

HEALTH

WHO'S HEALTH EMERGENCY APPEAL 2026

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 Organization

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.

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.



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.

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.

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 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.



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.



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

HEALTH IS A FOUNDATION OF HUMANITARIAN RESPONSE

HEALTH IS PROFOUNDLY AFFECTED DURING CRISIS, THROUGH:



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.



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.

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

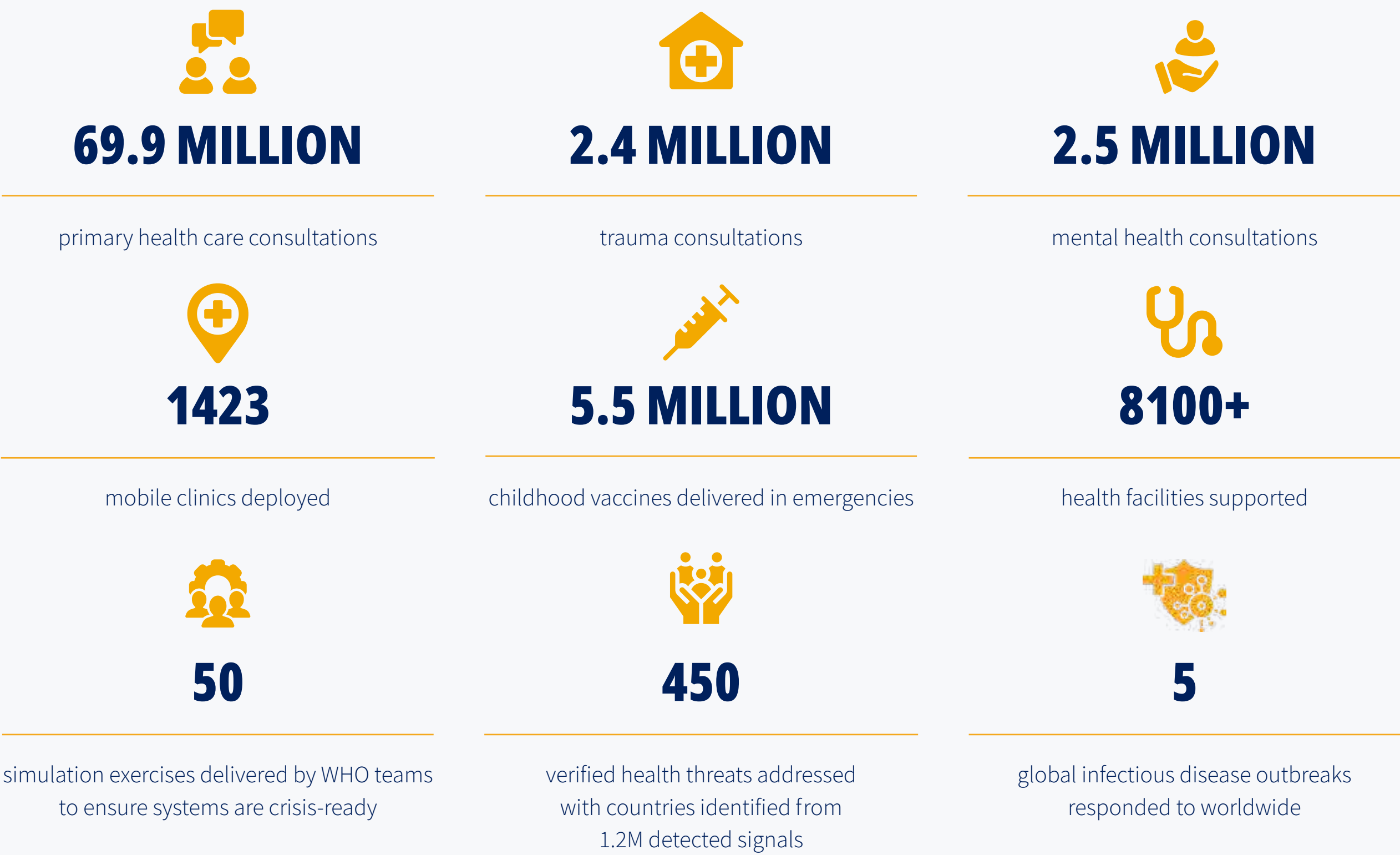
Afghanistan's health system is severely strained by repeated shocks. Reduced humanitarian financing in 2025 led to the closure of more than 420 health facilities, cutting off access to essential services for around 3 million people, with many additional facilities operating at minimal capacity. These 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.



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

*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



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**



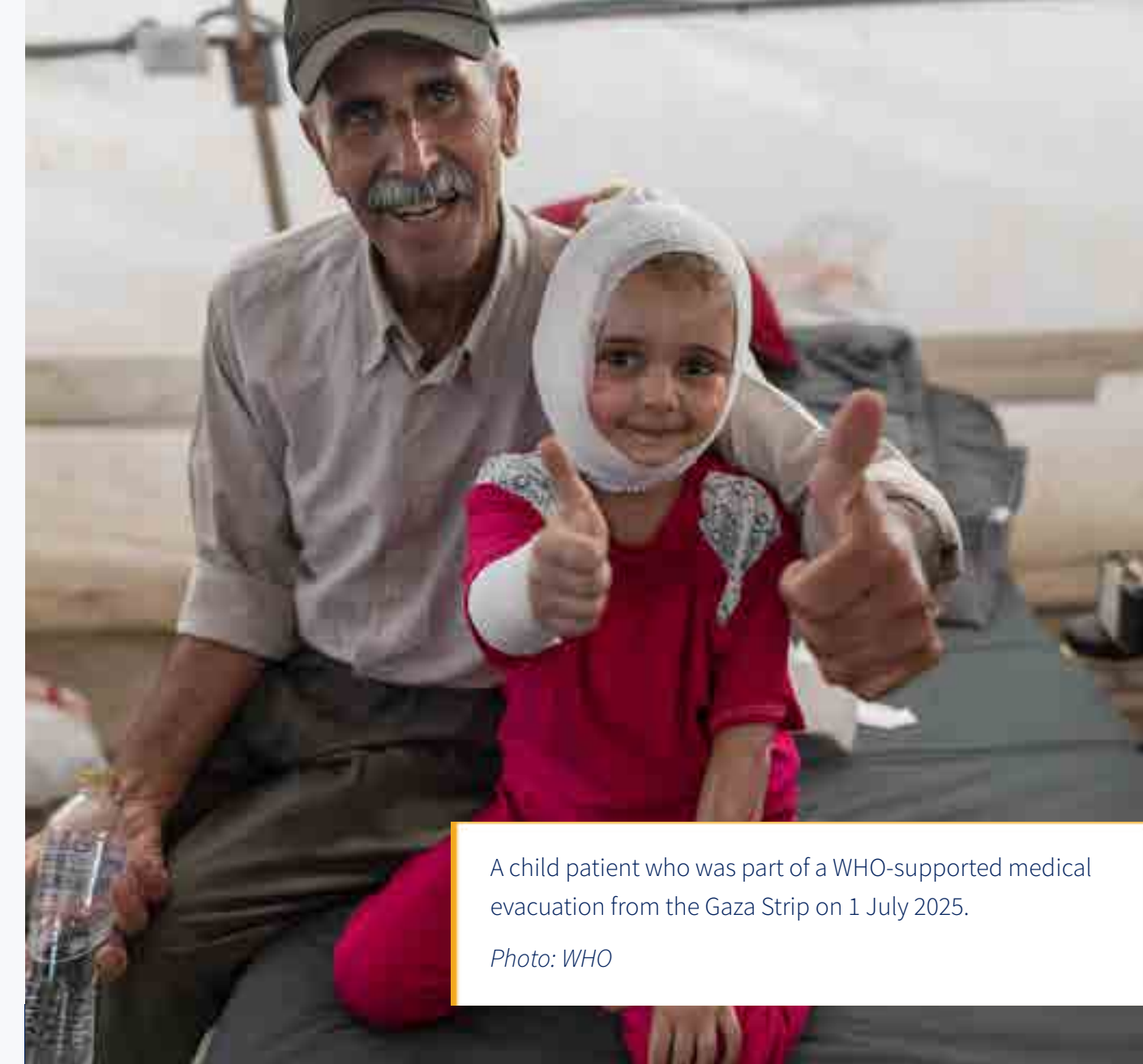
**FINANCING AND DECISION-MAKING CLOSER TO DELIVERY
THROUGH MINISTRIES OF HEALTH AND NATIONAL/LOCAL PARTNERS**



**LEADING COORDINATION TO REDUCE DUPLICATION, DRIVE EFFICIENCIES
AND MAXIMIZE AVAILABLE RESOURCES**



**RAPID SURGE AND SCALE-UP THROUGH THE CONTINGENCY FUND FOR
EMERGENCIES (CFE)**



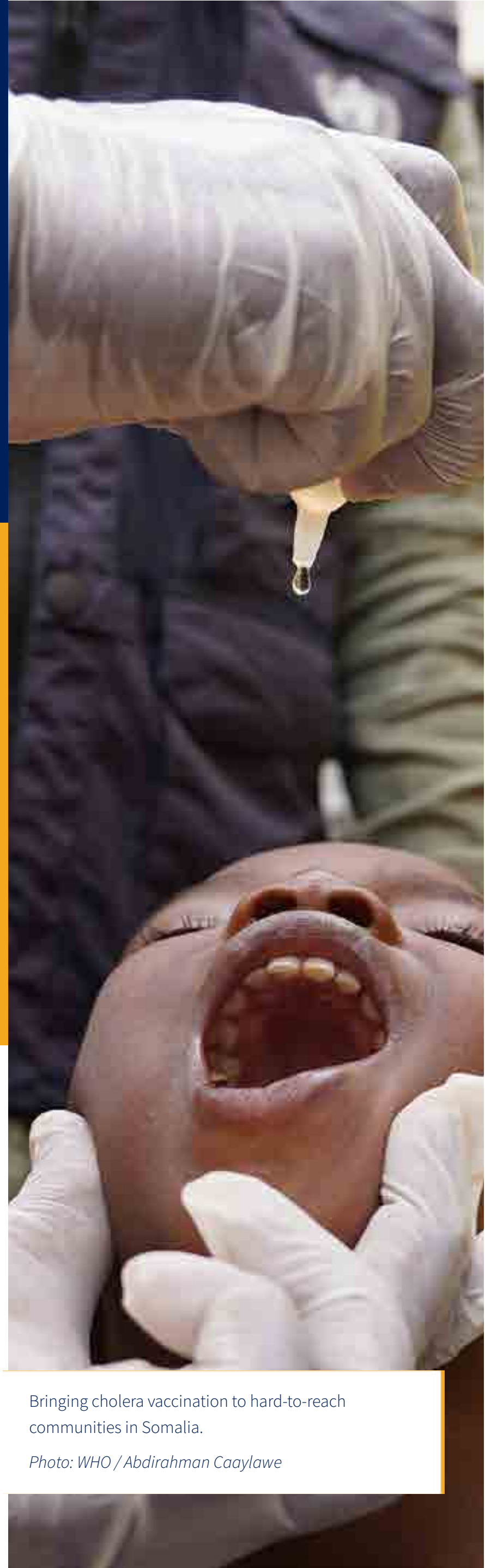
A child patient who was part of a WHO-supported medical evacuation from the Gaza Strip on 1 July 2025.

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

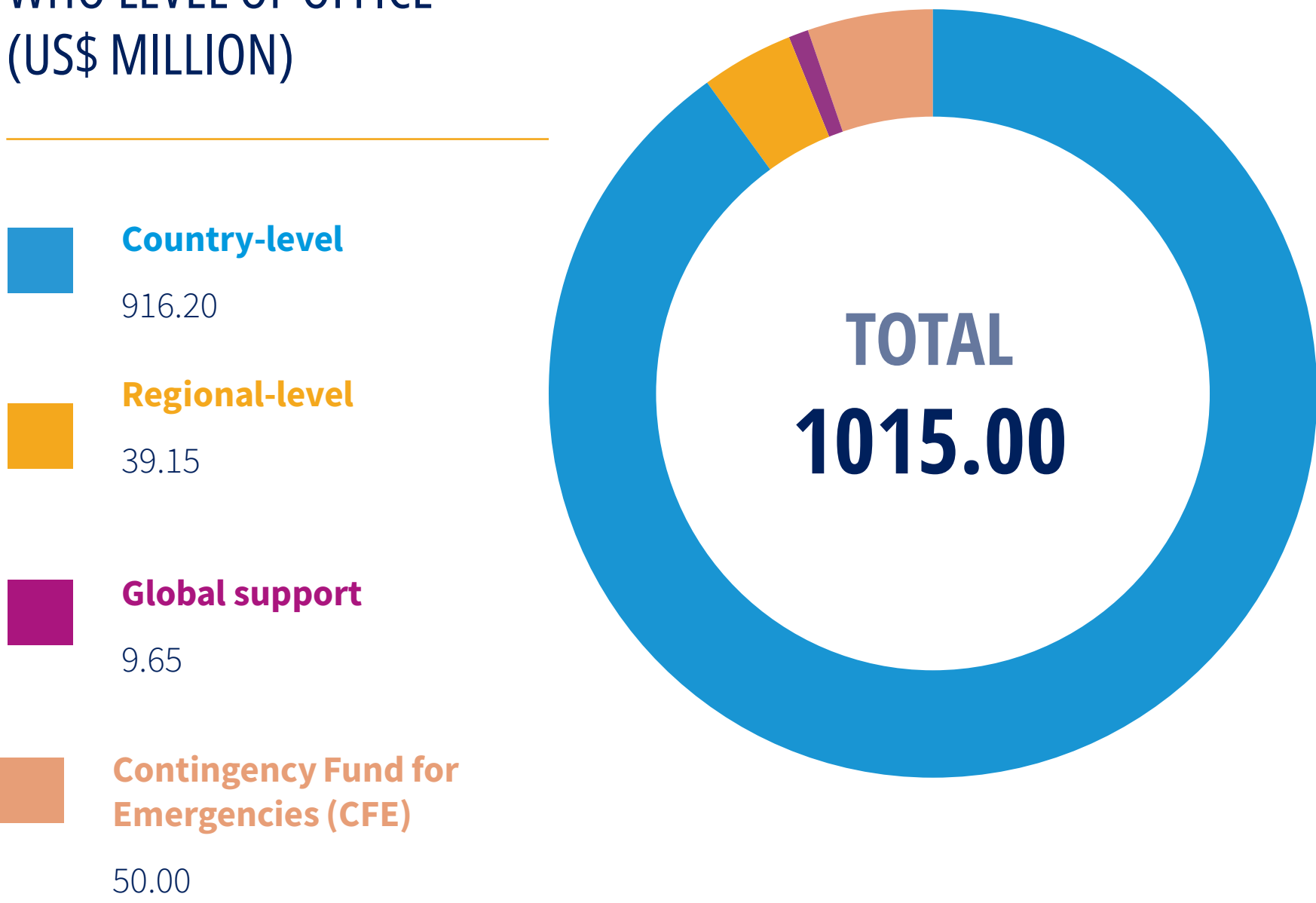
EMERGENCY	REQUIREMENT (US\$ MILLION)
Afghanistan complex emergency	65.02
Democratic Republic of the Congo regional crisis	29.26
Haiti humanitarian crisis	19.17
Middle East escalation of violence	333.21
mpox	19.09
multi-region cholera	8.45
Myanmar humanitarian emergency	12.62
Somalia complex emergency	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)



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.



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.

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.

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.



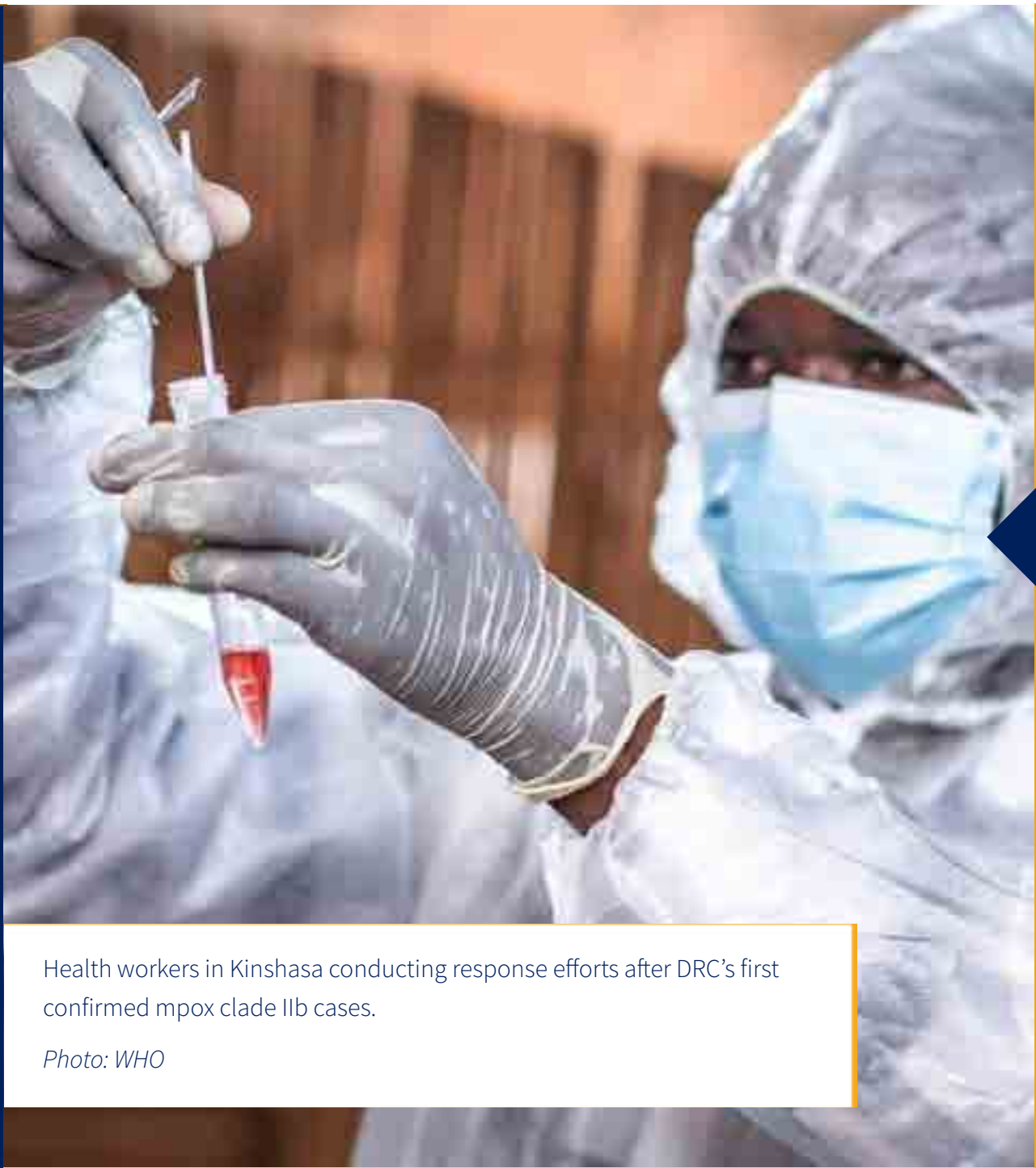
CONTAINING OUTBREAKS EARLY IN FRAGILE SETTINGS IS ONE OF THE MOST EFFECTIVE WAYS TO PROTECT AFFECTED COMMUNITIES AND GLOBAL HEALTH SECURITY.



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

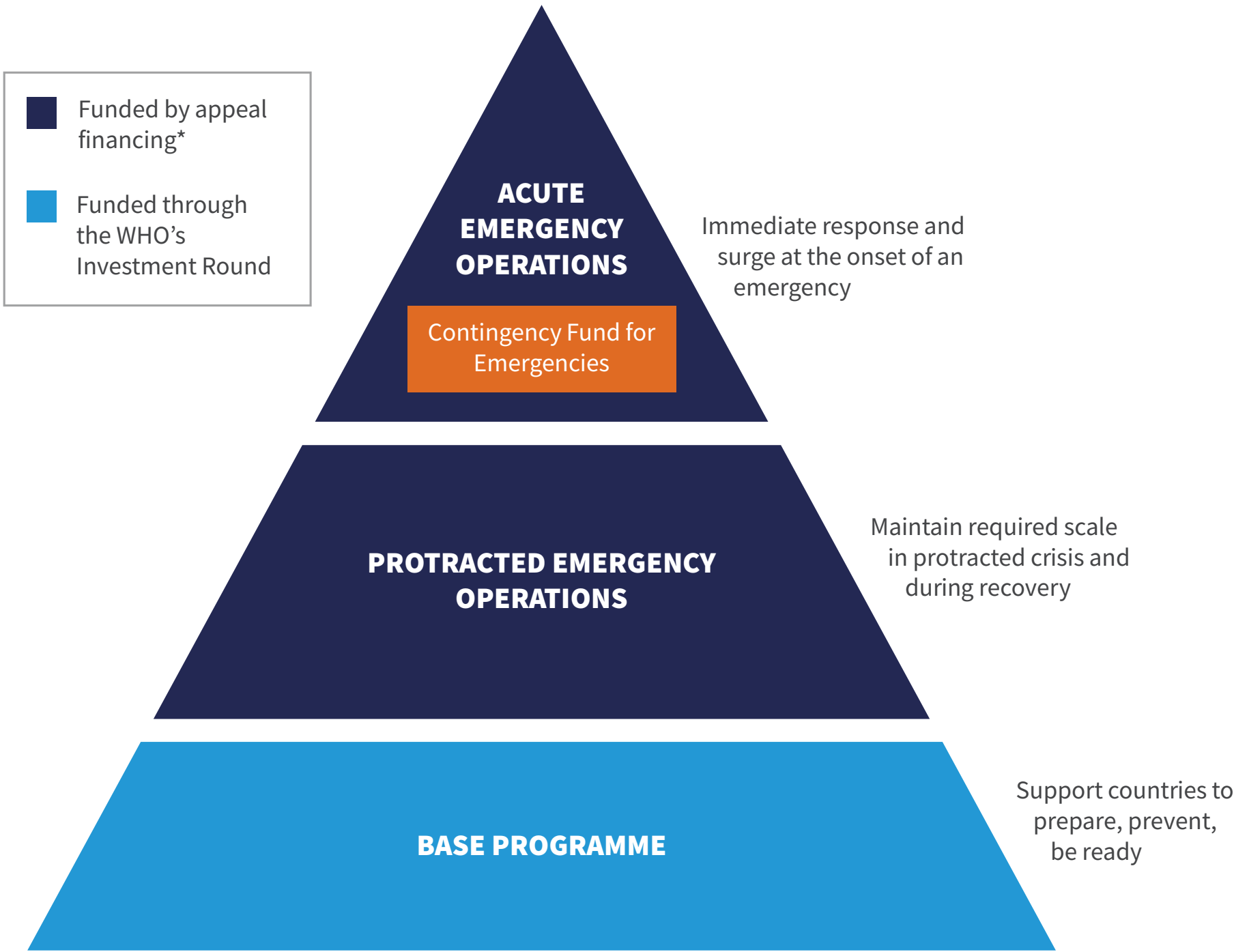
Donors can:



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

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WHO in Emergencies:
www.who.int/emergencies/en

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