

# WHO's Operational Update on Health Emergencies

## EWARS in a box supports El Niño event in central America



National Border Service (SENAFRONT) and PAHO/WHO staff in Panama at the Migration Reception Station in the community of San Vicente, Darién, during strengthening of health services in the area. Credit: Angel Tuñón PAHO/WHO Country Office for Panama

El Niño phenomenon – which is characterized by surface warming of central and eastern tropical oceans – is a major driver of the earth's climate system. The [World Meteorological Organization \(WMO\)](#) recently forecasted that the world faced an [80% chance of an El Niño event developing between July and September 2023](#). As a result, governments around the world stepped up their preparedness efforts to mitigate El Niño's impact on health, ecosystems and economies.

In central America, typical El Niño effects are associated with water deficit and occasionally high rainfall and floods related with hurricane season, which can both destroy agriculture and livelihoods, and [increase risks of communicable diseases](#). These effects will further compound a complicated regional situation marked by two important challenges:

- **Population migratory movements:** the first five months of 2023 has recorded six times more migrants across the region compared to the same period in 2022, and countries often lack sufficient capacity to provide temporary shelter, adequate medical care and security to migrants in transit.
- **Ongoing and expected future outbreaks of communicable diseases.** The region is currently seeing an outbreak of dengue, which occurs cyclically every three to five years. With the start of Influenza season in September 2023, a pronounced increase of influenza and other respiratory viruses is also expected.

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### Key figures on WHO's work in emergencies (as of 19 September 2023)

	42 graded emergencies across the world, including:
	7 grade 3 emergencies
	6 protracted 3 emergencies
	15 grade 2 emergencies
	10 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\$ 58 460 317** have been released by [WHO's Contingency Fund for Emergencies \(CFE\)](#) to 15 health emergencies in 2023, including for the Türkiye/Syria earthquakes, the global cholera crisis (multi-country), the Ethiopia complex emergency, the Libya floods emergency and the Sudan conflict (as of 15 September 2023). For more information about the CFE's work in 2022, see the [CFE's 2022 annual report: Enabling quick action to save lives](#)

**4 GOARN deployments** are currently ongoing across WHO's six regions. Since the beginning of 2022, GOARN has supported 162 deployments, of which 158 have been completed as of 19 September 2023.

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

OpenWHO totaled **8 million enrolments** for online learning available in **71 national and local languages**, including 47 courses dedicated to the COVID-19 response.

For the latest data and information on WHO's work in emergencies, see the [WHO Health emergencies page](#) and the [WHO Health Emergency Dashboard](#).

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Ministry of Health and PAHO/WHO staff in Panama at the Migration Reception Station in the community of Lajas Blancas, Darién, Panama raising awareness about the prevention of communicable diseases. Credit: Lic. Ángel Tuñón / PAHO/WHO Country Office for Panama

Common regional priorities to address these challenges and enable prompt public health responses include the needs to: strengthen epidemiological surveillance, early warning and alert; maintain compliance with the International Health Regulations (2005); and focus on cross-border health. Enhancing timely clinical diagnosis is a top priority, notably to maintain the dengue case fatality rate below 0.05% and effectively manage disease outbreaks. To enable this, a strong information system capable of collecting data among mobile population is required.

**It is in this context that the WHO Headquarters and the Pan American Health Organization (PAHO/WHO) are deploying the electronic [Early Warning, Alert and Response System \(EWARS\) in a box](#) in five El Niño- affected priority countries, namely: El Salvador, Guatemala, Honduras, Nicaragua and Panama.**

18 public health officers from these countries will be trained in September and October 2023 to implement and oversee the rolling-out EWARS in the box in their national contexts, including through cascade trainings.

The deployment of EWARS in a box will focus on detecting priority communicable diseases among the displaced population, a significant proportion of whom lives in temporary shelters without the capacity to report diseases outbreaks to the central disease surveillance system.

Through its user-friendly interface, EWARS in a box will enable rapid and efficient data collection from both temporary health centers as well as from communities affected by El Niño. The EWARS system indeed operates on android mobile phones and enables reporting through multiple electronic forms, even in environments without reliable internet connections. EWARS' web interface allows epidemiologists and surveillance officers to receive data, analyze and disseminate surveillance data for rapid response. Used in emergency settings across the world, EWARS in a box has one of the most sophisticated alert management features which enables interactive verification, risk assessment and risk characterization electronically.

Two of EWARS in a box's features will ensure its relevance as part of central America's El Niño response:

- **Language:** EWARS in a box can be easily configured in Spanish, which is used in all of the five priority countries, as well as in 60 other languages.
- **Flexibility:** most of the El Niño crisis' migrant and displaced populations tend to seek and receive health care in *ad hoc* health service points situated in temporary shelters, which are often not linked to countries' routine surveillance system. EWARS in a box enables the swift registration of these unofficial health points along with their geographical information, in turn making it possible to link disease surveillance information from these *ad hoc* health care posts with the centralized system.

Overall, the deployment of EWARS in a box in central America will not only support immediate surveillance needs as part of El Niño response – helping to identify disease outbreaks and inform decision-making – but will also enable the sustainable integration of data into countries' routine surveillance systems.

**“El Niño has brought several concerning elements together: climate change, population displacements and high risks for communicable and vector-borne diseases. EWARS in a box is built for this kind of challenges, so we are very happy to use the system in the priority countries in the Americas. We have successful previous experience in using EWARS in emergency response in the Region. We are working together with the WHO Headquarters' EWARS team to strengthen training and capacity building of the Region.”**

**Maria Almiron**

Unit Chief, a.i., Health Emergency Information & Risk Assessment (HIM), PAHO/WHO Health Emergencies Department

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



## Responding to the devastating floods in Libya

To respond to the urgent needs of 250,000 people most affected by floods in Libya, humanitarian partners launched the [Libya Flood Response Flash Appeal](#) requesting a total of US\$ 71.4 million for three months. As part of it, WHO requires US\$ 11.1 million to expand access to essential health services, strengthen disease surveillance and outbreak prevention and control, and coordinate the health sector response. Donations in support of WHO's work following this emergency can be made through the [WHO Foundation](#). For the latest information on the crisis in Libya, click [here](#).



WHO Mobile health clinics are as close as possible to affected populations following the catastrophic flooding in Libya. Credit: WHO

On 10 September 2023, Storm Daniel hit northeastern Libya with torrential rains and flash floods affecting multiple cities and towns. Its impact was compounded by the collapse of two dams that led to the deaths of thousands of people in Derna. As of 18 September 2023, over 9000 people were still missing.

To support immediate response actions, WHO has made a release from its [Contingency Fund for Emergencies \(CFE\)](#) in the amount of US\$ 2.3 million, until dedicated contributions for this emergency can be raised against the Flash Appeal. To date, WHO has been working closely with local health authorities to identify the health needs of affected populations and is participating in a UN interagency needs assessment mission which will notably cover the Al Bayda, Al Marj and Shahat districts.

On 16 September 2023, WHO shipped **29 metric tonnes of health supplies** to Benghazi from its Global Logistics Hub in Dubai. These include essential medicines, trauma and emergency surgery supplies, cholera laboratory kits, as well as medical equipment which should be sufficient to reach almost 250,000 people with health assistance. Body bags for the safe and dignified movement and burial of the deceased were also included.

This shipment will help replenish supplies in over half of health facilities in affected areas. It complements a first shipment of another 29 metric tonnes of medical supplies which had already been received from WHO's existing contingency stocks in Libya.

Moving forward, WHO will continue to support the Libyan health authorities to:

- **Restore functionality in hospitals and health centres and prevent the spread of infectious diseases**, including by providing essential medical supplies. WHO will also work to provide support for noncommunicable diseases, including **offering mental health and psychosocial services**;
- Bolster access to health care by **deploying international emergency medical teams** in remote and hard-to-reach areas and **establishing fixed and mobile health clinics** as close as possible to affected populations;
- **Reinforce disease surveillance and infectious disease control**, especially among the population displaced by the crisis (estimated at 35,000 people); and
- Work with local health authorities to **provide overall coordination of the emergency health response**.

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

**"This is a disaster of epic proportions. We are saddened by the unspeakable loss of thousands of souls. Our thoughts are with the families who have lost loved ones, as well as with all of the affected communities. We are committed to providing the necessary support to restore health services for the affected population in eastern Libya."**

**Dr Ahmed Zouiten**

WHO Representative to Libya

## The Health and WASH clusters complete a joint Whole of Syria cholera operational review



Community health workers in the Mashhad Rouhin camp in Idlib, northwestern Syria, talking to a resident to raise awareness of an ongoing cholera epidemic. Credit: WHO//Khalil Ashawi

After 12 years of conflicts, the Syrian Arab Republic is experiencing a protracted complex political and socio-economic crisis that has resulted in severe deterioration of living conditions. 6.9 million people are internally displaced and up to 90% of the population is estimated to live under the poverty line. The country has also been grappling with various unprecedented and recurrent epidemics and outbreaks, and on 10 September 2022, the Syrian Ministry of Health declared an outbreak of cholera.

From 25 August 2022 and 8 August 2023, 173,345 suspected cholera cases and 104 associated deaths have been reported from the country's 14 governorates. At least 8 million people are at elevated risk of acute watery diarrhea due to the ongoing water crisis, damaged water, sanitation, and hygiene (WASH) networks, and overcrowded internally displaced persons (IDP) sites. The [February 2023 devastating earthquake which hit northern Syria and Türkiye](#) further exacerbated the risks of cholera and caused significant disruption to the coordinated response.

Since September 2022, collective efforts have been made across the Whole of Syria to contain and respond to the cholera outbreak, and health, risk communication, and community engagement (RCCE) as well as water, sanitation, and hygiene (WASH) partners are jointly supporting activities across [all operational response areas](#).

**To take stock of this joint effort and inform future actions, the Whole of Syria Health and WASH clusters with the support of WHO and UNICEF organized an operational review of the cholera response in Jordan, in May 2023.**

Held over two days, the operational review used a qualitative participatory approach, which was guided by [WHO's guidance for after-action review](#), the [Global Taskforce for Cholera Control's \(GTGCC\) Cholera Preparedness and Response Framework](#), and the [Whole of Syria Response Plans](#).

The event gathered 55 participants from the WASH and Health clusters, RCCE coordinators as well as technical officers from WHO and UNICEF. Participants discussed actions taken in the first eight months of the cholera response – including what went well and what did not – and identified key gaps and challenges.

Key recommendations emanating from this review, which were summarized in the [review report](#) include the need to:

- Address gaps in surveillance, WASH, and infection prevention and control;
- Scale up the system for referrals, especially from hot-spot areas;
- Strengthen the supply chain;
- Support the rehabilitation, operation and maintenance of water and sanitation infrastructure; and
- Foster community engagement and inclusion, and unify messaging among partners, to ensure an effective and sustainable response.

The report also identified strategic actions to be undertaken that will contribute to eliminating cholera from the Syrian Arab Republic in the long term. These include the need to: prepare a Whole of Syria Cholera Intra-Action Review (IAR) report to inform future actions and strategies; update the July-December 2023 Cholera Response Plan – including through the identification of high-risk areas for preparedness, prevention, and response actions; and develop targeted prioritization activities plan accordingly.

**“The Whole of Syria intersectoral review of the cholera preparedness and response plan is a critical step to ensure we are responding effectively to the cholera outbreak in all parts of the country. It also provides a foundation for collaborative learning – building upon experiences over the past year and positioning Syria to effectively manage cholera risk and strive for elimination in the country through an integrated approach.”**

**Dr Iman Shankiti**

WHO Representative a.i. to the Syrian Arab Republic

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



## Cholera: Reaching isolated populations on La Gonâve Island, Haiti



A sailboat from the MERLUH fleet being loaded with medical equipment and products. These will help the response to cholera on La Gonâve Island. Credit: PAHO/WHO

In October 2022, after a period of over three years with no newly confirmed cases, Haiti's West Department experienced a resurgence of cholera, making it the epicenter of the outbreak. On 6 February 2023, an alert was issued by the West Departmental Health Directorate (Département Sanitaire de l'Ouest) in response to a rapid increase in cases on La Gonâve – a hilly island within the bay of Port-Au-Prince, with limited access to infrastructure, including water. Accessing this island is a logistical challenge in the absence of a regular ferry service and a complicated security situation in the nation's capital.

As part of its support to Haiti's Ministry of Public Health and Population's cholera response, PAHO/WHO has been working with local authorities to coordinate a logistical operation and strengthen patient care facilities on the island, particularly in the communes of Pointe-à-Raquette and Anse-à-Galets.

To ensure the timely delivery of emergency medical supplies and equipment in La Gonâve, PAHO/WHO partnered with the NGO [Humanité & Inclusion](#) under its [Mer Logistique et Urgence Haiti \(MERLUH\) project](#). **Using MERLUH's maritime transport fleet, PAHO/WHO has so far been able to rapidly deploy over six tonnes of equipment and medicines essential for the management and treatment of cholera cases on the island.**

PAHO/WHO specialists also carried out several missions in 2023 to assess care facilities currently operating on the island, including the only two Centers for the Treatment of Acute Water Diarrhea (CTDA, in its French acronym) located in Pointe-à-Raquette and Anse-à-Galets. As part of these missions, PAHO/WHO experts identified numerous measures to reinforce the quality of care in these two CTDAs, particularly for improving water, sanitation and hygiene (WASH) standards. These included recommendations to establish showers and latrines for personnel and to provide a hand-washing station at the CTDA's exit.

Following the mission's recommendation, a new CTDA was also set up in the communal section of Gros Mangles, which experienced a significant increase in the number of cases. A

tent was erected with hand-washing facilities, footbaths at entrance and exit points, and separate showers for men and women. The access road to the Center was also improved and waste pits constructed.

To strengthen the new Center's medical team's capacities, PAHO/WHO swiftly organized a series of on-site trainings on WASH and medical management of patients. As a result, the new CTDA staff is better equipped to prevent the spread of the disease, rapidly identify suspected cases, provide appropriate treatment, and collect essential data for accurate situation assessments and facilitated decision-making.

Since October 2022, the Haitian Ministry of Health and Population's multisectoral response, supported by PAHO/WHO, NGO partners and the international donor community has illustrated the importance of cooperation in overcoming the various logistical and health challenges of this crisis. Despite the complexity of the situation, this joint approach demonstrates collective commitment to an effective and sustainable response to the cholera emergency.

**"Through the installation of this new CTDA, our aim is to provide rapid access to medical care. Rapid response when treating patients is of paramount importance, as it can significantly reduce the severity of symptoms, prevent complications, and save lives."**

**Dr Paul Valery**

Epidemiologist at the Département Sanitaire de l'Ouest

PAHO/WHO's response efforts in Haiti, in support of the Ministry of Public Health and Population's national cholera response strategy, have received the financial assistance of the European Civil Protection and Humanitarian Aid Operations (ECHO), the Central Emergency Response Fund (CERF) and the governments of Canada and the United States, among others.

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

## WHO calls for donor support as Afghanistan's health system suffers critical underfunding

On 18 August 2023, WHO launched a new [alert underscoring the crucial importance of ramping up investment in health care services provision in Afghanistan](#). This need for support is particular acute in underserved areas where health care infrastructures are severely under-resourced and remain vulnerable due to the ongoing humanitarian crisis.

Indeed, after decades of instability exacerbated by severe drought and disasters, Afghanistan is currently facing a prolonged humanitarian crisis, with millions of people living with poor or no access to health and food, putting them at a severe risk of malnutrition and disease outbreaks. The vulnerability of women and girls has further intensified, as they face increased obstacles in accessing health care due to the ban

on education and workforce participation.

The revised [Afghanistan Humanitarian Response Plan for 2023](#) confirms this trend, and reveals **an alarming increase in the number of people in urgent need of humanitarian aid**, from 18.4 million in August 2021 to 28.8 million people in 2023. To address the health emergency, 14 million people, including 7.5 million children and 3.1 million women, are currently targeted for health assistance, out of which 8.4 million have already been reached in the first six months of 2023. The health care response has been commendable, with a total of 25.7 million health care services provided between 2022 and 2023.

### WHO'S WORK IN AFGHANISTAN IN 2022



**35.8 MILLION PEOPLE**  
benefited from  
medical kits



**11 MILLION CHILDREN**  
between 0-59 months were  
vaccinated against polio



**251**  
primary health care  
facilities were supported



**10,700+ METRIC TONS**  
of medical supplies  
were delivered



**25 HOSPITALS**  
were supported  
nationwide



**177**  
trauma facilities  
were supported



**1,300+**  
survivors of violence received  
health services at Kabul's  
WHO-supported National  
Advance Referral Centre



**69,008 CASES**  
of complicated severe  
acute malnutrition in  
children were treated



**1500+ OUTBREAK ALERTS**  
were detected and responded to



**25.7 MILLION**  
health care services  
were provided



**21.6 MILLION**  
people were reached by 67 health  
cluster partners representing 99%  
of the targeted population



**13.8 MILLION**  
women were provided  
with medical care



**67 BLOOD BANKS**  
were supported

In the second half of 2023, **WHO in Afghanistan will continue to build on these successes and work with its outstanding partners to tackle critical health emergencies by providing life-saving health interventions**. Much work still needs to be done to deliver on WHO's strategic areas:

- Protecting people every day by scaling up the current response. This will notably be done by strengthening disease outbreak preparedness and response and the health information management system.
- Reaching everyone, everywhere, and putting mothers and children first. WHO will expand the coverage and increase the quality of health service delivery, especially in underserved areas, and will work to sustain the momentum of polio eradication.
- Leading the health sector by coordinating the health partners, and driving impact in delivering effective health services in Afghanistan.

However, despite these efforts and **without sufficient funding, 8 million people in Afghanistan will lose access to essential and potentially lifesaving health assistance**, and 450 000 patients will have little to no access to life-saving trauma care services, including blood transfusions and referrals. In addition, an estimated 1.6 million people with mental health conditions will have little to no access to mental health consultation and psychosocial support.

WHO therefore calls on all donors to support its work, to ensure people in Afghanistan have access to the essential medical services they need.

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

**"The situation in Afghanistan is grave, and the lack of resources and funding to support health workers and facilities is putting countless lives at risk. Women and children are suffering the most. I call on donors to give generously so that we can continue our life-saving work."**

**Dr Tedros Adhanom Ghebreyesus**  
WHO Director-General



## WHO rolls out an electronic Early Warning Alert and Response (EWAR) system in Sudan to facilitate early detection and timely response to disease outbreaks

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](#).



Group photo of the endorsement and training-of-trainers workshop on the electronic Early Warning Alert and Response (EWAR) system, Port-Sudan, August 2023. Credit: WHO

More than five months of conflict has left Sudan reeling with an unprecedented humanitarian crisis that has stretched the health system to its limit. The country is currently facing outbreaks of malaria, dengue, measles, and acute watery diarrhea and has limited capacity to detect and confirm suspected cases. Indeed, displacement, insecurity and lack of resources has severely disrupted the disease surveillance system.

Since the beginning, WHO has been supporting the Federal and state ministries of health and humanitarian partners in their response to the various outbreaks and is in particular working to enhance disease surveillance. It is against this backdrop that WHO started rolling out an electronic Early Warning Alert and Response (EWAR) system in Sudan.

As part of the roll out process, WHO held a two-day endorsement and training-of-trainers workshop in August 2023 in Port Sudan, which was opened by H.E. Dr Haitham Muhammed Ibrahim Awadallah, Minister of Health of Sudan and Dr Nima Saeed Abid, WHO Representative to Sudan. Over 60 participants from WHO and the Federal and state ministries of health physically attended the workshop, while over 50 participants from partner organizations, including UN agencies and international NGOs attended virtually.

The workshop aimed to familiarize surveillance and response teams with the purpose of early warning, alert and response, as well as with the tool's processes and implementation phases. As part of it, participants learned about the criteria for

surveillance sites' selection, standard case definitions, alert and outbreak thresholds and standard operating procedures including by understanding each stakeholders' role. As a result, it is expected that the country will be better equipped to quickly detect and respond to disease outbreaks.

**“With the implementation of an electronic early warning, alert and response system in Sudan, we are better equipped to respond quickly and effectively to disease outbreaks that could potentially become catastrophic in the midst of the ongoing humanitarian crisis.”**

**Dr Nima Saeed Abid**

WHO Representative to Sudan

Moving forward, WHO will continue to provide technical support to Sudan's Federal and state ministries of health to strengthen disease surveillance.

The endorsement and training-of-trainers workshop was conducted with the financial support of US Agency for International Development's (USAID) Bureau of Humanitarian Assistance (BHA).

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

## Africa CDC, WHO and RKI launched a Health Security Partnership to Strengthen Disease Surveillance in Africa



The Africa Centres for Disease Control and Prevention (Africa CDC), WHO and the Robert Koch Institute (RKI) launched the Health Security Partnership in Africa in Addis Ababa on 18 July, 2023. Credit: © Africa CDC

On 18 July 2023, WHO launched a Health Security Partnership to Strengthen Disease Surveillance and Epidemic Intelligence in Africa (HSPA) together with the [Africa Centres for Disease Control and Prevention \(Africa CDC\)](#), and the [Robert Koch Institute \(RKI\)](#). The partnership aims to strengthen Africa's health security capabilities in the areas of biosecurity, integrated disease surveillance, event-based surveillance, genomic surveillance, and epidemic intelligence.

Jointly implemented by the WHO Regional Offices for Africa and the Eastern Mediterranean and the [WHO Hub for Pandemic and Epidemic Intelligence](#), the partnership seeks to encourage strong country leadership. In the first phase, the partnership will be implemented in six African Union Member States (namely Gambia, Mali, Morocco, Namibia, Tunisia, and South Africa). The partnership hopes to then expand activities to additional countries in the coming years.

Strengthened disease surveillance is a foundational requirement for health security. Substantial progress has been made in disease surveillance across Africa over the past decade, however the continent continues to experience many outbreaks and other health emergencies which are preventable or controllable through proven public health interventions. The COVID-19 pandemic further highlighted the critical role of public health laboratories in surveillance as well as the necessity for advancements in data collection, management, reporting, and dissemination to ensure evidence-based policy making during health emergencies.

In this respect, the HSPA will support the six partner countries to strengthen their disease surveillance and epidemic intelligence through specific interventions tailored to each country's needs. The latter will include support for the development and adaptation of disease surveillance guidelines and strategies, and the roll-out of capacity building activities such as trainings and mentorship. Approaches such as indicator (routine health surveillance) and event-based surveillance,

epidemic intelligence, genomic surveillance, and data analysis for decision-making will notably be covered as part of capacity building activities.

With this important work, the HSPA builds on and complements various joint efforts to support African countries to safeguard public health. This includes the recently launched [Joint Emergency Action Plan \(JEAP\) framework](#): a five-year strategic collaboration between the WHO Regional Offices for Africa and the Eastern Mediterranean and the Africa CDC, which aims to strengthen public health surveillance, promote regional cooperation and address health challenges in Africa.

**“Our collective ability to prevent, prepare for, and respond to health security emergencies remains critical to keeping our communities safe. Through this partnership, WHO remains dedicated to working with Member States to systematically strengthen our capabilities and collaborations across stakeholders, sectors and borders for more effective and collaborative disease surveillance in Africa.”**

**Sara Hersey**

Director of Collaborative Intelligence at the WHO Hub for Pandemic and Epidemic Intelligence

Funded by the Government of Canada and aligned with the health security objectives of the [G7-led Global Partnership](#), the HSPA represents overall a collective commitment to collaboration at the health security interface. In the coming years, it will play a catalytic role in accelerating the building and pooling of capabilities and expertise for disease surveillance and epidemic intelligence in and for Africa.

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



## Empowering youth in health emergencies: a story of collaboration and engagement



Medical students in Moldova participating in an infodemic management training. Credit: WHO/Europe

The COVID-19 pandemic has brought about a significant shift in how the community perceives its role in emergency response and has served as a turning point, demonstrating the vital need for youth engagement in mitigating the impact of public health crises. Recognizing this importance of engaging youth to address health emergencies more effectively, WHO/Europe recently launched a pioneering [implementation tool on empowering youth in health emergencies](#).

This groundbreaking publication is the result of a unique collaboration between youth organizations, WHO in countries and academic experts. It aims to offer practice-based tips for national and local health authorities, UN agencies, youth-serving organizations and other interested organizations to engage young minds in the critical area of health emergencies on risk communication, community engagement, and infodemic management.

The tool features a range of case studies which showcase WHO's country-level work, providing inspiration and practical examples. These include training medical students to fight infodemics in the republic of Moldova; empowering youth to address discrimination in Belgium and Slovenia; training health mediators in Albania; and incorporating youth voices in emergency response in Armenia and Kazakhstan. Each case study narrates stories of how young people are contributing to addressing health emergencies, showing that when young people apply their energy and ideas, the response can be more robust and effective.

The implementation tool was launched virtually by WHO/Europe on the occasion of [International Youth Day \(12 August\)](#). As part of the event, speakers from WHO/Europe, the Association of Medical Students and Residents in Moldova and the Folkowisko Foundation in Poland shared experiences and engaged in lively discussions.

45 people - including youth representatives, WHO staff across all three-levels of the organization, and health officials - participated in the event and sparked dialogue on youth involvement in emergency preparedness. Positive feedback following the event reflected the collective acknowledgment of the fact that youth empowerment is not just an idea but a necessity to address and overcome health emergencies.

**“We must not confine youth engagement to the occurrence of emergencies, but rather, proactively prepare and involve them in planning and decision-making processes before an emergency hits, fostering trust and a culture of preparedness, readiness and resilience.”**

**Cristiana Salvi**

WHO/Europe's Regional Advisor on risk communication, community engagement and Infodemic Management

Moving forward, WHO/Europe will continue to explore ways to engage youth representatives on key topics, such as transitioning out of the COVID-19 emergency response, reaching mpox youth-affected communities, building resilience to future disasters in post-earthquakes Türkiye, or responding to the war in Ukraine and the influx of refugees. This will further strengthen the region's ability to prepare for the future as part of the [Health Emergency Preparedness, Response and Resilience \(HEPR\) global framework](#) and the regional Preparedness 2.0 strategy.

## WHO pioneers the development of a disease-agnostic contact tracing guideline



An outbreak response team from the Ministry of Health searches for contacts of a recently confirmed measles case in El Fasher, North Darfur. Credit: WHO / Lindsay Mackenzie

Recent health emergencies such as Ebola, Monkeypox or the COVID-19 pandemic have heavily emphasized both the complexity and the importance of contact tracing for managing outbreaks and informing public health and social measures such as lockdowns. In June 2020, WHO and the [Global Outbreak Alert and Response Network \(GOARN\)](#) launched a [global consultation on contact tracing for COVID-19](#) which concluded to the crucial need to establish consolidated definitions, standards and guidelines for contact tracing.

It is against this backdrop that **WHO launched its contact tracing guidance development project in February 2023**. This project pioneers the creation and publication of a **disease-agnostic, multidisciplinary, and practical guideline for contact tracing** to support Member States and public health stakeholders when developing their outbreak response strategies. The guidance document will be complemented and adapted over time and will apply to a range of settings and contexts.

The project adopts a three-phased approach, which will spread until the end of 2025:

- i. **development of the guideline** through the [Guideline Review Committee](#) process, which will ensure the highest level of scientific accuracy (planned in 2023/2024);
- ii. **development of high-priority derivative products**, such as the associated [SMART guideline](#), checklists to decide on and set up a contact tracing strategy, or updates of existing and development of ad hoc disease-specific guidance (planned in 2024-2025); and
- iii. **development and rolling-out of trainings on the contact tracing guidelines**, both across WHO and among Member States and partners to ensure their best implementation (planned in 2025).

In the first quarter of 2023, a WHO Steering Group was formed to lead the guideline development process, gathering WHO experts across its regional offices and headquarters. Following a [call for interest](#), 17 experts from various backgrounds worldwide were identified and selected to form the [Guideline Development Group](#). A guideline methodologist and systematic review team were also recruited to begin the systematic reviews according to the research questions validated by the Guideline Development Group.

The systematic review will be completed and presented to the Guideline Development Group in a workshop planned for December 2023 in Berlin. The Group's report and associated recommendations will then serve to develop the contact tracing guideline during the first half of 2024, which will mark the end of the first phase of the project.

Overall, the development of these global guidelines for contact tracing will be a key step towards harmonizing surveillance practices across the world and enhancing preparedness and response to health emergencies. It is expected that these guidelines will help decrease the spread of infectious diseases while optimizing response measures and minimizing negative impacts on affected communities.

**“Establishing definitions and guidelines is essential: not all of the central concepts of contact tracing are universally understood.”**

**Extract from the report from the GOARN online global consultation on contact tracing for COVID-19 (2020)**

WHO encourages its donors and partners to financially support this important work.

For more information about this project, you can reach out to Marie-Amélie Degail at [contacttracing@who.int](mailto:contacttracing@who.int).



## COVID-19 After Action Review: A tool for health system learning and strengthening following the pandemic



Inter-agency COVID-19 AAR, the Philippines, June 2023. Credit: WHO

When Dr Tedros Adhanom Ghebreyesus, WHO Director-General, declared the lifting of the COVID-19 Public Health Emergency of International Concern (PHEIC) on 5 May 2023, one of the first [recommendations](#) which emanated from the International Health Regulations Emergency Committee's report stated that: "[Member States] should update respiratory pathogen pandemic preparedness plans [by] incorporating learnings from national and subnational after action reviews".

After action reviews (AARs), together with intra action reviews (IARs), which are respectively conducted after or during a health emergency, are a component of the International Health Regulations' (IHR 2005) Monitoring and Evaluation Framework. Both provide an opportunity for Member States to review the functional capacity of public health and emergency response systems and to identify practical areas for continued improvement.

In an effort to stem the cycle of panic-and-forget often seen during health emergencies, WHO recently published specific guidance and tools in response to the IHR Emergency Committee's recommendation. The [Guidance for the conduct of a COVID-19 After Action Review](#) aims to provide practical tools and guidance for all Member States, which are easily adaptable to individual national contexts.

This new guidance builds on and leverages previous documents published by WHO on the topic, namely WHO's [Guidance for after action review \(AAR\)](#) (2019) and [Guidance for conducting a COVID-19 intra action review \(IAR\)](#) (2020). Both have been used during the pandemic to help national and sub-national health authorities fine-tune their response and future preparedness to COVID-19.

Between 2020 and June 2023, at least 80 countries deployed one or more COVID-19 IARs, helping them to assess, adapt, and update their COVID-19 health measures while the pandemic was ongoing.

**In July 2023, the Philippines became the first country to complete a COVID-19 AAR** following the methodology outlined in the WHO's guidance. The process was undertaken in two phases, namely:

- Conducting a large, in-person inter-agency COVID-19 AAR in June 2023; and
- Transforming findings and recommendations from this AAR into health policy through a two-day in-person inter-agency working group as well as key informant interviews and targeted focus groups held in July 2023.

Key recommendations which emanated from this AAR will support the country to strengthen its preparedness and response capacities in relation to respiratory pathogens and future pandemics.

The success of the process was ensured by high-level engagement and the strong engagement and support from WHO's three levels, namely WHO Country and Regional Offices and Headquarters.

Building on Member States' positive and successful experiences with rolling out IARs and AARs, WHO strongly encourages all countries to conduct national COVID-19 AARs using the WHO Guidance, with the aim of incorporating learnings for future health emergencies.

For more information on conducting an AAR, please see the relevant [OpenWHO course](#), or reach out to [WHO's Country Simulation Exercises and Reviews \(CER\) Unit](#).

## WHO Global Logistics Centers' Monthly Update

WHO's Global Logistics Center - which is 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 Center'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 80% of the volume of goods distributed.

### Responding to the most pressing challenges across the world

In August and the first half of September 2023, the WHO Global Logistics Center continued to ship lifesaving medical supplies and equipment across the world, to the most pressing health emergencies. Over this period, charter flights were notably completed to Afghanistan, Chad, Libya, Morocco, Sudan and Yemen.

In Libya, the Global Logistics Center airlifted 150 metric tons of urgent medical supplies, including drugs, health kits and body bags to help cope with the effects of storm Daniel and the flooding deriving from the collapse of two dams. These will help replenish health facilities' stocks and will help restore functionality in many primary health centers and hospitals in affected areas.

### Renovating the hub

In parallel, the WHO Global Logistics Center continued its renovation work aimed at doubling 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, capable of holding approximately 18,000 pallet positions.

#### OPERATIONS IN 2023 (AS OF MID-SEPTEMBER 2023)



**US\$ 26 MILLION**  
Value of Goods Received  
*This represents nearly 1000 metric tons of health supplies.*



**17 CHARTER FLIGHTS COMPLETED**  
*This includes flights to Afghanistan, Chad, Libya, Morocco, Sudan and Yemen*



**419 REQUESTS RECEIVED**



**US\$ 21.2 MILLION**  
in health supplies have been delivered. US\$ 6 million are currently pending delivery.



**US\$ 3.3+ MILLION**  
in transportation awarded through Global Shipping  
*This represents US\$ 450,000 per month on average*

**80% OF REQUESTS ARE FROM AFRO AND EMRO**

AFRO- 25% | EMRO- 55%



**87 EMERGENCY ORDERS currently under process**  
*This is more than double the number of emergency orders compared to the number of orders under process as of mid-August 2023*



**OVER 141 COUNTRIES ACROSS ALL 6 WHO GEOGRAPHIC REGIONS ARE SUPPORTED**



WHO has released an innovative, interactive [report](#) that provides insights into the vast operations and global impact of WHO's Global Logistics Center



The WHO Global Logistics Center shipping medical supplies and equipment to Libya. Credit: WHO



The Global Logistics Center's team. Credit: WHO



## Ensuring access to online learning on mpox

Mpox, which is caused by the monkeypox virus, was originally present primarily in eastern, western and central African countries where the virus is enzootic and has been causing local outbreaks in human populations. In recent years, sporadic cases and clusters have been detected elsewhere, largely linked to travel from countries with historical transmission (2018-2021) or imported animal-to-human transmission (2003).

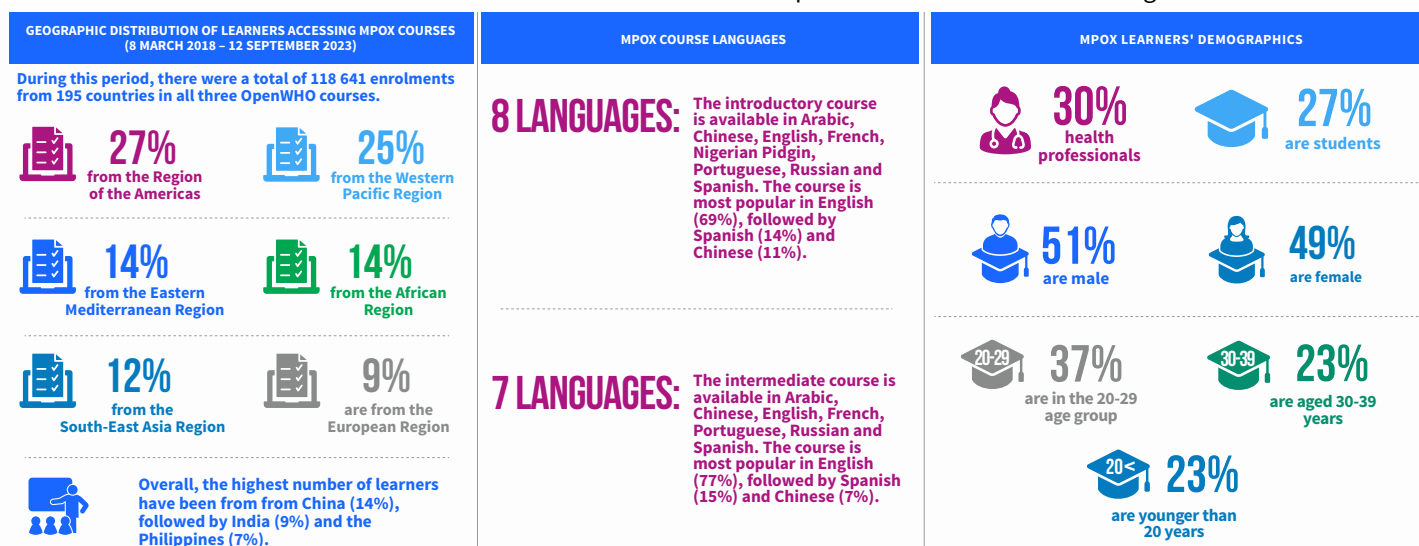
In May 2022, cases of mpox emerged in countries where it had previously not been documented. The rapid increase in cases along with the global spread that ensued led to the [declaration of the outbreak as a Public Health Emergency of International Concern](#) by the WHO Director-General from July 2022 to May 2023. This declaration and global outbreak greatly increased the demand for knowledge about the disease, which continues to be a global health emergency.

Before the global outbreak, WHO had launched on the [OpenWHO.org](#) learning platform two free introductory and intermediate-level courses developed for African outbreak contexts that were also accessed by learners across the world during the global outbreak. The [introductory course](#) – which was first introduced in 2018 and updated in 2020 and is available in eight languages – provides a general introduction to mpox and is intended for health personnel responsible for the prevention and control of mpox as well as the general public.

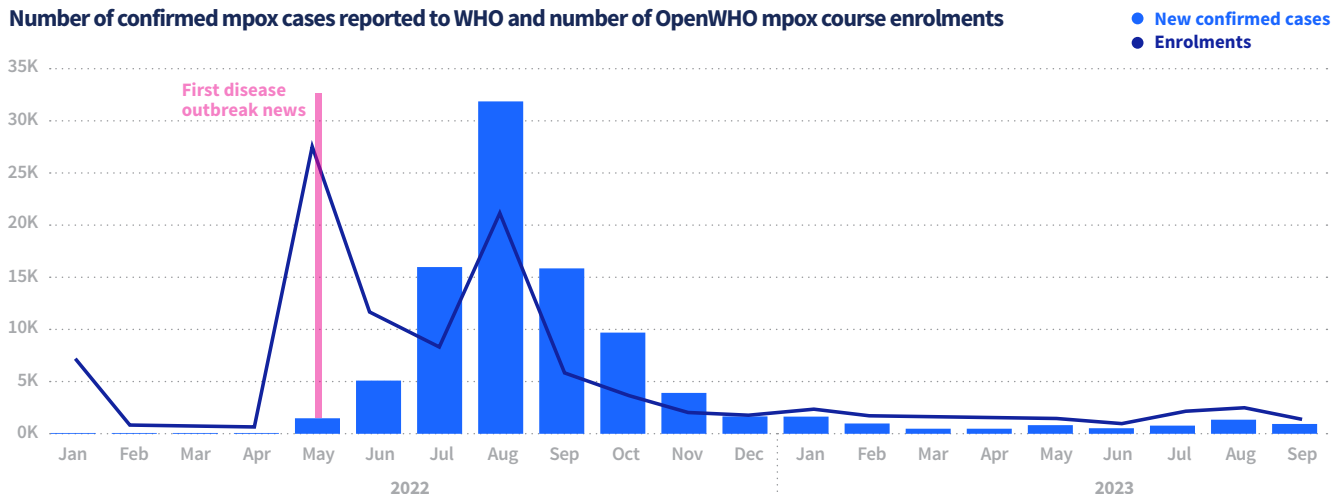
The [intermediate course](#), first launched in 2021 and available in seven languages, offers public health officers and health workers in-depth information to understand the epidemiology, modes of transmission, clinical presentation, diagnostics, and treatment of mpox, as well as the strategies needed for effective prevention and outbreak investigation and response.

In August 2023, OpenWHO also launched a course that provides an [overview of the 2022-23 global mpox outbreak](#) and discusses new information and lessons learned such as the evolution of the outbreak, modes of transmission, symptoms and management of mpox, as well as measures and interventions to prevent the disease. The course also explores the latest WHO guidance and recommendations and is intended for health workers and the public.

Total enrolment in the introductory and intermediate OpenWHO courses increased by almost 300% from the end of April 2023 to September 2023 (from 23 860 to 118 641 enrolments). Significant increases in the number of enrolments seem to coincide with the publication of WHO's [first disease outbreak news \(16 May 2022\)](#) and [subsequent press statements on mpox](#) (with peaks of 27 360 enrolments in May 2022 and 20 332 enrolments in August 2022). Overall, this surge in interest highlights the need for comprehensive knowledge in understanding the epidemiology, modes of transmission and clinical presentation and management of the disease – all of which are included in the OpenWHO course launched in August 2023.



Number of confirmed mpox cases reported to WHO and number of OpenWHO mpox course enrolments



Number of confirmed mpox cases reported to WHO and number of OpenWHO mpox course enrolments. Credit: WHO | Mpox case data was sourced from the WHO [2022-23 Mpox \(Monkeypox\) Outbreak](#) dashboard

**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**

- [Unprecedented focus on global public health at UN General Assembly](#)
- [New WHO Civil Society Commission to strengthen civil society organizations' role in accelerating progress in global health](#)
- [Botswana National HIV Reference Laboratory designated WHO Collaborating Centre of Excellence](#)
- [WHO initiative signs new licensing agreements on COVID-19 technologies](#)
- [Global stakeholders agree to a new charter on patient safety rights](#)
- [Dead bodies from natural disasters and conflict do not generally pose health risks, Red Cross and WHO say](#)
- [New report highlights neglected health needs of children with developmental disabilities](#)
- [Leaders spotlight the critical intersection between health and climate ahead of COP-28 first-ever Health Day](#)
- [Billions left behind on the path to Universal Health Coverage](#)
- [First WHO report details devastating impact of hypertension and ways to stop it](#)
- [Two years of the WHO Hub for Pandemic and Epidemic Intelligence](#)

**Highlights**

- [Bangladesh: Dengue Situation Report # 1: 28 August 2023](#)
- [Influenza A \(H1N1\) variant virus - the Netherlands](#)
- [Disease Outbreak News - Diphtheria - Nigeria \(13 September 2023\)](#)
- [Disease Outbreak News, Legionellosis - Poland \(14 September 2023\)](#)
- [Multi-country outbreak of cholera, External situation report #6 - 6 September 2023](#)
- [Situation Report: Greater Horn of Africa Food Insecurity and Health - Grade 3 Emergency — 1 April 2023 - 30 June 2023](#)
- [Africa Infodemic Response Alliance \(AIRA\) Infodemic Trends Report - August 30 \(Weekly Brief #87 of 2023\)](#)
- [Influenza Update N° 453 \(4 September 2023\) – Emergency Situational Updates](#)
- [EPI-WIN Webinar: Preventing epidemics and pandemics in communities, through the One Health approach](#)
- [World Health Summit: the international strategic forum for global health \(15 - 17 October 2023 in Berlin, Germany & online\)](#)
- [AFRO Outbreaks and Emergencies Bulletin, Week 34: 21 - 27 August 2023](#)
- [WHO Bulletin - Unsafe water, sanitation and hygiene: a persistent health burden](#)



**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.

**Brain health** (22 September 2023)

How can you keep your brain healthy and who is at risk of poor brain health? Dr Tarun Dua explains all you need to know about brain health in Science in 5.