

WHO NAIROBI HUB BULLETIN



Image

WHO Hub staff and Kenya Ministry of Health participants prepare chlorine solution during a recent filovirus simulation exercise in Nairobi.



**World Health
Organization**

African Region

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MESSAGE FROM THE NAIROBI HUB COORDINATOR

Dear partners, donors and colleagues,

We are very pleased to release Volume 1 of the WHO Nairobi Hub Bulletin. This bulletin outlines the critical work of the WHO Regional Office for Africa's Emergency Preparedness and Response Programme within the Eastern and Southern Africa (ESA) subregion. This is made possible through close collaboration with our WHO country offices, ministries of health, and partners across these 20 countries.

As of 28 July 2025, WHO is monitoring 45 emergencies in the subregion - several of which are linked to "Grade 3" acute or protracted emergencies, signifying a major or maximal response level required by WHO. This includes the multi-country mpox outbreak affecting 10 countries in ESA, the multi-country cholera outbreak affecting 14 countries in ESA, the impact of the Sudan humanitarian crisis affecting 2 countries in ESA, and the South Sudan humanitarian crisis.

In addition to direct support and technical assistance during emergency response, the Hub supports ESA countries to better prepare for emergencies, to strengthen epidemic intelligence and health information systems, and to address country needs for operations support, supplies, and logistics.

In this bulletin, we highlight examples of our recent work and our ongoing impact in these areas. This includes activities ranging from a recent Filovirus simulation exercise in Kenya, to a critical meeting to advance mpox clinical care guidelines, to the work of our Pandemic Fund Project Delivery Unit. We are pleased to feature a recurring "Meet the Staff" section, so that you can better get to know the diverse professionals and skillsets that make up our team here.



In the following pages, you will learn more about how we track progress on preparedness indicators through our annual emergency preparedness review, and measures we are taking to build countries' digital data readiness through data surveillance standards. We also highlight various recent activities for the multi-country cholera and mpox outbreaks in the region, including country missions to implement a methodology to identify and prioritize cholera hotspots.

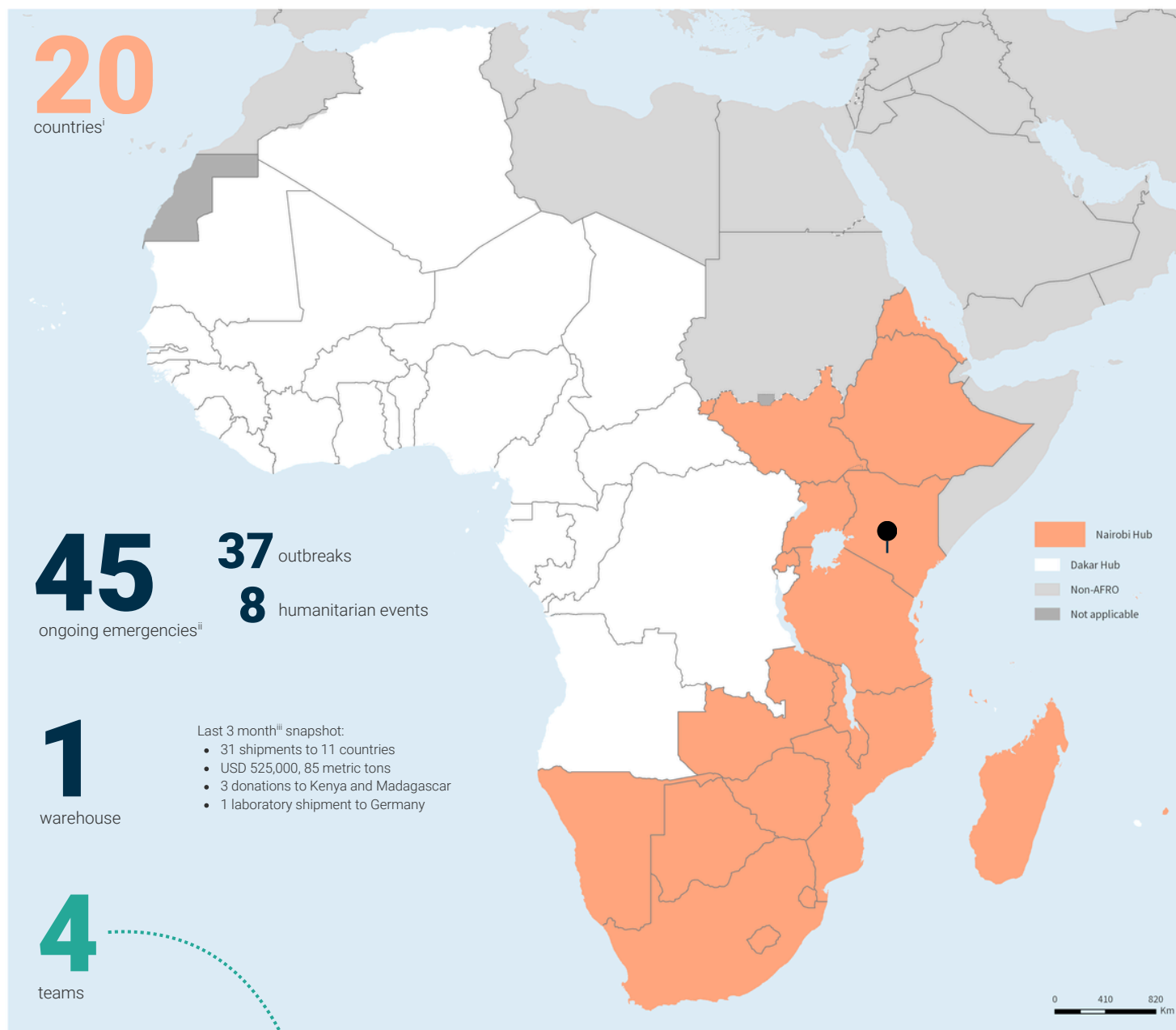
Now more than ever, our work in facilitating cross-border collaboration at the subregional level to prepare for and respond to emergencies is critical. Through our cross-cutting teams and by working alongside partners, we are ensuring that we can detect and respond to emergencies faster and more effectively.

These achievements outlined in this bulletin are a testament to the commitment of our Member States, donors and partners. We look forward to your feedback on this bulletin and we hope you enjoy learning more about our work.

Dr Dick Chamla

WHO Nairobi Hub

the operational arm of WHO's emergency preparedness and response programme in the Eastern and Southern Africa (ESA) subregion



Health Emergency,
Pandemics & Threats
Preparedness

Epidemics &
Humanitarian Health
Response

Health Emergency
Intelligence, Surveillance
& Laboratory

Operations Support &
Logistics

Collaboration across disciplines and teams to:

1. Ensure prompt and effective WHO support to Member States during emergencies
2. Strengthen WHO leadership in health emergency management
3. Cement strong partnerships at the subregional level

ⁱ Countries in ESA: Botswana, Comoros, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe

ⁱⁱ Data as of 28 July 2025

ⁱⁱⁱ Period from April 2025 to 30 June 2025

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: WHO Nairobi Hub, EIS Team
Map Date: 23 July 2025

WHO hosts a **filovirus readiness simulation exercise** in Nairobi



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To bolster Kenya's operational readiness for severe infectious disease outbreaks, WHO's Regional Office for Africa, through its Nairobi Emergency Preparedness and Response hub, conducted a four-day simulation-based training on filovirus disease (FVD) readiness in Nairobi from 12 to 15 May 2025. This initiative forms part of broader efforts to strengthen outbreak preparedness across the ESA subregion in the context of recent Marburg virus disease, Ebola Sudan virus disease and mpox outbreaks.

The training, conducted by multidisciplinary experts from the WHO Hub staff, based at the Kenyatta University Referral and Teaching Hospital in Nairobi, Kenya, was conducted in close collaboration with WHO's country office in Kenya, the Kenya National Public Health Institute, and the Kenya Ministry of Health. It brought together 45 national and county-level emergency responders from these institutions as well as the Kenya Defense Force and Kenyatta University Teaching Referral and Research Hospital for immersive, hands-on exercises tailored to simulate operations in real FVD outbreaks.



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“Through this practical approach, participants gained real world experience in setting up and operating a filovirus treatment centre in accordance with WHO standards”

DR ABDOURAHMANE DIALLO, WHO REPRESENTATIVE, KENYA COUNTRY OFFICE



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“The key takeaway from this training is that it has equipped participants with the knowledge, skills, and competencies to manage not only viral haemorrhagic fevers but also other highly infectious pathogens”

JOYCE NGUNA, EPIDEMIOLOGIST AND FACILITATOR, WHO NAIROBI HUB

Phase 1, Round 3 proposal submissions



Proposal development and project implementation support through the designated Pandemic Fund Project Delivery Unit at Nairobi Hub



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For more information
See the links below

WHO Pandemic Fund Navigator

WHO Pandemic Fund Overview

Under the Joint Emergency Action Plan between WHO and the Africa Centres for Disease Control and Prevention (Africa CDC) and through the set-up of the Pandemic Fund Project Delivery Unit (PDU) in Nairobi, WHO is enhancing a coordinated and efficient response to the Pandemic Fund 3rd Call for Proposals while ensuring robust implementation monitoring support for Rounds 1 and 2 proposals in the region.

Collectively, the PDU submitted 30 single country proposals and 6 multi country proposals involving 34 African Member States, 4 implementing entities [African Development Bank, Food and Agriculture Organization (FAO), United Nations International Children's Emergency Fund (UNICEF), WHO], and 60 delivery partners.

The total grant request across all proposals amounts to USD 950 million, including partner co-financing of USD 290 million (in-kind and cash) and government co-investment of USD 100 million (in-kind and cash). The proposal development for regional entities is now in progress.

WHO Nairobi Hub is also coordinating the launch and implementation of several Round 2 projects:

1
8
2

Multi-country

Strengthening one health disease surveillance and response in Southern Africa - a strategy against climate-driven disease outbreaks

Single country

Burundi, Chad, DRC, Ghana, Rwanda, Sierra Leone, South Africa, United Republic of Tanzania

Regional entity

*Preparedness for pandemic response (IGAD)
Strengthening one health-based pandemic preparedness and response in the Greater Virunga landscape (DRC, Rwanda, Uganda)*





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 May 2025

Annual emergency preparedness review meeting for ESA countries

On 20 and 21 of May 2025, the Hub's preparedness team hosted a meeting with all Member States in ESA as part of an annual exercise to assess countries' readiness to respond to emergencies. This meeting was an opportunity for each country to share progress made since the 2024 assessment, review their emergency preparedness indicators, assess levels of readiness, and share best practices and lessons learned.

The review convened 88 technical experts including WHO emergency preparedness officers across the 20 WHO country offices, NGOs involved in emergency preparedness activities, and key regional partners including the Intergovernmental Authority on Development in Eastern Africa (IGAD), Africa CDC, UNICEF, and Resolve to Save Lives.

This forum helped to raise key areas of support needed, challenges in implementation, and where targeted follow-up should be prioritized in 2025-2026 in light of shifting financial landscape.



June 2025

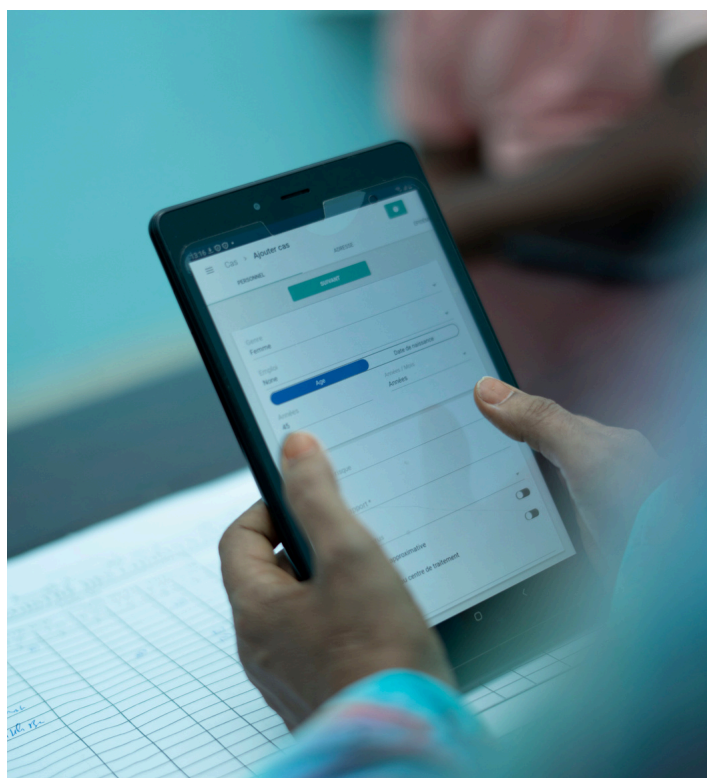
Webinar on surveillance data standards in AFRO

In collaboration with the Global Outbreak Alert and Response Network and the WHO Surveillance and Analytics Unit, the Hub's health emergency intelligence team hosted a webinar on 19 June to discuss surveillance data standards in the African Region and how digital implementations during surveillance and outbreak response can comply with these standards frameworks.

The session brought together 216 attendees including across WHO, UN agencies, ministries of health, and digital tools' developer teams to share experiences and strategies for building scalable, standards-based surveillance systems.

Highlights included Kenya's implementation of data standards, an overview of the WHO Digital Adaptation Toolkit (DAK), and the role of tools like DHIS2, SORMAS, and Go.Data in supporting DAK rollout.

The event contributed to ongoing efforts to strengthen digital surveillance and data harmonization across the region, with a "tool agnostic" approach that can still enable interoperability across deployments.



© WHO / Malika Diagana





May 2025

Regional cross-border meeting to enhance response to mpox and other emergencies

Regional public health experts, country representatives and partners gathered in Nairobi on 13 to 14 May to reflect on lessons learned and how to further enhance cross border collaboration to prevent, respond and control disease outbreaks. A main focus of the discussion was on the current mpox response as well as other recent public health emergencies affecting the region. Twelve African countries were present - including DRC, Angola, Burundi, Malawi, Rwanda, Uganda, Sao Tome Principe, South Sudan, Zambia, Kenya, Republic of Congo and Central African Republic.

The World Bank, in collaboration with WHO, Africa CDC, UNICEF, and the International Organization for Migration (IOM), convened the meeting to facilitate political engagement, technical discussions, and cross-border cooperation among stakeholders.

June 2025

Global meeting on mpox clinical guidelines

WHO, in partnership with Africa CDC with support from the United Kingdom Foreign, Commonwealth and Development Office (UK FCDO) and the German Society for International Cooperation (GIZ), hosted a Global Meeting on Development of Optimized Standard of Care Guidelines for mpox in Nairobi, Kenya on 11 June. This meeting was attended by 43 external experts, researchers and clinicians from 10 African countries and 5 other countries around the world.

This collaboration ensures effective use of resources while promoting the development of high-quality evidence-based guidelines to improve patient care at all levels of service delivery points. The workshop facilitated a dynamic exchange of ideas and best practices, underscoring the commitment of WHO and its partners to strengthen clinical care practices for mpox in the region.

Major topics of discussion included specific considerations for mpox patients across a range of thematic areas, including: skin care, pain management, eye complications, nutrition and hydration, mental health and psychosocial care, and HIV/pregnancy and children.





June 2025

Ministerial meeting on cholera in 20 Member States

An urgent call to action

On June 4, 2025, an extraordinary summit was held in Zambia, gathering African Heads of State and leadership across 20 ministries of health, water and sanitation, and finance, and representatives from WHO, UNICEF, GAVI, and the Gates Foundation.

The meeting aimed to address the critical challenges posed by widespread cholera outbreaks and to endorse a unified approach for the region. This initiative was spearheaded by His Excellency, the President of Zambia as Global Cholera Champion, in collaboration with Africa CDC, WHO, and UNICEF.

Cholera remains a significant public health threat in many African nations, exacerbated by factors such as climate change, conflict, and a decrease in global funding for health initiatives. Leaders recognized the urgency of the situation, with a marked increase in cholera cases and related preventable deaths. In 2025, Africa accounted for approximately two-thirds of global cholera cases and an alarming 99% of cholera-related fatalities.



© WHO / Pierre Albouy

Leaders announced a Call to Action that commits Africa Union Member States, Africa CDC, WHO, private sector, civil society and other partners to a unified agenda to eliminate cholera by 2030, aligned with the Global Roadmap to End Cholera by 2030.

Dr Tedros, WHO Director-General, echoed these sentiments in his remarks by calling for immediate and unified efforts to tackle the crisis in Africa. He highlighted WHO's pivotal role in global health security, noting the resurgence of cholera driven by climate change and conflict. Dr Tedros made a heartfelt appeal for a ceasefire in conflict-affected areas to enable health and humanitarian workers to reach those most at risk. He reaffirmed WHO's commitment to providing expertise and support through its regional and country offices across Africa.



Q1-Q2 2025

Targeting Priority Areas for Multisectoral Interventions for Cholera Control and Elimination in the African Region

The Global Roadmap to End Cholera by 2030 calls for a multi-sectoral approach for cholera control and elimination, targeted at small areas where the cholera burden is highly concentrated.

These small areas are referred to as Priority Areas for Multisectoral Interventions (PAMIs), formerly known as "hotspots," where cholera outbreaks originate before spreading onwards.

The Global Task Force on Cholera Control (GTFCC) has developed a comprehensive method for identifying PAMIs, replacing the old 2019 GTFCC method for hotspot identification. PAMIs help to prioritize multisectoral interventions for effective cholera control and elimination.

To build capacity in this important methodology, WHO has supported eight countries in finalizing PAMIs within the last year, including Kenya, Malawi, Mozambique, Namibia, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe. Three more (Rwanda, Uganda, and South Sudan) are scheduled to complete by August 2025.





Dr Miriam Nanyuja
Senior Risk
Management &
Preparedness Officer



**Joint External Evaluation
Rwanda**

In May 2025, Dr Miriam Nanyuja led a team of 12 subject matter experts and one observer to Kigali, Rwanda to conduct a Joint External Evaluation (JEE) of the country's emergency preparedness and response core capacities. Attendees were from collaborating partner agencies including the United Nations Population Fund, East, Central and Southern Africa Health Community, and International Federation of Red Cross & Red Crescent Societies as well from government institutions including the national public health agencies (NPHAs) in Malawi and Zambia, government institutions from Kenya (National Veterinary services, government chemist) and the Lesotho Ministry of Health.

Demonstrating strong national leadership in public health preparedness, Rwanda undertook its second JEE in May 2025. A JEE is a voluntary, transparent, and multisectoral assessment facilitated by WHO to measure a country's capacity to prevent, detect, and respond to public health threats in accordance with the International Health Regulations (2005). This JEE brought together national experts from 19 technical areas to jointly review country capacities.

The mission enabled a rich exchange of expertise across sectors – ranging from human and animal health to national security. Areas of progress and gaps were documented, and discussions underpinned the generation of priority actions to guide the development of Rwanda's National Action Plan for Health Security (NAPHS). The NAPHS will guide Rwanda's efforts to mobilize technical and financial resources and sustain momentum toward a more resilient and responsive health system. It is anticipated that its implementation will help the country to achieve all the core capacities required to be better prepared and ready to handle public health emergencies.



Janna Brekke
Technical Officer

**Scoping missions
Botswana &
South Africa**

In February 2025, WHO convened a two-day regional consultation in Accra, Ghana, to strengthen EPR capacities across the African region, with a particular focus on the role of NPHAs. The meeting brought together representatives from 29 Member States - 24 of which have established NPHAs.

To support implementation of these regional insights, Janna conducted in-country scoping missions to Botswana and South Africa. These missions aimed to assess EPR capacities, identify priority areas for support, and engage directly with NPHAs, Ministries of Health, and partners such as the World Bank and Africa CDC. Both countries are now taking steps to build stronger institutional capacities for health security.





Dr Alex Freeman (left)
Miguel Serra (right)
 Logisticians

Outbreak response Angola

Two logisticians from the Hub's Operations Support & Logistics team were deployed to Angola in May 2025 to facilitate several key activities within the national cholera response across areas of supply, health logistics, and capacity strengthening.

Miguel was responsible for tasks such as pushing supplies from central medical stores to last-mile locations, or to other operational partners. With such supplies, MSF established a 24-bed cholera treatment centre (CTC) in Sumbe, Kwanza South. Examples of other activities include quantification of cholera needs, reception and distribution of cholera community kits to the last mile, and logistics support for the vaccination campaign.

Dr Freeman focused on capacity strengthening - training health staff in drinking water chlorination, hygiene protocols and water and sanitation protocols in CTCs. This includes assessment and upgrade of CTCs where necessary. In addition, an online training has been provided to all staff at the provincial central medical stores on the contents of the cholera kit and the use of the cholera estimator tool to better quantify cholera needs.



Acknowledgements

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 Resolve To Save Lives
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 Swedish International Development Cooperation Agency
 UNITAID
 United Nations Population Fund
 WHO Foundation
 World Bank/Pandemic Fund



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CORRESPONDENCE

Dr Dick Chamla
Nairobi Hub Coordinator & Programme Area
Manager, Health Emergency, Pandemics &
Threats Preparedness
WHO Regional Office for Africa
Email: chamlad@who.int

Faiza Hassan
External Relations Officer
WHO Regional Office for Africa
Email: fahassan@who.int