

# HEALTH

## WHO'S HEALTH EMERGENCY APPEAL 2025

# FOREWORD

Global crises are converging like never before, leaving millions vulnerable. We are no longer moving from emergency to recovery but instead enduring rolling crises that extend across years and decades, making health services inaccessible to many. Yet, as the urgent need for assistance grows, the global financial landscape is shrinking, forcing us to make increasingly difficult decisions about whom we can reach and how far we can go.

When a crisis strikes, health is often the first casualty, and when health suffers, entire communities are at risk. The climate crisis, increasingly frequent and severe disasters, and unprecedented levels of conflict are jeopardizing health and decimating health systems, making those displaced more susceptible to disease, and disrupting lifesaving, vaccinations and care, particularly for children.

In 2025, an estimated 305 million people will require humanitarian assistance across the globe, including those in the Democratic Republic of the Congo, Haiti, Myanmar, the occupied Palestinian territory and Sudan. WHO anticipates responding to 17 Grade 3 Emergencies – those requiring the highest level of attention. To address these challenges, we rely on the support of all our donors, to prioritize interventions and reach those facing unimaginable hardship.

In 150 countries, we are on the ground every day, in many providing emergency health services and medical supplies even in remote locations, offering technical guidance to governments and partners, and coordinating the health response to make it more efficient and effective. Our efforts with partners also include providing essential care, treating malnutrition, offering mental health support, conducting vaccination campaigns, and caring for pregnant women and new mothers in some of the world's most difficult environments.

Our presence on the frontlines of crisis around the world allows us to respond and scale up rapidly in times of crisis and deliver critical services to those who need them most. With growing threats also comes increased risk to our staff and partners delivering vital work across the globe. To support this life-saving work, we need vital financial resources. This appeal is about more than the financial ask; it's a call to action to save lives, to respect international humanitarian law, uphold the universal right to health, and to help restore peace to communities.

Health is a human right, and to protect this right, we urgently need US\$ 1.5 billion from donors. With declining resources, and challenging domestic environments, it is more important than ever to make smart investments.

**Supporting the WHO's Health Emergency Appeal is a powerful act of global solidarity. Together we will save lives, safeguard health as a universal right, and help communities rebuild in the wake of crises. We do this vital work out of necessity, while knowing that in the long-term, the best medicine is peace.**

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**Dr Tedros Adhanom Ghebreyesus**  
WHO Director-General



**Dr Michael J. Ryan**  
Executive Director, WHO Health Emergencies Programme and Deputy Director-General

# WHO: DELIVERING HOPE IN CRISES

In 2025, millions of people are in urgent need of life-saving health care due to conflict, displacement, disease outbreaks, and climate disasters.

In the occupied Palestinian territory and Sudan, acute conflicts disrupt vital services, while in the Democratic Republic of the Congo, Myanmar and Syria, ongoing instability and displacement exacerbate health vulnerabilities. While health provides a lifeline for people living in humanitarian settings, giving them the chance to recover and rebuild their lives, many are still deprived of this fundamental human right.

Working together with Member States and partners, WHO has saved millions of lives from health emergencies – but our work is intensifying. We must continue to prioritize health and provide life-saving interventions, ensuring the world's most vulnerable populations have access to the care they both need and deserve.

## HUMANITARIAN CRISES DEEPEN HEALTH INEQUITIES

Prolonged crises, now lasting an average of 10 years, devastate health systems and worsen vulnerabilities. Maternal mortality, nearly double the global average in these settings, highlights the urgent need for sustained health interventions.

## HEALTH SYSTEMS UNDER ATTACK

In 2024, WHO recorded 1515 attacks on health care in 15 countries and territories, resulting in 886 deaths and 1712 injuries to health workers and patients, disrupting life-saving services and further undermining health access in conflict zones.



## HEALTH IS FUNDAMENTAL TO SURVIVAL AND RECOVERY

WHO is uniquely positioned to provide rapid, life-saving support at every stage of the health emergency response, combining immediate life-saving interventions with long-term capacity building. In 2024 alone, WHO worked with partners to provide critical support to more than 45 health emergencies in 87 countries and territories.

## WHO SAFEGUARDS GLOBAL HEALTH SECURITY

Through rapid, coordinated responses, WHO prevents the spread of infectious diseases, strengthens fragile health systems, and ensures health interventions reach the most vulnerable during emergencies.

## CLIMATE CHANGE AMPLIFIES HEALTH CRISES

Climate-induced disasters, including floods, droughts, and heatwaves, are intensifying disease outbreaks and worsening health inequities. WHO leads emergency responses and builds resilience in health systems to mitigate these impacts.

## REACHING THOSE IN NEED REQUIRES PARTNERSHIP

An effective global health response cannot be delivered in isolation. Day in and day out, WHO works closely with 900 partners at the local, national and global levels to maximize resources and deliver a coordinated health response for the most vulnerable communities.

## FUNDING GAPS UNDERMINE HEALTH RESPONSES

Health sector funding in humanitarian responses reached only 40% of needs in 2024, forcing critical service cuts and difficult decisions about who receives care. Flexible, timely funding is essential to address these gaps and save lives.

## A CALL FOR GLOBAL SOLIDARITY

WHO is responding to 42 health emergencies in 2025, with 305 million people in need of humanitarian assistance worldwide. To deliver life-saving care, protect vulnerable populations, and uphold the right to health,

**WHO URGENTLY SEEKS  
US\$ 1.5 BILLION IN FUNDING.**



# A WORLD IN CRISIS: CONFRONTING THE DRIVERS OF HEALTH EMERGENCIES



**CLIMATE CHANGE**



**CONFLICT**



**DISPLACEMENT**



**DISEASE OUTBREAK**

The world faces multiple and overlapping health emergencies, from climate-driven crises and conflict-induced health service delivery disruptions to infectious diseases and the ever-present threat of pandemics.

These pressing global threats are fuelling deeper, longer lasting health crises – putting the world's most vulnerable at greater risk.

In the face of these challenges, WHO leads global health security efforts, detecting and responding to health threats, building strong and resilient health systems where they are needed most.



A man receives treatment for mpox at Kavumu Hospital in South Kivu, in the Democratic Republic of the Congo.

Photo: WHO / Guerchom Ndebo

## CLIMATE CHANGE IS A HEALTH CRISIS, WREAKING HAVOC ON HUMAN HEALTH, SOCIETIES, ECONOMIES AND OVERWHELMING HEALTH CARE SYSTEMS WORLDWIDE

Rising temperatures, extreme weather events, and ecosystem changes are directly impacting health – accelerating the spread of diseases like malaria and dengue, affecting access to water resources, and leading to malnutrition for reasons such as reduced crop yields and impacted livestock.

**2024**

the hottest year on record

**AROUND 20 MILLION**

people were displaced in 2023 by weather events

**3 BILLION+**

people live in areas that have experienced heat waves, flooding and extreme weather events



### ENSURING CONTINUED HEALTH SERVICES IN FLOOD-HIT SOUTH SUDAN

Flooding in South Sudan has caused widespread devastation across the country, displacing more than 226 000 people and severely impacting homes, livelihoods, infrastructure and health services. More than 58 health facilities were submerged and nearly 90 others are inaccessible.

Alongside the Ministry of Health and other partners, WHO has distributed about 88 metric tonnes of emergency health kits to key locations including Renk, Bentiu, Malakal and Bor counties to assist flood-affected communities. The kits can treat over 870 000 people and include critical medical supplies such as interagency emergency health kits, cholera investigation and treatment kits, antimalarial drugs and snakebite antivenoms.

In addition, WHO has distributed almost 1300 malaria kits nationwide since January 2024 and prepositioned 20 cholera investigation kits and 9200 stand-alone cholera rapid diagnostic tests, which can test 9400 samples.

Severe flooding compounds health crisis in South Sudan

Photo: WHO / Ismail Taxta

## CONFLICTS ARE GROWING IN NUMBER AND BECOMING MORE PROTRACTED AND COMPLEX

Over 1.6 billion people currently live in settings of conflict or displacement, causing profound and far-reaching impacts on health, from death and disease to increased malnutrition and access to noncommunicable disease treatments. Attacks on health mean that health systems are being decimated, making the delivery of life-saving health care even more challenging.

**78%**

of civilian casualties occurred in countries with a humanitarian plan or appeal

**50%**

increase in conflict-related sexual violence in 2023 on the previous year

**1515**

attacks on health care recorded by WHO in 2024



WHO field officers visit an immunization center in Ukraine.

Photo: WHO

### SUPPORTING RESILIENCE IN THE UKRAINE HEALTH RESPONSE

Marking 1000 days of conflict on November 19, 2024, WHO continues its unwavering response to the escalating health needs in Ukraine, addressing critical gaps in mental health, trauma care, and noncommunicable diseases (NCDs). Since the start of the crisis, WHO has coordinated nearly 5000 medical evacuations, enabling patients to access specialized treatments across Europe, and has documented over 2100 attacks on health care, resulting in 65 deaths and 377 injuries in 2024 alone.

To strengthen Ukraine's health system, WHO has installed 24 modular clinics, delivered high-capacity heating and water units, and bolstered workforce resilience through professional development and planning. As recovery efforts take shape, WHO is advancing capacity-building in trauma care, NCD management, and mental health, while driving reforms in health care financing and primary care to build a resilient and sustainable health system in the face of ongoing challenges.





## DISPLACEMENT

### MORE PEOPLE ARE DISPLACED THAN AT ANY OTHER TIME IN HISTORY. THEY ARE HIGHLY VULNERABLE TO HEALTH RISKS

The experience of migration is a key determinant of health and well-being. Refugees and migrants remain among the most vulnerable members of society, often facing poor living and housing conditions, with increased social mixing causing health issues such as disease outbreaks. Refugees also face inadequate access to health services, despite frequently occurring physical and mental health problems.

**1 BILLION**

migrants globally

**ALMOST 123 MILLION**

people were forcibly displaced due to conflict and escalating emergencies, as of May 2024.



A woman and her son, who fled the conflict in Sudan and crossed into Chad, receive care in the malnutrition unit at a health centre run by MSF France in Adre on 3 July 2024.

WHO / Nicolò Filippo Rosso

#### CARING FOR VULNERABLE DISPLACED POPULATIONS FROM SUDAN

Many Sudanese families have been displaced repeatedly over the course of the ongoing humanitarian crisis and conflict in the country, including the family of Aliya Noor and her seven children, who fled Sudan's Darfur region for Chad. Aliya's 11-year-old son was shot and wounded by militants on the journey to Chad, and the family is now living in a displaced persons camp with other displaced families, many of whom also have wounded, sick or missing children.

WHO is working to provide critical health services for displaced Sudanese refugees in Chad and elsewhere, including mental health care for the children like Aliya's son as well as other refugees that have suffered violence, sexual trauma and the loss of their homes, family members and livelihoods. WHO is training frontline health workers on mental health care and trauma support, as well as providing psychotropic medications.



## DISEASE OUTBREAK

### DISRUPTIONS TO HEALTH SERVICES DURING CRISES ARE LEADING TO INCREASED OUTBREAKS OF DISEASES SUCH AS CHOLERA AND POLIO. AT THE SAME TIME, HEALTH WORKERS ARE CONFRONTING EMERGING DISEASES, SUCH AS MPOX AND MARBURG

Not only are cases increasing, but countries previously unaffected are now confronting these health threats, expanding the reach and impact of these diseases. Human encroachment on wildlife habitats raises the risk of zoonotic diseases and outbreaks of Ebola, COVID-19 and SARS show how such spillovers can lead to severe, globally impactful outbreaks.

Crisis also lead to a disruption in health services, meaning that vaccinations reach just 64% of children living in crisis settings, compared to 84% globally.



A health worker delivers a third phase of the polio vaccination campaign in northern Gaza.

Photo: WHO

#### DELIVERING POLIO VACCINATIONS TO CHILDREN IN GAZA

In July 2024, polio was detected in wastewater samples in Gaza, an alarming yet unsurprising development given the severely weakened state of the territory's health system after nine months of war. Before the onset of the conflict, the polio vaccination coverage in Gaza stood at 99% in 2022, but this has fallen sharply over the past year with many infants not vaccinated against polio due to the disruption to critical health services.

With thousands of children under five at risk, WHO sent more than 1 million polio vaccines to Gaza, which were administered in September and October to prevent children from being struck down by the disease. The second round of the polio vaccination campaign reached more than 556 000 children in the Gaza Strip in extremely difficult circumstances, with a coverage rate of 91% in central Gaza and approximately 88% in northern Gaza despite the campaign being compromised by lack of access.



Mpox in eastern Democratic Republic of the Congo, August 2024

Photo: WHO / Guerchom Ndebo

# EVERY HUMANITARIAN CRISIS IS A HEALTH CRISIS

## HEALTH NEEDS IN HUMANITARIAN CRISES

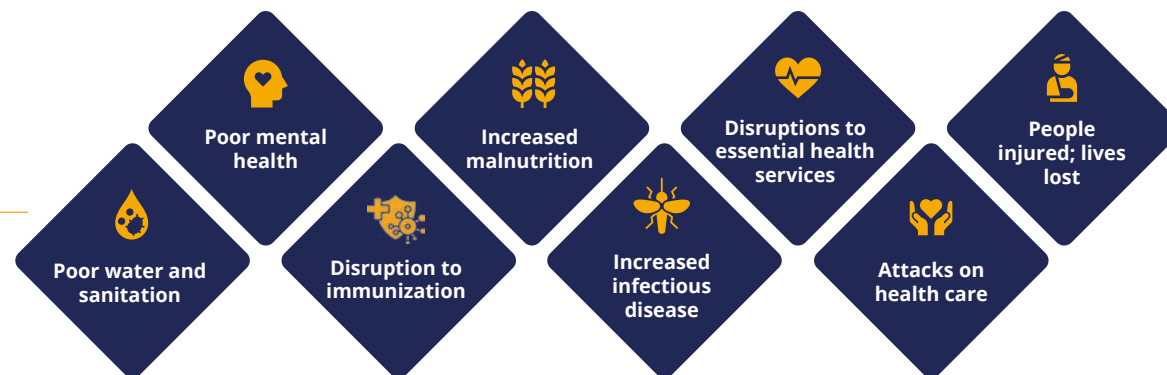
From trauma care to maintaining essential health services, humanitarian crises increase health needs and place extraordinary pressure on local health services. With such wide-ranging impacts, health must be at the heart of any humanitarian response.

Without the quick and effective provision of health services, humanitarian crises can have profound and catastrophic health impacts on affected communities. In the darkest moments of a crisis, they offer a lifeline, giving individuals and communities the strength to endure and the foundation to rebuild.

At the same time, the health sector acts as a stopgap when interventions in other sectors cannot meet the demand. For example, if food aid programmes are unable to supply sufficient food during a crisis, leading to malnutrition, the health sector steps in to provide treatment through medical interventions or nutritional supplements.

Failing to protect health in humanitarian emergencies not only puts lives at risk in the short term - it also feeds an endless cycle of poverty, threatens every aspect of progress on global development, and risks global health security.

## HEALTH IS PROFOUNDLY AFFECTED DURING CRISES, INCLUDING THROUGH:



# WHO'S UNIQUE ROLE IN HEALTH EMERGENCIES

WHO IS UNIQUELY POSITIONED TO PROVIDE RAPID,  
LIFE-SAVING SUPPORT AT EVERY STAGE OF THE  
HEALTH EMERGENCY RESPONSE



## PREPARE



## COORDINATE



## RESPOND



WHO supporting the medical evacuation  
of patients to outside the Gaza strip.

Photo: WHO



## PREPARE

### PREPARING FOR EMERGING THREATS AND EMPOWERING COUNTRIES TO RESPOND, SAFEGUARDING GLOBAL HEALTH SECURITY

From surveillance systems that detect emerging threats to ensuring countries are stocked with critical supplies, WHO's global systems prepare countries, health systems and communities to respond rapidly if an emergency hits.

This includes supporting national governments in building resilient health services that can withstand diverse threats. From strengthening primary care and providing mental health support in conflict zones, to training, coordinating and supporting the retention of specialist medical teams who can be rapidly deployed during health emergencies, WHO is creating a legacy of preparedness and recovery for communities in crisis.

### TRAINING EMERGENCY MEDICAL TEAMS IN PACIFIC ISLAND COUNTRIES

Located in the Ring of Fire, Pacific Island countries are highly vulnerable to natural disasters. With local responders at the forefront of emergencies, having national Emergency Medical Teams (EMTs) that are well-trained and equipped ensures timely and effective health responses, even in resource-limited settings.

WHO works with Pacific Island nations to build and enhance these vital teams through its global EMT initiative. In 2024, supported by donors, WHO facilitated workshops and simulation exercises to strengthen emergency response capabilities. These training programs are designed to ensure EMTs can operate independently while delivering high-quality care in challenging conditions, adhering to WHO's global standards and tailored to the Pacific context.

Interoperability – enabling different EMTs to operate in conjunction with one another – is a long-term goal of WHO's global EMT Initiative. In May 2024, Palau's EMT, KLEMAT, demonstrated this spirit of regional cooperation by co-facilitating training in the Marshall Islands, exemplifying the value of shared expertise in building a stronger, more unified emergency response network.

### PRE-EMPTING CHOLERA OUTBREAKS IN LEBANON

In 2024, WHO supported the Ministry of Public Health in Lebanon to launch a pre-emptive oral cholera vaccination (OCV) campaign, following a comprehensive multisectoral risk assessment. The campaign aims to prevent cholera outbreaks by vaccinating 350 000 individuals in high-risk areas with limited access to safe drinking water and sanitation facilities, and areas with high rates of population movement along the Syrian border.





WHO team dispatching medical supplies arriving in Lebanon.

Photo: WHO / Hala Habib



# COORDINATE

## COORDINATING GLOBAL AND LOCAL PARTNERSHIPS WHEN A CRISIS STRIKES

WHO is the only organization that provides global technical leadership for approved health interventions and medical protocol in health emergencies. As a trusted scientific authority on health, WHO raises awareness of the impact and risks of emergencies on the global stage, helping to mobilize critical resources for health.

As the health cluster lead, we coordinate the activities of more than 900 partners to deliver a strategic and effective response. WHO not only ensures that the right people

and the right medical supplies are in the right place at the right time, but ensures partners are focused where they can have the greatest impact to maximize available resource.

WHO also deploys its expertise in surveillance, safe and scalable care, innovation, rapid access to medical countermeasures and emergency coordination to enable swift responses to crises and reduce the risk of zoonotic disease spillovers.



### COORDINATING THE EMERGENCY HEALTH WORKFORCE

Through the Global Health Emergency Corps, WHO brings together regional networks and institutions representing the emergency health workforce to connect leaders, build workforce capacity and unlock surge capacities to scale emergency response in a crisis.



There is no global health security without local and national health security.

**Dr Tedros Adhanom Ghebreyesus, WHO Director-General**



Together with WHO, we are implementing a project to install modular primary health care clinics. This solution is temporary, but it can quickly and effectively solve urgent issues of the availability of health care right now.

**Viktor Liashko, Minister of Health of Ukraine**



### PROVIDING RAPID ACCESS TO ASSISTIVE TECHNOLOGY

Through the Global Health Cluster and Emergency Medical Team initiative, WHO has coordinated an inclusive response to address urgent needs for rehabilitation and mobility across multiple countries. In 2024, these efforts helped to provide over 6000 products to affected populations, including over 2000 mobility products such as wheelchairs and walking aids in Gaza and Sudan and technical training in northwest Syria and Morocco. Through the AT10 project, WHO also collaborated with the ministries of health and social policy in Ukraine, local governments and the country's extensive national network of assistive technology stakeholders to deliver assistive technology kits to health facilities to meet the needs of almost 1500 people.



### INNOVATING FOR HEALTH EMERGENCY RESPONSE

Developed under WHO's INITIATE initiative in collaboration with UNICEF, Médecins Sans Frontières (MSF), the Téchne Network, Ministries of Health, emergency responders and research institutions, the Infectious Diseases Treatment Module (IDTM) and Health Emergency Facility (HEF) are redefining how the world responds to infectious disease outbreaks. The modular, rapidly deployable and solar-powered facilities provide standardized, high-quality, patient-centred care in resource-constrained settings, while adhering to global clinical standards. A recent simulation exercise demonstrated the potential of these innovations to become operational within 24 hours and expand hospital capacity by 14 beds.



For the first time since the closure of the Rafah crossing, 21 critically ill children were evacuated out of Gaza to Egypt for medical treatment in June

Photo: WHO



# RESPOND

## MOBILIZING WHO RESOURCES TO DELIVER A TIMELY HEALTH EMERGENCY RESPONSE

Our permanent presence in over 150 countries (including in high-risk zones) means WHO staff can rapidly deliver essential supplies, services and expertise. This ensures the most pressing needs are met, whilst minimizing the knock on-effects of crises.

WHO's risk assessments enable the rapid allocations of the right resources. For every graded emergency, WHO implements its "no regrets" policy, to ensure the staffing and resources needed are made available without delay, preventing emergencies from becoming catastrophes.

WHO's global presence, networks and logistics hubs enable us to stockpile critical and specialized health equipment and deliver large volumes of supplies, such as trauma and emergency surgery kits, vaccines, and birthing kits.

As a trusted, long-term partner to governments and communities, WHO can make rapid assessments and enhance health care access during emergencies, benefiting millions.

In some emergency settings, WHO may also be required to act as the health care provider of last resort.



### ENHANCING ACCESS TO HEALTH CARE IN UNDERSERVED AFGHAN PROVINCES

Since 2023, WHO has provided medical support to 113 health care facilities in hard-to-reach areas in Afghanistan, benefiting over 700 000 people. Support included the delivery of over 330 primary health care kits and capacity-building for over 402 health professionals to address essential gaps in knowledge and transfer of critical skills.



### STRENGTHENING HEALTH SECURITY IN THE DEMOCRATIC REPUBLIC OF THE CONGO

In September 2024, WHO's largest air cargo shipment for the African region was delivered to the Democratic Republic of the Congo to reinforce the mpox outbreak response. The shipment included over 45 metric tons of emergency medical supplies and equipment to facilitate infection prevention, control and clinical care measures in the ongoing outbreak.

WHO also deployed more than 300 disease surveillance and outbreak response experts from its polio response programme to enhance operational capacity, and provided testing kits, reagents and machines to strengthen the country's capacity to rapidly detect and respond to the disease.



I am thankful for the free health care services, like medical consultations, laboratory testing and medicine, that meet most of our needs. I hope these services will continue uninterrupted.

**Yassin Mohammed, displaced from Khartoum, Sudan**



### WHO MOBILIZES LIFESAVING HEALTH SERVICES IN RESPONSE TO THE LEBANON-SYRIA DISPLACEMENT CRISIS

In collaboration with the Syrian Ministry of Health (MoH) and partners, WHO has mobilized health care services to address the urgent needs of over 510 000 displaced individuals who have crossed from Lebanon into Syria since September 2024. With needs increasing daily and basic services under strain, WHO's coordinated health interventions support both displaced individuals and host communities, at border crossings, community centers, and shelters, particularly in underserved rural areas. "Guided by our commitment to leaving no one behind, WHO is supporting health partners, including the Ministry of Health, to deliver lifesaving health services to those most vulnerable need," said Christina Bethke, WHO Representative, a.i. to Syria.

# WHO'S HEALTH EMERGENCIES PROGRAMME SAVES LIVES

IN 2024 ALONE, WHO AND PARTNERS PROVIDED SUPPORT TO MORE THAN 45 HEALTH EMERGENCIES IN 87 COUNTRIES AND TERRITORIES, ENSURING THAT COMMUNITIES IN SOUTH SUDAN, HAITI, UKRAINE AND BEYOND CONTINUED TO RECEIVE LIFE-SAVING HEALTH INTERVENTIONS



**900**

national and international partners were mobilized through the Health Cluster to respond to health emergencies



**106.4 MILLION**

people across 25 countries received urgent care from Health Cluster partners



**57.3 MILLION**

primary health care consultations were delivered through the Health Cluster



**7565**

mobile clinics were deployed by Health Cluster partners



**OVER 2.5 MILLION**

medical consultations were delivered by international emergency medical teams coordinated by WHO



**OVER 120**

surge deployments were supported by WHO through operational partnerships - GOARN and Standby Partners



**1.2 MILLION**

pieces of information were assessed and triaged by WHO in 2024 to detect potential signals of disease outbreaks and other public health threats



**884 000**

health workers and volunteers enrolled to the OpenWHO online platform, gaining access to free public health training

## PARTNER CONTRIBUTIONS

The support of our generous partners and donors remains critical to delivering a rapid and coordinated health response in high-risk, humanitarian settings.

### Top 10 contributors to WHO's Health Emergency Appeal in 2024\*:

- EUROPEAN COMMISSION
- NORWAY
- GAVI, THE VACCINE ALLIANCE
- UN CERF
- GERMANY
- UNITED ARAB EMIRATES
- JAPAN
- UNITED KINGDOM
- KINGDOM OF SAUDI ARABIA
- UNITED STATES OF AMERICA

### Contributors to the Contingency Fund for Emergencies in 2024\*:

- CANADA
- NEW ZEALAND
- ESTONIA
- PHILIPPINES
- GERMANY
- PORTUGAL
- IRELAND
- SWITZERLAND
- KUWAIT
- WHO FOUNDATION

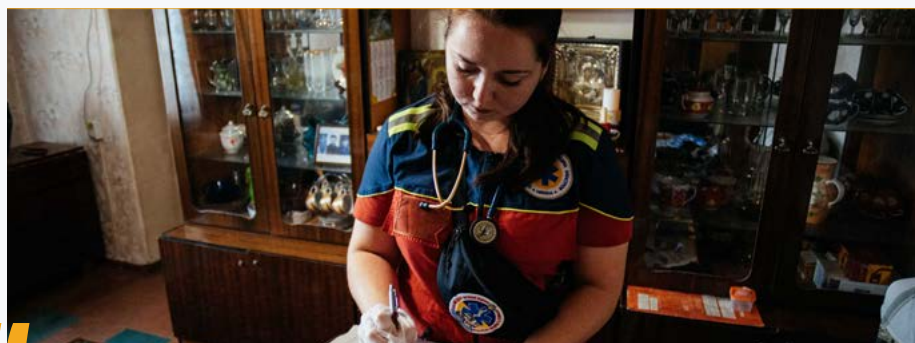
\*In alphabetical order



# WHO'S COMMITMENTS TO THOSE WE SERVE

Health is a fundamental human right that must be protected. However, many people and communities around the world living in a humanitarian crisis setting are deprived of this right. We all have a moral imperative to ensure the delivery of essential health services, so that no critical health need is left unmet.

Every day, WHO staff show immense bravery and commitment to reach communities in challenging, and often hostile, conditions. Whether providing emergency medical care, vaccines, or mental health support, their dedication ensures that those in need are not left behind.



As ambulance workers, we respond to calls despite the risks, working just 20 kilometres from the frontline in Ukraine.

**Kseniia Ostrizhna, emergency medicine doctor, Ukraine**



A pregnant refugee who fled conflict in Sudan sits with her daughter in front of their shelter in a camp in Adre, Chad.

Photo: WHO / Nicolò Filippo Rosso



Solar panels at Dollow maternal child health centre, Dollow, Jubaland State.

Photo: Tamarso

## HEALTH TEAMS BRAVE WAR CONDITIONS IN SUDAN

The civil war in Sudan has brought the country's health system to its knees, and most medical facilities have been forced out of service due to destruction and a severe lack of supplies. In these conditions, mobile health teams are attempting to plug the gaps, crossing conflict zones to help pregnant women to give birth in safety.

In 2024, WHO supported UNFPA to deploy 56 mobile health teams across Sudan to provide sexual and reproductive health services and gender-based violence protection and response. Since the war began, the teams – including doctors, pharmacists, lab technicians, psychologists and midwives – have conducted over 150 000 medical consultations.

## EMBRACING RENEWABLE ENERGY TO BRIDGE SOMALIA'S ELECTRICITY AND OXYGEN GAP

In a critical step to ensure uninterrupted health care delivery in Somalia, WHO spearheaded the solarization of 51 health facilities, providing lifesaving power to emergency rooms and oxygen-dependent care in some of the country's most vulnerable regions. This transformative effort included equipping 17 maternal and child health centres and 9 referral hospitals with reliable, decentralized solar energy systems, ensuring consistent electricity and oxygen supply for critically ill patients.

Guided by an energy needs assessment across 81 facilities, WHO partnered with the Ministry of Health and a local renewable energy company to implement sustainable power solutions that reduce dependency on costly and unreliable diesel. By integrating green energy into Somalia's health infrastructure, WHO is not only bolstering emergency response capacity but also building long-term climate resilience for health services in areas most impacted by fragility and climate shocks.



"We are not merely delivering services; we are fostering hope and safety within our community. Each safe delivery we witness reaffirms our mission and underscores the impact we can achieve collectively."

**Dr Ashwaq Saeed, Supervisor of the Midwifery Department and Head of the Gynecology and Obstetrics Surgery Department at Al-Sadaqa Hospital, Yemen**



"Working in Afghanistan as a female is not easy. I faced many challenges and obstacles during my duty in Herat, but I never gave up and continued my work with passion, commitment and love."

**Dr Ramika Rahmati, member of the surveillance team in Herat, Afghanistan**

## EVERYTHING WE DO IS GUIDED BY OUR COMMITMENTS TO THOSE WE SERVE, UPHOLDING HUMANITARIAN PRINCIPLES OF ACCESS, EQUITY AND IMPARTIALITY

WHO works tirelessly to ensure life-saving health services reach the most vulnerable, regardless of location or circumstance, respecting international humanitarian law and advocating for unhindered access in conflict and crisis zones.



### Gender, equity and human rights

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



### Monitoring and reporting attacks on health care

Conducting surveillance, research and advocacy to ensure the provision of essential health services to crisis-affected populations, unhindered by any form of violence or obstruction.



### 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.



### Ensuring compliance and risk mitigation for aid diversion

Mitigating the risks of fraud and aid diversion in all 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.



### Accountability to affected populations

Demonstrating accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into [WHO's response strategy](#).



### Strengthening local partnerships to build resilience

Strengthening the quality and inclusivity of engagement with local partners to make humanitarian responses more accountable to affected populations.



### Enabling equity and access

Identifying barriers and providing evidence-based solutions to ensure that everyone has access to high-quality and effective health services during crises.



### 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.

# WHO'S 2025 FUNDING REQUIREMENTS

## SUSTAINED FUNDING FOR THE HEALTH EMERGENCY RESPONSE

In 2024, health sector funding in humanitarian responses reached only 40% of needs. This global funding shortfall forced critical service cuts and difficult decisions about who receives care and who does not.

Supporting WHO's Health Emergency Appeal is a powerful act of global solidarity, helping us defend the fundamental right to health and safeguard people and communities worldwide, no matter the crisis.



FOR EVERY **US\$ 1** INVESTED IN WHO

# US\$ 35

IS DELIVERED AS RETURN ON INVESTMENT

IN 2025, WHO URGENTLY NEEDS

# US\$ 1.5 BILLION

TO RESPOND TO **42** ONGOING  
HEALTH EMERGENCIES. THIS  
SUPPORT IS ESSENTIAL TO  
SAFEGUARD THE WORLD'S MOST  
VULNERABLE COMMUNITIES IN THE  
GREATEST NEED



A nurse in the nutrition department at Saddaqa hospital in Yemen, represents hope for families. She dedicates her time to comforting anxious mothers and caring for severely malnourished children, striving to make a difference every day.

Photo: WHO / Nesma Khan



# GRADE 3 HEALTH EMERGENCIES

Contributions to the WHO 2025 Health Emergency Appeal will be directed towards 17 Grade 3 emergencies requiring the highest level of intervention from WHO



## HAITI

Two out of every five Haitians urgently need medical care. Gang violence, the near collapse of state institutions and high rates of displacement have intensified the humanitarian crisis in Haiti and severely compromised access to health care.



## OCCUPIED PALESTINIAN TERRITORY

Since October 2023, the situation in the occupied Palestinian territory has plunged millions of people into devastating conflict, political turmoil and economic instability. The health system in the Gaza Strip has been devastated by attacks, with more than 3 million people in Gaza and the West Bank requiring urgent support.



## SYRIAN ARAB REPUBLIC

Conflict, socioeconomic decline and the high number of displaced persons within the country have severely strained and weakened the health system and essential services. More than 16.7 million people need urgent health care assistance in 2024, and this number is likely to rise in 2025.

The ongoing epidemics of mpox and cholera, are also considered global grade 3 emergencies requiring urgent response.



## LEBANON

The crisis in Lebanon has placed the health sector under unparalleled strain, with only four hospitals in conflict-affected areas fully operational. In Lebanon, WHO is stabilizing trauma care, ensuring continuity of essential services, and reinforcing public health surveillance to protect Lebanon's vulnerable populations amid an escalating crisis.



## YEMEN

More than 19.5 million people in Yemen urgently require life-saving care. Outbreaks of vaccine-preventable diseases and food insecurity have been worsened by environmental disasters and conflict in the region, which continue to devastate the country's health infrastructure, increase the risk of mass casualties and impact importation of health commodities.



## SOMALIA

The cross-cutting impacts of conflict, drought, flooding and disease outbreaks are contributing to excess mortality and morbidity in Somalia, with 6 million people requiring humanitarian assistance. Somalia also faces one of the highest maternal mortality rates in the world, underscoring the need for urgent health interventions to protect mothers, the elderly, and children.



## THE DEMOCRATIC REPUBLIC OF THE CONGO

The Democratic Republic of the Congo frequently experiences acute humanitarian and health crises stemming from various emergencies, including ongoing epidemics such as mpox, cholera, measles, polio and COVID-19, recurring conflicts and security incidents, natural disasters, and food insecurity. In 2025, almost 13 million people will require emergency health care.



## SUDAN

Sudan continues to face a critical health and humanitarian crisis, with 30.4 million people in need of support, as the country's health system devastated by conflict, climate challenges and economic collapse. More than 2.9 million refugees have fled Sudan for countries including Chad, the Central African Republic, South Sudan, Ethiopia, Egypt and Libya, placing serious strain on the health systems of these nations.



## UKRAINE

The ongoing conflict in Ukraine has devastated the country's health system, with more than 12.7 million people in need of humanitarian assistance. Supporting the health system and providing urgent health assistance will be critical in 2025.



## AFGHANISTAN

Decades of war and internal conflict have left Afghanistan's health system fragmented and severely under-resourced. The involuntary return of refugees from neighbouring countries, widespread displacement and multiple disease outbreaks have further compounded these public health challenges, with over 14.3 million people requiring urgent health support.



## ETHIOPIA

Ethiopia is facing a complex, prolonged humanitarian and health crisis due to conflict, the climate crisis and worsening disease outbreaks. In 2024, more than 21.4 million people required humanitarian assistance and this severe need will continue in 2025 as WHO responds to four graded and six ungraded emergencies in the country.



## MYANMAR

Escalating conflict, increased risk of natural disasters due to climate-related risks, high vulnerability to the outbreaks of disease including cholera, economic collapse and massive displacement are severely damaging the health sector in Myanmar and putting millions of people at risk.



## SOUTH SUDAN

South Sudan faces an unprecedented health crisis. The health sector has been overwhelmed by multiple disease outbreaks, including measles and malaria, while humanitarian assistance has been hindered by security issues, bureaucratic hurdles, and climate-induced access restrictions.

# HOW APPEAL FUNDING WORKS

THE HEALTH EMERGENCY APPEAL  
CONSOLIDATES WHO'S FUNDING  
REQUIREMENTS TO ENSURE A COORDINATED,  
SCIENTIFIC RESPONSE TO ONGOING HEALTH  
EMERGENCIES, ALIGNING TO THE UN'S  
HUMANITARIAN RESPONSE PLANS.

Through the Appeal, donations can be directed to a specific country or region, or donors can provide WHO with greater flexibility, so that we can allocate resources where the need is greatest.

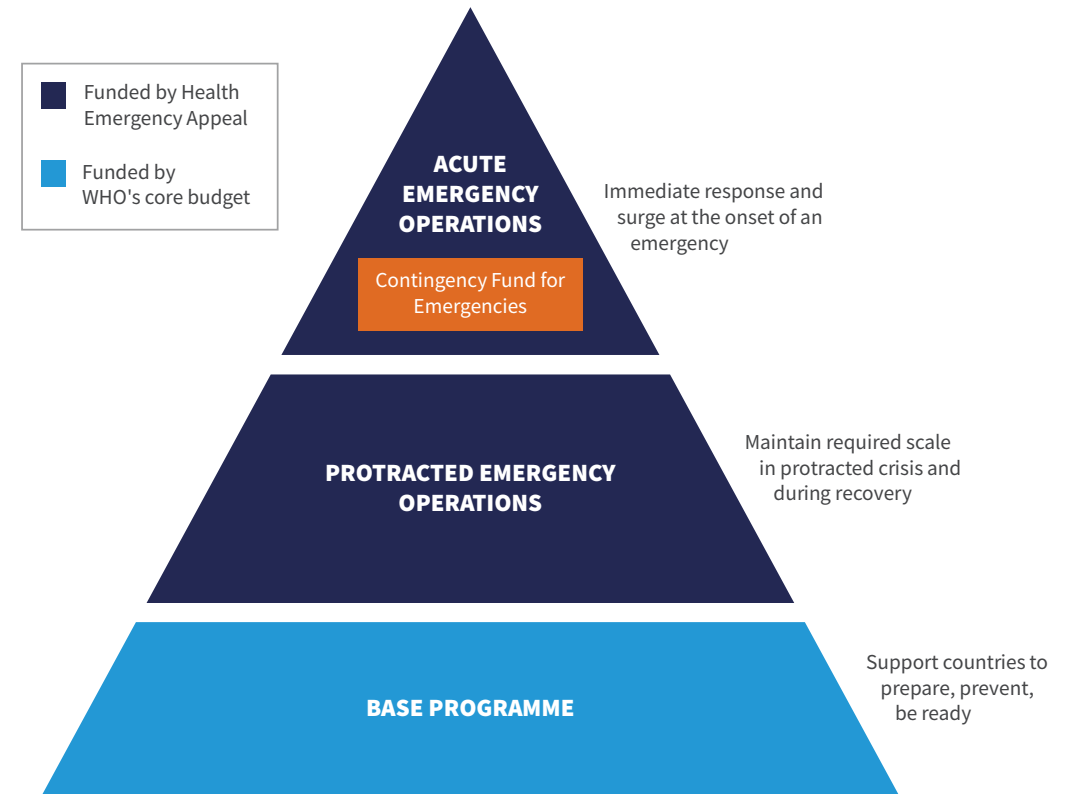
Flexible funding empowers WHO to respond swiftly, decisively, and equitably to emerging health crises, ensures equitable support to those most in need, and allows us to anticipate and prepare for future risks. Crucially, it enables us to allocate resources to where they are needed most—especially in overlooked or underfunded emergencies, ensuring no community is left behind.

WHO and partners evacuate 97 sick and severely injured patients and 155 companions from Gaza

Photo: WHO

## WHO'S 14TH GENERAL PROGRAMME OF WORK, 2025-2028 – PROTECT PILLAR

The funding sought through the Appeal will enable WHO to scale-up support in emergency response settings beyond our core capacities. A well-financed WHO core budget is vital to sustaining WHO's ability to respond effectively to emergencies, and ensures funds raised through the Health Emergency Appeal can be used more efficiently to address immediate needs.



CFE: 10 YEARS ENABLING  
LIFE-SAVING ACTION

**US\$ 444 MILLION IN ALLOCATIONS**

**RESPONSES TO 190 EMERGENCIES**

**OPERATIONS ACROSS 80 COUNTRIES  
AND TERRITORIES**

**SUPPORT FOR RESPONSES TO 5 GLOBAL  
OUTBREAKS**

**CONTRIBUTIONS TOTTALLING US\$ 342  
MILLION FROM 28 DONORS**

# WHO'S CONTINGENCY FUND FOR EMERGENCIES (CFE)

## RESPONDING RAPIDLY, SAVING LIVES

The WHO Contingency Fund for Emergencies (CFE) was established in 2015 to revolutionize how public health emergencies are addressed.

Designed to ensure rapid response capabilities, the CFE enables WHO to act immediately during crises, whether disease outbreaks, natural disasters, or complex emergencies. By providing swift access to funds, the CFE allows for the deployment of medical teams, delivery of life-saving supplies, and the establishment of critical health services in affected areas. In doing so, it minimizes the devastating human and economic toll of unchecked emergencies.

“

The Philippines is unique among WHO Contingency Fund for Emergencies (CFE) donors, having benefitted from life-saving aid financed by the Fund. The Philippines considers the CFE a sound investment in global health security. We encourage donors, large and small, to commit resources to this unique mechanism to strengthen WHO's role in responding to health emergencies.

**Ambassador Carlos D. Sorretta, Permanent Mission of the Philippines to the UN in Geneva**

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“

Canada believes an investment in the WHO Contingency Fund for Emergencies is an investment in global health security. Predictable and flexible resources at the start of a health emergency enable WHO to respond immediately, reduce suffering and save lives.

**Anita Vandenbeld, Parliamentary Secretary to the Minister of International Development, Canada**

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## CALL TO ACTION

As the CFE approaches its 10-year milestone in 2025, its proven ability to respond swiftly and effectively to global health emergencies underscores the critical need for sustained and increased funding. Continued support from donors is vital to maintain WHO's capacity to protect lives, prevent crises from escalating, and ensure global health security. Invest in the CFE today to strengthen our collective resilience against tomorrow's health threats. Every dollar counts.



# ALIGNMENT WITH GLOBAL HUMANITARIAN EFFORTS

WHO's Health Emergency Appeal outlines the organization's role and funding requirements in responding to emergencies as part of the health sector. Aligned with processes led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the appeal details WHO's contributions to the health sector's objectives, activities, and resource needs to support the collective goals outlined in Humanitarian Respond Plans (HRPs) and Refugee Respond Plans (RRPs).

With support from WHO and partners, we were able to re-open Nasser Medical Complex after its destruction in February 2024, overcoming incredible challenges to restore vital health services. The hospital's capacity was initially expanded from 350 to 500 beds. However, with the rising number of patients, WHO provided additional support to add 88 more beds through a new extension. Today, Nasser Medical Complex is once again the largest referral hospital in Gaza, especially in southern Gaza.

Dr Atef Mohammed Al-Hamoud, Director General of Nasser Medical Complex

## STRENGTHENING HEALTH EMERGENCY PREVENTION, PREPAREDNESS, RESPONSE AND RESILIENCE

The Appeal also aligns to the five Cs outlined by the health emergency prevention, preparedness, response & resilience (HEPR) framework which aims to strengthen global health architecture:



### Collaborative surveillance

Prioritizing multi-sectoral collaboration on disease surveillance enables WHO to unlock real-time data and rapidly detect health threats, to ensure no health threat goes unnoticed or unaddressed.



### Community protection

Through vaccination campaigns, primary health care, risk communication and local engagement, WHO empowers communities in emergency settings to protect themselves, build resilience and inform the delivery of inclusive and effective access to health interventions.



### Safe and scalable care

As a first responder and provider of last resort, WHO delivers critical health services where others cannot. Mobile clinics, emergency medical teams, and scalable care solutions bridge the gap, ensuring lifesaving care for those most in need.



### Access to countermeasures

From providing operational and logistics support to accelerating R&D and emergency approvals, WHO ensures that life-saving medicines, vaccines, and medical supplies reach the heart of crises - when and where they are needed most.



### Emergency coordination

As Health Cluster lead, WHO orchestrates the efforts of over 900 partners, deploying experts, aligning resources, and driving unified action. Through the Global Health Emergency Corps, WHO ensures every response is strategic, effective, and focused on saving lives.



A patient is treated inside one of the few remaining functional rooms at Hitsais Clinic.

Photo: WHO / Nitsebiho Asrat



# WHO'S FUNDING REQUIREMENT FOR RESPONDING TO EMERGENCIES IN 2025

EMERGENCY	US\$ '000
Afghanistan Humanitarian Emergency	126 720
Democratic Republic of the Congo Humanitarian Emergency	2857
Ethiopia Humanitarian Emergency	24 000
Haiti Humanitarian Emergency	18 480
Lebanon Humanitarian Emergency	48 051
Mpox Public Health Emergency of International Concern	81 241
Multi-Region Cholera	45 623
Myanmar Humanitarian Emergency	7573
occupied Palestinian territory Humanitarian Emergency	296 200
Somalia Humanitarian Emergency	38 070
South Sudan Humanitarian Emergency	22 056
Sudan Humanitarian Emergency	135 000
Sudan Refugees Humanitarian Emergency	51 700
Syrian Arab Republic Humanitarian Emergency*	141 462
Ukraine Humanitarian Emergency	68 361
Yemen Humanitarian Emergency	57 826
Contingency Fund for Emergencies (CFE)	50 000
Grand total	1 520 901

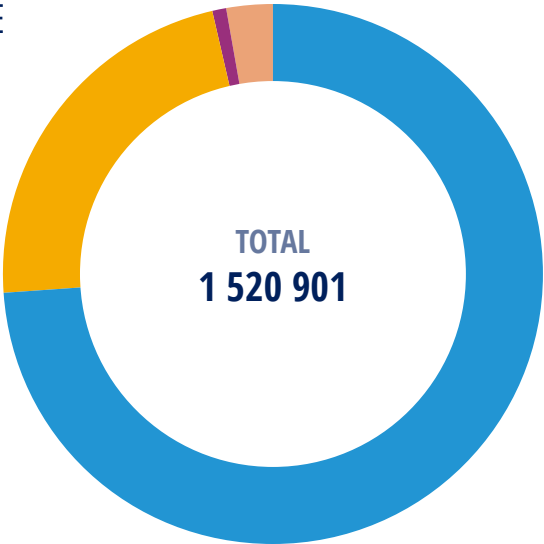
\* WHO's funding requirements for Syria represents consolidated needs for the protracted and acute humanitarian emergencies in Syria in 2025



WHO and partners evacuate 229 patients and companions from Gaza to Romania and the UAE.  
Photo: WHO

## FUNDING REQUIREMENT BY WHO LEVEL OF OFFICE (US\$ '000)

- Country-level**  
1 410 779
- Regional-level**  
42 648
- Global support**  
17 475
- Contingency Fund for Emergencies (CFE)**  
50 000



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