WHO’S HEALTH EMERGENCY APPEAL 2024
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WHO’s Health Emergency Appeal, 2024

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Data for people in need and people targeted aligns with the Global Humanitarian Overview 2024, unless otherwise stated.

Cover photo: © WHO oPt
A baby receives a medical checkup at the medical health point at UNRWA shelter in Tafl Prep Boys School.
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- Haiti
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- African Region
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*occupied Palestinian territory, including east Jerusalem hereafter referred to as "occupied Palestinian territory"

Ditta checks in with health staff before a consultation. A transit health centre has been set up by WHO and partners to meet urgent health needs of displaced people sheltering in Bulengo camp about 15 kilometres from Goma in the east of the Democratic Republic of the Congo.

Photo WHO/ Neil Nuio
FOREWORD

The threats of climate change, extreme weather events, food insecurity, conflict and displacement are intersecting, causing deeper and increasingly complex health emergencies. In 2024, almost 300 million people will require humanitarian health assistance and protection, and at least 15 emergencies are expected to require the highest level of intervention.

At least five WHO regions are impacted by worsening conflict and insecurity, including desperate situations in Ethiopia, Haiti, Myanmar, the occupied Palestinian territory, Sudan, and Ukraine. For those facing emergencies, disruptions to essential health services often mean the difference between life and death. From mothers giving birth during conflict, to aid to young children in drought-affected regions, to those receiving cancer treatment or dialysis, health care saves lives. Health care services are also critical for breaking the cycle that too often leaves communities in a perilous state and reliant on yet more emergency assistance.

Meanwhile, the climate crisis is stretching our ability to respond to a growing number of disasters. These are leading to an increased number of infectious disease outbreaks, higher levels of severe malnutrition, and a heightened risk of water-borne diseases following drought and flooding. Every humanitarian crisis is also a health crisis. Day and night, heroic health workers are helping those in crisis on the frontline, delivering critical services at great personal risk.

To stay ahead of these deepening threats, we need a robust approach that allows us to act quickly to provide high-quality healthcare to people in urgent need. We must do this while building resilience to future health threats and delivering on our longer-term commitments to people and the U.N.’s Sustainable Development Goals.

To achieve this, WHO urgently needs US$1.5 billion in funding to protect the health of the most vulnerable populations facing emergencies. This year’s appeal is the product of a series of difficult decisions. It is based on robust and rigorous plans highlighting where funds should be targeted to have the greatest impact, in the face of increasingly protracted crises. Last year saw a significant drop in donor funding for humanitarian relief. In 2024, emergency health delivery needs will grow, even as funding is decreasing. It is imperative that donors step up support and fund health care. The ability of WHO to deliver aid is a matter of life and death.

With the support of donors, we will save lives, meet critical health needs for the most vulnerable, and help communities emerge from crises with a greater ability to tackle future health threats. That support allowed us to assist millions of people in 2023. As we enter 2024, the solidarity and support of the international community is needed more than ever.

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Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Dr Mike Ryan
Executive Director of WHO’s Health Emergencies Programme
HEALTH NEEDS IN HUMANITARIAN CRISIS

KEY FACTS:

- An alarming combination of conflict, climate-related threats and increasing economic hardship mean that almost 300 million people will need humanitarian assistance and protection in 2024 – with an estimated 166 million people requiring health assistance.

- Every humanitarian crisis is also a health crisis. Failing to protect healthcare in humanitarian emergencies not only puts lives at immediate risk, it also feeds a cycle of disruption to the health system functionality, reducing people’s access to health, perpetuating poverty, and threatening progress on global targets on health, education, nutrition and livelihoods.

- In 2024, WHO is calling for US$1.5 billion to provide life-saving health interventions for vulnerable populations in the most complex emergencies.

- Through the Health Emergency Appeal 2024, WHO will provide critical support to 41 ongoing health crises around the world, reaching millions with urgent health assistance. This includes 15 ‘Grade 3’ emergencies, which require the highest level of support from WHO.

- Underfunding across the humanitarian sector is affecting the UN and its partners. While WHO’s work spans preparedness, readiness, and response, WHO remains especially concerned for the outlook for financing in 2024, and the impact of underfunding on its 40+ emergency response operations in 2024. It is imperative that the appeal is fully funded, for WHO to reach those with the most urgent health needs whilst continuing to build preparedness for future threats.

- The cost of inaction is one the world cannot afford: when communities and humanitarian partners cannot respond, more lives are put at risk and more communities suffer from the long-term consequences of a lack of access to health.

EVERY HUMANITARIAN CRISIS IS ALSO A HEALTH CRISIS

In every humanitarian crisis, people are at risk of trauma, diseases and death. Rapid access to health services can mean the difference between life and death. Hospitals and primary health care facilities need critical supplies and operational support to provide vulnerable populations with critical services and treatments.

During complex emergencies, without concerted action, people may go for long periods without any access to essential health services. This increases their vulnerability to disease outbreaks and malnutrition, fueled by displacement, overcrowding and shortages of food and water. This can have profound long-term consequences.

Women, children, the elderly and people with pre-existing medical conditions are disproportionately affected by humanitarian emergencies. Maintaining essential health services is therefore critical - enabling mothers to give birth safely, protecting children against infectious diseases, treating malnutrition and ensuring those with chronic diseases continue to receive vital treatment.

Humanitarian crises have also led to direct impact on health care availability and access. In 2023, over 1,300 attacks on health care were reported on WHO’s Surveillance System for Attacks on Health Care (SSA), including attacks on health workers, patients, health facilities, transport, supplies and warehouses. These took place across 19 countries and territories experiencing complex humanitarian crises, and led to more than 700 deaths and over 1,100 injuries of health workers and patients.

THE COST OF INACTION

Underfunding is directly linked to inaction, which puts even more lives at risk. As outlined in this year’s Global Humanitarian Overview, 2023 is likely to be the first year since 2010-2011 when humanitarian funding declined compared to the previous year. By 24 November 2023, about $20 billion had been received against the GHO 2023 requirements, amounting to about 35% of requirements.

This underfunding is having dire consequences on millions around the world, leaving those in need without immediate relief, whilst impacting future prospects for children as their long-term health is put at serious risk.
GRADE 3

HEALTH EMERGENCIES

HAITI

The conflict in Ukraine has severely impacted the country’s healthcare system and displaced many civilians, both internally and across borders. Ukraine faces acute shortages of healthcare supplies and personnel, and WHO is working to support the millions of Ukrainians who require mental health and rehabilitative services as well as other healthcare needs.

AFGHANISTAN

Afghanistan continues to face a long-term humanitarian crisis exacerbated by challenges including lack of access to healthcare, food security, disease outbreaks, and natural disasters. 23.7 million people urgently need access to clean water and sanitation, and WHO is working to provide essential services and vital medical supplies.

NORTHERN ETHIOPIA

The combined effects of conflict and drought have left Ethiopia facing one of the worst humanitarian crises in decades, with conflict, internal displacement, socioeconomic hardship, the collapse of public services, outbreaks of disease including cholera, recurrent floods, and food insecurity all impacting lives and livelihoods around the country. 20 million people will need humanitarian assistance in Ethiopia in 2024.

SUDAN

Sudan’s health system, which was already struggling to meet the needs of its people, is buckling under the pressure of massive internal displacements since the outbreak of war in 2023. In addition to the displacement of thousands, Sudan is also facing a humanitarian crisis and disease outbreaks. WHO is targeting 14.7 million people for health assistance in 2024.

SUDAN

South Sudan is facing a severe humanitarian crisis, with its population affected by the climate crisis, conflict, food insecurity and disease outbreaks. Many people have been internally displaced, and WHO is working to address acute food insecurity and other critical health challenges in the country.

YEMEN

WHO is responding to an acute humanitarian crisis in Yemen, where an estimated 18.2 million people will need humanitarian assistance in 2024. The country faces disease outbreaks and armed conflict, and many people are unable to access basic healthcare services and essential medical supplies.

GREATER HORN OF AFRICA*

The Greater Horn of Africa, comprised of parts of Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda, is one of the world’s most vulnerable regions. The region faces severe food insecurity, exacerbated by the climate crisis and conflict, and malnutrition and cholera are key challenges. WHO is providing nutrition actions to combat malnutrition alongside other essential health services.

SOMALIA

Somalia continues to face high levels of food security and malnutrition, and childhood malnutrition and disease prevalence among children remain high. WHO is working to support vulnerable populations in Somalia through vaccination campaigns and other activities as the health system struggles to provide essential health services.

DEMOCRATIC REPUBLIC OF THE CONGO

WHO is providing emergency health services and working to strengthen health systems across the Democratic Republic of the Congo, which is facing a protracted crisis caused by armed conflict, inter-communal violence, health emergencies and natural disasters. WHO is responding to epidemics in the Democratic Republic of the Congo including cholera, malaria, mpox, COVID-19 and Ebola.

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*The Horn of Africa refers to the eastern part of the African continent, including parts of Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda.

Globaly, WHO continues to respond to COVID-19, cholera and Dengue as Grade 3 emergencies.
INTERSECTING THREATS

As of January 2024, WHO was responding to 15 Grade 3 emergencies, requiring the highest level of support. 13 of these were complex humanitarian crises precipitated by the intersecting and mutually reinforcing threats of conflict, climate emergency and natural disasters.

Climate change increases the risks affecting health emergencies and their frequency.

Between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year from malnutrition, malaria, diarrhoea and heat stress alone. The direct damage costs to health are estimated to be between US$2-4 billion per year by 2030.

In 2023, climate change was an aggravating factor in a high proportion of the emergencies WHO was responding to. Changes in climate can also lead to scarcity of resources, causing or compounding conflict. The climate crisis is triggering a growing number of extreme weather events. These are leading to an increased number of infectious disease outbreaks, decreased access to health, ‘higher’ levels of severe malnutrition due to food insecurity, and heightened risk of water-borne diseases following drought and flooding.

Temperature and precipitation changes enhance the spread of vector-borne diseases, increasing the frequency, intensity and geographic range of diseases such as cholera, chikungunya, dengue, malaria, yellow fever and zika. Extreme weather events decrease the quality and availability of water, disrupt sanitation systems and cause population displacements, increasing the risk of outbreaks of diseases such as cholera and diarrhoeal diseases. They also reduce access to health services as health facilities sustain damages and/or roads leading to health facilities become impassable.

In the coming months, the most severe health threats are likely to arise from malnutrition due to ongoing food insecurity as well as cholera and other diarrhoeal diseases. These are also compounded by El Niño, a climate pattern causing significant changes in temperature, with the greatest impact expected to occur in 2024.

The cholera outbreak in Ethiopia has sparked urgent prevention measures across all affected regions.

Photo: WHO / Mulgreta Ayene
ARMED CONFLICT THREATENS LIVES AND LONG-TERM HEALTH OUTCOMES

Conflicts are resurging and are more intense. One child in every five is currently living in or fleeing from a conflict zone and 75% of all maternal deaths occur in countries hosting fragile contexts. At least five of six WHO regions are impacted by worsening conflict and insecurity.

Beyond immediate injury and trauma, conflict has a widespread impact on the health of communities and presents serious challenges for the safe delivery of health services. Conflicts provide an environment for diseases to spread and kill rapidly. Almost one in five people affected by conflicts require specialized mental health services. Food insecurity results in undernutrition and increased morbidity, undermining the resilience and coping capacity of vulnerable populations.

Conflict is also a key driver of displacement, and the number of refugees grew to a record high of 36.4 million by mid-2023. Refugees and migrants often face worse health outcomes in countries of transit and destination due to cultural barriers, institutional discrimination and restricted use of health services. Large displacements of people also increase the risk of disease outbreak, due to overcrowding, poor water and hygiene, and lack of access to vaccinations and essential health services.

Essential health services are critical to mitigating the worst impacts of conflict: forced and voluntary displacement, the violation of the rights of women, girls, the elderly and disabled, and the targeting of health workers and facilities.

On 19 November 2023, a second WHO-led joint UN mission, working in collaboration with the Palestine Red Crescent Society, evacuated 31 babies from Al-Shifa Hospital in Gaza and South of the Gaza strip.

The severely ill babies were transported in six ambulances supplied and staffed by the Palestine Red Crescent. Those premature and low birthweight babies had earlier been moved from the neonatal unit in Al-Shifa to a safer area in the hospital, due to lack of electricity to run their life support and security risks in the hospital.

The babies were successfully transported to the neonatal intensive care unit at Al-Heil Al-Emarat Maternity Hospital in the south of the Gaza Strip, where they were assessed and stabilized. The babies are fighting serious infections due to a lack of medical supplies and the impossibility of continuing infection control measures in Al-Shifa Hospital. Many of the babies have been transferred to Egypt for further care.

Photo: WHO
WHO’S ROLE IN HEALTH EMERGENCIES

KEY FACTS:

- In an emergency, every minute counts. WHO is already on the ground ready to assess needs and public health risks, and rapidly deploy and scale up a response that saves lives and protects health.

- WHO is a key humanitarian partner in health responses, coordinating and collaborating with a range of global and local actors to deliver vital health assistance during a crisis. From UN agencies to international organizations, health ministries and local actors, we work with multiple partners to ensure that no health need remains unmet.

- In 2023, we responded to a total of 65 graded emergencies, targeting more than 102 million people across 29 countries, alongside health cluster partners.

- WHO staff and our partners work every day to protect health and are determined to continue to deliver lifesaving healthcare to those who need it most, despite increasingly complex and hostile operating environments.

- We offer strategic evidence and science-driven support to countries, partnering with them to deliver best-in-class rapid response while building resilience to future shocks.

EVER PRESENT, EVER READY

WHO expertly matches the right solutions to the highest priority needs, protecting health and minimising the knock-on effects of crises. We prioritise support for health systems and existing health facilities where feasible, taking action to maintain and strengthen the delivery of services. We build on community-driven solutions and invest in local resilience strengthening.

In response to the challenges caused by El Niño, WHO and PAHO have deployed the electronic Early Warning, Alert and Response System (EWARS) in a box in five El Niño-affected priority countries, namely: El Salvador, Guatemala, Honduras, Nicaragua and Panama. Between September to October 2023 18 public health officers from these countries were trained and a further 30 officers from 12 Caribbean countries were trained in December 2023, to implement and oversee the rolling-out EWARS in a box in their national contexts, including through cascade trainings. The deployment of EWARS in a box will focus on detecting priority communicable diseases among the displaced population, a significant proportion of whom live in temporary shelters without the capacity to report diseases outbreaks to the central disease surveillance system.

Photo: WHO
KEY ACTIVITIES

Ensuring preparedness and readiness
Our focus on preparedness and readiness enables a rapid and efficient response. We put systems in place to detect emerging threats, train local staff on emergency responses, and ensure supplies are in place. An effective response to health emergencies does not happen in a vacuum; it demands preparedness and readiness. WHO’s Health Emergencies Programme delivers continuous and complementary interventions and programmes ensuring that we are ready when a crisis strikes.

Detecting threats
WHO’s global surveillance system picks up public health threats 24 hours a day, 365 days a year. Our Public Health Intelligence system is designed to detect signals of potential international public health concern and track new health events globally. In the most challenging and complex settings, such as in countries in conflict or following a natural disaster, dedicated Early Warning, Alert and Response Systems (EWARS) are established as an integral part of national response activities to rapidly detect and respond to outbreaks, to prevent spread and save lives.

Assessing and monitoring risks
Once an event is verified, WHO assesses and grades the level of risk and sounds the alarm to help protect populations from the consequences of outbreaks, disasters, conflict, and other hazards. WHO also evaluates existing capacities to respond and monitors health system functioning and service availability (HERAMS) for effective targeting of support. We quickly implement steps to minimize the knock-on effects of crises.

Serving as first responder
With dedicated teams in 150 countries, our public health experts, scientists, doctors and field officers are already on the ground and able to serve as the first responder. As a trusted, neutral partner to governments and ministries of health, WHO often delivers lifesaving care in areas others can’t access – in many conflict-affected and humanitarian settings, WHO staff even act as a provider of last resort care.

In October 2023, WHO expedited the delivery of critical medical supplies to Lebanon to prepare to respond to any potential health crisis in the Occupied Palestinian territory. Two shipments arrived in Beirut from WHO’s logistics hub in Dubai, including enough surgical and trauma medicines and supplies to meet the needs of 800 to 1000 patients.

WHO worked with the Ministry of Public Health (MoPH) and health partners in Lebanon to strengthen preparedness and readiness within the health system to respond to potential increases in casualties due to escalating violence. WHO also supported the MoPH in activating its Public Health Emergency Operations Centre (PHEOC) to facilitate improved coordination of emergency responses at both central and sub-national levels.

Photo: WHO
Coordinating a rapid response
Rapid and well-coordinated action saves lives, protects health, and minimizes the impact of health emergencies. As health cluster lead, WHO is responsible for rapidly directing a strategic response across hundreds of partners – ensuring that the right people and the right medical supplies are in the right place at the right time.

For every graded emergency, WHO allocates resources according to its “no regrets” policy. This means ensuring that the staffing and resources requested by the Incident Manager, WHO’s lead for a given emergency response, are made available without delay. WHO assists member states in establishing Public Health Emergency Operations Centres (PHEOC). When a public health emergency is confirmed, a national IMS is in place in the PHEOC to coordinate the national response with WHO and partners’ support. 1

Deploying surge workforce capacity
WHO’s health emergency workforce can be rapidly deployed to provide additional support during health emergencies. This includes operational partnerships such as the Global Outbreak Alert and Response Network (GOARN), Emergency Medical Teams, Standby Partnerships Programme and the Global Health Cluster.

Adapting to unique local environments
Every emergency is different. WHO works with a vast network of over 900 local actors to ensure that the best local health solutions are provided in the right context, to the right people at the right time. We recognize the importance of local knowledge in times of crisis and are committed to strengthening the long-term recovery and resilience of health systems.

Delivering specialist supplies
Our global infrastructure and local presence allow us to play a critical role in the rapid transport and delivery of large volumes of specialist medical supplies and countermeasures, such as trauma and emergency surgery kits, vaccines, and birthing kits. The WHO Global Logistics Center represents the largest repository of pre-positioned health supplies and equipment within the World Health Organization’s global supply chain. Delivering health supplies to over 141 countries across all six WHO geographic regions, the operation rapidly delivers essential medicines and equipment in response to acute and protected health emergencies around the world while simultaneously supporting quality assurance, consolidation, and distribution planning services for programs across the organization. WHO has developed standardized kits to meet different health needs in humanitarian emergencies and disasters, which are prepositioned in strategic locations to be mobilized quickly in times of need.

Providing global leadership and advocacy
WHO is the trusted authority on health. Our global health diplomacy advocates for patients, healthcare, and adherence to international law, International Health Regulations (IHR), keeping health at the centre of emergency discussions.

Supporting recovery
We provide ongoing support to national governments, helping increase the quality and coverage of health services - primary and acute care, clinical management, infection prevention and control, surveillance systems, research and development and on training the health workforce – building health systems that are resilient to future threats.

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1 The Incident Management System (IMS) is an emergency management approach comprising six critical functions: Leadership, Partner Coordination, Information and Planning, Health Operations and Technical Expertise, Operations Support and Logistics, and Finance and Administration.
Throughout 2023, WHO continued to drive the response to the ongoing health emergency in Ukraine, leading the Health Cluster which brings together almost 200 partners. In June, WHO co-ordinated a rapid response to the destruction of the Kakhovka Dam. This included the delivery of essential medicines and supplies to hospitals serving affected populations in addition to the resources needed to treat 3000 people for non-communicable diseases. Support was also provided for disease surveillance and rapid assessment of mental health and other emerging needs. WHO also worked to anticipate potential threats and assess the health risks associated with the destruction of the dam, such as the significant risk of waterborne diseases and rodent-borne diseases, the lasting physical and mental health impact on affected communities, and the anticipated damage to health facilities in the medium to long term. In this context, WHO delivered community education and engagement campaigns on how to stay safe during floods and developed materials on acute infections such as cholera and botulism, water treatment and food safety in partnership with the Ministry of Health. WHO and partners are also continuing to support authorities to provide health services, with the WHO-supported national Emergency Medical Teams (EMT) on standby to assist civilians with a range of urgent medical needs, and monitor potential environmental risks, including chemical and nuclear hazards.
IMPACT IN 2023

Throughout 2023, WHO responded to a total of 65 graded emergencies, including 17 emergencies at the highest-level Grade 3. This included emergencies in Afghanistan, Democratic Republic of the Congo, Ethiopia, Haiti, occupied Palestinian territory, Somalia, Sudan and Ukraine where United Nations Inter-Agency Standing Committee System-Wide Scale-Up protocols were activated.

Many of these were related to conflict, including the occupied Palestinian territory, and countries such as the Democratic Republic of the Congo, Ethiopia, Haiti, Myanmar, Sudan, Ukraine and others saw worsening conflict and insecurity. In these countries, WHO scaled up operations to prevent, detect and respond to infectious disease outbreaks; strengthened hospitals to do everything from delivering new babies to treating war injuries; supplied essential medicines and medical equipment; and worked to enable—and where possible, strengthen—laboratory capacity to diagnose diseases. At times, WHO staff went above and beyond, risking their lives to deliver healthcare.

WHO was also on the ground wherever disasters struck, including during earthquakes in Afghanistan, Nepal, the Syrian Arab Republic and Turkey, devastating floods in Libya, Pakistan and South Sudan, heatwaves, wildfires, drought and more – deploying emergency medical teams, sending emergency medical aid and helping countries cope with the mid- and long-term health impacts.

As the Health Cluster Lead, WHO works with partners to ensure that no health need remains unmet. WHO works at the centre of the health response to humanitarian crises, coordinating and collaborating across health ministries, UN agencies, and operational partners.

In 2023, in partnership with more than 900 national and international partners, more than 107 million people across 29 countries received health cluster support.

44.7 MILLION
primary healthcare consultations supported by the Health Cluster

8329
mobile clinics were deployed by the Health Cluster

319 000
disability-related consultations supported by the Health Cluster

5 MILLION
maternal health consultations provided by the Health Cluster

6500
metric tons of critical health supplies were delivered by WHO

2.1 MILLION
consultations related to mental health and psychosocial support were provided by the Health Cluster

1.4 MILLION
trauma consultations were supported by the Health Cluster

17 MILLION
children under five benefited from early detection services and treatment for severe wasting

30 MILLION
oral cholera vaccine doses were deployed to countries jointly through GAVI, UNICEF, Ministries of Health and WHO

1 MILLION
pieces of information were screened by WHO in 2023 to detect potential signals of disease outbreaks and other public health threats

OUR WORK IS MADE POSSIBLE BY OUR GENEROUS PARTNERS AND DONORS

Top 10 contributors to WHO’s Health Emergency Appeal in 2023:

- UNITED STATES OF AMERICA
- GERMANY
- WORLD BANK*
- GAVI, THE VACCINE ALLIANCE
- EUROPEAN COMMISSION
- UN CENTRAL EMERGENCY RESPONSE FUND
- CANADA
- FRANCE
- JAPAN
- NORWAY

We thank 15 Member States who pledged and contributed more than US$34 million to the Contingency Fund for Emergencies (CFE) in 2023. This enabled WHO to allocate more than US$78 million from the CFE in response to 22 emergencies in 29 countries and territories in 2023.

Contributors to CFE in 2023:

Austria, China, Canada, Estonia, Germany, Ireland, Kuwait, New Zealand, Norway, Philippines, Portugal, Slovak Republic, Switzerland, WHO Foundation.

* Including World Bank funding allocated to WHO through IDA and multiple Member States
2024 FUNDING REQUIREMENTS

In 2024, we need US$1.5 billion to provide live-saving health care to millions of people in emergencies. With your support, we will save lives, ensure that no critical health need is left unmet, and help to break the cycle that leaves communities in positions of entrenched fragility.

WHO is committed to helping countries strengthen their resilience. Our holistic approach invests in robust logistics, infrastructure, and healthcare system strengthening, as well as improving workforce capacity. We strive to prevent emergencies where possible and to improve preparedness, detection, and best-in-class rapid response deployment where necessary.

Through the Health Emergency Appeal 2024, WHO will provide support to 41 health crises around the world, including 15 of the highest-level ‘Grade 3’ emergencies – those which require an urgent and major WHO response.

**FOR EVERY US$1 INVESTED IN WHO, AT LEAST US$35 IS DELIVERED AS RETURN ON INVESTMENT**

IN HEALTH EMERGENCIES, WE ARE ABLE TO MAXIMIZE RESOURCES BECAUSE WE:

- use our knowledge as a long-term partner to the countries facing crises, to support and conduct rapid assessments and a tailored response
- invest in local solutions, which meet specific needs of communities and ensure longer-term resilience
- prioritize high-impact solutions, such as vaccines
- coordinate the activities of 800 partners in the Health Cluster, ensuring no critical needs are unmet and minimizing duplication of efforts
- are uniquely placed to coordinate an interoperable response across countries and ensure that information and lessons are shared globally

**Photo:** WHO / Zabaryo Safiri

Nurse Rosemary Rakwani brings COVID-19 vaccines and other essential health services to residents of remote Kuaakiri village in East Guadalcanal, Solomon Islands, on 17 May 2023.

**Photo:** WHO / Neil Nuna

# 2024 FUNDING REQUIREMENTS

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<td>Multi-Region Cholera</td>
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<td>Occupied Palestinian territory</td>
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<td>Multi-Region Dengue</td>
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<td>Syrian Arab Republic Complex Emergency</td>
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<td>Somalia Complex Emergency</td>
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<td>COVID-19</td>
<td>136 163</td>
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<td>Northern Ethiopia Humanitarian Response</td>
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Other emergencies and ongoing operations 447 822

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<td>Regional-level</td>
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<td>Global support</td>
<td>24 519</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1 450 114</td>
</tr>
</tbody>
</table>

**Emergency Response Pillar** US$ ’000

- P1. Leadership, coordination, planning, and monitoring 116 755
- P2. Risk communication and community engagement 42 131
- P3. Surveillance, case investigation and contact tracing 148 987
- P4. Travel, trade and points of entry 15 036
- P5. Diagnostics and testing 93 556
- P6. Infection prevention and control 41 763
- P7. Case management and therapeutics 174 224
- P8. Operational support and logistics 184 071
- P9. Essential health systems and services 495 528
- P10. Vaccination 121 465
- P12. Research, innovation and evidence 28 075
| **Total** | 1 450 114 |

**WHO’s Health Emergency Appeal 2024**

**FUNDING REQUIREMENTS BY MAJOR OFFICE (US$ ’000)**

- **AFRO** 334 067
- **AMRO** 133 943
- **EMRO** 709 259
- **SEARO** 183 538
- **WPRO** 49 526

**Global Support** 24 519

**Total** 1 450 114

*Estimated critical needs for 3-4 months, to be updated based on the evolving situation and humanitarian access.

*Minimum requirement for the replenishment*

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Nadir Makki is in charge of the WHO operation responding to the health impact of the ongoing conflict in Khartoum in Al-Jazira state, Sudan. With the continued support of our donors, Nadir remains committed to continuing work to save lives and meet critical health needs of communities.

Photo: WHO / Ali Kheir

Ukraine: Diagnostic Laboratory at Mechnitky Hospital in Kyiv, July 2023.

Photo: WHO / Christopher Black
WHAT YOUR SUPPORT WILL ENABLE:

Fully funding WHO’s 2024 Health Emergency Appeal is critical to saving lives and enabling WHO to ensure that no critical health need is left unmet. Your support allows WHO to continue:

**Saving lives and reducing suffering:** Coordinating emergency responses with all health partners, advocating for health. Advocating for the active protection of health care to maintain its capacity to deliver in a safe space.

**Maintaining essential health services:** WHO teams support the delivery of essential health services, targeting needs that are unmet or underserved. This includes ensuring continuity of care for people with chronic conditions, providing critical sexual and reproductive health services, mental health services, and implementing vaccination programmes to prevent infectious disease outbreaks.

**Delivery of essential health supplies and operational support:** WHO supports access to essential health care by procuring and distributing supplies, such as medicine, equipment or additional operational support to enable service delivery.

**Supporting direct access to health care for communities:** Our teams collaborate with affected communities, healthcare professionals and local authorities to ensure they have access to care, deploying mobile clinics and innovative last-mile solutions.

**Strengthening partnerships with local actors:** WHO is committed to purposefully working with local actors, tapping into their specialist knowledge and skills to access hard-to-reach areas, using cost-effective local resources and increasing accountability to those we serve.

**Enabling evidence-based and effective responses:** During emergencies, WHO plays a critical role in assessing risk plans and monitoring and sharing information, including tracking injuries, reporting on infectious disease outbreaks, and documenting attacks on health care.

**Providing global health leadership:** Coordinating emergency responses with all health partners, advocating for health and the protection of health workers and health facilities.

**Supporting existing health systems:** WHO bolsters existing health systems, supporting the health teams who are already delivering and systems which are already in place, often in dangerous situations.

**Building resilience:** By ensuring that humanitarian response includes strong health systems, we help countries to emerge from emergencies with greater resilience against future threats.

The February 2023 earthquakes in southern Turkey and northern Syria left thousands dead and thousands more at risk in health systems already exhausted by twelve years of war in Syria. WHO was quick to scale up its activities in response to the earthquakes: within the first 24 hours, the WHO Country Office in Syria dispatched essential medicines and supplies to all heavily affected areas of Aleppo, Homs, Hama, Tartous and Latakia, enabling the provision of 102,415 treatments. In Gaziantep, WHO distributed 183 metric tons of supplies to 20+ health facilities and delivered over 100 tons of essential medicines and supplies from Turkey. WHO’s Early Warning Alert and Response System (EWAR) was launched in 237 reporting sites, as well as rolling out surveillance sites and deploying mobile teams to cover displaced populations in affected areas. 

The leading causes of maternal and infant mortality in Yemen are multiple, interrelated and almost always preventable. 46% of all health facilities are partially functioning or out of service, and the Al Mukalla Hospital is the only public hospital providing obstetrics, gynaecology, and newborn care services in Al Mukalla, Yemen’s sixth-largest city, with an annual average of 4,000 to 7,000 deliveries.

WHO has provided support to Al Mukalla Hospital and enabled uninterrupted provisions of life-saving medicines, medical supplies, fuel, water, oxygen, and safe water. Electrical transformers have been provided to the hospital that have reduced frequent power cuts from 10 minutes or longer to just five seconds consistently. Hospital staff have confirmed seeing notable improvements in the hospital’s newborn care services, and corresponding reductions in newborn deaths.

In south and south-eastern Ethiopia, around 24 million people are grappling with severe food insecurity, malnutrition and extreme deprivation as their livelihoods have been severely affected following five straight seasons of failed rains. In remote drought-gripped areas of Ethiopia, mobile health and nutrition teams, with support from World Health Organization (WHO), are working to deliver critical health assistance and treat malnutrition to avert an extreme situation and curb potential loss of life, especially among children for whom the combination of malnutrition and disease can be fatal.
Localization is a core focus of WHO’s emergency response in the Syrian Arab Republic, with activities implemented in close partnership with Government Ministries, UN agencies, international NGOs, national NGOs and the Syrian Arab Red Crescent.

In 2023, WHO advocated and provided technical guidance and support to ensure representation and inclusion of NGOs into the key policy and strategy documents. To ensure improved access to health care across the Syrian Arab Republic, WHO signed 20 agreements with a total of 15 NGOs in 2023 (an increase in the number of engagements with NGOs comparing to 2022 where 13 agreements were signed) providing essential health care services in areas where people would otherwise have restricted or no access to care. Through these partnerships, an average of 9 fixed and 23 outreach teams carried out a total of 988,199 medical procedures and provided 318,316 courses of treatment in 2023 (January – November).

More than 370,000 people have fled to Chad since the start of the conflict in Sudan. Among them, thousands of victims of trauma and war injuries have been identified and treated with support from WHO and its partners. WHO and its partners deployed medical personnel to Chad, including members of Togo’s WHO-trained emergency medical team (EMT) who treated nearly 60 patients within three weeks, including some with injuries caused by firearms. WHO also equipped the Abeché hospital with an operating theatre for surgical procedures. WHO vaccinated more than 50,000 children against polio across 34 refugee sites and held a measles vaccination campaign in Abeché.

Since April 2023, Bangladesh has been experiencing its most severe outbreak of dengue on record. The outbreak is putting huge pressure on the health system.

WHO is supporting the authorities to strengthen surveillance, laboratory capacity, clinical management, vector control, risk communication and community engagement, and has trained doctors and deployed experts on the ground. WHO has also provided supplies to test for dengue and to support care for patients.

On 11 January, Uganda declared the end of the outbreak of Ebola disease caused by the Sudan ebolavirus (SUDV), less than four months after the first case was confirmed in the country’s central Mubende district.

WHO and partners supported Ugandan health authorities from the outset of the outbreak, deploying experts, providing training in contact tracing, testing and patient care, as well as building isolation and treatment centres and providing laboratory testing kits. Due to the joint efforts, the processing time for Ebola disease caused by the Sudan ebolavirus samples dropped from a few days to six hours. WHO also helped to protect frontline health workers by ensuring a steady supply of personal protective equipment and provided nearly US$6.5 million to Uganda’s response as well as an additional US$53 million to support readiness in six neighbouring countries.

In Equatorial Guinea’s first Marburg Virus Disease outbreak, WHO supported the country with the establishment of laboratory testing capacity at different field locations, the first Marburg Treatment Center providing care resulting in the survival of patients, surveillance and contact tracing, and capacity building of health workers across all outbreak response pillars. Among others, WHO launched its first free course on Marburg virus disease in early 2023 in four new languages to expand access to critical knowledge about the disease amidst outbreaks in Equatorial Guinea and the United Republic of Tanzania.

The four languages – Dholu, Kirundi, Spanish and Swahili – were prioritized based on a scoring of the languages spoken in areas affected by the recent outbreaks, as research has shown that it is easier to learn and understand in one’s own native language.

As of April 2023, 8,400 people had enrolled on the course globally, with 6,500 certificates awarded.

WHO’s Health Emergency Appeal 2024
OUR COMMITMENTS TO THOSE WE SERVE

Humanitarian crises threaten the fundamental right to health. Every day, WHO teams work in challenging environments to ensure life-saving care for vulnerable people.

Gender equity and human rights
Implementing gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities.

Prevention of sexual exploitation, abuse and harassment
Strengthening the prevention of, and response to, gender-based violence, including capacity building and increased accountability within WHO.

Monitoring and reporting attacks on health care
Conducting surveillance, research and advocacy to ensure the provision of essential health services to emergency-affected populations continues, unhindered by any form of violence or obstruction.

Strengthening local partnerships to build resilience
Strengthening the quality of engagements with local partners to make humanitarian responses more accountable to affected populations.

Aid diversion
WHO is committed to mitigating the risks of fraud and aid diversion in all its humanitarian operations so that the right assistance is delivered at the right time, to the people who need it the most, without subsequent aid diversion.

Community engagement, resilience and infodemic management
Coordinating with partners to ensure actionable, timely and credible health information during health emergencies – including combating misinformation.

Value for money
Maximizing the health impact derived from every dollar spent, measuring interventions by economy, efficiency, effectiveness, equity and ethics.

Accountability to affected populations
Demonstrating commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into WHO’s response strategy. ¹

Towards zero-carbon health care
Minimizing the environmental impact of action by investing in recycling; providing guidance for health workers; and prioritizing sustainable, recyclable/biodegradable and reusable materials.

¹ https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-06

Lema, who works as a gender-based violence officer at Kabul’s Jomhuriat Hospital, goes through her daily routine of walking through the emergency ward on the lookout for signs of GBV injuries. She works quietly with other doctors to be able to identify victims and refer them to a centre they run inside the hospital, which is fully supported by WHO.

Photo: WHO / Kiona Huyer
HOW APPEAL FUNDING WORKS

WHO’s Health Emergency Appeal is a consolidation of funding requirements for the protection of vulnerable populations affected by acute and protracted health emergencies around the world. The Appeal is fully aligned with WHO’s role in delivering on the UN’s regional and country-specific humanitarian response plans.

Contributions to the appeal can be specifically allocated to regions, countries, or with full flexibility which allows WHO to allocate resources according to the greatest need.

Due to the unpredictable nature of health emergencies, the appeal is a snapshot of projected needs for all the emergencies that WHO is currently responding to. To respond to new emergencies, or escalations of existing emergencies, WHO can call on the Contingency Fund for Emergencies (CFE), which was created to save time, resources and lives by enabling rapid response to disease outbreaks and health emergencies, often within 24 hours or less. The CFE is a flexible, pooled fund, internal to WHO, for which funds are mobilised throughout the year and replenished and reimbursed when possible. As new emergencies arise, WHO also issues dynamic flash appeals, enabling rapid response to specific crises.

WHO General Program of Work
1 billion people better protected from health emergencies

Contingency Fund for Emergencies

Emergency operations and appeals segment of the Program Budget

Health Emergency Appeal

Base Segment of the Program Budget

Children look through a hole in a wall at a destroyed residential area, Gaza Strip, occupied Palestinian territory.

Photo: WHO
COUNTRY
APPEALS
Afghanistan continues to grapple with an enduring humanitarian crisis characterized by a multitude of challenges. Afghan citizens endure an unstable healthcare system and confront the daily spectre of food scarcity and malnutrition. The situation is compounded by the significant burden of communicable and non-communicable diseases, frequent disease outbreaks, severe drought, and frequent natural disasters (most commonly severe flooding and deadly earthquakes). Furthermore, the plight of Afghan women has worsened because of heightened barriers to healthcare access driven by restrictions on education and the conditionality imposed in the employment sector.

The need for humanitarian assistance in Afghanistan has surged dramatically, increasing from 18.4 million people in need before August 2021 to a current estimate of 23.3 million people who will be in dire need in 2024. Regrettably, a substantial segment of this population, comprising 9.5 million individuals residing in over 20,000 villages, remains with little or no access to the most basic healthcare services.

The most severe repercussions of this protracted health emergency are borne by Afghan women and children, who find themselves on the margins of society and increasingly vulnerable to adverse health outcomes, particularly concerning reproductive, maternal, newborn, and child health. Tragically, preventable maternal mortality claims the lives of 21 mothers every day, a staggering 148 infants.

In addition, Afghanistan has one of the highest levels of food insecurity globally, affecting 15.8 million people. This dire situation has been exacerbated by three consecutive years of drought-like conditions, leaving 30 out of 34 provinces with severe water scarcity or extremely poor water quality. The drought has pushed the proportion of people affected by this crisis from 10% in 2020 to a troubling 64% in 2022. In 2023, a staggering 21 million people urgently require access to clean water and sanitation - a dire contrast to the 2.4 million people in need a decade ago.

This protracted humanitarian crisis now lingers in the shadow of ongoing geopolitical considerations, which have resulted in dwindling support from international partners. The healthcare sector is struggling to meet the surging demand. Severe underfunding has forced the closure of 262 static and mobile health facilities and the suspension of services in June 2023 has severely impacted the healthcare access of 2 million individuals. Additionally, 2800 community-based classes and over 170 mobile health and nutrition teams (MHNTs) ceased operations in August of 2023, adversely affecting more than 140,000 children, out of which 70,200 are under the age of five.
WHO’S STRATEGIC OBJECTIVES

- Reach the unreached and place women and children’s health first
- Protect people every day by scaling up the response to ongoing emergencies and emerging health needs
- Coordinate the health sector for maximum impact

WHO 2024 RESPONSE STRATEGY

WHO’s role in Afghanistan is unique and cuts across the different spheres of intervention. In the context of the humanitarian crises, WHO’s work in Afghanistan focuses on providing strategic leadership, strategic health information, technical expertise, and, most importantly, operational interventions at the provincial levels to ensure basic health system functionality to maintain the delivery of essential and life-saving services for all. WHO is present in all regions across the country.

In line with the expectations of our partners and the Health Sector Transition Strategy (HSTS), WHO will continue working with partners to tackle critical health emergencies. WHO will provide life-saving health interventions and build on the achievements and lessons learned in 2023 to achieve better health for the people of Afghanistan. WHO will maintain the three overarching and integrating priorities for 2024:

- Reach the unreached and place women and children’s health first by:
  - Taking a ‘for women, by women, with women’ approach
  - Expanding the coverage of health service delivery and increasing its quality, especially in underserved areas
  - Sustaining the momentum of polio eradication and increasing immunization coverage

- Protect people every day by scaling up the response to ongoing emergencies and emerging health needs through:
  - Including the strengthening of disease outbreak preparedness and response
  - Strengthening the health information management system

- Coordinate the health sector for maximum impact, including through:
  - Responding to health-related humanitarian needs at national and subnational levels through the donor/partner coordinating forum, health cluster, and other coordinating mechanisms

WHO staff conduct community consultations.

Photo: WHO / Zakarya Safari
KEY ACTIVITIES FOR 2024

- Strengthen surveillance
- Enhance emergency, trauma care, and physical rehabilitation services
- Improve access to emergency primary healthcare services
- Improve access to secondary and tertiary healthcare
- Scale up efforts to combat malnutrition
- Expand the response to ongoing outbreaks and emerging health needs
- Enhance access to quality reproductive, maternal, neonatal, and child health services
- Integrate mental health and psychosocial services
- Enhance access to comprehensive and specialized services for gender-based violence (GBV) survivors
- Improve health information for informed decision-making
- Strengthen the health cluster coordination structure
In October 2023, three major earthquakes, all with a magnitude of 6.3, hit Herat Province in Western Afghanistan. The region continues to experience a series of aftershocks, leaving people gripped by fear and uncertainty. Many survivors remain confined to temporary shelters or are sleeping in tents due to the loss of their homes and fear of collapsing buildings. These earthquakes have also caused partial damage to some UN premises, including the WHO office in Herat. By 15 October, WHO and Health Cluster partners had reached 28,831 individuals affected by the earthquake across multiple districts.

Dr. Fawzia Rahimi, Mental Health Officer at the Provincial Public Health Directorate of Herat, decided to join the response team in Zindajan district -- the epicenter of the first earthquake -- two days after the first of the series of Herat earthquakes. “At Seya Aab village, fear spread all over my body as I saw damaged villages. Bodies were found among the ruins for at least five days after the earthquakes. I saw a woman’s half body stuck under the rubble -- she broke both hands and legs and lost five members of her family. Her daughter survived with a broken leg. The residents were traumatized, and they wouldn’t eat or drink for days. They were just breathing but they seemed like dead souls.

It was the first time in my life that I experienced such a deep tragedy. I felt like it’s happening to me and my family. Some women told me they didn’t want to live anymore because they lost their whole families. As a mother, a sister and a wife, I could never imagine the pain of losing so many members of the family, including your own child. I want to be there for these women.

I had to do my share to ease people’s burden. I have been making site visits in hospitals and camps. I provide psychosocial support and counseling. I let them share their stories with me. I patiently and passionately listen to them. I want to enable them to express their pain. I want them to focus on their strengths. I want them to heal. I know it is not easy. I know it takes time. But that is the least I can do for them,” says Dr. Fawzia Rahimi.

FOR MORE INFORMATION

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Dr. Jamshed Tanoli | WHE Emergency Team Lead | WHO Afghanistan | tanoli@who.int
Mr. Mohamed Kakay | External Relations & Partnership Team Lead | WHO Afghanistan | kakaym@who.int
## 2024 FUNDING REQUIREMENTS

### Emergency Appeal Requirement

<table>
<thead>
<tr>
<th>Afghanistan Complex Emergency</th>
<th>US$ '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding requirement by response pillar</td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
<td>Regional &amp; Global support</td>
</tr>
<tr>
<td>P1. Leadership, coordination, planning, and monitoring</td>
<td>4 775</td>
</tr>
<tr>
<td>P2. Risk communication and community engagement</td>
<td>860</td>
</tr>
<tr>
<td>P3. Surveillance, case investigation and contact tracing</td>
<td>7 833</td>
</tr>
<tr>
<td>P4. Travel, trade and points of entry</td>
<td>740</td>
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<tr>
<td>P5. Diagnostics and testing</td>
<td>7 243</td>
</tr>
<tr>
<td>P6. Infection prevention and control</td>
<td>675</td>
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<tr>
<td>P7. Case management and therapeutics</td>
<td>6 478</td>
</tr>
<tr>
<td>P8. Operational support and logistics</td>
<td>5 318</td>
</tr>
<tr>
<td>P9. Essential health systems and services</td>
<td>98 839</td>
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<tr>
<td>P10. Vaccination</td>
<td>294</td>
</tr>
<tr>
<td>P11. Research, innovation and evidence</td>
<td>225</td>
</tr>
<tr>
<td>Total</td>
<td>132 985</td>
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</tbody>
</table>

The table above presents WHO’s funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO’s 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO’s Programme Budget 2024-2025).

### Afghanistan - Country office requirement

<table>
<thead>
<tr>
<th>Afghanistan - Country office requirement</th>
<th>US$ '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan Complex Emergencies</td>
<td>132 985</td>
</tr>
<tr>
<td>Emergency appeal requirement</td>
<td>132 985</td>
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<tr>
<td>2.1 Countries prepared for health emergencies</td>
<td>1 511</td>
</tr>
<tr>
<td>2.2 Epidemics and pandemics prevented</td>
<td>250</td>
</tr>
<tr>
<td>2.3 Health emergencies rapidly detected and responded to</td>
<td>4 308</td>
</tr>
<tr>
<td>Billion 2 - Base programme requirement</td>
<td>6 069</td>
</tr>
<tr>
<td>Total</td>
<td>139 054</td>
</tr>
</tbody>
</table>
The Democratic Republic of the Congo is facing a protracted crisis characterized by ongoing armed conflicts, inter-communal violence, health emergencies and natural disasters. The situation has resulted in the repeated displacement of approximately 6.9 million internally displaced persons, who have been exposed to life-threatening conditions in 2023. The turmoil in eastern Democratic Republic of the Congo which has persisted for almost three decades, has worsened and spread to other areas. Consequently, the humanitarian situation in large parts of the country has deteriorated, necessitating an immediate scale-up of the response to address the increasing needs and reported gaps in the acute response. Additionally, the Democratic Republic of the Congo is grappling with various epidemics, including cholera, measles, mpox, COVID-19, vaccine-derived poliovirus, and the high risk of Ebola virus disease. These crises have created an unbearable situation for the health and well-being of the population, with food insecurity, malnutrition, and attacks on healthcare exacerbating the challenges.

In response to the situation, the United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief authorized a United Nations system-wide scale-up in three provinces on 16 June 2023: Ituri, North Kivu, and South Kivu. Moreover, WHO initiated a corporate-wide grade 3 scale-up on 21 June 2023 in Tshopo, Kasai, and Mai-Ndombe, where the deteriorating health and humanitarian situation poses challenges for the provision of effective life-saving assistance. Despite this scale-up, we can still see several gaps that need to be filled urgently, but for which resources remain extremely limited. As a result, the humanitarian response has been extended by three months to December 16, 2023.

The WHO Country Office in Democratic Republic of the Congo continues to provide emergency health services and strengthen health systems in the provinces. Approaches adapted to each province are designed and implemented to ensure a tailored response to specific provincial needs and gaps, and effective improvements in health service delivery. In addition, the country office continues to meet current needs and stands ready to respond vigorously to any health and/or humanitarian emergencies across the country.

1 Data provided for People in need and People targeted is taken from the Global Humanitarian Overview 2024, these figures may be subject to change as part of the HRP process throughout the year.
WHO’S STRATEGIC OBJECTIVES

- Provide medical assistance to the most vulnerable populations, especially in emergency situations.
- Improve prevention, preparedness, detection and response to epidemics and pandemics.
- Strengthen health systems to make them more capable and resilient in delivering essential healthcare.
- Strengthen interventions in the field of gender-based violence (GBV) including sexual exploitation, abuse and harassment (PSEA).

WHO 2024 RESPONSE STRATEGY

WHO’s response strategy in Democratic Republic of the Congo will be based on three main points, with a view to support the country to prepare for health emergencies, prevent epidemics/pandemics and strengthen its rapid detection and response capacities.

- Technical leadership and assistance ensured in the health response through direct implementation and capacity-building to government and health actors in WHO’s expertise areas.
- Advocacy for interventions in areas not covered by other health actors to ensure lifesaving actions reach the most vulnerable people in targeted provinces, and engaging in direct interventions when WHO has added value and a comparative advantage as a last resort.
- Sector coordination among humanitarian partners and with health authorities, and management of health information compilation from various sources (NGOs, State, UNHCR for refugees, and MoH for target populations) as well as surveillance data for effective response and early warning.
KEY ACTIVITIES FOR 2024

- Strengthen surveillance, including case investigation, at all levels
- Train provincial health zone actors on the 3rd Edition of the Integrated Disease Surveillance and Response (IDSR) and build capacity in disease surveillance data analysis and the use of statistical and spatial mapping tools
- Train healthcare professionals to analyze and assess the risks of public health events
- Implement electronic surveillance through the WHO’s Early Warning, Alert and Response System to facilitate timely reporting of immediate and/or weekly notifications of priority diseases under surveillance
- Enhance risk communication and community engagement
- Strengthen infection prevention and control and emergency water, sanitation, and hygiene (WASH) in the health districts and the community
- Strengthen diagnostic and laboratory capabilities
- Preposition the necessary logistics, supplies, goods, materials, medical kits and equipment for operations, in particular the deployment of rapid response teams within 48 hours of an alert or emergency
- Strengthen the coordination of health partners at central and decentralized levels
- Provide basic healthcare services, including mental health services, to displaced persons, returnees and those affected by natural disasters or armed conflict, through mobile healthcare services and fixed services in health facilities
- Strengthen the prevention and response to PSEA

Rebecca, 37, receives medicine for her one-year-old child from a health worker at the transit health centre, set up by WHO and partners to meet urgent health needs in Bulengo camp, the Democratic Republic of the Congo.

Photo: WHO / Guershom Ndebo
Five years ago, Beni resident Mwamini Kavugho beat Ebola disease after being treated at the Ebola Treatment Centre, much to the relief of her family and community.

A nurse at a health facility in Beni for a decade, this unsung heroine is one of a thousand other survivors who are now trying to overcome psychosocial distress, in addition to the difficulty of finding work or sources of income.

The multidisciplinary follow-up programme for former Ebola patients was set up by the Ministry of Public Health, Hygiene and Prevention with the support of WHO and UNICEF. It is an essential lifeline to follow survivors for 18 months, providing them with monthly health care, advice and coordinated support through specialized clinics, including clinical, biological and psychological aspects. “These are things that are part of being human, even if people look at you differently and believe that you are still carrying the virus”, Mwamini said.

“But these brave Ebola victors have witnessed many depressions, anxiety and post-traumatic stress disorder over the past few years, the psychological impact of which was not always easy to grasp. They still need a lot of care, a lot of psychological support,” said Dr. Jérémie Katsavara, medical director of the Beni General Referral Hospital.

Katsavara explained that what has been of great help to the region is this program to track the winners of the Ebola virus, which has received financial support from China. It was essential for this community, in terms of the psychological support they needed to highlight their energy and their willingness to continue fighting.

FOR MORE INFORMATION

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Mme Halima-Maliga Djibo | External relations and partnerships officer | WHO Country Office for Democratic Republic of the Congo | email: djiboh@who.int

Dr Saidi Bilungi, Namufakage Guy | Planning, Reporting officer | WHO Country Office for Democratic Republic of the Congo | email: saidin@who.int
## 2024 FUNDING REQUIREMENTS

### Emergency Appeal Requirement

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo Humanitarian Crisis</th>
<th>US$ '000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Democratic Republic of the Congo</td>
</tr>
<tr>
<td>Funding requirement by response pillar</td>
<td>US$ '000</td>
</tr>
<tr>
<td>P1. Leadership, coordination, planning, and monitoring</td>
<td>2 215</td>
</tr>
<tr>
<td>P2. Risk communication and community engagement</td>
<td>1 031</td>
</tr>
<tr>
<td>P3. Surveillance, case investigation and contact tracing</td>
<td>3 181</td>
</tr>
<tr>
<td>P4. Travel, trade and points of entry</td>
<td>44</td>
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<tr>
<td>P5. Diagnostics and testing</td>
<td>903</td>
</tr>
<tr>
<td>P6. Infection prevention and control</td>
<td>1 932</td>
</tr>
<tr>
<td>P7. Case management and therapeutics</td>
<td>715</td>
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<td>P8. Operational support and logistics</td>
<td>3 886</td>
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<tr>
<td>P9. Essential health systems and services</td>
<td>4 960</td>
</tr>
<tr>
<td>P10. Vaccination</td>
<td>1 697</td>
</tr>
<tr>
<td>P11. Research, innovation and evidence</td>
<td>888</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21 450</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Democratic Republic of the Congo - Country office requirement</th>
<th>US$ '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo Humanitarian Crisis</td>
<td>21 450</td>
</tr>
<tr>
<td>COVID-19</td>
<td>404</td>
</tr>
<tr>
<td>Multi-Region Cholera</td>
<td>351</td>
</tr>
<tr>
<td>Other graded emergencies and ongoing operations</td>
<td>6 110</td>
</tr>
<tr>
<td><strong>Emergency appeal requirement</strong></td>
<td>28 315</td>
</tr>
<tr>
<td>2.1 Countries prepared for health emergencies</td>
<td>2 826</td>
</tr>
<tr>
<td>2.2 Epidemics and pandemics prevented</td>
<td>8 598</td>
</tr>
<tr>
<td>2.3 Health emergencies rapidly detected and responded to</td>
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<tr>
<td><strong>Billion 2 - Base programme requirement</strong></td>
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</tr>
<tr>
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The greater Horn of Africa (GHoA) is among the world’s most vulnerable geographical areas to climate change and climate shocks. The region continues to experience one of the worst food insecurity situations in decades, which is exacerbated by conflict and the impact of recurring climate patterns such as El Niño. The level of acute food insecurity in the region has increased by 25%, rising from 38 million people affected to 47.4 million since the declaration of the emergency in mid-2022. Sudan and South Sudan are among the areas of highest concern but needs across the wider GHoA region will persist in 2024. Urgent and scaled-up assistance is required to avert a further deterioration of acute food insecurity and malnutrition. Over the coming months, extreme weather events including droughts, floods, hurricanes, and heatwaves are expected to cause a negative impact on human health. In addition, the region experiences displacement, which both drives and causes food insecurity. The Sudan crisis triggered additional displacement, with more than 4.9 million displacements tracked in the region.

Malnutrition represents the key concern, with approximately 11.5 million children under 5 years old expected to require nutritional assistance in 2023-2024 across the GHoA region. Among those children, 2.7 million are estimated to be severely malnourished and in need of therapeutic care. Malnutrition increases both the likelihood of falling sick and the severity of disease, and sick people become more easily malnourished. In areas affected by food insecurity, outbreaks of communicable diseases are a major public health concern, particularly against a backdrop of low immunization rates, insufficient health service coverage and the devastating combination of malnutrition and disease.

The number of reported disease outbreaks and climate-related health emergencies in GHoA has now reached its highest level this century. Extreme weather events, massive displacement, food insecurity and malnutrition, limited access to health care and low immunization rates all contribute to an increasing risk of disease outbreak. El Niño is expected to further increase the risk of vector and water borne diseases and the overall disease outbreak load in the region. In much of East Africa, El Niño is associated with higher-than-normal rainfall and an increased risk of flooding. There is a particularly high chance for above-normal rainfall in southern Ethiopia, northern Kenya, Somalia and parts of Uganda. South Sudan, although not directly affected by El Niño-related increases in rainfall, is also particularly vulnerable to flooding caused by abundant rainfall in the Lake Victoria Basin. The heightened risk of downstream river overflows may lead to a fifth consecutive year of exceptionally widespread floods and an expansion of permanently flooded areas.

Additionally, the GHoA will face an increased risk of certain climate-sensitive diseases. East Africa is already facing one of the worst and longest-lasting cholera outbreaks in years, which is likely to be prolonged and exacerbated by heavy rainfall and flooding, which may increase water contamination. Flooding may also provide ideal conditions for mosquito multiplication and the emergence and/or exacerbation of Rift Valley fever (RVF) and malaria in late 2023.

1. IOM, monthly displacement overview (Nov 2023), DTM Sudan Monthly Displacement Overview (02) | Displacement Tracking Matrix (iom.int)

Funding requirement

US$ 64 651 000
WHO assigned the highest activation level (Grade 3) to the regional crisis and rolled out the Food Insecurity and Health Strategic Framework in line with five strategic objectives. It serves as a strategic basis for GHoA countries to enable a well-coordinated response which can be measured in its effectiveness across the seven GHoA countries:

- **Surveillance and information**: Increase the collection and use of timely and accurate health and nutrition data for early warning and identification of vulnerabilities and needs, as well as to improve the capacities and functionalities of health care, including barriers to access, to guide integrated planning, response, monitoring and evaluation of interventions.

- **Outbreak prevention and control**: Strengthen prevention of and response to outbreaks and other health emergencies to minimize their impact and save lives.

- **Essential nutrition actions**: Increase essential nutrition actions to reinforce prevention, detection, referral and management of malnutrition.

- **Essential health service actions**: Expand access to, coverage and quality of a basic package of health services adapted to the increased health needs and risks of populations affected by both the ongoing drought and by increasing levels of food insecurity, hunger and malnutrition.

- **Coordination and collaboration**: Boost coordination and collaboration at regional, national and sub-national level for better alignment, complementarity, and synergy of strategies.
KEY ACTIVITIES FOR 2024

In line with the response strategy and strategic objectives, WHO will advance the following actions in 2024:

- Replenish and preposition emergency health and nutrition supplies, as well as supplies to prevent and treat identified epidemic prone diseases, such as cholera kits
- Train community and facility-based health workers on professional case management and screening of malnutrition and illnesses, so that those in need of treatment, particularly children, can be identified and referred to a health facility in a timely manner
- Improve the capacity of health staff to provide in-patient management of children suffering from severe acute malnutrition with medical complications
- Strengthen disease surveillance, early warning and outbreak response measures with the coordination and support of health partners
- Improve access to safe water and sanitation services at health facility level
- Boost routine immunization and reactive vaccination coverages for prevention and timely control of vaccine preventable disease
- Promote risk communication and community engagement) on health and hygiene promotion during flooding, drought, etc
- Foster national and subnational coordination and collaboration among partners and sectors and encourage cross border collaboration
- Strengthen advocacy and partnerships around health risks deriving from climate change and food insecurity

Amna receives care at the Cholera Treatment Centre in Gadarif. It is her third day at the Centre and she is recovering well.

Photo: WHO/Ala Kheir
In 2023, Djibouti experienced and responded to multiple emergencies, with high levels of food insecurity and malnutrition mutually reinforced by outbreaks of diseases including measles, polio, and malaria. The drought has been a recurrent natural disaster in Djibouti, and over time has slowly eroded the coping capacities of its most vulnerable rural populations. However, the recent drought is unprecedented: families are being forced to leave their homes in search of food, water and pasture, and the number of children admitted to health posts and receiving treatment for severe and acute malnutrition (SAM) has increased by 26% (UNICEF, July 2022). Over 3 700 children experiencing SAM were admitted to nutrition programs between January and August 2023 – a 14% increase on figures for the same period in 2022. Further, Djibouti is a ‘hunger hotspot’, having faced a significant deterioration in the hunger situation in Q4 of 2023 and Q1 of 2024.

In 2023, WHO in Djibouti advanced its leading role in outbreak prevention control through additional and dedicated staff capacity. WHO and UNICEF supported the Ministry of Health in increasing vaccination coverage via riposte and routine immunization to 97%. WHO trained 41 health workers (doctors from emergency and paediatric hospitals) and identified nutrition focal points. The trainings put emphasis on the management of SAM with medical complications and enabled key health staff to assist children suffering from SAM in a better and more timely manner.
**GREATER HORN OF AFRICA – CONSOLIDATED APPEAL**

**ETHIOPIA**

- **Estimated total population (World Bank)** – 123 million
- **Acutely food insecure population – high level (IPC3+)** – 20.1 million
- **Refugees (UNHCR)** – 943,000
- **Internally displaced population (UNHCR)** – 3.25 million
- **Ongoing outbreaks (WHO)** – Measles, cholera, malaria and dengue

Delayed and sub-optimal rains for the past five seasons have caused one of the worst droughts in Ethiopia in recent history. This has severely impacted at least 20 million people residing in the drought-affected regions of Somali, Oromia, Afar, Sidama, and South and Central Ethiopia. The severe water shortages and loss of livestock have resulted in several thousand people migrating in search of essential resources, such as water, food, health, and nutrition services. This dire situation has led to a significant deterioration in food security, the disruption of crucial health services, including routine immunization services, and an increase in acute malnutrition and disease outbreaks, such as cholera, measles, malaria, meningitis, and diarrhoeal diseases. A joint report published by the Food and Agriculture Organization and the World Food Programme in November 2023 suggests that the food situation in Ethiopia is of great concern, with a high number of people facing or projected to face critical levels of acute food insecurity, worsened by factors that are expected to further drive and intensify life-threatening conditions in the coming months.

In addition to severe drought, conflict represents an additional driver of food insecurity and malnutrition in Ethiopia. Despite a noticeable improvement in the accessibility situation for humanitarian and development interventions after the signing of the Cessation of Hostilities Agreement (CoHA) in November 2022, increasing violence in Amhara has affected access in southern Tigray, with further challenges to access still affecting western Tigray. In addition, the conflict in Tigray has had a dire impact on the health and well-being of its inhabitants. The damaging and looting of health facilities coupled with the lack of access to basic healthcare and medical resources have resulted in a surge of preventable diseases, such as malaria and measles, which pose a significant threat to public health.

Malnutrition has also emerged as a major concern, as many people face displacement and are unable to access food. In addition, meteorological forecasts suggest a very high likelihood of above average rains between October and December 23, which are typically associated with El Niño. Though abundant October–December rains will boost recovery from the exceptionally prolonged, widespread and intense drought between 2020 and early 2023 in pastoral areas of southern Ethiopia, livestock losses can be expected in flood-affected areas due to drownings and rising levels of livestock diseases, while a full recovery from the massive livelihood losses caused by the drought will necessitate several solid rainy seasons. The high risk of flooding across the Horn of Africa also increases the likelihood of further population displacement, localized increases in food insecurity and a further outbreak of diseases (including cholera) and related surges in acute malnutrition.

Last year, WHO in Ethiopia achieved progress on numerous essential nutrition actions. WHO reported more than 70,000 SAM cases, which were admitted and treated in stabilization centres during the period. Of almost 470,000 children experiencing SAM who were admitted to therapeutic feeding programmes between January and August 2023, 88% were discharged as cured, 2.4% defaulted, and a death rate of 0.3% was reported (as of July 2023). Nutritional screening, Vitamin A supplementation and deworming were integrated during the January 2023 preventive measles campaign and a total of 1.2 million children aged 6-59 months were supplemented with Vitamin A. In addition, 810,156 children aged 24-59 months were dewormed during the SIA (supplemental immunization activities) measles campaign in Somali region. A total of 1786 health workers were also trained on several components of nutrition.
Kenya is bracing to recover from a protracted drought that has affected the health of millions of people mainly in the north and north-eastern arid and semi-arid regions. However, high rates of severe acute malnutrition continue to impact on the health status of children and women in these regions amid an increase in disease outbreaks. Despite some relief during the March-May rainy season, projections are of El Niño causing wet and dry conditions in the eastern and western parts of the country respectively. Large parts of the country now experience severe flooding, with implications for outbreaks of water-borne diseases, including cholera, as well as vector-borne diseases including malaria, chikungunya and Rift Valley fever. In addition, Kenya has also been affected by outbreaks of cholera and measles, a neglected tropical disease (Leishmaniasis) as well as a zoonotic disease (anthrax). The disease burden further contributes to either nutrition losses or increased nutrient needs, resulting in malnutrition. A high child disease burden was observed, especially in areas with global acute malnutrition (GAM) classified in IPC Acute Malnutrition Phase 4 and 5, as well as a high diarrhoea prevalence in Garissa and Laïsmas.

In the months to come, WHO, as the lead health sector agency, will work with the UN systems and other health sector partners to support the Ministry of Health (MoH) structures with scaling up prioritized interventions. Key interventions will include the early identification, investigation, and interruption of disease outbreaks and acute malnutrition cases, the management and timely referral of complicated cases for treatment, and service delivery focusing on Enhanced Outreach Services (EOS) to take life-saving services closer to communities worst affected by drought/flooding with an integrated package of interventions (e.g. immunization, treatment of pneumonia and diarrhoea).

A range of maternal and newborn health services will be delivered through partnership with the United Nations Population Fund (UNFPA) in line with emergency obstetric and newborn care (EmONC) protocols. Under the WHO/MOH stewardship, the health sector will prioritize building the capacity of the health workforce on early warning protocols, ensuring a timely response to disease outbreaks and managing SAM in health centers, including through service delivery, community participation in response, assessments and information management.

As one of its major achievements, WHO reported a cure rate of 89.2% for children experiencing SAM, with more than 213,800 under-fives admitted between January 2022 and September 2023. Of those, more than 103,400 children experiencing SAM were admitted between January 2023 and September 2023 – more than a 38% increase in SAM admissions compared to the same period in 2022. The cumulative outcome indicator for SAM children admitted to the therapeutic feeding program for January to August 2023 showed a cure rate of 89.2% a defaulter rate of 9.6%, and a death rate of 1.1%. Also, mass screening for the early detection of and referral for treatment of acute malnutrition among children and pregnant and lactating women (PLW) was conducted in remote locations in Garissa County, ensuring that most vulnerable communities were reached.
Somalia continues to face a serious climate crisis ranging from extreme droughts to extreme floods. This has led to a sharp increase in the number of people requiring urgent health, nutrition and humanitarian support. Climatic shocks cause a dangerous upsurge in outbreaks of diseases including cholera and other waterborne/communicable diseases. There have been 14 191 cases of suspected cholera and 38 deaths (representing a case fatality rate of 0.3%) reported from 29 drought-affected districts by mid-October.

An estimated 4.3 million people (25% of the country’s population) will experience high levels of acute food insecurity (IPC Phase 3+), which represents a 16% increase in the population facing a high level of acute food insecurity compared to August to September 2023. Of this population, more than 1 million will be in Emergency (IPC Phase 4) between October and December 2023. The increase is due to a combination of factors, including the adverse impacts of El-Nino related heavy rains and flooding and anticipated decline in the level of humanitarian assistance in the coming months because of funding constraints.

In 2023, WHO in Somalia collaborated with various partners and agencies, including UNICEF and UNFPA, to yield more impact, scale and value for money in the response. As one of the main achievements in 2023, WHO sustained the operational capacity of 61 stabilization centres across the target districts affected by the drought. Nearly 21 200 (4.6% of total) children experiencing SAM were admitted into the stabilization programme due to medical complications and other indications between January to September 2023. From the total number of children admitted to the therapeutic feeding program, 96.7% were discharged cured and 2% defaulted, resulting in a death rate of 0.1% - all of which are within acceptable standards. In addition, WHO strengthened the network of community health workers (CHWs) to increase screening and referral capacities at the community level. These CHWs conducted 2 232 902 household visits (including repeat visits) and screened 378 882 children, which supported the identification of 46 493 children with moderate acute malnutrition and 25 868 children with severe acute malnutrition, and referred these children to health and nutrition facilities.
South Sudan continues to face multiple concurrent crises, including high levels of food insecurity, fragile health systems, inter-communal violence, conflict, weather extremes and disease outbreaks like Hepatitis E and measles. Health service and nutrition delivery relies heavily on humanitarian and external funding.

The food insecurity situation is expected to deteriorate in the coming months because of El Niño, which is likely to cause drier-than-usual conditions in the south-western parts of the country. Nonetheless, the number of people facing high levels of acute food insecurity has continued to rise, from 7.24 million (equivalent to 60% of the population) in 2021 to 7.7 million in 2022 and 7.8 million during the lean season in 2023 (April-July). South Sudan continues to be in a state of nutrition emergency, with some states experiencing a global acute malnutrition rate above the WHO classification of 15% (as indicated in the last Food Security and Nutrition Monitoring System report). The main drivers for acute food insecurity include climate shocks (e.g. flooding and dry spells), economic crisis, conflict and insecurity as well as low food production. A critical nutrition situation exists in Central Equatorial, Jonglei and Unity and other states in Greater Bahr El Gazal. Access to health services is a major challenge, particularly amongst displaced populations and refugees in Upper Nile. Even in settlements with access to a health facility, functionality and quality of care remain a challenge. Utilization of health services continues to fall below the minimum threshold amongst the general population. In 2024, one of WHO’s main objectives in South Sudan is to continue its work on provision of health services and quality of care, notably in hard-to-reach areas.

Key results in 2023 include reactive vaccination campaigns conducted in 12 counties, targeting children aged 6 months to 14 years. A total of 578,966 children received measles vaccines, representing 87% coverage. Nearly 232,700 children with SAM were admitted to the nutrition program between January and September 2023, resulting in a cured rate of 95.7% were cured, a non-respondent rate of 1.4%, a defaulter rate of 0.4% and a death rate of 1.9%. WHO in South Sudan provided 332 PEDs/SAM kits, facilitating the treatment of 16,100 children suffering from SAM with medical complications. In addition, WHO trained 1742 health care workers on emergency preparedness and response, enhancing the country’s self-sufficiency in managing future health crises. The trainings covered the professional management of severe acute malnutrition with medical complications, epidemic intelligence, Integrated Disease Surveillance and Response 3rd edition, case management and simulation exercises.

Health workers measure three-year-old Awut at a transit site housing returnees and refugees from Sudan in Renk.

Photo: WHO
The ongoing conflict between the Sudanese Armed Forces and the Rapid Support Forces has driven acute shortages of food and other essential supplies, destroyed national malnutrition treatment stockpiles, and ultimately deteriorated an already dire nutrition situation. Conflict-induced displacement has further exacerbated vulnerabilities to malnutrition due to a lack of water, poor hygiene, and the resulting increased risk of infections and outbreaks.

According to the latest Integrated Food Security Phase Classification (IPC) analysis published in August 2023, 20.3 million people in Sudan – 42% of the population – experience high levels of acute food insecurity (IPC Phase 3+), with 6.3 million facing worse conditions in IPC Phase 4, Emergency. The impact of below-average rainfall on crop production and livestock, the ongoing conflict, soaring food prices, and economic decline are behind these record figures and threaten to make a further 15 million people food insecure (IPC Phase 3+) between October 2023 and February 2024, including 3.8 million people who are projected to experience emergency levels of food insecurity (IPC Phase 4). The people experiencing highest levels of food insecurity are in locations and states with active conflict, where more than half of the population experiences crisis levels or worse (IPC Phase 3+). This equates to 62% of the population in West Darfur, 56% in Khartoum and South Kordofan, and 53% in Central, East, and South Darfur, and West Kordofan States.

The country reports the highest rate of child malnutrition globally, with pregnant and breastfeeding women, as well as four million children under five years of age, experiencing acute malnourishment. This includes over 69,000 children who are severely malnourished and 106,524 children in need of inpatient management in stabilization centres.

WHO will help build capacity for malnutrition screening and referral systems at community and health facility level. The growth monitoring and nutrition surveillance system will be enhanced. WHO will ensure that relevant action can be provided in the prioritized health facilities to support treatment of SAM with medical complications, capacity-building of the nutrition workforce, procurement of SAM kits, and the provision of the printing materials and essential equipment for the stabilization centres. WHO will provide the required support for capacity-building of mental health and psychosocial workforce to provide the essential services. The mental health kits will be procured and distributed to the health facilities serving IDPs and vulnerable host communities.

As one of the main achievements in 2023, WHO in Sudan responded in a timely manner to the dengue fever outbreak in seven states by supporting vector control campaigns encompassing entomological surveys, larvae source reduction for aedes mosquitoes, and adult control campaigns as well as health promotion activities. More than 213,000 children with SAM were treated in the nutrition program between January and September 2023. WHO trained senior medical lab scientists to use Dengue duo rapid diagnostic tests safely and effectively and act as trainers for knowledge cascading.
Karamoja region, located in the northeast of Uganda, is one of the poorest regions in Uganda. It continues to have the highest levels of food insecurity and malnutrition in the country, due to inadequate food access, extreme weather events such as prolonged drought, pest infestation, poor feeding practices, structural poverty, and poor hygiene and sanitation. Malaria and diarrhoea cases remain high in the region, which places a high disease burden on children and leads to malnutrition. Across Karamoja and the surrounding districts, the quality of care for children with severe acute malnutrition (SAM) remains below WHO’s recommended standards. Despite current support from WHO, the coverage and quality of care from SAM treatment remains a key priority and will be further strengthened in 2024 by WHO. Karamoja faces additional public health risks resulting from a very poor levels of WASH, with per capita water availability at 21% and latrine use at 30%, in turn increasing the risk of diarrhoeal diseases like cholera. The country is at a high risk of floods & landslides due to increased rainfall associated with El Niño, which will further worsen the risks of food insecurity and disease outbreaks.

As one of the major results in 2023, WHO supported the training of 153 health workers from Karamoja and neighbouring drought-affected districts on Integrated Management of Acute Malnutrition to improve treatment outcomes for acute malnutrition cases. Regional mentors from the Ministry of Health were also deployed to the districts to assist on the management of SAM cases with medical complications at the high-volume inpatient therapeutic care) in Kaabong, Kotido, Moroto, Nabilatuk and Napak Districts. In addition, 52 health workers and 15 village health teams were trained. Following this support, there was a reduction in the death rate in the inpatient therapeutic care, which dropped from 8.4% between October and December 2022 to 4.2% between April and June 2023. Of the children experiencing SAM who were admitted to the stabilization centres due to medical complications, 93.1% of them were cured, 2.3% defaulted and there was a death rate of 4.1%. This indicated a very good treatment success rate between January and August 2023.
ACHIEVEMENTS IN 2023

DELIVERING MEDICAL AID TO THOSE IN NEED IN HARD-TO-REACH AREAS OF SOUTH SUDAN

Healthcare workers in South Sudan face immense challenges in providing healthcare services to people living in hard-to-reach areas. Gabriel Chuang, a WHO staff member, and his colleagues embarked on a gruelling 20-hour walk through challenging terrain to investigate a disease outbreak in the remote village of Dajo, located in Upper Nile State near the border with Ethiopia.

Despite having no access to clean water or shelter, Chuang and his team endured an arduous journey through unforgiving terrain, driven by their unwavering commitment to healthcare. “We set off on this strenuous journey, walking day and night, equipped with little more than what we could carry on our heads,” Chuang recalled, reflecting on what he described as the most challenging experience of his life.

“People like Chuang are our heroes. His story highlights the dire situation in which many healthcare workers operate in remote areas as they ensure health services are provided to the people in need, said Dr Fabian Ndanzako, WHO Representative in South Sudan. “We thank and celebrate Mr Chuang, WHO teams across the country, and all the health workers for their unflinching dedication to providing health services to those most in need.”

WHO supported the National Ministry of Health by deploying a multidisciplinary team comprising clinicians, nurses, and public health officers to investigate a suspected viral hemorrhagic fever (VHF) outbreak in Longochuk County and provide much-needed medical services to the affected population. The team collected samples from patients and delivered 42 essential health emergency kits. The kits included malaria rapid diagnostic test kits, Inter-Agency Emergency Health kits, sample collection and transportation kits, cholera investigation and treatment kits, and pneumonia kits, and will be able to treat 10 000 people over three months.

FOR MORE INFORMATION

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### 2024 FUNDING REQUIREMENTS

The Cholera Treatment Centre (CTC) in Gadarif admits an average of 46 cases per day. The CTC also includes a laboratory and a pharmacy. 

**Photo: WHO/Ala Kheir**

#### Greater Horn of Africa Drought and Food Insecurity

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<th>Funding requirement by response pillar and by country</th>
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<th>Kenya</th>
<th>Somalia</th>
<th>Sudan</th>
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**WHO’s Health Emergency Appeal 2024**
Haiti’s complex and prolonged humanitarian crisis has significantly worsened in 2023, primarily due to the escalating insecurity tied to the expansion of gang-controlled territory surrounding the capital city. The level of violence severely intensified and expanded geographically in the second quarter of 2023. This situation is also impacting the response capacity of already deteriorated local health systems, further reducing access to essential health services for the Haitian population.

The ongoing conflict and surge in kidnappings affect the entire country, particularly the Ouest and Artibonite departments. Artibonite accounts for a staggering 48% of all kidnappings in the nation, with kidnappers often targeting public transportation, resulting in the simultaneous abduction of multiple individuals for ransom. There is also a distressing surge in cases of gender-based violence (GBV) throughout the country, with particularly alarming increases in the Ouest, Artibonite, and Nord departments, based on data from the United Nations Population Fund (UNFPA).

Haitians already faced limited access to healthcare due to inadequate resources and infrastructure, and the situation has worsened due to the rise in violence linked to gang activities. The Haitian Ministry of Public Health and Population (MSPP) reported that 21% of communal sections lack healthcare facilities and nearly half (48%) of the approximately 50 hospitals in the Port-au-Prince Metropolitan Area (PAPMA) are in areas under gang control or influence. This places both medical staff and patients at great risk, leading many health facilities to close due to safety concerns.

Incidents targeting patients, medical staff and health facilities have increased exponentially, with the MSPP reporting 39 cases of doctor kidnappings in the first half of 2023, including high-level staff from the Ministry. Both public and private operational health facilities struggle to remain open due to the departure of qualified staff and the rising operational costs linked to increased prices of fuel and essential supplies. In the Bas Artibonite region, the security situation has significantly reduced health facility operations, and health workers in the Ouest and Artibonite departments express growing concerns over deteriorating working conditions. The lack of healthcare access, combined with rising violence, exacerbates the humanitarian crisis in Haiti, particularly improving vulnerable populations.

The intensification of gang attacks on neighbourhoods around the capital has led to the displacement of tens of thousands of people. According to the International Organization for Migration (IOM), there were almost 200,000 internally displaced persons (IDPs) in the Ouest, Centre and Artibonite departments as of November 2023, distributed in about 100 formal and informal camp sites. The majority of IDPs were identified in the West Department, most of which are in the Metropolitan Area of Port-au-Prince. This situation has prompted increased health sector interventions in 26 IDP sites covering over 24,000 IDPs, including enhanced surveillance, the provision of basic health services, and the referral of patients found in IDP sites to health facilities. Despite significant needs to expand health interventions, they remain limited to 23 camps, due to a lack of partners and resources.
WHO’S STRATEGIC OBJECTIVES

- Enhance local and national surveillance, early detection and rapid response capacity for disease outbreaks, including in IDP sites, to reduce morbidity and mortality related to epidemic-prone threats
- Scale up the capacity of the Haitian health system to provide continued access to, and delivery of, essential health services to population groups in situations of vulnerability, including pregnant women and survivors of gender-based violence in the exacerbated humanitarian crisis caused by gang violence

WHO 2024 RESPONSE STRATEGY

WHO’s response focuses on addressing the urgent health needs of the Haitian population affected by the country’s ongoing humanitarian crisis. The primary objective is to support Haitian health authorities in combating the cholera epidemic, while also enhancing the capacities of the health system and partners to swiftly identify and respond to any emerging public health threats in a deteriorated humanitarian context.

WHO’s overarching goal is to save lives, reduce preventable mortality and morbidity, and limit the transmission of epidemic-prone diseases, including cholera. To do so, WHO will continue to support and strengthen the operational capacity of reference hospitals and primary healthcare facilities, primarily those in “green zones” and “yellow zones”. This aims to ensure the continued delivery of essential healthcare services to local populations, particularly to those severely affected by gang violence and with a special focus on the most vulnerable individuals. WHO’s immediate response priorities include:

- **Scaling up response capacities for cholera and other epidemic-prone diseases:** WHO will prioritize the reinforcement of the MSPP’s response capabilities in collaboration with the limited number of health partners with operational capacity in Haiti. This entails bolstering epidemiological and laboratory surveillance for cholera and other epidemic-prone diseases, enhancing cholera case management, and implementing effective risk communication and community engagement strategies to promote preventative and protective actions. This comprehensive approach will extend to IDP sites, ensuring appropriate protection mechanisms and delivery of health interventions in situations of extreme vulnerability.

- **Enhancing pre-emergency and emergency services:** To address the intensifying acute health needs, WHO will increase its technical, operational, and logistical support to local health networks, primarily health facilities located in or around areas under the influence of gangs. Particular focus will be placed on maternity wards in facilities located in border departments, which are currently overwhelmed following the closure of the border with the Dominican Republic. WHO will prioritize further capacity-building of health personnel in emergency care delivery and procurement of essential medicines, medical supplies and equipment, fuel, generators and other logistical items to support trauma care for individuals wounded by gang violence. Another pivotal part of WHO’s response strategy targets the extended delivery of essential health services through mobile clinics to individuals displaced to temporary sites. These services will encompass the identification and referral of critical conditions including GBV cases and persons in need of mental health support. In that context, the expansion of surveillance activities within these sites will be paramount to ensure the timely detection and management of public health concerns.

Cholera test kits arrive for use in the community. Photo: PAHO / WHO
KEY ACTIVITIES FOR 2024

- Support and expand laboratory and epidemiological surveillance capacities for cholera and other epidemic-prone diseases, including in IDP camps
- Monitor and evaluate the quality of case management, water, sanitation and hygiene (WASH), and infection prevention and control (IPC) measures in Cholera Treatment Centers (CTCs)
- Improve the clinical management of cholera cases in CTCs through capacity-building, small repairs and the provision of medical and WASH supplies
- Enhance community-based surveillance and sensitization through the Community Health Workers (CHWs) network
- Scale up healthcare access and delivery capacity in primary health services
- Provide medicines and supplies for hospitals in areas under gang influence or control, including maternity wards
- Provide mobile clinics in IDP sites, including for supporting GBV and mental health cases
- Support emergency rooms and operating theaters for the continuation of activities, such as the provision of medical supplies and equipment
- Support the National Ambulance Center with the provision of medical supplies and logistical means to ensure the transportation of patients
- Support hospitals around the drafting of a mass casualty plan
- Build capacity of medical staff on emergency case management
- Sustain the operational capacity of hospitals strained due to the current situation, such as providing access to electricity, fuel, waste management, etc
Integrated into their communities, Community Health Workers (CHWs) like Esterline Dumezil in Cite Soleil are the backbone of the community health response. “The people in my commune regularly talk to me about their health problems, but also about their economic and social problems,” she explains. Following an extensive training, Esterline was deployed to the field along with 300 other colleagues, aiming to go door-to-door and educate the community on the symptoms and risks of cholera, as well as good hygiene, water and sanitation practices.

CHWs also carry out surveillance work, record and report suspected cases and deaths in the community and refer patients to nearby cholera treatment centers. This day-to-day work allows the ministry to detect cholera as easily as possible in order to respond quickly to those in need of care and help prevent the spread.

“We are still on the ground, despite the difficult situation in the country. As CHWs, we are not idle, and we are trained to help the most vulnerable. It’s a duty, and it’s a source of pride for us,” concludes Esterline.

Thanks to the financial support of donors who support PAHO’s response in Haiti, more CHWs are currently being trained and mobilized in the fight against cholera in the Port-au-Prince metropolitan area. CHWs are an essential component of the Haitian health system to protect communities from health threats such as cholera, promote healthy behaviours, and facilitate access to health services.
2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

Haiti Emergency Appeal Funding requirements by pillar (US$’000)

<table>
<thead>
<tr>
<th>Funding requirement by response pillar</th>
<th>Haiti</th>
<th>Regional support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1. Leadership, coordination, planning, and monitoring</td>
<td>600</td>
<td>400</td>
<td>1 000</td>
</tr>
<tr>
<td>P2. Risk communication and community engagement</td>
<td>1 700</td>
<td>200</td>
<td>1 900</td>
</tr>
<tr>
<td>P3. Surveillance, case investigation and contact tracing</td>
<td>6 000</td>
<td></td>
<td>6 000</td>
</tr>
<tr>
<td>P4. Travel, trade and points of entry</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>P5. Diagnostics and testing</td>
<td>1 500</td>
<td>300</td>
<td>1 800</td>
</tr>
<tr>
<td>P6. Infection prevention and control</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>P7. Case management and therapeutics</td>
<td>5 300</td>
<td></td>
<td>5 300</td>
</tr>
<tr>
<td>P8. Operational support and logistics</td>
<td>2 800</td>
<td>700</td>
<td>3 500</td>
</tr>
<tr>
<td>P9. Essential health systems and services</td>
<td>2 750</td>
<td></td>
<td>2 750</td>
</tr>
<tr>
<td>P10. Vaccination</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>P11. Research, innovation and evidence</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>20 650</td>
<td>1 600</td>
<td>22 250</td>
</tr>
</tbody>
</table>

The table above presents WHO’s funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO’s 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO’s Programme Budget 2024-2025).

Haiti Emergency Appeal Funding requirements by emergency event (US$’000)

<table>
<thead>
<tr>
<th>Emergency Event</th>
<th>Country level operations</th>
<th>Regional level support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-Region Cholera</td>
<td>12 400</td>
<td>900</td>
<td>13 300</td>
</tr>
<tr>
<td>Haiti Humanitarian Crisis</td>
<td>8 250</td>
<td>700</td>
<td>8 950</td>
</tr>
<tr>
<td>Total</td>
<td>20 650</td>
<td>1 600</td>
<td>22 250</td>
</tr>
</tbody>
</table>
Ethiopia is facing one of the worst humanitarian crises in decades due to the prolonged and protracted effects of conflict and drought, which led to massive internal displacement, socioeconomic hardships, collapse of public services, disease outbreaks, and recurrent floods. As a result, nearly 20.1 million people will require humanitarian assistance across the country in 2024.

Food and nutrition insecurity is also at an all-time high due to drought, conflicts, and economic shocks. According to the Ethiopia Humanitarian Response Plan 2023, approximately 20 million people in the country require food assistance, with 17 million residing in 391 drought-affected districts across multiple regions. The drought-induced food insecurity poses multiple public health emergencies and threats. These include severe acute malnutrition, disease outbreaks like cholera, measles, malaria, visceral leishmaniasis and water-borne illnesses. Moreover, this crisis has resulted in internal displacements, gender-based violence, mental health, and psychosocial issues, and restricted healthcare access.

Besides drought, Ethiopia is dealing with the aftermath of the conflict in Northern Ethiopia. Despite the signing of the Cessation of Hostilities Agreement nearly a year ago, the situation remains critical. The conflict in Tigray had a dire impact on the health and well-being of its inhabitants. An assessment of 853 health facilities' functionality across seven zones and 93 woredas of the Tigray region found that 3.3% of all health facilities were fully damaged, while 86.1% were partially damaged. The damage and/or looting of health facilities coupled with the lack of access to basic healthcare and medical resources have resulted in a surge of preventable diseases, such as malaria and measles, which pose a significant threat to public health. The conflict, which lasted from November 2020 to November 2022, has created significant disruptions in transporting and delivering essential medications and resulted in 3.14 million internally displaced persons (IDPs) and around 1.9 million returnees across Ethiopia. In Tigray, more than 1 million people remain displaced, with an estimated 700,000 returning home since the end of the conflict.

There has been an increased influx of displaced populations and refugees in Amhara due to new armed conflict in the region and neighbouring Sudan, with over 65,000 crossings from Sudan to Ethiopia since April 2023 according to WHO situational reports on refugee influx. Ongoing armed conflict and the cholera outbreak in the Amhara region have seriously affected healthcare services. The inaccessibility to many districts due to insecurity makes it difficult to respond to the current cholera outbreak.

Currently, there are multiple outbreaks going on across the three regions, namely cholera, malaria, measles, and dengue fever. More than 8.3 million people are in need of health services across the three regions with greater than 2.6 million IDPs currently reliant on life-saving health services provided by WHO.

Significant scale-up of the provision of essential health services and resumption of disease programmes are needed to adequately address population health needs in Northern Ethiopia, including building up and strengthening of the humanitarian capacity to respond to multiple recurrent and protracted emergencies competing for financial, human and material resources.
WHO’S STRATEGIC OBJECTIVES

- Reduce preventable morbidity and mortality from acute public health concerns and the climate impact on health
- Strengthen outbreak prevention and response and enhance access to quality health and nutrition care services
- Respond to immediate, acute public health needs especially disease outbreaks prevention and response (cholera and measles), drought and famine impacts, and public health emergency needs in the prolonged and protracted humanitarian and health crises caused by conflict and drought in the Northern Ethiopian regions

WHO 2024 RESPONSE STRATEGY

The overall objective of the WHO response will be to reduce preventable morbidity and mortality from public health concerns, and to strengthen outbreak prevention and response and enhance access to quality health and nutrition care services. The response will also support the rehabilitation of health facilities to enhance recovery and access to essential health services.

WHO will prioritize increasing access to emergency and essential lifesaving services by enhancing recovery of health systems, through the rehabilitation of non-functional health facilities as well as increasing access for IDPs and hard to reach areas by operating mobile Health and Nutrition teams (MHNT).
KEY ACTIVITIES FOR 2024

- Strengthen disease outbreak surveillance, prevention, and response (cholera, malaria, Dengue Fever, HIV)
- Enhance access to quality emergency and essential life-saving health and nutrition care services
- Strengthen the health system and enhance recovery, including by strengthening the Regional Health Bureau leadership, governance, and management structure, re-establishing zonal health structures, health workforce recruitment and capacity-building for RHB, zones and health facilities, and improving access to health service delivery
- Support rapid health facilities functionality, including through rehabilitation and equipment
- Provide emergency and essential medical kits, supplies, and commodities to regions to timely respond to health-related needs in affected woredas
- Strengthen the health information management system to enhance analytics and informatics, especially timely needs identification, gap analysis, advocate gap filling, support prioritization, decision making, resource allocation and mobilization
A year after the first cholera cases in Ethiopia’s current outbreak were detected in August 2022, it has spread to 10 of the country’s 13 regions. More recently, however, owing to a government-led response supported by partners including the WHO, new cases have decreased significantly in two of the three worst affected regions – Somali and to some extent the Southern Nations, Nationalities and Peoples region. Somali region was able to successfully bring the outbreak under control.

Health champions are at the forefront of the response, serving as role models within their communities and leading by example in the implementation of good hygiene practices in their households. They participate actively in community discussions. To support the work of the health champions, WHO helps monitor water quality, provides supplies such as household water treatment tablets, coordinates supporting partners and works with health authorities to engage communities and encourage positive behavioural change.

These efforts help to guide families on hygiene and sanitation practices, how to treat water at a household level and raise awareness on health practices to prevent cholera.

Health extension workers and their supervisors identify influential community and family members and orient them on public health actions. The health champions then become agents of change within their families and their communities.

Health extension workers regularly visit the villages they oversee to help ensure sustainable and consistent improvement and implementation of preventative and control measures to address common public health problems, including cholera.

WHO and other partners have also been supporting public health workers to conduct community mobilization campaigns, including mass gatherings and door-to-door awareness-raising. The aim is to effect behavioural change regarding consumption of properly treated, safe drinking water and the implementation of good water, sanitation and hygiene practices at household level.

FOR MORE INFORMATION

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Dr Abok, Patrick | WHO Emergency, Preparedness and Response team lead | Ethiopia | abokp@who.int
2024 FUNDING REQUIREMENTS

The table above presents WHO’s funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO’s 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO’s Programme Budget 2024-2025).

### Northern Ethiopia Humanitarian Response - Funding requirement by response pillar

<table>
<thead>
<tr>
<th>Response Pillar</th>
<th>US$ '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1. Leadership, coordination, planning, and monitoring</td>
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<tr>
<td>P2. Risk communication and community engagement</td>
<td>570</td>
</tr>
<tr>
<td>P3. Surveillance, case investigation and contact tracing</td>
<td>1 600</td>
</tr>
<tr>
<td>P4. Travel, trade and points of entry</td>
<td>80</td>
</tr>
<tr>
<td>P5. Diagnostics and testing</td>
<td>2 000</td>
</tr>
<tr>
<td>P6. Infection prevention and control</td>
<td>4 000</td>
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<tr>
<td>P7. Case management and therapeutics</td>
<td>8 000</td>
</tr>
<tr>
<td>P8. Operational support and logistics</td>
<td>8 160</td>
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<td>P9. Essential health systems and services</td>
<td>3 565</td>
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<tr>
<td>P10. Vaccination</td>
<td>750</td>
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<td>P11. Research, innovation and evidence</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>30 000</strong></td>
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### Ethiopia - Country office requirement

<table>
<thead>
<tr>
<th>Requirement</th>
<th>US$ '000</th>
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<tr>
<td>Northern Ethiopia Humanitarian Response</td>
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<tr>
<td>Greater Horn of Africa Drought and Food Insecurity</td>
<td>12 766</td>
</tr>
<tr>
<td>Other graded emergencies and ongoing operations</td>
<td>9 752</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52 518</strong></td>
</tr>
</tbody>
</table>

WHO’s Health Emergency Appeal 2024
The escalation of hostilities in the Gaza Strip, beginning in October 2023, has created a humanitarian crisis resulting in increased deaths, mass displacement, and destruction of civilian infrastructure including the health system. In the West Bank and east Jerusalem, escalating Israeli settler and military violence and substantial mobility restrictions have resulted in increased deaths and reduced access to medical services. Socioeconomic conditions have severely worsened, and all determinants of health have been negatively affected. These escalations are occurring in the context of nearly 56 years of Israeli military occupation and 17 years of full blockade of the Gaza Strip. The outbreak of violence has significantly increased the population’s already substantial aid dependency and their reliance on coping strategies to address basic needs. The magnitude of the humanitarian need is enormous, yet severe operational constraints have limited the response to date. The current situation has the potential to escalate further, with the risk of a multi-front conflict following the exchange of hostilities in southern Lebanon and the Syrian Arab Republic, with the possibility of violence spreading to other countries in the region. Given the severe humanitarian and health impacts, an increased response to health needs is urgently needed.

In the Gaza Strip, large-scale fatalities and injuries have occurred, outpacing annual all-cause deaths (6061 deaths in 2022) within the first three weeks of hostilities. An estimated 60% of fatalities are among women and children. Insecurity, lack of supplies, and direct attacks on health care have meant that only 20% of Ministry of Health and UNRWA primary health centers are functional and only 38% of hospitals are partially functional. Continued airstrikes and ongoing siege prevent entry and distribution of essential supplies, including water, food, fuel, medications and other health supplies at scale. As of 4 January 2024, there has been a forcible mass displacement of 1.9 million people (85% of the population of the Gaza Strip), including 1.6 million people taking shelter in United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) facilities. Each UNRWA shelter is now housing four to 10 times as many internally displaced persons (IDPs) as intended with inadequate clean water and sanitation, increasing the spread of communicable diseases. There has been only minimal evacuation of the injured and ill, and only a few humanitarian workers are able to enter or exit. On 5 November 2023, the leaders of 18 UN agencies and humanitarian non-governmental organizations (NGOs) issued a joint statement expressing “shock and horror” at the mounting civilian death toll from the conflict and calling for an immediate humanitarian ceasefire. Since 24 November 2023, some aid has been allowed in following a humanitarian pause agreed by all parties, but humanitarian needs remain near total and will continue to be significant for the foreseeable future. The World Food Programme has noted widespread and worsening severe food insecurity, raising the risk of famine.

As hostilities endure, the destruction of civil society, high casualty rates and forced displacement coupled with a persisting lack of food, water, sanitation and access to health care all constitute a death sentence for large portions of the population. The inability to safely implement even the most basic public health interventions and the ongoing destruction of the health system means that diseases will spread, people will not be able to access health care for their growing health needs, and innocent people will continue to suffer and die needlessly.
The most pressing health needs include the management of traumatic injuries, with over 57,000 casualties reported as of 4 January 2024; mental health, with over 485,000 people believed to have mental disorders; maternal and child health, with an average of 183 deliveries per day; non-communicable diseases, with 350,000 people living with chronic conditions, and nutrition, with 337,500 children under the age of five and 155,000 pregnant and lactating women in need of nutrition interventions. Deteriorating sanitary conditions have increased the risk of epidemic outbreaks, and cases of waterborne diseases, respiratory infections, skin conditions, and other public health threats have been reported. Currently, laboratory capacities and surveillance systems are limited to syndromic reporting.

Health facilities are overwhelmed, and medical facilities and personnel are increasingly targeted by attacks. WHO has documented 590 attacks on health care in the Gaza Strip and West Bank, damaging 118 health care facilities and 291 ambulances as of 4 January 2024. Due to damage or lack of fuel, medical supplies or water, over 58% of hospitals with inpatient capacities and 73% of all primary care facilities across the Gaza Strip are no longer functioning. All operating hospitals and clinics were greatly affected by the severe fuel and medical supplies shortages, leading to stringent rationing.

There has been escalating Israeli settler and military violence in the West Bank, including the use of live ammunition and airstrikes, as well as the complete obstruction of checkpoints between Palestinian towns and closures of several communities. Between 7 October 2023 and 4 January 2024, 313 Palestinians, including 80 children, were killed by Israeli forces in the West Bank. In addition, 3,949 Palestinians have been injured, including at least 593 children. This marks the highest yearly number of Palestinians killed in the West Bank and east Jerusalem since OCHA started recording casualties in 2005.

More than 1,200 Palestinians have been forcibly displaced from their homes in the West Bank, including at least 198 Palestinian households. A further 444 Palestinians were displaced in Area C of the West Bank and east Jerusalem following the demolition of their homes by the Israeli authorities, which occurred on the grounds of a lack of Israeli-issued building permits or as a punitive measure. Many patients are prevented from accessing health facilities due to the restrictions on movement imposed by the occupation, preventing entry or exit for patients, health personnel and ambulances. WHO has recorded multiple reports of ambulances experiencing delays crossing checkpoints, which threatens the life of patients in transit. In addition, instances of attacks on paramedics and health workers have been recorded.

The health system in the Gaza Strip has been systematically degraded and is collapsing. The public health risks in the Gaza Strip are immense, driven by the conditions created by the conflict, barriers to access to health care, challenges in supplying hospitals and ongoing attacks on health care. The health system in the Gaza Strip must be protected, supported, re-supplied and supplemented. Chronically ill people will die from a lack of health care and medication, pregnant women and newborn babies no longer have the medical services required to manage complications, and mental health needs are rapidly soaring. Access to health care through hospitals and primary health centers must be re-established and expanded. Further, the risk of epidemics is extremely high. In addition to detection, response and treatment measures, conditions that facilitate epidemics must be addressed through multi-sectoral humanitarian assistance.

In order to save lives in the Gaza Strip, WHO and health partners require conditions to work safely and resources to scale up assistance. Protection of health care and aid workers, and sustained humanitarian assistance are not possible in the current context. WHO is mandated by the Executive Board Resolution EB117/CONF/Rev1 to secure with donors the funding for the immediate health needs as well as rehabilitation and rebuilding of the health system in the oPt prior the WHA77 with an estimated cost of $332M (approximately $220M for immediate health needs and $112M for early recovery).
POTENTIAL REGIONAL IMPACT

The crisis in the Gaza Strip has the potential to escalate to a multi-front regional conflict. Readiness to respond to health needs including pre-positioning of emergency medical supplies and coordination among partners are urgently needed. The direct consequences of the ongoing conflict include the potential influx of Palestinians with emergency health requirements to Egypt through the Rafah crossing. Such a scenario will require direct interventions for trauma and surgical care, as well as essential medical care for communicable and non-communicable diseases. Refugee flows into northern Sinai remain highly unlikely but cannot be fully discounted.

The risk of a full-scale confrontation between Hezbollah and Israel is growing with an increasing number of clashes reported at the Israel-Lebanon border, impacting both southern Lebanon and northern Israel. In the event of a scale-up of hostilities, an increase in trauma-related deaths and injuries must be anticipated, as must the potential displacement of civilians, damage to infrastructure, disruption of essential services and an overall reduction in access to basic services, including health. The impact on healthcare would be significant, as the health system is already severely weakened following years of economic decline and repeated crises.

In a context of over 12 years of armed conflict, which has exhausted the health system, a direct confrontation in Syrian Arab Republic would have dire consequences. Further escalation could lead to a high number of wounded and further disruption of the health system and basic infrastructure, especially in Government of Syrian Arab Republic areas. The escalation of hostilities in oPt and Israel carries the risk of direct or indirect consequences including violent protests, civilian casualties, injuries, damage to health facilities, and displacement in Jordan, the Islamic Republic of Iran and Iraq.
WHO’S STRATEGIC OBJECTIVES

- **Health service delivery**: Provide support to the existing health system. Re-establish trauma pathways from the point of injury through rehabilitation. Maintain the continuity of essential health services across the life course. Re-establish of the referral pathway at the primary, secondary and tertiary levels, supporting medical evacuation as needed.

- **Public health intelligence, early warning, disease prevention and control**: Alongside key partners, re-establish and implement a robust early warning mechanism and disease surveillance that will consider information flows from communities, IDP shelters and health facilities.

- **Supplies and logistics support**: Procure and deliver life-saving medical supplies, equipment and medication. Strategic supply chain management and prepositioning of medicines and supplies.

- **Partner coordination**: Coordinate and deliver life-saving health services to the population of the occupied Palestinian territory, working through local, regional and global operational partnerships, including the health cluster, Emergency Medical Teams (EMT), Global Outbreak Alert and Response Network (GOARN), and Standby partners, among others.
WHO 2024 RESPONSE STRATEGY

WHO’s overall strategy and operational response plan are fully aligned with the strategic objectives of the Health Cluster and will build on WHO’s 90-day Response Plan. The response will focus on supporting the capacity of the national health system to respond to emergency health needs and will promote and advocate for Palestinians’ right to health. WHO will focus on strengthening life-saving emergency interventions, maintaining pre-existing health service delivery and oPt’s International Health Regulation (IHR) core capacities as well as coordinating the humanitarian health response across the oPt.

As a priority, WHO’s operational response will focus on increasing emergency response and readiness capacities across the oPt for vulnerable communities, including in the Gaza Strip, West Bank and east Jerusalem. WHO will contribute to enhancing access to essential health services including trauma care, prevention and response to communicable diseases, management of non-communicable diseases (NCDs) such as diabetes, heart disease and cancer, and mental health and psychosocial support. WHO will provide support to existing health facilities, maintaining the continuity of essential health services and the re-establishment of the referral pathway at primary, secondary and tertiary levels. WHO will work with in-country partners to strengthen ambulance services and support their role as the first responders.

WHO and partners will procure and distribute medical supplies to maintain essential health services. WHO will procure medications, disposables, diagnostics and equipment to support primary care, pre-hospital care and hospitals, as well as cross-cutting capabilities such as oxygen, blood banks and diagnostic labs. WHO will continue to systematically monitor health attacks within the Surveillance System for Attacks on Health Care and will document and report on health needs and restrictions on health access. WHO will also advocate for the health rights of Palestinians including access to health services and protection against attacks on health care. As the escalation of hostilities has severely impacted hospital infrastructure, WHO will contribute to the assessment of immediate infrastructure restoration needs in the Gaza Strip and will support infrastructure restoration projects.

WHO will continue to co-lead and coordinate the health cluster and maintain robust inter-cluster coordination to ensure acute humanitarian needs are addressed coherently and safely (including through the prevention of sexual exploitation, abuse and harassment). WHO will continue to support health partners including the Ministry of Health (MoH), other UN agencies (including the United Nations Relief and Works Agency for Palestine Refugees (UNRWA)), the Palestine Red Crescent Society (PRCS), and other non-governmental organizations (NGOs).

The current Grade 3 health emergency continues in the acute phase, marked by ongoing hostilities and requiring direct humanitarian support. The duration of this ongoing escalation in hostilities is unknown, and in this phase it is not possible to estimate the recovery and reconstruction needs for the health system. This appeal focuses on the ongoing humanitarian response for health.
KEY ACTIVITIES FOR 2024

- Provide immediate lifesaving pre-hospital and hospital-based trauma and emergency medical services to the injured and critically ill, ensuring the continued availability of trauma kits and essential lifesaving medical supplies
- Maintain continuity of essential health services and re-establish the referral pathway at primary, secondary and tertiary levels for health needs across the life course (RMNCAH, communicable diseases, NCD, MHPSS, GBV, etc.). If required, support the medical evacuation of acutely injured and chronically ill patients
- Procure and distribute essential life-saving medications, disposables, diagnostics, equipment and fuel to support hospitals, primary healthcare facilities and the pre-hospital pathway
- Procure supplies for cross-cutting capabilities, including oxygen, blood banks and diagnostic labs and diagnostic equipment for primary and secondary healthcare facilities
- Establish a health logistics coordination mechanism and support warehousing and distribution hubs with key partners to ensure an adequate flow of supplies and the prioritization of key health items at all levels
- Deploy Emergency Medical Teams (EMTs) to augment existing hospital capacity and functioning
- Re-establish and implement a robust early warning mechanism for disease surveillance that will consider information flows from communities, partners, IDP shelters, and health facilities along with key partners (e.g. Ministry of Health, UNRWA)
- Train and deploy Rapid Response Teams working with partners as required for infectious disease outbreaks
- Implement a Health Resources and Services Availability Monitoring System (HeRAMS)
- Establish a health information coordination hub linked to emergency operations centres
- Assess immediate infrastructure restoration needs in the Gaza Strip and facilitate contractor services where needed
- Monitor, document and report barriers to health care access and attacks against health care, undertaking capacity-building activities to strengthen health care workers’ understanding of barriers to health access
- In the West Bank, focus on supporting the trauma pathway and prepositioning medications and other medical supplies

Post-hostilities, key health priorities will include:

- Assess the level of damage and need in the health sector
- Restore functionality of the health system by supporting and maximizing the capacity of the operational hospitals and primary health centres with medications, medical supplies, fuel, and personnel (including emergency medical teams)
- Reactivate non-functional hospitals and primary care centres wherever possible through basic rehabilitation, including the deployment of personnel and provision of supplies
- Support mobile clinics to address the health needs of internally displaced people (particularly in non-UNRWA shelters), with focus on the special needs of women and children
- Support provision of MHPSS services for people in need, including the health workforce, and provide psychological interventions and psychotropics
Alongside partners, WHO teams have undertaken high-risk missions to deliver supplies to hospitals in Northern and Southern Gaza witnessing intense hostilities in their vicinity, high patient loads and overcrowding caused by people displaced by the conflict seeking refuge.

On Tuesday, 26 December, teams visited two hospitals – Al-Shifa in the north and Al-Amal Palestine Red Crescent Society in the south – to deliver supplies and assess needs on the ground. Both hospitals serve as shelters for displaced people seeking relative safety. A reported 50,000 people were sheltering in Al-Shifa hospital, while in Al-Amal there were 14,000.

At Al-Shifa, WHO delivered fuel to keep essential health services running. Alongside UNICEF, WHO also delivered supplies for the hospital and medical supplies were delivered to the Gaza Central Drug Store, which will act as a medical supply hub to deliver to other hospitals. At Al-Amal, colleagues saw the aftermath of recent strikes that disabled the hospital’s radio tower and impacted the central ambulance dispatch system for the entire Khan Younis area, affecting more than 1.5 million people. Of the nine ambulances the hospital had, only five remained functioning. WHO staff reported finding it impossible to walk inside the hospital without stepping over patients and those seeking refuge.

While transiting across Gaza, WHO staff witnessed tens of thousands of people fleeing heavy strikes in Khan Younis and Middle Area, on foot, riding donkeys, or in cars. Make-shift shelters were being built along the road.

"WHO is extremely concerned this fresh displacement of people will further strain health facilities in the south, which are already struggling to meet the population’s immense needs,” said Dr Rik Peeperkorn, WHO Representative in WHO’s office for the West Bank and Gaza. “This forced mass movement of people will also lead to more overcrowding, increased risk of infectious diseases, and make it even harder to deliver humanitarian aid.”

For regular updates on WHO’s response in the occupied Palestinian territory: Access WHO’s situation reports for the latest information.

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Dr Shannon Barkley | Health Policy Adviser | WHO oPt | barkleys@who.int
### 2024 FUNDING REQUIREMENTS

#### Emergency Appeal Requirement

<table>
<thead>
<tr>
<th>Funding requirement by response pillar and by country</th>
<th>occupied Palestinian territory crisis</th>
<th>occupied Palestinian territory crisis - Country office requirement</th>
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<td>P3. Surveillance, case investigation and contact tracing</td>
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<tr>
<td>Total</td>
<td>203 967</td>
<td>3 029</td>
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</table>

The table above presents WHO’s funding requirements to respond to the acute phase of the ongoing Grade 3 health emergency in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO’s 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO’s Programme Budget 2024-2025). Note that needs related to recovery and reconstruction are not included.

<table>
<thead>
<tr>
<th>occupied Palestinian territories - Country office requirement</th>
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<tr>
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<td><strong>Emergency appeal requirement</strong></td>
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<td>2.3 Health emergencies rapidly detected and responded to</td>
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<td><strong>Billion 2 - Base programme requirement</strong></td>
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<td><strong>Total</strong></td>
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After an unprecedented drought in 2022-23, Somalia continues to experience significant ongoing effects, including high levels of food insecurity and malnutrition. Over 3 million people, representing 22% of the population, still face acute food insecurity at IPC Phase 3 or 4. Levels of childhood malnutrition remain high, as does disease prevalence among children and vulnerable groups. Somalia now faces the added threat of El Niño, a climatic event expected to cause extreme flooding. The anticipated widespread floods could impact over 1.2 million people in Somalia’s riverine districts, destroy vital health facilities, and contaminate water sources. This would likely worsen outbreaks of waterborne and vector-borne diseases. Large-scale displacement may also limit healthcare access for millions.

The 2022-23 drought affected a staggering 7.8 million people, displacing 1.9 million and leaving 6.4 million in urgent need of healthcare. Given the severity, WHO declared Somalia’s drought and food insecurity a Health Emergency requiring a major health response. While famine was averted, lasting health effects remain a major concern.

In addition to a climate crisis, Somalia also faces armed conflict spanning over three decades. This has caused structural fragility to the health system in the country. Although the country has made some progress on the road to stability, challenges persist due to the presence of various armed non-state actors. The country’s health system has not been able to cope with the increased need and demand for healthcare, as evidenced in the country’s low childhood immunization coverage, low health workforce density and low universal health services coverage index.
WHO’S STRATEGIC OBJECTIVES

- Sustain and deliver lifesaving health interventions to the most vulnerable and marginalized populations using a people-centred approach
- Build and enhance the health system’s resilience to the future shocks from climate, conflict and crises of both humanitarian and public health nature
- Strengthen inter-sectoral coordination and collaboration at national and sub-national levels with the government, health cluster and inter-cluster partners for effective risk analysis and coordinated response to all emergencies faced by the country

WHO 2024 RESPONSE STRATEGY

WHO remains committed to providing unwavering support to the government to improve its coordination and response capacity for managing health emergencies at both national and sub-national levels. WHO’s Incident Management Team (IMT) composed of 76 surge staff are deployed at national and sub-national levels and coordinate effectively with health authorities at different levels to ensure that interventions are aligned to national strategies and system strengthening efforts are in line with the government’s priorities.

In response to various health emergencies, WHO will support the government to sustain the capacities of essential public health functions which were built during the COVID-19 pandemic response, covering collaborative surveillance, coordination, community protection, access to safer care and access to medical countermeasures in the event of any major health emergencies in the country.

WHO coordinates 55 cluster partners consisting of UN agencies, non-governmental agencies (NGOs) and community-based organizations and collaborates with the inter-cluster coordination group (ICCG) and other stakeholders in Food Security, WASH, Nutrition and Protection clusters. Where there are gaps in essential health service delivery, WHO will work with the Ministry of Health at the Federal and State level to ensure the provision of essential health service to vulnerable and marginalised populations through training of healthcare workers at both health facilities and community levels, and procurement and distribution of interagency emergency health kits and medicines.

In 2022-23, WHO responded to a Grade-3 Health Emergency in Somalia for the drought and food insecurity situation with an exceptional level of speed protecting the health and well-being of millions of people affected by poverty, conflict, hunger and malnutrition. There has been measurable impact of WHO’s timely interventions on the health of vulnerable populations, such as preventing a large-scale outbreak of measles and cholera in 2022, further backsliding of routine immunization and “excess deaths” attributed to the drought and food insecurity situation in the country.

A child receives the polio vaccine during a vaccination campaign for nomadic populations.

Photo: WHO
KEY ACTIVITIES FOR 2024

- Strengthening early warning, surveillance and information-sharing systems for epidemic detection and response
- Implementing early actions for outbreak prevention and control
- Improving access to essential health and nutrition care for vulnerable populations for improved health and nutrition outcome
- Improving coordination and collaboration for effective delivery of integrated health and nutrition services
- Supporting expansion of access to basic healthcare services at the community level for marginalized and displaced populations
- Providing essential medicine, drug, and nutrition supplies at the primary healthcare level to maintain and prevent disruption of essential health services in the event of any big and major health emergency event
- Providing mental health and psychosocial services (MPHSS) through community-based interventions and as part of integrated care at the primary healthcare level
- Strengthening public health preparedness and response at the district level through strengthening disease early warning systems, deploying rapid response teams, sustaining laboratory capacities for disease detection, improving risk communication and increasing access to safer care
- Supporting routine and supplementary immunization activities to increase immunization coverage among the target population and prevent vaccine-preventable diseases
- Strengthening health-cluster and inter-cluster coordination capacity at national and sub-national levels to improve the effectiveness of the response, prevent duplication and ensure the targeting of the most vulnerable populations
In Baidoa, Somalia, where drought has persisted for six seasons, WHO spearheads efforts to address the health needs of displaced families, focusing on unvaccinated children vulnerable to diseases like measles and pneumonia. Fadumo Mohamed Ibrahim, a Somali farmer, arrived at a settlement near Baidoa after a 25-day journey, seeking help for her sick daughter Khaliye. With no access to healthcare or vaccinations in their village, they represent the ‘zero dose children’ - those who have never received any immunization. WHO-supported health outreach teams identify and assist families like Fadumo’s, working closely with community leaders to address the health needs of displaced populations. At makeshift vaccination centers, health workers, equipped with face masks and gloves, administer crucial vaccines against measles, polio, and pneumonia prevalent in the crowded settlements ringing the city.

Joaquin Baruch, a WHO epidemiologist, emphasizes the significance of immunization campaigns, stating, “Without it you spend your whole time doing outbreak control. It saves many lives.” The outreach efforts not only address the immediate health risks in the camp setting but also contribute to preventing outbreaks and protecting vulnerable communities.

Nationwide, WHO’s vaccination initiatives have reached over 3.2 million children for measles, treated around 3 million with vitamin A and deworming tablets, and vaccinated nearly one million in a cholera vaccination drive. WHO’s commitment to immunizing zero-dose children, often living in marginalized communities, is closing immunization gaps and addressing vaccine inequity in the country. By reaching these children, WHO not only provides a new life and hope for the future but also ensures broader coverage for missed communities, contributing to a healthier and more resilient population in Somalia.

FOR MORE INFORMATION

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2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

<table>
<thead>
<tr>
<th>Somalia Complex Emergency</th>
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<tbody>
<tr>
<td>Funding requirement by response pillar</td>
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<td>P3. Surveillance, case investigation and contact tracing</td>
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<td>P4. Travel, trade and points of entry</td>
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<td>P5. Diagnostics and testing</td>
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<td>P6. Infection prevention and control</td>
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<td>P7. Case management and therapeutics</td>
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The table above presents WHO’s funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO’s 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO’s Programme Budget 2024-2025).

<table>
<thead>
<tr>
<th>Somalia - Country office requirement</th>
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<td>Greater Horn of Africa Drought and Food Insecurity</td>
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<td>Somalia Complex Emergencies</td>
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<tr>
<td>Other graded emergencies and ongoing operations</td>
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<td>2.1 Countries prepared for health emergencies</td>
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<td>2.3 Health emergencies rapidly detected and responded to</td>
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<tr>
<td>Billion 2 - Base programme requirement</td>
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<td>85 354</td>
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South Sudan faces a severe humanitarian situation driven by negative climatic conditions including floods and drought, as well as conflict, displacement, economic downturn, acute food insecurity and the resultant risk of disease outbreaks. An estimated 8.5 million people will require humanitarian assistance in 2024, including 2 million internally displaced persons (IDPs). In addition, six months of violence in Sudan that started in April 2024 between the Sudanese Armed Forces (SAF) and the paramilitary Rapid Support Forces (RSF) has further exacerbated the humanitarian situation in South Sudan. As of 10 December, South Sudan had received 428,324 refugees including more than 360,000 returning refugees and new refugee arrivals.

In 2023, severe acute food insecurity impacted an estimated 7.7 million people across 78 counties in South Sudan. This includes 43,000 people facing catastrophe-level food insecurity at Integrated Food Security Phase Classification (IPC) Phase 5, 2.9 million at IPC Phase 4 (emergency-level), and 4.8 million at IPC Phase 3 (crisis-level). Among those affected are 1.4 million malnourished children.

For 2024, it is estimated that millions of people will still be unable to meet minimum food needs as food stocks could be depleted by April 2024. Additionally, ongoing sporadic conflicts and the influx of returnees and refugees from Sudan is likely to strain food supplies and incomes further, driving severe malnutrition. Flooding also remains a concern, in 2023, areas of Upper Nile and Unity states remained under floodwaters, with an estimated 7,021 people still displaced in Rubkona (IRNA, 24 Feb 2023).

South Sudan has a health system stretched beyond capacity, with low health workforce availability, weak disease surveillance, and low vaccine coverage for most preventable diseases. In 2024, pressures from climatic shocks, insecurity, and displacement will compound these constraints to further exacerbate South Sudan’s public health crisis. The country is currently facing a recurrent measles outbreak that started in 2023 and has so far been reported in 68 counties. In 2023, there were 6,389 suspected cases, 524 laboratory confirmed cases and 149 deaths, giving a case fatality ratio of 2.21%, as of 31 December 2023. Outbreaks of other diseases have included hepatitis E, reported in Bentiu IDP Camp since 2018 and in Fangak in 2023, and an outbreak of cholera in Malakal County during which 1,471 cases and 2 deaths were reported.

A health worker treats an infant for acute malnutrition. Photo: WHO / Peter Louis Gume

1 Data provided for People in need and People targeted is taken from the Global Humanitarian Overview 2024, these figures may be subject to change as part of the HRP process throughout the year.
WHO’S STRATEGIC OBJECTIVES

- Reduce excess morbidity and mortality by strengthening surveillance systems for the timely detection, prevention, and response to disease outbreaks
- Strengthen coordination for effective humanitarian responses and improve access to essential health services for the most vulnerable populations
- Increase resilience of health systems and promote humanitarian-development linkages for health systems recovery

WHO 2024 RESPONSE STRATEGY

In 2024, humanitarian needs in South Sudan will be driven by the ongoing influx of returnees/refugees due to the crisis in Sudan, as well as acute food insecurity, pockets of conflict, and the effects of floods, which will continue to trigger epidemics. The response will prioritize appropriate public health response measures that leverage the existing capacities of the national and state ministries of Health, the Health Cluster, its partners and the three levels (Country Office, Regional Office, and Headquarters) of WHO in line with its Emergency Response Framework.

The response will maintain capacities for the country’s surveillance systems for the timely detection, prevention, and response to disease outbreaks through providing support to the health cluster partners and Ministry of Health structures on integrated surveillance. WHO will support integrating surveillance across routine sources of outbreaks, including nutrition and water quality surveillance for early detection of malnutrition and waterborne diseases. In addition, WHO will support capacity-building on data and information management, investigation, and rapid response to disease outbreaks. WHO will invest in health worker capacities to address turnover and attrition among health workers as well as provide technical guidance, reporting tools, guidelines, and standard operating procedures to guide the response. Surveillance and response actions will leverage existing resources in the 10 field offices and among the network of technical experts at the Country, Regional and Headquarters levels. At the state and county level, the response will tap into the work of the health cluster partners, the state and county surveillance officers and the community health workers to ensure outbreak detection and response is effective at the community, health facility and national level.

Further, the WHO Country Office through the Health Cluster will strengthen inter-cluster coordination and cluster integration among Health, Water, Sanitation and Hygiene (WASH), Food Security and Livelihoods clusters. WHO will leverage available resources while ensuring the sustained availability of Inter-agency Emergency Health Kits (IEHK) and Severe Acute Malnutrition kits to responding health partners. This will increase access to essential health and nutrition services for the most vulnerable populations during acute emergencies.

WHO’s response plan will focus on the urgent emergency response needs while also ensuring that the health assistance provided will contribute towards building a resilient health system. This will involve proper linkages between humanitarian and development actions, conflict sensitive programming, and, when possible, providing building blocks for early recovery and the development of a resilient health system.
KEY ACTIVITIES FOR 2024

- Strengthen disease surveillance systems for timely detection, prevention, and response to outbreaks, including through sentinel, nutrition, water quality, points of entry, and health screening
- Establish and support rapid response teams (RRTs) for outbreak alerts and investigation at national and sub-national levels, including a multisectoral approach. Deploy RRTs and emergency mobile teams for assessments, active case search and initial response
- Implement preventive campaigns against cholera, measles and polio for vulnerable groups
- Conduct risk communication and community engagement to improve health behaviors and uptake of immunization, hygiene, and sanitation
- Build capacity of community health workers to boost disease surveillance at community level
- Strengthen lab systems and capacities for quality assurance, sample analysis and shipment, and proper waste management
- Distribute updated guidelines and protocols for case management and inpatient treatment care for severe acute malnutrition (SAM)
- Augment capacity via surge teams for outbreak response and acute malnutrition treatment, including through simulation exercises
- Coordinate the health, WASH, and nutrition response across clusters and partners
- Procure and distribute emergency health kits and pediatric SAM kits to boost access to life-saving care
- Invest in infection prevention and control capacities, including distribution of supplies and incinerators
- Optimize basic healthcare delivery to vulnerable populations
- Foster research partnerships focused on conflict and fragility dynamics
- Strengthen nexus approach linking humanitarian, development, and peacebuilding efforts
ACHIEVEMENTS IN 2023
DELIVERING INTEGRATED HEALTH RESPONSES TO SAVE LIVES IN FOOD INSECURE STATES OF SOUTH SUDAN

Mrs Nyaanaath Gatjel Luoy, a 29-year-old mother of three, and her fellow villagers have been struggling to access healthcare services due to the long distance they need to walk to reach the medical centre in Leer, which is several kilometres away.

"I had to walk 10 kilometres from our village in Kai Gai to seek treatment for my children in Leer hospital when they are sick, because roads are sometimes impassable," said Mrs Luoy. "Walking this distance proved to be more challenging, especially during the rainy season when roads are cut off by floodwater, compelling us to walk with children to Leer Hospital to access health care, exposing us to risk of another disease."

But with the recent improvement in the provision of health services at the nearby Kai Gai healthcare clinic, Mrs Luoy now experiences a sense of relief.

"It has come as a huge excitement to us. Now, you just walk into Kai Gai facility, which is a few minutes away, and we receive the treatment we need," said Mrs Luoy.

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Mohammedberhan Ebrahim Jemila | Communications Officer | South Sudan | ebrahimj@who.int
2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

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<th>South Sudan Humanitarian Crisis - Funding requirement by response pillar</th>
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<td>P7. Case management and therapeutics</td>
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<td><strong>Total</strong></td>
<td><strong>22 432</strong></td>
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The table above presents WHO’s funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO’s 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO’s Programme Budget 2024-2025).

<table>
<thead>
<tr>
<th>South Sudan - Country office requirement</th>
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<tr>
<td>South Sudan Humanitarian Crisis</td>
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<td>COVID-19</td>
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<td><strong>Emergency appeal requirement</strong></td>
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<td>2.1 Countries prepared for health emergencies</td>
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<tr>
<td>2.2 Epidemics and pandemics prevented</td>
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<td>2.3 Health emergencies rapidly detected and responded to</td>
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<tr>
<td><strong>Total</strong></td>
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</table>

WHO National Health Coordinator, Salim Mohamednour. Photo: Lindsay Mackenzie
SUDAN AND NEIGHBOURING COUNTRIES

The war that has been raging in Sudan for over eight months has had a devastating impact on the lives, livelihoods, and health of millions of people. A health system already struggling due to structural weaknesses, violence, disease outbreaks, and hunger is now buckling under the enormous pressure caused by the war and the huge population displacements it has caused. The health of 14.7 million people hangs in the balance in the face of mass displacement, injuries, hunger and floods. Sudan is simultaneously facing outbreaks of measles, malaria, dengue fever, cholera, and other water- and vector-borne and vaccine preventable diseases, compounded by the health risks associated with seasonal rains, poor water quality, poor hygiene and waste management. More than 3.1 million people are estimated to be at risk of cholera in Sudan between July and December 2023. The health system’s response capacity is constrained by the increasing barriers to the free movement of people and supplies, looting, and widespread shortages of medical supplies, health staff, and operational funding. About 70% of hospitals in conflict-affected states are non-functional, while functioning hospitals and clinics in more stable states are overwhelmed.

The ongoing conflict has reignited political and tribal tensions between the Arab and Massalit communities in Darfur. The resulting brutal violence has forced thousands of people to flee their homes in search of safety. It has also disrupted the health system across the Darfur region, leaving some 1.5 million people with no access to emergency healthcare. Humanitarian access to the Darfur states is still limited and often only possible across the border from Chad.

The impact on health in refugee-receiving countries such as Chad, Egypt, the Central African Republic, Ethiopia and South Sudan has been profound, with the influx of people from Sudan seeking safety putting pressure on already fragile health systems. Central African Republic, Chad, Ethiopia, and South Sudan are classified as fragile and vulnerable countries with limited health infrastructure and health workforce capacity. Now they must host large numbers of refugees from neighbouring countries. In addition, all four countries are currently responding to either an acute health outbreak (e.g. cholera, measles, dengue and yellow fever) and/or a humanitarian response to conflict and extreme weather events followed by high levels of food insecurity and malnutrition.

1 Data provided for People in need and People targeted is taken from the Global Humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year.

Funding requirement for all WHO Emergency Operations in Sudan:
US$53 852 000

Total funding requirement specifically for Sudan Conflict and neighbouring countries Grade-3 emergency:
US$39 842 000

14.7 MILLION

People targeted1

24.7 MILLION

People in need1

CONTEXT

Nadir Makki, head of WHO operations in Al Jazira state.
Photo: WHO / Ala Kheir
WHO'S STRATEGIC OBJECTIVES

- Ensure that people affected by the conflict have access to integrated life-saving essential health services
- Ensure open logistics channels and provision of essential medicines and emergency medical supplies
- Address public health risks by enhancing surveillance, early detection, and timely response to disease outbreaks
- Provide Health Cluster leadership and coordination

WHO 2024 RESPONSE STRATEGY

As the armed conflict continues, WHO will support the delivery of essential and lifesaving health care to all people in Sudan. WHO’s response will focus on assisting strategically selected health facilities, hospitals, and primary health care facilities in maintaining integrated life-saving essential health services. In high-risk states and localities of Sudan, trauma and acute emergency care will be supported by equipping health cluster partners with trauma and emergency surgical care supplies, support for mass casualty preparedness and management, and addressing the population’s needs from pre-hospital care to rehabilitation. Additionally, WHO will be expanding the reach and capacity of services by operating mobile centers.

WHO will work to maintain a sustainable supply pipeline to support the health response in Sudan. WHO will distribute emergency medical supplies, including Interagency Emergency Health Kits (IEHKs), trauma kits, cholera kits, non-communicable disease kits, and kits for the management of severe acute malnutrition in priority areas of the country.

Given the high risk of multiple outbreaks, WHO will help reinforce surveillance for epidemic-prone diseases and complement it with a robust early warning mechanism leveraging information from communities, partners, and health facilities. WHO will also support the implementation of public health measures to prevent and manage disease outbreaks and foster inter-sectoral collaboration to improve shelter conditions, nutrition, and water, sanitation, and hygiene (WASH) practices. Furthermore, WHO will support laboratories and dedicated treatment centres and invest in diagnostic testing, vaccination campaigns, mass drug administration, and vector control measures. Cutting across WHO’s efforts will be the provision of effective health cluster leadership to support the delivery of a comprehensive humanitarian health response coordinated among UN agencies, INGOs, NGOs, observers, and donors.

Since fighting started, over a million Sudanese people have found refuge in neighbouring countries. As fighting continues, they are likely to receive additional arrivals in 2024, which will put increased stress on already overwhelmed health systems. Given the specific vulnerabilities of refugees, returnees, and the wider population, WHO’s coordination role across the health sector at national and sub-national level is vital to harmonize the efforts of the different health actors for a needs-based and beneficiary-centred response. The overall aim of the response will continue to be to save lives and reduce human suffering among populations affected by the Sudan crisis.
KEY ACTIVITIES FOR 2024

- Continue cross-border support to accessible areas in Sudan from Chad
- Support the delivery of integrated essential health services in priority hospitals and primary health care facilities
- Strengthen trauma and emergency care through capacity-building and stockpiling of Interagency Emergency Health and Trauma and Emergency Surgery Kits
- Enhance epidemiological surveillance and early warning systems and reinforce the capacity of rapid response teams for early detection and response to disease outbreaks
- Expand disease outbreak prevention and management activities and support the implementation of public health measures to prevent and manage disease outbreaks, with a focus on malaria, dengue, cholera, measles, and polio
- Support facility-based care for acute malnutrition through management of severe acute malnutrition with medical complications
- Support coordination structures, including the health cluster and public health emergency operation centres, at the national and sub-national levels and enhance information and communication systems and tools
ACHIEVEMENTS IN 2023

MOBILE CLINICS IN SUDAN PROVIDE ESSENTIAL HEALTHCARE SERVICES

As the complex humanitarian crisis in Sudan threatens to keep health services beyond the reach of those who need them most, WHO and health partners are supporting primary health care facilities and mobile health clinics to bridge gaps. Only about 29% of health facilities in conflict-affected areas are functional. WHO currently supports 21 mobile clinics across 8 states and has plans to add a further 3 such clinics.

The mobile clinics that WHO has deployed offer essential and life-saving services, including clinical and psychosocial support to survivors of gender-based violence (GBV). These mobile units operate out of clinics or any other suitable space within reach of displaced people and host communities. The mobile clinics have provided primary health care services from health facilities, school buildings, sites for internally displaced people, tents and even in the shade of trees. The mobile clinics are run by government health workers using basic equipment from government health facilities. WHO provides medical supplies and covers operational costs, including incentives for the health workers to run the services.

An estimated 4.2 million women and children in Sudan are at risk of GBV. Such violence is expected to increase in humanitarian crises as vulnerabilities and risks increase and family and community protections are stretched or collapse. Post-traumatic stress disorder, anxiety and depression are all possible outcomes of sexual violence. Access to psychosocial support is critical in this complex environment to prevent or reduce lasting impacts and suffering caused by sexual violence. All survivors, whether or not they exhibit symptoms of distress, anxiety or depression, should be referred for psychosocial support.

"We are keen to provide both clinical and psychosocial support to survivors of GBV to prevent and treat depression and other psychological and mental health issues resulting from the violence. Because the subject is still taboo, survivors of GBV are often reluctant to report the abuse or seek medical and psychosocial care. We are here to make sure that they get all the care they need," said Dr Hiba Hussein, Reproductive, Maternal, Newborn and Child Health Officer at WHO Sudan.

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Myriam Haberecht | External Relations Officer | WHO AFRO | haberecht@who.int
2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

<table>
<thead>
<tr>
<th>Sudan Conflict and Complex Emergency</th>
<th>US$ '000</th>
<th>Regional &amp; Global support</th>
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<td><strong>Funding requirement by response pillar and by country</strong></td>
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The table above presents WHO’s funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO’s 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO’s Programme Budget 2024-2025).

**Sudan - Country office requirement**

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<thead>
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<td>Greater Horn of Africa Drought and Food Insecurity</td>
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<td>Multi-Region Cholera</td>
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<td>Other graded emergencies and ongoing operations</td>
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**Emergency appeal requirement**

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<th>Billion 2 - Base programme requirement</th>
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<td>2.2 Epidemics and pandemics prevented</td>
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**Total**

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<td>59 019</td>
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A boy waits to meet the head of health promotion at a school in Barakat.

Photo: WHO / Ala Kheir
Whole of Syria Operations

Context

Entering its thirteenth year, the Syrian Arab Republic grapples with a crisis of unprecedented magnitude. In 2024, health needs in the Syrian Arab Republic continue to be severe and are compounded by concurrent crises. 14.9 million people are now estimated to be in need of lifesaving and life-sustaining health services. The country’s health system, which was already heavily disrupted, has been further impacted by factors including decreasing humanitarian support, outbreaks of measles and cholera, and the 7.8 magnitude earthquake that hit Türkiye and the Syrian Arab Republic on 6 February 2023, adding an additional burden to the health system. The earthquake and subsequent aftershocks have destroyed or damaged at least 228 health facilities, worsened socioeconomic conditions in the country and increased the suffering of an estimated 8 million people affected by the disaster. 2023 GDP contraction estimates meanwhile worsened from 2.3% to 5.5% as inflation, worsened by currency devaluation (315% from January to November) and rising instability.

In total, 7.2 million people are internally displaced, including 2.9 million people in north-west Syria, many of whom have suffered multiple displacements since the start of the conflict. Over 2 million people reside in flood-prone tent settlements facing frigid winter temperatures. Since August 2023, the level of hostilities across many areas of the country – particularly the north-west and north-east – have continuously worsened health access and have been described as reaching “the worst point in four years” by the UN Commission of Inquiry on the Syrian Arab Republic. Overstretched health workers persevere, however only 65% of hospitals and 62% of primary health care (PHC) centres can fully operate, limiting access and straining the availability of medicines and supplies. Faltering water and electric networks further undermine health security in the country.

1 Data provided for People in need and People targeted is taken from the Global Humanitarian Overview 2024; these figures may be subject to change as part of the HRP process throughout the year.
WHO’S STRATEGIC OBJECTIVES

• WHO will support the continuity of essential health services and improve the access, availability, functionality and quality of health services across the Syrian Arab Republic

• WHO will work to strengthen the health system’s capacity to prepare for, prevent, detect and respond to diseases of epidemic potential

• WHO will support and enhance the resilience of the health system through improved infrastructure, strengthened supply chain and health information systems, expanded community engagement and a focus on the quality and adherence to national and international guidelines

WHO 2024 RESPONSE STRATEGY

WHO will continue to strengthen the disease surveillance system in 2024 in furtherance of WHO’s Health Emergencies Programme (WHE) mandate and fulfil its 2024 vision. Preparing for all hazards – including through surveillance, detection and response capacities – remains key for public health security and necessarily includes community event-based surveillance. WHO will support the continuation and improvement of the Early Warning, Alert and Response (EWARS/EWARN) to rapidly detect any outbreak event and build the capacity of the health workforce. Efforts will also focus on providing training and operational support to Rapid Response Teams (RRTs) in the response phase.

Preserving hard-won investments in primary and secondary services is vital amid rising household deprivation and disease threats to avoid preventable upticks in mortality and morbidity. WHO will focus on sustaining coverage, including maintaining sexual and reproductive health (SRH), safe delivery, child health, integrated nutrition, routine and expanded vaccination, mental health and psychosocial support (MHPSS) and communicable and non-communicable disease management such as insulin provision and dialysis. WHO will also continue to support health facilities which offer essential humanitarian life-saving health services, including first-line support and gender-based violence (GBV) responses alongside better care referrals, and will enhance trauma pathways and mass casualty management and as well as ensuring access to rehabilitation services.

Supply chains will be strengthened using all modalities to secure essential medicines, laboratory commodities and testing capacity. Averting healthcare interruptions demands assured provision of electricity, fuel, water and waste management, particularly given economic volatility. At facility-level, infection prevention and control, clean water and waste infrastructure also require investments in the health system. This will also be linked with activities to combat antimicrobial resistance (AMR) planned for 2024 under the essential health services strengthening programme.

WHO will also focus on boosting health system resilience and recovery, redoubling preparedness and response capacities, addressing health inequities and sustaining at-risk group access. Effective risk communication and community engagement (RCCE) remains essential to uphold population health through appropriate care-seeking and prevention behaviours while maintaining public trust. More must be done to tackle systemic issues like health worker shortfalls. WHO will support pre- and in-service training, revitalizing care facilities, leveraging technologies for outcome monitoring/planning and expanding local partnerships to enable inclusive recovery. Prioritizing health worker mental health/safety also stays critical.

WHO will continue to pursue an “all modalities” Whole of Syria approach to provide humanitarian assistance. While the UN Security Council resolution authorizing Türkiye-based cross-border assistance was not renewed in 2023, the UN mandate continues by the Government of the Syrian Arab Republic authorization, and agencies remain focused on responding across access modalities. At the same time, crossline support to north-east and north-west Syria must be sufficiently resourced and supported with requisite access. Finally, in the face of a protracted emergency and declining humanitarian funding, WHO will also promote approaches for early recovery to ensure sustainable health system solutions.
KEY ACTIVITIES FOR 2024

- Maintain the health sector’s leadership and coordination and liaise with other sectors
- Support information management, data collection and analysis together with reporting on health risks, needs, gaps and performance of the response
- Provide technical expertise, promote evidence-based guidelines and capacity development of health professionals and support human resources
- Maintain and strengthen essential health services, with a focus on those most vulnerable and in need, leaving no one behind
- Support the Essential Health Service Package, with an emphasis on integrated health service delivery and procurement and distribution of life-saving medical supplies.
- Strengthen the health system’s capacity to prevent, detect and respond to outbreaks of diseases of epidemic potential, as well as natural and manmade disasters
- Continue to support and coordinate ongoing outbreak responses in the country
- Assess the quality of care in Stabilization Centers for the care of acute malnourishment with medical complications (SAM+)
- Maintain and increase vaccination coverage for all antigens at the national and district levels and, at the same time, contain the drop-out rate to less than 10%
- Support early recovery of the health system, including rehabilitation and reactivation of health services and structures
- Drive health system quality through advocacy, policy development and capacity-building
- Improve risk communication and community engagement and strengthen Accountability to Affected populations of the health response
- Continue to pursue an “all modalities” approach to cross-border and crossline assistance. In north-west Syria, emphasis will be placed on implementation of a Continuing of Operations Plan and gradual transfer of health services delivery to international NGOs, while still ensuring WHO’s ability to provide selected services as a last resort. In north-east Syria and parts of north-west Syria, crossline assistance will include distribution of medicines, supplies and equipment, as well as core public health functions such as surveillance, vaccination and capacity-building.
Aya, is 20 years old and comes from rural Homs Governorate. She was diagnosed with kidney disease at the age of 17. Since then, she has had to undergo life-saving dialysis three times a week.

"Learning that I would need dialysis was shocking news. I've had to accept that the dialysis machine is now my lifeline," said Aya. "Although my medical condition is part of my life, it's not the whole story. My dreams remain intact, and I am determined to do something meaningful with my life.

Aya lost her older brother to kidney failure three years ago. Her father does not have a steady job, and her mother is battling cancer. Like most Syrians, the family struggles to make ends meet and cannot afford the cost of health care.

"I am so grateful to the Afia Fund Association for subsidizing my dialysis treatment and medicines," said Aya. "The centre is my second home, and the staff are like family to me."

Aya is one of many patients with kidney disease who are receiving free medical treatment at the WHO-supported AFA Medical Centre. WHO’s support has been made possible thanks to generous funding from donors. The funds provided have allowed WHO to support seven NGOs and one private hospital in the governorates of Aleppo, Al-Hasakeh, Homs and Rural Damascus to provide life-saving, essential health services to those in need.

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Rosa Crestani | Emergency Manager | WHO Syria | crestanir@who.int
2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

Whole of Syria Complex Emergency

<table>
<thead>
<tr>
<th>Funding requirement by response pillar and by country</th>
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<th>WHO Field Office Gazientep</th>
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<td><strong>573</strong></td>
<td><strong>79 830</strong></td>
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</table>

The table above presents WHO’s funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO’s 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO’s Programme Budget 2024-2025).

Syrian Arab Republic - Country office requirement

| Syrian Arab Republic Complex Emergencies | 50 685 |
| Multi-Region Cholera                   | 950    |
| Other graded emergencies and ongoing operations | 1 793 |

**Emergency appeal requirement**

| 2.1 Countries prepared for health emergencies | 561 |
| 2.2 Epidemics and pandemics prevented        | 1 369 |
| 2.3 Health emergencies rapidly detected and responded to | 2 070 |

**Billion 2 - Base programme requirement**

| 4 000 |

**Total**

| 57 429 |
The war in Ukraine, escalating into a full-scale invasion in February 2022 from its onset in 2014, has dramatically impacted the nation’s health and welfare. Though 4.6 million Ukrainians have returned, there are still 3.7 million IDPs and 6.2 million refugees who are unable to safely go back to their home. The United Nations has recorded over 10 000 civilian deaths, including more than 560 children, with upwards of 18 500 injuries since February 2022. A significant number of these casualties, resulting from long-range missile strikes and munitions, occurred far from combat zones. Since February 2022, WHO has reported over 1365 attacks on healthcare facilities, causing 111 deaths, 191 injuries and 630 health facilities damaged, highlighting the extreme dangers for healthcare workers and infrastructure.

The conflict has severely disrupted essential services, leading to a marked decline in health outcomes, especially in eastern and southern regions. This situation is worsened by acute shortages of medications and medical supplies, a significant deficit of healthcare personnel, and restricted access to vital healthcare infrastructure. As a result, Ukraine’s healthcare system is under immense strain trying to meet the mounting health needs across the affected population.

Following the early months of the invasion, healthcare services and medicine availability saw improvement. According to the WHO’s Health Resources and Services Availability Monitoring System (HeRAMS) assessment, about 92% of public healthcare facilities were fully operational nationwide from November 2022 to May 2023. However, regions under temporary Russian control or near the frontline faced more severe service disruptions.

Ukraine’s economy suffered a steep 29.2% GDP decline in 2022, exacerbating poverty and impeding development. The economic downturn, combined with increased defense spending, has strained public finances, limiting government funding for healthcare and other social sectors. Healthcare spending decreased from 7.1% of the total budget in 2022 to 5.6% in 2023. An April 2023 health needs assessment revealed that two-thirds of individuals seeking healthcare encountered barriers, primarily due to costs and access issues, causing 25% of households to postpone medical treatment, 9.6 million people in Ukraine are estimated to be at risk of or living with a mental health condition, and 3.9 million people are estimated to suffer from severe symptoms. The war has also increased injury rates, pressuring the rehabilitation system, with many requiring both immediate and long-term rehabilitation services.

Moreover, the June 6, 2023, Noiva Kakhovka dam disaster not only caused loss of life but also initiated a significant environmental crisis. The ensuing flood dispersed various pollutants, contaminating rivers near the frontline with industrial waste, sewage, and coal mine effluents. The full extent of the war’s environmental impact remains unclear, but it is expected to have lasting effects on public health and the environment.
WHO'S STRATEGIC OBJECTIVES

• Strengthen essential trauma and emergency medical services, including control and prevention of infectious disease outbreaks in health care settings, to prevent and respond to life-threatening health risks of vulnerable, war-affected communities.

• Enable access to continuity of essential health services and primary health care for people suffering from infectious and chronic noncommunicable diseases in war-affected areas, at risk of or impacted by service disruptions.

• Lead effective coordination of humanitarian interventions, assessments, partner project supervision, and information management in public health to deliver value-added partnerships and reinforce evidence-based decision-making in the sector.

• Support resilience and readiness for a sustainable recovery of the healthcare systems in Ukraine.

WHO 2024 RESPONSE STRATEGY

WHO remains committed to saving lives in Ukraine by enabling access to emergency care while also strengthening recovery and reform within the healthcare system. The frequency and severity of health emergencies are expected to continue, with potential for cascading impacts that further strain key health institutions. Sustained investment in health preparedness and response is therefore critical for equipping systems to effectively withstand and respond to these complex threats. Vulnerable populations, especially those in remote and hard-to-reach areas, including people with disabilities, older individuals, women, and children, face additional challenges in accessing quality healthcare and treatment options.

Steadfast in its commitment to supporting Ukraine’s Ministry of Health (MoH) and essential health partners nationwide, WHO adheres to an area-based approach tailored to each locality’s distinct needs and conditions. This strategic positioning allows WHO to address the diverse health challenges across Ukraine. Additionally, WHO actively engages in contingency planning to prepare for potential escalations in hostilities, winter-related challenges, radiological emergencies, disease outbreaks prone to epidemics, and other risks. To effectively operationalize its response, WHO has established a decentralized framework, utilizing four operational hubs located in Kyiv, Dnipro, Odessa, and Kharkiv. These hubs provide vital technical assistance and coordination support at the local level and are equipped with the flexibility to scale up their operations in response to evolving needs and circumstances. This decentralized approach enables WHO to deliver targeted, efficient, and timely support, ensuring that health services are effectively administered and aligned with the varying requirements across different regions of Ukraine.

WHO will continue to provide emergency support, including access to essential services such as medical supplies, training health care workers in mass casualty management as well as psychosocial support to address the psychological impact of the war. WHO will also support the continuation of health services in the whole country as well as integrating NCDs in emergency response.

There are also major needs related to trauma care as well as the management of burns, spinal cord injury, and complex limb injury (including amputations). The availability of specialised rehabilitation services is currently severely limited. A priority is to lay the foundation for a sustainable transition from humanitarian response into health system development and stability, ensuring that emergency actions (donations, mobile teams, temporary structures) are aligned with the system design and are well-integrated into the overall health system functioning and reform.

WHO Ukraine, in collaboration with the Ministry of Health of Ukraine, opened a new modular primary healthcare clinic in the village Khukhra, Sumy region, in October 2023.

Photo: WHO Ukraine
KEY ACTIVITIES FOR 2024

- Strengthen surveillance, including case investigation, at all levels.
- Provide life-saving medicines, medical supplies and equipment in close to contact line and IDP hosting medical facilities.
- Deliver technical support and establish efficient referral pathways for swift detection, management, and response to critical infectious diseases, noncommunicable conditions, and life-saving maternal and reproductive health interventions in humanitarian settings. This involves robust capacity building and a reinforced strategy for deploying modular prefab units to expedite the reestablishment of Primary Healthcare (PHC) services, ensuring uninterrupted access to essential health services.
- Strengthen the provision of acute trauma rehabilitation services as part of holistic health care for people injured or affected by the war.
- Support mental health and psychosocial interventions for war-affected and/or at-risk populations including frontline health workforce, through inter alia necessary assistance for implementation of the national action plan for mental health.
- Strengthening all-hazard preparedness by reinforcing Emergency Medical Services (EMS) capabilities and expertise in managing Chemical, Biological, Radiological, and Nuclear (CBRN) incidents, while implementing comprehensive measures across all hazards, ensuring resilient healthcare responses during times of wartime emergencies.
- Strengthen information management and public health intelligence through health needs and impact assessments, monitoring drivers of morbidity/mortality, and health facilities mapping by type of service packages.
- Provide assistance to laboratory and surveillance systems in affected areas, emphasizing the detection and monitoring of outbreaks and life-threatening conditions, particularly in war-affected regions.
- Support outbreak detection, investigation, and response capacity, using One Health approach, covering human, animal, and environmental health.

A nurse administers a vaccination inside the vaccination bus, provided by WHO, during the field vaccination in the village of Turye, Lviv region. Photo: WHO Ukraine
During the mission to Kherson region, Jarno Habicht, WHO Representative in Ukraine and Serhii Dubrov, deputy Minister of Health, visited the newly installed modular unit in Kherson region. This unit will serve as an emergency medical services (EMS) base to ensure service continuity in Kherson region instead of damaged facilities.

Emergency medical services operate in high-risk zones and face challenges due to restricted road access and infrastructure damage caused by the war. 80% of healthcare facilities in region have been destroyed.

Dr. Jarno Habicht says: “The initiative to install a modular emergency medical services unit in Kherson region is a temporary replacement for the damaged facilities. This aligns with WHO’s broader project involving prefabricated modular units aimed at sustaining and ensuring continuity of care in frontline communities impacted by attacks on health. The unit will feature a small dormitory for EMS brigades and additional amenities, including for storage of medication. It’s objective is to create a secure environment, enhance living conditions for EMS teams, and reduce intervention times providing health services to patients”.

WHO, in partnership with the Ministry of Health of Ukraine, also installs modular primary care facilities. Unique in their design, these modular units can be swiftly installed in just 1-2 weeks. These clinics serve as a key response and early recovery initiative in Ukraine. Each PHC facility is equipped with basic commodities (electricity, heating system, air fans, generators, sanitary facility, sewage system) and provides a holistic care environment (primary healthcare consultation rooms, waiting area, patient examination rooms).

These facilities play a pivotal role, especially in regions where previous healthcare facilities were destroyed. Primarily, they serve as the first point of contact for patients with chronic diseases, the elderly, and vaccination campaigns, among other services. Not only do they restore essential health services, but they also rekindle a sense of community. In areas scarred by devastation, these modular units symbolize hope and renewal, making residents feel valued and remembered.

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The war in Ukraine has triggered a major increase in humanitarian needs due to mass internal displacement and refugee outflows. As of 29 September 2023, UNHCR estimates that some 6.2 million refugees from Ukraine are in Europe and other countries with over 5.8 million recorded in European states alone. A total of 2.8 million have applied for asylum, temporary protection or similar national protection schemes.

Since February 2022, WHO is providing technical support to refugee-hosting countries' ministries of health, as their health systems continue to cope with prolonged stays, rising discrimination, continued barriers to access health care such as language, administrative and financial as well as refugees continued arrivals given the protracted crisis in Ukraine. The primary refugee-hosting countries receiving WHO support are Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia, among others.

As of September 2023, WHO has delivered 201 800 kg of supplies worth US$ 14 million to refugee-hosting countries, including Poland, Czechia, the Republic of Moldova, Hungary, and Romania. WHO has also been working closely with health partners in refugee-receiving countries on the prevention and handling of reports of sexual exploitation, abuse and harassment.

In 2024, WHO will continue to provide technical expertise and operational support to refugee-hosting countries. This will include improving access to healthcare services through refugee centered clinics and national health systems, training health professionals on service provision to refugees and the host population, coordinating with health partners, conducting assessments on barriers to access health care, strengthening risk communication and community engagement and providing mental health and psychosocial support services in Bulgaria, Czechia, Poland and Romania.
2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

The tables below presents WHO’s funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies.

<table>
<thead>
<tr>
<th>Refugees-Hosting countries</th>
<th>US$ ’000</th>
<th>Regional &amp; Global support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ukraine War</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding requirement by response pillar and by country</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P1. Leadership, coordination, planning, and monitoring</td>
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<td>649</td>
<td>8 764</td>
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<tr>
<td>P2. Risk communication and community engagement</td>
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<td>P3. Surveillance, case investigation and contact tracing</td>
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<td>P4. Travel, trade and points of entry</td>
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<td>2 482</td>
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<td>P6. Infection prevention and control</td>
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<td>P7. Case management and therapeutics</td>
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<td>P8. Operational support and logistics</td>
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<td>9 748</td>
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<td>P9. Essential health systems and services</td>
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<tr>
<td>P10. Vaccination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P11. Research, innovation and evidence</td>
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</tr>
<tr>
<td>Total</td>
<td>75 000</td>
<td>2 149</td>
<td>77 149</td>
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</table>

The table below presents the overall needs for both the ongoing emergency response in Ukraine (included in WHO’s 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO’s Programme Budget 2024-2025).

<table>
<thead>
<tr>
<th>Ukraine - Country office requirement</th>
<th>US$ ’000</th>
<th>Regional &amp; Global support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ukraine War</td>
<td>75 000</td>
<td></td>
<td></td>
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<td>COVID-19</td>
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<tr>
<td>Total</td>
<td>79 521</td>
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<td>2.1 Countries prepared for health emergencies</td>
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<tr>
<td>2.3 Health emergencies rapidly detected and responded to</td>
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<tr>
<td>Total</td>
<td>2 814</td>
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*The primary refugee-hosting countries receiving WHO support are Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia, among others.
In 2024, Yemen faces an acute humanitarian crisis, with approximately 17.8 million individuals requiring health assistance, including 3.2 million internally displaced persons (IDPs). Despite a 12% decrease compared to 2023, likely attributable to revised vulnerability criteria, the situation remains dire. Vulnerable groups, such as IDPs, children, women, the elderly, individuals with disabilities and mental health conditions, marginalized communities, and those affected by conflict-related injuries, continue to bear the brunt of the crisis. Among the affected, 24% are women, necessitating access to diverse medical and reproductive healthcare services. This includes 4% of pregnant women requiring emergency obstetric care. Children constitute 50% of those in need, highlighting the precarious health situation of the youngest population. In 71% of Yemen’s 333 districts, severe and extreme health needs persist. The economic crisis compounds the health crisis, jeopardizing the continuity of care for individuals with chronic health conditions.

Only 55% of health facilities are operational, and there’s an ongoing need for a reliable supply chain of medicines, equipment, fuel, water, oxygen, and other medical supplies. Damaged and closed facilities require urgent repair and rehabilitation to restore functionality. Yemen is grappling with a rising trend of infectious diseases, including measles, polio, dengue, pertussis, and diphtheria. The rate of unvaccinated children (0 dose) has reached 28%, increasing susceptibility to preventable outbreaks. Additionally, the UN Refugee Agency documented 90,000 migrants arriving in Yemen in 2023, amplifying the demand for health support in 2024.

Yemen faces a double burden of disease and armed conflict, with 16% of people with disabilities requiring rehabilitative assistance. Women of reproductive age, particularly in rural and frontline districts, encounter challenges accessing reproductive health services due to a shortage of specialized female healthcare professionals, limited essential medical supplies, and restricted service access.

The combined impact of economic catastrophe and climate change-spurred disasters will further exacerbate health vulnerabilities in Yemen. Food insecurity, malnutrition, inadequate water and sanitation access, and overcrowded living conditions stand to worsen - disproportionately afflicting the vulnerable. Constrained healthcare access drives risks of obstetric complications and life-threatening conditions for newborns and low vaccination coverage and hesitancy threaten preventable disease outbreaks. Communicable diseases like dengue, malaria and cholera are likely to persist and intensify as climate change propagates vectors and waterborne pathogens - severely jeopardizing vulnerable lives and escalating morbidity and mortality. Urgent, comprehensive intervention remains essential to mitigate Yemen’s impending health crisis within this challenging landscape.

1 Data provided for People in need and People targeted is taken from the Global Humanitarian Overview 2024, these figures may be subject to change as part of the HRP process throughout the year.
WHO'S STRATEGIC OBJECTIVES

- Strengthen health system capacity
- Sustain the health system functionality
- Reduce food insecurity and malnutrition
- Prevent poliovirus transmission and outbreaks
- Scale-up Mental Health and Psychosocial Support (MHPSS) service

WHO 2024 RESPONSE STRATEGY

In response to the widespread needs of the Yemen crisis, WHO outlines its 2024 response strategy to guide the integrated approach and implementation of humanitarian programming and stabilization efforts. This strategy aims to mitigate risks, ensure effectiveness, and uphold humanitarian principles.

WHO has adopted a multisectoral, needs-based, and area-based approach to address the greatest vulnerabilities across Yemen. In 2024, WHO will coordinate and strategically respond to meet the acute needs of those affected by the crisis. The organization will provide health and nutrition services based on and in response to the Humanitarian Response Plan 2024 to reduce suffering and decrease the prevalence of infectious diseases.

To avoid duplication of efforts, WHO will establish coordination mechanisms with relevant stakeholders, including the Health Cluster, the Ministry of Public Health and Population (MoPHP), and UN agencies. We will contribute to fostering localization by prioritizing capacity strengthening and coordination, including building the capacities of healthcare workers for a comprehensive and sustainable response. We will work directly with MoPHP, identifying existing gaps, conducting in-depth discussions, and making informed decisions regarding targeted interventions.

WHO will enhance the health system’s capacities in preparedness, readiness, response, and recovery, providing operational support to health facilities. The organization will increase access to the health services delivery mechanism, the Minimum Services Package, and strengthen accessibility to emergency and specialized health services. Additionally, WHO will continue to apply evidence-based planning and results-based monitoring during emergency response. It will strengthen operational capacities, information management, and emergency preparedness to ensure rapid detection and response to health emergencies, preventing epidemics and pandemics.

Significantly, WHO will prioritize the centrality of protection across all proposed interventions and work towards increasing access to Mental Health and Psychosocial Support services at primary healthcare levels.

To implement this strategy effectively, WHO adopts these approaches:

- Build Yemen’s public health capacity
- Enhance country preparedness
- Strengthen operational/technical partnerships
- Advocate effectively for health for Yemenis
- Mobilize resources to engage new donors and effectively steward current donors
- Fostering innovation – as part of increasing knowledge management, operationalizing the Humanitarian Development Program (HDP) and innovations, to move towards stabilization and early recovery

A laboratorian working in a WHO-supported health facility. Photo: WHO Yemen
KEY ACTIVITIES FOR 2024

○ Strengthen surveillance, including case investigation, at all levels

○ Respond to outbreaks, including preparedness, surveillance, laboratory assistance, response measures, and referrals, while ensuring the procurement of essential supplies for outbreak response, surveillance, and prevention

○ Support the deployment of Mobile Medical Teams (MMTs) to enhance access to life-saving healthcare services in hard-to-reach areas and camps

○ Provide support for primary healthcare, including the treatment of severe acute malnutrition (SAM) cases with complications

○ Conduct systematic nutrition status screenings and referrals for children under 5

○ Deliver maternal and newborn care, covering antenatal care, Basic Emergency Obstetric and Newborn Care (BEmONC), and Comprehensive Emergency Obstetric and Newborn Care (CEmONC)

○ Integrate non-communicable disease (NCD) care into the health system, ensuring both curative and preventive impacts. Develop national NCD and cancer control strategies with clear action plans addressing risk factors and improving access to screenings and early diagnosis

○ Build the capacity of healthcare workers to enhance technical expertise, reducing morbidity and mortality from communicable diseases

○ Focus on rapid response to identify, treat, and control evolving disease outbreaks

○ Enhance health information systems at the primary healthcare level

○ Scale up Mental Health and Psychosocial Support services by assisting mental health units in hospitals with essential medications, providing financial support to healthcare workers, and facilitating referrals
Ahmed Abdel-Jabbar, a five-month-old baby, was admitted to Al-Sadaqa Hospital in Aden, Yemen, lethargic and suffering from severe diarrhea. His mother, Fawzia Jamal, 30, has four children, and Ahmed is the youngest. Her husband washes cars to earn a living, but his work is not consistent. The family’s income is unpredictable, and they struggle to make ends meet.

Despite their financial difficulties, Fawzia is determined to do everything she can to keep her family healthy. When Ahmed fell ill, she brought him to Al-Sadaqa Hospital, where he received free medical care and treatment.

At WHO supported Therapeutic Feeding Centres across the country, WHO is helping families afflicted by malnutrition by supplying vital health resources and support, providing a lifeline to those who are most in need. Malnourished children are provided with free nutrition and medical care, and mothers given guidance and advice on how to ensure their children are well-nourished even with minimal resources.

“We are committed to helping children and families impacted by malnutrition in Yemen,” said Dr. Athmar Al-Sakkaf head of the Therapeutic Feeding Centres at Al-Sadaqa Hospital. “We are members of our community, working to improve the lives of Yemeni families, and our team of skilled healthcare professionals is committed to offering life-saving treatment to millions of children like Ahmed who need our help to survive and thrive.”

FOR MORE INFORMATION
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pesigana@who.int
## 2024 FUNDING REQUIREMENTS

### Emergency Appeal Requirement

<table>
<thead>
<tr>
<th>Yemen Complex Emergency</th>
<th>US$ ’000</th>
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<td>P3. Surveillance, case investigation and contact tracing</td>
<td>9 302</td>
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<tr>
<td>P4. Travel, trade and points of entry</td>
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<tr>
<td>P5. Diagnostics and testing</td>
<td>3 438</td>
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<tr>
<td>P6. Infection prevention and control</td>
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<tr>
<td>P7. Case management and therapeutics</td>
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<tr>
<td>P8. Operational support and logistics</td>
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<td>P9. Essential health systems and services</td>
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<tr>
<td>P10. Vaccination</td>
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<tr>
<td>P11. Research, innovation and evidence</td>
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</table>

The table above presents WHO’s funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO’s 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO’s Programme Budget 2024-2025).

### Billion 2 - Base programme requirement

<table>
<thead>
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<th>Yemen Complex Emergency</th>
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</tr>
</thead>
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<td>Yemen Country office requirement</td>
<td>77 002</td>
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</tbody>
</table>

<table>
<thead>
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<th>Yemen Complex Emergencies</th>
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</thead>
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<td>Emergency appeal requirement</td>
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<tr>
<td>2.3 Health emergencies rapidly detected and responded to</td>
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<td>Billion 2 - Base programme requirement</td>
<td>4 706</td>
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<tr>
<td>Total</td>
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</table>
Cholera remains a disease of inequity, disproportionately affecting the world's poorest and most vulnerable populations. The seventh global cholera pandemic, ongoing since the 1960s, has seen an upsurge in outbreaks since mid-2021. Significantly, in 2022-2023 there has been a further unprecedented surge of cholera outbreaks across the world including in countries that have not reported cholera for many years.

During 2023 at least 29 countries reported cholera outbreaks, collectively placing over one billion people directly at risk of cholera. Not only are there more simultaneous outbreaks across the world with greater geographic spread, but the outbreaks are larger and more deadly than before, compounded by the effects of climate change. Overall, the current number, size and concurrence of multiple outbreaks, the spread to areas free of cholera for decades and alarmingly high mortality rates present a major threat to global health security.

At the same time, the current global cholera response capacity continues to be strained due to the global lack of resources, including shortages of the oral cholera vaccine (OCV) and cholera supplies, as well as overstretched medical personnel, who are dealing with multiple parallel disease outbreaks and while also responding to complex humanitarian emergencies.

In addition, efforts to strengthen cholera control measures at the country level have suffered from decades of poor investment in the WASH and health sectors. The COVID-19 pandemic response put health systems under immense stress and resulted in competition for funding and human resources. Hard-won gains have shown to be insufficient against the effects of climate change and its related natural disasters. As the climate emergency worsens, human displacement will continue to intensify, along with droughts and flooding – all conditions that give rise to and worsen cholera outbreaks.

As outlined in WHO’s Global Strategic Preparedness, Readiness and Response Plan (SPRP) 2023-24, WHO and its partners will continue to support Member States to prevent, prepare for and respond to ongoing cholera outbreaks on a global scale.

WHO’s strategy revolves around three key elements:

1. **Early detection and rapid response**, based on interventions such as robust community engagement, strengthening early warning surveillance and laboratory capacities, improving health systems and supply readiness, and establishing rapid response teams. WHO will continue to work at country-level to empower communities to drive and sustain readiness and response to cholera outbreaks, and to adopt and sustain preventative, protective and care-seeking behaviours.

2. **A targeted multi-sectoral approach to prevent cholera recurrence.** The strategy urges countries and partners to focus on multisectoral interventions (PAMIs) in priority areas heavily affected by cholera. Cholera transmission can be stopped in these areas through measures including improved WASH, decentralized care and the targeted use of OCV. WHO will strengthen planning, preparedness, capacity-building, case management and monitoring of interventions at country-level, as well as infection prevention and control, and community engagement measures. WHO will continue to support countries by supplying lifesaving medical supplies, such as cholera kits.

3. **An effective mechanism of coordination for technical support, advocacy, resource mobilization, and partnership at local and global levels.** As Health Cluster lead and the host of the Global Task Force on Cholera Control (GTFCC), WHO will continue to enhance multi-partner and multi-sector coordination, including in partnership with governments, NGOs, civil-society, other UN agencies, donors and other partners, to promote cholera prevention and when deliver a coordinated public health response where needed.

A child takes part in handwashing demonstration during a cholera awareness raising activity for internally displaced people at Barakat School in Wad Madani, Sudan.

Photo: WHO / Ali Kheir
## 2024 FUNDING REQUIREMENTS

<table>
<thead>
<tr>
<th>Funding requirement by response pillar and by country</th>
<th>African Region</th>
<th>Region of the Americas</th>
<th>Eastern Mediterranean Region</th>
<th>Global Support</th>
<th>Total</th>
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<td>1 982</td>
<td>119</td>
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<td>P3. Surveillance, case investigation and contact tracing</td>
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<td>P7. Case management and therapeutics</td>
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<td>3 608</td>
<td>1 229</td>
<td>109</td>
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<td>P8. Operational support and logistics</td>
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<td>1 290</td>
<td>45</td>
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<td>P9. Essential health systems and services</td>
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<tr>
<td>P10. Vaccination</td>
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<td></td>
<td>3 115</td>
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<tr>
<td>P11. Research, innovation and evidence</td>
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<td><strong>Total</strong></td>
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<td><strong>14 518</strong></td>
<td><strong>5 240</strong></td>
<td><strong>439</strong></td>
<td><strong>49 874</strong></td>
</tr>
</tbody>
</table>

A child receives the oral cholera vaccine in Kinya, Kajjado.

Photo: WHO / BMiaron
Nearly four years since SARS-CoV-2 was first reported, the world continues to experience the devastating effects of COVID-19. Globally, millions of people continue to be (re-)infected with and thousands continue to die from this disease every week. Hundreds of thousands of people were estimated to be hospitalized with COVID-19 in the past month alone. Current research further suggests that around 6% of symptomatic infections will go on to develop Post-COVID-19 Condition. All of this is stressing health systems already grappling with competing health priorities.

While safe, effective tools are available to prevent and control COVID-19, important access inequities remain, preventing all people from benefitting equally. Many countries have been able to move beyond the acute phase of the pandemic through their wide and early use of vaccines, diagnostics, and therapeutics. Most lower-income countries, however, only had access to consequential amounts of these tools much later, stalling their rollout, use and impact. Many low-income counties continue to face challenges in access to life saving tools four years on, and as a result, continue to face substantial COVID-19 burden as the virus remains able to circulate freely. This is especially true in conflict settings and other fragile contexts.

The effects of access inequities are compounded by rampant mis-/disinformation undermining the use of available tools, affecting not just low-income countries but all countries. Demand for vaccines, among other tools, has decreased substantially over time, despite recommendations for their continued use, especially in high-risk groups. Globally, only 59 million doses were administered over the past 6 months, as compared with 327 million in the six months preceding.

Given widespread SARS-CoV-2 circulation, the risk of new variants with immune escape and increased growth rates looms large. This is happening at a time when countries are transitioning their emergency responses to COVID-19 into longer-term prevention and control programmes. As they do so, many countries are facing uncertainty in how they sustain the gains in health system capacity made during the pandemic, on which they now rely to control COVID-19 and other public health threats.

Despite the world’s desire to move on, COVID-19 continues to impact people’s lives and national health systems. While people may want to forget, governments must not, and WHO will not. A robust, concerted response by WHO to support Member States is still required.
WHO’s Response to COVID-19

WHO 2024 Response Strategy

As outlined in WHO’s Global Strategic Preparedness, Readiness and Response Plan (SPRP) 2023-25 for COVID-19, WHO will continue to work directly with Member States to (i) reduce and control the incidence of SARS-CoV-2, with a particular focus on reducing infections in high-risk and vulnerable populations and (ii) to prevent, diagnose and treat COVID-19 to reduce mortality, morbidity, and long-term sequelae. WHO will do this by supporting:

- **Collaborative surveillance**: WHO will work with Member States to strengthen disease monitoring and reporting systems to collect & analyse impact data meaningful to this stage of the emergency, including data on hospitalizations, intensive care admissions, and deaths, by age, underlying condition and vaccination status.

- **Community protection**: WHO, though Regional and Country offices, will continue to be in country, on the ground, providing direct support to Member States in implementing life-saving community-based protection measures, including vaccination, infodemic management, risk communication, public health and social measures, and more.

- **Safe and scalable care**: WHO will help Member States to maintain and integrate critical clinical care pathways into primary health care systems to ensure that individuals who test positive for SARS-CoV-2 are efficiently linked to care, especially in fragile and conflict settings.

- **Access to countermeasures**: WHO will support Member States in implementing COVID-19 tools, aiming to reduce access inequities, ensuring they are reaching those at highest risk from COVID-19. WHO will continue advocacy for research on and development of novel tools with enhanced characteristics to expand our ability to control the disease.

- **Emergency coordination**: WHO will continue to support inclusive multi-sectoral, multi-disciplinary and multi-partner mechanisms for coordination, planning, financing, and monitoring & evaluation at all levels in areas most affected by COVID-19. Across all of these components, WHO will work with Member States to sustain and expand gains in health system capacity that have been made during the pandemic and to transition from crisis response to sustainable, integrated, longer-term COVID-19 disease management.

For more information

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## 2024 FUNDING REQUIREMENTS

### COVID-19

<table>
<thead>
<tr>
<th>Fundraising requirement by response pillar and by country</th>
<th>Africa Region</th>
<th>Eastern Region of the Americas</th>
<th>Mediterranean Region</th>
<th>European Region</th>
<th>South-East Asia Region</th>
<th>Western Pacific Region</th>
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<td>753</td>
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<td>968</td>
<td></td>
<td>6 374</td>
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<td>P3. Surveillance, case investigation and contact tracing</td>
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<td>3 267</td>
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<td>P5. Diagnostics and testing</td>
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<td>3 756</td>
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<td><strong>2 912</strong></td>
<td><strong>14 130</strong></td>
<td><strong>138 163</strong></td>
</tr>
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*WHO’s Health Emergency Appeal 2024*
Dengue has become a growing public health concern with approximately four billion people in 130 countries identified at risk for Aedes-borne infections. Since the beginning of 2023, the world has been facing an upsurge in dengue cases and deaths reported in endemic areas with further spread to areas previously free of dengue. More than 5 million dengue cases and over 5000 dengue-associated deaths have been recorded in all six WHO Regions with some variations observed:

- The Region of the Americas reported the largest proportion of the global burden; among the countries currently monitored, 17 are from the region with the highest caseload reported in Brazil, Peru, and Mexico.
- Ten of 11 states in the South-East Asia Region are endemic for dengue (Bangladesh and Thailand experienced a surge in cases compared to previous years)
- The Western Pacific Region has so far reported cases from 8 countries (the Philippines and Vietnam hosting the largest numbers)
- The Eastern Mediterranean Region is reporting increased cases in 8 countries, (mainly fragile, conflict-affected and vulnerable (FCV) countries but also high-income countries such as Saudi Arabia)
- Although dengue is not endemic in EURO, autochthonous cases were reported in Italy, Spain, and France during the summer months
- The African Region is also heavily affected. Since the start of the year, 11 countries have reported over 171 991 cases, a 9-fold increase from 2019. Burkina Faso remains the most affected country, with 85% of cases and 94% of deaths reported

The increase in dengue cases and deaths and its unprecedented global spread are likely due to a combination of factors including: the consequences of the current El Nino phenomena and climate change leading to increasing temperatures and high rainfall, drought and humidity among others. Complex humanitarian crises, aggravated by armed conflicts, fragilize health systems and delay access to health care contributing to increased severe cases and deaths.

WHO’s Response to Dengue

WHO 2024 Response Strategy

WHO is providing technical and operational support response in countries with active transmission of dengue while continuing to provide support to other endemic countries. Coordination among multisectoral actors, currently insufficient in several countries, is crucial for an efficient use of existing capacities and effective response. Member States expect the WHO to play a key leadership and technical role.

A joint Incident Management Support Team (IMST), including Health Emergencies and Neglected Tropical Diseases (NTD) departments, has been established at HQ with a similar mechanism at the Regional level to coordinate the response.

Immediate actions include:

- Develop a WHO strategic preparedness and response plan
- Conduct risk mapping of countries
- Update preparedness and response guidelines including clinical management, enhanced data collection and reporting
- Strengthen vector surveillance and environmental surveillance in priority countries
- Reinforce risk communication and community engagement
- Adopt an integrated multisectoral One Health approach while preparing and responding to dengue outbreaks as well as other climate sensitive arboviral diseases

The dengue outbreak prevention and control efforts will be in line with current WHO’s global strategies, including the NTD 2021–2030 roadmap for preventing, controlling, eliminating, and eradicating NTDs by 2030, the Global Vector Control Response 2017-2030 and the Global Arbovirus Initiative (GLAI) launched in 2022.
# 2024 FUNDING REQUIREMENTS

## Multi-Region Dengue

<table>
<thead>
<tr>
<th>Funding requirement by response pillar and by country</th>
<th>Africa Region</th>
<th>Region of the Americas</th>
<th>Eastern Mediterranean Region</th>
<th>South-East Asia Region</th>
<th>Western Pacific Region</th>
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<td><strong>1 200</strong></td>
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The WHO African Region (AFRO) carries the highest burden of public health emergencies globally. These emergencies often severely impact vulnerable populations, strain fragile healthcare systems, disrupt essential health services, and threaten the economy.

From July 2022 to June 2023, AFRO responded to an average of 152 public health events every week, averaging 131 disease outbreaks and 21 humanitarian events. This included the re-emergence of Rift Valley fever in Mauritania, polio in Malawi and Mozambique, Ebola in the Democratic Republic of the Congo and Uganda, diphtheria in Niger, and yellow fever and cholera in multiple countries. Against the backdrop of ongoing pandemics and epidemics including COVID-19, mpox, and Marburg virus, these re-emergences highlight the importance of strong response capacity at national and subnational levels to protect lives and livelihoods.

Widespread cholera outbreaks necessitated a swift and decisive response, and AFRO helped deploy more than 16 million doses of oral cholera vaccine during campaigns in six countries. AFRO also supported countries to contain acute outbreaks of Ebola in the Democratic Republic of the Congo and Uganda, Marburg in Equatorial Guinea and United Republic of Tanzania, and yellow fever outbreaks in 12 countries. Notably, the Ebola outbreaks were contained within three months in the Democratic Republic of the Congo, and within four months in Uganda.

Mental health and psychosocial support (MHPSS) is integral to emergency preparedness and response. AFRO provided MHPSS support to all 47 Member States, as well as targeted support to North-east Nigeria, South Sudan, Ethiopia, Mozambique and the Democratic Republic of the Congo.

WHO has deployed more than 800 skilled multidisciplinary experts in critical multi-level incident management systems (IMS) functions to support countries’ major emergency responses and procure essential equipment and resources. While WHO supports countries through crises to curb outbreaks and meet immediate health needs, our long-term programs are working simultaneously to address the systemic inadequacies in the health emergency architecture in the region. Promoting Resilience of Systems for Emergencies (PROSE), Transforming African Surveillance Systems (TASS), and the African Health Volunteers Corps (AVoHC) SURGE help build in-country capacity to adequately prepare for, detect, and respond to public health emergencies and are central to WHO’s all-hazards, longer-view, capacity-building endeavour.

Funding requirement
US$334 067 000
WHO REGIONAL PRIORITIES

The WHO Regional Office for Africa is prioritizing efforts to transform Emergency Preparedness and Response (EPR) globally through close collaboration with key stakeholders in the field. WHO’s flagship programs – PROSE (Promoting Resilience of Systems for Emergencies), TASS (Transforming African Surveillance Systems) and AVoHC-SURGE (African Volunteers Health Corps - Strengthening and Utilising Response Groups for Emergencies) – are key to addressing systemic inadequacies in the health emergency preparedness and response infrastructure in the region. Led by governments, and informed by technical assistance from WHO, these flagship programs will help integrate and strengthen existing national human resources for emergency response.

AFRO aims to bring post-COVID 19 healthcare recovery beyond simply ‘back on track’: concentrating instead on new high-impact interventions in the fields of preparedness and response for health emergencies, food safety, and sustainable financing. WHO will also focus its efforts on urban-centered, public health capacity-building as population density and high mobility means cities are increasingly vulnerable to health emergencies. The AVoHC-SURGE program will initially be implemented in select countries and scaled up regionally over the course of five years, aiming to create a group of 3000 African Elite Emergency Experts equipped to respond quickly and holistically to a wide range of hazards that create health emergencies.

Regional priorities include supporting member states to:
- Respond to emergencies through the deployment of additional experts to address human resources gaps
- Ensure continuity of essential health services during crises, and the provision of quality care to crisis-affected populations
- Strengthen early warning systems, including scaling up event-based, pathogen and genomic surveillance activities
- Develop and use comprehensive electronic health databases that aggregate as many data sources as possible
- Promptly share data on emergencies and analyze data for decision-making
- Strengthen and integrate the emergency workforce to ensure the availability of trained human resources at national and subnational levels
- Strengthen response readiness and coordination across ministries, partner agencies and civil society organizations
- Ensure efficient pre-positioning and deployment of emergency supplies at national and subnational levels
- Enhance risk communication and community engagement to convey public health threats in a transparent, timely and coordinated manner through mechanisms built into National Action Plans for Health Security
- Scale up emergency vaccination to end the acute phase of epidemics
The Central African Republic has faced a prolonged humanitarian crisis following the military-political conflicts of 2013. 3.4 million people, more than half of the population, need humanitarian assistance. The sectors most affected are water and sanitation, food security, health, and protection as violence persists despite a reduction in fighting. A particularly worrying element of this crisis is the massive displacement of the population. More than 520,000 people are currently internally displaced, 2.5 million are registered returnees, and 750,000 are refugees, mainly from Chad and Sudan. Responses to the humanitarian crisis in the country are insufficient: out of the 1.1 million people targeted by the 2022 humanitarian response plan, only 470,000 were reached by the health response sector that year. Famine, limited access to medical care, food insecurity, and homelessness are among the many challenges confronting the population. Gender-based violence affects these groups as well. According to data from the 2018-2019 Multiple Indicator Cluster Survey (MICS), infant, juvenile, and neonatal mortality rates in Central African Republic remain alarming. The maternal mortality rate is also far short of SDG targets, with an estimated 829 deaths per 100,000 live births. This data places Central African Republic among the highest maternal and infant mortality rates in the world.

Beyond the humanitarian crisis, in 2023 alone Central African Republic has been plagued by epidemics of measles, whooping cough, yellow fever, canine rabies, mpox, vaccine-derived poliomyelitis, and COVID-19. The country’s most recent cholera outbreak occurred between 2016 and 2017, but cholera outbreaks and/or importation remain a risk from neighbouring cholera-endemic Cameroon and the Democratic Republic of Congo. Furthermore, trade, population mixing, and sanitation and water supply challenges are all risk factors for the spread of cholera in the Central African Republic.

In Chad, mobile clinics have played a pivotal role in ensuring that the country’s most vulnerable populations can access COVID-19 vaccines. Photo: WHO / Denis Sassou Gueipeur

Chad is suffering the unprecedented consequences of insecurity threatening human lives and livelihoods, leading to human rights violations and jeopardizing social cohesion. In addition to these situations of insecurity and human rights violations, the country is experiencing a disproportionate burden of epidemics (such as yellow fever, measles, polio, leishmaniasis, chikungunya, meningitis, influenza, dengue fever) and other health issues associated with poor access to basic social services such as malaria, scorpion bites, and guinea worm. The COVID-19 pandemic led to tragic loss of life, with repercussions on livelihoods and economies threatening progress towards the Sustainable Development Goals (SDGs). Since the outbreak of armed clashes in Sudan in April 2023, Sudanese refugees and Chadian returnees have been converging on border entry points in search of shelter. Conflict has displaced more than a million people in neighbouring countries, over 500,000 of whom have sought refuge in Chad, with thousands of new arrivals every week. Some 70,000 Chadians living in Sudan have returned home without any means of subsistence, living in numerous formal and informal camps. This devastating conflict is also accompanied by extreme hunger, affecting over four million children and pregnant and nursing women who have lost their livelihoods. In the camps, access to essential health services is disrupted by limited human resources and medicines.

This complex humanitarian situation has recently been aggravated by epidemics of dengue and measles. The dengue epidemic was declared in August 2023 with 1512 suspected cases recorded by October.
THE CONGO

The Democratic Republic of the Congo is facing a protracted crisis characterized by ongoing armed conflicts, inter-communal violence, health emergencies and natural disasters. The situation has resulted in the repeated displacement of approximately 6.9 million internally displaced persons, who have been exposed to life-threatening conditions in 2023. The turmoil in eastern Democratic Republic of the Congo, which has persisted for almost three decades, has worsened and spread to other areas. Consequently, the humanitarian situation in large parts of the country has deteriorated, necessitating an immediate scale-up of the response to address the increasing needs and reported gaps in the acute response. Additionally, the Democratic Republic of the Congo is grappling with various epidemics, including cholera, measles, mpox, COVID-19, vaccine-derived poliovirus, and the high risk of Ebola virus disease. These crises have created an unbearable situation for the health and well-being of the population, with food insecurity, malnutrition, and attacks on healthcare exacerbating the challenges. In response to the situation, the United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief authorized a United Nations system-wide scale-up in three provinces on 16 June 2023: Ituri, North Kivu, and South Kivu. Moreover, WHO initiated a corporate-wide grade 3 scale-up on 21 June 2023 in Tshopo, Kasai, and Mai-Ndombe, where the deteriorating health and humanitarian situation poses challenges for the provision of effective life-saving assistance. Despite this scale-up, we can still see several gaps that need to be filled urgently, but for which resources remain extremely limited. As a result, the humanitarian response has been extended by three months to December 16, 2023.

WHO Country Office in the Democratic Republic of the Congo continues to provide emergency health services and strengthen health systems in the provinces. Approaches adapted to each province are designed and implemented to ensure a tailored response to specific provincial needs and gaps, and effective improvements in health service delivery. In addition, the country office continues to meet current needs and stands ready to respond vigorously to any health and/or humanitarian emergencies across the country.

ETHIOPIA

The humanitarian situation in Ethiopia is complex and volatile. The country is facing a range of challenges that need immediate attention. Apart from the aftermath of the conflict in Northern Ethiopia (NE), Ethiopia is also struggling with access restrictions, chronic food insecurity, climate change-related effects such as droughts and floods, huge internal displacements, refugee influx from neighboring Sudan and Somalia, and the spread of malaria and cholera. These factors are seriously hampering health gains, increasing the risk of disease transmission, and endangering the lives of millions of people.

The conflict in Tigray is still causing critical issues in Ethiopia even after the signing of the Cessation of Hostilities Agreement (CoHA) in November 2022. The conflict has severely affected the health and well-being of the people living in Northern Ethiopia, with nearly 8.9 million individuals now in need of humanitarian assistance. The damage and/or looting of health facilities as well as the lack of access to basic healthcare and medical resources have led to a surge in preventable diseases, including malaria and measles, which pose a significant threat to public health. Despite a noticeable improvement in the accessibility situation for health interventions following the signature of the CoHA, access constraints remain ongoing. The recent increase in violence in Amhara is further reducing access and jeopardizing health gains.

Acute malnutrition continues to be a significant public health issue, particularly in the south and southern regions where prolonged droughts compromise fragile livelihoods, leading to poor nutritional status. The situation is compounded by food insecurity, disease outbreaks, and weakened immunity, which increase the risk of morbidity and mortality. The situation in Ethiopia is alarming. The country is currently facing a severe outbreak of cholera, as well as cases of malaria and measles. Since January 2023, over 2 646 116 cases of malaria and 18 899 cases of measles have been reported. In addition, 25 276 cases of cholera have been detected, with 330 confirmed deaths. Amhara, the South Ethiopia Regional State, and Oromia have been hit the hardest. Current access constraints make it challenging for WHO to provide on-the-ground support, which is contributing to the spread of diseases. For these reasons, the epidemiological outlook remains negative.

The simultaneous occurrence of multiple emergencies is gradually disrupting the health delivery system. The gains achieved in epidemiological surveillance and response, including immunization, might be lost, and there is an increased risk of outbreaks due to overcrowded internally displaced persons (IDP) camps and the disruption of routine immunization. As a result, millions of people are at risk of epidemic-prone diseases such as measles, polio, cholera, meningitis, malaria, and COVID-19.
The Greater Horn of Africa is among the world’s most vulnerable geographical areas to climate change and climate shocks. The region continues to experience one of the worst food insecurity situations in decades, which is exacerbated by conflict and the impact of recurring climate patterns such as El Niño. The level of acute food insecurity in the region has increased by 25%, rising from 38 million people affected to 47.4 million since the declaration of the emergency in mid-2022. Sudan and South Sudan are among the areas of highest concern but needs across the wider Greater Horn of Africa region will persist in 2024. Urgent and scaled-up assistance is required to avert a further deterioration of acute food insecurity and malnutrition. Over the coming months, extreme weather events including droughts, floods, hurricanes, and heatwaves are expected to cause a negative impact on human health. In addition, the region experiences displacement, which both drives and causes food insecurity. The Sudan crisis triggered additional displacement, with more than 4.9 million displacements tracked in the sub-region.

Malnutrition represents the key concern, with approximately 11.5 million children under 5 years old expected to require nutritional assistance in 2023-2024 across the Greater Horn of Africa region. Among those children, 2.7 million are estimated to be severely malnourished and in need of therapeutic care. Malnutrition increases both the likelihood of falling sick and the severity of disease, and sick people become more easily malnourished. In areas affected by food insecurity, outbreaks of communicable diseases are a major public health concern, particularly against a backdrop of (often low) immunization rates, insufficient health service coverage and the devastating combination of malnutrition and disease.

The number of reported disease outbreaks and climate-related health emergencies in Greater Horn of Africa has now reached its highest level this century. Extreme weather events, massive displacement, food insecurity and malnutrition, limited access to health care and low immunization rates all contribute to an increasing risk of disease outbreak.

El Niño is expected to further increase the risk of vector and water borne diseases and the overall disease outbreak load in the region. In much of East Africa, El Niño is associated with higher-than-normal rainfall and an increased risk of flooding. There is a particularly high chance for above-normal rainfall in southern Ethiopia, northern Kenya, Somalia and parts of Uganda. South Sudan, although not directly affected by El Niño-related increases in rainfall, is also particularly vulnerable to flooding caused by abundant rainfall in the Lake Victoria Basin. The heightened risk of downstream river overflows may lead to a fifth consecutive year of exceptionally widespread floods and an expansion of permanently flooded areas.

Additionally, the Greater Horn of Africa will face an increased risk of certain climate-sensitive diseases. East Africa is already facing one of the worst and longest-lasting cholera outbreaks in years, which is likely to be prolonged and exacerbated by heavy rainfall and flooding, which may increase water contamination. Flooding may also provide ideal conditions for mosquito multiplication and the emergence and/or exacerbation of Rift Valley fever (RVF) and malaria in late 2023.

Kenya experienced a protracted drought in 2023, affecting millions of people mainly in the arid and semi-arid regions to the north. High rates of severe acute malnutrition, amid an increase in disease outbreaks, continue to impact on the health status of children and women.

In addition to the worsening acute malnutrition situation, Kenya has also been affected by multiple disease outbreaks including cholera and measles, a neglected tropical disease (Leishmaniasis) as well as a zoonotic diseases (anthrax). Disease burden further contributes to either increased nutrient needs or losses resulting in malnutrition. High child disease burden was observed, especially in areas with high malnutrition, with high diarrhoea prevalence in the north.

Despite some relief from the March-May rainy season, El Niño is also projected to cause wet (in the east) and dry (in the west) conditions, with implications for outbreaks of water-borne diseases such as cholera, and for vector-borne diseases like malaria, chikungunya and Rift Valley fever. The impact of these outbreaks is compounded by acute food insecurity, WASH challenges, existing disease burden, insufficient access to health facilities, and sub-optimal interventions, compounded by insecurity.

WHO aims to strengthen coordination across regions and sectors to align strategic planning and operational delivery, as well as collection and use of timely and accurate data for early warning, identifying needs, and tracking health care capacity. WHO is also working to integrate availability of essential nutrition actions and to expand access, coverage and quality of a basic package of health services adapted to the increased health needs and risks of populations affected by the drought and by increasing levels of food insecurity, hunger and malnutrition.
Liberia has a fragile health system due to unpredictable sector funding, insufficient qualified and skilled human resources, worsening poverty indices, poor port health and points of entry infrastructure. In the last decade, Liberia has been affected by devastating disease outbreaks, including Ebola Virus Disease (EVD), measles, cholera, Lassa fever, rabies, anthrax, mpox, and COVID-19, as well as other public health events like floods and mudslides that severely impact Liberia's economy and development. Limited access to basic infrastructure and services increases Liberia's vulnerability to epidemic-prone diseases and pandemics. The country continues to be challenged with repeated disease outbreaks which often overwhelm the already-weak health system, consequently interrupting essential health services and leading to socio-economic disruptions that undermine progress.

Liberia is increasingly experiencing physical changes to its climate, stemming from anthropogenic global warming that include warmer temperatures, increase in rainfall intensity and flood risks, the potential for water-borne disease outbreaks in urban areas, especially in informal settlements, seasonal storms with potential to destroy infrastructure and displacement of coastal populations.

MADAGASCAR

Humanitarian crises continue to impact lives and access to basic services in the Grand Sud and Grand Sud Est regions of southern Madagascar. Health indicators are suffering, particularly healthcare quality, service utilization, and vaccination coverage, while the health situation is worsening with the recurrence of drought and cyclonic episodes and related nutrition crises. During the first half of 2023, the use of maternal and neonatal health services in the two regions declined, while center-based delivery stagnated or fell.

These interconnected factors have caused an upsurge in communicable and fatal diseases such as malaria, diarrhoea and vaccine-preventable diseases such as polio and measles. 89% of districts across both regions are experiencing a malaria epidemic, with rates over two percent higher than 2022. Almost half of malaria deaths in the country come from these regions. The poliovirus epidemic in Madagascar is third highest in the African Region, with many cases identified through environmental surveillance amid gaps in immunization.

Health risks remain high and ever-increasing, while the capacity of households to use health services is weakening and the availability and quality of these services are deteriorating. These problems of access and availability will exacerbate the situation by reducing immunization coverage, risking not only the continuation of the polio epidemic, but also the growth of other epidemics such as measles. WHO is working to maintain and strengthen access to integrated health services, improve the quality of services at different levels of care, and to strengthen the health system, operationalizing systems for monitoring and responding to health emergencies.
Since 2017, an ongoing armed conflict in Cabo Delgado province, northern Mozambique, has driven the population into widespread displacement, mainly to the south of the province as well as to the two neighbouring provinces, Nampula and Niassa. The displacements and disruptions of livelihoods put added strain on those already faced with scarce resources, rapidly grew into a humanitarian crisis. By early 2023, the number of internally displaced persons (IDPs) had reached one million. Recently, as some districts were declared safer, half a million IDPs have begun returning to their places of origin, particularly in the heavily affected districts of Mocímboa da Praia, Palma, and Muidumbe. These districts affected by the conflict have suffered significant infrastructure damage, including health facilities. Moreover, a substantial gap exists in the assistance available to returning individuals due to the limited presence of partner organizations in these districts, leaving them vulnerable to a multitude of problems.

The Cabo Delgado province has been dealing with a cholera outbreak since March 2023 and is facing other health emergencies, such as measles, polio, malaria, COVID-19, tuberculosis, and HIV. Furthermore, the destruction and closure of 23% of the health facilities hampers the provision of critical primary health care.

This situation led to finding new strategies for delivering quality and lifesaving healthcare using integrated mobile health brigades, temporary clinics, and community health workers. These strategies encompass delivering basic community health services, including immunization, maternal and child health, sexual and reproductive health, gender-based violence prevention and response services, and when necessary, mental health and psychosocial support.

Malawi’s population has significantly grown in the past couple of decades, from 3.6 million people in 1960 to 20.9 million in 2023. Malawi is included in the least developed countries (LDCs) category. Malawi has made significant progress in key health outcomes over the years, but there are still some major gaps in the healthcare delivery system. There is an increase of disease mortality and burden from both communicable and non-communicable disease. Stunting (low height for age) remains high among children under-5, with prevalence of 35.5% among under-five children. Cholera is endemic in Malawi with seasonal outbreaks being reported over the past twenty-five years. Malawi is still responding to its worst cholera outbreak in its history with almost 60 000 cases. Apart from the cholera outbreak, Malawi has recorded almost ninety thousand COVID-19 cases, and after a reported case in 2022 the country conducted 6 rounds of supplementary immunization activities (SIA) in response to polio. All these public health emergencies stretched health care systems and resources from WHO, MoH and other partners implementing health activities.

Climate change and environmental degradation are at the root of a series of challenges affecting Malawians. From 2015 to 2023 the nation has responded to five nature disasters – cyclone Idai, tropical storm Ana, Gombe and Freddy – and the future climate change scenarios suggest that Malawi may witness increasing climatic variability.

WHO supports the Malawi MoH in the provision of technical and financial support, drugs, equipment, and other materials. Technical support on norms, standards, and guidelines as well as evidence to inform policy decisions and direction on health issues. WHO also facilitate the strengthening of the health systems through the provision of technical support during the development of several policies and strategic plans, including the third Health Sector Strategic Plan (HSSP III), the National Community Health Strategy, Public Health Emergence Operation Centre handbook, and Multi-Hazard Health Emergence Operational Plan.

In 2023 WHO collaborated with the Ministry of Health to scale-up response interventions for cholera, polio, cyclone and flooding, strengthening district-level coordination and integrating mobile outreach clinics into the camps. WHO supported provision of emergency supplies and essential medicines among displaced populations, as well as strengthening disease surveillance in 29 affected districts. WHO also supported the Ministry of Health to develop priority international health regulation competencies and provided technical and financial support to enable MoH and partners to finalize the Health and Climate Change Communication Strategy for extreme weather events and climate forecast in relation to health.
THE SAHEL HUMANITARIAN CRISIS

Several countries in the Sahel Region are experiencing multifaceted humanitarian crises, characterized by socio-political conflicts and natural disasters. The scale and scope are similar from one country to another and often result in disasterous consequences for the health of the affected population. 19 million people need health care in the six targeted countries- Burkina Faso, Cameroon, Chad, Mali, Niger, Nigeria, of which almost twelve million are identified as most vulnerable. Amongst the most vulnerable, almost eight million people remain internally displaced, and 1.6 million are refugees. The WHO Africa Region has implemented several strategic health activities and placed a dedicated team within the Dakar hub to strengthen coordination of the health sector response in countries facing protracted humanitarian crises. Implementation will take a regional approach and will contribute to countries targeted by the UN Integrated Strategy for the Sahel (UNISS), particularly countries experiencing a protracted humanitarian crisis, namely Burkina Faso, Cameroon (Far North region), Chad, Mali, Niger and north-eastern Nigeria (Borno, Adamawa and Yobe states).

With the humanitarian situation in the Sahel, WHO is intensifying its role both as support to health authorities in strengthening health systems and as a provider of health services. WHO will work with the health authorities and health cluster partners in the six priority countries in the Sahel to strengthen epidemic surveillance and access to essential health services. A specific focus on reproductive, maternal, newborn, child and adolescent health will be strengthened to ensure no one is left behind. WHO is also committed to improving coverage and quality of health services for survivors of gender-based violence (GBV), through training health care workers and partners. WHO is also committed to preventing and responding to sexual exploitation, abuse and harassment with a zero-tolerance approach.

1 The response to the Sahel humanitarian crisis covers Burkina Faso, Cameroon, Chad, Mali, Niger, Nigeria

SOUTH SUDAN

South Sudan faces a severe humanitarian situation driven by negative climatic conditions including floods and drought, as well as conflict, displacement, economic downturn, acute food insecurity and the resultant risk of disease outbreaks. An estimated 8.5 million people will require humanitarian assistance in 2024, including 2 million internally displaced persons (IDPs). In addition, six months of violence in Sudan that started in April 2024 between the Sudanese Armed Forces (SAF) and the paramilitary Rapid Support Forces (RSF) has further exacerbated the humanitarian situation in the country. As of 22 October, South Sudan had received 327,919 returning refugees and new refugee arrivals, with an estimated daily arrival rate of 1,741 persons per day over the previous six months. Projections indicate over 520,000 refugees and returnees could arrive in total by the end of December 2023, according to South Sudan’s Emergency Response Plan from August 2023.

In 2023, severe acute food insecurity impacted an estimated 7.7 million people across 78 counties in South Sudan. This includes 43,000 people facing catastrophe-level food insecurity at Integrated Food Security Phase Classification (IPC) Phase 5, 2.9 million at IPC Phase 4 (emergency-level), and 4.8 million at IPC Phase 3 (crisis-level). Among those affected are 1.4 million malnourished children.

While the October 2022 to February 2023 harvest may reduce food gaps for some households, millions will still be unable to meet minimum food needs as stocks could be depleted by April 2024. Additionally, ongoing sporadic conflicts and the influx of returnees and refugees from Sudan is likely to strain food supplies and incomes further, driving severe malnutrition.

Over 1 million people across 37 counties in South Sudan were affected by floods in 2022. Over 62 people were reportedly killed due to drowning, trauma, or snake bites associated with flooding (OCHA 2022). In 2023, areas of Upper Nile and Unity states remain under floodwaters, with an estimated 7,021 people still displaced (OCHA 2022). In addition, over 600 people in Renk and Mundri West Counties have been displaced by fresh floods (OCHA, September 2023). South Sudan has a health system stretched beyond capacity, with low health workforce availability, weak disease surveillance, and low vaccine coverage for most preventable diseases. In 2024, pressures from climatic shocks, insecurity, and displacement will compound these constraints to further exacerbate South Sudan’s public health crisis. The country is currently facing a recurrent measles outbreak that started in 2023 and has so far been reported in 68 counties. So far, there have been 6,389 suspected cases, 524 laboratory confirmed cases and 149 deaths, giving a case fatality ratio of 2.21% as of 31 December 2023. Outbreaks of other diseases have included hepatitis E, reported in Bentiu IDP Camp since 2018 and in Fangak in 2023, and an outbreak of cholera in Malakal County during which 1,471 cases and 2 deaths were reported.
Since the beginning of 2023, intercommunal clashes and armed conflict, combined with floods and landslides in the east of the Democratic Republic of the Congo have forced thousands of people to flee their homes and seek refuge in overcrowded internally displaced persons’ camps. At the same time, the country has been facing one of the deadliest outbreaks of cholera, burdening an already overstretched health system. From January to September 2023, over 41,000 cases and 314 deaths have been reported. A concerning feature of this outbreak is the consistently high number of cases reported throughout the year: after an initial peak in April 2023, approximately a thousand cases have been reported each week.

Since the beginning of the outbreak, WHO has been working closely with health authorities to support the response, including by providing medical supplies and expertise, facilitating the transport of test samples to laboratories, and building treatment centres to bring health care closer to the people.

In January 2023, the Democratic Republic of the Congo carried out a massive reactive vaccination campaign, which reached over 360,000 internally displaced persons in the North Kivu region with single doses of the Oral Cholera Vaccine (OCV). Additional vaccination campaigns are planned in the near future, which will tentatively target a further 5 million people. The plan also includes emergency interventions in cholera-affected areas, notably the North Kivu province, as well as investment for operational research to drive evidence-based solutions for effective cholera prevention and control.

It is against this backdrop that the Government of the Democratic Republic of the Congo launched, in October 2023, its revised Multisectoral Cholera Elimination Plan to eliminate the disease by 2030. This plan has a total budget of US$192 million allocated to improve water, sanitation and hygiene (WASH) conditions to lower disease transmission within affected local communities.

**FOR MORE INFORMATION**

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The Region of the Americas (AMRO) faces complex, multifaceted health and humanitarian challenges in a context of acute inequity within and across countries. The region is extremely vulnerable to natural hazards, particularly climate-driven disasters including hurricanes, floods, and droughts, that have immediate and long-term health consequences. These events pose significant challenges to health facilities in the Region, including infrastructure damage, contamination of water supplies, and the disruption of health services, leading to increased vulnerability to diseases and other health emergencies.

Populations living in informal settlements or coastal areas, as well as migrants and refugees, are particularly at risk as they often lack access to adequate healthcare, clean water, and sanitation facilities.

The Americas are characterized by a diverse epidemiological and disease profile and increasingly confronted with outbreaks of infectious diseases and emerging highly infectious pathogens. This situation is amplified by climate change and environmental drivers as well as reduced vaccination coverage. The region is slowly recovering its immunization coverage rates for most antigens, which had drastically dropped during the pandemic. In 2022, the coverage rate for the third dose of the vaccine against diphtheria, tetanus and pertussis (DTP3) was 90% up from 86% in 2021, but still below the 95% recommended rate. Across the region, 1.3 million children younger than 1 year remain unvaccinated, compared to 1.9 million in 2021. While the Region is showing signs of progress, the road to recovery for immunization programs is long, leaving many countries highly vulnerable to outbreaks of vaccine-preventable diseases, including polio, measles, and diphtheria. Another key infectious hazard in the Americas is the prevalence of vector-borne diseases. Diseases like dengue fever, Zika virus, and Chikungunya, transmitted primarily by Aedes mosquitoes, have become widespread in many parts of the LAC region. These diseases pose a constant threat, leading to periodic outbreaks that strain health systems and resources.
Latin American and Caribbean countries have been severely impacted by the 2023 El Niño, which is amplifying countries’ existing vulnerabilities. El Niño is having varying effects on precipitation and temperature across the Region, causing droughts, wildfires and floods, potentially disrupting the lives and livelihoods of millions of people. Its effects worsen health concerns related to climate change and ecosystem shifts, such as high malnutrition, elevated mosquito-borne and water-borne disease risk, and greater susceptibility to heat waves.

The impact of El Niño on the spread of arboviruses is already apparent in 2023, evidenced by the sharp rise in dengue cases. Over 3.4 million new dengue infections were recorded in the Americas up to epidemiological week 35, far surpassing 2019’s record number. Brazil accounts for 80% of the reported cases, though sharp increases have also now been seen in Central America and the Caribbean. Greater transmission is expected in the first half of 2024 as El Niño will likely persist until May-June.

These multiple health emergencies unfold amidst other complex crises, including escalating mass migration and widespread violence, further straining overwhelmed regional health systems. Over 7.7 million Venezuelan refugees and migrants have left their country since 2018, with about 6.5 million (84%) hosted in LAC countries, mostly Colombia. The flow of migrants through Central America has nearly tripled from 2022 to 2023 while average migrant stays in host countries have lengthened, putting huge pressure on local health systems. Yet most health systems in the Americas are still recovering from the COVID-19 pandemic, struggling to ensure continuity of essential services, address waiting lists for consultations and surgeries, provide community care, and deliver basic and primary services. Finally, though countries have shifted focus from the COVID response, it remains a public health emergency. Despite decreased severity owing to post-infection and vaccine immunity, late 2023 saw a marked increase in COVID positivity rates. Across the Americas, rates have soared to around 20%, driving up hospitalizations and deaths. These acute challenges continue to put immense pressure on fragile health systems across the Region and negatively impact health networks’ capacities to delivery timely essential health services.
WHO REGIONAL PRIORITIES

In this complex regional panorama, WHO’s humanitarian health assistance priorities in the region of the Americas revolve around strengthening local health systems to ensure access to essential healthcare services, and to support capacities to rapidly and adequately respond to health emergencies.

Key priorities in the region for 2024 include:

- Scale up delivery capacity and improve equitable access to essential healthcare services for the populations affected by acute emergencies and prolonged humanitarian crises. These efforts must address recognizing and underlying social determinants of health, such as poverty, education, and access to clean water and sanitation, to reduce health disparities and address the specific health needs and vulnerabilities of different population groups.

- Enhance national and subnational capacities to detect, respond to and manage infectious disease outbreaks, such as cholera, dengue or COVID-19, through early warning systems, testing, treatment, vaccination campaigns and public health measures.

- Increase operational preparedness for natural disasters like hurricanes, earthquakes, and floods by strengthening national and regional emergency coordination and response mechanisms for the rapid deployment of medical aid in affected areas.

- Strengthen national and regional operational logistics, supply chain management and warehousing capacities, within the framework of the Interamerican Humanitarian Health Assistance Network (IHHAN).

- Maintain vaccination outreach efforts and implement and strengthen vaccination programs to prevent the spread of vaccine-preventable diseases.

- Equip communities in fragile and remote environments to self-manage health risks, better protect themselves against adverse events, and improve their capacities for prevention, promotion and access to health.
The complex, prolonged humanitarian “polycrisis” persists in Colombia, predominantly affecting areas with limited state presence and capacity. This stems from the spreading impact of the armed conflict and intensifying violence in certain territories, the continued major influx of migrants, and the rise in local emergencies from natural disasters. Colombia has the world’s second highest internally displaced persons after Syria, and this figure continues to rise. The Institute of Hydrology, Meteorology and Environmental Studies has warned since April 2023 that the El Niño phenomenon may endure across 25 Colombian departments through 2024, further exacerbating existing displacement and conflict. This situation may spur disease outbreaks like dengue, malaria, acute diarrhea, respiratory infections, and waterborne illnesses; spike maternal morbidity; and worsen nutritional and mental health. As crises converge in communities, disparities grow, challenging access to vital health services. In 2024 over 8.3 million Colombians face pressing humanitarian needs, with acute health needs affecting over 5.8 million. Many affected areas lack sufficient health personnel, logistics, supplies and medications for emergency response. Health services operate disjointedly, while local posts lack infrastructure for primary care, requiring constant adaptation and upkeep. Personnel turnover and attacks on medical missions further restrict essential service availability. Thus, over half the populations of 220 municipalities travel 5+ km to access health facilities with uncertain resource availability. These challenges distinctly worsen morbidity and mortality indicators. WHO promotes a coordinated emergency response in Colombia addressing conflict, violence, disasters, epidemics and mixed migration flows. More action is required to enable vulnerable groups’ access to quality and appropriate health services, and to strengthen institutional and community service delivery capacity.

Cuba’s economic and humanitarian crisis, exacerbated by COVID-19, has steadily worsened in recent years. The country’s GDP contracted 10.9% in 2020, while inflation surged 39% in 2022 and 15% early 2023. Economic challenges intertwine with healthcare financing troubles, including inflation limiting access to foreign currencies needed to buy medical supplies, medicines and equipment parts. The Cuban National Health System (SNS) faces extreme shortages of essential medicines and supplies, with over 67% of the 627 items on the essential drug list facing disruptions, though 60% are domestically produced. Shortages curb hospital capacity, significantly reducing surgeries from 1 202 388 in 2019 to a mere 707 580 in 2022 – a 41% drop. Healthcare professional emigration for other jobs, domestically and abroad, further strains services. From 2019-2022, notable declines occurred among mid-level technicians and nurses especially. These challenges have deteriorated Cubans’ health, disproportionately impacting the most vulnerable. Alarming statistics show escalating infant mortality from 4.0 per 1000 births in 2018 to 7.2 in 2022, while maternal mortality stagnates around 40 per 100 000. Economic troubles, inflation, supply shortages and staff exits will continue to challenge health systems in 2024. Urgent, unified actions are vital to strengthen national health system capacity and maintain Cubans’ access to quality, essential care.
El Salvador is situated within the Dry Corridor, a region encompassing around 67% of its territory. Within this corridor, FAO estimates that 2.2 million individuals are grappling with both poverty and climate vulnerability. Of them, 54% rely primarily on basic grain farming. Since mid-2023, these individuals face heightened challenges from dry conditions triggered by the El Niño-Southern Oscillation (ENSO) during crucial crop growth. This makes securing food and water even harder, directly impacting families already enduring structural poverty, fragile resilience and climate-related crisis susceptibility. El Salvador remains critically vulnerable to ENSO, contributing to rising food insecurity, child malnutrition and illness from lack of safe water, sanitation and more. Timely, comprehensive response is urgently required to prevent further deterioration in food and nutritional security, drinking water access, sanitation, and vulnerable groups’ health status. Climate change, food scarcity, protection gaps and increased displacement significantly and negatively impact Salvadoran health, disproportionately affecting pregnant women, infants, children and other at-risk groups.

The prolonged humanitarian crisis in Haiti significantly deteriorated in 2023, with alarming rises in unprecedented levels of kidnapping, killings and sexual violence. This prompted the Emergency Relief Committee (ERC) to activate a System-wide Inter-Agency Standing Committee (IASC) scale-up to bolster humanitarian presence and response in Haiti, automatically reclassifying the crisis as a WHO Grade 3 Emergency. Worsening insecurity from gangs, fuel shortages and roadblocks restricts humanitarian access to gang-controlled areas and constrains health sector capacity to address needs there. There are currently over 200 active armed gangs with military-grade weapons in Haiti. Most of them are active in the capital city, Port-au-Prince, which is about 80% under the control of violent gangs, but insecurity is rapidly expanding to neighboring departments, particularly Artibonite.

Intensified gang attacks have also spurred mass migration from and displacement within Haiti. As of November 2023, 198,000 internally displaced persons (IDPs) are distributed across about one hundred formal and informal camp sites. Limited healthcare access amidst rising violence exacerbates the humanitarian crisis in Haiti, disproportionately impacting vulnerable groups. The widespread insecurity also impairs the provision of an adequate response to the cholera outbreak that continues to affect the country. Since the resurgence of cholera in October 2022, over 76,000 suspected cases have been reported nationwide.
Like many LAC countries, Honduras faces a multi-causal crisis stemming from the convergence of complex scenarios across social, economic, political, environmental and human rights spheres. The escalating humanitarian needs in Honduras are propelled by a confluence of factors. These encompass complicated human mobility dynamics marked by forced displacement, mixed movements and returning Hondurans needing protection. Additionally, climate change and disasters ranging from droughts to sudden floods, plus the impact of El Niño, intensify complexities. Persistent food and nutritional insecurity compound challenges, collectively spurring a mounting humanitarian crisis. As multiple adverse situations manifest and reinforce one another amid widespread violence, risks grow for populations including women, children, adolescents, LGBTQ+ persons, those with disabilities and ethnic communities. Over 2.1 million individuals nationwide have limited health service availability or accessibility, with some 1.3 million needing urgent health assistance. A recent analysis categorized over 63% of municipalities as facing severe or extreme health needs. Considering prevalent vulnerable household food insecurity, malnutrition has risen among children under five, notably encompassing chronic malnutrition, acute malnutrition and micronutrient deficiencies. Other persisting health gaps affecting Hondurans include limited primary care access, supply/medication shortages, low vaccination coverage for diseases like diphtheria, polio and measles, high urban dengue and rural malaria incidence, health personnel/resource scarcity, and overwhelmed local health services strained by irregular migration flows along bordering departments and municipalities.

Over 5+ years now, a profound socioeconomic humanitarian crisis has unfolded, spurring critical loss of livelihood, food insecurity, and collapse of basic, essential health services across Venezuela. This triggered mass exodus out of the country, starting with skilled health professionals. Despite some economic recovery in 2022/23, the situation remains critical, severely impacting physical and mental health and living conditions for at least 7.6 million people needing humanitarian assistance. Many vulnerable groups have resorted to negative coping mechanisms like asset sales, reduced food intake, forced migration, human trafficking, and illicit acts including female sexual exploitation. Access to and capacity of health services has significantly declined, primarily due to loss of specialist doctors and nurses who emigrated en masse plus shortages of medicines/supplies from pharmaceutical import challenges, fuel deficits, and lack of facility/equipment maintenance. Consequently, communicable diseases have markedly risen, especially arboviruses like dengue, healthcare-associated infections, and sexually transmitted infections, alongside an overall deterioration in Venezuelan health status. Groups most at-risk and needing urgent help include women of reproductive age (particularly adolescent mothers), indigenous peoples, children, the elderly, those facing heightened non-communicable disease and mental health issues, LGBTQ+ individuals, persons with disabilities, and healthcare workers.
“You can’t imagine what you feel with the pressure from the [armed] groups, with the constant threats, there are many things that we keep quiet, but the most important thing is to save lives. [But] now they are not letting us leave”, Concepción says sadly.

Concepción is a community health agent in a rural area of the department of Chocó who has been living in communities under confinement due to the active armed conflict in Colombia. Thanks to capacity building activities conducted by PAHO/WHO, she has learned how to act when faced with an emergency, allowing her to provide pre-hospital care and carry out activities for the detection of warning signs and monitoring of events of public health interest within her community.

“What I have learned helps save many lives,” she says, with a more encouraging tone. Her capacity to identify community health threats and vulnerabilities empowered her to support the promotion of activities that prevent health risks and mitigate their impact when they occur. Concepción has now been equipped with a community agent kit and a first aid kit. She has learned to perform the initial assessment of a victim, check vital signs with the support of the instruments donated by PAHO/WHO and can confidently perform basic cardiopulmonary resuscitation (CPR) manoeuvres, the management of airway obstruction by a foreign body, and the transport and initial management of an injured person. In 2023, PAHO/WHO has trained over 200 community agents like Concepción in physical and psychosocial First Aid across communities affected by the armed conflict. This type of intervention, which directly engages and empowers community members to take charge of their own health, builds community resilience and protection against future threats and emergencies.

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The Eastern Mediterranean Region (EMRO) is home to 745 million people, of whom 140 million (19% of the region’s population) are in need of humanitarian assistance. The region is also the source of 55% of the world’s refugees and has 33.7 million people who have been forcibly displaced. Of the region’s 22 Member States and territories, 13 are directly or indirectly affected by conflicts, nine are classified by the World Bank as ‘fragile or conflict-affected situations’ and six rank among the lowest globally on the World Bank’s Political Stability and Absence of Violence indicator.

The year 2023 was difficult for the Eastern Mediterranean Region. As of October 2023, WHO had responded to 71 disease outbreaks (excluding COVID-19) in the region, up from 61 outbreaks during 2022. In November 2023, WHO was responding to 19 graded emergencies across the region, including seven complex humanitarian emergencies. Nine of these emergencies were classified as Grade 3 acute and protracted crises, including the COVID-19 pandemic; the global cholera outbreak; complex emergencies in Afghanistan, Somalia, Sudan, Syrian Arab Republic and Yemen; the earthquakes affecting Syrian Arab Republic and Türkiye; the food security crisis in the greater Horn of Africa; and the recent escalation of violence in the occupied Palestinian territory (oPt). Five of these emergencies have affected multiple countries and WHO regions. In the third quarter of 2023 alone, the region experienced six new emergencies including the escalation of a cholera outbreak in Sudan on the back of an ongoing conflict, flooding in Libya and major earthquakes in Morocco and Afghanistan. The conflict in the oPt will be remembered as one of the most challenging crises in the region’s modern history, with thousands of people killed or injured, and over 1.6 million displaced. Finally, the disproportionate impact of climate-related disasters, such as the El Niño-fuelled seasonal Deyr rains in Somalia, have further exacerbated the challenges. The consequences of all these crises on health, lives, and livelihoods are severe.

WHO is moving to assist the affected communities across the region where multiple health emergencies, caused by a range of hazards – natural, biological, societal (including armed conflict) and technological – are taking a heavy toll on the populations of the Eastern Mediterranean Region, leading to an overwhelming burden of morbidity and mortality.

Following the 6.3 magnitude earthquake that struck the western region of Afghanistan on 7 October 2023, the World Health Organization in Kabul and the WHO field office in Herat rapidly mobilized resources and extended immediate life-saving support.

Photo: WHO / Zakarya Safari
WHO REGIONAL PRIORITIES

The WHO Health Emergencies Programme (WHE) is committed to saving lives, minimizing suffering and providing relief during times of crisis. The regional emergency response led by EMRO is governed by one of WHO’s Triple Billion targets, which aims to ensure that one billion more people are better protected from health emergencies, as well as WHO’s strategic vision for the Eastern Mediterranean Region, entitled “Vision 2023”, which is built on the premise of ‘Health for All by All’. WHO employs a comprehensive, all-hazards approach to emergency management and works across all phases of the emergency management cycle - prevention, preparedness, detection, response, and recovery. We follow the core principles of whole-of-society and whole-of-government engagement; prepared and informed communities; One Health; and cross-sectoral collaboration.

WHO supports member states and communities affected by:

- Putting in place prevention and mitigation mechanisms to avert outbreaks, epidemics and pandemics (with a focus on high-threat pathogens)
- Assessing and addressing gaps in national preparedness, with special emphasis on implementation of the International Health Regulations (IHR)
- Enhancing local capacities for early detection of health emergencies, especially diseases of epidemic and pandemic potential
- Strengthening country capacities to prevent, prepare for, detect, and respond to acute and protracted emergencies
- Supporting a robust national response to emergencies and assisting with early recovery efforts
AFGHANISTAN

Afghanistan continues to grapple with a complex humanitarian crisis – spanning healthcare instability, food deprivation, disease threats, droughts and disasters – now impacting 23.3 million people in need. Women and children disproportionately bear the burden, facing surging maternal mortality and truncated healthcare access. In addition, 64% of the population endure extreme water scarcity. Yet geopolitical sensitivities diminished donor support in 2023, forcing health facility shutdowns affecting 2+ million Afghans. WHO’s 2024 strategy seeks to address critical health gaps by concurrently furnishing strategic guidance, data insights, technical expertise and on-ground essential health services delivery. Focus areas emphasize reaching underserved groups and cementing women and child health gains within integrated emergency response coordination for outbreaks and urgent care needs. Operational efforts leverage provincial teams and partnerships to restore basic system functions – ultimately aiming to sustain assistance protecting the vulnerable against preventable deaths.

LIBYA

In the wake of catastrophic floods that had a devastating impact on Libya’s east coast, WHO is taking swift action in partnership with the Libyan government and resource partners to assist affected communities. WHO is supporting urgent efforts to restore access to health care and control the spread of infectious diseases, especially among the tens of thousands of people who have been displaced and are now living in shelters of internally displaced person (IDP) camps.

Since the disaster struck on 10 September 2023, 4014 people have been reported killed and over 8500 remain missing. Search and rescue teams have managed to dig 452 survivors out from the rubble of collapsed buildings. Between 30 000 and 35 000 people displaced by the floods are currently residing in overcrowded camps and settlements in Derna governorate, where they have limited access to clean water, hygiene and sanitation. WHO has rapidly assessed 78 health facilities - more than half were reported as either being closed or not functioning due to damaged infrastructure and shortages of staff, medicines, supplies and equipment. The Libyan Ministry of Health (MoH) and WHO are working to restore functionality in 10 health facilities and establish six field hospitals. A 100-bed field hospital with 10 intensive care beds, radiology services and an obstetrics and gynecology department has been set up in Derna.

Mental health and psychosocial support services are prioritized for the affected communities, with services ranging from “psychological first aid” through the primary care system to specialized psychiatric care for deeply traumatized people. WHO has intensified efforts to deploy trained mental health professionals and resources. Other prioritized interventions include disease surveillance, risk communication, community engagement and information sharing, and coordination of the health response.
After an unprecedented drought in 2022-23, Somalia continues to experience significant ongoing effects, including high levels of food insecurity and malnutrition. Over 3 million people, representing 22% of the population, still face acute food insecurity. Levels of childhood malnutrition remain high, as does disease prevalence among children and vulnerable groups. Somalia now faces the added threat of El Niño, a climactic event expected to cause extreme flooding. The anticipated widespread floods could impact over 1.2 million people in Somalia’s riverine districts. Predicted impacts are devastating – floods may displace over 500 000 people, destroy vital health facilities, and contaminate water sources. This would likely worsen outbreaks of waterborne and vector-borne diseases. Large-scale displacement may also limit healthcare access for millions.

The 2022-23 drought affected a staggering 7.8 million people, displacing 1.9 million and leaving 6.4 million in urgent need of healthcare.

Given the severity, Somalia's drought and food insecurity requires a major health response. While famine was averted, lasting health effects remain a major concern.

In addition to a climate crisis, Somalia also faces armed conflict spanning over three decades. This has caused structural fragility to the health system in the country. Although the country has made some progress on the road to stability, challenges persist due to the presence of various armed non-state actors (NSAs). The country’s weak health system has not been able to cope with the increased need and demand for healthcare for sustainable progress as evidenced in the country’s low childhood immunization coverage, low health workforce density and low universal health services coverage index.

In 2022-23, WHO supported interventions on the health of vulnerable populations, such as preventing a large-scale outbreak of measles and cholera in 2022, further backsliding of routine immunization and "excess deaths" attributed to the drought and food insecurity situation in the country.

In addition, Somalia is facing one of the world’s longest running outbreaks of circulating vaccine-derived poliovirus type 2. Since the outbreak began in 2017, the virus has paralysed 32 children in the country and spread to Ethiopia and Kenya.

OCCUPIED PALESTINIAN TERRITORY

Following years of instability, conflict escalated sharply in the Gaza Strip in October 2023. Military strikes combined with inadequate access for essential supplies and mass internal displacements have triggered the collapse of critical infrastructure. As hostilities endure, the survival capacities of people in Gaza continue to be eroded. Forced displacement coupled with persisting lack of food, water, sanitation and access to health care all constitute a death sentence to the population. Hunger is already ravaging Gaza and our continuous inability to safely implement even the most basic public health interventions means that diseases will spread.

The most pressing health needs include the management of traumatic injuries, with over 57 000 casualties reported as of 4 January 2024; mental health, with over 485 000 people believed to have mental disorders; maternal and child health, with an average of 183 deliveries per day; non-communicable diseases, with 350 000 people living with chronic conditions, and nutrition, with 337 500 children under the age of five and 155 000 pregnant and lactating women in need of nutrition interventions. Deteriorating sanitary conditions have increased the risk of epidemic outbreaks, and cases of waterborne diseases, respiratory infections, skin conditions, and other public health threats have been reported. Currently, laboratory capacities and surveillance systems are limited to syndromic reporting. Due to damage or lack of fuel, medical supplies or water, over 58% of hospitals with inpatient capacities and 73% of all primary care facilities across Gaza are no longer functioning. All operating hospitals and clinics were gravely affected by the severe fuel and medical supplies shortages, leading to stringent rationing.

WHO declared a Grade 3 emergency amid access barriers preventing scale-up for 1.9 million people now displaced. WHO will support damaged health facilities, enabling continuity of trauma care from point-of-injury through rehabilitation while sustaining essential primary services. WHO also aims to revive early warning, surveillance and community information flows to get ahead of potential outbreak threats triggered by overcrowded, unsafe living conditions. Additionally, WHO will coordinate partners, equipment, and medical supply provision to overcome shortages acutely impacting population health needs. Throughout, WHO will support the provision of life-saving medicines and supplies and support strengthening of the health system in Gaza which has been severely impacted by hostilities.
More than eight months of conflict has left Sudan reeling with an unprecedented humanitarian crisis that has stretched the health system to its limit. The country is currently facing outbreaks of malaria, dengue, measles and acute watery diarrhea and has limited capacity to detect and confirm suspected cases. Displacement, insecurity and a lack of resources has severely disrupted the disease surveillance system. Since the beginning, WHO has been supporting the federal and state ministries of health and humanitarian partners in their response to the various outbreaks and to enhance disease surveillance. Sudan’s health system struggles amidst protracted conflict displacing millions internally while prompting refugee flight to fragile neighbouring countries. Resulting damage and mobility limitations obstructed 70% of Darfur’s hospitals alongside straining those still functioning. Within Sudan, this hampered delivery and healthcare access for 14.7 million people now facing trauma-injuries, outbreaks, seasonal floods and malnutrition in overcrowded, unsafe living conditions. WHO continues coordinated leadership to equip partners sustaining essential services and outbreak response. In 2024, WHO will prioritize securing logistics pipelines, enhancing surveillance, cholera treatment centers, early warning systems and public health interventions to restore urgent care access and capacity for affected groups through integrated mobile health offerings. Throughout, WHO partners will also support affected neighbouring countries in managing further health impacts of refugees by harmonizing response to ensure the existing infrastructure adequately meets exponentially expanding needs.

Over 15 million Syrians need health services amidst a decimated health system plagued by repeated shocks. 2023 saw disease outbreaks, an earthquake wrecking 228 facilities, and economic instability spurring secondary household precarity for the 75% of residents left displaced after years of conflict. Less than two-thirds of clinical infrastructure still functions fully, and aid constraints further hamper recovery. Preserving hard-won investments in primary and secondary services stays vital amid rising household deprivation and disease threats to avoid preventable mortality/morbidity upticks. WHO will focus on sustaining coverage including maintaining sexual/reproductive health, safe delivery, child health, integrated nutrition, routine and expanded vaccination, mental health psychosocial support, and communicable and non-communicable disease management like insulin provision and dialysis. WHO will procure and deliver essential medicines and supplies to overcome stockout risks exacerbated by non-functional electricity and water networks. WHO will continue to support health facilities offering essential humanitarian lifesaving health services with first-line support including gender-based violence response alongside better care referrals, while enhancing trauma pathways, mass casualty management and ensuring access to rehabilitation services. Supply chains will be strengthened using all modalities to secure essential medicines, laboratory commodities and testing capacity. Finally, WHO maintains commitment to an “all modalities” approach enabling humanitarian access in the Syrian Arab Republic. While the UN Security Council resolution authorizing cross-border assistance went unrenewed in 2023, the UN mandate continues, and agencies remain focused on responding across all possible access channels.
In 2024, Yemen continues to face a major humanitarian crisis, with approximately 17.8 million people requiring health assistance. Despite a small decrease in needs compared to 2023, the situation remains dire, especially for vulnerable groups like internally displaced persons, children, women, the elderly, people with disabilities, and marginalized communities. For example, 24% of those affected are women, requiring access to diverse medical and reproductive healthcare services. Additionally, 50% of those in need are children, highlighting the precarious health situation of Yemen’s youngest population.

The economic crisis further strains Yemen’s health system, with only 55% of health facilities fully operational. There is an ongoing need to ensure facilities have reliable access to medicines, equipment, fuel, water, oxygen, and other essential medical supplies. Many damaged and closed facilities also require urgent repairs and rehabilitation to restore functionality. Yemen also continues to battle infectious disease outbreaks, including measles, polio, dengue, pertussis, and diphtheria. The rate of unvaccinated children has reached 28%, increasing susceptibility to preventable outbreaks. An estimated 90,000 migrants arrived in Yemen in 2023 as well, amplifying the demand for health support. WHO will focus on five strategic objectives for 2024: (1) strengthen health system capacity; (2) sustain health system functionality; (3) reduce food insecurity and malnutrition; (4) prevent poliovirus transmission and outbreaks; and (5) scale up mental health and psychosocial support services. WHO will coordinate health cluster partners and work with Yemen’s Ministry of Health to take an integrated approach focused on meeting acute needs among vulnerable groups. Specific activities will involve enhancing health system emergency preparedness and response, increasing access to essential health services, and strengthening capabilities for detecting and responding rapidly to health emergencies. Protection and mental health support services will also be prioritized.
OUR ACHIEVEMENTS
AT A GLANCE

MEETING INTERNATIONAL STANDARDS
When given access to people in need and adequate resources, WHO country teams consistently meet international humanitarian and public health standards:

Averting cholera deaths
During the response to nine cholera outbreaks across the region, case fatality ratios (CFR) were kept within the international standard of less than 1.0% in seven. The main exception was in Sudan, where WHO teams had limited or no access to affected areas, including Khartoum.

Improving outcomes from severe acute malnutrition (SAM)
Cure rates for SAM in WHO-supported stabilizations centres in Pakistan, Somalia, Sudan and Yemen have consistently exceed 85-90% compared to the international standard of >75%.

Preventing excess mortality in camp-based settings
In displaced persons camps where WHO has been supporting health services, crude and under-5 mortality rates have consistently been within international standards.

WHAT EXTERNAL REVIEWERS ARE SAYING ABOUT OUR WORK
Three recent external reviews of WHO’s emergency work in the Eastern Mediterranean Region have all been very positive:

Whole of Syria programme (2016 – 2022)
WHO received an overall grade of A in the Programme Completion Review at end of this 5 year project, including an A rating for each individual year by the government of the United Kingdom. The final report noted: “WHO played an essential role in the delivery and coordination of the humanitarian health response amongst international actors, particularly on COVID-19 preparedness and response, and have contributed to better coordination of health services across Syria.”

Emergency Health and Nutrition Project (2017 – 2022)
This project, conducted in collaboration with UNICEF, received a highly satisfactory rating by the World Bank – the highest grade on a 6-point scale. In the final report the reviewers stated: “The project was carried out in a high-risk environment but achieved its PDO by providing essential services to people in need and strengthening the national and local systems for improved and resilient service delivery.”

COVID-19 Response (2020 – 2022)
A review by Dalberg Advisors found that 80% of partners and observers stated that WHO’s response met or exceeded expectations. A major finding from the final report was that: “WHO successfully provided an appropriately tailored response to each Member States’ needs and that WHO support frequently strengthened Member State’s own response efforts while contributing towards long-term capacity building.”

FOR MORE INFORMATION
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The WHO European Region’s (EURO) 53 member states cover a vast and diverse region in terms of geography, population and economic status, health system maturity, disease and hazard profiles. The region is highly interconnected through trade, transport and population movement meaning an emergency in one country quickly impacts its neighbours.

In 2023, in addition to the ongoing emergencies (Ukraine war, COVID-19, mpox, etc.) the European region faced a series of new emergencies or escalations in protracted emergencies that severely impacted public health and disrupted health systems.

In February, Türkiye and the Syrian Arab Republic were struck by devastating earthquakes, resulting in significant loss of life, injuries and the internal displacement of populations with disrupted access to essential healthcare services. At the end of September, Armenia experienced a massive influx of refugees following a military escalation that began on 20 September. Additionally, in October, a dramatic escalation of conflict in Israel and occupied Palestinian territory left millions affected by violence, disrupted critical services, and caused widespread fear, insecurity and grief. The continued cost to health from these new events, together with the continued impacts of the COVID-19 pandemic, the war in Ukraine and a multi-country mpox disease outbreak underscore the vulnerability of the Member States within the WHO European Region to the full range of emergency hazards, regardless of their health system maturity and economic development.
During 2023, WHO/Europe has responded to multiple acute and protracted emergencies in the region, including:

- **Protracted Grade 3:** COVID-19 in all Member States, requiring sustained large-scale response since 2020
- **Protracted Grade 3:** Whole of Syria response operations of field office in Gaziantep covering northwest Syria and refugee response operations in Türkiye since 2012
- **Protracted Grade 3:** Ukraine war since February 2022
- **Protracted Grade 2:** Ukraine refugee crisis
- **Protracted Grade 3:** Mpox outbreak since May 2022
- **Protracted Grade 2:** Türkiye earthquake
- **Grade 2:** Armenia refugee response
- **Grade 3:** Israel/occupied Palestinian territory (oPt) hostilities
- **Grade 3:** Global cholera response

All ongoing emergencies, and the ad hoc needs of other protracted emergencies, will continue to demand significant response resources into 2024. WHO must also be ready for further sudden onset events and natural disasters, including events related to climate change.
WHO’S REGIONAL PRIORITIES

Providing tailored support to countries and reinforcing regional preparedness and capacity to respond to emergencies are core priorities of WHO’s European Programme of Work and of WHO’s Action Plan to Improve Public Health Preparedness and Response in the WHO European Region, 2018-2023 and moving forward into a new action plan for emergency preparedness and response in the region (Preparedness 2.0) for 2024-2029.

This renewed focus on strengthening health security capacities in the WHO European Region will be aligned with relevant strategies and ongoing processes and workstreams on strengthening the health security architecture at all levels. Preparedness 2.0 will support countries in enhancing capacities enabling agile health systems to manage the “dual track”, which entails the maintenance of essential health services while effectively managing the emergency response. Preparedness 2.0 will be informed by and aligned with the multiple ongoing processes at global and regional level.

Five priority emergencies for critical attention in 2024 include:

**COVID-19**: The Regional Office for Europe will shift towards a longer-term programmatic approach to transition from the acute phase of the COVID-19 pandemic towards a sustained response and recovery by investing in resilient health systems that are able to respond to emergencies and maintain essential services at all times.

- **Mpox**: Continued control of transmission and ultimately achieve and sustain elimination of mpox infection in the WHO European Region.
- **Ukraine**: Strengthen national health systems and services, so that they are resilient and have the capacity to adapt to context changes and link closely to recovery efforts.
- **Refugee responses**: Protect affected communities from the chronic health system fragility, vulnerability, and neglect in parts of the region affected by protracted conflicts by improving access to quality health services.
- **Conflict-affected areas**: Support emerging health needs of those in conflict-affected settings, including through supporting health sector actions and supporting essential health services and systems.
RESPONSE STRATEGY

WHO/Europe will continue to support countries to prevent, prepare, respond, and recover from emergencies, including in humanitarian settings across the region. WHO/Europe’s regional response strategy is aligned with WHO’s Health Emergency Preparedness, Response and Resilience (HEPR) framework and goes hand-in-hand with efforts to help countries meet obligations under the International Health Regulations (IHR) (2005). WHO will:

- Mount an effective response to ongoing and new acute single-and multi-country emergencies, involving emerging and re-emerging epidemic-prone diseases, influenza, foodborne diseases and vaccine-preventable diseases (such as measles).
- Support the response to health emergencies in other parts of the world that have led to long-term humanitarian and refugee health needs in the European Region.
- Improve regional readiness to respond immediately to sudden-onset events, including natural hydro-meteorological and geological hazards (such as major earthquakes, floods, volcanic eruptions and landslides) and human-induced technological hazards (industrial accidents and chemical or radio-nuclear events).
- Build the regional health emergency workforce and increase coordination between health partners and other stakeholders across the pan-European Region.
- Strengthen systems for rapid knowledge generation in Europe through networks of scientific institutions and public health authorities.

A father and his daughters, from Torkuşlu, shelter after the Türkiye-Syria earthquake destroyed their home. Photo: WHO
Since 20 September 2023, over 101,848 people have been displaced from the Karabakh region into Armenia. Many of the new arrivals, including older people, women and children, pregnant women, people living with disabilities and people with chronic health conditions, as well as new-borns, are vulnerable. About half of the refugee population are from the countryside, 52% are women and girls, 31% are children and 18% are older persons. Compounding the humanitarian impact of the population movement, a large explosion occurred at a fuel depot in Berkadzor on 25 September 2023, killing 170 people and leaving over 200 people with moderate to severe burns requiring advanced medical care.

Refugees in general have access to the national health care system in Armenia. However, there is a need to bolster the health system to manage the sudden increase of health service recipients, including patients with specific needs and chronic conditions. Primary and secondary healthcare facilities, especially in rural areas, are facing challenges to supply the necessary care, workforce, and medicines and provide specialized services. Specialized care is mostly concentrated in Yerevan, which will require putting in place adequate referral pathways and acute support to absorb the immediate influx of patients requiring care. The Mental Health and Psychosocial Support (MHPSS) needs of refugees are acute. The scale of the emergency and the added demand caused by the arrivals require a substantial scale up of services. Access to quality maternal and child healthcare is of particular importance, including the immunization of children.

Moving forward, WHO country office will continue to actively support the Ministry of Health of Armenia and all health workers to ensure health remains at the heart of the response and all refugees have access to the essential services they need in line with the Refugee Response Plan (RRP) coordinated by UNHCR. WHO’s operational plan for the Armenia refugee response outlines the main response objectives: to strengthen health coordination mechanisms, increase community protection, provide immediate health assistance to ensure continuity of health services, strengthen primary healthcare systems and infrastructure in rural communities hosting refugees and invest in the broader development and system strengthening for early recovery. These objectives have been broken down with three- and six-month response milestones and are embedded as part of the WHO 2024/2025 biennial planning.

The escalation of the ongoing conflict between Israel and the occupied Palestinian territory, triggered by the unprecedented attacks by Hamas and other armed groups on Israel on 7 October 2023, has resulted in deaths, injury and trauma on both sides, as well as the holding of hostages for extended periods of time. In Israel, WHO has engaged extensively in support of the Ministry of Health’s response to those affected by the 7 October attacks, and the ongoing hostilities. A major priority has been to enhance mental health care services to affected populations, prioritizing support to community resilience centres and advocacy for mental health.

Following appalling accounts of gender-based violence, including sexual violence during the attacks, WHO is working with the Ministry of Health to ensure all survivors have access to the care they need to fully address short- and long-term health consequences.

WHO has also offered support in the establishment of a surveillance system for attacks on health, in collaboration with Ministry of Health and Magen David Adom. Since 7 October, 64 attacks on health care have been verified in Israel with 24 deaths and 34 injuries of health workers and patients.

In 2024, WHO will continue to support the public health response in Israel and provide technical expertise and scaled-up health operations based on the evolution of the conflict and the health needs of affected populations.
Since 24 February 2022, WHO has been responding to the crisis in Ukraine, including through providing support to the refugee-hosting countries by activating the WHO emergency response mechanism across all three levels of the organization. This includes emergency funding, scaling up emergency operations within Ukraine, sending rapid response teams to neighboring countries and setting up a field hub for refugee operations in Poland. As of 26 September 2023, over 6.2 million are residing in refugee hosting countries (UNHCR 26 Sept 2023) with some 3.67 million people internally displaced within Ukraine (IOM updated Sept 2023).

The crisis remains acute, warranting continued response from the humanitarian community within Ukraine as well as regionally and globally.

More than a year into the war, regular missile, drone, and shelling attacks continue to impact communities across Ukraine, inflicting heavy casualties on civilians and causing damage to civilian infrastructure. As of October 8, 2023, since the start of Russia’s full-scale invasion of Ukraine, the OHCHR has recorded 9806 deaths and 17,962 injured.

The waves of missile attacks continue to damage energy security and infrastructure across the country, reducing access to health care and requiring enhanced emergency medical support. The destruction of the Kakhovka Dam on 6 June caused widespread devastation and human suffering. The severe flooding downstream has displaced thousands of people and destroyed vital infrastructure including roads, electricity lines, agricultural land, and health facilities. Access is further disrupted due to the continuing attacks on health care.

WHO is committed to being in Ukraine and the refugee receiving countries both now and in the longer term through addressing immediate health challenges and humanitarian needs and supporting recovery and strengthening of health systems in line with the Ukraine Crisis Strategic Response Plan (SRP). In Ukraine, WHO’s approach is in line with the OCHA Humanitarian Response Plan (HRP) for 2023 and in the refugee receiving countries with UNHCR’S 2023 Regional Refugee Response Plan (RRRP).
In an effort to address the destruction caused by the full-scale invasion by the Russian Federation and ensure access to essential health care services, WHO has partnered with the Ministry of Health of Ukraine to identify a sustainable, rapid solution to bridge the gap in medical services in affected territories and ensure an adequate emergency health response. This project aims to support communities and ensure the provision of health care services in remote areas affected by war, where primary health facilities have been damaged. As a part of this larger initiative, a new modular primary health care clinic has been installed in Izyum, Kharkiv region, replacing the previously destroyed primary health facility.

This newly installed structure will serve as an outpatient health facility, providing primary health care services to a population of over 10,000 people. The clinic will be staffed by medical professionals who were previously working at the damaged facility, ensuring continuity of care. It will have 3 rooms for receiving patients and a vaccination room where approximately 12 health care workers, including 3 doctors and 9 nurses, will be able to work simultaneously.

Access to primary health care and essential services is at the core of the emergency response objectives, along with ensuring access and availability of services. Primary health care centers are amongst those facilities that have been partially or fully damaged. Out of 40 primary health facilities assessed by WHO on the request of the MoH, 15 were damaged in 7 regions identified by the MOH for the project, including Kherson, Zaporizhya, Kharkiv, Dnipropetrovsk, Sumy, Kyiv, and Odesa regions.

To ensure continuity of services and infrastructural availability, and to restore functionality to maintain access to essential health services, WHO will install prefabricated modular structures where primary health services have been damaged or are no longer suitable from an infrastructural point of view. These prefabricated modules offer a temporary solution to ensure the full operational capacity of the pre-existing or currently damaged facilities. The modules can function as health-care facilities for over 10 years.

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The WHO South-East Asia Region (SEARO) comprises eleven middle to low-income countries and is home to over a quarter of the global population. The Region is vulnerable to health emergencies caused by natural hazards (e.g., earthquakes, cyclones, floods, landslides) and emerging and re-emerging infections and zoonotic diseases (e.g., Nipah virus infection, Japanese encephalitis, dengue etc.). Poverty, haphazard urbanization, unplanned development, climate change, aging populations and armed conflict are among the many factors that exacerbate the vulnerabilities affecting millions of people every year. It is of paramount importance for the Region to be prepared to respond to health emergencies. However, investment in the health sector is limited and emergency response continues to be a challenge.

The South-East Asia Region was one of the regions hardest hit by the COVID-19 pandemic. Since January 2020, over 61 million cases of COVID-19 and over 806,000 deaths have been reported from the Region. The Region is also affected by the recent mpox pandemic. Though the numbers of mpox cases have been limited, it is critical that the Region remains ready to respond given the many risks and vulnerabilities. The devastating health effects of the pandemic were followed by catastrophic socioeconomic consequences and several countries in the Region continue to face challenges in financing the public health sector. The disastrous economic crisis in Sri Lanka, ongoing Rohingya refugee response in Cox’s Bazar, civil conflict and a humanitarian crisis in Myanmar, and the prolonged closure of borders in DPR Korea have severely impacted the supply of essential medicines and minimum resources required to provide essential health services.

Two countries in the Region simultaneously continue to face protracted and acute emergencies. The Rohingya crisis entered its sixth year, with over 1 million refugees hosted in Cox’s Bazar, Bangladesh. WHO continues to support the provision of essential health care services to refugees. In addition, the political situation in Myanmar since February 2021 has exacerbated conflicts in some of the country’s states and poses challenges for the population to access essential health services as humanitarian need increases as a result of the fighting. The situation has increased fragility and requires a larger response to ensure humanitarian needs are met.
WHO REGIONAL PRIORITIES

The WHO South-East Asia Regional Office continues working with the Member States and partners on health systems’ recovery, building resilience in health systems to ensure health security. The Region published the Regional Strategic Roadmap on Health Security and Health Systems Resilience for Emergencies which will guide the Region in the years up to 2027.

In line with the Regional Roadmap, the broad strategies adopted by the Region in 2024 remain to:

- Support targeted and context-specific emergency response operations to provide healthcare services to populations, focusing on the most vulnerable.
- Strengthen the recovery capacity of health systems, incorporating principles of disaster risk reduction, health systems resilience and multisectoral engagement.

The strategies have been drafted adopting the principles of gender parity, equity and human rights, ensuring that no one is left behind and that communities are at the center of all actions. Some of the key areas of the response include:

**Coordination**
- Ensure a coordinated response to the emergencies, building on the comparative advantage of all stakeholders through the existing platforms at the regional and country levels through United Nations Teams and Humanitarian Teams.
- Ensure cross-border collaboration in crisis response.

**Technical support**
- Ensure effective disease surveillance, risk communication and community engagement, infection prevention and control, and laboratory support and clinical management.
- Ensure compliance with norms and standards on mass gatherings and points of entry in health response.

**Access to essential health services**
- Ensure continuity of essential and basic health services, particularly in fragile, vulnerable and conflict-affected settings.
- Address urgent health care needs of migrants and refugees and other vulnerable groups.
- Support regional stockpiling, developing regional hubs and building a strong logistics system.
The Rohingya crisis in Cox’s Bazar, Bangladesh, has entered its sixth year and remains an extremely vulnerable context. Currently, it hosts 967,467 Rohingya refugees in 33 camps in Ukhiya and Teknaf Upazilas, excluding over 30,000 refugees who had been voluntarily relocated to the island of Bhasan Char in Noakhali district. In 2024, WHO in Cox’s Bazar, Bangladesh will be supporting mainly outbreak readiness and response activities, aiming to cover a total of 1 million people. The key objectives will be to sustain a streamlined and coordinated health sector response to disease outbreaks and other health-related hazards and to reaffirm multisectoral partnerships and prepare for, prevent, and quickly respond to outbreaks of communicable disease and other health-related hazards, including for periods of increased risk during the monsoon and cyclone seasons.

Strategic Objective 1: (Coordination): To collectively prepare for and respond to humanitarian and public health emergencies to improve the health outcomes of affected populations through timely, predictable, appropriate, and effective coordinated health action.

Strategic Objective 2: (Preparedness and Response): Prepare for, prevent, and respond quickly to outbreaks of communicable diseases and other health-related hazards, including for periods of increased risk during the monsoon and cyclone seasons.

Proposed activities for 2024:

- Provide essential laboratory and medical supplies including Interagency Emergency Health kits and trauma kits for emergency preparedness and response for an estimated 100,000 patients.
- Build capacity of over 500 health workers around interventions to save lives and strengthen health systems.
- Test 5000 patients for hepatitis C by rapid diagnostic tests and provide treatment to 1000 hepatitis C HCV ribonucleic acid confirmed patients considering a 20% positivity rate in Rohingya refugees.
- Establish antimicrobial resistance surveillance in refugee settings and test 2400 samples in the year 2024.
- Promote healthy lifestyles and reduce the risk of non-communicable diseases, particularly in women.
- Provide technical and logistical support to health sector partners to establish 10 blood transfusion centers in selected health facilities in camps especially for obstetric care and improving delivery outcomes.
- Conduct a scientific survey/study to assess adherence to TB treatment among Rohingya populations to enhance treatment compliance.
- Enhance health information systems at primary and secondary health care level.
- Support the oral cholera vaccination campaign.
With the current political situation and the ongoing armed conflicts in several states across the country, Myanmar is facing several challenges to providing essential health services. In 2024, WHO along with health cluster partners is targeting to reach 2.7 million people among 12.1 million people in need of health assistance. The total funding requirement for the health cluster is estimated at USD 130 million to provide lifesaving health interventions, prevent disease outbreaks, ensure essential health service provision and build capacities among frontline health workers.

**Strategic Objective 1:** Strengthen capacities to prepare for timely detection and response to Health Emergencies.

**Strategic Objective 2:** Save lives and improve access to priority life-saving health services, ensuring quality and inclusive healthcare for people most in need of humanitarian health assistance.

**Proposed activities for 2024 include:**

- Ensure delivery of priority lifesaving healthcare and services through mobile & static clinics, telemedicine and purchase of services – from for-profit, not-for-profit institutions and public facilities. Direct provision of lifesaving medicines, medical devices and assistive products to improve access to high priority lifesaving health services, ensuring quality and inclusive health care for the people most in need of humanitarian health assistance.

- Conduct timely and effective validation and coordinated responses to disease outbreaks through functioning Early Warning, Alert and Response System (EWARS) and communication among relevant stakeholders.

- Ensure preposition and timely distribution of life-saving supplies through efficient logistic and operational support, aiming to save lives and provide early detection and response to disease outbreaks. Integrate lifesaving diagnostic and treatment services for communicable diseases including HIV, hepatitis B&C, tuberculosis and malaria, etc.

- Support mental health and psychological support services to all populations affected by conflict, natural disasters, and other acute health emergencies.

- Enhance lifesaving reproductive, maternal and child health care including support for a lifesaving package of services for antenatal care, emergency obstetric care and related referrals, and services for the prevention of mother to child transmission of HIV and syphilis.

- Provide health cluster coordination training to critical staff in health partners.

- Enhance Risk Communication and Community Engagement (RCCE) activities through technical and logistic support and capacity-building.
The health system in Cox’s Bazar has been overwhelmed by a massive influx of displaced Rohingyas for over a decade. The refugees and the local communities have significant health needs, especially pregnant women and their newborns. WHO has been working to address this challenge by implementing a comprehensive Reproductive, Maternal, Newborn, Child and Adolescent Health (RMCAH) strategy covering all interventions from community to facility level. One of the key elements of the strategy is to improve the clinical skills of health service providers in managing major direct obstetric complications including: bleeding before, during and after delivery, high blood pressure and related disorders, obstructed labour and peripartum infection, and new-born resuscitation and postnatal care of mothers and infants. In this regard, WHO is supporting the multidisciplinary skills lab in Cox’s Bazar Medical College, a practical training hub that teaches trainees clinical procedures in a structured and supervised teaching environment until they reach the required minimum standard for patient treatment. The training also includes a rigorous evaluation process that tests the knowledge and skills of the trainees before and after the training and through an Objective Structured Clinical Examination (OSCE).

Professor Dr Md. Farhad Hussain, Principal of Cox’s Bazar Medical College and Chairperson of the Skills Lab Management and Coordination Committee (SLMCC) said, “We are honored to collaborate with WHO to set up the first multidisciplinary skills lab in Cox’s Bazar. The skills lab has enabled us to organize clinical skills-based, hands-on training programs that have improved the knowledge and skills of the trainees on national guidelines and recommendations. This has also helped our students and healthcare workers to enhance their practical knowledge and skills to manage obstetric and newborn complications in Cox’s Bazar and Rohingya camps.”

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The Western Pacific Region is home to approximately 1.9 billion people across 37 diverse countries and areas. Frequent public health emergencies arise from numerous hazards including endemic and emerging infectious diseases, antimicrobial resistance, extreme weather events, earthquakes, volcanic eruptions, food safety issues and technological incidents. These frequently damage health infrastructure, cause injuries and deaths, and disrupt routine care delivery. Climate change brings further challenges, impacting regional ecosystems and health through flooding, droughts, wildfires and rising sea levels. Small Island Developing States (SIDS) are especially vulnerable to shocks due to small populations, geographic isolation, limited economic diversification, and fragile land/marine ecosystems. The 2023 El Niño may persist into 2024, exacerbating weather hazards including droughts, cyclones, wildfires and flooding. In 2023, WHO responded to 43 events out of a total of 50 events detected, including 42 infectious disease outbreaks, 5 chemical events and 3 natural disasters.

All countries and areas in the Western Pacific Region have committed to strengthening preparedness and readiness for the wide range of hazards they may face, and many have also taken significant action in recent years to strengthen resilience and response capacities. Health systems across the diverse countries and areas of the region range from highly developed and well-resourced countries to systems contending with more resource constraints and capacity challenges. While all health systems have vulnerabilities to extreme weather, those in Pacific Island Countries and Areas (PICs) are especially vulnerable when key coastal and low-lying infrastructure sustains damage. In certain Western Pacific areas, like the Mekong region, flooding already disrupts health service delivery. More severe El Niño-related events could prompt increased and graver health and humanitarian consequences. Due to hazard frequency, many countries have strengthened health system resilience and readiness. However, high-intensity storms or back-to-back events in recent years have in some cases overwhelmed local capacity to respond and ensure continuity of care, requiring engagement of operational partners, such as Emergency Medical Teams, to meet the needs of affected populations.

Public health emergencies widen existing health and social inequities by disproportionately affecting communities with vulnerabilities, those with less resources, and at-risk populations. They directly and indirectly impact the health status of populations and can also negatively affect the social and economic growth and development of countries.
WHO REGIONAL PRIORITIES

For 2024, WPRO’s priorities to strengthen health security systems, in line with the newly endorsed Asia Pacific Health Security Action Framework (APHSAF), include to:

- Provide effective leadership and management for multiple health security threats
- Review, update and prepare strategies, tools, resources and capacities to prevent and respond to public health threats
- Strengthen surveillance systems to enable early warning and rapid response to potential public health emergencies
- Strengthen the readiness and resilience of communities and health systems to the public health impacts of emergencies
- Provide the necessary resources, expertise and infrastructure to sustain and maintain health security capacities and functions
- Assess health security capacities, interventions and plans to adapt and improve current and future management of public health threats
MONGOLIA

Mongolia faces a range of public health hazards including infectious disease threats, earthquakes, and an event unique to the country known as “dzud” - an extreme winter freeze which can leave millions of livestock dead and compromise food security in the landlocked nation.

Given its unique geography, extreme climate and reliance on nomadic pastoralism, Mongolia is among the most vulnerable countries to climate change. Approximately half of Mongolia’s population now live in the capital city of Ulaanbaatar, where a risk of earthquakes coupled with sub-optimal construction, long and harsh winters and crowded conditions represent a significant risk the health and welfare of the population. Mongolia is also vulnerable to infectious hazards, including zoonoses, with significant human-animal interface, and significant proportions of the population living far from health facilities for much of the year.

PACIFIC ISLAND COUNTRIES AND AREAS

The Western Pacific Region includes 21 Pacific Island Countries and Areas (PICs). All face vulnerability to emerging and reemerging infectious diseases, food and water insecurity, and natural hazards exacerbated by climate change and El Niño. While PICs managed COVID-19 relatively well through travel restrictions, high vaccination rates, and public health/social measures, the pandemic also highlighted vulnerabilities. These included reaching outer island populations, diagnostic limitations, supply chain/logistics struggles, and health worker shortages. To minimize emergency impacts, WHO provides PIC health ministries and partners with technical and operational support. WHO prioritizes, funds, and implements sustainable national and regional health security practices to develop International Health Regulation (2005) core capacities.
The WHO Western Pacific Regional Office conducts both indicator-based and event-based surveillance for dengue in the region, especially in the Member States where dengue is endemic. This surveillance aims to monitor the overall situation, detect unusual signals in case trends and severity, and assess risks in a timely manner. Cambodia is one of the countries closely monitored through this routine surveillance at the regional office. Although the number of dengue cases typically increases in Cambodia during the rainy season from May to October each year, the surge was detected earlier than usual in 2023, potentially due to the early arrival of the monsoon. The number of reported cases also far exceeded the epidemic threshold of the last five years.

As the dengue situation in Cambodia is closely monitored throughout the year with a particular focus on the rainy season as part of routine surveillance, WHO was able to detect the surge in reported cases at the very beginning. Following the alert that cases were continuing to surge, the regional and country offices quickly set up a meeting to check the overall situation as well as preparedness within the country. The weekly meetings continued for several weeks thereafter to coordinate response activities and identify potential support needs. The relevant technical unit also actively participated in the overall response and provided technical guidance. As a result, WHO successfully supported the following response measures: a) strengthening of surveillance using multi-source surveillance, b) dengue-targeted risk communication, c) strengthening of clinical management by training healthcare workers, d) procurement of necessary supplies including medicine and insecticides, and e) appropriate vector control including community engagement. In addition, as Mekong countries are bordered with one another and have similar dengue seasonality, the Cambodia, Lao People’s Democratic Republic, and Viet Nam WHO country offices closely communicated with each other and the regional office for information sharing on the ongoing dengue situations and the lessons learned from previous outbreaks.

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