

# WHO's Monthly Operational Update on Health Emergencies

## New study finds that 43,000 “excess deaths” may have occurred in 2022 from the drought in Somalia



Photo of water distribution taken April 2022 in the drought affected city of Garowe, Somalia. Credit: WHO / Mukhtar Sudani

Somalia is enduring five consecutive seasons of failed rains, the longest in recent memory, which has left 5 million people in acute food insecurity and nearly 2 million children at risk of malnutrition. It is against this backdrop that [a new report](#) was released, which produces both retrospective and forecasting estimates of overall and crisis-attributable excess mortality across Somalia and suggests action points.

Released on 20 March, the report was developed by the London School of Hygiene and Tropical Medicine, Imperial College London, UNICEF and WHO, in collaboration with the Federal Government of Somalia, the Food and Agriculture Organization of the United Nations (Food Security and Nutrition Analysis Unit – Somalia) and SIMAD University, Mogadishu. It suggests that **an estimated 43,000 excess deaths may have occurred in 2022 in Somalia** due to the deepening drought, a figure higher than that of the first year of the 2017–2018 drought crisis. Half of these deaths may have occurred among children under the age of 5.

The study presents retrospective estimates of mortality across Somalia from January to December 2022. The highest death rates were estimated to have occurred in south-central Somalia, especially the areas around Bay, Bakool and Banadir regions, the current epicentre of the drought.






Importantly, the report develops for the first time **a scenario-based forecast model to enable anticipatory action and avert drought-related deaths. The forecast, spanning January to June 2023, estimates that 135 people may die each day due to the crisis, with total deaths projected to fall between 18,100 and 34,200 during this period.** These estimates suggest that, **although famine has been averted for now, the crisis is far from over and is already more severe than the 2017-2018 drought crisis.**

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### Key figures on WHO's work in emergencies (as of 17 April 2023)

-  55 graded emergencies across the world
-  9 grade 3 emergencies
-  5 protracted 3 emergencies
-  27 grade 2 emergencies
-  7 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**. WHO continuously updates the graded emergencies figures based on inputs from the Organization's three-levels.

 **24 GOARN deployments** are currently ongoing across WHO's six regions. Since the beginning of 2022, GOARN has supported 165 deployments, of which 141 have been completed as of 17 April 2023.

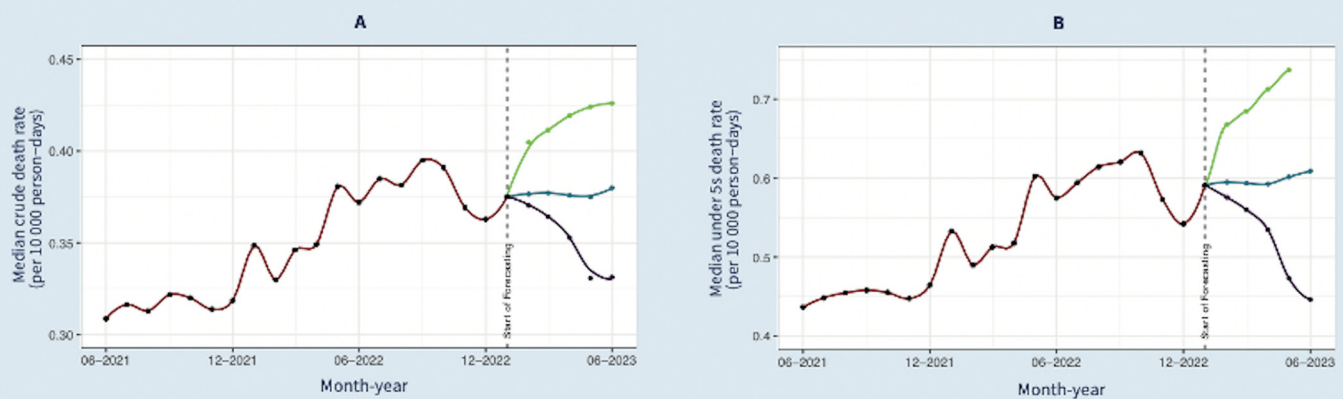
 **26.6 million** online data analysed between 01-31 March 2023 by WHO as part of social listening and infodemic management support to Member States

 OpenWHO totaled **7.6 million enrolments** for online courses available in **68 national and local languages**, including 46 courses dedicated to the COVID-19 response

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

**Figure 1. Predicted median crude death rate by scenario, Somalia, December 2022 to June 2023**

Forecast scenario: — Optimistic — Static — Pessimistic



Notes: Panel A shows the overall predicted rate and panel B shows predicted rate in children younger than 5 years

Extract from the report, showing the predicted crude death rate by scenario in Somalia from December 2022 to June 2023. Credit: WHO and UNICEF

The report notably highlights the need for a sustained multisectoral humanitarian response to reduce preventable deaths, particularly among the most vulnerable groups. In 2023, the United Nations needs more than US\$ 2.6 billion to meet the priority needs of 7.6 million people in 2023.

This study is the first in a planned series and was funded by the Foreign, Commonwealth and Development Office (FCDO) of the United Kingdom.

“From the very beginning of this drought, WHO has clearly stated that the drought is a health crisis as much as it is a food and climate crisis. WHO’s main concern has been to prevent excess deaths directly or indirectly attributed to drought with a special focus on women and children under 5. As such, WHO has stepped up its life-saving integrated health interventions throughout 2022 and would continue to do so in 2023 to avert every preventable death in Somalia.”

**Dr Mamunur Rahman Malik**  
WHO Representative to Somalia

“We are saddened by these deaths, and we know there could have been many more deaths had humanitarian assistance not been scaled up to reach affected communities. We must continue to save lives by preventing and treating malnutrition, providing safe and clean water, improving access to life-saving health services, immunizing children against deadly diseases such as measles and providing critical protection services.”

**Wafaa Saeed**  
UNICEF Representative

For more information, click [here](#). Click [here](#) for a summary of the report.



WHO’s response to drought crisis in Baidoa, Somalia - November 2022. Credit: WHO / Ismail Taxta



## Addressing mental health and psychosocial needs in Ukraine during and after the war: WHO support to Ukraine in 2022



Training of trainers on Self-Help Plus course (Kyiv, Ukraine). Credit: WHO/Ukraine

As in many conflict-affected settings, the needs for mental health and psychosocial support (MHPSS) are enormous in Ukraine. MHPSS has been identified as a priority by the Government of Ukraine as part of the country's emergency response and recovery. Building on years of previous MHPSS work and investment in the country – undertaken both through the [WHO Special Initiative for Mental Health](#) and the [Pan-European Mental Health Coalition of the WHO European Region](#) – WHO and its partners quickly scaled up their support when the war broke out in February 2022, to address both the immediate and long-term needs of the population.

Below are some examples of the MHPSS work undertaken in Ukraine to date:

### Operational Roadmap

In 2022, the Government of Ukraine established an intersectoral coordination council for mental health under the Prime Minister of Ukraine and launched the National Mental Health and Psychosocial Support Programme under the auspices of the First Lady of Ukraine Olena Zelenska. As the main technical partner for the national programme, WHO supported the development and implementation of the [Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap](#) which aims **to reduce suffering and improve the mental health and psychosocial well-being of the affected population**. WHO is currently supporting its implementation.

### Coordination and technical support for partners

WHO jointly co-chairs with International Medical Corps the national MHPSS Technical Working Group (TWG). With its five subnational working groups in various cities that help cover local coordination, this TWG aims to facilitate the coordination of effective humanitarian assistance and promote good MHPSS practice with the Health, Education and Protection clusters, Gender-Based Violence and Child Protection sub-clusters as

well as MHPSS technical working groups. As part of this work, the TWG also **supports cross-border MHPSS coordination, knowledge sharing and referrals with neighbouring countries**. Operating with 50 partners since 2015, the TWG gained more than 220 new members in 2022.

### Strengthening and Scaling up Community Mental Health Teams (CMHTs)

Community Mental Health Teams (CMHTs) are an innovative, multi-disciplinary community-based service model supported by WHO. These teams were created to address the needs of the population affected by the conflict in 2016, including internally displaced persons. In 2021, the Government increased the number of CMHTs from 17 to 61, deploying them across the country. CMHTs have since been instrumental in providing MHPSS support. 27 CMHTs are currently supported by WHO and have [provided 23 000 consultations for 1400 people with severe mental health disorders since the start of the conflict](#).

### Building capacity of primary health care workers using the Mental Health Gap Action Program (mhGAP)

Between 2019 and the end of 2022, WHO and partners have trained over 1000 primary healthcare workers on the detection and response to common mental health conditions using [WHO's mhGAP Intervention Guide](#) and its [humanitarian emergencies edition](#). To strengthen these efforts, WHO, the Ukrainian Ministry of Health and partners signed a memorandum of cooperation in November 2022. Since then, 17 partners have joined the mhGAP initiative. As part of the roll-out of the initiative, 142 trainers have been trained to support in-person training of health personnel and an online course on management of mental health conditions in primary healthcare was developed to reach a wider audience. **Over 10% of Ukraine's primary healthcare staff are now due to receive in-person mhGAP training** by the end of 2023 and the online course is estimated to reach up to **50 000 primary health workers** across the country.

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Family doctor trained on mhGAP with a patient (Kyiv, Ukraine). Credit: WHO/Ukraine

Other key areas of WHO's support to MHPSS in 2022 include:

- **Scaling up psychological interventions**, including through the launch of an initiative aimed at promoting self-help strategies within the Ukrainian population, in partnership with the National MHPSS.
- **Promoting human rights** by preparing for the launch of the [QualityRights](#) package which, along with [WHO's Guidance on community mental health services](#) will help strengthen community- based MHPSS services in Ukraine, as envisioned by the national mental health policy.
- **Filling critical gaps in MHPSS provision** for vulnerable groups within the population, including through the provision of psychotropic medicines or vehicles to support CMHTs' outreach work.
- **Introducing new MHPSS in emergencies tools** including the [MHPSS Minimum Service Package](#) (in partnership with Médecins du Monde), the [Inter-Agency Standing Committee \(IASC\) Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification \(Version 2.0\)](#) and [WHO's Framework for Mental Health and Psychosocial Support in Radiological and Nuclear Emergencies](#).

In 2023, WHO plans to continue scaling up its support to Ukraine to address the immediate needs of the population and ensure the mental health care system is prepared to meet the country's vast, long-term needs.

“Ukraine has demonstrated from the outset of this emergency that its priorities are human rights. Mental health and psychosocial support is a basic human need, a right and not a luxury during emergencies. We have heard for years about building back better following emergencies, but Ukrainian Ministry of Health and partners has clearly demonstrated that building better and sustainable mental health systems can still be done during acute emergencies though commitment, leadership, endorsement of evidence-based practices, investment and wise allocation of resources.”

**Dr Jarno Habicht**

WHO Representative to Ukraine



## Mongolia trains its Global Emergency Response (M-GER) Emergency Medical Team members



M-GER training in Mongolia, March 2023. Credit: WHO

Mongolia faces a range of hazards including infectious diseases, earthquakes, and an event that is unique to the country known as “dzud” - an extreme winter freeze which can leave millions of livestock dead and compromise food security. In recent years, “dzud” has become more frequent, pushing historically rural and nomadic populations into urban centres. These demographic shifts bring with them new dynamics related to both infectious and natural hazards. Approximately half of Mongolia’s population now live in the capital city of Ulaanbaatar, where a risk of earthquake coupled with sub-optimal construction, long and harsh winters and crowded conditions represent significant risks to the population.

Given the threats facing Mongolia and the government’s expressed commitment to international solidarity, Mongolia’s Deputy Prime Minister and its Minister of Health identified the need for a deployable clinical capability to enable response to health emergencies – both within Mongolia and abroad. Under their direction, **a new Emergency Medical Team (EMT) known as “Mongolia Global Emergency Response” or M-GER, was established in 2022.**

M-GER’s EMT comprises members from Mongolia’s Ministry of Health, the National Emergency Management Agency (NEMA), the National Orthopedic Trauma and Research Centre, the National Centre for Communicable Diseases, the National Centre for Mental Health as well as specialized hospitals and the Mongolian Red Cross, demonstrating strong multi-sectoral commitment to operational readiness for health emergencies and disasters.

From 27 to 31 March 2023, with operational support from the WHO Country Office in Mongolia, and technical support from WHO’s Western Pacific Regional Office (WPRO) and the WHO Headquarters (HQ), Mongolia held its first EMT training, readying team members for emergency deployments. This inaugural EMT training in Mongolia included 52 physicians, nurses and allied health professionals, who are now prepared to respond quickly and self-sufficiently to a disaster, following [WHO’s Classification and Minimum Standards for Emergency Medical Teams \(2021\)](#). Among others, the training included sessions on emergency logistics, mass casualty management, clinical standards, and water and sanitation for EMTs operating in extremely cold climates.

The five-day EMT training and simulation was led by WPRO’s EMT Regional Focal Point, along with the WHO/HQ EMT Secretariat and a representative from the Norwegian EMT (NorEMT). NorEMT has a twinning arrangement with M-GER, as both Norway and Mongolia have a unique need to be able to deploy self-sufficient EMTs in extreme cold conditions – including keeping team members and patients warm and safe, managing water supplies and waste management, and protecting sensitive equipment in temperatures that can drop below -30 C.

With the establishment of M-GER, the **Western Pacific Region now has 12 classified international EMTs, and national or international EMTs established in nearly every country**, from Mongolia in the far north, to New Zealand in the far south.



## Antigua and Barbuda moves forward to create its first national Emergency Medical Team (EMT)



Training participants February 2023. Credit: PAHO/WHO

With support from the COVID-19 Incident Management System established in 2020, Antigua and Barbuda took its first steps to develop its Emergency Medical Team (EMT) to respond to disasters, outbreaks and other emergencies at the national and eventually regional level.

On 6 February 2023, PAHO/WHO officially handed over the donation of one water supply kit, one waste management kit and one medical imaging kit with radiology and ultrasound capability to Dr Vonetta George, EMT National Focal Point, and Lieutenant Carla Thomas Browne, Military Focal Point in Antigua and Barbuda. This equipment complements structures already in place and will help improve the country's operational support and diagnostic imaging capacity, in line with the recommendations provided by the [classification and minimum standards for emergency medical teams](#).

EMT members then participated in a five-day practical and theoretical training that included topics such as the provision of operational support in water, sanitation, and hygiene (WASH) for mobile hospitals, as well as training on how to assemble, set up, operationalize and maintain the donated kits. Participants included staff from the Ministry of Health, Welfare and Environment as well as from the Defence Force.

As part of the next steps, both participating ministries will support the setting up and running of the EMT facility, which will provide urgent ambulatory care and stabilize patients with severe trauma and medical emergencies during disasters and pandemics. A national committee for the implementation of the EMT initiative has also been established and the government of Antigua and Barbuda has discussed a roadmap with PAHO/WHO on the use of tools and mechanisms to facilitate the coordination of sending and receiving EMT deployments. The model of civil-military collaboration has been used throughout the Caribbean to enable rapid deployments between neighboring islands, especially during hurricane season, to ensure continuity of clinical care.

The donation of the kits and training were financially supported by the governments of Germany and the United States. These, along with other contributions such as a hospitalization module donated by United States Southern Command (SOUTHCOM), where patients can be kept under observation for a short period of time (in an outpatient facility) or admitted to the facility for treatment and care (in an in-patient facility), bring the national EMT closer to achieving the global EMT standards defined in the [Blue Book](#).

**“EMTs must be self-sufficient, meaning that they need to stand on their own, responding to a disaster without taking anything away from the country where you are responding”.**

**Dr. Vonetta George**

EMT National Focal Point for Antigua and Barbuda

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



Practical training, February 2023. Credit: PAHO/WHO



## WHO supports Mauritius to conduct national risk profiling workshop using the Strategic Toolkit for Assessing Risks (STAR)



Group photo of STAR workshop participants with Dr Kailash Kumar Singh Jagutpal, Minister of Health and Wellness of Mauritius, and Dr Anne Ancia, WHO Representative to Mauritius. Credit: WHO

From 22 to 25 February, Mauritius' Ministry of Health and Wellness with support from WHO conducted its first national risk profiling exercise to better understand risks and prepare for future emergencies and disasters. 40 multisectoral country experts from different Ministries and partners gathered together and applied the [Strategic Toolkit for Assessing Risk \(STAR\)](#) methodology to identify, describe and prioritize the country's risks to better inform preparedness, readiness and response planning and actions.

The STAR methodology, published in 2021, uses a stepwise process to identify hazards facing the country, describe the seasonality and likelihood to occur, and assess their potential impact on the health system. Risk assessments such as STAR are recognized as one of the core elements of both the [International Health Regulations \(IHR 2005\)](#) and the [Sendai Framework for Disaster Risk Reduction](#) (2015-2030). Based on the resulting country risk profile, authorities can then review the results and use them to facilitate risk-informed strategies, policies and plans to address and mitigate emergency and disaster threats.

After developing their country risk profile, including imminent risks, participants then mapped how to operationalise this information to inform capacity-building and readiness actions.

Following the workshop, Mauritius' Ministry of Health and Wellness and multisectoral partners agreed to:

- Update and test contingency plans for all priority risks;
- Link the results of the risk profile to health system capacity development and multi-hazard response operational planning;
- Reconvene stakeholders from the STAR exercise by the end of April 2023 to apply the risk profile and finalize the National Action Plan for Health Security (NAPHS) and future planning processes; and
- Reinforce all-hazards coordination mechanisms to support collaboration during emergency preparedness and response phases.

“For small island development states, which are the most vulnerable to climate change while they are the least contributors to it, these risks analysis are important to prepare and therefore prevent and mitigate the risks linked to climate change but also to over time accumulate data that will enable us to take better evidenced-based decision and stronger advocacy for more global actions on climate change.”

**Dr Anne Ancia**

WHO Representative to Mauritius

Results from this risk profiling exercise have already proven useful for the country. Mauritius has consolidated the risk information and prioritization to support its application to the [Pandemic Fund](#), which offers funding to help bridge the gap between the urgent need for pandemic preparedness and the limited resources available to many countries, particularly in low- and middle-income countries.

“The aim of the workshop is to conduct a multi-hazard assessment with the participation of different relevant sectors and ministries to consolidate preparedness and contingency plans in the event of emergencies. The STAR result for the health sector will provide the evidence base for the National Action Plan for Health Security... Furthermore, the hazards are marked across a calendar year indicating their peak seasons, thereby enabling adequate preparedness and resource allocation”.

**Dr Kailash Kumar Singh Jagutpal**

Minister of Health and Wellness of Mauritius



## WHO holds first workshop of National Public Health Agencies (NPHAs) on building essential capacities in health emergency preparedness and response



First workshop of NPHAs. Credit: WHO

From 14-15 March 2023, WHO convened a workshop of National Public Health Agencies (NPHAs) and partners to discuss the evolving roles of NPHAs in preparing for and responding to public health emergencies. In total, 27 representatives from NPHAs in 24 Member States, along with 14 experts from 11 regional health agencies and partner organizations participated in person or virtually. The workshop focused on the critical role of NPHAs in delivering essential preparedness and response capabilities for public health emergencies. Over the course of two days, attendees shared different NPHA experiences, highlighting best practices in collaborative surveillance, community protection, safe and scalable clinical care, access to countermeasures, emergency coordination, financing for preparedness and response, and strengthening the public health workforce.

Looking ahead, participants agreed on several key actionable steps during the workshop:

- define the core functions that should be part of the mandate of every NPHA, particularly related to health emergency preparedness and response;
- develop and share case studies of NPHAs;
- create further opportunities for peer-to-peer learning as well as need-specific tools, such as normative guidance on quality standards for new tools, systems and other innovations being used by NPHAs;
- foster initiatives to strengthen workforce development including surge capacity for emergencies; and
- support investment cases for NPHAs, along with strategies for resource mobilization.

“This workshop presents an opportunity for us to sit and reflect not only on the lessons of the past but more importantly to reflect on the health emergency preparedness and response architecture of the future,” stated Dr Tedros Adhanom Ghebreyesus, WHO Director-General in his keynote speech. “It is an opportunity to reflect on what worked during the pandemic and other epidemics, and what could be improved.”

**Dr Tedros Adhanom Ghebreyesus**

WHO Director-General

A key achievement of the workshop proved to be the exchange of ideas and experiences among NPHAs and partners, as well as the strengthening of partnerships across the global public health community.

In follow-up, WHO is planning to hold a global virtual webinar open to all NPHAs.



## The Eastern Mediterranean Region holds its third Scientific Conference and sixth EMARIS meeting on acute respiratory infections



Press briefing at the EMARIS 2023 with Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, Dr Richard Brennan, WHO's Regional Emergency Director for the Eastern Mediterranean, H.E. Dr Said Al Lamki, Under Secretary for Health Affairs at the Ministry of Health of Oman and Dr David Wentworth, Chief of the Virology Surveillance and Diagnosis, Influenza Division at the Centers for Disease Control and Prevention (CDC). Credit: WHO

From 13 to 15 March 2023, WHO's Regional Office for the Eastern Mediterranean (EMRO) held the third Scientific Conference on acute respiratory infections as well as the Sixth Meeting of the [Eastern Mediterranean Acute Respiratory Infection Surveillance \(EMARIS\) Network](#) in Muscat, Oman.

Under the theme "Better preparedness, early detection and rapid response for respiratory diseases", these conferences brought together 200+ health experts from WHO, Member States, the US Centers for Disease Control and Prevention as well as partner organizations. The aim of both conferences was to **strengthen pandemic influenza preparedness plans** for countries across the region.

Throughout the event, participants reviewed achievements and challenges related to acute respiratory infections, shared evidence and best practices on severity assessments and outbreak detection, discussed how to use surveillance data as an advocacy tool for better policy, and showcased scientific achievements and new operational research findings.

Recommendations emanating from various discussions focused on ways in which countries can continue to sustain investment and gains made throughout the COVID-19 pandemic response, especially in the context of complex emergencies seen across the region.

### Key recommendations included:

- continue to strengthen health surveillance and detection systems, to enhance readiness capacities for potential future pandemics of influenza and other respiratory pathogens;
- invest in antiviral research and vaccine production;
- operationalize the One Health approach, notably through integrating surveillance. Indeed, pandemics do not happen in isolation and a One Health approach is essential for effectively detecting and responding to public health threats at the animal-human-environment interface. To this end, structured and efficient surveillance of animal populations are needed.
- enhance effective data-sharing among all regional stakeholders and adopt a regional approach to virus or sequence data sharing.

During the closing session, 21 health organizations and scientists who had presented their research findings or had contributed significantly to enhancing national and regional preparedness and response to respiratory pathogens were honoured. These included ministries of health, the [Pandemic Influenza Preparedness Framework](#) for its sustained support to countries on pandemic preparedness, WHO's IMST for its work on COVID-19 or the [Global Influenza Surveillance and Response System \(GISRS\)](#) network for their work on influenza surveillance.

Acute respiratory infections are one of the leading causes of illness and death in the region. WHO has been consistently supporting the improvement of sentinel surveillance and developed last year a regional framework to integrate surveillance systems for influenza, SARS-CoV-2 and other respiratory viruses with epidemic and pandemic potential. As a result, many countries are now implementing integrated surveillance. In line with the 2022–2026 regional roadmap to increase utilization and uptake of the seasonal influenza vaccine, WHO is also supporting countries to introduce and expand their influenza vaccination programmes. During this event, WHO reiterated its commitment to strengthening countries' capacities to prevent, prepare for, detect and respond to disease outbreaks and other health emergencies.



Side scientific workshops were held at the sidelines of the EMARIS 2023. Credit: WHO

## Strengthening influenza preparedness through an OpenWHO online course



OpenWHO Course on Preventing and Controlling Influenza. Credit: WHO

Influenza remains an ever-present threat, with the potential to cause a pandemic. Seasonal epidemics cause substantial morbidity and mortality, costs to health services and economic losses due to work absenteeism, reflecting the need to effectively prevent and control them. In this respect, the foundation for influenza preparedness lies within strong influenza prevention and control programmes – something which WHO, Member States and other stakeholders are continuously working to implement, through the [Global Influenza Surveillance and Response System \(GISRS\)](#), the [Pandemic Influenza Preparedness \(PIP\) Framework](#) and supporting activities.

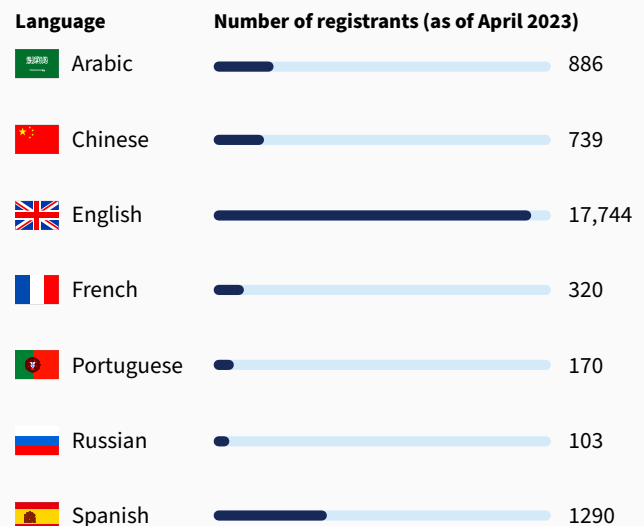
As part of these preparedness efforts, advocacy and trainings around the prevention and management of influenza is critical to strengthen health systems' capacities. It is against this backdrop that in October 2021, WHO launched the English version of the [Influenza Prevention and Control](#) course through the OpenWHO platform. This free massive online open course provides an overview of the tools needed to prevent and control influenza and is tailored for health workers and other stakeholders involved in preventing and treating influenza.

Specifically, the course contains four modules on:

1. the importance of seasonal influenza vaccination programmes, as influenza vaccination is currently the principal means of reducing or counteracting influenza mortality and morbidity burden in the community.
2. seasonal influenza vaccine types, administration, and target groups: recommendations for the viral composition of influenza vaccines are updated periodically based on data collected through the [WHO Global Influenza Surveillance and Response System \(GISRS\)](#).
3. influenza diagnostics: diagnostics are a critical component of epidemic and pandemic response and increasing access to them is a key goal of the PIP Framework.
4. influenza therapeutics: WHO continuously monitors new evidence for influenza antivirals and adjunctive therapies, and supports access to therapeutics through the PIP Framework.

Since the launch of the course, 21,259 enrollments have been recorded and as of January 2023, multilingual versions of the course in all UN languages and Portuguese have been added to OpenWHO.

### Breakdown of registrations to the Influenza Prevention and Control course, by languages



Nearly 10,000 course registrants identify as medical professionals, including clinicians, nurses, and midwives, or students. This is of particular importance as health care workers are a key entry point for the population, including those most at risk, helping them to obtain advice and protect their health. Enhancing their understanding of what needs to be done to effectively prevent and control influenza will therefore translate into higher numbers of people being protected and prepared for influenza.

Overall, this OpenWHO course is and remains a key tool to raise awareness of influenza disease prevention and control approaches and equip countries to strengthen their influenza programmes, in line with WHO's recommendations.



## Mobile health caravans rally the western Balkans to COVID-19 vaccination, bringing health advice closer to where people are



Mobile health vaccination caravan in Montenegro ©WHO

To bring COVID-19 vaccination and health care in the health of communities, **four mobile health caravans have been touring remote and underserved locations in the western Balkans since 2022, namely in Albania, Montenegro, North Macedonia, and Kosovo<sup>1</sup>**. Organized by local health authorities with the support of WHO and its partners, these health caravans increase access to essential health services and allow for a two-way dialogue to emerge between health care providers and community members. Through these, caravan staff can better understand and address communities' questions, specific needs and barriers to accessing health care. These caravans also provide a good opportunity to disseminate risk communication and community engagement (RCCE).

### Health caravan in North Macedonia

In March 2022, a caravan supported by WHO and UNICEF travelled to 14 urban and rural communities throughout North Macedonia where COVID-19 vaccination uptake was lower than the national average. To increase outreach, local civil society organizations went door-to-door to inform the population of the caravan's arrival. By overcoming barriers to vaccination, such as a lack of transportation, long distances and time constraints and undertaking RCCE activities, the caravan helped increase vaccination rates not only in the short-term but also in the long term. Recent analysis by WHO/Europe indeed shows a 35% rise in daily vaccination rates was seen in the weeks following the caravan's visit compared to pre-intervention vaccination rates.

"With this caravan, we are reaching out to people who live in remote or underserved areas to ensure that they have access to vaccines."

**Anne Johansen**

WHO Representative to North Macedonia

### Health caravan in Montenegro

In Montenegro, the [health caravan](#) was launched by the Ministry of Health and Institute of Public Health to offer COVID-19 vaccination as well as life-saving vaccines against human papillomavirus (HPV) and measles, mumps and rubella (MMR). In February and March 2023, the caravan visited four municipalities where the uptake of COVID-19, HPV and MMR vaccines had been especially low. As a result, vaccination rates increased, health disparities were reduced and health equity improved for these populations.

<sup>1</sup> All references to Kosovo in this document should be understood to be in the context of United Nations Security Council Resolution 1244 (1999).

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Vaccinating vulnerable populations in the mobile health vaccination caravan, Albania ©WHO

“COVID-19 remains a threat, and vaccine uptake is still low in Montenegro. With the health caravan, we want to reach as many people as possible and make COVID-19 and other essential vaccines more easily accessible for at-risk groups and people living in remote and/or disadvantaged areas. To increase vaccination uptake, we need collective action, partnerships, strong local community engagement and informed citizens.”

**Dr Mina Brajović**

WHO Representative to Montenegro

### Health caravans in Albania and Kosovo<sup>1</sup>

In Albania, the health caravan supported by WHO and the Albanian Red Cross brought COVID-19 vaccination services closer to communities throughout the summer and autumn months of 2022, also encouraging people to adhere to protective measures. In Kosovo<sup>1</sup>, a total of 28 municipalities were targeted by the caravan's mobile unit, which ran from 22 December 2022 until 26 January 2023.

Overall, these experiences from the western Balkans showcases just how efficient health caravans can be as public health intervention tools in emergencies. They also demonstrate how engaging directly and transparently with communities can help bridge service delivery and access, positively impacting the health of those most in need. The latter is a key lesson learned from the pandemic, which has shown how RCCE is at the heart of emergency response.

Health caravans in the western Balkans are supported by the United States Agency for International Development (USAID). In 2023 and beyond, WHO/Europe will continue to support these projects throughout the region, including for other health emergencies beyond the COVID-19 pandemic.

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

<sup>1</sup> All references to Kosovo in this document should be understood to be in the context of United Nations Security Council Resolution 1244 (1999).



To support Member States in monitoring the quality of diagnostics performed in national and sub-national laboratories and to inform global laboratory capacity building efforts, WHO has been active in the coordination of Global External Quality Assessment (EQA) Programmes for pandemic and epidemic prone pathogens. Two such exercises were conducted for laboratories performing PCR (molecular) testing for the SARS-CoV-2 virus by the Global Influenza Surveillance and Response System (GISRS) Network and the WHO Lyon Office. The following two articles present the outcomes of the latest rounds of these programmes, conducted in 2022.

## Assessing the quality of laboratory testing for SARS-CoV-2 through external quality assessments (EQA)



National Public Health Laboratory in Singapore, which is part of the WHO COVID-19 Reference Laboratory Network, providing confirmatory testing for COVID-19. Credit: WHO / Blink Media - Juliana Tan

Since 2020 as the SARS-CoV-2 virus spread globally, the number of laboratories performing molecular testing to detect the virus increased dramatically. To help ensure the quality of testing across the world and assess whether laboratories were capable of producing expected results, **WHO has been actively providing external quality assessment (EQA) programmes to laboratories testing for the virus.** An EQA programme involves preparing a panel of SARS-CoV-2 positive and negative specimens and sending them to participating laboratories in order to assess their capacity to produce the expected results.

In late 2020 and early 2021, the WHO Office in Lyon carried out a first round of an EQA, in collaboration with the Royal College of Pathologists of Australasia Quality Assurance Program (RCPAQAP) – an Australian EQA provider. This allowed Member States to enrol any laboratory testing for SARS-CoV-2 within their country, whether at national or sub-national level.

**The outcome of this first round of EQA was overwhelmingly positive, with over 97% of assessed results correctly reported,** meaning the vast majority of participating

laboratories were able to correctly identify SARS-CoV-2 positive or negative samples. These results were then used to allocate regional and national resources towards laboratory capacity building and provided insights for Member States in reviewing their national laboratory networks, e.g. to open or allocate new laboratories to enhance sub-national testing coverage.

**In August 2022, a second round of the program was commissioned that would give newly designated sub-national laboratories a chance to participate in a global EQA program, and would help re-assess the quality of testing in a new phase of the pandemic where viral variants had begun to evolve.** This new panel contained six specimens and included SARS-CoV-2 variants Omicron and Delta at various concentrations. In this round, 2,888 laboratories returned results, representing an **increase of 60% participation compared to the first round.** A total of 17 328 results were submitted, however those left blank or reported as “inconclusive” or “invalid” were not assessed. Of all assessed results 93.4% were reported correctly.

*Continued on next page ...*

In both rounds of the EQA, a high and consistent level of performance was seen for specimens that were negative or contained moderate to high concentrations of SARS-CoV-2 nucleic acid. The specimens with the most incorrect results were those containing low concentrations of SARS-CoV-2 nucleic acid – an effect that was more pronounced in the second round, indicating a slight decrease in the sensitivity of testing at low concentrations. The increase in the number of participating laboratories from less resourced sub-national locations, and a large number of testing methods, kits and platforms with limited validation data may be contributing factors.




The huge increase in participation in this programme from the first to the second round helps to demonstrate how **the continued expansion of the COVID-19 pandemic enabled many countries to introduce new molecular testing methods and technologies into many sub-national laboratories who had previously been unexposed to such techniques.** Furthermore, **the overall performance of these laboratories remained consistently high globally across both rounds, providing health workers, the general public and health authorities with confidence in the reliability of laboratories results.**

EQA results also proved helpful for individual laboratories who could use them to **identify challenges in their practices and investigate root causes and apply corrective actions** where results were incorrectly reported. The latter could include measures such as reevaluating testing algorithms and operating procedures, reviewing materials and equipment being used, and identifying additional training needs for laboratory personnel. At national, regional and global level, outcomes

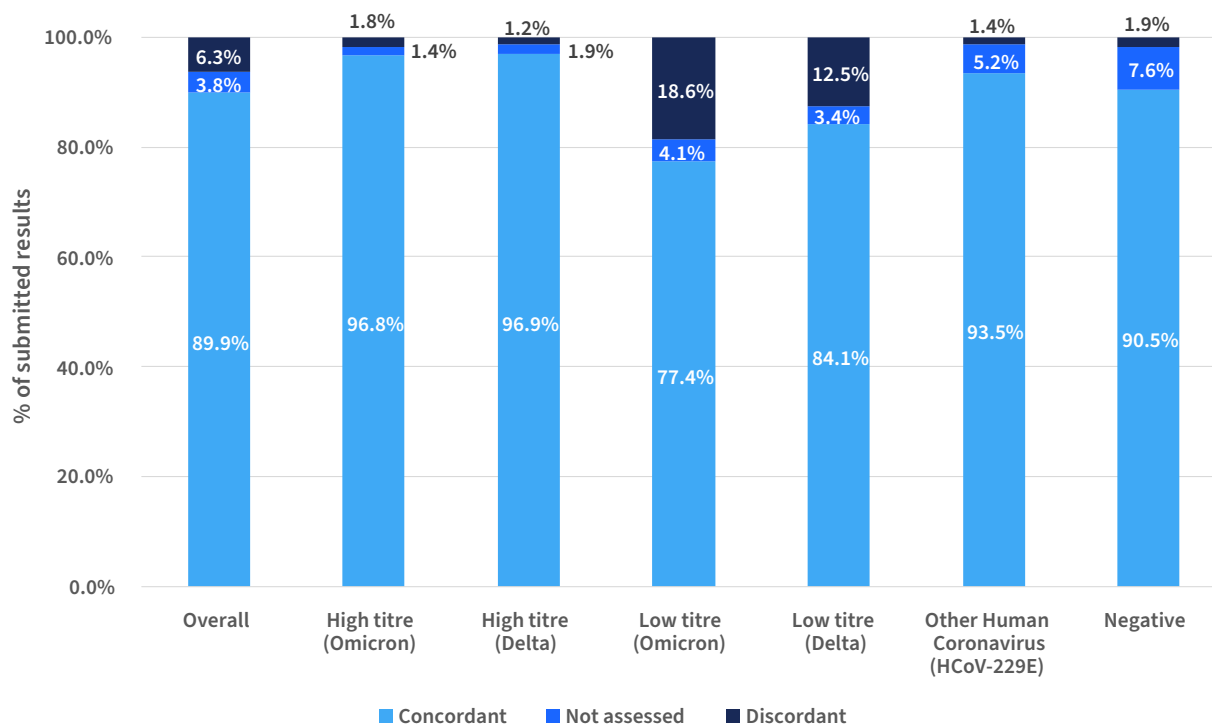
from this EQA were used to identify countries or regions where additional resources could be allocated to either implement essential actions, such as the procurement of reliable testing kits, or provide additional support to set up national EQA programs.

Moving forward, WHO will continue to support access to EQA programmes for countries across the world, not just for COVID-19, but also other pathogens of concern such as Ebola, Marburg and Mpox Viruses.

**Snapshot of key information from the 2021 and 2022 EQAs**

Symbol	2021	2022
 Participating labs	<b>1809</b> LABORATORIES	<b>2888</b> LABORATORIES
 Countries	<b>111</b> COUNTRIES	<b>114</b> COUNTRIES
 EQA scheme results	<b>97.3%</b> CORRECT	<b>93.4%</b> CORRECT

Distribution of results reported to the EQA Programme, per specimen.





## WHO Global Influenza Surveillance and Response System (GISRS) External Quality Assessment Programme 2022 for molecular detection of SARS-CoV-2



Laboratory work. Credit: WHO Country Office, Turkmenistan

Leveraging the WHO [Global Influenza Surveillance and Response System \(GISRS\)](#) network of laboratories for SARS-CoV-2 sentinel surveillance has been a cost-effective way to monitor transmission, spread and evolution of COVID-19. Since 2020, WHO has rolled out its External Quality Assessment (EQA) Programme for the detection of SARS-CoV-2 by real-time PCR (RT-PCR) to assess the proficiency of laboratories in performing molecular detection of SARS-CoV-2. This new panel was built on the existing GISRS EQAP for influenza coordinated by the WHO COVID-19 Reference Laboratory in the Public Health Laboratory Centre (PHLC), Centre for Health Protection, Department of Health, Hong Kong Special Administrative Region, China.

From July to September 2022, WHO sent an EQAP panel comprised of five vacuum-dried heat inactivated virus samples to support laboratory quality assurance at national laboratories and centres and re-agents. The panel included:

- three SARS-CoV-2 (delta and omicron variants),
- one human coronavirus (hCoV) OC43 and
- one influenza B (Yamagata lineage).

A total of 245 laboratories from 188 countries, areas or territories across all six WHO regions were invited to participate in this EQAP, including over 140 [National Influenza Centres \(NICs\)](#), [WHO H5 Reference Laboratories](#), [WHO Collaborating Centres \(CCs\) for Reference and Research on Influenza](#), National COVID-19 laboratories, and [WHO reference laboratories providing confirmatory testing for COVID-19](#).

**Of the 205 laboratories that submitted results, 190 laboratories did so on time (92.6%) and of these, 96.8% laboratories (98.4% NICs) reported all-correct results.**

- **Approximately 50% of participating laboratories have reported using next generation sequencing (NGS)** to detect the SARS-CoV-2 variants and 25% of laboratories reported detection of the same variants using real-time RT-PCR targeting the virus's Spike protein.

- **Laboratories doubled the usage of the influenza/SARS-CoV-2 multiplex**, which was developed by the WHO Collaborating Centre for the Surveillance, Epidemiology and Control of Influenza at the US Centers for Disease Control and Prevention (US-CDC), from 2021 to 2022 for the EQA programme with 39.7% reporting using the multiplex<sup>2</sup>. A further 17.4% laboratories indicated their plan to use the US-CDC multiplex kits/reagents in 2022.

In addition, as part of this EQA programme, laboratories were also asked to fill in a survey on their concerns surrounding their capacities to ensure quality testing. In an encouraging trend, fewer laboratories expressed concerns compared to EQA programme conducted in the previous year (73% in 2022 against 100% of laboratories in 2020). Of those laboratories that identified concerns, the following areas were cited:

1. the need for specific trainings, which was expressed as a major concern by 33.6% of EQA participating laboratories;
2. the lack of extraction kits or reagents;
3. the need to establish procedures/guidelines on specimen collection; and
4. issues with shipping and storage.

Details of the performance of laboratories and survey results were reported back to the participants and shared with the ministries of health in each country. As more and more countries integrate SARS-CoV-2 into influenza sentinel surveillance, the WHO GISRS EQA programme continues to play an important role to ensure and maintain quality assurance at laboratories and support countries in the molecular detection of SARS-CoV-2, as necessary. These EQA results will give Member States greater confidence in the results being reported by their laboratories and will assist them to target support to poorly performing laboratories.

<sup>2</sup> By using the [multiplex](#), countries can simultaneously “detect and differentiate between influenza A and B and SARS-CoV-2” in one test and track epidemiological trends for both influenza and COVID-19.

## A global analysis of COVID-19 intra-action reviews: Reflecting on, adjusting and improving emergency preparedness and response during a pandemic. Examples from the European Region

In January 2023, WHO published [A global analysis of COVID-19 intra-action reviews \(IAR\): reflecting on, adjusting and improving country emergency preparedness and response during a pandemic](#). This landmark publication aims to ensure that the collective learning emanating from IAR exercises carried out across the world is not lost. As part of the process, WHO developed six videos, illustrating specific examples of how past investment in pandemic preparedness has reaped benefits for responses to the COVID-19 pandemic. Each of them zooms into how capacities and capabilities built as part of the COVID-19 response have helped enhance existing systems for current and future pandemic and public health emergencies. The below article is part of a series highlighting stories from the ground.



Bridging IHR workshop in Moldova, 2019. Credit: WHO/Moldova

### KOSOVO<sup>1</sup>: EVIDENCE-BASED TARGETED COMMUNICATION THROUGH TWO-WAY DIALOGUE WITH THE COMMUNITY

Based on its pandemic influenza preparedness plan, Kosovo<sup>1</sup> developed a comprehensive **risk communication action plan for COVID-19** at the beginning of the pandemic. The plan was continually updated to best tailor communication messaging to different communities. Through a systematic and evidence-based approach, the action plan was updated and the results of **five behavior insight surveys** were continuously applied to understand the population's knowledge, perception and information sources. A sixth survey exercise has been scheduled since this video. In addition, **an intra-action review** was conducted, which identified the need to strengthen infodemic management and resulted in several training programmes to help improve risk communication regarding COVID-19 vaccination.

Overall, the above provides a notable example of how evidence-based approaches can be used to understand issues of importance to the population and adapt to their needs. Moving forward, the Institute of Public Health has also committed to establishing a dedicated behavioural and cultural insights unit to further this effort.

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

<sup>1</sup> All references to Kosovo in this document should be understood to be in the context of United Nations Security Council Resolution 1244 (1999).

### MOLDOVA: PROMOTING EFFECTIVE MULTI-SECTORAL COORDINATION

This video highlights Moldova's strong emphasis on the importance of multisectoral coordination before and during the COVID-19 pandemic. Prior to the COVID-19 pandemic, Moldova had developed an **intersectoral emergency preparedness and response plan** which improved collaboration between different sectors, and had conducted a Joint External Evaluation in 2018 whereby 12 different ministries and agencies came together. During the pandemic, **these positive multisectoral experiences proved helpful to smoothly conduct an intra-action review and implement a multisectoral operational coordination mechanism** that ensured a cohesive and coordinated response across sectors and levels.

Moldova's continual effort to build multisectoral partnerships through various activities and mechanisms has established a solid foundation that can be leveraged for future public health emergencies.

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



## Study captures how OpenWHO learners adapt content from online public health courses for local learning

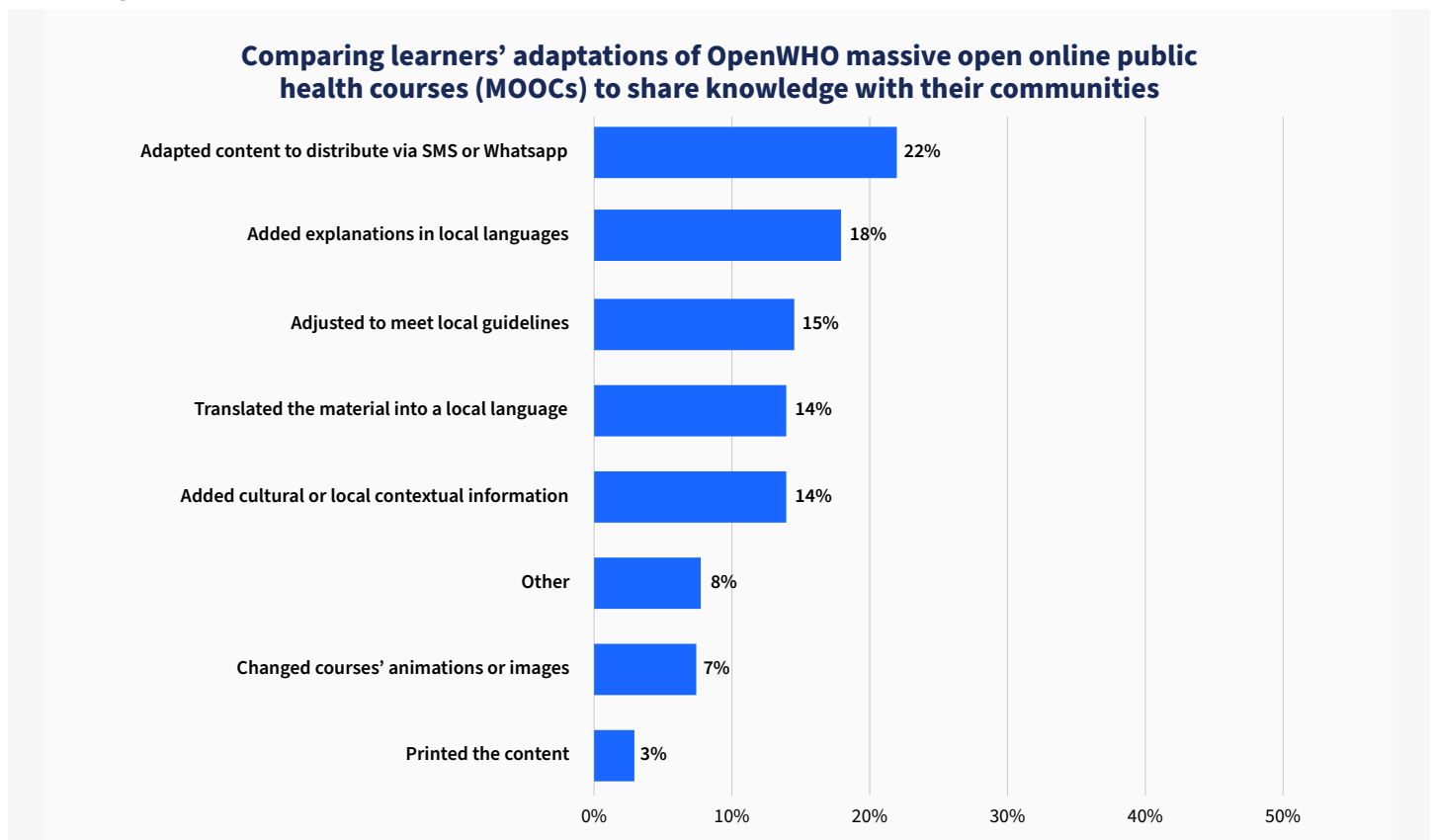


Figure 1: Survey results: Comparing learners' adaptations of OpenWHO massive open online public health courses (MOOCs) to share knowledge with their communities. Credit: WHO and Stanford University

Ensuring communities have access to correct and updated knowledge for public health is crucial to improving their health and wellbeing. Public health courses need to account for the diverse needs and abilities of prospective learners and their communities, including technological means. This includes offering online learning in multiple formats (such as PDFs, text, videos, etc.) so that learners can best access and share the knowledge with whoever they find in need.

To identify knowledge sharing beyond the online platform, OpenWHO launched in February 2022 a study in collaboration with Stanford University to better understand **how learners have adapted content from online courses to spread the knowledge and meet the needs of their communities**.

The study analyzed survey responses from 926 global learners who participated in at least one of four OpenWHO health emergency massive open online courses (MOOCs). Although each participant received the survey only once, many participated in more than one course.

About one-third of responses came from learners in courses that were not related to the COVID-19 pandemic (namely the [Rabies and One Health](#) course and the [Clinical management of Ebola virus disease](#) course), while two-thirds of responses were from two COVID-19 related courses (namely the [Initial approach to the acutely ill patient](#) course and the [General considerations for clinical management](#) course). The survey was distributed in three course languages: English with 769 responses, French with 45 responses and Spanish with 112 responses.

The results, which were presented in December 2022 at the International Conference on Public Health in Africa in Kigali, Rwanda, showed that **the most common ways OpenWHO learners adapted course content for local dissemination were by tailoring it for distribution via SMS or WhatsApp** (22% of responses), and by **adding explanations in local languages** (18%). Many learners adjusted the content to meet local guidelines (15%), while others translated the material into a local language (14%) or added cultural or local contextual information (14%). Other adaptations by learners included changing courses' animations or images to illustrate it differently (7%), as well as printing the content (3%)

Overall, these findings demonstrate the importance of providing learning material in different formats to help learners adapt and share their acquired knowledge with their communities. OpenWHO will continue to champion this learner-centered design for future courses so that content can be optimized for local needs and access to contextualized knowledge for public health can be expanded. The learning platform will also continue to conduct periodic surveys to explore how courses are being utilized and meeting the needs of learners across the globe to inform production strategies.

**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 \(DONs\)](#), the [EMS 2](#) and the [Weekly Epidemiological Record](#).

**Mpx**

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

**COVID-19**

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

**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**

- [Countries set out way forward for negotiations on global agreement to protect world from future pandemic emergencies](#)
- [WHO calls for protection of health workers and patients, unrestricted access to health care in Sudan](#)
- [Finding common ground in a connected world: parliamentarians prioritize comprehensive sexuality education \(CSE\)](#)
- [WHO, African Union Development Agency, and the International Labour Organization join forces to safeguard health workers in Africa](#)
- [1 in 6 people globally affected by infertility: WHO](#)
- [WHO convenes the Fifth Global Forum on Human Resources for Health](#)
- [WHO and the Inter-Parliamentary Union launch a new handbook on Universal Health Coverage](#)
- [WHO initiates building a global curriculum for infodemic management](#)
- [World Chagas Disease Day 2023 to focus on integrating universal care and surveillance at the primary care level](#)

**Highlights**

- [A brief overview of the Preparedness and Resilience for Emerging Threats initiative \(PRET\)](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)
- [WHO celebrates 75th anniversary and calls for health equity in face of unprecedented threats](#). For more information, visit the [campaign website](#) and the [infographic on public health milestones throughout the years](#)
- [Infodemic Management News Flash \(30 March 2023\)](#)
- [Disease Outbreak News \(DON\): Avian Influenza A\(H3N8\) - China](#)
- [Disease Outbreak News \(DON\): Marburg virus disease - Equatorial Guinea](#)
- [Report of the meeting of the WHO Technical Advisory Group on COVID-19 Vaccine Composition \(TAG-CO-VAC\) held on 16-17 March 2023](#)
- [SAGE March 2023 meeting highlights published](#)



**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.

**[Mpx update](#)** (24 March 2023)

WHO considers that the Public Health Emergency of International Concern for Mpx remains in effect. Dr Rosamund Lewis provides a status update, lessons learned from the response so far and elaborates on who is at risk in Science in 5 this week.

**[SARs-CoV-2 virus origins](#)** (16 March 2023)

WHO's technical lead on COVID-19 talks to us about the status of the scientific work needed to find the origins of the SARS-CoV-2 virus. Dr Maria Van Kerkhove provides an update, explains why it is important to understand the origins of pandemics, what WHO's role is in achieving this and how WHO works to prevent future pandemics.