



World Health  
Organization

African Region

# Ensuring health security in the WHO African Region

Quarterly emergency  
preparedness and  
response,  
**quarter 1, 2024**

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Quarterly emergency preparedness and response, quarter 1, 2024

**Reference number: WHO:AFRO/EPR:2024-17**

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**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

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**Designed in Brazzaville, Republic of Congo**

# Contents

**v**

Message from  
the Regional  
Emergency  
Director

**vii**

Abbreviations

**1**

Emergency  
response

**9**

Operations  
support &  
logistics

**11**

Emergency  
detection

**13**

Emergency  
preparedness

# Table and figures

Table 1.: Status of emergencies	8
---------------------------------	---

Fig. 1: Emergency response highlights	9
Fig. 2: Operations support & logistics highlights	16
Fig. 3: Emergency detection highlights	18
Fig. 4: Emergency preparedness highlights	22





## Message from the Regional Emergency Director, WHO African Region

*Abdou Salam Gueye*

**Over the quarter, several ongoing shifts in the global landscape of health emergencies impacted our approach to serving Members States in the African Region.** It is fair to say that Africa's attention has shifted from COVID-19, but the latter's impacts still reverberate across the Region. For example, due to the pandemic, the world is changing how it funds health emergencies. The Pandemic Fund – which has raised more than US\$ 2 billion for pandemic prevention, preparedness and response – reached its second round of applications this quarter. Policies continued shifting at all levels, with movements towards greater country leadership and localization of aid stronger than ever against the backdrop of global negotiations on a Pandemic Agreement. In parallel, African countries faced epidemiological shifts, including rising climate- and conflict-related health emergencies, along with antimicrobial resistance. In the face of change, the World Health Organization Regional Office for Africa Health Emergencies Programme grounded itself in pursuing what is known to work, while rigorously undergoing adaptation.

**In the spirit of leaning on what works, the Programme continued to offer its standard packages of technical and operational assistance to countries facing acute and protracted emergencies.** New events this quarter, such as flooding in Congo and a humanitarian crisis in Mauritania, added to persisting ones such as multicountry cholera and diphtheria outbreaks. To address urgent response gaps, the Regional Office deployed 39 experts, more than 72 800 kg of essential health supplies and US\$ 7 059 080 worth of financing. These actions contributed to impact at country level when national government leadership was met by the coordinated support of WHO and partners. For example, in Zambia, WHO supported the government and partners to decentralize case management for cholera, thus cutting cholera mortality rates nearly by half between January and April. In Congo, a team of African Health Volunteers Corps–Strengthening and Utilizing Response Groups for Emergencies (AVoHC-SURGE) responders that had previously been trained jointly by the Africa Centres for Disease Control and Prevention (Africa CDC) and WHO was rapidly activated to lead the response to major flooding, resulting in no flood-related disease outbreaks. Furthermore, a multicountry diphtheria outbreak was closed this quarter after significant progress was made in Nigeria and Niger – a win for health in Africa.

**Country capacity also continued to be built for detection and preparedness.**

Detection of emergencies in WHO African Region continues to lag behind its target: of the 33 reported events this quarter, only about half (17) were detected within the global benchmark of 7 days after onset. To help address this challenge, the programme trained 1798 health workers on integrated disease surveillance and response (IDSR) and supported 13 Member States to adopt a centralized IDSR data collection platform to streamline reporting. The Programme responded to unprecedented requests from Member States for preparedness activities and readiness assessments. For example, 48 country assessments were completed for cholera, dengue and mpox readiness. Finally, the Regional Office for Africa continued its crucial role of facilitating dialogue between the African Region Member States and other interested parties in global policy negotiations around the Pandemic Agreement and International Health Regulations (IHR) amendments, ensuring that African perspectives were represented appropriately in the debates as the world sought to better prepare for pandemics.

**Beyond providing standard support to Member States, the programme advanced innovative efforts this quarter to address the evolving nature of health emergencies impacting African nations.**

First, we sought to enhance our operational partnerships so that they are further grounded in country needs while enabling efficient, continental and global resource sharing. We completed 1 year of implementing the Joint Emergency Action Plan with Africa CDC. The Plan which unites Africa CDC and WHO (the Regional Office for Africa and the Regional Office for the Eastern Mediterranean) to realize a shared vision where more vulnerable populations in Africa are protected from public health emergencies. The Plan has been essential in harmonizing regional support to Member States. For example, this quarter we worked with Africa CDC to pioneer a coordinated proposal strategy for Africa in

the second round of the Pandemic Fund, thus addressing the prior absence of successful regional or multicountry proposals from Africa. We also established a technical advisory group to provide strategic guidance on all matters pertaining to public health emergencies and advanced our strategy to decentralize operations to subregional hubs. This quarter marked the full operationalization of the Dakar Hub, with staff moving into the office and the Hub's warehouse sending its first shipments of essential medical supplies to West African countries. To complement innovative partnerships, we advanced projects to leverage innovative tools. For example, we expanded the artificial intelligence (AI) prediction project aimed at leveraging time-series data analysis to predict cholera outbreaks using artificial intelligence and machine learning algorithms. We also made progress on an initiative that will enhance the prepositioning of health commodities, by identifying and triangulating all relevant data sources to project supply needs, which will be an important step in ensuring the availability of the right supplies in the right places, while limiting waste.

**As we look ahead, we must continue to adapt and innovate.**

Our efforts must be targeted where they are most needed, including in fragile, conflict-affected and vulnerable (FCV) settings with substantial gaps, and tailored to serve the needs of the most disadvantaged people. We must turn towards local leaders who know their situations best, while facilitating regional knowledge and resource sharing to advance a healthier Africa. We must continue to address the present urgent needs with agility while proactively projecting 20, 30 and 50 years into the future to identify risks and consider how we will operate. This goal can be achieved without competition, but collaboratively by leveraging each other's comparative strengths to accomplish the shared vision of saving lives and alleviating suffering.



*We must continue to address the urgent needs of the present with agility while proactively projecting 20, 30, 50 years into the future to identify risks and consider how we will operate.*

# Abbreviations

ACEGID	African Centre of Excellence for Genomics of Infectious Diseases
AOP	Annual Operational Plans
AVoHC	African Volunteer Health Corps
AI	Artificial Intelligence
CAR	Central African Republic
Africa CDC	Africa Centres for Disease Control and Prevention
CERF	Central Emergency Response Fund
CFR	Case Fatality Ratio
CFE	Contingency Fund for Emergencies
COVID-19	Coronavirus Disease 2019
CTC	Cholera Treatment Centre
DRC	Democratic Republic of the Congo
EMRO	Regional Office for the Eastern Mediterranean
FCV	Fragile, Conflict-affected and Vulnerable
GOARN	Global Outbreak Alert Response Network
HERA	Health Emergency Preparedness and Response Authority
HIR	Health Information and Risk Assessment
HRPs	Humanitarian Response Plans
IDSR	Integrated Disease Surveillance and Response
JEAP	Joint Emergency Action Plan
MSF	Médecins Sans Frontières (Doctors Without Borders)
NAPHS	National Action Plans for Health Security
OSL	Operations Support and Logistics
PHEOC	Public Health Emergency Operations Centre
PoE	Point of Entry
PRET	Preparedness and Resilience for Emerging Threats
RCCE	Risk Communication and Community Engagement
STAR	Strategic Tool for Assessing Risks
SURGE	Strengthening and Utilizing Response Groups for Emergencies
TASS	Transforming African Surveillance Systems
TSF	Terre sans Frontières (Land without Borders)
VHF	Viral Haemorrhagic Fevers





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# Emergency response

01

## Overview of key emergency and response actions

**In the first quarter of 2024, the WHO African Region faced multiple health emergencies that tested the resilience and rapid response capabilities of health systems.** As of 30 March 2024, WHO was actively monitoring 105 outbreaks and 29 humanitarian events in the African Region. Of these, 17 were graded as public health emergencies. The most severe emergencies, classified as Grade 3, included widespread cholera outbreaks exacerbated by the rainy and cyclone seasons, dengue fever surges due to climatic and environmental factors and protracted humanitarian crises. Most were continuing emergencies from the previous quarter.

**Across responses, the WHO Regional Office for Africa deployed 38 responders and US\$ 7 059 080 from the Contingency Fund for Emergencies (CFE).** Funding was distributed across several emergencies as follows: US\$ 1 620 000 to address dengue in four countries, US\$ 5 000 000 to address the humanitarian crisis in northern Ethiopia, US\$ 290 000 for diphtheria in Guinea and US\$ 439 080 for flooding in Congo. Personnel deployments were equally robust, with 38 regional experts and 16 additional experts from the Global Outbreak Alert Response Network (GOARN) sent to diverse locations across the Region.

**With human and financial resources on the ground, response activities were tailored to meet Member States' needs and contributed to some emergencies being closed or substantially mitigated this quarter.**

Response strategies continued to be grounded in key global and regional frameworks and focused on providing technical, financial and operational assistance to Member States responding to both graded and ungraded emergencies. Activities included those outlined below.

In response to major flooding in **Congo**, the country's AVoHC-SURGE team was activated within 48 hours, with technical support from WHO and partners. Due to the rapid and comprehensive response, no flood-related disease outbreaks were identified as of March 2024.

As part of comprehensive response by the Regional Office for Africa to the **multi-country cholera outbreak** and a severe rise of cases in Zambia, the WHO Regional Office for Africa supported Zambia to shift to a decentralized case management approach, which helped to cut cases nearly by half. The Regional Office for Africa assisted Zambia and Zimbabwe to implement cholera vaccination



## Status of emergencies–Quarter 1 2024

\*= new event, ^ = protracted

### Grade 3

Dengue	Angola, Burkina Faso, Chad, Côte d'Ivoire, Ethiopia, Guinea, Mali, Mauritius, Sao Tome and Principe and Senegal
Cholera	Burundi, Cameroon, Comoros, Congo, Democratic Republic of the Congo (DRC), Eswatini, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe
COVID-19^	All countries
Greater Horn of Africa drought and food insecurity	Djibouti, Eritrea, Ethiopia, Kenya, South Sudan and Uganda
South Sudan humanitarian crisis^	Central African Republic (CAR), Chad, South Sudan and Ethiopia
Northern Ethiopia humanitarian crisis	Northern Ethiopia
DRC humanitarian crisis	DRC

### Grade 2

Anthrax	Kenya, Malawi, Uganda, Zambia and Zimbabwe
Diphtheria	Guinea
Polio (cVDPV2)	Regional
Global mpox^	Cameroon, CAR, Congo, DRC, Ghana, Liberia and Nigeria
Flooding*	Congo
Malnutrition^	Madagascar
Mozambique Cabo Delgado humanitarian crisis^	Mozambique Cabo Delgado
Sahel region humanitarian crisis	Burkina Faso, Cameroon, Chad, Mali, Niger and Nigeria
CAR humanitarian crisis^	CAR

### Closed this quarter

Diphtheria (multi-country)	Cameroon, Mauritania, Niger, Nigeria and South Africa
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Table 1. Status of emergencies – Quarter 1 2024

campaigns that reached 1 860 963 and 1 998 451 people respectively and assisted several countries (Comoros, DRC, Ethiopia, Zambia and Zimbabwe) to set up cholera treatment units and oral rehydration points.

The WHO Regional Office for Africa continued supporting Member States to respond to the Region’s largest **diphtheria outbreak** in decades, which was closed this quarter after significant progress was made in Niger and Nigeria. This was a win for health in Africa; given the number of unvaccinated children living in affected areas, the closure of the multi-country emergency represents a significant risk mitigation. Still, Guinea continued to experience a high number of cases and deaths necessitating heightened and targeted attention.

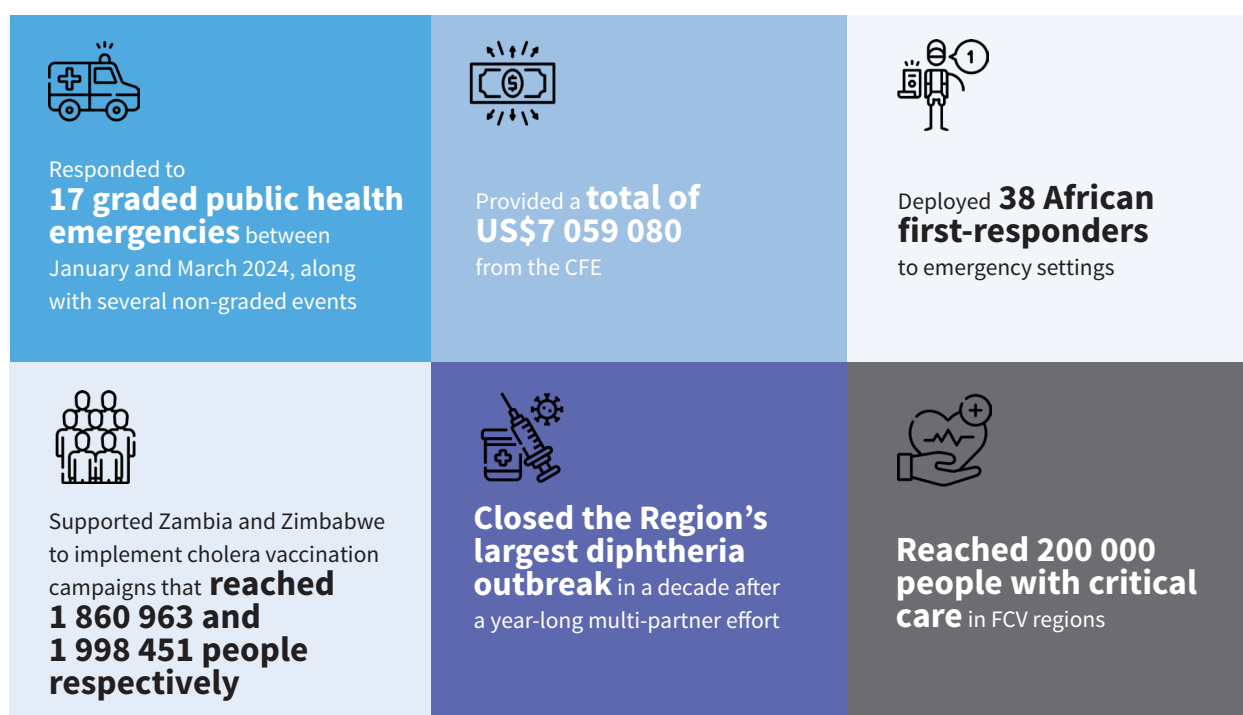
In **FCV-prone regions**, the WHO Regional Office for Africa coordinated health partners to provide continuity and access to health care amid significant infrastructure damage and social disruption. Efforts included reaching nearly 200 000 people with health consultations and essential health services.

The WHO Regional Office for Africa supported Burkina Faso, one of the countries most affected by **dengue**, to control the outbreak in this quarter, following a comprehensive government-led One Health response. To address the knowledge gap in dengue management and outbreak response, the Regional Office for Africa also conducted a 5-day webinar series that was attended each day by over 500 participants from 50 African and non-African countries.

**In order to complement response-specific activations, the Regional Office for Africa engaged in holistic and proactive efforts to strengthen response capabilities.**

Most notably, the Regional Office for Africa continued to implement its SURGE flagship initiative, which is investing in the African emergency health workforce by supporting governments to build multi-disciplinary teams of responders and providing quality training. The Regional Office for Africa supported Lesotho to complete its planning phase, bringing the number of countries implementing SURGE to 16. Given that SURGE has now been integrated with Africa CDC’s AVoHC initiative, the two agencies were jointly serving a network of 1300 African first responders by the end of the quarter. Additionally, the WHO Regional Office for Africa assisted Equatorial Guinea to establish and operationalize a public health emergency operations centre (PHEOC), bringing to 42 the overall count in the African Region.

**Challenges this quarter included persisting insecurity and shortages in resources.** In conflict-affected areas, the inaccessibility of several intervention areas hindered response activities. Mitigation activities included comprehensive security assessments and the establishment of strong partnerships with local authorities, community leaders and civil society organizations. Attacks on health-care providers continued to be a risk factor, and during this reporting period, the WHO Regional Office for Africa participated in activities to support provider safety and well-being in Adamawa State, Nigeria, and eastern DRC. With respect to dengue, insecticide-resistant vectors and a shortage of specialists presented challenges. Recurrent and prolonged cholera outbreaks are driven by low access to safely managed water and sanitation and climate change. Finally, funding and personnel gaps limited the scope of activities that could be accomplished to tackle the high number of complex emergencies.



**Fig. 1. Emergency response highlights**



### Situation

In January, there was an unprecedented rise in cholera cases and deaths in Zambia and Zimbabwe, in the backdrop of a multi-country outbreak. Some degree of seasonal increase in cholera was expected, given that cases typically increase in the Southern Africa subregion during the rain and cyclone season from November to April. However, in the first 3 weeks of 2024, there was an unusual spike in Zambia and Zimbabwe, linked to climate change. For example, in early January, Zambia was reporting over 700 cases daily, representing the largest caseload the country had experienced in 20 years. Four additional countries experienced acute crises during the quarter: Comoros, DRC, Ethiopia and Mozambique.

### Response

This rise in cases triggered a massive case scale-up in support by the WHO Regional Office for Africa to governments. Response activities included:

- across countries, 33 experts were deployed;
- in Zambia, the country was supported to cut cholera mortality rates nearly by half through a strategic shift to decentralized case management and the recruitment of local experts for case management;

- in Zambia and Zimbabwe, the national governments were supported to apply for oral cholera vaccines and to implement reactive vaccination campaigns that reached 1 860 963 and 1 998 451 people respectively;
- the procurement and distribution of 12 metric tons of cholera supplies including tents, cholera beds and chlorine and intravenous fluids worth US 408 632 to Comoros, Ethiopia, United Republic of Tanzania, Zambia and Zimbabwe.

### Impact

While concerns still linger, the Region experienced a steady drop in cases and deaths over the quarter, thanks to coordinated action in Zambia and Zimbabwe. Overall in the Region, the CFR dropped from 2.7% at the beginning of the year to 1.1% by the end of the quarter.

### Way forward

Looking ahead, it will be critical to strengthen surveillance systems, enhance laboratory capacity, improve access to clean water and sanitation facilities and implement vaccination campaigns. Additionally, robust risk communication and community engagement (RCCE) teams need to be deployed for awareness-raising and promoting preventive measures.

## SPOTLIGHT

### How Zambia decentralized case management, cutting cholera mortality rates nearly by half

**In early January 2024, Zambia was reporting over 700 cholera cases daily, representing the largest caseload the country had experienced in 20 years. Initially, management of all cases was centralized at the Heroes National Stadium, but distance and lack of transportation services hindered access to treatment.**

To mitigate the crisis, Zambia shifted from centralized to decentralized care, leveraging existing facilities to manage mild and moderate cases, while referring severe cases to larger treatment centres. The Regional Office for Africa provided comprehensive support to the Government of Zambia in implementing this strategy. This support included recruiting approximately 435 local case management experts; training community-based volunteers; helping to improve transportation

services, which enabled patients to get to where they needed to go and the government and partners to conduct active case finding; and providing tents, cholera kits and other supplies. Other partners played critical roles—for example, the Zambia Red Cross and Médecins Sans Frontières (MSF) supported the establishment of oral rehydration points, which provided essential basic assessments and oral rehydration solutions.

This decentralized approach resulted in a significant reduction in the case fatality ratio (CFR), which decreased from 5.3% in January to 3.2% in April 2024. The improved community engagement and access to care led to safer patient transportation and treatment, which ultimately lowered mortality rates and demonstrated the success of the decentralized strategy.



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03

## Response to flooding in Congo

### Situation

In January 2024, Congo felt the impact of the growing worldwide climate emergency. The country experienced unprecedented rainfall resulting in massive flooding that directly impacted over 320 000 individuals. The disaster disrupted lives and livelihoods, damaged vital infrastructure and increased the risk of waterborne diseases.

### Response

In January 2023, WHO and Africa CDC had worked with Congo's Ministry of Health to identify and train a national multisectoral and multi-disciplinary team of 59 experts that could be activated and deployed in the event of any health emergency—including floods. The effort was conducted under the umbrella of the joint WHO-Africa CDC AVoHC-SURGE Initiative. In January 2024, the AVoHC-SURGE team was called into action, with technical support from WHO and partners. Within 48 hours, the team was activated to lead a swift response, which developed a multisectoral plan and conducted strategic activities to evaluate and mitigate the flood's health impacts.

### Impact

The strategic deployment of four mobile clinics staffed by expert professionals was pivotal in delivering critical, life-saving health care services to flood-affected communities across four subregions. Furthermore, due to the rapid and comprehensive response, no flood-related disease outbreaks were identified as of March 2024. While there continue to be humanitarian needs, the high-risk levels as of January for outbreaks of cholera, malaria and other

### Actions and key achievements of the flooding response included:

evaluating access to health care across **114 facilities** and identifying 26 health centres affected by the flooding;

**mapping the geographic location of 57 024 vulnerable individuals** to better assist them, which represented 29% of the total displaced population (this group included 7407 pregnant women, 36 855 children under 5 years and 12 762 elderly people);

conducting active case finding in **48 facilities and related communities** that revealed a predominance of malaria and acute watery diarrhoea cases, as well as suspected cases of mpox and salmonellosis;

mobilizing and distributing more than **US\$ 1 million** from the WHO CFE and Central Emergency Response Fund (CERF);

mobilizing and distributing **5700 kg** of commodities, including health emergency kits and essential medicines;

providing on-the-job training for more than **250 health-care providers**;

contracting with Médecins d'Afrique (MDA) and Terre sans Frontières (TSF) to deploy **four mobile clinics** across four subregions, providing comprehensive, essential and life-saving health services;

distributing critical health information, holding awareness sessions that reached **621 community members**, publishing five situation reports and briefing more than 20 journalists;

ensuring response coordination at national and subnational levels with all stakeholders and sectors, under the leadership of the host government;

sensitizing **all frontline responders** on preventing sexual exploitation and assault.

diseases, have been reduced to either moderate or low risks. Averting these high risks represents considerable savings in terms of human life and economic costs.

### Way forward

Although considerable progress was made during this quarter and the situation is now moderate in scale and complexity, extra effort is needed to overcome the remaining challenges.



# 04

## Response to dengue

### Situation

The global dengue outbreak, classified as a Grade 3 emergency in December 2023, has significantly increased in the African Region due to factors such as climate change, urbanization and the co-circulation of multiple dengue serotypes. As of 24 March 2024, 15 countries in the Region reported 229 338 suspected dengue cases and 825 deaths. Mauritius faced unique challenges combatting dengue, which was highlighted by recent outbreaks following cyclones and heavy rains that have resulted in 3037 local cases as of 8 March 2024. However, the capacity of health care facilities in Mauritius for case management is strong and case fatality remains low.



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### Impact

Burkina Faso, one of the most affected countries, controlled the outbreak in this quarter following a comprehensive One Health response led by the government and supported by WHO and partners.

### Response

Over the quarter, the Regional Office for Africa's response activities included:



Providing US\$1 200 000 from the CFE to the five most affected countries (Burkina Faso, Cote D'Ivoire, Mali, Ethiopia and Mauritius).



Deploying three experts in entomology and epidemiology.



Providing case management and diagnostic supplies.



Addressing the knowledge gap in dengue management and outbreak response, conducting a 5-day webinar series that was attended each day by over 500 participants from 50 African and non-African countries



Developing and disseminating preparedness and response guidance in three languages (French, English, and Portuguese).

### Way forward

With the crisis ongoing, substantial challenges remain. In some countries, funding constraints and shortages of entomological specialists and laboratory technicians are hindering response efforts. Detection of insecticide-resistant vectors is also a major concern in the Region's dengue outbreak evolution. It will be critical to address these challenges.

## 05

## Response to humanitarian emergencies

Over the past quarter, FCV countries faced a myriad of health emergencies, with an estimated 120 million people in humanitarian health need in the African Region. Emergencies in FCV settings were generally characterized by massive population displacements and disease outbreaks, compounded by disrupted routine services, conflict-induced inaccessibility, heightened health demands due to recurrent crises and exacerbated mental and psychosocial vulnerabilities.

Protracted emergencies continued to impact lives and livelihoods over the quarter, with some new important developments. In Ethiopia, ongoing conflict in Amhara caused the fresh displacement of almost 50 000 people in Kobo (North Wollo) and Sekota (Wag Hemra) amid limited health care access, leading to a comprehensive response plan developed by the zonal health department jointly with health partners. In the DRC, the estimated number of displaced people at the provincial levels reached about 2 405 944, representing 490 329 households. Clashes in Sake and its surroundings in February 2024 led to a massive influx of displaced people necessitating the creation of new sites in Goma.

Additionally, in March, a new humanitarian crisis was declared in Mauritania due to the massive influx of migrants in the south-eastern Hodh El Chargui region, requiring urgent action. With a population of 185 000, the region already hosted more than 220 000 refugees and 12 400 returnees fleeing insecurity and violence in northern Mali. The new influx of people exacerbated the already precarious living conditions, including insufficient access to clean water, food, hygiene, health, education and protection—and amplified the risk for diseases with epidemic potential. This quarter, the situation crossed the threshold for emergency response and humanitarian health actors were activated.

### Response

Under the leadership of governments and with the crucial support of humanitarian partners, WHO coordinated humanitarian health responses. The effort included reinforcing health systems to deliver essential health services to displaced populations, mobilizing resources and establishing resilient community networks to ensure continuity of health access to vulnerable populations.



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### Response included the actions outlined below:

#### Ensuring sustained activation of health clusters and coordinating multi-partner planning processes

All FCV countries have humanitarian response plans (HRPs) in place and 2024 operational plans, facilitated by diligent resource mapping and partner coordination.



#### Deploying experts to fill essential functions.

WHO staff from country offices were deployed to spearhead coordination, surveillance, logistics, data management and laboratory services (two staff in CAR, four in Chad, six in DRC, four in Ethiopia, three in Mauritania and 13 in South Sudan).

#### Filling critical essential health service voids by deploying mobile health teams

to various locations to establish or boost health service response. For example, the WHO Regional Office for Africa supported Ethiopia to deploy over 80 mobile health and nutrition teams. Jointly with the World Bank, two mobile clinics were deployed to support displaced people in Bulengo and Lushagala, DRC—where a team of 44 anaesthetists, doctors and nurses were made available to provide intensive care.



#### Supplying a combined 180 metric tons of essential health supplies

to the four countries impacted by the Sudan crisis (Chad, CAR, Ethiopia and South Sudan). Additionally, the DRC was supported in pre-positioning a number of medical supplies to support the ongoing response, including 24 metric tons of medication and trauma kits.





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**Supporting infrastructure development.** For example, WHO supported Sudan to establish temporary clinics and health screening posts in the second refugee–returnee transit zone. While monitoring water sources in countries hosting Sudanese refugees, the finding was made that 453 of 751 were contaminated with *Escherichia coli*.

**Responding to the new event in Mauritania** by establishing a health coordination system, deploying two experts, securing US\$ 50 000 in seed funding and finalizing a public health situation analysis and response plan.



**Undertaking advanced planning for the FCV and Humanitarian Health Intelligence Forum,** which will bring together all WHO FCV programmes to enhance data-drive documentation, advocacy, analysis and accountability in humanitarian health.

**Supporting FCV countries to put the community at the centre of response.** For example, South Sudan has recruited and deployed 120 new social mobilizers to support RCCE at transit centres.

- **Prioritize country-specific readiness** to enable rapid response to emerging health threats in the FCV capacities.
- **Diversify resource streams** to address major funding gaps. The current funding gap for the four countries responding to the Sudan crisis stands at 80%, DRC awaits the continuation of response budgeted at US\$ 25 million and Mauritania awaits 90% of its budget. The humanitarian sector must secure more sustainable emergency financing by moving beyond standard sources and strengthening partnerships.
- **Further the humanitarian peace development nexus** to bring humanitarian and development actors together on response effectiveness.
- **Close the policy gap for FCV response** by urgently releasing the Protracted Emergency Framework.
- **Address shortages in critical supplies,** such as for hepatitis E in Chad and measles in Mauritius refugee camps. Advocate for the scaling-up of essential health commodities to meet the rising demands posed by emergent health threats.
- **Strengthen the health workforce.** There is urgent need for health cluster coordinators, public health officers, data managers and communication and resource mobilization officers. The longer the response persists, the fewer health workers appear to be available for the response teams.
- **Address insufficient reporting on IDSR** through the Early Warning, Alert and Response System (EWARS) and District Health Information System (DHIS). Improve global oversight on the establishment and efficient delivery on the EWARS system.

## Impact

In total, from January through to the end of April 2024, WHO supported countries to reach nearly 200 000 people with health consultations and essential care in FCV settings. The deployment of mobile health and nutrition teams was indispensable for reaching and assisting populations in remote and hard-to-reach locations. Point-of-entry (PoE) surveillance and screening was also an impactful strategy. For example, over the past quarter, through PoE surveillance, WHO supported Chad in confirming and treating more than 4000 malaria cases, about 1000 severe acute malnutrition cases and 450 acute respiratory infections.

## Way forward

Health outcomes in FCV settings have benefited from sustained in-country health leadership and dedicated teams. However, several lessons must be considered to address persistent gaps as outlined below.

# Operations Support and Logistics

*Over the past quarter, the Operations Support and Logistics (OSL) Unit provided multifarious assistance to meet the operational and logistics needs of countries experiencing outbreaks and humanitarian crises.*

The WHO Regional Office for Africa responded to urgent requests for assistance with emergencies such as trauma and accidents, cholera, dengue and COVID-19. In parallel, the WHO Regional Office for Africa worked proactively to build the Region's capacity for health operations and logistics, including by equipping a new WHO warehouse in Dakar and supporting countries to develop or expand their own medical warehouses. This quarter also marked the full completion of the Dakar Hub office, with the team moving in on 1 February, office space for 90 desks and an auditorium to seat 300 people.

## Providing comprehensive logistics support to the multi-country cholera outbreak

**Much effort was targeted towards the multicountry cholera outbreak, considering that countries faced shortages in essential supplies and equipment.** In collaboration with WHO headquarters, the Regional Office for Africa developed technical guidelines for designing cholera beds and supported countries to manufacture them with locally available materials that adhered to WHO standards. The WHO Regional Office for Africa provided logistics technical support for health to Ethiopia, Malawi, Zambia and Zimbabwe to quantify their cholera supplies and stipulate remaining needs, thus ensuring

rapid procurement. Additionally, the WHO Regional Office for Africa provided significant technical assistance in designing, setting up and upgrading cholera treatment centres (CTCs). Building on work started last year, the Regional Office for Africa continued to observe the benefits of the approach of dismantling whole CTCs and repacking them for future use to limit waste. CTCs that were dismantled in Ethiopia and Malawi between July and September last year were established in Zambia and Zimbabwe over this past quarter. Finally, the Regional Office for Africa negotiated an agreement with Kenya Airways to charter cholera supplies to Zambia and Zimbabwe, the two countries most severely impacted by the outbreak, which resulted in cost-saving and responsiveness.

## Getting essential supplies to where they are most needed

**In total, the WHO Regional Office for Africa leveraged its existing warehouse in Nairobi and new warehouse in Dakar to ship \$1 469 203 worth of essential medical supplies, more than 72 800 kgs.** Most of these supplies, worth US \$ 1.2 million, were shipped from Nairobi, including emergency kits, rapid diagnostics for cholera and COVID-19,



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mosquito repellent and nets for Dengue, personal protective equipment, and more. Moreover, this Quarter also saw the successful operationalization of a new warehouse in Dakar, which will enable the Regional Office for Africa to reach West African countries more quickly and efficiently. The Dakar warehouse has a storage capacity of approximately 5,884 pallets, and over the past quarter, the Regional Office for Africa has worked to build up its stockpile, finalize temperature control systems and begin shipments. So far, the Dakar warehouse has received items valued US\$ 4 230 444 and completed 11 shipments to nine countries for five emergency responses totalling US\$ 243 542.

The operationalization of the Dakar Hub warehouse and office represents an important step in the the Regional Office for Africa objective of ensuring that supplies are provided within 48–72 hours of any emergency event. Since the establishment of the Nairobi warehouse in September 2022, the outbound delivery time for the WHO Regional Office for Africa has drastically reduced from 45 days (about 1 and a half months) to under 3 days. With the Dakar warehouse now pre-positioning supplies and beginning to ship items in a timely manner, the Regional Office for Africa expects to meet its goal by the end of the year. The Regional Office for Africa is also leveraging predictive data to increase efficiency by aligning stockpiles, considering anticipated needs as predicted by various data sources.

### Building Member States' logistics capacity

Beyond the rapid provision of supplies, the WHO Regional Office for Africa provided technical assistance and guidance to build country capacities. Activities included the ones outlined below.

- Supporting several countries to quantify their needs for health supplies—including Guinea for meningitis, Nigeria for Lassa fever and multiple countries for diphtheria.
- Participating in a mission to the DRC to support enhanced response to complex emergencies and conducting a presentation on pre-positioning of stocks to respond to urban emergencies.
- Providing technical support to Ethiopia on the implementation of an emergency water treatment plant in the Afar region's Dubti Referral Hospital.
- Developing new, innovative viral haemorrhagic fever treatment centres and the WHO Regional Office for Africa designs in Zambia and Zimbabwe.
- Initiating support for Burkina Faso and United Republic of Tanzania on developing their own medical warehouses and Madagascar on developing a new waste disposal zone.

### Addressing challenges

Especially in conflict-affected areas, it continued to be difficult to reach last-mile communities with the supplies that they need. Limited human and financial resources were also a challenge. Looking ahead, the OSL Unit in the WHO Regional Office for Africa is focused on strengthening partnerships to address these challenges.

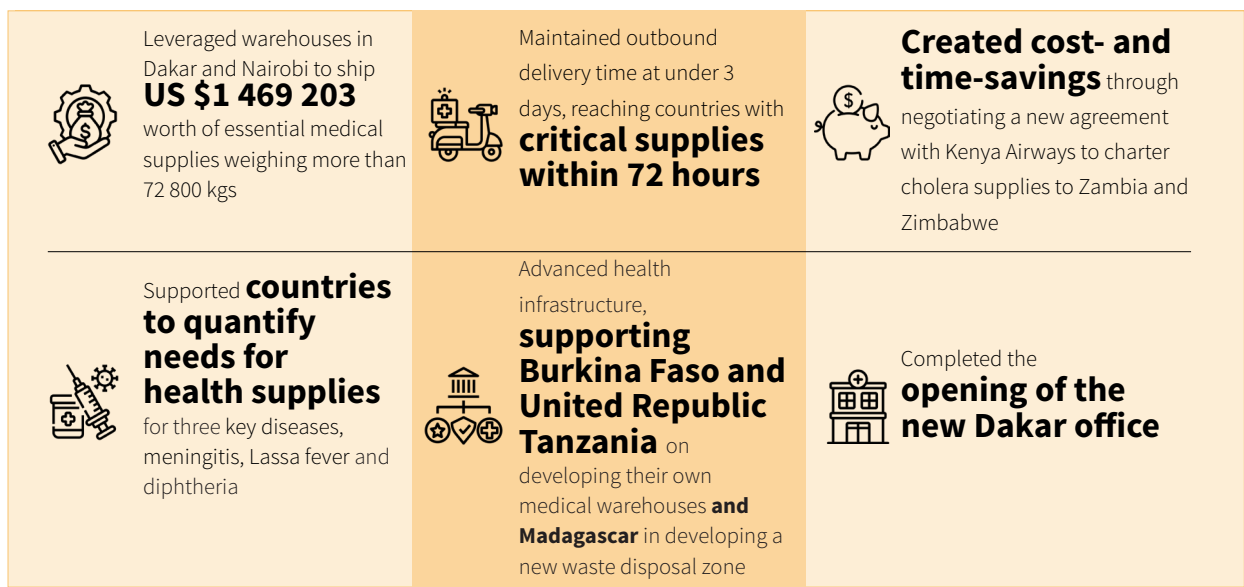


Fig 2.: Operations support and logistics highlights



# Emergency detection



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 **The WHO Regional Office for Africa launched innovative analytics projects to predict emergency events by analyzing climate and environmental changes over the past 20 years.**

on biosafety and biosecurity for various pathogens. In Namibia, 19 newly recruited surveillance officers were trained on the comprehensive IDSR technical guidelines.

- Reproducing and disseminating 2517 copies of IDSR technical guidelines to frontline health workers and partners in Botswana and Namibia to foster a deeper understanding of the IDSR principles and practices.
- Supporting 13 Member States to adopt the IDSR Centralized Data Platform at the WHO Regional Office for Africa, built on a customized DHIS 2 framework, for weekly IDSR data submissions,

**Throughout the quarter, the Health Information and Risk Assessment (HIR) Unit made progress towards its core mandate of ensuring rapid detection and risk assessment of public health events.** A total of 33 new public health events (25 outbreaks and eight humanitarian crises) were detected and reported to WHO between 1 January and 31 March 2024. Of the reported events, about half (17) were detected within 7 days of onset. Following Member State reports, the WHO Regional Office for Africa conducted six rapid risk assessments for selected disease outbreaks. Of these, four outbreaks (hepatitis E in Chad, Rift Valley fever in Kenya, Lassa fever and meningitis in Nigeria) were assessed as having high risk at the national level. The other two events were multi-country outbreaks of cholera and yellow fever. Additionally, the WHO Regional Office for Africa conducted four public health situation analyses for humanitarian events.

## Transforming African surveillance systems

**Alongside risk assessment, the Regional Office for Africa continued to proactively invest in building Member State capacities for integrated disease surveillance through the flagship initiative, Transforming African Surveillance Systems (TASS).** The activities included are outlined below.

- Training 1798 health workers across three countries on various aspects of the IDSR core surveillance functions. In Ghana, 672 health workers were trained on the comprehensive IDSR technical guidelines and another 854 trained on abridged IDSR–Surveillance Outbreak Response Management and Analysis System (SORMAS) modules. In the United Republic of Tanzania, 253 health workers were trained

which enhances data consolidation and fundamental analytical functionalities.

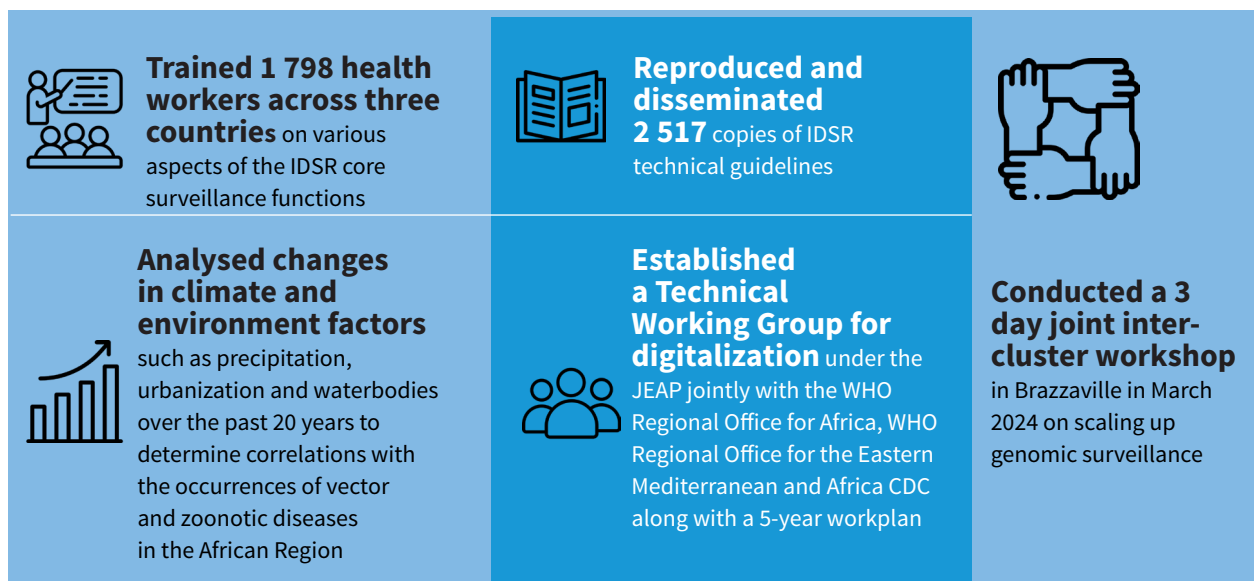
- Refining the “IDSR Panorama” and Economic Community of Central African States (“ECCAS) Panorama” platforms, marking considerable progress in disease detection and cross-border surveillance. These platforms feature user-friendly interfaces equipped with trend analysis, threshold monitoring and automated bulletin generation, all aimed at bolstering early warning systems and regional preparedness for health threats.

- Conducting a 3-day joint inter-cluster workshop in Brazzaville in March 2024 on scaling up genomic surveillance. The workshop aimed to collaboratively plan for the next phase of a project supported by the European Commission's Health Emergency Preparedness and Response Authority (HERA), which focuses on strengthening laboratory and genomic sequencing capacity in six countries (Burundi, CAR, Comoros, Eritrea, Liberia and Togo). The participants developed and finalized implementation strategies and plans for the six countries, specifying key interventions, including building genomic surveillance systems and improving data reporting.

Region. The second project provided analytics to enhance the prepositioning of health commodities in partnership with the OSL Unit. This included identifying and triangulating all relevant data sources to project supply needs, which will be an important step towards ensuring the availability of the right supplies at the right places while limiting waste.

### Enhancing operational efficiency

**Finally, the WHO Regional Office for Africa worked to enhance its own operational efficiency to tackle the high volume of events to monitor.** Overall, the sheer number of events outstripped the number of assigned staff



**Fig 3. Emergency detection highlights**

- Supporting Nigeria to build their sequencing capacity and recommending several laboratories in the country, including the Ibadan laboratory, to be part of the African Centre of Excellence for Genomics of Infectious Diseases (ACEGID).
- Supported diphtheria-affected countries with the shipping of biological samples to reference laboratories to address capacity challenges.

and consultants available for real-time monitoring and follow-up. However, the Regional Office for Africa actively mitigated this challenge through collaboration across the three levels of WHO and by building staff capacity in WHO country offices to undertake routine public health intelligence functions. Additionally, a Technical Working Group for digitalization was established under the Joint Emergency Action Plan (JEAP) jointly with the WHO Regional Office for Africa, WHO Regional Office for the Eastern Mediterranean

### Conducting innovative analytics projects

**The WHO Regional Office for Africa also started innovative analytics projects to enhance prediction of emergency events.** The first project analysed changes in climate and environmental factors such as precipitation, urbanization and waterbodies over the past 20 years to determine correlations with occurrences of vector and zoonotic diseases in the WHO African Region. These data were visualized using the PowerBI platform to highlight environmental impacts on health by countries and in the

and Africa CDC, along with a 5-year workplan. The workplan will help optimize the support of all three agencies to Member States. Recruitment and onboarding of UN Volunteers and interns for the data intelligence and innovation centre (named Data Sphere) in Dakar was also completed. While further resources will be required, including for continued implementation of the TASS flagship initiative and faster procurement of laboratory supplies, these steps enhanced operational capacity.

# Emergency preparedness

*During the first quarter of 2024, the WHO Regional Office for Africa made substantial strides in enhancing health emergency preparedness across Member States. Efforts spanned from supporting national planning processes to bolstering community preparedness and advancing preparedness research.*

The WHO Regional Office for Africa also continued to provide critical support to Member States in global policy negotiations, and facilitated dialogue between African Member States and other interested parties. Actions included shaping a Common Africa Position (CAP) in the ongoing negotiations by the Intergovernmental Negotiation Body (INB) that was tasked by the World Health Assembly to develop a pandemic instrument. It also included ensuring African perspectives were reflected in the Working Group on IHR (WGIHR), a group focused on developing IHR amendments to improve compliance and implementation of IHR. In this quarter, the Regional Office for Africa convened a meeting in Nairobi that brought together African embassy staff in Geneva, global experts and regional partners to identify articles that need obligatory language and trade-offs to address contentious issues in the ongoing negotiations on both instruments.

## Supporting countries to establish risk profiles and assess their IHR core capacities

The Regional Office for Africa employed innovative approaches including the use of artificial intelligence to predict risks ahead of public health events, and support Member States to conduct their second round of Joint External Evaluations (JEEs) to review their IHR core capacities. Initiatives in the regard included use of:

Strategic Tool for Assessing Risks (**STAR**) to support South Sudan with the planning of subnational assessments targeting areas of high humanitarian need. Uganda was supported to use the Ground Crossing Strategic Assessment of Risks (GC-STAR) tool to strengthen cross-border preparedness for mpox and other threats.



**JEE:** The Regional Office for Africa supported 20 countries to conduct their second round of JEEs of the IHR core capacities, including five countries in partnership with the World Bank under the Regional Disease Surveillance Systems Enhancement (REDISSE) Project-Phase IV.



**Risk prediction** activities involved applying artificial intelligence tools to forecast the burden of cholera in DRC; and generating automated e-mailed hazards alerts based on risk calendars for activating readiness actions to all 47 countries in the African Region.



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## Supporting national, multi-hazard planning

- **The WHO Regional Office for Africa collaborated with several countries to develop National Action Plans for Health Security (NAPHS), the central tool for national preparedness planning, and respond to requests for complementary assessments.** Key to supporting Member States in strategic national planning was adapting globally available tools to in-country needs and requests. Activities carried out are outlined below.
- The new toolkit for **NAPHS** was validated and launched to provide tailored guidance for African Member States; it will be made available online imminently. Ethiopia and United Republic of Tanzania were supported to develop their NAPHS and NAPHS Annual Operational Plans (AOPs), which are being validated by national authorities.
- The WHO Regional Office for Africa held a workshop with five Eastern African countries to orient them on the **PRET** – Preparedness and Resilience for Emerging Threats – tool which recognizes that the same systems, capacities, knowledge, and tools can be leveraged and applied for groups of pathogens based on their mode of transmission. The tool was used to enhance Eastern Africa's preparedness for respiratory pathogens.





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- The WHO Regional Office for Africa held a webinar to orient 14 countries on the **WHO Pyramid Tool for Estimation of Disease Burden**, which targeted countries that have adequate data to benefit from the tool.
- **Biosafety Planning:** WHO supported Lesotho to finalize its National Biosafety and Biosecurity Strategy for 2023–2027 and provided guidance to Eastern and Southern African countries on how to monitor implementation of their plans.

### Increased financial investments in strengthening preparedness

**The WHO Regional Office for Africa in collaboration with Africa CDC under the JEAP framework and other partners supported African Member States, and Regional Economic Communities to develop high-quality country, multi-country and regional proposals for the Pandemic Fund.**

Thirty-nine country, four multi-country, and seven regional/sub-regional proposals were targeted for submissions.

**Beyond cross-cutting planning, WHO Regional Office for Africa invested considerably in preparedness for priority pandemic- and epidemic-prone diseases.** The activities are outlined below.

- **Cholera:** WHO Regional Office for Africa assessed 14 countries for cholera readiness by administering the cholera readiness checklist and found overall capacity at 45% as of March 2024. Based on results, the Office supported countries with capacity-building.
- **Dengue:** the Office assessed 26 countries for dengue readiness by administering the readiness checklist and found overall capacity at 36% as of March 2024. Based on results, countries were supported with capacity-building.
- **Mpox:** eight countries neighbouring DRC were assessed for mpox readiness, and the overall score was 54%. The countries were supported to review their contingency plans and strengthen cross-border readiness.
- **Rift-Valley fever:** the Office developed readiness checklists for Rift Valley fever, and distribution to Member States ongoing.
- **A key technical guidance document on viral haemorrhagic fevers (VHFs),** Essential and actionable measures for enhancing country preparedness for Viral haemorrhagic fevers (VHFs) in the WHO African Region was finalized, offering approximately five dozen targeted priority interventions for countries to assess their capacities against and providing a practical road map for national action plans. The guide consolidates and advances existing VHF guidance, and integrates recent scientific breakthroughs and lessons learnt from past outbreaks.
- **Yellow Fever:** all 27 high-risk Members States have now initiated the implementation of the Regional Framework for the Elimination of Yellow Fever by 2026. Over the past quarter, the WHO Regional Office for Africa supported several countries with implementation, including six countries (Burkina Faso, DRC, Gabon, Ghana, South Sudan and Togo) to conduct active case investigation, four countries (Angola, Cameroon, DRC and Togo) to conduct case classification, and three countries (Cameroon, CAR and Ethiopia) to update their strategic plans. Furthermore, the WHO Regional Office for Africa is currently developing new regional guidelines and tools to support Member States in preparing for yellow fever outbreaks, including in urban settings.
- **Meningitis:** WHO supported the development of national plans to defeat meningitis by 2030. As of 31 March 2030, 15 priority countries developed their national plans of which seven completed and validated their plans and eight are in the finalization process. Additionally, the Regional Office for Africa contributed to an Annual Meeting on meningitis-MenAfriNet, yellow fever, maternal and neonatal tetanus and measles and rubella in Africa.
- **Vaccination:** in collaboration with the other Regional Office for Africa programmes, the Office supported countries to strengthen vaccination against high-threat pathogens. Actions included supporting Chad and South Sudan to vaccinate more than 8.5 million people and 500 000 people respectively for yellow fever, supporting cholera and Ebola virus disease vaccination campaigns, and transitioning COVID-19 vaccination data to routine data collection platforms.

## Zeroing in on community preparedness

Disease outbreaks start and end in communities—yet community readiness is still not where it should be. The WHO Regional Office for Africa is increasingly looking beyond the national level at ways to strengthen preparedness at the community levels. Activities included the following:



**Developed community engagement resources:** The WHO Regional Office for Africa continued to develop a bank of messages and narratives for high-threat hazards that stakeholders working in emergencies can use for community engagement. It developed social media kits with accurate health messaging for malaria, cholera and dengue in English, French and Portuguese, which were disseminated to 47 countries. The Office began the development of an operational framework to strengthen the community emergency workforce.



**Supported national planning for infodemics:** Ghana, Madagascar, South Africa and Zimbabwe were supported to develop their 2024 workplans to address infodemics, in partnership with national RCCE commissions and the African Infodemic Response Alliance (AIRA).



**Conducted training:** in collaboration with partners, the Regional Office for Africa conducted 5-day RCCE cross-border training with 67 participants from Ethiopia, Kenya, Rwanda, Somalia, South Sudan, United Republic of Tanzania and Uganda. Additionally, a pilot community readiness exercise was carried out in Ghana in January 2024 to identify gaps at community level, using tabletop exercises and taking a One Health approach. The Office shared Ghana's experience across countries and stakeholders through a webinar, which generated requests from multiple countries for support in conducting similar exercises.

## Generating preparedness knowledge through research and analysis

**There continue to be limits to regional preparedness knowledge, and over the quarter, the Regional Office for Africa conducted research and analysis to fill gaps.** Activities included the following.

- **Published 8 scientific articles:** it submitted over 10 manuscripts to scientific journals with 80% of them published. For example, it published a commentary in *The Lancet Global Health* to mark the 10-year anniversary of the Ebola virus disease outbreak in West Africa: *10 years after the 2014–16 Ebola epidemic in west Africa: advances and challenges in African epidemic preparedness*.
- **Built scientific writing capacity:** six webinars were held to build capacity on scientific writing, in partnership with the Kobe Centre and The Lancet. The workshop was attended by 200–345 participants, generated interest from 10 country teams to submit articles for publication and helped to identify six mentors who will support the country teams.



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- **Leveraged AI and machine learning models.** For example, the WHO Regional Office for Africa expanded the artificial intelligence (AI) prediction project, which is aimed at leveraging time series data analysis to predict cholera outbreaks using AI and machine learning algorithms. While the project was initially conducted in the DRC, the Regional Office for Africa expanded the project this quarter to predict cases at the country, district and provincial levels in Mozambique. Additionally, the Regional Office for Africa used AI and machine learning to automate notifications of hazards and analyse data from incident management reports.
- **Built research readiness for future filovirus outbreaks.** At Held a workshop in Kampala, Uganda, which was jointly hosted with Uganda’s Ministry of Health and brought together over two hundred scientists from 19 African countries, the Regional Office for Africa presented an approach to engaging communities during clinical trials and moderated a session with countries on lessons learnt, challenges and the way forward.
- The WHO Regional Office for Africa is **piloting preventive Ebola vaccination among health workers and frontline health workers in DRC.**

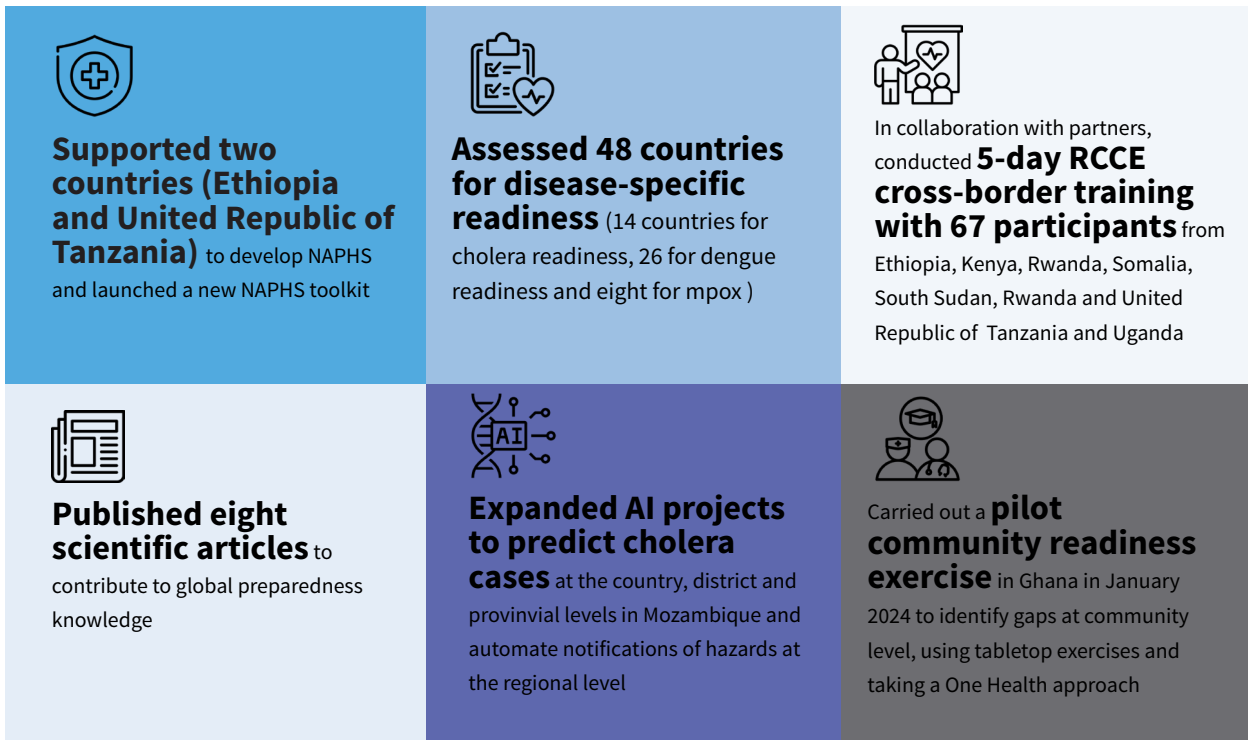


Fig 4. Emergency preparedness highlights



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## The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the Member States it serves.

### Member States

Algeria	
Angola	Lesotho
Benin	Liberia
Botswana	Madagascar
Burkina Faso	Malawi
Burundi	Mali
Cabo Verde	Mauritania
Cameroon	Mauritius
Central African Republic	Mozambique
Chad	Namibia
Comoros	Niger
Congo	Nigeria
Côte d'Ivoire	Rwanda
Democratic Republic of the Congo	Sao Tome and Principe
Equatorial Guinea	Senegal
Eritrea	Seychelles
Eswatini	Sierra Leone
Ethiopia	South Africa
Gabon	South Sudan
Gambia	Togo
Ghana	Uganda
Guinea	United Republic of Tanzania
Guinea-Bissau	Zambia
Kenya	Zimbabwe

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