



World Health  
Organization

# ENSURING HEALTH SECURITY IN THE AFRICAN REGION

Emergency preparedness and  
response flagship initiatives



#4

QUARTERLY  
REPORT

DECEMBER  
2022

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TO GRADE 2 AND 3  
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REGION



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## Acronyms

AAR	After Action Review
ADG	Assistant Director General
AFRO	The World Health Organization Regional Office for Africa
AIDS	Acquired Immunodeficiency Syndrome
AVoHC	African Health Volunteers Corps
AVoHC-SURGE	African Volunteers Health Corps-Strengthening and Utilizing Response Groups for Emergencies
CADRI	Capacity for Disaster Reduction Initiative
CAR	Central African Republic
CDC	Centers for Disease Control and Prevention
CFE	Contingency Fund for Emergencies
CFR	Case Fatality Rate
CONOP	Concept of Operation
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
CVDP2	Circulating Vaccine Derived Poliovirus type 2
DHIS2	District Health Information Software 2
DRC	Democratic Republic of the Congo
ECHO	Extension for Community Healthcare Outcomes
ECSA	East, Central and Southern Africa Health Community
EIOS	Epidemic Intelligence from Open Sources
EOC	Emergency Operation Center
EOCNET	Emergency Operation Center Network
EPR	Emergency Preparedness and Response
EVD	Ebola Virus Disease

EYE	Eliminate Yellow Fever Epidemics
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender-based Violence
GHoA	Greater Horn of Africa
HCW	Health Care Worker
HIR	Health Emergency Information and Risk Assessment Programme
HPIS	Health Programming and Information Services
ICAP	International Centre for AIDS Care and Treatment Program
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IEHK	Interagency Emergency Health Kits
IGAD	Intergovernmental Authority on Development
IHR	International Health Regulations
IINSP	Institut National de Sante Publique
IMS	Incident Management System
IMST	Incident Management Support Team
IPC	Infection Prevention and Control
JEE	Joint External Evaluations
MEF	Monitoring and Evaluation Framework
MHNT	Mobile Health and Nutrition Teams
MHPSS	Mental Health and Psychosocial Support
MOH	Ministry of Health
NAPHS	National Action Plan for Health Security
NBW	National Bridging Workshop
NFP	National Focal Person

NGO	Non-governmental Organization
OCV	Oral Cholera Vaccines
OSL	Operations Support and Logistics
PCR	Polymerase Chain Reaction
PHE	Public Health Event
PHEIC	Public Health Event of International Concern
PHEOC	Public Health Emergency Operations Centre
PHI	Public Health Intelligence
POE	Points of Entry
PPE	Personal Protective Equipment
PPP	Public Private Partnership
PROSE	Promoting Resilience of Systems for Emergencies
PRSEAH	Preventing and Responding to Sexual Exploitation, Abuse and Harassment
PVS	Performance of Veterinary Services
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
RCCE	Risk Communication and Community Engagement
RKI	Robert Koch Institute
RRT	Rapid Response Team
RTA	Road Traffic Accident
RUTF	Ready-to-use Therapeutic Food
SAM	Severe Acute Malnutrition
SARS	Severe Acute Respiratory Syndrome
SOPs	Standard Operating Procedures

SPAR	State Party Self-Assessment Annual Report
STAR	Strategic Tool for Assessing Risks
SURGE	Strengthening and Utilizing Response Groups for Emergencies
SVD	Sudan Ebola Virus Disease
TASS	Transforming African Surveillance Systems
TOT	Training of Trainers
UHP	Universal Health and Preparedness
UHPR	Universal Health and Preparedness Review
UK	United Kingdom
UN	United Nations
UNEP	United Nations Environment Programme
UNM	University of New Mexico
USA	United States of America
WAHO	West African Health Organization
WASH	Water, Sanitation, Health and Hygiene
WCO	WHO Country Offices
WHO	World Health Organization
WHO AFRO	The World Health Organization Regional Office for Africa
WOAH	World Organization for Animal Health
YF	Yellow Fever

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## Message from the Regional Director

**The World Health Organization Regional Office for Africa (WHO AFRO) continued to support Emergency Preparedness and Response (EPR) activities through the provision of both immediate assistance for emerging (and ongoing) emergencies and investing in the preparedness and response capacity of Member States.**

The Fourth Quarter (Q4) of 2022 saw an increased focus on strengthening partnerships and collaborations to drive the implementation of the EPR flagship initiatives through the Member States. We worked with diverse stakeholders, including the Africa Centres for Disease Control and Prevention (Africa CDC), Government ministries, departments and agencies, development partners, bilateral and multilateral agencies, academic institutions, and the private sector.

**The quarter started with an integrated EPR scoping mission across six Member States.** During these missions, 44 ministers or high-level government leaders and other key stakeholders were engaged in the process. This collaborative engagement resulted in the development, validation, and finalization of costed roadmaps to support the implementation of the EPR flagships in each of the countries.

**Through the Capacity for Disaster Reduction Initiative (CADRI), WHO AFRO provided specialized technical expertise to Member States.** CADRI helps Member States to address disaster and climate risks by mobilizing multidisciplinary expertise across wide-ranging socioeconomic sectors to provide integrated and sustainable solutions. In this light, a total of 108 frontline health workers from Tanzania (Mainland and Zanzibar), Kenya, and Rwanda were trained on Ebola case management as part of Ebola readiness for countries sharing a border with Uganda.



**Dr Matshidiso Moeti**  
Regional Director, WHO AFRO

**Despite numerous challenges encountered in Q4, WHO AFRO worked with Member States to record immense progress in EPR cluster activities.**

As part of activities to strengthen surveillance, there was scale-up of support for the implementation of electronic Integrated Disease Surveillance and Response (eIDSR). The eIDSR will support comprehensive, evidence-based approach for strengthening national public health surveillance and response systems at all levels. Training of Trainers (ToT) workshops on eIDSR were conducted to further strengthen capacity on events surveillance, preparedness, and response in Kenya.

Another key initiative on surveillance is the Epidemic Intelligence from Open Sources (EIOS), which is a unique collaboration between WHO and various public health stakeholders around the globe. This initiative has saved lives through use of

publicly available information in early detection, verification, assessment, and communication of public health threats. The EIOS is being used as a vehicle for building a strong practice for public health intelligence (PHI) community of practice, as well as a multidisciplinary network to support it.

To support effective communication and community engagement, the Emergency Preparedness, Universal Health Coverage and Healthier Populations clusters supported the Member States to develop strategic plans for Risk Communication and Community Engagement. Capacity building for targeted messaging and communication during response to outbreaks is ongoing across Member States.

**We continue to support health emergency workforce development. Of 367 emergency health workers identified in six countries, 51 from Namibia were trained in Q4 2022.** The rest will be trained in Q1 2023. An online interactive and interoperable platform to manage the pool of emergency responders was developed through funding received from the US-CDC. To improve response readiness and coordination, the team onboarded and conducted simulation exercises with participants from 36 Member States with the aim of evaluating Ebola preparedness and response. The exercise was carried out in collaboration with our partners Africa CDC, UK Health Security Agency, and Robert Kochs Institute. Such collaborative work between WHO and other key stakeholders brought about the reactivation of the Africa Public Health Emergency Operation Centers (PHEOC) network and the use of a website to serve as a platform for exchange of information and best practices among the PHEOCs in the region.

**By end of Q4, there were a total of 155 ongoing events recorded and monitored – 134 outbreaks and 21 humanitarian events.** These events include the Ebola virus disease outbreak in Uganda, multicountry mpox and yellow fever outbreaks, the COVID-19 pandemic, and the humanitarian crises in the Sahel, the greater horn of Africa and Northern Ethiopia. WHO AFRO continued to provide technical, financial, human resource, and material support for response to these events across affected Member States.

**The Ebola outbreak in Uganda was one of the major outbreaks in this reporting quarter for which funds totalling US\$ 7.5 million were disbursed and 133 medical experts deployed to support the response.** The cholera outbreak in the northern region of Malawi, detected in Q3 2022, was declared a public health emergency in Q4 2022. Five experts were deployed to increase capacity for clinical care of patients and through the oral cholera vaccine (OCV) campaign drive, a total of 1.5 million doses were administered translating into a national coverage of 83.6%.

**The three countries with the highest number of confirmed mpox cases are Nigeria, DRC and Ghana.** Joint high-level missions were conducted in this reporting quarter to further mitigate the spread of the virus. The response to yellow fever (YF) that was being coordinated by the Incident Management Support Team (IMST) in Ouagadougou, Burkina Faso, was closed on 5 December 2022. The multicountry response

resulted in decline of confirmed YF cases across 12 affected countries. In an effort to further reduce the spread of YF, 51 persons from 10 countries were trained on YF surveillance, outbreak investigations and response. In 2022, over 54 million people benefitted from reactive YF vaccination.

**Since the onset of the humanitarian crisis, five years ago, over 46 million people have been affected by food insecurity in the Greater Horn of Africa (GHOA). Coordinated multipartner support is being provided to these regions with more funds being allocated to save lives.** Through the partnership with the South Sudan government, 11 health facilities (static and mobile) were supported to provide primary healthcare services. The Mobile Health Units provided critical care to persons affected by various infectious diseases. In the Sahel region, over 8 million (out of the targeted 10 million) vulnerable persons were supported with critical lifesaving health services. A total of US\$ 424,031 was released from the WHO Contingency fund for CFE to sustain response actions in the region. Overall, US\$ 9.3 million has been provided in 2022 to support lifesaving health services across the countries.

**Despite numerous challenges encountered in Q4, WHO AFRO worked with Member States to record immense progress in EPR cluster activities.** This was due to the relentless engagements across countries, seeking out partnerships across all levels to strengthen capacities to prevent, detect and respond to events of public health importance. We understand that *alone we can do so little; together we can do so much*. I would like to appreciate all partners that played a role in the achievements recorded so far. We look forward to the evolution and deepening of these partnerships as we consolidate our efforts to build resilient and responsive health systems across Member States capable of protecting the lives of inhabitants in the region.

# Key Highlights



## 108

### frontline health workers

from Tanzania (Mainland and Zanzibar), Kenya, and Rwanda were **trained on Ebola case management** as part of Ebola readiness for Uganda's neighbouring countries.



## 05

### more countries

completed **NAPHS review** and developed Annual Operational Plans to guide investment cases and priority actions for epidemic preparedness and response.



## 48

### public health experts

from **18 countries** were equipped with **critical knowledge and skills on deployment of Strategic Toolkit for Assessing Risks (STAR)** to strengthen country-owned capacities to update their risk profiles.



**New PHEOCs were set up in two more countries and 36 countries** participated in a **regional simulation exercise to test readiness of PHEOCs to respond to an Ebola virus outbreak.**



## \$7.5 million

deployed to support **response to SVD in Uganda** and over **\$400,000 for the humanitarian crises in the Sahel.**



WHO AFRO developed an online interactive and interoperable platform for Member States to manage African Volunteers Health Corps-Strengthening and Utilizing Response Groups for Emergencies (AvoHC-SURGE) responders. Currently, the **platform includes 349 AvoHC-SURGE members from six countries and 250 Triple-E qualified responders.**



The **Africa Emergency Operations Center (EOC) network launched their website** which is a key regional platform for collaboration, communication and exchange of information for ultimately improving the quality and efficiency of public health emergency management.



## Over 100 million vaccine doses

were provided for the responses against **cholera, yellow fever and measles.**



A pool of **IDSR master trainers** were trained in Kenya and officials from the Ministry of Health, Kenya were onboarded on the **Epidemic Intelligence from Open Sources Global Initiative.**



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ENSURING HEALTH SECURITY IN THE AFRICAN REGION

Emergency preparedness and response flagship initiatives



## Introduction

The implementation of the Emergency Preparedness and Response (EPR) activities in Member States progressively continued in the fourth quarter (Q4). This report covers progress towards evidence-based policies, plans and legislation, systems and tools for implementation of International Health Regulations (IHR), and multisectoral coordination mechanisms through the One Health approach.

As part of developing evidence-based policies and plans, **Central African Republic, Rwanda, Tanzania, Madagascar, and Zambia reviewed their National Action Plan for Health Security (NAPHS)** and developed Annual Operational Plans that will guide their investment cases and priority action as well as support efforts towards resource mobilization.

In the same vein, **Universal Health and Preparedness Reviews (UHPRs) were completed in Benin, Congo, Sierra Leone, and Zambia this quarter.** UHPR is a voluntary, transparent, Member State-led peer review mechanism that aims to establish a regular intergovernmental dialogue between Member States on their respective national capacities for health emergency preparedness.

In an effort to strengthen systems for implementation of IHR, capacity development on implementing the Strategic Toolkit for Assessing Risks (STAR) was conducted. As a result, 48 public health experts from 18 countries were technically capacitated to strengthen country-owned capacities to update their risk profiles.

**CONTINUED STAKEHOLDER ENGAGEMENT** was ensured through the adoption of a Call to Action to work with ministers of health from Uganda, Tanzania, Kenya, South Sudan, DRC, Rwanda, and Burundi on regional Ebola cross-border collaboration.

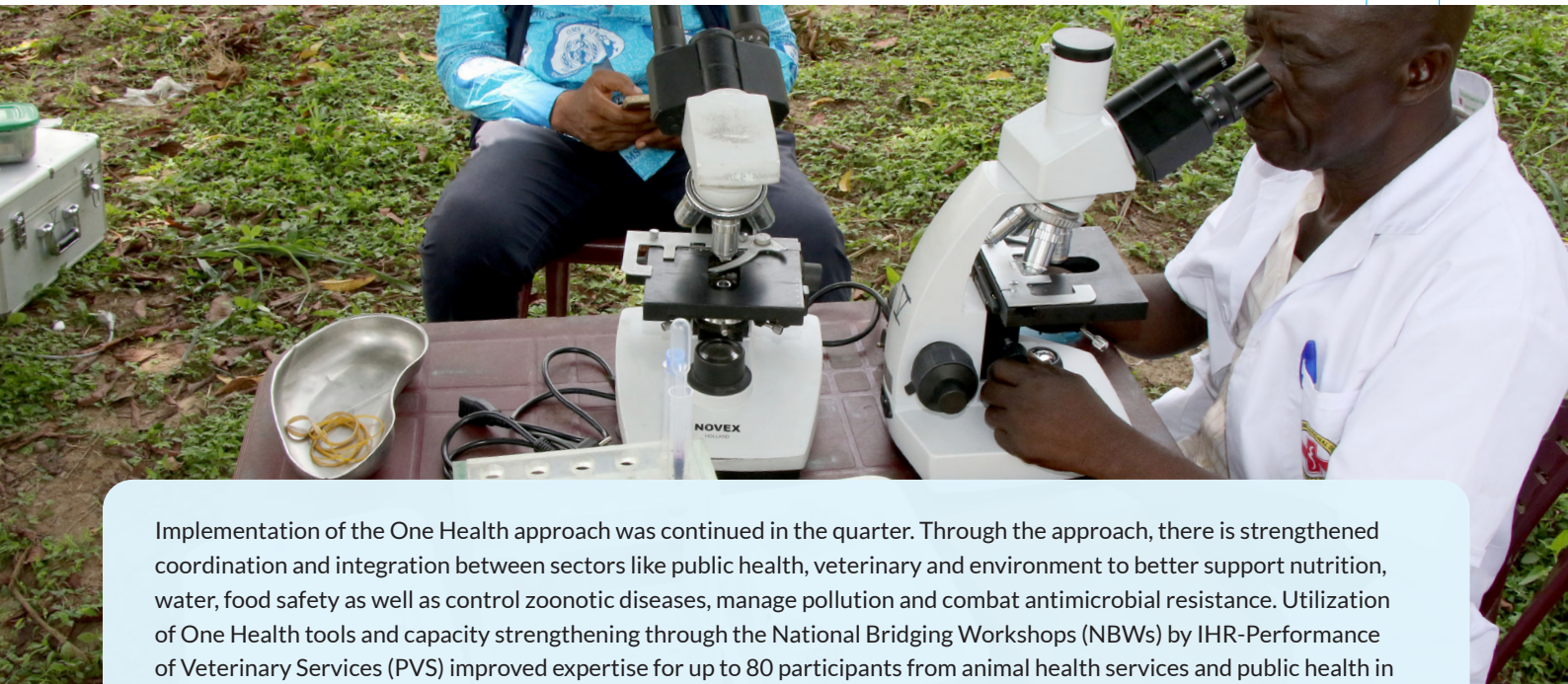


Additionally, 108 frontline health workers from Tanzania (Mainland and Zanzibar), Kenya, and Rwanda were trained on Ebola case management as part of Ebola readiness for Uganda's neighbouring countries

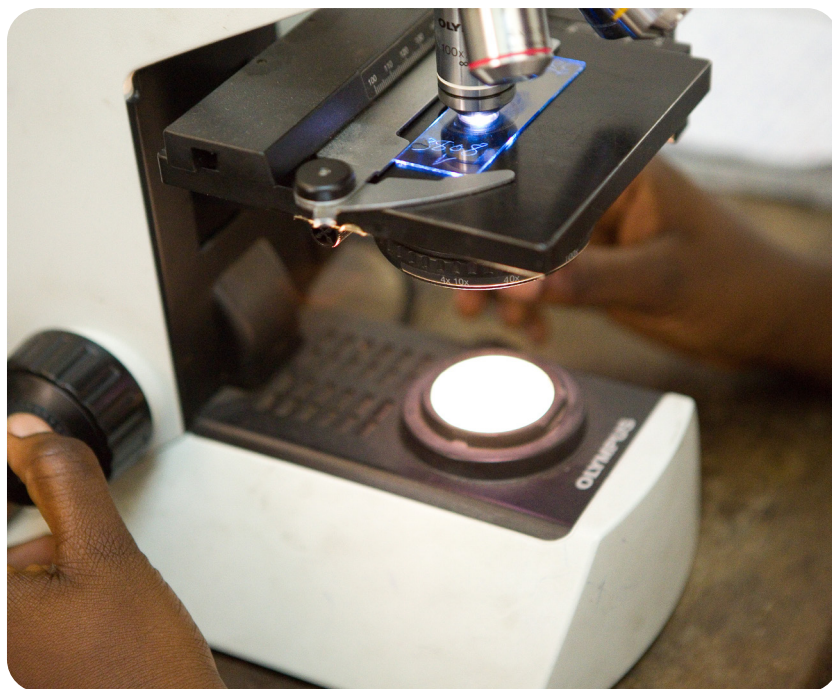


Consequently, Member States and partners made steady progress in the response to ongoing events such as the Ebola outbreak in Uganda, mpox and yellow fever outbreaks, COVID-19 pandemic, the humanitarian crises in the Sahel, the Greater Horn of Africa, and North Ethiopia.





Implementation of the One Health approach was continued in the quarter. Through the approach, there is strengthened coordination and integration between sectors like public health, veterinary and environment to better support nutrition, water, food safety as well as control zoonotic diseases, manage pollution and combat antimicrobial resistance. Utilization of One Health tools and capacity strengthening through the National Bridging Workshops (NBWs) by IHR-Performance of Veterinary Services (PVS) improved expertise for up to 80 participants from animal health services and public health in responding to zoonotic diseases. In Uganda, an IHR-PVS workshop was conducted on tripartite tools and approaches at the human-environment interface. Close to 21 countries developed joint roadmaps to bridge gaps in managing zoonotic diseases.



The cluster continued to build capacity for Integrated Disease Surveillance and Response (IDSR) and expand the use of Epidemic Intelligence from Open Sources (EIOS). In Kenya, the Ministry of Health was onboarded on EIOS and a pool of master trainers on IDSR was trained to strengthen surveillance. Reporting of IDSR data on the centralized surveillance data management and knowledge management platform by Member States continued to improve in the quarter.

**The support to countries to rapidly mitigate crises continued to be bolstered.**

Integrated scoping missions of the EPR cluster and Member States' engagements were conducted in six countries namely Chad, Ethiopia, Kenya, Namibia, Senegal, and Tanzania (Mainland and Zanzibar). Technical support was provided to these Member States to map existing capacity gaps and prioritize key activities within a costed roadmap. Furthermore, funding from US-CDC enabled the development of an online interactive and interoperable platform for Member States implementing SURGE activities to manage and recruit responders. To date, 349 AVoHC-SURGE responders from six countries namely Botswana, Mauritania, Namibia, Niger, Nigeria and Togo and 250 Elite Emergency Experts (Triple-E qualified) are on the platform database.

Partnerships with different stakeholders was a key success factor in strengthening emergency preparedness. Ghana received technical support for preparedness and response against disasters and events triggered by the effects of climate change through the Capacity for Disaster Reduction Initiative (CADRI), which is an UN-led interagency partnership helping

countries to address the climate and disaster risks. Partnerships with organizations like East, Central and Southern Africa Health Community (ECSA), Resolve to Save Lives as well as internal collaboration between the Dakar hub, Nairobi hub and WHO AFRO continued to enable the PROSE flagship implementation in Q4 across Member States.



**Two Public Health Emergency Operations Centres (PHEOC) were established in Niger and Equatorial Guinea**, whilst Benin, Burundi, Cape Verde, Equatorial Guinea, and Ghana were supported to develop a legal framework, handbook for operations and management, concept of operations (CONOPs), and various standard operating procedures (SOPs) to support the activities of Emergency Operations Centre.



ROBERT KOCH INSTITUT



Through collaborations with Africa CDC, UK Health Security Agency, and Robert Koch Institute (RKI), facilitators were **provided via the PHEOC network to conduct onboarding of AVoHC-SURGE members in Nigeria and Namibia.**



### Response to Active and Protracted Events



About **155 events** were being monitored by WHO AFRO by the end of the quarter including **134** outbreaks and 21 humanitarian events.



The **Sudan Ebola virus in Uganda was upgraded** to grade 3 on 7 October 2022, with a total of 164 cumulative cases reported as of 18 December 2022.



The cholera outbreak in Malawi, which started in March 2022, **spread to 21 districts with the outbreak expanding to the north of Malawi in the fourth quarter.** The country improved **oral cholera vaccine (OCV) coverage to reach 86.3%** through implementation of vaccine campaigns and the outbreak was downgraded to grade 2.



**Significant progress has been made to disrupt yellow fever in 12 affected Member States, leveraging the Eliminate Yellow fever Epidemics (EYE) strategy.**

EYE is a comprehensive and long-term strategy aimed at protecting at-risk populations, preventing international spread, and containing outbreaks rapidly. The yellow fever response had resulted in a decline in the number of cases from over 169 cases in Q4 2021 to only seven new cases between Q2 and Q4 2022. The progress includes vaccination of over 50 million people through the GAVI-supported mass vaccination campaigns conducted throughout the year.

### Response to Humanitarian Crises



**Food insecurity in the Greater Horn of Africa (GHOA) has remained dire with more than 46 million people being affected and over 130 000 facing severe malnutrition and medical complications.**

Whilst the food insecurity and malnutrition situation continues to worsen, WHO AFRO and partners remain on high alert to ensure continued health emergency support to affected populations, through supply of essential services and capacity strengthening to scale up prevention, preparedness and response to disease outbreaks.





01

## Quarter 4 progress - all flagships



Promoting Resilience  
of Systems for  
Emergencies (PROSE)



Transforming  
African Surveillance  
Systems (TASS)



Strengthening and Utilizing  
Response Groups for  
Emergencies (SURGE)



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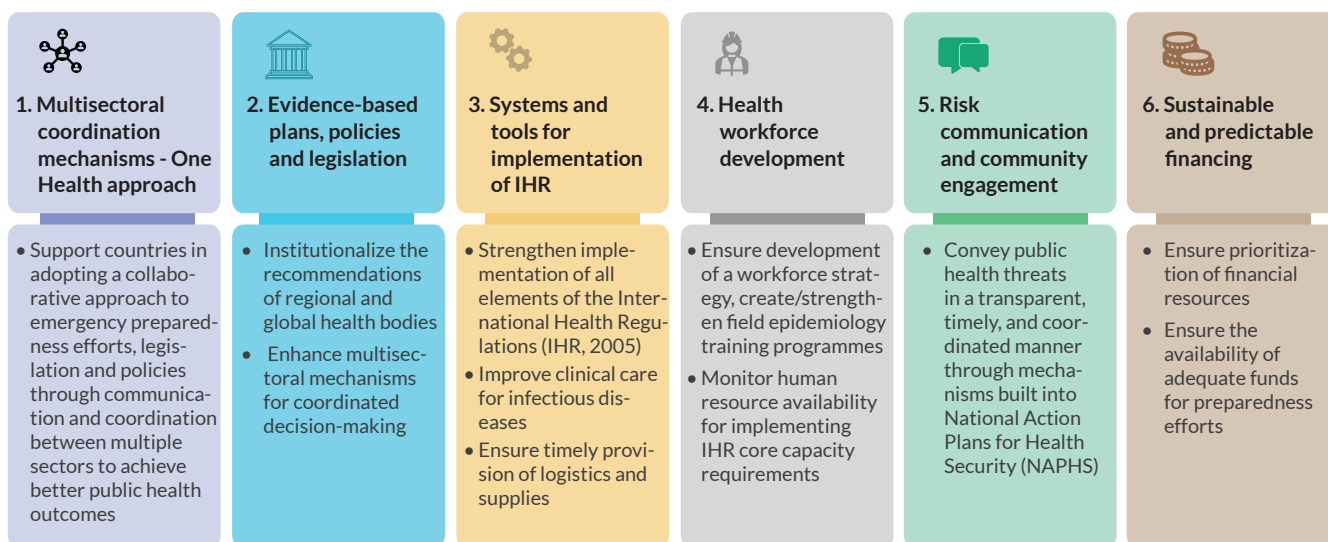
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## A. Promoting Resilience of Systems for Emergencies (PROSE)

Since the last quarter, PROSE made progress in pillars 2, 3 and 4, with additional momentum gained in pillars 1 and 6 (see Figure 1).

Figure 1: The pillars of PROSE flagship and focus areas of quarter 4.



### Pillar 1: Multisectoral coordination mechanisms - One Health approach

One Health is an integrated approach to optimize the health of people, animals and environment. The approach integrates sectors like public health, veterinary and the environment to support better nutrition, water safety, food safety, as well as control zoonotic diseases, manage pollution and combat antimicrobial resistance.

Coordination and cooperation between the animal, environment and human health sectors have been strengthened through IHR-PVS National Bridging Workshops (NBWs) and using other One Health tools mentioned in the Tripartite Zoonoses Guide<sup>1</sup>. IHR-PVS NBWS are three day events to bring together 50-80 participants from animal health services and public health. These workshops are facilitated by WHO and World Organisation for Animal Health (OIE - Office International des Epizooties), and are aimed at improving cross-sectorial collaboration to strengthen the countries against zoonotic disease.

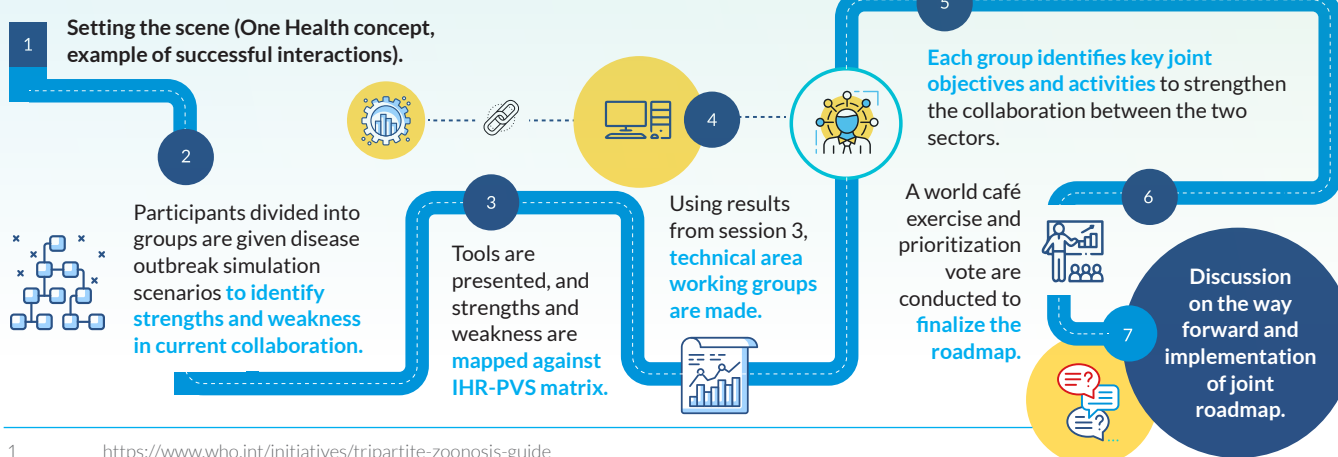
### Highlights

Ministers of health in **Uganda, Tanzania, Kenya, South Sudan, DRC, Rwanda, and Burundi** took initiative to strengthen regional Ebola cross-border collaborations.

An **IHR-PVS workshop was organized on Tripartite Tools and Approaches** at the Human-Animal-Environment Interface for One Health strengthening in Ghana.

**WHO AFRO assumed the chairmanship of Quadripartite formed by FAO, WOAH, UNEP and WHO** with the role of coordinating implementation of One Health Action Plan in Africa.

### Sessions involved in the IHR-PVS NBW:



1 <https://www.who.int/initiatives/tripartite-zoonosis-guide>



Countries like Zambia and Ghana were supported to strengthen their preparedness against zoonotic diseases threats. In Ghana, INR-PVS NBW was held from 22-24 November 2022, which involved an average 70 national experts from animal and human health sectors to improve coordination and collaboration between the sectors to eliminate zoonotic diseases.

From these workshops, joint roadmaps were developed to establish and improve the coordination of preparedness and response efforts to manage outbreak of zoonotic diseases and other health events occurring at the human-animal-environment interface. Twenty-one countries have developed these joint roadmaps to address the gaps in collaboration to manage zoonotic diseases and other events. Ten countries - Cameroon, Ethiopia, Guinea, Kenya, Tanzania, Uganda, Liberia, Nigeria, Senegal, and Sierra Leone - were supported in the areas of human resources management and financial management towards operationalization of the One Health approach.

### Pillar 2: Evidence-based plans, policies and legislation

Through the NAPHS - a country owned, multiyear, planning process - countries can plan and define accountabilities towards the accelerated implementation of core capabilities for International Health Regulations (IHR 2005), based on critical gaps identified during prior Joint External Evaluation (JEE) reviews<sup>2</sup>.

Five countries - Central African Republic, Rwanda, Tanzania, Madagascar, and Zambia - reviewed their National Action Plan for Health Security (NAPHS) and developed Annual Operational Plans that will guide their investment cases and priority actions.

#### Highlights



**Central African Republic, Rwanda, Tanzania, Madagascar, and Zambia** reviewed their National Action Plan for Health Security (NAPHS) and **developed Annual Operational Plans that will guide their investment cases and priority actions.**

Figure 2: A banner from the IHR-PVS NBW conducted in Ghana in Q4.



### Pillar 3: Systems and tools for implementation of IHR

Malawi, Tanzania, DRC and Eswatini completed their risk assessment using the Strategic Tool for Assessing Risks (STAR). **The STAR offers an easy-to-use toolkit to rapidly conduct public health risk assessment for planning and prioritization of health emergency preparedness and disaster risk management activities.** Following the risk assessment, Eswatini updated its risk calendar.

Contingency plans were developed in Zambia for mpox and cholera. Malawi developed contingency plans for cholera, cyclone/stormy rains, floods, measles/rubella, polio, mpox, road traffic accidents (RTA), rabies and typhoid.

Following the declaration of the end of the Ebola outbreak in Uganda in Q3, WHO EPR took initiative to support

countries in preparedness for future outbreaks. In the previous quarter, only a few neighbouring countries of Uganda were prepared against Ebola. However, in this quarter, support was extended to other countries - CAR, Ethiopia, Somalia, Sudan and Djibouti. The support also included financial and human resource mobilization.

Within the International Health Regulations, Monitoring and Evaluation Framework (IHR MEF), simulation exercises were conducted in Cameroon and Lesotho. IHR MEF provides approaches to review implementation of the core healthcare capacities of countries under IHR<sup>3</sup>. Lesotho conducted a tabletop exercise for testing their points of entry (POE) contingency plan, while after-action reviews (AAR) were conducted in Tanzania for Leptospirosis and South Africa for COVID-19 at the national level. For more information on AAR reviews, please refer to the Q3 report.

<sup>2</sup> <https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/national-action-plan-for-health-security>  
<sup>3</sup> <https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework>

Figure 3: Snapshots of newsletters published weekly on Ebola readiness assessment status.

## South Sudan EVD Readiness | Situation as of Nov 20, 2022

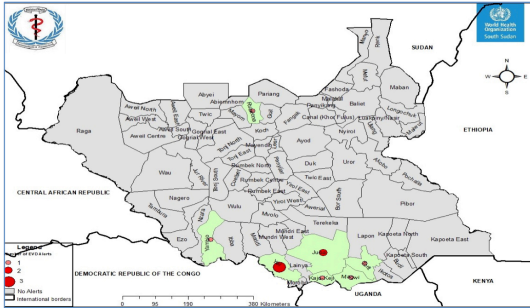
**Key Figures:** People screened at POE – 32,248; Alerts investigated – 22; No. of isolation beds – 36; Partners – WHO, SSRC, IOM, ICRC; Funding gap – 2.3M USD

### Situation update and Risks

- ✓ Number of POEs identified = 55 but 5 are functional: 2 in Nimule, 1 Juba, 1 in Yei, and 1 in Yambio
- ✓ Number people screened = 32,248 in Juba and Nimule
- ✓ Number alerts investigated =21
- ✓ Number functional isolation units = 2 in Juba and Nimule
- ✓ Number beds in each isolation unit = 16 in Nimule, 20 in Juba
- ✓ Number partners present = 4 WHO, SSRC, IOM, ICRC

### Current preparedness and readiness initiatives

- ✓ IMS has been activated; PHEOC is in preparedness/alert mode
- ✓ 72-Hr response plan developed and endorsed by MoH
- ✓ National EVD Preparedness, Readiness, Response Plan developed and endorsed. Approved by Cabinet a 1-year Sep 2022 – Aug 2023
- ✓ Surveillance, case management and IPC training conducted in Kajokeji
- ✓ Complete EVD stakeholders 1 day sensitization for Kajokeji
- ✓ Ongoing HCWs orientation on EVD from health facilities around peripheries of Juba
- ✓ 30 members of National Rapid Response Teams were trained on early EVD detection, investigation and response to EVD alerts



### Operational challenges and gaps

- ✓ High-risk areas (Yei, Kaya, Yambio, Maridi, Kapoeta, Ikotos and Torit) lack funds to establish the screening sites
- ✓ Lack of EVD reagents at National Public Health Laboratory

### ACTIONS expected from AFRO

- ✓ HR required from AFRO to support EVD readiness; IM EVD Liaison office, EVD HIM EVD Communication officer

Budget requirements for SVD response in Uganda and readiness by country										
S/N	Response Pillar	Uganda	South Sudan	Rwanda	DRC	Tanzania	Kenya	Burundi	Partners Regional Offices	TOTAL
1	Leadership, coordination, planning, and monitoring	9,194,007	1,789,618	400,000	1,288,525	1,073,771	859,017	715,847	613,123	15,933,907
2	Risk communication and community engagement and Infodemic Management	5,027,200	1,592,609	1,274,087	1,146,679	955,566	764,452	637,044	665,867	12,063,504
3	Surveillance, case investigation and contact tracing	3,915,500	682,176	545,741	491,167	409,306	327,445	272,871	1,045,130	7,689,335
4	Points of entry, travel, trade and mass gatherings	1,685,725	345,854	276,683	249,015	207,512	166,010	138,341	243,938	3,313,078
5	Laboratories and Diagnostics	1,880,587	312,011	249,609	224,648	187,207	149,765	124,804	1,126,582	4,255,213
6	Infection prevention and control, WASH and Protection of the health workforce	9,484,783	2,486,188	1,588,950	1,230,055	2,691,713	2,153,370	1,719,093	744,166	22,098,319
7	Case management and therapeutics	10,285,985	3,092,943	1,474,355	2,226,919	1,555,766	1,484,613	1,237,177	785,195	22,142,953
8	Operational support and logistics	9,656,564	2,455,999	1,964,799	1,268,320	1,473,600	1,178,880	982,400	1,977,655	20,958,216
9	Essential health systems and services	6,562,150	1,052,347	1,641,878	1,477,690	1,231,408	985,127	820,939	464,341	14,235,879
10	Vaccination	2,000,000	-	-	-	-	-	-	-	2,000,000
11	Research, innovation and evidence	2,000,000	-	-	-	-	-	-	95,000	2,095,000
TOTAL		61,692,501	13,809,746	9,416,102	9,603,017	9,785,847	8,068,678	6,648,516	7,760,998	126,785,405

Through the Capacity for Disaster Reduction Initiative (CADRI), Ghana received technical support for preparedness and response against disaster and events triggered by the effects of climate change. CADRI is a UN-led interagency partnership that helps countries to address the climate and disaster risks.



#### Pillar 4: Workforce development

During the quarter, several virtual and face-to-face webinars were conducted at the national and regional levels on the IHR NFP onboarding, State Party Annual Report training and operational readiness and dynamic implementation and follow-up of National Action Plans for Health Security (NAPHS).

In Mali and Zimbabwe, IHR NFP onboarding training was conducted at the national level for the national focal points and other IHR implementation stakeholders. A total of 15 and 40 participants respectively benefitted from the onboarding exercise.

In October, WHO AFRO conducted an IHR webinar on operational readiness and dynamic implementation of PROSE. A total of 120 participants consisting of NFPs, IHR implementation stakeholders and WHO country office staff enrolled for the webinar.

To foster improved use of the State Party Self-Assessment Annual Report (SPAR) tool, specifically on the conduct of the annual state party reporting exercise, using the self-assessment tool and generating the annual report, a

regional training of IHR national focal points was conducted for 71 NFPs, WHO country office staff and IHR implementation stakeholders from 40 countries. SPAR is a tool that countries can utilize to identify gaps to achieve IHR and report on IHR implementation on an annual basis. It is one of the components of the IHR MEF.

As part of preparedness and cross-border efforts for Ebola virus disease outbreak, 108 frontline health workers from Tanzania (Mainland and Zanzibar), Kenya, and Rwanda were trained on Ebola case management based on their proximity to Uganda and the need to enhance regional preparedness and response capacities to potential Ebola outbreaks.

#### Highlights



**108 frontline health workers from Tanzania (Mainland and Zanzibar), Kenya, and Rwanda were trained** on Ebola case management as part of Ebola readiness for Uganda's neighbouring countries.



**48 public health experts from 18 countries were equipped with critical knowledge and skills** on implementing Strategic Toolkit for Assessing Risks (STAR) to strengthen country-owned capacities to update their risk profiles.



A pool of experts from east and southern Africa were convened in Tanzania **to learn new approaches on biorisk assessments, biosafety, and biosecurity.**





With the aim of **strengthening country-owned capacities** and enhancing country-led updates of their risk profiles, **WHO AFRO worked with 48 public health experts from 18 countries** to equip them (and their countries) with the critical knowledge and skills to **deploy the Strategic Toolkit for Assessing Risks (STAR)**.

The countries included Rwanda, Kenya, South Sudan, Ethiopia, Tanzania (Mainland and Zanzibar), Mozambique, Angola, Namibia, Mauritius, South Africa, Lesotho, Eswatini, Malawi, Comoros, Madagascar, Zambia, Eritrea (attended online), and Zimbabwe.



Furthermore, WHO AFRO convened and trained a pool of experts from eastern and southern Africa in Tanzania to learn new approaches on biorisk assessments, biosafety, and biosecurity – a critical technical area often assessed during the Joint External Evaluations (JEE).

### Dakar Hub and Nairobi Hub: Progress in PROSE priority countries:

Since the last quarter, the recruitment of consultants is ongoing in the Hubs. Additionally, in **Dakar Hub, activities like workshops, risk assessment among others were carried out in Q4**. Orientation workshop was conducted in

Thiès (Senegal) from 7-11 November 2022. **Thirty-three French-speaking experts participated in the workshop** that focused on strategies and tools for emergency preparedness in west and central Africa.

Figure 4: Orientation workshop conducted for French-speaking experts on strategies and tools for emergency preparedness.



Figure 5: Activity-wise update of PROSE priority package

Activities	Congo	Zambia	South Sudan	Rwanda	South Africa	Tanzania
STAR	●					●
Risk calendar / Country profile			○	●		
NAHPS and AOP		●		●	●	●
MHRP				●	●	●
JEE						●
Simulation exercise			●	●	●	

● Completed ○ Ongoing ● Planned



In quarter 4, there was noted progress with respect to the PROSE priority activities in priority countries from Dakar and Nairobi Hubs.

**Congo and Tanzania had their risk assessment done through STAR tool,** while risk profiles were updated in Rwanda. NAPHS review was conducted in Zambia, Rwanda and Tanzania, and a simulation exercise was conducted in South Africa.

Apart from the progress of PROSE **implementation in priority countries, other countries from the Dakar and Nairobi Hubs were supported based on the interest** shown by the country government.

CAR and Madagascar completed NAPHS review in Q4. **The risk assessment through STAR was completed in Eswatini and Malawi. Eswatini also updated its risk calendar and developed contingency plans** for mpox and cholera.

## Key Collaborations

External partnerships with organizations like ECSA and Resolve to Save Lives supported the PROSE implementation in Q4.



WHO AFRO partnered with **East, Central and Southern Africa Health Community (ECSA)**, to support phase 1 priority countries of Nairobi hub with risk assessment and Multi-Hazard Response plan development. ECSA is an intergovernmental organization that promotes regional corporation to address health needs in its member states.

WHO AFRO partnered with **Resolve to Save Lives**, to support the Nairobi hub countries with the development of NAPHS and capacity building for PROSE implementation. Resolve to Save Lives is an initiative by Global Health Organizations to save lives of people from pandemics and cardiovascular diseases.

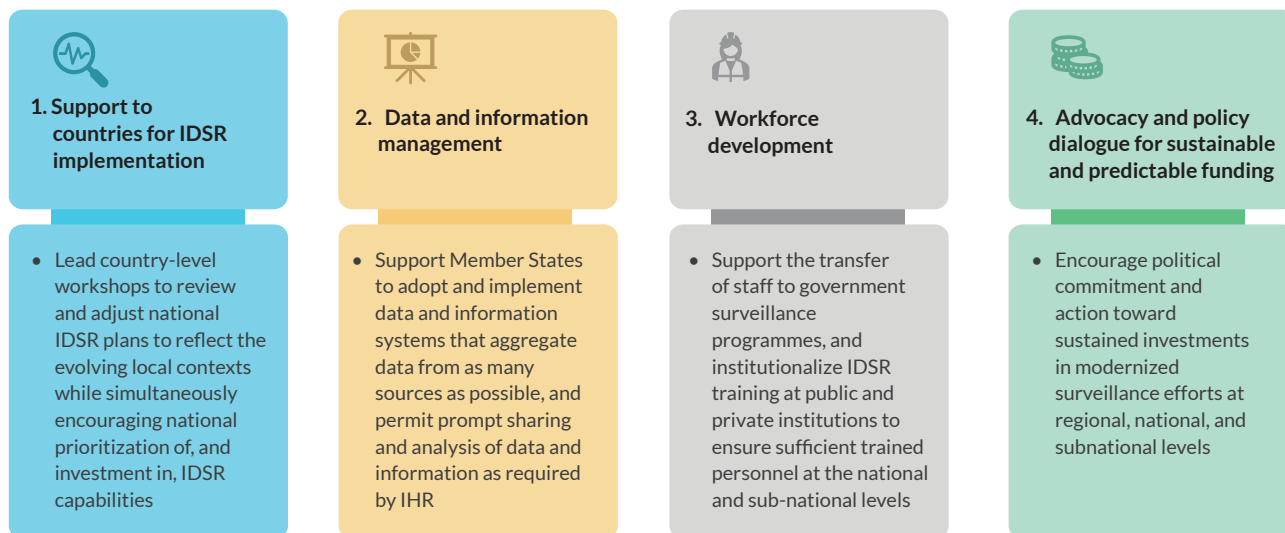


## B. Transforming African Surveillance Systems (TASS)



The flagship, Transforming African Surveillance Systems (TASS), continued to focus efforts this quarter on providing support to Member States for implementation of Integrated Disease Surveillance and Response (IDSR).

Figure 6: The pillars of the TASS flagship programme



### Pillar 1 – Support to countries for IDSR implementation

In most countries of the African region, the IDSR has been implemented for about two decades; however, full implementation has not been achieved. To ensure country-level surveillance plans are up-to-date and in line with the evolving landscape in Q4, focus has been on strengthening national ownership.

WHO AFRO is implementing a catch-up project for countries with the largest IDSR implementation gaps.

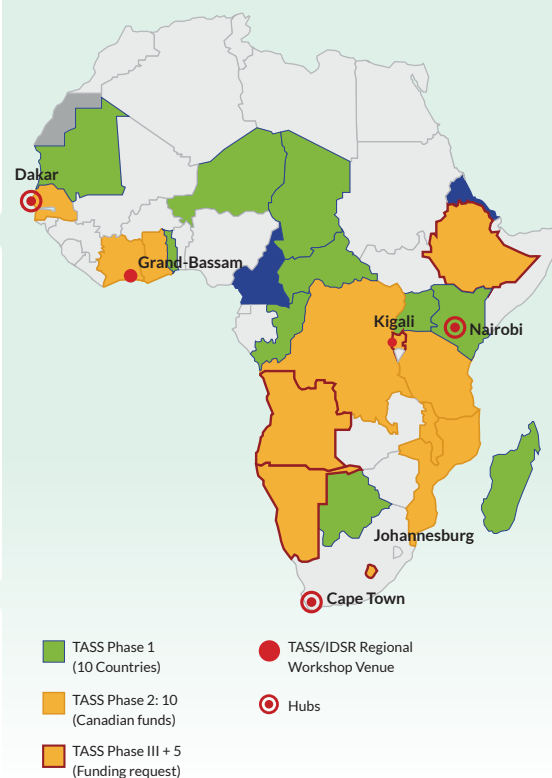
The plan is to support the development of IDSR improvement, operational plans in 12 countries, disseminate IDSR training materials and tools in 10 targeted countries, and conduct IDSR national Training of Trainers (TOT) for central trainers in eight countries, as well as conduct IDSR training at the subnational level in 10 targeted countries.

#### There are three phases for selection of countries under the TASS Acceleration project.

This quarter, TASS Acceleration phase I includes 10 countries aligning with SURGE phase I and part of SURGE phase II: Niger, Togo, Botswana, Mauritania (4 of the 5 SURGE I countries) and CAR, Chad, Congo, Kenya, and Uganda (5 of the 12 SURGE II countries) and Madagascar.

Phase II includes 15 countries including 10 countries funded through the Canadian project: DRC, Senegal, Cote d'Ivoire, Tanzania, Mozambique, Ghana, Malawi, Cameroon, Gambia, and Nigeria (from SURGE I), as well as Rwanda (from SURGE II), two countries ready with a reviewed TASS acceleration workplan (Namibia, Lesotho) and the remaining SURGE II countries (Angola and Ethiopia).

Phase III includes four initial countries, out of which two countries are ready with a reviewed TASS acceleration workplan (Namibia, Lesotho), as well as the remaining SURGE II countries (Angola and Ethiopia).



Currently, a total of 10 countries have received more than 50% of their allocated funds (in September and November) including Niger, Togo, Botswana, Mauritania, CAR, Chad, Congo, Kenya, Uganda, and Madagascar.

The health emergencies and risk assessment programme (HIR) team is

monitoring implementation in these 10 countries through the WCO focal points.

In line with strengthening IDSR in the Member States, **WHO AFRO organized specific activities (in Niger, Togo, Botswana, Mauritania, CAR, Chad, Congo, Kenya, Uganda, and Madagascar)** with a vision to scale up

IDSR implementation, improve data management systems and analytics capacity, strengthen diagnostics and genomic sequencing, improve systems for monitoring and evaluation of IDSR performance, and enhance advocacy and coordination of IDSR activities.



**Kenya has demonstrated significant progress and has accelerated the implementation of the IDSR strategy. For instance, a national Training of Trainers (TOT) workshop was conducted to train a pool of master trainers on IDSR. Furthermore, the Ministry of Health was onboarded on the Epidemic Intelligence from Open Sources (EIOS) global initiative for strengthening event-based surveillance and response.**

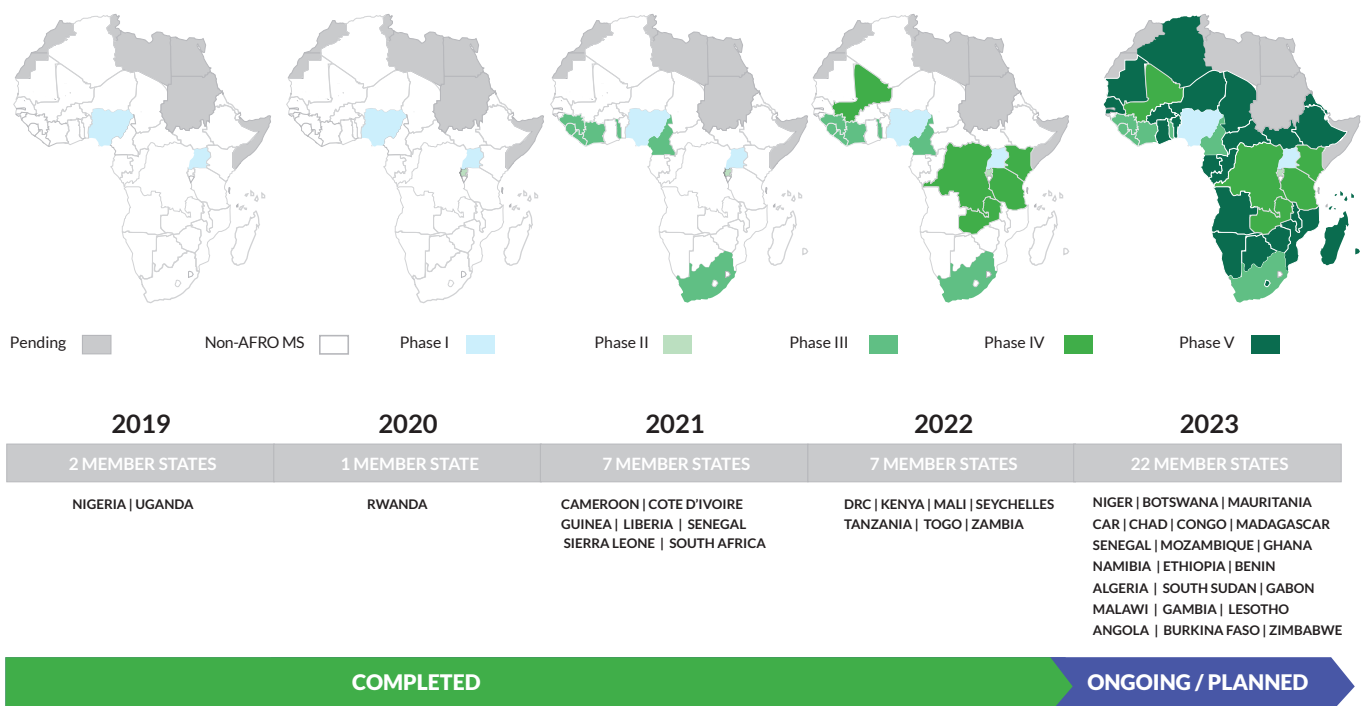


**Pillar 2: Data management and digitization**

In order to enhance public health intelligence and risk assessment, while also strengthening diagnostics and genomic surveillance in Member States, WHO AFRO rolled out a public health intelligence tool, EIOS.

The EIOS initiative is a unique collaboration between WHO and various public health stakeholders around the globe, which brings together new and existing initiatives, networks, and systems to create a unified all-hazards One Health approach to early detection, verification, assessment and communication of public health risks and threats using publicly available/open-source information.

Figure 7: Epidemic Intelligence from Open Sources (EIOS) expansion



**Kenya has been uniquely positioned to be part of the EIOS network of experts.** With the support of EIOS initiative, there were stronger integrated surveillance systems in Q4, enabling quicker detection and action to prevent and timely respond to outbreaks.

**A workshop conducted on EIOS in Kenya was a platform for knowledge exchange that enabled sharing of valuable experiences, requirements and lessons learned that have supported the Kenyan Ministry of Health** in scaling up both the event-based reporting system and IDSR strategies that drive IHR. This has resulted in better coordination of preparedness for and response to priority diseases, conditions and events by the MOH structures (both national and devolved) working in collaboration with relevant programmes and stakeholders.

**Moreover, the activities resulted in better understanding of how EIOS fits within the public health intelligence (PHI) framework** and supports early warning and detection. As a next step towards enhancing EIOS initiative, the focus would be on institutionalization and operationalization of the Kenyan EIOS Community Platform.

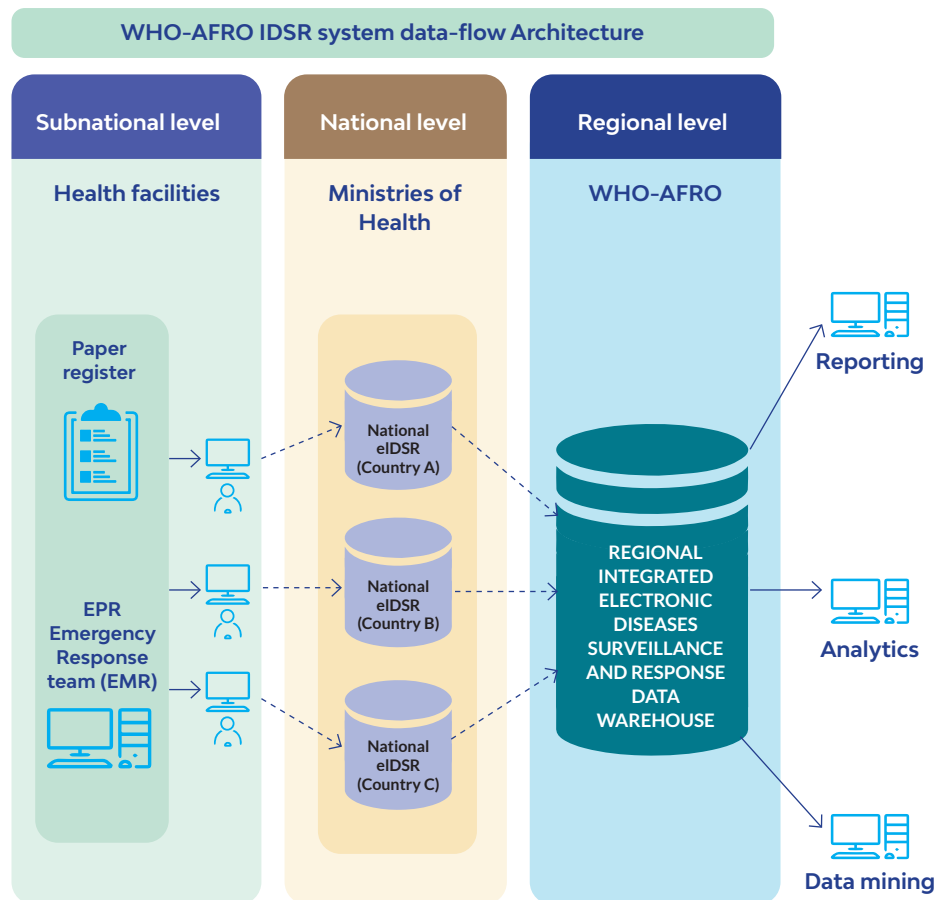
**Similarly in Niger, the ministries of environment, education, and hydraulics participated in the training of Health Programming and Information Services (HPIS) managers of 72 Health Districts and 55 One Health providers on the third generation of IDSR including IHR 2005.** The training was followed by provision of epidemiological surveillance data to health facilities, and as a result all public and private health facilities in the country are equipped with these data sets. In order to strengthen diagnostics

and genomic sequencing, provision of reagents and training of laboratory managers in the biological confirmation of cases was conducted, and as a result genomic surveillance activities for SARS-CoV2 and other related pathogens, and the capacity of laboratory officers in the biological confirmation of cases have been strengthened.

Implementation of the electronic IDSR has been initiated with the designing of data architecture to help streamline the process of data collation across countries. This has enhanced flow of data by leveraging eIDSR in order to create a holistic picture of three aspects: case-based reporting system, event-based reporting system and indicator-based reporting system.



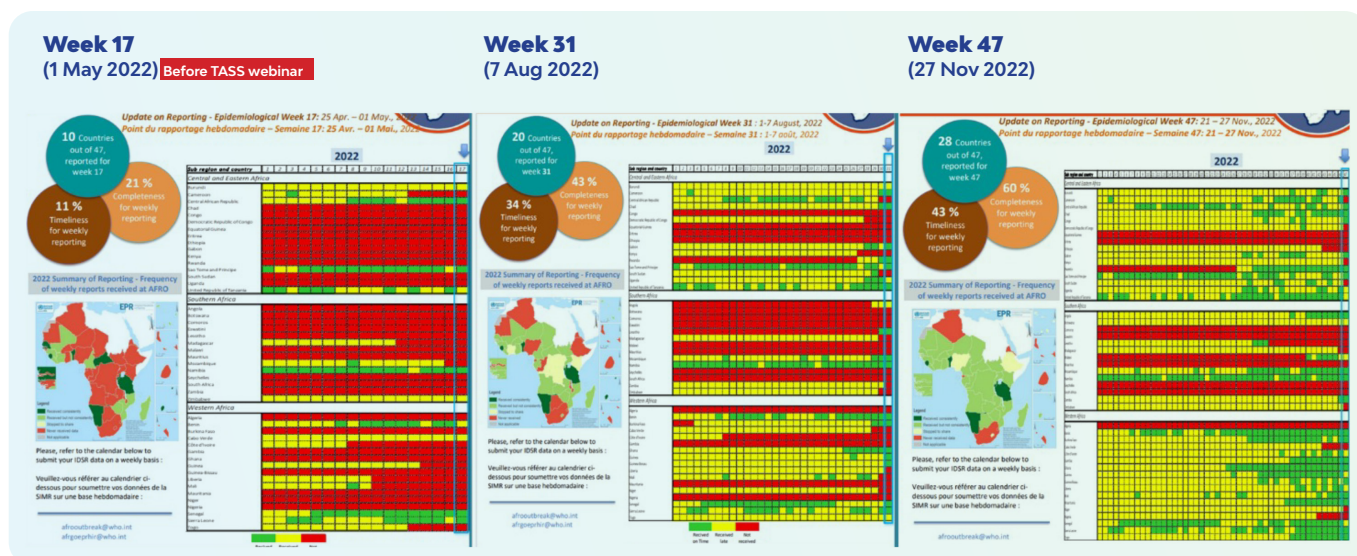
Figure 8: The system flow for data exchange



TASS is also working towards the implementation of an AFRO-centralized surveillance data management and knowledge management platform. All countries conduct validation of IDSR data before publication and sharing.



Figure 9: IDSR weekly reporting to AFRO: Incremental progress being made



In an effort to improve data management systems and analytics capacity in Togo, WHO AFRO supported the surveillance focal points, laboratory and data managers at all levels with internet package to facilitate data management and sharing. Further, a threshold analysis was conducted of diseases with epidemic potential, and a bridge between District Health Information Software 2 (DHIS2) and telecommunications operators was established for early warning.

In Mauritania, there is an ongoing discussion with International Center for AIDS Care and Treatment Programs (ICAP) -Columbia University for collaboration on monitoring and evaluation of TASS project activities to improve systems for monitoring and evaluation of IDSR performance.

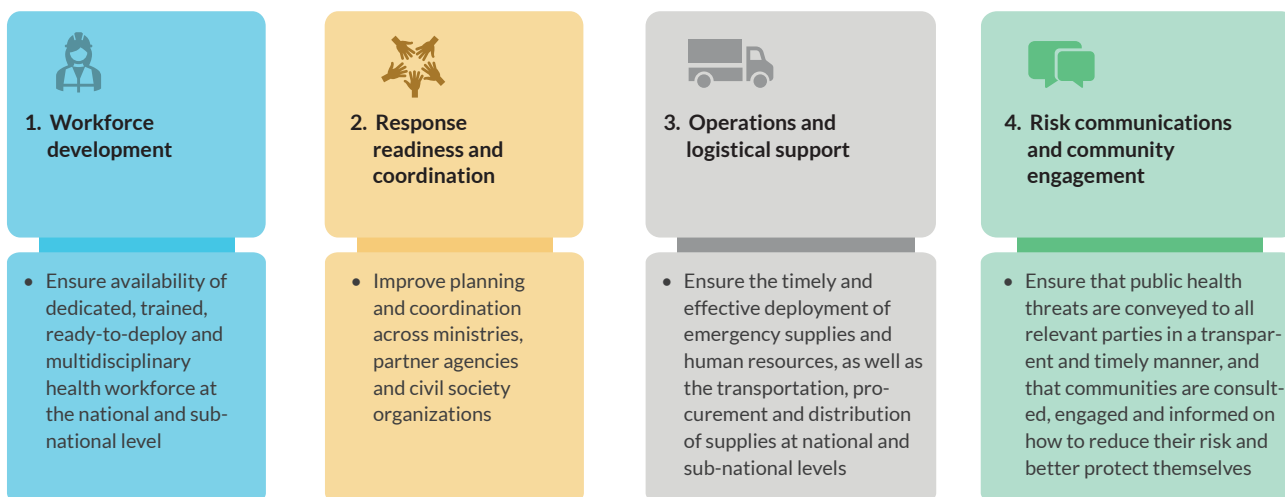


## C. Strengthening and Utilizing Response Groups for Emergencies (SURGE)



In the fourth quarter of 2022, progress was noted in all the pillars of the SURGE flagship. This quarter focused on updates from the scoping missions and developments in each of the SURGE EPR pillars. To recall, the four pillars of SURGE EPR are illustrated in Figure 10.

Figure 10: The pillars of SURGE flagship and focus areas



The WHO AFRO EPR team, in collaboration with Africa CDC, conducted scoping missions to engage Member States in the implementation of the EPR flagships. The scoping missions were carried out in six countries as illustrated in Figure 11.

Scoping missions are commissioned by WHO AFRO to Member States to conduct advocacy meetings with in-country stakeholders, carry out situation analyses and develop joint government-led roadmaps that will facilitate the implementation of the EPR flagships. Findings from the situation analysis and priorities setting inform the implementation activities that are costed and rolled out in line with the roadmap.

In Q4, all six countries were supported to finalize and validate the drafted roadmaps that were then presented to the respective governments before the departure of the scoping mission teams. WHO also provided seed funding of about US\$ 2 million to commence the implementation of these activities through a government-led multisectoral approach.

Figure 11: Scoping Missions: Countries Covered

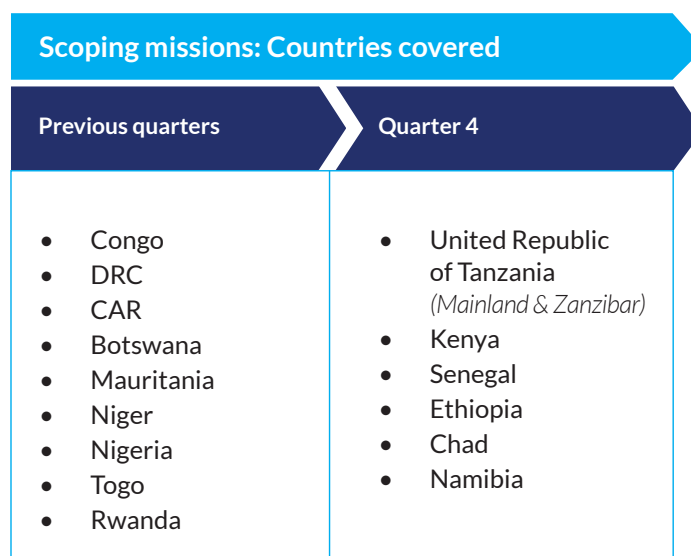
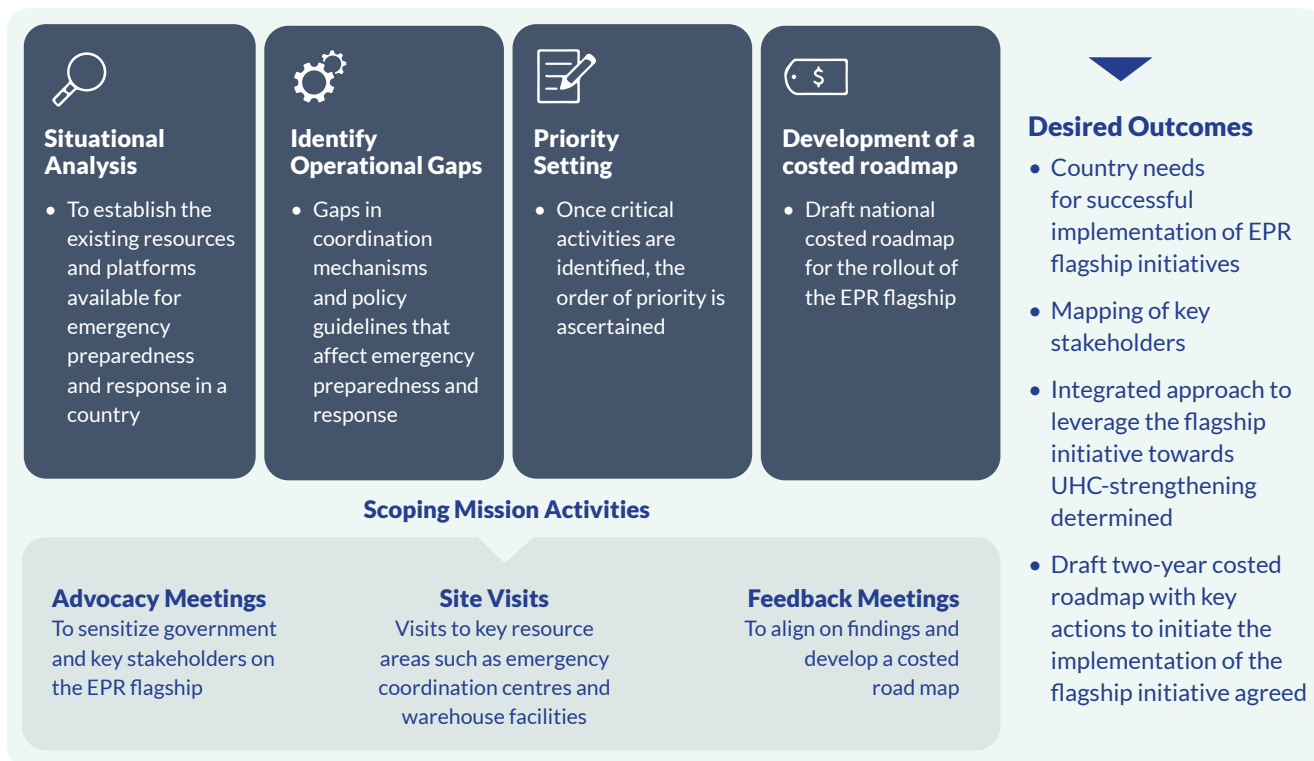


Figure 12: Scoping missions - approach, activities and expected outcomes



The scoping mission is a collaborative exercise. In Q4, the WHO AFRO EPR team engaged with 44 high-level government leaders including ministers as well as key stakeholders within government sectors, development partners, bilateral and multilateral agencies, academic institutions, and the private sector.

Figure 13: The Cabinet Secretary of Health, Susan Nakhumicha Wafula (in red), with the WHO delegation during the scoping mission in Kenya



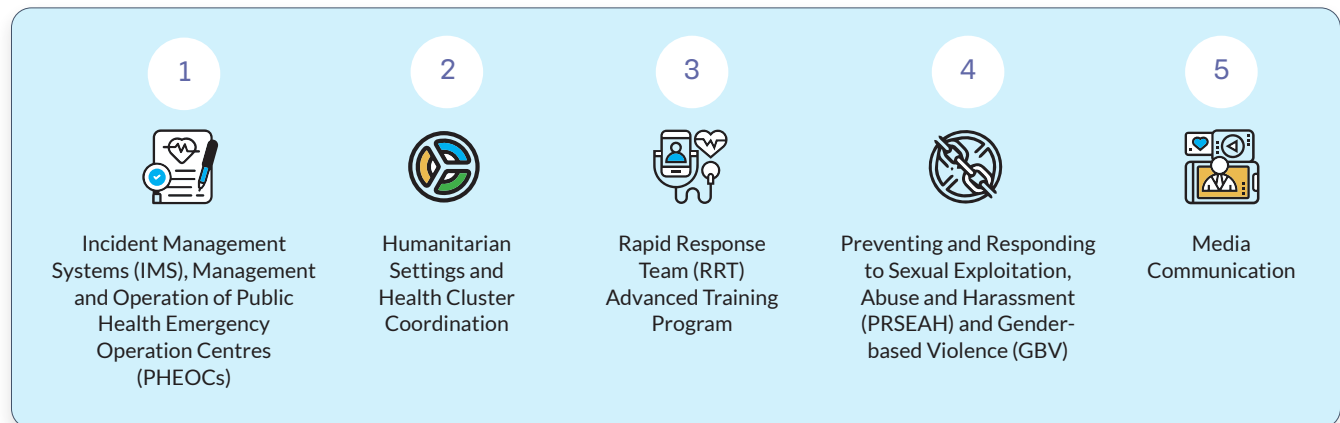
Figure 14: Roadmap Development in Tanzania - a key deliverable of the scoping mission



There was progress across the four pillars of the SURGE flagship. Here are some updates on the momentum across each pillar:

### Pillar 1: Workforce development

**This pillar focuses on establishing and building the capacity of national-level cadres of trained, local multidisciplinary human resources that can be mobilized during emergency response. These African responders, known as AVoHC-SURGE, can be rapidly deployed in the event of health emergencies.** Each country has identified at least 50 national responders who will be trained on core aspects of emergency preparedness and response. The training comprises five modules:



Namibia identified and trained AVoHC-SURGE members during the quarter under review. The remaining five countries have started their selection process, and there are plans for training to commence in the first quarter of 2023.

The list of modules completed, and the number of participants so far is indicated in Table 1.

*Table 1: Modules completed and the number of participants in each module*

S/N	Countries	PHEOC and IMS	Humanitarian Overview and Health Cluster	RRT	GBV and PRSEAH	OSL	Number of participants
1	Botswana	●	●	●	●		70
2	Mauritania	●	●	●	●	●	52
3	Niger	●	●	●	●	●	53
4	Togo	●	●	●	●	●	57
5	Namibia	●	●				49
6	Nigeria	●	●	●	●		84

### Capacity Building to conduct digital training

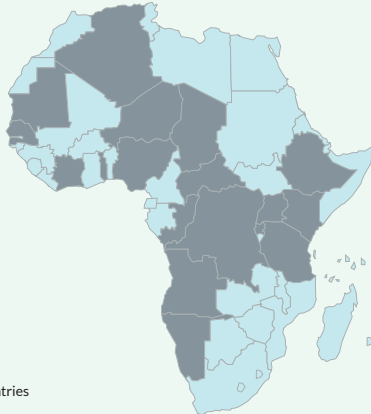
At the onset of Q4, a training focused on scaling capacity of countries to deliver digital learning was carried out in Abidjan and Grand Bassam, Cote d'Ivoire between 27 September and 2 October 2022.

The training was organized by the WHO AFRO training team in collaboration with two key partners - Extension for Community Healthcare Outcomes (ECHO) and the University of New Mexico (UNM). This training was hosted by "Institut National de Santé Publique" (National Institute for Public Health, IINSP) in Cote d'Ivoire.



**The participating countries at the training were:**

Algeria, Angola, Chad, Congo, Cote d'Ivoire, Ethiopia, Kenya, Namibia, Niger, Nigeria, Mauritania, CAR, DRC, Rwanda, Senegal, Tanzania, Togo, Uganda with some trainers from USA.



Participating countries

**The main objectives of the workshop were to:**

Improve the understanding of SURGE country focal persons on technology needs and the educational component of the digital learning platform.

Sensitize all countries' focal points (WCO & Member States) on the SURGE project as well as its "Digital Learning" module.

Train focal points in the use and management of the SOCION platform<sup>4</sup>.

Support the acceleration of the engagement of the countries to progress the installation of the video-conference equipment, in all selected countries, in parallel rather than one at a time.

Strengthen capacities of the focal points for the setup in each country of the region of at least one videoconferencing room equipped and designed to standard norms.

During the workshop, participants were trained on the layout and the installation of video conference equipment and the organization of interactive virtual training sessions.

Through the workshops, participants built an understanding of the technology requirements for effective digital learning. They also learned how to use the video conference equipment and other features of the ECHO digital learning platform e.g., community of practice (CoP).

The digital learning platforms were installed by WHO with support from other partners on the ECHO project.

Figure 15: Training on Digital Learning platform and effective delivery of digital training



**1.2 Responders database**



4 SOCION Participatory Digital Attestation (PDA) is a platform for managing the follow-up of training by learners. It also allows the automatic issuance of attestation of participation in training. Attestation is a "digitally verifiable record" of their participation in a training.

## Pillar 2: Response readiness and coordination

This pillar aims to establish and build capacity of Public Health Emergency Operations Centres (PHEOCs) in all the WHO AFRO member countries. A PHEOC is a hub for coordinating the preparation for and response to public health events (PHEs). It brings together multidisciplinary and multisectoral experts to coordinate responses to such PHEs in a structured manner using the Incident Management System (IMS). It also enables collaboration, communication and availability of real-time quality information for evidence-based decision making and coordination of effective operations during PHEs.

### WHO AFRO supported Equatorial Guinea and Niger to establish new national-level PHEOCs by:



Developing equipment needs



Creating infrastructure specifications



Supporting procurement and installation in designated facilities hosting the Emergency Operation Centers (EOC). The addition of these two countries, has increased the number of PHEOCs in the region from 37 to 39.



Benin, Burundi, Cape Verde, Equatorial Guinea, and Ghana were also supported to develop a legal framework, handbook for operations and management, Concept of Operations (CONOPs) and different SOPs to support EOC response operations. Multisectoral validation workshops were held in each of these countries to review and validate the developed documents including training SURGE personnel from both PHEOC and IMS and conducting simulation exercises to test skills, functionality of the plans, and response capabilities.

### Capacity Building for PHEOC



Through support from the PHEOC network, facilitators were provided by WHO, Africa CDC, UK Health Security Agency, and Robert Koch Institute to conduct the onboarding training of AVoHC-SURGE members in Nigeria and Namibia and were trained on Module of the SURGE training package focusing on public health emergency management.



In addition to the AVoHC-SURGE Member States, WHO AFRO PHEOC, in collaboration with Africa CDC team, supported training in emergency management at basic and intermediate levels in Benin, Burundi, Cape Verde, Equatorial Guinea and Ghana.



The training included on-the-job training to PHEOC routine staff on operations of the PHEOC during the different emergency management cycles, and to IMS surge staff on emergency management concepts and principles, setting up and activating the incident management system (IMS), PHEOC operations and management, emergency management planning, response operations etc.



■ Onboarded AVoHC-SURGE

■ Countries trained in emergency management

Regional simulation exercise



6 Dec 2022

7 Dec 2022

WHO, in collaboration with Africa CDC and African EOC Network, conducted a regional simulation exercise focusing on testing Ebola Preparedness and Response from 6 to 7 December 2022. Thirty-six countries within the African region participated in the simulation exercise that tested the national PHEOC's readiness to respond to an Ebola virus disease (EVD) outbreak. An EVD outbreak embedded in a humanitarian crisis was utilized as a scenario.

The exercise provided an opportunity for the following processes to be tested - **risk assessment, grade-level determinations; procedures for transition to alert and response modes; notification processes to relevant stakeholders; activation of different emergency management policies, plans and procedures** including multi-hazard preparedness and response plan, response plans including decision-making procedures for response operations and engagement of multisectoral stakeholders, information

management as well as cross-border PHEOC to PHEOC communication.

**The exercise was run by the exercise management team setup in Brazzaville and facilitated by WCO and African EOC Network controllers and evaluators.** An exercise report is currently being developed and will be finalized in Q1 of 2023.



Scan to visit

Launch of African EOC Network website

The African EOC Network, established in November 2015 by the WHO Regional Office for Africa, in coordination with the WHO Health Emergencies Programme, has been working towards finalizing the website launch. The Network is a key regional platform for collaboration, communication, and exchange of information for ultimately improving the quality and efficiency of public health emergency management.

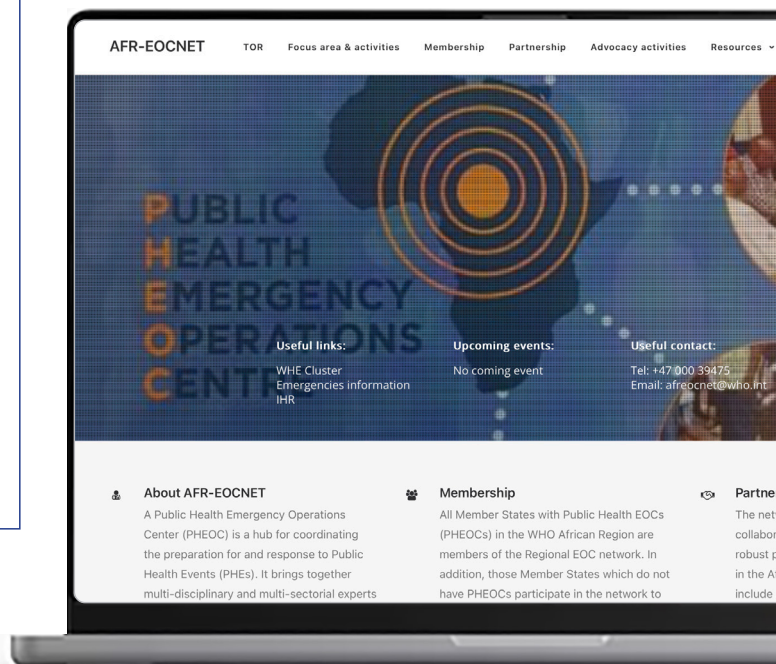
The Network is a key regional platform for collaboration, communication, and exchange of information for ultimately improving the quality and efficiency of public health emergency management. The Network is also a platform for enhancing partnerships and the synergy of national, regional and global efforts to support countries in the WHO African region.

The website, developed for the Regional PHEOC network (AFR-PHEOC-NET), and set to launch in Q1 of 2023, will serve as a platform for communication, information sharing and exchange of best practices among the PHEOCs in the region.

The site is:

<https://pheocnet.afro.who.int/>

Figure 16: Screenshot of the AFR-EOCNET landing page





**Pillar 3: Operation Supplies and Logistics (OSL)**

**This pillar focuses on the rapid deployment of health products and technologies to strengthen health emergency responses.** Key elements that enable rapid deployment are adequate stockpiles and a strong pool of local vendors that help to reduce the

lead time associated with importation. As such, the value of strengthening relationships with local networks of distributors cannot be overstated. In this regard, in Q4, there were intentional efforts to increase the pool of vendors through outreaches, specifically involving prioritization of local suppliers and strengthening quality assurance from local vendors. The 9th Annual East Africa

Humanitarian Public Private Partnership (PPP) & Procurement Summit hosted in Nairobi between 7 and 9 December 2022, provided a platform for knowledge-sharing among humanitarian agencies as well as a chance for these agencies to engage with local vendors.

**OSL support to member states**

In the last quarter, the Nairobi hub has made a prolific 50 dispatches to 25 countries across the continent. This support in the form of medical supplies and health technology products was crucial in minimizing the loss of lives from health emergencies.



**The Nairobi Hub was instrumental in supporting country efforts towards Ebola virus disease preparedness and response** by prepositioning critical supplies such as Ebola test kits, personal protective equipment (PPE) and vaccine carriers to the country offices in Kenya, Tanzania, Somalia, Sudan, South Sudan and Uganda.

*Figure 17: Adama Thiam (Speaking), Head - Emergency Operations and Logistics Support for WHO-AFRO, at the annual procurement summit in Nairobi*



The hub also deployed cholera test kits to Mozambique, South Sudan, Gambia, Malawi, Ghana, Burundi, Guinea Bissau, Kenya, CAR and DRC.

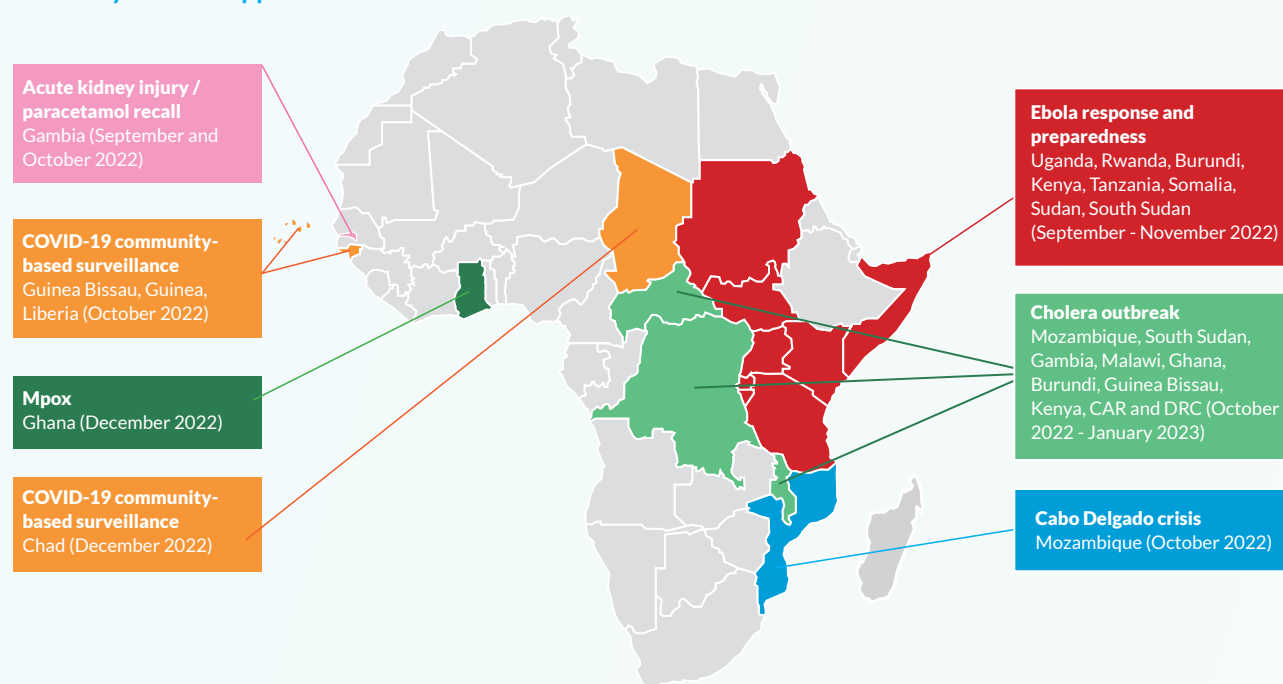
Further, the hub provided support for the crisis in Gambia that was caused by the sale of contaminated

pharmaceuticals through haemodialysis machines and associated accessories.

In response to mpox, the hub also dispatched reagents and PPEs to Ghana.



### Summary of OSL support to Member States



The hub also dispatched interagency emergency health kits (IEHKs) to CAR, Mozambique and Kenya. IEHKs are designed to meet the priority health needs of a population affected by emergencies, having limited access to routine health care services. They contain medical supplies that can cater to a population of 10,000 people for 3 months.

In addition to this, the hub supplied ready-to-use therapeutic food (RUTF) to

Kenya to help combat the humanitarian crisis occasioned by the drought.

Lastly, the EPR cluster through the OSL flagship continues to support the effort against COVID-19, and in the last quarter, dispatched COVID-19 rapid tests to Guinea Bissau, Guinea, Liberia, Gabon, Madagascar, Cabo Verde, Chad and South Africa.






The OSL team has provided logistical support for operationalization




of warehouses and equipping of emergency expert teams with transport means in different countries. Since Q2 2022, support was provided to the following countries:

Botswana, Mauritania, Niger, Nigeria, Togo, Central African Republic, Congo, Dem. Rep. Congo, Namibia, and Rwanda.

In Q4, there was some progress in key OSL indicators in additional countries as indicated in Table 2.

Table 2: Status of key OSL indicators across Q4 countries

Country	1. Status of equipping emergency expert teams with transport means	2. Status of improvement or setup for warehousing	3. Identification of priority medical supplies for immediate procurement	4. Procurement of priority medical supplies
 Chad	Eight vehicles delivered to WHO. Handover not yet done - under process (MoU not yet signed)	MoH under consultation with partners	Quantification ongoing	Procurement not yet initiated
 Ethiopia	Eight vehicles are being delivered from the supplier to Ethiopia WCO	Resource mobilization to be launched	Quantification to be initiated	Procurement not yet initiated
 Kenya	Eight vehicles delivered to WHO and handed over to MoH	Resource mobilization ongoing	MoH to provide the quantification through WCO	Procurement initiated by AFRO/OSL
 Senegal	Eight vehicles not yet delivered	MoH under consultation with partners	Quantification ongoing	Procurement not yet initiated
 Tanzania Mainland	Eight vehicles delivered to WHO and handed over to MoH	Central medical store needs to be extended and resource mobilization to be launched	Quantification to be initiated by MoH	Procurement not yet initiated

Country	1. Status of equipping emergency expert teams with transport means	2. Status of improvement or setup for warehousing	3. Identification of priority medical supplies for immediate procurement	4. Procurement of priority medical supplies
 Zanzibar	Six vehicles not yet delivered	Resource mobilization ongoing	MoH provided the quantification through WCO	Procurement initiated by AFRO/OSL
 Angola	Eight vehicles delivered to WHO and handed over to MoH	Resources mobilization ongoing	MoH provided the quantification through WCO	Procurement initiated by AFRO/OSL
 Uganda	Eight vehicles delivered to WHO and are being used for Ebola response	Resources mobilization ongoing	MoH provided the quantification through WCO	Procurement initiated by AFRO/OSL

### Pillar 4: Risk communication and community engagement (RCCE)

In the past quarter, the RCCE programme has continued to support health ministries in developing key messaging in response to outbreaks.

#### Awareness campaigns

The team has been instrumental in raising awareness on not just the importance of emergency preparedness, but in raising disease-specific awareness through coordinating several awareness campaigns targeted at specific outbreaks such as the Ebola outbreak in Uganda.



Figure 18: Awareness Campaigns involving Boda Boda drivers in Kampala



Figure 19: Village Health Team conducting awareness campaign



Under the leadership of the Ministry of Health in Uganda and with support from WHO and other partners, Kampala’s health authorities conducted a 7-day awareness campaign on Ebola.

“ We tell people in communities that Ebola kills. We tell them about the signs and symptoms. We tell them how they can avoid it. We tell them what they can do if they find sick people in the community. We even give them the number of the ministry of health for those health workers so that in case a person dies, or a person is sick they don’t handle those sick patients themselves they call the health workers. So, we tell them a lot about Ebola so that they can avoid it because we don’t want Ebola back in our communities ”

Claire Arinaitwe, Village Health Team, Kampala

Under the RCCE pillar, support was provided to the countries most affected by mpox (Nigeria, DRC, Ghana, and Liberia). This was done through development and sharing of RCCE guidelines on mpox to monitor countries’ readiness and capacity to respond. In addition, the team supported the development of mpox IEC materials. The team also continues to provide technical support to the mpox Incident Management Support Team (IMST).

## Training in RCCE

In the quarter under review, training on the use of participatory monitoring and evaluation online systems to capture data on activities undertaken was conducted in Gabon. The training targeted 33 participants drawn from various ministries, civil society organizations (CSOs), and non-governmental organizations (NGOs). The training resulted in the online documentation of RCCE activities.

The RCCE team supported Cameroon, Gabon, Kenya, and Senegal to document RCCE response activities to the COVID-19 pandemic, which led to the development of case studies using the Sense-making approach. Sense-making is the process by which people give meaning to their collective experiences. This approach was further used to support countries in identifying factors associated with increases or decreases in both incidents of cases and RCCE response activities.

The lessons learned have been used by the countries to revise their RCCE strategies, addressing the behaviour challenges. For example, high-level administrative and political engagements were key to achieving high-level advocacy, social mobilization, and effective Risk Communication Community Engagement (RCCE) on COVID-19. Kenya and Senegal have documented and published their key findings.



## Development of Regional RCCE Strategy and Country Roadmaps

**The RCCE pillar also provided support to three countries (Ethiopia, Kenya, and Namibia) for the introduction and development of RCCE roadmaps.** During the missions, group work was undertaken to understand the countries' context and identify strengths, gaps, and opportunities to leverage for accelerating progress toward the rollout of the flagship project.

**A workshop to guide the development of the Regional RCCE Strategy was conducted from 13 to 16 December 2022 in Brazzaville.** Participants for the workshop were drawn from the regional office, two hubs, and eight country offices. The workshop resulted in the identification of strategic objectives and overall frameworks of the strategy.

**The pillar also provided support to 15 high and intermediate risk countries to accelerate the implementation of regional framework of the global initiatives to defeat meningitis by 2030.** These countries were supported to develop their national strategic plans, paying attention to their different contexts.



02

## WHO AFRO's response to Grade 2 and 3 events



World Health  
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ENSURING HEALTH  
SECURITY IN THE  
AFRICAN REGION

Emergency preparedness  
and response flagship  
initiatives

## Response to Grade 2 and 3 events

In congruence with its Triple Billion targets, WHO in the African Region has continued to work together with other agencies and response partners to support the affected populations in the Member States and protect at least 1 billion people from the effect of health and humanitarian emergencies.

In Q4 of 2022, fewer new acute events were reported compared to the first three quarters. A major part of the response focused on the ongoing events of Q3 such as the Ebola outbreak in Uganda caused by the Sudan virus, the multicountry mpox and yellow fever outbreaks, the COVID-19 pandemic, and the humanitarian crises in the Sahel, the greater horn of Africa and Northern Ethiopia.

WHO AFRO's response efforts have played significant roles in strengthening the response efforts for Ebola outbreak in Uganda and yellow fever in the affected countries, while sustaining response interventions in other affected areas within the region. As of 20 December 2022, 156 events were being monitored in the region. These included 135 outbreaks and 21 humanitarian events. There were 38 graded events requiring WHO's operational support.

### Summary of graded events:

**Over US\$ 8,000,000** utilized to support countries across Africa to manage various events over this period.

**Over 135 experts, 1000 health workers, 1155 IPC professionals** and more than 500 extra personnel were deployed for HCW, GBV, and Nutrition Surveillance.

**156 events were being monitored by WHO in the African region.** These included 135 outbreaks and 21 humanitarian events.

These included seven protracted, 24 Grades 2 and five Grade 3 events. The Sudan Ebola virus diseases (SVD) outbreak in Uganda was scaled up to grade 3 and the cholera outbreak in Malawi was downgraded to grade 2.



## Response to Humanitarian Events

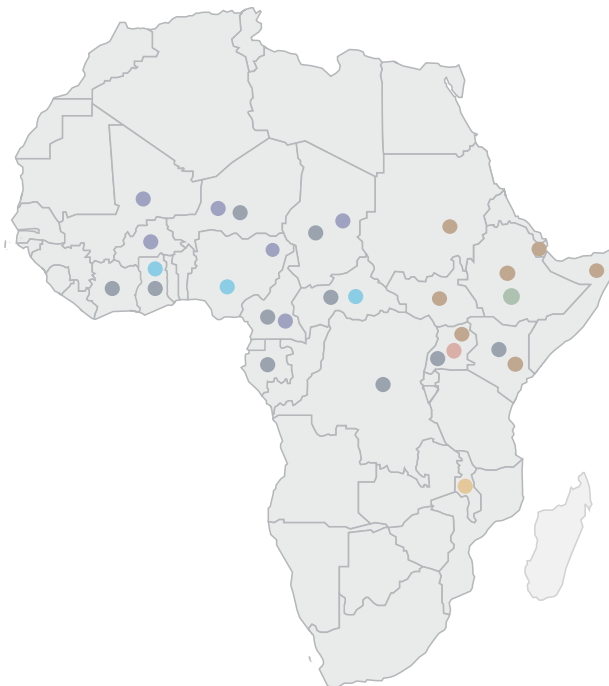
### SVD in Uganda

**Date:** Declared on 20 September 2022 and upgraded to Level 3 response on 7 October 2022  
**Cases:** 164 cases (142 confirmed and 22 probable 25 death cases)  
**Status:** Ongoing

**\$ 7,500,000** so far, in addition to the **\$3 million** disbursed for activities to support readiness in the neighboring countries.

**15000 PPES, 60 pallets** of assorted IPC and medical supplies. **8 Ebola kits, 1920 Sudan virus PCR test kits**

**133 experts** were deployed by WHO while supporting the MoH to recruit and deploy **80 epidemiologists and 48 clinicians, 1000 health workers, 1155 IPC professionals**



### Humanitarian Crises in the Sahel

**Date:** 10 February 2022  
**Status:** 2 Protracted

**\$4.2million** utilized

### Drought and Food Insecurity in the GHOA

**Date:** 20 May 2022  
**Countries:** 8

**70 International Experts**

### Multicountry yellow fever response

**Date:** 30 November 2021  
**Countries:** Cameroon, Chad, CAR, Rep of Congo, Cote d'Ivoire, DRC, Ghana, Niger, Nigeria, Uganda, Kenya and Gabon

**107.5 million doses**

### Cholera in Malawi

**Date:** Declared a Public Health Emergency on 5 December 2022 by the government of Malawi  
**Status:** More than 1.5 million doses of OCV have been administered out of the 2 million targeted. Other areas of the response being supported by WHO include water quality monitoring, surveillance, and case management

**1.5 million doses of OCV** have been administered

**5 experts** were deployed

### Mpox

**Date:** 23 July 2022  
**Countries:** 3  
**Status:** Ongoing

WHO will continue supporting governments and Member States to strengthen countries from within and engage in international collaborations to contain the outbreak

### The Humanitarian Crises in Northern Ethiopia

**Date:** 19 November 2020  
**Status:** Active Protracted

**Over 700 measles vaccines** administered  
**1 million OCV**

**54 MHNT, 470- RRT 426 HCW-SAM 26-HCW-GBV 50-Nutrition Surveillance**



## Responding to Humanitarian Crises

### GHoA

#### Food Security in the Greater Horn of Africa (GHoA)



As prospects of a fifth consecutive season of drought with dire consequences looms, efforts were focused on supporting the regional governments and other response partners to reach the people in need.



Four active health clusters and more than 45 subnational clusters have been established across the affected countries (Ethiopia, Sudan, Somalia, South Sudan).



As part of building capacity, more than 70 international deployments were made, and trainings were organized to build local capacity. WHO, in collaboration with other response partners, has issued a joint statement underpinning the magnitude and burden of the situation in GHoA and the need to mobilize global efforts. An Intergovernmental Authority on Development (IGAD) meeting is planned for 2023, to help mobilize support for the response and for necessary political interventions.

### Ethiopia



#### Northern Ethiopia Humanitarian Crisis

WHO continues to prioritize and respond to the protracted humanitarian crisis in Northern Ethiopia as well as parts of South Sudan.



Altogether 54 Mobile Health and Nutrition Teams (MHNT) have been deployed resulting in over 8000 people being reached with curative consultations and access to basic and essential health services including treatment for malaria and diarrheal diseases.



More than 700 children were vaccinated against measles and over one million doses of OCV were administered in South Sudan, in addition to the WASH interventions in the region.

### Sahel



#### Humanitarian crisis in the Sahel

The situation in the six Sahel countries (Burkina Faso, Chad, Cameroon, Mali, Niger, and Nigeria) remained precarious.

8 million vulnerable persons out of the 10 million targeted have been supported.



#### Five-day Evaluation Workshop conducted (20-26 October 2022)

attended by WHO Assistant Director General (ADG) for Emergency Response, participants from the six countries and other high-level delegates from agencies, donors, and other response actors.



US\$ 4.2 million released to ensure sustained operations and support the transition of the Incident Management Support team to the country offices and the Hub by February 2023.

The evaluation noted the positive impact of WHO timely intervention in terms of improved health security and delivery of essential services to affected populations.

### South Sudan



The humanitarian crisis in South Sudan remain a priority for WHO as it continues to mobilize and provide support to the government and the people in need.

Consequently, 11 health facilities (static and mobile) were supported to provide primary healthcare.

Mobile Health Units were setup in collaboration with health partners and the government in the affected locations. Continued efforts are being made to control the outbreak of diseases such as measles, CVD2, hepatitis E and cholera.



## Training and Capacity Building on priority interventions

Support was provided to Ethiopia and South Sudan in their capacity building efforts.

### Ethiopia



470 people on rapid response to disease outbreaks and crisis.



400 health workers on Severe Acute Malnutrition (SAM) management.



268 health workers on Mental Health and Psychosocial Support (MHPSS).



120 health workers on prevention of Gender-based Violence (GBV).

### South Sudan



26 health workers on management of severe acute malnutrition with medical complications.



50 health workers on nutrition surveillance.

As part of the multicountry response to yellow fever, a total of 51 persons from 10 countries have been trained in YF surveillance, outbreak investigation and response. This is expected to boost the response capacity in the affected places.



Table 3: Summary of Key Events of Q4, 2023

Event	Grade	Date Graded	Countries affected	Nature of event	Status of event
<b>Ebola (SVD)</b>	2	21 August 2022	Uganda	Sudan Ebola virus outbreak response in Uganda was upgraded to Level 3 operational response on 7 October 2022 with a total of 164 cases (142 confirmed and 22 probable). Also, in Q4, the last case was reported on 28 Nov 2022 and the countdown toward end of outbreak declaration was commenced. The cumulative number of deaths was 55 (CFR 38.7%).	<b>Active</b>
<b>Cholera in Malawi</b>	2	August 2022	Malawi	Cholera outbreak in Malawi was declared a Public Health Emergency on 5 December 2022 by the government of Malawi. Transmission has continued up north and 21 districts are still reporting transmission.	<b>Active</b>
<b>Mpox</b>	PHEIC	23 July 2022	DRC, Nigeria, Cameroon, Ghana, Liberia, Congo, South Africa, Central African Republic (CAR) and Benin and 83 Member States from other WHO regions.	Multicountry mpox outbreak was declared a Public Health Emergency of International Concern (PHEIC) on 23 July 2022. The three countries with the highest number of confirmed cases are Nigeria, DRC, and Ghana. As of 15 December 2022, 1150 confirmed cases and 16 deaths across 13 African countries were reported.	<b>Active</b>
<b>Yellow fever</b>	2	30 November 2021	Cameroon, Chad, CAR, Rep of Congo, Cote d'Ivoire, DRC, Ghana, Niger, Nigeria, Uganda, Kenya and Gabon	Only 7 new confirmed cases were reported in 4 countries (CAR-2, Cameroon-1 Niger-2, Nigeria -2). The situation requires continued epidemiological surveillance and monitoring.	<b>Active</b>
<b>Drought and food insecurity in the Horn of Africa</b>	3	20 May 2022	Ethiopia, Somalia, Kenya, South Sudan, Sudan, Djibouti, and Uganda	More than 46 million people affected by food insecurity in the worst drought in more than 40 years in the GHoA. A fifth consecutive failed rainy season is imminent due to poor rains in October-December 2022 and predicted below average rain for March -May 2023. The situation is likely to worsen without more robust interventions to avert an already bad humanitarian crisis. This is within the context of a combination of extreme weather (drought and flooding), conflicts, crop pests, macroeconomic challenges and increasing food prices (accelerated by the Ukraine crisis), and effects of the COVID-19 pandemic.	<b>Active-Protracted</b>
<b>Humanitarian Crises in the Sahel</b>	protracted 2	10 February 2022	Burkina Faso, Northern Cameroon, Chad, Niger, Northeast Nigeria, and Mali	Precarious situation with protracted complex humanitarian emergencies. Displacements, insecurity, violence, and volatility continue to threaten access to care and essential services delivery.	<b>Active-Protracted</b>
<b>The humanitarian crisis in Northern Ethiopia</b>	3	19 November 2020	Ethiopia, Somalia, Kenya, South Sudan, Sudan, Djibouti, and Uganda	Complex humanitarian crisis due to armed conflict, with displacements (internally and externally), inaccessibility and upsurge in malaria, measles, and a rupture in the supply chain of medications for tuberculosis and other chronic medical conditions.	<b>Active-Protracted</b>



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