WHO'S HEALTH EMERGENCY APPEAL 2026

World Health Organization

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Cover photo:
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A WHO worker supports a child during the medical evacuation of patients from the Gaza Strip to the United Kingdom and Türkiye in September 2025.

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*occupied Palestinian territory, including east Jerusalem hereinafter referred to as "occupied Palestinian territory"

WHO on the ground supporting Angola's cholera outbreak response.

Photo: WHO / João Carlos Domingos

FOREWORD

Today, around a quarter of a billion people are in desperate need of humanitarian assistance. Yet at the very moment when needs are rising, we are facing the starkest funding cuts in a decade. Geopolitical tensions and shifting national priorities mean that development and humanitarian financing is increasingly redirected toward domestic concerns and rising defense budgets, leaving fewer resources to support the people and communities who depend on international solidarity the most. While global defense spending now exceeds US$ 2.5 trillion a year, humanitarian and health funding falls dangerously short of growing needs – an imbalance that threatens not only lives, but global stability. To put it bluntly: the world is spending more on creating humanitarian emergencies, and less on solving them.

As always, the most vulnerable people are the most affected. In recent months, we have stood with WHO teams and partners in some of the world's most fragile settings, listening to families who have fled their homes again and again, and to health workers who continue their work under fire. We have seen clinics reduced to rubble, ambulances targeted, and dedicated health workers lose their lives while protecting the health of others. We have also seen patients turned away when medicines run out, vaccines delayed due to disrupted supply chains, and women with no option but to give birth in unsafe conditions.

The collapse in funding is accelerating what humanitarian partners have described as a "humanitarian reset" — a shift toward sharper prioritization, greater efficiency, and more localized, community-driven responses. But without adequate resources, this reset risks unfolding in ways that leave people without essential services. Managing the reset responsibly requires sustained investment in the core health services that protect lives and stability in crises — a role WHO is uniquely mandated to lead, through its operational presence, health cluster coordination, and support for national and local health systems.

In 2025 alone, WHO responded to 48 emergencies across 79 countries, supporting more than 30 million people with essential health services, keeping thousands of health facilities functioning, deploying mobile clinics to hard-to-reach communities, and delivering millions of life-saving consultations and vaccinations in emergencies.

But we cannot do this alone. To meet the scale of today's crises, we have listened carefully to our partners and to affected communities, and we have taken steps to hyper-prioritize and to use every dollar as efficiently as possible. Localization is central to this effort. WHO is committed to working hand in hand with governments and local and national partners wherever possible, strengthening coordination, improving the use of data and investing in local leadership so that responses are more effective, more accountable and more sustainable.

Through this appeal, WHO is seeking approximately US$ 1 billion in 2026 to sustain life-saving health services in the world's most fragile and conflict-affected settings, prevent outbreaks, protect essential care and support those delivering health under the most difficult conditions.

This appeal sets out what is needed to protect health in humanitarian crises in the year ahead. It is, above all, a call to stand with people living through conflict, displacement and disaster – to give them not just services, but the confidence that the world has not turned its back on them. We invite you to read our appeal with them in mind, and to join us in ensuring that health remains at the heart of humanitarian action, now and for the future.

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Dr Chikwe Ihekweazu
Executive Director, WHO Health Emergencies Programme
World Health Organizatio

PROTECTING HEALTH AS CRISES OUTPACE GLOBAL RESPONSE

In 2025, funding for crises fell sharply, forcing a contraction across humanitarian operations and signalling a fundamental shift: the global humanitarian system can no longer respond at scale across all crises. The cost of under-investing in health emergencies is not borne by crisis-affected countries alone. It is paid in cross-border outbreaks, forced displacement, supply chain shocks and rising global instability.

As we enter 2026, more than 239 million people need urgent humanitarian assistance. Conflicts in the occupied Palestinian territory and Sudan are dismantling health systems, instability in Ukraine, South Sudan and Yemen continues to drive extreme needs, and outbreaks of cholera, mpox and climate-driven disasters threaten to push fragile systems past breaking point.

In 2026, WHO urgently needs approximately US$ 1 billion to sustain life-saving care in the world's most severe emergencies. With resources shrinking, WHO has been forced to make difficult choices: prioritizing the most critical, life-saving interventions while scaling back where support can no longer be sustained. Alongside Member States and local partners, WHO continues to deliver health care where others cannot, but the gap between needs and available resources is now too wide to bridge alone.

Photo: Five-day National Immunization Days in Somalia Credit: © WHO / Abdirahman Caaylawe

HEALTH SYSTEMS OVERWHELMED AS FUNDING RETREATS

Cuts disrupted over 6600 health facilities in 2025, leaving 53 million people without essential care. Many crisis-affected systems are damaged, understaffed and unable to provide even basic services.

INTERCONNECTED CRISES FUEL HEALTH EMERGENCIES

Conflict destroys hospitals, drives displacement and severs supply chains. Meanwhile, droughts deepen malnutrition, floods spread disease and heatwaves trigger illness, compounding pressures on fragile systems.

ATTACKS ON HEALTH UNDERMINE GLOBAL EFFORTS

In 2025, more than 1349 attacks on health care across 22 countries and territories injured over 1168 civilians, caused 1981 deaths, and deprived millions of people of essential health services, while health workers continued to operate under constant threat of violence, harassment and instability.

EARLY ACTION SAFEGUARDS GLOBAL SECURITY

Cholera, mpox and climate-driven outbreaks do not respect borders. Early, coordinated action is essential to prevent local shocks becoming global crises.

HEALTH UNDERPINS HUMANITARIAN STABILITY

Strong health systems contain outbreaks, stabilize communities and enable recovery. Without them, crises escalate and instability deepens.

A SHIFT TOWARD LOCALLY LED, COORDINATED RESPONSE

WHO has accelerated a more locally led and coordinated approach, bringing decisions closer to communities, empowering local responders and improving speed, cost-effectiveness and impact.

HEALTH IS A FUNDAMENTAL HUMAN RIGHT

That right is now under threat as systems built to protect the vulnerable falter under escalating crises. Urgent, flexible funding is essential to keep WHO's response standing and safeguard this right for millions.

FRONT-LINE SYSTEMS ARE AT BREAKING POINT

IN 2026, WHO URGENTLY NEEDS APPROXIMATELY US$ 1 BILLION TO SUSTAIN LIFE-SAVING CARE IN THE WORLD'S MOST SEVERE HEALTH EMERGENCIES.

WITHOUT THIS SUPPORT, HEALTH SYSTEMS WILL FAIL.
WITH IT, WE CAN PROTECT HEALTH AND SAVE LIVES.

HEALTH SYSTEMS UNDER UNPRECEDENTED STRAIN

Humanitarian support is pulling back at the exact moment needs are accelerating. Communities facing bombardment, siege, drought and displacement now face a second blow: collapsing health services, a depleted workforce, and life-saving programmes shutting down mid-crisis.

For millions, the danger is no longer the crisis alone: it is the widening gap between people in need and the world's ability to respond. People are being pushed further from care not because solutions do not exist, but because the system designed to protect them is faltering.

Despite escalating challenges, WHO remains steadfast in its mission to sustain essential health services, empower local responders and mobilize global solidarity to save lives, while making the difficult, sometimes impossible choices that shrinking resources now demand.

INTERCONNECTED, LONG-TERM CRISIS

The world is facing more frequent and intense conflicts, climate shocks, disease outbreaks and displacement. These are not separate challenges but mutually reinforcing dynamics driving a single, interconnected health emergency.

Conflicts destroy hospitals, cut supply lines and restrict access to food, water and other essential supplies. In October 2025, WHO reported that ~94% of hospitals in the Gaza Strip were damaged or destroyed, while continued critical shortages of essential medicines and supplies were halting lifesaving care for over 2.1 million people.

Disease outbreaks accelerating in fragile settings, from the return of polio to the occupied Palestinian territory after 25 years, to widespread cholera and measles across Sudan and the Sahel. Rising outbreaks of Marburg in Ethiopia and Ebola in the Democratic Republic of the Congo highlight how quickly deadly pathogens can spread where health systems are strained.

Mass displacement driven by conflict, climate shocks and the collapse of health services cuts millions off from care and accelerates disease transmission across borders. By mid-2025, 117 million people had been displaced by war, violence and persecution, including 42.5 million refugees.

Climate shocks amplify disease and displacement, turning local events into regional crises. 2025 was one of the three warmest years on record, continuing the streak of extraordinary global temperatures.

Attacks on health care obliterate health service delivery in crisis settings, cutting communities off from essential care, endangering health workers, and further destabilizing already fragile health systems. In 2025, WHO verified 1349 attacks on health care across 22 countries and territories, resulting in 1981 deaths and 1168 injuries.

Every failure in a local health system has far-reaching consequences, allowing outbreaks to spread, fuelling displacement and increasing regional instability. As pressures intensify, these interconnected shocks are pushing countries beyond their ability to cope.

WHO team visit to hospitals in the Gaza Strip to assess the situation.

Photo: WHO

REHABILITATION IN THE GAZA STRIP: A CRITICAL PATHWAY TO RECOVERY AMID HEALTH SYSTEM COLLAPSE

More than 42,000 people in the Gaza Strip are living with life-altering injuries after two years of conflict, creating vast long-term physical rehabilitation needs. With the health system severely degraded, hospitals have had limited capacity beyond emergency and life-saving care, leaving specialized rehabilitation services largely unavailable throughout the conflict. WHO is addressing this gap through a comprehensive approach that responds to immediate needs while building long-term system capacity. This includes supporting to expand patient care capacity, the provision of assistive devices and essential medical supplies, and the deployment of Emergency Medical Teams to deliver surge services and train local health workers. WHO is also supporting strengthening referral pathways and integrating rehabilitation into primary health care to ensure continuity of care, improved accessibility, and long-term sustainability.

A WHO staff member with a child receiving rehabilitative care in the Gaza Strip.

Photo: WHO

WHO team assesses Cholera Response at Gulsa Village in Sudan.

Photo: WHO

KEEPING LIFE-SAVING HEALTH, NUTRITION AND OUTBREAK SERVICES RUNNING IN CONFLICT-TORN SUDAN

Sudan faces one of the world's gravest humanitarian emergencies, with 13.6 million people displaced, a severely damaged health system, rising hunger and widespread cholera and other disease outbreaks. Despite extreme access constraints, insecurity and reduced funding, WHO remains one of the few organizations sustaining essential health services. Since the start of the conflict in April 2023, WHO has delivered more than 3378 metric tons of medicines and medical supplies, kept stabilization centres operational for over 112 400 children with severe acute malnutrition and medical complications, and supported 20 mobile clinics and 87 rapid response teams providing emergency care and outbreak response in front-line and hard-to-reach areas. Vaccination campaigns have reached around 24 million people with cholera vaccines, protected millions of children through routine immunization, and supported the introduction and scale-up of malaria vaccines. WHO has also trained more than 630 mental health workers and deployed mobile teams to support displaced families coping with severe trauma. With continued funding reductions threatening the functioning of hundreds of health facilities, enhanced support is critical to protect millions at risk of losing access to life-saving care.

SAFEGUARDING PRIMARY HEALTH CARE IN AFGHANISTAN

WHO has warned that sustained funding shortfalls risk the collapse of up to 80% of the essential health services it supports across Afghanistan. In 2025, reduced humanitarian funding led to the closure of more than 422 health facilities, cutting off access to essential care for an estimated 3 million people, with particularly severe consequences for women, children and displaced populations.

Further closures would critically undermine efforts to control multiple, simultaneous health threats, including measles, malaria, dengue, polio and Crimean-Congo haemorrhagic fever, at a time of persistently low immunization coverage, rising malnutrition and increased pressure from large-scale population returns. Sustaining these services is essential to protect lives, contain outbreaks and preserve a minimum level of health system resilience in an increasingly volatile humanitarian context.

Patients receive chemotherapy at the oncology ward of Kabul's Jumhuriat Hospital.

Photo: WHO / Kiana Hayeri

MAKING EVERY DOLLAR COUNT IN AN ERA OF SCARCITY

The impact is immediate and severe. Health facilities in conflict zones are over eight times more likely to be inactive than those in non-conflict areas. At the same time, health cluster coordination - essential for identifying gaps, aligning partners and directing scarce resources where they save the most lives - is itself under threat, with funding shortfalls placing up to 73% of coordination capacity at risk.

The impact is immediate and severe. Health facilities in conflict zones are over eight times more likely to be inactive than those in non-conflict areas. At the same time, health cluster coordination - essential for identifying gaps, aligning partners and directing scarce resources where they save the most lives - is itself under threat, with funding shortfalls placing up to 73% of coordination capacity at risk.

The system is under immense strain: critical safeguards are eroding, supply lines are faltering, and essential services are at breaking point. Without urgent, flexible funding, a collapse of front-line capacity is no longer a risk, it is imminent.

During the war in the Gaza Strip, WHO has evacuated over 8000 patients for specialized care elsewhere.

Photo: WHO

As resources shrink, the humanitarian system is being pushed into life-or-death triage, forced to make painful decisions on where limited capacity can save the most lives.

Two thirds of people targeted for health assistance in humanitarian settings remain without access to essential health services. The gap between what is needed and what is available has never been wider. Funding shortfalls have already disrupted vaccination for 14 million children, while pauses in nutrition services have left 2.4 million facing severe acute malnutrition.

Each shortfall imposes painful decisions: which services to sustain, which crises to prioritize, and which communities can still be reached. Not every need can be met, but every decision must be made deliberately and transparently. In this context, WHO has reset its approach, hyperprioritizing the highest-impact services such as trauma care, maternal and neonatal care, outbreak control and essential primary care, and pausing or scaling back lower-impact activities so that every dollar saves the most lives.

At the same time, WHO is directing more emergency resources, financing and decision-making to national and local actors, strengthening front-line delivery and long-term resilience. In Ukraine, for example, 53% of WHO's emergency funding goes directly to local partners, enabling rapid response today while building sustainable capacity for tomorrow.

WHO and partners launch a second round of polio vaccination in Government of Yemen-controlled areas.

Photo: WHO

TWO THIRDS OF PEOPLE TARGETED FOR HUMANITARIAN HEALTH CARE ARE LEFT WITHOUT IT

The gap between what is needed and what is available has never been wider.

CONSEQUENCES OF UNMET NEEDS:

2.4M

Nutrition services halted, leaving 2.4 million facing severe acute malnutrition.

53M

6600+ health facilities disrupted, cutting off care for 53 million people.

14M

Vaccination services disrupted for 14 million children.

HEALTH IS A FOUNDATION OF HUMANITARIAN RESPONSE

HEALTH IS PROFOUNDLY AFFECTED DURING CRISIS, THROUGH:

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

US$35 IS DELIVERED AS RETURN ON INVESTMENT

THIS MAKES HEALTH ONE OF THE MOST EFFICIENT INVESTMENTS DONORS CAN MAKE.

HEALTH NEEDS IN HUMANITARIAN CRISES

When health systems fail, mortality rises fast, but when they recover, societies recover with them. Strong health systems avert secondary crises and cross-border outbreaks, stabilize communities, prevent forcible movements of populations and enable durable recovery.

Health strengthens the wider humanitarian response
Where other sectors cannot reach, health opens doors: preventing malnutrition, containing outbreaks and saving lives.

Health underpins global security
Strong health systems detect threats early, stop outbreaks from escalating and protect communities across borders.

Health keeps communities stable and prevents displacement
When people can access care where they live, families stay together, and crises are contained.

Health enables recovery
Food, water and shelter stabilize lives, but health restores them, keeping children in school and parents at work.

Health is the foundation of peace
It rebuilds trust, connects communities and allows societies to heal.

OUR TRIPLE MANDATE: WHO'S UNIQUE ROLE IN TODAY'S HEALTH EMERGENCIES

This is the humanitarian reset in practice: fewer priorities, clearer choices, and a deliberate move away from parallel structures towards stronger country-led systems.

WHO'S STRENGTH LIES IN ITS TRIPLE MANDATE TO ADVANCE GLOBAL HEALTH:

GLOBAL HEALTH LEADERSHIP

- **Global standard setting**
- **Early response to provider of last resort**
- **Detecting and responding to disease threats**
- **Defending health care and protecting health workers**
- **Promoting health and peace**

HUMANITARIAN RESPONSE

- **Coordinating the Health Cluster, enabling local action**
- **On-the-ground presence in over 150 countries**
- **Emergency logistics and surge deployment at scale**

SUSTAINING HEALTH SYSTEMS

- **Strengthening health systems with national governments**
- **Localization anchored in systems**
- **Supporting health system recovery and long-term development**
- **Workforce capacity-building**

GLOBAL HEALTH LEADERSHIP

WHO BRINGS UNMATCHED SCIENTIFIC AUTHORITY, TECHNICAL EXPERTISE, AND GLOBAL HEALTH DIPLOMACY IN SUPPORT OF HUMANITARIAN RESPONSE AND PEACEBUILDING.

Global standard setting
As the world's trusted health authority, WHO is the only organization that sets global standards for emergency health care: ensuring every intervention is safe, effective and evidence-based.

Early response to provider of last resort
WHO's anticipatory action and extensive field presence mean we are often first on the ground, with strong local partnerships and trusted contextual knowledge. As provider of last resort, WHO remains engaged when others withdraw - even in protracted conflict settings.

Detecting and responding to disease threats
Through the International Health Regulations (IHR), WHO operates the world's public health intelligence system, powered by constant surveillance and real-time risk assessment, translating early warning into coordinated national and global action.

Defending health care and protecting health workers
WHO raises the global alarm on attacks on health to protect health workers, safeguard facilities and uphold humanitarian access.

Promoting health and peace
WHO contributes to improving the prospects of peace, by implementing health programmes with increased conflict-sensitivity, and where appropriate, contributing to strengthening dialogue, social cohesion or resilience to violence.

THE INTERNATIONAL COORDINATING GROUP (ICG) ON VACCINE PROVISION: STRATEGIC VACCINE ALLOCATION IN EMERGENCIES

As secretariat of the International Coordinating Group, WHO ensures that scarce global vaccine supplies reach the countries facing the greatest risk and the least capacity to respond. Between 1 July and 14 August 2025 alone, the ICG approved over 14 million emergency doses, directing cholera vaccines to the hardest-hit settings in South Sudan, Sudan, Kenya, Nigeria, DRC and Chad, and yellow fever vaccines to Burkina Faso. By rapidly assessing needs and moving vaccines from global stockpiles to outbreak hotspots within days, WHO and the ICG help to stop epidemics where they threaten communities most and prevent deadly disease spread across borders.

HUMANITARIAN RESPONSE

WHO MOBILIZES EXPERTISE AND SUPPLIES AT SCALE, ENABLING ACCESS IN THE HARDEST-TO-REACH SETTINGS WHERE OTHERS CANNOT.

Coordinating the Health Cluster, enabling local action
As lead of the Health Cluster, WHO coordinates 1500+ partners, 66% of which are local or national actors, across 24 crisis settings. This coordination ensures responses are aligned, critical gaps are filled and support reaches those most in need.

On-the-ground presence in over 150 countries
With a permanent presence in 150+ countries, including all of the world's highest-risk environments, WHO is already on the ground when emergencies escalate. Where access is constrained, WHO is often the best-placed actor to negotiate entry and find ways to reach the most vulnerable, whether directly, through partners, cross-border delivery or mobile support, while working to keep local health services functioning rather than replacing them.

Emergency logistics and surge deployment at scale
From trauma kits to complex surgical equipment, and from diagnostics to laboratory supplies for pathogen surveillance, WHO can move specialized medical equipment within hours. WHO also coordinates and deploys emergency medical and technical surge support to bolster national capacity when demand peaks.

WHO IMPLEMENTS RAPID, LIFESAVING ACTIVITIES IN EARTHQUAKE-HIT MYANMAR

When two major earthquakes struck central Myanmar on 28 March 2025, WHO declared a Grade 3 emergency within 24 hours, activated its three-level incident management system and released US$ 5 million to launch the response. Drawing on its established presence and humanitarian access on the ground, WHO was able to move quickly in highly constrained conditions, delivering trauma kits, medical supplies and tents within days, and deploying more than 20 Emergency Medical Teams to provide life-saving care. Nearly 170 tonnes of additional medicines and equipment were rapidly flown in to support the basic health needs of 450 000 people, alongside WASH, infection-prevention and early-warning surveillance efforts. WHO also acted early to prevent dengue outbreaks in displacement sites, supplying diagnostic kits, insecticide-treated nets and larvicides to protect high-risk populations.

WHO staff and partners providing dengue prevention health messages at a cash for work initiative food distribution site near Mandalay.

Photo: WHO Myanmar

Training of front-line health workers in traumainformed mass casualty management and mental health and psychosocial support services.

Photo: WHO / TransLieu

SUSTAINING HEALTH SYSTEMS

WHO WORKS HAND-IN-HAND WITH NATIONAL AUTHORITIES AND FRONT-LINE PROVIDERS TO ENABLE A COUNTRY-LED, COLLABORATIVE RESPONSE DURING AND BEYOND THE CRISIS.

Strengthening health systems with national governments
Embedded in national health systems, WHO collaborates with Ministries of Health to strengthen preparedness and mobilize supplies, expertise and logistics at scale, anchoring emergency response within national systems rather than parallel structures.

Localization anchored in systems
WHO advances localization by moving financing and decision-making closer to delivery: expanding subgrants to national partners, simplifying compliance requirements, improving shared data and integrating surge support into national systems.

Supporting health system recovery and long-term development
After crisis, WHO supports national health systems to rebuild capacity, improve health information systems, enhance leadership and establish lasting resilience.

Workforce capacity-building
WHO trains national authorities and health workers to prepare for, response to and recover from public health emergencies.

WHO STRENGTHENS TRAUMA CARE IN SOMALIA TO SAVE LIVES AND PROTECT FRONT-LINE HEALTH WORKERS

As violence continues to strain Somalia's fragile health system, WHO is reinforcing one of the country's most critical lifelines: trauma care. In 2025, with support from the Contingency Fund for Emergencies, WHO strengthened front-line capacity by training 49 doctors, nurses and support staff in mass casualty management, psychological first aid and trauma-informed care, supported by full-scale simulation drills to prepare teams for conflict-related surges. During the same period, WHO delivered 32 trauma kits to hospitals across all Federal Member States and pre-positioned additional supplies in Hargeisa, Garowe and Mogadishu to accelerate emergency response. These investments are saving lives today while strengthening hospitals with mass-casualty plans and integrated trauma, mental health and gender-based violence protocols that will continue to protect communities beyond the current crisis.

WHO cannot replace a nation's health system, but we keep its life-saving functions standing. We coordinate the response, fill the most critical gaps and enable national and local actors embedded in communities to deliver care and build resilience amid ongoing shocks.

With sufficient and flexible resources, WHO can help sustain essential services, reinforce local leadership and protect millions of people from preventable illness and death, delivering life saving impact today while strengthening the systems that reduce dependence tomorrow.

THE HUMANITARIAN RESET: ADAPTING THE GLOBAL HEALTH RESPONSE

WHO is adapting its emergency model to ensure responses remain effective despite rising needs and constrained funding. This shift places local leadership at the centre of response: strengthening the first line of defence, improving accountability and maximising impact with limited resources.

Hyperprioritized action saves the most lives
Like emergency medical teams triaging patients by severity, WHO is directing limited resources to people with the most critical health needs and essential services, guided by real-time data, to deliver the greatest life-saving impact while sustaining continuity of care.

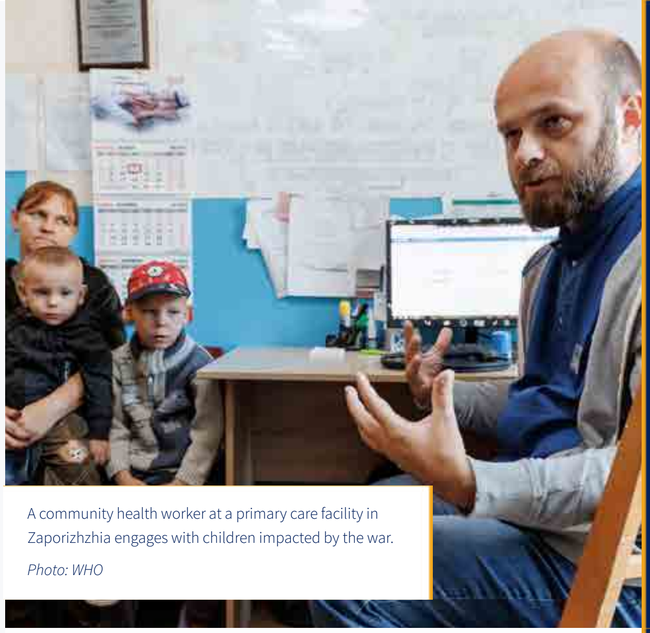
Localized leadership at the heart of decision-making
By shifting decision-making and financing closer to delivery and embedding support at the country-level, WHO is empowering Ministries of Health and local partners on the ground to mobilise more rapidly to emerging threats. This ensures interventions reflect community priorities while building lasting ownership, accountability and capacity at the local level.

A systems-first approach maximizes reach
Supporting whole health systems, rather than isolated facilities or programmes, extends protection to entire populations. Even in highly insecure environments, this approach delivers greater impact from the same funding envelope.

Health Cluster coordination that delivers
Streamlined Health Cluster coordination aligns partners around shared priorities, reduces duplication, and ensures limited resources are directed to the most critical gaps in life-saving health care.

Faster action when crises strike
Through the Contingency Fund for Emergencies (CFE), WHO can launch emergency responses within 24–72 hours, enabling the rapid deployment of staff, medical supplies and operational support in the critical first days of an emergency.

Together, these shifts enable faster, more targeted responses anchored in national systems and local leadership.



A community health worker at a primary care facility in Zaporizhzhia engages with children impacted by the war.

Photo: WHO

WHO and the European Union in Afghanistan at Zero Point on the Afghanistan-Iran border.

Photo: WHO / Zakarya Safari

STRENGTHENING MENTAL HEALTH AND FRONT-LINE CARE AMID PROLONGED WAR IN UKRAINE

After 14 years of conflict, 46% of Ukrainians report poor mental health. Despite a 50% cut to WHO's mental health preparedness funding in 2025, WHO shifted to a systems-level approach that expanded access to rehabilitation and psychosocial services for up to 600 000 nationwide through strengthened local delivery. At the same time, WHO deployed a three-level mission, bringing together headquarters, regional and country expertise to Zaporizhzhia, Dnipro and Mykolaiv to bolster front-line care. The mission reinforced ICU capacity, emergency medical services, trauma care and CBRN preparedness through new equipment, modular clinics and specialised training, helping ensure that even in hard-hit areas Ukrainians can continue to access essential, integrated care.

PREVENTING A HEALTH SYSTEM COLLAPSE WHILE DELIVERING LIFESAVING CARE AT THE AFGHANISTAN BORDER

Afghanistan's health system is severely strained by repeated shocks. Reduced humanitarian financing in 2025 led to the closure of more than 420 health facilities, cutting off access to essential services for around 3 million people, with many additional facilities operating at minimal capacity. These pressures have required WHO and local health authorities to make difficult, locally driven decisions about which essential services can be sustained.

In response, WHO has sharpened prioritization, concentrating limited resources on high-impact, life-saving health interventions—including maternal and newborn care, routine immunization, disease surveillance and emergency treatment for people with the most critical health needs. The strain is intensified by continued large-scale returns from neighbouring countries.

At the Islam Qala border crossing, WHO-supported teams delivered 4500 outpatient consultations, distributed free medicines to 1400 people, reached 26 000 returnees with essential health information, screened 105 000 travellers for infectious diseases, and deployed vaccinators to prevent polio transmission. Together, these actions demonstrate how WHO is adapting in real time – directing scarce resources to where they deliver the greatest life-saving impact, while supporting Afghan-led efforts to sustain essential health services under exceptional pressure.

2025: DELIVERING HEALTH TO MILLIONS IN CRISIS

IN 2025 ALONE, WHO, TOGETHER WITH HEALTH CLUSTER PARTNERS, RESPONDED TO 50 EMERGENCIES ACROSS 82 COUNTRIES AND TERRITORIES, REACHING MORE THAN 30 MILLION PEOPLE WITH ESSENTIAL CARE SERVICES.

69.9 MILLION

primary health care consultations

2.4 MILLION

trauma consultations

2.5 MILLION

mental health consultations

1423

mobile clinics deployed

5.5 MILLION

childhood vaccines delivered in emergencies

8100+

health facilities supported

50

simulation exercises delivered by WHO teams to ensure systems are crisis-ready

450

verified health threats addressed with countries identified from 1.2M detected signals

5

global infectious disease outbreaks responded to worldwide

Landmark **Pandemic Agreement** adopted by the Seventy-eighth World Health Assembly

PARTNER CONTRIBUTIONS

In 2025, generous contributions from donors and over 1500 partners, 66% of which are local/national, enabled WHO to sustain a life-saving health response in the world's most complex humanitarian crises and stand as the first line of defence against global health threats.

Top 10 contributors to WHO's Health Emergency Appeal in 2025*:

- EUROPEAN COMMISSION
- UNITED NATIONS CENTRAL EMERGENCY RESPONSE FUND (CERF)
- KINGDOM OF SAUDI ARABIA
- GERMANY
- JAPAN
- ITALY
- UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
- EUROPEAN INVESTMENT BANK
- ASIA-EUROPE FOUNDATION (ASEF)
- MOHAMMED BIN RASHID AL MAKTOUM GLOBAL INITIATIVES (MBRGI)

*Sorted by column in descending order of magnitude

CONTINGENCY FUND FOR EMERGENCIES

Contributions to the Contingency Fund for Emergencies in 2025:

- US$ 29 MILLION IN ALLOCATIONS IN SUPPORT OF 30 EMERGENCIES
- US$ 10.6 MILLION IN CONTRIBUTIONS FROM 29 DONORS (INC. WHO FOUNDATION)

WHO DUBAI HUB FOR HEALTH EMERGENCIES LOGISTICS

WHO's Health Emergencies Logistics Hub is the backbone of WHO's emergency supply chain, ensuring rapid delivery of life-saving medical supplies to crises around the world. In 2025, the Hub fulfilled more than 500 emergency requests and delivered over 2000 metric tons of essential medicines and medical countermeasures to 81 countries, including more than half of all health supplies. Capable of preparing shipments within 12–24 hours for outbreaks such as cholera, Ebola, Marburg and mpox, it ensures front-line responders receive critical diagnostics, PPE, trauma kits and medicines when they are needed most. With donor-supported airlifts and efficient supply-chain systems generating millions in cost savings, the Hub remains one of WHO's most impactful and cost-effective tools for protecting lives in emergencies.

WHO'S COMMITMENTS TO THOSE WE SERVE

Everything we do is guided by our commitments to those we serve, upholding the humanitarian principles of access, equity and impartiality.

Being a doctor in wartime means returning home after each shift wishing the war had never happened and praying for its swift end. Yet, as medical professionals, we do not have the luxury of being tired. Our patients need us to keep going and we must push through the fatigue to continue delivering the care they deserve.

Olha Zavyalova, emergency physician and surgeon from the Dnipro region, Ukraine

A WHO staff member inspects supplies at a distribution centre in Ukraine. Photo credit: WHO

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.

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.

ENABLING EQUITY AND ACCESS AND DISABILITY INCLUSION

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

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.

GENDER, EQUITY AND HUMAN RIGHTS

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

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.

IN 2026, WHO URGENTLY NEEDS

APPROXIMATELY US$ 1 BILLION

IN FLEXIBLE, FRONTLOADED FUNDING TO SUSTAIN LIFE-SAVING CARE IN THE WORLD'S MOST SEVERE HEALTH EMERGENCIES.

EVERY DOLLAR NOW GOES WHERE IT SAVES THE MOST LIVES

In the occupied Palestine territory, Sudan, Ukraine and beyond, WHO and partners deliver trauma care under fire, safe births in displacement, and vaccines amid violence, operating where others cannot. The support of Member States has already helped save millions of lives, but health cannot wait, and WHO cannot sustain this response without flexible funding in 2026.

PROTECTION IS NON-NEGOTIABLE

Health workers and hospitals must never be a target. WHO calls for global advocacy to ensure safe access and protection for those delivering care in conflict zones.

ACT NOW TO SAVE LIVES

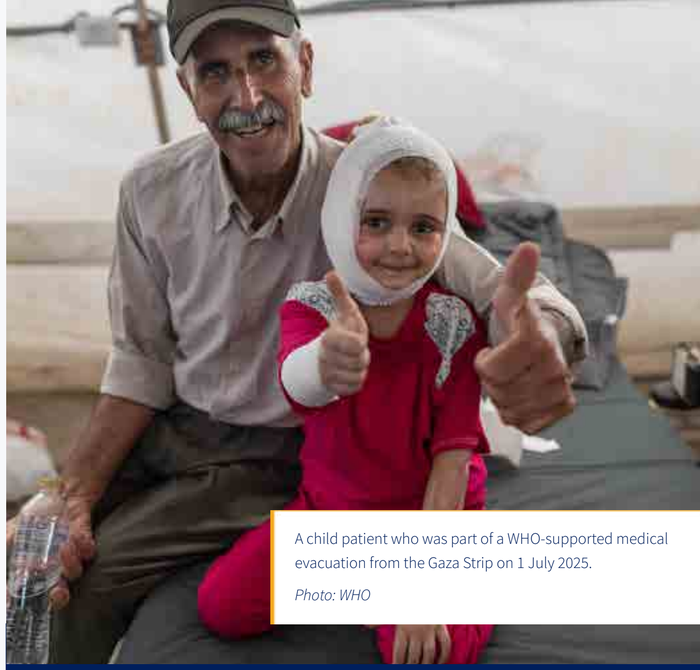
As essential health services come under extreme strain and global funding constraints increase, 239 million people are now in need of humanitarian assistance. Yet the 2026 Global Humanitarian Overview (GHO) reflects more tightly prioritized humanitarian response plans, meaning the official "people in need" figures are lower than actual needs - not because suffering has decreased, but because the system can no longer cover what it knows to be true. What appears in the GHO therefore reflects only the surface of the crisis, not its full depth.

As emergencies grow in scale and severity, WHO is forced to make impossible choices: which services to protect, which crises to prioritize, which communities cannot be reached. Without urgent action, withdrawal from the most fragile settings will be catastrophic.

The humanitarian system has entered a new era, defined by difficult prioritizations and unprecedented pressure on capacity. WHO has responded with a sharper, locally driven humanitarian reset: concentrating on the highest-impact services, empowering national and local partners and accepting that some activities can no longer be delivered as before.

HOW WE'VE ADAPTED

- HYPER-PRIORITIZED LIFE-SAVING SERVICES IN LINE WITH THE HUMANITARIAN RESET
- FINANCING AND DECISION-MAKING CLOSER TO DELIVERY THROUGH MINISTRIES OF HEALTH AND NATIONAL/LOCAL PARTNERS
- LEADING COORDINATION TO REDUCE DUPLICATION, DRIVE EFFICIENCIES AND MAXIMIZE AVAILABLE RESOURCES
- RAPID SURGE AND SCALE-UP THROUGH THE CONTINGENCY FUND FOR EMERGENCIES (CFE)



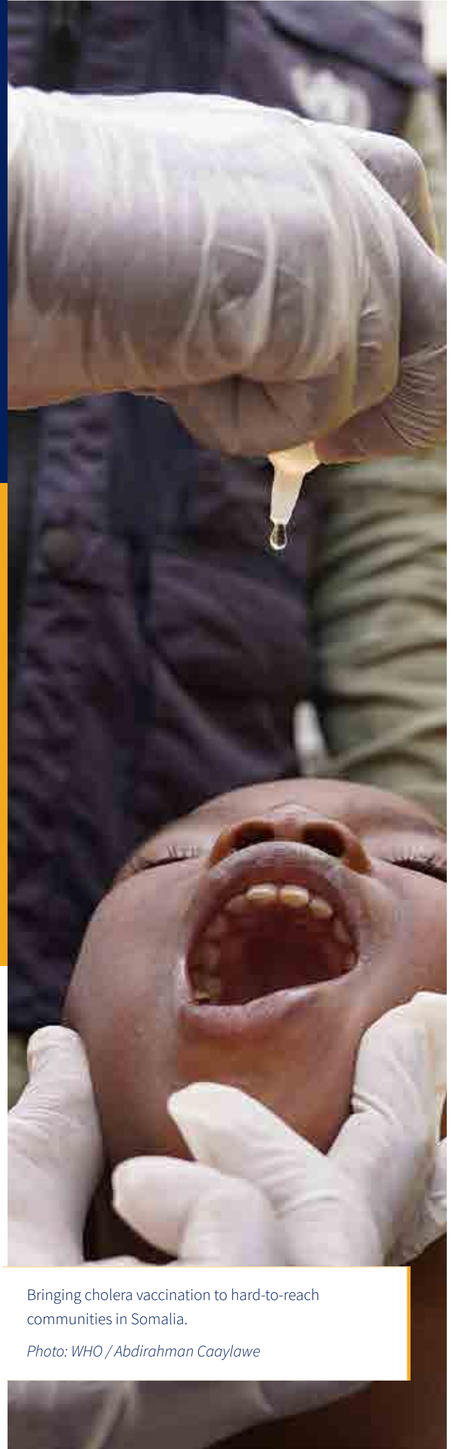
A child patient who was part of a WHO-supported medical evacuation from the Gaza Strip on 1 July 2025.

Photo: WHO

CONTINGENCY FUND FOR EMERGENCIES

The WHO Contingency Fund for Emergencies (CFE) is a rapid financing mechanism that enables WHO to respond immediately to disease outbreaks and health crises worldwide, often within 24 hours. By providing flexible, upfront funding at the onset of emergencies, the CFE ensures that life-saving interventions can begin without delay, helping to contain outbreaks and deliver urgent relief before situations escalate. This swift response capability is critical for protecting lives and strengthening global health security.

Support for the CFE is vital to ensure that life-saving responses can begin within 24-72 hours of a crisis. By contributing to the CFE, donors empower WHO to act swiftly - stopping outbreaks, delivering urgent medical aid, and protecting vulnerable communities before emergencies escalate. Join us in strengthening global health security and making a direct impact where and when it matters most.



Bringing cholera vaccination to hard-to-reach communities in Somalia.

Photo: WHO / Abdirahman Caaylawe

WHO'S FUNDING REQUIREMENT FOR RESPONDING TO HEALTH EMERGENCIES IN 2026

EMERGENCY	REQUIREMENT (US$ MILLION)
Afghanistan complex emergency	65.02
Democratic Republic of the Congo regional crisis	29.26
Haiti humanitarian crisis	19.17
Middle East escalation of violence	333.21
mpox	19.09
multi-region cholera	8.45
Myanmar humanitarian emergency	12.62
Somalia complex emergency	16.1
South Sudan humanitarian crisis	12.43
Sudan conflict and complex emergency and refugee crisis	97.73
Syrian Arab Republic complex emergencies	50.7
Ukraine conflict	42.4
Yemen complex emergency	38.79
Grade 3 emergencies requirement	**744.97**
Other emergencies and ongoing operations	**220.04**
Requirement for ongoing emergency responses	**965.00**
Contingency Fund for Emergencies (CFE)	**50.00**
Grand total	**1015.00**

Dr Hanan Balkhy and Dr Ahmed Zouiten acting Regional Emergency at Al-Moawassat hospital.

Photo: WHO / Farah Ramadan

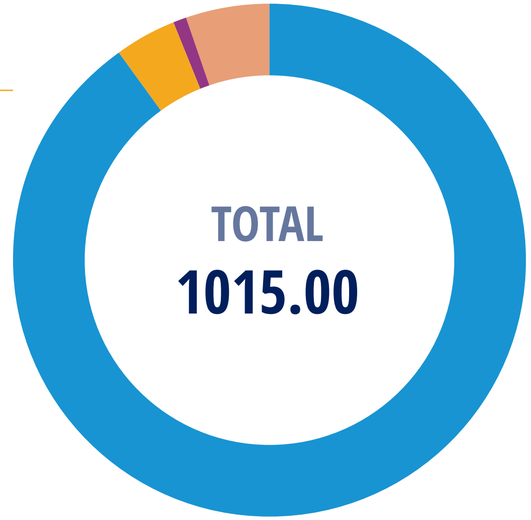
FUNDING REQUIREMENT BY WHO LEVEL OF OFFICE (US$ MILLION)

Country-level
916.20

Regional-level
39.15

Global support
9.65

Contingency Fund for Emergencies (CFE)
50.00



GRADE 3 HEALTH EMERGENCIES

From the occupied Palestinian territory and Sudan to Ukraine, Haiti, Myanmar and Yemen, WHO is supporting countries facing some of the world's most severe crises, where vulnerable populations depend on WHO for emergency health care and life-saving support.

HAITI

Escalating gang violence has paralysed movement and forced the closure of most health facilities, leaving only 26% of inpatient centres fully functional. Communities face recurrent cholera outbreaks, widespread trauma and increased violence against women and children.

OCCUPIED PALESTINIAN TERRITORY (oPt)

The Gaza Strip's health system has collapsed after a year of intense conflict. Hospitals are overwhelmed, supply routes blocked, and entire neighbourhoods cut off from services. Rising malnutrition - with an estimated 132 000 children under five projected to suffer acute malnutrition through mid-2026 - paired with widespread destruction of facilities has created an acute survival crisis.

SYRIAN ARAB REPUBLIC

Fourteen years of conflict, economic deterioration and the worst drought in nearly 40 years have severely weakened the Syrian Arab Republic's health system. Damage to infrastructure and chronic shortages leave families exposed to recurring outbreaks of diarrhoea, measles and influenza-like illness.

UKRAINE

Relentless attacks on infrastructure have severely weakened Ukraine's health system. Emergency and chronic care are disrupted, WASH systems damaged, and mental health needs are rising sharply as 10.6 million people remain displaced.

AFGHANISTAN

Afghanistan's fragile health system is under renewed strain as 2.2 million returnees place pressure on already understaffed facilities. Restrictions and funding gaps are limiting access to maternal, child and nutrition services, particularly for women and girls.

MYANMAR

Conflict, political instability and recurrent natural disasters - from earthquakes to major floods - have continued to disrupt services across Myanmar. Damaged facilities, low vaccination coverage and rising protection and mental health needs define a rapidly deteriorating health landscape, compounded by repeated attacks on health workers and facilities.

Each response reflects WHO's triple mandate in action: responding to immediate health needs, driving evidence-based coordination and establishing an approach to system recovery that lasts.

YEMEN

Years of conflict and fragmented governance have left Yemen facing multiple, overlapping health threats: including 339 000 suspected cholera cases, rising vaccine-preventable diseases and large-scale displacement. Disruptions to routine immunization and basic care increase the risk of further outbreaks.

SOMALIA

Successive climate shocks, conflict and a relentless cycle of outbreaks - including over than 19 000 cholera, measles and diphtheria cases in 2025 - have left Somalia's health services struggling to keep pace with rising needs and deepening malnutrition.

THE DEMOCRATIC REPUBLIC OF THE CONGO

Decades of instability and recurring violence continue to disrupt the Democratic Republic of the Congo's fragile health system. Mass displacement, chronic insecurity and repeated epidemics are stretching overstressed facilities well beyond capacity, particularly in conflict-affected eastern provinces.

SUDAN

Escalating conflict has pushed Sudan into one of the world's most severe humanitarian emergencies. Up to 80% of health facilities are non-functional, and communities face famine-risk conditions, soaring malnutrition, recurrent outbreaks and widespread gender-based violence.

SOUTH SUDAN

Flooding, displacement and periodic conflict continue to erode health services. Damage to facilities and ongoing cholera and measles threats, alongside the needs of 223 000 people displaced by recent floods, are overwhelming front-line care.

CONTAINING OUTBREAKS BEFORE THEY BECOME GLOBAL CRISES

Health emergencies are becoming more frequent, but early, coordinated action can contain them before they spread across borders. WHO's field presence and operational capacity support countries to detect and contain high-risk threats, including re-emerging viral haemorrhagic fevers such as Ebola and Marburg, through technical leadership, essential supplies and a One Health approach. Early detection is strengthened by an AI-driven system used in over 110 countries, enabling rapid identification of emerging health threats. This accelerates global collaboration to develop tests, treatments and vaccines for high-risk pathogens, while the Pandemic Agreement establishes a fair and rapid system for access to medical innovations. Together with new rapid-response frameworks, these efforts are helping countries detect and contain outbreaks within 21 days, reinforced by regular simulation exercises that keep systems crisis-ready.

In 2026, WHO will also continue to coordinate and support the international response to:

CHOLERA

Cholera is surging globally, with over 565 000 cases and 7000 deaths across 32 countries reported as of October 2025, fuelled by conflict, climate shocks and failing water and sanitation systems. WHO is prioritizing the hardest-hit regions in Africa, the Middle East and South Asia, containing outbreaks through rapid detection, targeted oral cholera vaccination and strengthening water and sanitation services. By directing limited resources, technical guidance and training to national authorities where they can have the greatest impact, WHO is helping reinforce local health systems and save lives.

MPOX

Mpox remains a global threat with nearly 50 700 confirmed cases and more than 200 deaths reported across over 90 countries in 2025, with the African Region accounting for the vast majority of transmission. WHO is coordinating surveillance, clinical management and prevention efforts across affected countries, strengthening early case detection, supporting care for severe illness and guiding national responses, including targeted vaccination where available. Through real-time monitoring, technical assistance and focused support to the hardest-hit settings, WHO is helping interrupt transmission and reinforce health system capacity to prevent further spread.

CONTAINING OUTBREAKS EARLY IN FRAGILE SETTINGS IS ONE OF THE MOST EFFECTIVE WAYS TO PROTECT AFFECTED COMMUNITIES AND GLOBAL HEALTH SECURITY.

WHO support to the Oral Cholera Vaccination (OCV) campaign in Darfur, Sudan from September to October 2025.

Photo: WHO

CONTAINING A FAST-MOVING CHOLERA OUTBREAK IN DARFUR

In Darfur, where conflict, mass displacement and collapsing water, sanitation and hygiene (WASH) systems have driven a rapid surge in cholera, WHO worked with Sudan's Ministry of Health and partners to launch an urgent oral cholera vaccination campaign in September 2025 to protect 1.86 million people. With over 12 700 cases and 358 deaths reported since May, WHO coordinated vaccine delivery into insecure and hard-to-reach areas, trained and deployed volunteer vaccinators, and oversaw the campaign despite severe access and security constraints. At the same time, WHO strengthened surveillance, supported rapid response teams and reinforced water and sanitation measures to curb transmission, providing a critical line of defence for communities already facing extreme vulnerability.

Health workers in Kinshasa conducting response efforts after DRC's first confirmed mpox clade IIb cases.

Photo: WHO

TACKLING MPOX IN THE DEMOCRATIC REPUBLIC OF THE CONGO

Mpox continues to place enormous strain on the Democratic Republic of the Congo, which remains the epicentre of transmission in Africa. Between January and mid-August 2025, the country recorded 15 377 confirmed cases and 41 deaths, accounting for nearly half of all reported cases on the continent. During this period, when mpox was designated a Public Health Emergency of International Concern, WHO coordinated a global surge through the Global Outbreak Alert and Response Network, using its real-time mpox Operational Surge Dashboard to direct support to the countries most in need, including the DRC. Through this system, seven international specialists were deployed to work alongside national teams to address critical gaps in clinical care and logistics, strengthen infection prevention practices and coordinate medicines and supplies. WHO and partners also trained 59 front-line doctors and nurses in mpox management, reinforcing local capacity and helping slow the spread of this fast-moving outbreak.

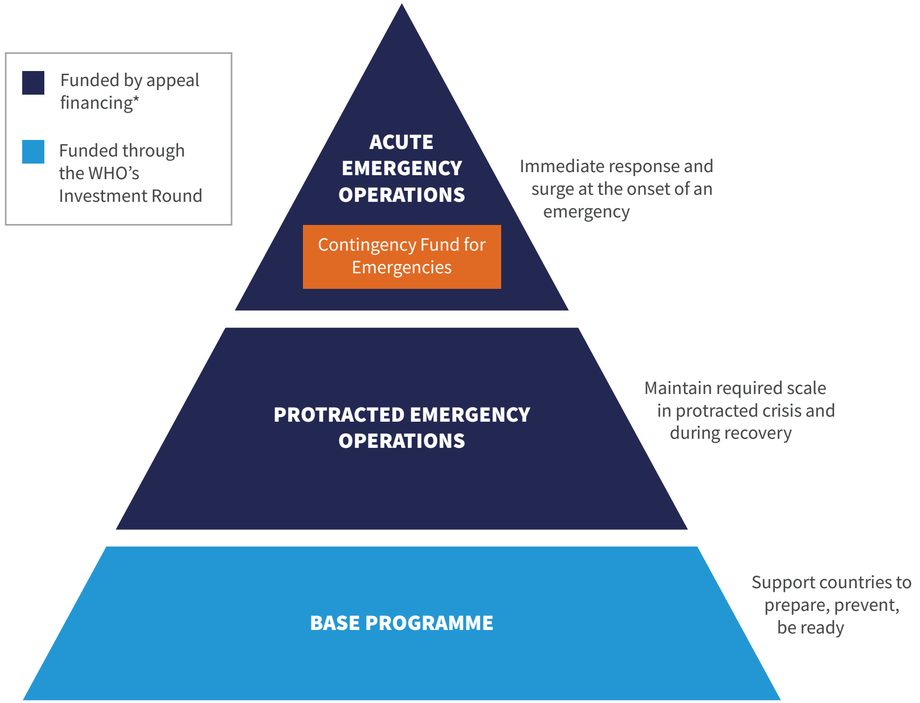
HOW TO SUSTAIN LIFE-SAVING HEALTH RESPONSES

FLEXIBLE FUNDING ALLOWS WHO TO ACT QUICKLY WHEN AND WHERE LIVES ARE AT RISK

Donors can:

CONTRIBUTE DIRECTLY
TO THE HEALTH EMERGENCY APPEAL
TO SUPPORT RESPONSE OPERATIONS.

INVEST IN THE CONTINGENCY FUND FOR EMERGENCIES (CFE)
TO ENABLE 24-72 HOUR RAPID RESPONSE TO ACUTE EMERGENCIES BEFORE OTHER FUNDS ARE MOBILIZED.



*The emergency operations and appeals segment in the Programme Budget

A CALL TO SOLIDARITY

EVERY CRISIS SHOWS THE SAME TRUTH: WHEN HEALTH SYSTEMS HOLD, COMMUNITIES HOLD.

WHO WORKS WITH COUNTRIES AND PARTNERS IN THE MOST CHALLENGING SETTINGS, APPLYING SCIENCE, NETWORKS AND OPERATIONAL STRENGTH TO PROTECT HEALTH FOR ALL.

BUT SUSTAINING THIS WORK REQUIRES COLLECTIVE COMMITMENT.

"Join us in ensuring that health remains at the heart of humanitarian action, now and for the future."

– Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization

RESPONDING TO HEALTH NEEDS IN HUMANITARIAN EMERGENCIES

World Health Organization

AFGHANISTAN

People in need - Health[1]

14.4 MILLION

People targeted - Health[1]

7.2 MILLION

Funding requirement

US$ 65 MILLION

[1] Figures represent health-specific People in Need and people targeted drawn from the Humanitarian Needs and Response Plan (HNRP) 2026

World Health Organization

CONTEXT

Afghanistan continues to face one of the world's most complex humanitarian crises, shaped by decades of conflict, economic hardship, population displacement, natural hazards and a fragile and under-resourced health system. Compounding shocks in 2025, including the continuous influx of returnees from neighbouring countries, recurrent earthquakes and frequent disease outbreaks have further intensified needs, particularly for women and children who are disproportionally affected.

An estimated 14.4 million people are expected to need health assistance in 2026, compared with 14.3 million in 2025, reflecting rising needs amid persistent vulnerabilities. The return of Afghans from the Islamic Republic of Pakistan and the Islamic Republic of Iran has placed additional pressure on the fragile health system and is overwhelming health facilities in border reception areas. As of December 2025, over 2.7 million returnees had been recorded, with many settling in remote and mountainous areas that have been underserved for decades. Communities remain highly vulnerable to both communicable and noncommunicable diseases, while facing heightened social and economic tensions.

Reduced humanitarian funding in 2025 led to the closure of more than 422 health facilities, limiting access to essential health services for an estimated 3 million Afghans. The impact has been particularly severe for women and girls, who already face significant barriers to accessing health care. Movement restrictions, the limited availability of female health workers and restrictive social and institutional norms have further constrained the ability of women and girls to access timely and appropriate health care, deepening gender inequities in health outcomes and increasing the risk of preventable health complications and maternal deaths.

Food insecurity remains a major driver of poor health outcomes in Afghanistan. Around 17.4 million people are projected to face severe food insecurity (Integrated Food Security Phase Classification 3 or above), contributing to rising rates of acute malnutrition among children under five as well as pregnant and breastfeeding women. Prolonged drought, recurrent earthquakes and seasonal floods have not only triggered spikes in trauma and emergency health needs but have also heightened the risk of communicable diseases, undermining fragile health and nutrition gains. In 2025, Afghanistan reported 97 368 suspected measles cases and 161 791 cases of acute watery diarrhoea with dehydration, as well as the detection of 6010 dengue fever and 1479 Crimean-Congo haemorrhagic fever cases. Polio transmission risks persist, with nine confirmed cases as of October 2025.

In 2026, humanitarian health needs are projected to remain high as Afghans will continue to return, the funding landscape will continue to contract, and natural shocks will recur. Safeguarding essential health services, supporting vulnerable populations and maintaining readiness for disease outbreaks and natural disasters will remain vital components of the WHO humanitarian response in Afghanistan.

WHO provides support to families following an earthquake in the Noorgal district of Kunar.
Photo credit: WHO/ Zakarya Safari

WHO'S STRATEGIC OBJECTIVES

1. **Ensure equitable access to essential and life-saving health services**, with a focus on women, children and underserved communities, through integrated primary and emergency health care services and strengthened referral systems.

2. **Strengthen surveillance, preparedness and rapid response capacities** to prevent, detect and respond to infectious disease outbreaks and health emergencies.

3. **Enhance coordination, accountability and system resilience** by supporting national capacities, sustaining critical health services and reinforcing the humanitarian-development-peace nexus.

> Through this partnership with WHO, we aim to strengthen Afghanistan's capacity to prevent, detect and respond to outbreaks and health emergencies. With an ongoing surge of migratory movements and the undeniable reality that viruses respect no borders, a stronger and more effective health security system in Afghanistan is a crucial investment in mitigating the risk of cross-border spread and safeguarding the health of populations.
>
> **Mrs. Veronika Boskovic Pohar, Chargé d'Affaires of the European Union Delegation to Afghanistan**

World Health Organization

Infants receiving healthcare at Faizabad hospital.
Photo credit: WHO/Zakarya Safari

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

WHO's role in Afghanistan continues to evolve in line with the Humanitarian Reset, focusing resources on essential and life-saving services while strengthening national systems to enhance resilience and sustainability. WHO remains committed to safeguarding access to critical health interventions, particularly for women, children and communities in remote and underserved areas, amid an increasingly constrained funding environment. In 2026, WHO will prioritize core health functions and interventions that prevent avoidable mortality and morbidity while optimizing efficiency and coordination to reach those most in need.

As part of the transition, WHO continues to advocate for stronger engagement from the de facto health authorities, with an emphasis on sustained technical collaboration and targeted capacity-building. This approach is intended to enable a gradual and responsible handover of selected health services. WHO is also supporting the development of Afghanistan's National Health Strategy 2025–2030 and investing in key health system building blocks to improve service coverage and utilization. At the same time, WHO continues to work closely with United Nations (UN) agencies, national and international NGOs and other health partners to maintain service delivery where other actors have scaled back. Structured phase-out strategies and contingency plans are being implemented to mitigate funding gaps and sustain critical programs.

Looking ahead, WHO's approach will balance immediate life-saving health service delivery with longer-term system strengthening, safeguarding essential services, reinforcing national capacities and maintaining readiness to respond to ongoing and emerging health threats.

> WHO's work is extremely important in Afghanistan where both the Central Emergency Response Fund and the Afghanistan Humanitarian Fund have facilitated the scaling up of its lifesaving interventions. These vital allocations come at a time when an unprecedented number of Afghans are returning from the Islamic Republic of Iran and Pakistan, and large parts of country face the prospect of severe drought.
>
> **Kate Carey, Deputy Head of the United Nations Office for the Coordination of Humanitarian Affairs, Afghanistan**

52-year-old Bibi Maryam receives hepatitis treatment at the National Infectious Disease Hospital in Kabul.
Photo credit: WHO/ Zakarya Safari

WHO 2026 RESPONSE STRATEGY

In 2026, WHO will sustain the delivery of essential and life-saving health services through fixed and mobile service modalities, prioritizing women, children and communities in remote and underserved areas. In collaboration with the de facto health authorities, WHO will ensure that service delivery aligns with national priorities and global technical standards, supporting the implementation of the National Health Strategy 2025 to 2030 and building institutional capacity at national and provincial levels. Emphasis will be placed on maintaining access to reproductive, maternal, newborn and child health services while deploying female health workers where possible to address gender-related barriers to care.

WHO will reinforce Afghanistan's early warning, detection and response system for infectious disease outbreaks and health emergencies. This includes supporting surveillance support teams, strengthening laboratory and diagnostic capacities and expanding early warning and response networks in high-risk districts. WHO will continue to ensure emergency readiness through the provision of trauma care and referral services, emergency mental health support and the pre-positioning of essential medicines and medical supplies.

WHO will mainstream Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse risk mitigation across all activities. This includes ensuring that communities and patients are informed, consulted and able to provide feedback on services, while maintaining zero tolerance for sexual exploitation and abuse. Mechanisms for confidential reporting, community engagement and staff training will continue to be strengthened at both national and subnational levels.

At the same time, WHO will lead and coordinate the health sector response at national and subnational levels to ensure that humanitarian health interventions are evidence-based, complementary and aligned with the National Health Strategy 2025 to 2030. This includes close technical collaboration with the de facto health authorities and health partners, strengthened monitoring of service delivery and enhanced accountability mechanisms. In parallel, WHO will support capacity-building and transition planning to preserve essential health functions, sustain the health workforce - particularly women - and reinforce the foundations for a resilient, equitable and inclusive health system.

World Health Organization

OPERATIONAL PRESENCE

WHO maintains a nationwide operational presence across all 34 provinces of Afghanistan, ensuring direct access to project sites and close engagement with affected populations. This reach is supported by seven regional and subnational offices, in addition to the Kabul-based country office, with a total workforce of 1197 national and international staff.

At the subnational level, WHO works in close collaboration with provincial de facto health authorities, national and international NGOs and communities to coordinate service delivery and align humanitarian health interventions with national priorities. This field-based approach enables WHO to bridge emergency response and early recovery, sustaining continuity of care and national health system capacities.

WHO continued to lead the Health Cluster in Afghanistan at both the national and provincial levels, in close collaboration with Save the Children as the NGO co-coordinator. A phased and time-bound transition strategy is being developed in accordance with interagency guidance. This strategy aims to gradually shift from the cluster approach to a government-led coordination mechanism. The current proposal outlines an ongoing, phased transition process for coordination arrangements. During this time, a consortium model is being considered as an interim arrangement while the final structure is defined.

As the Health Cluster lead, WHO coordinates more than 158 Health Cluster partners, of which 71 are currently active and reporting. These include four United Nations agencies, 25 international NGOs and 42 national NGOs, as well as other organizations engaged in the delivery of emergency health services. Coordination is conducted through regular national and subnational Health Cluster meetings, providing a platform for joint needs prioritization, the development of harmonized response plans and systematic monitoring of implementation to prevent service gaps and ensure complementarity across interventions.

Health Cluster partners are active across all regions and provinces, covering more than 361 districts. Through Health Cluster coordinated activities, over 6.9 million people were reached until October 2025. In 2025, the Health Cluster effectively coordinated responses to earthquakes, returnees, and disease outbreaks.

WHO training on laboratory diagnosis.
Photo credit: WHO/Zakarya Safari

WHO provides treatment to a resident of Deh Wogul village in Chakway, who was injured during an earthquake.
Photo credit: WHO/ Zakarya Safari

KEY ACTIVITIES FOR 2026

- **Sustain access to essential and life-saving health services** in priority locations, with a focus on women, children and underserved communities.
- **Strengthen disease surveillance, early warning and laboratory systems** to enable rapid detection, investigation and response to outbreaks.
- **Support immunization and polio eradication efforts**, including surveillance and targeted interventions in high-risk areas.
- **Maintain trauma, emergency and referral care capacity**, ensuring preparedness for mass-casualty incidents and other health crises.
- **Enhance reproductive, maternal, newborn and child health services**, while reinforcing nutrition surveillance and early action to address malnutrition.
- **Expand access to integrated mental health, psychosocial support and noncommunicable disease services**, including for substance use disorders, in priority locations.
- **Strengthen national preparedness and response capacities** through updated contingency plans, pre-positioning of medical supplies and improved logistics systems.
- **Improve hospital readiness and resilience** through rehabilitation, provision of medical equipment, staff training and climate adaptation measures.
- **Strengthen core health capacities at Points of Entry to meet International Health Regulations (2005) requirements** through upgraded infrastructure, trained health personnel and enhanced cross-border coordination.
- **Strengthen Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse risk mitigation mechanisms** across all health operations through staff training, community feedback systems and confidential reporting channels.
- **Reinforce public health risk communication and community engagement** to promote preventive behaviours, raise awareness and increase health service utilization.

World Health Organization

KEY ACHIEVEMENTS IN 2025

In 2025, WHO further strengthened health service delivery across Afghanistan by:

- **Providing over 1.87 million outpatient consultations**, including medicines.
- **Delivering around 84 000 mental health consultations**, improving psychosocial well-being.
- **Supporting 116 416 women with reproductive health services**, including antenatal care, postnatal care and safe deliveries.
- **Facilitating 365 415 consultations for noncommunicable diseases (NCDs)** in WHO-supported health facilities.
- **Ensuring 402 885 children under five received immunization services** - including oral polio vaccine (307 659), DTP (20 078), measles (36 574) and Penta3 (38 574).
- **Screening 259 977 children under five for malnutrition.**
- **Training 4308 health workers**, enhancing capacity across multiple disciplines nationwide.
- **Reaching 1.45 million people** with health education and awareness messages through multiple risk communication and community engagement campaigns.
- **Distributing 5070 health emergency kits across the country**, benefiting an estimated 3.7 million people.
- **Detecting 1732 outbreak** alerts, responding to 1700 (98.2%) within 48 hours.
- **Testing 7895 samples**, confirming 2569 cases, and expanding diagnostic capabilities for acute watery diarrhoea with dehydration at the Regional Reference Laboratory in Kunduz Province.
- **Completing the Joint External Evaluation Exercise (JEE)**.
- **Reaching over 130 000 people nationwide**, including 58 727 women and girls, with community-based risk communication and community engagement campaigns.

Afghan boys injured during earthquakes.
Photo credit: WHO/Zakarya Safari

World Health Organization

IMPACT IN 2025

WHO'S TRAUMA CARE UNIT IS A LIFELINE AT THE ISLAM QALA BORDER CROSSING

WHO Health Emergencies team lead visiting Islam Qala. Photo credit: WHO/Zakarya Safari

Every day, thousands of returnees from the Islamic Republic of Iran arrive at the Islam Qala border crossing in Herat province. Exhausted from long journeys, fleeing hardship and seeking safety, many are sick, injured or simply overwhelmed.

WHO Afghanistan set up a trauma care unit at the Islam Qala reception centre. From the outside it may look like a tent, but inside it is a fully equipped emergency care facility with seven beds, lifesaving supplies and a team of dedicated health professionals ready to act fast.

Over 3905 patients received emergency treatment here in 2025. But care doesn't stop at this trauma tent. Through WHO's primary health care project, 31 frontline workers, including doctors, vaccinators and surveillance teams, provide additional support on-site. They've screened and vaccinated more than 1 299 567 people, mostly women and children, protecting them from diseases like measles and polio.

The story of four-year-old Akmal Younus is just one example of how needed this care unit is. On 9 July 2025, after a 16-hour journey, he arrived from the Islamic Republic of Iran with a head injury. His father, Ahmad Farid, was desperate.

"When my son got injured, I was terrified," said Ahmad. "But the WHO team at the border stepped in and treated him immediately."

Akmal received emergency care, vaccinations and follow-up support from WHO's nutrition unit. His story is one of many at this busy border.

"At Islam Qala, WHO teams are providing the highest level of health care, treating injuries and saving lives. Every patient is a reminder of what is possible when humanity and health care meet on the frontlines," said WHO Representative in Afghanistan, Dr Edwin Ceniza Salvador.

Needs are growing as more families return. WHO plans to expand mobile health teams, train more female health workers and strengthen emergency supplies. Continued donor support is essential to keep this lifeline open.

FOR MORE INFORMATION

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World Health Organization

A patient receiving treatment at the National Cancer Hospital.
Photo credit: WHO/Zakarya Safari

WHO inaugurates a new oxygen facility at Indira Gandhi Child Health Hospital in Kabul.
Photo credit: WHO/ Zakarya Safari

WHO'S 2026 FUNDING REQUIREMENTS

AFGHANISTAN COMPLEX EMERGENCY FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**3.11**
Laboratory systems, diagnostics and testing	0.47
Surveillance, case investigation and contact tracing	2.64
Community protection	**1.28**
Risk communication and community engagement	0.80
Vaccination	0.48
Safe and scalable care	**39.07**
Case management and therapeutics	4.93
Essential health systems and services	31.54
IPC within health care settings	2.60
Access to countermeasures	**15.77**
Operational support and logistics	15.77
Emergency leadership	**5.79**
Lead, coordinate, plan and monitor protracted response ops	4.67
PSEAH in protracted emergency response operations	0.45
Risk and readiness assessments	0.68
Total	**65.02**

World Health Organization

HAITI

People in need - Health[1]

4.9 MILLION

People targeted - Health[1]

2.7 MILLION

Funding requirement

US$ 19.2 MILLION

[1] Figures represent health-specific People in Need and people targeted drawn from the Humanitarian Needs and Response Plan (HNRP) 2026

World Health Organization

CONTEXT

The humanitarian crisis in Haiti has deepened, reaching unprecedented severity by late 2025 due to escalating gang violence, the near collapse of state institutions and natural disasters such as Hurricane Melissa which caused extensive flooding and infrastructure damage.

Rampant violence has led to massive displacement and insecurity. As of October 2025, 1 412 199 Haitians (12% of the population) are internally displaced. Since 2021, 701 614 Haitians have been deported from the Dominican Republic, including 226 668 between January and October 2025, further straining border health facilities and host communities.

The health system is near collapse and under compounded pressures. In Port-au-Prince, only 37 of 100 inpatient health facilities remain functional. Nationwide, just 26% of 268 inpatient facilities are fully operational, severely restricting access to essential health services. Looting, insecurity and chronic fuel shortages continue to undermine service delivery.

Armed violence continues to cause high casualties and injuries. Between January and September 2025, at least 6760 people were killed, including 2481 by lynching, and a further 50 621 were injured. Hôpital Universitaire La Paix (HUP) in Port-au-Prince treated 6365 trauma cases between January and October 2025, many linked to gunshot wounds and explosions. The lack of trauma centres, staff and supplies limits the country's ability to respond.

Gender-based violence (GBV) remains widespread and underreported. From January to August 2025, 6450 cases were recorded, of which 56% involved sexual violence. Women (79%) and girls (14%) are the main survivors, with most incidents reported in the Ouest department.

In late October 2025, Hurricane Melissa worsened the crisis, affecting thousands across the Grand Sud and Ouest departments. Flooding destroyed agricultural lands, damaged health infrastructure and forced over 15 000 people into temporary shelters. Several health facilities reported water infiltration, power shortages and concerns over increased cholera risk due to poor water, sanitation and hygiene (WASH) conditions.

Cholera transmission persisted in 2025, with nearly 4000 suspected cases as of November 8, mainly in the Ouest Department and internally displaced persons (IDP) sites. Mortality remains high and, without sustained funding, there is risk of resurgence in 2026.

The ongoing security crisis, displacement, disasters, continued cholera epidemic and lack of resources have left large parts of the population without access to essential health care. Despite these challenges, PAHO/WHO continues to support the Ministry of Public Health and Population (MSPP) in maintaining life-saving health services, strengthening disease surveillance and coordinating emergency responses.

A young displaced mother and her children in an IDP site in the Metropolitan areas of Port-au-Prince.
Photo credit: PAHO/WHO

Malnutrition screening among displaced families, Port-au-Prince, Haiti.
Photo credit: PAHO/WHO

WHO'S STRATEGIC OBJECTIVES

1. Ensure availability of and access to emergency, primary and life-saving health services: Prioritize the delivery of emergency and primary health services for the most vulnerable population groups, including pregnant women, children, IDPs, returnees and those injured due to violence.

2. Maintain and strengthen disease surveillance and outbreak response mechanisms: Enhance the capacity for timely detection and rapid response to disease outbreaks of epidemic potential such as cholera, malaria, diphtheria, measles or COVID-19.

3. Secure critical supply chain operations: Ensure a reliable supply of essential medicines and medical equipment amid security challenges.

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In 2026, PAHO/WHO will adapt its operational model in Haiti to meet the demands of a prolonged humanitarian crisis, emphasizing sustainability, localization and efficiency. As other actors progressively scale down or withdraw from health operations due to insecurity and funding constraints, PAHO/WHO will assume expanded responsibilities in life-saving health service delivery, emergency coordination and outbreak response. This includes maintaining national cholera surveillance, ensuring supply chain continuity for essential medicines and reagents and strengthening referral hospitals to provide emergency and obstetric care in underserved areas.

At the same time, PAHO/WHO will continue to support the operational functions - such as direct community sensitization and field-level surveillance - of departmental health authorities and trusted local partners like Zanmi Lasante, thereby reinforcing national ownership and sustainability.

Global trends, marked by reduced humanitarian funding, escalating violence and the localization agenda, require PAHO/WHO to operate more strategically, integrating humanitarian response within health system strengthening. The Organization will continue to support this through strengthened resource mobilization efforts toward nexus and development projects that will enable long-term sustainable actions to strengthen the national health system, working jointly with the MSPP and its technical units promoting co-coordination and joint accountability.

In this context, PAHO/WHO will maintain its role as the direct implementing agency for critical health interventions while continuing to work closely with health authorities and local partners to enhance their capacity to deliver essential services and improve access to care. The organization will balance response operations with sustained technical support, ensuring the continuity of essential and life-saving health services amid crises and reinforcing the resilience of the Haitian health system. This approach aligns with the Humanitarian Reset principles, fostering a more effective, adaptive and nationally-anchored health response for Haiti's most vulnerable populations.

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WHO 2026 RESPONSE STRATEGY

In 2026, PAHO/WHO will continue to work in close partnership with the Ministry of Public Health and Population and its decentralized health directorates to strengthen national capacity for emergency response, disease surveillance and the delivery of essential health services. PAHO/WHO will provide technical support to integrate response activities into departmental operational plans, ensure institutional ownership and reinforce the leadership of the MSPP in coordination, policy development and implementation of health interventions at all levels.

Collaboration with partners will remain central to PAHO/WHO's approach. As co-lead of the Health Cluster alongside the MSPP, PAHO/WHO will continue to coordinate the humanitarian health response with United Nations agencies, non-governmental organizations, civil society and donors to ensure alignment with national priorities, avoid duplication and maximize collective impact. Through joint planning with key operational partners such as Zanmi Lasante, the United Nations Children's Fund (UNICEF) and Médecins Sans Frontières (MSF), PAHO/WHO will sustain synergies between clinical care, community surveillance and WASH interventions in high-risk and hard-to-reach areas.

The strategic focus for 2026 will centre on ensuring access to life-saving health and obstetric emergency care, maintaining and strengthening epidemic-prone disease surveillance and rapid response capacity and securing critical supply chain operations. Priority interventions will include reinforcing emergency care for vulnerable populations, guaranteeing the availability of essential medicines and medical supplies, deploying community health workers and surveillance teams in IDP sites and supporting rapid outbreak detection and response. In parallel, PAHO/WHO will continue to strengthen logistics and supply chain resilience by maintaining essential stockpiles, exploring alternative transport routes, and improving data systems for real-time decision-making.

World Health Organization

Through these actions, PAHO/WHO aims to enhance national health resilience, reduce mortality from preventable causes and ensure continuity of care for all, even in the face of chronic instability and continued exposure to natural hazards.

OPERATIONAL PRESENCE

PAHO/WHO's workforce in Haiti comprises 106 national personnel, including consultants, and 24 international staff. They work across health emergency preparedness and response to disasters and epidemics, health systems and services, immunization, family health, health promotion and the life-course (including maternal health, gender-based violence, health equity, ethnicity, gender equality and cultural diversity), noncommunicable diseases (including mental health), communicable disease prevention and control, pharmaceutical supply management, communications and programme management.

Of these, 10 assistant epidemiologists and 22 "labo-moto" nurses (motorbike-based nurses) are deployed across all 10 departments to support outbreak response. Given the current security situation and restrictions of access, PAHO/WHO also has set-up two field offices: one in the Nord department in Cap Haïtien, and one in the southern region in the Nippes department in Miragoâne, enabling the continued operations for PAHO personnel throughout the country.

Additionally, PAHO/WHO's operations in Haiti are directly supported by PAHO's Regional Incident Management System Team (IMST), PAHO's Emergency Operations Center in Washington DC and by PAHO's Regional Strategic Reserve based in Panama.

Vaccination of pregnant women against maternal and neonatal tetanus in the Nippes department.
Photo credit: PAHO/WHO

A diphtheria vaccination campaign in the North-East department.
Photo credit: PAHO/WHO

KEY ACTIVITIES FOR 2026

- **Maintain and strengthen capacities of health facilities and partners for emergency care delivery** for vulnerable groups, including pregnant women, children, IDPs and those injured due to violence.
- **Secure essential medicines and medical supplies** to manage urgent health needs.
- **Support health authorities** to increase access to primary care for the population.
- **Deploy quick-response teams across the country,** including “labo-moto” nurses to support sampling for epidemic prone diseases and community-based surveillance.
- **Ensure quality case management** for cholera and other epidemic-prone diseases through targeted training and resource allocation.
- **Improve data reporting mechanisms** to strengthen disease surveillance and inform public health responses nationwide.
- **Implement prompt vaccination campaigns and health interventions** in high-risk areas, such as IDP camps, to prevent the spread of infectious diseases.
- **Ensure the continuous availability of medicines, medical supplies and laboratory reagents**, including for the national transfusion centre and the national laboratory of public health.
- **Explore alternative delivery routes and logistics strategies** to maintain uninterrupted health service provision throughout the country.

> I was wounded by a stray bullet in my left thigh. When I arrived at the hospital, they treated my leg and gave me medication to ease the pain. From the moment I got there, people stayed by my side, and the doctors never left me alone.
>
> **A 23-year-old emergency care patient at the PAHO/WHO supported Hôpital Universitaire la Paix**

World Health Organization

KEY ACHIEVEMENTS IN 2025

In 2025, WHO has further strengthened health service delivery in Haiti by:

- **Delivering 46.5 metric tonnes of medicines and medical supplies** to 41 health institutions nationwide between 1 January and 6 October 2025.
- **Distributing over 16.5 tonnes of medicines and medical and WASH supplies for the treatment of cholera** to cholera treatment centres (CTCs) nationwide between 26 February and 29 September.
- **Supporting Hôpital Universitaire la Paix (HUP),** providing free emergency care to 13 186 patients (including individuals injured by firearms) and performing 12 843 caesarean sections, with a 50% cost reduction for women in need, between January and October 2025.
- **Supporting the Ministry of Public Health and Population in its cholera response**, resulting in 23 424 cholera cases receiving treatment in a CTC, 29 146 cholera cases being tested by laboratory and 10 455 cholera alerts being investigated between January and October 2025.
- **Treating 110 cases of severe acute malnutrition with complications** in HUP's nutritional stabilization unit, including 92 cases detected across 43 IDP sites, between January and September.
- **Supporting 226 survivors of gender-based violence** (184 women and 42 girls under 18) with care at HUP.
- **Providing psychological support to 1698 women and girls in 30 IDP sites** and referring them for medical care when needed.
- **Training 64 health professionals from HUP in breastfeeding promotion**, reaching 67 000 people with breastfeeding awareness messages in 43 IDP sites, and sensitizing over 70 000 people on GBV-related issues across 30 IDP sites between February and September.

Arrival of medical supplies at Toussaint Louverture International Airport, Port-au-Prince, Haiti.
Photo credit: PAHO/WHO – David Lorens Mentor

World Health Organization

IMPACT IN 2025

SUPPORTING SURVIVORS: RESPONDING TO THE SURGE OF SEXUAL VIOLENCE IN HAITI

F.34, a GBV survivor in the FLA IDP site of Port-au-Prince. *Photo credit: PAHO/WHO – David Lorens Mentor*

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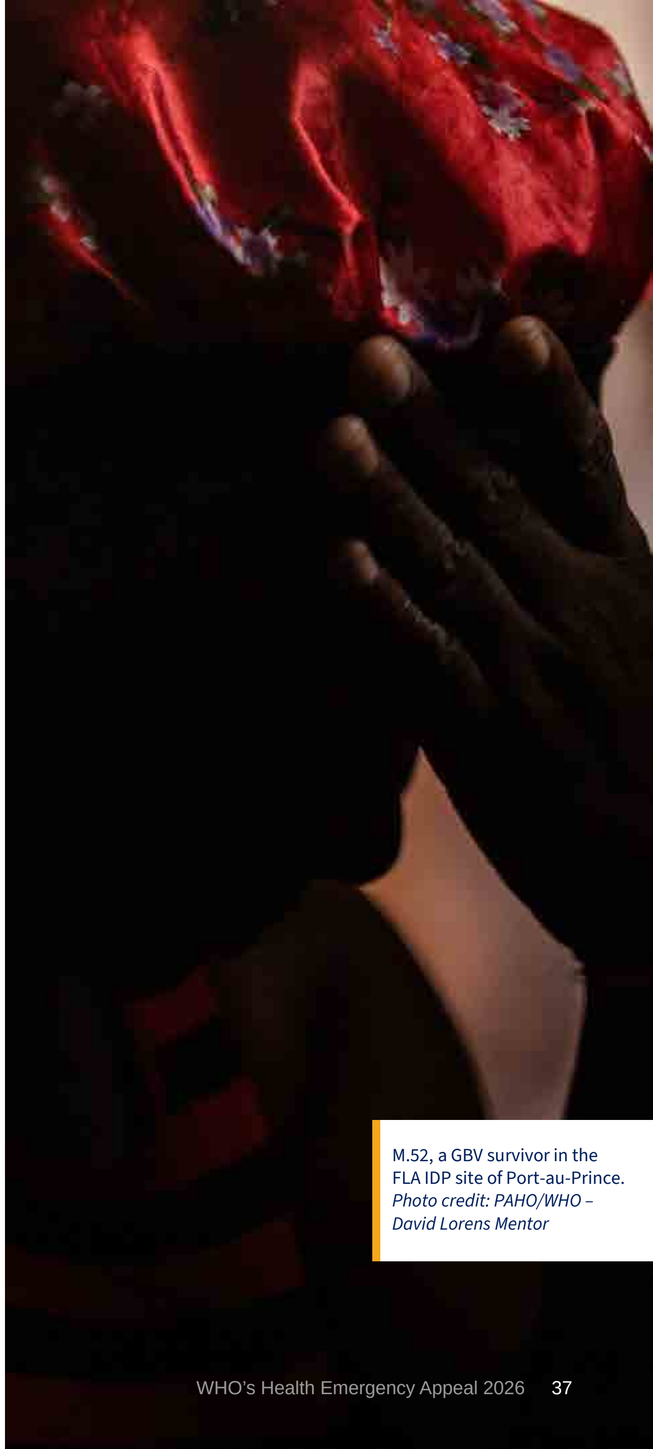
"I was assaulted by several people without my consent. I thought about taking my own life because I didn't want what happened to become a source of shame for me or my children. The suicidal thoughts wouldn't leave me, but when I finally received psychosocial support, I found real help, and with it, a glimmer of hope," says F., 34, a survivor of sexual violence in Haiti.

Her story reflects the growing toll of GBV amid escalating armed conflict and displacement. Since early 2024, Haiti has seen a sharp increase in sexual assaults, particularly in areas under gang control. Nearly 6500 GBV cases were reported in 2024, with 1250 additional cases recorded in just the first two months of 2025. More than 60% of these involve sexual violence, though experts believe the true figures are far higher due to fear, stigma and limited access to protection and care.

In response, PAHO/WHO, in collaboration with the Ministry of Public Health and Population (MSPP) and local partners, is ensuring that survivors like F. receive lifesaving care and psychosocial support. Backed by the financial support of the Central Emergency Response Fund and the European Commission (ECHO), PAHO/WHO has strengthened GBV response services across displacement sites. Thirty-one psychologists and social workers have been trained and deployed to provide counselling, referrals and safe spaces for women and girls, and eight health facilities were equipped with post-rape care kits, gynaecological tables, sterile instruments and essential medicines to ensure survivors receive timely and compassionate medical treatment. Over 1698 people received GBV psychosocial support and case management, while 338 survivors have accessed GBV and sexual and reproductive health (SRH) medical assistance.

By combining psychosocial care, medical response and community outreach, PAHO/WHO and its partners are helping survivors rebuild their lives with dignity, safety and hope.



M.52, a GBV survivor in the FLA IDP site of Port-au-Prince. *Photo credit: PAHO/WHO – David Lorens Mentor*

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A community health worker responding to a suspected cholera case in Pétion-Ville, Haiti.
Photo credit: PAHO/WHO

WHO'S 2026 FUNDING REQUIREMENTS

HAITI HUMANITARIAN CRISIS FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**2.49**
Laboratory systems, diagnostics and testing	0.58
Surveillance, case investigation and contact tracing	1.91
Community protection	**3.68**
IPC in the community	0.21
Risk communication and community engagement	0.53
Travel, trade, points of entry and gatherings	0.32
Vaccination	2.63
Safe and scalable care	**8.09**
Case management and therapeutics	3.89
Essential health systems and services	3.68
IPC within health care settings	0.53
Access to countermeasures	**3.28**
Operational support and logistics	3.28
Emergency leadership	**1.63**
Lead, coordinate, plan and monitor protracted response ops	1.53
PSEAH in protracted emergency response operations	0.11
Total	**19.17**

World Health Organization

MYANMAR

People in need - Health[1]

9.3 MILLION

People targeted - Health[1]

2 MILLION

Funding requirement

US$ 12.6 MILLION

[1] Figures represent health-specific People in Need and people targeted drawn from the Humanitarian Needs and Response Plan (HNRP) 2026

World Health Organization

CONTEXT

Myanmar continues to grapple with the compounded effects of protracted armed conflict and recurrent natural disasters, including earthquakes, floods and cyclones. As of October 2025, these multiple and overlapping crises had displaced more than 3.6 million people internally (IDPs), leading to one of the most complex humanitarian emergencies in the region. According to the 2026 Humanitarian Needs and Response Plan (HNRP), an estimated 9.3 million people across the country are in urgent need of essential health services. Notably, 74% of people in need have been severely affected by recent shocks, particularly the devastating earthquake in March 2025 and ongoing armed conflict. IDPs account for 22% of those requiring assistance, while the remaining 4% include returnees, resettled and locally integrated IDPs, and non-displaced stateless populations.

Vulnerable groups, especially women, children, older persons, individuals with disabilities and those experiencing mental health challenges, face significant barriers to accessing even the most basic healthcare. Without immediate and sustained support, their health and well-being remain at critical risk. The Multi-Sector Needs Assessment (MSNA) highlights the most pressing obstacles to healthcare access: 52% of the population cite financial constraints as the primary barrier, followed by 29% who report the absence of nearby functional health facilities and 6% who face a lack of adequate treatment options. Between January and mid-October 2025, WHO's Surveillance System for Attacks on Health Care (SSA) recorded 50 verified attacks, resulting in 83 deaths and 132 injuries, representing a dramatic increase compared to 2024. These attacks have severely damaged healthcare infrastructure and disrupted the delivery of essential medical supplies and personnel. In addition to the immediate impacts of drones attacking hospitals and community clinics, these attacks continue creating fear among patients, their families and community health workers. Unfortunately, a consistent increase in restrictions on civilians and health providers throughout 2025 has disrupted their ability to carry even basic medicines and supplies, including gauze, bandages and analgesics.

The earthquake in March 2025 severely disrupted critical services for people living with disabilities. Over half (61%) lost access to electricity, 54% reported damaged or destroyed housing, and nearly 48% lacked safe drinking water. In 2025, only 60% of female-headed and 62% of male-headed households with disabilities reported receiving humanitarian assistance. Women reported higher rates of difficulty than men, with the largest gender gap observed in mobility: 21% of women reported difficulty walking compared to 14% of men.

The compounded effects of conflict and disaster have also intensified Myanmar's mental health crisis, exacerbated by displacement, loss of livelihoods and persistent insecurity. Myanmar ranks as the third most climate-affected country globally from 1993 to 2022 and is classified as very high risk for all hazards and exposures by the INFORM Risk Index Mid 2025. Access to basic health services is particularly dire in Rakhine and Kayah, where nearly half the population faces serious difficulties, while between 25% and 40% of residents in Kachin, Tanintharyi, Kayin, Northern Shan and Chin need humanitarian health assistance. Disease outbreaks are on the rise due to unsafe drinking water, inadequate sanitation and the interruption of routine health programmes. A nationwide cholera outbreak occurred between June 2024 and April 2025, malaria has resurged due to supply shortages and dengue fever continues to affect children under 15. Alarmingly, 1.5 million children under five have missed basic vaccinations since 2018, increasing the risk of measles and diphtheria and the possible re-emergence of polio.

A WHO health partner attends to a patient at Mandalay earthquake relief camp.
Photo credit: WHO Myanmar

WHO'S STRATEGIC OBJECTIVES

As the Cluster Lead Agency, WHO's strategic objectives are fully aligned with the 2026 HNRP to ensure a coherent, harmonized and principled approach:

1. **Enhance access to life-saving health services:** Ensure the delivery of quality and inclusive healthcare for displaced, returned, stateless and other shock-affected populations.

2. **Reduce excess morbidity and mortality:** Strengthen systems for timely detection, prevention and response to epidemic-prone and endemic diseases.

3. **Promote coordination and accountability to affected populations:** Coordinate health partners to provide effective and equitable humanitarian health assistance, with a focus on transparency and community engagement.

> *We care for people with chronic illnesses, pregnant women and those still recovering from injuries with the support of our partners like WHO. We also see deep mental health impacts; people are anxious and afraid of another earthquake. Some have lost family members. We offer what we can through providing Psychological First Aid, and we try to listen to them."*
>
> **A health partner giving essential health care services at one of the earthquake relief camps in Mandalay**

Emergency supplies from the Global Logistics Hub in Dubai reach Yangon.
Photo credit: WHO

World Health Organization

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In 2026, WHO is scaling up its leadership and coordination role in Myanmar, with a focus on emergency preparedness, workforce training, community engagement, water, sanitation and hygiene (WASH), infection prevention and control (IPC), antimicrobial stewardship and advocacy across prioritized high-risk townships. These efforts aim to strengthen the resilience of the health system and support the most vulnerable populations facing acute needs.

Due to significant funding constraints, WHO has been forced to prioritize operations and transition out of 13 townships, placing approximately 150 000 people at risk of losing access to essential health services. This reduction is expected to increase the risk of preventable deaths and disease outbreaks and place further strain on local partners and health infrastructure.

Myanmar's complex humanitarian situation, characterized by ongoing conflict, mass displacement and recurring natural disasters including the March 2025 earthquake, continues to drive urgent health needs and has regional implications. The lack of adequate and sustained funding hinders effective cluster co-coordination; strengthening co-leadership by local and national actors remains essential and should become the default wherever feasible.

> "At first it was really difficult: we had no aid, and everyone was struggling. Now things are more stable, and people are getting the medicines they need thanks to the WHO. I help families who need extra care, especially older people. It's not easy, but helping others gives me strength. Still, we need more volunteers, as there are so many people who still need support."
>
> **18-year-old Ma Mya Mya, a community volunteer from one of the displacement sites in Mandalay**

World Health Organization

WHO staff prepare to deliver Medical Camp Kits to the earthquake-affected areas at the WHO warehouse.
Photo credit: WHO Myanmar

WHO 2026 RESPONSE STRATEGY

WHO's emergency response builds on a dual-track approach: readiness to respond to natural disasters and climate change shocks coupled with enhanced public health intelligence to better respond to increasing health in emergencies threats. The dual-track is aligned with the Myanmar Humanitarian Needs and Response Plan (HNRP), and the WHO Myanmar Transitional Country Strategy (TCS 2025–2028).

The Transitional Country Strategy includes four strategic areas, namely:

1. **A functional surveillance system** across the entire country for early warning, alert and response to public health threats.
2. **Immunization services** including vaccine-preventable diseases (VPDs) surveillance in hard-to-reach areas.
3. **Essential health services** in hard-to-reach, conflict-affected areas, leveraging localized and flexible modalities.
4. **A community-centred approach** across health initiatives.

WHO will engage with all parties to deliver humanitarian and emergency interventions, with a focus on saving lives and restoring the well-being of affected and vulnerable communities. WHO will continue its operational collaboration and localized coordination with the United Nations, international non-governmental organizations (INGOs), local organizations and civil society, building on area-based data informing the prioritization of humanitarian needs.

Despite access constraints and funding limitations, WHO remains the only organization able to combine health cluster leadership, technical expertise and operational partnerships to sustain essential health services in high-risk townships.

OPERATIONAL PRESENCE

WHO maintains an in-country operational presence in Myanmar with a total of 128 personnel, including international and national staff deployed across key locations to support the continuity of health services during emergency coordination and response. This presence includes staff embedded at national and subnational levels, working closely with health authorities and local partners to sustain frontline service delivery. However, despite this footprint, field capacity remains extremely limited due to chronic underfunding, constraining the scale, geographic reach and continuity of operations in high-need areas.

As humanitarian funding continues to decline – driven by disruptions to global and regional aid – sustaining emergency health capacity increasingly requires more flexible and efficient deployment models. In response, WHO Myanmar complements its in-country staff presence with support from Standby Partners (SBP) and the Global Outbreak Alert and Response Network (GOARN), enabling rapid access to specialized expertise while keeping WHO's workforce agile and adaptive.

As Cluster Lead Agency (CLA), WHO supports the priorities of the Humanitarian Reset in alignment with Humanitarian Country Team (HCT) coordination structures. In this role, WHO contributes to:

- **Improving the existing sub-regional coordination platforms and groups and tailoring them to the local context** – by reflecting specific health needs, the scale and complexity of the crisis and the capacity of local and international partners. This also means reinforcing inter-cluster coordination at the subnational level to maximize the available resources for readiness and response.
- **Coordinating periodic reviews to inform decisions** related to the scale up and/or scale down of health emergency operations.

WHO leads the Health Cluster at both national and subnational levels, with coordination structures in place across all five hub regions. Of the 125 health partners engaged in the response, 40% are local organizations. International NGOs and UN agencies rely heavily on these local partners, who are often the only actors able to access hard-to-reach areas.

WHO Myanmar staff visit the Emergency Medical Team in the earthquake-affected area for emergency response coordination.
Photo credit: WHO Myanmar.

Members of the Mandalay earthquake relief camp receive regular health checks and medication at the WHO-supported health clinic.
Photo credit: WHO Myanmar

KEY ACTIVITIES FOR 2026

- **Enhance public health readiness and response interventions for an all-hazards approach** through contingency stockpiling of essential, life-saving health supplies for 730 000 patients.
- **Sustain local partners' capacity (CBOs, CSOs)** to reach 200 000 beneficiaries through the delivery of the Essential Package of Health Services (EPHS), including cash assistance for patient referral, particularly for the most in need people, such as people living with disabilities and pregnant women.
- **Continue providing health assistance in NCDs in emergency settings**, particularly communities affected by the earthquake to enable their full recovery. This will include provision of NCDs care, including mental health and psychosocial support, reaching up to 100 000 people.
- **Enhance testing diagnostics and laboratory capacities** for early detection and effective response to epidemic and pandemic prone disease outbreaks through supplies and technical support to the relevant stakeholders.
- **Strengthen risk communication and community engagement** through coordination mechanisms, social listening systems and community engagement networks to enhance early detection, readiness and response to health emergencies, protecting up to 980 000 beneficiaries.
- **Improve WASH and IPC access in health facilities** to protect underserved and hard-to-reach communities from the risk of waterborne disease transmission and outbreaks across 10 out of 20 priority townships, considering their higher risk of floods and waterborne outbreaks.
- **Prevent the spread of antimicrobial resistance among the most vulnerable communities** in conflict and hard to reach areas, by sustaining capacity building and integration of access group antibiotics in outbreak response kits in response to emerging and re-emerging infectious diseases.

World Health Organization

IMPACT IN 2025

HEALING IN THE OPEN: WHO'S IMPACT AFTER THE EARTHQUAKE

People from the earthquake-affected area receive emergency medical assistance from the Emergency Medical Team (EMT). *Photo credit: WHO Myanmar*

Months after the devastating earthquakes that struck central Myanmar in March 2025, life in the makeshift relief camps remained difficult. In a field-turned-camp on the edge of Mandalay, families were living under plastic sheets as the first monsoon rains fell. But amid these conditions, critical health care continued quietly and consistently through WHO and its local partners.

In one of the tents sat U Kyi, a 65-year-old who hadn't returned home since the disaster. He suffers from high blood pressure and joint pain but was continuing to care for himself with support from the mobile clinic set up just metres away. "They gave me medicine for my knees and pressure," he said. "It helps me get through the day." A few tents down, Ko Muang was relearning how to sit, eat and move after being injured in a mosque collapse. Though he lacked a walking aid, he credited the clinic staff for helping him recover. "The wound on my head healed without even needing stitches," he said with quiet gratitude.

Behind these stories is a system of support. Following the earthquakes, WHO delivered over 155 metric tonnes of life-saving supplies, reaching 736 885 people across affected areas. This included 63 tonnes of initial supplies distributed within 24-48 hours, two international charter flights delivering 75.5 more tonnes of supplies and targeted support such as portable toilets from ECHO, locally procured water filters and body bags, as well as donated tents and maternal kits from Nepal. Overall, 345 481 people received assistance, with supplies prepositioned to support the remaining 391 404 individuals.

Working with local partners, WHO reached over 17 130 beneficiaries with life-saving health education on water safety, non-communicable diseases, immunization, maternal care and earthquake-related disease prevention in 2025. In partnership with WFP's Cash-for-Work programme, 1550 community members delivered a WHO-led dengue transmission prevention campaign in temporary displacement camps at high risk of disease outbreaks. WHO also delivered MHPSS training to 529 frontline responders through tailored sessions on psychological first aid to protect mental health.

Every visit, conversation and supply delivered is part of a larger commitment to restore dignity, health and hope. WHO's impact in 2025 is not only measured in numbers, but in the resilience of people like U Kyi and Ko Muang. Sustained investment in 2026 will be critical not only to meet immediate humanitarian needs, but to prevent further erosion of Myanmar's already fragile health system.

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U Kyi (name changed) sits outside his tent at one of the Mandalay earthquake relief camps. *Photo credit: WHO Myanmar*

World Health Organization

WHO staff providing dengue prevention health messages at a cash-for-work initiative food distribution site near Mandalay in June 2025.
Photo credit: WHO Myanmar

WHO'S 2026 FUNDING REQUIREMENTS

MYANMAR HUMANITARIAN EMERGENCY FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**2.03**
Surveillance, case investigation and contact tracing	2.03
Community protection	**0.03**
Risk communication and community engagement	0.03
Safe and scalable care	**6.00**
Essential health systems and services	6.00
Access to countermeasures	**2.72**
Operational support and logistics	2.72
Emergency leadership	**1.84**
Lead, coordinate, plan and monitor protracted response ops	1.84
Total	**12.62**

World Health Organization

OCCUPIED PALESTINIAN TERRITORY

People in need - Health[1]

2.9 MILLION

People targeted - Health[1]

2.4 MILLION

Funding requirement

US$ 333.2 MILLION

[1] Figures represent health-specific People in Need and People Targeted figures drawn from the Flash Appeal 2026.

World Health Organization

CONTEXT

Humanitarian and health conditions in the occupied Palestinian territory (oPt) have severely deteriorated since October 2023, with more than 2.9 million people now requiring humanitarian health assistance.

Two years of conflict have devastated the Gaza Strip. Although the ceasefire announced on 10 October 2025 has reduced traumatic injuries and created some opportunities for health sector rehabilitation, bureaucratic impediments and access restrictions continue to hinder humanitarian operations and needs still exceed the capacity of the current response and health system. As of December 2025, over 71 000 people have been killed and more than 171 000 people have been injured, of whom 25% have suffered life-changing injuries. Nearly the entire population of 2.1 million people has been repeatedly displaced, with the majority now confined to less than half of the Gaza Strip.

The Gaza Strip's health system has been systematically degraded by sustained attacks, with all 36 hospitals and the majority of primary health care centres damaged. Since October 2023, over 930 attacks on health have been recorded. Currently, only half of all hospitals are partially functional, with many operating beyond capacity. Just 48% of primary health care centres remain operational. An estimated 81% of all structures across the Gaza Strip have been damaged or destroyed.

Famine was declared in parts of the Gaza Strip in August 2025, with 421 malnutrition-related deaths reported during the year. While the latest Integrated Food Security Phase Classification (IPC) analysis confirms that no areas are currently classified as experiencing famine and the ceasefire has improved food deliveries, progress remains fragile. An estimated 1.6 million people are expected to face high levels of acute food insecurity in the Gaza Strip until mid-April 2026.

The risk of disease outbreaks remains high due to inadequate housing, poor water and sanitation conditions, overcrowding and limited access to health services. The massive scale of injuries, including over 5000 amputations, continues to strain surgical and rehabilitation services. More than 18 500 injured and chronically ill patients currently require medical treatment that is not available in the Gaza Strip due to the lack of specialized services and are awaiting medical evacuation. Non-communicable diseases, which represented the largest burden of disease before October 2023, have gone underdiagnosed and undertreated due to limitations in available diagnostics and treatments. The mental health toll of the conflict is profound, with an estimated one million people in need of mental health and psychosocial support.

According to the Ministry of Health, 51% of essential medicines are currently at zero stock in the Gaza Strip. While the volume of medical supplies entering the Gaza Strip has improved since the ceasefire, extensive clearance procedures, including restrictions on items considered dual-use, continue to delay the delivery of critical medical equipment. The delivery of an appropriately scaled health response depends on a conducive operating environment, including timely entry of supplies and equipment at scale, an easing of dual-use categorization and the removal of bureaucratic impediments and access restrictions.

The situation in the West Bank remains deeply concerning. Violence, including settler attacks, demolitions and evictions, have increased, alongside displacement linked to militarized operations, particularly in the northern West Bank. Between October 2023 and December 2025, more than 1100 Palestinians were killed and over 920 attacks on health care were recorded. Increasing access restrictions continue to fragment Palestinian territory and hinder the movement of patients and ambulances. One in five households reports that, at least once since October 2023, their children were unable to access needed health care or medicines. The long-standing fiscal crisis facing the Palestinian Authority continues to affect service delivery, with disruptions to health worker salaries, stock-outs of essential medicines and primary care, outpatient specialty clinics and hospitals operating at reduced capacity. Currently, 63% of primary health care centres are partially functional, opening an average of one day per week, down from six days prior to 2023. Mental health and psychosocial needs are acute, particularly among children and youth.

A WHO staff member prepares a patient for medical evacuation at the Palestine Red Crescent Society field hospital in the Gaza Strip. *Photo credit: WHO*

WHO'S STRATEGIC OBJECTIVES

1. **Maintain lifesaving and life-sustaining essential health services:** Ensure continuous access to critical, life-saving health care, including emergency and trauma care, maternal and child health services, communicable and noncommunicable disease management, mental health and rehabilitation services as well as essential medicines, supplies and functional referral pathways, to meet the urgent health needs of crisis-affected populations.

2. **Strengthen public health intelligence, early warning and prevention and control of communicable diseases:** Enhance surveillance and diagnostic capacity for early outbreak detection and response. Strengthen Infection Prevention and Control (IPC) measures, ensure the availability of medical supplies and improve water, sanitation and hygiene (WASH) facilities to mitigate the spread of communicable diseases.

3. **Health emergency coordination:** Lead and strengthen Health Cluster coordination to ensure a unified and efficient response. Provide clear public health guidance, advocate for priority interventions and expand emergency medical support, including through the deployment of Emergency Medical Teams (EMTs).

4. **Early recovery, rehabilitation and reconstruction:** Support the transition from emergency response to recovery by restoring and rehabilitating health facilities and integrating risk-reduction measures into reconstruction efforts. Collaborate with governance structures, donors and the private sector to develop a sustainable health sector recovery framework that promotes long-term resilience and development.

> WHO's support has been critical in restoring essential health services at a hospital that was once left in ruins. Establishing a new emergency room was the first milestone in reviving services, followed by expanding care through regular medical supply deliveries, health-worker training and the deployment of a national emergency medical team to manage the influx of patients. WHO is now supporting the addition of a 120-bed extension to meet rising needs and has installed a new desalination plant to expand hemodialysis services.
>
> **Dr Mohammed Abu Salmiya, Director, Al-Shifa Hospital**

World Health Organization

A WHO rehabilitation specialist with a child injured during the conflict in the Gaza Strip.
Photo credit: WHO

WHO’S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

WHO will continue the rapid scale-up of prioritized lifesaving humanitarian assistance across the occupied Palestinian territory (oPt). At the same time, in line with the humanitarian reset, WHO is advancing its hybrid approach that combines emergency response with health sector strengthening, rehabilitation and early recovery, alongside the continuity of essential services. This dual focus ensures that urgent health needs are met while enhancing the resilience and sustainability of the health system.

The ceasefire announced in the Gaza Strip on 10 October 2025, together with the launch of Phase Two of President Trump’s 20-point plan, including the establishment of a transitional technocratic Palestinian administration, marks an important step forward for the humanitarian and health response. Building on improved access, WHO will scale up efforts to support the rehabilitation and rebuilding of the health system, restoring essential services that are currently unavailable and improving access to care.

WHO has supported the development of health sector recovery plans and will continue to provide technical leadership to guide and support recovery and rehabilitation efforts.

Across the oPt, WHO will continue to strengthen national capacities and work closely with the Ministry of Health and partners to enhance readiness to respond to ongoing and emerging health threats. Collaboration with United Nations agencies, national and international NGOs and other health partners will remain central to maintaining health care delivery, particularly where other actors face access or operational constraints. Coordination with health partners will remain at the heart of WHO’s response.

> “Many medical staff were killed or displaced, leaving a severe shortage of trained health workers to care for pregnant and postpartum women. WHO’s training on antenatal and postnatal guidelines helped rebuild capacity within the Ministry of Health and equipped health workers to adapt when essential tests and equipment were unavailable, ensuring women continued to receive the care they needed.”
>
> **Kholoud Hamad, Director, Maternal and Child Health Department, Ministry of Health**

A health worker at Nasser Hospital in south Gaza participates in a WHO-supported early essential newborn care training.
Photo credit: WHO

WHO 2026 RESPONSE STRATEGY

In 2026, WHO's core focus remains on delivering life-saving assistance to minimize preventable loss of life and morbidity across the oPt. There will be a particular emphasis on scaling up support for the rehabilitation and early recovery of the health sector in the Gaza Strip, capitalizing on improvements in access conditions.

WHO will continue to work closely with the Ministry of Health and partners to provide technical leadership and ensure that health sector recovery and rehabilitation are evidence-based. WHO will provide operational coordination and policy support to strengthen emergency preparedness, restore and revitalize essential services, rebuild surveillance and health information systems and reinforce governance and preparedness capacities.

Strong partnerships remain central to WHO's approach. As Health Cluster lead, WHO continues to coordinate United Nations agencies, international and national NGOs, Emergency Medical Teams, civil society organizations and other relevant actors to ensure a coherent and effective health response. Collaboration with donors, development partners, local organizations and the private sector will support resource mobilization, continuity of services and progress toward recovery, while ongoing community engagement will ensure that interventions are accessible, context-appropriate and responsive to evolving needs.

OPERATIONAL PRESENCE

The WHO office in the occupied Palestinian territory operates from East Jerusalem, with teams based in the West Bank and the Gaza Strip. Approximately 158 staff support the response, including 68 staff in East Jerusalem and the West Bank and 90 staff in the Gaza Strip. This presence enables operational support for emergency response and early recovery, alongside the provision of public health advice to health authorities and partners.

WHO addresses both pre-existing and crisis-exacerbated health needs by strengthening health systems, emergency preparedness and response and public health resilience. Technical expertise includes emergency and trauma care, communicable and noncommunicable diseases, public health intelligence and outbreak response, reproductive, maternal, child health and nutrition and mental health. Operations teams provide logistics, procurement, security and administrative support despite access constraints and security risks, enabling the continuation of lifesaving activities. Specialists in resource mobilization, grant management and monitoring and evaluation ensure the effective and accountable use of resources to meet urgent humanitarian needs, while supporting health system recovery and building longer-term resilience.

Established in January 2009, the Health Cluster coordinates the humanitarian health response across the Gaza Strip and the West Bank, including East Jerusalem. Led by WHO and co-chaired by the Palestinian Ministry of Health, the Cluster comprises 98 active partners, including 54 international NGOs, 37 national NGOs, five United Nations agencies, one external partner and one national authority. Joint prioritization, planning and performance monitoring enhance the effectiveness, coverage and timeliness of lifesaving health services for the Palestinian population.

World Health Organization

A WHO staff member receives medical supplies for the Gaza Strip at the Kerem Shalom crossing.
Photo credit: WHO

WHO medical supplies arrive Al-Shifa Hospital.
Photo credit: WHO

KEY ACTIVITIES FOR 2026

1. **Maintain lifesaving and life-sustaining essential health services:**
   - Ensure the continuity of essential services across pre-hospital, primary, secondary and tertiary facilities, including emergency and trauma care, rehabilitation, communicable and non-communicable disease management, maternal and child health, nutrition and mental health and psychosocial support.
   - Procure, deliver and preposition critical medicines, consumables, equipment and fuel to sustain service delivery, including pre-hospital and ambulance care.
   - Strengthen internal referral pathways and expand medical evacuations.

2. **Strengthen public health intelligence, early warning and prevention and control of communicable diseases:**
   - Enhance integrated disease surveillance, laboratory capacity and public health monitoring.
   - Improve infection prevention and control, as well as WASH conditions in health facilities.
   - Conduct regular assessments and support outbreak preparedness and response.

3. **Health emergency coordination:**
   - Lead the coordination of Health Cluster partners, EMTs and multisectoral mechanisms.
   - Strengthen the Public Health Emergency Operations Centre (PHEOC) to improve rapid response.
   - Advocate for public health priorities and maintain consistent communication with stakeholders.

4. **Early recovery, rehabilitation and reconstruction:**
   - Rehabilitate damaged health facilities and re-establish supply chains for health commodities.
   - Support the restoration of the health workforce and health information systems.

World Health Organization

WHO and partners conduct a trauma emergency response drill for community volunteers in Hebron, West Bank.
Photo credit: WHO

KEY ACHIVEMENTS FOR 2025

1. **Maintaining lifesaving and life-sustaining essential health services:**
   - WHO supported 51 partners across 32 health facilities in the Gaza Strip with essential medicines, medical supplies and equipment worth over US $90 million.
   - WHO completed over 175 field missions (out of 299 planned) in the Gaza Strip in 2025, bringing the total since October 2023 to 278 completed missions (of 569 planned).
   - WHO supported systematic medical evacuations from the Gaza Strip, evacuating over 10 700 patients to over 30 countries for advanced treatment since October 2023.
   - WHO supplied 10.7 million litres of fuel to health facilities, ambulance providers and partners across the Gaza Strip in 2025, bringing the total to over 19.2 million litres since October 2023.
   - WHO supported the treatment of over 1000 children with severe acute malnutrition at stabilization centres in the Gaza Strip.
   - WHO supported the prepositioning of emergency and trauma care supplies at seven key hospitals in the West Bank, along with mass-casualty management kits. Nearly 1000 emergency medical bags were provided to community volunteers trained by WHO and partners for managing life-threatening bleeding.
   - WHO provided hostile environment surgical training to 60 surgeons, as well as primary care training to over 200 health workers in the West Bank.
   - WHO trained nearly 1500 health workers on mental and psychosocial support, gender-based violence, reproductive, maternal, newborn, child and adolescent health, noncommunicable disease management and other priority areas across the Gaza Strip and West Bank.
   - WHO supported health service delivery and health finance reform prioritized by the Palestinian Authority.

2. **Strengthening public health intelligence, early warning and prevention and control of communicable diseases:**
   - Over 600 000 children under 10 years of age were protected from polio through three rounds of supplementary immunization in the Gaza Strip, while thousands of children received routine immunizations through catch-up campaigns.
   - WHO deployed the Early Warning Alert and Response System, which is actively monitoring 13 communicable diseases across 279 reporting locations in the Gaza Strip.
   - Health resources, service availability and accessibility were monitored at 754 health service delivery units across the Gaza Strip and the West Bank – mapping service gaps and enabling a targeted health response by WHO and partners.

3. **Health emergency coordination:**
   - WHO coordinated more than 98 partners (including 54 international and 37 national NGOs), delivering quality lifesaving services to three million people at over 1100 health service points across oPt.
   - WHO coordinated and deployed 57 national and international Emergency Medical Teams (EMTs) in the Gaza Strip, delivering over 3.5 million consultations, nearly 51 000 surgeries and treatment for 179 000 trauma cases.

4. **Early recovery, rehabilitation and reconstruction:**
   - WHO supported the full rehabilitation of five health facilities and three hospital warehouses in the Gaza Strip.
   - WHO supported the construction and completion of a field hospital at Nasser Hospital in the Gaza Strip.
   - WHO completed the installation of 12 WASH facilities in healthcare facilities in the Gaza Strip.
   - WHO led the Rapid Damage and Needs Assessment for the health sector.
   - WHO supported health authorities to develop health sector recovery plans.

World Health Organization

IMPACT IN 2025

GAZA PATIENTS BEAR THE BRUNT OF TWO YEARS OF CONFLICT

A health worker supports a child during the medical evacuation of patients from the Gaza Strip.
Photo credit: WHO

Five-month-old Qusai was born in the Gaza Strip during the recent conflict, and from his first days of life, his health was fragile. “I knew something was wrong almost immediately,” his mother, Ayesha*, says. “Every breath felt heavy. I watched his chest rise and fall and wondered how such a tiny body could be carrying so much.”

Just one week after his birth, a doctor noticed a wheezing sound in Qusai’s chest. Further examinations at Nasser Hospital confirmed multiple serious congenital heart conditions, including a hole in his heart and a blockage in the pulmonary artery. Doctors explained that he would need complex open-heart surgery — care that was not available in the Gaza Strip.

Ayesha’s pregnancy with Qusai had already been marked by fear and uncertainty. Reaching a hospital for her caesarean section was difficult amidst bombardment and lack of safe access to health facilities. She worried about the availability of adequate health care and whether her baby would survive the birth. After surgery, she returned to a tent with fresh stitches, limited nutrition and little protection from the cold.

As Qusai grew, his condition worsened. He struggled to breathe, and his lips and limbs often turned blue from lack of oxygen. Feeding became difficult, and he could not tolerate pollution or cold air. “I watched my baby fight for every breath,” Ayesha says. “That kind of fear stays with you.”

In October 2025, with WHO’s support, Qusai was evacuated to Ireland, where he is now receiving specialized cardiac care. For the first time, he is beginning to recover and experience moments of childhood. Qusai is one of many patients evacuated through WHO support. Since October 2023, more than 10 700 patients have been evacuated from Gaza for specialized treatment in over 30 countries.

Two years of conflict have severely degraded Gaza's health system. Currently, only half of all hospitals are partially functional, and specialized medical care is largely unavailable, leaving 18 500 people, including 4 000 children, without access to lifesaving treatment. With the ceasefire improving access and security, it is critical that WHO is supported to rapidly scale up health care in Gaza. This includes rehabilitating damaged health facilities, increasing medical supplies and expanding services to reduce the need for medical evacuation. Achieving this will require expedited clearance procedures and the removal of access restrictions on the entry of essential medical supplies and equipment.

In parallel, WHO calls for the urgent reopening of the medical referral route to the West Bank, including East Jerusalem, which remains the most time and cost-effective pathway for patients to access specialized care. In the interim, WHO urges more countries to demonstrate solidarity by accepting patients from Gaza, to save lives and reduce preventable morbidity and loss of life.

**The mother’s name has been changed to protect confidentiality.*

Five-month-old Qusai with his mother before medical evacuation from the Gaza Strip to Ireland.
Photo credit: WHO

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A patient at a field hospital in the Gaza Strip is transported to an ambulance in preparation for medical evacuation abroad.
Photo credit: WHO

WHO'S 2026 FUNDING REQUIREMENTS

MIDDLE EAST ESCALATION OF VIOLENCE FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**8.08**
Laboratory systems, diagnostics and testing	2.85
Surveillance, case investigation and contact tracing	5.23
Community protection	**4.04**
Risk communication and community engagement	1.21
Travel, trade and points of entry	0.73
Vaccination	2.10
Safe and scalable care	**279.66**
Case management and therapeutics	3.41
Essential health systems and services	272.14
IPC within health care settings	4.10
Access to countermeasures	**31.63**
Operational support and logistics	31.63
Emergency leadership	**9.80**
Lead, coordinate, plan and monitor acute response ops	8.33
PSEAH in acute emergency response operations	0.23
Risk and readiness assessments	1.25
Total	**333.21**

World Health Organization

SOMALIA

People in need - Health[1]

5.0 MILLION

People targeted - Health[1]

2.4 MILLION

Funding requirement

US$ 16.1 MILLION

[1] Figures represent health-specific People in Need and people targeted drawn from the Humanitarian Needs and Response Plan (HNRP) 2026

World Health Organization

CONTEXT

Somalia continues to face one of the world's most complex and protracted humanitarian crises, driven by a convergence of conflict, climate shocks, disease outbreaks and widespread displacement. Over three decades of armed conflict have fragmented the health system, leaving it under-resourced and unable to meet population needs. The country has some of the highest maternal mortality, childhood malnutrition and vaccine-preventable disease rates globally, exacerbated by poor health infrastructure, extremely low immunization coverage and a critical shortage of health workers.

Between January and September 2025, cholera affected more than 8180 people and caused nine deaths (a case fatality rate of 0.1%), primarily in areas with poor water, sanitation and hygiene (WASH) conditions. During the same period, a resurgence of measles resulted in nearly 8512 reported cases, largely due to high numbers of unvaccinated children under five, widespread malnutrition and limited access to primary healthcare in conflict-affected areas. A diphtheria outbreak further underscored the collapse of routine immunization, infecting over 2445 people - mainly unvaccinated children - and causing more than 116 deaths. Additionally, flooding facilitated the spread of vector-borne diseases such as malaria, dengue and chikungunya into previously unaffected districts.

Furthermore, 95% of Somalia's health budget depends on external financing. Funding cuts mean that 618 health facilities - 51 district hospitals, 413 health centers and 154 primary health units - will likely close their doors in 2026. These facilities are lifelines, especially in regions that are hard-to-reach, prone to climate shocks and report the highest rates of malnutrition. Without renewed partner investment, Somalia risks reversing critical public health gains, increasing the likelihood of large-scale disease outbreaks and preventable deaths across the country.

Humanitarian access further deteriorated in 2025, particularly in Lower Juba, Gedo, Hiraan and Banadir, where conflict, inter-clan violence and administrative impediments have limited the delivery of health services. Armed clashes, road blockages and insecurity along main supply routes disrupted aid delivery and forced more than 20 health facilities to close following non-state armed group advances. In several districts, movement restrictions delayed the deployment of medical supplies and health personnel, and these access constraints continue to undermine WHO and partner operations.

Somalia's Grade 3 emergency reflects the scale, complexity and sustained intensity of health needs, requiring system-wide surge, leadership and coordination. In 2025, nearly 6 million people required humanitarian and protection assistance, yet only 20% of the Humanitarian Response Plan (US$ 1.42 billion) was funded. Sustained investment will be critical to consolidate gains in epidemic control, maternal and child health and nutrition, and to prevent the further deterioration of health outcomes in 2026.

A woman and her child during an immunization campaign in Baidoa. *Photo credit: WHO*

WHO'S STRATEGIC OBJECTIVES

1. **Ensure access to essential and life-saving services:** Deliver comprehensive healthcare, including medicines and medical supplies, through the minimum service package for affected populations.

2. **Support risk-informed, all-hazard preparedness and emergency response:** Anticipate and manage multiple, overlapping hazards, including conflict, climate shocks and displacement, through preparedness, contingency planning, early action and coordinated emergency response.

3. **Strengthen disease surveillance, early warning and outbreak response:** Detect, investigate and control epidemics and public health threats through surveillance, laboratory networks, rapid response teams and infection prevention and control.

4. **Strengthen health leadership and coordination capacity:** Build national and subnational capabilities, fostering sectoral coordination and collaboration with health partners.

> "In recent weeks, we've seen more mothers arriving with severely malnourished children, especially as nearby clinics have shut down. Thanks to our partnership with WHO, we've been able to keep going in Baidoa. Their emergency supplies are a lifeline, but with major funding gaps ahead, we urgently need support to keep these services running."
>
> **Dr. Mustafa Mohammed, Baidoa Stabilization Centre**

World Health Organization

A doctor checks two-year-old Maryam's nutrition status at Bay Regional Hospital in Baidoa, Somalia.
Photo credit: WHO / Ismail Taxta

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In 2026, WHO will adapt its operational approach in Somalia in line with the Humanitarian Reform and Reset priorities, focusing on life-saving interventions in 21 reprioritized districts.

As funding constraints are causing many health partners to scale down or withdraw, WHO is reinforcing its leadership to sustain coordination among the 62 Health Cluster partners and expand operations to address critical service gaps. WHO is strengthening preparedness, surveillance and early detection capacities, supporting epidemic and emergency response, ensuring the continuous provision of essential medical supplies and providing technical and operational support to partners to sustain life-saving health services for affected populations.

At the same time, WHO will accelerate localization efforts by strengthening partnerships with national non-governmental organizations (NGOs) and district health authorities, channelling a greater share of resources and responsibilities through local implementers. These adjustments also align with global funding trends and reflect the impact of regional instability, which have together reduced the footprint of humanitarian actors across Somalia.

In this evolving landscape, WHO's continued presence and leadership are essential for sustaining critical health services, preventing outbreaks and strengthening Somalia's fragile health system through a more focused, localized and sustainable response model. As more health partners and NGOs are forced to scale down or cease operations, pressure on WHO continues to increase to fill critical gaps, maintain essential services and ensure that health gains are not reversed.

> "In Somalia, it's often a race against time: getting cholera kits to flood-hit areas, ensuring health care workers have supplies before roads are cut off. This diligent coordination with the Ministry of Health, health cluster partners and Somali health workers, keeps services afloat, saves lives and it relies on continued support."
>
> **Dr. Renee Van de Weerdt, WHO Representative in Somalia**

World Health Organization

Safia holds her one-year-old daughter Sahra at Bay Regional Hospital in Baidoa, Somalia.
Photo credit: WHO / Ismail Taxta

WHO 2026 RESPONSE STRATEGY

As Somalia enters 2026 amid persistent humanitarian pressures and constrained resources, WHO will prioritize sustaining essential health services and preventing the further deterioration of health outcomes. In response to a contracting partner footprint and rising needs, WHO will intensify collaboration with the Federal Ministry of Health and Federal Member State Ministries of Health and will work closely with United Nations agencies to deliver integrated, efficient and evidence-based health responses.

Through strengthened coordination, emergency preparedness and joint action, WHO aims to safeguard critical health gains and support a more resilient health system for Somalia's most vulnerable populations.

In anticipation of health emergencies, including disease outbreaks, climate-related shocks and conflict-driven displacement, WHO will maintain robust surveillance systems for early detection and rapid response. The Country Office will strengthen inter-cluster coordination across the health, WASH, food security and livelihoods sectors to ensure the sustained availability, pre-positioning and timely delivery of essential emergency health and nutrition supplies.

As part of localization efforts, WHO will invest in capacity-building focused on data management and rapid response, including strategies to retain health workers. Technical guidance, training and reporting tools will strengthen the ability of local health personnel to respond swiftly and effectively to emerging threats.

WHO Somalia remains committed to preventing sexual exploitation, abuse and harassment through awareness and sensitization initiatives, regular assessments and capacity-building with implementing partners. WHO will support the development and implementation of the Inter-Agency Standing Committee Prevention of Sexual Exploitation, Abuse and Harassment Network Action Plan, reinforcing commitments to safeguarding rights and dignity in health emergencies.

The response plan addresses urgent humanitarian needs while strengthening Somalia's health system for the future, combining immediate action with longer-term capacity-building to enhance community resilience. Financial requirements for 2026 are realistic and aligned with Health Cluster priorities and WHO delivery capacity to ensure a focused and effective response. WHO Somalia remains committed to safeguarding health through timely, inclusive and resilient emergency responses, while strengthening public health infrastructure for the long term.

OPERATIONAL PRESENCE

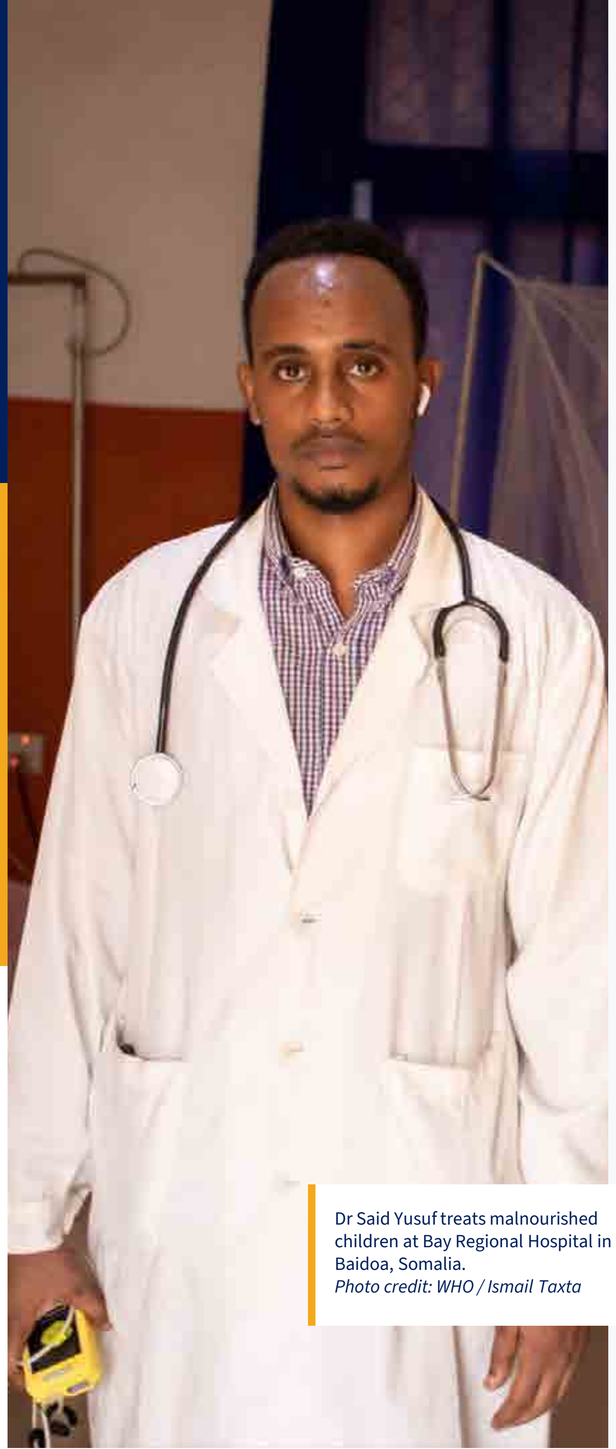
WHO Somalia operates with about 200 staff. The main office is in Mogadishu, supported by sub-offices in Garowe, Hargeisa and Baidoa, alongside a liaison office in Nairobi and satellite offices in Jubaland, Hirshabelle and Galmudug, which also function as subnational Health Cluster coordination platforms. WHO regularly deploys staff at regional and district levels and manages warehouses in Mogadishu, Garowe and Hargeisa to enable the rapid distribution of supplies during emergencies.

As the context evolves and funding constraints affect partner footprints, WHO is monitoring implications for its presence and programme delivery. Sustained support is needed to maintain operational reach, particularly in underserved or hard-to-access areas.

WHO leads the Health Cluster in Somalia, coordinating approximately 62 active partners at national and state levels. This coordination ensures efficient service delivery, minimizes duplication and addresses critical gaps to meet the health needs of affected and vulnerable populations.

A child receives vaccines during an integrated immunization campaign. *Photo credit: WHO*

World Health Organization



Dr Said Yusuf treats malnourished children at Bay Regional Hospital in Baidoa, Somalia.
Photo credit: WHO / Ismail Taxta

KEY ACTIVITIES FOR 2026

Against escalating needs and declining funding, WHO Somalia's 2026 strategy will sustain essential and life-saving services and will reinforce system resilience by:

- **Improving emergency preparedness:** Completing national and state multi-hazard risk assessments using the Strategic Tool for Assessing Risks (STAR); developing or updating preparedness and response plans for all Federal Member States with the Federal Ministry of Health and partners; training at least 60 emergency focal points on STAR and emergency planning.
- **Strengthening disease surveillance and early detection:** Expanding Integrated Disease Surveillance and Response to all districts by 2026 with facility staff training; integrating event-based surveillance and community reporting in all state hubs; instituting weekly reporting, analysis and feedback bulletins.
- **Strengthening emergency operations capacity:** Operationalizing national and state Public Health Emergency Operations Centres with training, simulations and equipment; conducting at least two exercises annually; developing standard operating procedures for activation and incident management aligned with WHO's Emergency Response Framework.
- **Strengthening epidemic response:** Maintaining trained Rapid Response Teams in all six states; conducting joint investigations for measles, diphtheria, cholera and polio within 48 to 72 hours of alerts; prepositioning investigation kits and equipping teams for immediate deployment.
- **Enhancing immunization coverage:** Intensifying routine immunization in districts with less than 80% coverage; improving microplanning and cold chain in all states; monitoring coverage and dropout through quarterly reviews of the Expanded Programme on Immunization .
- **Scaling up management of severe acute malnutrition:** Expanding stabilization centres in at least 10 high-burden districts; training frontline and nutrition staff on WHO guidelines; providing monthly supervision and quality checks.
- **Strengthening cross-border collaboration:** Establishing collaboration mechanisms with Ethiopia, Kenya and Djibouti; holding quarterly coordination meetings; conducting annual joint simulations and information-sharing drills.
- **Restoring and sustaining life-saving services:** Reopening or supporting at least 50 high-priority facilities; deploying mobile teams to reach displaced and hard-to-reach populations; integrating maternal, child health and emergency services.
- **Supporting partners for service delivery:** Providing financial and operational support in inaccessible or underserved areas; monitoring performance through monthly reporting and joint supervision.
- **Strengthening supply chain preparedness:** Procuring and prepositioning essential medicines, diagnostics and kits; conducting quarterly stock monitoring; setting minimum emergency stock levels and replenishment triggers per state.
- **Strengthening coordination and planning, monitoring and evaluation:** Holding monthly Health Cluster meetings and joint Health–Nutrition–WASH planning; supporting integrated community case management plus (iCCM+) in at least 80% of target districts; implementing an office-wide planning, monitoring and evaluation framework, training focal points and deploying a digital monitoring and evaluation system.

World Health Organization

IMPACT IN 2025

ESSENTIAL AID SAVES LIVES OF MALNOURISHED CHILDREN IN SOMALIA

A child suffering with malnutrition is assessed at Banadir Hospital in Mogadishu.
Photo credit: WHO

With the support of partners, in 2025 WHO delivered critical medical supplies to Somalia, enabling the treatment of thousands of severely malnourished children suffering from complications and offering hope to families facing hunger, disease and displacement.

At Banadir Hospital in Mogadishu – the country's largest paediatric referral facility – children with severe acute malnutrition arrive daily, many in critical condition. To respond to the growing emergency, WHO delivered paediatric severe acute malnutrition (PED/SAM) kits, providing essential medicines used to treat complications such as pneumonia, diarrhoea and dehydration. Pre-packaged and standardized, these kits allow overstretched health facilities to respond immediately in settings where delays can be fatal. These supplies ensure that frontline health workers can act quickly to stabilize children in need.

"Some children come swollen, in shock or struggling to breathe," says Dr Mohamed Jama Hashi, a paediatric specialist at the hospital. "Without these kits, many of them would not have survived."

Thousands of Somali children have benefited from these efforts, receiving free treatment that their families could not otherwise afford. Each recovery underscores how timely access to essential medicines can mean the difference between life and death.

"These medicines save lives," explains Dr Abdulmunim Mohamed, WHO Somalia's Nutrition and Health Technical Focal Point. "They help treat life-threatening conditions, reduce mortality and allow children to recover fully."

As Somalia continues to face drought, disease and economic hardship, WHO continues to deliver life-saving nutrition and health services, strengthening health systems and ensuring that the country's most vulnerable children have the chance to live, grow and thrive.

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WHO workers at Banadir Hospital in Mogadishu.
Photo credit: WHO

A Somali health worker administers a polio vaccine during a door-to-door immunization campaign.
Photo credit: WHO/Abdirahman Caaylawe

WHO'S 2026 FUNDING REQUIREMENTS

SOMALIA COMPLEX EMERGENCY FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**3.03**
Laboratory systems, diagnostics and testing	0.90
Surveillance, case investigation and contact tracing	2.13
Community protection	**3.30**
Travel, trade, points of entry and gatherings	1.30
Vaccination	2.00
Safe and scalable care	**5.98**
Case management and therapeutics	3.63
Essential health systems and services	0.06
IPC within health care settings	2.30
Access to countermeasures	**1.25**
Operational support and logistics	0.40
Research, innovation and evidence	0.85
Emergency leadership	**2.53**
Lead, coordinate, plan and monitor protracted response ops	0.35
PSEAH in protracted emergency response operations	1.88
Risk and readiness assessments	0.30
Total	**16.10**

World Health Organization

SOUTH SUDAN

People in need - Health[1]

6.3 MILLION

People targeted - Health[1]

2.5 MILLION

Funding requirement

US$ 12.4 MILLION

[1] Figures represent health-specific People in Need and people targeted drawn from the Humanitarian Needs and Response Plan (HNRP) 2026

World Health Organization

CONTEXT

South Sudan is facing a complex humanitarian emergency driven by climate shocks, disease outbreaks and displacement, with overlapping crises overwhelming an already fragile health system.

WHO is responding to four major public health emergencies: the South Sudan Protracted Humanitarian Crisis, the Sudan Crisis, and outbreaks of cholera and mpox. These are compounded by widespread flooding and drought across the Greater Horn of Africa, as well as outbreaks of hepatitis E and anthrax. The 2026 Humanitarian Needs and Response Plan estimates that 10 million people - nearly two thirds of the population - will require humanitarian assistance, including over 1.3 million refugees and returnees.

During the 2026 lean season, 7.55 million people are projected to face crisis or worse food insecurity under the Integrated Food Security Phase Classification (IPC Phase 3+). Health needs are acute, with an estimated 6.3 million people requiring health assistance, driven by escalating conflict and displacement, attacks on health facilities, forced evacuations of medical workers, fragile infrastructure and a chronically under-resourced health system strained by hyper-inflation, economic deterioration and prolonged instability.

Heavy rains and rising Nile water levels have triggered widespread flooding, affecting over 639 000 people and displacing nearly 223 968 across 26 counties in six states, with Jonglei and Unity accounting for almost 90% of the caseload. Flooding has destroyed homes, farmland and infrastructure, including 157 health facilities, and heightened protection risks, particularly for children.

Multiple disease outbreaks persist. Cholera has recorded 94 549 suspected cases and 1567 deaths as of 14 October 2025, while measles has caused 15 777 suspected cases and 280 deaths, linked to low immunization coverage among returnees and refugees. Mpox has reported 457 suspected and 21 confirmed cases since February 2025. The circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak that began in December 2023 has paralyzed 16 children and caused 10 asymptomatic infections across 14 of 80 counties. Anthrax has resulted in over 360 cases and 5 deaths, while hepatitis E has affected more than 9000 people, causing 121 deaths. Malaria remains the leading cause of morbidity and mortality, accounting for 64% of outpatient consultations between 2021 and 2024, with incidence rising from 95 per 1000 to 185 per 1000. Respiratory infections and diarrhoea are also increasing.

The health system faces severe shortages of medicines, staff and equipment, with limited access in remote and insecure areas. Supply chain disruptions, bureaucratic delays, insecurity and climate-related access constraints hinder timely response. Protection risks - particularly for children, women and persons with disabilities - are rising, while gender-based violence is heightened in overcrowded shelters and displacement sites. The system remains heavily reliant on humanitarian actors amid coordination challenges and funding gaps.

Looking ahead to 2026, climate volatility, potential flooding and increased risks of Rift Valley fever and meningococcal meningitis present a concerning outlook. Without sustained investment in preparedness, infrastructure and community-based care, South Sudan risks deeper and more frequent public health crises. Strengthening coordination, localization and integrated multi-sectoral action will be essential to mitigate risks, expand access and prepare for anticipated shocks.

A vaccinator records patient details during the measles vaccination campaign. *Photo credit: WHO South Sudan*

WHO'S STRATEGIC OBJECTIVES

In parallel with life-saving response, WHO will prioritize preparedness, readiness and health system resilience as a strategic outcome for 2026. This includes strengthening core IHR capacities, early warning and surveillance, rapid response mechanisms and Public Health Emergency Operations Centres at national and sub-national levels. These investments are essential to reduce the scale, cost and human impact of recurrent outbreaks and climate-related shocks.

In 2026, WHO South Sudan will:

1. **Deliver equitable, life-saving health services to crisis-affected populations:** WHO will deliver equitable, life-saving and life-sustaining health services to populations affected by conflict, flooding and displacement, prioritizing the most vulnerable and hard-to-reach communities. Services will be delivered through static facilities, mobile teams and community outreach, reducing financial barriers and addressing inequities affecting women, girls, adolescents, persons with disabilities, older persons and survivors of violence. The response will integrate essential primary health care, sexual and reproductive health services, the implementation of the Health Cluster Gender-Based Violence Action Plan and access to the clinical management of rape.

2. **Rapidly detect, prepare for and respond to health emergencies and disease outbreaks:** WHO will lead prevention, early detection and rapid response to epidemic-prone and endemic diseases to reduce excess morbidity and mortality. This includes strengthening surveillance and early warning systems, deploying rapid response teams, reinforcing triage and emergency referral mechanisms and sustaining coordination at national and subnational levels. Targeting will be guided by real-time evidence from the District Health Information System (DHIS2), Integrated Food Security Phase Classification analysis, rapid needs assessments and public health situation analyses. A multisectoral approach integrating nutrition, infection prevention and control (IPC), water, sanitation and hygiene (WASH) and food security and livelihoods will enable timely, adaptive emergency health responses.

3. **Sustain essential health system functions to enable emergency response and continuity of care:** WHO will sustain core health system functions required for effective emergency response, in line with the National Health Policy (2016–2026) and the Health Sector Strategic Plan (2023–2027). This includes restoring and maintaining essential services disrupted by conflict or disasters, strengthening frontline health worker capacity through joint planning, supervision, coordination and quarterly reviews and supporting critical infrastructure and supply systems. Delivery will be anchored in a primary health care approach, with technical working groups, localization and inclusive coordination mechanisms reinforcing community-responsive service delivery. These actions will ensure continuity of life-saving care during acute shocks and support recovery where conditions allow.

> I saw people in my village suffer terribly from cholera. Some even died before help could reach them. That's when I knew I had to seek treatment. I came to the Cholera Treatment Center in Tharkueng, and I truly believe it saved my life. I also want to thank the health workers here. Their dedication and care have made a huge difference and saved my life. I encourage them to continue saving lives - they are our heroes.
>
> **Aweng Thiep Thiep, 38-year-old mother of eight children.**

WHO staff visit a child with severe acute malnutrition with complications at Al-Sabah Children's Hospital.
Photo credit WHO South Sudan

World Health Organization

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In 2026, WHO South Sudan will recalibrate its operational approach to reflect shifting humanitarian realities, partner transitions and the internal realignment of organizational priorities to ensure a more sustainable, locally- driven and strategically focused approach, building on the Humanitarian Reset principles. As international actors scale down or withdraw, WHO will assume expanded responsibilities in emergency health coordination, disease surveillance and life-saving service delivery, particularly in hard-to-reach and underserved areas. This includes scaling up mobile outreach services using emergency medical teams, the evidence-based prepositioning of medical supplies and strengthening triage/referral systems to ensure continuity of care in high-risk or outbreak settings.

At the same time, WHO will begin a strategic transition out of direct service delivery in more stable regions, handing over responsibilities to national health authorities and local organizations. While this shift promotes sustainability and national ownership, it may temporarily affect service availability for vulnerable populations. To mitigate this, WHO will intensify technical support, joint monitoring and supervision, and capacity-building to ensure a smooth and accountable transition. Transitions will be carefully phased and risk-informed to avoid service disruptions for vulnerable populations. WHO will maintain parallel technical support, joint supervision and real-time monitoring during handover periods, with contingency mechanisms to re-engage operational support if access, quality or continuity of services are compromised.

Global and regional trends, including declining humanitarian financing, climate-induced displacement and persistent insecurity, are reshaping WHO's role. In response, WHO South Sudan is prioritizing localization as a core pillar of its 2026 strategy. This includes increasing the proportion of funds transferred to national health partners, embedding co-leadership in coordination platforms and expanding the role of local actors in planning, implementation, monitoring and quality assurance.

These changes reflect a shift toward a more efficient, inclusive and sustainable model of health emergency response. By anchoring its role in strategic leadership, technical stewardship and locally-driven action, WHO remains essential to safeguarding public health and advancing resilience in South Sudan's fragile context. In doing so, WHO plays a critical role in ensuring that all populations have access to timely and effective health services during emergencies.

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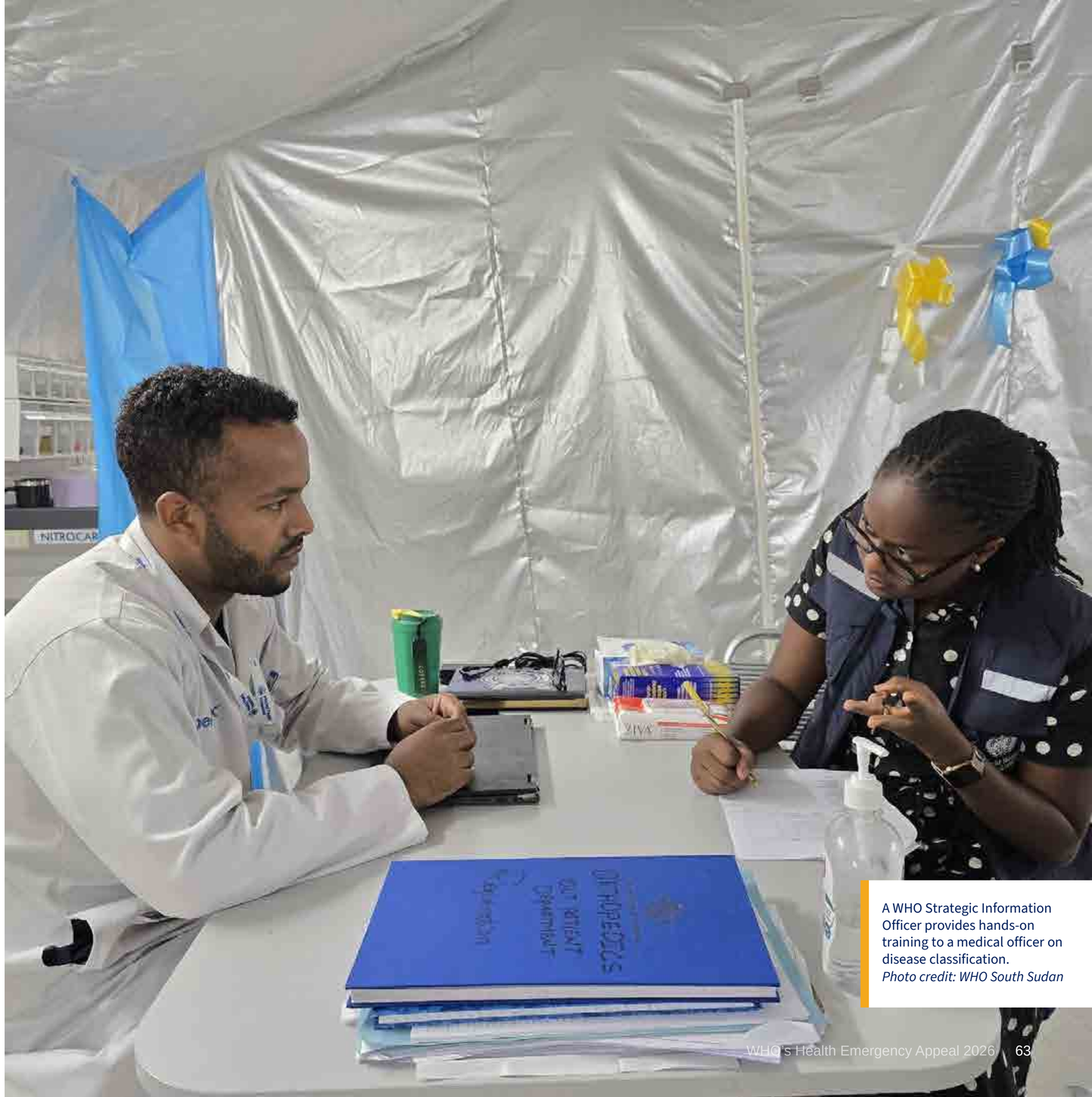

A WHO Strategic Information Officer provides hands-on training to a medical officer on disease classification.
Photo credit: WHO South Sudan

WHO 2026 RESPONSE STRATEGY

In 2026, WHO South Sudan will deepen its strategic collaboration with the Ministry of Health and state-level health authorities to strengthen national leadership in health emergency preparedness, readiness, response and recovery. WHO will continue to provide technical guidance, policy support and surge capacity to reinforce government-led coordination platforms, including the Health Cluster and Public Health Emergency Operations Centre (PHEOC).

WHO's response will be anchored in robust partnerships with UN agencies, NGOs and civil society organizations. It will work closely with UNICEF on Risk Communication and Community Engagement (RCCE), nutrition, IPC and WASH to ensure integrated, community-centred interventions. Collaboration with the United Nations Population Fund (UNFPA) will focus on strengthening sexual and reproductive health services and implementing the Health Cluster GBV Action Plan. With the Food and Agriculture Organization (FAO), the World Health Organization will enhance disease surveillance at the human-animal interface, while UNDP will support institutional capacity-building, particularly in health governance and workforce development. National and international NGOs will continue to serve as key implementing partners (IPs), delivering frontline services and extending reach into hard-to-access areas.

Localization is a central pillar of the 2026 strategy. WHO will increase direct funding to national partners, embed co-leadership in coordination mechanisms and invest in local capacity for surveillance, service delivery and accountability. Community feedback systems and inclusive consultations will guide adaptive programming and ensure responsiveness to local needs.

Key focus areas include expanding access to essential primary health care, strengthening outbreak detection and response, scaling up mental health and GBV services and reinforcing health system resilience in flood- and conflict-affected areas. These priorities align with the Humanitarian-Development-Peace Nexus and the Humanitarian Reset, positioning WHO as a catalyst for sustainable, locally-led health outcomes in South Sudan.

WHO's approach emphasizes efficiency and value for money by prioritizing preparedness, early action and localization. Pre-positioning of supplies, strengthened surveillance and national partner engagement reduce response delays, limit outbreak escalation and lower overall humanitarian costs. These investments deliver measurable public health impact while maximizing the use of constrained resources.

World Health Organization

OPERATIONAL PRESENCE

WHO maintains a decentralized footprint in South Sudan, with 473 personnel including technical experts, field coordinators, logisticians, epidemiologists and public health officers supporting emergency response and health system strengthening.

In 2026, WHO will adopt a revised subnational model with three regional offices aligned to Greater Equatoria, Bahr el Ghazal and Upper Nile. The 10 state sub-offices and logistics hubs will transition to one epidemic intelligence officer per state. These offices will support preparedness and readiness, epidemic surveillance, rapid risk assessments and rapid investigation and response to public health alerts, while promoting localized coordination and proximity to high-risk communities, especially in flood and conflict-affected areas.

WHO sustains surge capacity with mobile response teams and emergency logisticians pre-positioned for anthrax, cholera, cVDPV2, hepatitis E, measles, meningococcal meningitis, malaria and other epidemic-prone diseases. Teams are activated with state Ministries of Health and partners through the Public Health Emergency Operations Centre.

WHO's presence advances localization and Humanitarian Reset priorities. Sub-offices co-lead coordination with state health authorities, enabling joint risk assessments and planning, supervision, quality assurance and monitoring and evaluation, including intra/after action reviews. WHO is increasing funding to national NGOs and local health institutions, embedding co-leadership in technical working groups and strengthening community-based surveillance and service delivery.

The Health Cluster is fully activated with 70 partners, including UN agencies and international and national NGOs. WHO leads coordination, providing strategic oversight, technical guidance and operational support. Nationally, WHO co-leads with the Ministry of Health; sub-nationally, WHO supports co-leadership with local authorities and national NGOs. The Cluster enables joint planning and resource mobilization and monitoring, focused on integrated service delivery, emergency preparedness and readiness and protection-sensitive programming through technical working groups, reviews and inclusive consultations.

A WHO staff member inspects medical supplies before delivery to AL Sabah Children's Hospital in Juba. *Photo credit: WHO South Sudan*

WHO staff deliver medical supplies to a health facility. Photo credit: WHO South Sudan

KEY ACTIVITIES FOR 2026

- **Pre-position essential medical supplies for 2.5 million patients**, including 200 Interagency Emergency Health Kits and 116 cholera treatment kits, prioritizing high-risk and hard-to-reach locations.
- **Reactivate and enhance capacity of National Rapid Response and Emergency Medical Teams (RRT/EMTs)** to increase the number of personnel and their competency to maintain a roster of experts to support the verification and risk assessment of, and response to, priority hazards on the national risk profile.
- **Deploy multisectoral RRT/EMTs** at least 18 times annually to conduct outbreak investigations and initial risk assessments and to provide timely public health responses.
- **Strengthen the national and subnational Public Health Emergency Operations Centre (PHEOC)** in Juba and Wau respectively. Operational support will be provided to the national PHEOC call centre, facilitating the rapid detection and verification of signals and the enhancement of early warning systems.
- **Enhance laboratory systems through specimen referral and quality assurance** by facilitating the referral of specimens for diagnostic testing at both national and international levels, ensuring the timely confirmation of outbreaks and that high standards of laboratory quality assurance are maintained.
- **Train 300 Infection Prevention and Control (IPC) focal persons** across three teaching hospitals, 50 county hospitals, seven Points of Entry (POEs) and 240 primary health care centres (PHCCs) to prevent nosocomial transmission of infectious diseases in healthcare settings.
- **Train 1200 health workers across 40 counties** on the third edition of the Integrated Disease Surveillance and Response (IDSR) guidelines, targeting counties with poor surveillance performance indicators.
- **Conduct community engagement through One Health Approach workshops** for civil society networks and community-based organizations to address public health threats through prevention, early detection and coordinated response.
- **Update the national risk profile** to guide multi-hazard preparedness plans and hazard-specific response planning and to prioritize capacity-building and the development of tools for common hazards.

Progress in 2026 will be monitored through a focused set of performance indicators, including:

- Proportion of priority alerts verified and responded to within 48 hours.
- Number of counties with functional Rapid Response Teams meeting national standards.
- Timeliness of essential medicine pre-positioning in high-risk locations.

> Health workers go where the people are; they are committed to saving lives and must never be attacked.
>
> **Polio Vaccinator, Rumbek, Lakes State**

World Health Organization

IMPACT IN 2025

SOUTH SUDAN STEPS UP VACCINATION AND RESPONSE MEASURES TO CURB CHOLERA

A child receives oral cholera vaccine (OCV) dose from a health worker during a vaccination campaign.
Photo credit: WHO South Sudan

Nyaboth Gai, a 28-year-old resident of Rubkona County in the north of South Sudan, is grateful to be alive after her family was affected by cholera, an infectious disease that can quickly lead to death if it is not detected and treated early. “All four members of my family got infected, and I thank God for giving me another chance to live,” she says. “I am grateful for the treatment we have been receiving in the health facility.”

The cholera outbreak in South Sudan, which began in October 2024, has continued to worsen. In January 2025, the Ministry of Health, with support from WHO and partners, rolled out oral cholera outbreak response vaccination campaigns in 46 counties to address rising cases. More than 10 million doses of oral cholera vaccine were approved and 8.7 million of the targeted 9.9 million people (87%) were vaccinated.

“We extend our heartfelt gratitude to our healthcare workers on the frontlines, who are dedicated to caring for cholera patients and curbing the transmission,” said Hon Sarah Cleto Rial, Minister of Health. “The vaccine is lifesaving, and I encourage the community to get vaccinated and adhere to all precautionary measures to minimize the risk of contracting cholera.”

WHO continues to distribute essential medical supplies for the cholera response to local and national health authorities and partners. These include investigation and treatment kits, cholera beds, standalone rapid diagnostic tests and IPC supplies to strengthen preparedness and response, as well as case management kits and other materials used to treat over 96 000 cholera cases. WHO has also facilitated the establishment of a 50-bed cholera treatment centre at Juba Teaching Hospital and supported the deployment of 47 multidisciplinary National Rapid Response Teams to 52 high-priority counties to conduct epidemiological investigations and provide technical support for case management and outbreak containment.

“While oral cholera vaccination is important, it is one of several tools to curb the ongoing outbreak,” says Dr Humphrey Karamagi, WHO Representative in South Sudan. “WHO is supporting health authorities in all aspects of the outbreak response to ensure that we address comprehensive health needs and bring this outbreak to an end.”

Gai and her family have since fully recovered and have been vaccinated. “I sincerely thank all the health workers and authorities for their care,” she says. “The support has been invaluable during this difficult time for my family, and we are grateful. Now we have been vaccinated and are no longer worried.”

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WHO staff conduct water quality testing in Aweil, Northern Bahr el Ghazal, ensuring safe drinking water for communities.
Photo credit: WHO South Sudan

WHO delivering medical supplies in Renk, South Sudan. *Photo credit: WHO South Sudan*

WHO'S 2026 FUNDING REQUIREMENTS

SOUTH SUDAN HUMANITARIAN CRISIS FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**2.66**
Surveillance, case investigation and contact tracing	2.66
Community protection	**0.23**
IPC in the community	0.06
Risk communication and community engagement	0.16
Travel, trade, points of entry and gatherings	0.02
Safe and scalable care	**1.57**
Essential health systems and services	0.98
IPC within health care settings	0.59
Access to countermeasures	**6.95**
Operational support and logistics	6.56
Research, innovation and evidence	0.39
Emergency leadership	**1.01**
Lead, coordinate, plan and monitor protracted response ops	1.01
Total	**12.43**

World Health Organization

SUDAN

People in need[1]

33.7 MILLION

People targeted[1]

20.4 MILLION

Funding requirement

US$ 97.7 MILLION

[1] Figures represent People in Need and People Targeted for overall humanitarian assistance drawn from the Global Humanitarian Overview (GHO) 2026

World Health Organization

CONTEXT

Since April 2023, fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) has driven one of the world's most severe humanitarian crises, with over half of Sudan's population now in urgent need of assistance.

More than 9.3 million people are displaced within Sudan, while a further 4.3 million have fled to neighbouring countries. Famine conditions, the collapse of health services and widespread sexual and gender-based violence (SGBV) have disproportionately affected women and children. Prolonged exposure to conflict, violence and instability has resulted in widespread psychological distress, with many people experiencing depression, anxiety and post-traumatic stress disorder (PTSD). However, major gaps in mental health services persist, leaving needs largely unmet. In 2025, the United Nations and partners reached 16.8 million people with at least one form of assistance. As of 30 September 2025, health partners had reached 4.1 million people – less than 50% of those targeted – underscoring the urgent need to expand humanitarian access, de-escalate hostilities and sustain funding for life-saving assistance.

In 2026, Sudan faces a deepening health and humanitarian emergency, with 33.7 million people requiring urgent assistance, including 7.4 million internally displaced people (IDPs). WHO plans to respond to almost 21 million people in need, including 4.9 million IDPs, with 6.6 million targeted for health services. Nearly 80% of people targeted for assistance are located in areas with multiple vulnerability factors and are therefore prioritized for response. Furthermore, an estimated 37% of health facilities are non-functional, while only 63% remain at least partially functional, leaving large segments of the population without access to essential health care. Attacks on health facilities, shortages of health workers and economic instability have further weakened the health system.

An estimated 8.1 million women and girls of reproductive age, including over 803 000 pregnant women, require urgent reproductive health services, with nearly 1.1 million births expected in 2026. In addition, food insecurity remains widespread, with more than half of the population experiencing acute food insecurity in 2025, including 755 000 people in famine-like conditions. An estimated 778 000 children suffered from severe acute malnutrition, of whom 116 800 required inpatient care. In the first half of 2026, 19.1 million people are projected to face high levels of acute food insecurity, including 145 656 people in catastrophic conditions. Twenty areas across Greater Darfur and Greater Kordofan remain at risk of famine, with continued conflict making further deterioration highly likely.

Frequent outbreaks of cholera, measles, malaria, polio and dengue, combined with low routine immunization coverage and more than 30% of children remaining unvaccinated, continue to place severe strain on an already fragile health system. Vulnerable populations, particularly women, children and persons with disabilities, are the most affected.

A child recovering from severe acute malnutrition receives treatment at the stabilization centre in Port Sudan.
Photo credit: WHO

WHO'S STRATEGIC OBJECTIVES

1. **Strengthen subnational and cross-border health coordination:** Deploy health coordination capacity to priority subnational and cross-border areas, aligned with area-based coordination mechanisms, to maximize response reach in line with the Humanitarian Reset.

2. **Provide equitable access to lifesaving health care through a minimum package of services:** Deliver quality health and nutrition services – including for maternal, child and adolescent health; sexual and reproductive health (SRH); trauma care; services for survivors of violence and gender-based violence (GBV); and mental health and psychosocial support (MHPSS) – for crisis-affected, displaced and vulnerable populations, while promoting community participation and respecting cultural norms.

3. **Strengthen preparedness, surveillance and rapid response to health emergencies:** Support national and subnational capacity to prevent, detect and respond to epidemics and emergencies, strengthen community resilience in crisis-affected areas and ensure equitable coverage for underserved areas and vulnerable populations.

4. **Ensure uninterrupted access to essential medical supplies:** Fill critical gaps to ensure the availability of life-saving commodities for affected populations, in support of INGOs, national NGOs and the Ministry of Health.

> WHO support is crucial for vulnerable groups, especially those with chronic illnesses. We have families where every member requires continuous treatment with expensive medicines like sodium valproate. Because of WHO's support, they now receive this medication for free. This intervention is truly life-saving.
>
> **Dr Abrar Abdalla, pharmacist at Dongola Primary Health Care Centre, a WHO-supported facility in Northern State**

World Health Organization

A child receives treatment for severe acute malnutrition at Port Sudan Stabilization Centre.
Photo credit: WHO

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

WHO is adapting its role and approach to deliver more effectively under the Humanitarian Reset by strengthening coordination and surveillance functions nationwide, with increased focus on Darfur and Kordofan, which were significantly underserved in 2025. In these priority areas, WHO will scale up the humanitarian health response. At the same time, the restoration of essential health services and system functionality through humanitarian–development nexus approaches in Khartoum, the Red Sea State and other eastern states, will also be prioritized.

To reinforce this shift, WHO has deployed – and will continue to sustain – subnational coordination capacity and integrated public health officers at state level. This approach strengthens coordination with state authorities, improves service delivery oversight and brings decision-making closer to affected populations.

WHO will continue to play its convening role on health and health-related issues, providing technical leadership and operational support throughout the protracted conflict and periods of acute escalation. In line with the Humanitarian Reset, WHO is prioritizing outreach to the most vulnerable and underserved populations, ensuring that response efforts are driven by needs, risk and access constraints.

A central pillar of this evolving approach is strengthened collaboration with local organizations within the Health Cluster. WHO is proactively working with national and community-based partners to improve coordination and cooperation on health initiatives. Through targeted training and resource support, WHO is enhancing the capacity of local partners to assume expanded roles in health service delivery and data collection, ensuring interventions are better aligned with the specific needs of the communities they serve. In parallel, WHO is advocating for a co-coordination model that increases the participation of local partners in Health Cluster leadership and decision-making processes at both state and zonal levels.

These adjustments are closely aligned with the principles of the Humanitarian Reset and are intended to foster a more effective and sustainable response. A stronger emphasis on localization places local actors and communities at the centre of the response, enabling more context-specific interventions that are closer to populations in need. Increased accountability ensures that the voices of affected populations are heard and reflected in response planning, building trust and improving targeting. Finally, a greater focus on resilience-building promotes investment in health systems capable of withstanding future shocks, supporting a shift from emergency response towards more sustainable health outcomes.

WHO Sudan provides support to a cholera vaccination campaign in the Darfurs in September 2025. *Photo credit: WHO*

WHO 2026 RESPONSE STRATEGY

Working closely with the Ministry of Health, UN partners and Health Cluster partners, WHO continues to support high-risk populations affected by conflict, displacement, natural hazards, disease outbreaks and food insecurity across Darfur, Kordofan and neighbouring regions, including Tawila, South Darfur, Jebel Marra and White Nile. WHO will conduct regular risk reviews and scenario-based analyses to anticipate governance and operational changes and to implement appropriate mitigation measures to sustain delivery.

Significant funding reductions in 2025 reduced WHO's response capacity by more than 65%, necessitating repeated reprioritization to focus on the most affected and hardest-to-reach populations. This prioritization approach will continue in 2026. WHO will procure and distribute lifesaving medical commodities, including interagency emergency health kits, trauma kits, cholera kits and paediatric severe acute malnutrition (SAM) kits, to health facilities and temporary clinics. Many Health Cluster partners continue to rely on WHO for rapid outbreak response and continuity of essential health services. Cross-border logistics routes through South Sudan and Chad, supported by reinforced warehousing in Abeche, have enabled timely outbreak control in North Abyei, the Nuba Mountains and North Darfur, demonstrating WHO's capacity to reach displaced and conflict-affected populations.

WHO is strengthening localization by partnering with national and international NGOs to deliver clinical services alongside the Ministry of Health. The Early Warning, Alert and Response System (EWARS) has been reinforced across all five Darfur states through expanded community-based surveillance, with volunteers and health workers trained and equipped to detect and report priority events. EWARS coverage will be expanded to Kordofan in 2026. In parallel, the Health Information Unit will continue to collect, analyse and disseminate epidemiological data, enabling partners to refine response planning, target interventions and monitor outcomes.

Aligned with the Ministry of Health's relocation, WHO has established an office presence in Khartoum and reviewed the distribution of human resources to support early recovery while maintaining acute humanitarian response capacity. WHO is also institutionalizing national Emergency Medical Teams and strengthening gender-based violence management and environmental safeguard frameworks, enhancing protection for vulnerable populations and improving the responsiveness and quality of health programmes.

World Health Organization

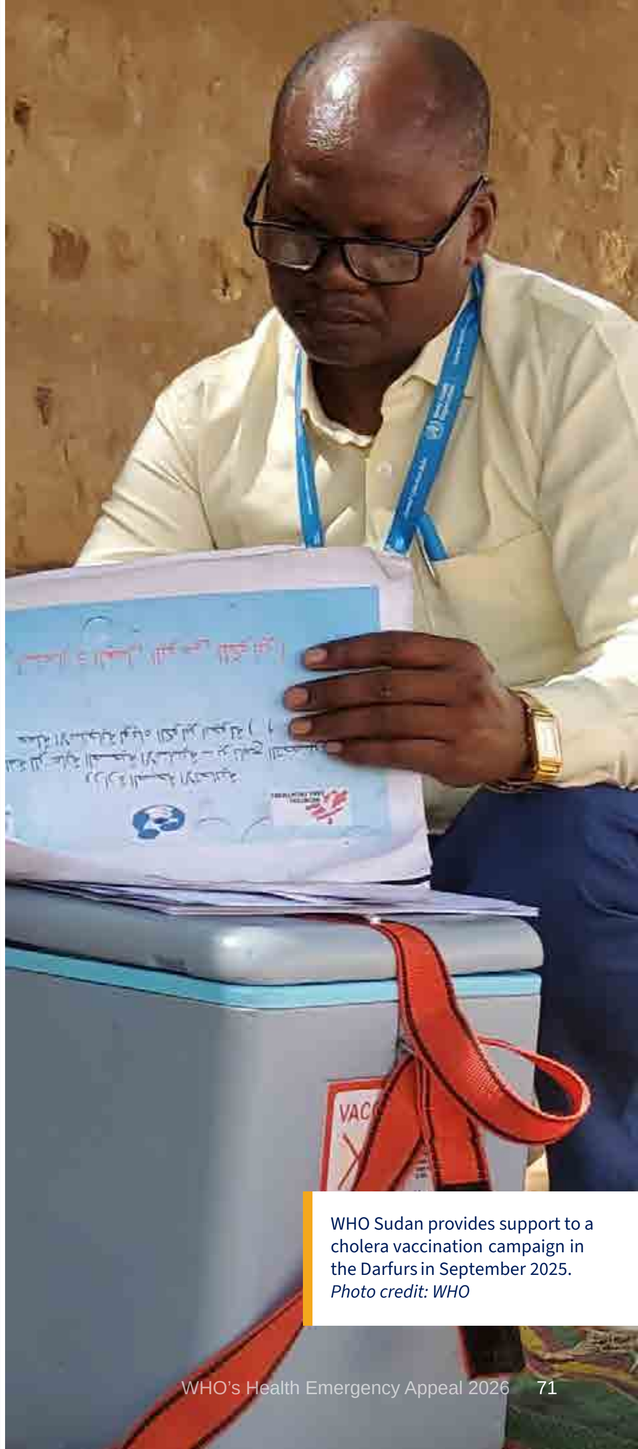
OPERATIONAL PRESENCE

WHO maintains a strong in-country operational presence, with 161 personnel, including 134 national staff and 27 international staff. This capacity is distributed across six sub-offices located in Red Sea/Port Sudan, Atbara, Gedaref, Kassala, Khartoum and Kadugli, and is supported by two logistics hubs in Port Sudan (Sudan) and Abeche (Chad), as well as four warehouses in Kassala, Port Sudan, Kosti (Ministry of Health) and Abeche. This infrastructure is complemented by surge and field staff deployed for outbreak response, enabling rapid operational scale-up across priority areas.

WHO's operational presence directly supports localization and Humanitarian Reset priorities by strengthening technical capacity at federal and state ministries of health and among local partners. Field teams coordinate the distribution of medical supplies to Health Cluster partners through prioritized allocations, with a focus on underserved and outbreak-affected areas. Local partners operating stabilization centres for severe acute malnutrition with complications, health facilities and cholera and dengue treatment centres are prioritized based on established trust and operational recognition. Importantly, WHO's presence supports the delivery of clinical services across hospitals, primary health care centres, stabilization centres and treatment facilities by female health workers trained in gender-responsive care, helping to maximize access and coverage for women and girls across all age groups.

WHO partners with national and community-based organizations and volunteers to deliver response activities, reinforcing local ownership and uptake of interventions. WHO works closely with state ministries of health and Health and WASH Cluster partners to expand surveillance at community and locality levels, while engaging local water committees to increase uptake of health messaging on safe water and hygiene promotion. Support to the establishment and functionalization of national Emergency Medical Teams further strengthens resilience-building and transition efforts, enabling greater engagement of national responders in humanitarian action and sustaining emergency care capacity beyond the current humanitarian phase.

At the national level, WHO serves as the lead agency for the Health Cluster, which comprises 38 health organizations. Coordination is decentralized across three subnational hubs: the Darfur Hub, co-coordinated by Relief International; the Central Hub, co-coordinated by Save the Children; and the Eastern Hub, co-coordinated by CARE International and International Medical Corps, based in Khartoum.



WHO Sudan provides support to a cholera vaccination campaign in the Darfurs in September 2025. *Photo credit: WHO*

WHO teams work to accelerate their multi-state response to the dengue outbreak in Sudan. *Photo credit: WHO*

KEY ACTIVITIES FOR 2026

- **Strengthen coordination and advocacy:** Expand subnational health cluster coordination, advocate for the protection of health infrastructure and civilians, including against sexual misconduct, and ensure unrestricted access to vulnerable populations.
- **Enhance surveillance and early warning:** Expand EWARS and other surveillance mechanisms to reach all people in need and integrate Prevention and Response to Sexual misconduct (PRS) interventions.
- **Enhance outbreak preparedness:** Enhance outbreak preparedness, guided by risk assessments and Public Health Situation Analyses using innovations like the WHO Access, Impact and Monitoring (AIM) toolkit, to better prepare for and respond to mapped disease risks.
- **Revitalise public health infrastructure:** Build the capacity of the National Public Health Reference Laboratory and state-level Emergency Operations Centres, enhancing International Health Regulation (IHR) capabilities to detect and respond to outbreaks.
- **Expand logistics and supply chain capacity:** Enhance warehousing and logistics capacities in zonal hubs, recruit field monitoring staff and sustain medical supply chains across the country to meet 30% of health cluster needs.
- **Address severe acute malnutrition:** Scale up to 150 stabilization centres to manage severe acute malnutrition cases, ensuring service continuity in high-burden areas.
- **Maintain and improve access to health services:** Maintain 40 hospitals and 60 primary health care centres (PHCs), deploying 72 mobile teams to deliver essential health care services including services for victims of GBV. Integrate mental health and psychosocial support services (MHPSS) and enhance referral pathways.
- **Enhance emergency and trauma response:** Operationalize the national Emergency Medical Teams (EMT) strategy through training, equipment, supplies and deployment and bolster capacity for mass casualty incidents in 40 primary health centres and 25 mobile teams.
- **Enhance field presence for cross-line and cross-border operations:** Activate UN hubs and three zonal offices, increasing state-level presence to strengthen crossline and cross-border WHO programme implementation.
- **Improve skills training for frontline health workers:** Train 3500 frontline health workers on a range of health interventions, case management and infection prevention for outbreak-prone diseases.
- **Expand the use of key performance indicators:** Widen the use of key performance indicators and emergency management systems.

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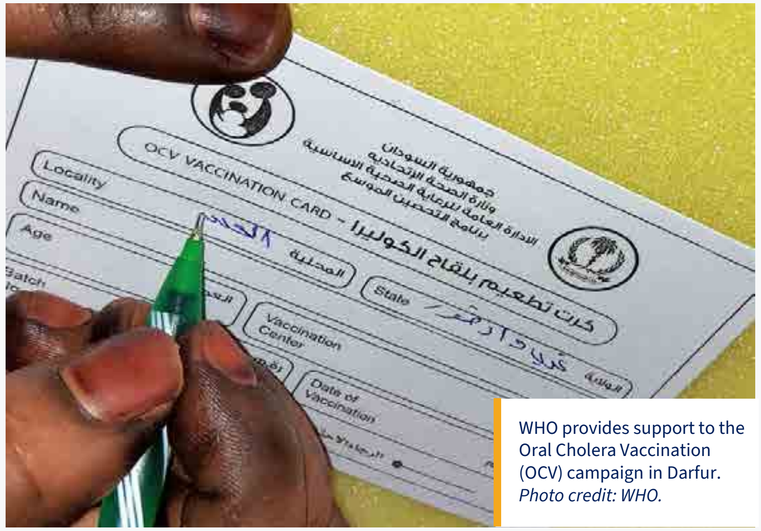
IMPACT IN 2025

DELIVERING CARE AMID CONFLICT: PROTECTING HEALTH SERVICES IN SUDAN



WHO provides support to the Oral Cholera Vaccination (OCV) campaign in Darfur.
Photo credit: WHO.

Across Sudan's 18 states, conflict and mass displacements have placed extraordinary strain on the health system while many health facilities were made non-operational due to repeated attacks on health care and a lack of human resources and supplies.

In response, WHO has delivered nearly 3000 metric tons of life-saving medical supplies since the start of the conflict, including almost 800 metric tons in 2025, helping health facilities continue operating despite severe access and security constraints.

WHO supported the continuity of essential health services by strengthening primary health care services, supporting hospital services and deploying mobile clinics and labs including in hard-to-reach areas, enabling care for over 1.8 million beneficiaries. With Sudan facing an acute malnutrition crisis, WHO also supported 148 nutrition stabilization centres, helping treat nearly 40 000 severely acute malnourished children with medical complications.

"WHO's support to primary health care centres is rooted in its commitment to make essential life-saving primary health care accessible to everyone, everywhere in Sudan and to restore universal health care despite the prevailing challenges," said Dr Shible Sahbani, WHO Representative to Sudan.

Moreover, in 2025, WHO supported large-scale responses to disease outbreaks, protecting 12 million people with oral cholera vaccines, alongside disease monitoring, rapid response teams, water quality testing and community-level interventions to reduce transmission. WHO also supported Sudan's response to a widening dengue outbreak, which now affects 14 of the country's 18 states, through early detection of cases and targeted measures to reduce mosquito breeding sites.

WHO's work in Sudan in 2025 was made possible through the generous support of partners.

A WHO worker assesses the cholera response at Gulsa Village in Sudan.
Photo credit: WHO.

FOR MORE INFORMATION

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Fatioma, 30, a refugee from Sudan, receives medical assistance for her pregnancy upon her arrival in Adre, Chad. *Photo credit: WHO/Nicolò Filippo Rosso*

WHO'S 2026 FUNDING REQUIREMENTS

SUDAN CONFLICT, COMPLEX EMERGENCY AND REFUGEE CRISIS FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**9.81**
Laboratory systems, diagnostics and testing	2.36
Surveillance, case investigation and contact tracing	7.45
Community protection	**12.31**
IPC in the community	3.62
Risk communication and community engagement	0.92
Travel, trade, points of entry and gatherings	0.75
Vaccination	7.01
Safe and scalable care	**51.36**
Case management and therapeutics	15.96
Essential health systems and services	33.93
IPC within health care settings	1.47
Access to countermeasures	**16.60**
Operational support and logistics	16.28
Research, innovation and evidence	0.32
Emergency leadership	**7.65**
Lead, coordinate, plan and monitor protracted response ops	6.32
PSEAH in protracted emergency response operations	0.30
Risk and readiness assessments	1.03
Total	**97.73**

World Health Organization

REGIONAL REFUGEE CRISIS

SITUATION OVERVIEW

Since April 2023, the conflict in Sudan has triggered one of the largest displacement crises globally, with over 4.3 million people fleeing to neighbouring countries. Chad, the Central African Republic, Ethiopia and South Sudan collectively host more than 2.7 million Sudanese refugees settled primarily in remote, fragile and underserved border areas.

The scale and speed of refugee inflows have severely overstretched national and subnational health services, compounding pre-existing fragility, insecurity and food insecurity. Host communities – already facing chronic shortages of health workers, medicines and functional health facilities – are increasingly affected, heightening protection risks and social tensions.

Across the four countries, refugees and host populations face limited access to essential health services, high maternal, newborn, child and adolescent health (MNCAH) needs, elevated risks of cholera, measles, malaria, dengue and polio, rising mental health and psychosocial distress, and significant sexual and gender-based violence (GBV) risks, as well as disruptions to routine immunization, surveillance and referral pathways. Cross-border population movements and informal settlements further complicate disease surveillance, outbreak containment and continuity of care.

Sustained and predictable funding in 2026 is essential to prevent excess mortality, avert large-scale outbreaks, reinforce regional coordination mechanisms and stabilize health services in refugee-hosting areas across the region.

KEY HEALTH RISKS AND NEEDS

Priority health risks include:

- **Epidemic outbreaks** driven by overcrowding, poor water, sanitation and hygiene conditions and low vaccination coverage.
- **Preventable maternal and neonatal deaths** due to a lack of skilled birth attendance and emergency obstetric care.
- **Acute malnutrition and related complications** among children and pregnant women.
- **Severe gaps in trauma care and referral services** in border and displacement settings.
- **Under-resourced surveillance systems** limiting early detection of outbreaks.
- **Weak coordination and logistics capacity** for sustained cross-border response.
- **Insufficient health workforce capacity** at local and regional levels to establish and sustain effective coordination, implementation and monitoring of health security parameters for growing displaced populations.

Oumaima and her nine-month-old baby Mafouss speak to a health worker at a health centre in Adre refugee camp, Chad.
Photo credit: WHO

Sudanese refugees receive medical assistance and vaccinations at a health centre in Adre refugee camp, Chad. *Photo credit: WHO*

WHO REGIONAL REFUGEE RESPONSE PRIORITIES FOR 2026

WHO will support national authorities and partners through a life-saving, systems-strengthening and nexus-oriented response, aligned with the Humanitarian Reset.

Priority 1: Maintain access to essential lifesaving health services.

- Support primary health care facilities, referral hospitals and mobile health teams in refugee-hosting areas.
- Deliver integrated MNCAH, SRH, GBV clinical care, trauma care and MHPSS services.
- Strengthen referral pathways between refugee settlements and host-community facilities.

Priority 2: Strengthen epidemic preparedness, surveillance and response.

- Expand Early Warning, Alert and Response System (EWARS) and community-based surveillance in border and displacement zones.
- Support outbreak preparedness and rapid response for cholera, measles, malaria, polio and dengue.
- Reinforce cross-border surveillance coordination and information sharing.

Priority 3: Ensure uninterrupted supply of essential medical commodities.

- Procure and distribute emergency health kits, cholera kits, trauma kits, reproductive health kits and cold-chain supplies.
- Support last-mile delivery to hard-to-reach refugee-hosting areas.

Priority 4: Protect and strengthen fragile health systems in hosting areas.

- Support health workforce surge, training and retention in high-burden border districts.
- Strengthen coordination capacities at the subnational level, including health cluster leadership.
- Promote humanitarian-development-peace nexus approaches to sustain services for refugees and host communities.

EXPECTED OUTCOMES

- **Reach 5 million refugees and host-community members.**
- **Maintain essential health services in high-risk border districts.**
- **Prevent large-scale outbreaks** through strengthened surveillance and rapid response.
- **Protect women and girls** through integrated sexual and reproductive health and gender-based violence services.
- **Stabilize fragile health systems** under the AFRO Regional fragile, conflict-affected and vulnerable settings platform to respond to health security fragilities.

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WHO'S FUNDING REQUIREMENTS AND PRIORITY INTERVENTIONS BY COUNTRY

Sudan Refugee Response 2026 – Refugee Concentrations, WHO Interventions & Funding

HOST COUNTRY	KEY REFUGEE HOSTING AREAS	PRIORITY HEALTH RISKS	WHO PRIORITY INTERVENTIONS (2026)	PROPOSED WHO FUNDING (US$ M)
CHAD	Eastern Chad (Ouaddaï, Sila, Wadi Fira, Ennedi Est)	Cholera, measles, malaria; maternal, newborn, child and adolescent health (MNCAH) gaps; malnutrition; weak referral systems	PHC & referral hospital support; mobile health teams; EWARS expansion & cross-border surveillance; emergency medical & cholera kits; sexual and reproductive health (SRH), gender-based violence (GBV) care & mental heath and psychosocial support (MHPSS) Coordination (local and regional)	**4.0**
SOUTH SUDAN	Upper Nile, Unity, Northern Bahr el Ghazal, Renk corridor	Cholera, measles, malaria; trauma injuries; malnutrition; health facility overload	Emergency health services; outbreak preparedness & rapid response; supply chain support; workforce surge & coordination; trauma care & referral strengthening	**3.5**
ETHIOPIA	Amhara, Benishangul-Gumuz, Gambella	Malaria, measles; MNCAH gaps; strained host services; surveillance gaps	Support to refugee-hosting primary health centres & hospitals; integrated MNCAH & SRH services; surveillance & immunization support; emergency supplies & mobile clinics; coordination	**2.5**
CENTRAL AFRICAN REPUBLIC	Vakaga, Haute-Kotto, Bamingui-Bangoran	Limited access to care; malaria; malnutrition; insecurity	Mobile health teams; essential medicines & emergency kits; surveillance & outbreak response; support to under-resourced health facilities; coordination	**1.6**
TOTAL		Life-saving services, outbreak control & system stabilization and health coordination		**11.6**

Sudanese refugees in Adre, Chad.
Photo credit: WHO

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SYRIAN ARAB REPUBLIC

People in need[1]

16.5 MILLION

People targeted[1]

10.3 MILLION

Funding requirement

US$ 50.7 MILLION

[1] Figures represent People in Need and People Targeted for overall humanitarian assistance drawn from the Global Humanitarian Overview (GHO) 2026

World Health Organization

CONTEXT

Fourteen years of conflict and underinvestment have taken a significant toll on the Syrian Arab Republic, with an estimated 16.5 million people in need of humanitarian assistance. The country's economy, infrastructure and basic services have been devastated. In early December 2024, the Syrian Arab Republic entered a new chapter with a change of government, which signalled hope for stability and recovery. The 'new' Syrian Arab Republic faces numerous challenges, including political transition, social reconciliation, reconstruction, reviving the economy, the return of refugees and internally displaced persons (IDPs) and security-related issues, against a backdrop of contraction in overseas development assistance (ODA), regional geopolitical tensions and an array of risks and hazards that increase people's vulnerability and needs. Incidents of armed clashes, heightened crime activity, inter-communal tensions, ongoing airstrikes and border incursions further damage already weakened services, risk secondary displacement and result in expanded humanitarian emergencies.

According to the UNHCR Return Overview, as of 27 November 2025, 1.2 million refugees have returned to their homes since 8 December 2024, mainly from neighbouring countries where United Nations support for Syrian refugees is being reduced or halted. Returnees face numerous challenges, including damaged homes and shelters, a lack of essential services, limited job opportunities, risks posed by unexploded munitions and missing legal documents. At the same time, internal returns remain substantial, with an estimated 1.9 million IDPs returning to their areas of origin or alternative destinations during the same period.

Additionally, the Syrian Arab Republic is experiencing severe drought conditions, reportedly the worst in 36 years. In the coming year, millions of Syrians are at increased risk from income losses, reduced access to safe water for drinking and domestic use and significant vegetation and harvest deficits resulting in food security concerns. The adverse conditions are leading to an increase in waterborne diseases and respiratory illnesses, displacement and additional protection concerns. This situation represents a drastic and escalating crisis, with many people lacking sufficient dietary needs and facing inadequate access to water, heightened public health risks and a potentially worsening malnutrition situation. Furthermore, large-scale population movements and shifting frontlines have sharply increased civilian exposure to unexploded ordnance and explosive remnants of war, with more than 870 recorded incidents and over 1600 casualties nationwide. The scale of contamination continues to constrain safe movement, limit access to land and basic services, and pose a major protection risk for returning and displaced communities.

Over the past five years, the health sector has faced numerous public health emergencies that have affected the lives and livelihoods of vulnerable communities. Outbreaks of infectious diseases continue to threaten public health. In 2025, outbreaks contributed to significant morbidity in the Syrian Arab Republic from conditions such as acute diarrhoea, influenza-like illness, leishmaniasis, lice, scabies and suspected typhoid fever. Other epidemic-prone diseases detected by the disease surveillance system include hepatitis (jaundice syndrome), measles and meningitis. Reports of mumps, chickenpox, pertussis (whooping cough) and rubella have also emerged.

These key public health threats are expected to persist in 2026, further straining the country's disrupted health system and leaving it vulnerable to future shocks. Despite investments in rebuilding hospitals and primary health facilities, many are non-operational due to outdated or damaged equipment, shortages of medications and treatments and limited human resources. Financial constraints and system fragmentation further exacerbate these issues. As a result, the humanitarian outlook for 2026 remains fragile, with a potential expansion of needs, particularly among vulnerable populations and communities of return, even as recovery efforts begin to take hold. Concurrent and interconnected risks and threats remain, such as escalations of armed conflict, increases in returnee trends and drought and climate-induced hardships including disease outbreaks.

Six-year-old Fares receives a routine medical check at Al-Bir NGO clinic in Hama, a WHO-supported implementing partner. *Photo credit: WHO*

WHO'S STRATEGIC OBJECTIVES

1. **Enhance access to life-saving healthcare services:** Contribute to the expansion of healthcare services during the transition period from humanitarian aid provision to recovery, while also equipping care providers with the knowledge, skills and tools to apply technical standards and best practices.

2. **Scale up outbreak prevention, preparedness and response:** Sustain existing preparedness investments and strengthen readiness against high-threat events and infectious hazards by maintaining designated early warning systems, disease surveillance mechanisms, laboratory diagnostic capacity and ongoing coverage, including community awareness and health information systems.

3. **Address health determinants and reduce risk factors:** Respond to high levels of population movement by addressing health determinants and working to reduce risk factors through coordinated, multi-sectoral responses. This effort will involve collaboration with dedicated partners to advance public health and build resilience within affected communities.

In 2025, WHO installed advanced medical technologies at Homs Grand Hospital to expand specialized care.

> This pivotal moment at the Homs Grand Hospital is of utmost importance, as we witness the fruit of great cooperation between the Ministry of Health, the Government of Japan, the World Health Organization and the United Nations Office for Project Services. The rehabilitation of the Kidney Building and its equipping with advanced medical technologies reflect our shared commitment to putting people first and enhancing the quality of healthcare. This project will directly serve hundreds of thousands of people of Homs, while its impact will extend to millions in the central region.
>
> **H.E. Dr. Musaab Alali, Minister of Health**

World Health Organization

A nurse supports a patient during a dialysis session at Al-Basel Specialized Hospital in Homs. *Photo credit: WHO*

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

The political change in the Syrian Arab Republic has ushered in the possibility of a meaningful transition from humanitarian aid provision to recovery in the coming period. WHO and the health sector will aim to sustain and expand the provision of humanitarian health assistance in targeted communities of greatest need, while simultaneously working with development actors to revitalize health services.

Geographically, WHO's country office is now able to access all areas of the country, enabling a more streamlined and efficient operation across the country that leverages all border crossings and regional markets. Throughout the upheavals of the last 14 years of armed conflict, WHO stayed and delivered, and will continue this commitment into 2026.

However, resources are essential. Significant global contractions in humanitarian funding, coupled with donor fatigue, has left WHO and other health sector partners experiencing a sharp decrease in support at a time when needs are growing and diversifying. WHO will "hyper-prioritize" operations as necessary. Consequently, meeting the needs of millions of people and leaving no one behind will remain a major challenge.

> "Before this unit opened, we often lost precious time just trying to move a patient to the city. Now we can stabilize people on the spot, manage critical cases and refer only when it is truly necessary. It has made the difference between losing a life and saving one."
>
> **Dr Ahmed Al-Marzouk, an emergency physician at Al-Ashara primary health centre**

Medical supplies enter the Syrian Arab Republic through the Türkiye border as part of WHO's ongoing support to health services in the northwest.
Photo credit: WHO

WHO 2026 RESPONSE STRATEGY

WHO's approach in the Syrian Arab Republic focuses on coordination, partnership, technical support, capacity-building and integrated health information systems to enable an evidence-based response. WHO works with the Ministry of Health (MoH) at national and subnational levels to set priorities and align interventions with the country's national plan. The MoH co-chairs the health sector working group, which meets monthly to address challenges and share best practices.

Building on experience, WHO collaborates with UN agencies to deliver multi-sector responses, improve access to essential services in severely affected areas and support recovery. As a member of the UN Country Team, WHO participates in the Humanitarian Coordination Team (HCT) to guide humanitarian action. Following the country's political transition, WHO has expanded partnership opportunities with newly-registered NGOs, particularly with national and local organizations critical for reaching affected populations, though funding constraints remain.

In alignment with the national strategy and Humanitarian Response Plan, WHO will prioritize:

- **Enhancing access to life-saving health services** through the provision of technical and operational support, together with targeted facility rehabilitation and reequipping.
- **Providing medicines and medical supplies** for infectious and noncommunicable diseases, as well as maternal and mental health.
- **Strengthening health information systems** for improved data and decision-making.
- **Sustaining and expanding sector coordination** for effective humanitarian response.
- **Expanding immunization coverage** and continuing campaigns.
- **Delivering health training**, risk communication and awareness activities.
- **Providing supplies for severe acute malnutrition (SAM) treatment** and expanding nutrition surveillance.
- **Sustaining and strengthening disease surveillance** and early warning for outbreaks.
- **Bolstering national and local diagnostic capacity.**
- **Supplying dialysis, cancer care and trauma rehabilitation treatments.**
- **Supporting water, sanitation and hygiene (WASH)** in health facilities and continuing water quality monitoring.
- **Enhancing preparedness and rapid response** to public health emergencies.

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OPERATIONAL PRESENCE

WHO's response in the Syrian Arab Republic previously operated under the Whole of Syria structure. In 2025, WHO implemented an integration plan, together with WHO regional offices, to enable the gradual transfer of assistance in the northwest of the country from the Gaziantep field office in Türkiye to the Syrian Arab Republic Country Office in order to maintain life-saving services for up to 5 million people. The Gaziantep office closed in October 2025.

The WHO Representative leads the Syrian Arab Republic Country Office, which has about 125 staff and five sub-offices providing technical support and field oversight. In Damascus, an emergency team leader and epidemiologist are supported by officers covering primary care, trauma, surveillance, labs, nutrition, NGO partnerships and programme assistance. The Health Systems Unit complements emergency work by strengthening health systems. Logistics are supported by WHO's global hub in Dubai and three national hubs in Damascus, northwest and northeast Syrian Arab Republic, ensuring supply pre-positioning and coordination with MoH, health directorates, NGOs and the Health Sector.

WHO activates its incident management structure for new emergencies, mobilizing resources and surge staff. Localization is central to WHO's strategy, especially in underserved areas where partners deliver assistance. WHO applies strict due diligence in partner selection. The MoH is conducting public health mapping in the northwest to assess facility status amid funding cuts and inform 2026 planning.

WHO coordinates 100 health sector partners at the national and subnational levels, including UN agencies and NGOs. The national Health Sector Coordination Group is co-chaired by the Ministry of Health and WHO, with eight subnational groups co-chaired by the respective Directorate of Health and WHO. WHO also co-leads five sub-working groups (SRH, RCCE, MHPSS, trauma/disability and Al Hol health), to ensure alignment across sectors including nutrition and WASH.

Tarek Al-Sheikh, a paramedic with the Syrian Relief and Development (SRD) team at Afrin National Hospital in Aleppo, provides emergency care to a patient inside an ambulance.
Photo credit: WHO

A WHO-supported mobile health team delivers primary health care services to people living in remote areas of rural Hama.
Photo credit: WHO

KEY ACTIVITIES FOR 2026

As the Syrian Arab Republic works to recover from years of conflict, the WHO emergency programme for 2026 will focus on addressing the life-saving and life-sustaining health needs of the country, as well as enhancing the capacity of the health system. WHO will prioritize the provision of timely humanitarian health services to underserved areas, controlling and preparing for outbreaks, responding to health needs arising from population movements or security issues, and reducing risk factors. The key response areas for 2026 will include:

- **Providing technical and operational support to expand and sustain essential health services**, including child health, immunization, nutrition, reproductive health, mental health and care for non-communicable diseases.
- **Restoring service provision by rehabilitating and equipping key health departments** and units while adhering to infection prevention standards.
- **Providing direct support for trauma-related injuries.**
- **Scaling up outbreak prevention, preparedness and response** by offering technical and operational support to maintain disease surveillance and early warning systems and responding to public health events caused by disease outbreaks, natural disasters, climate change or insecurity.
- **Building capacity and providing reagents and supplies** to sustain laboratory diagnostic capabilities for priority diseases.
- **Coordinating and collaborating with dedicated partners** focused on health system recovery and resilience.
- **Supporting the ongoing transformation of health information systems** with an emphasis on integration and digitalization.
- **Promoting safe access to health services** through the expansion of Prevention of Sexual Exploitation and Abuse (PSEA) programmes.

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IMPACT IN 2025

IN MA'ARRAT AN NU'MAN, RESTORED HEALTH SERVICES GIVE FAMILIES BOTH DIGNITY AND STABILITY

Dr. Jaber Al-Omar examines a young patient at Ma'arrat An Nu'man Public Health Centre. *Photo credit: WHO*

Ma'arrat An Nu'man Primary Health Centre has become a lifeline for families returning to their city after years of disruption and conflict. With WHO's support, the centre has been rehabilitated and is now fully operational as a trusted point of care for thousands of people who have lived through displacement and loss of services.

For paediatrician Dr Jaber Al-Omar, who treats more than 1200 children every month, the facility represents more than a clinic – it is a source of reassurance. "Many of the children are malnourished or recovering from repeated infections," he said. "But families also need reassurance – to know that care is close and reliable."

Demand surged immediately after reopening in May 2025: in the first week alone, the primary health centre delivered over 1800 consultations, managed 600 emergency cases and supported more than 300 women in the maternity unit. A 10-bed emergency ward now stabilizes trauma and obstetric cases before referral, while two WHO-supported ambulances help patients reach secondary care safely and on time.

The centre also integrates mental health and psychosocial support, routine childhood vaccination, maternal and newborn care and disease surveillance through WHO's Early Warning Alert and Response System (EWARS), helping detect outbreaks early.

In a city where 90% of infrastructure remains damaged, its reopening is a sign of recovery. As Dr Jaber reflects: "Every patient we see reminds this community that they are not alone."

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Health workers administer routine childhood immunizations at the newly reopened Ma'arrat An Nu'man public health centre. *Photo credit: WHO*

Dr. Hadi Abdul Rahman Al-Sheikh examines 9-month-old Bayan Al-Darfil at Mahkan Public Health Centre in Deir ez-Zor.
Photo credit: WHO

WHO'S 2026 FUNDING REQUIREMENTS

SYRIAN ARAB REPUBLIC COMPLEX EMERGENCIES FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**4.50**
Laboratory systems, diagnostics and testing	1.00
Surveillance, case investigation and contact tracing	3.50
Community protection	**3.50**
IPC in the community	1.00
Risk communication and community engagement	1.00
Travel, trade, points of entry and gatherings	0.50
Vaccination	1.00
Safe and scalable care	**37.00**
Case management and therapeutics	30.00
Essential health systems and services	5.00
IPC within health care settings	2.00
Access to countermeasures	**3.00**
Operational support and logistics	3.00
Emergency leadership	**2.70**
Lead, coordinate, plan and monitor protracted response ops	1.20
PSEAH in protracted emergency response operations	0.50
Risk and readiness assessments	1.00
Total	**50.70**

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THE DEMOCRATIC REPUBLIC OF THE CONGO

People in need - Health[1]

7.5 MILLION

People targeted - Health[1]

2.5 MILLION

Funding requirement

US$ 29.3 MILLION

[1] Figures represent health-specific People in Need and people targeted drawn from the Health Cluster Estimate

World Health Organization

CONTEXT

In 2025, over 12.9 million people required health-related humanitarian assistance in the Democratic Republic of the Congo (DRC), particularly in the eastern provinces of Ituri, North Kivu, South Kivu, Tanganyika and Maïndombe, where armed clashes have led to widespread violence and displacement, alongside the disruption of essential services.

The health system remains fragile, even outside conflict zones. Public health expenditure accounts for only 0.7% of gross domestic product (GDP) - well below the 1.3% average in low-income African countries. Furthermore, external aid accounts for 40% of total health spending, further undermining the sustainability and predictability of essential services. Human resources are severely limited and unevenly distributed, with national densities of 1.6 physicians, 10.8 nurses and 0.2 midwives per 10 000 inhabitants.

In 2025, the Democratic Republic of the Congo reported 61 171 cases of cholera (1815 deaths with a case fatality rate of 3%); 1934 confirmed cases of mpox (case fatality rate of 0.9%) and 67 294 cases of measles (1012 deaths with a case fatality rate of 1.5%). Additionally, an outbreak of Ebola virus disease (EVD) in Bulape, Kasaï, resulted in 64 cases and 45 deaths, indicating a fatality rate of 70%.

In total, the country registered over 450 000 epidemic cases and 8700 deaths from cholera, mpox, measles, Ebola, polio and other communicable diseases. This alarming burden highlights the urgent need to strengthen emergency preparedness, reinforce disease surveillance systems and ensure continuity of essential health services across crisis affected regions. These health emergencies coincide with growing food insecurity, climate shocks and resource-driven conflicts, placing the health system under constant strain and limiting long-term development efforts.

For the 2026 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP), 64 of 228 health zones (28%) are classified as Severity 4, indicating extreme deprivation of vital health services. The Health Cluster estimates 7.5 million people are in urgent need of health assistance, with a targeted response for 2.5 million, focusing on Severity 3 and 4 zones. Despite a narrower geographic scope, the severity of needs remains unchanged.

The outlook for 2026 is deeply concerning. Rising humanitarian needs, recurrent outbreaks and protracted crises continue to outpace available response capacity. Sustained investment and strengthened coordination are crucial to maintain essential health services, prevent avoidable loss of live and ensure access to care for the most vulnerable populations.

A health worker responds to an outbreak of Ebola virus disease in Kasai Province, September 2025. *Photo credit: Joel Lumbala/WHO*

WHO'S STRATEGIC OBJECTIVES

1. **Expand access to essential health services:** Rapidly scale up health facility capacity to deliver essential primary care, outbreak response, sexual and reproductive health services and emergency health care for displaced and crisis-affected populations.

2. **Deliver critical medical supplies:** Procure and distribute essential medicines, laboratory reagents and consumables, vaccines and medical equipment to sustain emergency operations and support government-led and partner-implemented response efforts.

3. **Strengthen epidemic preparedness and response:** Reinforce national and subnational systems for the prevention, early detection of and rapid response to epidemics and pandemics.

4. **Protect communities in crisis:** Expand access to mental health and psychosocial support, ensure clinical management of gender-based violence and strengthen prevention and response to sexual misconduct in emergency settings.

5. **Build health system resilience in emergencies:** Strengthen institutions, safeguard health infrastructure and frontline health workers and integrate rapid-response mechanisms to ensure continuity of essential health services during shocks.

6. **Strengthen emergency coordination and localization:** Work through the Health Cluster and the Inter-Donor Health Group to align partners and optimize the use of resources to support a coordinated, locally led health emergency response.

> Before the intervention of WHO and its partners, we were powerless in the face of Ebola virus disease. We lacked in-depth knowledge of the pathology. The loss of healthcare staff and the confirmed infection of several providers plunged our team into despair. Today, thanks to WHO's massive support, the situation has significantly improved. We were able to save lives and restore hope.
>
> **Dr. Serge Bulangyene, Medical Director of the Bulape General Referral Hospital**

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Health workers participate in vaccinator training in Bulape, September 2025.
Photo credit: WHO/Joel Lumbala

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In 2026, WHO will adapt its operational approach in the Democratic Republic of the Congo to address a more complex and constrained humanitarian environment. As health emergencies multiply and the presence of some international partners declines, WHO will play an expanded role in coordinating epidemic preparedness and response, strengthening surveillance and health intelligence, supporting clinical care and infection prevention and control and safeguarding the continuity of essential health services in high-risk areas.

In the context of reduced and shifting humanitarian financing, WHO will prioritize a more targeted and efficient response, focusing on its core comparative advantages: coordination, technical leadership, health intelligence and national capacity strengthening. This approach will ensure that limited resources are directed to the most severe needs while maintaining system-wide coherence.

WHO will act as a strategic convener, aligning partners around an integrated response anchored in national priorities and health system realities. Rather than substituting for local actors, WHO will promote a collaborative approach aimed at strengthening institutional capacities, structuring health governance mechanisms, revitalizing community coordination platforms and ensuring accountability to affected populations and resource providers.

WHO will also accelerate the localization of its response: more local partners will be engaged in coordination platforms and a growing share of resources will be channeled directly to national actors. This repositioning is fully aligned with the principles of the Humanitarian Reset, supporting a more sustainable, equitable and integrated response that bridges emergency and development.

Through this recalibrated approach, WHO will continue to provide rapid, coherent and resilient health leadership in the Democratic Republic of the Congo, while laying the groundwork for a stronger and more inclusive health system.

Cases of mpox clade IIb are recorded in Kinshasa.
Photo credit: WHO

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WHO 2026 RESPONSE STRATEGY

In 2026, WHO will continue adapting its response strategy in the Democratic Republic of the Congo to address growing humanitarian and public health challenges. The strategy is grounded in an integrated approach that combines technical assistance, multisectoral coordination and direct service delivery in high-risk and crisis-affected areas, with the overarching objective of saving lives, reducing morbidity and strengthening health system resilience.

WHO's response will focus on six strategic pillars: expanding access to essential health services, delivering critical medical supplies, strengthening epidemic preparedness and response, protecting communities in crisis, building health system resilience in emergencies and strengthening emergency coordination and localization.

As the operational lead for health emergencies, WHO will offer direct technical and operational support to national and provincial health authorities. This includes deploying rapid response teams, implementing life-saving interventions and strengthening epidemic prevention and control capacities. Collaboration with the Ministry of Health will be intensified to ensure alignment with national priorities and to reinforce institutional coordination and continuity of essential health services.

As Health Cluster lead, WHO will coordinate UN agencies, national and international NGOs and civil society organizations to harmonize efforts and avoid duplication. Through integrated health information systems, WHO will consolidate data from humanitarian and governmental actors to guide decision-making and accelerate the detection of health threats. A strong operational presence will be maintained in vulnerable provinces to ensure access to essential care for displaced populations and at-risk groups, including through mobile clinics, infection prevention and control support and assistance to treatment centers for epidemic-prone diseases.

In response to the increasing return of displaced populations, WHO will work closely with partners to restore access to essential health services in areas of return. This will involve joint assessments of infrastructure, technical platforms and human resource needs to enable the resumption of vital services. Early reactivation of public health activities, particularly routine immunization, prevention and surveillance, will be prioritized to consolidate system resilience and ensure continuity of care for returnees and host communities.
Finally, WHO will serve as a catalyst to bridge emergency response with long-term health system strengthening, supporting continuity of care, restoring supply chains and integrating preparedness into routine services.

OPERATIONAL PRESENCE

The WHO Country Office in the Democratic Republic of the Congo has approximately 285 staff dedicated to emergency response, expanding access to essential health services and strengthening health system resilience. Staff are deployed across the central office, nine sub-offices and two antennas, ensuring operational presence across all 26 provinces of the country.

WHO leads the Health Cluster in the Democratic Republic of the Congo, with a dedicated national coordinator based in Kinshasa. The Health Cluster is co-facilitated by Médecins d'Afrique, reinforcing inclusive and effective coordination among humanitarian health actors.

The coordination mechanism is decentralized through four provincial sub-clusters located in areas of highest humanitarian severity: North Kivu, South Kivu, Ituri and Tanganyika. In each sub-cluster, co-facilitation is led by an international NGO, while technical secretariat functions are entrusted to a national NGO, in line with the localization agenda and the promotion of national leadership.

As of December 2025, the Health Cluster in the Democratic Republic of the Congo brings together 72 active partners, including four United Nations agencies, 28 international NGOs, 35 national NGOs, three observer organizations and two donors.

Delivery of GeneXpert Cartridges and PPE in Bulape, Kasai Province.
Photo credit: WHO/Joel Lumbala

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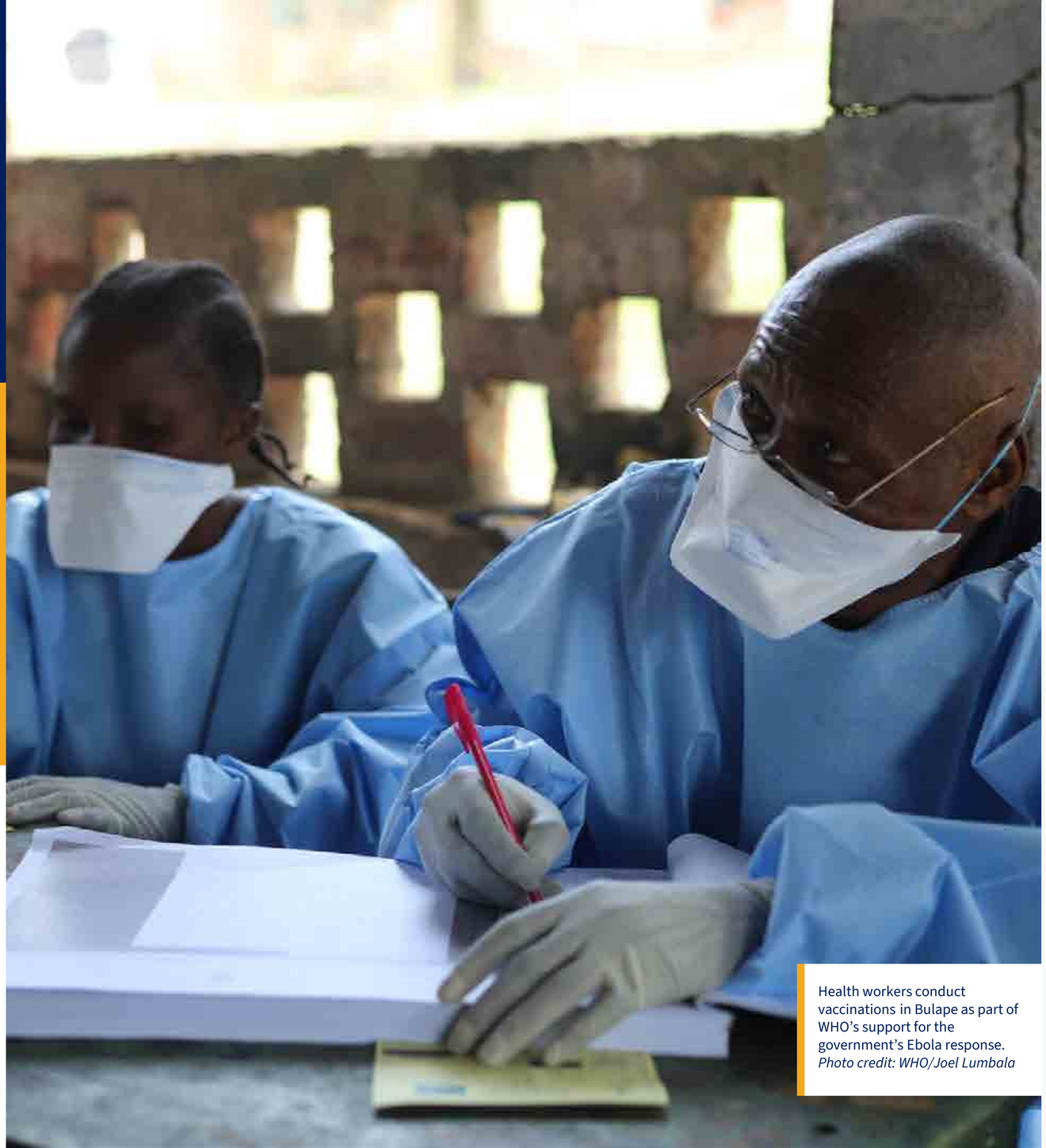

Health workers conduct vaccinations in Bulape as part of WHO's support for the government's Ebola response.
Photo credit: WHO/Joel Lumbala

KEY ACTIVITIES FOR 2026

- **Support the strengthening of epidemiological surveillance and early warning** through the deployment and training of teams on Integrated Disease Surveillance and Response in at least 50 priority health zones.
- **Establish strategic stockpiles and ensure last-mile delivery of essential medicines, personal protective equipment and infection prevention and control kits** in nine high-risk provinces across the country.
- **Deploy a multisectoral coordination platform** (human, animal and environmental health) and an integrated information system for zoonotic surveillance.
- **Equip three provincial laboratories** (Kinshasa, Goma and Lubumbashi) and establish a logistics system to enable rapid transport of samples.
- **Organize vaccination campaigns** against measles and other vaccine-preventable diseases in fragile and conflict-affected zones.
- **Conduct advocacy and provide technical support** to establish a national rapid emergency financing mechanism.
- **Coordinate and provide clinical management** of conflict-wounded patients, including technical and logistical support to health facilities in conflict-affected areas.
- **Coordinate and provide clinical care for survivors** of sexual violence, ensuring the availability of protocols, post-rape kits and trained personnel.
- **Conduct rapid assessments of health facilities in internally displaced persons (IDPs), return and stabilization zones**, aimed at light rehabilitation and provision of essential equipment to restore primary health care delivery.
- **Promote and integrate mental health and psychosocial support** (MHPSS) into frontline health services.
- **Support the early reactivation of public health activities including health promotion**, the resumption of routine immunization, the prevention of communicable diseases and integrated diseases surveillance.
- **Support health system resilience** through local capacity strengthening, intersectoral coordination and continuity of essential services.

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IMPACT IN 2025

RAPID EBOLA RESPONSE IN BULAPE CATALYZES LONG-TERM HEALTH SYSTEM STRENGTHENING IN KASAI

Medical supplies arrive in Bulape by helicopter, delivered by WHO as part of the Ebola response.
Photo credit: WHO/Joel Lumbala

Following the declaration of an Ebola outbreak in Bulape Health District, Kasai Province on 4 September 2025, WHO, in close collaboration with national authorities and key partners, rapidly mobilized to contain the spread and protect affected communities. WHO deployed multidisciplinary teams to support all pillars of the response, including infection prevention and control (IPC), contact tracing, vaccination and the continuity of essential health services.

The last patient was discharged from the Ebola Treatment Centre on 19 October, and the outbreak was officially declared over on 1 December 2025.

Beyond the immediate response, WHO adopted a forward-looking approach by integrating health system strengthening into its emergency programming. This included targeted investments to upgrade health infrastructure and align with the government's broader vision for resilient health systems in Kasai Province.

WHO also implemented several key resilience-building interventions. These included upgrading the laboratory diagnostic capacity to improve outbreak detection and response, enhancing water supply systems at the general hospital to ensure safe and sustainable service delivery and supporting community engagement and preparedness mechanisms to foster local ownership and early warning.

WHO continues to work alongside national counterparts to co-develop a long-term strategy that builds on gains made during the response, ensuring that emergency investments translate into lasting improvements in health system performance and epidemic preparedness.

Beyond technical and logistical support, WHO trained dozens of health workers, helping to ensure continuity of care across the Bulape health zone. These efforts expanded access to essential health services for the most vulnerable populations. Through this intervention, WHO reaffirmed its commitment to health equity, bringing knowledge, care and resilience where needs are most acute, and demonstrating WHO's impact in some of the most fragile settings.

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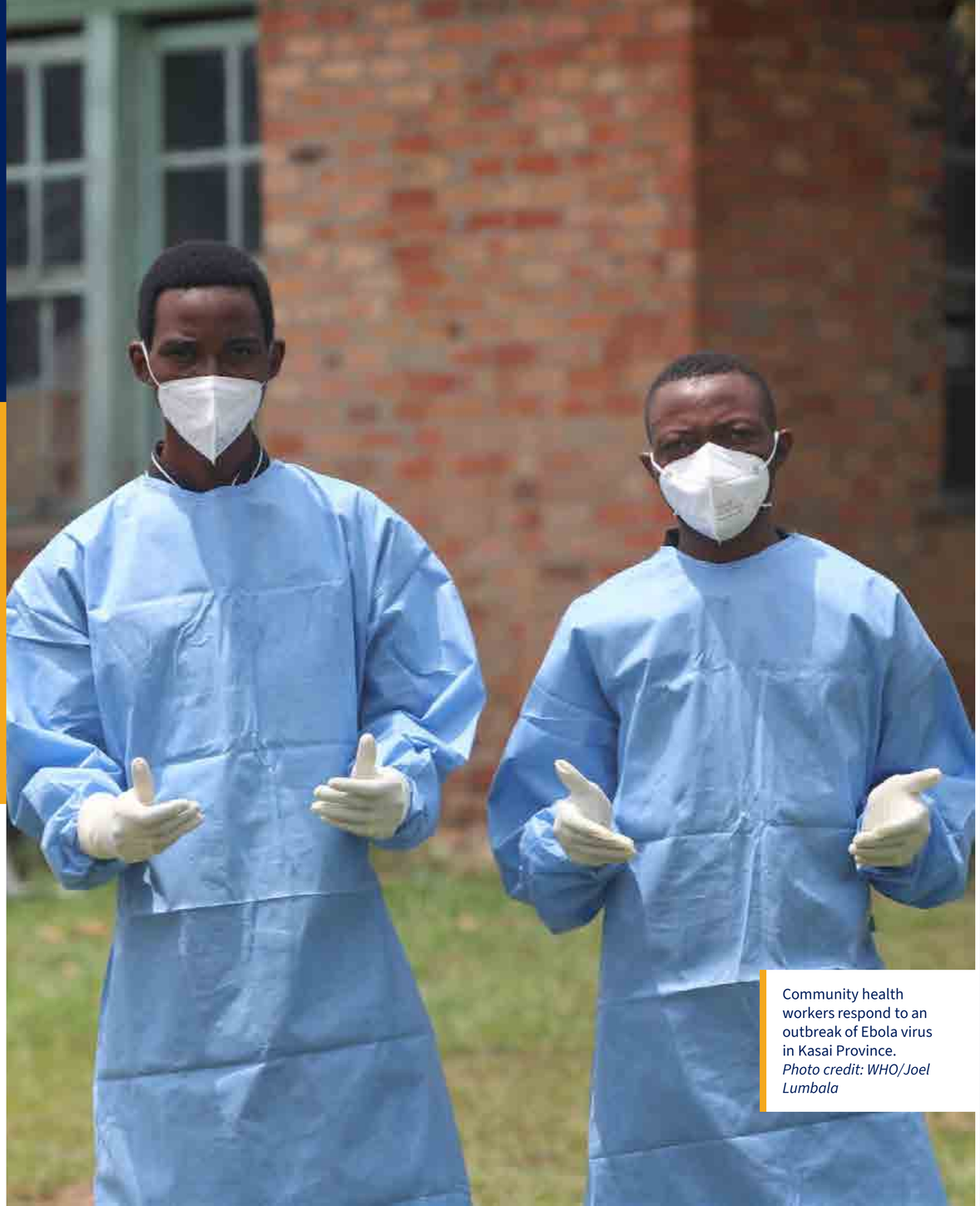
A health worker delivers a surveillance briefing in Bulape, Kasai Province.
Photo credit: WHO/Joel Lumbala



Community health workers respond to an outbreak of Ebola virus in Kasai Province.
Photo credit: WHO/Joel Lumbala

WHO'S 2026 FUNDING REQUIREMENTS

THE DEMOCRATIC REPUBLIC OF THE CONGO REGIONAL CRISIS FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**6.40**
Laboratory systems, diagnostics and testing	2.54
Surveillance, case investigation and contact tracing	3.86
Community protection	**7.48**
IPC in the community	0.72
Risk communication and community engagement	1.30
Travel, trade, points of entry and gatherings	0.54
Vaccination	4.92
Safe and scalable care	**7.48**
Case management and therapeutics	1.57
Essential health systems and services	2.32
IPC within health care settings	3.60
Access to countermeasures	**3.35**
Operational support and logistics	2.84
Research, innovation and evidence	0.51
Emergency leadership	**4.55**
Lead, coordinate, plan and monitor acute response ops	2.96
Lead, coordinate, plan and monitor protracted response ops	0.13
PSEAH in acute emergency response operations	0.78
PSEAH in protracted emergency response operations	0.12
Risk and readiness assessments	0.56
Total	**29.26**

World Health Organization

UKRAINE

People in need - Health[1]

4.12 MILLION

People targeted – Health[1]

1.5 MILLION

Funding requirement

US$ 42.4 MILLION

[1] Figures represent health-specific People in Need and people targeted drawn from the Humanitarian Needs and Response Plan (HNRP) 2026

World Health Organization

CONTEXT

Nearly four years after the February 2022 escalation, Ukraine faces a protracted war which has devastated lives and essential systems. Civilian casualties exceed 49 000, with 3.68 million internally displaced people (IDPs) and 6.9 million refugees across Europe. Renewed offensives in Sumy, Kharkiv and Donetsk have triggered further displacement.

Attacks on health care are widespread and severe. Ukraine accounts for approximately 45% of all attacks on health care reported globally since February 2022, with more than 2769 confirmed attacks resulting in 224 deaths and 896 injuries among health workers and patients. Facilities operate beyond surge capacity with workforce depletion and infrastructure damage.

Energy infrastructure has been systematically targeted, forcing hospitals to rely on generators and jeopardizing vaccine and blood product cold chains, heating, electricity and water supplies. WHO estimates that 150 000 to 250 000 hospitalized patients in frontline regions could be affected by energy and water failures during winter.

Public health risks remain elevated. Reduced immunization access and weakened surveillance have increased epidemic risks, with measles outbreaks and rises in hepatitis A and rabies cases. A mental health crisis affects an estimated 10 million people. Noncommunicable diseases account for a large share of consultations. Affordability of medicines remains a major barrier, and rehabilitation needs far exceed service capacity.

The health system is increasingly fragile. Workforce loss due to displacement, conscription and casualties has reduced service coverage in frontline areas. Many facilities are damaged or operating at reduced capacity, with supply chains frequently disrupted.

The 2026 outlook remains concerning. Without sustained support, health needs will remain acute. Disease outbreak risks persist amid degraded surveillance. Interagency planning indicates 10.8 million people may be in need, with 4.1 million requiring health assistance. The burden of noncommunicable diseases and mental health conditions is expected to worsen. At the same time, international financing for Ukraine's health response has declined, while humanitarian and health needs remain acute, making sustained support in 2026 critical to prevent further deterioration of essential services.

An emergency response team in Ukraine, who are trained in coordination with local authorities in Odesa. *Photo credit: WHO*

WHO'S STRATEGIC OBJECTIVES

1. **Protect life through emergency and trauma care in frontline areas**: Deliver trauma interventions and emergency medical services to victims of air strikes in frontline and affected areas, strengthening the immediate health response and the resilience of health care systems. This ensures continuity of critical services in a volatile environment, supporting first aid for communities and essential emergency care capacity.

2. **Sustain continuity of essential health services under conflict conditions**: Provide integrated primary health care and gender-sensitive services in conflict-affected areas, ensuring availability, accessibility, equity and responsiveness. This includes support for energy sufficiency in frontline facilities, particularly heating during winter.

3. **Safeguard health for displaced and mobile populations**: Support the continued delivery of integrated primary health care services for vulnerable populations in transit and evacuation centres.

4. **Facilitate medical evacuations**: Support the evacuation of wounded and sick people from frontline areas, in coordination with the Ministry of Health and local authorities, including through the EU Civil Protection Mechanism.

> "The war presents extraordinary challenges to the health care system every day. In partnership with international organizations, we are working to ensure that every person in Ukraine can receive the necessary medical care, despite constant shelling and destruction of medical infrastructure. I thank WHO for its consistent support: providing life-saving medicines, assisting in organizing uninterrupted access to medical services, preventing disease outbreaks, protecting vulnerable groups and strengthening the capacity of our facilities. This partnership helps keep the system resilient and makes it stronger even in times of war."
>
> **Viktor Liashko, Minister of Health of Ukraine**

World Health Organization

A community health worker at a primary care facility in Zaporizhzhia engages with children impacted by the war.
Photo credit: WHO

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In line with the principles of the 2025 Humanitarian Reset and guidance from the Ukraine Humanitarian Country Team (HCT), the WHO office in Ukraine will concentrate its humanitarian health interventions in frontline areas across 10 oblasts, in addition to providing immediate health support to the victims of air strikes and medical evacuations, which could happen anywhere in Ukraine.

During the four-year war, mounting humanitarian needs, infrastructure pressures and evolving funding dynamics have shaped WHO's role into a multidimensional actor: an emergency responder, early recovery facilitator, health system reform partner, cluster leader and health security advocate. WHO's operational posture is now flexible, locally grounded and multitrack, offering lessons for high-intensity humanitarian settings.

A majority of war-affected civilians are still unprepared to manage life-threatening bleeding before emergency services arrive. To save lives, WHO will scale-up community-based first aid training and distribute individual first aid kits in frontline areas.

Health workers in conflict zones face constant rotation and newly deployed staff often lack experience in managing war-related injuries and conditions aggravated by the crisis. WHO will strengthen capacity-building for trauma and burn care, while supporting integrated primary health care (PHC) delivery, including mental health and psychosocial support (MHPSS) and care for chronic diseases.

In addition, WHO will scale-up mobile PHC services, provide over-the-counter medicine kits directly to households, and install modular PHC facilities in frontline areas where clinics have been destroyed, aiming to ensure continuity of care for those most at risk, reduce avoidable mortality and safeguard dignity during conflict.

Additionally, WHO will strengthen humanitarian response readiness to tackle major public health risks identified in 2025, including floods in Odesa, power outages at nuclear power plants and measles outbreaks. This includes enhanced outbreak prevention, notification and response, CBRNE preparedness, risk communication and community engagement and health facility readiness in high-risk oblasts.

As part of country-wide hyper-prioritization, WHO's support will focus on the 10 frontline oblasts and for internally displaced people in transit centres over 6–12 months; the response to airstrikes and medical evacuations will remain countrywide. Funding constraints require downsizing cluster coordination in Dnipro, Odesa and Kharkiv and transitioning to more localized, area-based coordination models in Sumy and Kherson. WHO continues to engage with local health departments, disaster medicine centres and hospitals, partnering with national and international NGOs to deliver primary health care services and supplies to affected people.

World Health Organization

Emergency medical personnel in Ukraine conduct advanced life support training exercises. *Photo credit: WHO*

WHO 2026 RESPONSE STRATEGY

WHO maintains a strategic partnership with Ukraine's Ministry of Health through regular high-level engagement and joint planning. Support focuses on Ministry priorities including health security, vaccination, workforce support and protection of critical health infrastructure. At oblast level, WHO works with regional health departments to develop localized risk mapping and response plans, particularly in frontline areas. This includes strengthening emergency medical services and coordinating medical evacuations through the EU Civil Protection Mechanism.

As Health Cluster lead, WHO coordinates more than 200 partners, of which 134 humanitarian health partners are operational across priority oblasts. The cluster brings together UN agencies, international and national non-governmental organizations and civil society through technical working groups and regional Humanitarian Operations Coordination Groups. WHO advances localization by engaging Ukrainian civil society organizations in leadership and decision-making and by providing capacity-strengthening and equitable access to funding. Coordination with OCHA keeps health central to humanitarian planning, while partnerships with agencies including UNICEF, UNFPA and IOM address immunization, sexual and reproductive health, as well as services for displaced populations.

For 2026, WHO will prioritize life-saving health interventions to reinforce emergency response capacity and resilience in frontline areas, including quality trauma care, capacity-building and reliable power for health facilities affected by strikes.

Essential health care and all-hazard preparedness will ensure integrated primary health care, management of noncommunicable diseases, mental health and psychosocial support, rehabilitation and response to gender-based violence in conflict-affected zones, alongside implementation of the National Action Plan for Health Security. Actions include integrated surveillance, risk communication, continuity of essential services and energy sufficiency measures in frontline facilities. WHO will also support services for displaced and vulnerable groups in transit and evacuation centres, covering primary health care, NCDs, MHPSS, GBV and rehabilitation, and will coordinate patient evacuations for specialized treatment not available in Ukraine.

Two enablers underpin delivery. Health coordination and information management will strengthen area-based and local coordination and real-time data for decision-making, with attention to preventing and responding to sexual exploitation and abuse across all partners. A health systems approach for recovery will build resilience in protracted crisis settings so services can withstand future shocks and maintain continuity of care.

World Health Organization

OPERATIONAL PRESENCE

WHO maintains a permanent field presence through three operational hubs in Kharkiv, Dnipro and Odesa to enable continuous engagement with local authorities and area-based coordination close to affected populations. An Emergency Field Coordinator based in Dnipro strengthens frontline response. The country office integrates WASH, surveillance and laboratory functions under a Preparedness Unit with direct links to the IHR National Focal Point and the Public Health Centre of Ukraine, enabling rapid detection and investigation of outbreaks. When incidents exceed local capacity, including current measles, hepatitis A and rabies outbreaks, the WHO Regional Office for Europe deploys surge teams to support epidemiology, laboratory and public health operations. Pre-positioned medical supplies and established mechanisms with oblast health departments enable activation of responses within 24 to 48 hours of confirmation, while continuous surveillance is maintained across 19 regions.

WHO's presence advances localization and aligns with the Humanitarian Reset. Systematic engagement of Ukrainian civil society organizations and local authorities in leadership, planning and decision-making, combined with targeted capacity strengthening, enables local actors to lead responses. To focus resources, target beneficiaries were reduced from 6.9 million to 4.8 million, concentrating on four priorities: frontline support, evacuations, airstrike response and assistance to internally displaced people. This approach supports a transition from internationally-led operations to locally owned coordination that works through national systems.

As Health Cluster lead agency, WHO coordinates 134 partners operating across priority oblasts, down from 221 in 2024 following the Reset's prioritization. Nationally, WHO maintains sole leadership, while promoting localization through inclusive coordination and equitable access to platforms and funding. Subnationally, the three hubs work with regional Humanitarian Operations Coordination Groups and facilitate strong partnerships with local health authorities and Ukrainian NGOs, progressively enabling shared coordination responsibilities. The cluster's 134 partners include 75 national NGOs, with growing Ukrainian leadership in technical working groups and strategic planning, supporting a context-appropriate response and laying the groundwork for an eventual transition to locally led mechanisms.

Family members outside a primary health care unit installed by WHO in Karkhiv region.
Photo credit: WHO

A WHO staff member inspects supplies at a distribution centre in Ukraine.
Photo credit: WHO

KEY ACTIVITIES FOR 2026

- **Provide life-saving trauma interventions and emergency medical services for air-strike victims:** WHO will continue building the capacity of Ukrainian health professionals in emergency and trauma care management, while ensuring the availability of essential medicines.
- **Ensure the provision of essential health care, public health services and frontline services:** Priority will be given to maintaining continuity of primary health care, maternal and child health services, mental health and psychosocial support, immunization programmes and disease surveillance, even in hard-to-reach and insecure settings.
- **Provide integrated health services for people on the move, including in transit and evacuation centres:** Services are delivered through mobile clinics and fixed points, integrating emergency care, chronic disease management, mental health support and referral mechanisms adapted to displacement dynamics.
- **Support the evacuation of wounded and sick people**: Coordinated medical evacuation systems within Ukraine and abroad will ensure a safe and timely transfer to appropriate levels of care.
- **System strengthening and coordination:** WHO supports national and subnational authorities to strengthen health governance, coordination, information management and partner alignment to optimize resource use and ensure an efficient emergency response.
- **Health systems and health security approach for recovery, integrating early recovery with humanitarian response:** Rebuilding resilient health systems while strengthening preparedness and surveillance capacities.

> WHO is the only organization in Ukraine with the mandate, technical authority and operational footprint to simultaneously lead health coordination, support national systems, maintain disease surveillance and deliver life-saving services in frontline areas. A coordinated, well-resourced health response is crucial to saving lives and supporting Ukraine's resilience amid this humanitarian crisis lasting long and impacting many civilians.
>
> **Dr Jarno Habicht, WHO Representative and Head of Country Office, WHO Ukraine**

World Health Organization

IMPACT IN 2025

MODULAR CLINICS RESTORE PRIMARY HEALTH CARE IN WARTIME UKRAINE

WHO Ukraine staff members and community health workers conduct an on-site visit to a mobile lab.
Photo credit: WHO

In 2025, with the support of its donors and partners, WHO installed 19 new modular primary health care clinics in Ukraine's most war-affected regions. These clinics were deployed to communities where health facilities had been destroyed and access to care was severely limited due to damaged infrastructure and security risks. Located directly within villages, such as Kov'yahy in Kharkiv region, the clinics provide essential services including consultations, chronic disease management, vaccinations and access to medicines.

Fully integrated into Ukraine's National Health System, the modular clinics use electronic health records, enabling doctors to quickly access patient histories and make informed decisions. They also support the Affordable Medicines Programme, which helps patients with chronic conditions, such as heart disease, diabetes and neurological disorders, to obtain essential medications free or at reduced cost. This support is critical as medicine prices rise and access to care remains constrained in frontline areas.

For Ludmyla, a retiree living near Kov'yahy, the new clinic has transformed daily life. Previously, she faced long, costly journeys to distant facilities for diabetes care. "Without this clinic, I don't know what we would do," she says. "It makes us feel like we haven't been forgotten." Her story reflects the broader impact: restoring continuity of care and reducing hardship for thousands of Ukrainians living under constant threat of attacks.

Since the start of the full-scale invasion in February 2022, WHO has installed a total of 54 modular prefabricated units in hospitals and primary health care facilities to ensure uninterrupted access to essential health services in areas where they have been disrupted.

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Ludmyla, a retiree benefiting from a newly-installed modular primary health care clinic.
Photo credit: WHO

A hospital in Kyiv damaged during the conflict.
Photo credit: WHO

WHO'S 2026 FUNDING REQUIREMENTS

UKRAINE CONFLICT FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**3.18**
Laboratory systems, diagnostics and testing	2.45
Surveillance, case investigation and contact tracing	0.73
Community protection	**0.94**
Risk communication and community engagement	0.28
Vaccination	0.66
Safe and scalable care	**29.00**
Case management and therapeutics	16.60
Essential health systems and services	12.19
IPC within health care settings	0.20
Access to countermeasures	**6.33**
Operational support and logistics	6.33
Emergency leadership	**2.91**
Lead, coordinate, plan and monitor protracted response ops	2.74
PSEAH in protracted emergency response operations	0.05
Risk and readiness assessments	0.12
Total	**42.36**

World Health Organization

YEMEN

People in need[1]

23.1 MILLION

People targeted[1]

10.5 MILLION

Funding requirement

$38.8 MILLION

[1] Figures represent People in Need and People Targeted for overall humanitarian assistance drawn from the Global Humanitarian Overview (GHO) 2026

World Health Organization

CONTEXT

Yemen continues to face a prolonged and intensifying humanitarian emergency, driven by years of conflict, escalating regional hostilities, economic collapse, widespread food insecurity, recurrent disease outbreaks and compounding climate shocks. In 2025, humanitarian needs continued to rise, with 19.5 million people requiring assistance and 10.5 million targeted for support, including 4.5 million internally displaced persons.

Yemen remains in the grip of a severe food insecurity and health crisis. Between May and August 2025, an estimated 17.1 million people – nearly half the population – faced Crisis or worse (IPC Phase 3+) food insecurity, including 5.2 million in Emergency (IPC Phase 4) conditions. Projections through early 2026 indicate that more than half of the population will continue to face Crisis or Emergency levels, with some areas at risk of Catastrophe.

Population displacement and migration continue to strain Yemen's fragile health system. Overcrowded shelters, unsafe water supplies and poor sanitation are accelerating the spread of communicable diseases and overwhelming limited health and nutrition services. Climate-related shocks are intensifying these risks, as rising temperatures, erratic rainfall and flooding expand the transmission of malaria and dengue fever, and damaged water systems and poor hygiene fuel recurrent outbreaks of cholera and acute watery diarrhoea.

Yemen is experiencing multiple, concurrent disease outbreaks, further stretching an already fragile health system. Cholera remains a major public health threat, with Yemen among the top three countries reporting the highest number of suspected cases in 2025. Transmission is driven by limited access to safe water and sanitation, delayed care-seeking and constrained access to timely treatment, particularly in northern governorates. At the same time, low routine immunization coverage exposes children to vaccine-preventable diseases. Only 63% of children are fully immunized nationwide, contributing to the continued spread of polio, which re-emerged in 2021. Measles and diphtheria also persist, largely affecting unvaccinated children and underscoring the cumulative impact of prolonged service disruption. Vector-borne diseases also pose a growing concern. Malaria transmission risk affects roughly two-thirds of the population, with pregnant women and children under five most vulnerable, particularly in the Tehama coastal plain and western highlands. Dengue fever has surged across multiple governorates, adding to pressure on overstretched health services.

System-wide constraints continue to undermine service delivery. According to the Health Resources and Services Availability Monitoring System (HeRAMS) 2025, only around 60% of health facilities are fully functional, and just one in five can provide maternal and child health services, leaving millions of women with limited access to care. Fuel shortages, import delays and funding constraints continue to limit partners' operational capacity.

In this context, Yemen's classification as a Grade 3 emergency—the highest level of WHO emergency activation—reflects both the scale of health needs and the immediate risk of excess mortality without sustained support. In 2026, the humanitarian health response is entering a more constrained phase, as funding shortfalls and insecurity drive the phase-out of health partners across northern governorates, creating widening gaps in primary and secondary care. Further reductions in health services would rapidly translate into preventable deaths and uncontrolled outbreaks. Targeted investment through WHO can protect life-saving services, contain epidemic risks and help preserve the foundations of Yemen's health system at a critical juncture.

A young child receives malnutrition support. *Photo credit: WHO Yemen/Nesma Khan*

WHO'S STRATEGIC OBJECTIVES

1. Strengthen risk assessment, early warning, disease surveillance, laboratory capacity and rapid response systems to ensure the timely detection, investigation and control of epidemic-prone diseases and other emergencies.

2. Enhance health risk communication, community engagement and infection prevention and control measures to reduce vulnerability, counter misinformation and promote service uptake.

3. Expand equitable access to essential and life-saving health services across community, primary and secondary levels through the Minimum Service Package (MSP).

4. Ensure uninterrupted access to medicines, **medical supplies, diagnostics and vaccines** through strengthened supply chain management and prepositioning.

5. Provide strategic leadership and coordination to ensure a coherent, multisectoral response; advocate for localization and resilience-building through the Humanitarian–Development–Peace Nexus (HDPNx).

> Every day in the neonatal unit, we fight for tiny lives. Many babies arrive too weak or too early, but we never give up – even when resources are scarce. The joy in a mother's eyes when her baby recovers is beyond words. It reminds me why I chose this work and why every newborn deserves a chance to live.
>
> **Hind Hadi, Neonatal Nurse, Al-Saddaqa Teaching Hospital, Aden**

World Health Organization

An infant inside an incubator.
Photo credit: WHO Yemen/Nesma Khan

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

Looking ahead to 2026, WHO's role in Yemen is evolving under the Humanitarian Reset, which prioritizes impact, localization and sustainability amid unprecedented funding reductions. As one of 17 globally prioritized operations maintaining the Inter-Agency Standing Committee (IASC) Cluster System, Yemen's Health Cluster continues to operate with limited resources – having received only 43.4% of its 2025 funding requirement—necessitating sharper targeting and a people-centered approach focused on the most vulnerable.

In 2025, the Health Cluster undertook major reprioritization measures to align with reduced funding. Financial requirements were revised from US$ 262 million to US$ 171.6 million, and the target population scaled down from 10.5 million to 7 million people. The response now prioritizes life-saving and time-critical interventions, including outbreak response, emergency health services and essential supply delivery, while reducing or pausing non-critical activities. The shift also strengthens localization, with greater reliance on national health authorities and local NGOs to support coordination functions and sustain service delivery in high-risk and underserved areas.

An increasingly restrictive operational environment in the northern governorates continues to pose serious challenges to humanitarian health delivery. In response to security-related incidents affecting United Nations personnel, humanitarian operations in some areas have been limited to life-saving and life-sustaining activities, with temporary suspensions implemented where conditions no longer allow for safe delivery. In Sa'da governorate, WHO, through the Health Cluster, coordinates with Médecins Sans Frontières (MSF) and the International Committee of the Red Cross (ICRC) to help sustain essential health services during periods of reduced UN presence.

Ongoing access constraints, movement restrictions and security limitations risk further reducing the humanitarian footprint in areas with the highest needs. If these restrictions persist, humanitarian actors may not be able to operate or may only be able to deliver Program Criticality 1 (life-saving) activities, leaving large population groups without access to essential health care and public health services.

Despite these constraints, WHO remains committed to leading and sustaining Yemen's health response, ensuring continuity of critical services, strengthening local capacity and advancing the Humanitarian–Development–Peace Nexus (HDPNx) to build resilience within one of the world's most fragile health systems.

World Health Organization

A health worker provides oral medicine to a child during a polio vaccination campaign.
Photo credit: WHO Yemen

WHO 2026 RESPONSE STRATEGY

Through the Health Cluster platform, WHO plays a pivotal role in addressing Yemen's complex health challenges by leading coordinated, risk-informed and needs-based health responses. WHO works closely with the Ministry of Public Health and Population (MOPHP) in the south and the Ministry of Health and Environment (MOHE) in the north, along with governorate and district health offices, to ensure that national priorities and strategies agreed upon with health authorities and cluster partners are implemented effectively across all governorates through its subnational health cluster coordinators or WHO hub offices.

As the lead agency of the Health Cluster, WHO coordinates the humanitarian health response of partner agencies, provides technical leadership and strategic guidance for outbreak investigation, emergency response and contingency planning for multiple hazards, including floods, epidemics and mass casualty incidents. WHO also works with the Ministry of Foreign Affairs (MOFA) and the Ministry of Social Affairs and Labor (MOSAL) to facilitate the movement of medicines and health supplies into and across the country, ensuring equitable distribution to health facilities and implementing partners.

Acting as a provider of last resort, WHO mobilizes and delivers emergency health supplies, medicines and operational support to both mobile and fixed health facilities, especially during emergencies such as floods and outbreaks. The WHO also supports the deployment of surgical teams and support ambulances to provide life-saving trauma and surgical care mainly at secondary hospital levels. It has also supported the rehabilitation of water, sanitation and hygiene (WASH) facilities in hospitals to improve infection prevention and hygiene standards. WHO supports the surveillance and Rapid Response Mechanisms (RRTs) to improve the outbreak detection and initiation of timely control measures to prevent spread of epidemic-prone disease outbreaks.

Capacity building remains central to WHO's work, including through training health workers, strengthening disease surveillance and laboratory capacities and building resilience against environmental and public health threats. WHO's approach promotes localization, multi-sectoral collaboration and long-term sustainability – bridging humanitarian response and recovery through the Humanitarian-Development-Peace Nexus (HDPNx). At the national level, the Health Cluster maintains coordination with health authorities in both Sana'a and Aden, alongside engagement with donors and observers including MSF and the ICRC. The Strategic Advisory Group established by the Health Cluster, in which WHO is included, ensures equitable representation of local organizations, international non-governmental organizations and UN agencies to promote inclusive and balanced decision-making within the Health Cluster.

Key focus areas for 2026 include diversifying and scaling-up emergency health operations through third-party implementation, prioritizing partnerships with national non-governmental organizations and community groups to expand access to essential and life-saving services under the Minimum Service Package, while also working to incorporate the High Priority Health Services in Humanitarian Response (H3) in the protracted emergency context of Yemen. The focus will be on vulnerable and high-risk populations, particularly displaced communities and those in access-constrained areas. WHO will also mobilize resources to strengthen country preparedness through comprehensive risk assessment, contingency planning and prepositioning of supplies. Efforts will continue to support disease surveillance and rapid response functions, establish a national Emergency Medical Team framework to enhance national response capacity and foster multisectoral and inter-agency collaboration to ensure a coordinated, efficient and sustainable health response.

OPERATIONAL PRESENCE

WHO's operational presence in Yemen is extensive, with a central country office in Sana'a, a large sub-office in Aden, and one hub office located in Hodeida to support health interventions nationwide. WHO currently employs 149 personnel, including 27 international personnel, along with over 20 individual contractors who are deployed across the country for targeted programmatic tasks.

The offices in Aden and Hodeida also serve as key logistics hubs, leveraging their strategic locations near seaports and airports to facilitate the swift movement of supplies and personnel, ensuring effective, localized response and logistical support across Yemen. In addition to supporting WHO's operations, the hub offices also serve as sub-national health cluster coordination forums, facilitating partner interventions, identifying needs and gaps and enhancing advocacy and resource mobilization.

A health worker organizes a delivery of supplies.
Photo credit: WHO Yemen/Nesma Khan

At the WHO-supported Diarrhoea Treatment Centre in Al-Saddaqa Hospital, a health worker examines a patient.
Photo credit: WHO Yemen

KEY ACTIVITIES FOR 2026

- **Strengthen disease surveillance, early warning and rapid response team mechanisms** in 100 priority districts across 10 governorates to improve the early detection and control of epidemic-prone diseases.
- **Train 3000 frontline health workers** on integrated case management and infection prevention and control to enhance response to cholera and other outbreaks.
- **Support nationwide immunization campaigns** (Measles-Rubella, nOPV2) and routine outreach to increase coverage in high-risk and underserved areas.
- **Provide essential medicines and medical and surgical supplies and kits** to 40 priority health facilities and preposition stocks to ensure service continuity during emergencies.
- **Deploy 20 mobile medical teams and 12 surgical teams** to deliver life-saving care for displaced populations and trauma patients in access-constrained areas respectively.
- **Scale up management of severe acute malnutrition (SAM) cases with medical complications** among children in 40 underserved areas.
- **Scale up malaria and dengue control** in 26 high-risk districts through vector surveillance, spraying and distribution of insecticide-treated nets and diagnostics.
- **Expand risk communication and community engagement** to promote healthy behaviors, reduce disease risk and increase utilization of health services.
- **Strengthen emergency coordination and foster multisectoral and inter-agency collaboration** through the Health Cluster, active incident management teams, emergency operations centres and technical taskforces.
- **Build the capacity of health authorities and local partners** to deliver the Minimum Service Package and strengthen planning, monitoring and service delivery.

> The collaboration with WHO continues to play a pivotal role in Yemen's health response. By supporting the provision and distribution of essential medicines, medical supplies, and equipment to health facilities, WHO has strengthened our capacity to respond effectively to disease outbreaks and health emergencies.
>
> **Dr. Suad Al-Maysari, Director General of the National Drug Supply Programme**

World Health Organization

IMPACT IN 2025

A MOTHER'S STRUGGLE: FIGHTING MALNUTRITION IN YEMEN

5-month-old Amir is being treated for severe malnutrition at a WHO-supported centre in Aden.
Photo credit: WHO Yemen/Nesma Khan

At just 5 months old, Amir Taher Ali has already endured more than any child should. Born in Salah Al-Din, Aden, he has battled severe acute malnutrition, a chest infection, persistent diarrhoea and an umbilical hernia that needs surgery.

His mother remembers the helplessness she felt as his health deteriorated. "He was so sick and no matter what I did, I couldn't comfort him. My milk dried up because of the stress. I felt completely helpless," she says. "Now, at least, he is receiving care. I just want him to be healthy again."

After struggling at home, Amir was eventually brought to the therapeutic feeding centre where he is now receiving treatment.

"The doctors and nurses have been kind, and I see him improving. But I pray no other mother has to watch her child suffer like this."

Life for Amir's family has never been easy. His father, a daily wage worker, earns barely enough to buy food. On some days there is nothing to eat. "When that happens, we fast," his mother says quietly. "A stranger gave us baby clothes when Amir was born. We have always relied on the kindness of others."

Amir is one of 2.3 million children in Yemen suffering from acute malnutrition. Half a million of them face severe acute malnutrition and 69 000 need urgent medical care. Without treatment, malnutrition leaves children vulnerable to infections like pneumonia and diarrhoea, which are among the leading causes of child deaths in Yemen.

WHO is working to save lives. It provides medical care to 31 220 malnourished children at 96 stabilization centres and is training 1546 health care workers to ensure more children get the treatment they desperately need.

While Amir's journey is not over, his mother refuses to lose hope. "I just want to take him home healthy. That is every mother's wish."

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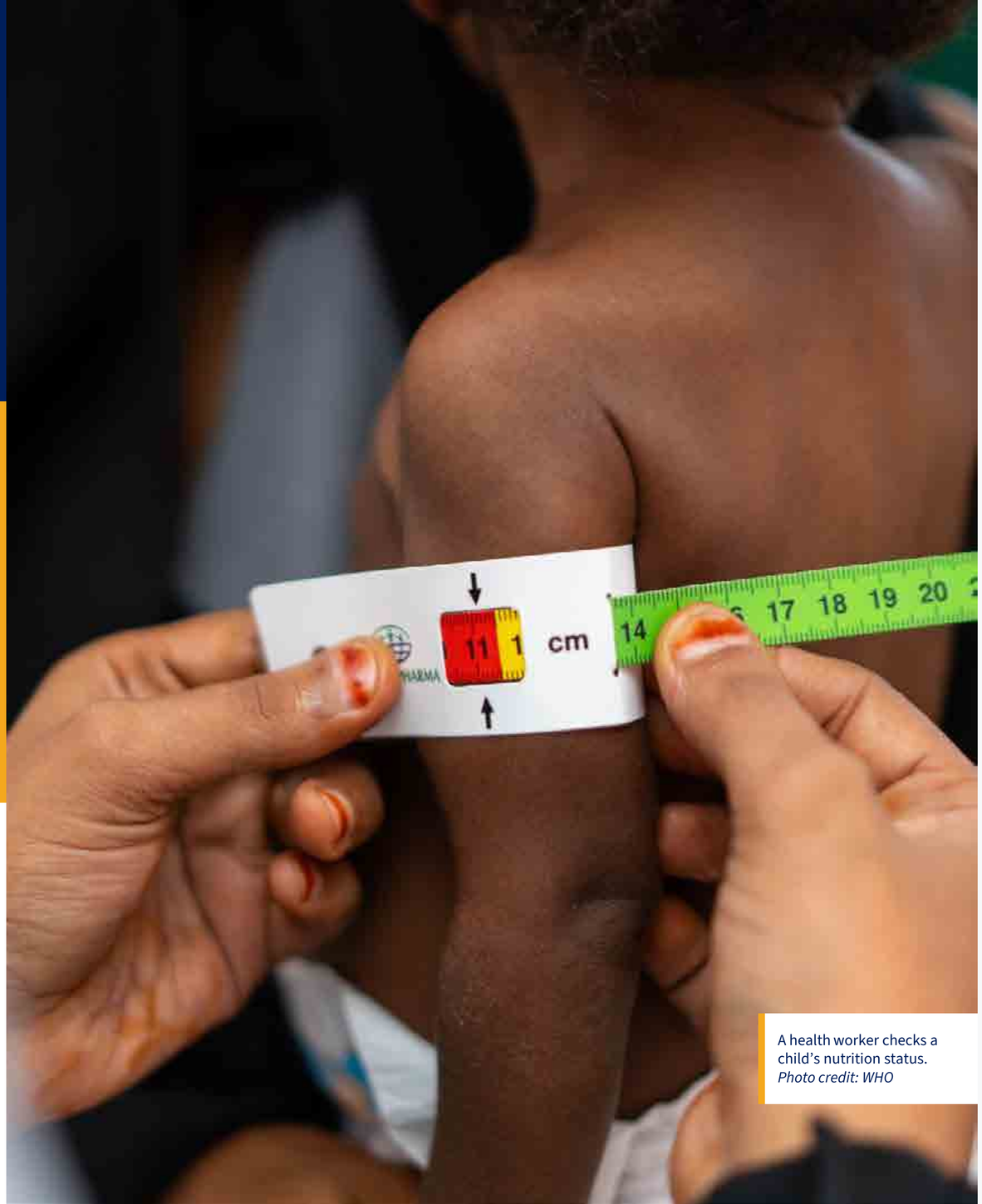
Essential nutrition support reaching children in need.
Photo credit: WHO Yemen / Nesma Khan



A health worker checks a child's nutrition status.
Photo credit: WHO

WHO'S 2026 FUNDING REQUIREMENTS

YEMEN COMPLEX EMERGENCY FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**9.10**
Surveillance, case investigation and contact tracing	9.10
Community protection	**2.91**
Risk communication and community engagement	0.09
Travel, trade, points of entry and gatherings	2.82
Safe and scalable care	**18.14**
Case management and therapeutics	2.38
Essential health systems and services	15.76
Access to countermeasures	**4.85**
Operational support and logistics	4.65
Research, innovation and evidence	0.20
Emergency leadership	**3.79**
Lead, coordinate, plan and monitor protracted response ops	1.45
Risk and readiness assessments	2.34
Total	**38.79**

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To learn more about how to support WHO's life-saving work, please contact:

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