



World Health
Organization

South Africa

Newsletter

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Message from **Ms Shenaaz El-Halabi** WHO Representative in South Africa



Dear Colleagues, Partners and Friends,

This quarter reminded us that public health progress is built through steady partnership, practical action and a shared commitment to people's health.

A defining moment was the national launch of lenacapavir, adding a powerful new option to South Africa's HIV prevention response. Alongside this, the work to advance triple elimination of HIV, syphilis and hepatitis B demonstrated that protecting mothers and children remains central to healthier futures. The planning of South Africa's first WHO STEPS Survey also marked an important step towards stronger evidence on noncommunicable disease risks.

The quarter also reinforced South Africa's role as a contributor to regional and global health. From the Global Forum of WHO Collaborating Centres to the mental health intercountry meeting in Johannesburg, South Africa helped connect country experience with wider learning, policy dialogue and implementation.

Preparedness came to life through WHO South Africa's active support to the hantavirus response and Ebola readiness efforts, helping connect technical guidance with practical country action. From media engagement, risk communication and contact follow-up during the hantavirus event, to interdepartmental Ebola preparedness work and point-of-entry simulation exercises, WHO South Africa worked alongside government and partners to strengthen readiness where it matters. The SURGE scoping mission, STAR rollout and wastewater surveillance for polio further showed that preparedness is not a single event, but a continuous discipline.

I thank the Government of South Africa, all our partners, communities and my WHO colleagues for the trust and commitment that made this work possible. As we move forward, WHO South Africa will continue supporting country leadership and shared action for health, equity and resilience.



Ms Shenaaz El-Halabi, WHO Representative in South Africa (far right), contributes to a high-level panel at the Global Forum of WHO Collaborating Centres in Lyon, France.

“A global network of over 800 Collaborating Centres in 80 countries implementing over 4,000 activities in support of WHO’s programmes. This network represents an incredible resource for global health.”
Dr Tedros Adhanom Ghebreyesus, Director-General, WHO



From 7 to 9 April 2026, WHO brought together experts, institutions and technical leaders from more than 80 countries for the First Global Forum of WHO Collaborating Centres in Lyon, France. Held under the theme “Collaborating for a Healthier Future”, the Forum provided an important space to reflect on how WHO Collaborating Centres can better support countries in delivering on the Fourteenth General Programme of Work and WHO’s Health for All agenda.

South Africa’s participation brought both government and WHO country perspectives to the Forum. Dr Aaron Motsoaledi, Minister of Health, attended in person and highlighted the value of CCs in advancing health priorities globally, regionally and at country level. Ms Shenaaz El-Halabi, WHO Representative in South Africa, also joined the Forum in person and contributed to a high-level panel, bringing a country office perspective on how technical collaboration can stay grounded in national priorities, system needs and implementation realities.

WHO CCs in Focus: Messages from Global Health Leaders

Watch highlights from the 2026 Global Forum of WHO Collaborating Centres that took place in Lyon, featuring remarks by WHO Director-General Dr Tedros Adhanom Ghebreyesus, South Africa's Minister of Health Dr Aaron Motsoaledi, and other dignitaries. Their messages underlined the vital role of WHO CCs in advancing science, strengthening health systems and supporting countries to respond to today's complex public health challenges. The keynotes capture the shared commitment to collaboration for a healthier, more equitable future.



Dr Aaron Motsoaledi, Minister of Health, South Africa

"Health for all cannot be achieved through silos. It requires deep technical integration provided by the WHO Collaborating Centres...These Centres allow us in South Africa to share expertise...while benefiting from global health practice. South Africa consolidated 12 WHO CCs and these are the anchors of our domestic science ecosystem and frontline responders to our region's challenges. "



Ms Shenaaz El-Halabi, WHO Representative in South Africa

"WHO Collaborating Centres were created to support WHO's work at country, regional, and global level, and that support will be strongest when it is clearly linked to national priorities rather than operating in parallel. At country level, the real question is not only what is strategically sound, but what can be delivered in practice, with available capacity, financing, systems, and partnerships."

N7 06/2026
By OncoDaily

Shenaaz El-Halabi

WORLD HEALTH VOICES

A portrait of Shenaaz El-Halabi, a woman wearing a beige hijab and a grey blazer, smiling. She is positioned in front of the large white and blue text 'WORLD HEALTH VOICES'.

Leading
Through Service



COUNTRY PRESENCE AND LEADERSHIP

Podcast Feature: WHO South Africa Representative

WHO South Africa's Representative stepped into a new format this quarter: her first podcast interview.

After years of working quietly across roles, she describes the recording as nerve-wracking but energising, and a chance to connect with audiences beyond formal briefings and public events. In a new episode of OncoDaily's World Health Voices, the WHO Representative in South Africa speaks with Dr. Gevorg Tamamyán about leadership, public service and what keeps her grounded in this work. She reflects on her path from supporting the WHO Director-General's Office to national service in Botswana, and now to country leadership in South Africa.

The conversation also touches on the people who shaped her thinking — mentors who challenged and backed her — and a book she returns to for perspective when the days are full. The episode offers an accessible window into how personal experience, evidence and partnerships come together in public health.

Watch the conversation by clicking the play button on the poster, or using this link:

<https://www.youtube.com/watch?v=FSSG8ekfPsg&t=7s>



HEALTH SYSTEMS STRENGTHENING

Advancing Triple Elimination for Mothers and Children

Every child deserves a start in life free from preventable infection. From 21 to 23 April 2026, Johannesburg hosted the Regional Validation Committee meeting on eliminating mother-to-child transmission of HIV, syphilis and hepatitis B. The meeting brought together a broad and diverse range of partners, including Regional Validation Committee (RVC) independent experts, Ministries of Health from participating countries, including South Africa, Eswatini, Malawi, Rwanda and Zimbabwe, WHO team from HQ, regional office for Africa, country office, and UNICEF to review progress, assess readiness and refine country roadmaps.

While opening the meeting, Ms Shenaaz El-Halabi, WHO Representative in South Africa, welcomed the growing regional momentum and highlighted South Africa's progress under national leadership. She noted that this work brings countries closer to a future where no child is born with HIV, syphilis or hepatitis B.

This shared effort reinforces the region's commitment to protecting mothers, children and families through stronger services, better data and sustained country-led action.



Participants at the Regional Validation Committee meeting on eliminating mother-to-child transmission of HIV, syphilis and hepatitis B in Johannesburg



The benchmarking mission brought together SAHPRA, WHO and partners to advance regulatory system strengthening in South Africa.

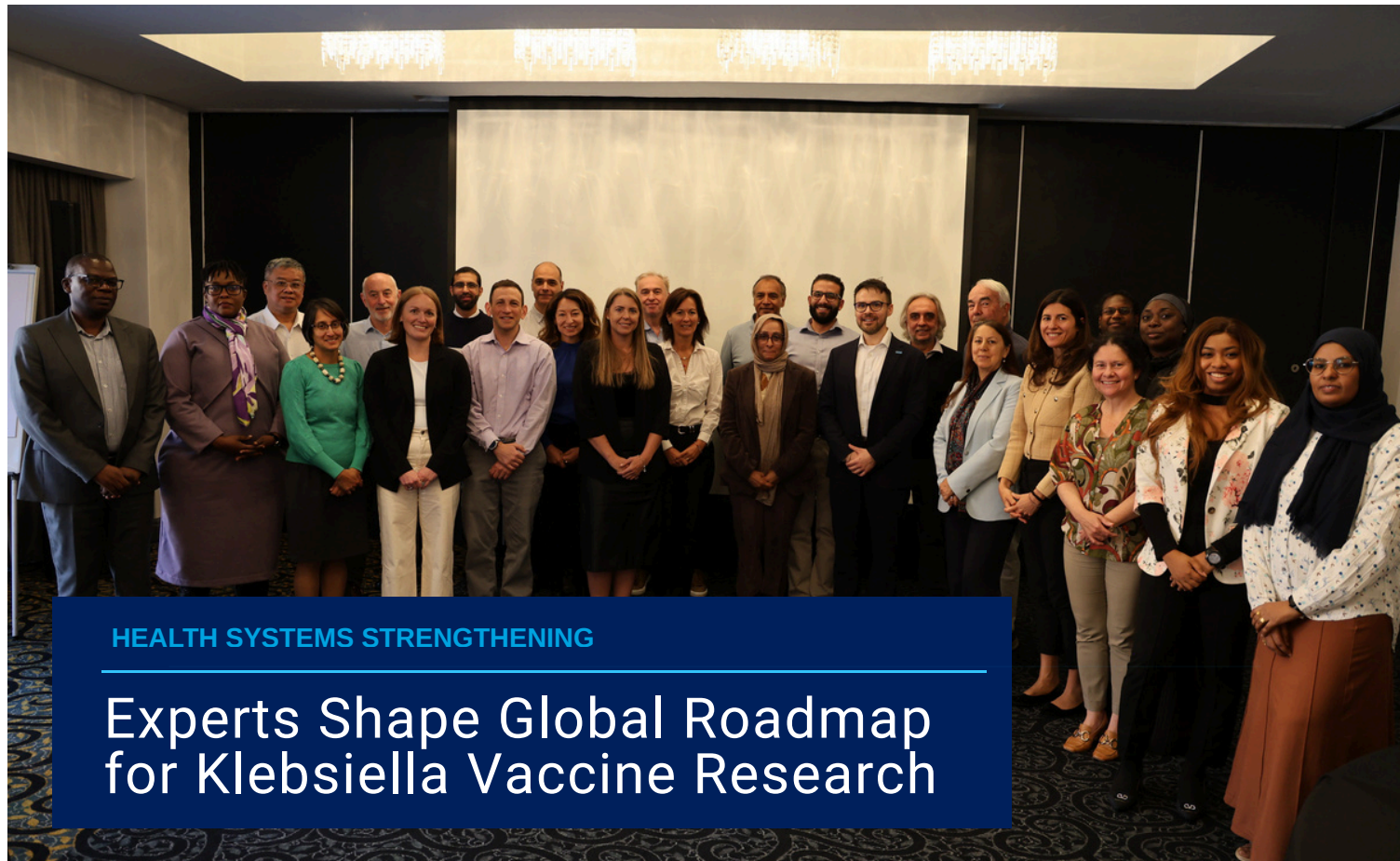
Access to safe, effective and quality-assured health products begins with strong regulation. From 18 to 20 May 2026, WHO South Africa joined SAHPRA, WHO headquarters, WHO Regional Office for Africa and partners to finalize the re-benchmarking of South Africa's vaccine regulatory system and benchmarking of the medicines regulatory system.

The mission focused on assessing regulatory maturity, reviewing progress against earlier recommendations and updating the Institutional Development Plan and roadmap for continued system strengthening. In her opening remarks, Ms Shenaaz El-Halabi, WHO Representative in South Africa, noted: "Strong regulatory systems enable timely access, build public trust and protect lives."

This shared effort reinforces South Africa's commitment to strong, transparent and responsive regulation, helping ensure that people have access to safe, effective and high-quality medical products.



Technical discussions focused on regulatory maturity, institutional development and the roadmap for continued system strengthening.



HEALTH SYSTEMS STRENGTHENING

Experts Shape Global Roadmap for Klebsiella Vaccine Research

Participants at the Technical Advisory Group meeting review gaps and next steps for Klebsiella vaccine research.



“Advancing vaccine research requires clear priorities, strong partnerships and shared commitment. By bringing experts together, we move science closer to solutions that protect people and promote health for all.”

Ms Shenaaz El-Halabi,
WHO Representative in South Africa

Some of the hardest infections to treat demand solutions before they reach the bedside.

From 10 to 11 June 2026, WHO South Africa supported WHO HQ to convene the Technical Advisory Group meeting on vaccines against *Klebsiella pneumoniae* in Johannesburg, bringing global experts together to identify research gaps and next steps for future vaccines.

K. pneumoniae is a major cause of severe bacterial infections, including bloodstream infections, pneumonia and sepsis. The burden is especially high among neonates and young infants, hospitalised patients, older adults and immunocompromised people. It is also a critical driver of antimicrobial resistance, with multidrug-resistant strains limiting treatment options and increasing pressure on health systems.

With no licensed vaccine currently available, the meeting focused on the evidence needed to advance safe and effective vaccines for those at greatest risk. Discussions covered epidemiology and surveillance, clinical development, regulatory and policy pathways, implementation, equity and access, vaccine composition, diagnostics, reference standards and protective immunity.

The outcomes will help inform a global research roadmap to guide coordinated research and investment, moving science closer to future tools that can protect people and support health for all.

Reviewing Progress on Safer Medical Products



Stakeholders gathered in Pretoria to review progress, challenges and next steps in combating substandard and falsified medical products.

Eight months after the launch of South Africa's Pilot National Action Plan to combat substandard and falsified medical products, stakeholders came together at the Innovation Hub in Pretoria on 18 June 2026 to review progress and keep implementation moving. Opening the workshop, Ms Shenaaz El-Halabi, WHO Representative in South Africa, reminded participants that the strength of a national plan lies not in the document itself, but in the discipline with which it is monitored, evaluated and refined.

Led by SAHPRA, with participation from Technical Working Groups, the National Department of Health, WHO South Africa and WHO HQ, the workshop reviewed achievements, implementation challenges, lessons learnt and the way forward. Sessions covered the Draft WHO Handbook on Substandard and Falsified Medical Products, South Africa's NAP strategic objectives and working group discussions. The in-person discussions were facilitated by Ms Melat (Costy) Venetz, from WHO HQ.



Ms Costy facilitates the session while participants review notes and discuss next steps for implementation.



Dr Francis Magombo from WHO South Africa contributes to the discussion

WHO South Africa played an active convening and technical role, supporting a frank review of collaboration, bottlenecks and practical next steps. The workshop reinforced South Africa's commitment to safer medical products and stronger systems that protect public trust, treatment outcomes and health security.



Ms Sibongile Mokoena (on the left) from WHO South Africa and a Western Cape Health colleague support wastewater sampling for polio preparedness in Cape Town

Wastewater Signals Strengthen Polio Preparedness in the Western Cape

Surveillance often works best before a person becomes sick. In the Western Cape, routine wastewater testing helped turn an environmental signal into early public health action, with WHO South Africa supporting partners as part of continued polio preparedness.

On 22 May 2026, the National Department of Health reported that NICD had detected two polio virus strains in wastewater sampled from a treatment plant in Cape Town. The Department described these as “vaccine events”, with no human cases detected and no additional vaccination campaign required. The finding did not translate into an outbreak, but it did require careful follow-up, strengthened surveillance and increased environmental sampling.

WHO South Africa worked with Western Cape Health and partners to support wastewater sampling, surveillance and immunisation monitoring. The response reflects the value of preparedness: using data, systems and partnerships to act early, communicate clearly and keep communities protected.



Wastewater sampling in action

Ms Sibongile Mokoena from WHO South Africa joined the Western Cape Health team during wastewater sampling activities linked to continued polio preparedness.

Wastewater surveillance gives health teams an early view of possible disease signals in communities. The collection of samples from treatment sites forms part of continued polio preparedness and helps public health teams monitor risks before clinical cases appear. In the Western Cape, WHO South Africa supported partners as they strengthened sampling and follow-up after the wastewater detection.



Samples ready for analysis

The collected samples are kept in cold-chain conditions before they are transported for laboratory testing and analysis. This helped turn field activity into actionable public health information. This step is essential because wastewater findings can guide surveillance, risk assessment and communication, even when no human cases have been detected.

South Africa Plans its First WHO STEPS Survey



WHO South Africa hosts NDoH and partners for discussions on planning the country's first WHO STEPS Survey

South Africa has reached an important milestone in its efforts to strengthen health intelligence and tackle the growing burden of noncommunicable diseases.

The National Department of Health, WHO, Statistics South Africa, the South African Medical Research Council, and the National Health Laboratory Service came together to plan South Africa's first WHO STEPS Survey. This marks an important collaboration across national institutions to generate reliable, nationally representative data on the main risk factors affecting population health.

The WHO STEPS Survey is a standard tool used to collect, analyse and share data on key risk factors for noncommunicable diseases. These include tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. The survey also includes biological measurements such as blood pressure, blood glucose and cholesterol.

For South Africa, this work is especially timely. As noncommunicable diseases continue to rise, stronger data will help guide policy, improve planning, inform resource allocation and support more targeted prevention strategies. By bringing together technical expertise across institutions, the country is laying the foundation for evidence-driven action that can support a healthier and more resilient population.



Country-led planning for stronger evidence

The planning meeting reflected strong national leadership and a shared commitment to improving health data for action. The National Department of Health provided strategic direction, helping to align the proposed WHO STEPS Survey with South Africa's public health priorities and the country's wider response to noncommunicable diseases.

WHO supported the process by bringing global technical guidance, standard methodology and experience from implementation in other countries.

Partners, including Stats SA, the South African Medical Research Council and the National Health Laboratory Service, contributed their expertise in survey design, data systems, research and laboratory capacity.

Together, these contributions are helping to build a coordinated, country-owned process that can generate reliable evidence for policy, planning and prevention. It also creates space for stronger collaboration as partners prepare for the next phases of planning, implementation and data use.



The planning meeting brought NDoH, WHO South Africa and partners together to shape a coordinated, country-owned STEPS Survey process.



Participants at the Mental Health Intercountry Meeting in Johannesburg, convened to accelerate action towards the 2030 African Region mental health targets.

DISEASE PREVENTION AND CONTROL

Mental Health Action Moves from Plans to Practice

Mental health systems do not change with statements alone. They change when countries compare what works, name what is not working, and leave with a short list of next actions. That was the focus of the Mental Health Intercountry Learning Workshop for East and Southern Africa, held 27–29 May 2026 in Johannesburg, South Africa.

Convened by the WHO Regional Office for Africa and hosted in South Africa with support from WHO South Africa, the meeting created a platform for peer learning on what works to expand access to quality mental health care. The meeting was part of a wider series of pre-summit technical meetings to help countries prepare for the 7th Global Ministerial Mental Health Summit 2026 and accelerate progress towards the 2030 regional mental health targets. The workshop brought together Ministry of Health experts and partners from across the subregion.

The opening session featured perspectives from the Honourable Minister of Health of South Africa, WHO headquarters, WHO South Africa, Wellcome Trust, and a person with lived experience, followed by structured discussions on regional progress, stigma reduction and meaningful engagement of people with lived experience, and policy and legislative reform.

Participants also worked through practical “how-to” areas—building capacity and access to quality care, integrating mental health and psychosocial support in emergencies, and strengthening perinatal mental health—with country spotlights and guided breakaway planning.

To ground the conversation in service delivery, the programme included site visits spanning specialised psychiatric care, a general-hospital psychiatric unit, and primary care integration.

WHO South Africa remains committed to supporting country-led priorities and regional collaboration, and thanks South Africa’s National Department of Health for its leadership, and Wellcome Trust and many other contributors and partners for supporting this work.



Dr Aaron Motsoaledi, Minister of Health, South Africa

While delivering his keynote, Minister of Health Dr Aaron Motsoaledi noted the urgency of strengthening mental health systems. His participation signalled national leadership on mental health, as countries discussed stigma, sustainable financing, stronger services and roadmaps towards the 2030 African Region targets.

Ms Shenaaz El-Halabi, WHO Representative in South Africa

Ms Shenaaz El-Halabi welcomed delegates from 22 countries to Johannesburg, framing the meeting as a timely platform for shared learning and practical action. She stressed that mental health must be recognised, prioritised and integrated into broader health and development agendas, advancing people-centred, rights-based and community-oriented care across the African Region.



Paul Spencer, Head of Mental Health Policy, Wellcome Trust

Wellcome Trust's support helped strengthen the meeting as a space for practical learning, regional exchange and renewed commitment to mental health action. Paul Spencer joined the opening session, reflecting Wellcome's contribution to advancing dialogue on mental health policy, financing and innovation across East and Southern Africa as countries work towards the 2030 regional targets.

Dr Joseph Mwangi, Team Lead, Disease Control and Prevention, WHO South Africa

WHO South Africa supported the planning and delivery of the Intercountry Learning Workshop, working with the National Department of Health, WHO AFRO, WHO headquarters and partners. Dr Joseph Mwangi contributed to the meeting's facilitation and coordination, helping guide country exchanges, technical discussions and shared learning towards practical mental health roadmaps.



imPACT Review Brings Partners Together for Cancer Action



South Africa's imPACT review brought national and international partners together to support practical next steps for cancer control and treatment services.

A stronger cancer response starts with a clear, shared picture of what is working and what needs to change. South Africa's imPACT review mission was designed to do exactly that—bringing national leadership and global expertise together around one evidence base for action.

The mission was jointly conducted by the WHO, the International Atomic Energy Agency (IAEA) and the International Agency for Research on Cancer (IARC), working with the National Department of Health and other national focal teams. It took place from 4–8 May 2026, with a programme of briefings and site visits anchored in Pretoria.

The week opened with a high-level briefing that brought together the Minister of Health, Minister of Electricity and Energy, WHO Representative in South Africa, alongside technical experts and national counterparts. From there, the expert team moved into engagements to understand strengths, gaps and practical constraints across cancer prevention, early detection, diagnosis, treatment and palliative care.

Site visits supported grounded discussion on how services function in practice. These included Steve Biko Academic Hospital—covering radiology, nuclear medicine, radiotherapy, medical oncology, paediatric oncology and palliative care, including the Nuclear Medicine Research Infrastructure (NuMeRi). Additional engagements considered the role of laboratory services and cancer registration, alongside provincial inputs gathered through regional visits.

WHO South Africa appreciates the National Department of Health's leadership and convening role, and thanks IAEA, IARC and all partners who contributed their time and expertise. We also acknowledge the University of Pretoria for providing the space that supported key elements of the programme in Pretoria.



Dr Aaron Motsoaledi, Minister of Health, South Africa

The Honourable Minister of Health underscored the importance of the imPACT Review in supporting South Africa's efforts to strengthen cancer prevention, diagnosis, treatment and care. He highlighted the value of bringing national leadership, technical experts and global partners together to identify practical gaps and solutions.

The mission was framed as an opportunity to generate evidence-informed recommendations that can help improve cancer services, guide planning and support more equitable access to quality care for people across the country.

Ms Shenza El-Halabi, WHO Representative in South Africa

"An imPACT review provides a comprehensive, system-wide assessment across the cancer continuum.

We see this mission as an opportunity not only to assess, but to align and bring together government, academia, civil society, and international partners around a shared evidence base and a common agenda for action.

WHO is fully committed to working closely with NDoH, IAEA, IARC along with partners and stakeholders to support South Africa from the kick-off meeting, through the review process, to implementation of recommendations."



Partners gather for South Africa's imPACT review in Pretoria

The wider imPACT mission briefing brought together the Honourable Minister of Health along with other senior government representatives, WHO South Africa, IAEA, IARC, NuMeRI, national technical experts, academia and partners working across cancer control.

The audience reflected the breadth of expertise needed to strengthen cancer services, from policy and planning to diagnosis, treatment, nuclear medicine, research and patient care in South Africa.





His Excellency the President Cyril Ramaphosa speaks at the national launch of lenacapavir, marking an important step in South Africa's HIV prevention response.



President Ramaphosa and Minister Motsoaledi display lenacapavir alongside partners at the national rollout launch.



"The launch today of lenacapavir marks a turning point in our nation's fight against HIV. To us this incredible treatment is not just a medicine or a drug. To us it represents a major turning point in South Africa's national story. It represents one of the most significant scientific breakthroughs since the advent of antiretroviral treatment."

**HE Mr Cyril Ramaphosa,
President of the
Republic of South Africa**

South Africa launched its national lenacapavir rollout for HIV prevention on 5 June 2026 in Secunda, Mpumalanga, in an event presided over by His Excellency the President, Cyril Ramaphosa and Honourable Minister of Health Dr Aaron Motsoaledi.

The launch marks an important step in South Africa's HIV response and places the country among African countries now introducing lenacapavir as a public HIV prevention option. Lenacapavir is a twice-yearly injectable prevention medicine that offers an additional choice for people at risk of HIV infection.

President Cyril Ramaphosa framed the launch as a moment of hope and scientific progress in South Africa's HIV response. Speaking in Secunda, Mpumalanga, he said: "Today is a day of hope," adding that the launch of lenacapavir "marks a turning point" in the country's fight against HIV and represents "the power of innovation to save lives."

At the same time, the President cautioned that lenacapavir must be seen as part of a broader prevention response. "Let us be clear. Lenacapavir is not a silver bullet. It is one more powerful tool in our arsenal."

South Africa continues to carry a significant HIV burden. In 2024, the country recorded approximately 150,000 new HIV infections. Women and girls accounted for 59% of these infections, with more than 71,000 among adolescent girls and young women aged 15–24.

The rollout comes at a time when South Africa is working to accelerate progress towards ending AIDS as a public health threat. During the initial rollout, lenacapavir will be available at 360 public health facilities across six provinces and 24 high-burden districts in South Africa. The national target is to reach close to one million people by the end of 2027 and three million people within three years.

WHO thanks South Africa, communities and all partners for their continued commitment to expanding HIV prevention choices and advancing the shared goal of ending AIDS as a public health threat.



Dr Tedros Adhanom Ghebreyesus, WHO Director-General

“Today marks an important milestone in South Africa’s long fight against HIV. You have come so far and lenacapavir will help you to go much further. This new prevention tool is one of the most exciting innovations in the history of HIV. It’s not a vaccine, but it’s the next best thing. A long-acting retroviral given twice a year...WHO has made a priority of accelerating access to lenacapavir.”



Dr Aaron Motsoaledi, Minister of Health of South Africa

“To bring an end to HIV and AIDS – that’s our mission of being here. We are here to say in the next eight years we want AIDS to be past history and we need to work together to do that...unless we put 2 million people on Lenacapavir [in South Africa], we won’t be able to end HIV and AIDS.”



Ms Shenaaz El-Halabi, WHO Representative in South Africa

“For more than four decades, the world has worked tirelessly to turn the tide of an epidemic that has claimed millions of lives, disrupted families, and slowed social and economic development. Today, because of science, political leadership, community action, and sustained investment, ending AIDS as a public health threat is no longer a distant aspiration; it is an achievable goal.”



LONG AWAITED
RETREAT
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GRATITUDE

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WITH

STAFF
WELL BEING

Staff Safety

SILIENCE

Team
Collaboration

BEST IN
CLASS

EPR
RESPONSES

INCREASING
RESOURCE
MOBILISATION
EFFORTS

PUBLIC
HEALTH
COORDINATION

COLLABORATION
&
ALIGNMENT
(PROUD TO BE WHO)
STRENGTH
IN
UNITY



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The One WHO retreat brought WHO South Africa and WHO AFRO Pretoria Hub colleagues together to reflect on teamwork and connection.



Colleagues from WHO South Africa and the Pretoria Hub gather for a group photo during the One WHO retreat.

Strong teams are not built by chance; they are built through trust, reflection and shared purpose. From 15 to 16 June 2026, the WHO Country Office in South Africa and the WHO AFRO Pretoria Hub held a two-day staff retreat in Pretoria under the theme “One WHO SA: Relevant, Results-Driven, Resilient.” The retreat brought together more than 50 colleagues from technical, operational, leadership and support functions to strengthen collaboration, reaffirm WHO’s mandate and renew commitment to shared organisational values.

Facilitated by Ms Melat Venetz, from WHO HQ, the retreat combined reflection, group work, paired walks and team self-awareness exercises using the HBDI model. The programme also benefited from contributions by key speakers, including Dr Matshidiso Moeti, former WHO Regional Director for Africa; Dr Jeremy Farrar, WHO Assistant Director-General; and Professor Nicholas Crisp, Acting Director-General of South Africa’s National Department of Health.

Across the two days, colleagues reflected on achievements, challenges, strategic priorities, staff wellbeing and ways of working better as One WHO. The retreat reinforced the importance of trust, communication, accountability, inclusion and collaboration as WHO continues to deliver for health in South Africa.



The retreat gave colleagues a rare chance to slow down, reconnect and see one another beyond everyday work demands. Moments like this helped turn formal discussions on teamwork into real conversations, shared laughter and renewed appreciation across the WHO South Africa and Pretoria Hub teams.



The paired walk moved the conversation out of the meeting room and into a more natural setting. Colleagues walked in pairs, using guided questions to listen, reflect and learn more about each other's experiences, working styles and perspectives across WHO South Africa and the WHO AFRO Pretoria Hub.

The Herrmann Brain Dominance Instrument (HBDI®) exercise helped colleagues look at teamwork from a different angle: not who is right or wrong, but how people approach work differently. By mapping thinking preferences, the team could see why some colleagues focus first on data, others on structure, ideas or relationships – and how these differences can improve collaboration.



During group work, colleagues translated reflections into practical commitments for working better together. The discussion surfaced values and behaviours that matter in daily collaboration, including trust, professionalism, security, patience and mutual support. These exchanges helped move the retreat from reflection to concrete ideas for strengthening the One WHO culture.

Around the tables, colleagues moved from listening to doing. The facilitator helped guide the conversation, while groups compared experiences, tested ideas and noted what often gets lost in day-to-day office routines. The session gave teams time to think through how decisions are made, where coordination can improve and what each function needs from the others.





TEAM UPDATES

Walking Together for Health and Wellbeing

Colleagues set off together for Walk the Talk, turning health promotion into a shared team activity.

Sometimes wellbeing starts with something as simple as taking a walk together. On 12 June 2026, WHO South Africa and the WHO AFRO Pretoria Hub team came together at the CSIR Campus in Pretoria for a Walk the Talk, a staff wellbeing activity focused on movement, connection and team spirit.

The event offered colleagues a refreshing moment to step away from desks, enjoy fresh air and reconnect in a relaxed setting. More than a walk, it was a reminder that healthy workplaces are built through small, consistent actions that support physical and mental wellbeing.

The activity also reflected WHO's message that wellbeing begins with the steps we take every day.



The session concluded with group exercises, bringing colleagues together around health, wellbeing and team spirit.

Service, Transition and Partnership



Mr N'Djah Assali
Operations Officer | Retired

After years of service, Mr N'Djah Assali retired as Operations Officer, leaving a role closely linked to the everyday functioning of WHO South Africa. His departure was marked with appreciation for the steady operational support that helps programmes move, teams deliver and country priorities stay on track. His retirement offered colleagues a moment to recognise service, institutional memory and the quiet work that enables public health results.

Mr Thulasizwe Buthelezi
Data Management Officer | Transition

As WHO South Africa adjusted to a tighter funding environment, Mr Thulasizwe Buthelezi concluded his role as Data Management Officer. His work formed part of the data backbone that supports planning, monitoring and evidence-informed public health action. The office recognised his contribution with gratitude and respect, while continuing to navigate the operational realities facing many health institutions in a changing financing landscape.



Service, Transition and Partnership



Mrs Ester Khosa-Lesola
Surveillance Assistant | Transition

Mrs Ester Khosa-Lesola also concluded her role as Surveillance Assistant during the quarter, as part of internal restructuring and realignment that affected staffing arrangements. Her contribution was part of the essential surveillance work that helps detect risks, inform response and protect communities. WHO South Africa extends appreciation for her service and recognises the professionalism and commitment she brought to the team and to the country's wider public health effort.

Dr Devanand Moonasar

Emergency Preparedness and Response Officer

Environmental Month Session, Rotary Club of Pretoria

On 18 April 2026, the Rotary Club of Pretoria hosted an Environmental Month session linking climate, environment and public health. Dr Moonasar (front row on the right) from WHO South Africa presented on "Climate Change and Environment and How it Affects Human Health". The session reflected WHO's partnership approach: bringing evidence into practical dialogue, connecting climate risks to health priorities and supporting prevention through engagement with diverse stakeholders.





EMERGENCY PREPAREDNESS AND RESPONSE

SURGE Mission Sharpens South Africa's Emergency Response Readiness

Participants at the SURGE scoping mission review priorities for faster, more coordinated emergency response.

When emergencies strike, the speed of response can save lives. From 20 to 24 April 2026, South Africa hosted a SURGE scoping mission to strengthen the country's ability to mobilise coordinated, multidisciplinary response teams within 24 to 48 hours of a public health emergency.

Led by the National Department of Health, with support from WHO South Africa, WHO AFRO and partners, the mission brought together more than 75 participants from 20 organisations across government, public entities, UN agencies, development partners and donors. Opening remarks by Dr Mathabo Mathebula (NDoH), Ms Shenaaz El-Halabi (WHO South Africa) and Dr Otim Ramadan (WHO AFRO) stressed that emergency preparedness must be country-led, integrated into existing systems and supported by sustainable financing.

The mission reviewed capacities across four SURGE pillars: workforce development, readiness and coordination, field operations and logistics, and risk communication and community engagement. Discussions highlighted South Africa's strong foundations, including training capacity, PHEOCs, policy frameworks and skilled personnel, while identifying practical gaps in One Health workforce planning, emergency logistics, multisectoral simulation exercises, cold chain systems and community-level feedback mechanisms.



Participants gather at the close of the SURGE scoping mission following a week of technical discussions and debriefing.

Technical sessions, partner engagement and a visit to the National Public Health Emergency Operations Centre helped shape priorities for a costed national SURGE roadmap. The roadmap is expected to guide phased implementation and reinforce South Africa's role in regional and global health security. It also strengthened shared understanding of how national systems, partners and communities can work together before the next emergency.

This work was made possible through the leadership of South Africa's National Department of Health, with contributions from Africa CDC, WHO South Africa, WHO AFRO, the Pandemic Fund, provincial and national government departments, public entities, UN agencies, development partners, donors and implementing partners committed to stronger emergency readiness.

Ms Shenaaz El-Halabi, WHO Representative in South Africa, underscored South Africa's leadership in health security, describing the country as "a regional public good for epidemic intelligence, detection and response." She stressed that preparedness must move beyond reacting to crises, towards risk-informed, anticipatory and all-hazards action. Her message positioned SURGE as a practical way to turn regional strategy into nationally owned, funded and measurable readiness that protects lives, livelihoods and essential services during public health emergencies.



Dr Mathabo Mathebula (on the left), Acting Deputy Director-General for Hospital Tertiary Services and Human Resources Development at NDoH, helped frame the mission from a national leadership perspective. Her remarks placed emergency response capacity within South Africa's wider health workforce agenda, linking preparedness to the people, skills and systems needed to respond effectively.

Dr Joseph Wamala, Team Lead for Emergency Preparedness and Response at WHO South Africa, shared reflections from the week-long scoping exercise. The moment captures WHO South Africa's quiet but important role in helping bring technical evidence, partner inputs and operational realities into one conversation, while appreciating national leadership and ownership.



Dr Otim Ramadan, WHO AFRO Mission Team Lead, helped bring the SURGE scoping mission discussions together, summarising key findings and next steps. His closing reflections pointed to the importance of turning the week's technical work into a clear, costed roadmap that supports a faster, more coordinated and sustainable national emergency response system for South Africa.



EMERGENCY PREPAREDNESS AND RESPONSE

South Africa's Hantavirus Response: Health Security in Action

The MV Hondius cruise ship is seen at the Port of Granadilla, Tenerife, during response operations linked to the hantavirus event.

In April and May 2026, a cluster of severe respiratory illness and deaths linked to the expedition vessel MV Hondius became a complex multi-country public health event. By mid-June, 13 vessel-linked Andes virus cases had been reported globally, including 12 laboratory-confirmed cases and three deaths. South Africa managed two imported confirmed cases in Gauteng: one patient died, while the second remained hospitalised and was improving significantly.

The event had important implications for South Africa. Andes virus is not endemic in the country, but it can cause severe hantavirus pulmonary syndrome and, unlike most hantaviruses, can spread between people after close or prolonged exposure. International air and maritime travel therefore created a credible route for importation and potential exposure among travellers, healthcare workers, emergency personnel and points-of-entry staff. Although the risk to the general public remained low and no secondary transmission was detected, the event reinforced the need for rapid recognition of unusual severe respiratory illness, detailed travel and exposure histories, early isolation, appropriate infection prevention and control, and close links between clinical, laboratory and border-health systems.

The National Department of Health coordinated a multisectoral response with the National Institute for Communicable Diseases and National Health Laboratory Service, the Border Management Authority, provincial health departments and frontline facilities. South Africa identified 110 contacts - 105 in Gauteng and five in the Western Cape - including airline passengers, healthcare and emergency personnel, household contacts and point-of-entry workers. By 16 June, 106 had completed follow-up; the final four Gauteng medical-team contacts were expected to complete monitoring on 23 June if they remained asymptomatic.

WHO supported South Africa while coordinating the wider international response under the International Health Regulations (2005). Globally, WHO facilitated rapid information-sharing among national IHR focal points, supported medical evacuation and safe disembarkation arrangements, deployed technical expertise, issued rapid risk assessments and developed guidance on contact management, laboratory testing, clinical care, infection prevention and control, and travel-related measures.

In South Africa, the WHO Country Office worked with the National Department of Health, NICD, BMA and provincial teams to strengthen incident coordination, interpret the evolving risk, support contact-tracing and monitoring, provide technical briefings and consistent risk communication, and connect the national response with WHO regional and global expertise. WHO also supported the national Early Action Review on 4 June, helping partners identify strengths and translate lessons into improvements for surveillance, laboratory readiness, clinical care, infection prevention and control, points of entry, emergency medical services and information management.

South Africa's response demonstrated the value of preparedness, trusted institutions and the International Health Regulations in managing a rare cross-border threat. Containment without detected secondary transmission provided a strong platform for improving readiness for future imported zoonotic and travel-associated emergencies. WHO remains committed to helping South Africa sustain these essential capacities.



Dr Tedros reinforces global response solidarity during WHO support operations in Tenerife

During the wider Hantavirus response linked to the MV Hondius, WHO Director-General Dr Tedros Adhanom Ghebreyesus visited Tenerife in Spain's Canary Islands, where WHO teams supported international coordination. The visit underscored the cross-border nature of the event and the importance of rapid information-sharing, safe disembarkation, contact management and technical guidance. For South Africa, the event highlighted the value of strong IHR systems, points-of-entry readiness and coordinated action between national authorities, laboratories, frontline services and WHO.

WHO South Africa supports evidence-based communication on hantavirus response

As part of the Hantavirus response, WHO South Africa engaged with media houses to support clear, accurate and timely public communication. In this interview with Reuters, WHO Representative Ms Shenaaz El-Halabi helped explain the nature of the event, the response measures underway and the importance of calm, evidence-based information. The engagement formed part of wider risk communication efforts to keep the public informed while supporting national authorities, frontline teams and partners managing the imported cases and related contacts.

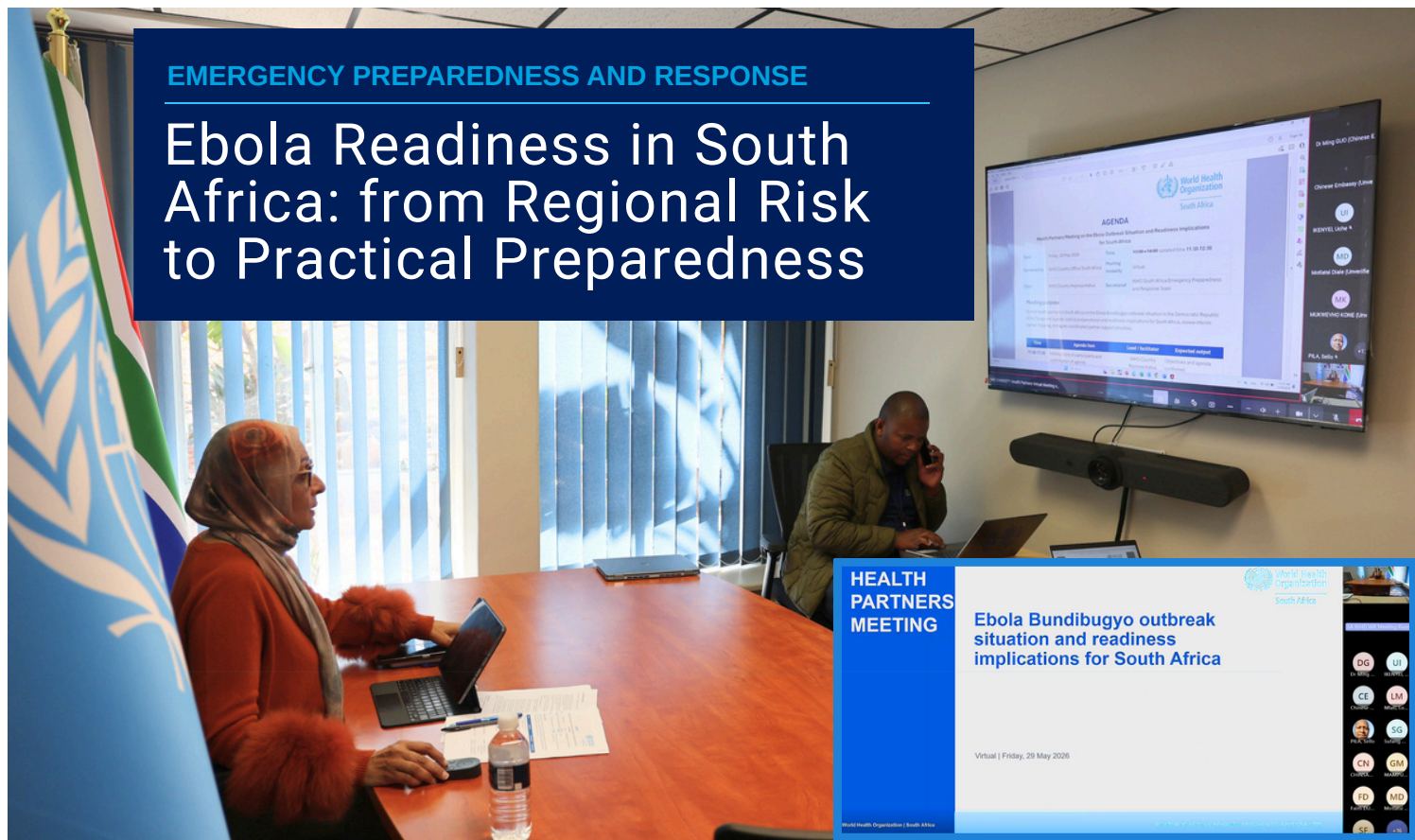




WHO Director-General Dr Tedros Adhanom Ghebreyesus (on the right) is welcomed by WHO Regional Director for Africa Dr Mohamed Janabi on arrival in Bunia, DRC, during a visit to support the Ebola response.

EMERGENCY PREPAREDNESS AND RESPONSE

Ebola Readiness in South Africa: from Regional Risk to Practical Preparedness



Ms Shenaaz El-Halabi, WHO Representative in South Africa chairs a virtual briefing with health partners on Ebola regional risk, readiness and preparedness priorities.

The Bundibugyo virus disease (BVD) outbreak in the Democratic Republic of the Congo (DRC) and Uganda shows how quickly a localised event can become a regional threat. Declared by both countries on 15 May and designated a Public Health Emergency of International Concern by WHO on 17 May 2026, the outbreak has spread across Ituri, North Kivu and South Kivu, with cases in Kampala and Wakiso. By 22–23 June, 1,114 laboratory-confirmed cases and 279 deaths had been reported. Because there is no approved vaccine or specific therapeutic for BVD, control depends on rapid detection, isolation, supportive care, rigorous infection prevention and control (IPC), contact tracing, safe burials and community trust.



Expanding Ebola isolation capacity in DRC

In Bunia, Democratic Republic of the Congo, WHO supported the expansion of isolation capacity for suspected Ebola cases at the Ebola Treatment Centre on 17 June 2026. The work included constructing individual rooms that meet infection prevention and control standards and installing a 10 000-litre water tank to secure continuous water supply. For South Africa, this regional response reinforces why readiness must be practical, tested and able to move quickly from planning to activation.

South Africa has reported no confirmed cases and BVD does not occur naturally in the country. The general risk to the public remains low, but importation is plausible through regional and international travel. A traveller may become symptomatic after arrival, and early symptoms—fever, fatigue, headache and muscle pain—overlap with malaria and other common febrile illnesses. A delayed diagnosis could expose health workers, patients, laboratory teams, emergency personnel and household contacts, disrupt services and intensify public anxiety. The practical safeguard is therefore not blanket screening or travel restrictions, which WHO does not recommend, but high clinical suspicion, immediate notification, safe specimen handling, rapid referral and coordinated case management.

Under National Department of Health (NDoH) leadership, national incident-management and International Health Regulations structures have coordinated an importation-readiness approach.

WHO South Africa has provided situation analysis, risk interpretation and regular technical briefings; supported incident action planning and readiness reviews; adapted WHO guidance for surveillance, laboratories, case management, IPC, contact tracing, safe referral and points of entry; and contributed to facility improvement plans, training and simulation exercises. WHO has also linked national counterparts with the WHO Regional Office for Africa and specialist networks, convened health partners, mapped available capacities and aligned prospective contributions with government priorities. This has helped reduce duplication and move preparedness from general commitments to practical arrangements that can be activated under pressure.



WHO South Africa supports government inter-departmental Ebola preparedness discussions with a briefing on outbreak background and risk rating.

Strengthening Ebola readiness before an alert

As part of wider Ebola preparedness efforts, WHO South Africa supported ongoing coordination with national authorities and border-health partners to strengthen readiness before any alert arises. One of these engagements was the Inter-Departmental Ebola Preparedness virtual meeting on 26 May 2026, bringing together NDoH, Home Affairs, Transport and the Border Management Authority. WHO South Africa contributed technical guidance, risk interpretation and coordination support to help ensure systems, roles and response pathways remain ready.

While the outbreak remains active, South Africa should maintain 24/7 notification and laboratory access; close facility, protective-equipment and logistics gaps; rehearse referral and isolation arrangements; finalise incident-management protocols; and communicate clearly. South Africa's strongest protection is not assuming importation will not occur, but ensuring that a suspected case is recognised early and managed safely. Disciplined preparedness can prevent importation from becoming local transmission.



Participants from the Eastern Cape multisectoral outbreak response team come together to strengthen rapid response readiness.

Preparedness is built long before an emergency begins. In the Eastern Cape, outbreak responders gathered in East London from 1 to 5 June 2026 to strengthen the skills, systems and coordination needed to detect threats early and respond faster, safer and more effectively when communities need it most.

The training was organized in collaboration with the Eastern Cape Department of Health, the National Department of Health (NDoH), WHO, the National Institute for Communicable Diseases (NICD), the South African National AIDS Council (SANAC), Provincial Disaster Management, Agriculture, and Environmental Affairs. Facilitation was provided by technical experts from NDoH and WHO.

Using WHO Emergency Preparedness and Response and Rapid Response Team technical modules, alongside the International Health Regulations, participants worked through practical sessions to strengthen coordination, field investigation and response readiness. The programme combined technical learning with drills and simulations, including rapid response team activation, safe donning and doffing of personal protective equipment, interviews with hospital managers and a patient, community engagement, active case finding and contact tracing.



The training included practical demonstrations on donning and doffing personal protective equipment safely.

For WHO South Africa, the training reflects continued support to provinces to build preparedness, strengthen response capacity and advance implementation of the International Health Regulations. The activity was made possible with support from the Pandemic Fund.

Strengthening provincial rapid response teams remains central to protecting communities and ensuring that public health emergencies are managed through timely, trusted and coordinated action.



EMERGENCY PREPAREDNESS AND RESPONSE

Testing Ebola Readiness at South Africa's Main Air Gateway

Airport, health and border management partners take part in an Ebola readiness simulation at O.R. Tambo International Airport.

South Africa continues to strengthen point-of-entry readiness so that possible health risks among travellers can be identified early, managed safely and linked quickly to the right public health response. On 19 June 2026, national authorities and partners convened a multi-agency simulation exercise at O.R. Tambo International Airport (ORTIA), the country's principal international air gateway.

Led by the Border Management Authority in collaboration with the National Department of Health, the exercise brought together Port Health and Immigration services, the South African Police Service, emergency medical services, Airports Company South Africa, airport management, airlines, aviation partners, WHO and other public health stakeholders. The objective was to test how the airport community would manage a traveller suspected of Ebola disease while maintaining safe and orderly airport operations.

Participants worked through a realistic traveller scenario, examining the full response chain: recognising symptoms and travel history, alerting and notification, safe temporary separation, infection prevention and control, emergency transport, referral to a health facility, passenger and crew management, contact information capture, risk communication and escalation to national public health coordination structures.

The exercise forms part of South Africa's wider readiness drive, including updated point-of-entry procedures, training for Port Health and BMA personnel, referral and transport mapping, validation of designated viral haemorrhagic fever facilities, and implementation of the national Ebola/Bundibugyo Virus Disease Incident Action Plan.

WHO South Africa supported the exercise design and facilitation, including technical inputs on early detection, notification pathways, information sharing, isolation, infection prevention and control, and safe patient transfer. The lessons from ORTIA will inform follow-up actions and similar readiness work at other points of entry, helping South Africa protect people through coordinated, evidence-informed public health action.



WHO South Africa supported partners during the simulation, focused on early detection of suspected travellers and coordinated public health response.



Participants mark the rollout of STAR, a WHO tool that helps countries assess risks and plan ahead for emergencies.

South Africa is strengthening its ability to act before health threats become crises. From 13 to 17 April 2026, national, provincial and partner stakeholders gathered in Bloemfontein, Free State, for the rollout of the Strategic Tool for Assessing Risk (STAR), a WHO early warning approach designed to identify and prioritise health and disaster risks before they escalate.

The workshop brought together the National Department of Health, WHO, NICD, the Free State Department of Health, SANDF, SAPS, Border Management Authority, Search and Rescue, Disaster Management structures, the South African Weather Service, CHAI, municipal services and pharmaceutical services. The aim was to strengthen preparedness, test response systems and align sectors around an all-hazards approach covering disease outbreaks, climate-related risks and disasters.

“This is not something health does alone – we plan together with all stakeholders from the beginning,” said Zina Bam, Deputy Director for Emergency Medical Services at the National Department of Health. STAR builds on national assessments conducted in 2022 and March 2026, while placing implementation closer to provinces and communities, where operational response happens.

Dr Joseph Wamala, Team Lead, Emergency Preparedness and Response at WHO South Africa (pictured on the right), noted that the approach marks “a paradigm shift – a proactive system, not a reactive one.” It uses surveillance, risk calendars, simulations and early warning signals from laboratories, disease trends and environmental data to help authorities focus limited resources on the most likely and most damaging hazards.

WHO designed STAR, provided technical leadership and supported the workshop, risk assessments, preparedness planning and simulations. The work reinforced a shared message: readiness is measured not only by plans produced, but by crises prevented and lives protected before danger surfaces.





Colleagues from WHO South Africa and NICD gather after discussions on stronger coordination, surveillance and technical collaboration.



The meeting provided space for WHO and NICD teams to align on practical areas of collaboration.

On 1 April 2026, the National Institute for Communicable Diseases (NICD) and the WHO South Africa teams met at the WHO offices in Pretoria to agree on focused collaboration areas for 2026. The engagement built on earlier discussions held in November 2025 and reflected a common commitment to strengthening South Africa's capacity to prevent, detect and respond to public health threats.

The agreed areas of collaboration cover NICD's surveillance data warehouse, risk communication, and data-to-policy work, alongside key technical areas such as cancer surveillance, emerging zoonoses and parasites, respiratory diseases, HIV and sexually transmitted infections, enteric diseases, vaccines and immunology. The work also supports national priorities linked to Integrated Disease Surveillance and Response and One Health.

To continue strengthening this partnership, WHO and NICD will build on shared priorities to improve surveillance, early warning and response systems, while supporting more timely, coordinated and sustainable public health action.

Health Partners Forum



Members of the HPF, convened at WHO South Africa offices, exchange updates and discuss opportunities for stronger coordination.

The Health Partners Forum (HPF) continued to serve as an important platform for dialogue between the National Department of Health (NDoH), WHO South Africa and development partners on strengthening coordination around national health priorities. Co-chaired by WHO South Africa and the British High Commission, the meeting brought together representatives from government, diplomatic missions, development partners, philanthropies and foundations to reflect on current priorities and identify opportunities for better alignment.

A key highlight was the strategic update from Prof. Nicholas Crisp, Acting Director-General of Health, who outlined the Department's reform agenda, including strengthening health system governance, advancing digital health through the Health Patient Registration System, improving hospital management, and moving towards more integrated, person-centred services. He encouraged partners to align support with national systems and avoid parallel approaches, while proposing stronger mapping of partner activities to improve coordination and maximise collective impact.

WHO South Africa also briefed partners on the regional Ebola situation and the country's readiness measures, together with the latest hantavirus response. The update highlighted preparedness activities underway, including simulation exercises, strengthened infection prevention and control, and opportunities for partners to contribute to readiness efforts.

The meeting concluded with practical actions to strengthen collaboration, including updating the HPF partner mapping, advancing work on digital health collaboration, and supporting NDoH-led coordination mechanisms. Together, these efforts reinforce the shared commitment of government, WHO and partners to building stronger, more resilient health systems capable of responding to today's challenges while preparing for those ahead.



Prof. Crisp outlined the Department of Health's reform agenda and opportunities for stronger coordination during the HPF.

Partners Engagement Highlights



ASKY AIRLINES

Mr Koffi Beni Gounou

Ms El-Halabi met with Mr Koffi Beni Gounou of ASKY Airlines for a warm and constructive exchange on practical collaboration in support of public health. The meeting highlighted ASKY Airlines' role as an enabling partner, helping public health teams connect, coordinate and respond more effectively. WHO South Africa expressed appreciation for ASKY's support and looked forward to continued collaboration in service of health for all.



NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Prof. Nazir Ismail

WHO South Africa welcomed Prof. Nazir Ismail in his new role as Executive Director of the National Institute for Communicable Diseases. The meeting with Ms Shenaaz El-Halabi and the WHO South Africa team focused on shared priorities for health security, surveillance, laboratory systems and health systems strengthening. It also provided an opportunity to reaffirm the strong WHO–NICD partnership and discuss the work ahead to advance public health in South Africa.

Partner Engagement Highlights



EMBASSY OF SWITZERLAND

H.E. Ambassador Mirko Manzoni

Switzerland remains an important voice in global health cooperation. In her exchange with H.E. Mirko Manzoni, Swiss Ambassador to South Africa, Ms Shenaaz El-Halabi discussed shared priorities and the value of sustained collaboration in advancing health for all.



WHO HQ

**Dr Mateusz Hasso-Agopsowicz,
Technical Officer**

Connecting global science with country action was at the centre of the exchange with Dr Mateusz Hasso-Agopsowicz from WHO headquarters, where discussions touched on vaccine research, public health innovation and collaboration that can better support people's health.



UNFPA SOUTH AFRICA

Mr Yu Yu, Country Representative

The exchange with UNFPA Representative Yu Yu reflected the value of working as one UN around shared priorities. Discussions centred on continued collaboration to advance health, equity and well-being for people in South Africa.

Partner Engagement Highlights



Boston Consulting Group

As global health financing shifts, WHO South Africa joined partners at the BCG Health Roundtable on 16 April 2026 to discuss funding trends, alignment and country-level delivery, reinforcing the need for stronger coordination to protect essential services and health systems.



Council for Scientific and Industrial Research

WHO South Africa met with Dr Rachel Chikwamba and the CSIR team from the advanced chemistry and life sciences to explore stronger collaboration between science, innovation and public health. The exchange opened opportunities around data, local innovation and health systems strengthening, with a shared focus on practical solutions for people's health.



Rotary International

Ms Shenaaz El-Halabi, WHO Representative in South Africa, joined the diplomatic corps, UN partners and Rotary to welcome Rotary International President-Elect Olayinka Hakeem Babalola (in the centre) to South Africa, recognising WHO and Rotary's long-standing partnership on polio eradication, immunization and community trust for health.

ACKNOWLEDGEMENTS

Every milestone in this newsletter has partners behind it. WHO South Africa sincerely thanks our government counterparts, partners, communities and donors for their generous and steadfast support. Your collaboration and contributions help us promote health, provide essential technical support and protect communities across South Africa.



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