ENSURING HEALTH SECURITY IN THE AFRICAN REGION

Emergency preparedness and response flagship programmes

#2

QUARTERLY REPORT

JULY 2022

World Health Organization

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World Health Organization

ENSURING HEALTH SECURITY IN THE AFRICAN REGION

Emergency preparedness and response flagship programmes

Acronyms

ACT	Access to COVID-19 Tools
Africa CDC	Africa Centres for Disease Control and Prevention
Ag RDTs	Antigen-detection Rapid Diagnostic Tests
AIRA	Africa Infodemic Response Alliance
AU	African Union
AVoHC	African Volunteers Health Corps
AVoHC-SURGE	African Volunteers Health Corps-Strengthening and Utilising Response Groups for Emergencies
BMGF	Bill and Melinda Gates Foundation
BPHI	Botswana Public Health Institute
CAR	Central African Republic
CFR	Case Fatality Rate
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organisation
DRC	Democratic Republic of Congo
EAC	East African Community
EMRO	World Health Organisation Regional Office for the Eastern Mediterranean
EOCs	Emergency Operations Centres
EPR	Emergency Preparedness and Response
ERF	Emergency Response Framework
EVD	Ebola Virus Disease
FCV	Fragile Conflict and Vulnerable Settings
GBV	Gender-Based violence
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GPW 13	World Health Organisation's 13th Global Programme of Work
H2	Next half of the year
HEPR	Health Emergency Preparedness and Response
HR	Human resource
ICU	Intensive Care Unit
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulation

INB	International Negotiating Body
IOAC	Independent Oversight and Advisory Committee
IPC	Infection Prevention and Control
IT	Information Technology
JEEs	Joint External Evaluations
M	Million
MEAL	Monitoring, Evaluation, Accountability and Learning
MOU	Memorandum of Understanding
NAPHS	National Action Plan for Public Health Security
NCD	Non-Communicable Disease
NGO	Non-governmental Organisation
PHE	Public Health Event
PHEOC	Public Health Emergency Operations Centre
PROSE	Promoting Resilience of systems for emergencies
PSEA	Protection from Sexual Exploitation and Abuse
Q1	Quarter 1
Q2	Quarter 2
R&D	Research and Development
RCCE	Risk Communications and Community Engagement
RRT	Rapid Response Teams
RTSL	Resolve to Save Lives organisation
SimEX	Simulation Exercises
SOP	Standard Operating Procedure
SS	South Sudan
AVoHC-SURGE	Strengthening and Utilising Response Groups for Emergencies
TASS	Transforming African Surveillance Systems
TOR	Terms of Reference
TOT	Training of Trainers
UHC/HC	Universal Health Coverage / healthier population
UHPR	Universal Health and Preparedness Review

UN	United Nations
UNDP	United Nations Development Programme
USD	United States Dollar
WHA	World Health Assembly
WHASS	World Health Assembly Special Session
WHE	World Health Emergencies Programme
WHO	World Health Organisation
WHO AFRO	The World Health Organisation Regional Office for Africa

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Message from the **Regional Director**

Quarter 2 (Q2) has seen the World Health Organisation's Regional Office for Africa (WHO AFRO) step up in its delivery to Member States: providing both immediate assistance for present emergencies, and investing in assistance for future ones.

Dr Matshidiso Moeti
Regional Director, WHO AFRO

Even in the short window of time since our last report, the pressure placed by public health emergencies (PHE) on the African region has increased substantially. The number of events WHO AFRO is monitoring at the end of Q2 represents a 20% increase from the January figure[1]. Conflict and climate-driven humanitarian crises, combined with new and recurrent outbreaks, are creating an increasingly complex PHE profile for the region. Across Member States, authorities are tackling Ebola Virus Disease (EVD), monkey pox, yellow fever, and coronavirus disease 2019 (COVID-19), alongside situations of protracted drought and conflict. The WHO AFRO has been mobilising to respond. We have developed multi-level incident management systems (IMS) and strategic response plans, deployed over 200 experts to the field, and procured essential equipment and resources. We're proud to be supporting Member States to limit escalating casualties, hospitalisations, and health-system disruption across the region.

While we backstop countries to curb outbreaks and meet the immediate health needs of people living through crises, the implementation of our flagship programmes is simultaneously working to address the systemic inadequacies in the health emergency architecture in our region.

These three programmes are central to our all-hazards, longer-view, capacity-building endeavour. The three programmes contribute towards building the capacity of Member States to adequately prepare for, detect, and respond to public health emergencies:

PROSE (Promoting Resilience of Systems for Emergencies)

TASS (Transforming African Surveillance Systems)

AVoHC-SURGE (African Volunteers Health Corps-Strengthening and Utilising Response Groups for Emergencies)

In Q2, all programmes have made notable progress towards this goal. The PROSE programme has been articulating and amplifying the needs of Member States as the Intergovernmental Negotiating Body (INB) develops future pandemic governance frameworks, and the TASS programme has been advocating innovative solutions to enhance Member States' implementation of Integrated Disease Surveillance and Response (IDSR) systems.

1 WHO AFRO, "Bulletin Week 24: 6-12 June 2022", Weekly Bulletin on Outbreaks and Other Emergencies, June 2022: https://apps.who.int/iris/bitstream/handle/10665/356619/OEW24-0612062022.pdf

The AVoHC-SURGE programme has been delivering the "onboarding" phase of its new curriculum to the first cohort of Emergency Experts; the new programme name reflects the collaboration underpinning this successful rollout.

In Q2, the SURGE programme was renamed AVoHC-SURGE. This represents a combination of the workforce development initiatives of both the Africa Centres for Disease Control and Prevention (Africa CDC) and WHO AFRO's Emergency Preparedness and Response (EPR) Cluster. It brings together the agenda of the SURGE flagship programme with that of the African Volunteers Health Corps. Established in 2015, AVoHC is a network of African medical and public health professionals, created to provide a mechanism for the rapid deployment of experts from African Union Member States to regional crises – coordinated by the Emergency Operations Centres of Africa CDC. By combining forces in training the public health emergency workforce, both institutions can leverage the experiential strength of their existing workforce development initiatives. In Q2, over 200 Emergency Experts from 4 of the 5 initial implementation countries completed their first training modules – covering key topics such as operating Public Health Emergency Operations Centres (PHEOCs) and tackling humanitarian-related health emergencies.

AVoHC-SURGE represents one dimension of the partnership building WHO AFRO has pursued in Q2 – both with Africa CDC, and other partners in the health emergency space. We are happy to announce the ongoing collaboration with Africa CDC to create a Joint EPR Action Plan. The objective is to ensure we are building on each other's work wherever possible to collectively create strong national systems, and improve the coherence of support offered on emergency preparedness and response (EPR). This will be finalised by the end of Q3, and will create new opportunities to implement the flagship programmes in the most effective way possible. Alongside this regional endeavour, our programme and country teams have been building a powerful network of partnerships that are already strengthening flagship implementation. We'd like to thank all of these partners whose continuing support is vital to pursue meaningful, sustainable change in the region's capacity to tackle public health emergencies.

Similarly, progress during this quarter has been made possible by the unwavering support of our Member States, who have been essential implementation partners throughout the period. As in Quarter 1, we worked with Member States to integrate the flagship programmes into national plans and priorities. So far, the flagships have been empowered by political commitments from the highest level of government across our implementation countries. The continued commitment of time, resources, and political willpower by national governments has proved instrumental. Attendance at AVoHC-SURGE training sessions, the resource commitments to recruit and procure the necessary means, and advocacy in favour for the programmes' potential have been fundamental in delivering the activities accomplished across Q2. We are excited by this degree of national ownership, and the opportunities it will create as implementation progresses.

Finally, we are incredibly thankful for the work of WHO AFRO colleagues in countries who are actively backing the implementation agenda. In Quarter 2, the WHO Country Office for Nigeria has been driving the creation of a road map that can build its capacity to manage the scale and complexity of the country. Meanwhile, the offices for Botswana, Mauritania, Niger, and Togo are assisting as flagship programmes are introduced to Member States. Programme teams and national and regional levels have been delivering new tools, platforms, and curriculums central to implementation, alongside their ongoing partnership building work. Collectively, our colleagues are creating the technical infrastructure, resources, and momentum for a successful programme rollout. **WHO AFRO will continue actively collaborating with all actors to ensure that our activities reach those most in need and that public health emergencies are proactively prevented, properly detected, and adequately responded to for the good health and well-being of all people in the region.**

Key **Highlights**

200+

Emergency experts trained across 4 countries under the AVoHC-SURGE flagship programme

19 Major public **Health Emergencies**

at Grade 2 or above being monitored with over 245 experts deployed to the field to support response operations

245 EXPERTS DEPLOYED

700+

stakeholders in attendance

of a virtual webinar on Surveillance under the TASS flagship

WHO AFRO Task team

established under the PROSE flagship to ensure Member States have a voice in the global process of developing a new pandemic agreement

USD 29m

provided as initial seed funding for operationalizing response actions for graded events through the Contingency Fund for Emergencies (CFE)

10 weeks between the **declaration and closure for the 14th Ebola outbreak in Mbadaka DRC,** meaning it lasted under three months

The launch of a **medical emergency hub**, with the support of the Kenyan government to ensure a rapid response to health emergencies in the WHO AFRO region

11

countries have procured and disbursed medication to treat Covid-19 cases through assistance from WHO, as of May 2022

43

countries supported to have sequencing capacity for COVID-19

Introduction

The African region continues to be a hotbed for public health emergencies.

The year 2022 started with WHO AFRO monitoring an estimated 135 events as of 2nd January[2]. The number of monitored events subsequently increased from 150[3] in April, to over 160 by the end of Quarter 2[4].

Outbreaks of Ebola Virus Disease (EVD) and monkey pox, and the sustained spread of yellow fever, have brought disruption alongside the ongoing COVID-19 pandemic. The detection of an Ebola case in April meant the Democratic Republic of the Congo (DRC) started to manage the country's 14th recurrent outbreak. Cases of yellow fever are the highest in 20 years: 14 countries have reported over 150 confirmed cases as of June 2022. Conflict and climate-driven humanitarian crises add to the region's emergency burden. The Horn of Africa is experiencing the consequences of extreme weather patterns.

Across Ethiopia, Somalia, Kenya, South Sudan (SS), Djibouti, and Uganda, 86 M people are suffering crisis levels of food insecurity. Furthermore, protracted conflicts in Northern Ethiopia and the Sahel region continue to create volatility, displacement, and hunger. Across the region, disease outbreaks are spiking, and healthcare provision is under increasing pressure .

The number of monitored events subsequently increased from 150 in April, to over 160 by the end of Quarter 2

2 WHO AFRO (2022), "Bulletin Week 1: 27 December 2021-2 January 2022", Weekly Bulletin on Outbreaks and Other Emergencies: https://apps.who.int/iris/bitstream/handle/10665/350967/OEW01-271202012022.pdf

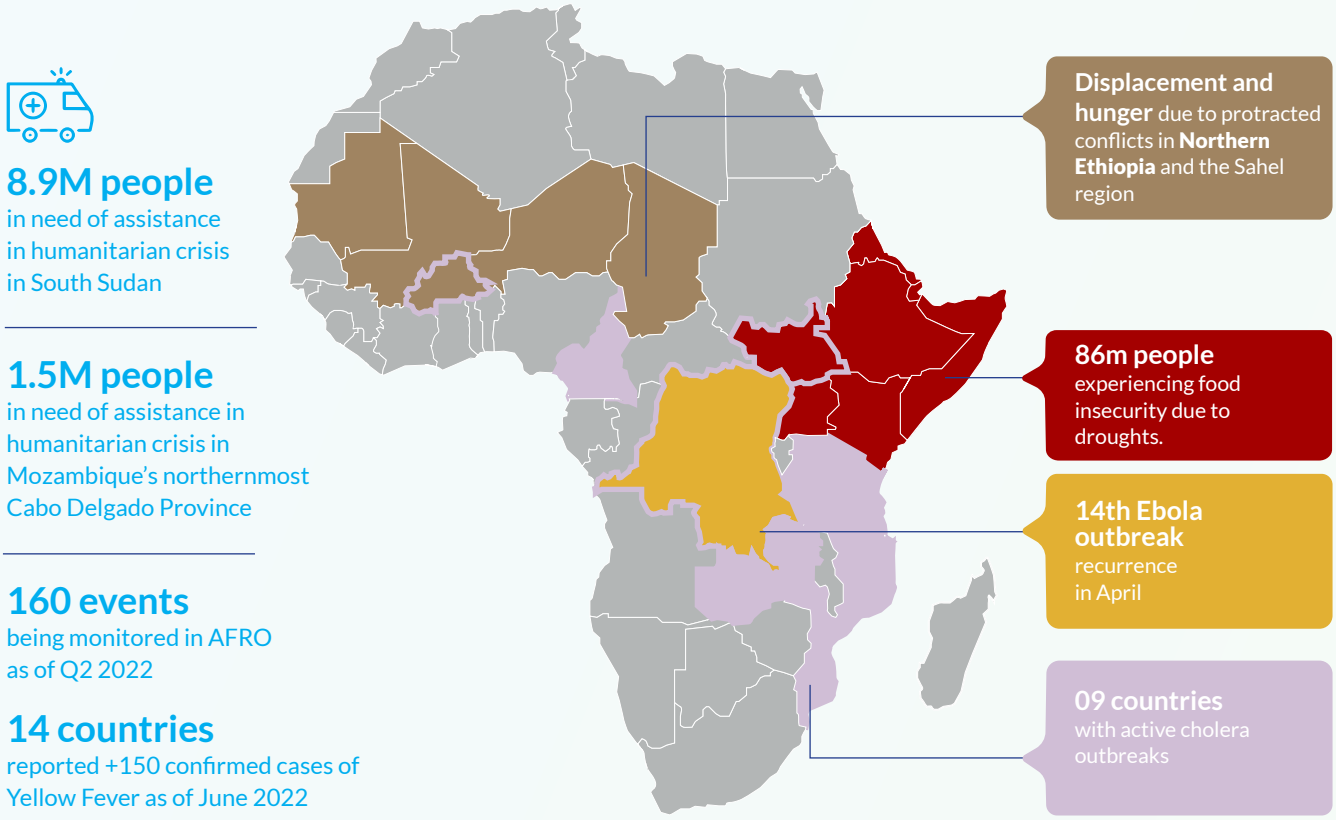
3 WHO AFRO (2022), "Bulletin Week 10: 28 February-6 March 2022", Weekly Bulletin on Outbreaks and Other Emergencies: https://apps.who.int/iris/bitstream/handle/10665/352364/OEW10-280206032022.pdf

4 WHO AFRO (2022), "Bulletin Week 24: 6-12 June 2022", Weekly Bulletin on Outbreaks and Other Emergencies: https://apps.who.int/iris/bitstream/handle/10665/356619/OEW24-0612062022.pdf

5 WHO AFRO (2022), summary on notable graded events for Q2 report, update provided July 2022

6 WHO AFRO (2022), summary on notable graded events for Q2 report, update provided July 2022

Figure 1: Notable public health events in the WHO AFRO region in Quarter 2, 2022



The World Health Organisation (WHO) and other key stakeholders in the field of Emergency Preparedness and Response (EPR) are uniting in purpose and vision to transform EPR globally. These stakeholders have identified gaps across the areas of preparedness, detection and response and are developing ways to fill these gaps. Held in May 2022, the 75th session of the World Health Assembly (WHA) - a decision-making body of WHO - targeted the theme "Health for Peace, Peace for Health". The ambition is to drive healthcare recovery in the wake of the pandemic beyond 'back on track' and instead concentrate on new high-impact interventions. Preparedness and response to health emergencies was a core discussion topic, alongside a diverse agenda including food safety and developments in WHO sustainable financing. The renewal of two key mandates signalled a commitment to strengthening EPR. The Working Group on strengthening WHO's preparedness and response to health emergencies proposed a process for developing potential relevant International Health Regulation (IHR 2005) amendments and was given a revised mandate to realise the proposed amendments by the 77th WHA. Similarly, the Director-General of WHO renewed the mandate of the Independent Oversight and Advisory Committee (IOAC)[7]. Beyond renewals, the assembly agreed on a resolution calling for actions and resources for urban-centred public health event capacity-building, noting that population density and high mobility meant cities were increasingly vulnerable to health emergencies.

For WHO AFRO, the flagship programmes PROSE, TASS and AVoHC-SURGE, are taking centre stage in filling systemic inadequacies in the health emergency preparedness and response architecture in the region. On preparedness, insufficient or incoherent plans, policies, and legislation are a persistent obstacle to proactive EPR decision-making. To generate the visibility necessary for future change, PROSE is necessitating and supporting the completion of reviews into Member States' PHE governance frameworks. Namely, the programme is beginning with plans to support countries with their National Action Plans for Health Security (NAHPS) and Universal Health and Preparedness Reviews (UHPR). On surveillance, late or limited weekly reports inhibit effective detection. Between 2019 and 2022, the total count of submitted Integrated Disease Surveillance and Response (IDSR) weekly reports declined, and only 2 countries submitted over 80% of their reports on time[8]. In Quarter 2, TASS distributed an online questionnaire

7 The IOAC was created in 2016 to steer and monitor the WHO Emergencies Programme.
8 WHO AFRO EPR Cluster (2022), "Exploring IDSR weekly reports for disease surveillance for the period 2019-2022", presented in June 2022 webinar

for WHO Country Offices to answer in consultation with national ministries. All but 2 countries returned the 100-question survey, collectively building an insightful picture of country-specific reporting structures that TASS will leverage to shape its agenda. Regarding response, less than 10% of the African Region has optimal and sustainable human resources to detect and respond to public health emergencies[9]. To address this challenge, AVoHC-SURGE has working with Africa CDC to deliver modules on Public Health Emergency Operation Centres (PHEOCs) and Emergency Response Framework (ERF), Rapid Response Teams (RRT) and learnings on Protection from Sexual Exploitation and Abuse (PSEA), among others. On the ground, participants have been energised by the content and potential of the programme more widely.

This report focuses on three main areas. First, it highlights the Quarter 2 (April-June) progress the flagship programmes have made to date following Quarter 1 (January-March) of 2022. Second, the report sheds light on the interventions that WHO AFRO has put in place to support Member States, while they build their capacities to be self-sustaining through the flagship initiatives. Finally, it provides an opportunity to hear from actors and beneficiaries on the impact WHO AFRO is having, and looks ahead to ongoing initiatives in WHO AFRO. As with the Q1 report, this publication reflects mainly the work conducted by the WHO AFRO EPR Cluster, with support from WHO more broadly and other partners. As we continue to develop these quarterly reports, our aim is to ensure key stakeholders including partners, donors, and the Member States are kept up-to-date on our work, and to strengthen accountability within the organisation.

In Quarter 2, TASS distributed an online questionnaire for WHO Country Offices to answer in consultation with national ministries. All but 2 countries returned the 100-question survey, collectively building an insightful picture of country-specific reporting structures that TASS will leverage to shape its agenda.

9 WHO Health Emergency Programme (2019), "Joint external evaluation of the International Health Regulation (2005) capacities: status and lessons learned in the WHO Africa Region"

01 Quarter 2 progress - **all flagships**

The flagship programmes PROSE, TASS, and AVoHC-SURGE are designed to ensure that WHO AFRO Member States are better prepared for, can detect and assess, and rapidly respond to public health emergencies. Specifically, the main objectives of each programme are:

Figure 2: Objectives of WHO AFRO's flagship programmes

PROSE

Ensure that Member States' preparedness efforts and systems are adequate, resilient and compliant to meet global standards

TASS

Strengthen epidemiological surveillance to sufficiently prevent health emergencies from occurring or escalating, through rapid detection and response

AVoHC-SURGE

Ensure that Member States have response groups with the right capacities to respond to health emergencies

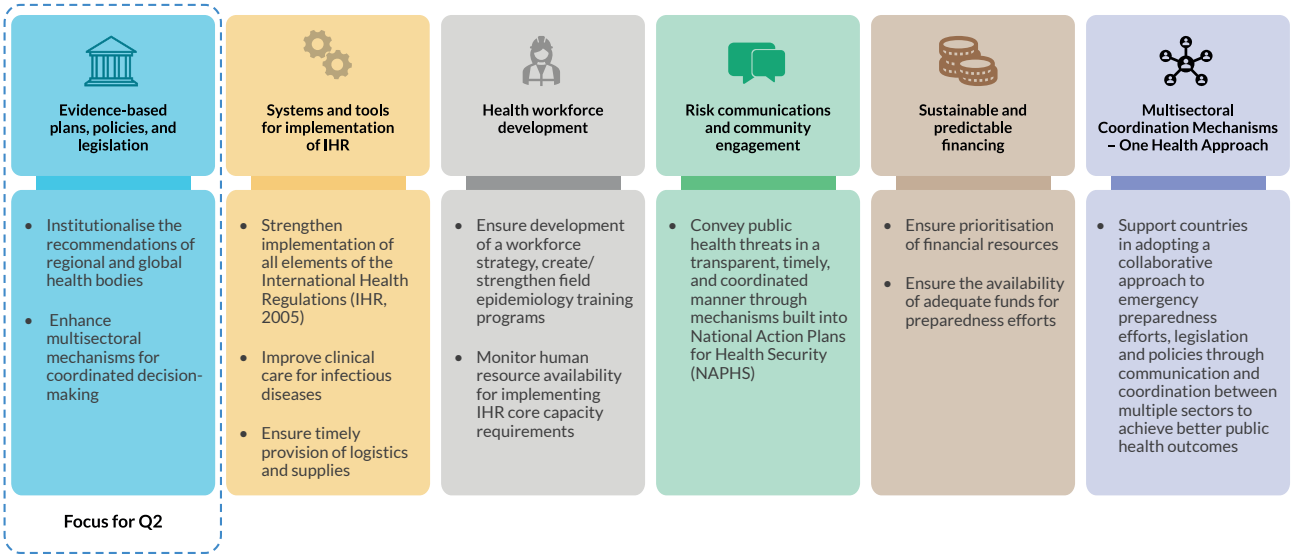
Together, the flagship programmes aim to contribute to 1 billion people being protected from health emergencies. The following paragraphs present the progress made on the flagships in Q2 as they transition from preparatory activities to implementation in Member States.

A. PROSE

The PROSE flagship programme, which was in the preparatory phase in Q1, has moved to implementation as of Q2 2022. As per the plan for this year, Africa CDC and WHO AFRO have developed a costed plan for the PROSE programme and have engaged in discussions on how to work together to support preparedness efforts in the WHO AFRO region. One such initiative is the WHO-Africa CDC collaboration to enhance Ebola readiness in Africa, whereby the two institutions organised a side event during the African Union (AU) ***Extraordinary Summit on Humanitarian Affairs*** in May 2022. This collaboration plans to step up efforts to address health consequences caused by the increasing overlap of public health emergencies, conflicts, and climate-related disasters. Alongside this work, as planned for 2022, the PROSE programme has been introduced to some Member States including Kenya, Mozambique and South Sudan through programme scoping missions.

Specifically, PROSE has made progress along several of its programme pillars, particularly on planning, policy and legislation support to the Member States. As a reminder, the PROSE flagship programme is structured around 6 main pillars - 1) evidence-based plans, policies, and legislation; 2) systems and tools for implementation of the International Health Regulations (IHR, 2005); 3) health workforce development; 4) risk communications and community engagement (RCCE); 5) sustainable and predictable financing and 6) multisectoral coordination mechanisms – One Health approach.

Figure 3: The pillars of the PROSE flagship programme



PROSE Quarter 2 progress – Focus on Pillar 1 – Evidence-based plans, policies, and legislation

The goal of this pillar is to institutionalise in Member States the recommendations of regional and global bodies and support these countries in prioritising financial resources. The priorities for PROSE under this pillar are to assist Member States with the following governance frameworks for health emergencies **–** Universal Health and Preparedness Review (UHPR), National Public Health Laws Reviews, National Action Plan for Health Security (NAPHS) Reviews, Joint External Evaluations and Simulation Exercises (JEEs and SimEx), International Negotiating Body (INB)/Pandemic treaty, and National Roadmaps to end meningitis, cholera and yellow fever epidemics.

During Q2, PROSE assisted Member States with reviews, implemented toolkits, and conducted simulation exercises to assess the preparedness of countries, in line with the above priorities. The programme supported three countries – Cameroon, Cote d'Ivoire, and Lesotho - with their National Action Plans for Health Security (NAHPS) reviews and plans to extend to other countries – DRC, the Republic of Congo, Mauritania, Benin, and Namibia - in the next half of 2022 while keeping an eye on ongoing global consultations on the NAHPS review. Similarly, the PROSE team has already held early planning discussions with countries such as The United Republic of Tanzania, Sierra Leone, and Zambia, to assist them with their UHPRs. Using the IHR Toolkit and the WHO IHR Benchmarking Digital tool, six countries – Ghana, Lesotho, Kenya, the United Republic of Tanzania, Namibia,

and South Sudan – were trained and supported to implement the Programme Management for IHR capacities, necessary to strengthen multisectoral coordination and generate the country-ownership and political will required for NAPHS implementation. The programme also conducted a simulation exercise in emergency response. Hosted in the United Republic of Tanzania, the exercise targeted enhanced preparedness for zoonotic disease outbreaks using the One-Health approach, in collaboration with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the East African Community (EAC) Secretariat, and five EAC countries (the United Republic of Tanzania, Uganda, Kenya, South Sudan, and Burundi). As the flagships scale up geographically, the expectation is for such simulation exercises to be integrated into the routine activities of the Emergency Expert teams and the institutions reinforced (i.e., PHEOC) under AVoHC-SURGE and PROSE. For now, in countries where AVoHC-SURGE has not been deployed, such preparatory exercises will continue to be important.

The PROSE programme has also been instrumental in ensuring that the Member States in the African region have a voice in global discussions regarding international health frameworks. An important debate this quarter has been the ongoing work of the Intergovernmental Negotiating Body (INB) on developing a global pandemic treaty. The INB was formed to negotiate a potential pandemic preparedness and response agreement to strengthen international governance frameworks regarding pandemics. The INB is currently in the process of determining the details of such an agreement, and PROSE, with the support of the O'Neil Institute at Georgetown University, is ensuring that WHO AFRO Member States are well prepared for the discussions. PROSE has set up a task team on INB support which provides Member States with clarity on the process and solicits inputs from these countries. The team is composed of 11 technical experts representing all clusters in the WHO AFRO regional office, and equipped with diverse expertise relevant for the INB process. The task team has also organised ministerial briefings: hosting one for all 47 countries in the region – led by the Regional Director; one for all IHR National Focal Points and emergency staff in WHO Country Offices across all 47 countries; and one to engage with Geneva-based experts from Africa. These sensitize Member States to the process, and assist in their technical preparation to engage in public hearings. The ambition is that all Member States can fully participate, and that the region speaks with one voice throughout the process. This work represents a valuable contribution towards the legislative and policy-making components of the programme's agenda. A general overview of the INB process so far is highlighted in the following section 'Enhancing the regulatory environment for emergency preparedness and response - Spotlight on the Intergovernmental Negotiating Body (INB)'.

Enhancing the regulatory environment for emergency preparedness and response - Spotlight on the Intergovernmental Negotiating Body (INB)[10]

Effective implementation of the flagship programmes is bolstered by a strong, regionally-relevant international policy environment on health emergency preparedness and response. Enhanced international frameworks guide all countries and built coherence in national policies. This is imperative as health emergencies are increasingly cross-border developments. One institution spearheading the transformation of the policy environment for EPR is the Intergovernmental Negotiating Body (INB). This body was formed at the end of the World Health Assembly Special Session (WHASS), held between November and December 2021, to adopt a framework convention on pandemic preparedness and response[11]. Additionally, a working group on International Health Regulations was subsequently established during the World Health Assembly (WHA) in May 2022, to undertake a targeted amendment of the IHR (2005), ensuring alignment with the ongoing work of the INB.

The gaps in international governance frameworks, exposed at the height of the COVID-19 pandemic, drove the decision to establish this body. The pandemic revealed country weaknesses in fulfilling its obligations under international health regulations, to build its capacities to prepare for, detect and respond to health emergencies. Countries also struggled to cooperate and unite to handle the pandemic, especially in the equitable distribution of life-

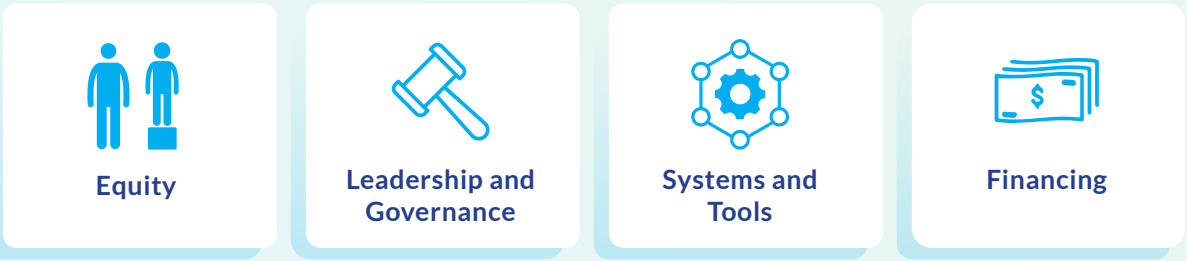
10 This summary does not present policy recommendations but is instead meant to provide information to its audience. For the avoidance of doubt, it does not necessarily reflect the views or positions of the O'Neill Institute or FNIH, who contributed to the drafting of the summary.

11 O'Neill Institute for National and Global Health Law (2021), "O'Neill Briefing: World Health Assembly Special Session Launches Historic Intergovernmental Negotiating Body to Develop a WHO Convention or Other International Instrument on Pandemic Preparedness and Response": https://oneill.law.georgetown.edu/oneill-briefing-world-health-assembly-special-session-launches-historic-intergovernmental-negotiating-body-to-develop-a-who-convention-or-other-international-instrument-on-pandemic-preparedn/

saving resources such as vaccines. Thus, WHA called on Member States globally to negotiate a treaty to strengthen pandemic preparedness and response. Following submissions by countries and working groups on the advantages of instituting a new agreement, the INB was formed to develop and negotiate a potential pandemic preparedness and response agreement[12].

The INB is in the process of determining the substantive elements of this prospective pandemic agreement, following initial meetings in early 2022, and has accepted verbal and written submissions on the content of the new agreement. Member States and relevant stakeholders provided their input – proposing substantive elements – through the online digital platform and written submissions. A draft annotated outline document was developed by the Bureau with the support of the WHO Secretariat, and circulated to Member States for further input. During the second meeting of the INB (18th to 22nd July, 2022), the draft document was further discussed, and the provision of the WHO constitution under which the international instrument would be negotiated was considered. The Director-General of the WHO will convene a second public hearing in September 2022, while the INB will continue discussions on the new international instrument during intersessional consultations in preparation for its third meeting which will be held in early December 2022.

In the first stage of Member State consultation, prior to their second meeting in July, the INB Bureau reviewed the substantive elements proposed by Member States across four main themes that would shape the outline document. These four strategic pillars for input were Equity, Leadership and Governance, Systems and Tools, and Financing.



Equity: Contributions emphasised that it is paramount to ensure timely and equitable access to, and distribution of, equipment, vaccines, and other medical countermeasures. Particularly, the contributions highlighted the importance of building and scaling up local manufacturing capacities, transferring technologies and know-how, and sharing pathogens and genomic sequences. In addition, they highlighted the need for provisions on financing, technical assistance, and capacity-building to be explored with an equity lens. There were also calls for equitable and inclusive representation and engagement of states, and the participation and involvement of underrepresented populations in decision-making processes. Finally, universal health coverage was emphasised as a priority.

Leadership and governance: Country contributions often cited global leadership and coordination alongside community empowerment to be key components for pandemic management. In terms of governance, participating countries considered that multisectoral representation and a whole-of-society approach would be essential both for developing and implementing the instrument. It was also noted that the Access to COVID-19 Tools (ACT) -Accelerator should inform future emergency governance structures. Several submissions underscored the importance of using the Framework Convention on Tobacco Control as a model for developing a comprehensive accountability structure - notably on conflict of interest, liability distribution, participation of non-governmental organisations and civil society, regulating commerce, and validating human rights. Others emphasised the need for consistency with the Convention on Biological Diversity, the Pandemic Influenza Preparedness Framework, and the Sustainable Development Goals to promote harmonisation. Finally, several contributions stressed the importance of national sovereignty, including

12 O'Neill Institute for National and Global Health Law (2021), "O'Neill Briefing: World Health Assembly Special Session Launches Historic Intergovernmental Negotiating Body to Develop a WHO Convention or Other International Instrument on Pandemic Preparedness and Response": https://oneill.law.georgetown.edu/oneill-briefing-world-health-assembly-special-session-launches-historic-intergovernmental-negotiating-body-to-develop-a-who-convention-or-other-international-instrument-on-pandemic-preparedn/

advantages of subnational and community decision-making, with countries having sole authority to make decisions on whether to adopt recommendations made by WHO within their borders.

Systems and tools: Many countries emphasised resilient and strengthened health systems or stated the importance of improved information and data sharing. Additional topics included: implementation of One Health national action plans and better integration of disease surveillance; addressing misinformation; strengthening platforms for information exchange, including pathogen and genomic sequencing; introducing international travel and trade measures to respond to health emergencies, including digital vaccine certificates; curtailing intellectual property protections during pandemics; and devising procedures to seek assistance from experts or other countries in line with respect for sovereignty and non-intervention in internal affairs under international law.

Financing: Submissions from countries suggested that the potential international instrument should be used to mobilise comprehensive emergency management funds and provide equitable access to funding during crises. Some emphasised increasing national resources for preparedness and for financing the support of Research and Development (R&D) for new treatments and diagnostics. The submissions also proposed that contributions made by each country should be based on the ability to pay and kept separate from WHO core funding. There was widespread agreement that funding should be predictable and sustainable, and come from the private and public sectors.

In addition to strategic themes for the new pandemic agreement, Member State inputs on proposed elements were reviewed against three key pillars of emergency management: prevention, preparedness, and recovery. Under prevention, the importance of enhancing global early warning systems, promoting international cooperation, and building resilient national health systems was emphasised. Under preparedness, the submissions focused on promoting community engagement and improving health education as well as increasing health R&D in the Member States. For recovery, country contributions included establishing an international fund to support devastated communities and actions to diversify capacities to further support equitable distribution of medical countermeasures and routine immunisations. The agenda for the next session of the INB is to discuss the progress made on the working draft and identify the provision of the Constitution of the World Health Organisation under which the instrument should be adopted.

Under the workforce development pillar, the programme team is working with AVoHC-SURGE to conduct onboarding training sessions for Emergency Experts in the Member States

While the most progress for the PROSE flagship was achieved on the first pillar, activities have been conducted under each of the pillars during this period, which will continue into the next half of 2022. For the systems and tools for the implementation of the IHR regulations pillar, PROSE is developing an IHR toolkit as well as an online platform. In addition, the programme is partnering with the Resolve to Save Lives (RTSL) organisation, to organise training on core IHR capacities. Under the workforce development pillar, the programme team is working with AVoHC-SURGE to conduct onboarding training sessions for Emergency Experts in the Member States. This joint implementation approach is a good illustration of how our programme teams will be working together to deliver on common goals. The plan for the PROSE flagship for the next half (H2: July to December) of 2022 for each of the pillars is summarised in Figure 4 below.

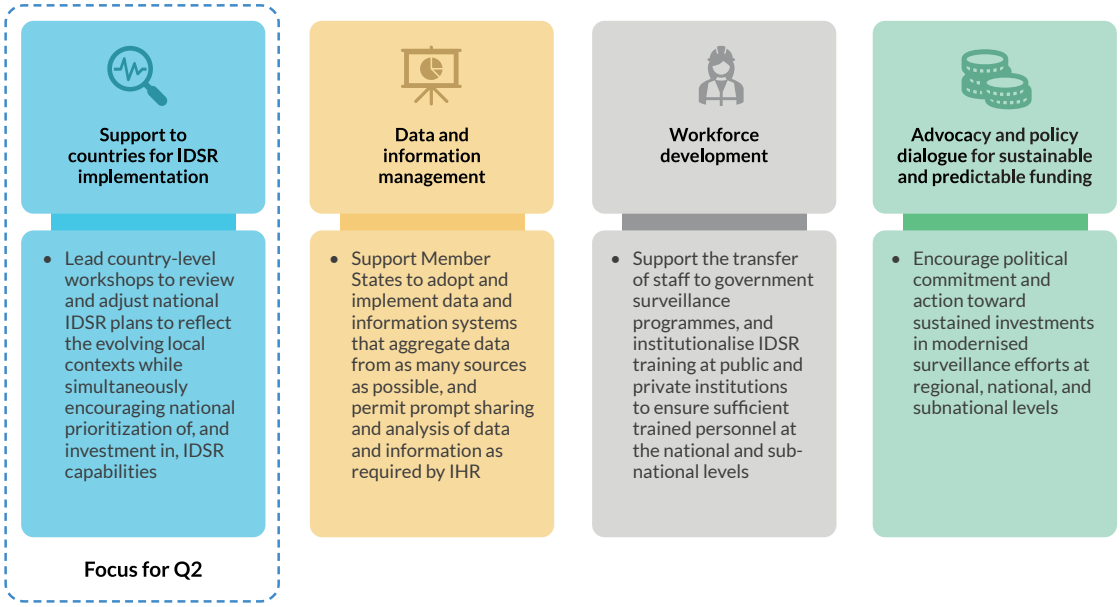
Figure 4: Outlined activities for the PROSE flagship programme for H2 2022

Pillar 1: Evidence-based plans, policies, and legislation	Introduce the programme to more Member States in the AFRO region by assisting them in completing their UHPR, NAPHS and other health emergencies law reviews
Pillar 2: Systems and tools for implementation of IHR	Advance on the development of an IHR toolkit as well as an online platform to support IHR implementation in countries
Pillar 3: Health workforce development	Work with partners in the health emergency ecosystem to organise trainings on core IHR capacities and other pillar activities
Pillar 4: Risk communications and community engagement	Kickstart activities in selected Member States by Quarter 3, 2022
Pillar 5: Sustainable and predictable financing	Secure funding for preparedness activities by the end of 2022, with the long-term goal of developing a financial instrument that Member States will be able to access for pandemic preparedness
Pillar 6: Multisectoral coordination mechanisms – One Health approach	Kickstart activities in selected Member States to assist them in developing One Health action plans

B. TASS

This quarter, the Transforming African Surveillance Systems (TASS) has moved into delivery across Member States. In Q2, the programme undertook preparatory activities such as country assessments regarding epidemiological surveillance, and extensive Member State and partner consultations to validate country needs and ensure programme alignment. In Q2, the programme was presented to countries through various activities, across the key pillars of the programme – 1) support to countries for IDSR implementation, 2) data and information management, 3) workforce development and 4) advocacy and policy dialogue for sustainable and predictable financing. Whilst the activities in Q2 touched on all four pillars, they largely centred on the first pillar – support to countries for IDSR implementation.

Figure 5: The pillars of the TASS flagship programme



Focus for Q2 - Pillar 1 – Support to countries for IDSR implementation

In May 2022, TASS commissioned a rapid assessment of IDSR in the WHO AFRO region to assess the current status of IDSR in the region, and to inform planning for IDSR strengthening. The assessment was done through structured self-assessment questionnaires shared with Member States, covering various areas of IDSR including planning, tools and processes, and reporting. The results revealed significant gaps in IDSR in the region with challenges such as low coverage of electronic IDSR systems at all levels, limited funds for IDSR in the Member States, and workforce training and retention challenges. Thus, the TASS initiative presents an opportunity for countries to be intentional about strengthening IDSR, modernising existing IDSR systems, and mobilising domestic and external finance for IDSR implementation.

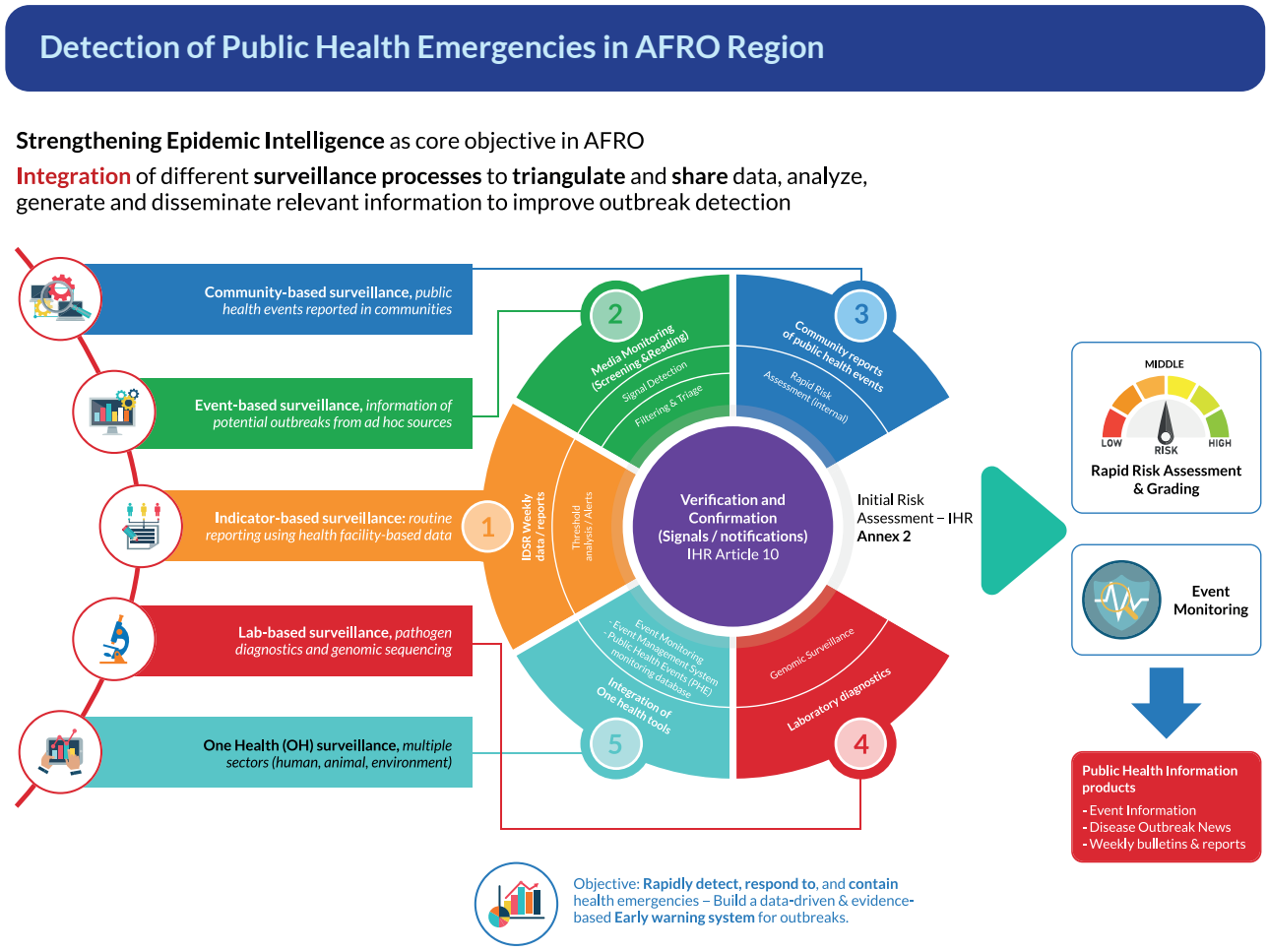
In line with strengthening IDSR in the Member States, WHO AFRO organised a virtual webinar at the end of June 2022. This introduced the TASS programme to key stakeholders, updated them on the current state of IDSR in the region, and deliberated ways to enhance IDSR in the region through innovative approaches. A total of 770 participants attended the event including representatives from ministries of health across Member States, WHO Country Representatives, WHO IDSR Focal Persons, and Heads of Surveillance/Epidemiology Units. The content of the webinar included a briefing on the TASS Flagship Initiative; an update on epidemiological surveillance and detection efforts in the Africa Region; a presentation of the results of the Rapid Assessment of IDSR Implementation status in the African region; and an analysis of IDSR data between 2019 and 2022, conducted by WHO AFRO. The webinar also highlighted country experiences on innovative approaches to the implementation of IDSR from Sierra Leone, Nigeria, South Sudan, and Uganda, as well as a summary of the next steps, priorities, and plans for TASS. The key discussion points that emerged during the webinar were the need for more coordination between countries and WHO AFRO on IDSR reporting, as well as partnerships and funding to improve IDSR at the country level.

Additionally, WHO AFRO is implementing a catch-up project for countries with the largest IDSR implementation gaps. Under this project, TASS plans to support the development and update of IDSR improvement or operational plans in 12 countries, disseminate IDSR training materials and tools in 10 targeted countries, and conduct IDSR national Training of Trainers (TOT) for central trainers in eight countries, as well conduct IDSR training at the sub-national level in 10 targeted countries.

Pillar 2 - Data and information management

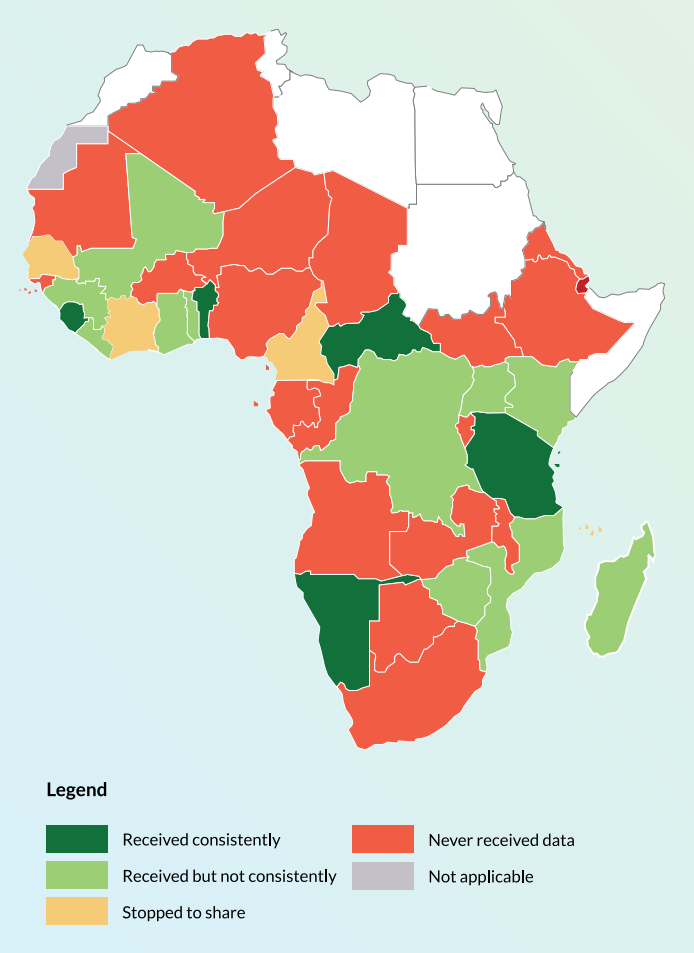
Under this pillar of the TASS flagship, activities are ongoing to enhance the use of integrated, interoperable electronic surveillance systems in the Member States. Regarding integration, the programme has developed an outbreak detection process that integrates different surveillance processes to triangulate and share data and analyse, generate, and disseminate relevant information to improve outbreak detection in the WHO AFRO region. In this process, information from community reports, ad-hoc sources like the media, routine documents (such as weekly IDSR reports), laboratory diagnostics (such as genomic surveillance and One Health reporting systems) are collected, verified, and analysed to produce initial and rapid risk assessments. These assessments will inform events grading and monitoring, and become inputs to produce public health information products including disease outbreak news and weekly bulletins. Figure 6 below illustrates this approach to data and information management:

Figure 6: Illustration of outbreak detection processes at WHO AFRO



TASS is also assisting Member States to enhance their communication and reporting by sharing feedback on weekly IDSR data submissions to WHO AFRO. This helps to encourage countries to form the habit of regular IDSR data collection, and informs WHO AFRO on data gaps and countries that will require additional support for reporting. As of mid-July 2022, around 15% of Member States submitted weekly reports consistently to AFRO, while 23% submitted but not consistently. About 9% of Member States have stopped sharing data, while over 50% have not shared data since the beginning of the year. These numbers highlight the need for TASS to expand its support to all Member States to help improve detection for the AFRO region.

Figure 7: Frequency of weekly reports received from Member States in 2022



On the enhancement on electronic surveillance, the priorities have been assisting countries in transitioning systems, and beginning to develop a new holistic infrastructure for aggregate data.

The programme is already helping countries move from paper-based surveillance systems, which are more labour intensive and prone to error and storage challenges, to electronic-based systems which use mobile devices to capture surveillance data. This data will be analysed at the district and national levels, and be made available for viewing on auto-updated dashboards. The electronic system is easier, faster, and ensures more compliance with data reporting. As part of this work, the programme team have developed a proof of concept for a new infrastructure that will aggregate IDSR data from all countries irrespective of their surveillance reporting platform. This has been done with great consideration for data security designed into the data collection, aggregation, and visualisation process levels – with permissions granted based on user assignments and the reporting hierarchy. Moving forward, the programme will continue to work with the Member States to adapt electronic solutions specific to their country contexts, and implement this new infrastructure to aggregate diverse databases, to improve surveillance data collection and country-level data management.

Activities under the last two pillars - workforce development, and advocacy and policy dialogue for sustainable and predictable funding - are ongoing, with full implementation scheduled for the next half of the year (H2). In the meantime, the programme has developed a 9.9 M USD proposal to accelerate IDSR in 10 focus countries, and a 2 M USD proposal to integrate IDSR with vaccination for 5 countries. Based on the activities completed in the first half of 2022, the TASS programme's new priorities for the next half of the year under each pillar, are as follows:

Figure 8: Outlined activities for the TASS flagship programme for H2 2022

Pillar 1: Support to countries for IDSR implementation	• Organise 3 regional workshops in Kigali, Dakar/Abidjan and Johannesburg starting in July to further identify country-specific gaps and develop improvement plans. These workshops will also provide training on data analysis and information management • Organise regular webinars (monthly) to provide more guidance and support to Member States
Pillar 2: Data and information management	• Develop a centralised data management and knowledge management platform at WHO AFRO to gather data from countries, and provide data visualisation and data sharing environment accessible to all Member States in the region • Conduct surveys targeting information and data systems in Member States • Enhance public health Intelligence and risk assessment while also strengthening diagnostics and genomic surveillance in Member States
Pillar 3: Workforce development	• Build capacity for Diagnostics and Genomic Surveillance, Public health Intelligence and Risk assessment at the country level • Organise various trainings across each pillar of the TASS programme to strengthen the skills of staff in member countries
Pillar 4:Advocacy and policy dialogue for sustainable and predictable funding	• Build capacity for Diagnostics and Genomic Surveillance, Public health Intelligence and Risk assessment at the country level • Organise various trainings across each pillar of the TASS programme to strengthen the skills of staff in member countries

C. AVoHC-SURGE

In Q1, 2022, the AVoHC-SURGE programme was introduced in 5 countries – Botswana, Mauritania, Niger, Nigeria, and Togo. With the exception of Nigeria, all countries have advanced to the point at which trainings have already been conducted. Since the scoping mission in Nigeria, implementation is underway as the country puts in place training plans to propel the AVoHC-SURGE programme forward. As in Q1, government commitment to the AVoHC-SURGE initiative has remained strong in this quarter, with flagship activities benefiting from leadership of the highest levels of government. In terms of the AVoHC-SURGE programme's pillars, most of the activities carried out in Q2 have focused on workforce development, whilst others built momentum across the three other pillars.

Figure 9: The pillars of the AVoHC-SURGE flagship programme

Workforce development

- Ensure availability of dedicated, trained and ready-to-deploy multidisciplinary health workforce at the national and sub-national level

Response readiness and coordination

- Improve planning and cohesiveness across ministries, partner agencies and civil society organisations

Operations and logistical support

- Ensure the timely and effective deployment of emergency supplies and human resources, as well as the transportation, procurement and distribution of supplies at national and sub-national levels

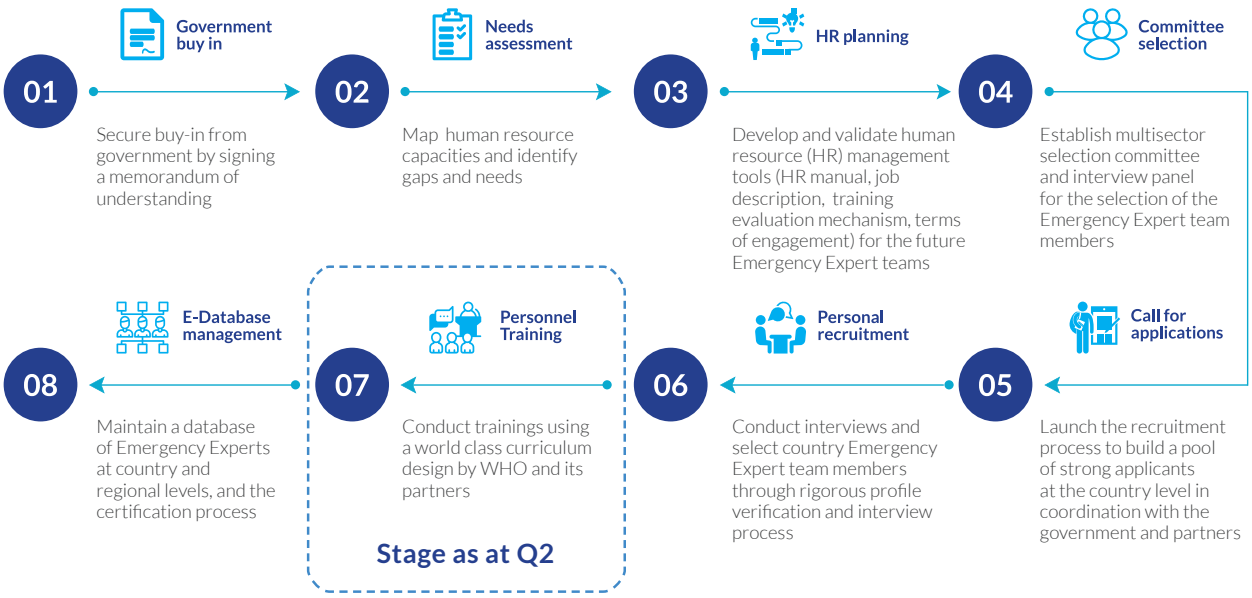
Risk Communications and Community Engagement

- Ensure that public health threats are conveyed to all relevant parties in a transparent and timely manner, and that communities are consulted, engaged and informed on how to reduce their risk and better protect themselves

Pillar 1 – Workforce development

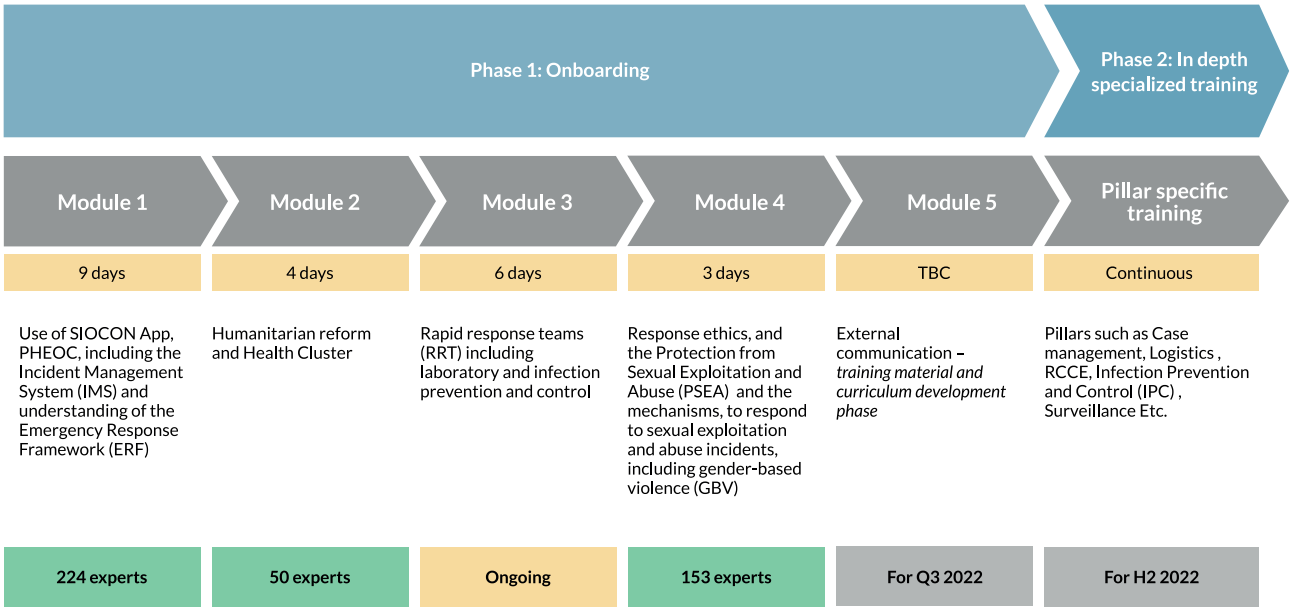
Activities under this pillar are organised around an eight-step process (see Figure 10). Botswana, Mauritania, Niger, and Togo have completed the first steps of the workforce development pillar and are currently at the penultimate stage – conducting training for Emergency Experts - while Nigeria is on track to complete the first four (4) stages.

Figure 10: Generic process for the workforce development pillar under the AVoHC-SURGE flagship programme



As a reminder, the training programme for Emergency Experts is organised into two phases (see Figure 11)– Phase 1 onboards recruits and introduces a broad range of essential topics, and Phase 2 involves continuous, pillar-specific training.

Figure 11: Training plan for the AVoHC-SURGE flagship programme with number of Emergency Experts trained per module as of Q2



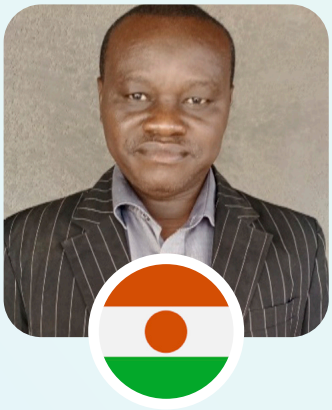
During Q2, a total of 232 experts have been recruited in the four countries, with each country recruiting at least 50 people. Due to increased interest in the training from the highest level of government, Botswana is training 20 experts more than planned to bring the total up to 70, while Mauritania and Togo each added two more experts, raising their count to 52 each for both countries. Botswana, Mauritania, Niger, and Togo completed training Module 1, covering emergency coordination and

more specifically the PHEOC. Training for Module 2 has only taken place in Niger, with 50 experts trained. Module 2 training for the remaining countries is planned for July 2022. Training for Module 3 is ongoing, with most countries scheduled to start at the end of July 2022. Module 4 has been conducted across all countries except for Botswana. The curriculum for Module 5 is yet to be fully developed and it is scheduled for the early part of Quarter 3, 2022. The general feedback from the training was positive as Emergency Experts recognised the potential of these training sessions to improve emergency preparedness and response efforts in their country.

Dr Phuswane-Katse
Emergency Expert Trainee

"This training came at an opportune time when we are still experiencing the COVID-19 pandemic. Botswana as a country has never had such a huge scale pandemic and this our first response to such a public health event. There has always been misunderstanding around the concepts of preparedness and this training helped get both national and subnational participants at the same level. The training was also delivered in a professional manner, with prior knowledge of the gaps in the country and relatable examples throughout the course. The time allocated worked well even though we would have loved to have more time for simulation exercises as this are key to understanding the concepts more. Issues of responsibility and leadership during emergencies was also addressed extensively to say expertise is needed to lead emergency response and not necessarily hierarchical positions.

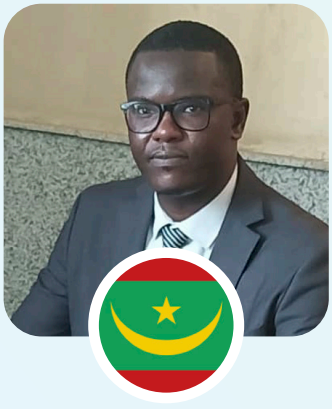
Going forth, I see this training improving our response to emergencies in terms of coordination, timeliness, role clarity, and the importance of a structured response. This will also help us build resilient health systems which will react appropriately to response. We have already built a roster of experts which we will use to help respond to emergencies in the country. We look forward to more trainings that will help strengthen the country."



Mr. Lawali Ibrahim
Emergency Expert Trainee

This initial training allowed us to not only understand emergency coordination in general but to also see how this works in our country (Niger) and to realise the value of the PHEOC. We feel privileged to be learning from the top experts from around the continent. In the near future, we think it would be helpful to conduct field visits in countries with a functional PHEOC in the sub-region to allow the trainees to see the organisation of their PHEOCs and get inspiration from their experiences.

Overall, the difference being brough by the AVoHC-SURGE programme can already be felt within the public health emergency sector in our country. This manner of bringing a holistic support including the trained emergency experts, the means of transport, the medical supplies, and the coordination mechanisms is giving a boost to the entire system. Although my training is not completed, I already feel ready for deployment anywhere and at any time. It is motivating to see such well packaged support be provide to emergency preparedness and response in Niger. (translated from French)"



Dr Ba Hamet Abderahmane
Emergency Expert Trainee

During the AVoHC-SURGE training, I particularly appreciated the composition of the team of emergency expert trainees because it included representatives of the different line ministries that can impact a response to a public health emergency, and it showed that the "One Health" approach is starting to take its bearings. I also particularly appreciated the pedagogical approach with group discussions, the sharing of experiences on the functions of the PHOEC, and the importance of multidisciplinary teamwork during emergencies especially from colleagues from Senegal. The team of 50 people were able to bond. They will be an important asset that will allow Mauritania to be more operational and efficient in the management of public health emergencies with local expertise that can quickly be mobilised. (translated from French)

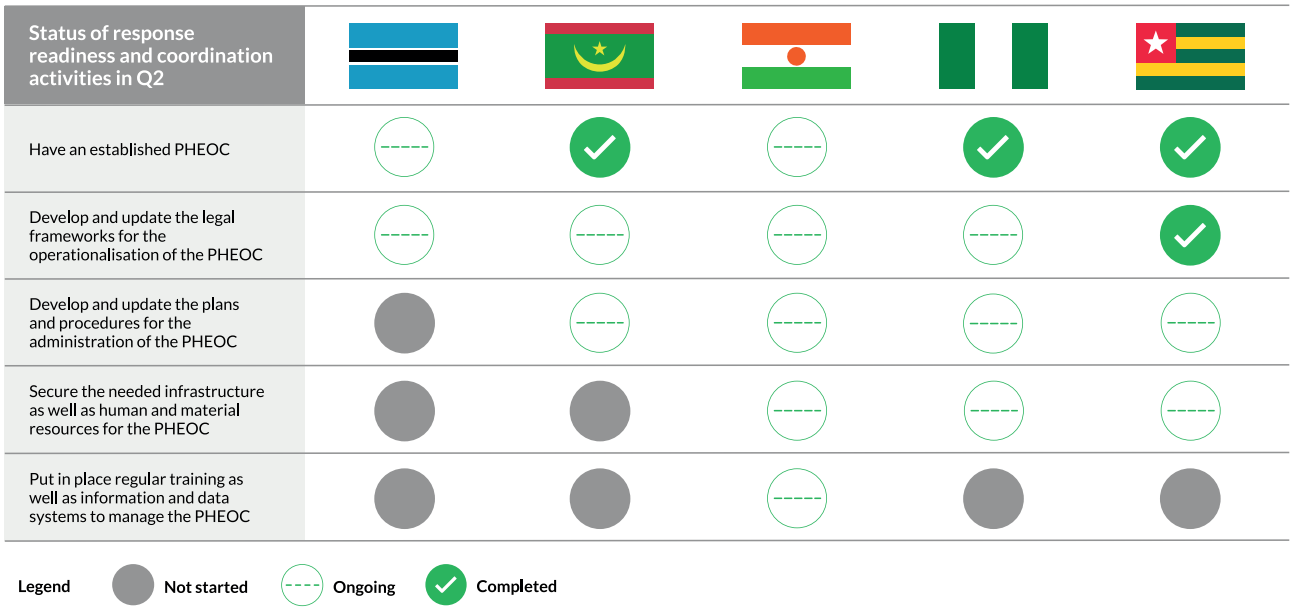
Pillar 2 – Response readiness and coordination

WHO AFRO continues to work with countries to create a unique coordination point for the management of all emergency preparedness and response activities, namely Public Health Emergency Operations Centres (PHEOC) or equivalent institutions. In Q2, the AVoHC-SURGE programme has mostly assisted countries with sensitisation and training on PHEOCs. This will propel them to actively develop the governance and legal frameworks, plans and procedures, as well as procure the necessary resources for the establishment of these health coordination centres. In Botswana, the government announced the establishment of the Botswana Public Health Institute (BPHI) as a national priority and strategic objective for the fiscal year 2022/23. In Niger, major governance and legal frameworks for the establishment of the PHEOC are completed as of Q2, including establishing a steering committee to supervise the development of the PHEOC and define its management structure. For Mauritania, most of the legal documentation is completed and awaiting validation. In Niger, the planning for the operationalisation of the PHEOC is developed as part of the country's roadmap and awaiting approval from the Ministry of Health.

In Togo, we have observed remarkable progress thanks to the efforts of government and partners, alongside the relentless work of the WHO Country Office. Revisions of legal frameworks were conducted in early June 2022 by the multisectoral technical committee appointed by the Minister of Health to oversee AVoHC-SURGE implementation. Their work recommended a decree that moved the PHEOC to be anchored in the Minister's cabinet. Thanks to the committee's oversight, Togo now has a well-positioned PHEOC which is rapidly building up its capacity and capabilities. Furthermore, partners are uniting under the national vision for emergency response capacity strengthening which is materialising under AVoHC-SURGE. For instance, GIZ is working with the Government of Togo to provide materials to equip them with state-of-the-art information and technology equipment necessary for monitoring and coordination during public health events. Additionally, GIZ has made available USD 500,000 in the country for emergencies, with discussions ongoing regarding the disbursement process. The United Nations Development Programme (UNDP) has committed to dedicating some budget to building a brand-new physical centre to host the PHEOC at the central level and is also contributing to the procurement costs of emergency medical kits. Such progress in Togo has been possible thanks to the convening power and leadership of the WHO Country Representative (WR) and the hard work of the WHO Country Office. Creating these synergies between partners, government, and WHO is essential if we are to realise the ambitious EPR vision of the AVoHC-SURGE programme.

Figure 12 summarises the progress made on response readiness and coordination for the 5 initial countries as of Q2.

Figure 12: Extent of progress on response readiness and coordination in the five Member States



We plan to assist countries further in moving this pillar forward, by leveraging the lessons learned from the rollout of AVoHC-SURGE in the initial set of countries, and the support of Member States, partners, and the PHEOC network (established 2012 by WHO) to identify and promote best practices for Emergency Operations Centres (EOCs) and provide support to PHEOC capacity building in the Member States.

"Discussions ongoing at the site of the launch of the medical emergency hub in Kenya. From second left to right Dr Tedros Adhanom Ghebreyesus, President Uhuru Kenyatta, Dr Matshidiso Moeti, Mr Thiam Adama, and Dr Gueye Abdou Salam.

Pillar 3 – Operations and logistics support

The main highlight in Q2 under the operations and logistics support (OSL) pillar is the launch of a medical emergency hub in Nairobi, Kenya, by WHO and the Kenyan Government. This hub is the first in a network of African centres that will be established to ensure a rapid response to public health emergencies in the African region. The facility, which includes a training centre, will host health emergency professionals and have stockpiles of medical equipment for quick deployment to Member States. To facilitate the establishment and operationalisation of this hub, the Government allocated 30 acres of land and committed USD 5 M to the project. As the Kenyan Government has granted a blanket customs clearance and bounded warehouse for WHO, the Operations Support and Logistics (OSL) Programme Area within AFRO has already planned to start pre-positioning a stockpile worth close to USD 7M worth of medical supplies and equipment in Nairobi, Kenya. The pre-positioned medical supplies will enable WHO to keep two weeks of priority stock in each country, but also expedite delivery to emergency areas from the hub where needed. President Uhuru Kenyatta - the President of Kenya; Senator Mutahi Kagwe - the Kenyan Minister of Health; Dr Tedros Adhanom Ghebreyesu - WHO Director-General; Dr Moeti Matshidiso - the Regional Director for WHO AFRO; and Dr Gueye Abdou Salam - the Regional Emergency Director - were present at the launch of the hub.

In terms of the overall 2022 plan for operation support and logistics, Q2 activities are on track across the first five implementation countries to ensure the adequate provision of medical supplies and equipment. Botswana is employing its logistics working group to review the 2022-2023 implementation plan for OSL. Niger has identified storage space, is implementing an Information Technology (IT) management system to track supplies, and is on track to order a stock of medical emergency kits based on the information provided by the surveillance teams. For Mauritania, progress has been made towards equipping teams with transport – constructing parking and completing necessary security requirements. Togo has identified warehouse storage of medical kits and is working with the Ministère de la Sécurité et de la protection Civile (Ministry of Security and Civilian Protection) to formalise the warehouse for the storage of all emergency equipment of the AVoHC-SURGE project at no cost. Figure 13 summarises the progress made by Member States under this pillar. Major activities are still ongoing as they were in Q1, with the only change being that Niger has started the procurement process for priority supplies in Q2.

Figure 13: Operations and logistics support provided to countries in Quarter 2, 2022

Operations and logistics support to countries in Q2 under the AVoHC-SURGE flagship					
Equip emergency expert teams with transport means	✓	✓	✓	✓	✓
Set up or improve warehousing	-----	-----	-----	●	-----
Identify priority medical supplies for immediate procurement	-----	✓	-----	●	✓
Procure priority medical supplies	●	-----	-----	●	-----

Legend ● Not started ---- Ongoing ✓ Completed

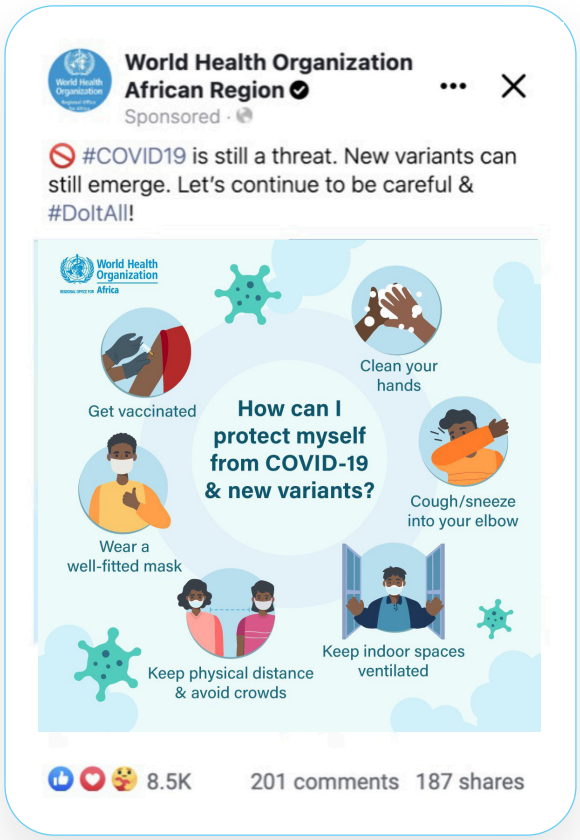
Pillar 4 – Risk communication and community engagement (RCCE)

As in Q1, progress on RCCE activities in Member States remains opportunistic as WHO AFRO is seeking to develop a team to support Member States with RCCE. The WHO AFRO EPR cluster will be working with other internal entities such as the department in charge of health promotion within the Universal Health Coverage / Healthier Population (UHC/HC) Cluster of WHO AFRO to accelerate the activities under this pillar. One of the first areas that WHO AFRO will focus on will be assisting countries with the development of strategic plans for RCCE to guide the work laid out in countries. In the meantime, Botswana's RCCE team is reviewing AVoHC-SURGE's draft plan of activities against other partner activities to ensure alignment. Niger is on track to develop their plan, while Mauritania has hired an RCCE expert to spearhead activities in this area. In Togo, advocacy activities are on track and letters have been sent to other sectoral ministries to facilitate interaction within the regions on the identification of communication focal points for health emergencies.

We also continue to leverage the communications team at the regional level to highlight our work for Member States, and undertake high-level risk communication activities, alongside providing risk communication and community engagement tools. The communications team has kept stakeholders updated on the Cluster's work through various channels including press releases, web stories, videos, and social media campaigns. The press releases and stories covered topics such as the "epidemiological situation of COVID-19 in the African region, WHO's support for a stronger Africa CDC" and "improving surveillance for monkeypox in Africa." The communications team also underscored the work done by WHO in the African region in providing case management support through "ICU strengthening", and preparedness assistance through "EMT simulation exercises in Member States".

Regarding the high-level risk communication activities, the communications team has released several infodemics debunks on social media. These debunks have addressed topics such as "false beliefs regarding COVID-19 and the Flu," addressing rumours about "whether or not the COVID-19 pandemic is over" and "Africans having a stronger immunity to COVID." The team also launched the **#DoItAll campaign** to encourage COVID-19 protective measures.

Figure 14: WHO AFRO's #DoItAll campaign resources on social media to encourage COVID-19 protective measures



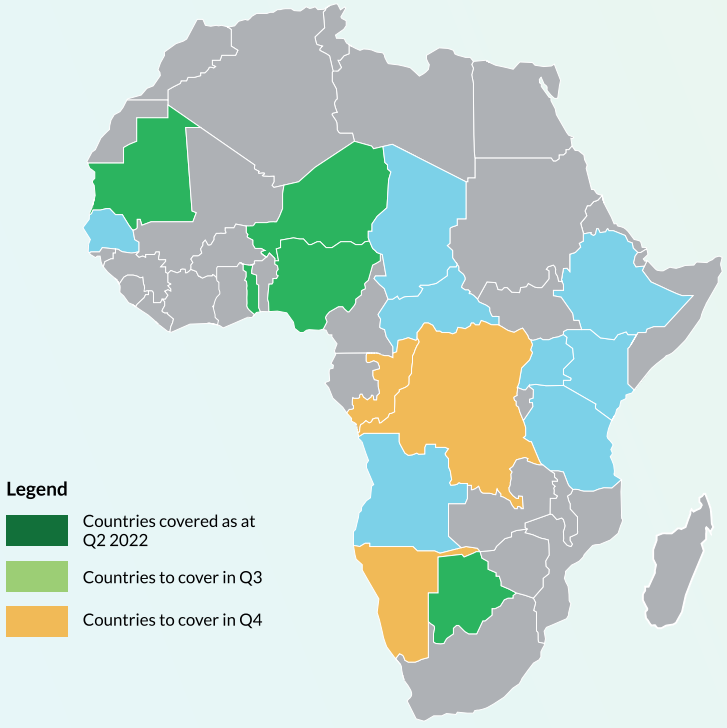
The campaign, which comprised of seven social media cards and two videos, shared the six key messages to encourage the public to reduce the spread of COVID-19. This initiative reached a total of 54 M people across the region, receiving 53 M video views, and 55 M engagements (likes, shares, comments, and impressions). As a result, the campaign received a 2% engagement rate, which is above average engagement rates of 0–0.9%. Furthermore, results from a Brand Lift Study (BLS)[13] study on the initiative showed that the campaign was successful in shifting the perception of audience members.

The AVoHC-SURGE programme's plan for the next half of 2022 mainly involves expanding AVoHC-SURGE and the other flagships into the additional 12 focus countries for the year, beginning with scoping missions and engagements with WHO Country Representatives (WRs).

Figure 15: Outlined activities for the AVoHC-SURGE flagship programme for H2 2022

Engagements with WRs	• Organise a WRs sensitisation call for twelve WRs (Angola, the Democratic Republic of Congo (DRC), Congo, CAR, Senegal, Kenya and Namibia, Chad, Rwanda, Tanzania, Uganda, Ethiopia) by the end of July 2022 • Finalise concept note for WR's face-to-face meeting and submit for approval by end of July 2022 • Send invitation letter to 47 WRs for orientation meeting by August 2022 • Conduct orientation meeting for 47 WRs on EPR Flagships and Emergency Response Frameworks (ERF) by September 2022
Scoping missions	• Constitute scoping mission teams for Congo, DRC, Namibia (SURGE & TASS) by the end of July 2022 • Conduct scoping missions to Congo, DRC and Namibia by mid-August 2022 • Conduct scoping missions to 5 countries (Angola, CAR, Kenya, Senegal and Ethiopia) by the 1st week of October 2022 • Conduct scoping missions to the remaining four countries (Chad, Rwanda, Tanzania, Uganda) by the 1st week of November 2022

Figure 16: Status of flagship introduction to countries through scoping missions



13 A Brand Lift Study is a type of lift test polling and other brand awareness measurements are used to help understand the true value of campaigns and how well they perform

02 WHO AFRO's response to Grade 2 and 3 events in the region

WHO AFRO, in collaboration with its partners, continued to support Member States to respond to major public health emergencies through regional coordination, and deploying staff and resources to tackle outbreaks and events wherever needed. These activities will continue to be relevant as countries build their capacities to ultimately handle health emergencies using primarily their internal capacity. Over the past quarter, WHO AFRO has proactively responded to, and continues to respond to, multiple acute and protracted public health emergency events. Events of note include the following Grade 2 and Grade 3 events: extreme weather patterns in the Greater Horn of Africa; the humanitarian crises in Northern Ethiopia, the Sahel region, South Sudan, and Mozambique; an Ebola Virus Disease outbreak in Mbandaka DRC; multi-country yellow fever, cholera and monkey pox outbreaks; and the ongoing COVID-19 pandemic. The table below summarises these events and their impacts, with the exception of the COVID-19 pandemic, which is highlighted in the subsequent section.

Figure 17: Summary of notable graded events WHO has supported, and is supporting Member States to respond to, in Q2, 2022.

Event	Grade	Date Graded	Countries affected	Nature of event	Public health impact	Status of event
Monkeypox	Multi - region Grade 2	3rd June 2022	Ongoing outbreaks in Cameroon, CAR (Central African Republic), Rep of Congo, DRC, Nigeria, Ghana, Benin, South Africa, and over 60 countries in all WHO Regions	Multi-country outbreak	Monkeypox virus can affect anyone who is susceptible and causes serious or deadly disease	Active
Drought and food insecurity in the Greater Horn of Africa (GHOA)	3	20th May 2022	Ethiopia, Somalia, Kenya, SS, Sudan, Djibouti, and Uganda	Extreme weather patterns: fourth consecutive failed rainy season creating the worst regional drought in over 40 years in the GHOA; protracted drought conditions increasing localized incidents of flooding (e.g. South Sudan 2021/22); and complications from other factors such as conflict	Food insecurity, hunger and malnutrition, spiking disease outbreaks, and disruptions of health systems with 26% of the population in Integrated Phase Classification 3 –"Crisis" level - or above	Active-Protracted

14th Ebola virus disease outbreak in Equateur Province	2	22nd April 2022	DRC	Recurrent, highly infectious viral hemorrhagic fever occurring in a poorly accessible, densely populated area with intense population displacement and porous borders - average case fatality rate (CFR) of 50%, though CFR has reached 90% in past outbreaks	Community deaths, health zone inaccessibility, and health system disruptions	Event declared closed by Government on 3rd July 2022
Yellow fever in East, West, and Central Africa	2	30th November 2021	Cameroon, Chad, CAR, Rep of Congo, Cote d'Ivoire, DRC, Ghana, Niger, Nigeria, and Gabon	Yellow fever disease impacting fragile conflict and vulnerable settings (FCV) and under-served populations, with a CFR of 10%		Active
The humanitarian crisis in the Sahel	P2	10th February 2022	Burkina Faso, Northern Cameroon, Chad, Niger, Northeast Nigeria, and Mali	Acute events within a protracted emergency landscape, including violence, volatility, displacement, and socio-economic factors that challenge healthcare delivery	Inadequate health workforce, disruption in already weak health systems, and increasing numbers of displaced – over 7 M from 2018-2021	Active-Protracted
The humanitarian crisis in Northern Ethiopia	3	19th November 2020	Ethiopia	Armed conflict situation with over 9.4 M people in need of humanitarian assistance	Food insecurity and malnutrition of thousands of children and mothers, disruptions in health systems, and deaths from both armed conflict and lack of access to health services for treatable diseases	Active-Protracted

Since the declaration and grading of the above events, WHO AFRO, through the affected WHO Country Offices, has supported Member States in various areas. More specifically, WHO AFRO:

- Established multi-level incident management systems for each event and developed budgeted strategic response plans, in addition to providing over USD 29.6M as initial seed funding for operationalising the response actions through the Contingency Fund for Emergencies (CFE);
- Deployed over 245 experts have been deployed to the field to support response operations, in affected countries comprising WHO EPR staff, national and international consultants, and United Nations (UN) volunteers;
- Supported countries to activate Emergency Operation Centers (EOCs) – including in Ghana, Burundi, Botswana, Eritrea, Equatorial Guinea, Burkina Faso, and Cape Verde - and activate cluster coordination in the case of conflicts – including in Tigray, Afar, and Amahara regions;
- Provided equipment and consumables where necessary such as emergency kits, PCR machines, and GeneXpert cartridges for the diagnosis of diseases, as well as logistics support;
- Supported countries for the case management of victims, through in-country onsite, and virtual, capacity building and training;
- Assisted Member States in the identification and vaccination of at-risk individuals for vaccine-preventable disease outbreaks.

With the support of WHO AFRO, most of the public health emergency graded events are being controlled with no remarkable escalation in casualties, hospitalisations, or disease-related deaths. For example, the cumulative deaths from the 14th EVD outbreak in DRC is five, compared to nine during the 13th outbreak. Similarly, the length of time from event declaration to event closure was 10 weeks for the 14th outbreak, which marks progress from 18 weeks for the 13th outbreak. In the case of the humanitarian crises outlined, the powerful external drivers of these events limit the capacity for healthcare systems to be stablized, but our response is making a difference where possible.

Country capacities for surveillance and early warning signs, testing and diagnostics, and case management continue to improve through the provision of technical support provided, alongside equipment and infrastructure assistance. Partner coordination mechanisms are also being enhanced. The technical partnership ongoing between WHO AFRO and Africa CDC in the AVoHC-SURGE collaboration is a key example, and the broader Joint Action Plan being developed between the two will extend this to further leverage each other's strengths towards ensuring effective responses. In addition, WHO AFRO received support from other partners including the Global Outbreak Alert and Response Network and non-governmental organisation (NGO) partners (national and international) to support the response. National Emergency Medical Teams have also been involved in the response.

Despite the progress made, some challenges persist. One major challenge is the limited funding, and gaps in partner coordination mechanisms with observed duplication of efforts. Another relates to the fact that the increase of public health events in targeted countries is not always aligned with the availability of financial and human resources from different partners to support the response. A critical prioritisation is always required based on countries' capacity and population exposition to different public health events with high reputational risk. Further information can be found in our explanation of the grading process, WHO AFRO's weekly outbreaks and emergencies bulletin, and WHO's global health emergencies list and Health Emergency Dashboard.

Highlight - WHO's Response actions to the COVID-19 pandemic – Quarter 2

Since the beginning of the COVID-19 pandemic, WHO AFRO and its partners have consistently supported Member States to prevent, respond to, recover from and build resilience against the effects of the pandemic. Collectively, these actors have helped sustain health systems, implemented vaccination and other public health programmes, and assisted communities in Member States to build resilience. Moreover, WHO continues to monitor the situation closely - providing relevant updates to stakeholders and initiating adequate response actions.

Even in 2022, the recurrence of the pandemic in various waves prompts continuous support from WHO to Member States. Africa has reported 12,022,100 cases and 254 890 deaths since the start of the pandemic. This accounts for less than 2% of the global total. As of 27th June 2022, the number of confirmed cases in the World Health Organisation Africa Region (AFRO) was 8.6 M with 172, 465 deaths recorded. By the end of June, no country was in resurgence. Six countries were on high alert as they had recorded an increase in COVID-19 cases in the last two weeks before 27th June.

Similar to the first quarter of 2022, WHO AFRO's responses to the pandemic in countries covered several key areas: 1) coordination and planning, 2) case management, 3) surveillance and points of entry, 4) laboratories, 5) risk communication and community engagement (RCCE), 6) Infection prevention and control (IPC), 7) operations support & logistics, and 8) vaccination. The table below highlights key initiatives undertaken by WHO AFRO under each response activity area this quarter. This is in addition to the support provided under the flagship programmes. Further information can be found in the reports on our COVID-19 Strategic Preparedness and Response Plan, and the COVID-19 monthly bulletins.

Figure 18: Key activity areas within WHO AFRO's COVID-19 response in Q2

Coordination and planning	• Provided technical support to 27 Civil Society Organisations (CSOs) from 15 countries through workshops, to maintain the relationship and enhance coordination and planning of EPR activities between WHO AFRO and local stakeholders
Case management	• Strengthened Intensive Care Unit (ICU) capacity in countries – supported the establishment of a new ICU unit in Lesotho and had developed plans to restructure ICUs in 4-5 countries in the next half of 2022 • Ensured the procurement and disbursement of medication for treating COVID-19 cases to 11 countries
Laboratories	• Organised a 7-week online bioinformatics training from April to May in collaboration with US-CDC, for 54 participants from 19 countries, to strengthen sequencing capacities in the region • Provided support to 43 countries to have sequencing capacity for SARS-CoV-2 leading to 38 out of 47 countries having at least one sequencing platform in-country with at least one functional equipment
Surveillance and points of entry (PoE)	• Commenced a project in May, setting up sentinel surveillance sites to compile clinical information on COVID-19 cases, provide information on disease patterns and incidence, to accelerate response actions • Provided IHR Core capacity Assessment tools to some member states, and organised cross-border collaboration meetings between neighboring countries to strengthen regional health security
Risk communication and community engagement	• Developed and disseminated messages on COVID-19 and other health outbreaks across the AFRO region and developed community engagement plans to enhance vaccine uptake in poor vaccine coverage countries • Leading the coordination of infodemic management efforts in AFRO by hosting the Africa Infodemic Response Alliance (AIRA), an organisation established to share safe, proven facts on health and to counter dangerous health misinformation.
Infection prevention and control (IPC)	• Supported countries in analysing their IPC capacity, elaborating IPC technical guidance, preparing training workshops and reviewing IPC intra-action review and reporting • Assisted two countries by assessing the strength of the IPC capacities and developing strategic operational plans covering core IPC strengthening, finance mobilisation and monitoring, evaluation, accountability and learning (MEAL).
Operations support and logistics	• Through the German support fund, personal protective equipment (PPEs), syringes, and COVID-19 rapid tests with a value of USD 13 million were donated to AFRO, who has allocated these equipment to Member States • Distributed around 1M Covid-19 antigen-detection rapid diagnostic tests (Ag RDTs) to 18 countries over the past 2 months
Vaccination	• Established an initiative to scale up COVID-19 vaccination focused on supporting countries and multiplying efforts to support countries to scale up COVID-19 vaccination given that 18.3% of the African population was fully vaccinated as at the end of May 2022 , compared with 60% globally

Looking Ahead

In Q1 of 2022, we introduced the flagship programmes to five countries through scoping missions and laid the foundations for implementation. During Q2, we set out to realise the ambitious roadmaps developed and validated by the national governments, with support from WHO AFRO and its partners. Reflecting on the work from the first half of the year, we are proud of the progress made in this initial set of countries. It is the level of ownership demonstrated by governments and unfaltering support of partners, as well as the foundational technical and organisational work of our staff across regional and country offices, that has made this progress possible.

As we continue this journey during Q3, we must continue leveraging the power of partnerships and find innovative ways of drawing all actors together to implement the flagships. In line with is, we are excited by the opportunities offered as we continue our ongoing collaboration with the Africa CDC to develop a Joint EPR Action Plan, to be finalised by the end of Q3. The goal is to ensure that we are building on each other's work wherever possible to collectively provide optimal support to African countries and strengthen EPR systems. Also, we are doubling our effort to enhance our monitoring, evaluation, accountability, and learning systems to ensure we deliver strong products in line with the theory of change that underpins the flagships. We have already initiated this practice with the publication of our ***Lessons Learned*** report from the rollout of the AVoHC-SURGE flagship in the initial set of countries, where we have assessed the challenges and opportunities to inform best practice for future rollouts. Additionally, as announced in the last quarterly report, we will be presenting the flagships at the upcoming Regional Committee Meeting in August 2022 to solicit inputs and insights from a broader network of stakeholders.

We are confident that the next half of this year will be even more fruitful and impactful as we endeavour to better equip Member States to tackle the unrelenting pressure of public health emergencies in the African region.

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