no cases in over 42 days.

“The rapid response teams are the first responders when we have emergencies. They support all aspects of the emergence response. These standby teams readily responded in the first week and have since contributed technically to the Ebola response. Their role is absolutely essential.”

Maureen Nyonyintono

Epidemiologist, WHO Country Office for Uganda



Rapid response team, Uganda. Credit: WHO

“The rapid response teams played a crucial role in building the foundation of the response that is now fully deployed and is bearing fruit. Efforts must nevertheless be scaled up and sustained so we can bring this outbreak under control.”

Dr Yonas Tegegn

WHO Representative in Uganda

For more information, click [here](#).

WHO undertakes a measles-rubella campaign to prevent disease outbreaks in flood-affected Pakistan

As a result of the monsoon triggered floods, the delivery of health services in Pakistan is severely disrupted, with 10% of all of Pakistan's health facilities either damaged or destroyed and over eight million people in urgent need of health assistance. The risk of disease outbreaks and malnutrition is extremely high. WHO's response to this crisis has been focusing on scaling up of service delivery, case management, disease surveillance and outbreak control. To effectively respond to the health component of this crisis, WHO needs USD 81.5 million. Click to read WHO's [Emergency Appeal for the health crisis in Pakistan](#), and the [latest news and situation reports](#). For more information, visit the [Pakistan crisis response page](#) and the [WHO Country Office for Pakistan webpage](#).

The devastating floods affecting Pakistan since this summer have displaced a large population to temporary settlements or camps, and are having a significantly adverse effect on health particularly for children. Broken health infrastructures and poor access to vaccination services, combined with **overcrowded and rudimentary shelters, with inadequate access to safe water and sanitation have greatly compounded the risk of disease outbreaks among flood-affected populations. To date, outbreaks of measles and rubella have been recorded in 31 districts across the country.**

To mitigate the risk of measles outbreaks in flood-affected populations, the Expanded Programme on Immunization has **carried out a measles-rubella vaccination campaign, focusing on displaced populations** living in temporary shelters, often beside main roads, motorways and the banks of the canals. This was an immediate flood response intervention to prevent outbreaks in the most vulnerable displaced populations.

1.8 million children aged between 6 months and 59 months have been vaccinated as part of this campaign, thereby significantly contributing to control disease transmission and prevent outbreaks.

“We applaud the federal and provincial governments for conducting a measles-rubella campaign at a vital moment, preventing more loss of life following the tragic floods. This campaign was critical to maintaining the gains of the previous measles-rubella campaign. (...) The success of the measles-rubella campaign in flood-prone areas was made possible by the dedication of health workers. Every day, they ensured that every child in the target locations was reached. We owe a great deal to their hard efforts.”

Dr Palitha Mahipala

WHO Representative to Pakistan

This vaccination campaign forms an integral part of the wider WHO response designed to support the Pakistani government in its flood recovery and rehabilitation efforts. WHO is now focusing on **enhancing surveillance efforts to support the delivery of targeted and faster health services**, as available data shows major measles outbreaks are likely to occur in early 2023 if effective mitigating measures are not immediately taken.



Measles-rubella vaccination in flood-affected Pakistan. Credit: WHO

Measles is one of the major causes of children's deaths in emergencies and further contributes to mortality by exacerbating malnutrition and vitamin A deficiency. According to WHO guidelines, one dose of the measles-rubella vaccine should be administered to all children aged 6 months to 5 years living in internally displaced person camps, along roadsides, in host communities, or in any temporary shelters, irrespective of their previous vaccination history.

In addition, Pakistan remains among the top ten countries in the world with a large pool of un/under-vaccinated children, and hosts more than 600 000 zero-dose children. The recent floods have caused a significant drop in routine immunization services, especially in flood-affected districts, further highlighting the need to increase vaccination efforts across the country.

For more information, click [here](#).

Ethiopian Emergency Medical Teams provides support to drought-affected areas as part of its deployment

The Greater Horn of Africa is experiencing one of the worst food insecurity situations in decades. An **estimated >46 million** people are projected to be in Integrated Food Security Phase Classification (IPC) phase 3 or above, meaning that they are facing crisis levels of food insecurity in Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda. This has profound health consequences, due to the catastrophic combination of malnutrition, diseases and indirect effects of food insecurity including displacement, poor WASH facilities, and reduced access to and utilization of health services, including immunization. A strong health response is therefore required to avert morbidity and mortality.

For more information, including the latest publications and [Situation Reports](#), visit [WHO's Drought and food insecurity in the greater Horn of Africa page](#), and read the [Regional Emergency Response Appeal for the Greater Horn of Africa](#). WHO's response to the crisis is currently severely underfunded, with only 40% of the required funding for 2022 having been received.

In April 2021, [the WHO Regional Emergency Medical Teams \(EMT\) Training Centre was officially inaugurated](#) in Addis Ababa, to help build national capacities in the region. Since then, the training centre has trained a cohort of over 100 persons, comprised of both EMT members and other ministry of health staff supporting EMT coordination and response from various parts of Ethiopia.

In June 2022, 17 EMT members were deployed for the first time, to support the local emergency response by providing clinical care to people affected by drought in Gode (Somali region). The team was composed of physicians, pediatricians, nurses, and nutritionists, who had all been trained by the EMT Centre. Pre-deployment orientation was given by WHO, the Ministry of Health and the Somali Regional Health Bureau.

Throughout the three-week deployment, the Ethiopian EMT:

- **conducted nutritional screening for 211 children** at internally displaced persons (IDP) sites and Gode Hospital, and **admitted about 100 children with severe acute malnutrition to the hospital's stabilization center.** The team closely followed up on patients, and conducted two daily rounds of screening. As a result, **90 children showed improvement and were discharged during the same period.**
- **provided training and health education to parents** whose children were admitted to the stabilization center and those living in IDP sites. Messages focused mainly on breastfeeding, complementary feeding, environmental and hand hygiene, appropriate feeding practice and detecting signs of severe acute malnutrition.
- **trained intensive care unit (ICU) staff at Gode Hospital on essential skills,** such as infection prevention and control, operating a mechanical ventilator or provide basic life support and critical care. In addition, the team handled some minor maintenance and repair tasks on the hospital's medical equipment.

Generally, EMT members are picked to support an outbreak or emergency response as surge capacity from a national roster of health professionals who are already working in hospitals or other health services. These include Ministry of Health staff. The 17 EMT members deployed to Gode form part of a larger pool of 70 volunteers who are on Ethiopia's EMT roster and are ready for deployment, after having undergone rigorous trainings and exercises through the EMT Regional Training Center for Africa.



Ethiopian EMT during their first deployment to provide support to drought-affected areas. Credit: WHO

On a larger scale, these regional trainings form part of a global [EMT initiative](#) whose aim is to strengthen national surge response capacities in the immediate aftermath of a disaster, outbreak and other emergencies.

“We’re proud of our team’s well-coordinated engagement for a successful response. We request our partners’ long-term sustainable support for the continued impact of the team. We have set the foundation for the future.”

Degisew Dersso

Surge and Clinical Disaster Management Coordinator, EMT Coordinator and Conflict Response Incident Management System -Acute Care and Clinical Section Lead

For more information, click [here](#).

Global Health Cluster conducts a successful first all-women Health Cluster leadership training



Global Health Cluster training, which allowed participants to improve their skills in leadership and coordination. Credit: Global Health Cluster

As it works to relieve suffering and save lives in humanitarian and public health emergencies, one of the [Global Health Cluster's](#) priorities is the training of women leaders. Indeed, increasing the deployment of women in leadership positions will help reduce the gender imbalance in the emergency workforce and can contribute to preventing sexual exploitation and abuse in emergency contexts.

To advance this effort, the Global Health Cluster held its **first all-women training focused on Health Cluster coordination and leadership** from 17 to 21 October in Berlin, Germany, with support from the [Center for International Peace Operations \(ZIF\)](#). 15 women from all six WHO regions and from WHO's three levels (headquarters, regional offices and country offices) participated, together with eight NGO partners' representatives.

The programme consisted of a one-day workshop followed by two and a half days of training simulation exercises that addressed topics such as: initial establishment of a national Health Cluster, needs assessment and analysis, resource mobilization, implementation and monitoring activities, and the prevention and response to sexual exploitation, abuse and harassment (PRSEAH). A women in coordination leadership clinic, led by Dr Gaya Gamhewage, WHO Director of PRSEAH, was also included, offering participants the opportunity to exchange on different leadership styles and models.

The facilitation team comprised six Health Cluster and training experts from Ethiopia, Somalia, the WHO Regional Office for South-East Asia, the WHO Health Emergencies Programme's Learning and Capacity Development Unit, and the Global Health Cluster Unit.

Overall, **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. Participants also reported the training helped them better understand WHO's role as Cluster lead, the role of the Health Cluster coordinator and the Health Cluster team, as well as the vital leadership roles all partners and NGOs can have within the Health Cluster. By the end of the training, participants completed individual action plans for follow up in the coming six months.

The diversity of participants and facilitators brought together allowed for rich discussions and sharing of experiences, thereby helping to build a strong informal network of highly qualified women working in emergencies. Confirming its positive impact, **91% of participants rated the training as excellent as part of the final evaluation, 96% said that they would recommend the training to other Health Cluster personnel and 100% said that they would recommend the training to women who wish to develop their careers in coordination leadership.**

“The simulations and real-life case studies and practicing the various assessment tools gave me a better understanding of how I can develop my career in Health Cluster Coordination Leadership.”

Training participant

Moving forward and should funding permit it, the Global Health Cluster hopes to conduct the workshop annually.

For more information, click [here](#) and [here](#).

Highlights of WHO's work in emergencies

For updated information on where WHO works and what it does, visit the [WHO Health emergencies page](#), the [WHO Health Emergency Dashboard](#), the [Disease Outbreak News \(DONs\)](#), and the [Weekly Epidemiological Record](#).



Mpxv

For the latest data trend and updates, click [here](#).



COVID-19

For the latest information, visit the [WHO COVID-19 dashboard](#) and [Situation Reports page](#).



GOARN

For updated GOARN network activities, click [here](#).



Emergency Medical Teams (EMT)

For updated EMT Network activities, click [here](#).



EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#).



WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance, click [here](#).

For more information WHO's regional response:

[African Regional Office](#)

[Eastern Mediterranean Regional Office](#)

[European Regional Office](#)

[Regional Office of the Americas](#)

[South-East Asia Regional Office](#)

[Western Pacific Regional Office](#)

News

- [One year since the emergence of COVID-19 virus variant Omicron](#)
- [WHO Member States agree to develop zero draft of legally binding pandemic accord in early 2023](#)
- [WHO recommends new name for monkeypox disease](#)
- [Report signals increasing resistance to antibiotics in bacterial infections in humans and need for better data](#)
- [WHO calls on the global community to equalize the HIV response](#)
- [WHO to identify pathogens that could cause future outbreaks and pandemics](#)
- [Nearly 40 million children are dangerously susceptible to growing measles threat](#)
- [WHO updates recommendations to guide family planning decisions](#)
- [New report showcases strategies to keep children safe online](#)

Highlights

- [Ebola trial candidate vaccines arrive in Uganda in record 79 days after outbreak declared](#)
- [Disease Outbreak News \(DON\) - Ebola disease caused by Sudan ebolavirus \(24 November\)](#)
- [Weekly epidemiological update on COVID-19 \(30 November 2022\)](#)
- [War in Ukraine: situation report from WHO Ukraine country office. Issue No.32 \(16 November 2022\)](#)
- [Multi-country outbreak of monkeypox, External situation report #10 \(16 November 2022\)](#)
- [Situation Report: Greater Horn of Africa Food Insecurity and Health - Grade 3 Emergenc \(10 October 2022 - 14 November 2022\)](#)



Science in 5 is WHO's conversation in science. In this video and audio series WHO experts explain the science related to COVID-19. Transcripts are available in Arabic, Chinese, English, French, Farsi, Hindi, Maithili, Nepali, Portuguese, Russian and Spanish.

[Microbes are becoming resistant to antibiotics](#) (25 November)

Microbes like bacteria, fungus and viruses are becoming resistant to medicines like antibiotics. WHO has declared antimicrobial resistance as a global health and developmental threat. How can we stop antimicrobial resistance? Dr Hanan Balkhy explains in Science in 5

[Oral Health](#) (21 November)

A new WHO report shows that half of world's population suffers from diseases of teeth, gums or the mouth. Why is oral health important for everyone? What conditions can result from poor oral health? How can we maintain and improve oral health? Dr Benoit Varenne explains in Science in 5.