

Enhancing Emergency Response Capacity in the WHO African Region:

Progress Report on the SURGE initiative
2022-2023







African Region



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REPUBLIQUE DU TCHAD
Ministère de la Santé
Publique et de la Prévention

Equipe
NCHC-SURGE
Tchad
Groupe d'intervention d'urgence

Artesin

ABBREVIATIONS

| | | | |
|-------------------|---|--------------|---|
| Africa CDC | Africa Centres for Disease Control | JEAP | Joint Emergency Action Plan |
| AFRO | World Health Organization Regional Office for Africa | NAPHS | National Action Plan for Health Security |
| AVoHC | African Volunteers Health Corps | NGO | Nongovernmental Organization |
| BMGF | Bill and Melinda Gates Foundation | NHPI | National Public Health Institute |
| CAR | Central African Republic | PHEOC | Public Health Emergency Operation Centre |
| CSO | Civil Society Organization | PROSE | Promoting Resilience of Systems for Emergencies |
| DLP | Digital Learning Platform | RCCE | Risk Communication and Community Engagement |
| DRC | Democratic Republic of the Congo | SADC | Southern African Development Community |
| ECCAS | Economic Community of Central African States | SOP | Standard Operation Procedure |
| EMRO | World Health Organization Regional Office for the Eastern Mediterranean | SURGE | Strengthening and Utilizing Response Groups for Emergencies |
| ePHEM | Electronic Public Health Emergency Management | TASS | Transforming African Surveillance Systems |
| EPPR | Ethio-Pandemic Multi-Sectoral Prevention, Preparedness and Response | WAHO | West African Health Organization |
| GBV | Gender-Based Violence | WHO | World Health Organization |
| GOARN | Global Outbreak and Alert Response Network | | |





ACKNOWLEDGEMENTS

We extend our deepest gratitude to our donors—the United States Government, the Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom, the Government of Canada, and the Bill & Melinda Gates Foundation (BMGF)—for their generous support in the implementation of the SURGE initiative. Their commitment and contributions have been instrumental in advancing our mission.

We also wish to recognize the exemplary leadership and unwavering support of the governments of the countries involved in this initiative. Their dedication to enhancing health security globally is a cornerstone of our collective success.

Together, these partnerships empower us to face global health challenges more effectively and to make a lasting impact on the communities we serve.



EXECUTIVE SUMMARY

WHO Member States in the African Region are facing several emergencies, which are putting immense pressure on fragile health care infrastructure. The Ebola outbreak in West Africa and the global COVID-19 pandemic highlighted the critical need for enhanced capabilities within the region. Recurring health emergencies, including disease outbreaks and natural disasters, have had a profound effect on lives, health determinants and the economic stability of the nations involved. A notable concern is the dwindling nature of the pool of in-country emergency response experts, which is leading to delays in response and loss of life during such crises.

In response to these challenges, AFRO has adopted a strategic approach towards more effective emergency responses and bolstering of the health system resilience of Member States. The Emergency Preparedness and Response Cluster launched the Strengthening and Utilizing Response Groups for Emergencies (SURGE) initiative in 2022. This aims to train at least 3000 multidisciplinary health emergency responders across the region, to ensure at least 50 trained responders in each country. This involves leveraging the leadership of governments, with the involvement of multiple sectors.



By the end of 2023:

22 Member States
had been enrolled in
the **SURGE** initiative.

Selection, training and rostering
of **1,348** AVoHC-SURGE
experts have been completed
in **16** countries.

By the end of 2023, 22 Member States had been enrolled in the SURGE initiative. Selection, training and rostering of 1,348 African Volunteers Health Corps AVoHC-SURGE experts have been completed in 16 countries. The early impact of the initiative is evident: 14 Member States are already deploying SURGE members to tackle various emergencies in country and seven are benefiting from international support.

This annual report delves into the SURGE initiative, outlining its rollout and achievements, as well as future recommendations, among other key insights.



KEY ACHIEVEMENTS 2022-2023



MISSION

22 Scoping missions conducted



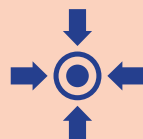
EXPERTS

1348

AVoHC-SURGE multi-disciplinary experts enrolled

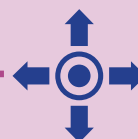
- **75%** from the health ministry
- **25%** from other sectors
- **31%** Female

LOCAL DEPLOYMENT



14 countries utilized AVoHC-SURGE responders for emergency response locally.

INTERNATIONAL DEPLOYMENT



7 countries deploying AVoHC-SURGE responders internationally.

TRIPPLE E



250 WHO staff enrolled in the Emergency Elite Experts (Triple E), 52 (21%) deployed in 2023 to provide backstop support in countries with emergencies.



Facilitated the procurement and distribution of 120 vehicles and ambulances to 15 countries.



FINANCE

\$12,411,228

USD disbursed to **16 countries** to facilitate roadmap implementation

DATA BASE



Regional workforce data base established



DLP



Digital Learning Platform installed in **10 countries**

PHEOC



Regional Strategic Plan for Strengthening PHEOCs in Africa 2023-2027 launched in November 2022 by WHO AFRO, WHO EMRO and Africa CDC



THE SURGE INITIATIVE APPROACH

In August 2022, at the 72nd Regional Committee for Africa, African ministers of health endorsed an **eight-year strategy** to transform health security and emergency response in the region: the **Regional Strategy for Health Security and Emergencies 2022–2030**. The strategy is hinged on three flagships, on preparedness (Promoting Resilience of Systems for Emergencies, “PROSE”), detection (Transforming African Surveillance Systems, “TASS”) and response (Strengthening and Utilizing Response Groups for Emergencies, “SURGE”). Recognizing the lessons learnt from past public health emergencies of international concern, such as the Ebola Virus Disease epidemic and the COVID-19 pandemic, which highlighted significant gaps in regional and global health infrastructure, surveillance capabilities and workforce readiness, the flagship initiatives seek to bolster health system resilience in the African region.



The SURGE initiative aims to strengthen country capacities to effectively respond to all public health hazards in a timely manner to save lives and mitigate adverse socioeconomic impacts.

THE MAJOR AREAS OF FOCUS OF SURGE ARE AS FOLLOWS:



Workforce development

aims to enable the rapid mobilization of multidisciplinary experts in each country, trained and ready to deploy within the first 24–48 hours of an emergency.



Response readiness and coordination

aims to improve planning and cohesiveness across ministries, partner agencies and civil society organizations (CSOs).



Operations support and logistics

aims to facilitate the prompt and effective deployment of human resources and emergency supplies at the national and subnational level.



Risk Communication and Community Engagement (RCCE)

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

The SURGE initiative has been merged with the Africa Centers for Disease Control (CDC)-led African Volunteers Health Corps (AVoHC) initiative. Both initiatives aim to mobilize and deploy trained health care responders across the African region. Recognizing the synergies between the two initiatives, WHO AFRO and Africa CDC agreed to integrate and collaborate closely to provide unified support to Member States under the Joint Emergency Action Plan (JEAP).



WHO AFRO
and Africa CDC
agreed to integrate
and collaborate closely

Progress

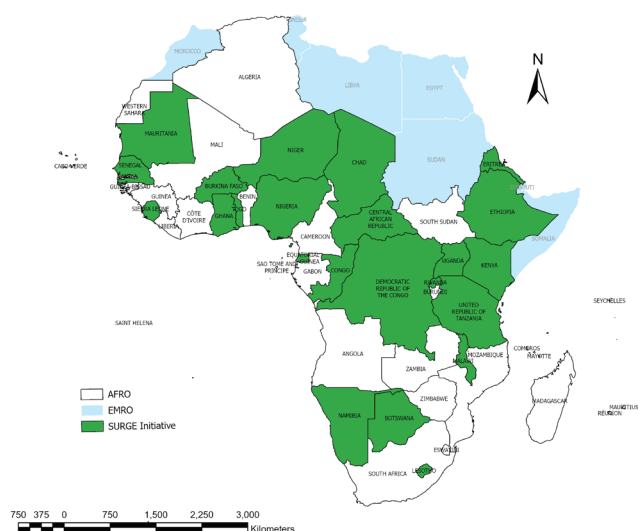
SCOPING MISSION TO MEMBER STATES



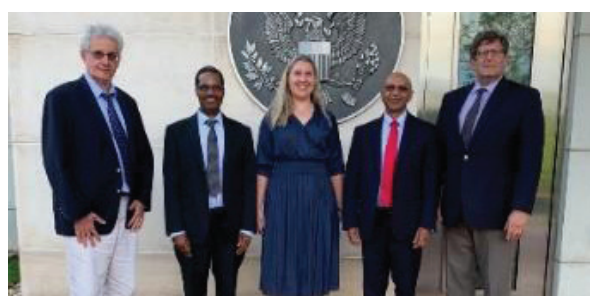
WHO AFRO conducted
scoping missions to
22 Member States in
the region.

The primary goal of these was to engage with the government and in-country partners on the country's readiness to manage health crises effectively. A key outcome was the development of a two-year roadmap, guided by the Ministries of Health and supported technically by various government sectors and partners. The roadmaps are aligned with the existing National Action Plan for Health Security (NAPHS), and teams are guided to prioritize key activities in the latter that can be implemented over two years and that are feasible and impactful to ensure health security in the short to medium term. The mission teams also assessed the capacity of government warehouses, Public Health Emergency Operation Centres (PHEOCs)/National Public Health Institutes (NPHIs) and laboratories.

Figure 1 SURGE flagship initiative implementing member states across WHO/AFRO



Engagement Minister of Health in Mauritania



Engagement with US Embassy in Rwanda



Engagement with USG in Botswana



Scoping mission team with the Minister of Health in Botswana



Engagement with SADC secretariat in Botswana



Team with the top management of MoH and GHS Ghana



Cross-section of partners including World Bank director in Burkina Faso



Engagement with WFP in Congo



Visit to central medical stores in Ghana



Opening of technical session to develop country roadmap in Burkina Faso



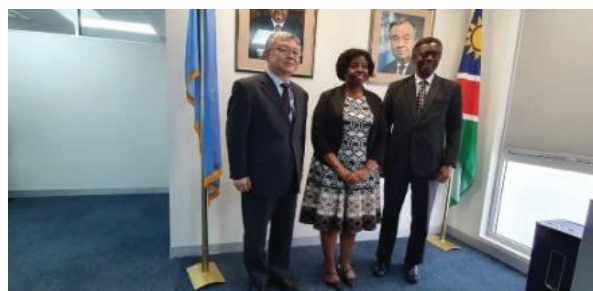
Opening of technical session to develop country roadmap in Equatorial Guinea



Briefing of multisectoral team and key partners in Ghana



Engagement with UNCT in Botswana



Engagement with the UN Residence Coordinator in Namibia

Following the scoping missions, Member States received technical support from WHO to facilitate the finalization and initiation of implementation of the country roadmap; the establishment of a national multisectoral committee for the selection of AVoHC-SURGE members; and the coordination of training of the selected emergency responders.

CREATION OF NATIONAL MULTISECTORAL AND MULTIDISCIPLINARY TEAMS

In each country, the Ministry of Health led the establishment of a multisectoral selection committee comprising representatives from relevant sectors. This committee was tasked with managing the selection of the multisectoral and multidisciplinary response team members for onboarding and specialized training. The selection is conducted using a One Health

approach, drawing on experts from various sectors. The selected trainees for the SURGE initiative come from a range of disciplines and areas of expertise, such as epidemiology, laboratory science, anthropology, entomology, veterinary medicine, data management, field logistics and operation, infection prevention and control, RCCE and Gender-Based Violence (GBV).

Onboarding Training

2 Phases



Online



Face-to-face

This onboarding training consists of two phases:

a mandatory online training followed by face-to-face training on four core modules: PHEOCs; Humanitarian Emergencies; Rapid Response Teams; and Preventing and Responding to Sexual Exploitation Abuse and Harassment. Training quality was ensured through the selection of competent facilitators in the region, pre- and post-tests, the provision of daily feedback from trainees and the execution of an appropriate training methodology for the participants.

To enhance the ease of in-country and international deployment, all the trained AVoHC-SURGE members were validated and centrally rostered on the emergency workforce database. WHO AFRO equipped each Member State with safety and visibility kits and logistics and supplies, including field vehicles, comprising ambulances, pick-up vans and utility vehicles, to facilitate a timely response to public health emergencies in 15 countries. An accountability framework was incorporated through effective monitoring and evaluation of the progress of implementation, including training session feedback, periodic updates from focal points and close tracking of key performance indicators.

15
Countries



WHO AFRO equipped each **Member State** with safety and visibility kits and logistics and supplies.

FOSTERING PARTNERSHIPS

Partnerships are a central component of the flagship initiatives, cutting across national governments, regional and subregional entities, United Nations agencies, local and international partners, and CSOs. These partners played a crucial role in supporting governments in the development of the roadmaps and in implementing training modules tailored to the specific contexts of individual Member States.

A key partner in the SURGE initiative is the Africa CDC. Given the existing AVoHC initiative – specifically addressing workforces for emergencies – work was carried out to harmonize the two approaches and implementation modalities. Joint missions were undertaken to countries and the harmonization of tools and databases was initiated.



Collaboration with United Nations agencies and nongovernmental organizations (NGOs) has played a significant role in generating technical expertise and logistical support for the SURGE initiative. The International Organization for Migration, the United Nations Population Fund, the Office for the Coordination of Humanitarian Affairs, the United Nations High Commissioner for Refugees, the United Nations Children's Fund and the World Bank have all been involved. Furthermore, collaboration with national and international NGOs, including the Alliance for Medical Action, Médecins Sans Frontières, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies and Save the Children, among others, has enhanced the implementation of grassroots training modules.

On a regional level, organizations such as the West African Health Organization (WAHO), the Economic Community of Central African States (ECCAS) and the Southern African Development Community (SADC) have contributed their technical expertise to the flagship initiatives. Similarly, global platforms like the Global Outbreak Alert and Response Network (GOARN), the Global Health Cluster and the Emergency Medical Teams Global Network have also supported the implementation of initiative activities by leveraging their expertise in preparedness and response. These platforms have facilitated knowledge exchange, capacity-building and coordinated responses to health emergencies in the Africa region.



ACHIEVEMENTS

PILLAR 1



Workforce Development

The workforce development pillar of the initiative has achieved significant progress in enhancing the emergency workforce across the region. During this reporting period 16 countries have successfully completed their onboarding and mandatory training processes and have registered with GOARN, marking a major milestone in our efforts to strengthen global health security and emergency responsiveness.

16 countries
have successfully
completed their
onboarding and
mandatory training
processes and have
registered with **GOARN**

GOARN
Global Outbreak Alert and Response Network

a. Trainings

Sixteen Member States established multisectoral selection committees to identify, map and manage multidisciplinary and multisectoral teams of AVoHC-SURGE responders. WHO AFRO in collaboration with WHO country offices, the government and in-country partners trained the selected AVoHC-SURGE responders. A total of 1,348 AVoHC-SURGE members were trained and rostered into the regional emergency workforce

database. The countries with the highest number of responders trained were the Democratic Republic of the Congo (DRC) (214), followed by the United Republic of Tanzania (193), Ethiopia (190) and Kenya (118). Namibia trained more females than males (65% females); it was followed by Nigeria (47%) and Botswana (42%). Of the trained responders, 75% are from ministries of health while 25% are from other sectors.

214 Trainees

Democratic Republic of the Congo (DRC)

193 Trainees

Tanzania

190 Trainees

Ethiopia

118 Trainees

Kenya

65% Trainees
Namibia

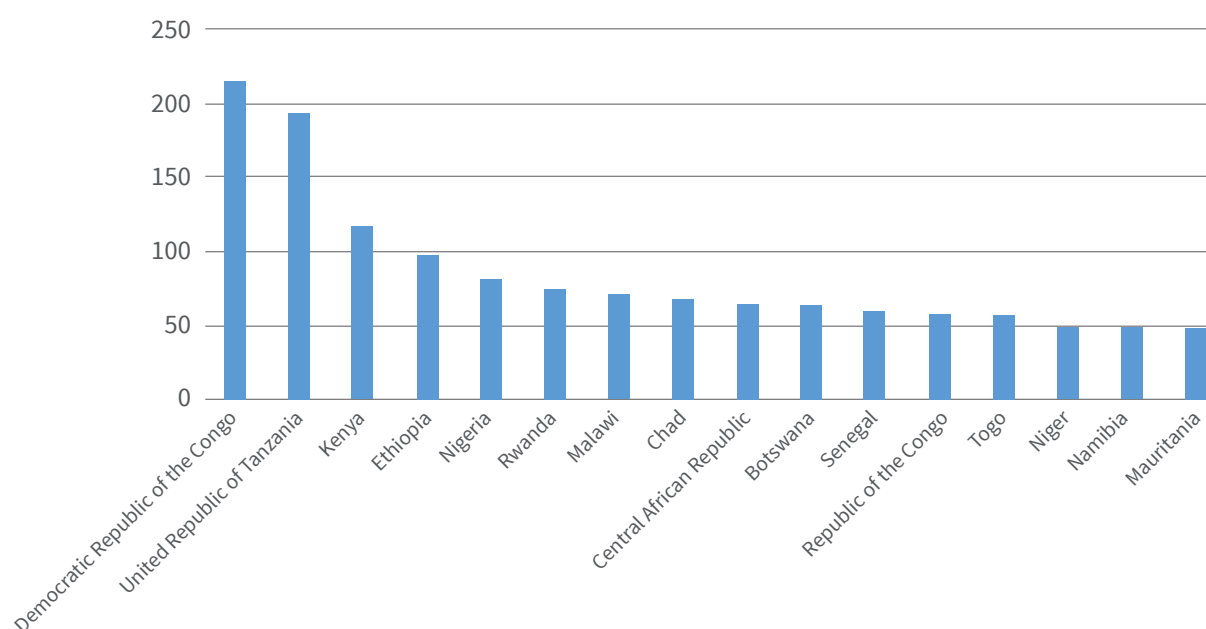
47% Trainees
Nigeria

42% Trainees
Botswana

75% Trainees
Ministries of Health

25% Trainees
Other Sectors

Figure 2 Distribution of trained AVoHC-SURGE Members



ENHANCING EMERGENCY RESPONSE CAPACITY
IN THE WHO AFRICAN REGION



Malawi AVoHC-SURGE members



Botswana AVoHC-SURGE members



United Republic of Tanzania AVoHC-SURGE members



CAR AVoHC-SURGE members



Chad AVoHC-SURGE members



Kenya AVoHC-SURGE members



Facilitators pre-meeting in Senegal and United Republic of Tanzania



Training session in Kenya



Training session in CAR

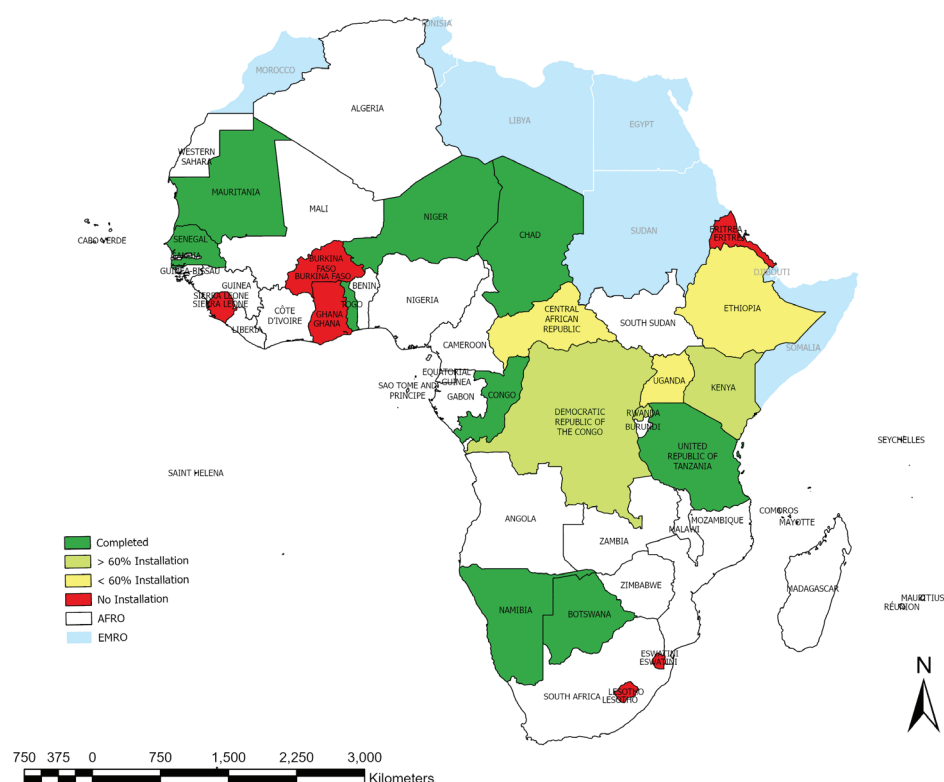
b. Digital Learning Platforms

The SURGE initiative supported the installation of DLPs in 10 out of the 22 Member States that have started implementation. Ongoing installations are at various stages in six Member States; the remaining six Member States are yet to start.

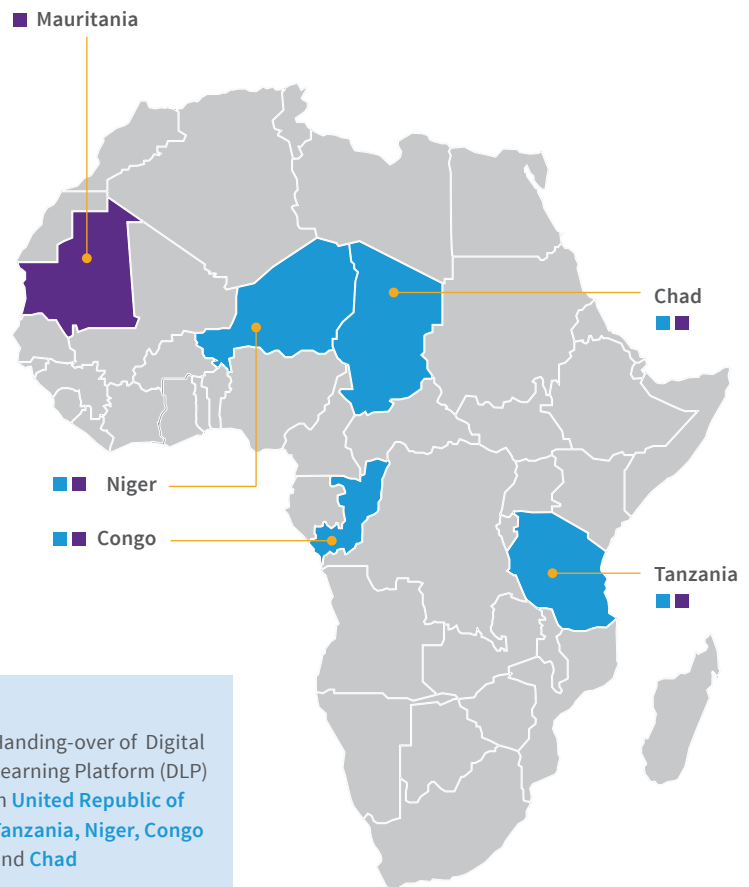
The Member States that have completed installation are utilizing their DLP for online training sessions; they have also established DLP communities of practice. The DLP room in Mauritania was utilized to enhance the capabilities of workers and to provide them with information during the response to the Rift Valley fever and measles outbreak.

Furthermore, an international community of practice for DLP has been established through a WhatsApp forum. This serves as a platform for sharing resources, asking questions and exchanging best practices. Additionally, invitations (flyers) for online trainings sessions using DLPs are shared within this group, allowing participants from various African Member States to attend. The group currently consists of 300 members.

Figure 3 DPL installation in SURGE-implementing Member States



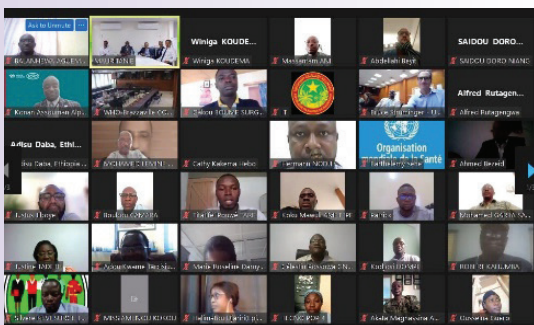
ENHANCING EMERGENCY RESPONSE CAPACITY
IN THE WHO AFRICAN REGION



Handing-over of Digital
Learning Platform (DLP)
in **United Republic of
Tanzania, Niger, Congo
and Chad**



Testing the DLP
in **Congo, United
Republic of Tanzania
and Mauritania**



c. Emergency health workforce database

A regional emergency workforce database has been established to enable tracking of workforce capabilities in the region. The database, although still a work in progress, has been instrumental in enabling the rapid mobilization of skilled personnel and ensuring the precise matching of specific skills to support the

required needs. Through the JEAP and with financial support from the Bill and Melinda Gates Foundation (BMGF), the aim is to develop a harmonized health workforce database for WHO AFRO, WHO EMRO and Africa CDC.

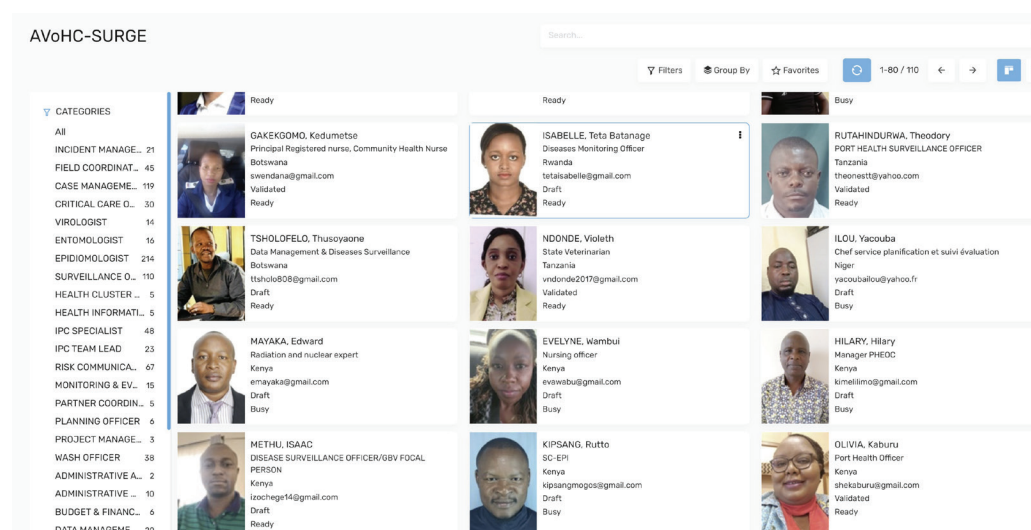


Figure 4 Visual overview of AVoHC-SURGE member database at WHO AFRO

d. Data Harmonization Efforts and Capacity Building

Concerted efforts by WHO AFRO, WHO EMRO and Africa CDC have propelled database harmonization and capacity-building across the continent. A series of in-person and online training sessions, conducted in Member States including Botswana, the Central African Republic (CAR), Congo, the DRC, Ethiopia, Kenya, Malawi, Mauritania, Namibia, Rwanda, Senegal, the United Republic of Tanzania and others, has enhanced the proficiency of AVoHC-SURGE members in utilizing the database tool. A database harmonization retreat was held in December 2023 in Addis Ababa involving WHO AFRO and Africa CDC, with support from BMGF. This marked a critical step towards achieving a unified and interoperable database tool. The retreat culminated in the formulation of a detailed roadmap and business requirements for a new tool, setting the stage for streamlined health emergency workforce management continent-wide.



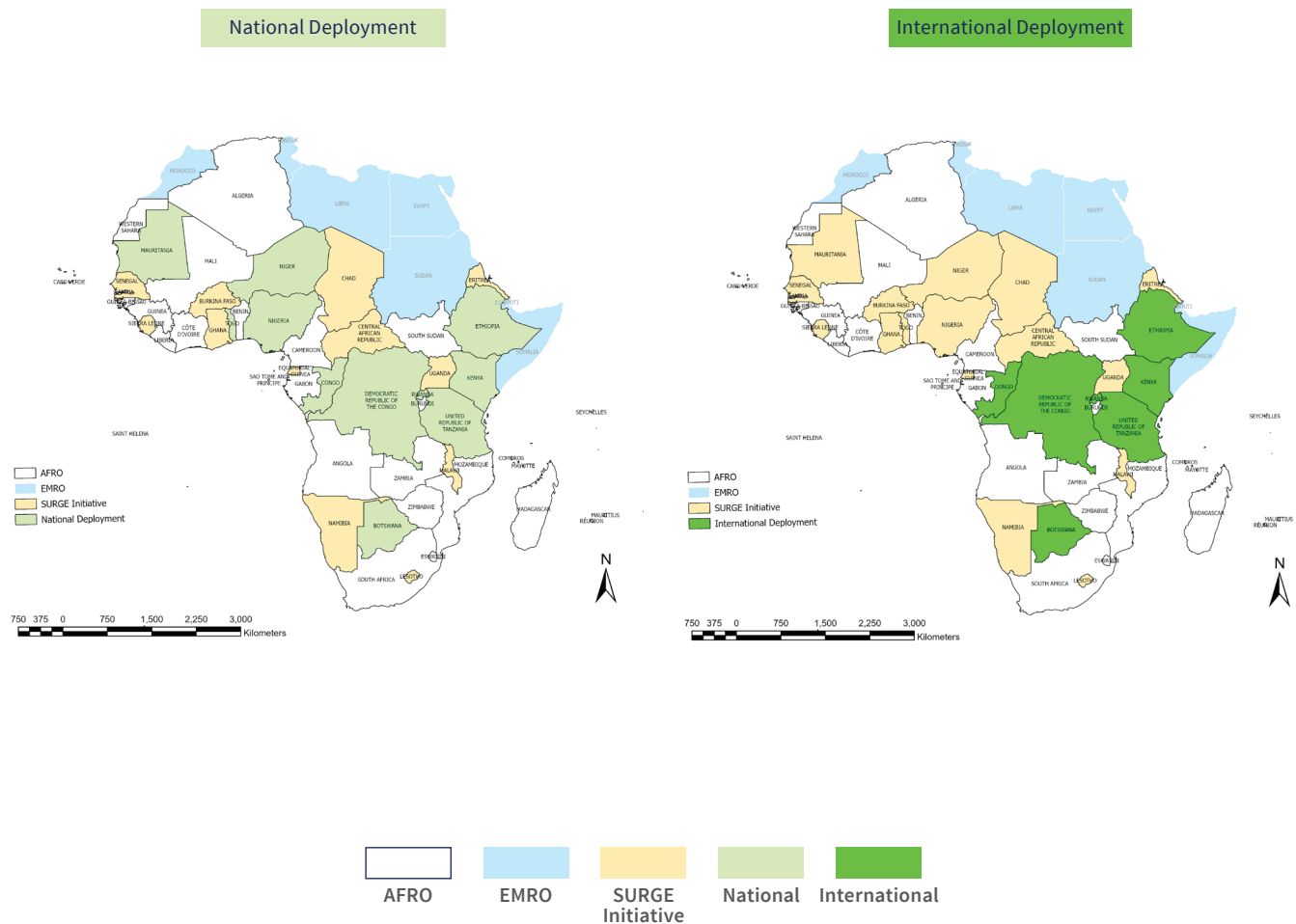
Cross-section of Workforce Technical Working Group members

e. Deployment of AVoHC-SURGE members

The training and deployment of AVoHC-SURGE members has yielded immediate benefits, with 14 Member States deploying these trained personnel locally to support responses to outbreaks, humanitarian crises and natural disasters. Furthermore, seven Member States

are currently leveraging the international deployment of AVoHC-SURGE members coordinated by WHO AFRO through GOARN, showcasing the tangible impact of this initiative on emergency response efforts.

Figure 5 Mapping the national and international deployment of AVoHC-SURGE responders



f. Triple E



250 WHO staff
enrolled in (Triple E)

52 (21%)
deployed in 2023 to provide
backstop support in countries
with emergencies.

In order to backstop workforce needs in countries, WHO AFRO undertook a screening of WHO staff who expressed an interest in being responders in the region, across various disciplines. A total of 1 320 WHO staff expressed an interest, out of whom 250 were selected. Online and virtual training was conducted for the selected Elite Emergency Experts (Triple E) members. During 2023, 52 staff members (21%) were deployed to various countries to support response to emergencies.



PILLAR 2



Response Readiness and Coordination

The SURGE initiative made significant progress in enhancing readiness and coordination, particularly through the establishment and strengthening of PHEOCs.



R-L: WHO Regional Director, WHO EMR Regional Director and Africa CDC Director-General

a. Regional Strategic Plan launch

A Regional Strategic Plan for Strengthening PHEOCs in Africa 2023–2027 was launched in November 2022 during the International Conference on Public Health in Zambia by the WHO AFRO and EMRO Regional Directors and the Director-General of Africa CDC. The Strategic Plan, developed in close collaboration with partners, aims to ensure 90% of Member States in the WHO AFRO region have functional PHEOCs by 2027. As part of this effort, critical technical documents such as handbooks and Standard Operating Procedures (SOPs) have been developed to enhance emergency management capabilities.

b. Facilitating the establishment and strengthening of PHEOCs at the country level

In Equatorial Guinea and Niger, tangible support has been provided to the establishment and operationalization of PHEOCs. Expert deployments and the development of infrastructure, including the supply of information and communication technology equipment and the refurbishment of facilities, have been instrumental in ensuring readiness to manage emergencies effectively. Moreover, comprehensive training programmes have been conducted, equipping nominated PHEOC staff with the requisite skills and knowledge to handle emergencies efficiently. The drafting of legal frameworks has been undertaken, laying the groundwork for the formal establishment of PHEOCs in these Member States, alongside the development of PHEOC handbooks and other SOPs to streamline emergency response procedures. Simulation exercises, conducted in a multisectoral approach, have tested the efficacy of these SOPs in real-life emergency scenarios.



Setting-up of the PHEOC in Equatorial Guinea



Significant progress has been achieved in strengthening emergency planning and management capacities in Central African Member States, including CAR, Chad, Congo and DRC. Through collaboration with ECCAS, various initiatives have been undertaken to reinforce PHEOCs and streamline emergency response mechanisms. Key achievements include conducting comprehensive PHEOC assessments; integrating concepts of operations into handbooks; developing, reviewing and validating SOPs; providing multisectoral basic training on PHEOCs and incident management systems; tabletop exercises; and establishing information management mechanisms.

In addition to capacity-building, support has been extended to Member States such as Botswana and Eritrea in designing PHEOC facilities. This support includes floor design, equipment specification and furniture requirements, ensuring physical infrastructure aligns with operational needs, thereby facilitating efficient emergency response coordination.

c. Building emergency response personnel capacity: training-of-trainers workshop approach

Leveraging the SURGE initiative and recognizing the paramount importance of well-trained responders in public health emergency management across the region, participants from various SURGE Member States, including Burkina Faso, Chad, Congo, Eswatini, Malawi, Mauritania, Namibia, Niger, Nigeria, Rwanda, Senegal and Uganda, convened for training-of-trainer workshops in Seychelles in 2023. Collaboratively, they focused on bolstering their proficiency in emergency protocols, guidelines and optimal practices for streamlined PHEOC management. Moreover, the workshops furnished participants with essential tools for training others on emergency preparedness and conducting simulation exercises.



Participants in the Third Regional Training of Trainers Workshop on PHEOCs

d. Regional functional simulation exercise

On 6 December 2022:

WHO AFRO, in collaboration with esteemed partners including **Africa CDC**, the **West African Health Organization**, the **US Centers for Disease Control**, the **UK Health Security Agency**, the **Robert Koch Institute** and **BMGF**, organized the region's largest **PHEOC** simulation exercise.

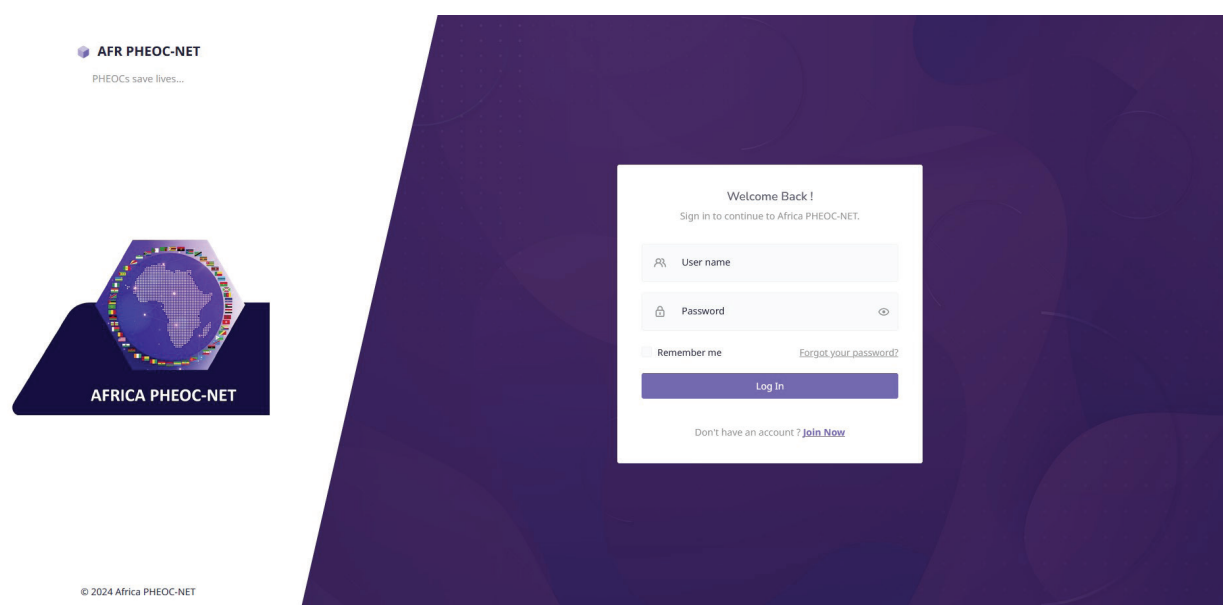
This two-day functional exercise involved 36 Member States, including those supported by the SURGE initiative, and aimed at bolstering readiness to respond effectively to public health emergencies. The exercise focused on simulating the early detection of an Ebola outbreak in a fictional country and its subsequent spread across multiple Member States through international travel and trade. By assessing and enhancing the functionality of Member States' public health emergency management structures, in alignment with the objectives of the SURGE initiative, this initiative represents a significant achievement in strengthening regional preparedness and response capabilities.

e. Introduction of an ePHEM system

Recognizing the pivotal role of information systems in emergency management, WHO, in partnership with the German development agency and WAHO, introduced the electronic Public Health Emergency Management (ePHEM) system in Burkina Faso, Liberia, Mali, Sierra Leone and Togo. This initiative, accompanied by

comprehensive training and SOP development, aims to strengthen public health information management capacities, thereby augmenting decision-making capabilities during emergencies. These efforts align with the overarching goals of the SURGE initiative, which seeks to enhance global health security.

f. Development of the Africa PHEOC-NET web platform



The Africa PHEOC-NET web platform, developed by WHO, signifies a notable achievement in regional collaboration and information-sharing. Launched in 2015 by WHO AFRO in partnership with other organizations, it plays a crucial role in supporting Member States involved in the SURGE initiative. The

platform facilitates information exchange, best practice sharing and continuous learning, bolstering efforts to manage health emergencies effectively. Through its user-friendly interface and advanced technology, WHO AFRO demonstrates its commitment to empowering Member States in emergency response.



PILLAR 3



Operations Support and Logistics

During 2023, major progress was made under this pillar of the SURGE initiative.



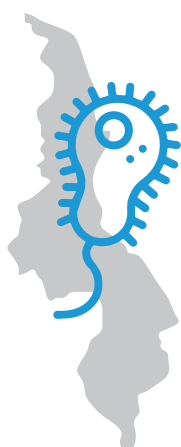
a. Capacity-building training

In January 2023, a tailored six-day training programme was facilitated in Nairobi, Kenya. This aimed to enhance the operational capabilities of participants from six Member States: Botswana, Ethiopia, Kenya, Namibia, Rwanda and United Republic of Tanzania. The programme comprised a combination of theoretical sessions and practical exercises, meticulously designed to impart technical expertise and foster an understanding of contextual variables influencing field operations. The overarching objective was to bolster logistics and operational capacities at the national level, with a specific focus on preparing a national surge team to effectively respond to epidemics and diverse humanitarian emergencies.

The comprehensive curriculum encompassed various modules, including Outbreaks and Disaster Response; Operational Information Management; Supply Chain Management; Fleet Management; and Data Management. Additionally, the training featured hands-on sessions addressing critical areas such as Emergency Operation Centre and Base Camp Setup; Health Logistics; Infectious Disease Treatment; Water, Sanitation and Hygiene Management; Infectious Substance Sample Transport; Safe Dignified Burial;

Ultra-Cold Chain Setup; and Emergency Vaccination Management. To gauge the effectiveness of the training and document the participants' learning journey, pre- and post-entry tests were administered. The results of the post-training test revealed significant progress among the participants, indicating the efficacy of the programme in achieving its objectives and enhancing the capabilities of the national surge team in responding to emergencies effectively.

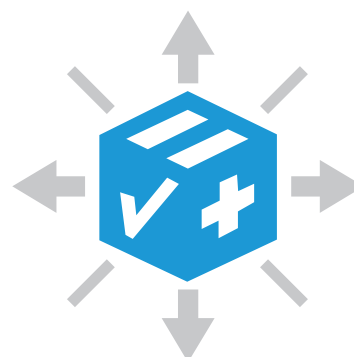
b. Deployment of trainees to Malawi



Following the training in January, in March 2023 Malawi experienced a significant cholera outbreak. As a testament to the success of the training programme, the initiative promptly deployed three top-performing students from the training, hailing from three Member States: Botswana, Ethiopia and Kenya. These individuals played pivotal roles in supporting the response efforts. Their exceptional performance in the field was noted, and gratitude was conveyed to their respective Member States for their contribution to the emergency response.

c. Scoping mission facilitating support

The pillar played a pivotal role in providing support to scoping missions. These missions specifically focused on assessing supply chain capacities, operational setups, inventory management, distribution downstream and last-mile delivery, among other areas. Physical reviews of warehouses, including cold chain facilities, were also conducted during these missions. Additionally, gap analyses and are prioritization were carried out. One area of particular interest was capacity-building and the utilization of supply chain tools.





PILLAR 4



Risk Communication and Community Engagement (RCCE)

22 Member States were supported to develop costed **RCCE** strategic actions as part of the country roadmaps.

WHO AFRO has successfully integrated the RCCE pillar across the PROSE and SURGE initiatives, as well as the Healthier Populations Cluster-led initiatives, for smooth implementation into the broader and comprehensive WHO Regional Strategic Plan for Strengthening Community Protection and Resilience: Regional Strategy for Community Engagement in the WHO Africa Region 2023–2030. The regional plan cuts across demand generation, continuity of services and health equity for marginalized/persons with disabilities in Primary Health Care; Health Promotion; Health and Social Service Delivery; Public Health Emergencies (across the emergency management cycle – prevention and/or mitigation, preparedness, readiness, response, recovery); Sexual Reproductive Health and Rights; and Gender. The regional office has employed multiple inter-cluster collaborations to guide Member States in replicating these efforts at the country level.





TRACKING PROGRESS

Monitoring and evaluation: approaches and instruments for data collection

WHO AFRO collects feedback from training sessions and holds monthly meetings with focal points for updates. A progress tracking tool is used to monitor key performance indicators. There is an online implementation tracker ([SURGE Roadmap Activity Tracker.xlsx](#)) and interactive dashboard and ([SURGE Regional Progress](#)



[Tracker Jan 2024.xlsx](#)) to monitor implementation of the SURGE flagship initiative. This allows Member States to update the status of implementation and share their experiences with other Member States transparently. Additionally, regular meetings have been ongoing under the leadership of WHO AFRO with implementing Member States to discuss progress.

LESSONS LEARNT

Governments' active involvement, leadership and commitment have been instrumental in driving progress and sustainability. To further enhance implementation, it is essential to continue fostering government ownership and accountability throughout all phases of the initiative.

The SURGE initiative is able to build on countries' NAPHS to enable accelerated implementation of key priorities to address prevailing and future emergencies.

One Health platforms in countries facilitated multisectoral coordination and diverse engagement to tackle multi-hazards in countries.

Partner willingness and buy-in for harmonization of efforts and efficiency of resources at country level are key to the success of the initiative.

Donor support is essential to kick-start implementation of critical activities while advocating for domestic resources to implement the roadmaps.

MAJOR CHALLENGES

Resource constraints: Limited funding and inadequate resource mobilization by Member States in most countries have hindered the full implementation of roadmaps.

Delays in deploying AVoHC-SURGE members: Although Member States are leading the initiative, there are challenges in getting approval to release the AVoHC-SURGE members for international deployment to support other Member States.

RECOMMENDATIONS AND FUTURE OUTLOOK

Member States will need to continue to engage the trained AVoHC-SURGE responders in responses to emergencies and be willing to release them to support responses in neighbouring Member States.

Member States should mobilize resources to cascade the training to subnational levels to internalize the training and increase the number of responders at the lower levels.

Member States should plan regular simulation exercises to test the responsiveness of the AVoHC-SURGE responders.

WHO AFRO should conduct annual performance reviews to discuss roadmap implementation, barriers, lessons learnt and next steps.

WHO should continue to expand the initiative to more Member States to ensure effective response teams and to enhance emergency response capacities at country level.

ANNEXES

Country experiences

Annex 1 ETHIOPIA

Training and graduation

WHO Ethiopia has trained a total of **190** multidisciplinary experts in **2** rounds and plans to train **100** more in the third round.



Graduation, 1ST cohort
was trained 8 May - 8 June 2023



Graduation, 2ND cohort
was trained 6 November - 7 December 2023

Deployment

In-country deployment

Upon completion of their training, the AVoHC-SURGE team members were strategically deployed to disaster-prone regions and areas with limited health care infrastructure. A total of 64 experts were deployed in the first round, 41 in the second round and 120 in the third round. The team worked collaboratively with local health care providers and authorities to assess needs, coordinate response efforts and deliver critical medical care to affected populations.

International deployment

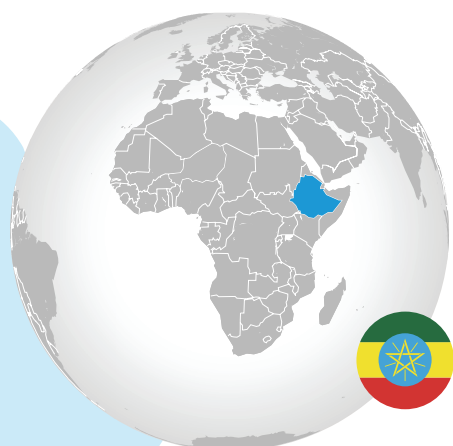
Team members successfully joined GOARN towards international deployment of trained AVoHC-SURGE multidisciplinary experts.



Door-to-door awareness campaign on cholera in
Benishangul Gumuz



Deployed team after on-site training on measles
response in Benishangul Gumuz



Eight new vehicles received and handed over to the government

A total of eight vehicles were sent to Ethiopia – two pickups, five hard-tops and one ambulance – and handed over to the government through the Ministry of Health.



Pandemic Fund project

As one of the expected strategies for resource mobilization to fund implementation of the roadmap, the team participated in, and provided support in response to, calls for proposals (Korea International Cooperation Agency, World Bank, etc).

- The team and the two-year roadmap were deployed to support development of the Ethio-Pandemic Multi-Sectoral Prevention, Preparedness and Response (EPPR) proposal under the Pandemic Fund, managed by the World Bank.
- The EPPR proposal was successful and was awarded a total project budget of US\$ 113 million (US\$ 50M from the Pandemic Fund with co-funding of US\$ 63 million).
- Implementation of EPPR project activities automatically represents a continuation of the implementation of the SURGE roadmap.

Overall, the successful training and deployment of the AVoHC-SURGE team under the flagship initiative have exemplified WHO's commitment to building resilient health care systems and strengthening emergency response capacities in underserved regions. By harnessing the expertise of dedicated health care professionals, the initiative had made a significant impact in terms of improving the readiness and effectiveness of emergency medical services, ultimately saving lives and mitigating the impact of disasters on vulnerable populations.



ANNEXES

Country experiences

Annex /2 NIGER

Investigation and management of diphtheria

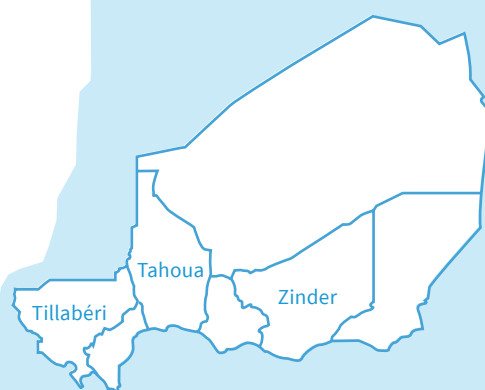
In response to the diphtheria epidemic ongoing in Niger since 17 July 2023, the AVoHC-SURGE team was deployed to different communities, including health districts in:

- Tesker, Matameye and Abala in Zinder region.
- Banibangou in Tillabéri region (rumours).
- Illéla and Abalak in Tahoua region.

These investigations allowed for elucidation of the epidemiological situation, using samples that confirmed the epidemic in various households. The team consisted of laboratory technicians who conducted antibiograms to guide case management. Health workers in the epidemic health district received training, and the necessary measures were implemented to better organize the response. The deployment in Banibangou district, which is located in the red zone on the borders of Burkina Faso, Mali and Niger, was secured by defence and security forces, effectively ruling out the existence of diphtheria in this health district. It is worth noting that this mission greatly reassured the citizens of this health district, who have been affected by frequent attacks from non-state armed groups.



AVoHC-SURGE epidemiologist investigating diphtheria cases in Matameye health district in Zinder region



Investigation of confirmed case of yellow fever

The team also worked on further investigations in yellow fever outbreaks in Gazan, Bagaroua, Madaoua and Tessaoua health districts. The team was called upon by senior health authorities to investigate suspicions of fluorosis cases in

Tessaoua health district in Maradi region. The investigation has facilitated the counting of cases and assessed the risk in the area, as the very first cases in this health district.

Investigation of confirmed case of Rift Valley fever

A positive case of Rift Valley fever in Damagaran Takaya in Zinder region was investigated by the SURGE team. During this, the team's entomologist carried out an investigation

in search of the vector, which involved the capture of *Aedes egypti* but also samples from animals.



Evaluation of the SURGE roadmap and activities

After the validation of the roadmap in February 2022, the establishment of the constitution in June 2022 and official implementation in April 2023 by inter-ministerial decree (by six ministries of the republic), an evaluation of the roadmap and activities of the AVoHC-SURGE team was conducted. This took place on 22–27 March 2024, in Dosso region, with the participation of stakeholders. It revealed a 95% achievement rate. The team also performed other tasks, such as the signing of the AVoHC-SURGE Team Procedure Manual by the Minister of Health, Population and Social Affairs and the WHO Resident Representative.



Briefing of health workers at a treatment site in Mirriah health district in Zinder region



Briefing of hygienists in Mirriah health district in Zinder region

Implementation of the SURGE initiative in Chad began on 14 November 2022, with an initial scoping mission. This mission enabled the Ministry of Health's surveillance and response stakeholders, as well as various line ministries and partners, to develop and validate a two-year roadmap. Following this stage, 70 multisectoral experts were selected and trained to form the core of the AVoHC-SURGE team.



Handing over of



7 hard-top vehicles



1 ambulance

by the WHO Representative to the Chad Minister of Health to support response activities



Socio-anthropologist engaging nomadic population in Tesker health district in Zinder region





