

WHO's Monthly Operational Update on Health Emergencies

WHO supporting Mozambique to manage high numbers of cholera cases



Health worker in a Cholera Treatment Center (CTC) in Niassa province. Credit: WHO/Mozambique

When health officials in Niassa province reported the first case of cholera on 14 September 2022 in Lago district, the **WHO Country Office for Mozambique promptly received a formal request from the Ministry of Health to provide technical support in managing and responding to the outbreak.** As part of this support, capacity building activities for health workers were requested to enable a timely response to cholera and other public health emergencies.

It is against this backdrop that **WHO held between November and December 2022 a series of training for different categories of health workers, in collaboration with the Ministry of Health and the National Health Institute. Over 220 health professionals participated** – including district health directors, heads of the disease control and health promotion division, district epidemiological surveillance officers, epidemiological surveillance officers of provincial hospitals and public health emerging disease officers at health provincial level from the Niassa, Tete and Zambezia provinces.

Trainings focused on key response actions of cholera outbreak response, including: multisectoral coordination and leadership, surveillance and laboratory, clinical cases management and infection prevention and control (IPC), WASH, risk communications and community engagement, oral cholera vaccination and case management. Importantly, participants learned to **develop multi-hazards response plans at district level** that allow for a timely response to emergencies and help tailor the cholera outbreak response to specific contexts.

Skills acquired as part of these trainings have already proven useful in the response to cholera, and participants reported for instance directly applying their enhanced knowledge on the early use of oral rehydration salt (ORS) or rapid intravenous rehydration in patients with severe dehydration.

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Key figures on WHO's work in emergencies (as of 20 March 2023)

-  53 graded emergencies across the world
-  8 grade 3 emergencies
-  5 protracted 3 emergencies
-  26 grade 2 emergencies
-  7 protracted 2 emergencies

Graded emergency: An acute public health event or emergency that requires WHO's moderate response (Grade-2) or major/maximal response (Grade-3). If a graded emergency persists for more than six months, it may transition to a **protracted emergency**. WHO continuously updates the graded emergencies figures based on inputs from the Organization's three-levels.

 **23 GOARN deployments** are currently ongoing across WHO's six regions. Since the beginning of 2022, GOARN has supported **159 deployments**.

 **28.4 million** online data analysed between 1-28 February 2023 by WHO as part of social listening and infodemic management support to Member States

 OpenWHO totaled **7.6 million enrolments** for online courses available in **65 national and local languages**, including 46 courses dedicated to the COVID-19 response

For the latest data and information on WHO's work in emergencies, see the [WHO Health emergencies page](#), the [WHO Health Emergency Dashboard](#), the [EMS 2](#) and the [AEM Daily global situation update](#).



OCV campaign in Mozambique. February 2023. Credit: WHO/Mozambique

In addition, the November/December 2022 trainings supported the overall **case management of patients in Cholera Treatment Centres (CTC)**. With support from WHO and partners such as UNICEF, Médecins Sans Frontières, the Instituto Nacional de Gestão e Redução do Risco de Desastres (INGD), and others, **CTCs have been established in all seven affected districts of Niassa province**. WHO provided tents, water purifiers, cholera treatment kits, medical supplies, and transport services for health professionals. In addition, WHO positioned at least two emergency medical officers at the provincial and district levels to support the response and the CTCs and lead the Health Cluster.

In Lichinga, the capital district of Niassa province, the CTC is now operational and functions with 25 dedicated professionals. Set up on the grounds of the provincial hospital, this CTC has a capacity of 52 beds. As of 7 March 2023, 1592 patients were admitted to the CTC, with 1577 successfully discharged after receiving treatment and eight deaths (case fatality rate of 0.5%).

Another key component of the cholera response in Mozambique is **the launch of the Oral Cholera Vaccine (OCV) campaign**, with WHO and other partners' support. From 27 February to 3 March 2023, a total of **715,884 people were vaccinated with OCV throughout eight districts in four provinces, amounting to a coverage rate of 99.5%**

While there has been major progress in the scale-up of cholera response in-country, many challenges remain. As of 6 March 2023, 25 districts in Mozambique were still reporting cases, with an average case fatality rate of 0.6%. As most provinces currently affected by cholera are flood-prone areas, the number of cases and affected districts is likely to rise as the rainy season and cyclone seasons continue. This is particularly the case following the passage of cyclone Freddy, which has further strained WASH infrastructures and created breeding grounds for increased numbers of cholera outbreaks. In addition, the current cholera outbreak is affecting many districts that had not reported any cholera case in more than 5 years and have limited response capacities.

Moving forward, WHO stands ready to support the Ministry of Health in scaling up their response to effectively control the cholera outbreak.

“My knowledge was enhanced during the training that WHO the Ministry of Health organized last year. Before the training I was not familiar with the criteria to declare a cholera outbreak and to declare the end of the outbreak. In addition, I also learned the different components of the response to the outbreak and on WASH what activities to implement during and after the outbreak.”

Dr Cremildo Rajabo

Responsible for epidemiological surveillance at provincial health service of Niassa province



Risk communication and community engagement, Mozambique. Credit: WHO/Mozambique

WHO and its partners are responding to outbreaks worldwide within the framework of the [Global Roadmap for Ending Cholera \(2030\)](#), including through the [International Coordinating Group on Vaccine Provision](#). In 2023, [WHO requires US\\$ 25 million](#) to respond to the immediate needs identified in priority countries across the world, to ensure the outbreaks are contained and to prevent cholera becoming endemic in currently non-endemic countries. For more information, visit the [WHO cholera page](#), [WHO Disease Outbreak News \(DONs\) page](#), and the [Global Task Force on Cholera Control page](#). For more information about the current outbreak in Mozambique, visit the [WHO Country Office for Mozambique page](#) and read the [latest AFRO Situation Report](#).

Deploying EWARS in a box to support Mauritania's surveillance digitalization plan under the project "Transforming African Surveillance Systems (TASS)"

[EWARS in a box](#), WHO's electronic Early Warning, Alert and Response System in emergencies, helps detect outbreaks early in emergency, fragile, conflict and vulnerable settings.



EWARS in a box training of surveillance officers, epidemiologists and data managers in Aleg, Mauritania 14-17 February 2023 credit: WHO Mauritania / TANDIA, Kissima Baba Demaba

The Ministry of Health of Mauritania, together with the WHO Country Office for Mauritania and Headquarters' EWARS in a box team joined hands recently to strengthen the early warning and surveillance capacity of the country, as a part of the African Regional Office's flagship project of 'Transforming African Surveillance Systems' (TASS). This flagship programme supports countries to modernize data acquisition, analytics, and information technology systems for robust detection of public health events and quick action, especially in environments with existing challenges and multiple outbreaks.

Mauritania is the 11th largest country in Africa where 90% of the land is arid land of the Sahara. One-third of the 4.4 million population lives in the capital coastal city of Nouakchott, while the remaining live in various communities spread across vast spaces, presenting challenges in timely data reporting from the local administrative levels. Aligned with Mauritania's surveillance digitalization plan for the TASS project developed in 2022, EWARS will use novel and improved technologies to advance communicable diseases early warning and surveillance in the country.

The Ministry of Health's surveillance digitalization plan includes two key components:

- 1. Development of a roadmap to strengthen surveillance under the Mauritanian Ministry of Health, with support from WHO/Mauritania and TASS focal points.** EWARS will be used as the tool for epidemiological surveillance to ensure timely data collection, analysis and dissemination to help decision-making, specially from lower administrative levels and the community. In that, it will complement and be integrated with the DHIS2 (District Health Information Software) which remains the main health information system in the country.

- 2. Capacity-building of surveillance workforce to scale-up early warning systems in support of the country surveillance roadmap.** WHO supported a four-day comprehensive training of trainers from 14 to 17 February 2023 in Aleg, reaching 45 epidemiologists, national and regional surveillance officers and data managers to introduce EWARS in a box as a digital early warning, alert and response mechanism.

Implementation of EWARS in a box piloting

EWARS in a box will be piloted for three months from April 2023 onwards in three regions, where the mobile application will facilitate real-time data reporting and alert management, before being expanded to all 15 regions in the country. In places where there is poor internet connectivity, EWARS' SMS gateway application will enable the reporting of data as SMS, without hindering outbreak detection, thereby strengthening health emergencies prevention, preparedness and resilience capacities.

Moving forward, WHO will continue to build the capacity of local epidemiologists, surveillance officers and data managers in using electronic tools for early warning and surveillance. WHO is also translating [the EWARS in a box OpenWHO online training package](#) – already available in French – in Arabic, which will further increase reach at the community level.

"We should use novel technology to revamp surveillance and early warning in countries. The speed of advancement of technology should facilitate outbreak detection in places where there are multiple challenges."

Dr Charlotte Faty Ndiaye

WHO Representative to Mauritania

For more information, click [here](#) and [here](#). Contact the EWARS in a box team [here](#).

WHO publishes its operational guide on early warning alert and response in emergencies



Emergencies such as drought may lead to population movement, famine, acute malnutrition, surge of outbreak-prone diseases, etc. EWAR systems are set up in these context to detect and respond to such events as early as possible in order to minimize negative impact on affected populations. Credit: WHO / Ismail Taxta

Populations affected by emergencies are continually at risk of outbreaks of epidemic-prone diseases and other public health hazards and detecting alerts early is key for an early and efficient response. **To guide decision-making on when and how to implement and strengthen Early Warning Alert and Response (EWAR) in preparation for and response to emergencies, WHO published in January its global guidance: [Early warning Alert and Response in Emergencies: an operational guide](#).**

This operational guidance is presented as a series of easily understandable and practical modules that follow a logical series of steps for implementing a new EWAR system or strengthening existing systems in an emergency. Jointly developed by a technical working group of 69 experts from more than 20 organizations – including the WHO Headquarters and the six WHO regional offices – the guidance builds on already existing foundational guidelines and years of EWAR implementation at country level. It also incorporates lessons learned from Member States and (when possible) aims to standardize and consolidate existing guidance.

Through its application, this new operational guidance aims to contribute to **enhance earlier detection of acute public health events, enable earlier and more effective response, reduce the impact of emergencies on health, increase the population's trust in the (public) health system, and fulfill collective commitments to the International Health Regulations (IHR 2005).**

To increase the uptake and impact of the guidance, and following expressed needs from Member States, **trainings will be developed based on the new guidance and existing material.** Training sessions will target frontline health care workers, district and rapid response teams, and epidemiologists and data scientists who work on surveillance systems and use EWAR data to identify, monitor and mitigate the impacts of outbreaks and other public health emergencies. Advisors and policymakers at Ministries of Health, WHO and non-governmental organizations involved in public health decision-making and surveillance will also be targeted.

To scale-up trainings, multiple formats will be used to maximize the reach to the target audience. First, an online self-paced training will be used, which includes short animations that will improve the learner's experience and retention of key messages and would be available on the OpenWHO platform. The second format is face-to-face material that can be adapted to the learners' contexts adopting a risk-based approach, and that will be delivered through a mix of moderator-led discussions, group work on case studies, role plays, etc. Finally, WHO is working on a concept to develop a face-to-face, on-the-job training during emergencies. All trainings will be available in at least all six official UN languages.

The first pilot for the face-to-face training is targeted for summer 2023. In the meantime, WHO encourages all its Member States to widely disseminate the guidance, in preparation for upcoming health emergencies.

To know more on the training plan, reach out to [Marie-Amélie Degail](#).

WHO in Syria: responding in the aftermath of the earthquake

On 6 February 2023, a series of large earthquakes hit southern Türkiye and northern Syria, followed by hundreds of aftershocks. This left thousands dead and thousands more at risk given the destruction of infrastructure and freezing temperatures in the affected areas. To respond to the immediate health needs in both Türkiye and northern Syria, WHO needs US\$ 84.57 million. To learn more about WHO's actions, priorities and financial requirements, read the [WHO flash appeal: Earthquake response in Türkiye and Whole of Syria](#). For more information on the response, including the latest news and latest Situation Reports, visit [WHO's Earthquake in Türkiye and the Syrian Arab Republic page](#), the [WHO Country Office for Syria page](#) and the [WHO Country Office for Türkiye page](#). Donations in support of WHO's work following this emergency can be made through the [WHO Foundation](#).



Building destroyed. Credit: WHO

The 7.8 magnitude earthquake which struck Türkiye and northern Syria early morning on 6 February 2023 had devastating consequences in several governorates in Syria. Thousands were killed and wounded; and buildings and health facilities were destroyed, further straining the health system to the brink, already exhausted by 12 years of war. **Of 380 health facilities in northwest Syria, 47 were damaged by the earthquake, with 12 having had to stop their work completely.**

As of end of February, 90 000 persons have fled their homes in northwest Syria and an estimated 200 000 people have been displaced in Aleppo alone. Many of them are living in overcrowded collective shelters set up in schools, stadiums, mosques and churches, where appalling sanitary conditions are likely to lead to disease outbreaks, including diarrhoeal diseases such as cholera. The psychological shock and emotional trauma are immense and cases of gender-based harassment and violence have been increasingly reported. Obstetric and gynaecological services are also urgently needed to respond to the needs of pregnant women.

WHO was quick to scale up its activities in response to the earthquake, to provide the support needed to the most vulnerable. Examples of this support include:

- **Delivering essential supplies and equipment:** Within the first 24 hours of the earthquake, the WHO Country Office in Syria dispatched essential medicines and supplies to all heavily affected areas of Aleppo, Homs, Hama,

Tartous and Latakia, **enabling the provision of 102 415 treatments.** Three WHO charter flights carrying 103 metric tons of medical supplies and equipment also landed in Damascus in February. In northwest Syria, the WHO Field Office Presence in Gaziantep distributed **183 metric tons of WHO supplies to 200+ health facilities** responding to the earthquake, and delivered over **100 tons of essential medicines and supplies cross-border from Türkiye.** Altogether, these supplies will help treat injuries as well as illnesses such as pneumonia that are expected to rise over the next weeks as people are exposed to cold temperatures.

- **Enhancing surveillance:** WHO's Early Warning Alert, and Response System (EWAR) was launched in 237 reporting sites in affected areas. WHO is also rolling out surveillance sites to cover newly established areas where displaced people affected by the earthquake are gathering.
- **Deploying mobile teams and ensuring continuity of care:** 250 mobile health clinics, including WHO-supported mobile clinics, have been deployed to 200 shelters across Aleppo, who provided 16 000 consultations for people suffering from chronic diseases such as diabetes and heart conditions by the end of February. In northwest Syria, 64 mobile clinics and 20 mobile teams have reorganized their coverage across seven districts affected by the earthquake.

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WHO shipping supplies. Credit: WHO



WHO-supported mobile clinic. Credit: WHO

Moving forward, WHO will continue to provide for the necessary support to all people affected across Syria by the earthquake and the effects of the humanitarian crisis for as long as it takes.

“We have come across the destruction in the different systems in the country, including the health care system. The community is resilient, but they cannot tolerate it anymore. The earthquake has destroyed whatever minimum capabilities and minimum strength Syrians had left. Let us help Syria and the Syrian people rebuild their country regardless of political considerations or agendas. Enough is enough.”

Dr Ahmed Al-Mandhari

WHO Regional Director for the Eastern Mediterranean

“It’s amazing how the local community has responded. The destruction and devastation are really incredible. There’s a lot of resilience, a lot of determination, we’ve just got to bring resources to the Syrians. We have to help these people to help themselves.”

Dr Richard Brennan

WHO Regional Emergency Director for the Eastern Mediterranean

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



Collective shelter in a stadium. Credit: WHO

Dealing with the psychological aftershocks of the Türkiye earthquakes: why mental health and psychosocial support are so desperately needed



WHO Director-General and WHO Regional Director for Europe visiting the Orhanlı Public Health Centre in Hatay to stand by all health workers and responders, and also those who are affected by the devastation of earthquake. ©WHO

The scale and impacts of the February 2023 earthquakes in Türkiye and Syria have created almost unimaginable psychological stressors for individuals who survived the disaster and first line responders. Doctors of the World/ Médecins du Monde – Türkiye recently carried out a post-quake needs assessment in more than 10 sub-districts of the Antakya, Defne and Samandağ districts in which 35% of respondents reported that at least one of their family members had died. Many also reported symptoms of psychological distress and shock, such as a tendency to burst into tears, fits of rage and appetite changes. Nearly all reported changes in their sleeping patterns.

Presently, hundreds of thousands of people are living in temporary camps, sleeping in their cars, or having to seek shelter in insecure or unsanitary accommodation, where access to clean water often remains an issue. In less than a month's time, temperatures in the area could climb to over 40° C, with tents and mobile hospitals overheating creating additional physical and mental stressors.

Although most people will recover without help, an estimated one in five people will have a mental health condition in the next 10 years. **This makes good-quality mental health and psychosocial support essential for the recovery of those caught up in emergency situations.**

As of 9 March, WHO has trained over 900 staff from Türkiye's Ministry of Health staff in psychological first aid and provided

online support to 180 psychosocial workers deployed by the Ministry of Health and Ministry of Family and Social Services. On 12 March, WHO also provided online child psychological first aid training to 1189 Psychosocial support staff from the Ministry of Health and Ministry of Family and Social Services and provided unstructured online supervision sessions to 371 field psychosocial support staff.

WHO is also playing an important part in coordinating all the different partners responding to the crisis, as co-lead of the health and nutrition sector coordination alongside UNICEF. Moving forward, mental health and psychosocial support will remain a top priority in WHO's response to the earthquake.

“Having had offices in the country for many years, WHO has been able to build a trusted relationship with the Government, health authorities, professional associations and nongovernmental organizations. They value our expertise and respect our coordinating role for bringing everyone together to respond to the emergency.”

Dr Karaoglan Kahilogullari

Kental health expert, WHO Country Office for Türkiye

“People are in shock right now. They are taking care of their physical health and basic needs, but the psychological effects will come later. Thinking about where they're going to live and how they're going to earn a living is concerning people right now. And they simply don't know what to do.”

Dr Yagmur Gok

25-year-old doctor who graduated four months ago. When not on duty, she volunteers as an interpreter with an emergency medical team run by UK-Med and Turkish medical staff.

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

Public health intelligence: a cornerstone of WHO's work enabling rapid detection of and response to public health threats

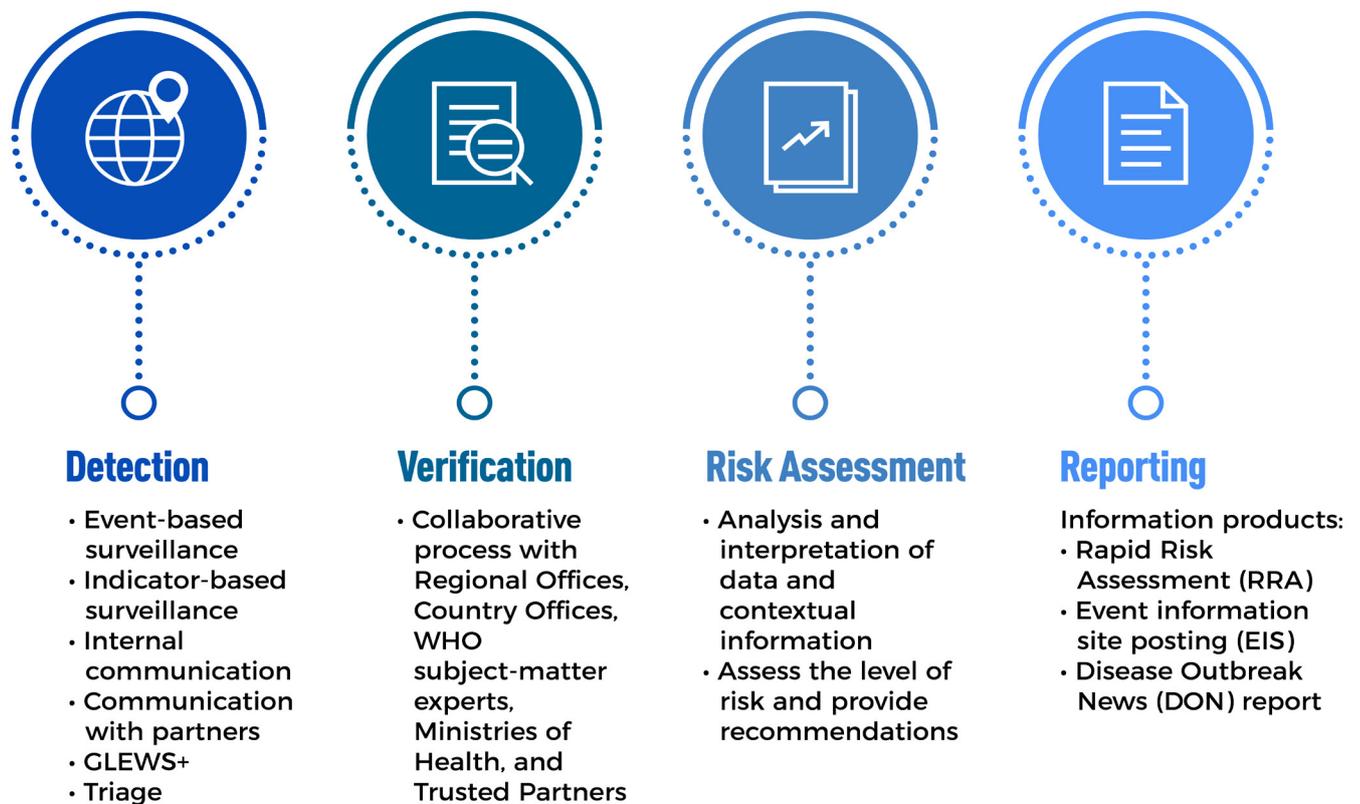


Figure 1: Public health intelligence activities – a summary. Credit: WHO

Early detection and identification of risks caused by health threats from any hazard¹ is key to ensure a timely response and save lives. This has long been recognized as pivotal for WHO's rapid response to major threats to global health security and constitutes one of WHO's primary activities.

To operationalize this, **WHO undertakes public health intelligence (PHI) activities on a 24/7 basis**. At the WHO headquarters and the six regional offices, dedicated teams of epidemiologists, medical doctors, veterinarians and disease experts conduct PHI activities every day of the year.

PHI operations are underpinned by the [International Health Regulations \(IHR 2005\)](#), under which States Parties are required to strengthen surveillance capacities and to notify WHO of any event which may constitute a public health emergency of international concern (PHEIC). In turn, the IHR (2005) also allows WHO to share information with States Parties and the general public.

Concretely, PHI activities involve four interlinked steps:

- i. **Detection of public health threats:** public health threats are detected through [event-based surveillance](#), by screening unstructured information from formal (such as internal communications) and informal (such as [epidemic intelligence from open sources \(EIOS\)](#)) sources, as well as from indicator-based surveillance data. Detected signals are then triangulated with other information sources – which includes for instance reviewing current information against past disease trends, context discussions with disease experts and available reports – and assessed by WHO.
- ii. **Verification of public health threats:** Signals are verified through collaboration and coordination with national authorities and/or partners. Verified signals are considered events. On average, between 2017 and 2021, 32 new verified and substantiated events were recorded by WHO every month.

¹ Including being part of the joint FAO-WOAH-WHO Global Early Warning System for health threats and emerging risks at the human-animal-ecosystems interface (GLEWS+). WHO adopted the all-hazard approach to acute public health events beyond a focus on infectious diseases since the International Health Regulations (IHR 2005) came into force in 2007.

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iii. Risk assessment of public health events: an initial risk assessment is conducted by WHO for new events and repeated if new information becomes available. These assessments help determine whether a more detailed [rapid risk assessment \(RRA\)](#) should be conducted. RRAs assess the risk of spread of a given disease at the national, regional and global levels by analyzing the context, hazard, and exposure information. On average, between 2017 and 2021, five RRAs have been published per month.

iv. Reporting: dissemination of information to Member States about the acute public health event is done through the Event Information Site for IHR National Focal Points (EIS, a secured password-protected platform) and/or to the public through a [Disease Outbreak News \(DON\)](#) report. Between 2017 and 2021, WHO published a monthly average of 10 EIS postings and six DON reports. For some events which require regular updates due to rapidly evolving epidemiological situation, DON reports are transitioned into situation reports such as [Weekly epidemiological update on COVID-19](#) or [situation reports for mpox](#).

Between 2017 and 2021, 304-450 events were substantiated² on a yearly basis by WHO – meaning they were events for when the presence of a hazard is confirmed or the number of human cases exceeds normal thresholds.

Over this period, [WHO recorded 1909 new substantiated events](#), of which a majority were due to infectious diseases (73%), followed by disaster (13%), animal/zoonosis (5%), food safety (3%), other causes (3%), product (2%) and chemicals (1%).³ PHI also remains key for monitoring the development of ongoing public health emergencies, such as mpox or COVID-19.

Overall, PHI continues to represent a cornerstone of WHO's mission, as strengthening capacities for early detection, verification, assessment and communication of public health risks is aligned with the WHO "triple billion" targets to better protect populations from health emergencies and save lives. In a world facing increasing public health threats, PHI will undoubtedly remain indispensable to work towards achieving better health for all.

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



PHI participation in the training of the trainers workshop for epidemic intelligence from open source (EIOS), Berlin, September 2022. Credit: WHO

² When the presence of a hazard is confirmed, or the number of human cases exceeds normal thresholds.

³ [2021 Annual global report on public health intelligence activities as part of the WHO Health Emergencies Programme](#)

WHO partnering with the Government of the United Arab Emirates to ensure pregnant mothers and newborns receive vital and often life-saving care in Yemen

Nearly nine years of conflict have left over two thirds of Yemen's 21.6 million population in need of humanitarian assistance and an estimated 4.5 million people internally displaced. Endemic violence, a deteriorating economy, mounting food insecurity and recurring disease outbreaks have exhausted the country's health system and 46% of all health facilities are partially functioning or out of service. WHO is appealing for US\$ 141,5 million as detailed in its [Health Emergency Appeal 2023](#) to respond to the crisis. For more information, visit the [WHO Yemen crisis webpage](#) and the [WHO Country for Yemen page](#).

The Al Mukalla Hospital is the only public hospital providing obstetrics, gynecology, and newborn care services in the seaport city of Al Mukalla, Yemen's sixth-largest city. As a result of the conflict, public access to essential health services in the city has been continuously impacted since 2015. From 2019 to 2022, the hospital has an annual average of 4000 to 7000 deliveries. The hospital is also a referral and medical training facility for Yemen's largest governorate, Hadramaut, and its four surrounding governorates of Shabwah, Al-Mahrah, Sayoun, and Socotra.

“Here in Yemen, most people experience challenging living conditions that can prevent them from accessing basic health services. Proven, high-impact interventions are available here, but many women, including those who deliver at home, do not see a skilled health worker before or after delivery. So, we ensure they understand the importance of meeting their reproductive health needs – and the consequences of failing to do so.”

Ms. Faten Bamhaisoon

Manager of the Maternity Unit at the Al Mukalla Hospital

The leading causes of maternal and infant mortality in Yemen are multiple, interrelated and almost always preventable – starting with pregnancy and delivery complications requiring urgent treatment, especially by specialized female healthcare workers. Because maternal health is closely linked to newborn survival, the services provided to mothers, infants, and children at Al Mukalla Hospital are vital and often lifesaving, especially for those requiring intensive care.

To ensure the provision of quality maternal and child health, WHO has been partnering with the United Arab Emirates (UAE) to provide support to the Al Mukalla Hospital. Specifically, this partnership helps ensure continuity in the provision of comprehensive primary health care and ambulatory services, surgical interventions, emergency obstetrics care, training, and incentives for staff at Al Mukalla Hospital. It also enables uninterrupted provisions of life-saving medicines, medical supplies, fuel, water, oxygen, and safe water.



Health care worker with a baby at the Al Mukalla Hospital. Credit: WHO/Nesma Khan

Under this partnership, electrical transformers have been provided to the hospital that have reduced frequent power cuts from 10 minutes or longer to just five seconds consistently. In addition, commercial-grade air conditioners and purifiers have been installed to dramatically improve the working and care conditions of hospital staff and patients alike.

Overall, hospital staff have confirmed seeing notable improvements in the hospital's newborn care services, and corresponding reductions in newborn deaths.

For more information and an interactive hospital visual story, click [here](#).

Sri Lanka convenes National Bridging Workshop for multisectoral stakeholders to strengthen One Health collaboration



National Bridging Workshop, Sri Lanka. Credit: WHO

As shown by various recent disease outbreaks, most endemic and epidemic infectious diseases are zoonotic, given that various ecological and demographic factors precipitate their emergence and spread. The One Health collaboration between the health, animal and various sectors are thus key to prevent and effectively respond to outbreaks.

It is against this backdrop that Sri Lanka held a [National Bridging Workshop \(NBW\)](#) from 21 to 23 February – a key tool that WHO, the World Organization for Animal Health (WOAH) and the (FAO) offer to countries to assess and operationalize the One Health approach at all levels while improving their compliance with international standards and regulations.

“The National Bridging Workshop in Sri Lanka is an example of true One Health coordination.”

Dr Mahendra Arnold

Deputy Director-General, Public Health Services I, Ministry of Health

Over 70 medical doctors, veterinarians, biodiversity experts, wildlife specialists and professionals from various disciplines met at a National Bridging Workshop (NBW) to **discuss, evaluate and improve how they collaborate to sustainably balance and optimize the health of people, animals and ecosystems.**

The workshop utilized an interactive methodology jointly developed by the WHO and the WOAH, which included user-friendly material, scenario-based exercises, videos, and facilitation tools. Participants were presented with **fictitious scenarios of various disease outbreaks**, such as salmonellosis (bacterial infection of the intestines), rabies, avian influenza, and antimicrobial resistance. They assessed their current level of collaboration in 15 key areas, including surveillance, field investigation, outbreak response, risk communication, and laboratory. Participants identified and discussed disease-specific and systemic gaps in multisectoral collaboration through this exercise.

“Working together is always better than working in isolation. It improves competitiveness, competencies, and supplements impact. Ultimately the society benefits and that’s why we are here today.”

Dr Hemali Kothalawela

Director-General, Department of Animal Production and Health

Using the results of these discussions and existing capacity assessment reports such as [Joint External Evaluation \(JEE\)](#) and [Performance of Veterinary Services \(PVS\) Evaluation](#), participants developed a **joint, consensual, and operational NBW Roadmap** (which will shortly be published) to improve further the collaboration in the coming months and years. This roadmap, contains 45 activities to be implemented, divided into five sections, namely (1) Coordination, Legislation and Finance, (2) Surveillance and Laboratory, (3) Response and Field Investigation, (4) Risk assessment and risk communication; and (5) antimicrobial resistance.

Overall, **this roadmap will help improve collaboration between the various stakeholders and enable Sri Lanka to detect and respond to health threats at the human-animal-environment interface.** The event was timely, as Sri Lanka is preparing its second JEE and planning to renew its National Action Plan for Health Security (NAPHS) next year, which will enable for the results from the NBW to be incorporated into both frameworks.

Evaluation forms from the workshop showed that 100% of participants said they would recommend the National Bridging Workshop to other countries. To date, 45 countries across the world have held this workshop.

For a short video of the event, [click here](#).

WHO/Europe holds a webinar on “Holding mass and large gathering events during the multi-country mpox outbreak in the WHO European Region”



Snapshot of relevant mass and large gathering events in Maspalomas, Gran Canaria, Spain. Credit: Maspalomas Pride

On 22 February 2023, the WHO Regional Office for Europe held a **knowledge-sharing webinar on holding mass and large gatherings during the multi-country mpox outbreak in the WHO European Region**. The webinar aimed to **share lessons learned, highlight good practices, gain insights on holding future events in Europe and build consensus on the needed next steps as part of the mpox outbreak response**.

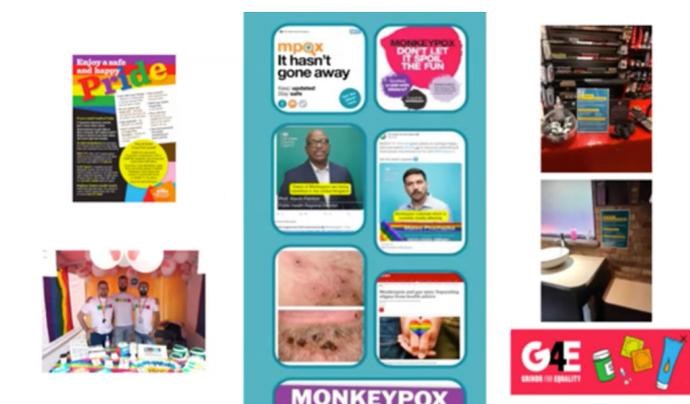
The webinar brought together stakeholders involved in the planning of mass and large gathering events in Member States of the WHO European Region, including national International Health Regulations (IHR 2005) focal points, sexually transmitted infections/HIV national focal points, health authorities, civil society organizations (CSO) and events organizers. In total, over 150 participants from at 34 countries joined the webinar.

The meeting provided an update on the epidemiological situation in the WHO European Region, presented outcomes from the [fourth meeting of the IHR \(2005\) Emergency Committee regarding the multi-country outbreak of mpox](#) and highlighted the current regional priorities for the multi-country outbreak of mpox. An overview of WHO and the European Centre for Disease Control’s guidance, tools and upcoming support activities on mass gatherings was also presented.

Participants shared their lessons learned on mass and large gathering preparedness through applying a risk assessment approach (United Kingdom of Great Britain and Northern Ireland) and the implementation and evaluation of preventative measures (Serbia), and presented on the implementation of joint campaigns before, during and after events (Italy – CSO; Malta – local health authority) and challenges and opportunities with contact tracing (Spain). The meeting concluded with a discussion and feedback session on identified lessons.

Based on the presentations and feedback from participants, **nine key recommendations were developed**. These included recommendations to: implement a risk-based approach, ensure public health measures and interventions are relevant to the event, ensure key stakeholders’ engagement at all phases, use digital platforms as effective communication tools to reach key populations, and consider unique approaches such as partner notification to increase surveillance and collaboration in public health awareness between health authorities, CSOs and event organizers.

This webinar was held as part of WHO/Europe’s emergency response to mpox and was funded through the WHO [Contingency Fund for Emergencies](#). Overall, it showed how the continued involvement of key stakeholders, including event organizers, business owners, and civil society is critical to sustain mpox control and achieve its eventual elimination in the Region.



UK Health Security Agency mpox public health messaging and outreach during mass and large gathering events. Credit: UKHSA

Mpox remains a Public Health Emergency of International Concern (PHEIC)

On 23 July 2022, WHO's Director-General declared the multi-country outbreak of monkeypox (mpox) a Public Health Emergency of International Concern (PHEIC). WHO subsequently developed the [Mpox Strategic Preparedness, Readiness, and Response Plan \(SPRP\)](#) to guide Member States in their response and launched an Emergency Appeal for mpox, appealing for US\$ 33.82 million to respond to the outbreak.



On 23 July 2022, WHO Director-General, Dr Tedros Adhanom Ghebreyesus speaks during a press conference to update on the report of the 2nd meeting of the IHR Emergency Committee regarding the multi-country outbreak of mpox, stating it represents a public health emergency of international concern (PHEIC). Credit: WHO / Lindsay Mackenzie

On 9 February 2023, [the fourth meeting of the International Health Regulations \(2005\) \(IHR\) Emergency Committee regarding the multi-country outbreak of mpox](#) was convened in WHO Headquarters, Geneva, Switzerland.

The Emergency Committee acknowledged the progress made in the global response to the multi-country outbreak of mpox and commended the work done by WHO which has contributed to a decline in the number of reported cases globally since the last meeting in October 2022. The Committee noted that as of February 2023, over 30 countries continued to report cases of mpox and detection and confirmation of cases were likely underreported. The Committee considered various options to sustain attention and resources to control the outbreak and advised **maintaining the Public Health Emergency of International Concern (PHEIC)**, expressing the view that the outbreak remains a health emergency.

Concurring with this advice, Dr Tedros Adhanom Ghebreyesus, WHO Director-General issued revised [Temporary Recommendations](#) related to this PHEIC, advising Member States to develop a strategy to maintain surveillance and response capacity in the medium to long term while scaling up access to medical countermeasures. Specifically, Member States are advised to maintain vigilance and response capacity along with engagement with local communities and key stakeholders while also preparing elimination and control plan for mpox following [relevant WHO guidelines](#).

Key areas requiring strengthening as per these revised temporary recommendations include:

- Develop and implement operational plans, including for monitoring and evaluation of mpox, to set clear targets for stopping human-to-human transmission of mpox and enhance mpox control where animal-to-human transmission has been known;

- Maintain laboratory-based epidemiological surveillance, consider making mpox nationally notifiable and continue to share confirmed and probable mpox case reports with WHO to support elimination where feasible;
- Integrate mpox surveillance, detection, prevention, care and research into innovative sexual health, HIV and sexually transmissible diseases prevention and control programmes and services as well as other programmes where relevant or appropriate;
- Strengthen and support capacity in resource-limited settings where mpox continues to occur, including for One Health and animal health;
- Enhance access to medical countermeasures such as diagnostics, vaccines and therapeutics through allocation mechanisms and technology transfer to advance global health equity, particularly for persons who experience barriers to care, including vulnerable patient populations and those in the global south.
- Implement a strategic and coordinated research agenda to ensure ongoing evidence generation.

Member States have been advised to implement these recommendations in the coming months, to maximize the efficiency of their response.

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

“WHO continues to call on all countries to maintain surveillance for mpox, and to integrate services for prevention, preparedness and response into national control programmes, including for HIV and other sexually transmitted infections.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Fighting malnutrition in the Greater Horn of Africa



The Togweine River, in Kenya's Lagdera sub-county, has not flowed in four years. WHO / Billy Miaron

As parts of the Greater Horn of Africa endure the worst drought in the region in 40 years, Togweine River in Kenya's Garissa County has not flowed in nearly four years. Vulnerable persons in this drought-affected community are facing concurrent risks, including increased likelihood of further disease outbreaks such as cholera, high malnutrition rates and further stress on the health system.

In response to this multi-pronged crisis, WHO has scaled up its support to Kenyan health authorities in coordination, surveillance and outbreak prevention and response. WHO also continues to provide vaccines and nutrition supplements for children under five.

Among other activities, WHO conducted trainings on the integrated management of acute malnutrition in two adjoining sub-counties – Dadaab and Fafi – along with mass screenings for malnutrition across Garissa County.

In February 2023, WHO supported an oral cholera vaccination campaign which was instrumental in turning the tide against the ongoing cholera outbreak in Garissa and the other severely affected counties.

In Leheley village, which lies next to Togweine River, at least 45 children out of the 100 households are suffering from severe acute malnutrition. With WHO's support, these children were admitted to an out-patient therapeutic programme, allowing cases to be managed at the community level. The most serious cases were referred to hospital for further management.

This multi-pronged health crisis is not unique to Kenya but is shared across the six other countries in the Greater Horn of Africa, namely Djibouti, Ethiopia, Somalia, South Sudan, Sudan and Uganda. Climate extremes - including another season of below-average rains in March-May - are continuing, with further impacts expected on food security, worsening malnutrition rates and disease outbreaks.

Over 48 million people in the Horn of Africa are projected to face crisis levels of food insecurity in 2023 (Integrated Food Security Phase Classification (IPC) phase 3), including 6 million who are expected to be in IPC phase 4 (emergency) and 129,000 in IPC phase 5 (catastrophe). As a result, about 11.9 million children under the age of five – the highest number to date – are expected to face acute severe malnutrition across the region.

The Greater Horn of Africa is already witnessing more frequent disease outbreaks, and health systems weakened by the impact of the COVID-19 pandemic are struggling to respond. All seven countries are in the grip of a measles outbreak and some are seeing outbreaks of dengue, Hepatitis E and meningitis. A high caseload of malaria has also been reported, with Sudan recording 262 deaths from 330,000 cases in the first six weeks of 2023. Four countries, including Kenya, are reporting cholera outbreaks.

Continued on next page ...



A visit to Nairobi's Mbakathi Hospital for practical sessions during a WHO-organized master training in nutrition. Credit: WHO

Since the beginning of this malnutrition and health crisis in October 2020, WHO has been present on the ground to support countries' response. WHO is providing essential supplies and medical equipment for the detection and treatment of malnutrition and disease outbreaks and supporting capacity building for health professionals. In addition, WHO identified nutrition professionals to expand its roster of deployable specialists and recently trained 26 regional health workers on hospital-based management of children with severe acute malnutrition.

To prepare for the upcoming below-average rainy season and support access to health services with likely increased demand, WHO will continue to coordinate with partners in the health sector and beyond to ramp up its response efforts in the region.



Maylun receives an oral cholera vaccine in Modogashe, Garissa County, Kenya. WHO / Billy Miaron

“One of the critical strategies to reduce mortality and morbidity attributable to wasting is to develop the health workforce capacity to manage severe acute malnutrition based on the latest WHO guideline and ensure quality of care.”

Dr Martins Chibueze

Team Lead for Health Emergencies, WHO Country Office for Kenya.

For more information on WHO's work in the Greater Horn of Africa, including the latest publications and [situation reports](#), visit [WHO's Drought and food insecurity in the greater Horn of Africa page](#), the [WHO Greater Horn of Africa food insecurity and health dashboard](#) and read [WHO's 2023 Health Emergency Appeal](#) as part of which WHO is asking for US\$ 178 million to roll out its response in the Greater Horn of Africa.

WHO coordinates a study tour to Sweden to improve infection prevention and control in Azerbaijan



The national Azerbaijan IPC Committee visiting the Karolinska University Hospital in Huddinge ©WHO

Throughout the COVID-19 pandemic, the WHO Country Office for Azerbaijan has been supporting the strengthening of infection prevention and control (IPC) capacities in the country and the development of the WHO minimum requirements for [IPC programmes](#). Specifically, WHO is supporting the development of a national strategy, the strengthening of laboratory and antimicrobial resistance (AMR) components and the enhancement of surveillance and IPC workforce's capacities. As part of this project, **Azerbaijan initiated a National IPC Programme in 2022 and has been working towards implementing the WHO core components for IPC.**

Building on the partnership with the Swedish Public Health Agency, which is a WHO Collaborating Centre for AMR containment and houses experts in the field of IPC, **WHO organized a study tour between both institutions.** Held from 20 to 24 February 2023 in Huddinge, Sweden, this study tour aimed to **encourage experience-sharing between the well-established Swedish institution and the newly created national IPC committee in Azerbaijan.**

The study tour enabled discussions covering key topics in IPC, AMR, surveillance and antimicrobial stewardship in addition to understanding lessons learned from COVID-19 in Sweden. As part of it, **the National Azerbaijan IPC Committee visited the Swedish Public Health Agency (Folkhälsomyndigheten) and learnt about the organization of the Swedish IPC system and AMR work in Sweden.** Azerbaijani participants were also given the opportunity to see IPC programs at the national, sub-regional and local levels.

The visit included discussions on the development of the current national IPC strategy in Azerbaijan and the implementation of healthcare associated infection surveillance, including on aspects of AMR and stewardship. The tour also provided an opportunity for shared lessons learned between the two teams and marked the commencement of a strong collaboration to support the development of the Azerbaijan National IPC Programme.

Following the study tour, WHO will continue to support Azerbaijan in strengthening its IPC capacities by:

- developing a roadmap for the implementation of the Azerbaijani national IPC strategy;
- enhancing integrative education on IPC for healthcare workers; and
- implementing healthcare associated infection surveillance, with a particular focus on utilizing [point prevalence surveys](#).

The study trip was made possible with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the US Agency for International Development (USAID).

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

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



Screenshot from the Bhutan video. Credit: WHO/Bhutan

Indonesia: Adapting the national influenza pandemic preparedness plan for COVID-19 response

When COVID-19 hit Indonesia, the country was quick to **repurpose its pandemic influenza preparedness plan, even before the [WHO COVID-19 Strategic Preparedness and Response Plan](#) was available**. With WHO's support, **Indonesia was one of the first countries globally to conduct an intra-action review in August 2020**. This process brought together 138 multisectoral stakeholders and provided lessons learned and actionable recommendations on how to enhance the health system's capacities to respond to the pandemic and how to revise the country's COVID-19 response plan. These included for instance recommendations to revise the pandemic influenza contingency plan, or for provinces to update their pandemic contingency plans and conduct multi-sectoral tabletop exercises.

To ensure the best implementation of recommendations from the intra-action review, Indonesia conducted quarterly follow-up meetings to monitor progress. The country then took its learning full circle by **applying lessons learned from COVID-19 to update its pandemic influenza preparedness plan and incorporate a broader respiratory pathogen preparedness approach**, in line with WHO guidance.

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

Kingdom of Bhutan: Using the experience of the seasonal influenza vaccination programme as a platform for COVID-19 vaccine introduction

When COVID-19 vaccines became available, the Kingdom of Bhutan was able to quickly vaccinate its population, thanks to its strong experience with seasonal influenza vaccination. Using the systems and processes already in place as part of the regular seasonal influenza vaccination programme, Bhutan was able to **vaccinate over 90% of its eligible population with their first COVID-19 dose within two weeks of receiving doses**, as well as to continue to vaccinate against influenza.

To further improve the COVID-19 vaccination campaign for second doses, **Bhutan, with support from WHO, conducted an intra-action review in May 2021** which focused on analysing and drawing lessons learned from the rapid first phase of the vaccination campaign. The review's findings helped identify good practices and areas for improvement, in particular regarding how the adaptation of the electronic data management system during COVID-19 can support future influenza vaccination programmes.

Overall, **Bhutan's experience demonstrates how investment in seasonal influenza vaccination programmes proved useful during the COVID-19 vaccination campaign and how learnings from COVID-19, in turn, improved the influenza vaccination programme**.

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

“The IAR opened the doors for us to be able to understand and listen to these experiences not just of the people that were making decisions at the top level, but really the experiences from the field were really eye opening”.

Dr Sonam Wandri

National Professional Officer, WHO Bhutan Country Office

WHO's Leadership in Emergencies programme trained nearly 300 leaders to strengthen global response to health emergencies

For the past four years, WHO has been spearheading the **Leadership in Emergencies programme: a multidisciplinary learning programme aimed at building leadership skills for health emergency responders within WHO and ministries of health.**

This learning programme forms part of a larger WHO effort to **increase the number of health professionals able to efficiently lead emergency responses across the globe** and ultimately, to **contribute to more efficient management of health crises.**

Launched in 2019, the Leadership in Emergencies programme consists of **two self-paced foundational online courses called [Ready4Response](#) and two “phases” specifically focused on leadership skills.** Phase 1 consists of an eight-week face-to-face online course which focuses on developing leadership skills, and is followed by all participants. Phase 2, which is only completed by individuals nominated by their respective regional offices or directors, provides concentrated and specialized training on the use of transversal skills in an emergency setting and includes a training simulation exercise. Throughout the entire programme, participants have access to **individual coaching** to help them strengthen their leadership competencies, as well as to **communities of learning** for networking and knowledge sharing.

In 2020, Phase 1 of the programme and parts of Phase 2 were brought online to allow the training to continue during the COVID-19 pandemic. The shift to a digitalized programme had many positive consequences, particularly in terms of access and carbon footprint. **Trainees can now participate directly from the emergency settings where they are working using low-bandwidth friendly technologies,** enabling for a direct integration of the knowledge gained into their daily work with increased psychological safety for participants through coaching and peer-learning. Switching from in-person to online training has also seen an estimated **90% reduction in energy and carbon emissions.**

The digital format has also led to **increased inclusivity** for groups typically less represented in leadership training, such as junior staff and experts from low- and middle-income countries. As part of an effort to tackle the gender imbalance in the emergency response workforce, the Leadership in Emergencies Programme has **increasingly targeted women, who represented 49% of participants in 2022, compared to 29% in 2019.**

“Never before has leadership in emergencies been more important. We need the skills of people who can bring partners together and bring organizations together in support of the people that we serve.”

Dr Michael J Ryan

Executive Director, WHO Health Emergencies Programme.



Participants at a Leadership in Emergencies Phase 2 workshop in Istanbul, Turkey, in November 2022. Credit: WHO

Since its launch, **WHO has trained 294 leaders across 12 cohorts of the Leadership in Emergencies programme including 69 leaders who completed both phases 1 and 2, amounting to an overall total of 363 course completions.** This includes WHO staff from all six WHO regions, as well as participants from Ministries of Health. Following completion of their training, over 90% of participants expressed increased confidence in their abilities to apply leadership skills in emergencies.

To further broaden the programme's reach, WHO is expanding it beyond English. In 2022, 30 Francophone staff from two WHO regions and headquarters completed the training as part of the first French language cohort. In 2023, WHO hopes to run additional courses in languages other than English.

“My work as Health Cluster Coordinator involves working a lot with partners from different fields of experience, so national NGOs, INGOs, UN agencies, donors and other stakeholders. The leadership course helped me in terms of ensuring effective communication with these various partners.”

Chipo Takawira

Health Cluster Coordinator, occupied Palestinian territory

WHO's work in emergencies

For updated information on where WHO works and what it does, visit the [WHO Health emergencies page](#), the [WHO Health Emergency Dashboard](#), the [Disease Outbreak News \(DONs\)](#), the [EMS 2](#) and the [Weekly Epidemiological Record](#).

**Mpxv**

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

**COVID-19**

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

**GOARN**

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

**Emergency Medical Teams (EMT)**

For updated EMT Network activities, click [here](#).

**EPI-WIN**

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

**WHO Publications and Technical Guidance**

For updated WHO Publications and Technical Guidance, click [here](#).

For more information WHO's regional response:

[African Regional Office](#)

[Eastern Mediterranean Regional Office](#)

[European Regional Office](#)

[Regional Office of the Americas](#)

[South-East Asia Regional Office](#)

[Western Pacific Regional Office](#)

News

- [Statement on the update of WHO's working definitions and tracking system for SARS-CoV-2 variants of concern and variants of interest](#)
- [Five cities recognized for public health achievements at Partnership for Healthy Cities Summit](#)
- [Countries begin negotiations on global agreement to protect world from future pandemic emergencies](#)
- [WHO and UNICEF launch cholera vaccination campaign in northwest Syria amidst earthquake response](#)
- [Governments hold first detailed discussions on proposed amendments to the International Health Regulations \(2005\)](#)
- [WHO launches policy on preventing and addressing sexual misconduct](#)
- [Countries urged to safeguard the health of refugees and migrants](#)
- [OpenWHO named 2023 Learning Platform of the Year](#)
- [Ukraine emergency- the largest response operation supported by WHO's Standby Partners in 2022](#)

Highlights

- [Africa Infodemic Response Alliance \(AIRA\) Infodemic Trends Report - March 10 \(Weekly Brief #63 of 2023\)](#)
- [Influenza at the human-animal interface summary and assessment, 3 March 2023](#)
- [Disease Outbreak News – Avian Influenza A \(H5N1\) – Cambodia \(26 February 2023\)](#)
- [Disease Outbreak News – Marburg virus disease - Equatorial Guinea \(25 February 2023\)](#)
- Recordings of the [WHO Information Meeting on the Composition of Influenza Virus Vaccines for Use in the 2023-2024 Northern Hemisphere Influenza Season](#)
- [Multi-country outbreak of mpox, External situation report #16 - 16 February 2023](#)
- [A clinical case definition for post COVID-19 condition in children and adolescents by expert consensus, 16 February 2023](#)
- [Multi-country outbreak of mpox, External situation report #18 - 16 March 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.

[Hearing Loss](#) (3 March 2023)

What are the early signs of hearing loss? Can it be cured? What can you do to prevent hearing loss? Dr Shelly Chadha explains in Science in 5.

[Are you consuming too much salt?](#) (10 March 2023)

WHO's latest report is urging everyone to reduce salt in our diet. What happens when we consume too much salt? How would we know if we are consuming too much salt and what can we do to reduce it? WHO's Dr Francesco Branca explains in Science in 5.