

# WHO's Monthly Operational Update on Health Emergencies

## In Mozambique, WHO helps families in areas affected by cholera outbreak to prevent the disease



Anita Alfredo, Charles José (her son, 10 years old) and Momade Mukusseté showing what they received as part of the cholera kits. @2023/WHO/Mozambique/Joelma Pereira

In response to the global cholera resurgence, WHO launched in May 2023 its 12-months [Global Cholera Strategic Preparedness, Readiness and Response Plan \(SPRRP\)](#). 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. For more information, visit [WHO's Cholera webpage](#).

Since a cholera outbreak was declared in Mozambique on 14 September 2022, over 32,000 people have been affected by the disease and 141 deaths have been reported.

The neighborhood of Triangulo in the district of Nacala Porto, in Nampula Province, is one of the most affected by the current outbreak, notably due to the lack of basic sanitation. For every 10 families, only three have latrines which are shared with their neighbors.

With the support of WHO and partners, such as Médecins Sans Frontières (MSF) and UNICEF, health authorities were able to quickly reduce the number of cases in the Triangulo neighborhood. This was done through efficient treatment of people affected by cholera, active follow up of cases at the community level, disinfection of their homes when they were discharged from the cholera treatment centre, distribution of cholera prevention kits, and enhanced community engagement for prevention. The involvement of community leaders, volunteers and the media was key to sensitize families to adopt hygienic habits and demystify the negative perception around the disease.

1,500 families in the Triangulo neighborhood received cholera prevention kits, which notably contained soap, buckets, detergent, and water treatment material, and were sensitized to their use. Their houses were also disinfected. As a result, families started treating the water for cooking, cleaning and washing clothes which helped reduce cholera transmission at district level.

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### Key figures on WHO's work in emergencies (as of 26 June 2023)

	48 graded emergencies across the world
	9 grade 3 emergencies
	5 protracted 3 emergencies
	20 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.

**US\$ 47.8 million** have been released by [WHO's Contingency Fund for Emergencies \(CFE\)](#) to 13 health emergencies in 2023, including for the Türkiye/ Syria earthquakes, global cholera crisis (multi-country), the Ethiopia complex emergency and the Sudan conflict (as of 15 June 2023).

**4 GOARN deployments** are currently ongoing across WHO's six regions. Since the beginning of 2022, GOARN has supported 156 deployments, of which 152 have been completed as of 20 June 2023.

**1.45 million** online data analysed by WHO and the Africa Infodemic Response Alliance between 1-31 May 2023 as part of social listening and infodemic management support to Member States.

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](#).



Health care worker at the cholera treatment center in Nacala Porto. @2023/WHO/Mozambique/Joelma Pereira

In mid-April 2023, the cholera treatment centre in the district of Nacalo Porto was admitting on average 50 to 80 cholera cases per day (both in- and out-patients). By the end of May 2023 and following the community engagement and multi-pronged actions supported by WHO, the admission rate dropped to seeing approximately three cases per day in the cholera treatment centre.

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

“In the past I thought the water was safe. So, I used the untreated water for cooking, washing clothes and cleaning the house without thinking that it was unsafe for health. But when [my son] Charles and I and many people in the neighborhood started getting sick with cholera, I started treating the water with Certeza [a water treatment product, which was given as part of the cholera kit].”

**Anita Alfredo**

Resident of the Nacala Porto district, who fell sick with cholera in May 2023 and recovered

“WHO has always been unconditionally present in supporting the district of Nacala Porto in particular, and the province of Nampula in general. (...) WHO supported with the trainings of health workers, in case management and infection prevention and control. Specific sites for cholera treatment have also been established for the treatment of patients, thus facilitating rapid access to treatment. Although the district has not yet declared the end of the cholera outbreak, the evidence is notable with only one to two patients reported weekly [as of 15 June 2023]. This success is due to the district service of women’s health and social action that led the response with a huge commitment and acceptance of the recommendations and WHO’s support.”

**Cremildo Rajabo**

WHO Emergency Medical Officer in charge of the response to the cholera outbreak in Nampula province

## WHO support to Marburg virus disease (MVD) outbreak response in the United Republic of Tanzania

From 21 March to 31 May 2023, a total of nine cases (eight laboratory-confirmed and one probable) and six deaths were reported during the outbreak in the United Republic of Tanzania, resulting in a Case Fatality Ratio (CFR) of 67%. The last confirmed case tested negative for the second test of Marburg on 19 April 2023, setting off the 42-day mandatory countdown to declare the end of the outbreak. On 2 June 2023, the Ministry of Health of the United Republic of Tanzania [declared the end](#) of its first documented outbreak of Marburg virus disease (MVD), in accordance with WHO recommendations.



From left to right: Shalini Bahuguna, UNICEF Representative in the United Republic of Tanzania; Umyy A. Mwalimu (Mb) Waziri, Minister of Health of the United Republic of Tanzania, and Dr. Zabulon Yoti, acting WHO Representative to the United Republic of Tanzania declaring the end of the MVD outbreak. 2 June 2023. Credit: WHO

### Activation of country response system

After declaration of the MVD outbreak on 21 March 2023, national health authorities with support from WHO and partner organizations immediately rolled out outbreak response to stop the spread of the virus and save lives.

Tanzanian health authorities quickly activated the national Emergency Operation Center (EOC) in Dodoma and the regional EOC in Kagera Region, set up the national task force for MVD under the Ministry of Health's leadership and led a joint field visit with WHO to Kagera.

In support of the government's response actions, WHO quickly activated its incident management system (IMS) at all three-levels of the organization. WHO's incident management team in-country was comprised of repurposed WHO staff, including epidemiologists, and health experts in laboratory, clinical management, infection, prevention and control, risk communication and community engagement (RCCE), operational support and logistics, and points of entry. IMS team meetings were led by the WHO Incident manager and

included partners providing technical support to the outbreak response efforts, such as Médecins Sans Frontières (MSF), Save the Children, the US Centers for Disease Control and Prevention (US CDC), UNICEF and the World Food Programme (WFP).

### Leveraging country preparedness and readiness investment pays off

Across the African region, WHO has been working with countries to reinforce readiness and response to health emergencies, with teams of first responders trained in the key aspects of outbreak preparedness, response and control. In the United Republic of Tanzania, teams of responders – one trained in March 2023 and another in 2022 as neighbouring Uganda battled an outbreak of Sudan Virus Disease – were instrumental in controlling the just-ended Marburg outbreak. Before the MVD outbreak, a total of [135 African Health Volunteers Corps \(AVOHC\) SURGE members in the United Republic of Tanzania had received intensive drills and simulations on how to detect, manage and monitor health emergencies. 29 trained SURGE team members were deployed quickly to Kagera](#) and supported the response to the outbreak.

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WHO and partners undertaking surveillance on the field in Kagera. Credit: WHO

To support initial response actions, WHO quickly mobilized US\$ 752,000 from its [Contingency Fund for Emergencies \(CFE\)](#).

With both CFE funding and support from donors such as the Foreign, Commonwealth and Development Office (FCDO) and the US Agency for International Development (USAID), WHO :

- **Deployed staff to the field** to enhance the response in the areas of leadership and coordination, epidemiology and surveillance, case management, infection, prevention and control, and mental health and psychosocial support.
- **Financially supported the mobilization and deployment of 464 national surge staff** by the Ministry of Health, including specialists in contact tracing and active case finding that made it possible to follow up all 212 identified contacts. The surge team also included experts in clinical management, infection, prevention and control, points of entry, and RCCE for affected and neighboring subnational areas.
- **Supported in-country coordination**, including by co-chairing weekly MVD task force meetings with the Ministry of Health; chairing twice-weekly partner coordination meetings and deploying a dedicated field coordinator in Kagera.
- **Provided logistics and medical equipment and supplies**, including 21,000 surgical gloves, 21,000 apron protection kits, and 2000+ gowns. WHO also deployed two vehicles with drivers in Kagera, funded dialysis machines (to complement the only machine already present) to ensure continuity of services for renal patients and provided support for the improvement of the isolation facility at the Mutukula border with Uganda.

- **Launched the [MVD survivors' programme](#)**, which aims to support the full recovery of MVD patients, including by introducing the MVD survivor programme guide. Out of the nine cases of MVD declared in the United Republic of Tanzania, three patients recovered. WHO supported all of them with needed medical assistance, including dialysis; mental and psychosocial support; monitoring of physical status for other MVD complications; and testing of body fluids for the persistence of MVD.

Moving forward, WHO will continue supporting the United Republic of Tanzania in its preparedness, readiness and response efforts to upcoming health emergencies.

“With the investments being made to prepare for and tackle health emergencies in the region, we are responding even faster and more effectively to save lives, livelihoods and safeguard health. Thanks to these efforts [deployed as part of national response, with WHO’s support], Tanzania has been able to end this outbreak and limit the potentially devastating impacts of a highly infectious disease.”

**Dr Matshidiso Moeti**

WHO Regional Director for Africa

## Insecurity in Sudan and the related issues for the health care system

Two months since the escalation of violence in Sudan, insecurity continues to make the delivery of health care increasingly challenging. In June, WHO launched its [Emergency Appeal for Sudan and neighboring countries](#), appealing for US\$ 145.2 million to respond to the needs for June–December 2023 of 7.6 million people in need of urgent health assistance in Sudan and almost 500 000 individuals forced to flee to neighbouring Central African Republic, Chad, Egypt, Ethiopia and South Sudan. For more information, read [WHO's latest Situation Report](#) and visit the [Sudan Crisis](#) and [WHO Regional Office for the Eastern Mediterranean](#) websites.



A displaced Sudanese family in Aswan, Egypt at the mental health and psychosocial services clinic. The clinic is a joint initiative between the Egyptian Ministry of Health and the WHO country Office to Egypt. Credit: WHO/Yasmeen Ali.

Nadia (not her real name) and her family left Khartoum for Cairo on 24 April, as the sound of artillery became too strong and too close to home. As with most Sudanese people – who remain inspiringly resilient in the face of numerous health emergencies – Nadia masks her suffering behind a radiant smile and an easygoing attitude.

When asked if she has seen attacks on health facilities that affected anyone she knows, Nadia confirms, “I had friends desperately searching and asking for life-saving medications for their sick parents; one friend’s father with heart problems could not find a hospital nearby and his daughter took him on an eight-hour journey out of Khartoum to get him into intensive care. Pregnant relatives could not go to their regular appointments, and some of them had to give birth at home under horrible conditions. (...)”

Insecurity in Sudan is preventing patients and health workers from reaching hospitals and health facilities. Staff are being attacked. Between 15 April and 15 June 2023, 46 attacks on health care have been verified by WHO, resulting in eight deaths and 18 injuries.

In addition to the violence and repeated attacks on the health system, major disruptions to health care, poor access to clean water, sanitation and food, and interruption of public health programmes pose significant public health risks, increasing the risks of complications and death from chronic diseases, of maternal and neonatal mortality, and of epidemics. The nutritional situation is worsening, mental health needs are

dramatically increasing, and there are alarming reports of increases in gender-based violence.

Inside Sudan, roughly half of the population require humanitarian aid and protection and over 11 million people are in need of urgent health assistance. Approximately 2 million people have been displaced within Sudan and around 600,000 people have sought safety in neighboring countries due to the ongoing violence. On 19 April 2023, WHO released US\$ 3.6 million from its [Contingency Fund for Emergencies \(CFE\)](#) to support the coordination of the health response and the distributions of supplies, through multiple partners. A total of 170 metric tons of medical supplies, including for trauma injuries, chronic diseases and infectious diseases have been delivered by WHO to partners in Sudan.

WHO is also working in neighboring countries to respond to the health needs. Most of those countries are facing ongoing protracted emergencies, with the crisis putting additional pressure on already fragile health systems.

Moving forward, WHO remains committed to collaborating with partners and local authorities to explore alternative approaches and guarantee the delivery of healthcare services and vital medical supplies to the affected population.

For more on Nadia’s story, click [here](#). For more information on the crisis in Sudan, click [here](#).

## Enhancing prevention and control at points of entry under the International Health Regulations (2005): WHO launches a virtual reality training for Ship Inspections and the Issuance Ship Sanitation Certificates (SSCs)



Ship seen in the virtual reality module of WHO's learning programme on Ship Sanitation Inspection and the Issuance of Ship Sanitation Certificate. Credit: WHO

As seen in any health emergencies, putting in place preparedness and response strategies at points of entry is a key means to prevent and reduce the spread of infection. In this respect, the International Health Regulations (IHR 2005) highlights the importance of **ship sanitation certificates** as a means to **prevent and control known public health risks and provide a common way to register and communicate health events and measures taken on board**. As seen in the past, ships can carry diseases on board and therefore need to comply with public health measures to prevent their international spread.

Offering initial and continuous on board training for ship inspectors can sometimes be difficult to accommodate. Indeed, while inspectors usually have access to online and classroom-based training, the experience of physically boarding a ship and inspecting passenger berths, food storage, mess halls and even children's play areas are sometimes hard to acquire due to logistic challenges and the potential unavailability of vessels at the correct time.

To ensure ship inspectors systematically have the chance to undertake on board experience, **WHO launched in 2022 a project to develop a virtual reality training that will simulate on board inspection and enable learners to receive an immersive experience.**

This novel approach offers a realistic yet virtual inspection experience. It will give greater access to learners, helping them to better identify public health risks on board ships, and to ensure the implementation of the necessary control measures to ensure a healthier and safer world.

This virtual reality program will be incorporated as part of **WHO's existing [learning programme on Ship Sanitation Inspection and the Issuance of Ship Sanitation Certificate](#)**. This existing programme is intended to train inspectors working at ports authorized by States Parties to issue Ship Sanitation Certificates, as well as for administrators working with health inspection authorities. It combines both online and face-to-face modules, whereby participants need to first complete the e-learning course before attending a five-day in-person training.

**The aim of the new virtual reality project is to enable ship inspectors to receive standardized and high quality on board immersive experience and practice their skills in a "safe learning environment"** whenever the learning course is organized. By doing so, the project will contribute to harmonizing inspection practices globally and will improve the quality and consistency of certifications

Specifically, the new virtual reality programme will be incorporated throughout the existing five-day face-to-face module of the WHO learning programme and will enhance group activities, exercises, group discussions and existing presentations and scenarios. Trainees will interact with the facilitator as the virtual reality programme toggles between compliant or non-compliant conditions, and prompts for inspection points and opportunities to ask questions, zoom in on selected inspection points, and become familiar with safe work procedures in a maritime environment.

In other words, the virtual reality module will be used to complement face-to-face training. However, when no vessel is available and onboard components of the practical training cannot be completed, the virtual module will be used as a replacement.

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Inside of a vessel, as seen in the virtual reality module of WHO's learning programme on Ship Sanitation Inspection and the Issuance of Ship Sanitation Certificate. Credit: WHO

The virtual reality module will be piloted for the first time in the second semester of 2023. Eleven pre-selected facilitators, who previously participated in a two-week training-of-trainers program in 2022, will be taught how to use the virtual reality module to then train future ship inspectors in upcoming sessions. These 11 facilitators were nominated by their respective WHO country offices and selected by regional offices based on technical criteria.

The quality and impact of WHO's learning program, including its virtual reality approach, will be monitored and evaluated through both qualitative and quantitative tools. Feedback from the pilot phase's 11 facilitators will be collected via course evaluations, pre and post-tests, an assessment of the quality of inspection reports prior to and after the training, and an

analysis of the increase in the issuance of valid certificates. Recommendations and lessons learned from the first pilot phase will be used to inform a second training of trainers.

Overall, WHO envisions that the virtual reality component of the course will be fully operational and integrated in the ship certification course by 2024, benefitting current and future ship inspectors from all six WHO regions. In doing so, compliance with the IHR (2005) could be greatly increased across the world. Should this experience prove positive, virtual reality could become increasingly being used across WHO's learning programmers.

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



WHO staff testing the virtual reality module of WHO's learning programme on Ship Sanitation Inspection and the Issuance of Ship Sanitation Certificate. Credit: WHO

## Improving border health capacities and fostering cross border collaboration in Central Asia and Southern Caucasus



Workshop participants in front of a ship at the port of Aktau. Credit: WHO

Points of entry, including airports, seaports and ground crossings are on the frontline in helping to prevent, detect and respond to public health events arising via international travel and transport. Throughout the COVID-19 pandemic, over two thirds of countries restricted international traffic by imposing travel-related health measures and closing points of entry.

Under the International Health Regulations (IHR, 2005), State Parties should designate major international points of entry based on the level of risk and the volume of traffic, among other criteria. These designations help to prioritize investments in developing and maintaining core public health capacities. In 2018, 583 points of entry were designated across the European Region, a number which grew to 670 in 2023.

In 2009, WHO developed the “[Assessment tool for core capacity requirements at designated airports, ports and ground crossing](#)” to support countries in monitoring and evaluating their IHR (2005) capacities at their designated points of entry.

To strengthen capacities of those working at or with points of entry in the Central Asian and Southern Caucasus regions and ensure they are better prepared to assess and improve public health capacities, **WHO conducted a five-day training workshop in Kazakhstan from 29 May to 2 June 2023.**

Specifically, the workshop focused on **building and strengthening institutional capacities for preparedness, readiness and response to manage public health events, including the spread of infectious diseases, related to population, animal and cargo movements across international borders.**

40 participants from six countries across Central Asia and the Southern Caucasus (Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) attended the training. As part of it, participants reviewed the IHR (2005), including requirements for capacities that must always be in place at designated points of entry, as well as specific measures to respond to a public health emergency of international

concern. They practiced mechanisms for collaboration and communication among national and subnational health authorities and gained practical experience on these topics through site visits at the Aktau international airport and seaport.

The training was jointly organized by WHO/Europe, the WHO Headquarters and the WHO Country Office in Kazakhstan, in collaboration with the Kazakh Ministries of Health, Finance and Interior and the Kazakh transport authorities of the Aktau Port and the Aktau International Airport.

“This training workshop is timely, especially now that international travel and trade have resumed. Countries should make strong efforts to build public health capacity, including at points of entry.”

**Dr Aizhan Yesmagambetova**

Vice-Minister of Health of the Republic of Kazakhstan

The workshop was supported by the EU Healthy Gateways Joint Action, the International Civil Aviation Organization (ICAO) and the International Organization for Migration (IOM).

“In inviting six countries together to train their public health experts working on points of entry, we further gain exchange of experience and create a harmonized body of practice amongst professionals who will undoubtedly champion the WHO standards in assessing and strengthening points of entry according to the IHR (2005) requirements”.

**Dr Skender Syla**

WHO Representative to the Republic of Kazakhstan

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



## WHO brings RCCE partners together to respond to multi-hazard emergencies in South-East Asia



Group photo of the participants to the annual training on RCCE and infodemic management to strengthen regional capacity to communicate during emergencies. Photo credit: WHO/SEARO

More than 25% of the world's population lives in South-East Asia, and almost two billion people living in the region are prone to disease outbreaks, disasters and risks posed by climate change. Lessons learned from every health emergency have informed subsequent response. In this respect, the COVID-19 outbreak response brought to the forefront the importance of risk communication and community engagement (RCCE) – working alongside communities as equal partners in developing response solutions that are acceptable and workable for them.

In the early days of the pandemic, accurate and timely risk communication interventions were one of the only mechanisms in place to communicate health messages and information about preventive measures. To further build on the COVID-19 RCCE experience and overall lessons learned, **the WHO South-East Asia Regional Office (SEARO) convened in May 2023 in Kathmandu, Nepal, a four-day 'Annual training on RCCE and infodemic management to strengthen regional capacity to communicate during emergencies'.**

This workshop brought together 55 RCCE experts from Ministries of Health, UNICEF and the International Federation of Red Cross and Red Crescent Societies (IFRC) across 10 countries (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste). It focused on RCCE principles and foundations, RCCE messages and materials, community engagement strategies in an emergency and infodemic management.

Participants exchanged RCCE best practices, with a focus on how to apply them in an operational context. To facilitate discussions and the sharing of all views, experiences, and expertise, each session was followed by a group exercise. As part of them, **participants exchanged lessons learned such as the importance of credible, trusted, relevant, timely, accessible, and actionable health information for the acceptance and adoption of life-saving interventions.**

Topics of critical importance to responders were discussed – including fundamentals of RCCE, psychological first aid and emotional intelligence. Nowhere are these skills more important than in an emergency response setting. Furthermore, participants were encouraged to review achievements, challenges and innovations and further synthesize lessons from the country and regional responses to multi-hazard emergencies.

Overall, the training will support Member States to develop, support and implement intersectoral coordination mechanisms in areas of RCCE for strengthening emergency preparedness and response in the region.

**“Engaging the affected populations successfully in emergency preparedness and response plans was one of the effective interventions to gain the trust of the community during the COVID-19 pandemic.”**

**Zaima Nazim**

National Professional Officer, WHO Country Office for the Maldives

**“We are dealing with multiple emergencies (conflict, cyclone, flood), and I found this training very useful to further strengthen a collaborative approach while working with the affected communities and addressing multi-hazard emergencies,”**

**Lei Yee Nway**

Social and Behaviour Change Officer, UNICEF Myanmar

## WHO, in collaboration with key partners holds the Third Regional Training of Trainers on Public Health Emergency Operations Centre in Victoria, Seychelles



Group photo of the third regional training of trainers, Seychelles. Credit: WHO

A public health emergency operations centre (PHEOC) serves as a hub for effectively coordinating information and resources while managing public health emergencies. It brings together multisectoral and multidisciplinary experts to coordinate emergency management in a structured manner using the incident management system (IMS). Functional PHEOC is one of the requirements for fulfilling the International Health Regulations (IHR, 2005).

To strengthen public health emergency management personnel's knowledge and capacities in relation to PHEOCs, the WHO Regional Office for the African Region (AFRO), in collaboration with the global [Public Health Emergency Operations Centre Network \(EOC-NET\)](#), the [Africa Centres for Disease Control and Prevention \(Africa-CDC\)](#) and other key partners recently organized and conducted the third regional training of trainers on PHEOC. This was done through various approaches and steps:

- From 4 to 10 April 2023, participants completed **three online courses**, which covered the introduction to PHEOC, IMS, and a simulation exercise management. This helped participants solidify their knowledge of the functioning and structures of PHEOCs.
- Six **virtual training sessions** were held from 11 to 27 April 2023, during which participants covered six modules on public health emergency management, PHEOC Operations and Management, the IMS, PHEOC policy, plans, and procedures, development, designing and conducting simulation exercises, and preparing after-action reviews. This rigorous course offered practical and informative content.
- From 2 to 14 May 2023, a **face-to-face workshop** was held in Victoria, Seychelles, attended by 37 participants from 25 African countries. The training was officially opened by the Minister of Health in Seychelles, and was facilitated by

representatives from WHO, the Africa-CDC, the US-CDC, the West Africa Health Organization (WAHO), and the United Kingdom Health Security Agency (UKHSA), among others. Participants were trained on how to be efficient trainers, including through group exercise which helped them evaluate their technical and training facilitation skills. Participants were then divided into four groups, and designed and conducted tabletop and functional simulation exercises for a simulated infectious disease outbreak, humanitarian crisis, and flooding event.

The third regional training of trainers concluded with the following next steps, which participants will complete within the next six months:

1. Develop and implement a **plan to support national PHEOC operationalization**;
2. Develop a **country-level mapping** of potential stakeholders supporting PHEOC activities;
3. **Join the regional PHEOC network**, which will allow the sharing of experiences and best practices across the Region. To date, the Regional PHEOC roster contains over 100 trainers;
4. Engage in a **mentorship and continuous engagement programme**; and
5. Engage participants in **WHO's global EOC-NET activities**, including to develop best practice guidance and technical assistance to countries in other WHO regions.

Overall, the training was a great success and helped increase the pool of trainers which will in turn enhance preparedness and response for countries in Africa.

## Sri Lanka develops its first risk profile through multisectoral collaboration to inform preparedness actions



Strategic risk assessment workshop in Sri Lanka, May 2023. Credit: WHO Country Office for Sri Lanka

Sri Lanka conducted a strategic risk assessment workshop from 16-18 May 2023 as aligned with the International Health Regulations (IHR 2005) to develop its country risk profile. By identifying and better understanding risks that may trigger a national coordinated emergency response, the country can prioritize actions and make plans to be ready for potential health emergencies and disasters.

The [Strategic Toolkit for Assessing Risks \(STAR\)](#) – which was used during the training – offers a comprehensive toolkit that enables to rapidly conduct a strategic and evidence-based assessment of public health risks for prioritization of interventions for health emergency preparedness and disaster risk management. STAR is aligned with the IHR (2005) and the [Sendai Framework for Disaster Risk Reduction \(2015-2030\)](#).

### Mapping risk through a multisectoral and participatory process

This three-day risk profiling workshop, led by the Ministry of Health, brought together national and subnational experts, including nearly 60 representatives from the animal health, agriculture, disaster, environment, and security sectors as well as civil society representatives.

Participants mapped hazards facing the country, assessed their likelihood to occur, and described the potential impact the hazards may have on both population health and health services. **Floods, landslides, dengue, respiratory diseases with pandemic potential were mapped as high risks** that are facing the country and initial actions were drafted to support both near-term and longer-term preparedness actions.

### Applying risk to inform preparedness and operational actions

The early stages of an emergency response are a test of how well a country is prepared to respond in emergencies, including plans and resources at national and subnational levels. By anticipating and mapping risks in advance of a potential health emergency through the STAR, Sri Lanka proactively prioritized risks and drafted key next steps to prevent and prepare for major risks facing the country.

These key actions are planned to be integrated as part of the upcoming National Action Plan for Health Security (2024-2030). Further to this, the risk assessment will be utilized in policy and advocacy efforts, planning and development of strategies and capacity building of workforce.

“The multifaceted and complex nature of ‘the emergency response’ demands multisectoral understanding, trust, and collaboration among stakeholders. In order to adopt a risk-based approach to managing health emergencies and mitigating risk, countries first need to identify hazards and assess their level of risk within the country. The results from a risk assessment allow proper planning and prioritization of efforts to better prevent, mitigate, detect early, prepare for, be operationally ready for, respond to, and recover from a health emergency or disaster.”

**Dr S.M. Arnold**

Deputy Director General Public Health Services I, Ministry of Health, Sri Lanka

“Sri Lanka has experienced various types of natural and human-induced disasters throughout its history. The 2004 tsunami demarcated as a milestone for evolving change in the national disaster response mechanism. The strategic risk assessment initiative with the STAR package using risk-based approaches will help to optimize resource utilization and allow Sri Lanka to prioritize actions to be ready to respond and guide the risk response planning process in Sri Lanka.”

**Mr Hiran Thilakarathne**

Assistant Director, Disaster Management Centre, Sri Lanka

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

## PAHO brings together experts to review strategies to tackle outbreaks in the Americas



GOARN meeting in Panama, May 2023. Credit: WHO

The Pan American Health Organization (PAHO) recently brought together a group of experts to review strides in outbreak management in the Region, along with plans to support countries in infectious disease detection and control in the face of growing epidemics, many originating from animals.

The meeting of the **regional group of the [Global Outbreak Alert and Response Network \(GOARN\)](#) brought together more than 60 regional epidemiologists, laboratory experts, clinicians, and veterinarians in Panama from 2-4 May 2023** to review lessons learned from the recent COVID-19 pandemic, with a special focus on the concept of One Health. This approach looks at the interactions between people, animals and the environment, and is particularly important to prevent, predict, detect, and respond to global pandemic threats.

“COVID-19 is the perfect example of why the public health community should strengthen detection and response to emerging infectious diseases at the human-animal-environment interface.”

**Dr Marcos Antonio Espinal**  
PAHO Assistant Director

In the Americas, 38 institutions in 12 countries participate in GOARN. The Gorgas Institute (ICGS) in Panama, the National Institute of Health (INS) in Colombia and the Department of Public Health Emergencies (DEMSP) of the Brazilian Ministry of Health were the latest partners to join in 2023.

Over the past 15 years, the network has mobilized experts to respond to multiple events including: H1N1 influenza in 2009, cholera in Haiti in 2010, chikungunya in 2013-14, Zika in 2015-16, viral hemorrhagic fevers in Bolivia in 2012-2019, yellow fever outbreaks since 2017, and the COVID-19 pandemic in 35 countries.

“The unique body of GOARN partners in the Americas is an asset that PAHO/WHO aims to place at the center of any innovative approach for preparedness, surveillance, and response to emerging infectious diseases. Continued and extended cooperation will remain key to tackle outbreaks in the region and beyond.”

**Dr Sylvain Aldighieri**  
Deputy Director for Health Emergencies at PAHO

According to a PAHO review, in the last 15 years:

90%

of the 1,299 substantiated public health events were related to biological agents



52%

of these events are of animal origin, such as influenza, COVID-19, Zika, rabies, and yellow fever



During the recent meeting, experts reviewed the new [GOARN strategy](#) launched in early 2023, which calls for collaboration that is diverse and inclusive, equitable in its approach, transparent in its processes and outcomes, and driven by excellence in science, public health and technical expertise. The participation of experts from the Food and Agriculture Organization (FAO), the World Organization for Animal Health (WOAH), and the World Bank during the meeting supported the GOARN strategy review for the region under the concept of One Health.

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

## Forward planning: GOARN partners meet in Jordan to discuss strategic plan implementation



Group photo of GOARN implementation strategy workshop. Credit: The Eastern Mediterranean Public Health Network (EMPHNET).

From 8 to 12 May 2023, the [Global Outbreak Alert and Response Network \(GOARN\)](#) Steering Committee and partners met in Amman, Jordan to determine implementation plans for the recently launched [GOARN Strategy 2022-2026](#). This implementation workshop was immediately followed by the 33<sup>rd</sup> Steering Committee meeting.

The gathering was organized by WHO and hosted by the [Eastern Mediterranean Public Health Network \(EMPHNET\)](#). It brought together 51 representatives of partners such as national public health institutes, NGOs, universities, WHO and other UN agencies from 30 countries. Marking three months since the official strategy's launch, the event aimed at agreeing on short, medium and long-term priorities to realize the strategy's objectives, particularly to **strengthen national capacities** and **improve local response**.

The meeting included opening remarks by H.E. Professor Feras Hawari, Jordan's Minister of Health, Dr Michael J. Ryan, Executive Director of the WHO Health Emergencies Programme (virtual), Dr Jamela Al-Raiiby, WHO Representative to Jordan, Dr Gail Carson, Chair of GOARN Steering Committee, and Dr Mohannad Al Nsour, Executive Director of EMPHNET and Vice Chair of GOARN Steering Committee.

“The global health landscape is rapidly changing which presents challenges but also opportunities. GOARN has a tremendous opportunity to shape the future of the global health emergency workforce based on its strong and diverse membership and 23-year track record. We must collectively reflect on what it means for GOARN to be a part of this changing landscape, and how we can define ourselves moving forward with Ministries of Health at the center.”

### Dr Abdi Rahman Mahamud

Director, a.i., Department of Alert and Response Coordination, Division of Emergency Response, Health Emergencies Programme, WHO

Central to the discussions were **GOARN's commitment to the emergency workforce**. This included dialogue on how GOARN can most efficiently upscale trainings, work alongside national counterparts, share best practices for outbreak management, provide surge when requested and support the One Health approach.

Importantly, this event was the **first time the GOARN Steering Committee met in the Eastern Mediterranean Region** and presented a unique opportunity to highlight critical partner activities in the region. Future engagement and convening of partners at regional and sub-regional levels remains a key focus to ensure efficient collaboration, alignment and sharing of best practices – and to facilitate increased national- and sub-regional-led surge deployments when emergencies arise.

Key themes and recommendations emerging from the meeting included:

- refining ways to bring GOARN implementation activities **closer to communities**;
- promoting **enhanced ties between GOARN partners by strategic grouping** (language/geography, technical interests, partner type);
- **further documenting GOARN's governance structure and standards for emergency coordination** activities within the evolving global health security landscape.
- In preparation for the 76<sup>th</sup> World Health Assembly, GOARN Steering Committee and partners also welcomed the opportunity to participate in the shaping of the concepts for the Global Health Emergency Corps (GHEC) together with other networks, leveraging GOARN's seasoned history from 23 years of alert and response coordination activities.

The GOARN Steering Committee and partners will continue to work together to support the global and regional outbreak preparedness, readiness, and response activities.

## WHO and its partners enhance Rapid Response Mobile Laboratory Network's capacities through simulation exercises



The tabletop exercise simulation on RRML minimum operational standards and in-field coordination procedures. Credit: WHO

From 3 to 4 May 2023, Rapid Response Mobile Laboratories (RRMLs) from 16 countries across the world<sup>1</sup> joined in-person and remotely for a tabletop simulation exercise (TTX) aimed at enhancing their capacities. The event was hosted by the WHO Collaborating Centre for Global Outbreak Alert and Response at the Robert Koch Institute in Berlin, Germany, and led by the [WHO Health Emergencies Programme \(WHE\) at the WHO Regional Office for Europe](#), with support from the WHO Headquarters and the [Global Outbreak Alert and Response Network \(GOARN\)](#).

The TTX in Germany marked the first of three RRML Network simulation exercises designed to test and improve RRMLs' minimum operational standards and understand how they contribute to in-field coordination procedures.

The simulation exercise walked participants through deploying their mobile laboratory capacity during an influenza outbreak in the fictional country of Globalland. As part of the scenario, experts and laboratory professionals discussed and decided on the scale and specifics of the RRML support. Consequently, they worked on improving the deployment procedures for smoother cooperation with the countries and territories during emergencies. Representatives from countries which are not yet part of the RRML Network attended the event as observers to gain insight into developing their national RRML capabilities.

This TTX served as an introduction for participants who attended the full-scale inter-regional field simulation exercise in Istanbul, Türkiye from 19 to 22 June 2023. The exercises are similar due to the common scenario and sequence of events used, covering the entire RRML deployment cycle and coordination with other key stakeholders, including [Emergency Medical Teams](#).

### About the Rapid Response Mobile Laboratory Network

Throughout the COVID-19 pandemic, RRMLs were key to support local authorities globally to establish a triage, testing and isolation facility for COVID-19 patients and provide essential health care services to people in need.

<sup>1</sup> Algeria, Belgium, Canada, France, Germany, India, Israel, Nepal, the Netherlands, Pakistan, Spain, Thailand, Türkiye, the United Republic of Tanzania, the United Kingdom of Great Britain and Northern Ireland and the United States of America

RRMLs are a crucial component of flexible, scalable laboratory capacity and an essential part of the health emergency workforce deployments. In 2018, the WHO/Europe WHE Programme, driven by European GOARN partner institutions, established the regional RRML Network to advance and integrate mobile laboratories into existing preparedness and response structures and standardize their field operations.

Moving forward, WHO/Europe will continue to build and strengthen the RRML's capacities to respond to future emergencies, working in close collaboration with partners to ensure that laboratory functions are readily available for affected populations.

“The minimum operational standards for the RRMLs aim to ensure that people in emergencies will receive timely and high-quality laboratory testing and analysis support. The RRML Network can bring the world's best laboratory expertise to any health emergency response operation. The three-phase simulation exercise that kicked off in Berlin, provides a platform for collective efforts to discuss and promote the Network across the globe.”

**Dr Oleg Storozhenko**

Partnerships Officer at the WHO Regional Office for Europe

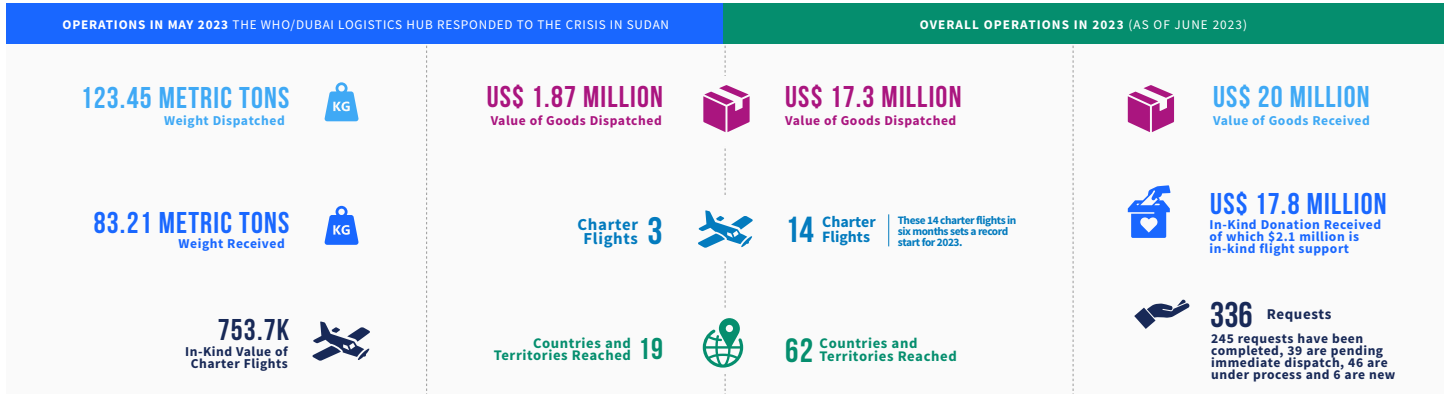
For more information, see the following resources:

- [Rapid Response Mobile Laboratories \(RRML\) Network: at a glance](#)
- [Rapid Response Mobile Laboratories \(RRMLs\): what's in a mobile laboratory?](#)
- [Guidance for Rapid Response Mobile Laboratory \(RRML\) Classification](#)
- [Invitation video of the Regional Director of the WHO European Region](#)

## WHO Logistics Hub's Monthly Update (covering May 2023)

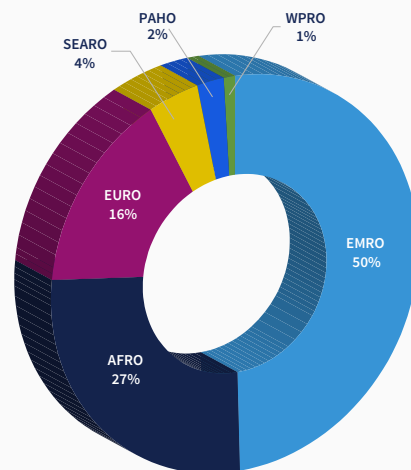
WHO's Logistics Hub based within the International Humanitarian City in Dubai, United Arab Emirates (UAE) continues to respond to an unprecedented number of acute health emergencies. In response to the conflict in Sudan, the Logistics Hub organized two charter flights to Port Sudan in May 2023, delivering over 58 metric tons of essential medicines, trauma and emergency surgery supplies and blood bags valued at over US\$ 900,000.

Still in May 2023, a third charter flight carrying 10 metric tons of medicines to treat pediatric severe acute malnutrition and essential medicines was delivered to Aswan, Egypt to support the treatment of people fleeing the violence along the border. Two WHO/Dubai staff – Nevein Attalla and Mohamed Helal – were deployed with this charter flight to facilitate the immediate distribution of supplies to health facilities in Egypt and provide technical assistance to WHO partners.

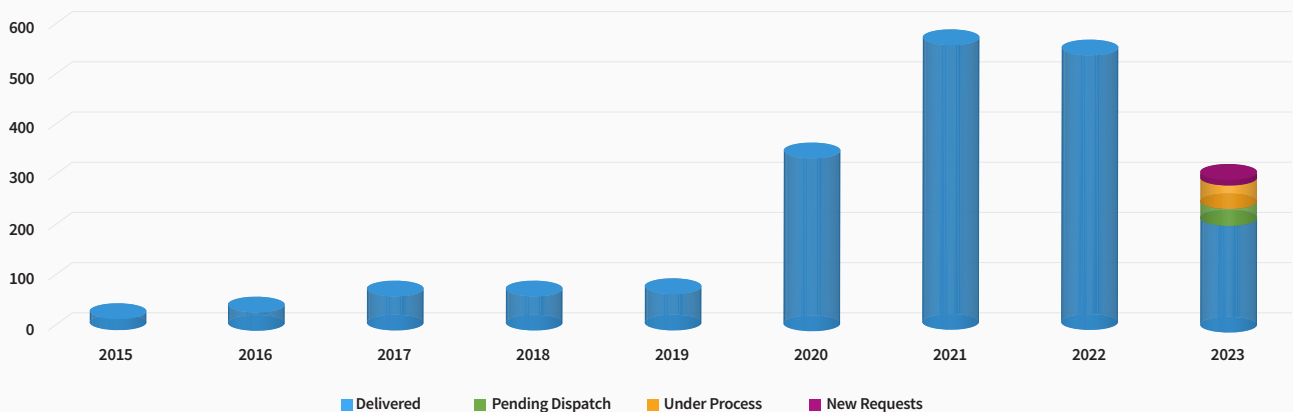


Distribution of health supplies in Egypt, along the border with Sudan to assist displaced populations from Sudan. Credit: WHO

### Percentage of Request Status by Region



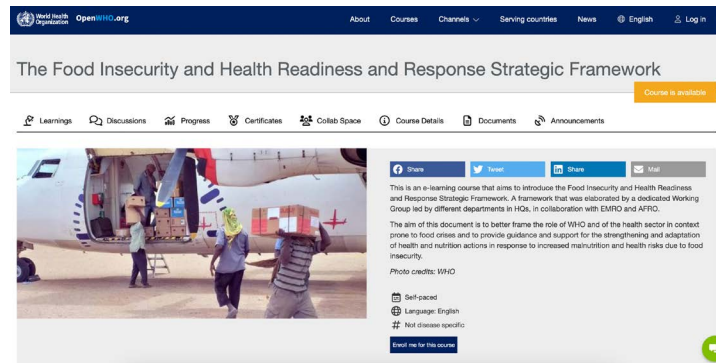
### Dubai Logistics Hub Request Status By Year 2015 - 2023



## Nearly one in ten learners enrolled in OpenWHO’s food insecurity online course are from the Greater Horn of Africa

A year ago, OpenWHO.org launched an [open online course on “The Food Insecurity and Health Readiness and Response Strategic Framework”](#). The role of WHO and the health sector in food insecurity and food crises has often been underestimated and neglected. As a result, this course presents the new strategic framework developed by a multi-departmental working group in collaboration with the WHO Regional Offices for Africa and the Eastern Mediterranean. It aims to support the strengthening of WHO national capacities for a more prompt, effective and resilient health system response to food insecurity and famine.

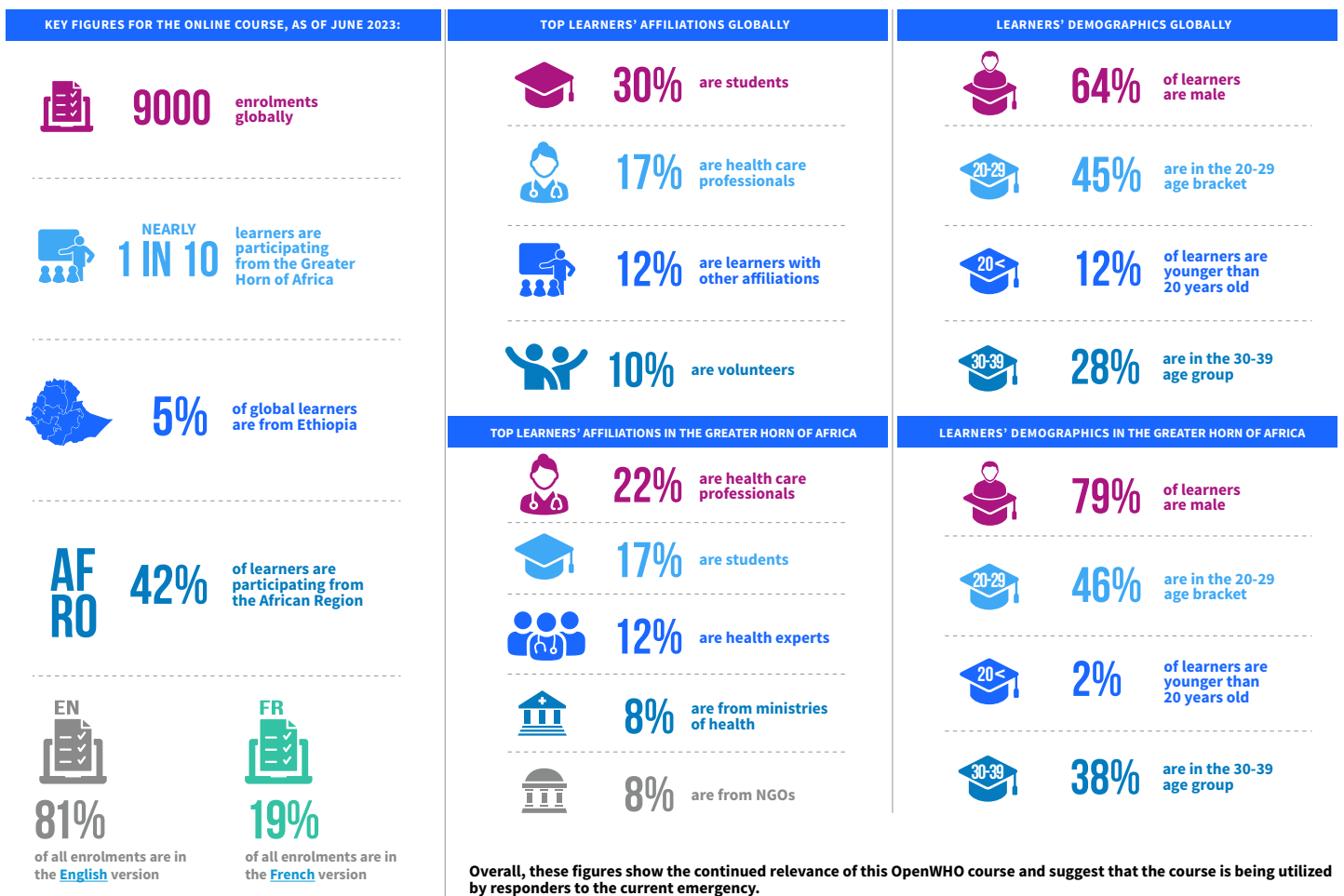
The 30-minute OpenWHO course introduces the five strategic domains of the Food Insecurity and Health Readiness and Response Strategic Framework in an effort to support efficient country-level planning. These are: coordination and collaboration; surveillance and information; outbreak prevention and control; essential nutrition actions; and health service actions. The course also introduces the concept of food insecurity and reviews the impact and implications of food crises on health, health systems and programming.



Screenshot from “The Food Insecurity and Health Readiness and Response Strategic Framework” OpenWHO course. Credit: WHO

The course was launched amid a [major humanitarian crisis in the Greater Horn of Africa](#) due to rising food insecurity driven by drought, years of conflict, the COVID-19 pandemic and the impact of the war in Ukraine. Still today, millions of people across seven countries are facing acute hunger, with many leaving their homes to search for food and water, and pasture for animals. The emergency was assigned WHO’s highest grade (Grade 3) in May 2022.

To date, **9000 people have enrolled in this free course and nearly one in 10 learners are participating from the Greater Horn of Africa**. Ethiopia ranks fifth in enrolments globally and brings the most learners of the countries affected by the crisis.





**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](#).

**Outbreak and Crisis Response Appeal 2023**

In 2023, 339 million people are facing humanitarian crisis with severe health impacts. In 2023, WHO needs US\$ 2.54bn to continue to fund cost-effective, high impact solutions that protect health, lives and livelihoods during a time of significant intersecting humanitarian emergencies. To read WHO's 2023 Outbreak and Crisis Response Appeal, click [here](#).

**GOARN**

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

**EPI-WIN**

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

**Emergency Medical Teams (EMT)**

For updated EMT Network activities, 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**

- [World Blood Donor Day \(14 June 2023\)](#)
- [WHO calls for safe and ethical AI for health](#)
- [WHO condemns the killing of civilians and WHO staff member in a complex hotel attack in Somalia](#)
- [Rabat Declaration adopted to improve refugee and migrant health](#)
- [People with medical needs are "left behind in pain" reveals new report](#)
- [Launch of consultative process towards REACH 2035 Agenda: Research for Action on Climate Change and Health](#)
- [New clinical handbook launched to support quality abortion care](#)
- [Frontline health facilities faltering without water, sanitation, hygiene and electricity – WHO, UNICEF new report](#)
- [WHO's Global Neglected Tropical Diseases Programme Partners' Meeting ends with stirring call for worldwide action](#)
- [Small islands agree bold plan of action on noncommunicable diseases and mental health](#)

**Highlights**

- [Contingency Fund for Emergencies: 2022 annual report: Enabling quick action to save lives](#)
- [Marburg Virus Disease outbreak in Equatorial Guinea ends](#)
- [WHO's Mid-Term Results Report 2022](#)
- [WHO Country Office in Ukraine, 2022 report](#)
- [Strengthening the global architecture for health emergency prevention, preparedness, response and resilience](#)
- [Countries set out way forward for continued negotiations on global agreement on pandemic prevention, preparedness, and response](#)
- [Disease Outbreak News \(DON\): Influenza A\(H1N1\) variant virus – Brazil \(16 June 2023\)](#)
- [Outbreak of suspected fungal meningitis associated with surgical procedures performed under spinal anaesthesia – the United States of America and Mexico \(1 June 2023\)](#)
- [28 May - Menstrual Hygiene Day – Menstrual health, not just hygiene: The path toward a strong cross-sectoral response](#)



**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.

**Three things to keep in mind when taking antibiotics** (12 May 2023)

WHO has been urging rational use of antibiotics for decades now. Why is that? What is at risk? And what can governments and individuals do to preserve the efficacy of antibiotics for future generations? Dr Hanan Balkhy explains on Science in 5.