

WHO's Monthly Operational Update on Health Emergencies

Sierra Leone conducts Universal Health and Preparedness Review (UHPR) pilot



From left to right, the distinguished individuals in the photograph are as follows: Dr Abdou Salam Gueye - Regional Emergency Director (AFRO), Dr Innocent Bright Nuwagira - WHO Representative a.i. for Sierra Leone, Dr Michael Ryan - Executive Director, WHO Health Emergencies Programme (WHO HQ), Dr Stella Chungong - Director, Health Security Preparedness Department (WHO HQ), H.E. Mr Julius Maada Bio - President of the Republic of Sierra Leone, Dr Lindiwe Makubalo - Assistant Regional Director (AFRO), Dr Austin Demby - Minister of Health and Sanitation, Dr Kasonde Mwinga - Director of Universal Health Coverage, Life Course Cluster (AFRO). Photo credit: WHO Country Office for Sierra Leone.

The COVID-19 pandemic has shown that no country was fully prepared to deal with a pandemic of such scale, speed, severity, and impact. A new mechanism, the [Universal Health and Preparedness Review \(UHPR\)](#) was announced by the WHO Director-General in November 2020 as means to increase accountability, solidarity and transparency among Member States in capacity building for better health emergency preparedness. The UHPR is a voluntary, Member-State led process, that has been undertaken by five countries thus far (Central African Republic, Iraq, Portugal, Sierra Leone and Thailand) as part of the current pilot phase.

In May 2023, Sierra Leone became the first country in the Economic Community of West African States (ECOWAS) region, the second in Africa, and fifth in the world to implement the UHPR process.

“Health is important to us. We will intensify our activities so that we can have better results and share with the world. Our commitment to dealing with health issues is very strong, and our human capital development agenda is one of the biggest pillars of my government.”

H.E. Mr Julius Maada Bio

President of the Republic of Sierra Leone

The UHPR process



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Key figures on WHO's work in emergencies (as of 5 June 2023)

- 53 graded emergencies across the world
- 8 grade 3 emergencies
- 6 protracted 3 emergencies
- 25 grade 2 emergencies
- 8 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.

3 GOARN deployments are currently ongoing across WHO's six regions. Since the beginning of 2022, GOARN has supported 155 deployments, of which 152 have been completed as of 31 May 2023.

1.3 online data analysed between 1-30 April 2023 by WHO as part of social listening and infodemic management support to Member States. Data reduction in April is due to the completion of COVID-19 reporting.

OpenWHO totaled **7.7 million enrolments** for online courses available in **71 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](#).

Preparing for the UHPR high-level mission

1. Integration of available assessments and reviews

In advance of the high-level three-day mission, Sierra Leone and the UHPR secretariat at the global, regional and national levels consolidated all available and relevant health security reviews and integrated assessments, including the recent Joint External Evaluation (JEE) conducted in February 2023. Based on this data gathering exercise, the country developed an initial draft country profile, which served as the initial basis for the UHPR national report.

2. Consolidation of technical inputs from relevant national stakeholders into the UHPR report

As part of this preparatory phase, Sierra Leone also organized a series of technical workshops with over 100 participants from the UHPR National Steering Committee to review and provide technical inputs to the draft UHPR report. The Steering Committee in Sierra Leone includes representatives from relevant ministries, various sectors, partner agencies, and civil society. The results of the technical workshops and subsequent technical simulation exercise, served as a basis for high level discussions, the identification of gaps and priorities beyond just the health sector, and finalization of the UHPR report.

Overview of UHPR high-level mission

H.E. Mr Julius Maada Bio, President of the Republic of Sierra Leone, Dr Mohamed Juldeh Jalloh, Vice President of the Republic of Sierra Leone, Dr Austin Demby, Minister of Health and Sanitation, as well as several other senior government officials hosted a three-day high-level mission (2-4 May 2023) that included a WHO-led delegation, as well as other UN agencies, health development partners, ambassadors, civil society, academia, private sector, and community representatives. Engagements focused on gathering best practices, identifying gaps, and establishing priorities in relation to country capacities for governance, systems and financing health emergency preparedness, resilience and response, Universal Health Coverage (UHC), and other relevant domains that contribute to health security.

During the UHPR high-level mission, the following events took place:

- **Policy dialogue and advocacy meetings** with the President, Vice President, Speaker of the Parliament, and several ministers, partners, and civil society organizations
- **High-level simulation exercise** involving 10 key ministers to review and test the coordination and decision-making functional capabilities for a potential health emergency response at the highest level of government
- **Presentation of findings and conclusions** to a multisectoral audience

Dr Austin Demby, Minister of Health and Sanitation, expressed the government's gratitude to WHO for their technical support and assured participants of the country's strong political will and governmental commitment to support the conclusions of the UHPR.

Way forward

As a result of the UHPR process undertaken in Sierra Leone, considerations on preparedness have been elevated to the highest level of government through advocacy and by engaging national authorities through high-level meetings and simulation exercises. Moreover, key stakeholders have been mobilized using a whole-of-government and whole-of-society approach to establish and sustain better levels of cross-sectoral collaborations.

Through the UHPR process, Sierra Leone has been enabled to identify best practices, and challenges, and national priorities to mobilize domestic, regional and global resources and address areas that require immediate attention as well as long-term investment. The Steering Committee and the National Secretariat of Sierra Leone are working to finalize the UHPR national report, which will serve as a basis for an intergovernmental dialogue with Member States as part of the global peer review process.

“There is always a thin line when you are faced with a health emergency, in that you want to address the emergency without collapsing the health care delivery system. I believe UHPR will help us to address that thin line – on how you respond and not lose your capability to deliver health care.”

Dr Mohamed Juldeh Jalloh

Vice President of the Republic of Sierra Leone

Empowering communities to fight cholera misinformation in Malawi

In response to the global cholera resurgence, WHO launched in May 2023 its 12-months [Global Cholera Strategic Preparedness, Readiness and Response Plan \(SPRRP\)](#). The WHO Global Cholera SPRRP identifies activities across 10 pillars to support over 40 countries in acute crisis, active outbreak or at high risk of cholera events, in all WHO regions. With the release of this plan, WHO will continue working alongside partners to reinforce surveillance, laboratory capacity, case management, infection prevention and control, WASH, health messaging and vaccination, supported by WHO logistics, to drive down mortality and reduce cholera transmission while ensuring minimal disruption to essential health and social services. WHO is seeking US\$160.4 million to ensure that people's immediate and short-term health needs are met from now until April 2024.

WHO also issued a [Call for Urgent and Collective Action to Fight Cholera](#) with investment to sustainably control cholera and respond to current outbreaks.



Empowering communities to fight cholera misinformation in Malawi. Photo credit: WHO

In the early months of 2023, village chief Dyson Chamizi and his brother were taken ill at Nathenje Health Centre, a facility near their home some 40 kilometres from Lilongwe, Malawi's capital. Both had cholera, a disease which is extremely virulent and can be fatal within hours if severe dehydration is not addressed, but easily treatable. Three days earlier, the pair had attended the funeral of a person who died of cholera. The burial was reportedly conducted without following preventive safety measures to avert the spread of the disease. "We did not have enough information on the risks that come with handling the body of a cholera patient or conducting a big funeral," says Chamzi, explaining that rumours had been circulating that health workers were harvesting the body parts of patients who had died of cholera.

To counter the dangerous rumours, WHO has collaborated with the Ministry of Health and partners to address the threat. **In early February, Malawi launched the End Cholera/Tithetse Koleru campaign**, a strategy to intensify the response at community level. With support from WHO and partners, community health workers are conducting meetings with local leaders and community influencers to address cholera misinformation and mistrust among health authorities.

WHO has trained community health workers to debunk rumours and empower communities on cholera prevention. By mid-March, **a total of 820 health surveillance assistants had been trained in Lilongwe**, one of Malawi's cholera hotspots. These surveillance assistants work with community volunteers in an effort that has seen **658 018 households provide information about cholera, 10150 community meetings, 617 sessions held in schools, along with 985 gatherings in marketplaces to share accurate messages.**

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As a result of these efforts, local leaders like village headman Chamizi have started engaging their communities to be proactive in the fight against cholera. “We now have by-laws to ensure everyone is being responsible and is following the recommended precautions to stop the spread of cholera,” he says.

“I don’t want my people to die from a treatable and preventable disease like cholera. I believe knowledge is power and I am using every opportunity, at any community gathering, to address any misinformation and sensitize my people on cholera prevention and control measures. I will not stop until we kick cholera out.”

Dyson Chamizi
Village chief

“Misinformation can be deadly as it fuels the spread of preventable diseases like cholera. We are engaging local leaders and influencers because they are the point of contact with communities. It is important to ensure that people are given the right information that will help them make informed decisions. When people are aware of how the disease is transmitted, it helps reduce the occurrence of cholera infections and deaths in communities.”

Tiyamike Chitete
New health surveillance assistant



An Oral Rehydration Points in Lilongwe, area 36. Falesi Nkhoma, 29, is a community volunteer. Credit: WHO / Moving Minds

“Through community dialogues, we are assessing the public’s knowledge and perception of cholera, then tailoring our messages to address any misinformation or misconceptions. This approach allows local leaders and community influencers to understand the risk factors for cholera in their respective areas and facilitates the dissemination of expert health advice.”

Aminata Kobie
Risk Communication technical officer with the WHO in the African Region’s emergency team

For more information on the cholera response in Malawi, [click here](#).

Marburg virus disease outbreak in Equatorial Guinea



The ALIMA CUBE allows isolation of patients with highly transmissible infection while allowing healthcare workers to closely observe them in a structure which can get put up quickly. Credit: WHO

On 13 February 2023, the Ministry of Health and Social Welfare of Equatorial Guinea declared an outbreak of Marburg virus disease (MVD) after suspected viral haemorrhagic fever deaths were reported between 7 January 2023 - 7 February 2023 and a [case testing positive on 12 February 2023 for MVD](#).

Six clinical experts from the Emerging Diseases Clinical Assessment and Response Network (EDCARN) were rapidly deployed to Equatorial Guinea to support the Ministry of Health in its response to the outbreak. The clinical experts in infectious diseases, critical care, and paediatrics were recruited through the Global Outbreak and Response Network (GOARN). WHO

helped set up a 20-bed treatment centre in Bata (the most affected district in the country) and an ambulance referral system for the outbreak.

The 20-bed treatment centre was established to provide a high-level of safe and scalable clinical care to patients. The treatment centre was also equipped with the [ALIMA CUBE](#) (Bio-secure Emergency Care Unit for Epidemics). The ALIMA CUBE is a self-contained and easily transportable treatment unit for highly infectious diseases that has been developed by The Alliance for International Medical Action (ALIMA)

“The team of clinical experts supported the Ministry of Health to quickly set up a treatment centre and coordinated an ambulance referral system. Together with multi-country readiness training for filoviruses provided by WHO Africa Regional Office, this shows how WHO can work with Member States to support rapid scale-up of activities for emerging infections.”

Dr Abdou Salam Gueye

Regional Emergency Director, WHO Africa Regional Office



Team of clinical and health logistics experts. Credit: WHO

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The treatment centre in Bata prepared to receive patients with Marburg virus. Credit: WHO

The deployment of EDCARN clinical experts also supported the Ministry of Health's capacity-building efforts by providing extensive, real-time training to the national health workforce.

The training was provided to a multidisciplinary workforce on the following topics:

- Clinical case management,
- Collection of standardized clinical data (an important training topic given the uncommon and poorly characterized nature of this disease), which will support future research activities.

With the outbreak being [declared over by the Ministry of Health as of 8 June 2023](#), WHO will continue supporting the Ministry of Health on their survivor care programme and continue to provide training to ensure that the national health workforce is prepared for any future outbreaks.

“WHO’s investments through the Country Readiness and Strengthening (CRS) programme creates a network of clinical experts who improve our responses to high consequence infections. By providing professional and logistical support, and working with national colleagues, we strengthen clinical care to those with Viral Haemorrhagic Fever and increase the safety of patients and staff during outbreaks.”

Dr Nedret Emiroglu

Director of Country Readiness & Strengthening, WHO Headquarters

“The coordination and collaborative response efforts by the WHO Country Office, WHO Regional Office, WHO Headquarters, and Ministry of Health for the outbreak in Equatorial Guinea were highly effective and has laid the groundwork to build long-term national healthcare workforce capacity. The ability to deploy clinical experts, recruited through the GOARN network, in short notice helped the teams to contain the outbreak and treat patients requiring care in a timely manner.”

Dr George Ameh

WHO Representative to Equatorial Guinea



The team in discussion at the Bata treatment centre. Credit: WHO

WHO EURO and Slovakia host consultation of refugee-receiving countries on health service delivery



Press briefing following the consultation in Slovakia Secretary of state, Czechia's deputy minister of health and the WHO/Europe Regional Emergency Director

From 18-19 April 2023, the WHO Regional Office for Europe and the Ministry of Health of Slovakia held a consultation in Bratislava gathering of experts and policy makers from refugee-receiving countries. The aim was to discuss the challenges and opportunities in advancing sustainable health services delivery to host and refugee populations linked to the conflict in Ukraine. The meeting offered a platform for the exchange of ideas, knowledge, and best practices, with the objective of improving health outcomes and well-being of populations.

The consultation, organized following the request of several refugee-hosting countries during the 75th World Health Assembly, consisted of a high-level ministerial forum. It was attended by governmental delegations from Czechia, Hungary, the Republic of Moldova, Poland, Romania and Slovakia and also saw the participation of the Ukrainian ambassador to Slovakia. The event was also attended by representatives from the UN, the European Union, and NGO partners.

The ministerial forum was followed by technical panels and discussions on key issues pertaining to the refugee health response. These included: health leadership and coordination, governance, and financing; health information and evidence/data-based decision making; essential health services including communicable diseases and non-communicable diseases; mental health and psychosocial support; health workforce; and the role of NGOs in the emergency response.

Opening remarks and discussions reflected on neighbouring countries' efforts to provide equitable and adequate health care to refugees within a very short period. Participants welcomed the opportunity to engage in dialogue on refugee health in emergencies and to present experiences, challenges, and lessons learned related to the Ukrainian refugee response as well as similar examples of large-scale population displacement. Strategies and tool for addressing these health needs were also discussed.

Suggestions for the way forward were proposed:

- collaborating towards a common European platform for refugees' inclusion;
- ensuring coordinated financing;
- holding technical meetings, individual and bilateral communications and joint external evaluations;
- establishing a living inventory of current practical responses;
- revisiting deployments of rapid reaction teams; developing joint accreditations and Standard Operating Procedures and guidelines for good practices;
- using behavioural and cultural insights to tailor specific health programmes to refugees' needs;
- formulating sub-regional twinning projects with joint action plans for joint learnings on the basis of the existing strategic WHO frameworks.
- start planning for the next crisis.

Conclusions and recommendations from the event will be used to inform discussions at the 76th World Health Assembly on the health response in Ukraine and refugee-hosting countries. It will also help countries in developing long-term strategic plans and partnerships for sustainable health service delivery to refugee and host communities.

“We will continue to advocate for access, so we can address the humanitarian health needs of all people in Ukraine.”

Dr Gerald Rockenschaub

Regional Emergency Director for WHO Regional Office for Europe

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

Are you 'PRET' for the next pandemic?

Drawing on lessons from recent epidemics and pandemics, WHO launched '[PRET - Preparedness and Resilience for Emerging Threats](#)' at a global meeting from 24-26 April 2023. PRET enables integrated pandemic preparedness and response planning. Building on the current global momentum, PRET is an approach that applies a "mode of transmission lens" to preparedness for future pandemics.



Participants at the PRET call to action meeting 24 – 26 April 2023. Photo Credit: WHO

What is 'PRET'?

PRET focuses on improving pandemic preparedness for groups of pathogens based on their mode of transmission. Aligned with the architecture for health emergency preparedness, response and resilience (HEPR), PRET presents a new approach recognizing that there are three tiers of systems and capacities relevant for pandemic preparedness: those that are cross-cutting for all or multi-hazards, those that are relevant for groups of pathogens (respiratory, arboviruses etc.), and those that are specific to a pathogen. The aim is to strengthen existing systems and capacities, and to fill gaps. This integrated planning approach avoids siloes, promotes coherence and efficiency, and helps streamline actions at the time of a pandemic.

The launch

The PRET [global meeting](#) focused on respiratory pathogen preparedness. The multisector, multilevel stakeholder meeting engaged over 120 representatives from countries and partners including academia, civil society, international donor and technical implementing agencies, public health networks, the United Nations system, and WHO collaborating centres. Participants shared experiences and discussed opportunities to improve future pandemic preparedness. A foresight exercise was held to consider different pandemic scenarios and to reflect on the critical actions that countries need to take as they update their pandemic plans.

“All stakeholders need to be involved in the planning stage, not just the panic stage.”

Ms Jane Lawless

International Trade Union Federation and Council of Global Unions



“We are all connected by our shared vulnerability to pandemic pathogens, the only way forward is by addressing equity through collaboration.”

Dr Yassen Tcholakov

Immediate Past Chairperson, Junior Doctors Network of the World Medical Association

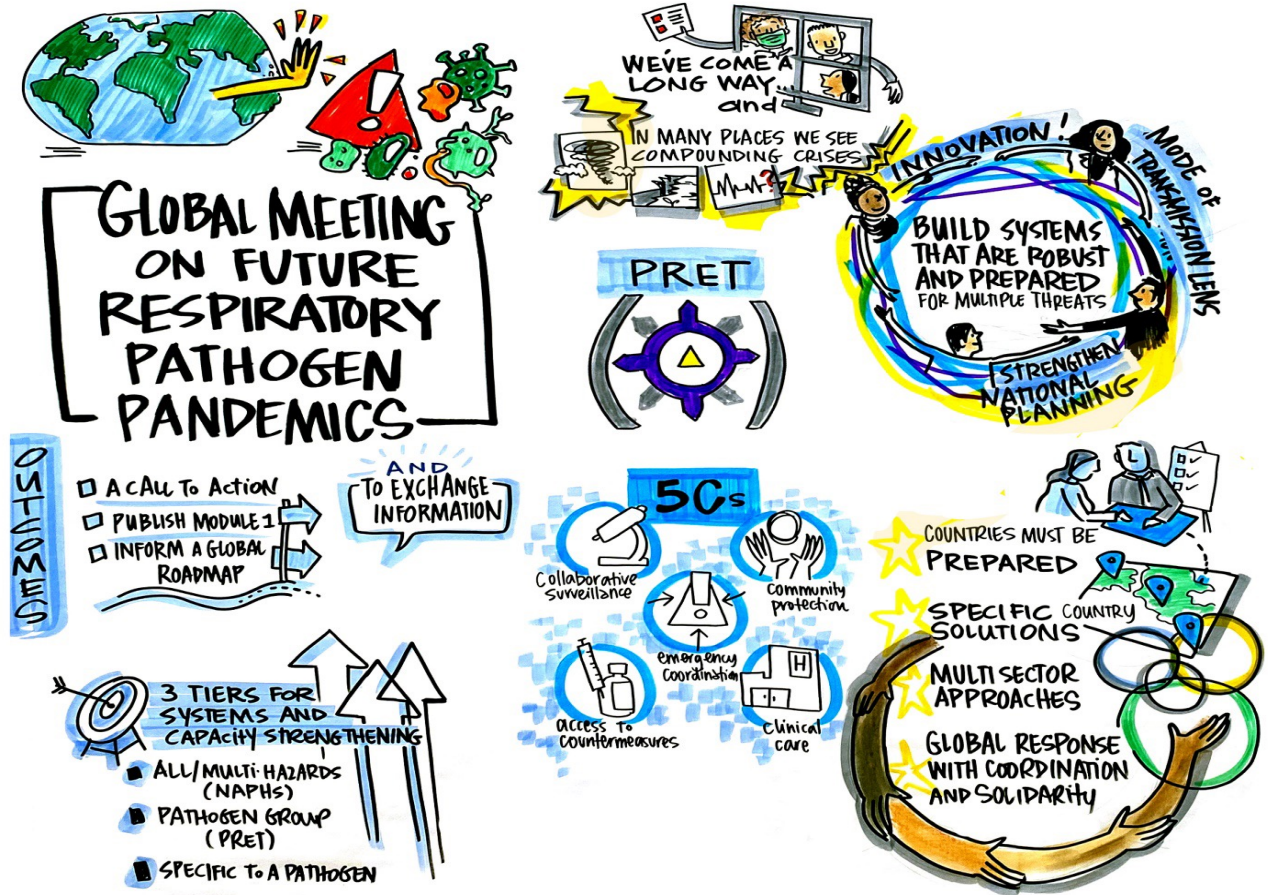
“Just as health emergencies have impacts across many sectors, so must our preparedness and response efforts span sectors, disciplines, and pathogens. It is critical, too, that community engagement and equity are the centre of our efforts, especially for those populations that are marginalized and most at risk.”

Dr Tedros Adhanom Ghebreyesus

WHO Director-General



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Preparedness and Resilience for Emerging Threats (PRET) Meeting April 24 – 26, 2023. Credit: WHO/Sam Bradd

The meeting delivered:

1. A high-level [call to action](#) on PRET aimed at creating an enabling environment for implementation and collaboration.
2. An outline of a global roadmap to implement the vision for respiratory pathogen pandemic preparedness through PRET.

Next steps

Countries and partners are encouraged to use [PRET Module #1](#) focusing on respiratory pathogens to update their preparedness plans. WHO will also develop more modules for other pathogen groups as we move forward. Each module is intended to be a living document so that new learnings and innovations are incorporated over time. In the coming months, WHO will work with stakeholders to co-develop the global roadmap for PRET implementation to foster coherence, ensure whole of society engagement, and advocate for investment in pandemic preparedness.



For more information on PRET:



A common approach across two regions: delivering respiratory pathogen simulation exercises in Costa Rica and Lebanon



Photo Credit: PAHO/Costa Rica

Simulation exercises are an effective tool for national authorities to test and revise pandemic preparedness structures and strengthen their response to epidemics and pandemics. As a result of the momentum stemming from the COVID-19 pandemic, countries are looking critically at their pandemic preparedness plans and systems.

Following their participation in the WHO Academy Course on Acute Respiratory Infections Preparedness, **Costa Rica and Lebanon both conducted table-top simulation exercises to test and validate their existing respiratory pandemic preparedness plans together with key multi-level stakeholders** including health, animal health, agriculture, finance, military, communications, and disaster management authorities.

Costa Rica and Lebanon were the first countries to pilot a simulation exercise package developed by WHO in line with the [Preparedness and Resilience for Emerging Threats \(PRET\) Initiative Module](#) on planning for respiratory pathogen pandemics. With support from the [PIP Framework Partnership Contribution](#) and US Centers for Disease Control and Prevention (US CDC), they tested three key areas of their pandemic preparedness systems:

1. Multisectoral coordination;
2. Risk communications and community engagement; and
3. Operational triggers for decision making.

Similar findings across two regions

Costa Rica had developed a draft national pandemic plan for influenza, SARS-CoV-2 and other respiratory viruses and wanted to use the simulation exercise to refine their plan. Lebanon on the other hand was using the simulation exercise to identify key areas for the update of the national plan. Despite the different contexts, there were some common findings from the two exercises.

Both countries found that the roles and responsibilities of key decision-makers need to be clearly articulated in their pandemic plans. In particular, coordination at the local level needs to be strengthened. Both are now working towards developing decision-making flowcharts and coupling this with scenario-based planning at different levels to sensitize key stakeholders.

Similarly, both identified that key risk communications and community engagement (RCCE) functions need to be strengthened. Participants from Costa Rica highlighted the need to better integrate their risk communications strategies within their existing planning structures, while Lebanon highlighted the need to strengthen the availability of validated information sources for trusted risk communications and community engagement and better links with NGOs. **Both countries are now working towards reviewing risk communications strategies and functions and delineating clear ownership of which functions will be managed by the different stakeholders** and how the strategy will be implemented.

Post-exercise steps

Both Costa Rica and Lebanon are using the findings from their simulation exercises to further develop their pandemic preparedness planning and coordination amongst all stakeholders. Complementing this has been the release of [updated guidance on strengthening respiratory pathogen pandemic preparedness](#) which countries can use to guide their approach to strengthening integrated preparedness. Additionally, both countries provided input on how the simulation exercise package could be improved further, and this package is now being rolled-out to requesting countries together with the updated guidance.

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

WHO delivers essential equipment and training to support whole genome sequencing in East Malaysia



Laboratory workers carrying out genome sequencing using the WGS machines. Photo credit: WHO/Izarra Azuddin

With the emergence of new variants due to the mobility within Malaysia and between these neighbouring countries, it is important to monitor the SARS-CoV-2 variants for emergency and laboratory preparedness. Dedicated laboratory equipment is required to analyze genomes, known as whole genome sequencing (WGS) machines. WGS is crucial to monitor the evolution of SARS-CoV-2 variants to assist in the planning of healthcare measures that can help mitigate the outbreak as well as increase the chance of early detection of harmful and infectious pathogens.

With WHO's technical support and the United States of America's (USA) financial support towards the development of laboratory sequencing in East Malaysia, Polymerase Chain Reaction (PCR) and WGS machines were delivered at the Public Health Laboratory Kota Kinabalu.

Strengthening laboratory capacities across the country, including in East Malaysia is a priority as the country prepares to better respond to future outbreaks and pandemics. Various officials attended the handover ceremony, including the WHO Representative, Dr Rabindra Abeyasinghe, the Sabah Health State Director, Datuk Dr Rose Nani binti Mudin, the Deputy Chief of Mission at the U.S. Embassy in Malaysia, Mr Michael A. Newbill, and the Director of the Public Health Laboratory of Kota Kinabalu, Dr Jiloris Julian Frederick Dony.

“These advancements in laboratory technology and skills will help especially in identifying pathogens and making a timely diagnosis of diseases, that prevent outbreak occurrences.”

Datuk Dr Rose Nani binti Mudin
Sabah Health State Director

In addition to laboratory preparedness, and for optimum use of the WGS machines, staff members from the Public Health Laboratory attended training at the Doherty Institute Australia, with technical support from WHO, to enhance their expertise in WGS Bioinformatic on SARS-CoV-2. The staff members who attended the training are now passing on the knowledge gained to other laboratory staff members.

“I feel that our contribution to genome sequencing is beneficial to the public health, not just for COVID-19 but for future pathogens. We always aim to provide better healthcare for all, and the support given to us has strengthened our capacities to do so.”

Mr Kamal Hisham

Staff from the Public Health Laboratory on value of the training

The USA has provided grants to support pandemic response and prepare countries, including Malaysia, for future outbreaks.

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

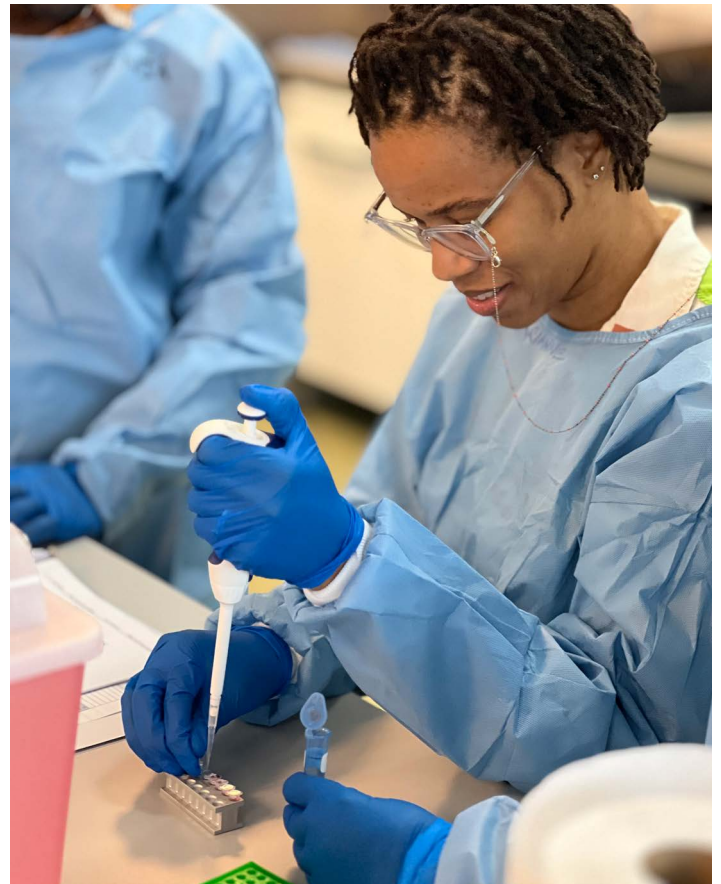
Training on genetic characterization of influenza and SARS-CoV-2 to enhance GISRS respiratory disease surveillance in the Americas

From 24-28 April 2023, the WHO Regional Office for Americas/ Pan American Health Organization (AMRO/PAHO) and the WHO Global Influenza Programme (GIP), in partnership with the WHO Collaborating Centre for the Surveillance, Epidemiology and Control of Influenza at the United States Centers for Disease Control and Prevention, the Association of Public Health Laboratories, and the National Influenza Center (NIC) at the Instituto Conmemorativo Gorgas de Estudios de la Salud, Panama City, Panama, conducted a practical training on next-generation sequencing. This was carried out at the Instituto de Investigaciones Científicas y Servicios de Alta Tecnología (INDICASAT AIP), using the Oxford Nanopore Technologies platform, and bioinformatics to support and expand the [Global Influenza Surveillance and Response System \(GISRS\)](#) influenza and SARS-CoV-2 surveillance. In total, 21 laboratory experts from 19 countries within the region convened in Panama City, to participate in a hands-on training on next-generation sequencing.

The training focused on incorporating next-generation sequencing as part of a comprehensive, end-to-end integrated sentinel surveillance system to enhance GISRS's laboratory capacities for the characterization of influenza and SARS-CoV-2. This workshop was part of WHO's broader efforts to **support countries with implementing end-to-end integration of SARS-CoV-2 into their influenza surveillance schemes.** It also forms part of the implementation of the [PAHO Genomic Surveillance Regional Strategy for Epidemic and Pandemic Prone Pathogens](#).

Over the past two years, WHO has utilized the capabilities of GISRS to integrate disease surveillance of SARS-CoV-2 into influenza surveillance systems. This has allowed the monitoring of transmission patterns of SARS-CoV-2 as part of the broader global respiratory disease surveillance system. As part of this initiative, **GISRS laboratories have been encouraged and supported to genetically characterize influenza- and SARS-CoV-2 positive samples collected from sentinel surveillance using NGS.**

Participants in the training had a practical experience learning how to study influenza and SARS-CoV-2 viruses. They prepared samples in a laboratory and used a special technology called



Training participant preparing DNA Library for next-generation sequencing. Credit: WHO/ Dmitry Pereyaslov

the Oxford Nanopore platform to read the viruses' genetic material and understand the viruses better. Participants also learned about bioinformatics to interpret the sequencing data, check its quality, and identify critical genetic changes.

The training also highlighted the importance of sharing the data with public databases, which is crucial for global collaboration and advancing our knowledge of these viruses.

Moving forward, WHO will continue to hold hands-on influenza and SARS-CoV-2 genetic sequencing courses with the next trainings scheduled in August in Algeria (African Region) and France (European Region).

“All the materials and presentations that were shared will be very useful for our laboratory as we are planning to implement in the near future the sequencing of nanopores to increase our capacities and expand our activities to include other pathogens for genomic sequencing.”

Training participant via post-training survey

A global analysis of COVID-19 intra-action reviews: reflecting on, adjusting and improving emergency preparedness and response during a pandemic, examples from the African 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.



Photo Credit: South Sudan Ministry of Health and WHO South Sudan Country Office

South Africa: effective multi-level coordination to combat the COVID-19 pandemic

This video highlights how South Africa established effective multi-level coordination systems during the COVID-19 pandemic. Even before the first case was detected, South Africa had **already developed a national plan for COVID-19 by adapting its pandemic influenza plan**. The country had also strategically **decentralized its response by establishing incident management teams at both national and subnational levels** in nine provinces.

When South Africa decided to conduct a COVID-19 intra-action review to reflect and improve its ongoing COVID-19 response, these **reviews were conducted both at national level and subnational levels in nine provinces**. This helped identify ways to improve existing systems and bring more partners onboard.

Overall, South Africa's recognition of the importance of decentralising its response while maintaining effective coordination through the various levels serves as an exemplary role model for peer countries.

To learn more about South Africa's work, click [here](#).

South Sudan: leveraging and expanding existing molecular testing capacities for COVID-19 by building on existing platforms, knowledge and experience from pandemic influenza preparedness activities

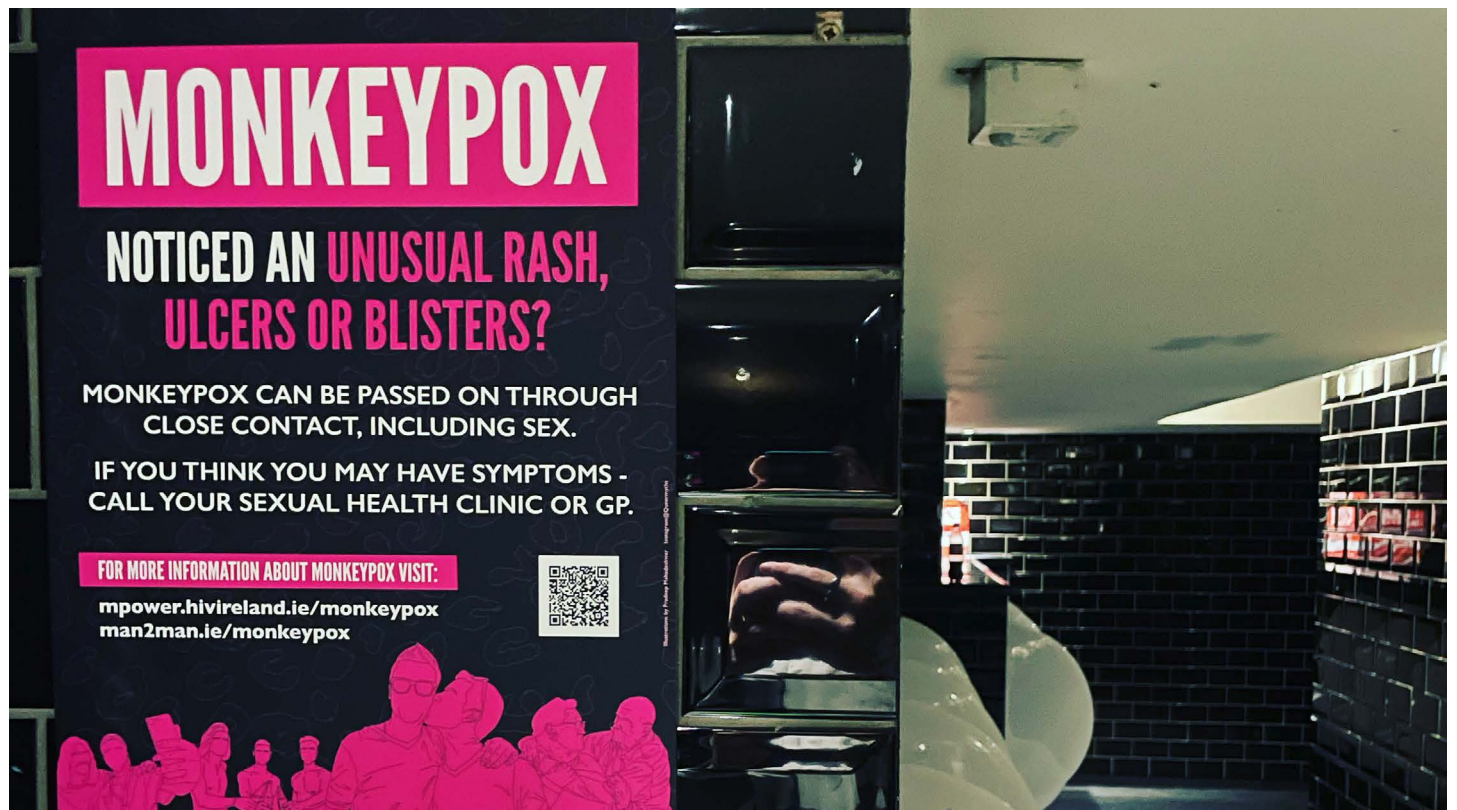
This video highlights how South Sudan built upon its influenza sentinel surveillance, developed in 2019 following the threat of the Ebola outbreak in neighbouring Democratic Republic of Congo, to scale up its response to COVID-19.

During the pandemic, South Sudan rapidly expanded its molecular testing capacities for COVID-19, by leveraging experience health teams familiar with the response to the Ebola virus disease and/or influenza sentinel surveillance. **This made South Sudan one of the first countries in the African region to have capacity to test for SARS-CoV-2 virus**. South Sudan also **leveraged its influenza sentinel surveillance sites to successfully detect COVID-19 transmission in the community**. In addition, South Sudan **conducted an intra-action review** to identify additional gaps for improvement, which prompted the country to procure additional Polymerase Chain Reaction (PCR) machines to meet testing demands, expand the number of testing sites at various levels and improve testing turnaround times.

Overall, the investment in molecular diagnostic infrastructure and workforce strengthened the country's capacity to respond to COVID-19 and will continue to enable the effective detection, monitoring and control of other high-threat pathogens.

To learn more about South Sudan's work, click [here](#).

WHO/Europe's work with Civil Society Organizations (CSOs) on increasing the control and eventual elimination of mpox



MPOWER Programme at HIV Ireland works with members of the gay, bisexual and men who have sex with men (GBMSM) community to design and implement activities to help reduce HIV and other sexually transmitted disease infections. © Adam Shanley

On 11 May 2023, WHO's Director-General (DG) announced his acceptance of the IHR Emergency Committee (EC) recommendation to end the Public Health Emergency of International Concern for the multi-country outbreak of mpox. The decision was made in part due to the downward trend of mpox cases, which as of 8 May 2023 has resulted in 87 377 cases and 140 deaths across 111 Member States. He warned however that the virus continues to affect communities in all regions, posing significant public health challenges that need a robust, proactive and sustainable response.

In his announcement of the decision, the DG commended the work of community organizations in informing people of the risks of mpox, encouraging and supporting behavior change, and advocating for access to tests, vaccines and treatments to those most in need. Community organizations were particularly central to the mpox response in the WHO Europe region, which accounts for nearly 30% of all reported mpox cases since the start of the outbreak. To bolster collaboration between these groups, the WHO Regional Office for Europe convened an informal consultation with Civil Society Organizations (CSOs) this past March. CSOs provide critical input into what public health advice resonates with communities. They advise WHO on considerations for working with key affected communities, including Gay and Bisexual Men Who Have Sex with Men (GBMSM), sex workers and trans people as part of the response.

The meeting was attended by 30 CSOs from different countries and regional networks. The consultation aimed to gather insights into community priorities for a mpox elimination strategy and

to receive feedback on the mpox toolkit, key elements of mpox elimination Risk Communications and Community Engagement (RCCE) approaches, and groups that might be missed in the response. Some considerations from these discussions were that mpox response plans should take into account: barriers in accessing care; prevention initiatives that target members of marginalized groups; RCCE strategies that ensure acceptance and sustained uptake of available preventive measures; as well as identification of mass gathering events that may be appropriate venues for targeted interventions.

As part of the strategic objectives for mpox, the WHO Regional Office for Europe recently published an updated policy brief on [Considerations for the control and eventual elimination of mpox in the WHO European Region](#). It provides a framework for Member States to develop national five-year action plans to sustain control and achieve elimination of mpox. It is aimed at decision-makers and policy-planners, including multisectoral coordination mechanisms established to respond to the mpox outbreak in the WHO European Region.

Additional resources on eliminating mpox can be found below:

- [Placing affected populations at the heart of our response](#)
- [A response with communities at its heart: a case studies compendium](#)
- [A risk communication, community engagement and infodemic management toolkit for mpox elimination: 17 May 2023 update](#)

Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) meets for the second time



Dr Noor Hisham Abdullah, Chair of the second meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR), Dr Tedros Adhanom Ghebreyesus, WHO Director-General, and Professor Jérôme Salomon, Vice-Chair of the second meeting of SCHEPPR. Photo Credit: WHO/Christopher Black

The Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) held its second meeting in Geneva from 13-14 April 2023.

Established by the WHO Executive Board (EB) following the 75th World Health Assembly in May 2022, SCHEPPR provides Member States with the opportunity to deliberate and be briefed on health emergencies between EB sessions. The Standing Committee is made up of 14 members (two from each WHO Region, as well as a Chair and Vice-Chair), and is mandated to meet at least twice a year. As per the [Terms of Reference](#), the WHO Director-General shall convene an extraordinary meeting in the event of declaring a Public Health Emergency of International Concern (PHEIC) and the EB may also convene an extraordinary meeting, if necessary, between planned sessions.

During the April 2023 meeting, SCHEPPR members and the several other Member States in attendance expressed confidence in the **value of having a forum for discussion on health emergencies and ways of providing support to the WHO Health Emergencies Programme (WHE)**. They also emphasized **the importance of avoiding duplication of work by other committees** (such as the [Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme \(IOAC\)](#)) **and mechanisms** (such as the [Intergovernmental Negotiating Body](#) and the [Working Group on Amendments to the International Health Regulations](#)). Presentations by the WHO Secretariat, the IOAC, and the [Global Preparedness Monitoring Board \(GPMB\)](#) were well received, particularly those provided by WHO Regional Offices. The importance of using a **regional approach** in health emergencies was strongly emphasized, while also recognizing the inherent challenge of reconciling global strategy with tactics being used on the ground in different localities.

Much of the meeting's discussion revolved around better definition the role of SCHEPPR within the broader context of the terms of references. Proposed key functions of the Standing Committee moving forward included: **ensuring IOAC recommendations are being reviewed and implemented,**

as well as **providing guidance** (on areas such as prioritization of work and defining of roles at the country, regional, and HQ levels) **and support to WHE** (in advocating for sufficient funding and encouraging Member States to promote surveillance, One Health initiatives, and political commitment to complex health crises).

In reflection of lessons learned from the COVID-19 pandemic, and looking forward to future emergencies, Member States from the African Region underlined **the need for greater solidarity and equity, particularly in regard to accessing countermeasures**. The WHE Executive Director also called for ensuring inclusion and greater diversity of Member States, especially smaller countries, in the [International Health Regulations Emergency Committees](#) that advise the WHO Director-General on potential or existing PHEICs.

The meeting concluded with participants deliberating on ideas for the agenda of the next meeting, considering an established list of standing items, before adopting the [report of the proceedings](#). The next meeting of SCHEPPR is scheduled for November 2023.

“We can see that this committee is not an additional layer on top of existing structures; it's instead a flexible and responsive body, which allows Member States to be informed in real-time during emergencies and to be mobilized in the right direction in-between emergencies. This committee is valuable as a discussion forum between the Executive Board, WHO regions and Member States, allowing member states to easily raise their questions, concerns and suggestions.”

Professor Jérôme Salomon

Vice-Chair of the second meeting of SCHEPPR

Online Marburg virus disease course translated into four new languages to support outbreak response

Introduction to Marburg Virus Disease

Cours est disponible

Apprentissages Discussions Progrès Certificats Espace de collaboration Détails du cours Documents Annonces



screenshot of the OpenWHO course on "Introduction to Marburg Virus Disease". Credit: WHO

WHO offers open online courses for key infectious diseases in flexible formats through its [OpenWHO.org](https://openwho.org) learning platform, which can be quickly adapted for real-time support during outbreaks. In the last two months, OpenWHO has launched its free course on Marburg virus disease (MVD) in four new languages to expand access to critical knowledge about the disease amidst outbreaks in Equatorial Guinea and the United Republic of Tanzania.

The four languages – [Dholuo](#), [Kirundi](#), [Spanish](#) and [Swahili](#) – were prioritized based on a scoping of the languages spoken in areas affected by the recent outbreaks, as research has shown that it is easier to learn and understand in one's own native language. The Ministry of Health and Social Welfare of Equatorial Guinea declared an outbreak of MVD on 13 February 2023 and the Ministry of Health of the United Republic of Tanzania declared one on 21 March 2023. The online course was already offered in [English](#) and [French](#), and is currently being translated into Tumbuka for additional reach.

The course also discusses challenges to response, including diagnosis, stopping all chains of transmission and timely engagement with communities.

Partager Partager Partager Mail

This course introduces Marburg Virus Disease and outlines the signs, symptoms, diagnosis, transmission routes and epidemiology of the disease. It also discusses prevention and control strategies.

Photo credits: WHO/Christopher Black

En mode autodidacte

Langue: English

Marburg

Inscrivez-moi pour ce cours

Available for free on [OpenWHO.org](https://openwho.org), the one-hour introductory course aims to raise awareness of:

- the signs, symptoms and transmission routes of MVD
- the main prevention and control measures to respond to MVD outbreaks
- key public health concerns during a MVD outbreak.

MVD is a severe zoonotic disease that can be fatal in human. It is caused by a virus that is in the same family as the virus that causes Ebola virus disease. *Rousettus aegyptiacus* fruit bats are considered natural hosts for Marburg virus, which can be transmitted to humans from prolonged exposure to mines or caves inhabited by colonies of *Rousettus* bats. The virus can then spread from human-to-human via direct contact with the blood, secretions, organs or other bodily fluids of infected people, as well with surfaces and materials contaminated with these fluids. The average MVD case fatality rate (CFR) has varied from 24% to 88% in past outbreaks depending on virus strain and case management.

KEY FIGURES FOR THE ONLINE COURSE, AS OF APRIL 2023

 **8400+** total enrolments globally

 **6500+** certificates awarded

 **77%** completion rate

This includes nearly 500 learners from both Equatorial Guinea and United Republic of Tanzania, as well as surrounding countries. With the course now being expanded to more local languages, it is expected that regional users will increase.

LEARNERS' MAIN DEMOGRAPHICS

 **31%** are students

 **22%** are health care professionals

 **14%** are learners with other affiliations

 **10%** are volunteers

LEARNERS' AGE GROUPS

 **28%** of learners are younger than 20 years

 **37%** are in the 20-29 age bracket

 **18%** are in the 30-39 age group

 **60%** of learners are male

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](#).

**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

- [Seventy-sixth World Health Assembly takes place from 21-30 May 2023](#)
- [The European Commission and WHO launch landmark digital health initiative to strengthen global health security](#)
- [WHO, Africa CDC bolster partnership to tackle health emergencies in Africa](#)
- [Global Oxygen Alliance launched to boost access to life saving oxygen](#)
- [Call for urgent and collective action to fight cholera](#)
- [Developing a global research agenda for public health and social measures: Research priorities for COVID-19](#)
- [WHO announces Acute Care Action Network for emergency, critical and operative care](#)
- [Countries agree to prioritize initiatives to improve the health of Indigenous populations](#)

Highlights

- [WHO Director-General's closing remarks at the 76th World Health Assembly- 30 May 2023](#)
- [WHO Director-General's opening remarks at the WHA side event on Health Emergency Workforce on Health Emergency Workforce and the Need for a Global Health Emergency Corps](#)
- [Disease Outbreak News \(DON\): Marburg virus disease- United Republic of Tanzania](#)
- [Disease Outbreak News \(DON\): Outbreak of suspected fungal meningitis associated with surgical procedures performed under spinal anaesthesia – the United States of America and Mexico](#)
- [Disease Outbreak News \(DON\): Acute hepatitis E- South Sudan](#)
- [WHO Outbreaks and Emergencies Bulletin: Week 22: 22-28 May 2023, African Region](#)
- [Infodemic management: Issue 56: \[Oh the places you can go \\(to learn about infodemic management and address health misinformation\\)!\]\(#\)](#)
- [Infodemic management: Issue 55: \[Where experience of designed digital environments meets misinformation\]\(#\)](#)



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.

[COVID-19 evolving variants and how to stay safe](#) (4 May 2023)

Why are we seeing rising number of COVID-19 cases in some parts of the world? How is the SARS CoV 2 virus evolving? What do Governments and the public need to do to live with COVID-19 safely? Dr Maria Van Kerkhove explains in Science in 5.

[Will the world eradicate polio in 2023](#) (21 April 2023)

WHO and partners are aiming to interrupt all remaining transmission of poliovirus in 2023. Will the world eradicate this debilitating disease in 2023? How far have we come in our efforts and what will it take to bring the cases down to zero? WHO's Aidan O'Leary explains in Science in 5.