

WHO's Monthly Operational Update on Health Emergencies

Supporting Saudi Arabia's health authorities to ensure a safe Hajj pilgrimage



Fahad bin Abdulrahman Al-Jalalel, Saudi Arabia Minister of Health and Dr Adham Ismail, WHO Representative to Saudi Arabia, visiting Mecca. Credit: WHO

From 27 to 31 June 2023, the Hajj pilgrimage took place, drawing millions of millions of Muslims from every corner of the world to Mecca, Saudi Arabia. This year was of particular importance as Hajj is back to regular practice, with higher numbers of pilgrims expected after three years of special measures due to the COVID-19 pandemic.

Just as in any mass gathering event, the public health risks associated with having so many people are important. In addition to the spread of epidemics and diseases, including of COVID-19, notifiable risks this year included the important numbers of pilgrims above 65 years of age and the high temperatures as the pilgrimage took place in mid-summer.

Building on decades of experience in ensuring a safe pilgrimage, including on lessons learned from the COVID-19 pandemic, Saudi Arabia's health authorities put in place robust mitigation measures in line with the International Health Regulations (2005).






These measures include effective surveillance to ensure prompt detection of and response to any infectious disease outbreaks among pilgrims; infection prevention and control; proper sanitation; food safety; vaccination; risk communication; and timely response to health threats. Robust health protocols and risk assessment tools are in also place, to help quickly inform decision-making. All Hajj-related operations, including emergency operations, health care facilities, hospitals, or surgeries are monitored through the [Command and Control Center at the Saudi Ministry of Health](#).

Building on a continued partnership, WHO has supported health authorities to prepare for the recent Hajj season. Prior to Hajj, a WHO mission comprised of experts from the WHO Regional Office for Eastern Mediterranean (EMRO) and WHO Country Office to Saudi Arabia was deployed, notably to help with risk assessments and share expertise on preventing any potential disease outbreaks. In this respect, WHO works in close collaboration with the WHO collaborative Global Centre for Mass Gathering Medicine, in addition to several other centres such as the Emergency and Crises Command Centre.


In this issue


| | |
|----------------------------------|----|
| Preparedness and readiness | 2 |
| Response to health emergencies | 11 |
| Operations Support and Logistics | 16 |
| OpenWHO and learning | 17 |
| Key links and useful resources | 18 |

Key figures on WHO's work in emergencies (as of 31 July 2023)


-  42 graded emergencies across the world
-  9 grade 3 emergencies
-  5 protracted 3 emergencies
-  14 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\$ 54 851 927** have been released by [WHO's Contingency Fund for Emergencies \(CFE\)](#) to 14 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 3 August 2023). For more information about the CFE's work in 2022, see the [CFE's 2022 annual report: Enabling quick action to save lives](#).

 **6 GOARN deployments** are currently ongoing across WHO's six regions. Since the beginning of 2022, GOARN has supported 159 deployments, of which 153 have been completed as of 26 July 2023.

 **1.2 million online data** analysed by WHO and the Africa Infodemic Response Alliance between 1-30 June 2023 as part of social listening and infodemic management support to Member States.

 OpenWHO totaled **7.8 million enrolments** for online learning available in **71 national and local languages**, including 47 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](#).

Continued on next page ...



Staff from WHO and Saudi Arabia's Ministry of Health looking at the pilgrimage site, Mecca, Saudi Arabia. Credit: WHO/EMRO

Following this mission and ahead of Hajj, [WHO developed a list of recommendations](#) that each pilgrim should follow, which are in line with the health requirements set by the Saudi Ministry of Health for pilgrims in the Hajj season this year.

Key recommendations included:

- **Physical ability, chronic diseases and health education:** WHO alerted to the high risk of infectious diseases for vulnerable people and recommended that pilgrims and individuals with chronic diseases bring sufficient amount of the medicines they regularly take. WHO also recommended that pilgrims should update their vaccination status against vaccine-preventable diseases.
- **Infectious respiratory diseases:** WHO advised pilgrims to wash hands regularly; use disposable tissues; wear face masks in crowded places and replace wet masks with dry ones; avoid direct contact with those who appear ill; avoid direct contact with camels; and avoid drinking unpasteurized milk or eating raw or uncooked meat or animal products.
- **Food and waterborne diseases:** WHO advised pilgrims to wash hands before and after eating; thoroughly clean fresh vegetables and fruits; cook food thoroughly and store at safe temperatures.
- **Heat stress and heat strokes:** WHO recommended that pilgrims, especially older individuals, avoid direct sun exposure and drink sufficient amount of water.

- **Zika virus disease and dengue fever:** WHO advised pilgrims to take necessary measures and precautions to avoid mosquito bites.
- **Mandatory vaccinations:** Saudi health authorities have developed a list of mandatory and recommended vaccinations that pilgrims should take. Mandatory vaccinations include: SARS-COV-2, Meningococcal meningitis, Poliomyelitis and Yellow Fever.

This year, over 1.8 million pilgrims took part in Hajj and to date, no major health threat has been detected. All pilgrims suffering from medical issues also received the needed support.

Following the end of the Hajj season, WHO will continue supporting Saudi Arabia's health authorities draw lessons learned from this event.

“In previous years, [mitigation] measures have proved to be very effective in ensuring a safe and healthy hajj season with no reported disease outbreaks or other public health problems. (...) I would like to express my deep appreciation of all the health care workers and volunteers who are contributing to this year's hajj by providing health care services to help and protect the health of pilgrims.”

Dr Ahmed Al-Mandhari

Regional Director, WHO Eastern Mediterranean Region

For more information, read [WHO's recommendations](#) for Hajj season and [Dr Ahmed Al-Mandhari, WHO Regional Director's statement for Hajj](#). To discover more about WHO's role in relation to mass gatherings, click [here](#).

Strengthening the health system in the Central African Republic through the Health Resources and Services Availability Monitoring System (HeRAMS)

The [Health Resources and Services Availability Monitoring System \(HeRAMS\)](#) initiative aims to provide decision-makers with vital and up-to-date information on the availability of essential health resources and services, helping them identify gaps and determine priorities for intervention. HeRAMS is rapidly deployable and scalable to support emergency response and fragile states, but can also be deployed as a component of routine health information systems, ensuring continuity between emergency and response, health systems strengthening and universal health coverage. As of July 2023, HeRAMS is deployed in 26 countries across the world.



Looting and burning of the Kombo-Bombo health post in the Gamboula health district March 2022. Credit: WHO

The lack of reliable information on the status of the health system prevents informed decision-making, which in turn can have severe consequences for the health of communities. This is particularly the case in rapidly changing environments requiring continuous assessment, such as in the Central African Republic. The country is currently hosting over 474 000 internally displaced persons and refugees and is battling outbreaks of measles, pertussis, Yellow fever and mpox.

To help inform decision-making in the Central African Republic, WHO supported the Ministry of Health in rolling out HeRAMS since 2014 and maintain its health systems' functionality monitoring. Since 2022, the data collection system has been automated through an online platform, helping to inform the surveillance system in real-time. To date, 86 district focal points have been trained on the aim and core principles of the HeRAMS approach, empowering them to regularly update information on the operational status and availability of essential health resources and services. Refresher and cascade trainings are also undertaken on a regular basis.

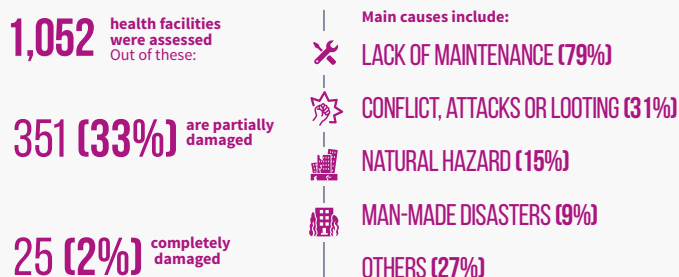
Building on data gathered since mid-2022, WHO published in May 2023 its [Health Resources and Services Availability Monitoring System \(HeRAMS\) Central African Republic Baseline Report 2023: Operational status of the health system](#).

This report contains **information on the operational status of 1 052 health facilities across the Central African Republic, over the period August 2022 to March 2023**. It contains information on the level and type of support provided by partners and availability of basic services. Data updates, verification and validation are an ongoing process in HeRAMS, meaning this analysis is dynamic and will be refined in coming months.

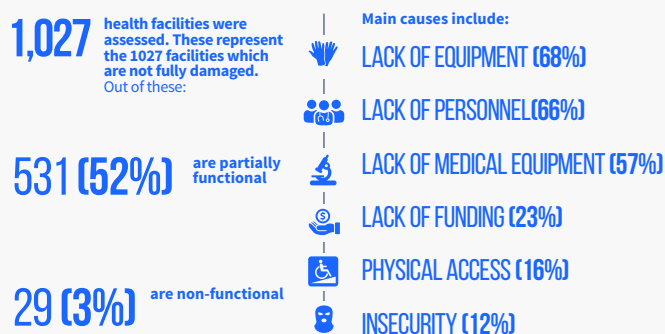
Initial results of the HeRAMS report show that the country's healthcare facilities have suffered significant damage since the violent events in January 2014 and have sometimes lost their ability to function as a result of repeated crisis.

Key findings include:

Poor state of health facilities: (health centres, health posts and hospitals):



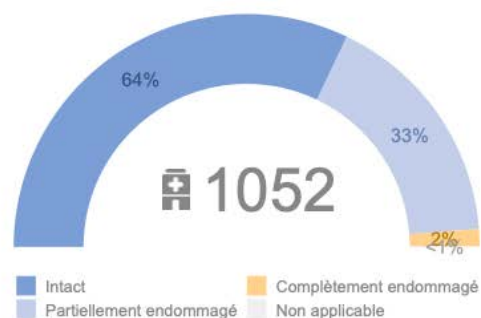
Insufficient functionality of health facilities:



Continued on next page ...

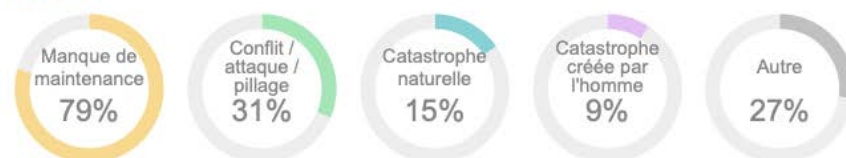
ÉTAT DES LOCAUX

Ampleur générale des dommages



Principales causes des dommages

n = 376



Extract from WHO's [Health Resources and Services Availability Monitoring System \(HeRAMS\) Central African Republic Baseline Report 2023: Operational status of the health system](#) showing the findings on the state of health facilities. Credit: WHO

Information generated through this HeRAMS report has already proven useful to support the Ministry of Health and other health sector actors in a wide range of key decision-making processes at national and subnational levels. Among others, HeRAMS has contributed to the development and updating of key documents such as:

- the third generation National Health Development Plan (PNDS III) 2022-2026 (whose publication is pending);
- the annual Humanitarian Response Plan (HRP), with Health Cluster partners;
- the National Health Development Plan-III, especially with regards to improving access to and availability of quality healthcare services;
- annual work plans in periods of acute response, including for the influx of refugees in the [Vakaga](#) health district following the conflict in Sudan; and
- the National Action Plan for Health Security (NAPHS).

Overall, HeRAMS provides a comprehensive and dynamic picture of the situation on the ground. As such, it is expected to play an increasing role in supporting the Ministry of Health and the health sector at large in taking commonly agreed upon decisions that will contribute to the development of a resilient healthcare system.

For more in-depth information on availability of essential health services and barriers impeding service delivery, specialized reports are available covering:

- [general clinical and trauma care services](#),
- [child health and nutrition services](#),
- [communicable diseases services](#),
- [sexual and reproductive health services](#), and
- [non-communicable disease and mental health services](#).

“With its up-to-date and relevant data on the status of health care facilities across the country, HeRAMS will be useful to inform decision-making in the area of health and to work towards increasing the resilience of the health care system.”

Dr Ngoy Nsenga

WHO Representative to the Central African Republic

Téchne, WHO/AFRO and Politecnico de Torino win the International Innovative Health Design Award

The [Technical Science for Health Network \(Téchne\)](#), is a WHO network of architects, engineers, designers and public health practitioners from several institutions globally, that aims to make health settings and structures safer and reduce the risk of hospital-acquired infections. Established in early 2020 as part of the response to COVID-19, Téchne has since continued to grow, becoming a key logistical response network helping with preparedness and response to health emergencies.

In July 2023, the [WHO Technical Science for Health Network \(Téchne\)](#), together with the WHO Regional Office for Africa (AFRO) and [Politecnico di Torino](#) – a Téchne member – were awarded the first prize of the [International Union of Architects \(UIA\)'s 2023 International Innovative Health Design Awards](#).

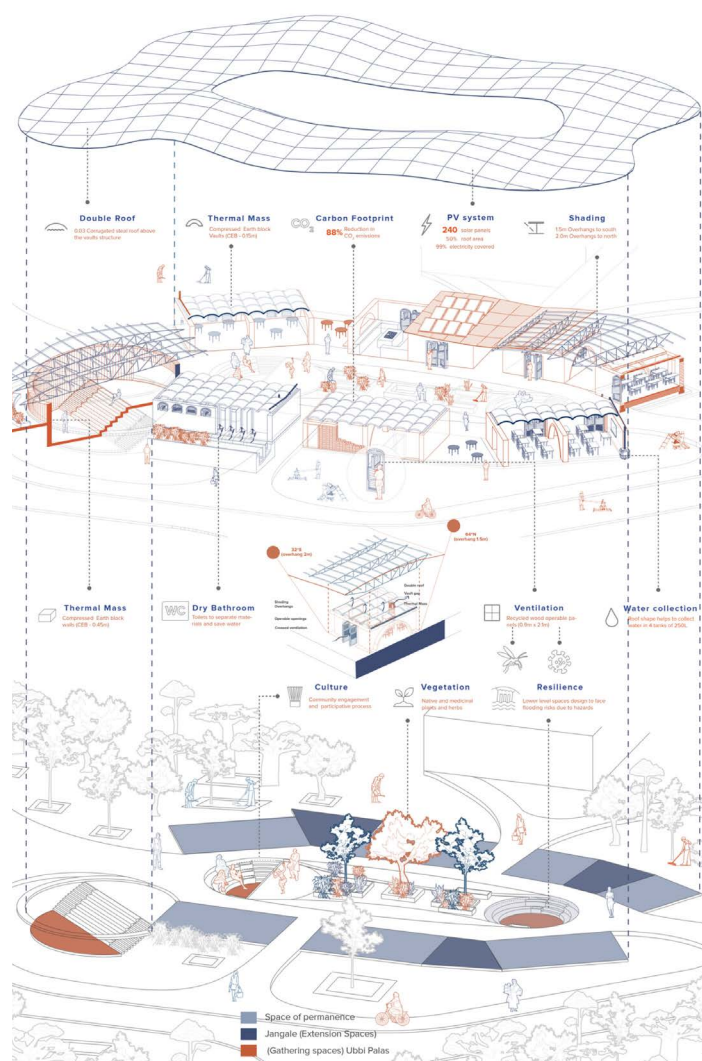
Founded in 1948, the [International Union of Architects \(UIA\)](#) is recognized as the only global architecture organization by most United Nations agencies and aims to make architecture a central tool in achieving the UN 17 Sustainable Development Goals. The International Innovative Health Design Awards seek to recognize innovative architectural design solutions addressing issues brought to the fore by the COVID19 pandemic. The awards ceremony was held in Copenhagen during the UIA's World Congress of Architects with this year's theme focused on: 'Sustainable Future. Leave no one behind'.

Téchne, Politecnico di Torino and AFRO jointly developed and submitted their research proposal titled 'Design for Healthcare SURGE' to the IUA, which won the first prize. **This research proposal creates a methodology to support the design process of the Centers of Excellence as conceived by WHO under AFRO's [Strengthening and Utilizing Response Groups for Emergencies \(SURGE\) flagship project](#).**

This harmonized methodological approach for the design of Centers of Excellence can be easily replicated and adapted in various settings. **Its innovative aspect lies in the fact that it combines an understanding of context and has four pillars working in synergy: environmental sustainability, cultural adequacy, building technologies, and infection risk mitigation, to achieve an effective result.** By combining these pillars, the Centers of Excellence's design satisfactorily fulfills the functional requirements to address future emergencies, reducing the buildings' carbon footprint and the risk of infectious diseases and involving local values and expertise through community engagement.

Moving forward, the methodology will guide the construction of both the Nairobi and Senegal Centers of Excellence. To operationalize this over the coming months, AFRO will set up a project management committee, raise funds for the project to allow the governments of Kenya and Senegal to recruit construction contractors to build the hubs.

Once constructed, the Centers of Excellence will on-board and train multidisciplinary teams to be ready to be deployed during health emergencies. It will also be the locus of a variety of subregional activities including supply chain and logistics, workforce development, research and development, genomic surveillance and data analysis.



Design proposal for Centers of Excellence, which won the International Union of Architects (UIA)'s 2023 International Innovative Health Design Awards. Credit: Politecnico di Torino

The research proposal was developed in 2022 by a team of architects and engineers, professors and Master's Degree students involved in the Green Building Design Studio from the Politecnico di Torino (Departments of Architecture and Design and Energy), in collaboration with AFRO and WHO Headquarters' Téchne Operational Support Team.

First National Action Plan for Health Security (NAPHS) training held for countries and territories in the western Balkans



National Action Plan for Health Security (NAPHS) training held for the western Balkans countries and territories, July 2023, Istanbul. Credit: WHO

Emergency preparedness is a continuous process in which actions, funding, partnerships and political commitment at all levels must be sustained. It relies on all stakeholders working together effectively to plan, invest in and implement priority actions. The [National Action Plans for Health Security \(NAPHS\)](#) outline a country's priorities for building capacity for preventing, detecting, responding, and recovering from a public health emergency of national and international concern.

The [WHO 2022-26 NAPHS Strategy](#) encourages a two-level approach. First, a five-year strategic plan outlining key multisectoral goals and outcomes, which allows for the alignment of financing, both domestically and from technical and financial partners. Second, this strategic plan is complemented by 12 to 24 months operational plans which allow for greater accountability and flexibility in implementing priority activities.

Across countries and territories in the western Balkans, the status of NAPHS development varies greatly but receives systematic support from WHO. Serbia has a costed NAPHS and has already started implementing its priority actions. Montenegro has a draft NAPHS that requires a high-level policy dialogue. North Macedonia and Kosovo¹ are ready to develop and cost a NAPHS before the end of 2023.

As a first step towards harmonizing NAPHS practices across the western Balkans, **WHO/Europe, in collaboration with the WHO Headquarters conducted the first-ever training based on its NAPHS Strategy from 4-6 July 2023**, as a face-to-face event in Istanbul, Türkiye.

The event brought together 31 participants from Albania, Bosnia and Herzegovina, North Macedonia, Montenegro, Serbia, and Kosovo¹. Participants comprised WHO National Programme Officers as well as observers from the European Centre for Disease Control (ECDC), the WHO Western Pacific Regional Office and the Pan-American Health Organization (PAHO/WHO).

The training consisted in an introductory-level course to learn about the WHO guidance and tools. It followed the four steps of the NAPHS methodology: assess, develop, mobilize and implement. As part of it, participants practiced the whole process of NAPHS development starting from the risk profile and going through the prioritization of activities based on evidence-based assessments, costing, monitoring and evaluation.

The workshop was designed to be interactive and engaging with a blended learning approach that paired content with action learning activities based on a case study. It also integrated ways for participants to share their experience of the NAPHS.

Pre and post knowledge checks showed that participants' knowledge on NAPHS increased from 65% to 75% as a result of the training and that 93% of participants left the event feeling better equipped to undertake NAPHS in their own settings.

Moving forward, participants will be expected to engage in NAPHS development and implementation in their respective countries and territories and this introductory training will be further rolled out to help strengthen national competencies in developing the NAPHS. Finally, learnings from this inaugural training will also be integrated into a global NAPHS toolkit.

The NAPHS training was funded by the European Union.

¹ All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Mongolia reviews lessons learned from COVID-19 to be better prepared for the next pandemic



Participants to the three-day multi-sectoral workshop and simulation exercise in Mongolia, April 2023. Credit: WHO

Over the past ten years, Mongolia has made strides in strengthening its pandemic preparedness systems and plans. The response to the COVID-19 pandemic then enabled Mongolia to identify further areas for improvement. To take stock of these, Mongolia conducted a three-day multi-sectoral workshop and simulation exercise in April 2023, with support from the [Pandemic Influenza Preparedness \(PIP\) Framework Partnership Contribution](#).

The implementation of the [Asia Pacific Strategy for Emerging Infectious Diseases and Public Health Emergencies \(APSED III\)](#) culminated in the revision of Mongolia's pandemic influenza preparedness plan and the conduct of a simulation exercise ([Exercise PanStop](#)) in 2018. The exercise was focused on testing and validating the country's coordination structures and procedures for a rapid containment operation.

Four years later, Mongolia conducted a pandemic response review and ran another table-top simulation exercise to learn from its COVID-19 experience and identify ways forward aligning with a rapidly changing global landscape for pandemic preparedness and response. Representatives from health, emergency management, education, risk communications and customs were brought together for this exercise.

Review, plans and a simulation exercise

Application of post-COVID-19 lessons learned emerged as a key theme of the April 2023 initial workshop. Discussions focused on how to improve future pandemic response and defining the country's 'wish-list' to strengthen prioritized functions.

Followed by a table-top simulation exercise with an avian influenza outbreak scenario, this exercise helped to test the

country's multi-sectoral coordination, risk communications and community engagement, as well as the triggers for operational decision-making.

The exercise highlighted the need to take a mode-of-transmission approach to pandemic planning to increase efficiency and leverage existing capacities across health and other sector programmes. This is in line with the [Preparedness and Resilience for Emerging Threats \(PRET\)'s Module 1: Planning for pathogen pandemics](#).

The exercise reinforced the need to have clearly defined roles and responsibilities across different stages of a pandemic and ensure all actors are familiar with the pandemic plan. Furthermore, offering training on health journalism was identified as an essential next step in order to strengthen the management of mis- and disinformation.

Multiple debriefing sessions were also held during the workshop. This included a 'hotwash' to identify immediate recommendations from the exercise as well as a more comprehensive debrief highlighting the next steps, responsible agencies and risks to implementation. A strategic debrief with the Ministry of Health was also included, to ensure continued advocacy and support for pandemic preparedness.

Continued commitment

Overall, this workshop and exercise provided participants with a unique opportunity to look back at pandemic influenza preparedness efforts prior to the COVID-19 pandemic and the national response to the pandemic to further strengthen preparedness. It also demonstrated Mongolia's continued commitment to being better prepared for the next pandemic.

“The discussion and sharing of lessons and experiences during the COVID-19 pandemic have certainly been helpful in improving preparedness for future outbreaks, including influenza pandemics. The exchange of information and strategies among the multisectoral participants allows us to develop more realistic and effectively plan for responding to similar situations in the future. The combined efforts of the WHO's PIP Framework Partnership Contribution and PRET initiative are a valuable resource in this regard, providing guidance and support for pandemic preparedness and response measures.”

Dr Burmaa Alyeksandr

Head, National Influenza Centre, National Centre for Communicable Diseases, Ministry of Health Mongolia

Providing access to scarce medical countermeasures during the mpox multi-country outbreak

Tecovirimat was originally developed to treat smallpox and, prior to the global mpox outbreak, was available only in a few countries as part of their strategic national reserves for smallpox preparedness. Oral tecovirimat is approved for the treatment of smallpox in Canada and the United States of America and is approved for use against smallpox, mpox, and cowpox as well as vaccinia complications in Europe and in the United Kingdom of Great Britain and Northern Ireland.

In 2022, prior to the global mpox outbreak, WHO procured 72 treatment courses of tecovirimat as part of a proof-of-concept initiative, aiming to facilitate access for patients affected by orthopoxvirus infections or illnesses resulting from laboratory incidents or other causes.



WHO and Sri Lanka representatives holding the five courses of tecovirimat received from the WHO Headquarters for compassionate use. Credit: John Peter Nelson/WHO

On 12 June 2023, WHO received an informal request from Sri Lanka to have access to the antiviral tecovirimat to treat a 24-day old infant with severe mpox. The therapeutic is not currently licensed in Sri Lanka and although clinical trials are underway to evaluate the drug's safety and efficacy, tecovirimat is not accessible in the country at this time. However, years of research and development along with instances of compassionate use have demonstrated the therapeutic is safe in adults and children.

On 16 June 2023, the Ministry of Health of Sri Lanka formally requested the WHO to provide a compassionate use treatment course for the infant from the limited reserve of 72 tecovirimat treatment course held at the WHO Headquarters.

During the mpox outbreak, the limited reserve of tecovirimat created in 2022 was repurposed to enable national authorities from countries without access to clinical trials to provide treatment for severely ill patients with mpox or those at high risk of developing severe mpox. Clinical considerations were carefully developed by WHO to facilitate the identification of eligible patients in need of this treatment.

Prompted by the government of Sri Lanka's request, WHO undertook an epidemiological assessment of the situation in the country as well as a clinical assessment of the baby. Based on this, WHO approved the deployment of five treatment courses of tecovirimat to Sri Lanka on 16 June 2023 - the same day as the government's request. The drug was then shipped and arrived in Colombo on 19 June 2023.

Upon receiving the medication in Sri Lanka, immediate action was taken to initiate treatment for the infant. The baby was promptly started on an oral weight-based treatment regimen, utilizing a dosing protocol specifically designed for patients who are unable to swallow capsules. The infant improved and was discharged from the hospital to complete a 14-days treatment of tecovirimat on 26 June 2023. As of 17 July 2023, the baby completed the therapy and has recovered fully.

WHO has received several requests for access to tecovirimat for compassionate use during the global mpox outbreak. In June 2023, a request was approved in Thailand and previous requests were also approved in 2022 for Brazil and Chile. Overall, these examples demonstrate the importance of this mechanism, whereby WHO enables equitable access and needs-based allocation of a scarce and costly resource for compassionate use while clinical trials of the drug are still underway.

For more information about mpox response, WHO guidance and country experience, [click here](#).

WHO launches work to develop an ethical framework for social listening and infodemic management



Fighting infodemic. Credit: WHO/Sam Bradd

An infodemic is an overabundance of information, accurate or not, in the digital and physical space, accompanying an acute health event such as an outbreak or epidemic. Successful response to an infodemic requires social listening and integrated analysis to produce infodemic insights. This is done by identifying questions, concerns, information voids and circulating narratives, including health misinformation. For instance, where there is a difference between health guidance and people's health behaviors during an emergency, rapid infodemic insights can help understand the underlying drivers of this divergence.

Infodemic management practice has rapidly evolved in the recent years and tools and experience that were developed during COVID-19 pandemic response have already been applied to other outbreaks, such as Ebola, polio and cholera. As a result, there is currently a wide variation in practices in social listening for infodemic insights generation, and a lack of overarching framework to be applied on ethical values and standards.

Importantly, infodemic management strategies raise ethical concerns that relate to data processing, control, commercialization, transparency, accountability, as well as their implications. Ethical issues such as power and power imbalances, human rights, privacy and dignity, trust and respect for cultural practices and beliefs may also arise data collection, analysis, interpretation, and intervention design.

To address these, **WHO convened for the first time in February 2023 its [Expert Group on ethical considerations of social listening and infodemic management](#)**, in Geneva. The aim of the panel is to reach a consensus on ethical principles for social listening and other infodemic management activities and provide recommendations for health authorities and researchers.

[The panel brings together experts](#) from academia, health authorities, and civil society, with a wide range of expertise such as in biomedical ethics, data privacy, law, digital sociology, digital health, epidemiology, health communication, health promotion, and media studies.

Meeting virtually every three to four weeks, the panel will develop an ethical framework for social listening and infodemic management to guide health authorities when planning and standing up infodemic insights teams and activities. This will be done by reconciling results of a parallel systematic review of scientific literature and additional inputs from each expert panel member. Case studies from the field will help illustrate ethical principles and practical ways of addressing them.

In addition to the ethical framework, the panel will also develop practical tools to aid practitioners when planning and implementing social listening and infodemic management in their work. Such tools will in turn help infodemic managers in all Member States to ethically monitor and manage infodemics during current and upcoming health emergencies. Overall, the work is expected to be completed by the end of 2023.

“Social listening and infodemic management by health authorities require consideration of ethical principles and guidance. This is why WHO is developing the guidance based on the advice of an international expert group, which will address the current new needs in public health practice and will help public health authorities establish infodemic management practices, policies and strategies.”

Andreas Reis

Co-Lead of the Global Health Ethics Unit, WHO

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

WHO holds a technical consultation on mainstreaming infodemic management into learning and teaching programmes for health workforce



Participants to the WHO Technical Consultation on mainstreaming infodemic management into learning and teaching programmes for health workforce, March 2023, Belgrade, Serbia. Credit: WHO/Damir Bjegovic

Infodemic – defined as an overabundance of information, accurate or not, in the digital and physical space that accompanies an acute health event – has become a major threat to public health, particularly since the COVID-19 pandemic. WHO has therefore been building the scientific discipline of infodemiology and the practice of infodemic management to support its partners and Member States counter the infodemic and foster efficient infodemic management across public health disciplines and authorities.

As part of these efforts, **WHO convened in March 2023 a technical consultation on building a global curriculum for infodemic management in Belgrade, Serbia.** Such a curriculum would go a long way in preparing public health professionals for new pandemic threats and harmonizing infodemic management practices globally.

“The Faculty of Medicine recognized the importance of infodemic management early on during the pandemic and we have grown a network which allowed us to improve our response and reduce the harms of the infodemic in Serbia.”

Stefan Mandić-Rajčević

Coordinator of the Laboratory for infodemiology and infodemic management, University of Belgrade

The technical consultation was hosted by the School of Public Health, Faculty of Medicine, University of Belgrade and gathered 47 representatives of academia, health authorities, public health, field epidemiology training programmes and other professional associations from across the six WHO Regions. It aimed to identify and map out key areas for the development of

“We are excited about the prospect of the concept of incorporating the simulation into the Eastern Mediterranean Field Epidemiology training programmes and into Arabic.”

Haitham Bashier

Eastern Mediterranean Public Health Network (EMPHNET)

the curriculum as well as best modalities through which these programmes can teach infodemic management. Eventually, this curriculum will be applied at universities, as well as through continuing professional education and during learning and training programmes such as the Field Epidemiology training Programme, where infodemic management and infodemiology skills can be introduced.

During the consultation, participants took part in an exercise simulating an infodemic reflecting real-world events. Together with colleagues from local health authorities, participants deployed problem-solving skills, generated infodemic insights and recommendations for actions, and later deconstructed the elements of design and delivery of such teaching approaches to include them in the new curriculum.

Participants also identified pathways to mainstream infodemic management competencies in pre- and in-service learning and teaching programmes as well as in research. Finally, they established a network for teaching and training infodemic management, which will introduce collaborations among members. To date, the network has already helped facilitate several joint grant applications to establish training programmes and academic exchanges and fellowships.

“Infodemiology and Infodemic management are new skills in the public health that will help us better respond to health threats in the future.”

Rafaela Rosário

A participant from the University of Minho in Portugal

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

Combatting disease threats among people fleeing the Sudan conflict

Since the escalation of violence in Sudan, 7.6 million people are in need of urgent health assistance in Sudan and almost 500 000 individuals have been forced to flee to neighbouring Central African Republic, Chad, Egypt, Ethiopia, Libya and South Sudan. In June, WHO launched its [Emergency Appeal for Sudan and neighboring countries](#), appealing for US\$ 145.2 million to respond to the most urgent health needs in Sudan and neighboring countries for June-December 2023. For more information, read [WHO's latest Situation Report](#) and visit the [Sudan Crisis](#) website.



Combatting disease threats among people fleeing the Sudan conflict. Credit: WHO

When Mary Ukuach Deng, 34, was awoken by gunfire in the Sudanese capital Khartoum, she and her three young children took the difficult decision to go to South Sudan – her country of origin which she fled two decades earlier due to civil war. This however was not going to be an easy journey. Taking refuge in the border town of Renk in South Sudan, about 453 km south of Khartoum, the family spent several days with no access to water, shelter, food or health care.

Deng is among the 113 000+ people who have sought refuge in similar settlements in South Sudan. This influx of refugees is placing a huge burden on the already fragile health system and is increasing the risk of disease outbreaks, putting tens of thousands of lives at risk. In South Sudan, where just 41% of health facilities are fully functioning, national health authorities are already managing multiple challenges, including an upsurge of malaria cases, and outbreaks of COVID-19, hepatitis E, measles, cholera, and growing rates of malnutrition.

This acute situation has prompted a large-scale response from the South Sudanese government, with support from WHO.

To date, **WHO has deployed in support of the Ministry of Health multi-disciplinary mobile medical teams** comprised of clinicians, nurses and public health officers. These mobile clinics help strengthen humanitarian health coordination, disease monitoring and the provision of much-needed health services for new arrivals and host communities in four states (namely Upper Nile, Northern Bahr el Ghazal, Western Bahr el Ghazal and Unity State).

As of 1 June 2023, over 1800 consultations have been offered by mobile clinics at the Wedwil Transit Site in Northern Bahr el Ghazal State, and over 2000 people received support through the WHO mobile team at Paloich Airport Transit Site.

WHO also pre-positioned 269 health emergency kits containing medical supplies and testing and treatment for cholera, pneumonia, and severe acute malnutrition cases.

The kits are helping ensure uninterrupted healthcare services in areas where most people fleeing the Sudan conflict have gathered. Altogether, these kits have the capacity to serve more than 100 000 people for three months.

“The huge population of returnees and refugees has resulted in overcrowding at the transit sites, posing a serious risk of disease outbreaks. We are thankful for the role partners continue to play in supporting our government and people. The arrival of the WHO team has come as a relief to many residents.”

Dr Ernest Apuktong
Upper Nile State's Health Minister

WHO's response in South Sudan is supported by the African Public Health Emergency Fund as well as the United States Agency for International Development (USAID).

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

WHO and the Ministry of Health and Child Care undertake a groundbreaking joint field visit to Zimbabwe's cholera-affected provinces

In response to the global cholera resurgence, WHO launched its [Call for Urgent and Collective Action to Fight Cholera](#) and 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 until April 2024. For more information, visit [WHO's Cholera page](#).



Professor Jean-Marie Dangou, WHO Representative a.i. to Zimbabwe at the Beitbridge Hospital Cholera Treatment Centre. Credit: WHO

From 12 to 21 June 2023, WHO and Zimbabwe's Ministry of Health and Child Care conducted a joint field mission to cholera-affected provinces, which will help inform a more targeted response to the current outbreak.

During the visit, Professor Jean-Marie Dangou, WHO Representative to Zimbabwe a.i., and Dr Rudo Chikodzore, Director for Epidemiology and Disease Control at the Ministry of Health and Child Care met with provincial leadership in Bulawayo, Manicaland, Matebeleland South, and Harare – the capital city. The delegation also visited health facilities in each province, including in cholera hotspot such as SDP in Beitbridge, or Glen View One suburb in Harare. They then spoke with port health authorities at the points of entry of Beitbridge Health Post and Joshua Nkomo International Airport.

Key findings from the visit confirmed the persistence of various challenges, such as inadequate water supply, insufficiency of sanitation infrastructure, issues with waste management, and challenges linked to human resources, including the important staff turnover. The urgent need to cascade the Integrated Disease Surveillance and Response (IDSR) system to sub-national levels and provide refresher training on cholera case management for health professionals were also highlighted. All of these challenges need to be urgently addressed, through a multi-sectoral approach.

Building on these, the delegation formulated key recommendations at national, provincial and district level.

These include the need to establish district hospitals in urban settings and enhance partner support for the establishment of cholera treatment centers. At the district and provincial level, the delegation recommended enhancing the stockpile of drugs, cholera kits and personal protective equipment and updating cholera guidelines, among others.

As of the 19 June 2023, a total of 2,792 suspected cases with 851 confirmed cases have been reported in Zimbabwe. 69 deaths have resulted in the case fatality rate of 2.5%, which is higher than the recommended less than 1% WHO threshold.

To date and with support from WHO, the Ministry of Health and Child Care deployed prevention and control measures in affected areas. These notably include measures linked to surveillance and contact tracing, case management, infection prevention and control, community engagement and risk communication activities, as well as water quality and food safety monitoring. WHO also dispatched cholera kits, which contain essential medicines and laboratory reagents, and continues to provide technical support to build the capacity of frontline health workers in combating the outbreak.

Overall, this joint visit and initiative to engage directly with affected communities signaled a renewed commitment to addressing the cholera outbreak and other health emergencies in Zimbabwe.

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

“I truly applaud the tremendous work and commitment of health workers in responding to this outbreak and call on all stakeholders to increase their support to the Government of Zimbabwe to end it.”

Professor Jean-Marie Dangou
WHO Representative a.i. to Zimbabwe

WHO steps up its humanitarian response in southern Ukraine following the destruction of the Kakhovka Dam



Destruction linked to the flooding. Credit: WHO

The [destruction of the Kakhovka Dam](#) on 6 June 2023 has caused widespread devastation and human suffering and has had considerable impact on water supplies, sanitation and sewage systems, and health services.

The severe downstream flooding has displaced thousands of people and destroyed vital infrastructure including roads, electricity lines, agricultural land, health facilities and private homes. The destruction of the Dam has disrupted water supplies of affected households, municipal networks and agricultural irrigation systems, and the flooding is also believed to have dislodged unexploded mines.

The environmental damage alone could take years to fix, with potentially hazardous agricultural chemicals seeping into the water supply. Flooding in a highly industrialized zone poses the risk of additional chemical releases into water, which could severely impact people and animals for years to come. Hospitals remain open and are offering services, however accessibility is a serious issue.

WHO and its partners are working tirelessly to support Ukrainian health authorities to contain the health consequences of flooding and meet people's humanitarian needs. In the short term, WHO foresees **a significant risk of waterborne diseases** such as cholera and typhoid, **and rodent-borne diseases** such as leptospirosis and tularaemia. In the medium to long term, WHO is concerned about the lasting physical and mental health impact on affected communities, as well as the environmental harm caused by the floods and damage to health facilities, which may reduce access to essential and specialized services such as renal dialysis and cancer care.

To date, WHO's support has included the delivery of essential medicines to hospitals serving affected populations, as well as support for disease surveillance and rapid assessment of mental health and other emerging needs.

Continued on next page ...



Destruction linked to the flooding. Credit: WHO

Specifically, WHO's rapid response is focusing on the following five priority areas:

- 1. Communicable disease prevention and control:** WHO and local health authorities are strengthening surveillance of waterborne diseases such as cholera, legionellosis and E. coli infection by conducting situation analyses and rapid risk assessments, providing laboratory test kits, and conducting media monitoring to quickly pick up alerts on water quality issues. No cholera cases have been reported thus far. As part of its ongoing efforts to address potential health risks, WHO provided cholera kits to Kherson and neighbouring regions in April and May 2023. This preventive support can be deployed to immediately control isolated cases of disease if they occur.
- 2. Direct mental health support:** WHO teams are assessing mental health needs and will develop recommendations based on the gathered data.
- 3. Noncommunicable and chronic disease care:** In collaboration with UN partners, WHO is actively engaged in joint convoys to provide essential humanitarian support. Medicines and medical supplies which are sufficient to treat 3000 people for noncommunicable diseases, including cancer, diabetes and heart diseases have been distributed. Additional supplies will shortly be delivered to increase access to health services, particularly for those with chronic noncommunicable diseases.
- 4. Risk communication and community engagement:** WHO has been sharing information on how to stay safe during floods. Together with the Ukrainian Ministry of Health, WHO has also developed materials on acute infections such as cholera and botulism, water treatment, and food safety.
- 5. Partner coordination:** WHO continues to lead the Health Cluster in Ukraine. In Kherson oblast, this Cluster and regroups 24 partners, including three UN agencies, which are implementing health interventions in 90 settlements for tuberculosis and HIV, mental health, noncommunicable diseases and others, including through mobile teams.

In addition, WHO-supported national Emergency Medical Teams (EMT) are on standby to assist civilians with a range of urgent medical needs. These EMTs are jointly run with Ukraine's Ministry of Health and the Center for Emergency Medical Care and Disaster Medicine.

Moving forward, WHO and its partners will continue to support Ukrainian authorities in providing the necessary health services and in monitoring all potential environmental risks, including chemical and nuclear hazards.

“Immediately following the destruction of the Kakhovka Dam, WHO is working closely with national and local authorities to bring much-needed health support to the affected population and support surveillance on possible disease outbreaks, as well address health needs of those had to leave their beloved homes. I met with the Minister of Health and his team for pragmatic discussions on key health needs and challenges, following the collapse of the Kakhovka Dam, the ways to address public health risks, and strengthen the response. Together with partners, we stay and deliver to provide lifesaving supplies and support to the affected people.”

Jarno Habicht

WHO Representative to Ukraine

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

WHO publishes a new EWARS in a box mobile user guide to facilitate disease early warning, alert and response in emergencies

Detecting diseases outbreaks quickly is a key element to build an efficient public health response to prevent catastrophic consequences and further spread of diseases. To enable early detection in fragile, conflict-affected and vulnerable contexts and countries experiencing health emergencies, WHO supports the rolling out of its [Early Warning, Alert and Response System \(EWARS\) in a box](#): a simple and cost-effective tool which enables rapid electronic reporting of epidemic-prone diseases.

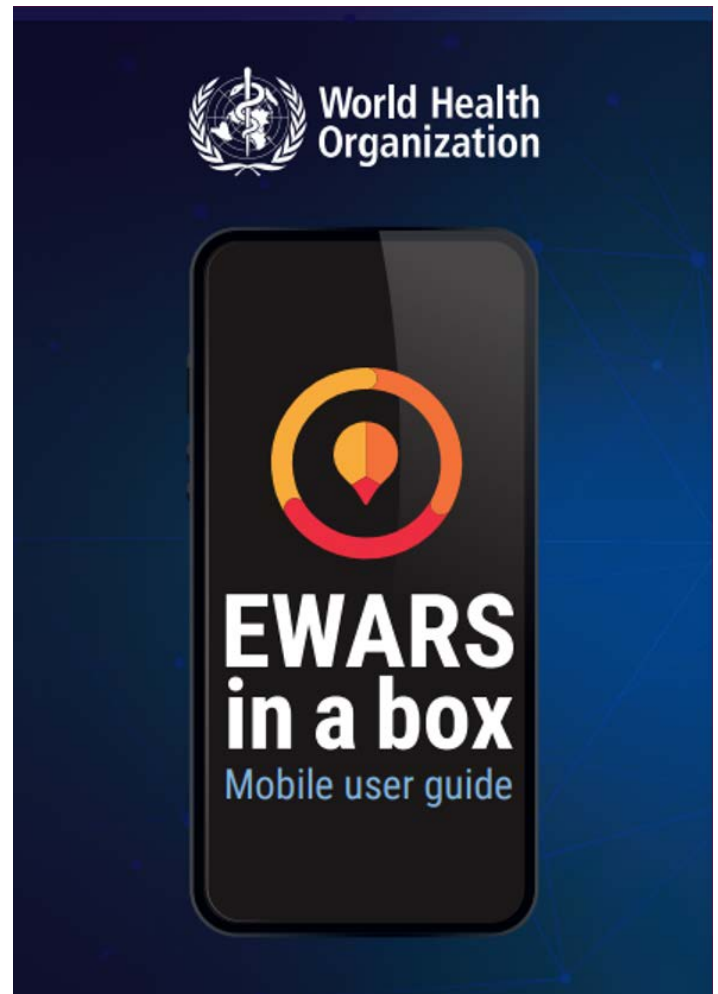
EWARS in a box supports real-time mobile reporting on epidemic-prone diseases from the most difficult and remote field settings, with or without reliable internet or electricity. EWARS reporting sites can range from primary health care facilities in emergency-affected or besieged areas, camp clinics, mobile clinics, field laboratories to the community. Reporting can be done by anyone, including medical doctors, nurses, midwives working in a camp for internally displaced persons or in local primary health care center, community health workers, community volunteers or community members themselves.

To date, WHO's EWARS in a box supports over 30 countries across the six WHO regions. This includes for instance Bangladesh, Cameroon, [Colombia](#), [Haiti](#), [Mauritania](#), [Nigeria](#), the Pacific islands including [Fiji](#), Tonga, Vanuatu and the Solomon Islands and [South Sudan](#).

To further enhance the use of this electronic tool, **EWARS in a box reached a new milestone with the publication of the [EWARS in a box mobile user guide](#) in July 2023.**

This guidance complements the online training package on EWARS in a box available on the [OpenWHO learning platform \(episodes 14 and 15\)](#). The new publication is designed as a pocket guide, which can easily be carried by the reporting user with the EWARS mobile phone. Its self-explanatory nature enables uninterrupted reporting even when the user has not received any formal training on using the mobile application. This is of paramount importance to enable continuous reporting in emergencies where security concerns or difficult terrain prevent frequent engagement with communities, or in locations where there is a high turnaround of already trained individuals.

Moving forward, this guidance will be key to help WHO, Ministries of Health and health partners across the world to enhance their use of EWARS in a box and develop their own training materials in emergencies.



Cover photo of the EWARS in a box Mobile user guide. Credit: WHO

“Capacity building of people on using mobile technology for reporting on epidemic-prone diseases or alerting on unusual public health events during emergencies is crucial in outbreak detection. This comprehensive illustrative guidance fulfills this long felt need in emergency response”

Dr Niluka Wijekoon Kannangarage

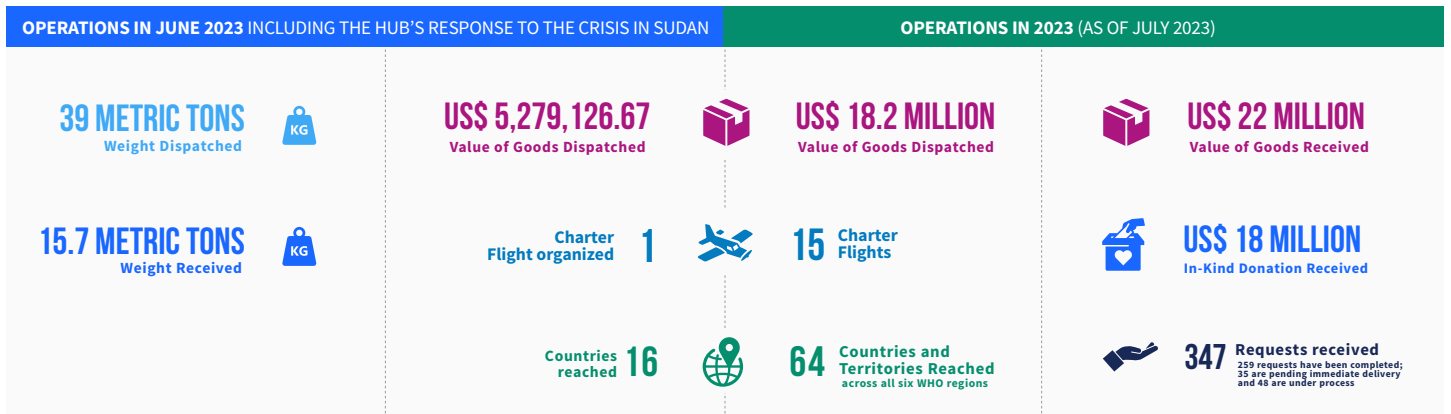
Epidemiologist, EWARS in a box Project Lead

For more information, click [here](#) and [here](#) or write to ewars@who.int.

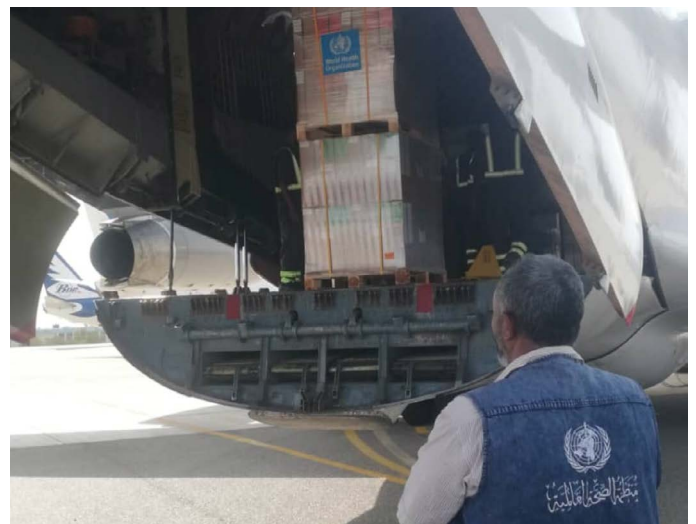
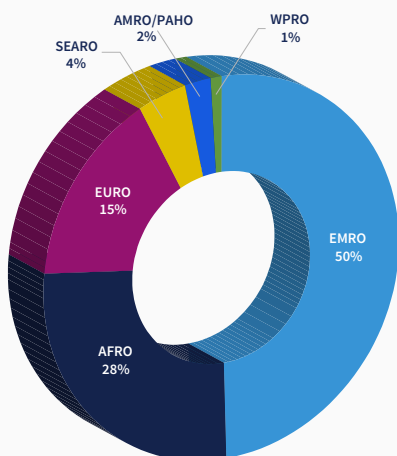
WHO Logistics Hub's Monthly Update – June 2023

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. Currently delivering over US\$ 5 million in health supplies to 16 countries across four WHO Regions in response to acute health emergencies arising from natural disasters, conflict, and outbreaks of infectious disease, the Hub continues to serve as a lifeline for countries in need of lifesaving health commodities.

In June 2023, the Logistics Hub continued to respond to the crisis in Sudan and coordinated its 15th charter flight since the beginning of the year. This IL76 arrived in Port Sudan on 6 July 2023 to deliver 18 metric tons of health supplies valued at US\$ 560,000. These notably included blood bags, trauma and emergency surgery supplies, external fixators to treat broken bones and essential medicines critical for primary health care centers. The WHO Logistics Hub is currently dedicating additional temperature-controlled storage facilities in which it is receiving medical supplies for consolidation and delivery to countries neighboring Sudan, including Chad and Egypt. The Hub will continue to support an agile and flexible response for those in need fleeing the violence in Sudan.

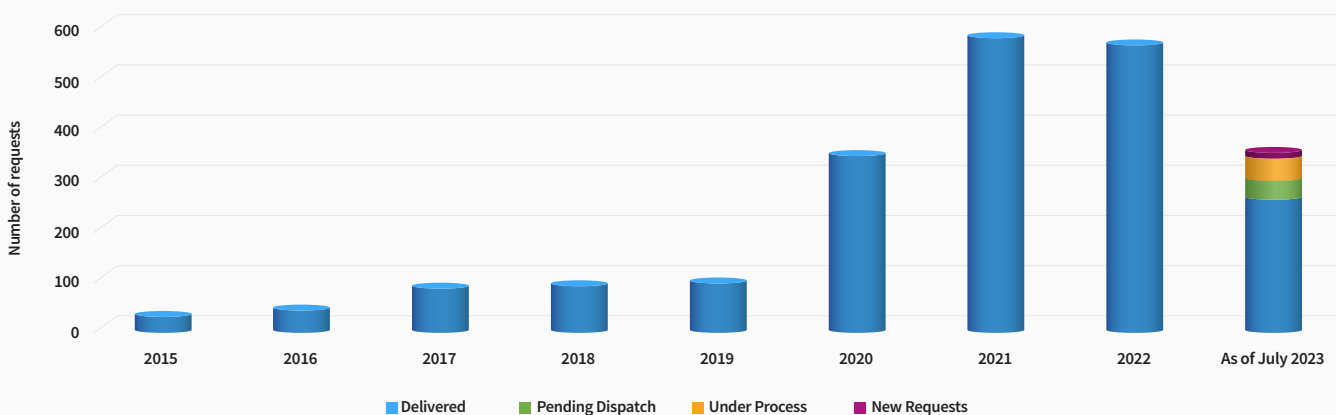


Percentage of Request Status by Region



Delivery of medical supplies in Port Sudan, 6 July 2023. Credit: WHO

Dubai Logistics Hub Request Status By Year 2015 - 2023



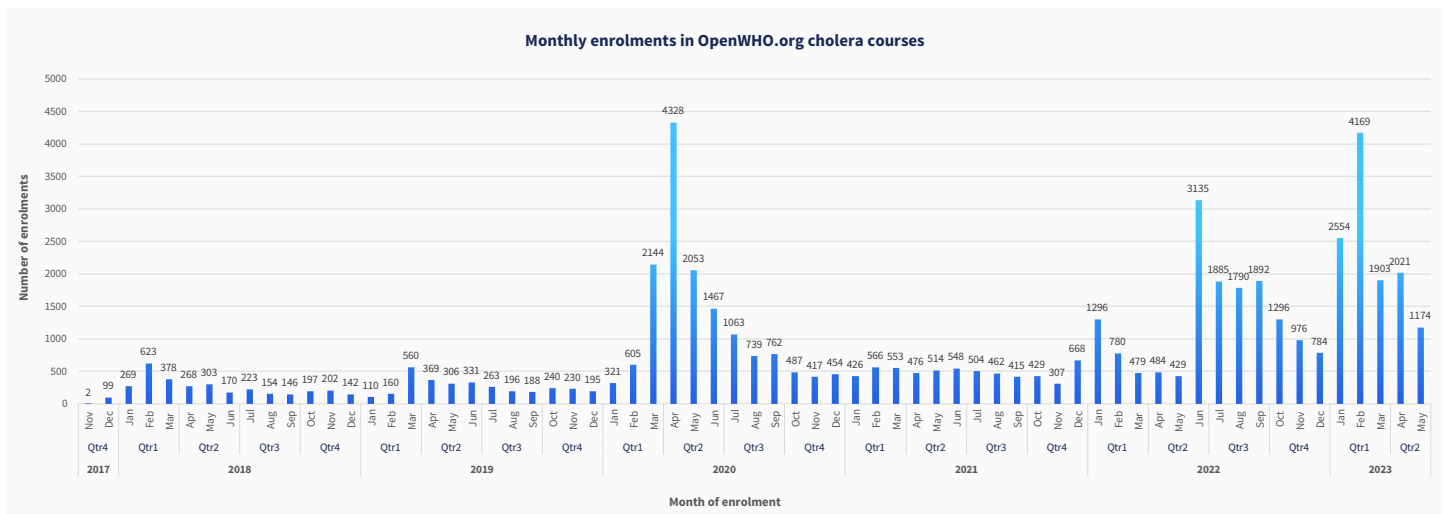
Global reach of online cholera courses continues to grow since 2017

OpenWHO launched its first free online course on [cholera](#) in December 2017 to ensure access to critical introductory knowledge about the disease globally amidst outbreaks in Yemen and Zambia. Demand for knowledge on cholera has since continued to grow, prompting additional courses to be launched, respectively about [cholera kits](#) in 2018 and [emergency preparedness and response](#) in 2023.

This increased interest on the topic of cholera coincides with a rise in the spread of the disease. Since mid-2021, the world has been facing an acute upsurge of the 7th cholera pandemic characterized by the number, size and concurrence of multiple outbreaks, the spread to areas free of cholera for decades and alarmingly high mortality rates.

Combined together, OpenWHO’s [three cholera courses](#) provide solid knowledge and information on the prevention, diagnosis and treatment of cholera as well as strategies for controlling outbreaks. Courses reinforce the importance of having multisectoral and well-coordinated actions, integrating activities across sectors, including surveillance, case management, water, sanitation and hygiene (WASH). As all courses on the OpenWHO platform, they are free and self-paced.

As of May 2023, participation across OpenWHO’s three cholera courses exceeded 61 000 total enrolments across all six WHO regions. Monthly enrolments reached their highest peak in April 2020, potentially linked to the COVID-19 pandemic. Additional peaks were seen in June 2022 and February 2023, potentially linked to the increase in the number of cholera outbreaks across the world around these periods.



| LEARNERS' GEOGRAPHIC DISTRIBUTION (DECEMBER 2017 – MAY 2023) | COURSES BY ENROLLMENT (ENGLISH VERSION OF THE COURSE) | LEARNERS' DEMOGRAPHICS GLOBALLY |
|--|--|--|
| <p>27% are from the African Region Countries with the highest enrollments: Nigeria, Kenya, Ethiopia, South Africa, Cameroon and Democratic Republic of the Congo</p> | <p>26,237 learners followed the English version of the Cholera: Introduction course</p> | <p>34% are students</p> |
| <p>23% are from the Eastern Mediterranean Region Countries with the highest enrollments: Pakistan, Egypt, Iraq, Saudi Arabia, Yemen and Sudan</p> | <p>7,126 learners already followed the Cholera outbreaks: Emergency preparedness and response course, despite its recent launch this year</p> | <p>18% are health care professionals</p> |
| <p>19% are from the South-East Asia Region Countries with the highest enrollments: India, Bangladesh, Nepal and Indonesia</p> | <p>4,496 learners followed the Cholera: Revised cholera kits and calculation tool course</p> | <p>60% are male</p> |
| <p>13% are from the Western Pacific Region China has the largest enrollment rates</p> | <p>COURSES' LANGUAGES</p> | |
| <p>9% are from the European Region</p> | <p>8 LANGUAGES: The introductory course is available in Arabic, English, French, Hausa, Pashto, Portuguese, Ukrainian and Urdu; French and Arabic are the most used courses after English</p> | |
| <p>9% are from the Region of the Americas</p> | <p>40% are female</p> | |
| <p>Overall, the highest number of learners were from India (15%), followed by China (8%) and Nigeria (7%)</p> | <p>41% are in the 20-29 age group</p> | |
| <p>ENGLISH is the main language for the course on cholera kits and emergency preparedness and response</p> | <p>28% are younger than 20 years</p> | |

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

- [Multilateral development banks and WHO launch new investment platform to strengthen primary health care services](#)
- [WHO and Global Citizen sign partnership to promote health, fight inequity and address health-related risks of climate change](#)
- [WHO outlines 40 research priorities on antimicrobial resistance](#)
- [Dr Vanessa Kerry appointed as WHO Director-General Special Envoy for Climate Change and Health](#)
- [3rd Global Rehabilitation 2030 meeting and launch of the World Rehabilitation Alliance](#)
- [122 million more people pushed into hunger since 2019 due to multiple crises, reveals UN report](#)
- [WHO addresses violence against women as a gender equality and health priority](#)
- [Welcoming a new era for respiratory pathogen pandemic preparedness in the Western Balkans and the Republic of Moldova](#)
- [Leadership in Emergencies learning journey completed by new AFRO cohort](#)

Highlights

- [Disease Outbreak News \(DON\) – Enterovirus-Echovirus 11 Infection - the European Region](#)
- [18 million doses of first-ever malaria vaccine allocated to 12 African countries for 2023–2025: Gavi, WHO and UNICEF](#)
- [Ongoing avian influenza outbreaks in animals pose risk to humans: Situation analysis and advice to countries from FAO, WHO, WOA](#)
- [Multi-country outbreak of mpox, External situation report #26 – 14 July 2023](#)
- [Disease Outbreak News - Influenza A\(H5N1\) in cats – Poland](#)
- [Realising the next PIP Partnership Contribution High-Level Implementation Plan \(HLIP\) for 2024-2030](#)
- [Women and girls bear brunt of water and sanitation crisis – new UNICEF-WHO report](#)
- [Belize certified malaria-free by WHO](#)
- [First WHO guidance on snakebite treatments published](#)
- [Childhood immunization begins recovery after COVID-19 backslide](#)



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.

[Do sweeteners help with weight loss?](#) (14 July 2023)

Do non-sugar sweeteners help with weight loss? Do they pose a risk to your health? What about so called "natural" sweetness like Stevia? Jason Montez explains the findings from the new WHO report in Science in 5.

[How can you protect children from violence?](#) (20 June 2023)

One in 2 children in the world suffers from violence which could be sexual, emotional or physical. This includes online violence. How can you recognize signs of violence and prevent it? WHO's Sabine Rakotomalala explains in Science in 5 this week.