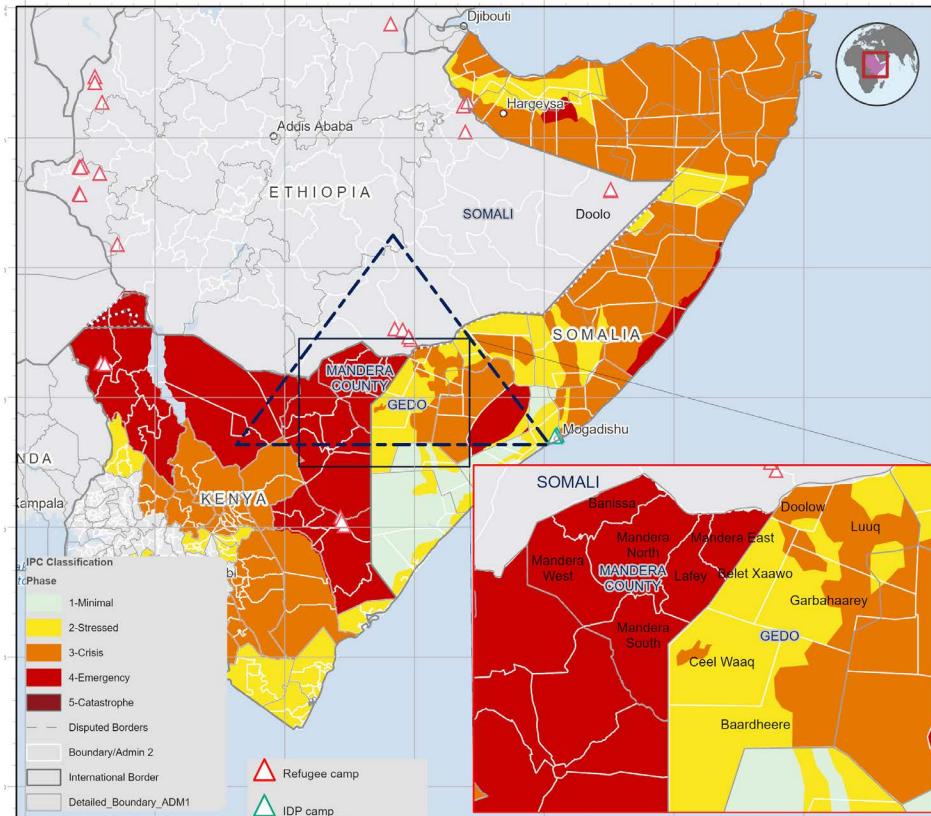


WHO's Monthly Operational Update on Health Emergencies

WHO supports efforts to fight cholera in the Manderia Triangle

Greater Horn of Africa Food Insecurity & Health: Location of "The Manderia Triangle"



The Manderia Triangle and Integrated Food Security Phase Classification (IPC). Credit: WHO

The Manderia Triangle lies at the intersection of Ethiopia's Dolow district, Somalia's Gedo region and Manderia county in Kenya. Conflict and insecurity are pervasive, and the region is characterized by large cross-border mobile populations. Like the rest of the Horn of Africa, the Manderia Triangle is severely impacted by the effects of climate change, such as drought and recent flooding, as well as by high rates of malnutrition. This situation, combined with insufficient health structures and inadequate water, sanitation and hygiene (WASH) infrastructure, has created conducive conditions for water and vector-borne diseases, such as malaria and cholera.

Outbreaks of cholera have been reported since 2022 in all three countries. As of the early August 2023, over 16,800 cholera cases were reported in Ethiopia, 11,900+ cases in Kenya and 11,700+ cases in Somalia.

In response, WHO and its partners have been working with the three countries' Ministries of Health to institute cholera control measures, including in the Manderia Triangle. This has been guided by the [Global Taskforce on Cholera Control's 2030 Roadmap](#) and is aligned with the Joint Response Plan in the greater Horn of Africa, which is to be published shortly. The latter aims to enhance regional coordination and scale up of activities to control the outbreaks, such as cross-border surveillance, information sharing, risk communication and synchronized reactive mass vaccination campaigns. As part of these efforts, a cross-border cholera coordination mechanism has been established which is led by the [Intergovernmental Authority on Development \(IGAD\)](#) and supported by WHO, UNICEF, international NGOs and other partners.

In this issue

Response to health emergencies	2
Preparedness and readiness	10
Operations Support and Logistics	15
OpenWHO and learning	17
Key links and useful resources	18

Key figures on WHO's work in emergencies (as of 21 August 2023)

- 38 graded emergencies across the world, including:
- 9 grade 3 emergencies
- 5 protracted 3 emergencies
- 12 grade 2 emergencies
- 9 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](#)

7 GOARN deployments are currently ongoing across WHO's six regions. Since the beginning of 2022, GOARN has supported 162 deployments, of which 154 have been completed as of 23 August 2023.

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

OpenWHO totaled **7.9 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 ...



Oral cholera vaccination campaign and drought response, in Kenya. February 2023. WHO / Billy Miaron

Key activities undertaken to date across the three countries – but not necessarily within the Manderia Triangle – include:

Coordination: A WHO team responding to the climate-induced emergency in the greater Horn of Africa is supporting the strengthening of cross-border coordination. With funds running low amid the heightened risk of a widening cholera situation, WHO put out an [appeal](#) for greater support.

Surveillance: WHO and its partners are working to strengthen case detection, active case search and the mapping of affected areas. Data analysis is being undertaken to identify trends in the outbreak and inform decision making.

Case management: WHO has ensured the delivery of essential supplies, skills training for health care providers and has helped set up oral rehydration points and cholera treatment centres.

Vaccination campaigns: each of the three countries submitted requests to the [International Coordinating Group \(ICG\) on Vaccine Provision](#)'s secretariat, and oral cholera vaccination campaigns are currently underway. Ethiopia vaccinated 1.9 million people in Oromia and Somali region in May 2023, and over 2.2 million people in August 2023 in Oromia, Sidama and the Southern Nations, Nationalities, and Peoples' Region. Somalia vaccinated 900,000 people in January 2023 and is targeting 600,000 people through its ongoing campaign. Kenya vaccinated over 2 million people in February and July 2023.

Risk communication and community engagement: WHO and partners continue to support the dissemination of key messages on the prevention and response to cholera to health care providers and affected communities and the training of social mobilizers.

WASH measures: WHO and partners helped install latrines and water points and ensure the treatment of water, and supported household level cleaning campaigns of water storage containers. Hygiene promotion activities were undertaken, especially in the wake of recent floods. WHO also ensures the delivery of essential WASH items and offers capacity building activities for key personnel.

Overall, these measures have already contributed to the reduction in the number of cholera cases in the greater Horn of Africa. As the outbreak in the Manderia Triangle continues, largely due to the difficulties linked to access, WHO and partners remains committed to step up their efforts to work towards its elimination.

“Cholera is an easily preventable and treatable condition, access permitting. Efforts have been stepped up for a joint response among partners and member states with support from WHO.”

Dr Julius Wekesa

WHO's Health Operations Lead for the Food Insecurity and Health emergency in the greater Horn of Africa

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

In Chad, health support for refugees from the Sudanese crisis intensifies

Since the escalation of violence in Sudan, 7.6 million people are in need of urgent health assistance in Sudan and almost one million people have been forced to flee to neighbouring Central African Republic, Chad, Egypt, Ethiopia, Libya and South Sudan. WHO launched its [Emergency Appeal for Sudan and neighboring countries](#), appealing for US\$ 145.2 million to respond to the most urgent health needs for June-December 2023. For more information, click [here](#).



In Chad, health care support for refugees from the Sudanese crisis intensifies. Credit: WHO

Lying on his hospital bed in Abeche, Chad, Idriss Yahya Annour recounts how the vehicle carrying his family was attacked while fleeing fighting in Sudan. A bullet perforated his leg and fractured his femur. After several days, the family managed to cross the border where Idriss was evacuated to the province's main hospital and operated.

Idriss is one of more than 370,000 people who have fled to Chad since the start of the conflict in Sudan, three-quarters of whom are currently in the Ouaddaï province, of which Abéché is the capital. Among them, thousands of victims of trauma and war injuries have been identified and treated with support from WHO and its partners. Most refugees are currently living in makeshift settlements with precarious hygiene and sanitation conditions, where precarious hygiene and sanitation conditions expose them to health risks, further pressuring Chad's weakened health system.

To help care for the wounded and sick who often require emergency surgery, WHO and its partners deployed medical personnel to Chad, including members of Togo's WHO-trained [emergency medical team \(EMT\)](#). Among them, a plastic surgeon, a vascular surgeon and a nurse specializing in the treatment of burns and wounds arrived in Chad at the end of June 2023 and treated nearly 60 patients within three weeks, including some with injuries caused by firearms.

WHO also equipped the Abéché hospital with a technical platform where the seriously injured are evacuated, and an operating theatre for surgical procedures. To further enhance health care delivery in the Ouaddaï province and meet the important needs, Chad is also seeking to recruit 2,500 health workers.

Further support offered to date by WHO includes:

- **Dispatching 36 metric tons of medical equipment and medicines** from its Centre for Emergencies in Nairobi, Kenya, in collaboration with Chadian authorities who chartered a cargo plane. These include trauma kits capable of caring for up to 5,000 injured people for three months, as well as medical supplies enabling surgeries and the treatment of malaria, diarrhea and acute respiratory infections.
- **Vaccinating 50,000+ children against polio** across 34 refugee sites and holding a measles vaccination campaign in Abéché in late July 2023.
- **Deploying eight emergency experts** – including the surgery team – to support logistical operations, coordinate health support and strengthen disease surveillance, with plans to deploy an extra three personnel in the coming weeks.
- Working with Chad's health authorities to **strengthen pharmaceutical storage capacity** in the capital N'Djamena and the city of Abéché.
- **Strengthening epidemic surveillance and response:** among others, WHO conducted a comprehensive Public Health Situation Analysis (PHSA) to identify current health threats and is supporting Chad's Early Warning Alert and Response System (EWARS).

“WHO continues to support the Chadian authorities to meet the urgent health needs of refugee populations and ensure that the country can cope with an additional influx of refugees.”

Dr Jean-Bosco Ndiokubwayo
WHO Representative to Chad

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

Operational review of WHO's Türkiye and Syria earthquake response



Group photo for the operational review of WHO's earthquake response. Participants include WHO staff across its three-level. Credit: WHO

On 6 February 2023, at 4:17 local time, [two major earthquakes](#) (7.8 and 7.6 magnitude) struck south-east Türkiye and parts of Northern Syria. The initial 7.8 earthquake was the most powerful earthquake recorded in Türkiye since 1939. To date, there have been more than 29,600 aftershocks, including a 6.1 aftershock on 21 February 2023 which was felt across other neighboring countries. These earthquakes resulted in the highest fatality of any earthquake in the region since 1999 and had a devastating impact on population health in affected communities, exacerbating pre-existing health risks and contributing to increased mortality and morbidity. Each of the WHO operational teams faced unique challenges and required different approaches in responding to this emergency.

The earthquake event was graded internally as a WHO grade-3 emergency on 7 February 2023, meaning it required a major/maximal WHO response. Dedicated Incident Management Support (IMS) teams were then immediately set up across the Organization's three-levels to manage the response.

During the first six months of the response, the WHO Headquarters together with the WHO Eastern Mediterranean Regional Office, the Regional Office for Europe, the Türkiye and Syria Country Offices, as well as the Türkiye Gaziantep field office scaled up their presence and response efforts to provide the necessary support to earthquake-affected populations.

Due to the impact of the earthquake, support was provided in various technical areas including: the coordination of national and international Emergency Medical Teams (EMTs); physical rehabilitation; mental health; immunization – including oral cholera vaccine in north-west Syria; risk communication; the delivery of medications, supplies and medical equipment; trauma care; support with assistive technology and devices for people with disabilities; non-communicable diseases; and primary health care.

In accordance with the [Emergency Response Framework's \(ERF\) performance requirements, WHO carried out an operational review of its response to the health effects of the earthquake after the first six months.](#)

This operational review was conducted on 18-19 July 2023 through a hybrid virtual and in-person meeting in Istanbul, Türkiye, that brought together 80 staff from WHO's three-levels. The meeting aimed to actively take stock, assess, discuss, review, and share lessons from the first 90 days of the response and identify recommendations to enhance future WHO responses.

Specifically, the meeting's objectives were to:

1. Evaluate actions taken during the first 90-days of the response and draw lessons learned from critical ERF functions, as well as from incident management processes;
2. Assess the public health risks, identify remaining support requirements in key technical areas in Türkiye and Syria until end of the year, and review the grading of the emergency;
3. Review the operational plans' implementation status as the response moves into recovery, and identify adjustments required in WHO's strategy to support affected populations; and
4. Strengthen WHO's response across regions by sharing experiences, challenges and solutions across core technical areas, including mental health, physical rehabilitation, trauma, mass casualty management response/capacity building as well as access to health services for earthquake-affected populations in Türkiye and Syria.

Continued on next page ...



Emergency Medical Teams (EMT) Coordination Cell in Türkiye. Credit: WHO

Based on a situational analysis, **WHO updated the event's grade, disassociating the earthquake responses in Türkiye and Syria.** Türkiye's emergency response was regraded as a protracted-2 emergency – meaning an emergency that has lasted for more than six months and requires a moderate response by WHO – while the Whole of Syria earthquake response was integrated into the ongoing protracted-3 emergency, which currently encompasses more than 15.3 million individuals in need of humanitarian health assistance and still requires WHO's maximal support.

To date, the health requests, planning and response efforts in Syria remain critically underfunded, with only 23% of the required funding for the [2023 Humanitarian Response Plan](#) having been secured. However, WHO's overall emergency response to the Türkiye and Syria earthquake received nearly 100% of funding against the initial funding requirements that were appealed for.

The response's operational review report is currently being developed, with the aim of consolidating all information shared during the two-day meeting. The report will also include a presentation of WHO' challenges, achievements, best practices, key recommendations, areas for learning and system improvements which were identified, including with regards strategic efforts for early recovery.

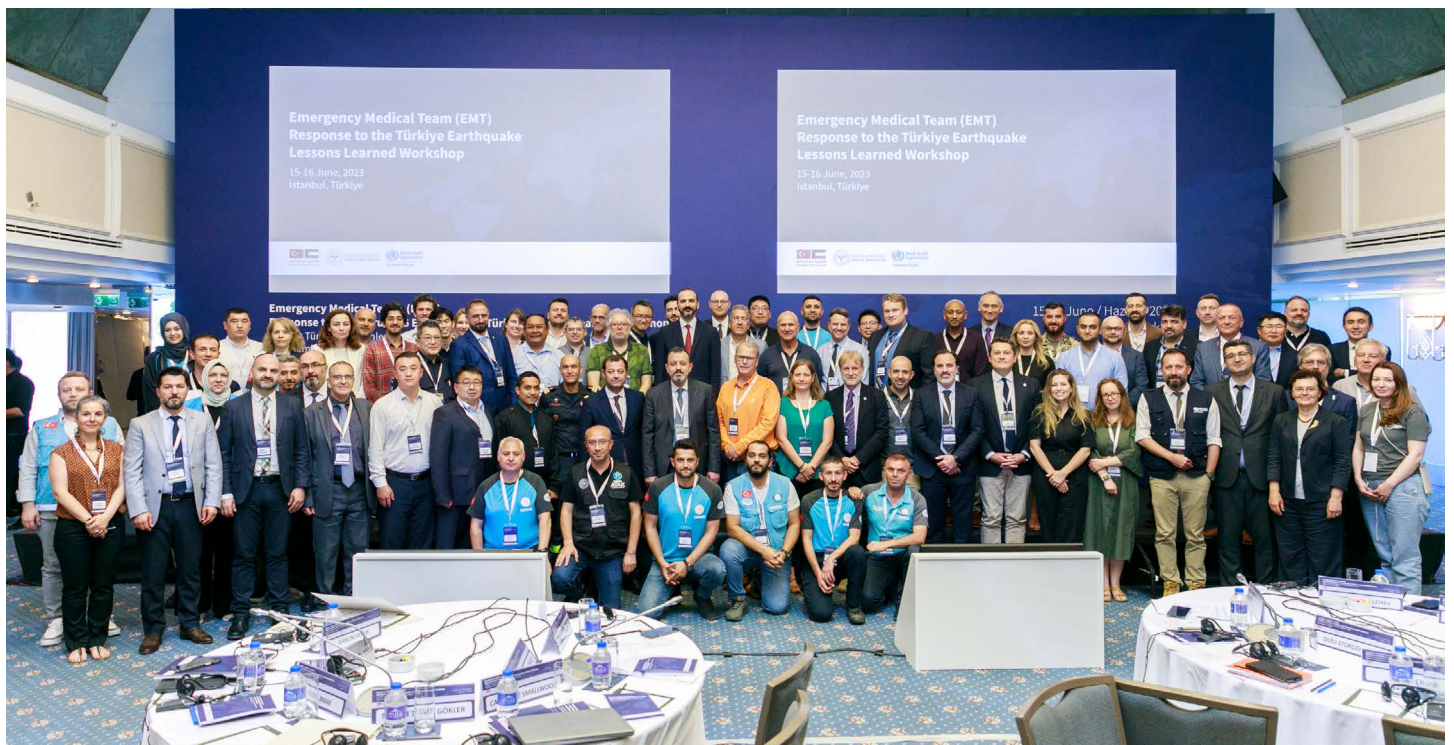
Overall, critically reviewing its actions represents a key step for WHO to strengthen its emergency responses and be better prepared for future events.

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

“The earthquake had a strong psychological impact on all Türkiye based staff. The Gaziantep Office was close to the epicenter and experienced the full brunt of the earthquake itself. In the immediate aftermath of the earthquake non-critical staff together with their family members were relocated to Ankara for safety reason, but the office continued cross-border operations. The office in Ankara immediately scaled up operations for the earthquake response in Türkiye. A very positive factor was the increased collaboration and mutual support of the Gaziantep and Ankara offices.”

Dr Batyr Berdyklychev
WHO Representative in Türkiye

Identifying lessons learned from Emergency Medical Team's response to the Türkiye Earthquake



Participants of the "EMT Response to Türkiye Earthquake: Lessons Learned Workshop". Credit: WHO

To address the related health needs deriving from the earthquake that hit Türkiye and Syria on 6 February 2023, WHO and its partners quickly launched a coordinated response in support of the national responses. This support relied in great part on the swift deployment of [Emergency Medical Teams \(EMTs\)](#): multidisciplinary teams of health professionals able to rapidly respond in the immediate aftermath of a disaster, outbreak and/or other emergency.

Four months later, in June 2023, **the WHO Regional Office for Europe's Health Emergencies Programme held together with the WHO Country Office for Türkiye and the Government of Türkiye a two-day workshop aimed at identifying lessons learned from the EMT response to the Türkiye Earthquake.**

Bringing together 82 experts and EMT professionals from 20 countries, across the world that responded to the devastating earthquake, the workshop offered participants an opportunity to share and analyze their experiences from the earthquake response and identify the key takeaways, based on the [2030 EMT Strategy](#).

Discussions and group activities were centered around identifying key enablers in knowledge generation, knowledge sharing, and an EMT community of practice. The goal was to drive action and learn from significant technical areas such as EMT interoperability and partnerships, quality service delivery, and information management systems.

Key recommendations identified during the workshop to enhance EMT's response moving forward included the need to:

- **Strengthen the national EMT coordination mechanism** to better meet operational demands;

- **Advance regional EMT networks and partnerships** through a community of practice that would enhance inter-regional collaboration and ensure complementarity of capabilities;
- **Harness collective engagement and sharing of experiences** to strengthen evidence-based research on the role and impact of EMTs, enable more efficient knowledge transfer among EMTs and ensure enabling environments for all EMTs.

To address these needs, WHO/Europe has since been working on finalizing the EMT Initiative Knowledge and Capacity Strengthening Strategy for the WHO European Region, and on launching the European Regional EMT Competence Hub (ERECH) in Istanbul, Türkiye. The latter aims to enhance capacities of the EMT community of practice and other health emergency workforce in Member States throughout the WHO European Region and beyond. This will be achieved by effectively coordinating EMT research and training activities and establishing a conducive environment for the successful implementation of the EMT methodology.

Steps are also being taken to initiate the Knowledge and Information Management Working Group in September 2023, which will advance information management systems and standards, thereby improving operational coordination, decision-making, and the delivery of EMT services.

Key takeaways from this the earthquake response will be shared across the international EMT and humanitarian networks. Overall, lessons learned exercise such as the one undertaken in June 2023 are helpful to ensure EMT continuously improve their capacities and remain a key response tool for preparedness and response to health emergencies from all hazards.

Strengthening primary health care facilities' environmental sustainability and resilience through Téchne's international multidisciplinary summer school



Participants to the 2023 international multidisciplinary summer school. Credit: Kerkchai Choejit - Thammasat Design School

With increasing extreme and frequent weather events, driven by climate change and El Niño, primary health care facilities need to be environmentally sustainable and equipped to provide continuity of care during disasters and be ready to respond to the changing climate and related infectious diseases.

It is against this background that a consortium consisting of Thammasat University (Thailand), KU Leuven (Belgium), the [WHO Technical Science for Health Network \(Téchne\)](#), and the WHO Country Office for Thailand **launched a knowledge-sharing project aimed at increasing health care facilities' environmental sustainability and resilience to the environmental crisis in the South-East Asia and Western Pacific Regions**. This project is organized in the form of two international multidisciplinary summer schools, in July 2023 and 2024 respectively.

These summer schools aim to gather existing WHO and other UN guidelines measuring health care facilities' resilience to climate change and compliance to safety, infection prevention and control and environmental sustainability, and to consolidate these into a comprehensive performance assessment tool for primary healthcare facilities in suburban and rural settings in Asia and the Western Pacific. This tool would then help assess health care facilities' resilience and identify areas for improvement.

Held in July, the 2023 summer school saw the participation of partner universities including the Institute of Technology of Cambodia, Paññāsāstra University of Cambodia, the University of Health Sciences of Lao People's Democratic Republic, Universitas Trisakti of Indonesia, and the University of Architecture Ho Chi Minh City of Viet Nam.

A total of 43 people participated, including 32 under- and post-graduate students from Belgium, Cambodia, India, Indonesia, the Republic of Korea, Lao People's Democratic Republic, Thailand and Viet Nam, and 11 instructors from the organizing institutions.

The 2023 summer school was organized in two parts:

- From 1 to 15 July 2023, the curriculum was dedicated to hybrid-online sessions during which participants discussed a preliminary checklist and matrix on primary health care facilities' comparative spatial usage. The latter had been developed by Téchne and KU Leuven and were tested through case studies undertaken in Cambodia, Indonesia, Lao People's Democratic Republic, Thailand and Viet Nam.
- From 16 to 27 July 2023, participants gathered for a joint in-person workshop at the Thammasat Design School in Bangkok during which they engaged in on-site explorative research and fieldwork, as well as lectures and working sessions. They reviewed the national case studies and systemically revised and fine-tuned the checklist to transform it into a widely applicable assessment tool.

By the end of the summer school, participants agreed on a **Comprehensive Resilience Assessment System (CRAS)** for primary healthcare facilities: an online tool to assess the performance of healthcare centers in terms of climate resilience, environmental sustainability, infection prevention and control, and overall safety.

Prior to the 2024 international multidisciplinary summer school, which will gather participants from the same partner universities, the CRAS will be subject to expert opinions and tested in a new round of case-studies. Partner universities will be engaging with their respective WHO Country Offices and the tool will be fine-tuned and elaborated into a detailed design brief for primary health care facilities in South-East Asia and the Western Pacific Regions.

PAHO/WHO publishes a landmark evaluation of its COVID-19 response (2020-2022)



Contact tracing and community surveillance efforts in Argentina. Credit: PAHO/WHO

In June 2023, the Pan American Health Organization (PAHO/WHO) published a [landmark report analyzing its COVID-19 response](#) in the Region of the Americas over the period of January 2020 to August 2022.

The Americas was the world's region most disproportionately affected by COVID-19. As of 25 October 2022, it concentrated 29.7% of reported cases infected with SARS-CoV-2 worldwide and 43.4% of related deaths. This had an important demographic impact in Latin America and the Caribbean, with a loss of three years of life expectancy at birth (from 75.1 years in 2019 to 72.1 years in 2021). The health system was also severely impacted: the Americas had the highest percentage of essential health services disrupted (55% average of health services disrupted in 27 countries compared to 28% in 23 countries in Europe). The biggest disruption was in primary care services (70%).

PAHO/WHO was quick to respond at the onset of the pandemic. By mid-January 2020, PAHO/WHO activated an organization-wide response to support its Member States in accordance with the [WHO COVID-19 Strategic Preparedness and Response Plan \(SPRP\)](#). On 5 March 2020, PAHO launched its [COVID-19 Response Strategy and Donor Appeal](#) to support COVID-19 preparedness and response efforts in the Americas, which was followed by its [Regional COVID-19 Response Strategy \(2021\)](#). PAHO's COVID-19 Response Strategy was then regularly updated to reflect the evolution of the pandemic and changes in regional needs, e.g. by adding a tenth pillar on vaccination to the SPRP. In [2022](#), the updated response plan set out the actions needed to end the pandemic in the Region.

This experience provided a wealth of important learnings on PAHO/WHO's performance and support to its Member States, both in terms of its preparedness for and response to the COVID-19 pandemic. The recently published evaluation report aims to capture these learning and identify key recommendations to further enhance PAHO/WHO's efficiency moving forward.

The data collected during the evaluation was consolidated and analyzed at strategic, organizational, and operational levels. It focuses on PAHO as an organization, and whilst it does not assess Member States' responses to the pandemic, it provides information on how PAHO collaborated with and supported Member States during the response. The report provides information on key achievements, on the enabling and limiting factors, gaps and lessons that have emerged from PAHO's response to COVID-19 pandemic, which serve to inform preparedness for and response to future public health emergencies.

Examples of key findings detailed in the report include:

1. PAHO excelled in its technical support of Member States by rapidly strengthening capacity in laboratory diagnosis and epidemiological surveillance, as the operationalization of SARS-CoV-2 laboratory detection in 28 Member States took place in 25 days. PAHO/WHO also excelled in expanding human resources for health training, deploying the Incident Management Support Team (IMST), and developing a massive logistical capacity to meet the needs at the country level.

“This first external evaluation of the COVID-19 response among all WHO regions symbolizes a significant milestone for PAHO/WHO and the global public health community. The endeavor reflects PAHO/WHO's steadfast dedication to learning from major public health emergency responses, with a view to better prepare the Organization for the future.”

Dr Jarbas Barbosa

Director of the Pan American Health Organization (PAHO) and WHO Regional Director for the Americas

Continued on next page ...



Vaccination against COVID-19. Credit: PAHO/WHO

2. Decades of joint work in preparedness and the response to the influenza H1N1 pandemic and long-standing investments in laboratory support were particularly important in facilitating an evidence-based response to COVID-19. This, in turn, contributed to strengthening some essential functions of national health systems and can be applied to non-pandemic periods.

These findings helped identify evidence-based recommendations for corrective actions to strengthen future pandemic responses, while building a resilient recovery in the Region. Such recommendations are focused on PAHO/WHO's governance and management, specialized regional mechanisms, diversified funding models, and use of new technologies.

Recommendations include for instance:

1. PAHO/WHO should encourage the creation of a specialized regional mechanism for convening an independent scientific advisory group for responding to complex public health emergencies.
2. PAHO/WHO should capitalize on new technologies and approaches (e.g., artificial intelligence, use of social media, strategies to tackle vaccine hesitancy, e-health, new health technologies) adopted during the pandemic to develop new ways of increasing cooperation with Ministries of Health, address the digital gap, and promote technological transformation.
3. PAHO/WHO should mainstream evidence-based gender and equity approaches into pandemic preparedness, response, and recovery actions.

To translate these recommendations into effective and sustainable strategies and actions, PAHO/WHO established a dedicated Task Force Team composed of staff from across the Organization, which is leading the development of the Organization's Implementation Plan of the COVID-19 Evaluation Recommendations (IREP-C19).

Overall, this initiative will be key to enhance PAHO/WHO's preparedness and response capacities to health emergencies.

For more information, click [here](#) and [here](#). For any questions, reach out to evaluation@paho.org.

“The decision to implement the report's recommendations underscores PAHO's commitment to placing health at the forefront of the development agenda across the Americas. This shared venture will not merely allow us to respond to health crises more effectively, but also enhance our ability to anticipate challenges, innovate, plan, and lead with staunch resolve and resilience.”

Dr Jarbas Barbosa

Director of the Pan American Health Organization (PAHO) and WHO Regional Director for the Americas

Enhancing preparedness and disaster response capacities in Central America and the Dominican Republic through the third Regional Emergency and Disaster Drill



National Emergency Medical Team Type 1 and ambulances being used as part of the III Regional Emergency and Disaster Drill in Central America and the Dominican Republic. Credit: PAHO/WHO

From 13 to 16 June 2023, Panama hosted the third Regional Emergency and Disaster Drill in Central America and the Dominican Republic, with support from the Pan American Health Organization (PAHO/WHO) and the PAHO/WHO Country Office for Panama.

Held in Panama City, the simulation exercise involved Panama's Ministry of Health and Social Security Fund, as well as the Coordination Center for Disaster Prevention in Central America and the Dominican Republic, the Executive Secretariat of the Council of Ministers of Health of Central America and the Dominican Republic and the U.S. Centers for Disease Control and Prevention (CDC). It also gathered experts from Ecuador, El Salvador, Haiti and the Spanish Agency for International Development Cooperation (AECID).

The drill's main objective was to implement the [Central American Integration System's Regional Humanitarian Assistance Mechanism](#) in Panama and other participating countries from the region. This Central American coordination mechanism aims to facilitate the rolling out of an agile and prompt response to any emergency or disaster situation requiring international humanitarian aid and assistance.

Several scenarios were played out as part of the drill, including a 7.5 magnitude earthquake and an outbreak of avian influenza A(H5N1) in humans. The latter offered for the first time the opportunity to test and strengthen preparedness and response capacities against respiratory viruses with epidemic and pandemic potential.

Among others, participants tested in real-time sectoral and regional coordination mechanisms, deployed [emergency medical teams \(EMTs\)](#), activated the medical information and coordination cell (CICOM) and evaluated guidelines and protocols for the care and surveillance of respiratory events.

The drill was facilitated through the digital platform [SIMEXAmericas](#), developed by PAHO/WHO to support large-scale hybrid simulation exercises. Throughout the two-day simulation, 411 registered professionals handled 292 tasks and 209 virtual messages. National and regional facilitators could easily follow and guide the health response through the control room, which had been set up with equipment included in PAHO/WHO's simulation exercises kits. The latter are kits designed to facilitate simulation exercises in difficult conditions, especially in areas with limited access to technological resources.

This 2023 simulation exercise forms part of a larger effort supported by PAHO/WHO to strengthen Caribbean countries' preparedness and response activities and in particular, to build their national EMT's capacity to respond to Hurricane season and other emergencies. As of August 2023, [Antigua and Barbuda](#), Belize, the Dominican Republic, Haiti, Jamaica, and Trinidad and Tobago have strengthened their EMT's operational capacities, through technical trainings and the receipt of kits. In 2022, PAHO/WHO had also supported the organization of the [Tradewinds simulation exercise](#) in Mexico, which enhanced EMT's deployment and coordination capacities.

Overall, these efforts demonstrate the commitment of Panama and other countries in the region to strengthen their emergency and disaster preparedness and response capacities.

The 2023 Regional Emergency and Disaster Drill was made possible thanks to the support of the Spanish Agency for International Development Cooperation (AECID), the Government of the United States, the Norwegian Agency for Development Cooperation (Norad), the Ford Foundation and the Catalan Agency for Development Cooperation.

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

Welcoming a new era for respiratory pathogen pandemic preparedness in the western Balkans and the Republic of Moldova



Group photo of participants to the June 2023 workshop on PRET. Credit: WHO Balkan hub

In April 2023, WHO launched the [Preparedness and Resilience for Emerging Threats \(PRET\) initiative](#) as well as a [Global Call to Action](#) to strengthen pandemic preparedness by:

- updating national pandemic plans;
- increasing connectivity among stakeholders; and
- ensuring dedicated investments in pandemic preparedness.

Through the PRET initiative, WHO applies a mode of transmission approach to guide countries in pandemic planning, given that many systems, capacities, and capabilities are common among groups of pathogens.

To introduce the PRET initiative and prepare countries for future respiratory pandemics, the WHO Regional Office for Europe organized in June 2023 a workshop for senior government and public health officials from the western Balkans (namely Albania, Bosnia and Herzegovina, North Macedonia, Montenegro, Serbia, and Kosovo¹) and the Republic of Moldova.

Held in Istanbul, Türkiye, the workshop focused on identifying lessons from COVID-19 to inform future pandemic preparedness and on introducing new approaches to prepare for future pandemics caused by respiratory pathogens, including influenza.

The workshop highlighted the importance for countries and territories to review and learn from their responses to the COVID-19 pandemic to improve respiratory pathogen pandemic preparedness. This includes updating pandemic preparedness plans and strengthening essential capacities, which in turn

requires high level commitment and long-term investments. Among others, participating countries and territories highlighted a need for digitalizing healthcare systems, refining procurement and supply chains for pandemic-related products and ensuring the involvement of multiple sectors and communities in pandemic planning.

Following the workshop, all countries and territories confirmed their interest and willingness to embark on the revision of their national pandemic preparedness plan. With support from the WHO Regional Office for Europe, work is already underway to organize workshops to kickstart this revision process and roll out the related capacity building activities. Such work will help ensure that countries and territories' preparedness capacities are sustainably strengthened ahead of the next respiratory pathogen pandemic.



Participants to the June 2023 workshop on PRET. Credit: WHO Balkan hub

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

RCCE Collective Service: placing communities at the centre of health emergency readiness and response



Cinema screening on cholera transmission, prevention and treatment (i.e. community dialogue session post-screening). Salima District, Malawi. Photo credit – Collective Service

As shown by the current sustained outbreaks of cholera, the world is facing increasing numbers of public health emergencies connected to climate change and natural disasters, and communities have a critical role in protecting populations from these threats. Coordinated and evidence-based risk communication and community engagement (RCCE) interventions are crucial to empower communities and drive local health emergency readiness and response actions. Investing in RCCE therefore ensures emergency programmes are in line with communities' expectations and capacities and help place communities at the centre of health emergency readiness and response – a critical step to foster resilience.

It is against this backdrop that the [Collective Service](#) was established in 2020, with endorsement from the Inter-Agency Standing Committee's Principals and support from the Bill & Melinda Gates Foundation.

The Collective Service brings together various partners from the health and humanitarian sectors to improve RCCE coordination, implementation and monitoring and strengthen the quality and consistency of RCCE interventions in health emergencies. It catalyzes and accelerates expert-driven support for governments, incident management teams, and partners involved in preparing for and responding to crisis.

The Collective Service was founded and is co-lead by WHO, the Global Outbreak Alert and Response Network (GOARN), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the United Nations Children's Fund (UNICEF). It works with academia, civil society, governments, media outlets, and donors to ensure effective coordination and delivery of RCCE services across the world, where they are needed most.

Since its inception, the Collective Service has provided support to 72 countries to strengthen the collection, analysis, and use of socio-behavioral evidence for action. This support includes:

- offering training on social science in humanitarian action and health emergencies;
- assisting Ministries of Health to establish a community feedback mechanism and monitoring and evaluation systems;
- offering surge deployment with personnel from the four founding organizations upon requests from Ministries of Health;
- supporting data mapping, analyzing and displaying social data to drive local action through strengthened data analytics; and
- offering rapid remote technical assistance at national, regional and global levels through an established [helpdesk](#) to support partners access resources, expertise, and advice on project design, implementation, and monitoring.

'With the support from the Collective Service, oral rehydration points were set up by the Ministry of Health [of Malawi] in cholera outbreak hotspot areas and volunteers were trained to provide key messaging about seeking health care along with free oral rehydration solutions to ensure that communities were aware and understood the importance of this resource.'

Mavuto Thomas

Health Educations Services Deputy Director, Ministry of Health, Malawi

Continued on next page ...

Example from the field: Malawi

In Malawi, the Collective Service is working with the national Ministry of Health to ensure communities are informed and empowered to contribute to stop the current outbreak cholera – the worst in two decades. During some of the acute phase of the cholera outbreak (January to March 2023), the Collective Service deployed surge support to Malawi and conducted a series of rapid qualitative assessments which proved critical in identifying barriers impeding access to healthcare and the uptake of cholera vaccination. Based on results from the survey, the Collective Service helped to establish RCCE coordination and community feedback mechanisms, which are essential to ensure local partners are involved and community voices are listened to as response efforts intensify.

Various community engagement activities were quickly scaled up as a tool to raise trust, understand the social context, and enable interventions. RCCE activities were supported across multiple cholera response pillars, namely in the areas of surveillance and laboratory, the administration of oral cholera vaccine, case management, and water, sanitation and hygiene (WASH) services. Overall, these efforts have been key to contain the cholera outbreak and prevent its spread.

Moving forward, the Collective Service will continue to support Malawi in its response to cholera and other health emergencies, as well as all Member States wherever needed.

‘As an early responder, I worked with affected communities, local partners, and the Ministry of Health to provide immediate support, including training partners on the use of a systematic, streamlined community feedback mechanism for gathering and sharing community feedback for an informed response’

Ngonidzashe Nyambawaro

Collective Service Inter-Agency Regional Surge Coordinator for the Eastern and Southern Africa Region



Members of Radio Listening Club practicing a community drama on ways to prevent cholera (i.e. photo depicting demonstration of handwashing technique). Salima District, Malawi. Photo credit – Collective Service

‘From its founding in June 2020, the Collective Service has proven that coordinated and consistent RCCE support is critical for more equitable and cohesive health emergency programmes. The partnership has been able to establish itself, grow, and evolve to support not just the COVID-19 pandemic but other critical health emergencies like the recent cholera outbreaks in the Eastern and Southern Africa Region.’

Nedret Emiroglu

Chair, Collective Service Steering Committee & Director, Country Readiness Strengthening, WHO Health Emergencies Programme

Integrating lessons learned from COVID-19 pandemic into future actions: WHO and the Department of Health hold first crisis communications and infodemic management workshop in the Philippines



Participants from different regions collaborated and engaged with each other in various simulation exercises. © WHO Philippines

The COVID-19 pandemic has highlighted the importance of relevant, timely, and actionable health information during a public health emergency. Risk communication and community engagement (RCCE) initiatives in the Philippines have encouraged millions of Filipinos to adapt protective behaviors and get vaccinated throughout the pandemic response, and effective infodemic management strategies have helped debunk false information and enhance public trust.

To build on these successes and continue building trust with communities, **WHO and the Philippines' Department of Health conducted in April and May 2023 a training workshop on crisis communication and infodemic management with the goal of "Transforming COVID-19 Wins to Universal Health Coverage Wins"**. This training aimed to reflect on how to best engage with the public during a health crisis and manage community-level infodemic.

Specifically, the training highlighted best practices on strategic and crisis communication from global and national experiences, especially on engaging with the media, and reflected on strategies, experiences and practical actions undertaken at the national and subnational level during COVID-19 and other outbreaks responses. The workshop also focused on the importance of infodemic management during public health emergencies and how to efficiently build national and local capacities in this area.

Over 80 personnel from 17 subnational Department of Health centers participated from across the country, including directors, technical officers, and communication and health promotion teams. As part of the workshop, participants reviewed and wrote sections of the draft National RCCE Action Plan for All Health Hazards – the first plan focused on RCCE strategies, which will be adopted by multiple national agencies and stakeholders.

The training workshop was organized in three phases:

1. Participants followed online courses on [risk communication](#) and [infodemic management](#), through the [OpenWHO.org](#) platform,
2. Participants attended virtual sessions on 24-25 April 2023 that presented the key steps and necessary RCCE interventions to be undertaken as part of preparedness and initial response activities for any health emergencies, and
3. Participants attended in-person sessions, held in Davao City on 2-5 May 2023. These sessions focused on simulation exercises and interactive discussions on the response and control and recovery phases.

As a result of this initiative, participants enhanced their knowledge and understanding of how to engage with the public and undertake efficient infodemic management, and reported feeling ready to apply this for future emergencies.

"Through effective health communication, public health officials and communication teams can engage the public and help them make informed health decisions. Through these measures, the public can be guided to adapt behaviors that protect themselves, their families and their communities from getting sick or dying from diseases."

Dr Rui Paulo de Jesus

WHO Representative to the Philippines

The workshop was supported by WHO teams from its Headquarters, the Western Pacific Regional Office, and the Country Office in the Philippines.

Strengthening emergency readiness and response capacities in the South-East Asia Region through enhanced operations support and logistics



OSL training in Colombo, Sri Lanka, April 2023. Credit: WHO

WHO's Operations Support and Logistics (OSL) ensures rapid response and effective supply chain management to maintain uninterrupted shipping and delivery of essential medical supplies – the backbone of preparedness and swift action for any health emergency. In the South-East Asia Region, major risks identified for health emergencies requiring robust OSL include disease outbreaks, conflict, and natural disasters, such as floods, landslides and earthquakes.

To further strengthen OSL capacities in this region, WHO conducted an OSL training and simulation exercise in Colombo, Sri Lanka, in April 2023. This activity aimed to strengthen emergency readiness and response capacities for both the WHO Regional and Country Offices.

A total of 40 participants attended the training, including seven facilitators from the WHO Headquarters and the South-East Asia Regional Office (SEARO) and 33 staff from 11 WHO Country Offices (namely Bangladesh, Bhutan, the Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste). Participants also included staff from the WHO Emergencies Programme, as well as from the procurement and administration units in the various Country Offices. All training material presented was specifically tailored for the region.

Featuring presentations and workshops on OSL fundamentals and procedures in the South-East Asia region, the four-day activity aimed at training participants on WHO's guiding principles on OSL response to disease outbreaks and health emergencies, and to strengthen the Regional and Country Offices' performance in line with WHO's commitment to Member States. OSL Headquarters' team leads presented the tools and procedures for supporting WHO's emergency response

and reviewed the role of the OSL pillar within the Incident Management System. Other topics discussed included: needs assessment and planning, concept of operations and end-to-end supply chain management.

Discussions fostered interactions across WHO's three-levels and included lessons learned from recent emergencies and practical case scenarios involving OSL response. On the final day of the training, a simulation exercise, in which participants responded to a fictional cholera outbreak, further consolidated the material learned throughout the training.

As a result, participants reported having a deeper understanding of OSL work and procedures and feeling better prepared to support OSL in emergencies. The training also helped initiate a network for OSL across WHO's three-levels, which will prove efficient in enhancing the region's preparedness, readiness and response efforts and will foster regional collaboration.

Moving forward, WHO will finalize the development of global readiness frameworks and assessment tools, which are currently undergoing an extensive consultative process. SEARO also plans to strengthen OSL capacities in the region by organizing trainings, equipping warehouses and continuous sharing of available stocks.

“The arithmetic of OSL is really quite simple. Emergencies prompt immediate action, which drives efficient logistics and operations, and technical expertise to provide innovative solutions to response.”

Vikas Chandra
SEARO Programme Management Officer

WHO Logistics Hub’s Monthly Update – July 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. With an average of two charter flights per month, the Hub’s operations are currently on-track to complete more emergency charter flights in 2023 than any previous year. Responding to emergencies currently in AFRO and EMRO represents 75-80% of the volume of goods distributed.

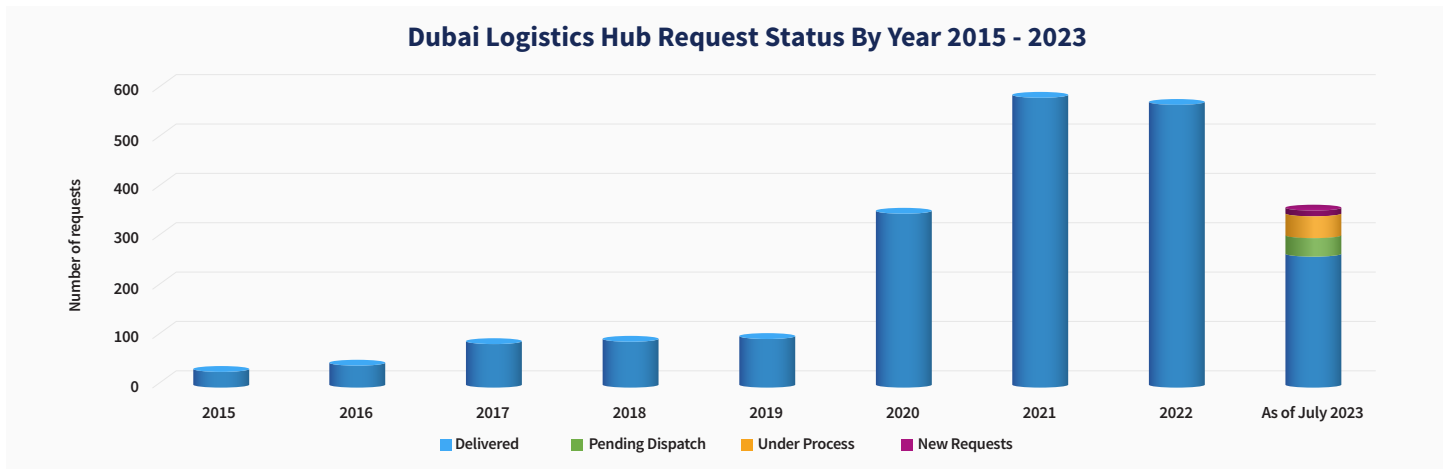
Trends in emergency orders in 2023

The current demand for pre-positioned health kits continues to exceed that of pre-pandemic period. However, operations are currently twice as efficient: orders are dispatched in half the time utilizing half the physical space than what they used to take in 2020.

In 2023, the Dubai Hub temporarily reduced its usage space from 20,000 square meters to using only 8,000 square meters. This is mainly due to renovation work currently being undertaken, which will nearly double the physical warehouse space in the coming months. 5,000 square meters of inter-connected warehousing will be added, to reach an approximate total of 18,000 square meters in total.

OPERATIONS IN 2023 (AS OF AUGUST 2023)

 <p>US\$ 24.6 MILLION Value of Goods Received <i>This represents nearly 900 metric tons of health supplies.</i></p>	 <p>40 EMERGENCY ORDERS currently under process <i>90% of these are for Yemen and Sudan</i></p>	 <p>ALL 6 WHO GEOGRAPHIC REGIONS ARE SUPPORTED across 23 different funding portfolios</p>
 <p>US\$ 4 MILLION in health supplies are currently pending delivery</p>	 <p>15 CHARTER FLIGHTS COMPLETED <i>4 Charter Flights pending</i></p>	 <p>381 REQUESTS RECEIVED <i>Of these, 304 have been delivered, 25 are pending dispatch and 48 are under process</i></p>
 <p>US\$ 19 MILLION Value of Goods Delivered <i>This represents nearly 1,000 metric tons. US\$ 3.7 million are pending immediate dispatch</i></p>	 <p>US\$ 3.2+ MILLION in transportation awarded through Global Shipping <i>This represents US\$ 450,000 per month on average</i></p>	<p>79% OF REQUESTS ARE FROM:</p> <ul style="list-style-type: none"> EMRO - 55% AFRO - 24% <p>OTHER REQUESTS ARE FROM:</p> <ul style="list-style-type: none"> EURO - 14% SEARO - 4% AMRO/PAHO - 2% WPRO - 1%



Renovations undertaken at the Dubai Hub. Credit: WHO

Global event showcases how open online learning empowers communities to protect public health



Map showing the geographical locations of the OpenWHO case studies. Credit: WHO

A young doctor in Viet Nam looking for knowledge to respond to a disease outbreak new to her country. Specialists in India working to increase the number of professionals trained to rehabilitate COVID-19 patients during the country's second wave. A nurse in Botswana facing financial barriers in accessing professional development to renew his practitioner's license. Medical students in the Eastern Mediterranean Region looking for information to respond to an increase in gender-based violence during the pandemic.

These are just some of the stories shared at a [two-day global virtual event](#) held in July 2023 spotlighting how [OpenWHO.org](#) has been used to promote and protect public health across the world. While the WHO learning platform has massive reach, with 7.9 million enrolments, the event was designed to showcase individual experiences and hear directly from learners who have used OpenWHO to make an impact on their communities.

The event presented 40 posters from OpenWHO champions across 32 countries. Their stories had been selected out of 420 submissions received in February 2023, when OpenWHO issued a Call for Abstracts to capture how the platform has been utilized in local, national or regional contexts, or how learning content has been adapted for use outside the platform.

The event's four online sessions were attended by nearly 2400 participants.

“Our team at WHO has been inspired by these stories of how learners across the world have used OpenWHO to protect their communities and I think you will be too.”

Dr Michael Ryan

Executive Director of the WHO Health Emergencies Programme

Examples of experiences presented during the virtual event:

In Slovakia, Dr Tatiana Izakovic, who works as a doctor in an acute care hospital, described how an OpenWHO course was used to create the hospital policy on transmission-based precautions as well as materials to educate staff:

“I really, really like the structured, organized way the information is displayed [in OpenWHO courses]. I really enjoy that I can come back to the course any time to look for more information. I can access it anytime from any device... everything important is in the course.”

Dr Tatiana Izakovic

Hospital epidemiologist, Slovakia

In Morocco, Dr Zakia Abadane, who works as a surveillance officer, described how a regional public health department organized a rabies training for post-exposure prophylaxis centres that merged content from OpenWHO and the Ministry of Health. As a result, she said 179 health care workers were trained over eight months in Casablanca region, including at least one health worker per centre.

“We live in a world of One Health. Our responsibility is to understand and take care of all living creatures, of our environments, to prevent and counter health threats. We say thank you to the OpenWHO community for your precious help to fight rabies and much other diseases.”


Dr Zakia Abadane


Surveillance focal point, Morocco

To browse the online poster exhibition, watch videos of the sessions and learn more about the event, click [here](#).

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](#).

 **OpenWHO**
For all OpenWHO courses, 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

- [WHO releases new guidance to improve testing and diagnosis of sexually transmitted infections](#)
- [Governments hold fourth round of discussions on proposed amendments to International Health Regulations \(2005\)](#)
- WHO issues guidelines on infection prevention and control: [updated COVID-19](#), and new guidelines for [Ebola and Marburg](#)
- [After four Months of War, Humanitarian Leaders Urge Action to End the Tragedy in Sudan](#)
- [WHO Director-General's opening remarks at G20 Health Ministers meeting – inaugural session – 18 August 2023](#)
- [Afghanistan's health system suffers critical underfunding, calls for donor support](#)
- [WHO launches a new global Initiative on digital health supported by the G20 Presidency](#)
- [Childhood immunization begins recovery after COVID-19 backslide](#)
- [New mobile phone app helps healthcare workers provide comprehensive abortion care](#)
- [New framework makes accountabilities clear for addressing sexual misconduct at WHO](#)
- [Member States continue work on potential pandemic accord](#)

Highlights

- [Africa CDC, WHO and RKI Launch a Health Security Partnership to Strengthen Disease Surveillance in Africa](#)
- [Three months of violence in Sudan: Health hanging in the balance](#)
- [Disease Outbreak News - Guillain-Barré Syndrome – Peru \(25 July 2023\)](#)
- [Joint statement by UNICEF Executive Director and WHO Director-General on the occasion of World Breastfeeding Week](#)
- [Multi-country outbreak of cholera, External situation report #5 - 4 August 2023](#)
- [Public Health Situation Analysis: El Niño \(Covering July-September 2023\)](#)
- [Influenza Update N° 451 \(7 August 2023\)](#)
- [Standing recommendations for COVID-19 issued by the Director-General of the WHO in accordance with the International Health Regulations \(2005\)](#)
- [Disease Outbreak News \(11 August 2023\): Dengue – Bangladesh](#)
- [Multi-country outbreak of mpox, External situation report#27 – 14 August 2023](#)



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.

Protect yourself from extreme heat (25 July 2023)

As parts of the world experience record breaking temperatures, learn how heat harms us, who is at risk and what you can do to protect yourself. Dr Joy Shumake-Guillemot explains in Science in 5.