

HEALTH

A woman wearing glasses and a blue shirt is administering a vaccine to a young child. The child is standing and looking up at the woman. A woman in a black hijab is standing next to the child, holding their hand. In the background, there are other people and a white tent structure.

WHO'S HEALTH EMERGENCY APPEAL 2025



HEALTH

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Cover photo:

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A polio vaccination campaign is delivered in Gaza to vaccinate 640 000 Palestinian children.

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Sudan rolls out campaign in seven states to vaccinate more than 2.9 million children under five against polio
Photo: WHO / Faiz Abubakar

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

FOREWORD

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

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

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

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

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

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

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



Dr Tedros Adhanom Ghebreyesus
WHO Director-General



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

WHO: DELIVERING HOPE IN CRISES

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

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

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

HUMANITARIAN CRISES DEEPEN HEALTH INEQUITIES

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

HEALTH SYSTEMS UNDER ATTACK

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



HEALTH IS FUNDAMENTAL TO SURVIVAL AND RECOVERY

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

WHO SAFEGUARDS GLOBAL HEALTH SECURITY

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

CLIMATE CHANGE AMPLIFIES HEALTH CRISES

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

REACHING THOSE IN NEED REQUIRES PARTNERSHIP

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

FUNDING GAPS UNDERMINE HEALTH RESPONSES

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

A CALL FOR GLOBAL SOLIDARITY

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

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

A WORLD IN CRISIS: CONFRONTING THE DRIVERS OF HEALTH EMERGENCIES



CLIMATE CHANGE



CONFLICT



DISPLACEMENT



DISEASE OUTBREAK

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

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

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



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

Photo: WHO / Guerchom Ndebo

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

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

2024

the hottest year on record

AROUND 20 MILLION

people were displaced in 2023 by weather events

3 BILLION+

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



ENSURING CONTINUED HEALTH SERVICES IN FLOOD-HIT SOUTH SUDAN

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

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

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

Severe flooding compounds health crisis in South Sudan
Photo: WHO / Ismail Taxta

CONFLICTS ARE GROWING IN NUMBER AND BECOMING MORE PROTRACTED AND COMPLEX

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

78%

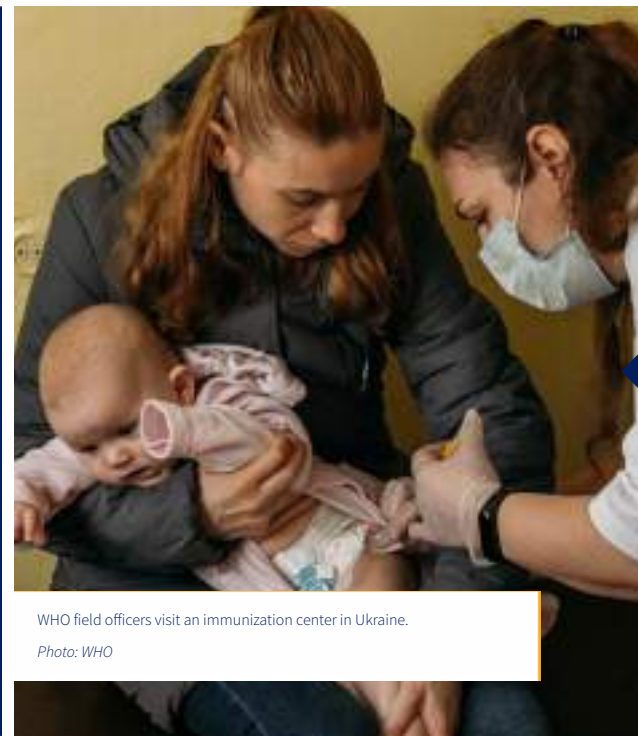
of civilian casualties occurred in countries with a humanitarian plan or appeal

50%

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

1515

attacks on health care recorded by WHO in 2024



WHO field officers visit an immunization center in Ukraine.

Photo: WHO

SUPPORTING RESILIENCE IN THE UKRAINE HEALTH RESPONSE

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

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



DISPLACEMENT

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

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

1 BILLION
migrants globally

ALMOST 123 MILLION
people were forcibly displaced due to conflict and escalating emergencies, as of May 2024.



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

WHO / Nicolò Filippo Rosso

CARING FOR VULNERABLE DISPLACED POPULATIONS FROM SUDAN

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

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



DISEASE OUTBREAK

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

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

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



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

Photo: WHO

DELIVERING POLIO VACCINATIONS TO CHILDREN IN GAZA

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

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



Mpox in eastern Democratic Republic of the Congo, August 2024

Photo: WHO / Guerchom Ndebo

EVERY HUMANITARIAN CRISIS IS A HEALTH CRISIS

HEALTH NEEDS IN HUMANITARIAN CRISES

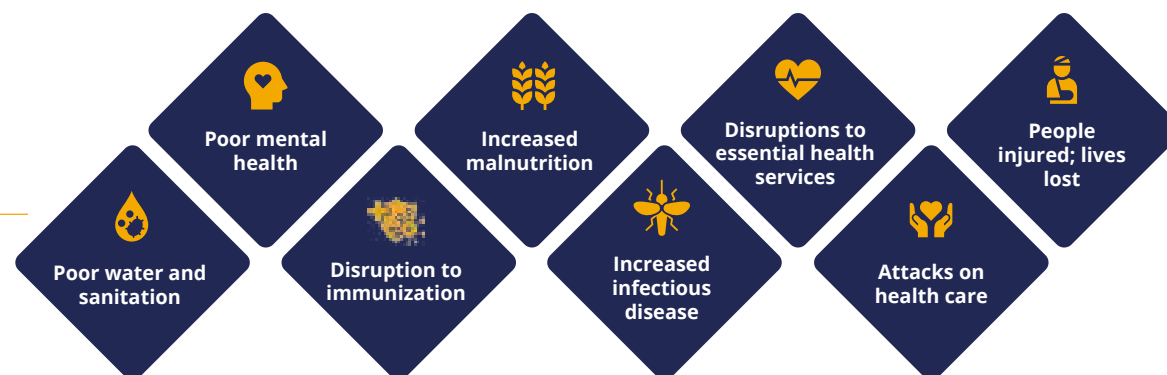
From trauma care to maintaining essential health services, humanitarian crises increase health needs and place extraordinary pressure on local health services. With such wide-ranging impacts, health must be at the heart of any humanitarian response.

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

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

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

HEALTH IS PROFOUNDLY AFFECTED DURING CRISES, INCLUDING THROUGH:



WHO'S UNIQUE ROLE IN HEALTH EMERGENCIES

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



PREPARE



COORDINATE



RESPOND



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

Photo: WHO



PREPARE

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

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

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

TRAINING EMERGENCY MEDICAL TEAMS IN PACIFIC ISLAND COUNTRIES

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

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

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

PRE-EMPTING CHOLERA OUTBREAKS IN LEBANON

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



WHO team dispatching medical supplies arriving in Lebanon.

Photo: WHO / Hala Habib



COORDINATE

COORDINATING GLOBAL AND LOCAL PARTNERSHIPS WHEN A CRISIS STRIKES

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

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

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

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



COORDINATING THE EMERGENCY HEALTH WORKFORCE

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



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

Dr Tedros Adhanom Ghebreyesus, WHO Director-General



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

Viktor Liashko, Minister of Health of Ukraine



PROVIDING RAPID ACCESS TO ASSISTIVE TECHNOLOGY

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



INNOVATING FOR HEALTH EMERGENCY RESPONSE

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



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

Photo: WHO



RESPOND

MOBILIZING WHO RESOURCES TO DELIVER A TIMELY HEALTH EMERGENCY RESPONSE

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

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

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

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

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

ENHANCING ACCESS TO HEALTH CARE IN UNDERSERVED AFGHAN PROVINCES

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

STRENGTHENING HEALTH SECURITY IN THE DEMOCRATIC REPUBLIC OF THE CONGO

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

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

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

Yassin Mohammed, displaced from Khartoum, Sudan

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

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

WHO'S HEALTH EMERGENCIES PROGRAMME SAVES LIVES

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



900

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



106.4 MILLION

people across 25 countries received urgent care from Health Cluster partners



57.3 MILLION

primary health care consultations were delivered through the Health Cluster



7565

mobile clinics were deployed by Health Cluster partners



OVER 2.5 MILLION

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



OVER 120

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



1.2 MILLION

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



884 000

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

PARTNER CONTRIBUTIONS

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

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

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

Contributors to the Contingency Fund for Emergencies in 2024*:

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

*In alphabetical order

WHO'S COMMITMENTS TO THOSE WE SERVE

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

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



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

Kseniia Ostrizhna, emergency medicine doctor, Ukraine



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

Photo: WHO / Nicolò Filippo Rosso



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

Photo: Tamarso

HEALTH TEAMS BRAVE WAR CONDITIONS IN SUDAN

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

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

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

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

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



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

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



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

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

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

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



Gender, equity and human rights

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



Monitoring and reporting attacks on health care

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



Prevention of sexual exploitation, abuse and harassment

Strengthening the prevention of, and response to, gender-based violence, including capacity-building and increased accountability within WHO.



Ensuring compliance and risk mitigation for aid diversion

Mitigating the risks of fraud and aid diversion in all humanitarian operations so that the right assistance is delivered at the right time, to the people who need it the most, without subsequent aid diversion.



Accountability to affected populations

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



Strengthening local partnerships to build resilience

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



Enabling equity and access

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



Towards zero-carbon health care

Minimizing the environmental impact of action by investing in recycling; providing guidance for health workers; and prioritizing sustainable, recyclable/biodegradable and reusable materials.

WHO'S 2025 FUNDING REQUIREMENTS

SUSTAINED FUNDING FOR THE HEALTH EMERGENCY RESPONSE

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

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



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

US\$ 35

IS DELIVERED AS RETURN ON INVESTMENT

IN 2025, WHO URGENTLY NEEDS

US\$ 1.5 BILLION

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

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

Photo: WHO / Nesma Khan

GRADE 3 HEALTH EMERGENCIES

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



HAITI

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



OCCUPIED PALESTINIAN TERRITORY

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



SYRIAN ARAB REPUBLIC

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

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



LEBANON

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



YEMEN

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



SOMALIA

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



THE DEMOCRATIC REPUBLIC OF THE CONGO

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



SUDAN

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



UKRAINE

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



AFGHANISTAN

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



ETHIOPIA

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



MYANMAR

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



SOUTH SUDAN

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

HOW APPEAL FUNDING WORKS

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

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

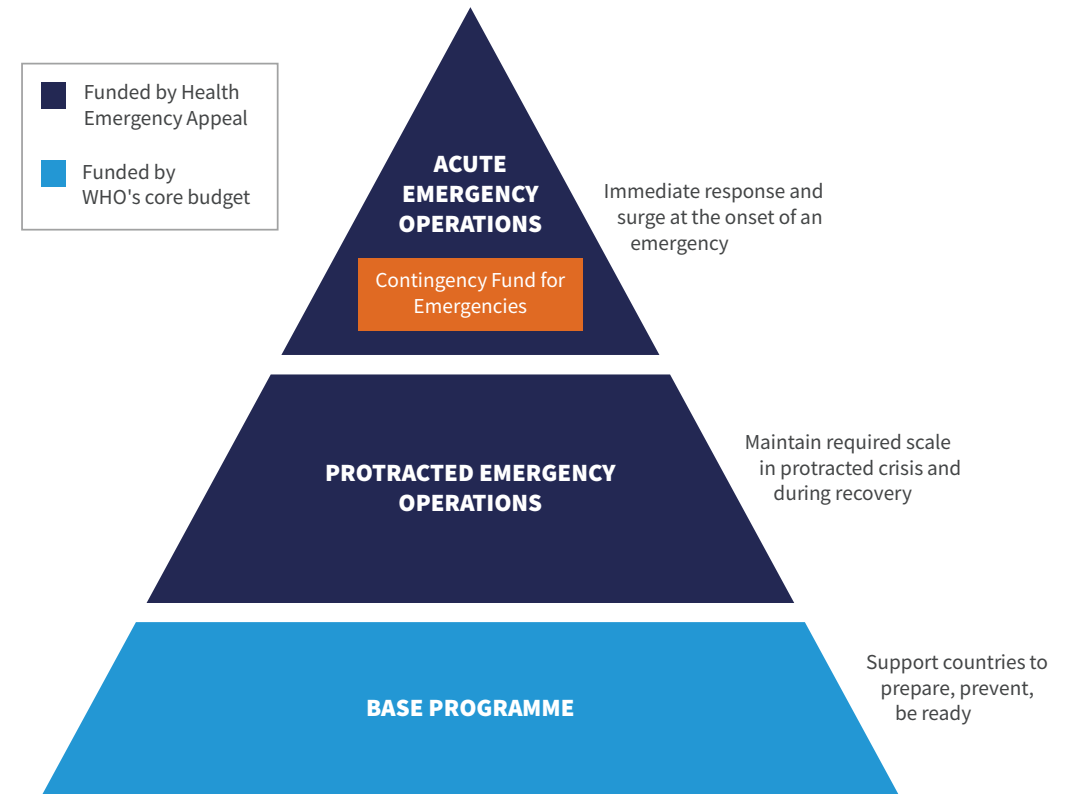
Flexible funding empowers WHO to respond swiftly, decisively, and equitably to emerging health crises, ensures equitable support to those most in need, and allows us to anticipate and prepare for future risks. Crucially, it enables us to allocate resources to where they are needed most—especially in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

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

Photo: WHO

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

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



CFE: 10 YEARS ENABLING
LIFE-SAVING ACTION

US\$ 444 MILLION IN ALLOCATIONS

RESPONSES TO 190 EMERGENCIES

**OPERATIONS ACROSS 80 COUNTRIES
AND TERRITORIES**

**SUPPORT FOR RESPONSES TO 5 GLOBAL
OUTBREAKS**

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

WHO'S CONTINGENCY FUND FOR EMERGENCIES (CFE)

RESPONDING RAPIDLY, SAVING LIVES

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

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

“

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

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

”

“

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

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

”

CALL TO ACTION

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

ALIGNMENT WITH GLOBAL HUMANITARIAN EFFORTS

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

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

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

STRENGTHENING HEALTH EMERGENCY PREVENTION, PREPAREDNESS, RESPONSE AND RESILIENCE

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



Collaborative surveillance

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



Community protection

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



Safe and scalable care

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



Access to countermeasures

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



Emergency coordination

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



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

Photo: WHO / Nitsebiho Asrat



WHO'S FUNDING REQUIREMENT FOR RESPONDING TO EMERGENCIES IN 2025

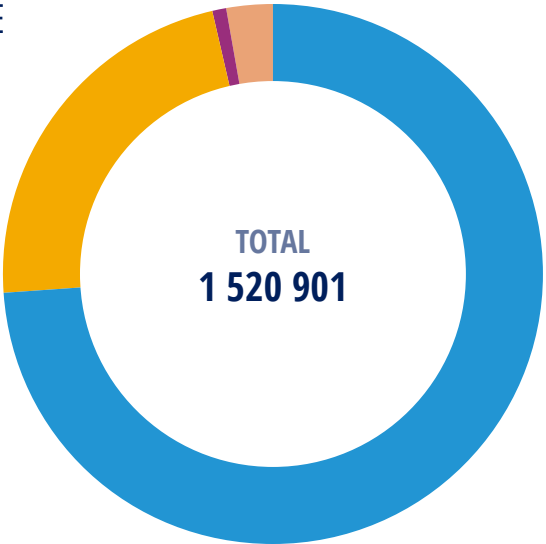
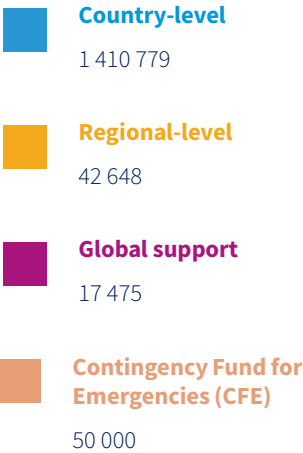
EMERGENCY	US\$ '000
Afghanistan Humanitarian Emergency	126 720
Democratic Republic of the Congo Humanitarian Emergency	2857
Ethiopia Humanitarian Emergency	24 000
Haiti Humanitarian Emergency	18 480
Lebanon Humanitarian Emergency	48 051
Mpox Public Health Emergency of International Concern	81 241
Multi-Region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

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



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

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



RESPONDING TO DISEASE OUTBREAKS

WHO'S RESPONSE TO CHOLERA

Funding requirement

US\$ 45.6 MILLION



CONTEXT

Cholera, a severe and life-threatening diarrhoeal disease, is experiencing a significant global resurgence, with an estimated 1 billion people worldwide at risk. Between 1 January and 12 December 2024, over 751 400 cholera cases and more than 5200 deaths have been reported globally across 33 countries. This resurgence is driven by a combination of conflict, displacement, and climate-related disasters such as floods, droughts, and cyclones, which severely disrupt access to clean water and sanitation. Six countries – Myanmar, Nigeria, South Sudan, Sudan, Tanzania and Yemen – are experiencing acute crises, while 23 others report active outbreaks. In recent years, not only are outbreaks larger and more frequent, but they are deadlier. Since 2021, the number of cholera deaths reported to WHO has sharply increased, driven by a combination of limited access to basic health services as well as the saturation of existing systems by the influx of a larger number of cases. These conditions have made cholera one of the most urgent global health emergencies, particularly in fragile and conflict-affected regions where health systems are already overstretched.

The cholera emergency has been classified as a Grade 3 due to its scale, complexity, and severity. The interplay between climate change and cholera has further exacerbated the crisis. Climate change contributes to extreme weather events, such as unprecedented floods, that increase the risk of cholera by contaminating water supplies and overwhelming sanitation infrastructure. Rising global temperatures and changing precipitation patterns are also expected to expand the geographical range of cholera by creating conditions conducive to the establishment of new transmission hotspots. This expansion has already begun: at least seven countries that were not listed as endemic in 2017 have reported new outbreaks since 2022. As many areas that have been free of cholera for decades are increasingly experiencing a resurgence of outbreaks, there is a significant risk of the disease spreading to countries ill-prepared to manage cholera, further complicating global control efforts.

At stake is not only the health and lives of millions but also the broader stability of affected regions. Cholera disproportionately impacts vulnerable populations, including children and displaced persons. It exacerbates existing health inequities, strains already fragile health systems, and increases the risk of transnational transmission, particularly in regions with porous borders and inadequate surveillance systems. The depletion of the oral cholera vaccine (OCV) stockpile and the resulting lack of preventive campaigns since 2022 have further heightened the vulnerability of at-risk populations. Rapid access to basic health care is critical to reduce mortality, as cholera can kill within hours of symptom onset if untreated. Prepositioning supplies, such as oral rehydration salts, IV fluids, and essential medical equipment, is a key preparedness action to ensure timely response and save lives. Without urgent, coordinated global action – including investments in WASH infrastructure, scaling up OCV production, prepositioning supplies, and building climate-resilient health systems – the cholera crisis will likely intensify.



A man takes a dose of oral cholera vaccine, Kassala State, Sudan.
Photo credit: WHO / Hassan Gamary



WHO staff with volunteers giving preventative doses in Gedaref State, Sudan.
Photo credit: WHO

WHO 2025 RESPONSE STRATEGY

The World Health Organization is updating its global response strategy to tackle cholera as it transitions from the current Strategic Preparedness, Readiness, and Response Plan (SPRRP) for cholera to an enhanced approach for 2025. This updated plan builds on the existing framework, with a stronger emphasis on localisation to better serve affected communities. It aims to focus on efforts to control cholera outbreaks effectively and avoid transmission beyond places where cholera is present in an acute way. As Health Cluster lead and the host of the Global Task Force on Cholera Control (GTFCC), WHO will continue to enhance multi-partner and multi-sector coordination to promote cholera prevention and when deliver a coordinated public health response where needed.

By enhancing community-level care, empowering local health systems, and fostering partnerships with local actors, WHO aims to ensure that responses are not only timely but also tailored to the specific needs of vulnerable populations. The updated approach reinforces proven strategies while addressing emerging challenges, such as the growing impact of climate change and health system fragility, to sustain progress toward the Global Roadmap to 2030 and ultimately eliminate cholera as a public health threat.¹

Recognising the increasing complexity of cholera outbreaks, particularly in fragile and climate-vulnerable settings, WHO will focus on the following key areas:

- **Community-level care:** Expanding access to lifesaving treatment at the community level will be a cornerstone of the 2025 strategy. WHO plans to establish and equip more cholera treatment units (CTUs) and oral rehydration points (ORPs) in high-risk and hard-to-reach areas. Ensuring rapid care close to affected populations is essential, as cholera can cause death within hours if untreated. This focus aims to reduce mortality by providing timely care where it is needed most.
- **Stronger WASH interventions:** Recognising that cholera is primarily a disease of poverty and inadequate infrastructure, WHO will work with partners to strengthen WASH interventions quickly, particularly at the health care facility level.
- **Improved data systems:** WHO plans to roll out enhanced tools for real-time data collection and sharing, enabling more effective outbreak detection, monitoring and decision-making. These systems will also contribute to facilitating cross-border coordination and ensuring timely responses to transnational threats. Strengthened surveillance, including microbiological laboratory capacities, will improve targeting multisectoral interventions, including case management, WASH and reactive vaccination.
- **Better planning and monitoring:** Improving planning and monitoring of cholera control operations will be central to WHO's approach in 2025. This includes ensuring the timely allocation of resources, developing detailed response plans, and conducting regular evaluations to identify gaps and improve the effectiveness of interventions.
- **Climate-resilient strategies:** The 2025 approach will integrate climate adaptation measures to prepare new regions for potential outbreaks and mitigate climate-related impacts in existing priority areas for multisectoral intervention (PAMI).
- **Community engagement and RCCE:** Risk communication and community engagement (RCCE) will play a critical role in empowering communities with knowledge and tools to adopt preventive measures and seek care promptly during outbreaks. Strengthened community involvement will also enhance trust in health systems and improve vaccination uptake.
- **Scaling up OCV campaign implementation:** Enhancing the timely detection of outbreaks and the swift implementation of OCV reactive campaigns will enable faster outbreak control, prevent further geographic spread, and significantly reduce the number of OCV doses required. WHO will continue to collaborate closely with partners to ensure the equitable use of OCV and to adapt strategies in response to production capacities and usage patterns.

ACHIEVEMENTS IN 2024

ONGOING CHOLERA RESPONSE IN SUDAN AMID COMPLEX EMERGENCIES



Cholera outbreak treatment centre in Port Sudan.
Photo credit: WHO / Inas Hamam

As of 9 December 2024, Sudan continues to face a devastating cholera outbreak, with 46 036 cases and 1216 deaths reported since 1 January (facility and community) and a case fatality rate of 2.6%. This crisis unfolds amid conflict, displacement, and flooding, straining health systems. WHO is leading a coordinated response to mitigate the outbreak's impact.

WHO is working with Sudan's Federal Ministry of Health and partners to implement critical health interventions. Cholera treatment centres and oral rehydration points are being supported and equipped with essential supplies and supervision. Surveillance has been strengthened through the Early Warning, Alert, and Response System (EWARS), enabling real-time tracking of cases and deaths and identification of hotspots. WHO also provided technical support to strengthen Sudan's cholera laboratory system. Capacity-building efforts featured a "train-the-trainer" program, which developed a pool of skilled laboratory trainers at both the national and peripheral levels, and collaborative discussions with the Ministry of Health resulted in the nationwide adoption of GTFCC reporting forms and the revision of testing strategies to refocus laboratory response.

WHO prioritises water, sanitation, and hygiene (WASH) interventions. Collaborating with the Water and Environment and Sanitation Corporation (WES), WHO facilitates water chlorination, conducts water quality testing, and monitors contamination risks. Hygiene promotion campaigns build community awareness of cholera prevention and early treatment-seeking behaviour, reducing new infections.

Key laboratory interventions have improved early detection and monitoring through expanded RDT use, and laboratories are now better equipped for confirmatory testing. Enhanced communication within the laboratory network and with epidemiological teams has strengthened the overall response. Water quality testing and chlorination efforts have reduced waterborne transmission risks. These activities, combined with cholera treatment centres and community engagement, ensure life-saving services for affected populations.

Despite challenges like limited access to conflict zones and under-resourced systems, WHO's data-driven, multidisciplinary approach underscores its critical role in managing public health emergencies. Expanding rapid access to quality health care, particularly at the community level, improving WASH systems, enhancing surveillance capacity, and strengthening laboratory networks remain priorities.



A health worker carries a serum container containing cholera vaccine in Gedaref State, Sudan.
Photo credit: WHO



A young woman takes a dose of oral cholera vaccine in Gedaref State, Sudan.
Photo: WHO

2025 FUNDING REQUIREMENTS

MULTI-REGION CHOLERA EMERGENCY RESPONSE PILLAR		FUNDING REQUIREMENTS (US\$'000)
Collaborative surveillance		10 477
Surveillance, case investigation and contact tracing		7884
Diagnostics and testing		2593
Community protection		9399
Risk communication and community engagement		2399
Travel, trade and points of entry		855
Infection prevention and control in communities		749
Vaccination		5395
Safe and scalable care		13 196
Infection prevention and control in health facilities		4494
Case management and therapeutics		7666
Essential health systems and services		1037
Access to countermeasures		6674
Operational support and logistics		6079
Research, innovation and evidence		595
Emergency leadership		5876
Leadership, coordination, PSEAH and monitoring		5876
Grand Total		45 623

WHO'S RESPONSE TO MPOX

CONTEXT

Following the widespread transmission of mpox across multiple continents, the WHO Director-General declared it a Public Health Emergency of International Concern (PHEIC) on August 14, 2024. As of late 2024, the outbreak has seen widespread global transmission, affecting multiple continents with significant numbers of cases and deaths. The standing recommendations for the PHEIC have been extended until 20 August 2025. Clade 1b has primarily been documented in the Democratic Republic of the Congo and neighbouring countries. As of November 7, 2024, Clade 1b mpox cases have been reported in 11 countries, affecting diverse populations in both rural and urban settings, with seven of these countries having reported sporadic travel-related cases.

The spread across densely populated areas and among high-risk groups, including immunocompromised individuals, raises concerns about wider transmission and the challenge of containing the virus effectively. The outbreak across the WHO African Region remains a pressing public health emergency, affecting 18 countries in 2024, 14 of which are currently experiencing active outbreaks. Major hotspots including the Democratic Republic of the Congo, Uganda and Burundi are contending with limited diagnostic resources, high comorbidity rates and complex transmission. Under-resourced health systems, insufficiently supported community health workers and gaps in contact tracing are slowing case detection and accelerating transmission risks.

The emergence and rapid spread of clade 1b in the Democratic Republic of the Congo highlights an urgent need for intensified control measures in a country also affected by overlapping humanitarian crises including conflict. Children under 15 years of age constitute 38% of confirmed cases, underscoring the vulnerability to young populations. Interrupting human-to-human transmission of mpox within the African region is vital to saving lives and mitigating the spread of mpox internationally, protecting global health.

The disease's presence threatens to further strain health care resources, complicate the management of other endemic diseases, and exacerbate existing health disparities. Investments in areas such as training and empowering community health workers, enhancing real-time surveillance systems, implementing infection prevention and control measures, and upgrading laboratory diagnostics and facilities are essential. Community-led initiatives ensure that these improvements are tailored, sustainable and life-saving.

WHO 2025 RESPONSE STRATEGY

In response to the mpox outbreak, the Mpox Global Strategic Preparedness and Response Plan (SPRP) was issued on August 26, 2024, outlining a global strategy to mitigate the outbreak's impact. The plan includes comprehensive surveillance enhancements, scaled-up diagnostics and research to ensure equitable access to medical countermeasures, including vaccines and antivirals. A major component of the response is the establishment of inter-agency coordination led by WHO, involving key global health partners to ensure efficient resource allocation. The global response emphasizes respect for human rights and aims to minimize stigma and discrimination in affected communities.

Key aspects of the strategy include rapid dissemination of information, deployment of expert teams to support local health authorities and the facilitating of research to understand the disease dynamics better and improve treatment protocols. WHO has prioritized the development and distribution of vaccines and therapeutics, especially targeting populations at the highest risk of severe outcomes. WHO advocates for tailored health messages and community engagement to improve public understanding and response to the outbreak. The global response focuses on integrating mpox efforts into ongoing public health programs to ensure a sustainable approach that strengthens overall health system resilience.

The WHO African Region's mpox strategy, as per the continental mpox preparedness and response plan, is designed to interrupt human-to-human transmission and build health system resilience. The approach is based on collaborative surveillance, community protection, safe and scalable care, access to countermeasures and emergency coordination, aiming to contain transmission in highly affected areas and rapidly respond to cases in previously unaffected regions.

A key component of this response is vaccination. More than 50 000 people in the Democratic Republic of the Congo have been vaccinated across seven provinces, including North Kivu, South Kivu and Kinshasa, offering targeted protection in high-risk zones. Decentralization of testing, treatment and surveillance has brought care closer to affected populations, building trust and enhancing local capacity.

Funding requirement

US\$ 81.2 MILLION

A girl being treated for mpox lies on a bed in a hospital in Goma, Democratic Republic of the Congo.
Photo : WHO / Guerchom Nbedo





Skin lesions on a young patient at Kavumu Hospital in South Kivu province, the Democratic Republic of the Congo.

Photo credit: WHO / Guerchom Ndebo

KEY ACTIVITIES FOR 2025

In 2025, WHO will continue to strengthen coordination and partnerships with member states, NGOs, and multilateral organizations including to address logistical and operational challenges, refine interventions based on field learnings, and encourage continued investment in research.

WHO's plans include:

- **Continued surveillance and response:** Maintaining intense surveillance to monitor the spread and evolution of the virus, ensuring rapid response capabilities are in place.
- **Community engagement and education:** Increasing efforts to educate and engage communities to reduce stigma and promote effective prevention strategies.
- **Research and development:** Continuing to support research into vaccines and treatments, including studying the long-term efficacy and safety of current and new interventions.

The current SPRP covers the period September 2024 through February 2025, at which time an operational review will be conducted to inform the ongoing strategic planning. The SPRP will be regularly updated to reflect the evolving situation and feedback from member states and partners and serves as the blueprint for the unified, global effort to bring an end to this health emergency.

As we rally efforts to stop the mpox outbreak, the rollout of the vaccine marks an important step in limiting the spread of the virus and ensuring the safety of families and communities. Vaccines are an important additional tool in outbreak control and we're grateful to our partners who have donated the doses. We're working closely with the national authorities to effectively deliver the vaccines to those who need them most.

Dr Matshidiso Moeti, WHO Regional Director for Africa



ACHIEVEMENTS IN 2024

THE DEMOCRATIC REPUBLIC OF THE CONGO KICKS OFF MPOX VACCINATION



A patient receives treatment at Nyragongo General Reference Hospital north of Goma.
Photo credit: WHO / Guerchom Ndebo

On 5 October 2024, the Democratic Republic of the Congo kicked off mpox vaccination, adding a vital measure to complement the ongoing outbreak control efforts to halt the spread of the viral disease and save lives.

The vaccination, launched in the eastern North Kivu province, will prioritize health workers and frontline responders, contacts of confirmed cases, contacts of those contacts, and other at-risk groups. The vaccination will subsequently be rolled out in 11 of the most affected health zones in Equateur, North Kivu, Sankuru, South Kivu, Sud-Ubangi and Tshopo provinces.

The DRC has received 265 000 doses of the MVA-BN vaccine donated by the European Commission's Health Emergency Preparedness and Response Authority, Gavi, the Vaccine Alliance, and the United States Government.

WHO recommends that vaccination be implemented as part of a comprehensive response that includes enhanced surveillance, community engagement, contact tracing, public health and social measures, and appropriate case management. WHO and partners are working closely with the national authorities to scale up and reinforce all the key control measures to save lives and end the outbreak.

To further strengthen the ongoing outbreak response, more than 300 WHO experts supporting polio eradication efforts in the Democratic Republic of the Congo have been integrated in the mpox response. The experts have extensive field experience in public health, particularly in community-based and health-facility active surveillance, case investigations, contact tracing and risk communication, and have been at the forefront in the fight against polio and other vaccine-preventable diseases.

In preparation for the mpox vaccination, WHO has supported the national health authorities in a range of areas, including training of health workers; enhancing vaccine delivery systems and infrastructure such as vaccine storage and transportation; community engagement, and ensuring supervision and evaluation of the process for quality vaccine delivery. Efforts are also ongoing to reinforce measures to identify and address vaccine mis- and disinformation.

WHO is working with partners, including Gavi, the Vaccine Alliance and UNICEF, to establish a distribution mechanism for doses being donated by other countries as well as from direct procurements from the vaccine manufacturer.



Patients in the emergency ward at Kavumu Hospital in South Kivu.
Photo credit: WHO / Guerchom Ndebo



A doctor visits mpox patients in a hospital in South Kivu, the Democratic Republic of the Congo.
Photo: WHO / Guerchom Ndebo

2025 FUNDING REQUIREMENTS

WHO'S RESPONSE TO MPOX	
EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance	21 659
Surveillance, case investigation and contact tracing	14 244
Diagnostics and testing	7415
Community protection	16 920
Risk communication and community engagement	6947
Travel, trade and points of entry	2314
Infection prevention and control in communities	5282
Vaccination	2377
Safe and scalable care	14 391
Infection prevention and control in health facilities	4899
Case management and therapeutics	6196
Essential health systems and services	3296
Access to countermeasures	13 226
Operational support and logistics	11 221
Research, innovation and evidence	2005
Emergency leadership	15 046
Leadership, coordination, PSEAH and monitoring	15 046
Grand Total	81 241

RESPONDING TO HEALTH NEEDS IN HUMANITARIAN EMERGENCIES

AFGHANISTAN

People in need of health assistance¹

14.3 MILLION

People targeted for health assistance¹

9.3 MILLION

Funding requirement

US\$ 126.7 MILLION

¹ **Source:** Humanitarian Response Plan for Afghanistan 2025



CONTEXT

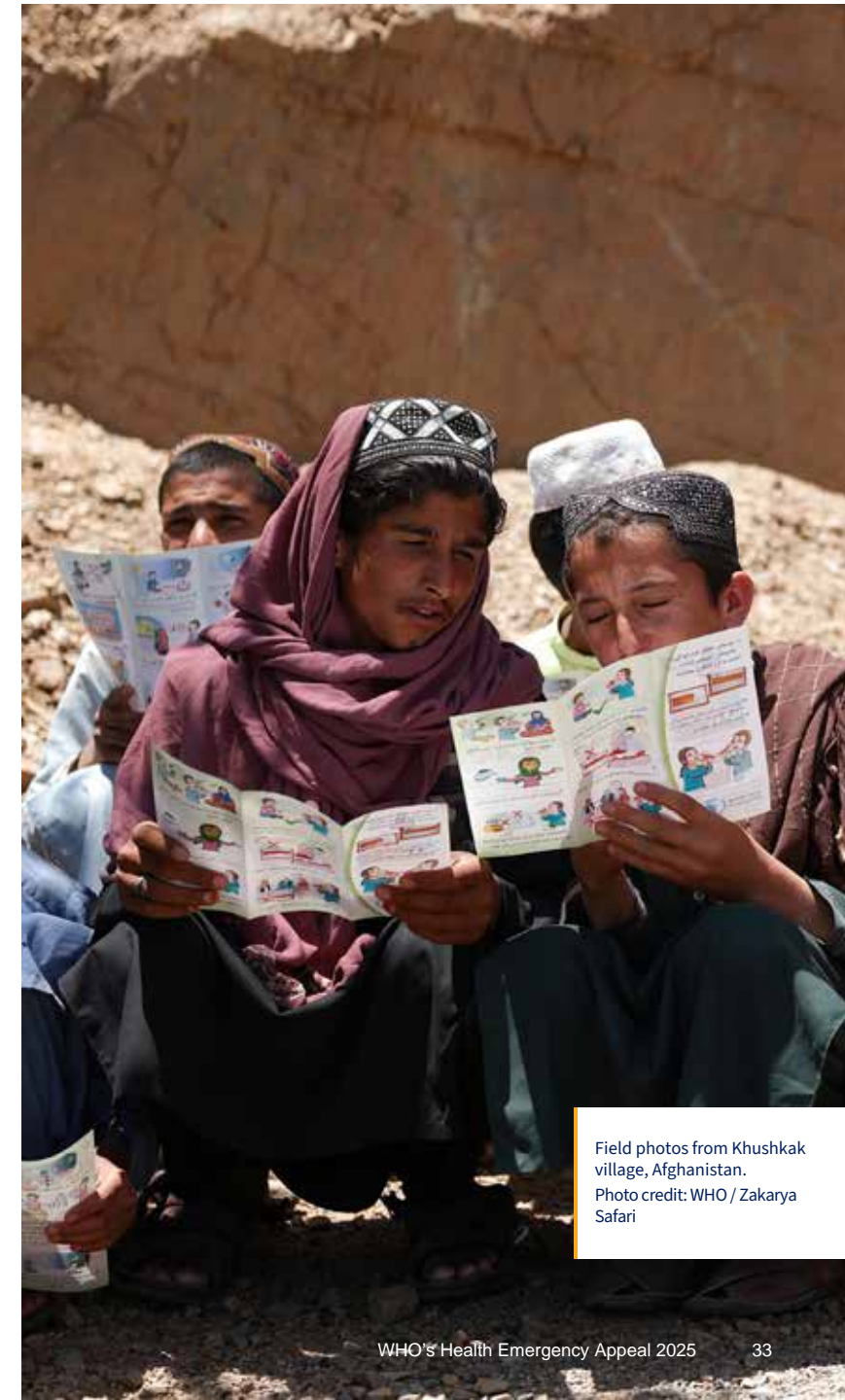
Afghanistan is enduring a severe humanitarian crisis resulting from decades of war and internal conflict that have left its health system fragmented and under-resourced. The country faces a complex array of challenges, including an influx of returnees, widespread population displacement, drought, food insecurity, multiple disease outbreaks and the lingering impacts of the COVID-19 pandemic. These factors have compounded existing public health issues, creating a dire situation for millions of Afghans.

The involuntary return of refugees from neighbouring Pakistan and the Islamic Republic of Iran has further intensified the crisis. Many returning individuals reside in remote and mountainous regions that have not received humanitarian aid for years. According to a geospatial analysis conducted by WHO in August 2024, around 14.5 million people (33% of the total population) across 34 provinces live in areas where primary health care cannot be accessed within a one-hour walk. This lack of access leaves Afghan citizens vulnerable to food scarcity and malnutrition, exacerbated by the burden of both communicable and non-communicable diseases.

The crisis disproportionately affects Afghan women and children, who face heightened vulnerability due to restricted access to education and economic opportunities. In 2024, an estimated 23.7 million people required urgent assistance, up from 18.4 million in August 2021. In 2025, 14.3 million are projected to need health assistance. Alarming, every day 24 mothers die from preventable causes, and 167 infants succumb to similar conditions. Approximately 14.5 million people living across 21 570 villages lack or have insufficient access to basic health services, with severe consequences for reproductive, maternal, newborn, and child health.

Food insecurity remains one of Afghanistan's most pressing issues, affecting 14.2 million people. This situation has worsened due to three consecutive years of drought, resulting in severe water scarcity in 30 of the country's 34 provinces. The percentage of food-insecure individuals has skyrocketed from 10% in 2020 to an alarming 67% in 2023.

Amid these challenges, Afghanistan's health sector struggles with increasing demands and severe underfunding. In 2024, the closure of 200 static and mobile health facilities affected more than 2 million people, including over 400 000 children under five and 160 000 pregnant or lactating women. Geopolitical tensions and declining international support compound the crisis, highlighting the urgent need for comprehensive humanitarian assistance to meet the Afghan population's overwhelming needs.



Field photos from Khushkak village, Afghanistan.
Photo credit: WHO / Zakarya Safari

WHO'S STRATEGIC OBJECTIVES

- 1. Reaching the unreached and prioritizing women's and children's health:** Implement a “for women, by women, with women” approach, expanding coverage and enhancing the quality of health service delivery, particularly in underserved areas, and sustaining polio eradication efforts and increasing immunization coverage.
- 2. Protecting people by scaling up responses to ongoing emergencies and emerging health needs:** Strengthen disease prevention, preparedness and response, and enhance the health information management system.
- 3. Coordinating the health sector for maximum impact:** Address health-related humanitarian needs at both national and subnational levels through the donor/partner coordinating forum, Health Cluster, and other coordination mechanisms.

OPERATIONAL PRESENCE

WHO Afghanistan maintains an operational presence in all 34 provinces, ensuring easy access to project sites. This extensive reach is supported by seven regional and subnational structures, along with the Kabul-based head office, employing a total of 1276 national and international staff.

WORKING WITH PARTNERS

WHO Afghanistan leads the health cluster, maintaining strong relationships with all health partners, particularly those providing emergency health care services in the country. The national and provincial-level health cluster meetings serve not only as platforms to identify and coordinate the needs of the population, but also as vital forums for health partners to align their activities and prevent duplication of efforts. Currently, there are 57 health cluster operational partners (four UN organizations, 22 international NGOs and 31 national NGOs).



WHO Afghanistan launched a targeted risk communication and community engagement campaign in June 2024.
Photo credit: WHO

WHO 2025 RESPONSE STRATEGY

The WHO Afghanistan country office will continue to provide effective leadership and coordination of the health sector in response to health-related humanitarian needs in Afghanistan, both at national and subnational levels. Given that Afghanistan remains one of the most complex humanitarian emergencies in the world, robust leadership and coordination of health sector activities are paramount. Collaboration among critical stakeholders is essential for an effective health response in this uniquely challenging and fragmented context. As the directing and coordinating authority for health within the United Nations system in Afghanistan, WHO is committed to facilitating the efficient use of trusted resources and effective interventions aimed at reducing disability, morbidity and mortality among beneficiaries.

Aligned with the expectations of our partners and the 2023-2025 Health Sector Transition Strategy (HSTS), WHO will work collaboratively with partners to address critical health emergencies. This includes a strong focus on providing life-saving health interventions, recognizing the urgency and importance of these actions. We will build on the achievements and lessons learned from 2024 to enhance health outcomes for the Afghan population.

WHO's role in Afghanistan is multifaceted, addressing various spheres of intervention. In the context of the ongoing humanitarian crisis, WHO focuses on providing strategic leadership, health information, technical expertise and, most importantly, operational interventions at the provincial level. This approach ensures the functionality of basic health systems and the continuous delivery of essential and life-saving services for all. WHO maintains a presence across all regions of the country.

Every morning as I head to my duty, my hope is to do more to help the people of Afghanistan and ensure that everyone can access the health care they need. Working as a paramedic here is not without challenges, but I've faced every obstacle with determination and an unwavering commitment to my work. I carry out my role with passion and the belief that every life I touch makes a difference.

Mr. Shakeel Alokozai, member of the WHO-supported surveillance team in Herat



With the help of community health workers, WHO is supporting the national malaria control programme to raise awareness of the enduring public health problems.
Photo credit: WHO / Zakarya Safari



WHO Afghanistan launched a targeted risk communication and community engagement (RCCE) campaign to conduct mass awareness activities. Photo credit: WHO

KEY ACTIVITIES FOR 2025

- **Expand access to essential health services** to address critical gaps and meet the urgent health needs of vulnerable populations.
- **Strengthen nutritional surveillance and treatment systems** to ensure timely identification and response to the current peak in malnutrition, enabling early, targeted interventions.
- **Enhance access to comprehensive mental health and psychosocial support services**, alongside care for noncommunicable diseases and substance use disorders, particularly for underserved and at-risk groups.
- **Support technical coordination and capacity-building** across primary, secondary, and tertiary health care, prioritizing life-saving reproductive, maternal, newborn, and child health care, as well as injuries and trauma care services.
- **Bolster outbreak response capacity**, including improved early warning systems for detecting and managing infectious disease outbreaks.
- **Expand and upgrade emergency and trauma care services**, incorporating mass casualty preparedness and response to ensure timely, life-saving interventions.
- **Ensure rapid outbreak preparedness and response**, minimizing the impact of infectious diseases through proactive measures.
- **Provide effective leadership and coordination of the health sector**, aligning resources and efforts to address the humanitarian health needs comprehensively.

As Japan's ambassador to Afghanistan, it's imperative for us to witness firsthand the challenges and successes in the health care sector. By collaborating with organizations like WHO, we strive to ensure that every Afghan has access to essential medical services.

His Excellency Mr. Takayoshi Kuromiya, Ambassador of Japan to Afghanistan

WHO'S IMPACT IN 2024

Delivering supplies to flood-hit communities in Afghanistan



Welfare Organization for Rehabilitation, Livelihood & Development (WORLD) provides health services in Berbori Sub Health Center in Dour Baba District of Nangarhar Province. Photo credit: WHO / Zakarya Safari



12 May 2024, Kabul, Afghanistan – WHO Afghanistan has swiftly responded to the flooding crisis in northern Afghanistan by delivering 7 metric tonnes of essential medicines, medical supplies, and kits.

Heavy rainfall affected more than 2000 homes across 8 districts, leaving hundreds of people homeless or trapped in their homes beneath debris and mud. The death toll currently stands at 300. With more than 100 people injured and a significant number of people missing, the death toll may increase significantly over the coming days.

“We extend our condolences to the families of the victims and are joining efforts with the health authorities and partners to maintain access to essential health services in the affected areas,” said Dr Jamshed Tanoli, acting WHO Representative to Afghanistan. “Our teams and cluster partners are on the ground now, working tirelessly to alleviate the suffering of the people in the flooded areas.”

Prior to this latest shipment, WHO had already provided 46 kits with enough medication for pneumonia, acute watery diarrhea and malnutrition to treat about 20 000 people, plus supplies for 500 trauma cases. WHO also immediately deployed surveillance support teams and other personnel to assist in various aspects of the flood response.

Several health facilities remain non-operational, making it difficult for people to access essential health services. The full extent of the damage caused by the floods is still being assessed, and WHO and the local health authorities are closely monitoring the situation. They are also working together to put in place preventive measures to curb the potential spread of waterborne diseases, such as diarrhoea. Other efforts are also under way to provide safe drinking water, distribute hygiene kits and offer medical treatment to mitigate the public health impacts of the disaster.

FOR MORE INFORMATION

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Welfare Organization for Rehabilitation, Livelihood & Development (WORLD) provides health services in Health Nangarhar Province. Photo credit: WHO / Zakarya Safari

KEY ACHIEVEMENTS FOR 2024

In 2024, WHO Afghanistan achieved significant milestones in strengthening health care services across the country, including:

- **Led, directed and coordinated more than 60 health cluster partners** to ensure timely, effective and predictable health responses reaching over 8.4 million people.
- **Distributed 3240 trauma and emergency surgical kits** to strengthen health care delivery.
- **Provided support to 235 primary health care centers (PHCs)**, 17 hospitals, 28 laboratories (including CPHLs), 5 acute mental health wards, 177 trauma care centers, 65 blood banks, 12 drug and addiction treatment centers (DATCs), and 2 opioid substitution therapy (OST) facilities.
- **Facilitated 2 028 494 outpatient department (OPD) visits**, including 1 170 793 at PHCs, 725 407 in hospitals, and 132 294 at trauma care centers.
- **Detected and responded to 1469 outbreak alerts**, with 97% (1427 alerts) addressed within 24–48 hours.
- **Distributed 3311 severe acute malnutrition (SAM) kits** to support nutritional health programs, including support to 140 IPD-SAM Centers.
- **Trained 6021 health workers**, enhancing the capacity of the health care workforce.
- **Delivered 61 307 mental health consultations**, improving access to mental health services.
- **Ensured 12 970 safe deliveries in WHO-supported facilities**, including 7591 in PHCs and 5379 in hospitals.



WHO-supported Afghan Japan Hospital in Kabul continues to provide critical care to patients, strengthening Afghanistan's health system in 2024.
Photo credit: WHO / Zakarya Safari



WHO responding to severe floods in western and northern Afghanistan. WHO mobilized medical supplies, deployed assessment teams, and are enhancing disease surveillance to support affected communities.
Photo credit: WHO / Zakarya Safari

2025 FUNDING REQUIREMENTS

AFGHANISTAN HUMANITARIAN EMERGENCY EMERGENCY RESPONSE PILLAR		FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance		13 263
Surveillance, case investigation and contact tracing		10 794
Diagnostics and testing		2470
Community protection		4910
Risk communication and community engagement		919
Travel, trade and points of entry		765
Infection prevention and control in communities		38
Vaccination		3188
Safe and scalable care		91 516
Infection prevention and control in health facilities		750
Case management and therapeutics		34 420
Essential health systems and services		56 347
Access to countermeasures		6803
Operational support and logistics		6220
Research, innovation and evidence		583
Emergency leadership		10 228
Leadership, coordination, PSEAH and monitoring		10 228
Grand Total		126 720

THE DEMOCRATIC REPUBLIC OF THE CONGO

People in need of health assistance¹

12.9 MILLION

People targeted for health assistance¹

6 MILLION

Funding requirement

US\$ 2.9 MILLION

CONTEXT

The Democratic Republic of the Congo faces multifaceted crises driven by armed conflicts, inter-community tensions, and natural disasters such as floods, landslides, and volcanic activity. This complex environment has led to recurring acute humanitarian and health emergencies, including multiple ongoing epidemics (mpox, cholera, measles, polio, plague and COVID-19, frequent conflicts and security incidents, natural disasters and severe food insecurity.

The Democratic Republic of the Congo remains the epicentre of mpox, accounting for over 96% of global cases, and 23 provinces have been identified as hotspots for the outbreak. Since 2023, mpox cases have seen a significant surge, with 14 626 suspected cases and 654 deaths, resulting in a case fatality rate (CFR) of 4.46%. From the start of 2024 through epidemiological week 48, a total of 51 194 mpox suspected cases were reported, including 11 333 confirmed cases and 1224 deaths, resulting in a CFR of 2.4%. Children under 15 years have been particularly affected, reflecting the disease’s high prevalence in this demographic.

In 2025 more than 21,2 million people - approximately a quarter of the population - required humanitarian assistance, including 12.9 million people in urgent need of emergency health care. The eastern provinces, severely impacted by violence and insecurity due to ongoing conflicts, are the most affected.

Escalating displacement seen in 2024 underscores the urgent need for a strengthened health response in 2025. With over 1.4 million people newly displaced from January to August 2024, the total displaced population has increased to 6.4 million – the second largest displacement crisis globally after Sudan. Armed attacks and clashes accounted for over 80% of these displacements, with women making up 51% of the displaced population. Additionally, 814 000 returnees were registered in 2024, raising the total number of returnees to 2.4 million. The provinces of North Kivu, Ituri, and South Kivu have seen the highest number of returnees in recent months, reflecting the ongoing instability in these regions.

The health implications of these displacements are profound. The maternal mortality rate in the Democratic Republic of the Congo remains one of the highest globally, while infant mortality continues to rise, driven by outbreaks of vaccine-preventable diseases. These issues are compounded by widespread displacement, which disrupts access to health care, nutrition and essential services, further straining an already fragile health system.

Compounding these challenges, access to safe drinking water, adequate sanitation and hygiene services remains critically low, increasing vulnerability to epidemics such as cholera and Ebola. The lack of basic health care infrastructure and services further heightens the health crisis, demanding urgent and sustained action.

¹ Estimates based on preliminary data for Humanitarian Needs Overview for Democratic Republic of the Congo, 2025



A 3-week-old girl suffering from mpox in the emergency room South Kivu, the Democratic Republic of the Congo.
Photo credit: WHO / Guerchom Ndebo

WHO'S STRATEGIC OBJECTIVES

1. **Enhance health service delivery:** Strengthen the capacity of health facilities to deliver primary health care services, addressing the diverse health needs of displaced populations, including the management of mpox.
2. **Strengthen provision of essential medicines and supplies:** Support the procurement and delivery of essential medicines and supplies.
3. **Bolster epidemic and pandemic preparedness:** Improve prevention, preparedness, detection and response to epidemics and pandemics to mitigate public health risks effectively.
4. **Build resilient health systems:** Strengthen health systems to ensure they are more capable and resilient in delivering essential health care services, even in the face of ongoing crises.
5. **Address mental health, gender-based violence and prevention and response to sexual exploitation, abuse and harassment (PSEA):** Provide mental health services, psychosocial support, and prevent and response to gender-based violence and PSEA. Prioritize the clinical management of rape in vulnerable communities.
6. **Ensure a sustainable partnership with key donors:** Promote better coordination of health partners via the health cluster and the Democratic Republic of the Congo's Groupe Inter Bailleurs Santé (GIBS).

Thanks to WHO, we have received essential medications that currently allow us to care for mpox patients. Our hope is to see each patient regain their smile thanks to this crucial support.

Dr Dieumerici Matabungi, Chief Medical Officer, Mpox Treatment Center Wangata, Equateur Province



A health worker checks on a child being treated for mpox north of Goma in the Democratic Republic of the Congo.
Photo credit: WHO / Guerchom Ndebo

WHO 2025 RESPONSE STRATEGY

WHO's 2025 response strategy in the Democratic Republic of the Congo focuses on three core pillars to ensure rapid and effective health emergency response and enhance emergency preparedness and prevent epidemics and pandemics.

Operational leadership in health emergency response: WHO will deliver technical leadership and operational support to strengthen emergency health responses. This includes direct implementation of lifesaving interventions, capacity building for government health authorities and partners and deploying WHO's expertise in outbreak prevention and control.

Coordination and health surveillance for rapid action: As the health sector lead, WHO will coordinate humanitarian partners and national authorities to align efforts for maximum efficiency. WHO will also manage health information systems, integrating data from non-governmental organisations, the United Nations High Commissioner for Refugees, and the Ministry of Health to drive evidence-based responses. Enhanced surveillance and early warning systems will support faster detection and containment of health threats.

Targeted provision of life-saving health interventions for high-risk areas: WHO will focus on delivering critical health services in underserved and high-risk areas. Leveraging its operational capacity, WHO will implement direct interventions in targeted provinces, ensuring essential care reaches displaced populations and other vulnerable groups with a focus on lifesaving outcomes.

OPERATIONAL PRESENCE

The country office in the Democratic Republic of the Congo has a multidisciplinary team of over 516 people dedicated to responding to emergencies, expanding access to quality essential services and strengthening the resilience of the health care system. These personnel are distributed across a central office, nine sub-offices and two antennas, covering all 26 provinces of the country.

WORKING WITH PARTNERS

WHO is the lead of a health cluster in the Democratic Republic of the Congo that involves 125 partners engaged in humanitarian response.



Dr Alain Mangolopa, WHO Emergency Officer for North Kivu, speaks to people in Bushagara Internationally Displaced Persons (IDP) Camp, north of Goma in the Democratic Republic of the Congo. Photo credit: WHO / Guerchom Ndebo



A woman with her son, who is being treated for mpox in South Kivu, in the Democratic Republic of the Congo. Photo credit: WHO / Guerchom Ndebo

KEY ACTIVITIES FOR 2025

Strengthen epidemiological surveillance systems, enhance disease monitoring, including contact tracing, through the expanded use of the Early Warning, Alert, and Response System (EWARS) electronic surveillance tool.

Build capacity for disease detection and analysis, train provincial health zone staff on the third edition of the Integrated Disease Surveillance and Response (IDSR) guidelines, focusing on disease surveillance data analysis and the application of statistical and spatial mapping tools.

Expand and decentralize laboratory diagnostic capacity for mpox at provincial and zonal levels in identified hotspot areas to accelerate detection and response.

Equip health care workers with the skills to analyse and assess public health risks, enabling faster and more effective responses to health emergencies.

Improve the safety and quality of patient care, emphasizing infection prevention and control measures in health care facilities and community settings.

Strengthen water, sanitation and hygiene (WASH) infrastructure and services in health districts and communities to reduce disease transmission during emergencies.

Enhance risk communication and community engagement by strengthening communication strategies and engagement efforts.

Ensure rapid deployment by prepositioning logistics, including motorcycles, motorized canoes, medical kits and essential supplies, enable the deployment of Rapid Response Teams (RRT) within 48 hours of an emergency.

Enhance coordination among health partners at central and decentralized levels to ensure a unified and effective health responses.

Provide essential health care, including mental health services, to displaced populations, returnees and those affected by natural disasters or armed conflict, through both mobile health care units and fixed facilities.

Prevent and respond to sexual exploitation, abuse and harassment, strengthen systems and capacity and ensure protection and accountability in all emergency response operations.

The infection prevention and control inputs provided to us by WHO ensure safety for ourselves and others. No frontline staff should put themselves at risk while saving lives.

Dr Pululu Mbala José, Coordinator of the Mpox Treatment Center Vijana, Kinshasa

ACHIEVEMENTS IN 2024

THE DEMOCRATIC REPUBLIC OF THE CONGO KICKS OFF MPOX VACCINATION



A man has samples taken for laboratory analysis for mpox in South Kivu, in the Democratic Republic of the Congo.
Photo credit: WHO / Guerchom Ndebo

The Democratic Republic of the Congo has received 265 000 doses of the MVA-BN vaccine donated by the European Commission's Health Emergency Preparedness and Response Authority, Gavi, the Vaccine Alliance, and the United States Government.

“As we rally efforts to stop the mpox outbreak, the rollout of the vaccine marks an important step in limiting the spread of the virus and ensuring the safety of families and communities,” said Dr Matshidiso Moeti, WHO Regional Director for Africa. “Vaccines are an important additional tool in outbreak control and we’re grateful to our partners who have donated the doses. We’re working closely with the national authorities to effectively deliver the vaccines to those who need them most.”

WHO and partners are working closely with the national authorities to scale up and reinforce all the key control measures to save lives and end the outbreak. To further strengthen the ongoing outbreak response, more than 300 WHO experts supporting polio eradication efforts in the Democratic Republic of the Congo have been integrated in the mpox response. The experts have extensive field experience in public health, particularly in community-based and health-facility active surveillance, case investigations, contact tracing and risk communication, and have been at the forefront in the fight against polio and other vaccine-preventable diseases.

In preparations for the mpox vaccination, WHO has supported the national health authorities in a range of areas, including training of health workers; enhancing vaccine delivery systems and infrastructure such as vaccine storage and transportation; community engagement, and ensuring supervision and evaluation of the process for quality vaccine delivery. Efforts are also ongoing to reinforce measures to identify and address vaccine mis- and disinformation and engage with community and religious leaders to increase access to accurate information. By the end of November 2024, 55 796 targeted people had been vaccinated against mpox across the country.

FOR MORE INFORMATION

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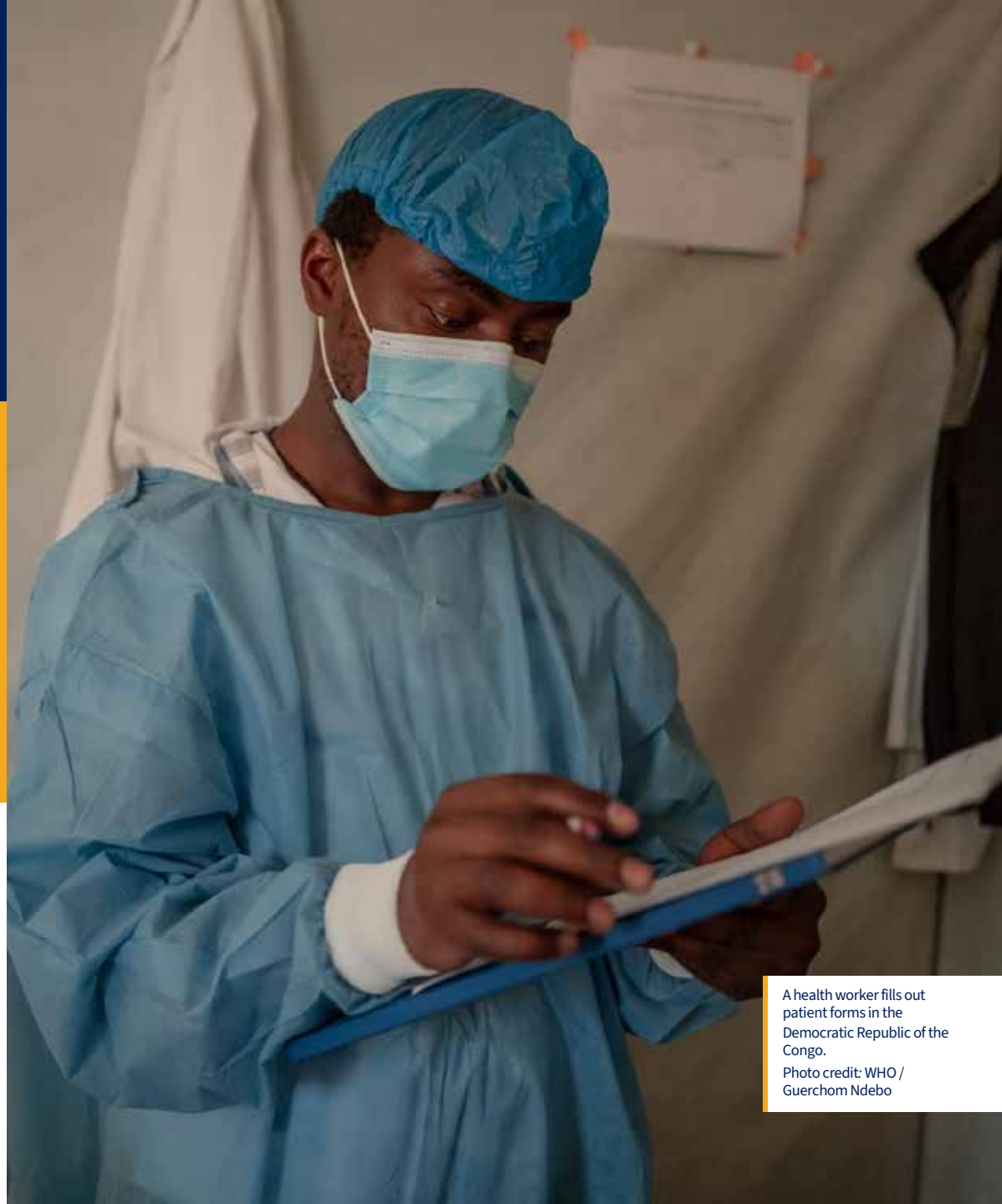
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A health worker examines skin lesions on the back of a young child with suspected mpox at a treatment in the Democratic Republic of the Congo.
Photo credit: WHO / Guerchom Ndebo



A health worker fills out patient forms in the Democratic Republic of the Congo.
Photo credit: WHO / Guerchom Ndebo

WHO’s 2025 FUNDING REQUIREMENTS

THE DEMOCRATIC REPUBLIC OF THE CONGO HUMANITARIAN EMERGENCY	
EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance	1151
Surveillance, case investigation and contact tracing	211
Diagnostics and testing	940
Community protection	941
Risk communication and community engagement	656
Infection prevention and control in communities	285
Safe and scalable care	80
Essential health systems and services	80
Access to countermeasures	196
Operational support and logistics	196
Emergency leadership	489
Leadership, coordination, PSEAH and monitoring	489
Grand Total	2857

ETHIOPIA

People in need of health assistance¹

TBC

People targeted for health assistance¹

TBC

Funding requirement

US\$ 24 MILLION

¹ Figures to be confirmed after discussion and verification with the Ministry of Health

CONTEXT

Ethiopia is grappling with multiple prolonged, complex humanitarian emergencies, including the intensifying impacts of internal armed conflict, food insecurity and malnutrition, worsening disease outbreaks and severe climate change effects. These unprecedented shocks have driven an increase in the number of people that require humanitarian assistance since 2022, from 16.8 million to over 21.4 million in 2024.

WHO is responding to three Grade 3 emergencies requiring the highest level of response, including the armed conflict in northern Ethiopia, the impact of the Sudan refugee crisis, and outbreaks of cholera. In addition, WHO is also responding to six other ungraded emergencies in Ethiopia, and malaria, drought and climate-driven hazards remain significant drivers of health crisis in the country.

The severity of violence and armed conflict – particularly in the Amhara region and parts of Oromia and Gambella – is unprecedented and poses a major obstacle to relief operations, preventing millions from accessing life-saving humanitarian assistance and basic essential health services. The net impact is a worsening humanitarian crisis, marked by delays in delivering life-saving interventions and emergency medical supplies including distributing mosquito nets, delivering antimalarials, transporting lab samples or undertaking vector control activities, which has exacerbated the plight of refugees and internally displaced people (IDPs). The three regions of the north (Afar, Amhara and Tigray) are yet to recover from the devastating impact of the 2020-2022 conflict, which resulted in significant population displacement and damage to health facilities.

Climate-related shocks, such as recurring droughts, floods and landslides, have severely disrupted livelihoods, weakened health and social systems and eroded community resilience. These intersecting factors have heightened the need for humanitarian support and intensified strain on the health system.

Despite these obstacles, WHO plays a critical role in providing health interventions, working to sustain essential services in high-risk areas and coordinate rapid responses to outbreaks. The impacts of climate change, rising market prices and ongoing conflict have led to food insecurity, high malnutrition levels, and greater susceptibility to multiple disease outbreaks, including cholera, measles, and malaria, especially among vulnerable populations.



Residents of the Adi Dahro Internally Displaced Persons (IDP) Camp line up to get water. Photo credit: WHO / Nitsebiho Asrat

WHO'S STRATEGIC OBJECTIVES

- 1. Enhance emergency coordination:** Strengthen health emergency and humanitarian response coordination across all levels of government – national, subnational, and zonal – to ensure optimum use of resources and timely decision-making. Ensure coordination of partners and health cluster for a coherent, predictable and effective response by the health cluster.
- 2. Expand access to life-saving services:** Scale up access to quality emergency and essential health and nutrition care services, focusing on reducing mortality and mortality caused by humanitarian crises, drought-related health impacts, and disease outbreaks.
- 3. Provide essential medicines and supplies and deploy surge workforce:** Provide timely support for core essential pipeline operations, including the provision of emergency and essential medical supplies, financial resources, and deployment of technical expertise through surge capacity mechanisms.
- 4. Bolster disease surveillance and response:** Strengthen surveillance systems for preparedness, operational readiness and rapid response, ensuring early detection and intervention through enhanced early warning mechanisms.
- 5. Build recovery and resilience:** Strengthen national and regional capacities in fragile areas by integrating the humanitarian-development nexus approach. Focus efforts on improving health information management systems (HIMS) and enhancing health systems leadership and governance in emergencies to support long-term recovery and resilience.

WHO's impact in 2024

In 2024, WHO achieved significant milestones in strengthening Ethiopia's health response. Key achievements included establishing a water treatment

facility, constructing three cholera treatment centers, and conducting preparedness assessments in Tigray. WHO also delivered 566 metric tons of emergency health supplies, including cholera kits, antibiotics, antimalarials, and treatments for severe acute malnutrition (SAM) among children under five.

Since the cholera outbreak began in 2022, WHO vaccinated 10.1 million people with one dose of cholera vaccine and, in 2024, provided measles vaccines to 3.68 million children aged six months to ten years. Despite funding cuts that reduced Mobile Health and Nutrition Teams (MHNTs) in Amhara from 46 to nine, WHO sustained essential support, managing over 100 Cholera Treatment Centers (CTCs), 111 Cholera Treatment Units (CTUs), and 785 Oral Rehydration Points across 11 regions. To bolster surge capacity, 45 Africa Volunteer Health Corps (AVOHC) members were deployed in partnership with the Ethiopian Public Health Institute (EPHI).

WHO also supported 58% of Ethiopia's 4127 stabilization centers with SAM kits, training, and mentoring for health workers. Amid a malaria surge, WHO provided additional support through Emergency Operations Centers (EOCs), deploying technical staff, mobilizing partners, and delivering medical supplies. Recovery efforts included implementing the Health Resources and Services Availability Monitoring System (HeRAMS) in Afar and Tigray to identify service gaps, though expanded assessments and continued support remain critical in fragile regions.

I extend my heartfelt appreciation to WHO and its donors for their unwavering support in addressing health emergencies in the Amhara Region. The cholera outbreak, conflict, drought and measles have strained our health services. On behalf of the Amhara Regional Health Bureau, I thank WHO for providing medical supplies and technical support, especially to Gondar city, the Oromo Special Zone, and Bahir Dar Zuria woreda. Their efforts have been invaluable.

Abebe Temtme Chere, Deputy Head of the Amhara Regional State Health Bureau



A patient receiving treatment inside one of the few remaining functional rooms at Hitsais Clinic. Photo credit: WHO / Nitsebiho Asrat

WHO 2025 RESPONSE STRATEGY

WHO's 2025 response strategy focuses on enhancing health emergency coordination, expanding access to life-saving services, and strengthening recovery efforts in Ethiopia. Building on the Ethiopia Country Cooperation Strategy (CCS) 2021–2025, the approach integrates development and humanitarian priorities, emphasizing the humanitarian-development nexus to ensure a cohesive and sustainable response.

WHO leads the Health Cluster and is committed to enhancing emergency coordination by working with the Ministry of Health and partners to optimize resources and ensure timely, coherent, and effective decision-making across national, subnational, and zonal levels. To expand access to life-saving services, WHO prioritizes scaling up quality emergency and essential health and nutrition services, focusing on reducing morbidity and mortality caused by droughts, disease outbreaks, and other crises. This includes providing essential medicines and supplies and deploying surge capacity mechanisms to deliver technical expertise and emergency medical support where needed.

WHO also aims to bolster disease surveillance and response by strengthening systems for preparedness, early warning, and rapid intervention to detect and respond to cholera, malaria, measles, and other high-risk diseases. Enhanced surveillance ensures operational readiness for emergencies. Finally, WHO's response efforts emphasize building recovery and resilience in fragile regions by improving health information systems, strengthening governance, and integrating humanitarian and development efforts to support long-term recovery. Through these initiatives, WHO works to ensure health systems are more responsive, sustainable, and prepared for future challenges.

The response strategy is built on three critical prerequisites for successful implementation: sustained donor support and political will to adopt the humanitarian-development nexus approach, strong commitment from health sector partners to operationalize the strategy, and active government engagement at federal and regional levels to establish processes that enable its success. To strengthen response efforts, the country office has activated the Incident Management System (IMS) to address graded emergencies, surge capacities, and coordinate response activities across all levels of the organization.

OPERATIONAL PRESENCE

WHO has deployed over 230 technical staff, supported by regional and HQ offices, to coordinate emergency responses at both local and regional levels in Ethiopia. In addition, WHO has an established channel for operational support and logistics. A stockpile of emergency medical supplies procured by WHO are stored in a national warehouse, with additional emergency buffer stocks held in the WHO Regional Emergency Hubs in Nairobi and Dakar.

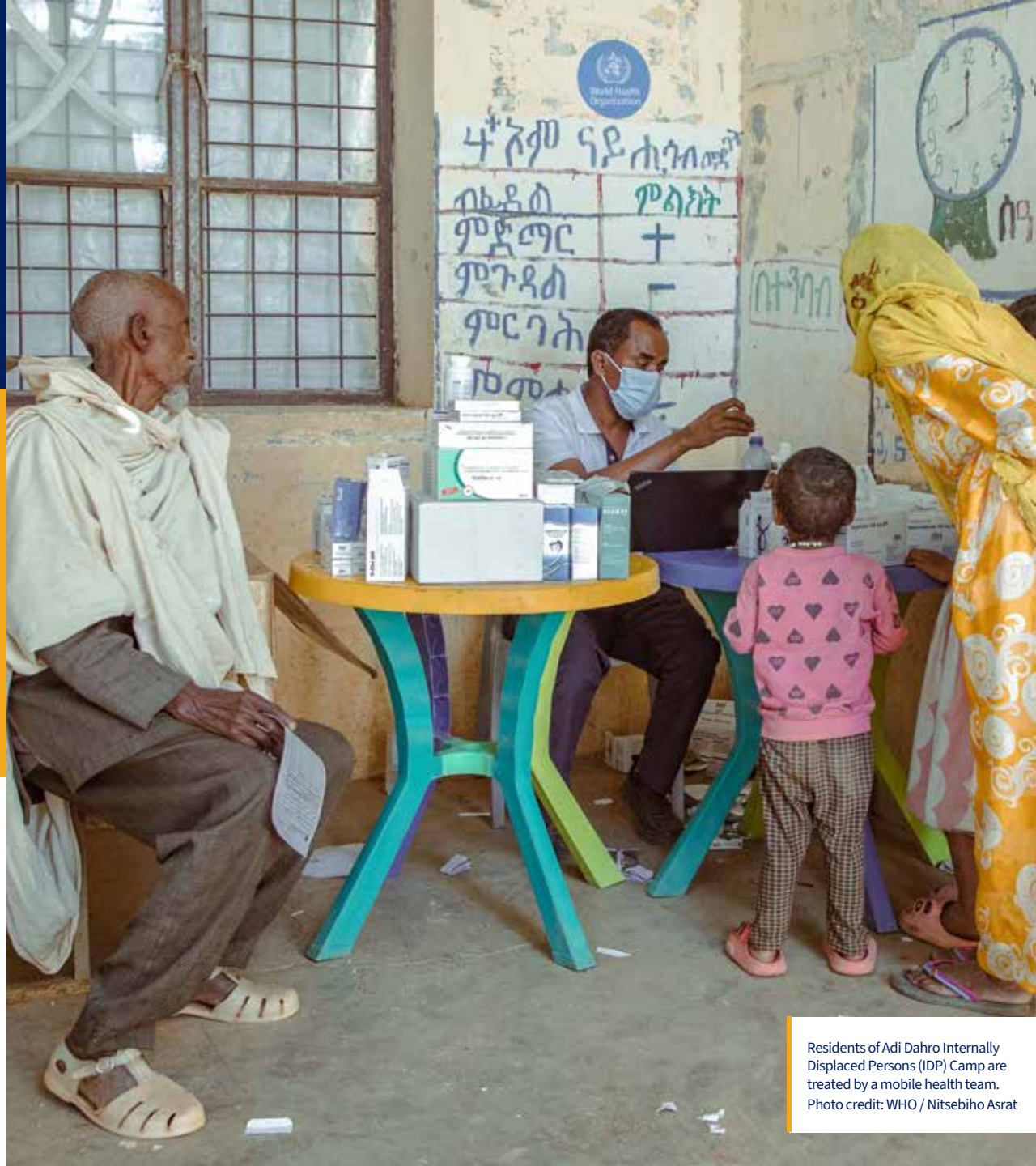
WORKING WITH PARTNERS

As health cluster lead, WHO collaborates closely with the Ministry of Health and emergency national and international NGOs, other UN agencies, and bilateral agencies to provide leadership in humanitarian and health response, ensuring accountability to affected populations, prioritization of health concerns, and appropriate intersectoral and inter-cluster action. The health cluster comprises 76 partners, including 30 international NGOs, 25 national NGOs, 6 UN agencies, 2 national authorities, 10 donors, and 3 observers. WHO provides technical, financial, and material assistance through its country and sub-offices to provide strategic and operational direction during the emergency response. WHO has been a key partner in Ethiopia's health sector development, supporting disease prevention, strengthening primary health care systems, immunizations, and emergency preparedness.

To address the significant health needs, the cluster operates through a national team of six key roles, including field coordinators, information management officers and public health officers. The health response is supported by nine sub-national hubs across regions, ensuring that interventions are context-specific and accessible to vulnerable populations. WHO and its partners remain committed to addressing these gaps, ensuring no duplication of efforts while striving to deliver critical health services to the most affected communities in Ethiopia.



A nurse at the Centre of Mehoni Primary Hospital schedules follow-up appointments with a mother and child.
Photo credit: WHO / Nitsebiho Asrat



Residents of Adi Dahro Internally Displaced Persons (IDP) Camp are treated by a mobile health team. Photo credit: WHO / Nitsebiho Asrat

KEY ACTIVITIES FOR 2025

Strengthening leadership and coordination: Sustain WHO's leadership and coordination capacities to respond effectively to complex emergencies by strengthening technical expertise and preparedness at all levels.

Enhancing disease surveillance and response: Enhance disease outbreak surveillance and response systems using WHO's Early Warning Alert and Response System (EWARS) to detect and respond to cholera, malaria, measles and other high-risk diseases.

Improving emergency operations centers: Strengthen emergency operations centers (EOCs) at national and subnational levels to improve coordination, operational readiness and rapid response capabilities.

Deploying rapid response teams: Deploy rapid response teams (RRTs) to outbreak-affected and high-risk areas for timely alert investigation, verification and response to diseases with epidemic potential.

Expanding health and nutrition services: Expand access to essential health and nutrition services for vulnerable populations, particularly in conflict-affected and hard-to-reach areas, through Mobile Health and Nutrition Teams (MHNTs), while ensuring provision of necessary supplies.

Enhancing data collection and decision making: Improve data collection, analysis and decision-making by utilising the Health Resources Availability Monitoring System (HeRAMS) to ensure evidence-based programming and response.

Strengthening health services at points of entry: Reinforce health services at points of entry (PoEs) to address the health needs of displaced populations and refugees through the deployment of Emergency Medical Teams (EMTs) and rapid response units.



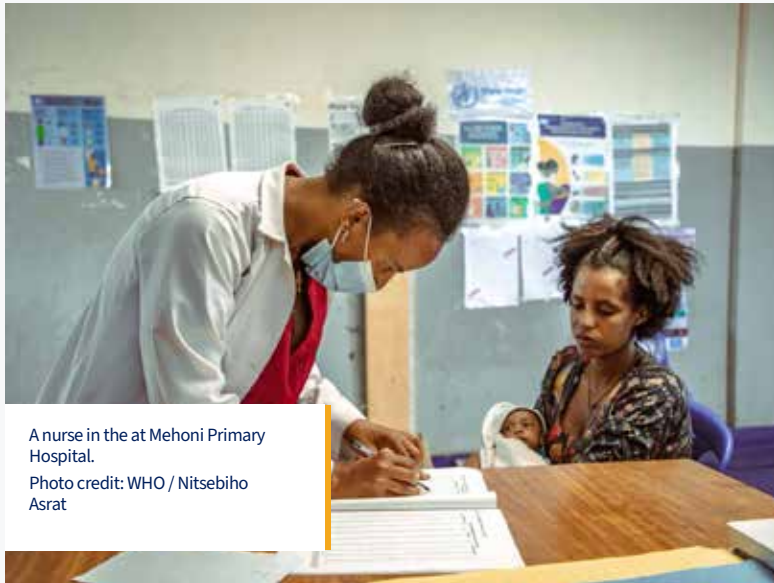
The collaboration between international partners and local authorities has been crucial in revitalizing our approach to health care. By integrating nutrition surveillance into routine health services, we are not just treating illnesses but preventing them – a paradigm shift in our region.

Dr Ahmed, public health officer in Amhara



ACHIEVEMENTS IN 2024

WHO'S SWIFT RESPONSE IN THE AFTERMATH OF A LANDSLIDE IN THE SOUTH ETHIOPIA REGIONAL STATE



A nurse in the at Mehoni Primary Hospital.
Photo credit: WHO / Nitsebiho Asrat

In the aftermath of a catastrophic landslide in Geza Gofa Woreda, South Ethiopia region, the district was left devastated. The intense rains on July 21 and July 22 transformed the landscape, resulting in the loss of more than 249 lives and displacing more than 600 people. Overall, more than 15 000 people were affected by the landslide and the victims including officials, health workers and agricultural personnel who had been on the ground offering aid.

WHO swiftly stepped into action and mobilised to provide support. By July 24, a WHO team of experts including emergency managers, a health cluster coordinator, public health officers and mental health experts assessed the multitude of urgent needs including essential health services for affected communities, mental health and psychosocial support due to grief, efforts to minimize disease outbreaks and the lack of adequate infection prevention and control and water, sanitation and hygiene facilities.

WHO supported the Gofa Health Bureau to establish a health incident management system and to establish and strengthen health facilities to maintain uninterrupted medical care at the incident and temporary relocation sites.

To combat the risk of disease outbreaks, including cholera, WHO released more than US\$ 500 000 from its contingency fund for emergencies (CFE) and provided emergency medicines and supplies. The essential supplies included emergency health kits, cholera treatment kits, trauma and emergency surgical kits, pneumonia kits, anti-scabies ointment, medical devices and equipment and personal protective equipment. Alongside on-the-ground partners, WHO addressed mental and psychosocial support activities and trained local leaders.

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The outpatient pharmacy of Mehoni Primary Hospital.
Photo credit: WHO / Nitsebiho Asrat



The mother of a child being treated at the Nutrition Stabilization Centre of Mehoni Primary Hospital on 28 March 2024.
Photo credit: WHO / Nitsebiho Asrat

2025 FUNDING REQUIREMENTS

Overall country funding requirements by emergency response pillar (US \$ million).

ETHIOPIA HUMANITARIAN EMERGENCY	
EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance	2880
Surveillance, case investigation and contact tracing	1280
Diagnostics and testing	1600
Community protection	4320
Risk communication and community engagement	456
Travel, trade and points of entry	64
Infection prevention and control in communities	3200
Vaccination	600
Safe and scalable care	9252
Case management and therapeutics	6400
Essential health systems and services	2852
Access to countermeasures	6528
Operational support and logistics	6528
Emergency leadership	1020
Leadership, coordination, PSEAH and monitoring	1020
Grand Total	24 000

HAITI

People in need in need of health assistance¹

4.2 MILLION

People targeted for health assistance¹

2 MILLION

Funding requirement

US\$ 18.5 MILLION

¹ Source: Preliminary estimated based on the Humanitarian Needs Overview for Haiti 2025

CONTEXT

Since the beginning of 2023, the humanitarian crisis in Haiti has escalated significantly, with the situation further deteriorating in 2024 due to intensified gang violence and the near collapse of state institutions. Between January and September 2024, at least 3661 people were killed, marking the highest levels of violence observed since 2023. The lack of resources and personnel in the multinational police mission has compounded the insecurity. Damage to critical social infrastructure in Port-au-Prince has been extensive, with 450 public buildings, including health facilities, homes, and businesses, vandalized or looted.

Widespread displacement has followed the violence. 702 973 internally displaced persons (IDPs) have been recorded in round 8 of the International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), a 22% increase from the previous round in May 2024. Armed attacks in Gressier and Ganthier (Ouest department) drove much of this increase. Adding to the strain, the Dominican Republic's deportation program deported 16 226 Haitians within two weeks in October 2024, further pressuring already fragile health services at entry points.

Gender-based violence (GBV) remains a critical issue, with incidents rising steadily. Between January and May 2024, 3949 GBV cases were reported, with 72% involving sexual violence. Most cases occurred in Ouest (70%) and Artibonite (26%) departments, affecting predominantly women (75%) and girls (20%). Alarming, 61% of survivors were IDPs, and 66% of reported acts were attributed to armed gang members.

The ongoing security crisis and displacement have severely compromised access to health care. According to the UN, two in five Haitians urgently need medical care. The functionality of health facilities has been severely impacted, with 40% of health facilities in the Ouest department closed, 33% partially functional, and only 42% operating normally. Health services are further strained by shortages of medicine and supply caused by insecurity and looting.

Armed violence continues to exacerbate the health crisis, with rising numbers of firearm-related injuries overwhelming health facilities. In early October 2024, gang attacks in Pont Sondé (Artibonite department) resulted in 109 deaths and 27 injuries, in an area with already limited health care access.

Despite these challenges, the Pan American Health Organization (PAHO)/WHO and partners remain committed to supporting the Ministry of Public Health and Population (MSPP) to address the escalating health crisis. In 2025, these efforts will need to focus on restoring essential health services, strengthening health system resilience, and addressing the increasing needs of displaced and vulnerable populations.



Internally displaced persons receiving care during a mobile clinic visit in an IDP site in Port-au-Prince.

Photo credit: PAHO/WHO

WHO'S STRATEGIC OBJECTIVES

In the current challenging situation in Haiti, marked by political instability, violence, and significant disruptions in essential services, strategic objectives focus on addressing critical immediate needs while also laying the groundwork for longer-term health system resilience strategies in a country that is extremely vulnerable and continues to be chronically impacted by adverse events.

WHO's key strategic objectives in Haiti for 2025 include:

- 1. Ensure availability of and access to emergency and life-saving health services:** Prioritize the delivery of emergency health services for the most vulnerable population groups, including pregnant women, children, internally displaced persons (IDPs), returnees and those injured due to violence.
- 2. Maintain and strengthen disease surveillance and outbreak response mechanisms:** Enhance the capacity for timely detection and rapid response to disease outbreaks of epidemic potential such as cholera, malaria, diphtheria, measles or COVID-19.
- 3. Secure critical supply chain operations:** Ensure a reliable supply of essential medicines and medical equipment amid security challenges.

“ We have activated our emergency response plan to better manage the influx of severely injured individuals. Our priority is to ensure that all victims receive the immediate care they need. This plan mobilizes all available resources and calls upon our qualified staff to respond with the urgency and professionalism that the situation demands, in close collaboration with PAHO/WHO, whose support is crucial in ensuring the necessary medical supplies and expertise are available during this emergency.

Dr Paul Junior Fontilus, director of Hôpital Universitaire la Paix



A PAHO/WHO staff oversees the distribution of WASH supplies in an IDP site.
Photo credit: PAHO/WHO

WHO 2025 RESPONSE STRATEGY

Building on its critical role in addressing Haiti's health crisis in 2024, PAHO/WHO will intensify efforts in 2025 to enhance early detection and rapid response capacities for epidemics, particularly in vulnerable areas such as internally displaced person (IDP) sites. The 2025 strategy aims to reduce morbidity and mortality from epidemic-prone diseases such as cholera, malaria, and COVID-19 while strengthening the Ministry of Public Health and Population (MSPP) to respond effectively to health emergencies. Amidst continued gang violence, instability, and displacement, PAHO/WHO will prioritize ensuring the availability of essential health services for the broader population, with particular focus on pregnant women, survivors of gender-based violence (GBV), and other vulnerable groups. This includes addressing critical health needs to save lives and alleviate suffering. In 2024, PAHO/WHO supported national and decentralized health authorities in monitoring and responding to the urgent health needs of over 51 000 individuals in 41 IDP sites in Léogâne and the metropolitan area of Port-au-Prince. In 2025, these efforts will be scaled up to meet the increasing health demands of displaced and underserved populations.

In 2025, PAHO/WHO will continue collaborating with MSPP and international partners to strengthen epidemic preparedness and early warning systems, particularly in IDP camps and other high-risk areas. These efforts will focus on the timely detection and containment of health threats, with proactive outbreak monitoring and response remaining central to controlling the spread of diseases such as cholera and COVID-19, thereby protecting Haiti's most vulnerable populations.

PAHO/WHO will intensify capacity-building initiatives by training additional local health workers in disease surveillance, outbreak response, and emergency care. This aims to empower communities with the skills and resources needed to respond rapidly and effectively to emerging health crises.

To sustain essential lifesaving health services, PAHO/WHO will continue providing technical and logistical support to major health facilities, including University Hospital La Paix and the National Blood Transfusion Center. These efforts will prioritize care for pregnant women, survivors of gender-based violence (GBV), and individuals injured by gang violence, ensuring their urgent medical needs are met amidst ongoing challenges.

Additionally, PAHO/WHO will expand direct support to IDP sites, addressing critical health challenges in displacement settings through enhanced disease surveillance, the provision of essential medical supplies, and the deployment of mobile health services to reach those with limited access to care.

This integrated approach seeks to strengthen Haiti's health system resilience, improve emergency response capacity, and deliver targeted interventions to those most affected by the humanitarian crisis.

OPERATIONAL PRESENCE

PAHO workforce in Haiti includes 113 national staff (including consultants, administrative staff and drivers) and 24 international staff, working in the fields of health emergency preparedness and response to disasters and epidemics, health systems and services, immunization, family, health promotion and life course (including maternal and gender-based violence, health equity, ethnicity, gender equality, and cultural diversity), non-communicable diseases (including mental health), communicable disease prevention and control, pharmaceutical supply management, communications and program management. Given the current security situation and restrictions of access, PAHO/WHO also has set-up two field offices: one in the Nord department in Cap Haïtien, and one in the southern region in the Nippes department in Miragoâne, allowing for continued operations for PAHO personnel throughout the country.

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

WORKING WITH PARTNERS

The Health Cluster is active in Haiti and co-led by PAHO/WHO and the Ministry of Health and Population (MSPP). It currently officially has 47 members. However, it should be noted that amongst these health partners, only very few (12) reports to the cluster regularly and have the means or capacities to conduct health interventions.



A PAHO/WHO staff offloads emergency medical supplies on the tarmac of the Cap Haïtien airport.
Photo credit: PAHO/WHO



PAHO/WHO and MSPP personnel visit a site where displaced people have taken refuge in the Leogane area.

Photo credit: PAHO/WHO

KEY ACTIVITIES FOR 2025

Strategic objectives for 2025

- 1. Ensure availability of and access to emergency and life-saving health services**
Strengthen capacities of health institutions and partners for emergency care delivery for vulnerable groups, including pregnant women, children, internally displaced persons (IDPs), and those injured due to violence.
Secure essential medicines and medical supplies to manage urgent health needs.
- 2. Maintain and strengthen disease surveillance and outbreak response mechanisms**
Maintain quick-response teams deployed across the country, including labo-moto nurses to support sampling for epidemic prone diseases, and community-based surveillance.
Improve data reporting throughout the country.
Ensure prompt vaccination and health interventions in high-risk areas like IDP camps.
- 3. Secure critical supply chain operations**
Ensure continuous availability of stocks in the country for medicines and medical supplies, including reagents for the national transfusion center and the national laboratory of public health.
Explore alternative routes and means for the delivery of medical supplies to ensure uninterrupted health service provision.

The mobile clinics supported by PAHO/WHO helped me a lot today. I wasn't feeling well, and since almost all the hospitals are closed, a friend advised me to go there. I had never had high blood pressure before the current crisis, but the sounds of gunfire echo in my head. We are constantly forced to flee without knowing where to go. I received medication, and I'm grateful for this care during such chaotic times.

Marie Yliane, 67, an internally displaced person

ACHIEVEMENTS IN 2024

HEALTH ON THE FRONTLINES: CARING FOR HAITI'S DISPLACED POPULATION



Wounded patients receiving care at the Hôpital Universitaire La Paix in Port-au-Prince.

Photo credit: PAHO/WHO

In 2024, Haiti has faced an escalation of the ongoing security crisis that has displaced over 700 000 people with more than 100 000 people living in makeshift sites across the metropolitan area of Port-au-Prince. The violence has severely strained the health care system, leaving vulnerable communities such as internally displaced persons with limited access to essential services. In response, PAHO/WHO, in collaboration with national and regional health authorities, has played a crucial role in restoring access to health care for displaced populations, offering vital services through mobile clinics.

Marie Yliane, a 67-year-old former street vendor, fled her home in Carrefour-Feuilles in August 2023. She now lives in the Colbert Lochard displaced person's site. "I had never had high blood pressure before the crisis," she says. "But the constant sound of gunfire is unbearable. We are always running without knowing where to go." Marie found relief when she visited one of the PAHO/WHO-supported mobile clinics, where doctors discovered her symptoms were linked to hypertension. She received treatment, medication, and a sense of hope amid the chaos.

The mobile clinics, staffed by a dedicated team of doctors, nurses, midwives, and psychologists from the Ministry of Health and Population (MSPP) have so far conducted more than 5000 consultations in 2024. They deliver general medical care, sexual and reproductive health services, and psychosocial support to displaced populations. With the financial support of strategic partners including the European Commission's Civil Protection and Humanitarian Aid (ECHO), the Government of Canada, the Bureau of Humanitarian Assistance of the U.S. Agency for International Development (USAID) and the Central Emergency Response Fund (CERF), PAHO/WHO's commitment to providing technical and logistical support has been vital in ensuring continued access to these lifesaving services.

Similarly, Sabrina, a 28-year-old mother, sought help for her children, traumatized by the violence. Unable to afford ongoing hospital care, she turned to the mobile clinic for free treatment and medications. The clinic provided both medical and psychosocial support, helping her family cope with the crisis.

FOR MORE INFORMATION

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PAHO/WHO and MSPP personnel visiting a newly established IDP site in the Turgeau neighborhood in Port-au-Prince.
Photo credit: PAHO/WHO



The Lycée Marie Jeanne IDP site.
Photo credit: PAHO/WHO

2025 FUNDING REQUIREMENTS

HAITI HUMANITARIAN EMERGENCY	
EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance	2369
Surveillance, case investigation and contact tracing	1821
Diagnostics and testing	548
Community protection	3500
Risk communication and community engagement	500
Travel, trade and points of entry	300
Infection prevention and control in communities	200
Vaccination	2500
Safe and scalable care	7700
Infection prevention and control in health facilities	500
Case management and therapeutics	3700
Essential health systems and services	3500
Access to countermeasures	3128
Operational support and logistics	3128
Emergency leadership	1783
Leadership, coordination, PSEAH and monitoring	1783
Grand Total	18 480

LEBANON

People in need¹
3.7 million

including:
LEBANESE
2.2 MILLION
SYRIAN REFUGEES
1.3 MILLION PALESTINIAN
REFUGEES **119 000**
MIGRANTS
87 000

People targeted¹
3.1 MILLION

Funding requirement
US\$ 48 MILLION

¹Figures represent People in Need and People Targeted for overall humanitarian assistance from the Global Humanitarian Overview 2025. Data specific to health assistance will become available following the publication of the Humanitarian Response Plan for this emergency.



CONTEXT

Lebanon's health sector is under unparalleled strain, compounded by years of socio-economic deterioration, regional instability, and recent escalations in violence along its southern border as well as across the country since September 2024. More than 1.3 million people have been internally displaced, including refugees already burdened by high poverty rates. Infrastructure damage, escalating displacement, and ongoing economic decline have worsened access to health care and essential services, leaving the health sector on the brink. This crisis builds on a complex, multi-year context, with Lebanon hosting millions of Syrian and Palestinian refugees, grappling with economic collapse, political stalemates, and managing the residual impacts of the COVID-19 pandemic and the Beirut Port explosion. As of 2024, poverty affects over 80% of Lebanese citizens and 90% of Syrian refugees, rendering health care unaffordable for many.

In the aftermath of the signature of the ceasefire in November 2024, the military escalation has led to the closure of at least 130 primary health centers and 7 hospitals. The health system is under immense strain, grappling with almost 4000 fatalities and more than 16 000 injuries. Unprecedented attacks on health care facilities have not only disrupted services but also resulted in severe injuries and fatalities among health care workers.

Shortages of medical supplies, skilled health personnel, and essential medicines are compounding the crisis, leaving countless vulnerable individuals without access to critical treatments, particularly for trauma care and non-communicable diseases. The risk of communicable disease outbreaks is heightened, driven by overcrowding, poor sanitation, and the widespread disruption of health care services.

In October 2024, WHO Lebanon launched a Flash Appeal for USD 50 million to sustain urgent health interventions over six months, in alignment with the UN Flash Appeal. Concurrently, the Lebanese Ministry of Public Health (MoPH), WHO, and partners developed a comprehensive health sector roadmap to address immediate humanitarian needs, facilitate early recovery, and build long-term resilience in the health system. This phased approach aligns with Lebanon's National Health Strategy Vision 2030, prioritizing strengthened health system governance, expanded primary health care, and greater self-sufficiency in essential medical supplies.

Under the 2025 Health Emergency Appeal, WHO reaffirms its commitment to this multi-faceted strategy, emphasizing an integrated humanitarian response alongside scalable early recovery and resilience-building initiatives. These coordinated interventions underscore WHO's pivotal and unique role in Lebanon: stabilizing trauma care, ensuring continuity of essential services, and reinforcing public health surveillance to protect Lebanon's vulnerable populations amid an escalating crisis.



Delivery of trauma kits to Geitaoui hospital August 2024. Photo credit: WHO

WHO'S STRATEGIC OBJECTIVES

- 1. Strengthening integrated disease surveillance and laboratory capacity for effective public health response:** To boost Lebanon's early warning systems and disease surveillance, WHO will focus on strengthening cholera response through water, sanitation, and hygiene (WASH) interventions and coordinated vaccination efforts, helping to mitigate and contain potential outbreaks. This will reinforce Lebanon's laboratory and disease surveillance capacity for more effective public health responses to emerging threats.
- 2. Ensuring scalable clinical care and protection during health emergencies:** WHO aims to enhance Lebanon's ability to handle mass casualties by providing targeted support for trauma care, essential medical supplies, and surge support, especially at critical health facilities. WHO will support primary health care centres, mobile clinics and mental health services in high-need areas to ensure uninterrupted access to essential health care for vulnerable populations, including displaced persons.
- 3. Strengthening community engagement and resilience through comprehensive public health interventions:** To build community resilience, WHO will stabilize health services across Lebanon, focusing on restoring health infrastructure, expanding primary care access, and supporting essential services for trauma care, chronic disease management, and mental health. Rapid training and surge capacity initiatives will address urgent needs in conflict-affected areas, fostering robust community engagement in public health.
- 4. Enhancing health emergency preparedness and response capacities:** Laying the groundwork for a resilient health system, WHO will support public health governance, digital health infrastructure, and the promotion of universal health coverage. Initiatives to increase local production of essential medicines, retain skilled health workers, and expand renewable energy sources in health facilities will help secure sustainable health care access for Lebanon's most vulnerable.

Supplies are extremely important because those hospitals have been working at full capacity and anything that improves their readiness means that they can carry out a better response and improve access to necessary and much needed health care. This also sends a very important signal of solidarity from the international community to Lebanon in these difficult times.

Dr Firass Abiad, Lebanese Minister of Public Health



WHO visiting a school turned into shelter for IDPs, October 2024.
Photo credit: WHO

WHO 2025 RESPONSE STRATEGY

WHO's 2025 response strategy for Lebanon prioritizes a comprehensive, phased approach that addresses urgent humanitarian health needs while building long-term resilience. Following escalating violence and a surge in health needs, WHO launched an Operational Response Plan in October 2024, focusing on trauma care, continuity of essential health services, and outbreak prevention. The proposed strategy for 2025 centers on stabilizing Lebanon's health care system, expanding access to critical services, and fostering close collaboration with MoPH and partners for a coordinated and impactful response.

In 2024, WHO, in collaboration with MoPH and local partners, implemented key initiatives to address immediate health needs. These included the delivery of 225 metric tons of medical supplies, supporting hospitals and clinics across the country. WHO also established two mobile medical units and satellite clinics, which provided consultations to displaced persons in 8 shelters. Efforts to strengthen disease surveillance proved critical, aiding MoPH in detecting a cholera case in October 2024 and preventing further spread through targeted and effective measures. In addition, WHO coordinated and supported training on mass casualty management, along with advanced trauma care and mental health in emergencies, bolstering mental health services for displaced populations and frontline workers. WHO also played a pivotal role in maintaining and reinforcing the Public Health Emergency Operations Center (PHEOC), a key example of the solid partnership with MoPH, ensuring that health facilities were prepared for rapid emergency responses.

For 2025, WHO's strategy is structured around a dual approach that meets both immediate health needs and early recovery goals, closely aligned with Lebanon's health sector roadmap. WHO will continue to strengthen Lebanon's capacity for mass casualty management by providing trauma kits, medical supplies, and essential resources to frontline hospitals. Sustaining essential health care services for vulnerable groups remains a priority, with expanded support for primary health care centers and mobile units that deliver mental health, non-communicable disease management, and maternal and child health services.

WHO's partnership with MoPH extends to supporting Lebanon's transition to health resilience. Early recovery efforts will focus on restoring critical health infrastructure and addressing workforce shortages through training and surge capacity support. Long-term resilience efforts will include developing local production of essential medicines, supporting digital health systems, and enhancing health financing mechanisms to secure universal health coverage.

WHO will continue its support for outbreak early detection and response, as the country is in increasing risks for flare-ups and outbreaks of communicable diseases.

Through its key coordination role, WHO collaborates with local, regional, and global partners to align resources, promote transparency, and optimize resource allocation. WHO's technical expertise, coupled with MoPH's national stewardship, underpins Lebanon's journey from crisis to recovery, safeguarding equitable health care access while fostering a resilient health system for the future.

OPERATIONAL PRESENCE

WHO currently employs 27 staff under fixed-term and temporary appointments, 6 active Surge staff and 4 United Nations Volunteers based in Beirut Duty Station.

WORKING WITH PARTNERS

The cluster system is not activated for Lebanon's health sector. Instead, the country leverages its existing humanitarian and developmental coordination architecture. The health sector operates under the leadership of the MoPH with complementary support from the United Nations (UN) and NGO partners. WHO and UNHCR serve as co-leads for the sector, with coordination efforts jointly facilitated by WHO, UNCHR and Amel Association. A total of 58 health partners operate under the health sector coordination mechanism.



The Minister of Public Health and a WHO representative visiting the medical warehouse, September 2024.

Photo credit: WHO



WHO staff visiting a school turned into a shelter for IDPs, October 2024.
Photo credit: WHO

KEY ACTIVITIES FOR 2025

Strengthening disease surveillance: Under the updated national surveillance strategic framework, strengthen integrated disease surveillance systems by training 500 health care workers in data collection and reporting at priority health facilities and by creating a unified "One Health" platform.

Enhancing laboratory capacity: Enhance laboratory capacity by upgrading one central laboratory and four peripheral laboratories to improve pathogen detection and diagnostics, alongside establishing a robust external quality assurance program.

Improving emergency response capabilities: Distribute 100 trauma kits to key health facilities to bolster emergency response capabilities.

Expanding mental health support: Train 500 health care workers in mental health management to enhance psychosocial support services during emergencies.

Ensuring continuity of essential health care: Ensure the continuity of essential health care services by supporting over 200 000 patients with chronic medications.

Building frontline health care capacity: Train 1000 health workers in trauma care, mass casualty management, and infection prevention to strengthen frontline response and health care continuity. Additionally, build the governance capacity of managers to improve emergency response coordination.

Supporting human resources in public health: Maintain support for human resources within the Ministry of Public Health, including 100 staff members working in the Ministry, the Public Health Emergency Operations Center (PHEOC), and epidemiological surveillance units, as well as nurses and doctors at public hospitals.

We organize the distribution of the trauma supplies to all hospitals taking into account that not only hospitals in the Red Zone should be given kits but also in the Yellow Zone and Green Zone as they served as immediate back-up during the last emergency we had. We serve everyone, including health facilities across the country. Thanks to WHO support, we are able to accelerate and structure this coordination.

Wahida Ghalayini, Public Health Emergency Operation Center (PHEOC) Manager

ACHIEVEMENTS IN 2024

THE PUBLIC HEALTH EMERGENCY OPERATION CENTRE BRINGS LEBANON'S HEALTH SECTOR TOGETHER



Public Health Emergency Operations Center (PHEOC) coordinating emergency interventions across Lebanon, September 2024.
Photo credit: WHO

On 17 September, amid chaos from an explosion in Beirut causing over 3000 severe injuries, the Public Health Emergency Operation Centre (PHEOC) coordinated Lebanon's emergency health response. Despite overwhelming demands, Beirut's emergency rooms remained functional. About 2800 victims were swiftly directed to available hospitals, as PHEOC managed logistics, assessing the injured and matching them to appropriate facilities. Hospitals were mapped by district, with real-time updates from volunteers verifying bed availability and injury statuses via calls and a dedicated WhatsApp group. When Mount Lebanon Hospital reached capacity, paramedics, the Lebanese Red Cross, and Civil Defense teams received immediate redirection orders, enabling continued care for patients.

WHO has played a key role, equipping PHEOC with essential ICT equipment, furniture, communication tools, staffing and continuous technical assistance. The PHEOC functionality was tested and upgraded during the cholera outbreak in October 2022 and further strengthened to respond to the fulminating military escalation in 2023-2024. WHO also formulated emergency plans for cholera, mpox, and trauma and conducted extensive training in mass casualty management, empowering over 5600 health care workers across 125 hospitals. WHO's collaboration with Lebanon's Ministry of Public Health includes building assessment and reporting tools within DHIS2, enhancing data capture and sharing with stakeholders. This partnership strengthens Lebanon's emergency health infrastructure, ensuring coordinated and effective responses in times of crisis.

A second round of MCM activation drills was launched for 13 hospitals previously trained on Mass Casualty Management. WHO has also supported community-based organization who played a crucial role during this conflict by providing supplies (trauma bag packs, first aid kits, etc) as well as capacity-building.

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Public Health Emergency Operations Center (PHEOC) coordinating emergency interventions across Lebanon, September 2024.
Photo credit: WHO



Coordinating the arrival of TESS kits at the Beirut Airport, September 2024
Photo credit: WHO

2025 FUNDING REQUIREMENTS

LEBANON HUMANITARIAN EMERGENCY	
EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance	1903
Surveillance, case investigation and contact tracing	1376
Diagnostics and testing	527
Community protection	1549
Risk communication and community engagement	193
Travel, trade and points of entry	38
Infection prevention and control in communities	43
Vaccination	1275
Safe and scalable care	37 988
Infection prevention and control in health facilities	519
Case management and therapeutics	10 791
Essential health systems and services	26 678
Access to countermeasures	2478
Operational support and logistics	2478
Emergency leadership	4132
Leadership, coordination, PSEAH and monitoring	4132
Grand Total	48 051

MYANMAR

People in need of health assistance¹

12.9 MILLION

People targeted for health assistance¹

2.4 MILLION

Funding requirement

US\$ 7.6 MILLION

CONTEXT

The humanitarian crisis in Myanmar is driven by escalating conflict, natural disasters due to increasing climate related risks and high vulnerability, epidemics such as cholera, and economic collapse. This protracted humanitarian crisis has hindered the resilience and response capacity of the health sector, which was already strained by limited resources including, but not limited to, shortages of human resources and infrastructure challenges. The significant population displacement compounded by the interruption of services underscores the extent of the need, with 19.9 million people requiring humanitarian assistance – including 6.3 million children. The lack of access to basic health care as a result of damage and destruction of health facilities, direct attacks on health facilities and the lack of trained health workers has left 12.9 million people in need of humanitarian health assistance. Women, children, the elderly and people with disabilities have been disproportionately affected, facing heightened barriers to accessing care.

Approximately 433 attacks on health care were reported between 2021 and October 2024, and in the 2024 INFORM Risk Index Myanmar is ranked as very high risk, with an overall score of 9 out of 10 for all hazards and exposures. The risk of violence against civilians, the scale of the ongoing conflict and the number of active non-state armed groups continue to pose a severe risk, and floods in 2024 have destroyed crops, farmlands and livestock, affecting the lives and livelihoods of thousands of people.

In addition to conflict and climate-related shocks, 25 million people are estimated to be living in poverty and seven states and regions across Myanmar are affected by cholera outbreaks. The context in Myanmar continues to grow more and more complex, and the multi-layered, protracted emergency continues to cause deteriorations in the health situation across the country.

¹ Humanitarian Needs and Response Plan for Myanmar 2025



Partner's flood responses in Bago East Region.
Photo credit: Dr Kaung Htet

WHO'S STRATEGIC OBJECTIVES

1. **Strengthen early detection and response capacities for outbreaks**, including border-based collaboration for disease surveillance and reducing response time by 50%.
2. **Enhance dissemination of information** related to public health emergencies among concerned stakeholders, increasing data-sharing by 30%.
3. **Advocate for the protection of health care workers and facilities**, reducing attacks by 75%.
4. **Improve access to health care** in conflict areas and prisons, reaching an additional targeted 500 000 people.
5. **Support pandemic influenza preparedness activities**, targeting 100% sample testing.

Snake bites are common in our village, and reaching the township hospital can take over four hours, especially with the ongoing conflict. Recently, a man and a five-year-old girl died because we didn't have anti-snake venom. Now, we can provide immediate, life-saving treatment before referral. This critical support can save lives that would otherwise be lost.

Primary health care facility worker in ThinTaw Village, Kanbulu Township, Sagaing Region



Partner's emergency distribution of dignity kits to affected woman during flood in Bago East Region. Photo credit: Dr Kaung Htet

WHO 2025 RESPONSE STRATEGY

In 2024, WHO Myanmar worked in collaboration with technical teams and implementing partners, including local partners, to reach approximately 47 000 people in the most vulnerable areas of the country through strategic outreach. WHO also prioritized implementing event-based surveillance as part of the Early Warning Alert and Response System to ensure early detection and timely response to acute public health emergencies, particularly in conflict-affected regions. This system facilitated swift responses to disease outbreaks, including cholera. Collaboration with partners enabled effective cholera case management, oral cholera vaccination and water, sanitation and hygiene (WASH) interventions. By strengthening surveillance and response systems, WHO ensured timely data sharing and coordinated action with relevant stakeholders. Additionally, WHO enhanced the capacity to detect, assess and respond to public health risks including mpox. Through regular coordination with national focal points, WHO supported early notification and reporting of health threats. To mitigate pandemic and epidemic risks, WHO advanced the Pandemic Influenza Preparedness Program by supporting influenza-like illness and severe acute respiratory infection surveillance, improving laboratory diagnostic capacity for zoonotic and seasonal influenza and enhancing risk communication for managing acute health threats. These efforts protected vulnerable populations by preventing the emergence and re-emergence of high-threat pathogens.

In 2025, WHO's objectives are to prevent, prepare for and mitigate risks from all hazards and to rapidly detect and respond to health emergencies effectively. WHO will enhance early warning surveillance systems nationwide for rapid detection and response to public health emergencies. This includes establishing laboratory diagnostic capacities to detect emerging infectious diseases. Essential health services will be maintained through strategic support for health care in conflict-affected areas, including prepositioning critical medical supplies. Effective control measures will be implemented to reduce the morbidity and mortality of ongoing cholera outbreaks and prevent spillover into conflict zones. These efforts will be delivered through border-based cooperation and crossline approaches, aligned with the UN Country Team's strategy.

Local communities remain central to WHO's approach, recognizing them as frontline responders to health emergencies. In 2025, WHO will deepen engagement with local partners to leverage their contextual knowledge, networks and community trust. Strengthening community-based preparedness, response and resilience will empower communities to protect themselves and their livelihoods. Key initiatives will include community-based public health surveillance, risk communication and infodemic management to combat misinformation. By ensuring equitable access to essential services and fostering whole-of-society engagement, WHO aims to build resilient health systems that respond to Myanmar's most vulnerable populations. Additionally, WHO will enhance high-level advocacy to address attacks on health care, restore the safety of health workers and ensure safe access to health care services for the people of Myanmar.

OPERATIONAL PRESENCE

WHO has a workforce of 256 in Myanmar, including 14 international staff, 62 national staff and 180 WHO personnel operating in Yangon and Nay Pyi Taw and in 16 other locations.

WORKING WITH PARTNERS

In Myanmar, WHO remains the lead health cluster agency. To date, the health cluster comprises 66 partners, including 10 donors, 25 international NGOs, 17 national NGOs, 8 observers and 6 UN organizations. Moving forward, in 2025, the health cluster will identify co-cluster partners in alignment with the inter-agency and inter-cluster commitment to strengthen localized approaches to the emergency readiness and response.



WHE team hospital visit medical outpatient wards at Thingangyun hospital, Yangon Region. Photo credit: Dr Yin Yin Mon



A WHO team conducted outreach on fisherman boats in Mon State to prevent the spread of cholera and ensure the health and safety of local communities.
Photo credit: Dr Kaung Htet

KEY ACTIVITIES FOR 2025

Sustain lifesaving and essential health services for approximately 250 000 people in conflict-affected areas by:

Ensuring basic health care, including sexual and reproductive health, family planning, and emergency obstetric care, through mobile clinics, static health facilities, and teleconsultations.

Prepositioning essential medical supplies, including those for malaria.

Supporting emergency referral mechanisms.

Enhance emergency preparedness, readiness, and response through contingency stockpiling and capacity building for health responses during emergencies such as armed clashes, disease outbreaks, and climate events.

Strengthen trauma and emergency response by improving capacity for mass casualty incidents in health facilities in conflict-affected areas.

Establish laboratory diagnostic capacity in additional areas for early detection and response to emerging and re-emerging infectious disease outbreaks.

Enhance early warning surveillance systems nationwide to enable consistent data sharing among concerned stakeholders.

Strengthen cross-border collaboration among UN agencies and humanitarian partners to address multi-domain challenges in Myanmar by:

Streamlining procurement processes for commodities not available on the local market.

Enhancing knowledge sharing.

Harmonizing health strategies.

Strengthen disease surveillance, laboratory confirmation, and outbreak response while building capacity and advocating for improved access and coordinated action in conflict-affected areas.

Explore engagement with the private sector, including civil society organizations, to unlock resources and develop innovative solutions for addressing health challenges. Clear avenues and mutually agreeable approaches must be identified to ensure alignment with health priorities and ethical standards.

Build capacity for local partners by delivering robust technical training, tailored guidelines, and stringent quality assurance mechanisms to provide equitable, lifesaving, and emergency health care services to vulnerable populations in conflict-affected areas.

Continue advocacy for increased access to quality health services through mobile clinics, static health facilities, and teleconsultations, with a strong focus on sexual and reproductive health services and inclusion of people with disabilities and older people.

Improve the quality of, and access to, data for needs analysis and informed decision-making.

Enhance sub-national coordination through the establishment of health cluster coordinators from NGO partners.

Strengthen the role of local NGOs by supporting the development of a Myanmar health cluster localization strategy.

Your provision of medicine supplies and treatment guidelines for acute watery diarrhea and acute respiratory infections has been invaluable in controlling outbreaks in the internally displaced persons camps of Shan South State. Your kindness and support have brought hope and healing to our vulnerable communities. We are deeply grateful.

Religious leader, Pekhon

ACHIEVEMENTS IN 2024

ENSURING THE MOST VULNERABLE POPULATIONS RECEIVE THE CARE THEY NEED



WHO team field visit to the Acute Gastroenteritis Ward (where AWD patients treated) at Yangon General Hospital, Yangon Region.
Photo credit: Dr Yin Yin Mon

In Myanmar, ongoing conflict has severely impacted the health system, leaving many communities in conflict-affected and remote areas with very limited access to essential health services. Hypertension and diabetes are the most prevalent non-communicable diseases (NCDs) causing cardiovascular complications like stroke and myocardial infarctions, resulting in premature mortality and morbidity, particularly among people living with tuberculosis, HIV and individuals struggling with substance abuse. These vulnerable populations are often left behind and have limited access to screening and treatment, worsening their health outcomes and quality of life in an already difficult environment and conditions.

To promote resilience among communities, WHO Myanmar supported efforts to bring health care to hard-to-reach and conflict-affected areas. WHO partnered with local organizations to deliver NCD preventative and curative services through community-based solutions. Inspired by a people-centred approach, NCD services including screening, diagnosis, treatment and patient follow-up were implemented. The project also integrated NCD services into the existing harm reduction and community health programs.

The initiative covered 15 townships across Kachin, Shan North and Sagaing regions, reaching internally displaced persons (IDPs), host communities and migrant workers. Through community prevention workers, mobile clinics and static health posts, the project provided screening, diagnosis and health education to 37 260 individuals for hypertension and diabetes, with 6959 people receiving essential treatment. These efforts have dramatically improved access to health services in underserved areas. For many, this project offered the chance to receive health care for chronic conditions such as hypertension and diabetes and provided essential mental and psychosocial support as an integral part of emergency response.

Despite challenges including conflict, difficult terrain and market fluctuations, the project adopted strategic partnerships and joint innovative solutions including building relationships with local supplies, employing flexible transportation routes and prioritizing safety.

FOR MORE INFORMATION

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Dignity kits distribution by partners at Shin Yaw Han Church, Taunggoo township, Bago Region.
Photo credit: Dr Kaung Htet



A field visit to Thein Daw Hla monastery camp, Taungoo township, Bago Region.
Photo credit: Dr Kaung Htet

2025 FUNDING REQUIREMENTS

MYANMAR HUMANITARIAN CRISIS EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance	50
Surveillance, case investigation and contact tracing	50
Community protection	150
Risk communication and community engagement	50
Travel, trade and points of entry	50
Vaccination	50
Safe and scalable care	50
Essential health systems and services	50
Access to countermeasures	6560
Operational support and logistics	6560
Emergency leadership	763
Leadership, coordination, PSEAH and monitoring	763
Grand Total	7573

OCCUPIED PALESTINIAN TERRITORY

People in need of health assistance ¹

3 MILLION

People targeted of health assistance¹

2.7 MILLION

Funding requirement

US\$ 296.2 MILLION

CONTEXT

Since October 2023, the situation in the occupied Palestinian territory (oPt) has plunged millions of people into devastating conflict, political turmoil, and economic instability. The health system in the Gaza Strip continues to be systematically dismantled and devastated by attacks. Over 45 500 Palestinians have been killed between the onset of the conflict and 31 December 2024. More than 108 000 Palestinians have been injured, with over 25% of the people injured suffering from life-changing injuries. In addition to the risk to lives and livelihoods driven by the conflict, many in Gaza are suffering from a lack of access to the basic means of survival. The risk of famine persists across the whole of Gaza, and about 1.84 million people across the Gaza Strip are experiencing high levels of acute food insecurity. The lack of humanitarian and health access to the people of Gaza throughout the conflict, coupled with the impacts of the ongoing hostilities, has driven rising levels of malnutrition, gender-based violence and death as well as outbreaks of diseases including acute diarrheal and respiratory diseases and polio. Damage to essential infrastructure, including the destruction of many of the hospitals and health facilities in the Gaza Strip, has impacted health and wellbeing across the board, with many Palestinians unable to access essential and continuing health care for chronic conditions, prenatal and postnatal support and infant care, mental health and rehabilitative services, and other urgent health needs, in addition to the death, displacement and injury caused by conflict.

Severe restrictions on humanitarian actors and their ability to operate continues to be an impediment to fully facilitating humanitarian operations, including the provision of life-saving health care and essential goods and services. More than 3 million people in Gaza and the West Bank need urgent support, and there remains a considerable risk that the conflict will worsen and the humanitarian situation will continue to deteriorate. Between October 2023 and January 2025, WHO has verified 654 attacks on health care in Gaza, causing acute strain on the health system, limiting the capacity to manage trauma cases, and impacting already scarce resources for surgical interventions and post-operative care. Additionally, WHO estimated that over 12 000 patients need to be evacuated out of Gaza to receive urgent and specialised care. There are widespread shortages of medical supplies, including essential medications, surgical tools, basic infection prevention supplies, diagnostic equipment and electricity and fuel.

“

I was injured in Gaza. I am very happy now as after three months of waiting, I am finally traveling abroad to receive a prosthetic limb and continue my treatment so I can walk again. Thanks to WHO, I was moved from the north to the south to start my journey abroad. Thank God, tomorrow they will support us with traveling abroad.

Sara Marzouk, patient

”



Sara Marzouk awaits medical evacuation.
Photo credit: WHO

¹Health figures from 2025 Humanitarian Response Plan

WHO'S STRATEGIC OBJECTIVES

- 1. Maintain life-saving essential health services:** Ensure the provision of critical, life-saving health care services, including emergency medical support, essential supplies, and operational referral pathways, to address urgent health needs in crisis settings.
- 2. Strengthen public health intelligence, early warning, prevention and control of communicable diseases:** Enhance disease surveillance and diagnostic systems to improve early detection and response to outbreaks. Strengthen Infection Prevention and Control (IPC) measures, ensure the availability of medical supplies, and improve WASH facilities to mitigate the spread of communicable diseases.
- 3. Coordinate health emergency efforts (coordination, communication and advocacy):** Lead coordination of the health cluster to ensure a unified and efficient response. Advocate for public health priorities and scale up emergency medical support.
- 4. Strengthen early recovery, rehabilitation and reconstruction and support the development of the health sector component of the Conflict Recovery Framework:** Support the transition from emergency response to recovery by rehabilitating health care facilities and integrating risk-reduction measures into reconstruction efforts. Collaborate with governance structures, donors, and private sector partners to develop a sustainable health sector recovery framework that supports long-term resilience and development.

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

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



Children receiving the polio vaccine in the northern Gaza Strip.
Photo credit: WHO

WHO 2025 RESPONSE STRATEGY

In 2024, WHO collaborated with Health Cluster partners in Gaza to facilitate over 10 million primary health care consultations and 605 421 trauma and emergency consultations, ensuring access to critical health and nutrition services for affected populations.

Key achievements include 683 503 children immunized against vaccine-preventable diseases, more than 556 000 children under 10 vaccinated against polio in a two-round campaign and 448 425 children receiving Vitamin A supplements. Additionally, 244 693 antenatal consultations, 386 414 postnatal consultations and 1.9 million consultations for non-communicable disease (NCD) management were conducted. There were 1.8 million consultations providing basic psychosocial support and psychological first aid, while 108 244 rehabilitation consultations and 5403 assistive devices were provided to those in need. The Health Cluster also supported the coordination of operational needs, with partners procuring US\$ 130.2 million in health supplies and equipment, delivering \$81.3 million in aid, and ensuring the coordination and prioritization of consumption of 8.6 million litres of fuel to sustain health operations. These efforts underscore the vital role of WHO and its partners in addressing urgent health needs amidst challenging conditions. WHO and the Health Cluster evaluated 106 health facilities across Gaza on Prevention of Sexual Exploitation and Abuse (PSEA), trained 749 social mobilizers and received and handled over 150 00 calls reporting abuse and harassment.

WHO and health cluster partners in the West Bank delivered 500 000 primary health care consultations, including services in refugee camps and marginalized communities through mobile clinics. Over 146 000 people in 176 locations accessed primary health care services, while 200 000 people benefited from medical supplies provided by partners. With support from WHO, the cluster partners provided 13 000 trauma-related consultations, 23 000 rehabilitation consultations, and distributed 1730 assistive devices to those in need. To strengthen community capacity, 3500 volunteers were trained in first aid, and 380 health workers received training in life-saving techniques. Mental health and psychosocial support reached 83 000 individuals, ensuring a comprehensive response to health challenges across the West Bank. These achievements highlight WHO's commitment to addressing health needs alongside its partners in a complex humanitarian landscape.

OPERATIONAL PRESENCE

The WHO Office in the oPt operates through its head office in east Jerusalem and teams in the West Bank and Gaza Strip. The office comprises approximately 148 staff, including both international and national personnel distributed across various technical and operational roles, 56 staff in east Jerusalem and the West Bank and 92 within the Gaza team. Such field presence ensures that WHO provides operational support to the ongoing emergency response and continues to provide evidence-based strategic public health advice to the health authorities and partners.

The Health Emergencies and Health System Strengthening teams play a pivotal role in addressing the pre-existing health challenges and those intensified by the crisis in Gaza and the West Bank. Experts work to strengthen health systems, enhance emergency preparedness and response and build public health resilience. Technical specialists focus on key areas such as mental health, trauma care, non-communicable diseases, public health intelligence, outbreak response, and maternal and child health and nutrition – essential services that are significantly impacted by ongoing violence and limited access to care. The Operations team facilitates operational support, logistics, procurement and administrative support across oPt, often navigating significant challenges posed by blockades and security risks. Specialists in grant management, monitoring and evaluation, and donor relations ensure that resources are mobilized and utilized effectively, providing accountability to donors and addressing immediate humanitarian needs. Through this structured and responsive framework, WHO oPt strives to address the critical health challenges posed by the current crisis, ensuring that life-saving assistance reaches those in need while working to rebuild and strengthen the health system for early recovery and long-term resilience building.

WORKING WITH PARTNERS

Since its establishment in January 2009, the health cluster in the oPt has coordinated humanitarian health responses across the Gaza Strip and the West Bank, including east Jerusalem. Led by WHO and co-chaired by the Palestinian Ministry of Health, the cluster comprises 75 active partners: 40 international NGOs, 29 national NGOs, 5 UN agencies and 1 national authority. This diverse coalition collaborates to identify health needs, prioritize responses, and ensure the delivery of essential health services to vulnerable populations. The health cluster's efforts are vital in addressing the complex health challenges arising from ongoing conflicts and humanitarian crises in the region.



WHO and partners evacuated 229 patients and companions from Gaza to Romania and the United Arab Emirates.
Photo credit: WHO



WHO and partners visited Public Aid Hospital in north Gaza to support the deployment of a specialized medical team.
Photo credit: WHO

KEY ACTIVITIES FOR 2025

Maintain life-saving essential health services

Procure and deliver life-saving medical supplies and equipment to maintain essential health services in existing primary and secondary health care facilities and ambulance services across the occupied Palestinian territory.

Provide health operations support to primary and secondary health care facilities to address critical gaps, including essential infrastructure, water, sanitation and hygiene (WASH) repairs and the establishment of temporary facilities in key locations.

Continue to operationalize and support the referral pathways within the Gaza Strip and medical evacuation pathway outside Gaza for acutely injured and chronically ill patients.

Maintain provision of services to cases with severe acute malnutrition.

Strengthen public health intelligence, early warning, prevention and control of communicable diseases

Strengthen disease surveillance system, including diagnostic capacities.

Procure and deliver medical supplies to prevent and respond to potential outbreaks.

Conduct risk and needs assessments to inform prioritization and implementation.

Provide health information analytics and reporting.

Improve Infection Prevention and Control (IPC) and WASH in health facilities.

Coordinate health emergency efforts (coordination, communication and advocacy)

Coordinate the delivery of health response with all partners involved, including UN agencies, international and national partners and donors.

Support and enhance the function of the public health emergency operations centres.

Advocacy and communications for public health impact, health and human rights and WHO's role in response and coordination.

Coordinate and facilitate the scaling up of emergency medical support across the Gaza Strip.

Prevent and respond to sexual exploitation, abuse and harassment.

Early recovery, rehabilitation and reconstruction and support the development of the health sector component of the Conflict Recovery Framework

Mainstream early recovery into the humanitarian response using the principles of the humanitarian-development-peace nexus.

Develop coordinated recovery-related health interventions contributing to a smoother transition between emergency relief and development assistance, including a more efficient use of resources, and integrate risk reeducation measures at the very early stages of emergencies and beyond.

Support the development of the health sector component of the Conflict Recovery Framework in close coordination with the identified governance structures, including health authorities, partners, donors and private sector.

KEY ACHIEVEMENTS IN 2024

Helped restore hospitals and primary care facilities after raids, attacks and destruction.

111 WHO missions conducted out of 279 initiated. The remaining were either denied, cancelled or impeded.

8.8 million liters of fuel delivered to health facilities and partners.

Medical supplies provided to support over 6.3 million treatments and surgeries.

Supported the establishment and operation of 6 malnutrition treatment centers.

Supported a two-round polio vaccination campaign, with 559 161 children under the age of 10 vaccinated in the first round and 556 774 in the second.

Supported the treatment of 1 million people with mental health conditions by providing medicines, supplies, and training for health workers and partners.

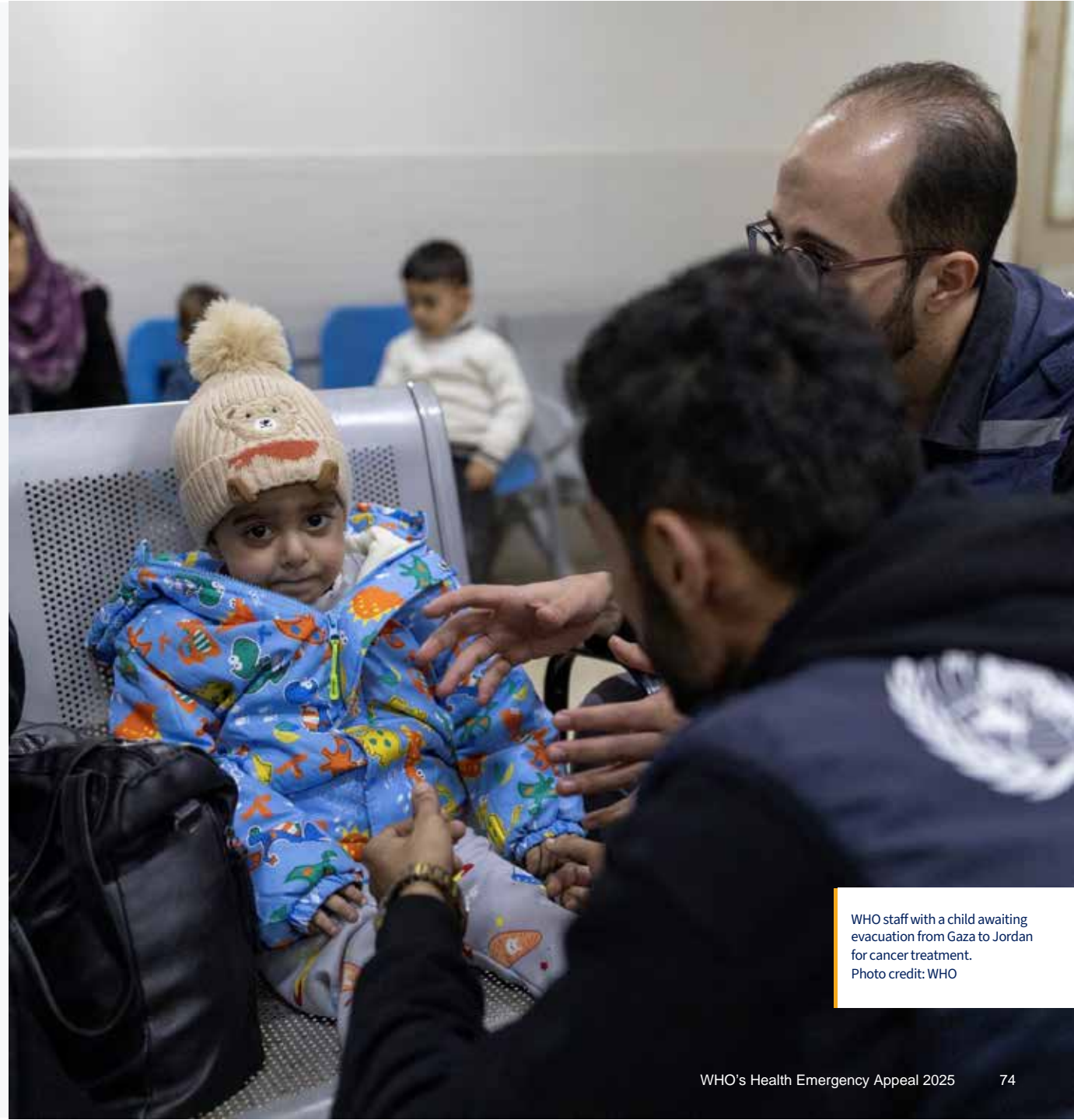
Procured hygiene and sanitary supplies to support 70 000 women and trained 125 health workers in the clinical management of rape and care for survivors of gender-based violence.

Supported 19 partners across 56 health care facilities with equipment, supplies, and training, enabling **19 055 skilled deliveries**, aiding the treatment of **268 993 sick children**, and providing **reproductive health supplies to 46 598 girls and women**. Additionally, 165 health workers were trained in sexual and reproductive health.

49 emergency medical teams deployed across Gaza provided over 2.2 million consultations.

Supported the evacuation of over 5300 critically ill patients for lifesaving care abroad.

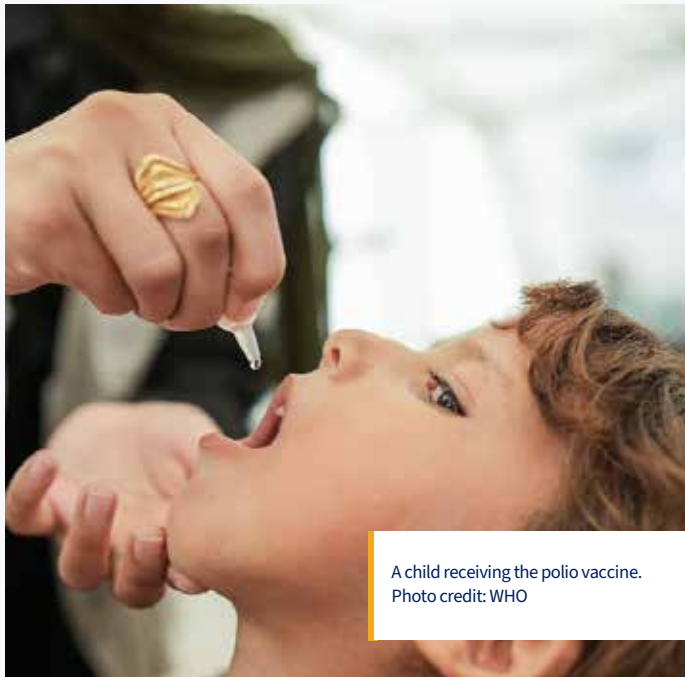
Coordinated the response of 73 Health Cluster partners across Gaza.



WHO staff with a child awaiting evacuation from Gaza to Jordan for cancer treatment.
Photo credit: WHO

ACHIEVEMENTS IN 2024

AROUND 560 000 CHILDREN VACCINATED IN TWO ROUNDS OF POLIO CAMPAIGN IN GAZA



A child receiving the polio vaccine.
Photo credit: WHO

In collaboration with the Ministry of Health and Global Polio Eradication Initiative (GPEI) partners, a two-round emergency polio vaccination campaign was conducted in three phases from 1-12 September and 14 October to 5 November 2024 in the Gaza Strip.

Following meticulous planning and coordination, during the first round the campaign provided novel oral polio vaccine type 2 (nOPV2) to 559 161 children under 10 years of age. This involved the use of an extensive network of mobile teams, vaccinating at selected fixed sites at health facilities and outreach posts.

Mobile teams actively reached out to families living in shelter homes, tents and camps for the displaced, alongside community workers engaging families to raise awareness ahead of and during the campaign. For each phase, a daily area-specific humanitarian pause was agreed to ensure the safety of communities and health workers and enable vaccination efforts.

Partners at all levels recognize common operational challenges faced during these efforts, including devastated infrastructure from health facilities to roads, health care workers with limited training, access issues due to insecurity, limited fuel for generators used to safely store vaccines and freeze ice packs, and constant population movements. However, despite these challenges and the conditions that families in the Gaza Strip have endured over the past year, families flocked to health facilities to get their children vaccinated. This can be attributed to traditionally positive health seeking behaviour among the Palestinian people and an impactful campaign to raise awareness and mobilize the public.

“Health and community workers have shown incredible resilience, carrying out this campaign at unprecedented scale and speed under the toughest conditions in Gaza. In areas where humanitarian pauses took place, the campaign brought not just vaccines, but moments of hope,” said Dr Richard Peeperkorn, WHO Head of Office for the occupied Palestinian territory (oPt).

During the second round, a total of 556 774 children under the age of 10 were vaccinated with a second dose of novel oral polio vaccine type 2, and 448 425 children between 2 and 10 years old received vitamin A to boost overall immunity.

FOR MORE INFORMATION

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A child shows her finger marking
after receiving the polio vaccine.
Photo credit: WHO

2025 FUNDING REQUIREMENTS

OCCUPIED PALESTINIAN TERRITORY CRISIS EMERGENCY RESPONSE PILLAR	2025 ESTIMATED COSTS (US\$)
A. Maintain life-saving essential health services	150 000 000
<div><div>1.</div><div>Procure and deliver life-saving medical supplies and equipment to maintain essential health services in existing primary and secondary health facilities and ambulance services across the occupied Palestinian territory.</div></div> <div><div>2.</div><div>Provide health operations support to primary and secondary health care facilities to address critical gaps, including essential infrastructure and WASH repairs and establishment of temporary facilities in key locations.</div></div> <div><div>3.</div><div>Continue to operationalize and support the referral pathways within the Gaza Strip and medical evacuation (medevac) pathway outside Gaza for acutely injured and chronically ill patients.</div></div> <div><div>4.</div><div>Maintain provision of services to cases with severe acute malnutrition</div></div> <div><div>5.</div><div>Logistics & coordination</div></div>	
B. Strengthen public health intelligence, early warning, prevention and control of communicable diseases	40 000 000
<div><div>1.</div><div>Strengthening of disease surveillance system, including diagnostics capacities.</div></div> <div><div>2.</div><div>Procure and deliver medical supplies to prevent and respond to the potential outbreaks.</div></div> <div><div>3.</div><div>Risk and needs assessment to inform prioritization and implementation.</div></div> <div><div>4.</div><div>Health information analytics and reporting.</div></div> <div><div>5.</div><div>Improve IPC and WASH in health facilities.</div></div> <div><div>6.</div><div>Logistics & coordination.</div></div>	
C. Health emergency coordination (coordination, communication and advocacy)	6 000 000
<div><div>1.</div><div>Coordinate the delivery of health response with all partners involved including UN agencies, INGOs, NNGOs and donors.</div></div> <div><div>2.</div><div>Support and enhance the function of the public health emergency operations centre.</div></div> <div><div>3.</div><div>Advocacy and communications (Communications, advocacy and visibility for public health impact, health and human rights, and WHO role in response and coordination).</div></div> <div><div>4.</div><div>Coordinate and facilitate the scale-up of EMT support across the Gaza Strip.</div></div> <div><div>5.</div><div>PRSEAH</div></div>	
D. West Bank response	5 000 000
<div><div>1.</div><div>Response to the evolving emergency situation in the West Bank.</div></div>	
Total for programme activities cost - Response (A-D)	201 000 000
E. Operational cost	40 200 000
<div><div>1.</div><div>Mitigation of risks to staff and creating operationally safe environment to deliver a response (operational and security costs).</div></div> <div><div>2.</div><div>Adequate human resources structures and capacities for timely, coordinated, sustainable and accountable responses.</div></div>	
Total for response pillars	241 200 000
EARLY RECOVERY	
F. Early recovery	50 000 000
<div><div>1.</div><div>Mainstream early recovery into the humanitarian response using the principles of Humanitarian Development Peace Nexus (HDPN).</div></div>	
G. Operational cost	5 000 000
<div><div>1.</div><div>Mitigation of risks to staff and creating operationally safe environment to deliver a response (operational and security costs)</div></div>	
Total for recovery pillars	55 000 000
Grand Total	296 200 000

SOMALIA

People in need¹

6 MILLION

People targeted¹

4.6 MILLION

Funding requirement

US\$ 38 MILLION

CONTEXT

Somalia faces four principal shocks that contribute to excess mortality and morbidity: conflict, drought, flooding and disease outbreaks. Displacement is a secondary effect caused by one or more of the primary shocks.

Somalia’s humanitarian crisis stems from over three decades of armed conflict, which have severely weakened its health system. Despite recent progress towards stability, challenges persist due to the influence of non-state armed groups and the fragmented health system, which struggles to meet the population’s needs. Extremely low childhood immunization rates, a sparse health workforce, and limited access to universal health services have resulted in poor health outcomes, especially for children under five. Somalia also has one of the world’s highest maternal mortality rates, highlighting the urgent need for sustainable health interventions.

Somalia has faced severe climatic shocks in 2023 and 2024, including droughts and flooding, which have disrupted food production, increased food insecurity, and led to widespread severe acute malnutrition. These compounded crises of conflict, systemic health challenges and climate shocks underline the critical need for immediate and sustained health interventions across the country. Somalia is also prone to infectious disease outbreaks, including cholera, measles, and diphtheria, the effects of which are amplified during drought and flooding. Areas of Somalia which have not experienced cholera for years have recently been affected and the disease is now considered endemic in other areas due to its continued circulation. In addition, vector-borne diseases including dengue fever and malaria are also spreading to new districts as a direct result of flooding. The consequences of these conflict, climatic and disease-related events is displacement: in 2024, almost 4 million people were displaced from their homes, often living in conditions that are far below acceptable standards.

The outlook for 2025 is concerning, as the La Niña weather pattern is expected to induce drought across extensive regions of Somalia. This will likely lead to further displacement, deterioration of food security, an associated rise in severe acute malnutrition rates, and an increase in infectious diseases. The security situation is expected to remain highly volatile, with a possible rise in attacks by non-state armed groups and inter-clan conflicts due to a security vacuum associated with the African Union Transition Mission in Somalia (ATMIS) drawdown and transition.

¹ Global Humanitarian Overview 2025 – Figures represent People in Need and People Targeted for overall humanitarian assistance from the Global Humanitarian Overview 2025. Data specific to health assistance will be available following the publication of the Humanitarian Response Plan for this emergency.



At Dolow General Hospital, a father stays by his son’s side as he receives care for his illness. Photo credit: WHO Somalia

WHO'S STRATEGIC OBJECTIVES

- 1. Strengthen inter-sectoral coordination and collaboration:** WHO will enhance coordination at national and sub-national levels, working closely with the government, the health cluster, and inter-cluster partners to ensure effective risk analysis and a coordinated response to Somalia's complex emergencies.
- 2. Deliver life-saving health interventions:** WHO will prioritize sustaining and delivering essential, life-saving health interventions to Somalia's most vulnerable and marginalized populations, adopting a people-centered approach.
- 3. Enhance health system resilience:** Build and enhance the health system's resilience to cope with future climate and conflict shocks and humanitarian and public health crises.

WHO's commitment to the well-being of Somalia's people remains unwavering. Amid escalating challenges – from climate shocks to health emergencies – we are strengthening health systems, ensuring life-saving care, and building resilience against future crises. With your continued generosity, we can reach the most vulnerable, combat disease outbreaks, and provide essential services to those in need. Together, we can make a profound difference in securing a healthier, more stable future for Somalia.

Dr Renee Van de Weerd, WHO Representative to Somalia



A child patient and his mother receiving care at Dolow General Hospital, as the health care teams work tirelessly to support their recovery.
Photo credit: WHO / Ismail Taxta

WHO 2025 RESPONSE STRATEGY

WHO will continue to support Federal Member State Ministries of Health to improve their coordination and response capacity for managing health emergencies. In the event of a severe incident, WHO's Incident Management Team (IMT) will be deployed at national and sub-national levels to coordinate with health authorities at district and state levels. The coordination ensures that interventions align with national strategies and system-strengthening efforts to support the government's priorities.

WHO will continue to support the ministries to sustain the capacities of essential public health functions that were built during the COVID-19 pandemic response, covering collaborative surveillance, coordination, community protection, laboratory analysis, access to safer care, and access to medical countermeasures in the event of any major health emergencies in the country. WHO will also continue to strengthen critical trauma care services in Somalia, including through capacity-building for first responders.

Where there are gaps in essential health service delivery, WHO will work with the Ministry of Health and partners at the federal and state levels to ensure the provision of essential health services to vulnerable and marginalized populations. This will occur through the training of health care workers at both the health facility and community levels, and, when necessary, the procurement and distribution of interagency emergency health kits and medicines, particularly to address the effects of disease outbreaks and severe acute malnutrition.

OPERATIONAL PRESENCE

WHO Somalia operates with a workforce of over 200 personnel across all Member States, with the main office located in Mogadishu and sub-offices in Garowe (Puntland State), Hargeisa (Somaliland) and Baidoa (Southwest State). Additionally, WHO has a liaison office in Nairobi, Kenya, and maintains a presence in Jubaland, Hirshabelle and Galmudug through satellite offices. To support immunization campaigns and other critical fieldwork, WHO Somalia deploys a district and regional polio workforce, serving as a vital link between field locations and Mogadishu. WHO also manages three warehouses in Mogadishu, Garowe and Hargeisa, strategically stocked with essential and emergency medical supplies for rapid distribution to districts and communities during emergencies.

WORKING WITH PARTNERS

In Somalia, WHO works closely with the Ministry of Health at federal and state levels and is coordinating partners as the health cluster lead to address the health needs of the Somali population by supporting the government in strengthening health systems, responding to health emergencies, and improving health outcomes across the country. WHO coordinated the efforts of around 50 active partners at the national and federal Member State levels. As of August 2024, this included 18 international non-governmental organizations (NGO), 28 national NGOs and 4 United Nations agencies. WHO's role in localized coordination in the health sector ensures that services are delivered effectively, duplication is avoided and critical gaps in health care for affected and vulnerable populations are addressed.



Reducing childhood pneumonia through community dialogue.
Photo credit: WHO Somalia



A cholera treatment unit at
Dayniile IDP camp in Mogadishu,
Somalia.
Photo credit: WHO / Ismail Taxta

KEY ACTIVITIES FOR 2025

In 2025, WHO Somalia aims to enhance its health emergency response capabilities through agile and needs-based actions tailored to the country's unique challenges. In this context, WHO Somalia will:

Coordinate closely with the Ministry of Health and cluster partners, providing operational support and conducting thorough public health situation analyses for outbreaks, severe acute malnutrition, and other public health events. Data analysis and sharing will be a critical component of WHO's strategy to inform decision-making and improve outcomes.

Conduct updated risk analyses to identify priority areas and vulnerabilities.

Strengthen surveillance systems and establish robust early detection mechanisms for public health threats.

Enhance laboratory capacity to support timely diagnosis and response.

Provide comprehensive case management training to health care workers in critical regions.

Preposition critical medical supplies in collaboration with health cluster partners to ensure rapid deployment during emergencies.

Coordinate closely with the Ministry of Health and health cluster partners to streamline response efforts and conduct detailed public health situation analyses to address outbreaks, severe acute malnutrition and other emergencies.

Carry out data collection, analysis and information sharing to inform decision-making and optimize response strategies

Provide operational support for outbreak control, including surveillance and response coordination.

Prepare and respond to mass casualties and trauma related injuries, through provision of critical care material and training of emergency medical staff.

Implement targeted interventions to prevent sexual exploitation, abuse and harassment (PSEAH) in Somalia. These efforts include awareness and sensitization initiatives aimed at communities, partners and government stakeholders, alongside regular assessments to identify risks and gaps. Additionally, WHO will support the development and implementation of the Inter-Agency Standing Committee (IASC) PSEAH Network Action Plan, reinforcing its commitment to safeguarding the rights and dignity of all individuals during health emergencies.

ACHIEVEMENTS IN 2024

WHO AND ACTION AGAINST HUNGER PROVIDE LIFE-SAVING HEALTH AND NUTRITION SERVICES IN DROUGHT AFFECTED REGIONS OF SOMALIA



Health workers and community staff in Baidoa step up to support flood-affected families, delivering critical health care and aid to those impacted by the devastating floods in Southwest Somalia. Photo credit: Ismail Taxta.

Abdia Adan returns to Garasbaley Health Centre, in the heart of Kahda district, Banadir Region, for her 8-month-old son's final follow-up at the facility. Following the doctors' diagnosis of pneumonia and malnutrition, and thanks to the attentive medical care received at the facility, his condition has significantly improved.

Living in the Sodonka camp in Kahda, Abdia's family has faced numerous challenges. The living conditions in the camp are harsh, and limited access to basic services, such as water, sanitation, food and health services, increases the risks of disease outbreaks and malnutrition. There are more than 1 000 000 people displaced from their areas of origin into internally displaced person camps in Mogadishu due to conflict, drought and floods.

To address disease outbreaks, severe acute malnutrition and to improve access to health and nutrition services, the WHO in Somalia initiated an emergency response, working with Action Against Hunger, an international NGO, as well as the Juba Foundation, a local partner in Lower Shabelle Region. Working together enabled WHO and Action Against Hunger to avoid service duplication and support smooth referral between community and facility-based care.

The project supported dedicated disease surveillance teams and community health workers and improved the availability of services at the Garasbaley Health Centre, as well as other facilities. As a result, young Mohamed received the necessary medical attention and care, including amoxicillin, paracetamol, vitamin A and ready to use therapeutic food, leading to his improved health and wellbeing.

The project reached almost 15 000 people affected by drought in the Banadir, Bay and Lower Shabelle regions, with the provision of essential health and nutrition services in health facilities, such as outpatient consultations, safe delivery services, vaccination, antenatal care and postnatal care, nutrition support and mental and psychosocial support.

FOR MORE INFORMATION

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Talking with the community to reduce childhood pneumonia. Photo credit: WHO Somalia



A child patient and his mother receiving care at Dolow General Hospital, as the health care teams work tirelessly to support their recovery.
Photo credit: WHO / Ismail Taxta

2025 FUNDING REQUIREMENTS

SOMALIA HUMANITARIAN EMERGENCY EMERGENCY RESPONSE PILLAR		FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance		10 911
Surveillance, case investigation and contact tracing		6236
Diagnostics and testing		4675
Community protection		1190
Risk communication and community engagement		786
Travel, trade and points of entry		319
Infection prevention and control in communities		85
Safe and scalable care		9325
Infection prevention and control in health facilities		2550
Case management and therapeutics		918
Essential health systems and services		5857
Access to countermeasures		11 525
Operational support and logistics		11 100
Research, innovation and evidence		425
Emergency leadership		5119
Leadership, coordination, PSEAH and monitoring		5119
Grand Total		38 070

SOUTH SUDAN

People in need of health assistance¹

5.7 MILLION

People targeted for health assistance¹

3.1 MILLION

Funding requirement

US\$ 22.1 MILLION

CONTEXT

South Sudan is confronting a severe health crisis fuelled by multiple factors, including inadequate public infrastructure, reductions in development and humanitarian funding, high levels of population vulnerability due to enduring poverty, internal conflict, spillover effects of the Sudan conflict, climate change and disease outbreaks. South Sudan has an estimated population of 12.4 million people, of whom approximately 9 million face humanitarian needs and over 5 million are targeted to receive assistance. Despite these figures reflecting a slight reduction from previous years, the reality is that humanitarian challenges have intensified, underscoring an urgent need for support. Internally displaced persons (IDPs) and refugees are at the heart of the crisis. South Sudan is home to approximately 2 million IDPs, 2.3 million returnees and over 500 000 refugees, many of whom have fled violence stemming from the conflict in neighbouring Sudan. This significant population movement has placed immense pressure on already limited resources, further complicating the delivery of essential health services.

Climate change has significantly exacerbated South Sudan’s humanitarian challenges. As of early November 2024, severe flooding has affected approximately 1.4 million people across 43 counties and the Abyei Administrative Area, displacing over 379 000 individuals. Floods have destroyed vital infrastructure, agricultural land, and homes, further complicating the delivery of essential health services. The situation remains dynamic, with numbers expected to increase as assessments continue.

South Sudan is also grappling with multiple disease outbreaks, including cholera, measles, malaria and hepatitis E. Cholera has spread from Sudan into South Sudan, with the first cases reported September 28, 2024. As of December 10, over 2770 cases have been reported from 20 out of 80 counties across 6 of the 10 states in South Sudan, including the capital. With 36 recorded deaths, the case fatality rate (CFR) is 1.3%. Detection and response to infectious disease outbreaks is challenging. With a critical funding gap affecting routine health service delivery, roughly half of the health facilities lack essential supplies and personnel, hampering their ability to detect and respond effectively to these challenges.

Humanitarian operations face additional obstacles due to security concerns, bureaucratic delays, and climate-induced access restrictions. In August 2024 alone, 52 incidents of violence against aid workers were reported, highlighting the precarious operating environment. The 2024 Humanitarian Response Plan is only 51% funded, severely limiting efforts to respond to urgent needs. Addressing the impacts of conflict, climate change, and disease outbreaks is critical for immediate health interventions but also for building resilience in the face of future crises. South Sudan's health sector plays a vital role in addressing this complex humanitarian disaster, serving as a safety net in limiting illness and death in very vulnerable populations.



WHO and partners conduct a humanitarian needs assessment in Jonglei state. Photo credit: WHO South Sudan

¹ Source: Humanitarian Response Plan for South Sudan 2025

WHO'S STRATEGIC OBJECTIVES

1. **Mitigate excess morbidity and mortality:** Enhance surveillance systems to ensure the timely detection, prevention and response to disease outbreaks, reducing the health impact on affected populations.
2. **Strengthen coordination and access to essential health services:** Facilitate effective coordination of the health sector response while improving access to essential health services, particularly for the most vulnerable communities.
3. **Foster resilience and health systems recovery:** Promote resilience by driving transformational change and strengthening humanitarian-development linkages to support the recovery and long-term sustainability of health systems.

WHO supported Bor State Hospital by providing fuel to run our hospital ambulance and its generator, and essential medical supplies, technical guidance, and capacity building to respond to flood emergencies, including disease outbreaks like measles, COVID-19, and cholera. This support has enabled us to save more lives and avoid many deaths, particularly among mothers and young children.

Dr Bol Chaw, Medical Director of Bor State Hospital



Medical supplies delivered to Renk, Upper Nile State to support response to the health needs of the people fleeing fighting in Sudan.
Photo credit: WHO South Sudan

WHO 2025 RESPONSE STRATEGY

The emergency response in 2024 was characterized by several complex challenges ranging from infectious disease outbreaks (cholera, measles and malaria) to natural disasters and food insecurity affecting the most vulnerable populations in South Sudan. As we look towards 2025, the humanitarian landscape remains dire, driven by a persistent influx of returnees and refugees escaping the ongoing crisis in Sudan. This situation is compounded by acute food insecurity, localized conflicts, and the aftermath of devastating floods, all of which create an environment ripe for the emergence of epidemics. To tackle these multifaceted challenges, WHO's response strategy will prioritize public health measures that leverage the existing capacities of national and state ministries of health, the health cluster, various partners and WHO's capacity across all three levels of organization. This collaborative approach is crucial for ensuring that resources are mobilized effectively and efficiently to address the pressing health needs of affected communities.

Central to this strategy is the maintenance of robust surveillance systems, which are essential for the timely detection, prevention and response to disease outbreaks. Enhanced surveillance will also include integrated efforts to monitor nutrition and water quality, enabling the early identification of malnutrition and waterborne diseases. By prioritizing these areas, the response can mitigate the impacts of potential health crises before they escalate. WHO will also emphasize capacity-building initiatives focused on data management and rapid response capabilities. This includes investing in strategies to retain health workers, who are vital to the overall effectiveness of health interventions. Providing technical guidance, training resources, and reporting tools will empower local health personnel to respond swiftly and effectively to emerging health threats.

Collaboration will be key to ensuring that outbreak detection and response are effective across all levels – from community health workers to state and county surveillance officers. This network will facilitate the sharing of information and resources, enhancing the overall response capacity. Furthermore, the WHO Country Office will strengthen inter-cluster coordination, particularly among the health, water, sanitation and hygiene (WASH), food security and livelihood sectors. This integration will ensure the sustained availability of essential emergency health and nutrition kits, which are critical to meeting the immediate needs of the most vulnerable populations during acute crises. Additionally, to further strengthen the

emergency response, the Country Office will collaborate with the WHO Regional Office's Emergency Preparedness and Response program to enhance the stockpiles at the WHO Regional Emergency Warehouses in Nairobi and Dakar, ensuring the prepositioning and timely delivery of medical supplies.

The response plan will focus not only on addressing urgent humanitarian needs but will also contribute to building a resilient health system for the future. This includes fostering linkages between humanitarian and development actors, implementing conflict-sensitive programming, and laying the groundwork for early recovery initiatives. By adopting a holistic approach that combines immediate response efforts with long-term capacity building, the response aims to create a sustainable framework for health in South Sudan, ultimately improving the resilience of communities facing ongoing challenges.

OPERATIONAL PRESENCE

WHO maintains a strong field presence across South Sudan, ensuring direct engagement with payam-level local authorities and communities to enable effective programming and resource utilization. The WHO Country Office (WCO) in South Sudan is supported by a team of 499 personnel, comprising 49 international staff and consultants and 450 national staff. These personnel are strategically distributed across Juba, state hubs, counties and payams, covering all 10 states and three administrative areas.

WORKING WITH PARTNERS

WHO leads the health cluster in South Sudan, co-led by the Ministry of Health and co-coordinated with Save the Children. The cluster has 90 active members – 54 national NGOs and 36 international NGOs throughout the country. The health cluster's strategic goals focus on strengthening local and national coordination to prevent, prepare for, respond to and recover from public health and humanitarian emergencies. Additionally, the cluster aims to enhance inter-cluster and multi-sector collaboration to improve health outcomes and bolster advocacy and action at both local and national levels, ensuring effective responses to health challenges.



A South Sudanese returnee who has fled the conflict in neighbouring Sudan and her child received health care at a health facility located at the transit center near Palouch airport in Melut County, Upper Nile State.
Photo credit: WHO South Sudan



A health care worker administering polio vaccine during the polio vaccination campaign in Wau, Western Bhar el Ghazal. Photo credit: WHO South Sudan

KEY ACTIVITIES FOR 2025

Building emergency operations capacity: Establish and support two sub-national Public Health Emergency Operations Centers (PHEOCs) in Wau and Bor, providing technical expertise and resources for emergency preparedness and response, while continuing support for the National PHEOC in Juba.

Expanding diagnostic capabilities: Develop bacteriological diagnostic capabilities in three state laboratories and/or hospitals by equipping them with necessary tools, mentoring personnel and prepositioning essential reagents and diagnostic kits for the National Public Health Laboratory (NPHL) and state laboratories.

Strengthening epidemic response: Build capacity for the timely detection, investigation and confirmation of public health threats. Optimize responses to emergencies, infectious disease outbreaks, and malnutrition to reduce mortality and morbidity. Deploy 34 Rapid Response Teams (RRTs) to address outbreaks of diseases such as measles, meningitis and viral haemorrhagic fevers in high-priority countries.

Delivering integrated care: Support static and mobile facilities to provide integrated health and nutrition services to 250 000 individuals, including men, women, boys and girls, while enhancing emergency Response Team (ERT) capacities.

Providing emergency supplies: Increase access to emergency health and nutrition kits for communities in acute crises by delivering 2500 essential medical supplies to serve 846 000 patients and training 430 health workers in kit management.

Treating severe malnutrition: Improve access to quality nutrition care by supporting treatment of 5300 children with Severe Acute Malnutrition with Medical Complications (SAM-MC) in areas facing Integrated Food Security Phrase Classification 4 and 5 levels of food insecurity.

Enhancing health information systems: Strengthen primary health care level health information systems by assessing the implementation of District Health Information System 2 (DHIS2) and supporting real-time reporting through Early Warning, Alert, and Response System (EWARS)/DHIS2. Provide airtime and data bundles to 800 health facilities to ensure consistent reporting.

Improving preparedness: Enhance emergency preparedness at national and sub-national levels through risk profiling using the Strategic Tool for Assessing Risks (STAR) and developing multi-hazard response plans for four states in South Sudan.

Enhancing coordination: Conduct 24 cluster coordination meetings with partners to strengthen humanitarian response and integrate service delivery across administrative levels, fostering cross-sectoral learning and effective public health actions.

ACHIEVEMENTS IN 2024

Ensuring primary health services for displaced people



Vaccinators moving from house to house at Amadi residential area in Juba during the polio vaccination campaign.
Photo credit: WHO South Sudan

Since the conflict in Sudan began 16 months ago, over 600 000 refugees and returnees have sought refuge in South Sudan, with nearly 60% arriving through entry points near Renk in Upper Nile State. Many endure challenging conditions at transit centres, where WHO and partners have established essential health services to meet immediate needs. These efforts include access to medicines, treatment for common illnesses, and chronic disease care. “The service here is good,” said Nailla Elhadi Hamid, a 40-year-old refugee. “I even brought my son, who is sick with malaria, and the medicine is available. Before that, my sister had eye pain, and she found that the medicine was also available.”

To support these vulnerable populations, WHO has delivered 119 metric tons of medical supplies and established health screening centers that have assessed over 320 000 people. WHO has also trained 92 health care workers, enabling the provision of quality care for both infectious diseases, such as malaria and acute respiratory infections, and chronic conditions like hypertension and diabetes.

These efforts have significantly improved access to health services, ensuring that displaced families receive essential care despite the difficult conditions they face. WHO works closely with South Sudan’s health authorities and partners to strengthen health systems, improve disease surveillance and coordinate life-saving interventions.

“WHO, health authorities, and implementing partners are collaborating daily to deliver health services to refugees and returnees hoping for a better life,” says Dr. Humphrey Karamagi, WHO Representative in South Sudan.

Through these coordinated efforts, WHO is helping to alleviate the burden of this complex humanitarian crisis, bringing vital health care services to those in desperate need.

FOR MORE INFORMATION

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Health care worker administering malaria vaccine in Juba, Central Equatoria during the launch of the R21 malaria vaccine rollout in South Sudan.
Photo credit: WHO South Sudan



Health care workers delivering medical supplies while conducting a supportive supervision during the cholera vaccination campaign in Bor, Jonglei State.
Photo credit: WHO South Sudan

2025 FUNDING REQUIREMENTS

SOUTH SUDAN HUMANITARIAN EMERGENCY EMERGENCY RESPONSE PILLAR		FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance		5645
Surveillance, case investigation and contact tracing		3796
Diagnostics and testing		1849
Community protection		1600
Risk communication and community engagement		621
Travel, trade and points of entry		310
Infection prevention and control in communities		669
Safe and scalable care		2634
Case management and therapeutics		668
Essential health systems and services		1966
Access to countermeasures		9659
Operational support and logistics		9659
Emergency leadership		2518
Leadership, coordination, PSEAH and monitoring		2518
Grand Total		22 056

SUDAN

People in need¹

30.4 MILLION

People targeted¹

20.9 MILLION

Funding requirement

US\$ 135 MILLION

CONTEXT

The humanitarian situation in Sudan has dramatically worsened since conflict erupted in April 2023, triggering widespread violence and displacement across multiple states. The country is facing a critical health crisis with around 30.4 million people in need, including approximately 7.4 million internally displaced persons (IDPs) in search of basic human needs. In areas affected by conflict, 70-80% of health facilities are either non-functional or overwhelmed. The ongoing violence, economic instability, and climate-related challenges with food insecurity significantly increase health risks. Vulnerable groups, particularly women, children, the elderly and individuals with disabilities are disproportionately affected. All 18 states are responding to three or more disease outbreaks, including cholera, with up to 50 000 cases reported in just close to six months leading up to the end of December 2024.

Women needing medical and reproductive health services comprise 35% of those in need of health assistance, while children comprise nearly 55% and face increased risks from disease outbreaks and lack of pediatric care. WHO has documented over 145 attacks on health care facilities since the onset of the conflict, resulting in more than 80 deaths and significant disruptions to health care services. The ongoing violence and attacks on health care facilities and bureaucratic impediments in Sudan have severely hindered the movement of medical supplies and people's access to essential health services. The conflict has also complicated efforts for organizations to deliver basic public health services, including immunizations and disease surveillance and has reduced the access of rapid response teams, leaving the population more susceptible to preventable diseases.

Even prior to the conflict, Sudan's health system was strained by governance issues and shortages of qualified staff and supplies. Currently, approximately 65% of the population lack access to adequate health care. Concerns about rights violations, including sexual misconduct, and the departure of health care professionals in rural areas have further strained health care delivery.

Non-communicable diseases account for over 54% of deaths, and around 15% of the population live with disabilities and require rehabilitative services. Food insecurity affects over half the population, and an estimated 778 000 children suffer from severe acute malnutrition (SAM), with 116 800 needing inpatient care. Finally, disease outbreaks, including measles, polio, cholera, malaria, and dengue are exacerbated by low vaccination rates (over 30% of children are unvaccinated), poor sanitation and environmental changes, heightening the public health crisis.

¹ **Note:** Figures represent People in Need and People Targeted for overall humanitarian assistance from the Global Humanitarian Overview 2025. Data specific to health assistance are as follows: People in Need : 20.3M, People Targeted: 9.4M.



A woman and her son who fled the conflict in Sudan receive care in a malnutrition unit.
Photo credit: WHO / Nicolo Filippo Rosso

WHO'S STRATEGIC OBJECTIVES

1. **Strengthen and expand leadership and coordination capacity** at national, sub-national, and cross-border levels, including further collaboration with health partners, NGOs, and community-based organizations to maximize reach.
2. **Ensure access to essential health and nutrition services** while integrating them with other critical services, particularly for vulnerable groups and especially in populations facing acute hunger.
3. **Strengthen and expand operational support and logistics and presence** to ensure the availability of essential life-saving supplies for those affected.
4. **Enhance the capacity to prevent, detect, respond to, and mitigate disease outbreaks** and other acute health emergencies within the current context.

We are grateful for the remarkable coordination and support from WHO Sudan and to the EU for donating the funds to make this possible. The equipment received today will undoubtedly save lives and enhance health care delivery across these 6 states.

Dr Haitham Mohamed Ibrahim, Federal Minister of Health, the Republic of Sudan



Sudanese refugees wait to be registered upon arrival in Adre, Chad.
Photo credit: WHO / Nicolo Filippo Rosso

WHO 2025 RESPONSE STRATEGY

WHO, in collaboration with the Ministry of Health (FMoH), UN partners and health cluster partners, has identified high-risk populations affected by the health impacts of food insecurity, displacement, disasters, and disease outbreaks in the Darfur and Kordofan regions, as well as Kassala, Gedaref, and Red Sea states. Notably, all states are experiencing at least three concurrent disease outbreaks: cholera, measles, and malaria.

In 2024, WHO reinforced warehousing facilities in Port Sudan, Red Sea, and other states, established warehousing in Chad, and facilitated the cross-border movement of medical commodities and supplies. These actions underscore WHO’s commitment to reaching displaced populations and providing essential health and nutrition interventions. WHO has procured life-saving medical commodities for stabilization centers treating Sudanese children with severe acute malnutrition and complications. This includes interagency emergency kits, trauma kits, cholera kits, laboratory supplies, and reagents. In 2025, WHO will continue to procure and distribute medical and laboratory supplies and kits to health facilities and temporary clinics. Many health cluster partners rely on WHO for commodities to swiftly respond to outbreaks and deliver essential health care.

WHO has strengthened localization efforts by partnering with NGOs to directly deliver clinical care services on its behalf. Reinforced surveillance mechanisms, including EWARS and community-based surveillance, have equipped trained volunteers and health care workers to reach affected communities and displaced persons, engaging them in disease prevention efforts. The Health Information Unit, working closely with the FMoH and partners, will continue collecting, analyzing, and disseminating epidemiological data through EWARS and other surveillance systems. This will enable health partners to refine plans, implement interventions, and monitor public health outcomes. WHO will also strengthen its information management capacities in 2025.

At the WHO Country Office in Port Sudan, the Incident Management System (IMS), supported by WHO, will lead the implementation and monitoring of the health response in alignment with the WHO Emergency Response Framework. Sub-nationally, WHO will expand zonal offices, increase critical resources, and strengthen health cluster coordination. This will ensure activities are carried out collaboratively with the nutrition, food security, protection and WASH clusters.

WHO will continue advocating for multi-antigen immunization campaigns to protect children in underreached areas. In 2024, the introduction of the malaria vaccine marked a significant step toward reaching preventable child deaths from malaria, a key priority for 2025.

OPERATIONAL PRESENCE

WHO’s country office in Sudan has 194 staff members in total, of whom 165 are national staff. The Red Sea state hosts the largest portion of the workforce, with 100 staff members, of whom 86% are national staff and 14% are international staff.

WORKING WITH PARTNERS

In support of the FMoH, WHO is leading the health cluster with Alight as a co-coordinating agency. As of December 2024, there were 50 operational partners coordinating with the health cluster including 4 UN agencies, 21 international NGOs, 19 national NGOs, as well as 6 observers and donors. These have delivered various health interventions in over 570 health facilities in 151 localities across all 18 states of Sudan.



Supplies arrive in Chad to support refugees from Sudan.
Photo credit: WHO



A refugee from Sudan receives medical assistance for her pregnancy.
Photo credit: WHO / Nicolo Filippo Rosso

KEY ACTIVITIES FOR 2025

Strengthen coordination and advocacy: Expand subnational health cluster coordination, advocate for the protection of health infrastructure, and ensure unrestricted access to vulnerable populations.

Enhance field presence for cross-line and cross-border operations: Activate three zonal offices, UN hubs, and increase state-level presence to strengthen cross-line and cross-border WHO programme implementation.

Improve access to health services: Maintain 40 hospitals, 100 primary health care centers (PHCs), and deploy 50 mobile clinics to deliver essential health care services.

Address severe malnutrition: Scale up to 170 stabilization centers to manage severe acute malnutrition cases, ensuring service continuity in high-burden areas.

Expand logistics and supply chain: Enhance warehousing and logistics capacities in zonal hubs, recruit field monitoring staff, and sustain medical supply chains across the country.

Surveillance and early warning: Expand the Early Warning, Alert and Response System (EWARS) and other surveillance mechanisms to reach all people in need.

Strengthen monitoring and evaluation: Establish a Program Monitoring Unit and enhance the Planning, Monitoring, and Evaluation unit for improved project management and resource mobilization.

Support public health infrastructure: Build the capacity of the National Public Health Reference Laboratory and state-level Emergency Operations Centers, enhancing International Health Regulation (IHR) capabilities to detect and respond to outbreaks.

Enhance outbreak preparedness: Align response efforts with the Health Emergency Preparedness and Resilience (HEPR) framework, guided by risk assessments and Public Health Situation Analyses, to better prepare for and respond to mapped disease risks.

ACHIEVEMENTS IN 2024

Stabilization centers are a lifeline for Sudan's malnourished children



WHO staff speak to Sudanese refugees in the malnutrition unit at a health centre.
Photo credit: WHO / Nicolo Filippo Rosso

Since the conflict erupted in April 2023, more than 30 million people in the country need humanitarian assistance, of which 21 million face acute hunger and high food insecurity. Of Sudan's 161 stabilization centers, only 125 centers in 18 states are functional and able to provide life-saving treatment to children who have severe acute malnutrition (SAM) with medical complications. Another 18 stabilization centers in the 5 states are partially functional, while 40 centers have closed their doors entirely.

WHO is providing medical supplies and technical support to 126 state-run stabilization centers in Sudan. WHO also supports 50 of these centers with their operating costs, including incentives for cadres, food for caregivers and hygiene supplies.

WHO technical officers train stabilization center staff and provide continuous technical support and supportive supervision in all accessible centers including Darfur, Kordofan and Khartoum States. WHO and partners also train volunteer health and nutrition cadres in nutrition assessment to identify and treat malnourished children who are displaced and living with relatives in host communities or in camps for displaced people.

As of November 2024, WHO has trained 2046 nutrition cadres and distributed more than 2173 SAM kits to help treat more than 42 000 children with SAM with medical complications. Training of the nutrition cadres and health workers covered the management of SAM inpatients, infant and young child feeding counselling, nutrition in emergencies, reporting nutrition status to the nutrition information and surveillance system, and child growth monitoring. In addition, WHO established 11 breast feeding corners supporting nutrition counselling in 6 states, with a total of 4884 caregivers reached with essential breast feeding counselling.

WHO continues to provide technical assistance and expert advice as well as critically needed supplies for the treatment of SAM with medical complications.

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A woman who fled the conflict and is now taking shelter in Adre refugee camp, Chad.
Photo credit: WHO / Nicolo Filippo Rosso



A woman who fled the conflict in Sudan and crossed into Chad receives medical attention for her 10-month-old child in a health center.
Photo credit: WHO / Nicolo Filippo Rosso

2025 FUNDING REQUIREMENTS

Overall country funding requirements by emergency response pillar (US \$ million).

SUDAN HUMANITARIAN EMERGENCY EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$'000)
Collaborative surveillance	13 400
Surveillance, case investigation and contact tracing	6950
Diagnostics and testing	6450
Community protection	27 290
Risk communication and community engagement	1600
Travel, trade and points of entry	1450
Infection prevention and control in communities	7240
Vaccination	17 000
Safe and scalable care	79 650
Infection prevention and control in health facilities	2100
Case management and therapeutics	21 500
Essential health systems and services	56 050
Access to countermeasures	9500
Operational support and logistics	8550
Research, innovation and evidence	950
Emergency leadership	5160
Leadership, coordination, PSEAH and monitoring	5160
Grand Total	135 000

SUDAN REFUGEES HUMANITARIAN EMERGENCY

Funding requirement

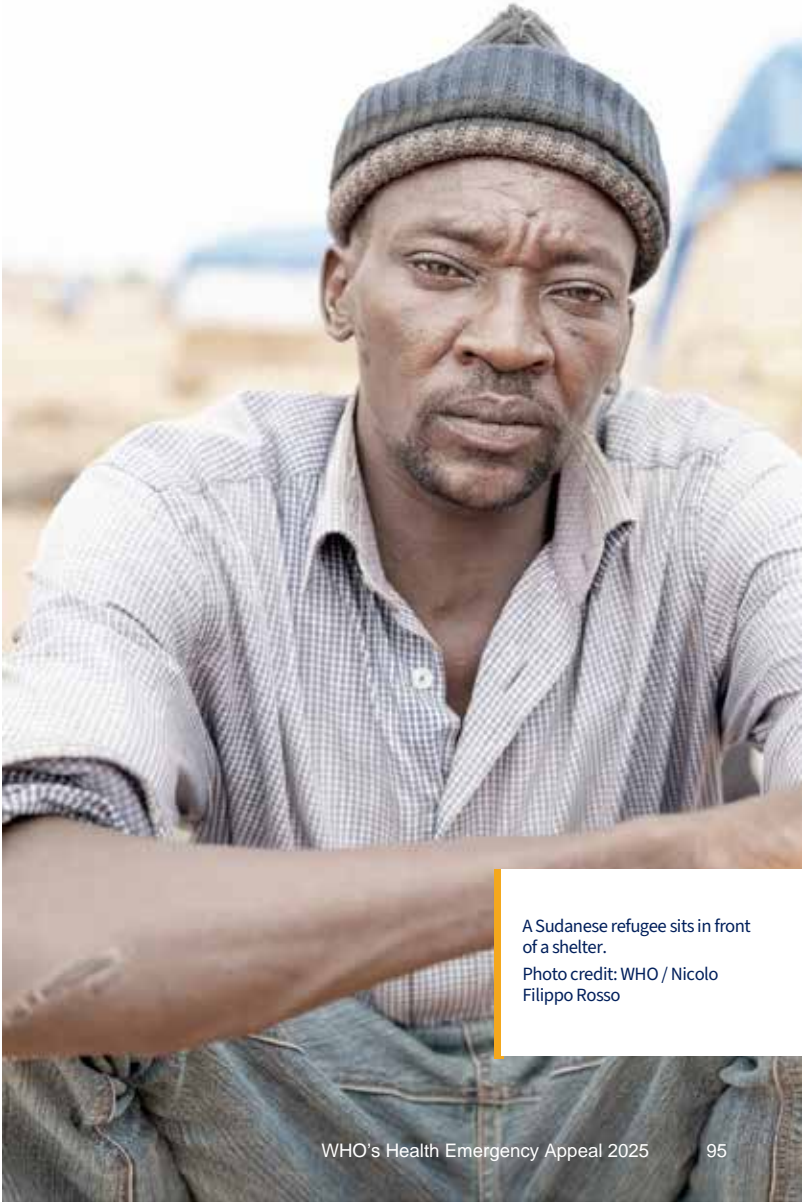
US\$ 51.7 MILLION

CONTEXT

The ongoing conflict in Sudan has resulted in one of the fastest-growing displacement crises globally, with over 2.9 million refugees fleeing to neighbouring countries, including Chad, the Central African Republic (CAR), South Sudan, Ethiopia, Egypt and Libya. Refugees have placed immense strain on fragile health systems in host nations, where resources were already limited due to concurrent emergencies and systemic vulnerabilities. Overcrowded refugee camps and host communities face widespread outbreaks of cholera, malaria, measles, and hepatitis E, fuelled by inadequate water, sanitation, and hygiene (WASH) infrastructure. Acute malnutrition is critically high, particularly among children, and compounded by food insecurity across host countries.

Access to health care remains a persistent challenge, with insecurity, logistical barriers, and underfunded health systems hampering service delivery. Refugees, particularly women, children, and vulnerable groups, face significant risks due to gaps in maternal and child health services, mental health support, and epidemic prevention. In many areas, health facilities are either non-operational or severely under-resourced, leaving populations exposed to preventable diseases and life-threatening conditions.

The region's health systems are further strained by an insufficient number of trained personnel, limited medical supplies, and weak disease surveillance. Security concerns and porous borders exacerbate the situation, making cross-border transmission of diseases a growing threat. Coordination and timely action are critical to addressing these intersecting challenges and preventing further deterioration of health outcomes for displaced and host populations alike.



A Sudanese refugee sits in front of a shelter.
Photo credit: WHO / Nicolo Filippo Rosso

REGIONAL HUMANITARIAN OVERVIEW

CHAD

Hosting **687 067 Sudanese refugees**, Chad faces overcrowding in camps in Wadi Fira, Ennedi Est, and Sila, leading to an elevated risk of hepatitis E, cholera, measles and malaria outbreaks.

Health facilities are stretched thin, with flooding and security challenges disrupting service delivery. Military escorts, required for aid operations near border areas, further compound costs and logistical barriers.

CENTRAL AFRICAN REPUBLIC (CAR)

With **51 927 Sudanese refugees**, most concentrated in Birao and hard-to-reach Vakaga, CAR faces severe water shortages and the collapse of health infrastructure.

Waterborne diseases like cholera and hepatitis E are exacerbated by the use of unsafe water sources in displaced communities. Malaria and acute malnutrition are common among refugees and host community members.

The return of more than 6266 people from Sudan in harsh conditions adds to the pressure on CAR's fragile health system.

SOUTH SUDAN

The arrival of over **824 538 Sudanese refugees** has overwhelmed health services, particularly along key entry points like Renk County and Joda-Wunthou. Many of these are South Sudanese returnees.

Health facility functionality along border areas remains critically low, with 27% of facilities non-operational.

Cholera, malaria, and acute malnutrition are prevalent, compounded by inadequate resources for disease surveillance and outbreak control.



A Sudanese refugee and her child sit on a bed in the malnutrition unit at a health center in Adre, Chad.

Photo credit: WHO / Nicolo Filippo Rosso

ETHIOPIA

With **177 713 Sudanese refugees**, Ethiopia's border regions (such as Metema Yohannes and Benishangul-Gumuz) are strained by increasing cases of malaria, measles, acute malnutrition and poor WASH conditions.

Refugee populations are placing significant burdens on host communities, where health services are underfunded and overcrowded.

The security situation at crossing points, particularly in Metema, is of great concern.

EGYPT

Egypt has received over **1.2 million Sudanese refugees**, of whom 405 000 are registered with the United Nations High Commissioner for Refugees (UNHCR). This influx coincides with Egypt's transition to Universal Health Insurance, creating gaps in health care access.

Refugees in urban areas face challenges accessing maternal and child health services, mental health support and disease control measures.

LIBYA

Libya, sharing a 383-kilometre porous border with Sudan, hosts over **240 000 Sudanese refugees**, with projections of further increases by the end of 2025.

Refugees are concentrated in Alkufra and surrounding areas, where public health services are limited. 43% of refugees in Alkufra are men required to obtain health certificates for employment, adding pressure on local health facilities.

The country's fragile health care infrastructure is further weakened by inadequate surveillance systems and limited capacity to manage infectious diseases.



Sudanese refugees in Chad unload trucks with food bags.
Photo credit: WHO / Nicolo Filippo Rosso

WHO'S STRATEGIC OBJECTIVES

1. **Strengthen health systems resilience:** Reinforce health infrastructure, train health care workers, and enhance disease surveillance in host countries.
2. **Deliver essential services:** Ensure timely access to primary health care, emergency care, maternal and child health, and communicable disease management.
3. **Prevent and control disease outbreaks:** Implement vaccination campaigns, establish early warning systems, and address water, sanitation and hygiene (WASH) deficiencies to mitigate cholera, malaria and measles risks.
4. **Integrate mental health and gender-based violence (GBV) services:** Provide mental health and psychosocial support and strengthen GBV prevention and response mechanisms.
5. **Facilitate cross-border coordination:** Collaborate with governments and partners to harmonize responses and address shared health risks effectively.



A refugee with her older son and 11-month-old twins in the malnutrition unit at a health center in Adre, Chad.
Photo credit: WHO / Nicolo Filippo Rosso

COUNTRY ACTIVITIES



A refugee stands in front of a brick oven where she works informally in Adre, Chad.
Photo credit: WHO / Nicolo Filippo Rosso

CHAD

1. Establish **12 mobile health clinics** in Ennedi Est, Wadi Fira, Ouaddai, and Sila to provide primary health care and emergency services to refugees and host communities.
2. Strengthen **disease surveillance systems** to monitor outbreaks of measles, cholera, and hepatitis E.
3. Distribute **60 611 medical and hygiene kits** to high-risk populations in overcrowded camps.
4. Train **400 health workers** on outbreak response, water, sanitation and hygiene (WASH) protocols, and Prevention of Sexual Exploitation, Abuse, and Harassment (PRSEAH) standards.
5. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.
6. Conduct **Risk Communication and Community Engagement (RCCE)** activities to raise awareness about disease prevention and available health care services.
7. Coordinate closely with the Ministry of Health to streamline health care delivery and outbreak response.

CENTRAL AFRICAN REPUBLIC (CAR)

1. Vaccinate **132 450 people** against measles and other preventable diseases in refugee-dense areas.
2. Strengthen **15 disease surveillance systems** to monitor and contain outbreaks rapidly.
3. Deliver **56 872 emergency health and hygiene kits** to improve sanitation and prevent disease spread.
4. Provide **maternal and child health services to 70 115 individuals**, focusing on safe deliveries and neonatal care.
5. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.
6. Carry out RCCE initiatives to enhance community health literacy, emphasizing hygiene practices and disease prevention.

SOUTH SUDAN

1. Distribute **50 000 mosquito nets** and provide integrated malaria prevention and case management.
2. Deploy **11 mobile clinics** to deliver primary and emergency health care services to **250 782 individuals**.
3. Strengthen **early warning systems** for communicable diseases, including malaria, hepatitis E, cholera, and measles.
4. Train **351 health workers** in WASH protocols, communicable disease management, and community health practices.
5. Deliver **48 232 emergency health and hygiene kits** to improve sanitation in overcrowded refugee camps.
6. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.

ETHIOPIA

1. Deploy **14 mobile clinics** in Amhara, Benishangul-Gumuz, and Gambela regions to reach **400 183 refugees** and host populations with health care services.
2. Vaccinate **150 659 individuals** in refugee camps against measles and cholera.
3. Strengthen six local health centers to manage mass casualties and emergency cases for **30 422 high-risk individuals**.
4. Improve **nutrition programs** and enhance WASH practices to prevent waterborne diseases.
5. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.
6. Conduct RCCE activities to reach **300 000 individuals** with information on hygiene, disease prevention, and access to health care.

EGYPT

1. Train **500 health care providers** on disaster management, surveillance, outbreak control, GBV response, and PRSEAH measures.
2. Cover the health care expenses for **3000 vulnerable refugees** through the WHO Health care Expenses Coverage program.
3. Strengthen **cross-border surveillance and outbreak control measures** to prevent cross-border disease transmission.
4. Procure essential medical supplies and equipment to sustain health care services for displaced populations.
5. Coordinate humanitarian health efforts with the Ministry of Health and national counterparts.
6. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.

LIBYA

1. Deploy mobile health teams to provide primary and emergency health care services to Sudanese refugees in Alkufra and other regions.
2. Upgrade primary health centers and maternity wards in high-refugee-concentration areas to improve access to maternal and child health services.
3. Enhance disease surveillance and laboratory capacity, including donations of reagents and equipment to detect and manage public health risks.
4. Conduct hygiene promotion campaigns and implement emergency sanitation measures to address WASH gaps.
5. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.



Sisters, refugees from Sudan, sit in their shelter in a refugee camp in Chad.
Photo credit: WHO / Nicolo Filippo Rosso



Sudanese refugees fill water tanks at Adre refugee camp.
Photo credit: WHO / Nicolo Filippo Rosso

2025 FUNDING REQUIREMENTS

Overall country funding requirements by emergency response pillar (US \$ million).

SUDAN REFUGEES HUMANITARIAN EMERGENCY	
EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$'000)
Collaborative surveillance	11 000
Surveillance, case investigation and contact tracing	11 000
Community protection	8400
Risk communication and community engagement	1400
Travel, trade and points of entry	7000
Safe and scalable care	22 500
Infection prevention and control in health facilities	5500
Case management and therapeutics	17 000
Access to countermeasures	8100
Operational support and logistics	8100
Emergency leadership	1700
Leadership, coordination, PSEAH and monitoring	1700
Grand Total	51 700

WHOLE OF SYRIA

People in need¹

16.7 million

People targeted¹

10.8 million

Funding requirement

US\$ 141.5 million

**including US\$ 56.4 million
emergency flash appeal**

¹ Global Humanitarian Overview 2025



CONTEXT

On 8 December 2024, Syria witnessed a monumental political shift with the fall of the long-standing Al-Assad government.

The ongoing insecurity has triggered massive population movement, with more 882 000 people internally displaced at the start and 664 100 still reportedly displaced. Civilians on the move face multiple risks, including exposure to violence, trauma, injuries caused by explosive ordnance and the erosion of mental health. Health facilities report critical shortages of medical supplies, while security concerns and sporadic violence further hinder service delivery. Hospitals across Syria are overwhelmed by high numbers of trauma and injury cases, as well as shortages of supplies.

Syria has the second-highest number of internally displaced persons in the world and remains one of the top ten countries in the world with the highest number of hungry people, with over half the population at risk of hunger. Malnutrition rates have significantly increased—tripling in just four years—while medical care has deteriorated due to a lack of equipment and resources.

Essential health services are severely strained. Water, sewage, and sanitation services are only partially operational, and power and energy supplies are insufficient, with most areas receiving electricity for only two to three hours daily. The risk of disease outbreaks and widespread illnesses is heightened, while shortages of medicines, medical equipment and health care personnel further weaken the health system's capacity to respond. At the same time, 77 attacks on health care were recorded in 2024: 70 occurred during the final two months of the year, of which 51 affected health facilities and 39 affected medical supplies.

In 2025, health facilities in northwest Syria are expected to struggle, impacting 5.1 million people, including 2 million IDPs living in camps, predominantly women and children. Most health care services are funded through humanitarian aid, with WHO and partners acting as last-resort providers. Without donor support, essential health services for 4.2 million people will be disrupted.

Against this backdrop, humanitarian needs continue to grow. Providing immediate, lifesaving, and life-sustaining health assistance is critical to saving lives and protecting the most vulnerable in need.

The escalating crisis in Syria has placed immense strain on the health sector, requiring a coordinated and strategic response to address immediate and long-term health care needs. WHO plays a pivotal role in this response, leveraging its leadership mandate as the Health Cluster lead agency and coordinating the collaborative efforts of UN agencies and partners.

Through its operational presence in Damascus, Gaziantep (Türkiye), and five field offices, WHO is strategically positioned and able to use diverse implementation modalities from within Syria and from neighboring countries, to ensure life-saving services, sustaining health care systems, and meeting essential health needs across affected regions, reaching all communities including those more vulnerable.



WHO field visit to the Rehabilitation and Artificial Limbs Center in Damascus. Photo credit: WHO / Farah Ramadan

WHO'S 2025 STRATEGIC OBJECTIVES

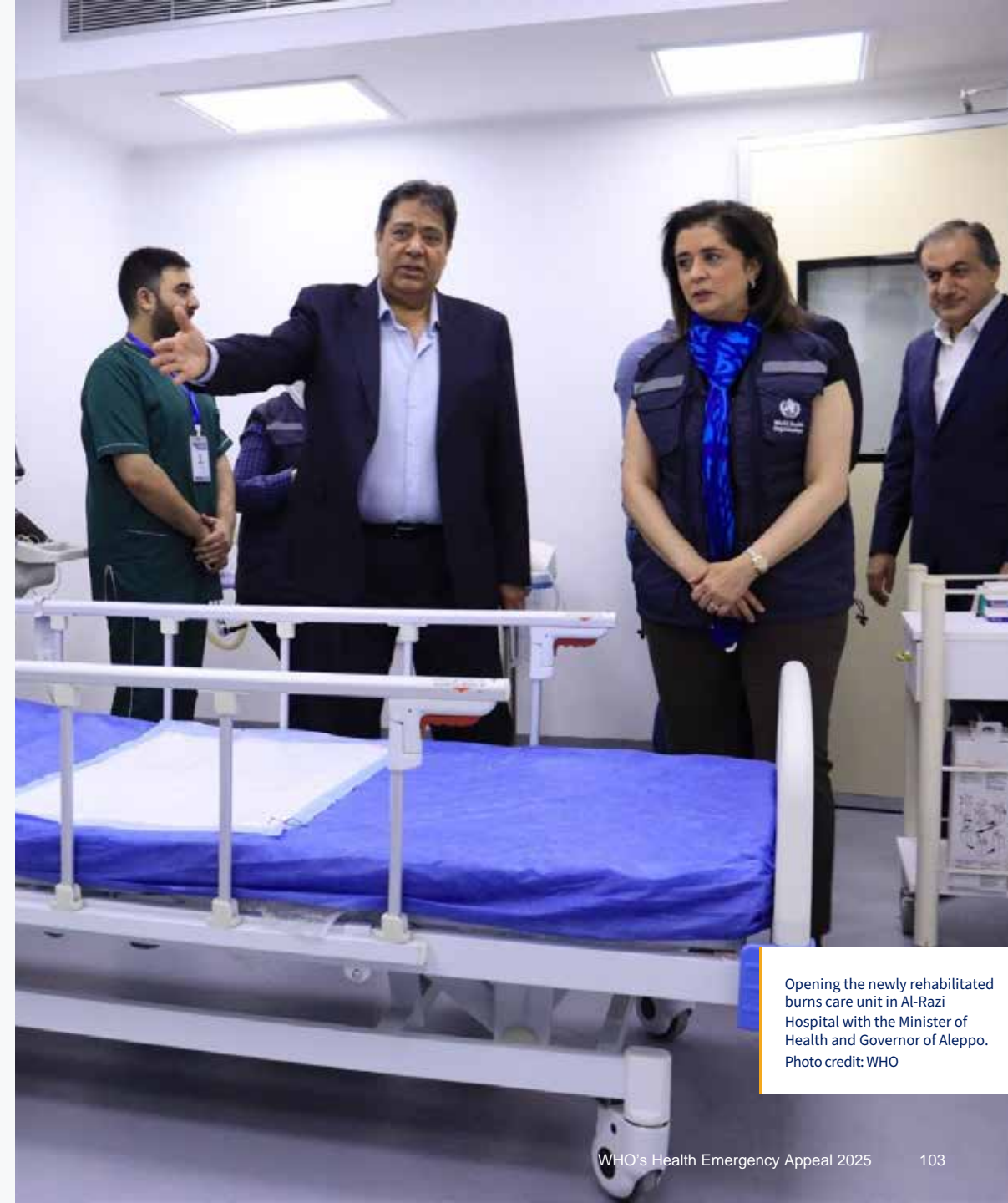
In 2025, programmatic support continues to be dominated by humanitarian assistance, prioritizing vulnerable populations and areas of high severity to ensure critical services are not disrupted.

The main objectives are as follows:

- **Sustain and enhance access to essential quality health services.** Improve access to essential medicines, vaccines, diagnostics and other medical devices and equipment.
- **Ensure emergency preparedness and response.** Enable life-saving health care supporting primary, secondary, and specialized health facilities, including access to health care for displaced persons and communities in hard-to-reach areas. Particular emphasis will be placed on life-saving trauma and emergency care, including blood banks and emergency referrals.
- **Ensure that health emergencies are rapidly detected through effective prevention, surveillance, and response** to outbreaks and preventable diseases in light of increased risks in the country. WHO will reinforce early warning systems and capacitate the health system to respond to future emergencies.
- **Support multi-sectoral response to early recovery.** Aim to assure health determinants, reduce risk factors, and promote health system resilience.
- **Strengthen health leadership and coordination.** Ensure a timely, effective and unified health sector response that addresses the urgent needs of affected populations.

"I have worked as a provider of mental health and psychosocial support for the past 13 years. During this time, I have experienced a number of challenges throughout my responsibilities. It is through my work that I have learned that everyone needs someone who will listen to them and offer encouragement. Although we faced a multitude of setbacks, these past years have instilled in us a deep-rooted sense of resilience.

Alaa Marstawi from the Al-Ihsan Charity Association, a WHO partner working in Aleppo



Opening the newly rehabilitated burns care unit in Al-Razi Hospital with the Minister of Health and Governor of Aleppo. Photo credit: WHO

WHO 2025 RESPONSE STRATEGY

In coordination with health authorities and local partners in Syria, WHO will focus on addressing lifesaving and life sustaining health needs in the country and enhancing national health development goals, ensuring that no one is left behind. Targeted efforts in WASH – such as water quality monitoring - and nutrition – including support to Stabilization Centers, will also be integrated into WHO’s response. The Humanitarian Response Plan for Syria, together with national health policies and the UN Strategic Framework (UNSF), form the basis of WHO’s strategic agenda of cooperation.

WHO will prioritize the provision of timely humanitarian health services to the population, with particular emphasis on the new influx of people, internally displaced individuals residing in camps, and those in underserved areas with low health coverage. WHO collaborates with national and international NGOs and local suppliers to expand service provision, aiming to enhance local capacity for public health functions, particularly as conditions continue to evolve on the ground.

As a priority, WHO will support the recovery of a resilient and responsive health system, particularly in light of recent political developments in the country. The organization also aims to address the root causes of the humanitarian crisis by working across sectors to restore and strengthen basic services – such as water, sanitation and electricity, thereby reducing the risk of disease outbreaks and fostering a health system capable of adapting to changing health needs and emergencies. These efforts will ultimately contribute to the global health agenda and sustainable human development.

WHO will continue to utilize the Whole of Syria approach to comprehensively address health needs across Syria, while at the same time working on integration plans following the change of context and MoH direction and support. Furthermore, WHO will ensure accountability to affected populations and gender sensitivity throughout its response. Finally, noting high levels of risk of Sexual Exploitation and Abuse (SEA) in Syria, WHO will continue its ongoing efforts to ensure Prevention and Response to Sexual misconduct (PRS) across its programming, implementing partners and local and national actors.



OPERATIONAL PRESENCE

Under the leadership of the WHO Representative, the WHO Country Office consists of approximately 150 staff, both national and international. The program team includes an emergency team lead, an international epidemiologist, and national professional officers working in the technical areas of primary health care, secondary trauma care, surveillance, laboratory, nutrition, NGO partnerships, and program assistants to support day-to-day operations. A robust operations team, led by an operations officer who oversees logistics, procurement, and human resources, functions while the project management team is responsible for monitoring and evaluation, grants management, and donor relations.

The WHO team for Northwest Syria cross-border activities is based in Gaziantep, Türkiye and comprises 36 staff, including technical experts for emergency preparedness, surveillance and response, and a health system strengthening team to support the humanitarian health system and the health cluster technical working groups. The team is supported by logistic, procurement, finance, human resources and partnership personnel.

WORKING WITH PARTNERS

WHO has collaborated with Syria since 1948, significantly contributing to national health development. This partnership has expanded to include disease control, primary health care, human resource development, family planning, immunization programs, and environmental health initiatives. Over the past few years, WHO has established a strong partnership with the Ministry of Health and Higher Education to promote health outcomes.

WHO’s Syria Country Office leads the health cluster in Syria, co-chaired by the MoH with over 70 members, including 61 national and international NGOs, 6 UN agencies, and other observers and donors.

The WHO Field Presence Office in Gaziantep leads the health cluster, which comprises 143 organizations.

The Whole of Syria Health Cluster Coordinator, based in Amman, Jordan, provides a harmonizing function, ensuring safe sharing of information, leading the humanitarian program cycle and supporting a unified response to health needs, while aiming to ensure no gaps or duplication of efforts.



In April 2024, Syria launched the Big Catch-up vaccination activity in partnership with the Ministry of Health, WHO, and UNICEF.
Photo credit: WHO / Farah Ramadan



WHO staff visit patients.
Photo credit: WHO / Farah
Ramadan

WHO'S 2025 FUNDING REQUIREMENTS

The total estimated financial requirements include the **Flash Appeal for US\$ 56.4 million** which focuses on a comprehensive and strategic response between December 2024 and May 2025. This funding will enable WHO to scale up its response to the health crisis in Syria, support trauma care, restore essential health services, and prevent and respond to communicable disease outbreaks amid the ongoing conflict and displacement.

SYRIAN ARAB REPUBLIC HUMANITARIAN EMERGENCY	
EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance	8270
Surveillance, case investigation and contact tracing	6919
Diagnostics and testing	1351
Community protection	11 993
Risk communication and community engagement	8070
Travel, trade and points of entry	109
Infection prevention and control in communities	21
Vaccination	3793
Safe and scalable care	91 248
Infection prevention and control in health facilities	1153
Case management and therapeutics	47 946
Essential health systems and services	42 149
Access to countermeasures	23 051
Operational support and logistics	22 983
Research, innovation and evidence	68
Emergency leadership	6900
Leadership, coordination, PSEAH and monitoring	6900
Grand Total	141 462



**Approximately 13% of the overall budget will be used to cover operational costs, including security, enabling functions, and duty of care (e.g. field offices, deployment of staff, etc.).*

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UKRAINE

People in need of health assistance¹

9.2 MILLION

People targeted of health assistance¹

2.9 MILLION

Funding requirement

US\$ 68.4 MILLION

CONTEXT

As of 31 August 2024, the Office of the United Nations (UN) High Commissioner for Human Rights recorded 36 357 civilian casualties in Ukraine, with 11 743 killed and 24 614 injured. As of 9 January 2025, the World Health Organization (WHO) had verified 2209 attacks on health care facilities in Ukraine, leading to 205 deaths and 698 injuries since 24 February 2022.

The humanitarian crisis in Ukraine has reached a scale of undeniable severity. With the ongoing conflict, the UN reports an astonishing 12.7 million people in dire need of urgent humanitarian assistance and 9.2 million with health needs. The unpredictability of the conflict's evolution could either see a further deterioration of conditions or a potential stabilization of the situation.

Insecurity, damage to and lack of maintenance of aging health facilities and medical equipment, shortages of medicines and medical supplies, understaffing, and curtailed access to referral hospitals and pharmacies have all taken a toll on the provision and accessibility of health care services. The war's impact on public health is of grave concern, particularly as public funding is redirected towards military expenses.

Despite the resilience of Ukraine's health system and generally high access to certain health services, obtaining care near the contact line remains challenging, particularly in rural areas. In conflict-affected regions ("oblasts"), WHO has noted partial or complete disruptions in primary care services and a significant increase in trauma and emergency medical needs. Both prehospital and hospital sectors across the country are overwhelmed with acute trauma and burn patients. Additionally, barriers such as cost, time, and transportation constraints further delay or prevent access to medical care.

Health system recovery remains one of WHO's key priorities in Ukraine, which goes beyond rebuilding damaged or destroyed medical facilities. WHO aims to support the country in restoring essential services, and the financing of these essential services, such as rehabilitation, primary health care (PHC), public health surveillance, all of which are critical for overall national recovery.

The war has intensified mental health challenges, with approximately 9.6 million people estimated to be at risk of or living with a mental health condition. WHO is responding to the mental health crisis, including through its support to the All-Ukrainian Mental Health Program, initiated by First Lady Olena Zelenska.

Access to rehabilitation care is hampered by non-operational or functional rehabilitation referral pathways, gaps in the provision of assistive products to the person upon discharge from the hospital, and major gaps in specialized rehabilitation services. Barriers for persons with disabilities accessing humanitarian services are present, putting them at a heightened risk. The Ministry of Social Policy of Ukraine reports that 6% of the population are persons with disabilities. However, given the multiple barriers related to the disability status process in Ukraine, including technical and administrative challenges, this is a significant underestimate. WHO estimates that the prevalence in Ukraine is equal to or more than the WHO global average, standing at 16%. Increased injury rates, breakdown of health and other critical services and displacement contribute to increased disabilities in Ukraine. Disability is a critical driver of humanitarian needs and requires to be actively considered across humanitarian programmes and processes.



8 July 2024, a missile strikes Kyiv's Okhmadyt Childrens Hospital
Photo Credit: WHO

¹ Humanitarian Need and Response Plan for Ukraine 2025

WHO'S STRATEGIC OBJECTIVES

- 1. Emergency health response in Ukraine due to the ongoing conflict:** For more effective public health responses to emerging threats for war-affected communities in priority regions (along the contact line) and high IDP concentration areas across the country.
- 2. Health system recovery:** Including restoring essential services such as rehabilitation, primary care, and public health surveillance, which are critical for overall national recovery and goes beyond just rebuilding health facilities.
- 3. Continuing health reforms:** Initiated in 2016 to align Ukraine's health care system with international best practices. Despite the war, WHO supports reforms in health financing, primary care, procurement transparency, and non-communicable diseases (NCDs).

These strategic objectives align with the WHO Country Cooperation Strategy, Ukraine 2024-2030. The Strategy is designed to address the immediate and medium-term health challenges in Ukraine, focusing on building resilient health systems, improving health outcomes, and ensuring health care access for all, especially in the context of ongoing conflict and recovery efforts. It charts WHO's collaborative efforts across health response, recovery and reform.

WHO has been a strong support for our emergency work here. When we needed new ambulances due to constant shelling that destroyed the previous ones, WHO helped us secure replacements to continue delivering emergency care, they also quickly installed a modular health facility after our previous base was destroyed and provided essential equipment and medicines. This support is invaluable for the functioning of emergency services in the region.

Halyna Saldan, Head of the Centre for Emergency Medical Care and Disaster Medicine of Kherson Regional State Administration



Strategic meeting between WHO and the Ministry of Health of Ukraine
Photo credit: WHO

WHO 2025 RESPONSE STRATEGY

WHO's emergency response strategy in Ukraine for 2025 aligns with and builds on the recommendations of the Ukraine Humanitarian Needs and Response Plan (HNRP) 2025 and operates in close collaboration with the Ministry of Health of Ukraine, with the primary objective of saving lives. The response is designed to strengthen emergency and critical health care services, ensure continuity of essential health service delivery, and address the profound impacts of war on the health care network – particularly in contact line regions.

WHO's 2025 response strategy is anchored on five key pillars:

1. Strengthen emergency medical services (EMS) and trauma care systems to ensure emergency response in priority regions
2. Ensure continuity and quality of essential primary health care (PHC) services and outreach initiatives for war-affected populations
3. Enhance coordination among health partners and improve health information management for accurate data collection, reporting, needs assessment and disease surveillance
4. Address critical concerns hampering health security and resilience in emergency settings, such as weather preparedness and chemical, biological, radiological and nuclear (CBRN) prevention, among other priorities
5. Support key health recovery priorities in emergency settings, to ensure quality care and sustainable access.

Through these targeted interventions, WHO aims to mitigate the devastating health consequences of the ongoing conflict and strengthen the resilience of Ukraine's health system. With an emphasis on collaboration, innovation, and inclusivity, WHO remains committed to protecting health and saving lives in one of the world's most challenging humanitarian crises.

OPERATIONAL PRESENCE

The WHO Country Office in Ukraine is located in Kyiv and as of December 2024, has approximately 300 staff members and consultants supporting implementation in various technical areas. WHO has several additional field office locations throughout the country to support operations, with additional offices planned. The project will build upon the expertise of WHO's implementation with health partners in Ukraine.

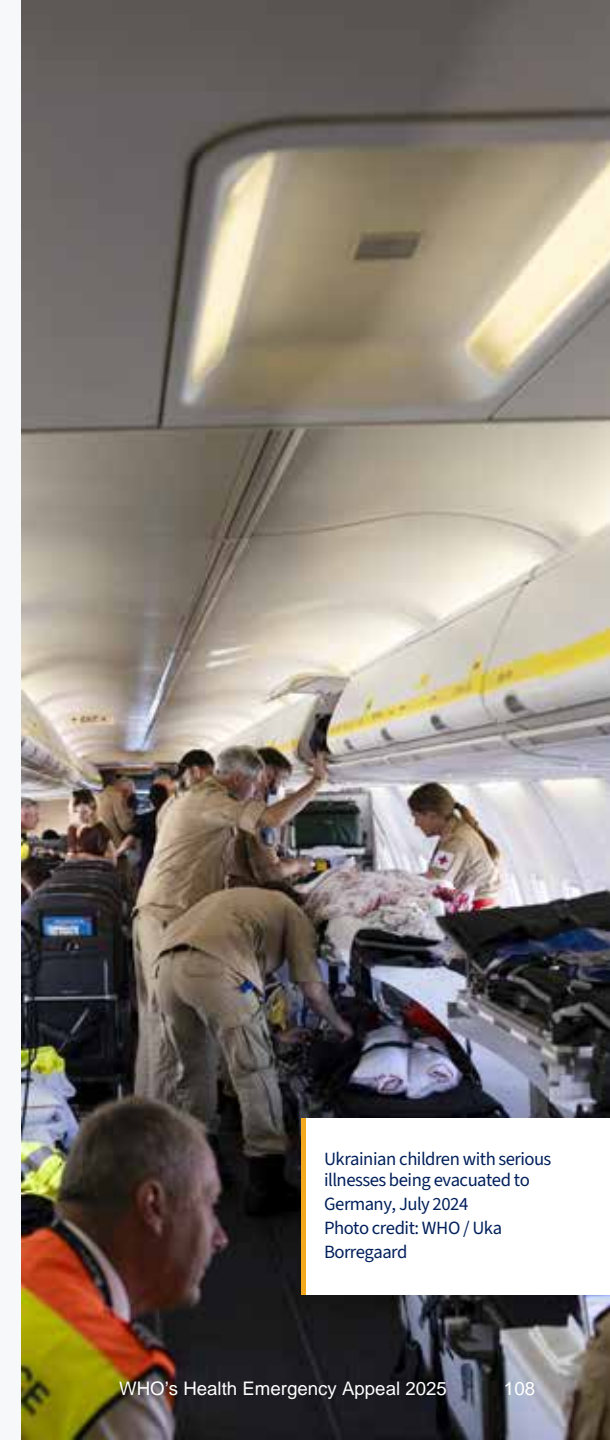
Besides national coordination in Kyiv, decentralized coordination will be implemented in the hubs of Dnipro, Kharkiv and Odesa where local partners are present. Coordination will be conducted in close collaboration with regional health authorities (Center for Disaster Medicine, Department of Health).

As part of the Health Cluster, Technical Working Groups (TWGs) will continue to provide technical oversight for a quality response at all levels.

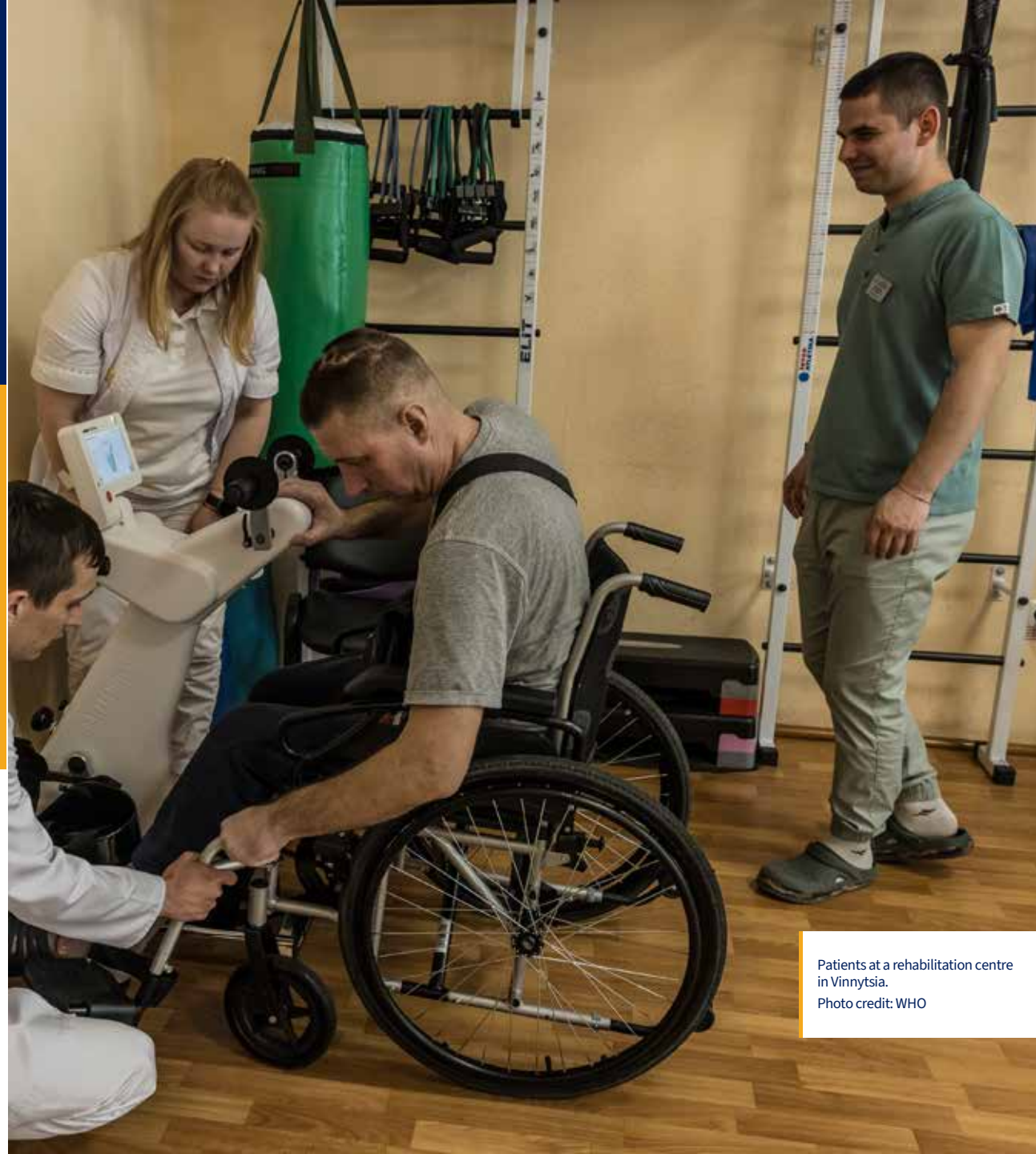
WORKING WITH PARTNERS

WHO serves as the Cluster Lead Agency for health, playing a role in offering strategic leadership and oversight for health-related initiatives undertaken by various partners, including UN agencies, international and national non-governmental organizations (INGOs, NNGOs), and civil society organizations (CSOs) in Ukraine. This is aimed at achieving synergies and preventing the duplication of health interventions within the health sector.

There are currently 231 health partners registered within the Health Cluster. Coordination of health partners by the Health Cluster takes place at the national level in Kyiv and in hubs located in Dnipro, Kharkiv, Kherson, Mykolaiv and Odesa. This involves elements such as the coordination of activities based on the HNRP health strategy, tracking of training and monitoring medicine use by partners, amongst others. WHO will operate on various interfaces to lead the response, capitalizing on synergies with partners. This will include participation in General Coordination Meetings at the regional level, engagement in the Humanitarian Operation Planning Cell (HOPC), and empowering local actors to assist in delivering emergency health aid in hard-to-reach and high-risk areas in collaboration with all partners.



Ukrainian children with serious illnesses being evacuated to Germany, July 2024
Photo credit: WHO / Uka Borregaard



Patients at a rehabilitation centre in Vinnytsia.
Photo credit: WHO

KEY ACTIVITIES FOR 2025

Strengthen emergency and trauma care

- Enhance mass casualty management and poly-trauma care through health workforce capacity-building at pre-hospital and hospital levels.
- Institutionalize trauma care protocols and internationally accredited training to reduce dependency on external expertise.
- Equip and support National Emergency Medical Teams (n-EMTs) and disaster medicine units.
- Expand support for survivors of gender-based violence through targeted services.

Expand access to essential services

- Ensure continuity of primary health care (PHC) by deploying modular prefabricated structures and improving services in priority regions.
- Deliver essential medical supplies, including medicines, equipment, and consumables to conflict-affected areas.
- Address non-communicable diseases (NCDs) by integrating prevention and care into PHC delivery, with a focus on vulnerable populations.

Enhance outreach for hard-to-reach populations

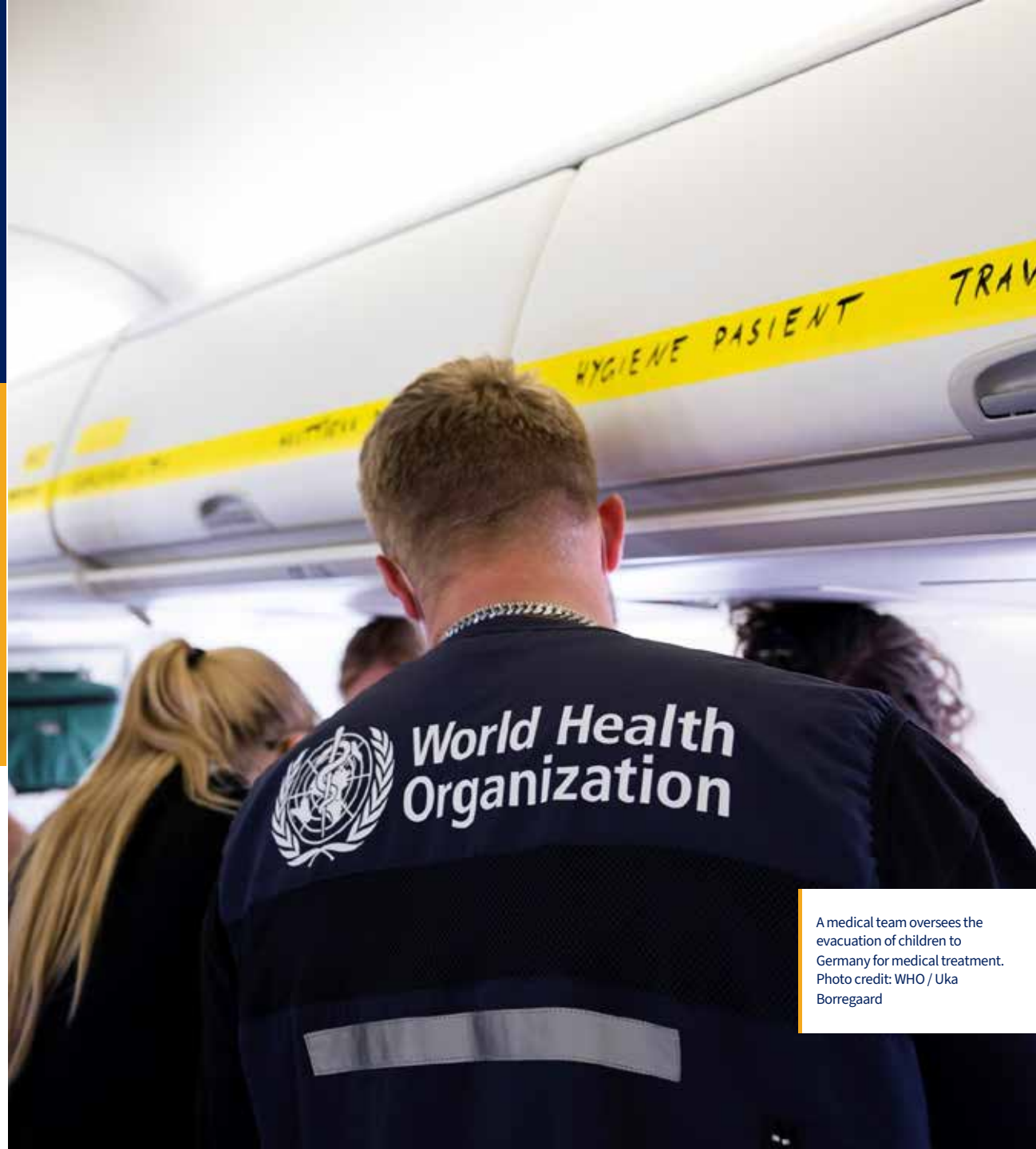
- Deploy mobile health units and outreach teams to underserved areas near conflict zones.
- Innovate with telemedicine and eHealth to address human resource shortages and improve access to care.
- Strengthen referral pathways to ensure access to specialized services.

Support and promote rehabilitation, disability inclusion, mental health and psychosocial services (MHPSS)

- Expand MHPSS integration at the PHC level to address stress-related impacts on health.
- Provide targeted services to address negative coping mechanisms exacerbating NCD risks, such as tobacco and alcohol use.
- Improve access to care for persons with disabilities, including assistive technologies and facility upgrades for inclusivity.

Enhance health security and preparedness

- Develop preparedness plans aligned with International Health Regulations (IHR) to strengthen outbreak prevention and response.
- Address winter and energetic security by maintaining electricity, heating and cold chain for sensitive medical supplies.
- Monitor and mitigate environmental health risks, including WASH-related hazards, air pollution and radiological exposures.



A medical team oversees the evacuation of children to Germany for medical treatment.
Photo credit: WHO / Uka Borregaard

KEY ACTIVITIES FOR 2025 CONTINUED

Strengthen health governance and systems

- Promote decentralized governance and health workforce development tailored to local conflict challenges.
- Foster resilient health-financing strategies for adaptive and sustainable reform.

Improve health information and coordination

- Strengthen Health Information Systems for data collection, surveillance, and needs assessment.
- Enhance intersectoral collaboration with Protection and WASH clusters for integrated service delivery.
- Ensure accountability through response monitoring, beneficiary feedback mechanisms and quality assurance.

Community engagement and infodemic management

- Advance risk communication to improve disease prevent and behavioural change.
- Engage communities tailored health promotion strategies and local partnerships.

Thanks to WHO's emergency care trainings, we've been able to adjust our approaches to the challenges we face here. As ambulance workers, we respond to calls despite the risks, working just 20 kilometres from the frontline in Ukraine. Clearly, WHO's support has significantly enhanced our skills and readiness for this critical situation.

Kseniia Ostrizhna, Emergency Medicine Doctor

ACHIEVEMENTS IN 2024

WHO INSTALLS A NEW MODULAR CLINIC IN THE KHARKIV REGION



WHO team visiting modular primary health care clinic in the village of Tsyркuny, Kharkiv region
Photo credit: WHO

WHO has opened a new modular primary health care clinic in the village of Tsyркuny in the Kharkiv region, replacing a clinic destroyed in an attack earlier this year in nearby Lyptsi.

The clinic is a large, modular primary health care facility with four patient or examination rooms. It will serve internally displaced people who have been evacuated or have fled areas in the region due to intense hostilities. Five health care workers will staff the clinic, which is fully equipped to operate during power outages.

This is the second modular clinic installed in Tsyркuny; together, the two facilities will serve around 12 000 patients per year.

“When the previous modular clinic in Lyptsi was damaged, we responded quickly. Thankfully, everyone was evacuated and no one was harmed in the attack. Our team worked hard to ensure the new facility was ready within two months,” said Dr Emanuele Bruni, acting WHO Health Emergency Programme Lead, when visiting the new facility.

This project bridges emergency response and early recovery, with the modular units fully integrated into Ukraine’s health system.

“WHO has been investing in modular primary health care units over the past year to ensure local communities have access to primary health care services – a fundamental human right,” explained Dr Jarno Habicht, WHO Representative and Head of the Country Office in Ukraine.

This clinic is one of 28 WHO-installed modular units being run in regions affected by the war in Ukraine. Each clinic can be set up in 10 to 14 days and is intended to be a long-term solution, with a lifespan of more than 10 years. The units are integrated into Ukraine’s health system, contracted by the National Health Service of Ukraine, ensuring a sustainable solution.

The unit’s installation was made possible with the support of the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG-ECHO).

FOR MORE INFORMATION

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WHO Representative in Ukraine, Dr. Jarno Habicht, together with the WHO team and the Minister of Health of Ukraine, Viktor Liashko, visiting Lyman, Donetsk region and assessing health needs
Photo credit: WHO

2025 FUNDING REQUIREMENTS

Overall country funding requirements by emergency response pillar (US \$ million).

UKRAINE HUMANITARIAN EMERGENCY	
EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$'000)
Collaborative surveillance	3799
Surveillance, case investigation and contact tracing	3306
Diagnostics and testing	493
Community protection	1261
Risk communication and community engagement	1211
Infection prevention and control in communities	50
Safe and scalable care	41 377
Infection prevention and control in health facilities	1019
Case management and therapeutics	8107
Essential health systems and services	32 211
Access to countermeasures	16 936
Operational support and logistics	16 936
Emergency leadership	5029
Leadership, coordination, PSEAH and monitoring	5029
Grand Total	68 361

YEMEN

People in need¹

19.5 MILLION

People targeted¹

10.5 MILLION

Funding requirement

US\$ 57.8 MILLION

CONTEXT

Yemen's protracted and acute Grade 3 emergencies are compounded by the spillover effects of the escalating conflict in the occupied Palestinian territory (oPt) and the broader Middle East, further destabilizing the region. Yemen faces widespread outbreaks of vaccine-preventable diseases, including circulating vaccine-derived poliovirus type 2 (cVDPV2), acute watery diarrhea (AWD)/cholera, measles, diphtheria, and malaria, exacerbated by low vaccination rates and misinformation.

Yemen currently represents the highest burden of cholera globally. As of 1 December 2024, Yemen has reported over 249 900 suspected cases of cholera with 861 associated deaths since the start of the year. This accounts for 35% of the global cholera burden and 18% of global reported mortality. As of 1 December 2024, a total of 38 998 suspected measles cases, including 328 associated deaths, were reported since the beginning of the year. Nearly 75% of cases were reported in northern governorates. Across Yemen, 86% of measles cases were reported from individuals with no vaccination history. Malaria and dengue fever remain widespread, contributing significantly to Yemen's public health burden amidst limited health care resources.

Food insecurity has worsened, with nearly half of households struggling to meet basic food needs. By the end of 2024, over 220 000 pregnant and breastfeeding women and 600 000 children were estimated to be malnourished, including 120 000 children suffering from severe acute malnutrition—a 34% increase from 2023.

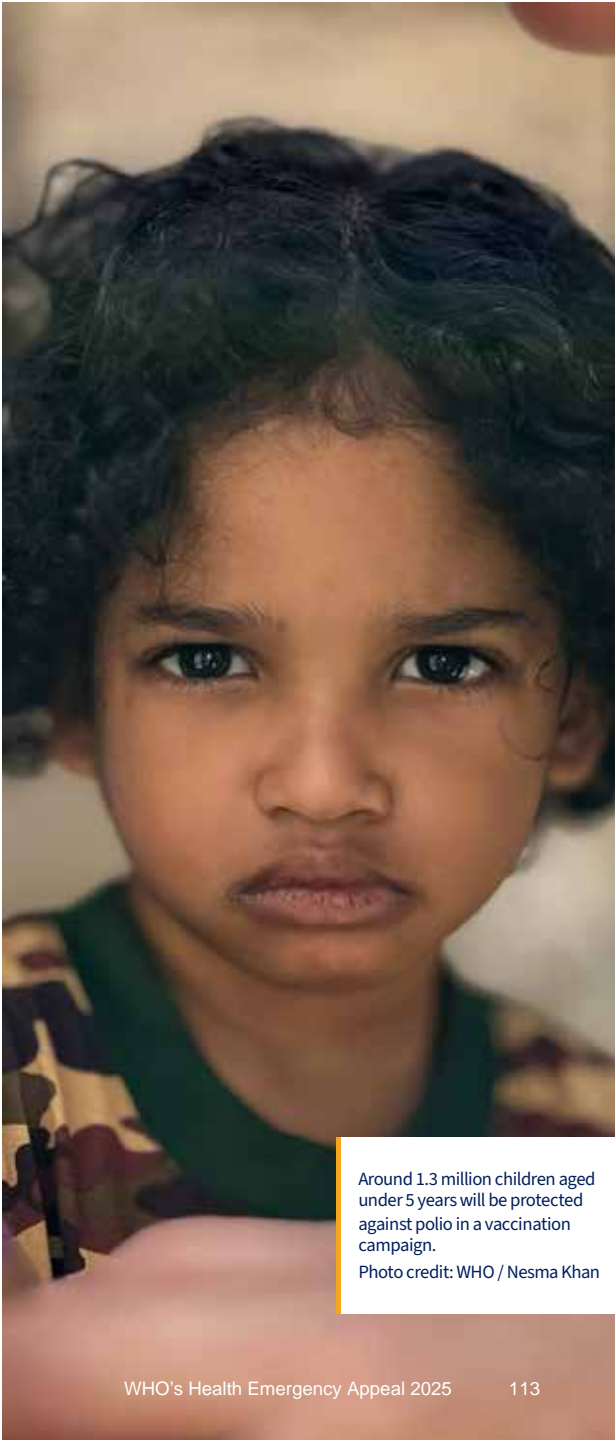
Environmental disasters continue to devastate Yemen, with floods and cyclones displacing populations and damaging infrastructure. In 2023, Cyclone Tej affected 18 000 people, while recent flooding has displaced 900 000 people, caused 400 casualties, and severely damaged critical infrastructure in Hajjah, Hodeida, Taiz, and the West Coast districts.

Escalating regional hostilities, including the Red Sea Situation, have triggered retaliatory airstrikes, disrupted critical imports, and threatened Yemen's fragile health system, further straining an overwhelmed humanitarian response. As of December 2024, Yemen hosts approximately 4.5 million internally displaced persons (IDPs) and 71 816 refugees and asylum seekers, primarily from Somalia and Ethiopia.

The health care system remains severely strained, with only 38% of assessed health facilities partially functioning and 5% completely non-functional. Maternal and newborn services are limited, contributing to high maternal mortality rates. Mental health needs are critical, with 7 million people suffering psychological trauma, though only 120 000 have consistent access to support.

Chronic underfunding of the Yemen Health Cluster, which received just 47.3% (\$118 million out of \$249.5 million) of required funding in 2024, and delays in accessing humanitarian funds hinder the health care system's ability to meet urgent needs. This dire situation underscores the critical need for sustained international support and a coordinated response to address the needs of vulnerable communities.

¹Global Humanitarian Overview 2025 – Figures represent People in Need and People Targeted for overall humanitarian assistance from the Global Humanitarian Overview 2025. Data specific to health assistance will be available following the publication of the Humanitarian Response Plan for this emergency.



Around 1.3 million children aged under 5 years will be protected against polio in a vaccination campaign.
Photo credit: WHO / Nesma Khan

WHO'S STRATEGIC OBJECTIVES

Strengthen disease surveillance and outbreak investigation. Enable timely detection, control, and response to health threats.

Promote risk-informed all-hazard emergency preparedness and response. Anticipate, prepare, and respond to multiple imminent hazards to reduce avoidable illness and deaths.

Strengthen health system capacity across community, primary, and secondary levels. Ensure equitable access to essential and life-saving health services including medicines and medical supplies through the minimum service package (MSP).

Provide strategic leadership and coordination for health partners and stakeholders. Ensure an integrated and efficient multisectoral response to health emergencies.

Advocate for localization to advance Humanitarian-Development-Peace Nexus (HDPNx). Build sustainable and long-term health systems resilience.



WHO's support has been indispensable in addressing significant challenges, particularly resource shortages. Its provision of medical equipment and essential training has significantly enhanced our capacity to care for mothers and newborns. With WHO's support, we are not merely delivering services; we are fostering hope and safety within our community. Each safe delivery we witness reaffirms our mission and underscores the impact we can achieve collectively.

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



A man visits his mother's grave.
Photo credit: WHO / Shatha Al-Eryani

WHO 2025 RESPONSE STRATEGY

WHO plays a central role in addressing Yemen's health challenges by fostering comprehensive risk assessment and contingency planning for various hazards. In 2025, WHO's approach will focus on reinforcing disease surveillance, outbreak investigation and response, expanding access to essential health and nutrition services, improving the water and sanitation situation in health facilities and communities, and ensuring effective emergency response coordination to address immediate needs while building resilience against future crises.

Collaborating with Yemen's Ministry of Public Health and Population (MoPHP), Ministry of Health and Environment (MoHE), and a network of health cluster partners, WHO ensures health services reach the most vulnerable populations affected by ongoing conflict, economic crises, and environmental threats. As the Health Cluster lead, WHO provides strategic guidance to the MoPHP, MoHE, and partners, supporting outbreak investigations and emergency health responses. In 2024, WHO intensified efforts to strengthen Yemen's capacity to manage public health threats, focusing on joint planning, implementation, and monitoring of health, water, sanitation, and hygiene (WASH), and nutrition programs. WHO's work includes the collection and analysis of surveillance data, enabling timely, data-driven decisions for communicable disease outbreak control.

In its role as health cluster lead agency, WHO often acts as a provider of last resort, delivering essential medicines, supplies, and operational support to mobile and static health facilities. WHO has supported the rehabilitation of WASH facilities in key health centers to reduce disease transmission. WHO has also swiftly addressed medicine and supply shortages during flood responses, supporting Health Cluster partners when resources were depleted.

Capacity building is integral to WHO's strategy, focusing on training health workers, enhancing disease surveillance, and strengthening laboratory capacities to improve outbreak detection and response. WHO also aims to bolster Yemen's capacity to mitigate and respond to environmental and manmade crises, such as floods and mass casualty incidents through establishing and integrating Emergency Medical Teams (EMTs), building resilience within the health system and equipping local staff with skills to ensure continuity of care in crises.



Aligned with the Country Cooperations Strategy for WHO Yemen 2024-25, WHO plans to strengthen partnerships with the MoPHP, MoHE, and key stakeholders to achieve sustainable health improvements and emergency preparedness through a multisectoral approach.

By focusing on localization, mental health support, and infrastructure rehabilitation, WHO aims to bridge the gap between humanitarian response and sustainable development, supporting Yemen's long-term health recovery and stability while enhancing resilience against future crises.

OPERATIONAL PRESENCE

WHO's operational presence in Yemen is extensive, with a central country office in Sana'a, a sub-office in Aden, and five hub offices located in Hodeida, Ibb, Marib, Mukalla and Saada to support health interventions nationwide. WHO currently employs 177 personnel in Yemen, comprising 109 staff members, over 55 affiliates, and 13 contractors, deployed across the country for targeted programmatic tasks. The offices in Aden and Hodeida also serve as key logistics hubs, leveraging their strategic locations near seaports and airports to facilitate the swift movement of supplies and personnel, ensuring an effective, localized response and logistical support across Yemen. In addition to supporting WHO's operations, the hub offices also serve as sub-national Health Cluster coordination forums, facilitating partners' interventions, identifying needs and gaps, and enhancing advocacy and resource mobilization.

WORKING WITH PARTNERS

The Health Cluster comprises 52 active partners, including 4 United Nations agencies, 29 international non-governmental organizations (INGOs), 17 national non-governmental organizations (NNGOs) and two observers (International Committee of the Red Cross and Médecins Sans Frontières). WHO serves as the lead agency, coordinating the collective response to address the country's pressing health needs and streamline efforts among partners.



Community health volunteers knock on doors to ensure that health information reaches the households that need it most.
Photo credit: Shatha Al-Eryani



WHO team conducting a field visit in the Malla district to observe the progress of the ongoing polio vaccination campaign.
Photo credit: WHO / Nesma Khan

KEY ACTIVITIES FOR 2025

Strengthen disease surveillance, laboratories and rapid response capabilities by enhancing case investigation, laboratory support and the capacity of rapid response teams to promptly identify, treat and control epidemic-prone disease outbreaks, minimizing public health impacts.

Foster all-hazard risk-assessment and multi-hazard contingency planning for imminent risks including prepositioning essential medicines and supplies in strategic locations.

Procure and distribute essential medicines and medical supplies, ensuring the procurement and distribution (including prepositioning) of essential medicines, medical supplies and equipment to improve emergencies preparedness and response.

Build the technical capacity of health care workers to improve the management of severe cases of communicable diseases, injuries and mass casualties to reduce associated morbidity and mortality including through establishment and integration of EMTs.

Build the capacity of the MoPHP, MoHE and health partners to provide a minimum service package through institutional support, surge capacity support, joint planning, monitoring and review of health programmes.

Deploy mobile medical teams (MMTs) and Emergency Medical Teams (EMTs) to deliver life-saving health care services to hard-to-reach areas and displacement camps, extending access to essential medical care.

Support local health partners with funds and operational support to provide essential and life-saving health services in hard-to-reach and displaced communities.

Rehabilitate WASH facilities in health facilities to improve WASH and infection prevention and control (IPC) practice, reduce transmission of outbreaks, and reduce nosocomial infection.

Scale-up management of severe acute malnutrition (SAM) cases with medical complications among children in underserved areas.

Scale-up routine and campaign-based immunization activities to enhance immunization coverage and control outbreaks of vaccine-preventable diseases among children, including community mobilization.

Scale-up mental health and psychosocial support (MHPSS) services by equipping mental health units in hospitals, supporting health care workers and establishing referral pathways for mental health care.

Scale-up risk communication and community engagement (RCCE) to raise public awareness and promote healthy behaviours.

Strengthen emergency coordination through the establishment and activation of taskforces, technical working groups, incident management systems and emergency operations centres.

Our partnership with WHO has been crucial in supporting health facilities and hospitals across various governorates. This collaboration has significantly contributed to the rapid response to cholera and acute watery diarrhoea outbreaks, as well as addressing emergency health needs. Notably, the WHO's provision of medicines, supplies, and equipment for isolation centres has alleviated patient suffering in health facilities nationwide.

Dr. Suad Al-Maysari, Director General of the National Drug Supply Programme

ACHIEVEMENTS IN 2024

DAILY BATTLES AGAINST DISEASES, POVERTY AND HUNGER



Around 1.3 million children aged under 5 years will be protected against polio in a vaccination campaign.

Photo credit: WHO

Mohamed Khalil, a 2-year-old from Al-Khawkhah in Hodeida, suffers from severe acute malnutrition. His mother, struggling to feed her four children, took him to Al-Saddaqa Hospital in Aden. Despite the hospital providing free milk, medicines and meals, the cost of specialized tests remained a considerable financial burden.

Recent surveys indicate that at the end of 2024, over 220 000 pregnant and breastfeeding women, along with more than 600 000 children, were malnourished in Yemen. This situation is exacerbated by reduced humanitarian aid and national economic decline. Diseases such as cholera and measles, coupled with limited access to safe water and inadequate sanitation, further aggravate the crisis.

Faiza Al-Maktari, a nurse at Saddaqa Hospital, offers hope to families. Her department is overwhelmed by malnourished children from nearby areas. Despite challenges, Faiza remains dedicated, comforting anxious mothers and providing care. “I try to give them hope,” she says. “Sometimes, a little kindness goes a long way.”

WHO is the primary provider of lifesaving services for children suffering from severe acute malnutrition with medical complications in inpatient settings. It assists the Ministry of Health by providing technical capacity building and essential medical supplies. WHO has established over 100 therapeutic feeding centres in high-malnutrition areas to provide lifesaving services where they are needed most. These centres offer round-the-clock care, covering costs for laboratory tests and admission kits, and providing cash support for transportation and meals. As of October 2024, WHO had reached over 22 500 children out of the cluster target for the year.

Faiza dreams of a Yemen where no child goes hungry. She is grateful to help but longs for a future where her work is not desperately needed. Faiza’s resolve is fuelled by the memories of those she has helped and lost, striving to make a difference every day.

FOR MORE INFORMATION

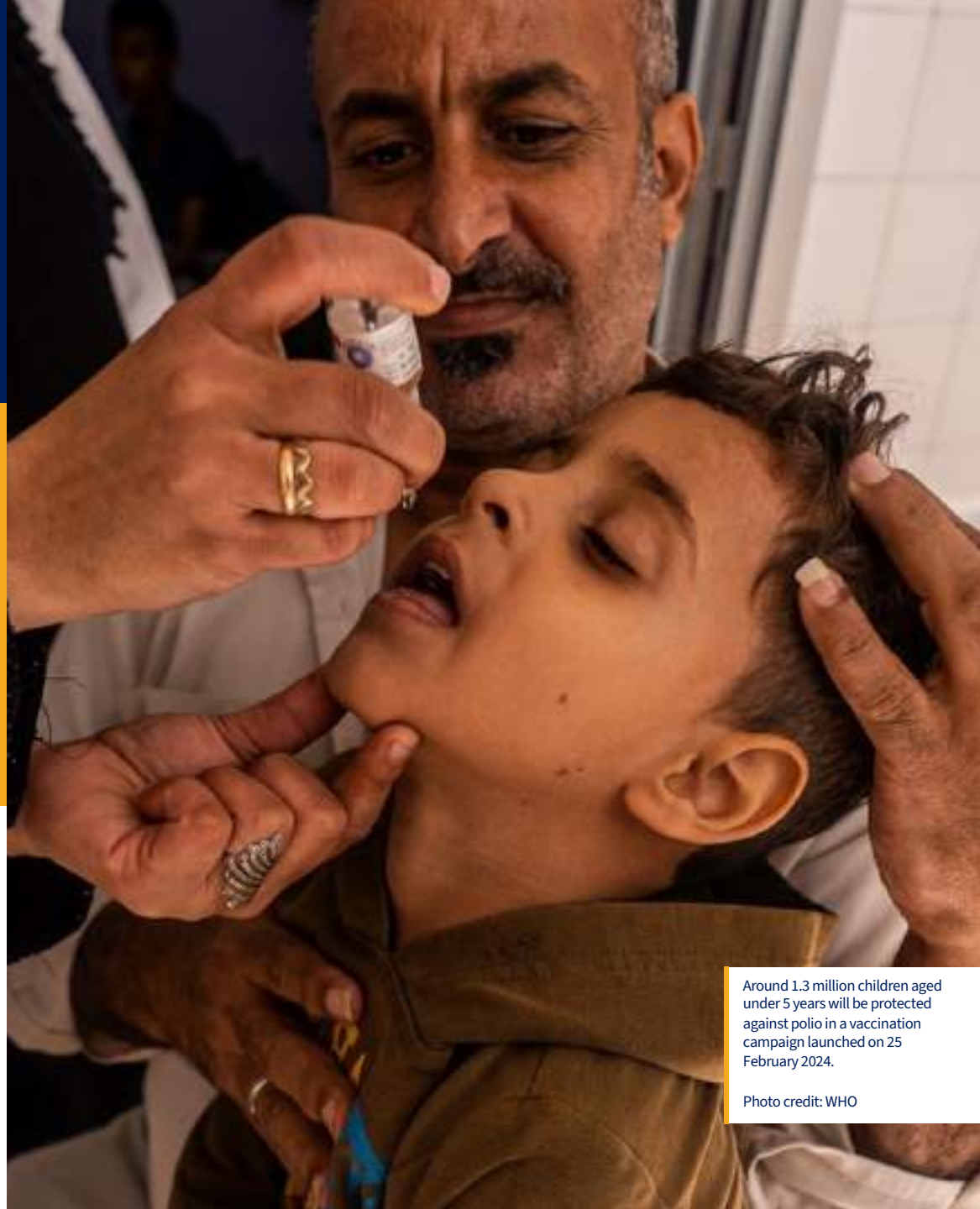
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A campaign to combat mosquito-borne diseases in 6 of Yemen’s governorates after heavy rainfall. Photo credit: WHO / Shatha Al-Eryani



Around 1.3 million children aged under 5 years will be protected against polio in a vaccination campaign launched on 25 February 2024.

Photo credit: WHO

2025 FUNDING REQUIREMENTS

Overall country funding requirements by emergency response pillar (US \$ million).

YEMEN COMPLEX EMERGENCIES	
EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance	9732
Surveillance, case investigation and contact tracing	6672
Diagnostics and testing	3060
Community protection	726
Risk communication and community engagement	170
Infection prevention and control in communities	31
Vaccination	525
Safe and scalable care	39 010
Infection prevention and control in health facilities	34
Case management and therapeutics	4998
Essential health systems and services	33 977
Access to countermeasures	6374
Operational support and logistics	6374
Emergency coordination	1984
Leadership, coordination, PSEAH and monitoring	1984
Grand Total	57 826

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