

HEALTH

WHO'S HEALTH EMERGENCY APPEAL 2024

A baby receives a medical checkup at the medical health point at UNRWA shelter in Taif Prep Boys School.

Photo: © WHO oPt

COUNTRY APPEALS

AFGHANISTAN

People in need¹

23.7 MILLION

People targeted¹

17.3 MILLION

Funding requirement

US\$133 030 000

¹ Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.

CONTEXT

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

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

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

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

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



*A family displaced from their home following an earthquake.
Photo: WHO / Zakarya Safari*

WHO'S STRATEGIC OBJECTIVES

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

WHO 2024 RESPONSE STRATEGY

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

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

Reach the unreached and place women and children's health first by:

- Taking a 'for women, by women, with women' approach
- Expanding the coverage of health service delivery and increasing its quality, especially in underserved areas
- Sustaining the momentum of polio eradication and increasing immunization coverage

Continue protecting people every day by scaling up the response to ongoing emergencies and emerging health needs through:

- Including the strengthening of disease outbreak preparedness and response
- Strengthening the health information management system

Coordinate the health sector for maximum impact, including through:

- Responding to health-related humanitarian needs at national and subnational levels through the donor/partner coordinating forum, health cluster, and other coordinating mechanisms





*WHO staff deliver essential health kits to Herat.
Photo: WHO/ Zakarya Safari*

KEY ACTIVITIES FOR 2024

- Strengthen surveillance
- Enhance emergency, trauma care, and physical rehabilitation services
- Improve access to emergency primary healthcare services
- Improve access to secondary and tertiary healthcare
- Scale up efforts to combat malnutrition
- Expand the response to ongoing outbreaks and emerging health needs
- Enhance access to quality reproductive, maternal, neonatal, and child health services
- Integrate mental health and psychosocial services
- Enhance access to comprehensive and specialized services for gender-based violence (GBV) survivors
- Improve health information for informed decision-making
- Strengthen the health cluster coordination structure

ACHIEVEMENTS IN 2023

LETTING PEOPLE EXPRESS THEIR PAIN: A MENTAL HEALTH EXPERT'S STORY FROM THE FIELD



*Dr Fawzia Rahimi during a
consultation session.*

Photo: Dr Fawzia Rahimi

In October 2023, three major earthquakes, all with a magnitude of 6.3, hit Herat Province in Western Afghanistan. The region continues to experience a series of aftershocks, leaving people gripped by fear and uncertainty. Many survivors remain confined to temporary shelters or are sleeping in tents due to the loss of their homes and fear of collapsing buildings. These earthquakes have also caused partial damage to some UN premises, including the WHO office in Herat. By 15 October, WHO and Health Cluster partners had reached 28 831 individuals affected by the earthquake across multiple districts.

Dr Fawzia Rahimi, Mental Health Officer at the Provincial Public Health Directorate of Herat, decided to join the response team in Zindajan district -- the epicenter of the first earthquake - two days after the first of the series of Herat earthquakes. "At Seya Aab village, fear spread all over my body as I saw damaged villages. Bodies were found among the ruins for at least five days after the earthquakes.

I saw a woman's half body stuck under the rubble -- she broke both hands and legs and lost five members of her family. Her daughter survived with a broken leg. The residents were traumatized, and they wouldn't eat or drink for days. They were just breathing but they seemed like dead souls.

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

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

FOR MORE INFORMATION

Dr. Dapeng Luo | Country Representative | WHO Afghanistan | luod@who.int

Dr. Jamshed Tanoli | WHE Emergency Team Lead | WHO Afghanistan | tanolij@who.int

Mr. Mohamed Kakay | External Relations & Partnership Team Lead | WHO Afghanistan | kakaym@who.int



*A WHO delegation visits a village
health center.*

Photo: WHO / Zakarya Safari

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

Afghanistan Complex Emergency		US\$ '000	
Funding requirement by response pillar	Afghanistan	Regional & Global support	Total
P1. Leadership, coordination, planning, and monitoring	4 775		4 775
P2. Risk communication and community engagement	860		860
P3. Surveillance, case investigation and contact tracing	7 833		7 833
P4. Travel, trade and points of entry	740		740
P5. Diagnostics and testing	7 243		7 243
P6. Infection prevention and control	675		675
P7. Case management and therapeutics	6 478	45	6 523
P8. Operational support and logistics	5 318		5 318
P9. Essential health systems and services	98 839		98 839
P10. Vaccination			
P11. Research, innovation and evidence	225		225
Total	132 985	45	133 030

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

Afghanistan - Country office requirement	US\$ '000
Afghanistan Complex Emergencies	132 985
Emergency appeal requirement	132 985
2.1 Countries prepared for health emergencies	1 511
2.2 Epidemics and pandemics prevented	250
2.3 Health emergencies rapidly detected and responded to	4 308
Billion 2 - Base programme requirement	6 069
Total	139 054



Girls visiting a village health center in Kunduz Province.
Photo: WHO / Zakarya Safari

DEMOCRATIC REPUBLIC OF THE CONGO

People in need

25.4 MILLION

People targeted

8.7 MILLION

Total Funding requirement for WHO Emergency Operations in Democratic Republic of the Congo

US\$28 315 000

Funding requirement specifically for Grade-3 Democratic Republic of the Congo Humanitarian Crisis

US\$21 597 000

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



CONTEXT

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

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

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

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



A woman waits for health services.

Photo: WHO / Guerchom Ndebo

WHO'S STRATEGIC OBJECTIVES

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

WHO 2024 RESPONSE STRATEGY

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

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



Odta checks in with health staff before a consultation. The transit health center has been set up by WHO and partners to meet urgent health needs in Bulengo camp, about 15 kilometers from Goma in the east of the Democratic Republic of the Congo.

Photo: WHO/ Guerchom Ndebo



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

Photo: WHO / Guerchom Ndebo

KEY ACTIVITIES FOR 2024

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

ACHIEVEMENTS IN 2023

SUPPORTING EBOLA SURVIVORS TO BETTER OVERCOME STIGMA IN EASTERN DEMOCRATIC REPUBLIC OF THE CONGO



Ebola survivors arrive for a meeting.

Photo: WHO / Hugh Cunningham Kinsella

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

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

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

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

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

FOR MORE INFORMATION

Dr Diallo Amadou Mouctar | EPR Team lead | WHO Country Office for Democratic Republic of the Congo | email address: dialloam@who.int

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

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



A man waits with his family for a health consultation.

Photo: WHO / Guerchom Ndebo

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

Democratic Republic of the Congo Humanitarian Crisis	US\$ '000		
	Democratic Republic of the Congo	Neighboring countries	Total
Funding requirement by response pillar			
P1. Leadership, coordination, planning, and monitoring	2 215	82	2 296
P2. Risk communication and community engagement	1 031		1 031
P3. Surveillance, case investigation and contact tracing	3 181	37	3 217
P4. Travel, trade and points of entry	44		44
P5. Diagnostics and testing	903		903
P6. Infection prevention and control	1 932		1 932
P7. Case management and therapeutics	715		715
P8. Operational support and logistics	3 886	29	3 915
P9. Essential health systems and services	4 960		4 960
P10. Vaccination	1 697		1 697
P11. Research, innovation and evidence	888		888
Total	21 450	147	21 597

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

Democratic Republic of the Congo - Country office requirement	US\$ '000
Democratic Republic of the Congo Humanitarian Crisis	21 450
COVID-19	404
Multi-Region Cholera	351
Other graded emergencies and ongoing operations	6 110
Emergency appeal requirement	28 315
2.1 Countries prepared for health emergencies	2 826
2.2 Epidemics and pandemics prevented	8 598
2.3 Health emergencies rapidly detected and responded to	4 605
Billion 2 - Base programme requirement	16 030
Total	44 344



Community health workers greet each other before a meeting.

Photo: WHO / Hugh Cunningham Kinsella

GREATER HORN OF AFRICA

DJIBOUTI, ETHIOPIA, KENYA, SOMALIA, SOUTH SUDAN, SUDAN AND UGANDA (CONSOLIDATED APPEAL)

- **Estimated total population:** 308.7 million (World Bank)
- **Acutely food insecure population (high level):** 47.4 million IPC 3+ crisis or worse
- **Refugees:** 4.5 million (UNHCR)
- **Internally displaced people:** 10.06 million (UNHCR)
- **Estimated acutely malnourished children (under 5 yrs):** GHOA region 11.5 million
- **Estimated severely acute malnourished children (under 5 yrs):** GHOA region: 2.7 million
- **Attacks on health care (Somalia, South Sudan, Sudan):** 66 attacks, 56 injuries, 34 deaths (01Jan - 31Oct 2023)
- **WHO steering 4 health clusters and coordinating 282 partners** in service of 41.1 million people (Ethiopia, Sudan, South Sudan and Somalia) as of October 2023
- **Ongoing outbreaks as of 07 November 2023:** Measles (7 countries), Cholera (4 countries), Hepatitis E (2 countries), Polio- cVDPV2 (2 countries), Dengue (3 countries), Anthrax (1 country), Malaria (7 countries) and Rift valley fever (1)

Funding requirement

US\$ 64 651 000



CONTEXT

The greater Horn of Africa (GHOA) is among the world's most vulnerable geographical areas to climate change and climate shocks. The region continues to experience one of the worst food insecurity situations in decades, which is exacerbated by conflict and the impact of recurring climate patterns such as El Niño. The level of acute food insecurity in the region has increased by 25%, rising from 38 million people affected to 47.4 million since the declaration of the emergency in mid-2022. Sudan and South Sudan are among the areas of highest concern but needs across the wider GHOA region will persist in 2024. Urgent and scaled-up assistance is required to avert a further deterioration of acute food insecurity and malnutrition. Over the coming months, extreme weather events including droughts, floods, hurricanes, and heatwaves are expected to cause a negative impact on human health. In addition, the region experiences displacement, which both drives and causes food insecurity. The Sudan crisis triggered additional displacement, with more than 4.9 million displacements tracked in the sub-region¹.

Malnutrition represents the key concern, with approximately 11.5 million children under 5 years old expected to require nutritional assistance in 2023-2024 across the GHOA region. Among those children, 2.7 million are estimated to be severely malnourished and in need of therapeutic care. Malnutrition increases both the likelihood of falling sick and the severity of disease, and sick people become more easily malnourished. In areas affected by food insecurity, outbreaks of communicable diseases are a major public health concern, particularly against a backdrop of 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 GHOA has now reached its highest level this century. Extreme weather events, massive displacement, food insecurity and malnutrition, limited access to health care and low immunization rates all contribute to an increasing risk of disease outbreak.

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

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

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



Cholera outbreak sparks urgent prevention measures in affected regions of Ethiopia.

Photo: WHO



A community elder at a temporary camp in Modeka, Garissa County, addresses WHO staff and health workers from the Ministry of Health during an oral cholera vaccination campaign.

Photo: WHO/ Billy Miaron

WHO'S STRATEGIC OBJECTIVES

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

- **Surveillance and information:** Increase the collection and use of timely and accurate health and nutrition data for early warning and identification of vulnerabilities and needs, as well as to improve the capacities and functionalities of health care, including barriers to access, to guide integrated planning, response, monitoring and evaluation of interventions
- **Outbreak prevention and control:** Strengthen prevention of and response to outbreaks and other health emergencies to minimize their impact and save lives
- **Essential nutrition actions:** Increase essential nutrition actions to reinforce prevention, detection, referral and management of malnutrition
- **Essential health service actions:** Expand access to, coverage and quality of a basic package of health services adapted to the increased health needs and risks of populations affected by both the ongoing drought and by increasing levels of food insecurity, hunger and malnutrition
- **Coordination and collaboration:** Boost coordination and collaboration at regional, national and sub-national level for better alignment, complementarity, and synergy of strategies

WHO'S 2024 RESPONSE STRATEGY

As part of ongoing efforts to prevent and respond to food insecurity and related health emergencies, WHO will ensure the seamless supply of high-quality critical medicines including contingency stockpiles. WHO and its partners will deliver emergency services to people in need either directly or through local partners, placing emphasis on hard-to-reach areas. In addition, WHO aims to improve national capacities for a more rapid, effective, and resilient health system response.

Where possible, WHO's emergency response will build on the existing health infrastructure and its network of partners and community resources. WHO leads coordination through health clusters and other coordination mechanisms and will continue to support health authorities, UN and NGO partners to deliver a package of high-impact interventions to address food insecurity among affected communities, particularly targeting IDPs, refugees, children under five years of age, newborns, and pregnant and lactating women. WHO will also safeguard the provision of an essential health services package, encompassing maternal and new-born health, immunization, nutrition, mental health and gender-based violence (GBV) services and ensuring the implementation of infection prevention and control measures and water quality monitoring at health facilities. A taskforce based in Nairobi will continue to organize and lead its multi-country response and provide technical support to countries in the region.

A key priority for WHO is to ensure high quality health information to guide response efforts to where they are needed most. This includes ensuring the integration of nutrition into health surveillance, alongside strengthening disease surveillance, including early warning and alert systems, and building mortality surveillance. WHO will also identify the availability and use of essential health and nutrition services, address barriers to access and analyse the capacity of the health system to cope. This intelligence helps to steer resources for an early response to save lives and enable an efficient and informed response.

WHO is working closely with partners to support governments and the health sector in their preparedness and response for El Niño. Important steps can be taken to prevent and reduce the health effects of El Niño. WHO will put emphasis on outbreak prevention and control, working with its partners on the analysis of surveillance data to support evidence-based interventions. Further, WHO will support the implementation of preventive actions, including immunization measures and field investigations for outbreak verification and response. Other actions include mobilizing communities to promote health and hygiene practices, strengthening logistics and medical supply chains, providing emergency medical care and maintaining access to health services, and the effective coordination of preparedness and response measures.

Above-mentioned priorities are complemented by stringent Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) measures. Across the region, WHO has a zero-tolerance approach to sexual exploitation and abuse and abides strictly to the Secretary General Bulletin (2003/13) and to the IASC 6 core principles. To ensure adherence, several measures were implemented in the drought and floods emergency response in 2022 and 2023 and will be upscaled in 2024.

To date, dedicated PSEAH focal points have been assigned to all seven countries to ensure key activities are implemented to prevent and to respond to sexual exploitation and abuse (SEA), including training for staff, effective reporting mechanisms and mindful communication with the community. To facilitate and coordinate PSEAH related activities at country level, a PSEAH expert based in the Nairobi hub provides technical support and mentorship to the countries. In 2024, activities will focus on ensuring training for all frontline staff involved in the emergency response, which enables a solid system allowing for prevention and response measures for SEA. There will also be activities rolled out with focus on beneficiaries ensuring their involvement in developing appropriate response and prevention measures for SEA, and to customize reporting mechanisms which work for beneficiaries in different countries and contexts.

Ukureey is one of hundreds of thousands of Somalis who have fled their homes in search of food, water, and shelter due to the country's worsening drought.

Photo: WHO/Ismaïl Taxta



KEY ACTIVITIES FOR 2024

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

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



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

Photo: WHO/Ala Kheir

GREATER HORN OF AFRICA – CONSOLIDATED APPEAL

DJIBOUTI

- **Estimated total population (World Bank) –**
1.1 million
- **Acutely food insecure population – high level (IPC3+) –**
285 000
- **Number of refugees (UNCHR) –** 31 000
- **Ongoing outbreaks (WHO) –**
Measles, malaria, dengue fever

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

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



WHO Djibouti delivers six modern mobile clinics to the Ministry of Health.

Photo: WHO / Zeinab Ismail

GREATER HORN OF AFRICA – CONSOLIDATED APPEAL

ETHIOPIA

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

Delayed and sub-optimal rains for the past five seasons have caused one of the worst droughts in Ethiopia in recent history. This has severely impacted at least 20 million people residing in the drought-affected regions of Somali, Oromia, Afar, Sidama, and South and Central Ethiopia.

The severe water shortages and loss of livestock have resulted in several thousand people migrating in search of essential resources, such as water, food, health, and nutrition services. This dire situation has led to a significant deterioration in food security, the disruption of crucial health services, including routine immunization services, and an increase in acute malnutrition and disease outbreaks, such as cholera, measles, malaria, meningitis, and diarrhoeal diseases. A joint report published by the Food and Agriculture Organization and the World Food Programme in November 2023 suggests that the food situation in Ethiopia is of great concern, with a high number of people facing or projected to face critical levels of acute food insecurity, worsened by factors that are expected to further drive and intensify life-threatening conditions in the coming months.

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

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

Last year, WHO in Ethiopia achieved progress on numerous essential nutrition actions. WHO reported more than 70 000 SAM cases, which were admitted and treated in stabilization centres during the period. Of almost 470 000 children experiencing SAM who were admitted to therapeutic feeding programmes between January and August 2023, 88% were discharged as cured, 2.4% defaulted, and a death rate of 0.3% was reported (as of July 2023). Nutritional screening, Vitamin A supplementation and deworming were integrated during the January 2023 preventive measles campaign and a total of 1.2 million children aged 6-59 months were supplemented with Vitamin A. In addition, 810 156 children aged 24-59 months were dewormed during the SIA (supplemental immunization activities) measles campaign in Somali region. A total of 1786 health workers were also trained on several components of nutrition.



A nurse takes care of a 13-year-old cholera patient girl recovering from severe illness at a cholera treatment center in Demba district of cholera-prone Gofa Zone, SNNP Region of Ethiopia.

Photo: WHO

GREATER HORN OF AFRICA – CONSOLIDATED APPEAL

KENYA

- **Estimated total population (World Bank) –**
54 million
- **Acutely food insecure population - high level (IPC 3+) –**
1.5 million
- **Acutely malnourished children (Estimated, IPC) –**
946 000
- **Refugees (UNHCR) –** 644 000
- **Ongoing outbreaks (WHO) –**
Measles, cholera, leishmaniasis, polio (cVDPV2), malaria

Kenya is bracing to recover from a protracted drought that has affected the health of millions of people mainly in the north and north-eastern arid and semi-arid regions. However, high rates of severe acute malnutrition continue to impact on the health status of children and women in these regions amid an increase in disease outbreaks. Despite some relief during the March-May rainy season, projections are of El Niño causing wet and dry conditions in the eastern and western parts of the country respectively. Large parts of the country now experience severe flooding, with implications for outbreaks of water-borne diseases, including cholera, as well as vector-borne diseases including malaria, chikungunya and Rift Valley fever. In addition, Kenya has also been affected by outbreaks of cholera and measles, a neglected tropical disease (Leishmaniasis) as well as a zoonotic disease (anthrax). The disease burden further contributes to either nutrition losses or increased nutrient needs, resulting in malnutrition. A high child disease burden was observed, especially in areas with global acute malnutrition (GAM) classified in IPC Acute Malnutrition Phase 4 and 5, as well as a high diarrhoea prevalence in Garissa and Laisamis.

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

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

As one of its major achievements, WHO reported a cure rate of 89.2 % for children experiencing SAM, with more than 213 800 under-fives admitted between January 2022 and September 2023. Of those, more than 103 400 children experiencing SAM were admitted between January 2023 and September 2023 – more than a 38% increase in SAM admissions compared to the same period in 2022. The cumulative outcome indicator for SAM children admitted to the therapeutic feeding program for January to August 2023 showed a cure rate of 89.2% a defaulter rate of 9.6%, and a death rate of 1.1%. Also, mass screening for the early detection of and referral for treatment of acute malnutrition among children and pregnant and lactating women (PLW) was conducted in remote locations in Garissa County, ensuring that most vulnerable communities were reached.



Fatuma and her daughter walk home with a container of water. Modogashe, Garissa County.

Photo: WHO/Billy Miaron

GREATER HORN OF AFRICA – CONSOLIDATED APPEAL

SOMALIA

- **Estimated total population (World Bank) –**
17.6 million
- **Acutely food insecure population –**
high level (IPC 3+) - 4.3 million
- **Acutely malnourished children (Estimated, IPC) –**
1.8 million
- **Refugees (UNHCR) –** 37 000
- **Internally displaced population (UNHCR) –**
1.54 million
- **Ongoing outbreaks (WHO) –**
Measles, cholera, dengue fever, malaria, cVDPV2

Somalia continues to face a serious climate crisis ranging from extreme droughts to extreme floods. This has led to a sharp increase in the number of people requiring urgent health, nutrition and humanitarian support. Climatic shocks cause a dangerous upsurge in outbreaks of diseases including cholera and other waterborne/communicable diseases. There have been 14 191 cases of suspected cholera and 38 deaths (representing a case fatality rate of 0.3%) reported from 29 drought-affected districts by mid-October.

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

In 2023, WHO in Somalia collaborated with various partners and agencies, including UNICEF and UNFPA, to yield more impact, scale and value for money in the response. As one of the main achievements in 2023, WHO sustained the operational capacity of 61 stabilization centres across the target districts affected by the drought. Nearly 21 200 (4.6% of total) children experiencing SAM were admitted into the stabilization programme due to medical complications and other indications between January to September 2023. From the total number of children admitted to the therapeutic feeding program, 96.7% were discharged cured and 2% defaulted, resulting in a death rate of 0.1% - all of which are within acceptable standards. In addition, WHO strengthened the network of community health workers (CHWs) to increase screening and referral capacities at the community level. These CHWs conducted 2 232 902 household visits (including repeat visits) and screened 378 882 children, which supported the identification of 46 493 children with moderate acute malnutrition and 25 868 children with severe acute malnutrition, and referred these children to health and nutrition facilities.



*A mother and child receive
health services
at Daynile IDP camp.*

Photo: WHO/Ismail Taxta

GREATER HORN OF AFRICA – CONSOLIDATED APPEAL

SOUTH SUDAN

- **Estimated total population (World Bank) –**
11.4 million
- **Acutely food insecure population - high level (IPC 3+) –**
5.8 million
- **Acutely malnourished children (Estimated, IPC) –**
1.7 million
- **Refugees (UNHCR) –** 332 000
- **Internally displaced population (UNHCR) –**
1.47 million
- **Ongoing outbreaks (WHO) –**
Measles, hepatitis E and malaria

South Sudan continues to face multiple concurrent crises, including high levels of food insecurity, fragile health systems, inter-communal violence, conflict, weather extremes and disease outbreaks like Hepatitis E and measles. Health service and nutrition delivery relies heavily on humanitarian and external funding.

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

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



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

Photo: WHO

GREATER HORN OF AFRICA – CONSOLIDATED APPEAL

SUDAN

- **Estimated total population (World Bank)** – 46.9 million
- **Acutely food insecure population-high level (IPC 3+)** – 15 million
- **Refugees (UNHCR)** – 960 000
- **Internally displaced population (UNHCR)** – 4.6 million
- **Ongoing outbreaks (WHO)** – Measles, malaria, hepatitis E, dengue fever, cholera

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

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

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

The conflict-induced suspension of aid has disrupted treatment programmes for 50 000 children suffering from severe acute malnutrition, while vital nutrition supplies have been destroyed, including a factory producing 60% of ready-to-use therapeutic and supplementary food to treat acutely malnourished children. If not treated, nine out of 10 children experiencing SAM with medical complications will die.

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

As one of the main achievements in 2023, WHO in Sudan responded in a timely manner to the dengue fever outbreak in seven states by supporting vector control campaigns encompassing entomological surveys, larvae source reduction for aedes mosquitoes, and adult control campaigns as well as health promotion activities. More than 213 000 children with SAM were treated in the nutrition program between January and September 2023. WHO trained senior medical lab scientists to use Dengue duo rapid diagnostic tests safely and effectively and act as trainers for knowledge cascading.



Dr Adam Alnour from WHO visits Barakat School in Wad Madani. The school is now a host centre for internally displaced people (IDPs) from Khartoum.
Photo: WHO/ Ala Kheir

GREATER HORN OF AFRICA – CONSOLIDATED APPEAL

UGANDA

- **Estimated total population (World Bank) –** 47.2 million
- **Acutely food insecure population (Karamoja) high level (IPC 3+) –** 342 000
- **Acutely malnourished children (Karamoja) (Estimated, IPC) –** 89 000
- **Refugees (UNHCR) –** 1.56 million
- **Acutely malnourished children (Estimated, IPC) –** 104 000
- **Ongoing outbreaks (WHO) –** Measles, malaria, anthrax and Rift Valley fever

Karamoja region, located in the northeast of Uganda, is one of the poorest regions in Uganda. It continues to have the highest levels of food insecurity and malnutrition in the country, due to inadequate food access, extreme weather events such as prolonged drought, pest infestation, poor feeding practices, structural poverty, and poor hygiene and sanitation. Malaria and diarrhoea cases remain high in the region, which places a high disease burden on children and leads to malnutrition. Across Karamoja and the surrounding districts, the quality of care for children with severe acute malnutrition (SAM) remains below WHO's recommended standards. Despite current support from WHO, the coverage and quality of care from SAM treatment remains a key priority and will be further strengthened in 2024 by WHO. Karamoja faces additional public health risks resulting from a very poor levels of WASH, with per capita water availability at 21% and latrine use at 30%, in turn increasing the risk of diarrhoeal diseases like cholera. The country is at a high risk of floods & landslides due to increased rainfall associated with El Niño, which will further worsen the risks of food insecurity and disease outbreaks.

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



WHO case management consultant speaks to a health worker at the Ebola treatment centre.

Photo: WHO/ Esther Ruth Mbabazi

ACHIEVEMENTS IN 2023

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



A mother sits with her child under a mosquito net on a bed at a nutrition stabilization centre in Abu Shouk IDP camp in North Darfur.
Photo: WHO

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

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

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

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

FOR MORE INFORMATION

Ms Liesbeth Aelbrecht | Incident Manager Food Insecurity and Health Crisis | GHOA | aelbrechtl@who.int

Ms Myriam Haberecht | External Relations Officer | GHOA | haberechtm@who.int

2024 FUNDING REQUIREMENTS

Greater Horn of Africa Drought and Food Insecurity		US\$ '000						
								Regional & Global Support
Funding requirement by response pillar and by country		Djibouti	Ethiopia	Kenya	Somalia	Sudan	Uganda	Total
P1. Leadership, coordination, planning, and monitoring		140	784	670	2 500		2 564	7 027
P2. Risk communication and community engagement		18	255	111	527	54	318	1 283
P3. Surveillance, case investigation and contact tracing		153	1 120	3 089	8 496	248	1 535	15 266
P4. Travel, trade and points of entry						19		19
P5. Diagnostics and testing				111	1 323			1 434
P6. Infection prevention and control		90		28	2 129			2 247
P7. Case management and therapeutics			403	2 229	162		202	2 996
P8. Operational support and logistics		90	6 979	1 088	9 451	2 880	11	20 499
P9. Essential health systems and services		45	2 217	111	8 184	1 805		12 363
P10. Vaccination		27	1 008		198		48	1 281
P11. Research, innovation and evidence				111	126			237
Total		563	12 766	7 547	33 096	5 007	4 678	64 651

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

HAITI

CONTEXT

Haiti's complex and prolonged humanitarian crisis has significantly worsened in 2023, primarily due to the escalating insecurity tied to the expansion of gang-controlled territory surrounding the capital city. The level of violence severely intensified and expanded geographically in the second quarter of 2023. This situation is also impacting the response capacity of already deteriorated local health systems, further reducing access to essential health services for the Haitian population.

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

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

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

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

People in need¹

5.5 MILLION

People targeted¹

3.6 MILLION

Total Funding requirement for WHO Emergency Operations for Haiti

US\$22 250 000

including US\$ 8 950 000 for Grade-3 Haiti Humanitarian Scale-up

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



Community health workers talk with community members.

Photo: PAHO / WHO

WHO'S STRATEGIC OBJECTIVES

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

WHO 2024 RESPONSE STRATEGY

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

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

- **Scaling up response capacities for cholera and other epidemic-prone diseases:** WHO will prioritize the reinforcement of the MSPP's response capabilities in collaboration with the limited number of health partners with operational capacity in Haiti. This entails bolstering epidemiological and laboratory surveillance for cholera and other epidemic-prone diseases, enhancing cholera case management, and implementing effective risk communication and community engagement strategies to promote preventative and protective actions. This comprehensive approach will extend to IDP sites, ensuring appropriate protection mechanisms and delivery of health interventions in situations of extreme vulnerability.
- **Enhancing pre-emergency and emergency services:** To address the intensifying acute health needs, WHO will increase its technical, operational, and logistical support to local health networks, primarily health facilities located in or around areas under the influence of gangs. Particular focus will be placed on maternity wards in facilities located in border departments, which are currently overwhelmed following the closure of the border with the Dominican Republic. WHO will prioritize further capacity-building of health personnel in emergency care delivery and procurement of essential medicines, medical supplies and equipment, fuel, generators and other logistical items to support trauma care for individuals wounded by gang violence. Another pivotal part of WHO's response strategy targets the extended delivery of essential health services through mobile clinics to individuals displaced to temporary sites. These services will encompass the identification and referral of critical conditions including GBV cases and persons in need of mental health support. In that context, the expansion of surveillance activities within these sites will be paramount to ensure the timely detection and management of public health concerns.





A community health worker
talks with a woman.

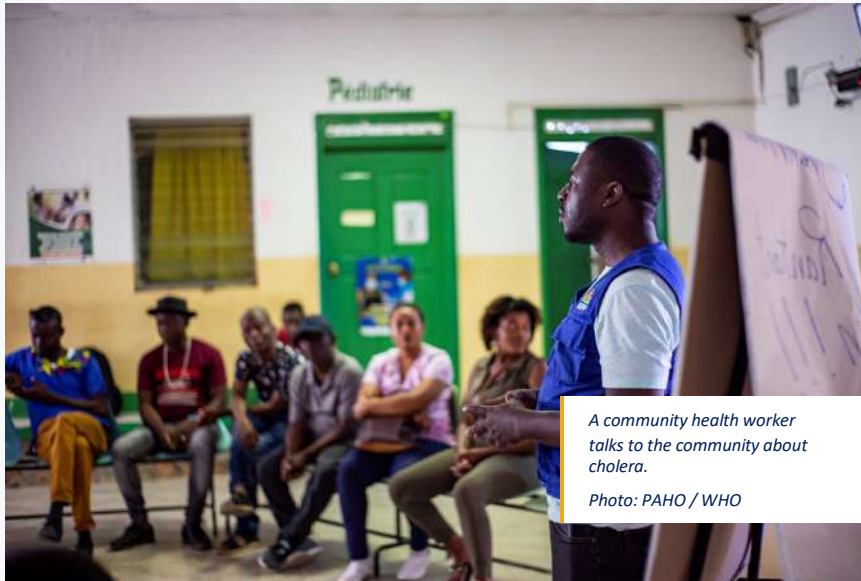
Photo: PAHO / WHO

KEY ACTIVITIES FOR 2024

- Support and expand laboratory and epidemiological surveillance capacities for cholera and other epidemic-prone diseases, including in IDP camps
- Monitor and evaluate the quality of case management, water, sanitation and hygiene (WASH), and infection prevention and control (IPC) measures in Cholera Treatment Centers (CTCs)
- Improve the clinical management of cholera cases in CTCs through capacity-building, small repairs and the provision of medical and WASH supplies
- Enhance community-based surveillance and sensitization through the Community Health Workers (CHWs) network
- Scale up healthcare access and delivery capacity in primary health services
- Provide medicines and supplies for hospitals in areas under gang influence or control, including maternity wards
- Provide mobile clinics in IDP sites, including for supporting GBV and mental health cases
- Support emergency rooms and operating theaters for the continuation of activities, such as the provision of medical supplies and equipment
- Support the National Ambulance Center with the provision of medical supplies and logistical means to ensure the transportation of patients
- Support hospitals around the drafting of a mass casualty plan
- Build capacity of medical staff on emergency case management
- Sustain the operational capacity of hospitals strained due to the current situation, such as providing access to electricity, fuel, waste management, etc

ACHIEVEMENTS IN 2023

CHOLERA OUTBREAK: COMMUNITY HEALTH WORKERS PILLARS OF RESPONSE ON THE GROUND



A community health worker talks to the community about cholera.

Photo: PAHO / WHO

Integrated into their communities, Community Health Workers (CHWs) like Esterline Dumezil in Cite Soleil are the backbone of the community health response. “The people in my commune regularly talk to me about their health problems, but also about their economic and social problems,” she explains. Following an extensive training, Esterline was deployed to the field along with 300 other colleagues, aiming to go door-to-door and educate the community on the symptoms and risks of cholera, as well as good hygiene, water and sanitation practices.

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

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

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

FOR MORE INFORMATION

Chantal Calvel | Health Emergencies Advisor | PAHO/ PAHO / WHO | calvelc@paho.org

Julie Mauvernay | Health Emergencies Resource Mobilization and Communications Lead | PAHO | mauvernj@paho.org



Medical supplies arrive for a Haitian community.

Photo: PAHO / WHO

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

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

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

Haiti Emergency Appeal Funding requirements by emergency event (US\$'000)			
Emergency Event	Country level operations	Regional level support	Total
Multi-Region Cholera	12 400	900	13 300
Haiti Humanitarian Crisis	8 250	700	8 950
Total	20 650	1 600	22 250



A PAHO response team member assesses needs in a camp for internally displaced people.

Photo: PAHO / WHO

ETHIOPIA

People in need¹

20 MILLION

People targeted¹

14 MILLION

Total Funding requirement for WHO Emergency Operations in Ethiopia

US\$52 518 000

Funding requirement specifically for Northern Ethiopia Grade-3 emergency

US\$30 000 000

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



CONTEXT

Ethiopia is facing one of the worst humanitarian crises in decades due to the prolonged and protracted effects of conflict and drought, which led to massive internal displacement, socioeconomic hardships, collapse of public services, disease outbreaks, and recurrent floods. As a result, nearly 20.1 million people will require humanitarian assistance across the country in 2024.

Food and nutrition insecurity is also at an all-time high due to drought, conflicts, and economic shocks. According to the Ethiopia Humanitarian Response Plan 2023, approximately 20 million people in the country require food assistance, with 17 million residing in 391 drought-affected districts across multiple regions. The drought-induced food insecurity poses multiple public health emergencies and threats.

These include severe acute malnutrition, disease outbreaks like cholera, measles, malaria, visceral leishmaniasis and water-borne illnesses. Moreover, this crisis has resulted in internal displacements, gender-based violence, mental health, and psychosocial issues, and restricted healthcare access. Besides drought, Ethiopia is dealing with the aftermath of the conflict in Northern Ethiopia. Despite the signing of the Cessation of Hostilities Agreement nearly a year ago, the situation remains critical.

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

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

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

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



WHO Risk Communication and Community Engagement Officer, Alemu Abebe, engages in a community mobilization meeting.

Photo: WHO / Mulugeta Ayene

WHO'S STRATEGIC OBJECTIVES

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

WHO 2024 RESPONSE STRATEGY

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

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



*A nurse takes care of a patient recovering from severe illness at a cholera treatment centre.
Photo: WHO/ Mulugeta Ayene*



Community members attend a community mobilization meeting on WASH-related and cholera response activities.

Photo: WHO / Mulugeta Ayene

KEY ACTIVITIES FOR 2024

- Strengthen disease outbreak surveillance, prevention, and response (cholera, malaria, Dengue Fever, HIV)
- Enhance access to quality emergency and essential life-saving health and nutrition care services
- Strengthen the health system and enhance recovery, including by strengthening the Regional Health Bureau leadership, governance, and management structure, re-establishing zonal health structures, health workforce recruitment and capacity-building for RHB, zones and health facilities, and improving access to health service delivery
- Support rapid health facilities functionality, including through rehabilitation and equipment
- Provide emergency and essential medical kits, supplies, and commodities to regions to timely respond to health-related needs in affected woredas
- Strengthen the health information management system to enhance analytics and informatics, especially timely needs identification, gap analysis, advocate gap filling, support prioritization, decision making, resource allocation and mobilization

ACHIEVEMENTS IN 2023

HEALTH CHAMPIONS HELP CURB THE SPREAD OF CHOLERA IN ETHIOPIA



Dr Teshome Mekonnen Engida demonstrates water quality solutions to community members.

Photo: WHO/ Mulugeta Ayene

A year after the first cholera cases in Ethiopia's current outbreak were detected in August 2022, it has spread to 10 of the country's 13 regions. More recently, however, owing to a government-led response supported by partners including the WHO, new cases have decreased significantly in two of the three worst affected regions – Somali and to some extent the Southern Nations, Nationalities and Peoples region. Somali region was able to successfully bring the outbreak under control.

Health champions are at the forefront of the response, serving as role models within their communities and leading by example in the implementation of good hygiene practices in their households. They participate actively in community discussions.

To support the work of the health champions, WHO helps monitor water quality, provides supplies such as household water treatment tablets, coordinates supporting partners and works with health authorities to engage communities and encourage positive behavioural change.

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

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

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

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

FOR MORE INFORMATION

Dr Dlamini, Nonhlanhla | WHO Representative | Ethiopia | email address: dlaminin@who.int

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

A cholera survivor uses a water treatment capsule at home.

Photo: WHO/ Mulugeta Ayene

2024 FUNDING REQUIREMENTS

Northern Ethiopia Humanitarian Response - Funding requirement by response pillar	US\$ '000
P1. Leadership, coordination, planning, and monitoring	1 275
P2. Risk communication and community engagement	570
P3. Surveillance, case investigation and contact tracing	1 600
P4. Travel, trade and points of entry	80
P5. Diagnostics and testing	2 000
P6. Infection prevention and control	4 000
P7. Case management and therapeutics	8 000
P8. Operational support and logistics	8 160
P9. Essential health systems and services	3 565
P10. Vaccination	750
P11. Research, innovation and evidence	
Total	30 000

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

Ethiopia - Country office requirement	US\$ '000
Northern Ethiopia Humanitarian Response	30 000
Greater Horn of Africa Drought and Food Insecurity	12 766
Other graded emergencies and ongoing operations	9 752
Emergency appeal requirement	52 518
2.1 Countries prepared for health emergencies	4 468
2.2 Epidemics and pandemics prevented	2 936
2.3 Health emergencies rapidly detected and responded to	1 272
Billion 2 - Base programme requirement	8 677
Total	61 195



Tigist Teshome washes her daughter and fetches water from a river.

Photo: WHO/ Mulugeta Ayene

MULTI-COUNTRY APPEAL: OCCUPIED PALESTINIAN TERRITORY (oPt)

People in need¹

3.1 MILLION

People targeted¹

2.7 MILLION

Multi-country Funding requirements

US\$219 126 000

Funding requirements for WHO Emergency operations in oPt

US\$203 967 000

¹ Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.



CONTEXT

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

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

As hostilities endure, the destruction of civil society, high casualty rates and forced displacement coupled with a persisting lack of food, water, sanitation and access to health care all constitute a death sentence for large portions of the population. The inability to safely implement even the most basic public health interventions and the ongoing destruction of the health system means that diseases will spread, people will not be able to access health care for their growing health needs, and innocent people will continue to suffer and die needlessly.



*A child receives healthcare in Khan Younis.
Photo: WHO*



Two children ride in a vehicle west of Rafah near the Egyptian border. The escalating crisis in Israel and the occupied Palestinian territory has displaced over 1.9 million people and large numbers of civilians have been killed or injured.

Photo: WHO

The most pressing health needs include the management of traumatic injuries, with over 57 000 casualties reported as of 4 January 2024; mental health, with over 485 000 people believed to have mental disorders; maternal and child health, with an average of 183 deliveries per day; non-communicable diseases, with 350 000 people living with chronic conditions, and nutrition, with 337 500 children under the age of five and 155 000 pregnant and lactating women in need of nutrition interventions. Deteriorating sanitary conditions have increased the risk of epidemic outbreaks, and cases of waterborne diseases, respiratory infections, skin conditions, and other public health threats have been reported. Currently, laboratory capacities and surveillance systems are limited to syndromic reporting.

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

There has been escalating Israeli settler and military violence in the West Bank, including the use of live ammunition and airstrikes, as well as the complete obstruction of checkpoints between Palestinian towns and closures of several communities. Between 7 October 2023 and 4 January 2024, 313 Palestinians, including 80 children, were killed by Israeli forces in the West Bank. In addition, 3949 Palestinians have been injured, including at least 593 children. This marks the highest yearly number of Palestinians killed in the West Bank and east Jerusalem since OCHA started recording casualties in 2005.

More than 1200 Palestinians have been forcibly displaced from their homes in the West Bank, including at least 198 Palestinian households. A further 444 Palestinians were displaced in Area C of the West Bank and east Jerusalem following the demolition of their homes by the Israeli authorities, which occurred on the grounds of a lack of Israeli-issued building permits or as a punitive measure. Many patients are prevented from accessing health facilities due to the restrictions on movement imposed by the occupation, preventing entry or exit for patients, health personnel and ambulances. WHO has recorded multiple reports of ambulances experiencing delays crossing checkpoints, which threatens the life of patients in transit. In addition, instances of attacks on paramedics and health workers have been recorded.

The health system in the Gaza Strip has been systematically degraded and is collapsing. The public health risks in the Gaza Strip are immense, driven by the conditions created by the conflict, barriers to access to health care, challenges in supplying hospitals and ongoing attacks on health care. The health system in the Gaza Strip must be protected, supported, re-supplied and supplemented.

Chronically ill people will die from a lack of health care and medication, pregnant women and newborn babies no longer have the medical services required to manage complications, and mental health needs are rapidly soaring. Access to health care through hospitals and primary health centers must be re-established and expanded. Further, the risk of epidemics is extremely high. In addition to detection, response and treatment measures, conditions that facilitate epidemics must be addressed through multi-sectoral humanitarian assistance.

In order to save lives in the Gaza Strip, WHO and health partners require conditions to work safely and resources to scale up assistance. Protection of health care and aid workers, and sustained humanitarian assistance are not possible in the current context. WHO is mandated by the Executive Board Resolution EBSS/7/CONF/1/Rev1 to secure with donors the funding for the immediate health needs as well as rehabilitation and rebuilding of the health system in the oPt prior the WHA77 with an estimated cost of \$332M (approximately \$220M for immediate health needs and \$112M for early recovery).

POTENTIAL REGIONAL IMPACT

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

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

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



Buildings destroyed by airstrikes on the Gaza Strip.

Photo: WHO

WHO'S STRATEGIC OBJECTIVES

- **Health service delivery:** Provide support to the existing health system. Re-establish trauma pathways from the point of injury through rehabilitation. Maintain the continuity of essential health services across the life course. Re-establish of the referral pathway at the primary, secondary and tertiary levels, supporting medical evacuation as needed.
- **Public health intelligence, early warning, disease prevention and control:** Alongside key partners, re-establish and implement a robust early warning mechanism and disease surveillance that will consider information flows from communities, IDP shelters and health facilities.
- **Supplies and logistics support:** Procure and deliver life-saving medical supplies, equipment and medication. Strategic supply chain management and prepositioning of medicines and supplies.
- **Partner coordination:** Coordinate and deliver life-saving health services to the population of the occupied Palestinian territory, working through local, regional and global operational partnerships, including the health cluster, Emergency Medical Teams (EMT), Global Outbreak Alert and Response Network (GOARN), and Standby partners, among others.



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

Photo : WHO

WHO 2024 RESPONSE STRATEGY

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

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

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

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

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



On 1 January, a WHO team visited a shelter in Gaza by UNRWA.

Photo: WHO



Over 1.9 million people in the Gaza Strip are estimated to be internally displaced, including 1.6 million internally displaced people who are staying in UNRWA shelters.

Photo: WHO

KEY ACTIVITIES FOR 2024

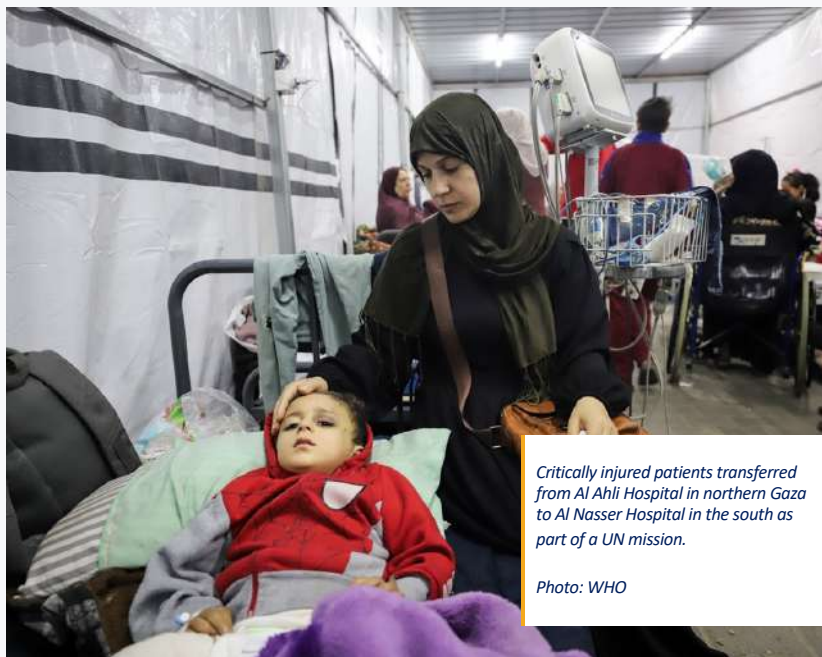
- Provide immediate lifesaving pre-hospital and hospital-based trauma and emergency medical services to the injured and critically ill, ensuring the continued availability of trauma kits and essential lifesaving medical supplies
- Maintain continuity of essential health services and re-establish the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

Post-hostilities, key health priorities will include to:

- Assess the level of damage and need in the health sector
- Restore functionality of the health system by supporting and maximizing the capacity of the operational hospitals and primary health centres with medications, medical supplies, fuel, and personnel (including emergency medical teams)
- Reactivate non-functional hospitals and primary care centres wherever possible through basic rehabilitation, including the deployment of personnel and provision of supplies
- Support mobile clinics to address the health needs of internally displaced people (particularly in non-UNRWA shelters), with focus on the special needs of women and children
- Support provision of MHPSS services for people in need, including the health workforce, and provide psychological interventions and psychotropics

ACHIEVEMENTS IN 2023

WHO TEAMS DELIVER SUPPLIES TO HOSPITALS IN NORTHERN GAZA AND SOUTHERN GAZA



Critically injured patients transferred from Al Ahli Hospital in northern Gaza to Al Nasser Hospital in the south as part of a UN mission.

Photo: WHO

For regular updates on WHO's response in the occupied Palestinian territory:

Access WHO's [situation reports](#) for the latest information



Alongside partners, WHO teams have undertaken high-risk missions to deliver supplies to hospitals in Northern and Southern Gaza witnessing intense hostilities in their vicinity, high patient loads and overcrowding caused by people displaced by the conflict seeking refuge.

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

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

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

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

FOR MORE INFORMATION

Dr. Ayadil Saparbekov | Health Emergencies Team Lead | WHO oPt | asaparbekov@who.int

Dr Shannon Barkley | Health Policy Adviser | WHO oPt | barkleys@who.int



A WHO-led mission to evacuate premature babies, the Gaza Strip.

Photo: WHO

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

occupied Palestinian territory crisis	US\$ '000						Total
	occupied Palestinian territory	Egypt	Iran	Jordan	Lebanon	Regional & Global support	
Funding requirement by response pillar and by country							
P1. Leadership, coordination, planning, and monitoring	12 045	178	254	167	277	786	13 708
P2. Risk communication and community engagement	448	331	30	29	9	113	959
P3. Surveillance, case investigation and contact tracing	10 956	126	90	53	270	125	11 619
P4. Travel, trade and points of entry		105			1	6	112
P5. Diagnostics and testing	3 000	330			30	43	3 403
P6. Infection prevention and control	250	331			33		614
P7. Case management and therapeutics	5 815	1 095	2 198		2 550	90	11 748
P8. Operational support and logistics	6 497	83	476	58	270	342	7 725
P9. Essential health systems and services	164 707	210	718	180	2 610	120	168 544
P10. Vaccination		240		180	18		438
P11. Research, innovation and evidence	250				6		256
Total	203 967	3 029	3 765	667	6 074	1 625	219 126

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

occupied Palestinian territories - Country office requirement	US\$ '000
occupied Palestinian territory crisis	203 967
Emergency appeal requirement	203 967
2.1 Countries prepared for health emergencies	2 298
2.2 Epidemics and pandemics prevented	150
2.3 Health emergencies rapidly detected and responded to	970
Billion 2 - Base programme requirement	3 418
Total	207 384



An internally displaced Palestinian boy waiting in line for food in Rafah, southern Gaza Strip.

Photo: WHO

SOMALIA

People in need¹

6.9 MILLION

People targeted¹

5.1 MILLION

Total funding requirement for WHO Emergency Operations in Somalia

US\$73 644 000

Funding requirement specifically for Grade-3 Somalia Complex Emergency

US\$25 160 000

¹ Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.

² Integrated Food Security Phase Classification (IPC): <https://www.ipcinfo.org/ipcinfo-website/ipc-overview-and-classification-system/en/>



CONTEXT

After an unprecedented drought in 2022-23, Somalia continues to experience significant ongoing effects, including high levels of food insecurity and malnutrition. Over 3 million people, representing 22% of the population, still face acute food insecurity at IPC² Phase 3 or 4. Levels of childhood malnutrition remain high, as does disease prevalence among children and vulnerable groups. Somalia now faces the added threat of El Niño, a climactic event expected to cause extreme flooding. The anticipated widespread floods could impact over 1.2 million people in Somalia's riverine districts, destroy vital health facilities, and contaminate water sources. This would likely worsen outbreaks of waterborne and vector-borne diseases. Large-scale displacement may also limit healthcare access for millions.

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

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



Fadumo Mohamed and her daughter Khaliye pictured at Raama Cadey camp for internally displaced people in Baidoa, Somalia, 22 March 2023. Khaliye, who has never received a vaccine, was vaccinated against measles, polio and pneumonia by an outreach team supported by WHO.

Photo: Abdulkadir Zubeyr.

WHO'S STRATEGIC OBJECTIVES

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

WHO 2024 RESPONSE STRATEGY

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

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

WHO coordinates 55 cluster partners consisting of UN agencies, non-governmental agencies (NGOs) and community-based organizations and collaborates with the inter-cluster coordination group (ICCG) and other stakeholders in Food Security, WASH, Nutrition and Protection clusters. Where there are gaps in essential health service delivery, WHO will work with the Ministry of Health at the Federal and State level

to ensure the provision of essential health service to vulnerable and marginalised populations through training of healthcare workers at both health facilities and community levels, and procurement and distribution of interagency emergency health kits and medicines.

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



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

Photo: WHO



Women attend a community dialogue with WHO on promoting good health.

Photo: WHO / S. Farah

KEY ACTIVITIES FOR 2024

- Strengthening early warning, surveillance and information-sharing systems for epidemic detection and response
- Implementing early actions for outbreak prevention and control
- Improving access to essential health and nutrition care for vulnerable populations for improved health and nutrition outcome
- Improving coordination and collaboration for effective delivery of integrated health and nutrition services
- Supporting expansion of access to basic healthcare services at the community level for marginalized and displaced populations
- Providing essential medicine, drug, and nutrition supplies at the primary healthcare level to maintain and prevent disruption of essential health services in the event of any big and major health emergency event
- Providing mental health and psychosocial services (MPHSS) through community-based interventions and as part of integrated care at the primary healthcare level
- Strengthening public health preparedness and response at the district level through strengthening disease early warning systems, deploying rapid response teams, sustaining laboratory capacities for disease detection, improving risk communication and increasing access to safer care
- Supporting routine and supplementary immunization activities to increase immunization coverage among the target population and prevent vaccine-preventable diseases
- Strengthening health-cluster and inter-cluster coordination capacity at national and sub-national levels to improve the effectiveness of the response, prevent duplication and ensure the targeting of the most vulnerable populations

ACHIEVEMENTS IN 2023

AT-RISK 'ZERO DOSE CHILDREN' GET VACCINES AS SOMALIA DROUGHT WOES MOUNT



A WHO staff member talks to community members during a vaccination campaign.

Photo: WHO

In Baidoa, Somalia, where drought has persisted for six seasons, WHO spearheads efforts to address the health needs of displaced families, focusing on unvaccinated children vulnerable to diseases like measles and pneumonia. Fadumo Mohamed Ibrahim, a Somali farmer, arrived at a settlement near Baidoa after a 25-day journey, seeking help for her sick daughter Khaliye. With no access to healthcare or vaccinations in their village, they represent the 'zero dose children' - those who have never received any immunization.

WHO-supported health outreach teams identify and assist families like Fadumo's, working closely with community leaders to address the health needs of displaced populations. At makeshift vaccination centers, health workers, equipped with face masks and gloves, administer crucial vaccines against measles, polio, and pneumonia prevalent in the crowded settlements ringing the city.

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

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

FOR MORE INFORMATION

Ms Fouzia Bano | Communications Officers | WHO Somalia | banof@who.int



A community health worker at a site for Internally Displaced Persons.

Photo: WHO/Ismail Taxta

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

Somalia Complex Emergency	US\$ '000		
		Regional &	
Funding requirement by response pillar	Somalia	Global support	Total
P1. Leadership, coordination, planning, and monitoring	3 469		3 469
P2. Risk communication and community engagement	1 290		1 290
P3. Surveillance, case investigation and contact tracing	2 117		2 117
P4. Travel, trade and points of entry	1 553		1 553
P5. Diagnostics and testing	7 367		7 367
P6. Infection prevention and control	1 385		1 385
P7. Case management and therapeutics	2 941	23	2 963
P8. Operational support and logistics	1 983		1 983
P9. Essential health systems and services	64		64
P10. Vaccination			
P11. Research, innovation and evidence	2 970		2 970
Total	25 137	23	25 160

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

Somalia - Country office requirement	US\$ '000
Greater Horn of Africa Drought and Food Insecurity	33 096
Somalia Complex Emergencies	25 137
Other graded emergencies and ongoing operations	15 410
Emergency appeal requirement	73 644
2.1 Countries prepared for health emergencies	631
2.2 Epidemics and pandemics prevented	2 601
2.3 Health emergencies rapidly detected and responded to	8 479
Billion 2 - Base programme requirement	11 711
Total	85 354



WHO staff checking solar powered oxygen concentrator in WHO supported Hanano hospital, Dhusomareb. Photo: Ismail Taxta

SOUTH SUDAN

People in need¹

9 MILLION

People targeted¹

6 MILLION

Total funding requirement for WHO's Emergency Operations in South Sudan

US\$24 253 000

Funding requirement for specifically for Grade-3 South Sudan Humanitarian Crisis

US\$22 432 000

¹ Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.

CONTEXT

South Sudan faces a severe humanitarian situation driven by negative climatic conditions including floods and drought, as well as conflict, displacement, economic downturn, acute food insecurity and the resultant risk of disease outbreaks. An estimated 8.5 million people will require humanitarian assistance in 2024, including 2 million internally displaced persons (IDPs). In addition, six months of violence in Sudan that started in April 2024 between the Sudanese Armed Forces (SAF) and the paramilitary Rapid Support Forces (RSF) has further exacerbated the humanitarian situation in South Sudan. As of 10 December, South Sudan had received 428 324 refugees including more than 360 000 returning refugees and new refugee arrivals.

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

For 2024, it is estimated that millions of people will still be unable to meet minimum food needs as food stocks could be depleted by April 2024. Additionally, ongoing sporadic conflicts and the influx of returnees and refugees from Sudan is likely to strain food supplies and incomes further, driving severe malnutrition. Flooding also remains a concern, in 2023, areas of Upper Nile and Unity states remained under floodwaters, with an estimated 7021 people still displaced in Rubkona (IRNA, 24 Feb 2023).

South Sudan has a health system stretched beyond capacity, with low health workforce availability, weak disease surveillance, and low vaccine coverage for most preventable diseases. In 2024, pressures from climatic shocks, insecurity, and displacement will compound these constraints to further exacerbate South Sudan's public health crisis. The country is currently facing a recurrent measles outbreak that started in 2023 and has so far been reported in 68 counties. In 2023, there were 6389 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 1471 cases and 2 deaths were reported.



A health worker treats an infant for acute malnutrition.

Photo: WHO / Peter Louis Gume

WHO'S STRATEGIC OBJECTIVES

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

WHO 2024 RESPONSE STRATEGY

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

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

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

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



A pharmacist in Renk gives medicine to a patient.

Photo: WHO / Peter Louis Gume



Health workers measure
a refugee child.
Photo: WHO / Peter Louis Gume

KEY ACTIVITIES FOR 2024

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

ACHIEVEMENTS IN 2023

DELIVERING INTEGRATED HEALTH RESPONSES TO SAVE LIVES IN FOOD INSECURE STATES OF SOUTH SUDAN



A WHO Nutrition Officer on a supervision mission to a nutrition stabilisation centre in South Sudan.

Photo: WHO

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

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

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

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

FOR MORE INFORMATION

Dr Fabian Ndenzako | WHO Representative | South Sudan | ndenzakof@who.int

Dr Bategereza Aggrey | Emergency Team Lead | South Sudan | bategerezaa@who.int

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



WHO staff speak to refugees awaiting treatment.

Photo: WHO / Peter Louis Gume

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

South Sudan Humanitarian Crisis - Funding requirement by response pillar	US\$ '000
P1. Leadership, coordination, planning, and monitoring	1 964
P2. Risk communication and community engagement	658
P3. Surveillance, case investigation and contact tracing	4 129
P4. Travel, trade and points of entry	349
P5. Diagnostics and testing	1 470
P6. Infection prevention and control	734
P7. Case management and therapeutics	752
P8. Operational support and logistics	5 746
P9. Essential health systems and services	5 286
P10. Vaccination	
P11. Research, innovation and evidence	1 344
Total	22 432

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

South Sudan - Country office requirement	US\$ '000
South Sudan Humanitarian Crisis	22 432
COVID-19	979
Other graded emergencies and ongoing operations	842
Emergency appeal requirement	24 253
2.1 Countries prepared for health emergencies	1 561
2.2 Epidemics and pandemics prevented	2 318
2.3 Health emergencies rapidly detected and responded to	4 581
Billion 2 - Base programme requirement	8 461
Total	32 714



WHO National Health Coordinator, Salim Mohamednour.
Photo: Lindsay Mackenzie

SUDAN AND NEIGHBOURING COUNTRIES

People in need¹

24.7 MILLION

People targeted¹

14.7 MILLION

Funding requirement for all WHO Emergency Operations in Sudan:

US\$53 852 000

Total funding requirement specifically for
Sudan Conflict and neighbouring countries Grade-3 emergency:

US\$39 842 000

¹ Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.



CONTEXT

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

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

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



Nadir Makki, head of WHO operations in Al Jazeera state.

Photo: WHO / Ala Kheir

WHO'S STRATEGIC OBJECTIVES

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

WHO 2024 RESPONSE STRATEGY

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

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

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

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



*A woman receives care
at a Cholera Treatment Center.
Photo: WHO / Ala Kheir*



*A woman speaks to staff
at an IDP center in Gedarf.
Photo: WHO / Ala Kheir*

KEY ACTIVITIES FOR 2024

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

ACHIEVEMENTS IN 2023

MOBILE CLINICS IN SUDAN PROVIDE ESSENTIAL HEALTHCARE SERVICES



WHO staff at a mobile clinic.
Photo: WHO

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

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

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

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

FOR MORE INFORMATION

Fabiola D’Amico | Resource Mobilization Officer | WHO EMRO | damicof@who.int

Myriam Haberecht | External Relations Officer | WHO AFRO | haberechtm@who.int



A baby and her mother are treated at a clinic in eastern Sudan.

Photo: WHO / Ala Kheir

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

Sudan Conflict and Complex Emergency	US\$ '000				
				Regional & Global support	
Funding requirement by response pillar and by country	Sudan	Chad	Egypt		Total
P1. Leadership, coordination, planning, and monitoring	1 077	1 353	253	159	2 842
P2. Risk communication and community engagement	1 535		855	9	2 399
P3. Surveillance, case investigation and contact tracing	4 163	1 157	327	85	5 732
P4. Travel, trade and points of entry	582		180		762
P5. Diagnostics and testing	212	55	546	20	833
P6. Infection prevention and control	1 045		720		1 765
P7. Case management and therapeutics	7 039		1 193	44	8 275
P8. Operational support and logistics	1 822	3 705	175	45	5 746
P9. Essential health systems and services	4 780	692	225	4 915	10 612
P10. Vaccination		380	495		875
P11. Research, innovation and evidence					
Total	22 255	7 343	4 968	5 276	39 842

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

Sudan - Country office requirement	US\$ '000
Sudan Conflict and Complex Emergency	22 255
COVID-19	8 273
Greater Horn of Africa Drought and Food Insecurity	5 007
Multi-Region Cholera	3 681
Other graded emergencies and ongoing operations	14 636
Emergency appeal requirement	53 852
2.1 Countries prepared for health emergencies	1 120
2.2 Epidemics and pandemics prevented	1 250
2.3 Health emergencies rapidly detected and responded to	2 797
Billion 2 - Base programme requirement	5 167
Total	59 019



A boy waits to meet the head of health promotion at a school in Barakat.
Photo: WHO / Ala Kheir

WHOLE OF SYRIA OPERATIONS

People in need¹

15.3 MILLION

People targeted¹

13 MILLION

Funding requirement for Whole of Syria Operations:

US\$79 829 000

Funding requirement specifically for
WHO Emergency Operations in Syrian Arab Republic:

US\$53 428 000

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

CONTEXT

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

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



WHO-supported mobile clinic for IDPs in Al Zouhoria, Homs governorate.

Photo: WHO Syria

WHO'S STRATEGIC OBJECTIVES

- WHO will support the continuity of essential health services and improve the access, availability, functionality and quality of health services across the Syrian Arab Republic
- WHO will work to strengthen the health system's capacity to prepare for, prevent, detect and respond to diseases of epidemic potential
- WHO will support and enhance the resilience of the health system through improved infrastructure, strengthened supply chain and health information systems, expanded community engagement and a focus on the quality and adherence to national and international guidelines

WHO 2024 RESPONSE STRATEGY

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

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

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

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

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



A WHO team on a needs assessment trip in Syrian Arab Republic.

Photo: WHO / Catherine Smallwood



WHO Director-General,
Dr Tedros Adhanom
Ghebreyesus with Abdou and his
mother. The family lost their
home in the earthquake.
Photo: WHO / Inas Hamam

KEY ACTIVITIES FOR 2024

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

ACHIEVEMENTS IN 2023

PROVIDING LIFE-SAVING HEALTH SERVICES IN THE SYRIAN ARAB REPUBLIC



Aya receives kidney dialysis at the WHO-supported AFA Medical Centre.
Photo: WHO / Hala Kabash

Aya, is 20 years old and comes from rural Homs Governorate. She was diagnosed with kidney disease at the age of 17. Since then, she has had to undergo life-saving dialysis three times a week.

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

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

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

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

FOR MORE INFORMATION

Dr Iman Shankiti | WHO Representative in Syria | WHO Syria | shankitii@who.int
Rosa Crestani | Emergency Manager | WHO Syria | crestanir@who.int



People shelter in a makeshift camp.
Photo: WHO / Ibrahim Al Shikh Ali

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

Whole of Syria Complex Emergency	US\$ '000			
	WHO Country Office Syria	WHO Field Office Gazientep	Regional & Global support	Total
Funding requirement by response pillar and by country				
P1. Leadership, coordination, planning, and monitoring	221	2 361	28	2 610
P2. Risk communication and community engagement	690	2		693
P3. Surveillance, case investigation and contact tracing	6 368	767	140	7 275
P4. Travel, trade and points of entry	22	97		118
P5. Diagnostics and testing	1 046	178		1 224
P6. Infection prevention and control	18	228		246
P7. Case management and therapeutics	15 270	165	45	15 480
P8. Operational support and logistics	5 220	15 240		20 460
P9. Essential health systems and services	14 045	5 807	342	20 194
P10. Vaccination	7 668	3 639		11 306
P11. Research, innovation and evidence	118	87	18	223
Total	50 685	28 572	573	79 830

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

Syrian Arab Republic - Country office requirement	US\$ '000
Syrian Arab Republic Complex Emergencies	50 685
Multi-Region Cholera	950
Other graded emergencies and ongoing operations	1 793
Emergency appeal requirement	53 428
2.1 Countries prepared for health emergencies	561
2.2 Epidemics and pandemics prevented	1 369
2.3 Health emergencies rapidly detected and responded to	2 070
Billion 2 - Base programme requirement	4 000
Total	57 429



Ayman, aged 12, with a rehabilitation expert at the Alhedaya Physiotherapy Centre in Dana-subdistrict in Idlib.

Photo: WHO / Khalil Ashawi

UKRAINE

People in need

14.6 MILLION

People targeted

8.5 MILLION

Total Funding requirement for WHO Emergency Operations in Ukraine

US\$ 79 521 000

1 Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.

CONTEXT

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

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

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

Ukraine's economy suffered a steep 29.2% GDP decline in 2022, exacerbating poverty and impeding development. The economic downturn, combined with increased defense spending, has strained public finances, limiting government funding for healthcare and other social sectors. Healthcare spending decreased from 7.1% of the total budget in 2022 to 5.6% in 2023. An April 2023 health needs assessment revealed that two-thirds of individuals seeking healthcare encountered barriers, primarily due to costs and access issues, causing 25% of households to postpone medical treatment,

9.6 million people in Ukraine are estimated to be at risk of or living with a mental health condition, and 3.9 million people are estimated to suffer from moderate to severe symptoms. The war has also increased injury rates, pressuring the rehabilitation system, with many requiring both immediate and long-term rehabilitation services.

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



Khristyna Lopatenko is a Ukrainian nurse from Kharkiv Oblast Hospital caring for patients during the war.

Photo: WHO Ukraine

WHO'S STRATEGIC OBJECTIVES

- Strengthen essential trauma and emergency medical services, including control and prevention of infectious disease outbreaks in health care settings, to prevent and respond to life-threatening health risks of vulnerable, war-affected communities.
- Enable access to continuity of essential health services and primary health care for people suffering from infectious and chronic noncommunicable diseases in war-affected areas, at risk of or impacted by service disruptions.
- Lead effective coordination of humanitarian interventions, assessments, partner project supervision, and information management in public health to deliver value-added partnerships and reinforce evidence-based decision-making in the sector.
- Support resilience and readiness for a sustainable recovery of the healthcare systems in Ukraine.



WHO 2024 RESPONSE STRATEGY

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

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

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

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



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



*A nurse administers a vaccination inside the vaccination bus, provided by WHO, during the field vaccination in the village of Turye, Lviv region.
Photo: WHO Ukraine*

KEY ACTIVITIES FOR 2024

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

ACHIEVEMENTS IN 2023

WHO'S MODULAR HEALTHCARE UNITS RESTORE SERVICES IN LIBERATED OBLASTS



*The WHO Country Office in Ukraine, donated 59 buses to the Ministry of Health of Ukraine to help strengthen far-flung vaccination efforts across the country during the war, with support from donors.
Photo: WHO / Christopher Black.*

During the mission to Kherson region, Jarno Habicht, WHO Representative in Ukraine and Serhii Dubrov, deputy Minister of Health, visited the newly installed modular unit in Kherson region. This unit will serve as an emergency medical services (EMS) base to ensure service continuity in Kherson region instead of damaged facilities.

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

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

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

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

FOR MORE INFORMATION

Emanuele Bruni | Incident Manager UKRAINE | brunie@who.int

Heather Papowitz | Incident Manager | WHO EURO | papowitzh@who.int



Emergency Medical Team member at the Centre of Disaster Medicine in Kyiv, Ukraine.

Photo: WHO/Christopher Black

REFUGEE-HOSTING COUNTRIES

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

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

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

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



A Medevac operation coordinated by WHO where Ukrainian paramedics from the Emergency Medical Service and Humanosh Medevac Team transport a patient to an aircraft.

Photo: WHO / Agata Grzybowska.

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

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

Ukraine War			
US\$ '000			
		Regional &	
Funding requirement by response pillar and by country	Ukraine	Global support	Total
P1. Leadership, coordination, planning, and monitoring	8 115	649	8 764
P2. Risk communication and community engagement	1 124		1 124
P3. Surveillance, case investigation and contact tracing	2 043		2 043
P4. Travel, trade and points of entry			
P5. Diagnostics and testing	2 482		2 482
P6. Infection prevention and control	1 090		1 090
P7. Case management and therapeutics	43 876		43 876
P8. Operational support and logistics	8 248	1 500	9 748
P9. Essential health systems and services	8 022		8 022
P10. Vaccination			
P11. Research, innovation and evidence			
Total	75 000	2 149	77 149

Refugee-Hosting countries			
US\$ '000			
	Refugee-Hosting Countries*	Regional & Global support	Total
Funding requirement by response pillar and by country			
P1. Leadership, coordination, planning, and monitoring	6 293	706	6 999
P2. Risk communication and community engagement	3 049	149	3 198
P3. Surveillance, case investigation and contact tracing	63	5	68
P4. Travel, trade and points of entry	261		261
P5. Diagnostics and testing	2 070		2 070
P6. Infection prevention and control	1 145		1 145
P7. Case management and therapeutics	675		675
P8. Operational support and logistics	10 107	276	10 383
P9. Essential health systems and services	11 294	144	11 438
P10. Vaccination	648		648
P11. Research, innovation and evidence			
Total	35 606	1 279	36 884

*The primary refugee-hosting countries receiving WHO support are Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia, among others.

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

Ukraine - Country office requirement	
US\$ '000	
Ukraine War	75 000
COVID-19	4 521
Emergency appeal requirement	79 521
2.1 Countries prepared for health emergencies	722
2.2 Epidemics and pandemics prevented	1 254
2.3 Health emergencies rapidly detected and responded to	838
Billion 2 - Base programme requirement	2 814
Total	82 335



Physical Therapist Tetyana in Dnipro, Ukraine.
Photo: WHO/Christopher Black.

YEMEN

CONTEXT

In 2024, Yemen faces an acute humanitarian crisis, with approximately 17.8 million individuals requiring health assistance, including 3.2 million internally displaced persons (IDPs). Despite a 12% decrease compared to 2023, likely attributable to revised vulnerability criteria, the situation remains dire. Vulnerable groups, such as IDPs, children, women, the elderly, individuals with disabilities and mental health conditions, marginalized communities, and those affected by conflict-related injuries, continue to bear the brunt of the crisis. Among the affected, 24% are women, necessitating access to diverse medical and reproductive healthcare services. This includes 4% of pregnant women requiring emergency obstetric care. Children constitute 50% of those in need, highlighting the precarious health situation of the youngest population. In 71% of Yemen's 333 districts, severe and extreme health needs persist. The economic crisis compounds the health crisis, jeopardizing the continuity of care for individuals with chronic health conditions.

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

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

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

People in need¹

18.2 MILLION

People targeted¹

11.2 MILLION

Funding requirement

US\$77 022 000

¹ Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.

WHO'S STRATEGIC OBJECTIVES

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

WHO 2024 RESPONSE STRATEGY

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

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

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

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

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

To implement this strategy effectively, WHO adopts these approaches:

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



*A laboratorian working in a WHO-supported health facility.
Photo: WHO Yemen*



People talk with WHO staff
in a camp for Internally
Displaced Persons.

Photo: WHO Yemen

KEY ACTIVITIES FOR 2024

- Strengthen surveillance, including case investigation, at all levels
- Respond to outbreaks, including preparedness, surveillance, laboratory assistance, response measures, and referrals, while ensuring the procurement of essential supplies for outbreak response, surveillance, and prevention
- Support the deployment of Mobile Medical Teams (MMTs) to enhance access to life-saving healthcare services in hard-to-reach areas and camps
- Provide support for primary healthcare, including the treatment of severe acute malnutrition (SAM) cases with complications
- Conduct systematic nutrition status screenings and referrals for children under 5
- Deliver maternal and newborn care, covering antenatal care, Basic Emergency Obstetric and Newborn Care (BEmONC), and Comprehensive Emergency Obstetric and Newborn Care (CEmONC)
- Integrate non-communicable disease (NCD) care into the health system, ensuring both curative and preventive impacts. Develop national NCD and cancer control strategies with clear action plans addressing risk factors and improving access to screenings and early diagnosis
- Build the capacity of healthcare workers to enhance technical expertise, reducing morbidity and mortality from communicable diseases
- Focus on rapid response to identify, treat, and control evolving disease outbreaks
- Enhance health information systems at the primary healthcare level
- Scale up Mental Health and Psychosocial Support services by assisting mental health units in hospitals with essential medications, providing financial support to healthcare workers, and facilitating referrals

ACHIEVEMENTS IN 2023

THE POWER OF RESILIENCE: YEMENI FAMILIES OVERCOMING CHALLENGES AGAINST ALL ODDS



A young baby receives care at a Therapeutic Feeding Centre.
Photo: WHO / Nesma Khan



Ahmed Abdel-Jabbar, a five-month-old baby, was admitted to Al-Sadaqa Hospital in Aden, Yemen, lethargic and suffering from severe diarrhea. His mother, Fawzia Jamal, 30, has four children, and Ahmed is the youngest. Her husband washes cars to earn a living, but his work is not consistent. The family's income is unpredictable, and they struggle to make ends meet.

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

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

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

FOR MORE INFORMATION

Dr. Arturo Pesigan | WHO Representative and Head of Mission | WHO Yemen | pesigana@who.int



WHO staff member at an Internally Displaced Persons camp.
Photo: WHO / Omar Nasr

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

Yemen Complex Emergency	US\$ '000		
		Regional &	
Funding requirement by response pillar	Yemen	Global support	Total
P1. Leadership, coordination, planning, and monitoring	2 821	20	2 840
P2. Risk communication and community engagement	569		569
P3. Surveillance, case investigation and contact tracing	9 302		9 302
P4. Travel, trade and points of entry			
P5. Diagnostics and testing	3 438		3 438
P6. Infection prevention and control			
P7. Case management and therapeutics	520		520
P8. Operational support and logistics	5 735		5 735
P9. Essential health systems and services	54 618		54 618
P10. Vaccination			
P11. Research, innovation and evidence			
Total	77 002	20	77 022

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

Yemen - Country office requirement	US\$ '000
Yemen Complex Emergencies	77 002
Emergency appeal requirement	77 002
2.1 Countries prepared for health emergencies	1 657
2.2 Epidemics and pandemics prevented	150
2.3 Health emergencies rapidly detected and responded to	2 899
Billion 2 - Base programme requirement	4 706
Total	81 708



WHO staff interact with children at an Internally Displaced Persons Camp.

Photo: WHO/ Omar Nasr

DISEASE APPEALS

WHO'S RESPONSE TO CHOLERA

CONTEXT

Cholera remains a disease of inequity, disproportionately affecting the world's poorest and most vulnerable populations. The seventh global cholera pandemic, ongoing since the 1960s, has seen an upsurge in outbreaks since mid-2021. Significantly, in 2022-2023 there has been a further unprecedented surge of cholera outbreaks across the world including in countries that have not reported cholera for many years.

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

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

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

WHO 2024 RESPONSE STRATEGY

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

WHO's strategy revolves around three key elements:

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

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

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



A child receives the oral cholera vaccine in Isinya, Kajiado.

Photo: WHO / Billy Miaron

2024 FUNDING REQUIREMENTS

Funding requirement by response pillar and by country	African Region	Region of the Americas	Eastern Mediterranean Region	Global Support	Total
P1. Leadership, coordination, planning, and monitoring	4 203	645	113	222	5 182
P2. Risk communication and community engagement	2 168	1 982	119	54	4 324
P3. Surveillance, case investigation and contact tracing	5 029	4 666	3 119		12 814
P4. Travel, trade and points of entry		50	18		68
P5. Diagnostics and testing	1 166	2 115	333	32	3 645
P6. Infection prevention and control	1 712	162	72	23	1 969
P7. Case management and therapeutics	2 896	3 608	1 229	109	7 842
P8. Operational support and logistics	8 863	1 290	45		10 198
P9. Essential health systems and services			90		90
P10. Vaccination	3 020		95		3 115
P11. Research, innovation and evidence	618		9		627
Total	29 676	14 518	5 240	439	49 874

WHO'S RESPONSE TO COVID-19

CONTEXT

Nearly four years since SARS-CoV-2 was first reported, the world continues to experience the devastating effects of COVID-19.

Globally, millions of people continue to be (re-)infected with and thousands continue to die from this disease every week. Hundreds of thousands of people were estimated to be hospitalized with COVID-19 in the past month alone. Current research further suggests that around 6% of symptomatic infections will go on to develop Post-COVID-19 Condition. All of this is stressing health systems already grappling with competing health priorities.

While safe, effective tools are available to prevent and control COVID-19, important access inequities remain, preventing all people from benefitting equally.

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

The effects of access inequities are compounded by rampant mis-/disinformation undermining the use of available tools, affecting not just low-income countries but all countries.

Demand for vaccines, among other tools, has decreased substantially over time, despite recommendations for their continued use, especially in high-risk groups. Globally, only 59 million doses were administered over the past 6 months, as compared with 327 million in the six months preceding.

Given widespread SARS-CoV-2 circulation, the risk of new variants with immune escape and increased growth rates looms large.

This is happening at a time when countries are transitioning their emergency responses to COVID-19 into longer-term prevention and control programmes. As they do so, many countries are facing uncertainty in how they sustain the gains in health system capacity made during the pandemic, on which they now rely to control COVID-19 and other public health threats.

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



Diana, a community health worker involved in a door-to-door COVID-19 vaccination outreach program in Monduli Juu. Monduli Juu is one of the hardest to reach villages in Arusha, United Republic of Tanzania.

Photo: WHO / Ethnovision / Billy Miaron

WHO'S RESPONSE TO COVID-19

WHO 2024 RESPONSE STRATEGY

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

WHO will do this by supporting:

- **Collaborative surveillance:** WHO will work with Member States to strengthen disease monitoring and reporting systems to collect & analyse impact data meaningful to this stage of the emergency, including data on hospitalizations, intensive care admissions, and deaths, by age, underlying condition and vaccination status.
- **Community protection:** WHO, through Regional and Country offices, will continue to be in country, on the ground, providing direct support to Member States in implementing life-saving community-based protection measures, including vaccination, infodemic management, risk communication, public health and social measures, and more.
- **Safe and scalable care:** WHO will help Member States to maintain and integrate critical clinical care pathways into primary health care systems to ensure that individuals who test positive for SARS-CoV-2 are efficiently linked to care, especially in fragile and conflict settings.
- **Access to countermeasures:** WHO will support Member States in implementing COVID-19 tools, aiming to reduce access inequities, ensuring they are reaching those at highest risk from COVID-19. WHO will continue advocacy for research on and development of novel tools with enhanced characteristics to expand our ability to control the disease.
- **Emergency coordination:** WHO will continue to support inclusive multi-sectoral, multi-disciplinary and multi-partner mechanisms for coordination, planning, financing, and monitoring & evaluation at all levels in areas most affected by COVID-19. Across all of these components, WHO will work with Member States to sustain and expand gains in health system capacity that have been made during the pandemic and to transition from crisis response to sustainable, integrated, longer-term COVID-19 disease management.

FOR MORE INFORMATION

Dr Maria VAN KERKHOVE | COVID-19 Technical Lead and Director | Department of Epidemic and Pandemic Preparedness and Prevention, HQ | vankerkhovem@who.int



Nurse Rosemary Raikekeni smiles in front of a home in Kuvamiti village. She and her team had to make an arduous journey to bring COVID-19 vaccines and other essential health services to this remote area in East Guadalcanal, Solomon Islands, on 17 May 2023.

Photo: WHO / Zakarya Safari

2024 FUNDING REQUIREMENTS

COVID-19	US\$ '000							
		Region of the Americas	Eastern Mediterranean Region	European Region	South-East Asia Region	Western Pacific Region	Global Support	Total
Funding requirement by response pillar and by country	Africa Region							
P1. Leadership, coordination, planning, and monitoring	3 285	753	1 163	889	829		540	7 459
P2. Risk communication and community engagement	1 818	2 123	162	644	209	968	450	6 374
P3. Surveillance, case investigation and contact tracing	2 675	3 267	435	918	1 810	729	1 350	11 183
P4. Travel, trade and points of entry	847	154	270	361	176		90	1 898
P5. Diagnostics and testing	1 535	5 408	3 756	6 082	2 098		3 600	22 479
P6. Infection prevention and control	1 713	409	1 415	883	376	90	360	5 245
P7. Case management and therapeutics	2 507	1 811	4 863	1 180	884	90	1 350	12 684
P8. Operational support and logistics	2 492	936	1 800	549	956	1 035	1 800	9 569
P9. Essential health systems and services	1 576	393	1 836	908	2 493		90	7 295
P10. Vaccination	1 652	10 493	15 608	19 502	186		1 800	49 240
P11. Research, innovation and evidence	1 685				351		2 700	4 736
Total	21 784	25 747	31 309	31 914	10 367	2 912	14 130	138 163

Maimouna proudly displays her COVID-19 vaccination certificate at Madina Community Health Centre in Ménaka, Mali.

Photo: WHO / Fatoumata Diabaté

WHO'S RESPONSE TO DENGUE

CONTEXT

Dengue has become a growing public health concern with approximately four billion people in 130 countries identified at risk for *Aedes*-borne infections. Since the beginning of 2023, the world has been facing an upsurge of dengue cases and deaths reported in endemic areas with further spread to areas previously free of dengue. More than 5 million dengue cases and over 5000 dengue-associated deaths have been recorded in all six WHO Regions with some variations observed:

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

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

WHO 2024 RESPONSE STRATEGY

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

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

Immediate actions include:

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

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



A Medical Technologist at work processing dengue tests in the laboratory of Mugda Hospital in Dhaka, Bangladesh. Photo: WHO / Fabeha Monir

2024 FUNDING REQUIREMENTS

Multi-Region Dengue		US\$ '000					
Funding requirement by response pillar and by country	Africa Region	Region of the Americas	Eastern Mediterranean Region	South-East Asia Region	Western Pacific Region	Global support	Total
P1. Leadership, coordination, planning, and monitoring	727	437	100	99	100	200	1 663
P2. Risk communication and community engagement	316	765	100	108	100	150	1 539
P3. Surveillance, case investigation and contact tracing	507	963	200	125	200	750	2 745
P4. Travel, trade and points of entry							-
P5. Diagnostics and testing	387	842	200	125	200	750	2 503
P6. Infection prevention and control	360	495		80		200	1 135
P7. Case management and therapeutics	500	806	100	575	100	150	2 231
P8. Operational support and logistics	252	612	500	109.8	500	500	2473.8
P9. Essential health systems and services		679.5					679.5
P10. Vaccination							
P11. Research, innovation and evidence						500	500
Total	3 050	5 599	1 200	1 220	1 200	3 200	15 469

Masuma and her child Sohana, who is suffering from Dengue, at their home in Mirpur, Dhaka.

Photo: WHO/ Fabeha Monir

WORLD HEALTH ORGANIZATION

Avenue Appia 20
1211 Geneva 27
Switzerland
WHO in Emergencies:
www.who.int/emergencies/en

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

Laila Christine Milad
Head of Unit, External Relations, Health Emergencies
miladl@who.int

Purvi Paliwal
External Relations Officer, External Relations, Health Emergencies
paliwalp@who.int