

# AFRICAN REGION

Funding requirement

**US\$334 067 000**

## CONTEXT

The WHO African Region (AFRO) carries the highest burden of public health emergencies globally. These emergencies often severely impact vulnerable populations, strain fragile healthcare systems, disrupt essential health services, and threaten the economy.

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

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

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

WHO has deployed more than 800 skilled multidisciplinary experts in critical multi-level incident management systems (IMS) functions to support countries' major emergency responses and procure essential equipment and resources.

While WHO supports countries through crises to curb outbreaks and meet immediate health needs, our long-term programs are working simultaneously to address the systemic inadequacies in the health emergency architecture in the region. Promoting Resilience of Systems for Emergencies (PROSE), Transforming African Surveillance Systems (TASS), and the African Health Volunteers Corps (AVoHC) SURGE help build in-country capacity to adequately prepare for, detect, and respond to public health emergencies and are central to WHO's all-hazards, longer-view, capacity-building endeavour.



*Adanech is standing at her well-cared for latrine. She offers a good example in WaSH-related practices among rural households in cholera-prone Gofa zone.*

*Photo: WHO*



*Lylah with her daughter, Zinny, at a health facility in Lilongwe where Zinny received her third dose of the malaria vaccine.*

*Photo: WHO / Fanjan Combrink*

## WHO REGIONAL PRIORITIES

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

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

Regional priorities include supporting member states to:

- Respond to emergencies through the deployment of additional experts to address human resources gaps
- Ensure continuity of essential health services during crises, and the provision of quality care to crisis-affected populations
- Strengthen early warning systems, including scaling up event-based, pathogen and genomic surveillance activities
- Develop and use comprehensive electronic health databases that aggregate as many data sources as possible
- Promptly share data on emergencies and analyze data for decision-making
- Strengthen and integrate the emergency workforce to ensure the availability of trained human resources at national and subnational levels
- Strengthen response readiness and coordination across ministries, partner agencies and civil society organizations
- Ensure efficient pre-positioning and deployment of emergency supplies at national and subnational levels
- Enhance risk communication and community engagement to convey public health threats in a transparent, timely and coordinated manner through mechanisms built into National Action Plans for Health Security
- Scale up emergency vaccination to end the acute phase of epidemics

# CENTRAL AFRICAN REPUBLIC

The Central African Republic has faced a prolonged humanitarian crisis following the military-political conflicts of 2013. 3.4 million people, more than half of the population, need humanitarian assistance. The sectors most affected are water and sanitation, food security, health, and protection as violence persists despite a reduction in fighting. A particularly worrying element of this crisis is the massive displacement of the population. More than 520 000 people are currently internally displaced, 2.5 million are registered returnees, and 750 000 are refugees, mainly from Chad and Sudan. Responses to the humanitarian crisis in the country are insufficient: out of the 1.1 million people targeted by the 2022 humanitarian response plan, only 470 000 were reached by the health response sector that year.

Famine, limited access to medical care, food insecurity, and homelessness are among the many challenges confronting the population. Gender-based violence affects these groups as well. According to data from the 2018-2019 Multiple Indicator Cluster Survey (MICS), infant, juvenile, and neonatal mortality rates in Central African Republic remain alarming. The maternal mortality rate is also far short of SDG targets, with an estimated 829 deaths per 100 000 live births. This data places Central African Republic among the highest maternal and infant mortality rates in the world.

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

# CHAD

Chad is suffering the unprecedented consequences of insecurity threatening human lives and livelihoods, leading to human rights violations and jeopardizing social cohesion. In addition to these situations of insecurity and human rights violations, the country is experiencing a disproportionate burden of epidemics (such as yellow fever, measles, polio, leishmaniasis, chikungunya, meningitis, influenza, dengue fever) and other health issues associated with poor access to basic social services such as malaria, scorpion bites, and guinea worm. The COVID-19 pandemic led to tragic loss of life, with repercussions on livelihoods and economies threatening progress towards the Sustainable Development Goals (SDGs).

Since the outbreak of armed clashes in Sudan in April 2023, Sudanese refugees and Chadian returnees have been converging on border entry points in search of shelter. Conflict has displaced more than a million people in neighbouring countries, over 500 000 of whom have sought refuge in Chad, with thousands of new arrivals every week. Some 70 000 Chadians living in Sudan have returned home without any means of subsistence, living in numerous formal and informal camps. This devastating conflict is also accompanied by extreme hunger, affecting over four million children and pregnant and nursing women who have lost their livelihoods. In the camps, access to essential health services is disrupted by limited human resources and medicines.

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



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

# DEMOCRATIC REPUBLIC OF THE CONGO

The Democratic Republic of the Congo is facing a protracted crisis characterized by ongoing armed conflicts, inter-communal violence, health emergencies and natural disasters. The situation has resulted in the repeated displacement of approximately 6.9 million internally displaced persons, who have been exposed to life-threatening conditions in 2023. The turmoil in eastern Democratic Republic of the Congo, which has persisted for almost three decades, has worsened and spread to other areas.

Consequently, the humanitarian situation in large parts of the country has deteriorated, necessitating an immediate scale-up of the response to address the increasing needs and reported gaps in the acute response. Additionally, the Democratic Republic of the Congo is grappling with various epidemics, including cholera, measles, mpox, COVID-19, vaccine-derived poliovirus, and the high risk of Ebola virus disease. These crises have created an unbearable situation for the health and well-being of the population, with food insecurity, malnutrition, and attacks on healthcare exacerbating the challenges.

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

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

# ETHIOPIA

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

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

Acute malnutrition continues to be a significant public health issue, particularly in the south and southern regions where prolonged droughts compromise fragile livelihoods, leading to poor nutritional status. The situation is compounded by food insecurity, disease outbreaks, and weakened immunity, which increase the risk of morbidity and mortality.

The situation in Ethiopia is alarming. The country is currently facing a severe outbreak of cholera, as well as cases of malaria and measles. Since January 2023, over 2 646 116 cases of malaria and 18 899 cases of measles have been reported. In addition, 25 276 cases of cholera have been detected, with 330 confirmed deaths. Amhara, the South Ethiopia Regional State, and Oromia have been hit the hardest. Current access constraints make it challenging for WHO to provide on-the-ground support, which is contributing to the spread of diseases. For these reasons, the epidemiological outlook remains negative.

The simultaneous occurrence of multiple emergencies is gradually disrupting the health delivery system. The gains achieved in epidemiological surveillance and response, including immunization, might be lost, and there is an increased risk of outbreaks due to overcrowded internally displaced persons (IDP) camps and the disruption of routine immunization. As a result, millions of people are at risk of epidemic-prone diseases such as measles, polio, cholera, meningitis, malaria, and COVID-19.

# GREATER HORN OF AFRICA<sup>1</sup>

The Greater Horn of Africa<sup>1</sup> is among the world's most vulnerable geographical areas to climate change and climate shocks. The region continues to experience one of the worst food insecurity situations in decades, which is exacerbated by conflict and the impact of recurring climate patterns such as El Niño. The level of acute food insecurity in the region has increased by 25%, rising from 38 million people affected to 47.4 million since the declaration of the emergency in mid-2022. Sudan and South Sudan are among the areas of highest concern but needs across the wider Greater Horn of Africa region will persist in 2024. Urgent and scaled-up assistance is required to avert a further deterioration of acute food insecurity and malnutrition. Over the coming months, extreme weather events including droughts, floods, hurricanes, and heatwaves are expected to cause a negative impact on human health. In addition, the region experiences displacement, which both drives and causes food insecurity. The Sudan crisis triggered additional displacement, with more than 4.9 million displacements tracked in the sub-region.

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

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

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

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

*1 Greater Horn of Africa (Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda)*

# KENYA

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

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

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

WHO aims to strengthen coordination across regions and sectors to align strategic planning and operational delivery, as well as collection and use of timely and accurate data for early warning, identifying needs, and tracking health care capacity. WHO is also working to integrate availability of essential nutrition actions and to expand access, coverage and quality of a basic package of health services adapted to the increased health needs and risks of populations affected by the drought and by increasing levels of food insecurity, hunger and malnutrition.



*A woman from the local Maasai community receives the oral cholera vaccine (OCV) in a village at Ilkilunyeti, Kajiado.*

*Photo: WHO / Billy Miaron*

# LIBERIA

Liberia has a fragile health system due to unpredictable sector funding, insufficient qualified and skilled human resources, worsening poverty indices, poor port health and points of entry infrastructure. In the last decade, Liberia has been affected by devastating disease outbreaks, including Ebola Virus Disease (EVD), measles, cholera, Lassa fever, rabies, anthrax, mpox, and COVID-19, as well as other public health events like floods and mudslides that severely impact Liberia's economy and development. Limited access to basic infrastructure and services increases Liberia's vulnerability to epidemic-prone diseases and pandemics. The country continues to be challenged with repeated disease outbreaks which often overwhelm the already-weak health system, consequently interrupting essential health services and leading to socio-economic disruptions that undermine progress.

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



*Together Against GBV: The United Nations Family Commemorates 16 Days of Activism Against Gender-Based Violence in Liberia*

*Photo: WHO / Letitia Nangwale*

# MADAGASCAR

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

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

Health risks remain high and ever-increasing, while the capacity of households to use health services is weakening and the availability and quality of these services are deteriorating. These problems of access and availability will exacerbate the situation by reducing immunization coverage, risking not only the continuation of the polio epidemic, but also the growth of other epidemics such as measles.

WHO is working to maintain and strengthen access to integrated health services, improve the quality of services at different levels of care, and to strengthen the health system, operationalizing systems for monitoring and responding to health emergencies.



*In Madagascar, mobile clinics bolster health surveillance during cyclones, including in preparation of cyclone Freddy in February 2023*

*Photo: WHO /*

# MALAWI

Malawi's population has significantly grown in the past couple of decades, from 3.6 million people in 1960 to 20.9 million in 2023. Malawi is included in the least developed countries (LDCs) category.

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

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

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

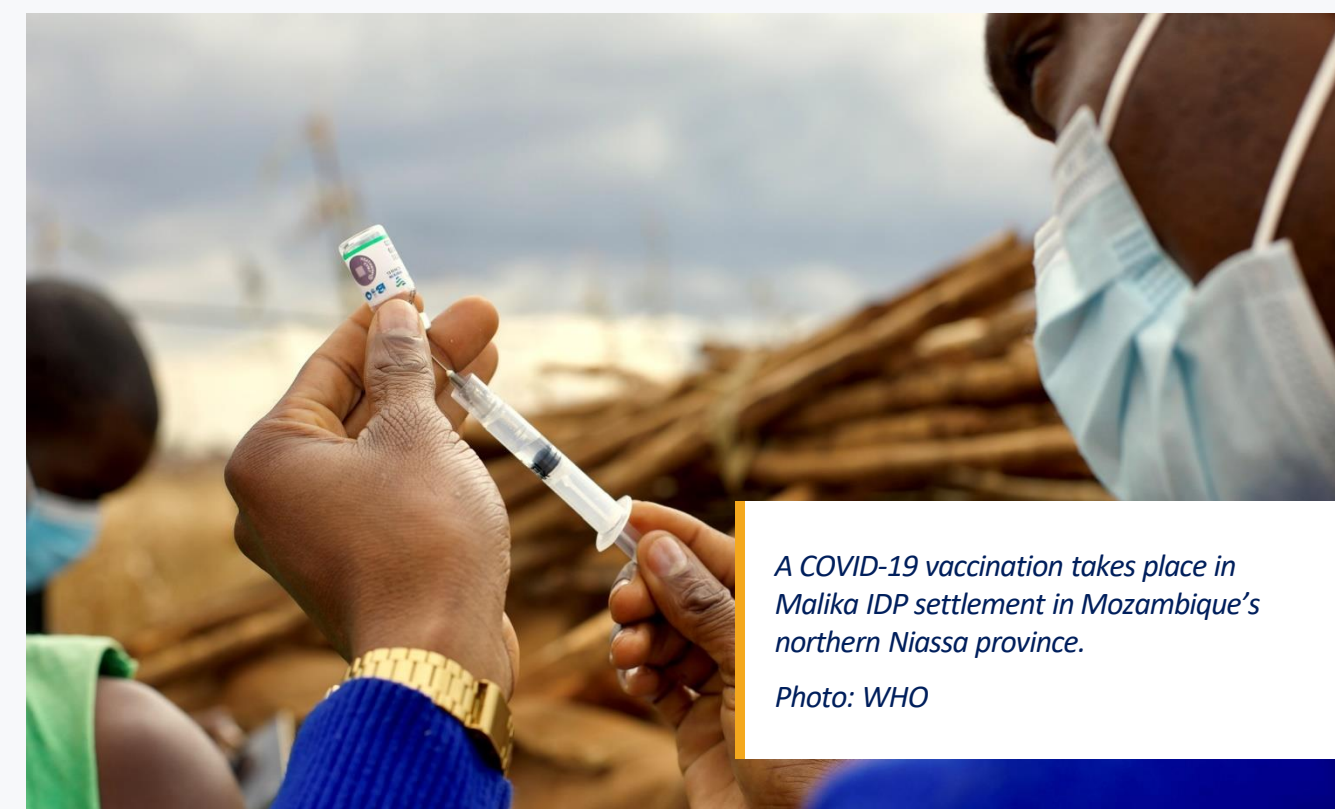
In 2023 WHO collaborated with the Ministry of Health to scale-up response interventions for cholera, polio, cyclone and flooding, strengthening district-level coordination and integrating mobile outreach clinics into the camps. WHO supported provision of emergency supplies and essential medicines among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

# MOZAMBIQUE

Since 2017, an ongoing armed conflict in Cabo Delgado province, northern Mozambique, has driven the population into widespread displacement, mainly to the south of the province as well as to the two neighbouring provinces, Nampula and Niassa. The displacements and disruptions of livelihoods put added strain on those already faced with scarce resources, rapidly grew into a humanitarian crisis.

By early 2023, the number of internally displaced persons (IDPs) had reached one million. Recently, as some districts were declared safer, half a million IDPs have begun returning to their places of origin, particularly in the heavily affected districts of Mocímboa da Praia, Palma, and Muidumbe. These districts affected by the conflict have suffered significant infrastructure damage, including health facilities. Moreover, a substantial gap exists in the assistance available to returning individuals due to the limited presence of partner organizations in these districts, leaving them vulnerable to a multitude of problems. The Cabo Delgado province has been dealing with a cholera outbreak since March 2023 and is facing other health emergencies, such as measles, polio, malaria, COVID-19, tuberculosis, and HIV. Furthermore, the destruction and closure of 23% of the health facilities hampers the provision of critical primary health care.

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



*A COVID-19 vaccination takes place in Malika IDP settlement in Mozambique's northern Niassa province.*

*Photo: WHO*

# THE SAHEL HUMANITARIAN CRISIS<sup>1</sup>

Several countries in the Sahel<sup>1</sup> Region are experiencing multifaceted humanitarian crises, characterized by socio-political conflicts and natural disasters. The scale and scope are similar from one country to another and often result in disastrous consequences for the health of the affected population. 19 million people need health care in the six targeted countries- Burkina Faso, Cameroon, Chad, Mali, Niger, Nigeria , of which almost twelve million are identified as most vulnerable. Amongst the most vulnerable, almost eight million people remain internally displaced, and 1.6 million are refugees. The WHO Africa Region has implemented several strategic health activities and placed a dedicated team within the Dakar hub to strengthen coordination of the health sector response in countries facing protracted humanitarian crises. Implementation will take a regional approach and will contribute to countries targeted by the UN Integrated Strategy for the Sahel (UNISS), particularly countries experiencing a protracted humanitarian crisis, namely Burkina Faso, Cameroon (Far North region), Chad, Mali, Niger and north-eastern Nigeria (Borno, Adamawa and Yobe states).

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

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



# SOUTH SUDAN

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

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

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

Over 1 million people across 37 counties in South Sudan were affected by floods in 2022. Over 62 people were reportedly killed due to drowning, trauma, or snake bites associated with flooding (OCHA 2022). In 2023, areas of Upper Nile and Unity states remain under floodwaters, with an estimated 7 021 people still displaced in Rubkona (IRNA, 24 Feb 2023). In addition, over 600 people in Renk and Mundri West Counties have been displaced by fresh floods (OCHA, September 2023).

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

# ACHIEVEMENTS IN 2023

## THE DEMOCRATIC REPUBLIC OF THE CONGO LAUNCHES REVISED MULTISECTORAL PLAN TO ELIMINATE CHOLERA BY 2030



*Rebecca receives medicine for her child at the transit health centre set up by WHO and partners to meet urgent health needs in Bulengo camp, about 15 kilometres from Goma in the east of the Democratic Republic of the Congo.  
Photo: WHO / Guerchom Ndebo*

Since the beginning of 2023, intercommunal clashes and armed conflict, combined with floods and landslides in the east of the Democratic Republic of the Congo have forced thousands of people to flee their homes and seek refuge in overcrowded internally displaced persons' camps. At the same time, the country has been facing one of the deadliest outbreaks of cholera, burdening an already overstretched health system.

From January to September 2023, over 41 000 cases and 314 deaths have been reported. A concerning feature of this outbreak is the consistently high number of cases reported throughout the year: after an initial peak in April 2023, approximately a thousand cases have been reported each week.

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

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

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

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*WHO staff visit Makangalo, Ituri Province in the Democratic Republic of Congo.  
Photo: WHO*