

A photograph of a man with a mustache, wearing a light-colored jacket, smiling and holding a young girl. The girl has a white bandage on her nose and is wearing a pink patterned shirt. In the background, a medical chart is visible on the wall.

World Health Organization

Global Health Emergency Appeal

2022



World Health
Organization



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2022



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Organization

WHO's Global Health Emergency Appeal, 2022

WHO/2022

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Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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WHO's mandate in emergencies

The WHO Health Emergencies Programme (WHE) is mandated by the Thirteenth General Programme of Work 2019–2023 to promote health, keep the world safe and serve the vulnerable. WHE was launched on 1 July 2016 in accordance with decision WHA69(9) (2016)¹ on the reform of WHO's work in health emergency management, works in collaboration with health partners around the world.

WHO helps Member States build their capacity to manage the risks of outbreaks and emergencies with health consequences. When national capacities are insufficient, WHO assists in leading and coordinating the international health response to contain outbreaks and to provide effective relief and recovery to affected populations.

WHO's values include a commitment to human rights, universality and equity, based on principles set out in WHO's Constitution. The foundation for WHO's work in health emergencies was identified in Article 2 of the WHO Constitution, which charges WHO to "furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments."

When responding to an emergency, WHO fulfills clearly defined functions that reflect its responsibilities under the International Health Regulations (2005). WHO's role in the international humanitarian system, includes leadership and coordination of the Inter-Agency Standing Committee Global Health Cluster and serving as provider of last resort in health emergencies.

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Data for people in need and people targeted aligns with the Global Humanitarian Overview 2022, unless otherwise stated.

Cover photo:

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A father with his daughter at the Alzobiri Medical Complex in Sana'a, Yemen in November 2021. An entire floor of the complex is used as a WHO-supported therapeutic feeding centre for infants and children admitted with severe acute malnutrition. There are 92 WHO-supported therapeutic feeding centres in Yemen.

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FOREWORD

Every day, millions of people in humanitarian and emergency situations face serious threats to their health and livelihoods. WHO's unique global reach, technical expertise, and broad range of partnerships give us the ability to respond rapidly and at scale, moving people, resources and supplies to where they are needed the most.

In health emergencies, WHO often serves as both a first responder and a provider of last resort for the world's most vulnerable people, from Ebola outbreaks in Africa to maintaining essential health services in Afghanistan and Syria. In 2021, WHO responded to 76 health emergencies, including eight Grade 3, protracted emergencies, all compounded by the COVID-19 pandemic.

2022 is shaping up to be our most challenging year yet. COVID-19 cases continue to surge, fueled by newly emerging variants and persistent vaccine inequity, in addition to ongoing and new conflicts. This severely impacts health systems worldwide, particularly in countries or regions dealing with humanitarian crises.

These increasingly multidimensional crises demand more complex responses and greater resources. For the first time in WHO's history, we are now launching a single consolidated appeal, which includes an overview of emergency and humanitarian health needs and financial requirements for every WHO region in 2022.

Two years of COVID-19 have stretched health systems, societies and supply chains, leaving vulnerable communities with less capacity to cope. The world is witnessing a significant increase in the number of people requiring humanitarian assistance – up from 235 million in 2021 to 274 million in 2022.

Over 80% of WHO's emergency response funding in 2021 was allocated at country level, to focus our efforts on high-impact work at low cost. But even with emergency assistance, the populations affected by health crises continue to grow. It is already increasingly likely that WHO will respond to more health emergencies this year than in 2021. WHO's role as a leader and partner in response to acute and protracted health emergencies will be more important than ever.

WHO remains fully focused on delivering the health-related Sustainable Development Goals and committed to collaborating with all partners to advance measures for protection against sexual exploitation, abuse and harassment in all operations.

Even in these very challenging times, WHO has demonstrated the capacity and expertise to save lives and serve those in vulnerable situations. My colleagues and I remain completely committed to working for a healthier and safer future for all people.

Dr Tedros Adhanom Ghebreyesus

WHO Director-General



On 20 September 2021, WHO Director-General Dr Tedros Adhanom Ghebreyesus speaks to hospital staff at the Wazir Mohammad Akbar Khan National Hospital in Kabul, Afghanistan.
© WHO / Lindsay Mackenzie



I. OVERVIEW

SNAPSHOT

WHO NEEDS US\$ 2.7 BILLION IN 2022 TO HELP PROTECT PEOPLE AROUND THE WORLD FROM URGENT EMERGENCY AND HUMANITARIAN HEALTH NEEDS, INCLUDING THE COVID-19 RESPONSE.

WHO's Global Health Emergency Appeal for 2022 helps ensure that one billion people will be better protected from health emergencies. This new annual appeal covers WHO's requirements to meet urgent emergency and humanitarian health needs for every region, including COVID-19 response.

Ever present, ever ready

People targeted
by health cluster
assistance:
160 million
across **56**
countries



- **When a health crisis strikes WHO is already on the ground as a continuous presence, ready to scale up operations and stay the course in 152 countries.** Every day WHO works in countries affected by conflict and other fragile settings, helping ensure that one outbreak does not become a cascade of progressively disastrous health impacts within the community and across nations. In 2021, WHO responded to 76 health emergencies, including multiple major protracted crises, as in Yemen, and large disease outbreaks such as Ebola.



- **WHO supports fast and effective response to health emergencies through strong partnerships.** WHO leads the Inter-Agency Standing Committee's Global Health Cluster and the global COVID-19 response including Access to COVID-19 Tools Accelerator (ACT-A), which continues to exacerbate health emergencies and strain resources.

Partners:
900 national and
international
partners



- **New diseases and their threats are continuously monitored, verified, and analyzed by WHO.** This enables a rapid response to contain health emergencies, and the ability to accelerate research and development of safe and effective counter measures.



- **WHO builds the resilience and readiness of communities and health systems against all hazards that can contribute to health emergencies.** This includes actions which help to mitigate the health risks from all hazards associated with disasters, climate change, infodemics, and fragile and conflict settings.



The Rzeszow train station in southeastern Poland was converted into a reception centre for refugees from Ukraine in March 2022. The overwhelming majority of Ukrainian refugees are women and children. The arriving refugees require specific healthcare, such as treatment for chronic conditions, psychological support and maternal and child health. © WHO / Uka Borregaard

WHO's commitments to those we serve

WHO works tirelessly to protect those in vulnerable situations. All WHO's humanitarian operations are guided by activities and interventions working to build resilient communities, ensure gender equality, and safeguard vulnerable populations.

Leading coordinated health actions to save lives

A global network of partners support emergency health prevention, detection and response. WHO is at the centre of the global health architecture, working with over 1600 technical and operational partner institutions to respond to health emergencies.



In 2022, WHO will prioritise the development of public health tools, stronger partnerships and analytics.

Resilient health systems prepared to respond to emergencies. WHO supports countries to strengthen community-level resilience and response capacities for emergency and disaster risk management.



This year, WHO will continue to strengthen national health emergency preparedness and response and improve access to vaccines, diagnostics and therapeutics.

A global pool of experts, teams, and partners ready for rapid deployment in response to health emergencies. WHO-led initiatives help ensure the global health emergency workforce is in place around the world.



WHO will prioritize the adequate funding, safety and capacity of the global health workforce, increasing the capacities for health emergency detection and response.

Rapid, flexible, and predictable logistics, ensure life-saving services and supplies are provided during health emergencies. WHO delivers comprehensive and coordinated field operations and logistics support, providing critical supplies and expertise on emergency response.



Technical health logistics capacity will be strengthened in 2022, including through the Global Logistics Centre for Emergencies.

Public health threats tracked and monitored every day. WHO is poised to rapidly respond to disease outbreaks and health emergencies through early warning systems that detect and verify hundreds of health emergencies and disasters.



In 2022, WHO will focus on even greater prevention, detection and response capacities. Robust surveillance systems and strategic information hubs will continue to be developed.

Research, science and innovation guiding coordinated action. The unique ability of WHO to conduct and catalyze rapid research ensures that knowledge is a critical lever for authoritative, accessible and evidence-based whole-of-society response to health emergencies.



WHO will strengthen the partnerships that translate knowledge into action, continuing to generate high quality evidence and information sharing.

Reaching people in vulnerable settings and marginalized populations

WHO will coordinate global networks and community of practices that help reach more vulnerable and marginalized populations and translate WHO guidance and the evolving COVID-19 science and knowledge to meaningful actions. This year, WHO will establish priority actions with faith and religions leaders, youth network, the world of work, fact-checking organizations and the infodemic managers community of practice to establish trust and understanding how the pandemic is affecting their life and what we can do collectively to support each other.



A working session on universal health coverage at Banadir Hospital in Mogadishu, Somalia in April 2021. © WHO / Ismail Taxta



Responding to the COVID-19 pandemic

- **Applying science to find evidence-based solutions to COVID-19.** For the past two years, WHO has been at the forefront of an unprecedented global effort to better understand the threat posed by the COVID-19 virus through science and research.

PRIORITY In 2022, WHO will continue its commitment to end the pandemic through science, solutions and solidarity.

- **Ending inequality to end the pandemic.** WHO continues to push for the equitable distribution of resources that enable every country to protect itself.

PRIORITY WHO will keep working with every partner, from governments, industry and academia to the most marginalized communities, to save lives and protect the most vulnerable.

- **Turning vaccines into vaccinations.** The work of WHO helps to ensure that vaccines are translated into vaccination around the world – saving lives, preventing disease, and protecting societies and economies.

PRIORITY Together with partners in ACT-A, WHO will go further and faster in 2022 to accelerate access to vaccines and ensure vaccine manufacturing is ready for potential pandemics in the future.

- **Increasing tests to boost public health and monitor variants.** Intense work with a range of partners continues to ensure identification of cases, rapid response and treatment.

PRIORITY WHO will continue to advance testing rates in low-income countries and strengthen laboratory systems and capacities.

- **Ensuring access to safe and quality clinical care.** Together with partners WHO works to ensure that patients, wherever they are in the world, have access to safe and quality clinical care, information and therapeutics.

PRIORITY Work will continue on equitable access and with experts to provide COVID-19 clinical guidance, ensuring cutting edge global researches those on the ground.

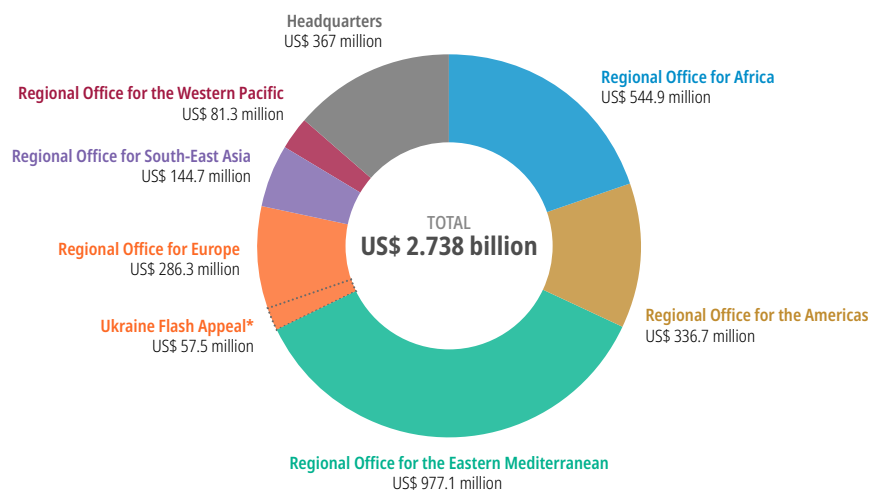
- **Protecting health workers and health systems.** WHO works to build resilience for essential health services and the global health workforce, providing protective equipment, boosting infrastructure improvements, supporting infection control and providing training.

PRIORITY In 2022, WHO will focus on ensuring that health systems have the capacity to use COVID-19 tools effectively providing direct technical, operational, and financial support.

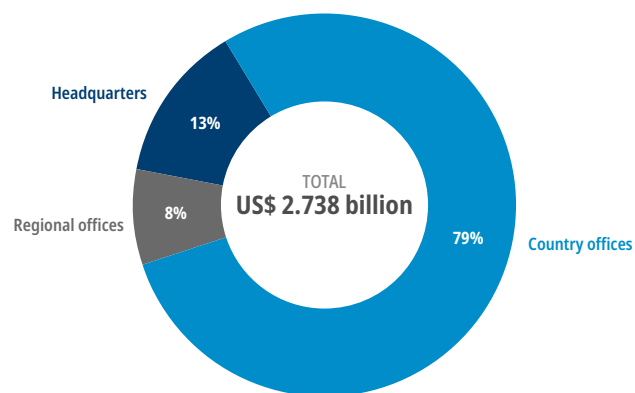
On 27 June 2021, Honduras received 1.5 million doses of Moderna COVID-19 vaccines donated by the United States through the COVAX Mechanism. Honduras was the first of at least 14 countries in Latin America and the Caribbean to receive doses as part of this effort. © PAHO / WHO

Financial requirements in 2022

Overall funding requirements broken down by major office



Overall funding requirements broken down by level

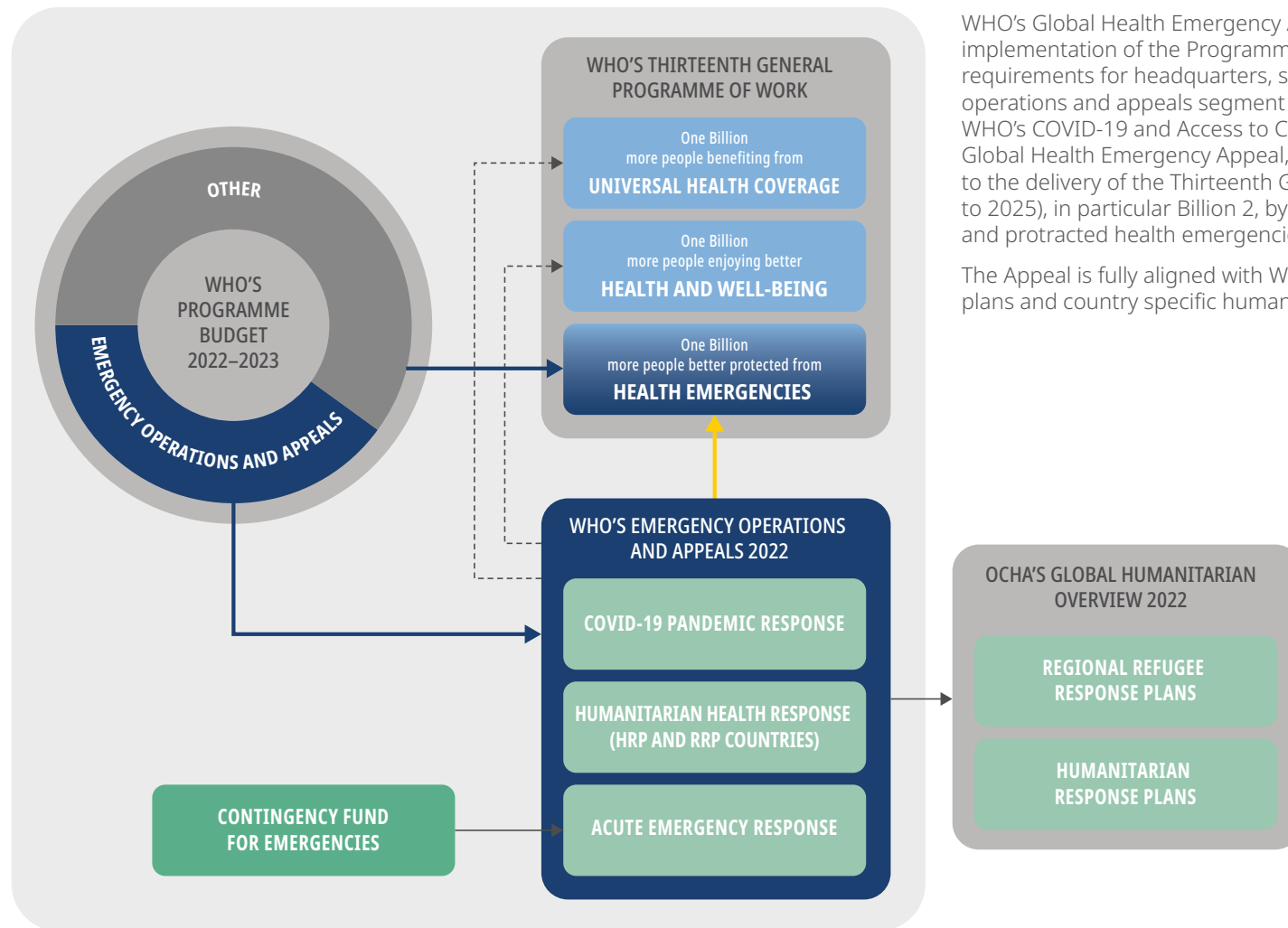


Overall funding requirements for all Grade 3 emergencies (US\$ million)

Emergency	Total
Ukraine Flash Appeal*	57.5
Global COVID-19	1596.1
Afghanistan Complex Emergencies	134.0
Northern Tigray Humanitarian Response	36.8
Syrian Arab Republic Complex Emergencies	181.8
Nigeria Humanitarian Crisis	20.4
Somalia Complex Emergencies	4.6
South Sudan Humanitarian Crisis	11.5
Yemen Complex Emergencies	109.0
Other graded emergencies and ongoing operations	524.4
Contingency, readiness, and prevention of future emergencies	61.9
Total	2738.0

* Flash Appeal for Ukraine and neighbouring countries covers WHO's funding requirements for 3 months March 2022 – June 2022.

Contextualizing WHO's Global Health Emergency Appeal for 2022



WHO's Global Health Emergency Appeal for 2022 is central to the Organization's implementation of the Programme Budget. It represents the full annual financial requirements for headquarters, six regions, and 24 countries for the emergency operations and appeals segment of the Programme Budget, including requirements for WHO's COVID-19 and Access to COVID-19 Tools Accelerator (ACT-A) response. As such, WHO's Global Health Emergency Appeal, as it is financed and implemented, will directly contribute to the delivery of the Thirteenth General Programme of Work 2019-2023 (now extended to 2025), in particular Billion 2, by better protecting vulnerable populations from acute and protracted health emergencies.

The Appeal is fully aligned with WHO's role in delivering on OCHA-led regional response plans and country specific humanitarian response plans.

EVER PRESENT, EVER READY

First responder and provider of last resort



When a health crisis strikes, WHO is on the ground ready to respond, scale as needed and stays the course. In 2020, WHO responded to 116 emergencies in 194 countries, territories and areas, including 60 graded emergencies. Many of these were simultaneous and in multiple locations around the world. In 2021, WHO responded to 76 graded emergencies, including multiple major protracted crises. One of these was the COVID-19 pandemic, with over 360 million cases and more than 5.5 million deaths reported – although the true toll is much higher. COVID-19 also continues to exacerbate other health emergencies. Resources globally are strained, and are often diverted from other critical areas to respond to COVID-19. The needs, expectations and responsibilities of Member States have changed. In turn, so have the financial costs of ensuring that all health emergencies are responded to efficiently and effectively to save lives and reduce human suffering.

From “unseen” outbreaks that are contained and do not make headlines, such as cholera in Nigeria, to the fast mobilization of Ebola response teams in the Democratic Republic of the Congo and tackling the ongoing COVID-19 pandemic, WHO is a first responder and a provider of last resort while also supporting countries to be better prepared by strengthening the resilience, readiness and response of communities and health systems to all hazards that can result in health emergencies.

A global footprint



With 194 Member States and 152 country offices, WHO is the only global health agency with such a broad global reach. In the past decade, disease outbreaks have increased steadily in frequency throughout our globally connected world. High-impact, recurrent outbreaks, such as cholera, yellow fever, meningitis and viral haemorrhagic fevers, occur predominantly in countries of conflict or fragile settings. Outbreaks can escalate rapidly, potentially spreading across national borders before the outbreak is even confirmed. WHO verifies threats, responds rapidly and scales-up health emergency responses, enabling countries to contain outbreaks and provide medical treatment to those affected while also maintaining existing health care systems. This is critical to ensuring that one outbreak does not become a cascade of progressively disastrous health impacts within the community – or throughout and across nations. In public health crises, countries look to WHO to support national responses. WHO convenes partners to support national priorities at the country level.

Anticipating the next emergency



WHO's Health Emergencies Programme monitors high-threat diseases on an ongoing basis. In doing so, WHO aims to identify hot spots for disease emergence or re-emergence, to work with communities and ministries to rapidly detect, prevent and respond to outbreaks before they become epidemics, to limit the risk of animal-to-human transmission and to guide public health decision-making.

All day, every day, an integrated and complex global surveillance system detects public health alerts, which the WHO Health Emergencies Programme verifies, analyzes and investigates. Over 7000 public health threat signals are detected every month, about 0.5% of which result in a formal field investigation and risk assessment. WHO has also begun to implement new mechanisms for future emergencies. To strengthen pandemic preparedness, WHO has established pathfinding initiatives, including the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, the WHO Bio Hub System and the Universal Health and Preparedness Review. These will allow WHO to more rapidly detect signals and provide faster mechanisms to share critical biological samples, leading to both a more rapid response to contain health emergencies, and the accelerated research and development of safe and effective counter measures.

WHO's tailor made approaches driving impact at country level

WHO seeks to drive country-level public health impact through differentiated approaches tailored to the country's capacities, vulnerabilities, and needs. The four different types of cooperation are: policy dialogue to develop systems of the future; strategic support to build high-performing systems; technical assistance to build national institutions; and service delivery to fill critical gaps in emergencies. As country contexts are complex and continuously changing, WHO's differentiated approaches to cooperation with Member States are not mutually exclusive. Based on their specific needs, countries may adopt all the four types of support or a selected set that is relevant to their specific contexts.

Differentiated approaches by region*

Differentiated approach	African Region	Americas Region	Eastern Mediterranean Region	European Region	South-East Asia Region	Western Pacific Region	Global
Policy dialogue	41 (87%)	23 (85%)	16 (89%)	28 (90%)	9 (82%)	15 (100%)	132 (89%)
Strategic support	43 (91%)	25 (93%)	18 (100%)	26 (84%)	10 (91%)	13 (87%)	135 (91%)
Technical assistance	46 (98%)	23 (85%)	17 (94%)	29 (94%)	9 (82%)	14 (93%)	138 (93%)
Service delivery	29 (62%)	7 (26%)	11 (61%)	7 (23%)	5 (45%)	4 (27%)	63 (42%)

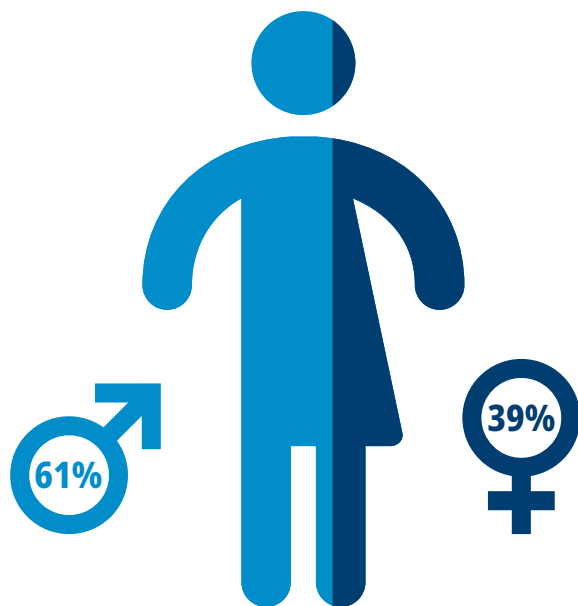
Note: Percentages are out of number of WHO country offices in the respective regions.

*WHO's Western Pacific Region has 15 country offices across the Region: 11 WHO representative offices and 4 country liaison offices. Together with the Regional Office, 15 country offices support 37 countries and areas.

WHO staff working on health emergencies

WHO Region	International	National	Total
Africa	34	77.8	111.8
Americas	11	2.1	13.1
Eastern Mediterranean	40.1	91	131.1
Europe	4	17.8	21.8
South-East Asia	7.25	8.5	15.75
Western Pacific	8.5	9.5	18
Total	104.85	206.7	311.55

Gender distribution of total WHO international professional staff at the country level (representing a 33% increase from 2015)



WHO is uniquely positioned to respond to emergencies, often within 24 hours or less. WHO Vanuatu supported rapid repairs for damaged health facilities through procurement, transportation and safe storage of materials following a tropical cyclone in Vanuatu. © WHO / Philippe Metois

Grade 3 emergency in Ethiopia triggers Incident Management System Team (IMST)

The conflict in Northern Ethiopia was classified as a Grade 3 emergency in April 2021, triggering a full Incident Management System Team to be convened. The team provides support at regional and country levels, where major WHO response is needed and ensures that actions are implemented on time. They also monitor response performance, propose corrective actions if needed and mobilize human and technical resources. WHO headquarters is also instrumental in mobilizing assets to fulfill WHO's core commitments in emergency response.

Building resilience to hazards in a changing world

Climate change multiplies pre-existing threats to health.



Ecological degradation, increased conflict over resources, mass population movement and displacement, flooding, droughts and other extreme weather events are creating new humanitarian needs and increasing the frequency and severity of health emergencies.

WHO helps countries to strengthen the resilience, readiness and response of communities and health systems to all hazards that can result in health emergencies. Disaster and climate risk response planning integrates a whole-of-society approach in fragile, conflict-affected and vulnerable settings. WHO will continue to institutionalize strategic risk and vulnerability assessments of priority hazards in all countries, particularly in fragile, conflict-affected and vulnerable settings. Support will be offered to the development of national emergency response operations plans in priority countries. Health facility preparedness and readiness will be strengthened in fragile health systems to ensure uninterrupted health service delivery during emergencies.

WHO grading of public health events and emergencies

Grading is an internal activation procedure that triggers WHO emergency procedures and activities for the management of the response. The grading assigned to an acute emergency indicates the level of operational response required by WHO for that emergency.

A Grade 3 emergency is defined as: single country or multiple country emergency, requiring a major/maximal WHO response.

WHO CONTINGENCY FUND FOR EMERGENCIES: A critical investment in global health security

Enabling a swift response

Public health emergencies are increasing and can escalate rapidly within and beyond borders. The ability to respond quickly can make the difference between mitigating impact and minimizing loss of life or seeing health emergencies spiral out of control, inflicting a heavy humanitarian toll on people's lives and well-being. WHO's Contingency Fund for Emergencies (CFE) was created to save time, resources and lives by enabling WHO to respond rapidly to disease outbreaks and health emergencies, often in 24 hours or less.

The CFE's speed and flexibility set it apart from other funding sources used in response to health emergencies. WHO country teams can quickly access this internal financing mechanism to support relevant government ministries and other partners in affected countries to undertake rapid assessments, mobilize response teams, support the deployment of emergency supplies and coordinate and engage in the immediate response. The CFE has helped transform WHO into a first responder in health crises, enabling it to fulfil its vision to protect people in emergencies and keep the world safe.

The CFE relies entirely on the generous support of WHO Member State governments and other contributors who recognize WHO's critical role in crisis response and understand that, in an emergency, every hour counts.

WHO on-call 24/7 for emergency response

WHO tracks hundreds of public health threats every year, any one of which can become a national, regional or global emergency. At the beginning of 2022, WHO was responding to no less than 74 graded emergencies, including major protracted crises. With the CFE and other resources, WHO country teams around the world are ready to support affected governments to respond to disease outbreaks and other health emergencies.

US\$ 227 million in allocations (2015–2021)

53 countries and territories across all WHO regions

130 emergencies

77 disease outbreaks

27 complex humanitarian crises

26 natural and other disasters



Ebola outbreak in Guinea

The immediate availability of CFE funds at the onset of the Ebola outbreak in Guinea in February 2021 allowed WHO to support national health authorities to contain the outbreak through rapid redeployment of experts and resources.

WHO helped ship around 24 000 Ebola vaccine doses and supported the vaccination of nearly 11 000 people at high risk, including over 2800 frontline workers. More than 100 WHO experts were on the ground coordinating key aspects of the response, such as infection prevention and control, disease surveillance, testing, vaccination and treatment using new drugs. Collaboration with communities was also enhanced to raise awareness about the virus and ensure their involvement and ownership of the efforts to curb the disease.

WHO continues to support Guinea in its efforts to remain vigilant, maintain surveillance and build capacity to respond quickly to a possible resurgence of the virus. An Ebola laboratory, treatment infrastructure, logistics capacity and infection prevention measures have been reinforced to better respond to the disease as well as other health emergencies.

© WHO / Ahmad Jallanzo

LEADING COORDINATED HEALTH ACTIONS TO SAVE LIVES

Coordination

No organization can respond to a health emergency alone. WHO is at the centre of global health architecture, and works with its global network of over 1600 technical and operational partner institutions when responding to health emergencies and supporting better preparedness, prevention, detection and response.¹ WHO leads the United Nations Global Health Cluster, a critical platform which galvanizes and coordinates the capacities of over 900 country and global level health partners. Close work with other partners, through WHO's Global Outbreak Alert and Response Network and Standby Partnership Programme, also helps to meet the complex needs of crises affected populations through timely and effective action.

WHO works with numerous alliances of local, national, regional and global partners to facilitate effective and efficient responses. The ongoing COVID-19 response demonstrates WHO's key role in synthesizing scientific evidence and providing recommendations for newly emerging threats. The crucial partnerships between WHO and donors underpin every action WHO takes, as well as every programme and initiative WHO provides.

WHO's priorities for 2022 include:

- Work with global and local partners to achieve better health outcomes.
- Conduct rapid risk assessments and implement interventions.
- Strengthen decision-making through holistic and integrated outbreak analytics.

Supporting the health sector

As the Inter-Agency Standing Committee Health Cluster lead, WHO encourages donors to contribute to the health sector as a whole, ensuring timely outbreak crisis and response activities of all health partners.

The number of people in need continues to rise at an alarming rate. In 2022, 274 million people will need humanitarian assistance and protection.

The United Nations and partner organizations aim to assist 183 million people most in need across 63 countries, which will require US\$ 41 billion.

[Global Humanitarian Overview 2022](#)

Emergency Operations Centres (EOCs)

Seamless, rapid, active, and actionable multi-sectoral information flow is crucial throughout the public health emergency management cycle. As a cross-cutting function within the WHO Health Emergencies Programme, the Emergency Operations Centre provides a common operating platform for information sharing and coordination of emergency operations. WHO works with Member States to strengthen the global network of Emergency Operations Centres to enhance partnership for preparedness and response. For example, in the 2014–2016 Ebola outbreak, Nigeria's rapid actions in containing the virus in Africa was attributed to an early established Centre that was set up for the 2012 polio eradication programme. The on-scene adaptation to local circumstances facilitated the containment of the outbreak with streamlined actions, limiting social and economic disruptions.



WHO worked with partners to provide emergency health support in Cox's Bazar, Bangladesh

WHO and partners supported COVID-19 preparedness and response for Rohingya refugees and host communities in Cox's Bazar, Bangladesh. WHO mobilized partners to establish over 1000 beds in and around the camps for treatment of severe cases of COVID-19. WHO also assisted the Institute of Epidemiology Disease Control And Research Field Laboratory to increase COVID-19 testing capacity from around 100 tests per day to over 1500 per day. In addition, WHO and partners enhanced the disease surveillance system, strengthened contact tracing, trained health workers on infection prevention and control and delivered essential health supplies.

© WHO / Fabeha Monir

Integrated Outbreak Analytics Partnership (IOA)

IOA is a nucleus within the Global Outbreak, Alert and Response Network that applies a multidisciplinary approach to understanding outbreak dynamics. IOA embraces a holistic perspective of outbreak dynamics throughout: from research questions to data collected or accessed, to interpretation of results and recommendations that follow. In addition, IOA promotes co-development of evidence-informed recommendations with Ministries of Health.

¹ WHE Annual Report 2018



Readiness and resilience of health systems

Public health emergencies can devastate health systems. The COVID-19 pandemic has hit populations in situations of fragility, conflict, violence and other vulnerabilities particularly hard. This has been especially challenging for people who depend on the informal sector for survival and communities already exposed to other threats, including natural hazards and the impact of climate change. COVID-19 has resulted in other adverse effects, further increasing the barriers to access for essential health services and reducing vital socioeconomic safety nets. This is a particular threat for the estimated 25% of the global population living in settings of fragility, conflict, violence and other vulnerable environments. Health systems in these settings were struggling to meet basic needs even before the pandemic. COVID-19 then severely impacted the operational readiness of health systems worldwide, dealing a considerable blow to operating budgets and the ability to maintain the minimum stock levels of essential commodities for HIV, tuberculosis and malaria.² In addition, infant immunization coverage in 2020 dropped to 2009 levels, leaving 3.7 million more children unvaccinated or under-vaccinated than in 2019: almost all were zero-dose children.

Emergency supplies arrive in Afghanistan

In August 2021, WHO's Dubai Logistics Hub dispatched a delivery of WHO medicines and health supplies to Afghanistan – the first air shipment of medical supplies to arrive in Kabul since the situation escalated. The 12.5 metric tonnes of supplies included trauma kits and interagency emergency health kits, enough to support the basic health needs of more than 200 000 people, provide 3500 surgical procedures and treat 6500 trauma patients. The supplies were delivered to 40 health facilities in 29 provinces. As of 1 February 2022, 27 cargo flights have delivered 500 metric tonnes of essential medical supplies to Afghanistan, with a total value of US\$ 7 million.

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WHO's priorities for 2022 include:

- Strengthen national health emergency preparedness and response systems.
- Strengthen operational readiness capacity.
- Improving access to essential vaccines, diagnostics and therapeutics with a special focus on zero-dose children, in line with Immunization Agenda 2030.
- Ensuring health systems are more resilient, particularly in fragile and conflict settings.
- Intensifying efforts to eradicate all remaining strains of circulating vaccine-derived poliovirus type 2 while continuing to transition the assets, functions and expertise established by the polio programme to benefit broader public health efforts (e.g., COVID-19) and ensure longer-term sustainability.
- Support countries in integrating biological hazards (health emergencies) in national disaster risk management policies.

The COVID-19 pandemic has hit populations in situations of fragility, conflict, violence, and other vulnerabilities particularly hard. WHO works tirelessly in these settings to make health systems more resilient.

² <https://gho.unocha.org/trends/health-services-most-vulnerable-have-been-severely-impacted>

Global health emergency workforce

WHO-led initiatives support a global pool of experts, teams and local and international partners, who can be deployed to respond rapidly to health emergencies across the world. The Global Outbreak Alert and Response Network, Emergency Medical Teams, Standby Partnerships Programme and the Global Health Cluster are all key WHO initiatives, helping ensure a global health emergency workforce is in place to respond when needed.

WHO's training, learning and knowledge sharing platforms have helped to strengthen workforce capacity and readiness at country level, often in real time during emergencies. This work continues to be prioritized through initiatives including [OpenWHO](#) – an online learning platform to improve health emergency response, and the [WHO Academy](#) – a state-of-the-art lifelong learning centre, bringing the very latest innovations in adult learning to global health. Safety of the global health emergency workforce is critical. WHO works to prevent the spread of infections during health care delivery to prevent health facilities from amplifying the disease, protect health workers and patients, and maintain safe essential health services.

Responses to the COVID-19 pandemic have further exacerbated unmet mental health needs. Last year, experts in mental health and psychosocial support were deployed to support scaling up services in 18 countries and territories in response to public health and humanitarian emergencies. WHO is also supporting many countries to expand access to mental health and psychosocial support services, including in Bangladesh, Jordan, Paraguay, Philippines, Ukraine and Zimbabwe.

WHO's priorities for 2022 include:

- Increase supply of predictable and embedded standing capacity for health emergency surveillance, alert, case investigation, and other functional capacities.
- Address the gaps created in funding and human resources, and ensure the polio eradication workforce is adequately funded to support the COVID-19 response.
- Ensure that responders and the health workforce have sufficient, effective and sustained access to infection prevention and control measures and supplies as well as skills and tools to effectively respond to infodemics during emergencies.
- Increase access to necessary and appropriate emergency health working conditions, remuneration, hazard pay, education and training, and mental health and psychosocial support.
- Assess the impact of attacks on health care delivery, and document best practices.



A doctor works in the parasitology laboratory of the Alonso Suazo Health Centre, the largest in the Honduran capital, where she is responsible for the surveillance of pneumococcal, meningococcal pneumonia, and rotavirus vaccines. © PAHO / WHO



Polio eradication workforce the backbone of the COVID-19 response and vaccine roll-out

The polio workforce has been engaged in COVID-19 vaccination and immunization recovery efforts, demonstrating again the value of this workforce for broader public health. According to real-time data collected in the African Region, more than 467 polio workers have been engaged in COVID-19 vaccination activities across 33 countries. In the South-East Asia Region, the integrated polio and immunization surveillance networks have taken on key roles in COVID-19 vaccination guideline development, cold chain management, training of health workers and the facilitation of real-time reporting and data management during campaigns. In the Eastern Mediterranean Region, polio personnel have been involved in a wide range of activities, such as recruiting vaccinators, developing microplans and conducting surveillance for adverse events following COVID-19 vaccination.

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Operations support and logistics

WHO delivers rapid, flexible and predictable logistics to ensure that life-saving services and supplies are provided to populations experiencing health emergencies.

This includes comprehensive and coordinated field operations and logistics support, end-to-end supply chain management to provide critical supplies to countries across all WHO regions, and technical guidance and expertise on emergency response logistics. WHO's Operations Support and Logistics team includes first response, coordination and last resort response capacity. Key tactics include integrating technical guidance with operations, consolidating demand and allocation, coordinating purchasing across partners' operations, and streamlining deliveries, which enable flexibility, speed and agility.

WHO's priorities for 2022 include:

- Strengthen technical health logistics capacity, including technical guidance for biomedical equipment, laboratory equipment, operational support packages and quality assurance.
- Ensure coordinated strategies for disease outbreak response and field operations, deploy personnel as necessary and support increase of operational capacities at country level.
- Position and strengthen the Dubai Logistics Hub as WHO's critical centre for emergency supply preparedness and response operations.
- Establish a forecasting, demand and analysis unit that manages development of data sharing protocols, data repositories, analytical tools and data platforms for supply chain operations and market intelligence.

WHO's Health Emergencies Programme is poised to respond to disease outbreaks and other health emergencies at any time.



Global logistics centre for health emergencies

WHO continues to strengthen and expand its dedicated strategic global health supplies hub in the International Humanitarian City in Dubai, United Arab Emirates. The Global Logistics Centre for Emergencies will serve as one of the world's leading health emergency response and services centres, implementing complex supply chain, stockpiling and logistical operations. It has played a critical role in the COVID-19 response and ongoing humanitarian crisis, supporting over 120 countries across all six WHO regions whilst expanding from an initial 2500 square metres to more than 20 000 square metres today, including a state-of-the-art cold chain facility.

© WHO / Natalie Naccache

Early warning and new capabilities to detect and verify health emergencies

WHO tracks hundreds of public health threats every year, any one of which can escalate from a local threat to a national, regional or global emergency. WHO's Health Emergencies Programme is poised to respond to disease outbreaks and other health emergencies at any time. The speed and accuracy with which threats are identified and verified determines the speed and accuracy with which WHO can take appropriate action to save lives and reduce outbreak impacts. Critical tools for success include the Early Warning Alert and Response System, which is designed to improve disease outbreak detection in emergency settings. [The Public Health Emergency Operations Centres Network](#) also helps strengthen collaboration and coordination between centres and response partners. Further mitigation of public health emergencies is aided by [Epidemic Intelligence from Open Sources](#), which connects experts around the world, providing them with the best possible solutions to detect, contextualize, analyse, assess and share information for quick, evidence-based action.

WHO's priorities for 2022 include

- Co-develop with FAO, OIE and UNEP integrated OneHealth disease surveillance systems for Emerging Infectious Diseases based on up-to-date data that encompasses the interface of human, animal, and environmental health.
- Strengthen linkages to regional and national emergency operations centres and networks, to enable these centres to function as major strategic information hubs, and strengthen health information management systems and enhance surveillance systems.
- Help countries to better prepare for, prevent, detect and respond to health risks by integrating communities into the detection and response system.

- Conduct risk assessments to identify the public health threats faced by emergency-affected populations, and conduct operational and emergency support missions.
- Provide support for training and programme implementation, and implement innovative decision-making tools to shift from a reactive to a proactive approach to prepare for and address infectious threats.

The speed and accuracy with which threats are identified and verified determines the speed and accuracy with which WHO can take appropriate action to save lives and reduce outbreak impacts.

Sudan protects people against yellow fever

Sudan is at a high risk of yellow fever outbreaks due to climatic and ecological factors, and low population immunity. In 2021, as per WHO recommendations for all endemic countries, and with the support of the global strategy to eliminate yellow fever epidemics – EYE Strategy (a partnership between WHO, Gavi, the Vaccine Alliance, and UNICEF) – Sudan now includes yellow fever in the routine immunization schedule. Sudan also works to protect displaced people from neighbouring countries. This has been achieved despite the ongoing challenges of COVID-19 and other political factors. Sudan has also implemented catch-up campaigns for people who may have missed childhood immunization with 89%–97% coverage.



WHO responded to suspected cases of plague in Madagascar

On 29 August 2021, the Public Health, Epidemiological Surveillance and Response Department of the Ministry of Health, Madagascar received an alert from the Arivonimamo health district regarding a suspected community death and 15 suspected cases of pneumonic plague. By the following day, 25 suspected cases of pneumonic plague had been reported to the health authorities. Early warning systems allowed for WHO and partners to take swift actions, including diagnosis and case management, coordination, epidemiology and surveillance. These swift actions alleviated suffering and saved lives.

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Research and innovation

WHO translates knowledge into coordinated action.

Research, science and innovation will continue to be a critical lever for WHO's response to health emergencies. WHO is uniquely positioned to conduct and catalyse rapid research, and those findings directly feed into WHO technical guidance materials. As new priority research areas arise, WHO's response evolves. For example, in the global COVID-19 response, initial efforts catalysed by the Global Research Roadmap resulted in the development of safe and effective vaccines and diagnostics in record time and the confirmation that one existing therapeutic (dexamethasone) was effective in hospitalized patients with severe disease. Throughout 2021, the ACT-A mechanism, which WHO co-leads, coordinated accelerated work to support the research, development, regulatory approval, allocation and implementation of each product group.

WHO's priorities for 2022 include

- Strengthen and sustain the dynamic multi-agency, multi-partner system that translates knowledge into coordinated action through four interlinked coordination, leadership and support processes.
- Generate high-quality evidence and leverage expertise from WHO and partners.
- Shape emergency response through authoritative, accessible, evidence-based guidance and tools.
- Provide implementation and operational support.
- Monitor progress, receive feedback and ensure information sharing.
- Strengthen the evidence base on public health and social measures to monitor, evaluate and harmonize research on non-pharmaceutical interventions and to promote evidence-driven public health and social measures implementation during future health emergencies.



Accelerated innovative research on containing the spread of COVID-19 and providing clinical care for those affected

WHO brought together more than 3000 researchers from more than 1000 global institutions, 40% of whom were from low-income or middle-income countries. WHO also supported the development of global research platforms and built on the knowledge from the current pandemic to better prepare for the next epidemic. A key part of the research effort has been the development of several standardized generic sero-epidemiological investigation protocols branded as [UNITY studies](#). These enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic. These are now critical to better understand any changes in the epidemiological parameters of variants of concern. Additionally, in May 2021, WHO and the Swiss Confederation signed a Memorandum of Understanding to launch the first WHO BioHub facility as part of the WHO BioHub System. The facility will enhance the rapid sharing of information about viruses and pathogens between laboratories and partners globally, informing risk assessments and enabling global preparedness against the pathogens. Currently, most pathogen information sharing is done bilaterally between countries and ad hoc.

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GRADE 3 EMERGENCIES



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COVID-19

Pandemic

WHO and partners continue to deliver science and solutions to end the acute phase of the pandemic. Key initiatives include the ACT-A (vaccines, diagnostics and therapeutics), technical guidance and risk communication and infodemic management.



© WHO / Lindsay Mackenzie

Syrian Arab Republic

Complex emergency

Nearly a quarter of all hospitals and one-third of all primary health care centres remain non-functional. WHO continues working with partners to respond to urgent health needs and protect the lives of millions of vulnerable people.



© WHO / Brendan Hoffman

Ukraine

Complex emergency

WHO is working closely with partners to rapidly respond to the health emergency triggered by the conflict and to minimize disruptions to the delivery of critical health care services.



© WHO / Lorenzo Pezzoli

Yemen

Complex emergency

Yemen's health system is on the brink of collapse. WHO works alongside health authorities and other partners, supporting primary health care services, to respond to disease outbreaks and to support vaccination campaigns.



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Afghanistan

Complex emergency

An estimated 24.4 million people are in need of humanitarian assistance. WHO continues to coordinate the Global Health Cluster, ensure continuity of health services, provide life-saving medical supplies and respond to COVID-19.



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Somalia

Complex emergency

WHO supports Somali health authorities to provide equitable and safe access to emergency and essential life-saving health services for vulnerable populations and build health system resilience for emergency preparedness, response, recovery and disaster risk reduction.

* The grading reflects the highest level of emergency grade per country for ongoing public health events and emergencies excluding COVID-19.

A protracted emergency is defined as "an environment in which a significant proportion of the population is acutely vulnerable to death, disease and disruption of livelihoods over a prolonged period of time. If a graded emergency persists for more than six months it may transition to a protracted emergency.

Emergency grades are subject to revisions and changes.

Emergency grade*

■ Grade 3 / Protracted 3

■ Not applicable, disputed borders



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Nigeria

Humanitarian response

Persistent armed conflict in North-Eastern Nigeria is resulting in widespread displacements and food insecurity. WHO is working with the Nigerian Ministry of Health and partners to reach those in need with life-saving health care while maintaining prevention measures.



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Democratic Republic of the Congo

Complex emergency

WHO works to increase access to essential health services and improve prevention, detection and response to epidemics and other public health events. In particular, WHO works to strengthen disease surveillance and reporting and reinforce broader health information management.



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South Sudan

Humanitarian response

WHO supports the health authorities at the central and local levels in strengthening health services, addressing public health issues and supporting and promoting research for health. WHO and partners also continue to support the Ministry of Health in conducting vaccination campaigns.



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Ethiopia

Humanitarian response

More than 5.2 million people in Tigray are in need of support. As Global Health Cluster lead, WHO coordinates with 23 partners to provide emergency health support, including prevention, preparedness and response to disease outbreaks.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

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WHO's COVID-19 PANDEMIC RESPONSE

WHO's role in the Access to COVID-19 Tools Accelerator (ACT-A): The spinal cord of the global COVID-19 response

Delivering science, solutions, and solidarity to end the acute phase of the pandemic

- **WHO has brought the world together for the past two years to apply science and find evidence based solutions to tackle the threat by SARS-CoV-2.** The virus and its variants are better understood, and the vaccines, diagnostic tools, treatments and other public health and social measures exist to address the drivers of SARS-CoV-2 transmission, reduce the impact of COVID-19 disease, and end the acute phase of the COVID-19 pandemic.
- **Although the world has the science and solutions to tackle COVID-19, collectively we have lacked the solidarity needed to mount a truly effective global response.** 2022 must be the year that we end the acute phase of the pandemic through the equitable distribution and effective use of tools that can enable every country to protect itself from COVID-19.
- **Vaccination remains absolutely crucial to ending the emergency of COVID-19.** However, last year 92 Member States out of 194 missed the target to vaccinate 40% of their population. WHO is committed to working with governments, industry and civil society, and all of our partners in the ACT-A initiative to deliver 70% vaccine coverage in every country by the start of July 2022. Crucially, it is imperative to boost vaccination of the most vulnerable in every country as the first priority. Ensuring that vaccines are translated into vaccination around the world means that we can save lives, prevent disease, and protect societies and economies.
- **In 2022, WHO will intensify its work with partners to increase access to SARS-CoV-2 testing, including genomic sequencing, around the world.** Boosting COVID-19 surveillance in every country is vital to track the spread of SARS-CoV-2, calibrate public health and social measures, and rapidly detect and characterise new SARS-CoV-2 variants of interest and concern. WHO will work with all countries to ensure testing for SARS-CoV-2 is integrated into robust surveillance for all respiratory pathogens. By leveraging WHO's global footprint to work more closely with affected communities, the Organization will strive alongside ACT-A partners and governments to raise testing rates to ensure cases are identified and diagnosed as rapidly as possible to ensure prompt treatment and break chains of transmission.
- **Access to basic therapeutics such as medical oxygen remains unequal and unfair globally.** In 2022, WHO will continue to work with partners to ensure that patients, wherever they are in the world, have access to safe and quality clinical care and information, and approved therapeutics for COVID-19 on the basis of clinical need, provided by trained, protected and respected health workers.
- **The past two years have put health workers and health systems under incredible strain.** WHO will continue to work with all partners throughout 2022 to build resilience and protect health systems, essential health services, and health workers, including through investing in infection prevention and control programmes, identifying IPC focal points, supporting infrastructural improvements (ventilation, WASH), provision of personal protective equipment, essential commodities, training and guidance to promote effective IPC in every setting around the world.
- **WHO is committed to convening partners** to strengthen inclusion and systematically include community stakeholders throughout the emergency management cycle.
- **WHO will use a risk-based approach** to promote safe international travel and organization of mass gathering events during the COVID-19 pandemic alongside partner organizations.
- **Communities remain central to equitable solutions** in responding to the ongoing pandemic, and WHO is committed to convene partners to strengthen inclusion and systematically include community stakeholders throughout the emergency management cycle.
- **WHO will use a risk-based approach to mainstream protection** from sexual exploitation, abuse, and harassment during the response to COVID-19, including during vaccination rollout. PRSEAH functions will be embedded in all emergency operations with key activities comprising of SEAH risk and capacity assessments, prevention, promoting victim/survivor centred approach to reporting, ensuring access to comprehensive victim support services and enhanced partner and stakeholders' engagement.
- **WHO is committed to diagnosing challenges from the infodemic, translating infodemiology** into practice, and identifying best buy policies and tools to address health inequities and build and maintain trust in the health system throughout the emergency lifecycle.

“While science delivered, politics too often triumphed over solidarity.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Science, solutions and solidarity

Since SARS-CoV-2 was first reported, WHO has emphasized that effective global, national and local responses to the pandemic would depend on three things: science, solutions, and solidarity. We relied on science to help us to understand SARS-CoV-2, and to rapidly find the evidence-based solutions we needed to protect ourselves. Just as importantly, we need solidarity to ensure that those solutions are shared and delivered wisely and equitably. For the past two years WHO has been at the front and centre of an unprecedented global effort to deliver science, solutions and solidarity to end the acute phase of the epidemic, and there have been some major successes.

Yet, for all the successes the pandemic remains an acute crisis in 2022. The surge of cases at the end of 2021 and the start of 2022 is once again putting health systems and societies under significant strain at a time when health workers and the public are suffering from pandemic fatigue. The evolution and spread of the Alpha, Beta, Gamma, Delta and Omicron variants of SARS-CoV-2 and our collective failure to vaccinate the most vulnerable globally has prolonged the pandemic, with the unacceptable loss of life, health, and global prosperity that entails.

More than 5.5 million deaths from COVID-19 have been reported to WHO since January 2020: a number that is even more shocking when we keep in mind that it is certainly an underestimate. Of those 5.5 million reported deaths, 3.5 million were reported in 2021. The cause of this failure to end the acute phase of the pandemic is very simple: inequity born of a lack of solidarity.

“... this can be the year we not only end the acute stage of the pandemic but we also chart a path to stronger health security.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

We must end inequity to end the pandemic

Our collective task is simple: to equitably share the COVID-19 tools, knowledge and solutions delivered by science (including vaccination, therapeutics and clinical care protocols), and effective public health and social measures over the past two years. At the same time, we must remain constantly vigilant for the evolution and spread of new SARS-CoV-2 variants, and redouble our efforts to guard against already stressed health systems and health workers being overwhelmed by new surges of COVID-19. We must ensure that those health systems and services that have taken a hit over the past two years are supported to recover quickly and to build in resilience to future shocks. WHO will work with every partner, from governments, industry and academia to the most marginalized communities, to save lives and protect the most vulnerable.

Turning vaccines into vaccination

As of 28 February more than 9 billion doses of COVID-19 vaccine had been administered globally, but that impressive headline figure masks stark global inequity. Of WHO's 194 Member States, 36 have vaccinated less than 10% of their population, and 92 less than 40%. High-income countries have administered 14 times more doses per inhabitant than have low-income countries, and every day there are more than 15 times more additional doses administered globally than primary doses in low-income countries. Remedying this inequity will go a long way towards ending the acute phase of the pandemic.

At the G7 and G20 in 2021, WHO Director-General Tedros Adhanom Ghebreyesus challenged leaders to ensure that countries had vaccinated 40% of their populations by the end of the year, and 70% of their populations by the middle of 2022, with vaccines delivered to the most clinically vulnerable in society first in accordance with WHO's Prioritization Roadmap. A total of 92 Member States missed the 40% target in 2021, but the 70% target can still be reached in 2022, and WHO will support countries and work with partners at every step of the global value chain.

WHO and partners created the ACT-A in April 2020 to accelerate access to tests, treatments, and vaccines. So far the vaccine pillar, COVAX, has shipped 935 million doses to 144 participating economies, and directly enabled 40 participating economies to start their immunization programmes in 2021.

COVID-19 Vaccine Delivery Partnership

To accelerate global efforts to close the vaccine equity gap and achieve broader population coverage target in 2022, in January 2022 WHO, UNICEF and Gavi, the Vaccine Alliance launched the COVID-19 Vaccine Delivery Partnership. These agencies, supported by a large network of partners, are accelerating support to countries to address the bottlenecks that are hindering vaccination in their countries and effectively turn vaccine doses into vaccinated, protected communities.

The Partnership will support countries to rapidly identify and implement solutions that could include accessing funding, deploying specialized technical and operational assistance for cold chain and logistics, providing political engagement and advocacy support, planning and forecasting, deploying community mobilizers and addressing misinformation, and strengthening data systems and analysis for decision making. These efforts will be combined with existing health priorities to maximize and sustain the impact of these additional investments.

As of January 2022, there are 34 countries where national COVID-19 vaccination coverage is below 10% and off-track to reach 70% by June 2022. The Partnership will focus its first efforts on eight high-priority countries. The list of countries for this concerted support will be reviewed regularly.

WHO plays a lead role in COVAX, from the approval of vaccines for emergency use, to supporting countries to plan and roll out complex vaccination programmes, to shipping vaccines doses and essential supplies. But WHO and our partners in ACT-A will go further and faster in 2022. WHO is committed to accelerating access to vaccines and removing health system bottle necks, working with our ACT-A partners, including through ACT-A's relaunched and re-energised Health System Response Connector (HSRC), to support governments and respond to the needs of communities.

The Organization will step up in 2022 to help communities drive the response by boosting bottom-up microplanning, with strong community engagement and support for the type of mobile vaccination teams that have been so effective at protecting hard-to-reach populations from polio and Ebola virus disease. WHO will also continue to support the regular review of national capacities required to roll-out COVID-19 vaccines, including through application of intra-action reviews (IARs). To date, 110 IARs have been implemented by 71 countries across the six WHO Regions.

“The priority for vaccine programmes is to provide protection against severe disease, hospitalization and death.”

Dr Kate O'Brien

WHO Pillar Lead for COVID-19 Vaccination

At the same time, WHO will continue to intensify its support for countries to formulate and implement evidence-based policy based on the latest science. This will include support to combat the COVID-19 infodemic both online and offline, providing countries the training and tools to counter misinformation and disinformation that has undermined science and trust in lifesaving health tools. As part of the Risk Communication and Community Engagement Collective Service, WHO will continue to work with partners to overcome vaccine hesitancy and to support frontline responders to engage effectively with vulnerable and hard to reach communities.

Finally, vaccines and vaccination are not only the key to ending the acute phase of the COVID-19 pandemic, but will also be a key part of the response to any potential pandemic in the future. That is why WHO is working with partners to take a “never again” approach to pandemic preparedness and vaccine manufacturing, so that when the next generation of COVID-19 vaccines become available they, along with those for any future “disease X,” are produced rapidly and equitably. WHO will continue to invest in vaccine manufacturing hubs, work with any and all manufacturers who are willing to share know-how, technology and licenses, and work with the countries that have already provided a blueprint rapid mass production of vaccines and other health tools in an emergency. WHO's mRNA technology transfer hubs are already moving ahead in developing an mRNA vaccine.

WHO supported COVID-19 preparedness and response for vulnerable Rohingya refugees and host communities in Cox's Bazar, Bangladesh. WHO also assisted the Institute of Epidemiology Disease Control And Research Field Laboratory in Cox's Bazar to increase COVID-19 testing capacity from around 100 tests per day to over 1500 per day. © WHO / Fabeha Monir

“As long as SARS-CoV-2 continues to spread it will continue to evolve, and new variants will arise.”

Dr Maria Van Kerkhove

WHO COVID-19 Technical Lead



"I want to ensure COVID-19 care pathways with new treatments are available in every single country."

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Increasing access to testing to boost public health and vigilance for variants

In 2022, WHO will intensify its work with partners to increase access to SARS-CoV-2 testing, including genomic sequencing, around the world. Boosting COVID-19 surveillance in every country is vital to track the spread of SARS-CoV-2, calibrate public health and social measures, and rapidly detect and characterise new SARS-CoV-2 variants of interest and concern. Ensuring patients with suspected COVID-19 are tested and diagnosed early is the key to effectively treating and managing the disease and saving lives.

Of the more than 3 billion tests reported across the world, only 0.4% have been done in low-income countries. Without access to tests, countries are blind to the extent of the circulation of the virus and unable to calibrate public health and social measures to protect populations. Poor surveillance impedes public health, whilst a lack of routine genomic sequencing capability impairs the ability of countries to identify, report and respond to new SARS-CoV-2 variants as they inevitably arise.

WHO supports the ACT-A target to advance testing rates in low-income countries. Alongside antigen rapid diagnostic tests, with donor funding, WHO will also support the deployment of serological tests to enable understanding of the immune status of individuals – an essential step to identify high-risk populations and guide prioritization during the roll-out of vaccine programmes.

Recently, the COVID-19 Technology Access Pool and the Medicines Patent Pool, launched by WHO in May 2020, finalized its first licensing agreement with the Spanish National Research Council for a serological antibody test. Building on this example of solidarity in 2022 will hasten the end of the acute phase of the pandemic.

WHO created a laboratory community of practice for SARS-CoV-2 to respond to in-country laboratory needs, including testing, sequencing and screening for SARS-CoV-2 variants, and through 28 webinars has reached over 10 000 participants from 186 countries or territories since its launch in May 2020. Investments made in strengthening laboratory systems and capacities for SARS-CoV-2 diagnostics, such as genomic sequencing, will make countries better prepared for future outbreaks of other pathogens.

The Philippines received 480 000 doses of AstraZeneca vaccines on 4 March 2021 via COVAX. The delivery contributed to Philippine Government's efforts to prioritize the vaccination of the country's most vulnerable people, including health workers. COVAX, the vaccines pillar of the ACT-A, aims to accelerate the development and manufacture of COVID-19 vaccines and to guarantee fair and equitable access to vaccines for every country in the world.
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Ensuring access to safe and quality clinical care

At the beginning of the pandemic the world had no effective treatments for COVID-19. Two years later we have an ever-increasing arsenal to draw from, but access to even basic therapeutics such as medical oxygen remains unequal and unfair globally. In 2022 WHO will continue to work with partners to ensure that patients, wherever they are in the world, have access to safe and quality clinical care and approved therapeutics for COVID-19 on the basis of clinical need.

At the beginning of the pandemic WHO worked with clinicians and practitioners around the world to exchange experiences and rapidly develop guidance for the clinical management of patients with COVID-19. Throughout the pandemic, WHO has worked with experts around the world to conduct rapid literature reviews and develop a comprehensive living guidance for the clinical management of COVID-19. That work continues every day and must be sustained, but WHO's work to support clinical care goes much further. From policy and guidance to direct research and development through the Solidarity Clinical Trials, and from product assessment through to the procurement and delivery of oxygen and therapeutics, along with the technical assistance and support that countries and communities need to use them, WHO has worked with partners to link cutting edge global research bench to the bedside.

In 2022, ending the acute phase of the pandemic will mean ensuring that low-income countries, low-to-middle-income countries, and upper-middle-income countries have the capacity to treat 120 million cases of COVID-19. Along with access to basic life-saving medicines such as medical oxygen, the approval and availability of effective therapeutics, including monoclonal antibodies and oral antivirals, will transform the treatment of COVID-19 and save lives.

Protecting health workers and health systems, and speeding the recovery of essential health services

The past two years have put health workers and health systems under incredible strain. WHO will continue to work with all partners throughout 2022 to protect health systems, essential health services, and health workers, including through investing in infection prevention and control programmes, the provision of personal protective equipment, training and guidance to promote effective infection prevention and control in every setting around the world. So far WHO has shipped more than 200 million medical masks, almost 100 million gloves and 10 million face shields globally, protecting millions of health workers. Through OpenWHO course, hundreds of thousands of health workers have been trained in infection prevention and control. Continuing this work in 2022 in concert with our partners in ACT-A and elsewhere will ensure that health workers, health systems, and patients are protected from SARS-CoV-2 transmission.

Ensuring that health systems have the capacity to use COVID-19 tools effectively will form a major part of WHO's work in 2022, encompassing support for coordination and planning, financing, demand forecasting and delivery tracking, and providing direct technical, operational and financial support in concert with ACT-A partners and others. WHO already works closely with countries to guarantee that they have integrated COVID-19 plans, resource requirements and financing allocations for vaccination, testing and clinical management via the COVID-19 partners platform. In 2022, WHO will work to ensure that countries have at least 80% of their financing gaps for delivery met, preferably through domestic funding, but with additional concessional and/or grant financing when required.

Through OpenWHO health workers have been trained in infection prevention and control. Continuing this work in 2022 in concert with our partners in ACT-A and elsewhere will ensure that health workers, health systems, and patients are protected from SARS-CoV-2 transmission.



Health workers at Rafik Hariri University Hospital in Beirut, Lebanon work on the COVID-19 response in early 2020. © WHO / Rony Ziade

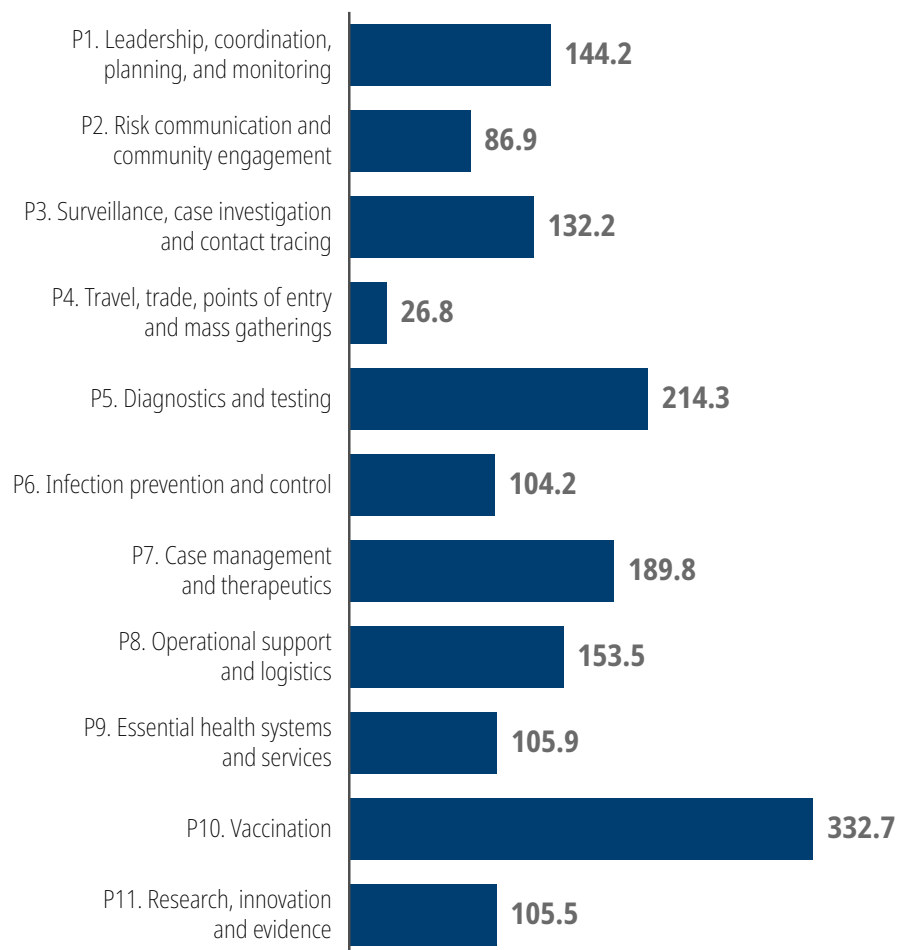
“By getting the vaccine equity equation right, by continuing to implement the measures we have at our disposal, continuing to protect the most vulnerable in our countries and in the world, we can bring the acute phase of the pandemic, that phase of death and hospitalization, to an end.”

Dr Michael Ryan

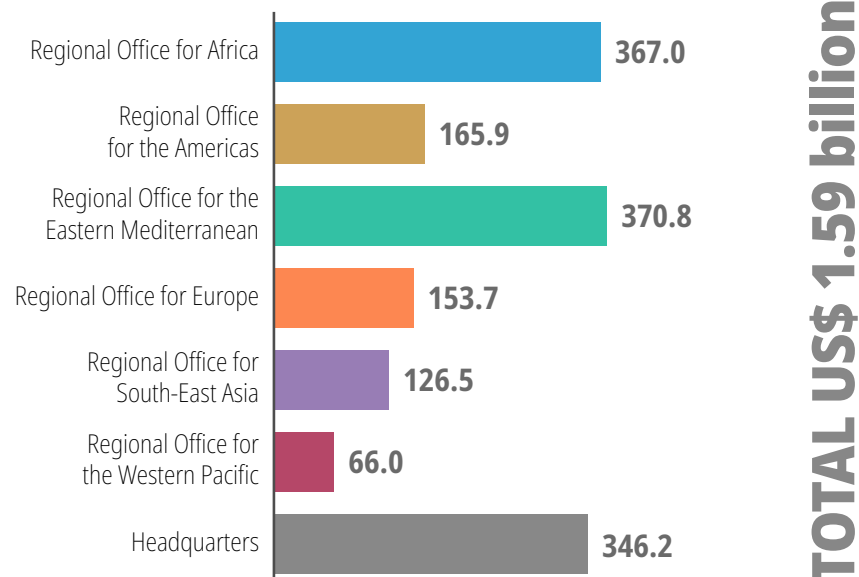
Executive Director, WHO Health Emergencies Programme

Financial requirements in 2022

WHO COVID-19 budget by Strategic Preparedness and Response Plan pillar (US\$ million)



WHO COVID-19 budget by major office (US\$ million)



WHO's COVID-19 budget broken down by Access to COVID-19 Tools Accelerator (ACT-A) pillar (US\$ million)

ACT-A pillars	Total
Diagnostics	214.3
Therapeutics	189.8
Vaccines	332.7
Health systems and response connector	753.7
Research and development	105.5
Total	1596.1

WHO's COMMITMENTS TO THOSE WE SERVE

WHO works tirelessly to protect those in vulnerable situations. All WHO's humanitarian operations are guided by activities and interventions working to build resilient communities, ensure gender equality and safeguard vulnerable populations.

Gender, equity and human rights

WHO catalyses, supports and coordinates gender mainstreaming, equity and human rights approaches in health at all levels. A growing body of evidence demonstrates that people of diverse gender identities do not experience health emergencies and their impacts in the same way. Gender norms, pervasive gender inequalities, under-prepared health systems and barriers to accessing quality health care compound the risks and vulnerabilities that women and girls face during health emergencies. To combat this, WHO is committed to addressing gender inequality across emergency preparedness, response and recovery through policies, guidance, operations and capacity building. WHO is also working to elevate the position and representation of women in emergency preparedness, response operations and recovery.

Prevention of sexual exploitation, abuse and harassment

WHO is committed to safeguarding vulnerable communities, and to preventing sexual exploitation, abuse and harassment. WHO adopted and is implementing the United Nations-wide policy on protection from sexual exploitation, abuse and harassment. This is also embedded in the WHO Health Emergencies Programme's Emergency Response Framework across all emergency operations. WHO also works to ensure adequate capacities for management in the event of a sexual exploitation, abuse or harassment incident, including in priority fragile, conflict-affected, and vulnerable settings.

Attacks on health care

Attacks on health care workers are increasing. In 2022, WHO will develop a body of evidence on the nature and extent of attacks on health care and increase the commitment to action through strong advocacy to prevent attacks and protect health care. WHO will also assess the impact of attacks on health care delivery, and document best practices to prevent and mitigate consequences of attacks on health care.

Strengthening local partnerships to build resilience

Partnership and cooperation with local actors are cornerstones of WHO's ability to access hard-to-reach areas, utilize cost-effective resources, and leverage local knowledge. WHO aims to strengthen the quality of engagements and relationships with local partners, making humanitarian response more accountable to affected populations, and enabling purposeful involvement of local actors in the strengthening of health systems. The COVID-19 pandemic has highlighted the central role that local partners played in the early phases of pandemic response and the central role they could occupy in future health outbreaks.



Harnessing the power of global networks

WHO works with trusted global networks to shape responses to health emergencies in real time, better reflecting and adapting to community attitudes, knowledge and perceptions. The WHO Information Network for Epidemics (EPI-WIN) has convened large global networks of faith partners, World of Work partners and youth representatives, and distilled emerging science, co-developed guidance, listened to concerns and feedback, and shared knowledge and experience in responding to COVID-19. This work helps ensure that more people have access to accurate, actionable information during epidemics and pandemics, and acknowledges the roles played by diverse partners in supporting national responses to health emergencies.

Engaging local communities

WHO engaged 54 grassroots civil society organizations, reaching over 80 million beneficiaries in 40 countries with direct financial and programme support in 2020–2021. Activities including relief actions, capacity-building and support to sustainable livelihoods emerged from jointly planned response actions and coordination with national and local governments.

- In Ecuador, indigenous communities received training in soap production to help control the spread of infection and establish new lines of revenue.
- In Nepal and Guatemala, persons with disabilities are now included in national and local response plans.
- In India, hundreds of thousands of internal migrants could access health care services and vaccination with the support of the local civil society organization.

© WHO / Karen González

Community engagement, resilience and infodemic management

Communities are at the heart of every emergency, from detection and response to recovery, and they play a pivotal role in developing effective response measures. WHO works with partners, including the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies and other members of the Global Outbreak Alert and Response Network to ensure risk communication and community engagement is delivered in a coordinated manner. Effective risk communication empowers communities to act and provides the information needed to make informed health related decisions. WHO works with diverse stakeholders to shape responses to health emergencies in real time, better reflecting and adapting to community attitudes, knowledge and perceptions. WHO provides individuals and communities with actionable, timely and credible health information, and works through partners to engage and include communities in the response and work to understand and combat misleading information during health emergencies.

WHO works with diverse stakeholders to shape responses to health emergencies in real time, better reflecting and adapting to community attitudes, knowledge and perceptions.

Value for money

WHO ensures value for money in health emergency response. All WHO activities around the world are designed to maximize the health impact derived from every dollar spent. WHO focuses on impact. The Thirteenth Global Programme of Work sets targets of 1 billion people for each of its strategic priorities. Moving beyond a focus on process or outputs alone, WHO places the impact on people at the heart of its work. WHO measures its results and details its contribution, in support of countries and alongside other actors. WHO is committed to measuring interventions by economy, efficiency, effectiveness, equity and ethics.

Towards zero-carbon health care

WHO guides and supports countries as they move towards zero-carbon health care. For the first time, the Conference of the Parties to the United Nations Climate Convention, COP26, included a health programme in which more than 50 countries committed to strengthening the resilience of their health systems to climate risks and transitioning towards zero-carbon health care. This means having effective management systems in place, including guidance for health workers on what to do with personal protective equipment and health commodities after they have been used. It also involves the use of eco-friendly packaging and shipping, safe and reusable personal protective equipment, recyclable or biodegradable materials and investments in the recycling sector to ensure materials, like plastics, can have a second life. WHO is already working with over 30 countries that are starting this journey and is committed to further scaling up these efforts over the next five years.

On 18 February 2021, WHO employees survey solar panels powering oxygen concentrators delivered by WHO to Hanaano Hospital in Galmudug state, Somalia. © WHO / Ismail Taxta

Infodemic management

As experienced during the COVID-19 pandemic, information consumption changes rapidly in an interconnected world where individuals maintain multiple social identities and connections with many communities – and this information influences health behaviours. WHO has innovated new partnerships and a whole-of-society approach to effectively respond to challenges in the digital information eco-system, including the rise of misinformation. WHO develops prevention strategies focused on maintaining trust in the response and in the health system. WHO also fosters the science of infodemiology, competence-based capacity development and up-skilling, and evidence-based analysis methods and interventions to promote adherence and trust in public health and social measures, and acceptance of life-saving vaccines, diagnostics and treatments.





II. REGIONAL APPEALS

AFRICAN REGION

Requirements
US\$ 544.9 million

Context

The WHO African Region faces the highest burden of public health emergencies globally. In many cases, such emergencies are preventable or controllable with proven public health interventions but, without essential support, they will continue to cost lives, overwhelm health systems and fuel socioeconomic disruption.

In early 2021, stringent public health measures helped buffer the effects of the COVID-19 pandemic. However, as of 11 February 2022, reported cases surpassed 7.9 million and aggressive new variants continue to threaten already fragile systems. Alongside COVID-19, the African Region faces parallel infectious disease outbreaks and complex humanitarian crises. In 2021, cholera cases and deaths rose fivefold across the Region compared with 2020. As of 10 December 2021, there were 117 803 cases and 3913 deaths reported due to cholera across 12 countries. Yellow fever is also a rising concern in West and Central Africa. It is a high-impact and complex disease with no known cure. Despite the existence of an inexpensive and highly effective vaccine – one dose gives a person immunity for life – outbreaks still exist. If uncontained, they have the potential to cause devastating consequences. An effective yellow fever outbreak response revolves around rapid detection of cases, reactive vaccination, good case management, vector control and community mobilization. In 2021, there were 1805 suspected cases and 98 confirmed cases across nine countries in Africa, coupled with the increasing risk of urban and international spread. Countries also faced nationally specific, multidimensional challenges. For example, the humanitarian crisis in the Tigray area of Ethiopia left millions without access to essential health services. The Democratic Republic of the Congo confronted the effects of a volcanic eruption and Ebola virus disease, and Mozambique grappled with floods and conflict.

Throughout 2021, WHO worked closely with countries and partners to prevent, detect, and respond to the Region's wide range of emergencies, with a dual focus on meeting the immediate health needs of crisis-affected populations and addressing the underlying causes of their vulnerability. These actions provided people with access to lifesaving care, controlled the spread of disease, and mitigated economic hardship.

On 14 February 2022, at a temporary shelter for people displaced by tropical cyclone Batsirai in Ampasimandrorona district, WHO's Dr Koné Foussen speaks to the grandmother and mother of twins about the importance of vaccinating the infants. Since January 2022, multiple extreme weather events have damaged homes and public infrastructure in Madagascar, leaving over 760 000 people without access to health and displacing over 168 000 people.
© WHO / Henitsoa Rafalian





Health cluster partners together with water, sanitation and hygiene (WASH) cluster assess the potential risk factor for cholera in United Nations Mission in South Sudan (UNMISS) Tamping camp. © WHO / Pauline Ajello

Results achieved in 2021

- **Implemented holistic actions to prevent, respond to, and mitigate the spread of COVID-19.** WHO strengthened the health workforce by deploying 809 experts and training 200 000 community health workers. Genomic surveillance was accelerated through the established hubs (Nairobi, Dakar and Cape Town) and capacity building at country level which rapidly doubled the number of viruses sequenced and worked with partners including the Africa Centres for Disease Control and Prevention to shore up readiness for vaccination.
- **Supported the control of multiple Ebola outbreaks,** including two in the Democratic Republic of the Congo, one in Côte d'Ivoire and one in Guinea. When Ebola emerged in Guinea, more than 100 WHO experts deployed immediately to coordinate key response functions including infection prevention and control, disease surveillance, testing, vaccination, and treatment using new drugs. WHO helped ship approximately 24 000 Ebola vaccine doses and supported the vaccination of nearly 11 000 people. The outbreak ended in June 2021, but WHO continues to support Guinea to remain vigilant.
- Established the West Africa Cholera Control Centre in Lomé, Togo, to manage the multicountry response to cholera. WHO **supported five countries in response to cholera outbreaks** and several other countries preparedness and response efforts. This included mobilizing US\$ 8.5 million, conducting risk assessments in seven countries, deploying 104 experts to 19 at-risk countries, and directing cholera as well as water, sanitation, and hygiene kits to the areas of greatest need. WHO's new hub will integrate and strengthen the continued fight against cholera.
- **Ensured access to lifesaving health care during complex humanitarian emergencies,** including protracted Grade 3 crises in the Democratic Republic of the Congo, Ethiopia, Nigeria, Sahel region, and South Sudan.

Response strategy

As an accelerator to implement the strategy, the Regional Office's Emergency Preparedness and Response Cluster has designed three flagship projects led by Member States and supported by WHO. These focus on strengthening preparedness (Promoting Resilience of Systems for Emergencies, "PROSE"), detection (Transforming African Surveillance Systems, "TASS") and response (Strengthening and Utilizing Response Groups for Emergencies, "SURGE"). The Flagship's Monitoring and Evaluation Framework will be the tool to provide data for reporting, communication, and feedback to donors.

In 2022, WHO will continue working with partners at all levels to accelerate localized responses to COVID-19 and address other critical health emergencies. As of 14 February 2022, 137 events are being monitored, including six Grade 3 events: COVID-19; the humanitarian crisis and cholera in the Democratic Republic of the Congo; and the humanitarian crisis in Ethiopia, Nigeria and South Sudan. An additional 45 Grade 2 events are being monitored and supported, and include outbreaks of circulating vaccine-derived poliovirus type 2, yellow fever, cholera, meningitis and Ebola virus disease. Five Grade 1 events and 35 Ungraded events continue to be tracked.

Country-specific plans will continue to lay the foundation for response efforts. Global and regional frameworks – such as the 2005 International Health Regulation, Emergency Response Framework, and disease-specific strategies like the COVID-19 Strategic Preparedness and Response Plan 2022 – will help guide the response. The Region's Emergency Preparedness and Response Cluster will continue delivering rapid, predictable and comprehensive support to countries and communities as they prepare for, respond to, or recover from emergencies caused by human health hazards. The next iteration of the Cluster's Regional Strategy for Health Security and Emergencies, which will cover 2022–2030 and incorporate COVID-19 lessons learned, will guide this support. National leadership, regional coordination and global solidarity will be critical to success.

Regional priorities

The WHO Regional Office for Africa will continue to augment national capacity and backstop government efforts in health emergency contexts, strengthening its support system by incorporating lessons learned from COVID-19, Ebola and other crises.

A key priority will be establishing the flagship project Strengthening and Utilizing Response Groups for Emergencies. Led by governments with technical assistance from WHO, this flagship project will integrate and strengthen existing national human resources for emergency response, such as Rapid Response Teams and Emergency Medical Teams. Initially implemented in select countries and scaled up regionally over the course of five years, the project will create a group of 3000 African Elite Emergency Experts who are equipped to respond quickly and holistically to a wide range of hazards that create health emergencies.

Regional priorities include supporting Member States to:

- Respond to emergencies through the deployment of additional experts to address the identified human resources gaps.
- Ensure the continuity of essential health services during outbreaks and humanitarian crises, as well as the provision of quality care to crisis-affected populations.
- Strengthen early warning systems, including scaling up event-based, pathogen and genomic surveillance activities.
- Develop and use comprehensive electronic health databases that aggregate as many data sources as possible.
- Promptly share data on emergencies as required by International Health Regulations (2005) and analyse data for decision-making.
- Strengthen and integrate the emergency workforce to ensure the availability of trained human resources at national and subnational levels.

- Strengthen response readiness and coordination to improve planning and cohesiveness across ministries, partner agencies and civil society organizations.
- Ensure efficient pre-positioning and deployment of emergency supplies at national and subnational levels.
- Enhance risk communication and community engagement to convey public health threats in a transparent, timely and coordinated manner through mechanisms built into National Action Plans for Health Security.
- Scale up emergency vaccination to end the acute phase of the COVID-19 pandemic.



COVID-19 response

COVID-19 will continue to circulate in the African Region in 2022 and likely longer. Countries must plan to *live with the virus* for the upcoming two years and beyond, and simultaneously mitigate risks by protecting the most vulnerable and those responsible for maintaining essential services. WHO identified the following priorities:

- Reinforce COVID-19 surveillance capacities and scale up COVID-19 testing and genomic/variant surveillance capacities.
- Define and implement adapted community-based response actions.
- Increase oxygen supplies and other COVID-19 case management and treatment capacities.
- Increase vaccination uptake through community engagement, advocacy and ownership, and update vaccination strategies and targets based on the evolving epidemiological scenario and emerging evidence of the performance of vaccines and their effectiveness against variants.
- Reinforce COVID-19 monitoring and evaluation, data collection and use.
- Maintain and reinforce critical human resource capacities in WHO country offices and Member State countries to respond to the upsurge of COVID-19 cases.
- Augment medical and non-medical supplies and other materials and equipment.
- Reinforce and diversify collaboration and coordination with existing and new partners.
- Reinforce and scale up operational research to guide response actions.
- Progressively transition COVID-19 response capacities to the formal health system.

On 11 June 2021 a woman is provided with cholera vaccine during a vaccination campaign in the Tigray region of Ethiopia. © WHO / Mulugeta

Focus countries

Cameroon



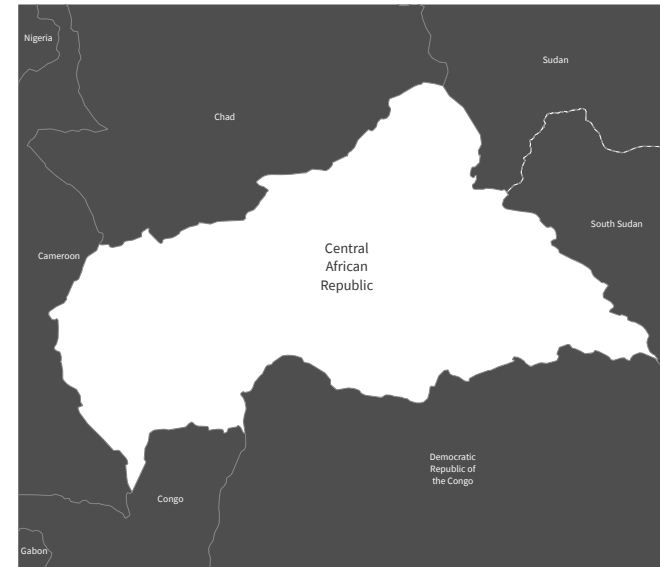
- People in need: 4 million
- People targeted: 2.8 million
- Requirements (US\$): 12.31 million

Cameroon continues to experience humanitarian and health consequences from ongoing security crises, which affect seven of the 10 regions in the country. As of October 2021, there were an estimated 461 642 Central African and Nigerian refugees, 1 052 591 internally displaced persons, and

466 578 returnees or former internally displaced persons who returned to the main regions affected by armed conflicts and terrorist attacks.

WHO is committed to ensuring equitable access to quality health services in the context of these security crises. The Organization's response priorities include deploying mobile clinics to provide essential health care, including reproductive health services. Support will be offered for dignified and safe deliveries for 322 503 vulnerable women and gender-based violence cases will be referred to the protection sector. Focus will be placed on establishing an early warning and rapid response mechanism to epidemics for regions in crisis, as well as strengthening the management of physical and psychological trauma for people affected by crises. WHO will also prioritize resilience through community education, awareness-raising and empowerment.

Central African Republic

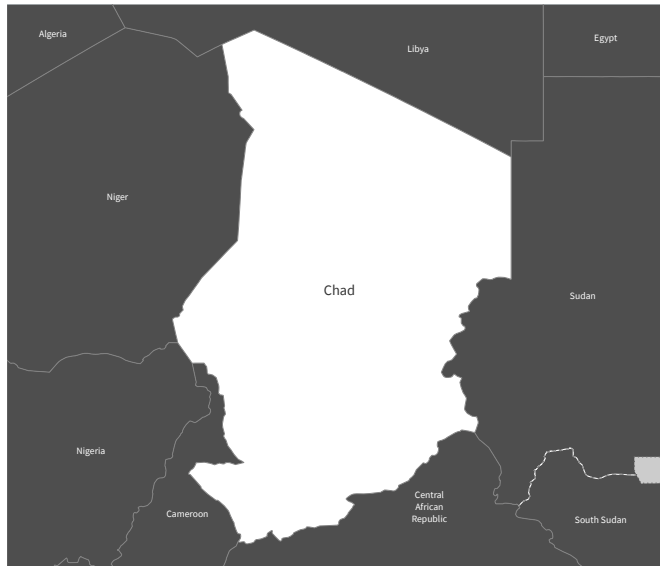


- People in need: 3.1 million
- People targeted: 2 million
- Requirements (US\$): 11.50 million

With 5.5 million inhabitants, the Central African Republic has confronted a sociopolitical and military crisis for eight years, generating a chronic humanitarian crisis with acute episodes linked to armed conflicts and floods. This has led to population displacement, reduced health system capacity

and epidemic outbreaks. The country is threatened by several epidemics, including measles, monkeypox, rabies, malaria, acute bloody or watery diarrhoea, bacterial meningitis, Ebola virus disease and COVID-19. The Health Cluster estimates that 2.7 million people will need emergency health assistance in 2022. WHO's interventions will support humanitarian partners and the Ministry of Health in priority areas for the provision of emergency health services. These interventions will focus on the 11 pillars of the response to crises and epidemics.

Chad

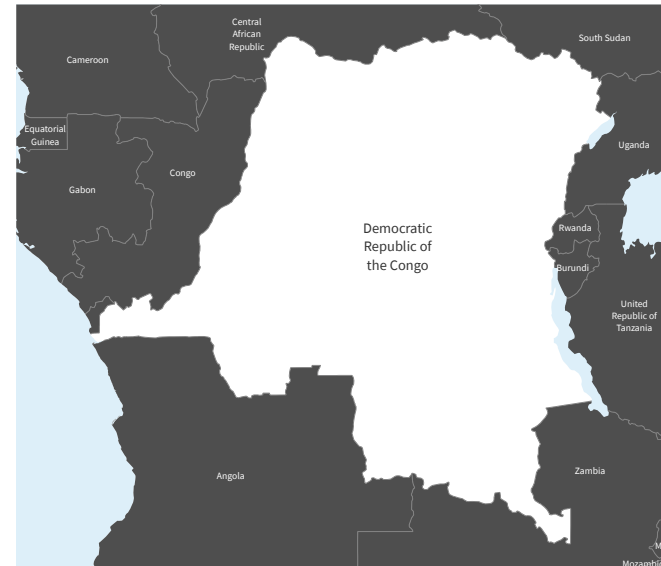


- People in need: 5.5 million
- People targeted: 3.5 million
- Requirements (US\$): 6.40 million

Multiple factors contribute to the humanitarian crisis in Chad, including ongoing conflicts between non-State armed groups and the Chadian army; economic fragility; a precarious health context; and the impacts of climate change, floods, acute food insecurity, and associated infectious disease epidemics.

Chad is currently experiencing a protracted crisis with more than 500 000 refugees. Health emergencies are marked by the occurrence of epidemics (measles, COVID-19, cholera, leishmaniasis, chikungunya, meningitis, poliomyelitis and influenza) and other diseases and health issues (e.g. malaria and Guinea worm). Factors affecting the delivery of health services include long geographical distances from health facilities, lack of human resources, and inadequate essential drugs for basic health care. Health services are supported by national and international nongovernmental organizations, faith-based organizations and United Nations agencies.

Democratic Republic of the Congo Grade 3 Emergency



- People in need: 27 million
- People targeted: 8.8 million
- Requirements (US\$): 42.79 million

The epidemiological situation in the Democratic Republic of the Congo is marked by the emergence and re-emergence of several communicable diseases with epidemic potential. A number of epidemic outbreaks have occurred in the past decade – including cholera, bubonic plague in Ituri province,

Ebola virus disease, meningitis, yellow fever, polio and measles. From 3 January 2020 to 17 February 2022, there were 85 834 confirmed cases of COVID-19 reported to WHO, with 1316 deaths. A fourth wave of COVID-19 is now taking place against a backdrop of recurring armed conflict in the east of the country; population movements; poor access to basic services; and weak screening capacity. WHO's response strategy will focus on the following components: COVID-19, the humanitarian crisis, and cholera. In addition WHO will also continue to support readiness and response for the Ebola virus disease, measles, yellow fever and meningitis. WHO will support the continued provision of essential health services – including in response to gender-based violence, mental health and psychosocial challenges. The Organization will focus on strengthening the health system while rapidly responding to acute health emergencies through the development of local capacities.

Ethiopia Grade 3 Emergency

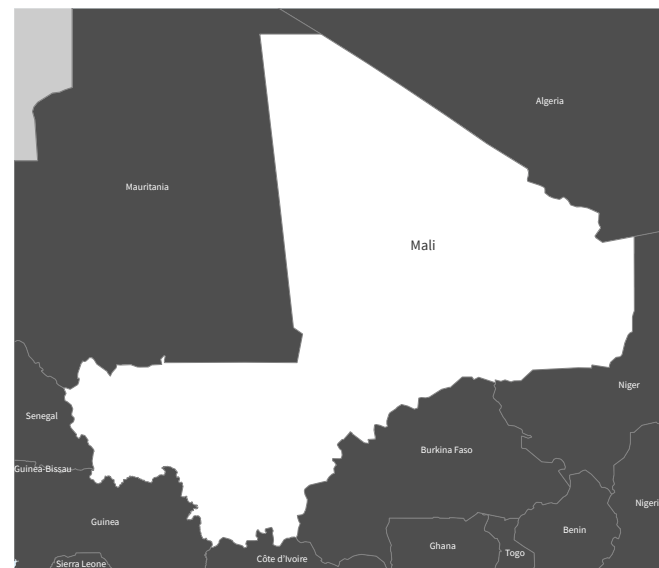
- People in need: 25.9 million
- People targeted: 22.3 million
- Requirements (US\$): 61.93 million

The humanitarian situation in northern Ethiopia remains complex. The conflict in Tigray, which also affects the Amhara and Afar regions, coupled with access constraints and chronic food insecurity, are hampering the health and well-being of millions of civilians, causing internal displacement, and heightening the risk

of disease transmission. Disrupted health delivery systems and overstretched health services in towns and cities hosting internally displaced persons, have put the most vulnerable people at increased risk of disease and death from common causes of illness, such as pneumonia and diarrhoea. Acute malnutrition is a significant public health concern. Poor nutrition coupled with food insecurity, disease outbreaks, and weakened immunity and vulnerability have increased the risk of morbidity and mortality. The situation for internally displaced persons is further compounded following more than one year in overcrowded and substandard living conditions. WHO's response strategy has three components:

- 1 Contribute to the maximum achievable reduction in morbidity and mortality of the northern Ethiopia population affected by the ongoing conflict.
- 2 Strengthen the country's response to COVID-19, including epidemiological surveillance.
- 3 Expand the implementation of prevention and management measures for disease outbreaks.

Activities will benefit the whole country, with a particular focus on the conflict-affected regions (Tigray, Afar and Amhara). They will be harmonized with ongoing United Nations, national and local partners' interventions, and continue to be aligned with the Health Cluster's strategy.

Mali

- People in need: 6.3 million
- People targeted: 4.8 million
- Requirements (US\$): 11.02 million

The health situation in Mali continues to deteriorate. In a country marked by droughts and seasonal floods, COVID-19 and persistent conflict-related insecurity are increasing the complexity and scale of the humanitarian situation. Many health needs of the most vulnerable populations remain unmet

due to poor access to, and use of, quality basic health services. For example, there was a considerable drop in monthly vaccination coverage in 2021; more than 5% of health structures are not functional; gender-based violence cases are increasing; and epidemic-prone diseases are emerging.

WHO priorities include building the capacity of health care workers through training and technical supervision, and reinforcing access to quality health care – including monitoring the Minimum Package of Activities and Complementary Package of Activities. Mobile clinics will be strengthened, in addition to information and referral systems, and greater support offered to conducting vaccination sessions for children targeted under the Expanded Vaccination Programme. WHO will also strengthen preparedness and response for disease outbreaks, including for COVID-19, measles and other diseases. WHO will work to ensure that populations, especially those impacted by gender-based violence, have access to psychosocial support services.

Mozambique



- People in need: 1.5 million
- People targeted: 1.2 million
- Requirements (US\$): 13.41 million

Mozambique faces a complex humanitarian situation due to the ongoing conflict in the Cabo Delgado province. The conflict is placing considerable pressure on a weak health system already overstretched by natural disasters, recurrent cholera outbreaks, and COVID-19. Despite efforts,

there are gaps in coordination and leadership and limited operational funds to support surveillance, contact tracing, case management, and vaccination. Additional challenges include inadequate capacity to manage severe cases at the subnational level, low testing capacity, slow vaccination rollout, noncompliance with public health and social measures, limited partners, and a shortage of drugs and supplies. Moreover, one-third of the health facilities are not functional due to damage or vandalization.

WHO will employ several strategies to address the health problems of internally displaced persons and strained host communities as part of the Cabo Delgado humanitarian crisis response. The Organization will support the delivery of primary health care services, scale-up of vaccination, and distribution of drugs and supplies for the timely treatment of the most common causes of morbidity and mortality. WHO will also provide medicines, supplies, and manpower to temporary clinics to ensure the continuity of essential health services in the accommodation and resettlement centres. WHO will provide community-based surveillance for disease detection and the timely response to outbreaks, and will continue to strengthen its response to COVID-19 across all response pillars.

Niger



- People in need: 3 million
- People targeted: 2.1 million
- Requirements (US\$): 16.91 million

Niger is experiencing complex and protracted emergencies. The security situation remains precarious and volatile in the border areas of Burkina Faso, Mali and Nigeria, marked by an upsurge in attacks by non-State armed groups. The country also experiences natural disasters in a cyclical fashion due to its

geographical environment. In 2021, Niger experienced four epidemic-related health crises in the context of the COVID-19 pandemic, in addition to a flood-related disaster and the risk of emerging and re-emerging diseases. The critical needs identified by Rapid Response Mechanism teams include shortages of essential drugs, poor access to basic health care and services, and lack of quality care provision. Referral and triaging of emergency cases to adequate facilities has been extremely challenging. The lack of functional health facilities with 24/7 availability, and the absence of an early warning system for the rapid detection of epidemics and other health events, have also been identified as major gaps.

Nigeria Grade 3 Emergency

- People in need: 8.3 million
- People targeted: 5.4 million
- Requirements (US\$): 63.50 million

Nigeria is highly vulnerable to the global economic disruption caused by COVID-19, especially due to the decline in oil prices. This is a contributing factor to suboptimal management of disasters and public health events, resulting in high levels of mortality, ill health, destruction of properties and infrastructure,

environmental degradation, and massive displacement of populations. WHO's response strategy will focus on four components:

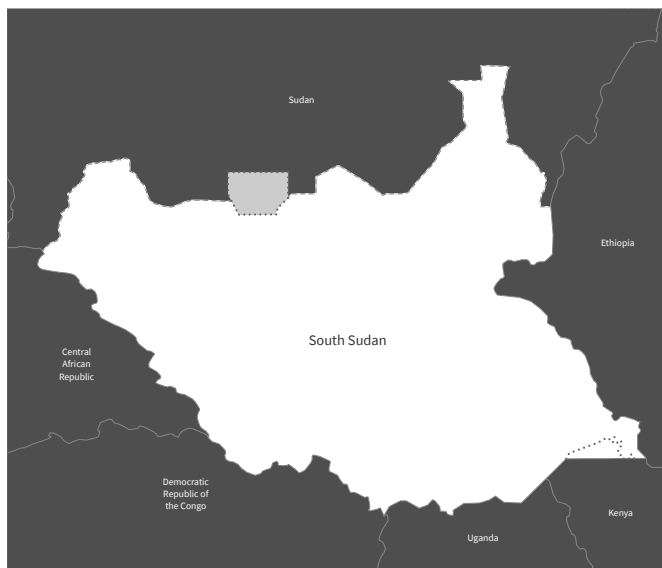
- 1 COVID-19
- 2 The humanitarian response in North-East Nigeria
- 3 Circulating vaccine-derived poliovirus type 2
- 4 Cholera

WHO's response to the crisis in North-East Nigeria will follow the Thirteenth General Programme of Work and will promote Sustainable Development Goal 3, Good Health and Well-Being, with cross-cutting links to other Sustainable Development Goals such as Sustainable Development Goal 6, Clean Water and Sanitation. WHO will support the continued provision of essential health services – including gender-based violence, mental health, and psychosocial support – and will strengthen the health system while rapidly responding to acute health emergencies through the development of local capacities. WHO's response to the crisis in North-East Nigeria will complement the overall humanitarian response, addressing health needs as detailed in the Humanitarian Response Plan and WHO's annual Response Plan.



A young boy is treated for malaria and symptoms of what appears to be yellow fever at the central hospital in Owa-Alero, Delta State, Nigeria. His mother accompanies him.

WHO supported the Nigeria Centre for Disease Control and health authorities in the states of Delta and Enugu to respond to an outbreak of yellow fever that was confirmed in early November 2020. WHO and partners assisted with case investigation, case management, and community engagement, among other activities. © WHO / Noor / Benedicte Kurzen

South Sudan Grade 3 Emergency

- People in need: 8.4 million
- People targeted: 6.7 million
- Requirements (US\$): 20.64 million

South Sudan is experiencing a protracted humanitarian crisis resulting from prolonged political conflict, recurrent subnational violence, flooding, acute food insecurity, and associated infectious disease outbreaks. This has left an estimated 8.4 million people in need of urgent

humanitarian assistance, 6.7 million of whom need health services. The health system is overburdened due to continual shocks and limited health financing by the government. WHO's response strategy will focus on supporting the 64 Humanitarian Response Plan partners and the Ministry of Health to provide for urgent needs while ensuring that current investments will build a resilient health system. WHO will provide responding partners with Interagency Emergency Health Kits to support uninterrupted access to essential medicines in the affected locations, and during acute emergencies. WHO will also leverage its 10 field offices and network of in-country surveillance officers to support disease surveillance activities and partner coordination.

Zimbabwe

- Requirements (US\$): 13.79 million

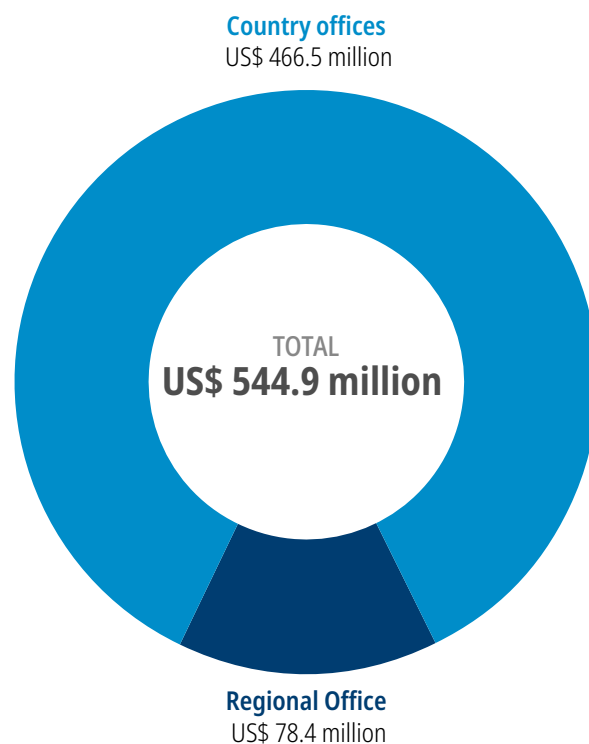
Although Zimbabwe's appeal focuses only on the COVID-19 response, the country has faced multiple threats over the past few years, like other countries in southern Africa. These include the growing climate crisis – with tropical storms accompanied by heavy rains, flooding and landslides, with damage to properties, infrastructure and livelihoods. The locust outbreak has had a negative impact on maize harvests and threatened food

security, especially for this essential food product. Zimbabwe also faced multiple deadly cholera outbreaks in the past. The resilience of the country and subregional solidarity enabled populations to cope with these crises.

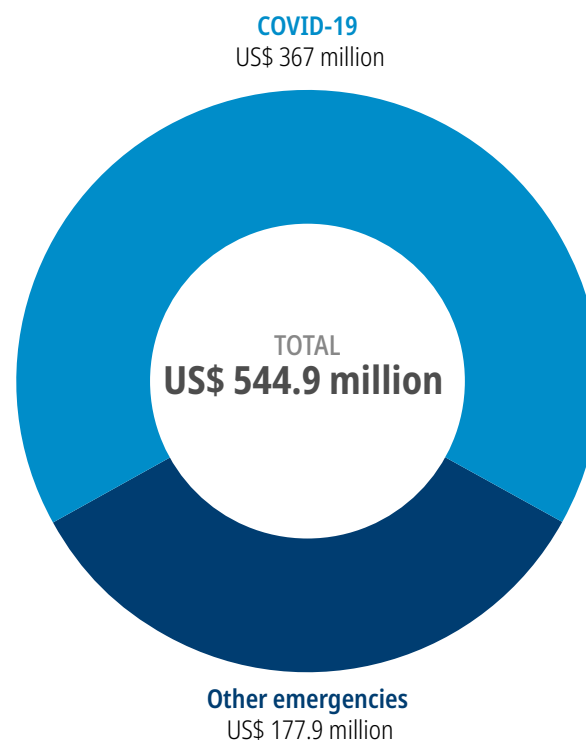
In the response to the COVID-19 pandemic, laboratory diagnostics using antigen rapid diagnostic tests have been scaled up. However, the country needs more commodities – such as oxygen concentrators, lab diagnostics, personal protective and other medical equipment – to manage COVID-19 cases, adhere to infection prevention and control procedures and quell the spread of the virus. The response strategy includes scaling up testing, case management support, risk communication and community engagement, and COVID-19 vaccination.

Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	62.3
P2. Risk communication and community engagement	29.7
P3. Surveillance case investigation and contact tracing	72.2
P4. Travel, trade, points of entry and mass gatherings	16.3
P5. Diagnostics and testing	38.9
P6. Infection prevention and control	34.9
P7. Case management and therapeutics	57.4
P8. Operational support and logistics	97.7
P9. Essential health systems and services	64.2
P10. Vaccination	56.1
P11. Research innovation and evidence	15.3
Total	544.9

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AMERICAS REGION

Requirements
US\$ 336.7 million

Context

The WHO Region of the Americas experiences a wide variety of emergencies and disasters of increasing severity and frequency every year, which have a negative impact on the health of its population. After Asia, the Americas is the second region in the world most impacted by disasters and emergencies, accounting for almost one-quarter of disasters recorded worldwide over the past decade. Latin American and Caribbean countries and territories are extremely prone to natural disasters, primarily hydrological and meteorological events, but also face seismic activity, volcanic eruptions, landslides, and other adverse events such as fires and social disturbances, which can have major detrimental effects on populations and infrastructure, including health services. These vulnerabilities are now exacerbated by the impact of climate change, which has resulted in a general escalation in the intensity of tropical storms and hurricanes, as well as varying rainfall patterns.

The Region is characterized by a rich ecosystem and diverse diseases profile. Climate change, migration, economic, social, environmental, and political factors in each country and throughout the Region are changing the patterns of diseases and are increasing the risks of emergence and re-emergence of epidemic-prone infectious hazards. In recent years, the Region faced the rapid emergence and spread of chikungunya and Zika viruses, and the resurgence of outbreaks of yellow fever, diphtheria, measles, dengue, and malaria in several countries after years of sustained reduction. Ecological drivers and environmental and demographic changes, such as rapid population growth coupled with unplanned urbanization and global warming, deforestation, and encroachment of urban human populations into forested areas, create the conditions for the emergence of biological threats in new geographical areas.

The Region currently faces several complex emergencies – including profound humanitarian consequences of the prolonged sociopolitical and economic crisis in Venezuela; transcontinental mass migration phenomena stemming from the Venezuelan crisis; growing rampant violence in Central America and Haiti; and the continued impact of the internal armed conflict in Colombia, leading to population displacements. Numerous countries in the Region are experiencing a rise in violence, crime, armed conflict, social instability, and insecurity, which have become major threats to the populations of Colombia, Venezuela, Haiti, Central America, and Mexico.

On 23 March 2021, health personnel, midwives and other priority groups received their first dose of COVID-19 vaccine in Campur, a municipality in the department of Alta Verapaz, Guatemala. On 11 March 2021 Guatemala became the third country in the Americas to receive COVID-19 vaccine through COVAX. COVAX, the vaccines pillar of the ACT-A, is co-led by the Coalition for Epidemic Preparedness Innovations, Gavi, the Vaccine Alliance and WHO working in partnership with developed and developing country vaccine manufacturers, UNICEF, PAHO Revolving Fund, the World Bank, and others. It is the only global initiative that is working with governments and manufacturers to ensure COVID-19 vaccines are available worldwide to both higher-income and lower-income countries. © WHO / Víctor Sánchez



Results achieved in 2021

- **Facilitated the purchase, delivery, and distribution of 2695 tons of medicines, health supplies and equipment through 3783 shipments** to benefit approximately 630 institutions providing health services throughout all 24 Venezuelan states. These shipments helped maintain the delivery of essential health services to the most vulnerable population groups, including emergency care, sexual and reproductive health, and paediatric care.
- Following the eruption of La Soufriere volcano in Saint Vincent and the Grenadines in April 2021, and the significant internal displacement of the local population in temporary settlements, **provided technical assistance to national health authorities to strengthen early warning, alert and response systems for a timely detection of outbreaks.** The deployment of an early warning, alert and response system, along with the capacity-building of 35 health professionals, helped establish local capacity for real-time reporting, including analysis of early data and systematic alert management. Following a successful pilot in six shelters, this system is now being implemented in all health facilities to set up weekly data collection for syndromic surveillance – with the continued support of the Regional Office for the Americas.
- As part of WHO's whole-of-society approach to the COVID-19 pandemic, direct investment in community-based civil society organizations was fostered to implement innovative measures to connect, engage with, and better protect the health and well-being of vulnerable and hard-to-reach communities. These partnerships **helped keep approximately 100 000 members of more than 200 indigenous communities in the Ecuadorian Amazon informed about COVID-19 risks and prevention measures in their own dialect.** More than 44 000 adolescents and young adults across Guyana were engaged about the importance of mask wearing and handwashing, and increased access to adapted health assistance for persons with disabilities in Guatemala and informal domestic workers in Panama.

Response strategy

The diverse, multifaceted, and multidimensional emergency scenarios that affect the Region of the Americas every year call for a multihazard approach to ensure a comprehensive and effective response to the adverse events impacting Latin American and Caribbean countries and territories.

Although emergency response strategies must be tailored to the specific needs, risks and capacities of each country, recent emergencies – starting with the COVID-19 pandemic – highlighted common vulnerabilities throughout the Region that must drive WHO's technical cooperation for emergency readiness and response.

One of the main limitations to swift emergency response is the clear dependence of Latin American and Caribbean countries on the acquisition and importation of critical medical and health supplies. The concentration of production of these essential materials outside the Region has caused bottlenecks in the supply chain and logistics. This is why the creation of strategic inventories, and their management, represent a vital investment for a faster and more efficient health response to emergency situations in the Americas.

Similarly, access challenges, border closures and mobility restrictions revealed the need to support and scale up national and local emergency response capacities, especially at the community level, to ensure a swift and adequate first response while continuing to strengthen regional response mechanisms and networks.

The Cerro Colorado Social Club is one of more than 300 locations that were temporarily converted into COVID-19 vaccination centres in remote parts of Uruguay.
© PAHO / WHO / Pablo La Rosa



Emergencies reveal social inequities and differences in exposure and risk faced by vulnerable populations. Protecting the lives and health of the most fragile community members – while recognizing and respecting the diversity of needs, cultures, beliefs and practices – is both a challenge and a key priority of the health humanitarian response in the Americas.

To protect and save lives, while mitigating the disproportionate impact of emergencies and humanitarian scenarios on populations in situations of fragility, WHO's humanitarian interventions in the Americas will focus on supporting comprehensive critical health care to the most vulnerable. An emphasis will be placed on the primary level of care, using differential approaches to ensure adaptation to the specific needs and challenges of target populations – including indigenous groups, persons with disabilities, women, and elderly, among others. Using a whole-of-society approach when responding to health emergencies, the WHO Regional Office for the Americas will continue to foster participation of community members in response operations to promote shared learning, integration of community practices and cultural adaptation where needed.

Recognizing the growing intensity and complexity of health emergencies and humanitarian situations in the Region, as well as the exponential growth of humanitarian actors over the past decade, sustained efforts to improve the coordination of response partners are essential. The Regional Office for the Americas will continue to facilitate emergency coordination and information management in the health sector, while strengthening the Health Cluster's capacities to deliver up-to-standard humanitarian assistance.

Regional priorities

The nature of the health and humanitarian emergencies affecting the Region of the Americas require a comprehensive, multihazard and differential approach to address the needs of the most vulnerable and at-risk groups fully and effectively. Although national emergency response capacities have increased over the past decade, many highly vulnerable/hazard-prone countries in the Region do not yet have the minimum capacity in place to rapidly detect, respond to, and manage large-scale public health emergencies and disasters. Important disparities persist, including within countries themselves at national, subnational and local levels.

The regional emergency response priorities are:

- Support and scale up operational response capacities and strengthen humanitarian logistics networks.
- Protect the most vulnerable while improving community coping strategies.
- Improve sectoral and intersectoral coordination among response partners to optimize response interventions and address the most acute needs of vulnerable communities.

To do so, WHO will:

- Facilitate and improve processes for the timely mobilization of goods and individuals to support acute emergency responses in affected countries.
- Increase emergency response capacities at national and community level to ensure a swift and adequate first response, while continuing to strengthen regional response mechanisms and networks in support of Latin America and Caribbean countries.
- Protect the health of the most fragile community members while respecting the diversity of needs, cultures, beliefs and practices.

- Support the provision of comprehensive critical health care to the most vulnerable populations, with a focus on the primary level of care.
- Follow a “whole-of-society” approach to health emergency response and continue to foster direct engagement of community members in response operations to promote shared learning, integration of community practices and cultural adaptation where needed.
- Continue efforts to improve coordination of response partners in the health sector and across sectors.
- Continue facilitating emergency coordination and information management in the health sector, as well as strengthening the Health Cluster's capacities to deliver up-to-standard humanitarian assistance.



Arrival of additional COVID-19 vaccines via COVAX in El Salvador in March 2021. © PAHO / WHO



WHO worked with the indigenous community of Concordia, Colombia on 16 March 2021 to develop the COVID-19 vaccination plan within the framework of the COVAX programme. In Colombia, vulnerable communities in the Amazon region are among the priority groups for COVID-19 vaccination. © WHO / Nadège Mazars

COVID-19 response

The Region of the Americas accounts for 37.1% of cases and 45.2% of deaths reported globally. Although gradual vaccination rollout intensified in the second half of 2021, COVID-19 vaccine availability remains limited worldwide, and many countries in Latin America and the Caribbean continue to face inequities in access. Challenges in logistics and cold chain and high vaccine hesitancy are further slowing uptake by populations, preventing the full achievement of vaccination potential. At the same time, countries and territories in the Region continue to report persistent disruptions of varying degrees in the provision of essential health services. These disruptions highlight difficulties in ensuring continuity of services and the need to strengthen resolution capacity, especially at the first level of care.

In 2022, the course of the COVID-19 pandemic in the Americas remains highly uncertain. Suppression of the pandemic in the Region will continue to require a comprehensive response – with sustained capacity in the health service network; maintenance of public health and social measures; and targeted vaccination operations and outbreak control actions, including early detection, investigation and isolation of cases, as well as tracing and quarantine of contacts. As such, the COVID-19 response priorities for 2022 are:

- Provide continued guidance to countries based on evidence-based information.
- Reinforce detection, characterization and response to variants of concern.
- Sustain health systems resilience, surveillance and testing.
- Support countries in their COVID-19 vaccine rollout, including combating vaccine hesitancy.
- Procure critical COVID-19 medicines, supplies and equipment for emergency use.
- Secure access to additional COVID-19 vaccines and support dose sharing to scale up vaccination efforts.

Focus countries

Colombia



- People in need: 7.7 million
- People targeted: 2 million
- Requirements (US\$): 14.89 million

The prolonged humanitarian situation in Colombia is marked by a combination of multi-hazard scenarios and serious structural problems, which have worsened due to the COVID-19 pandemic. While these factors have increased the needs across all sectors, they are especially profound in health, with an estimated

6.1 million internally displaced persons in need of assistance. Mixed migratory movements affecting the country have significantly increased over the past year, putting further pressure on limited national resources and capacities. According to the latest report from Migración Colombia, there are currently 1 842 390 persons of Venezuelan nationality in Colombia who expressed their desire to remain in the country, added to more than 4.9 million “pendular migrants” and 124 633 individuals in transit.

Violence is another critical issue that impacts Colombian communities, including increasing attacks against medical missions – 189 incidents reported in 2021 – resulting in increased restrictions to essential health services affecting the most vulnerable groups. At least 8 million people in Colombia live more than an hour away from health centres and 2.2 million experience barriers to access health services, including indigenous and Afro-Colombian communities in the Amazon and the Pacific. The COVID-19 pandemic has deepened the gap in access to services, disproportionately affecting vulnerable populations that suffer the multiple effects of the internal armed conflict, natural disasters and structural poverty; many of them being ethnic minorities and other groups who – for geographical, cultural and conflict reasons – cannot access essential

health services. This is compounded by a limited presence and capacity of health institutions in the most affected municipalities. Health infrastructure are concentrated in the municipal capitals, with scarce and poorly trained personnel and a lack of proper supplies, infrastructure, reference systems resulting in the poor management of medical complications and emergencies, including urgent care for survivors of sexual violence.

Health response efforts for 2022 must focus on protecting people's health and saving lives by supporting and scaling-up local health response capacities to attend the urgent and unmet health needs of vulnerable population impacted by situations of sudden and prolonged emergencies, focusing on rural territories and remote areas with little or no access to health institutions.

On 16 March 2021, people get vaccinated against COVID-19 in the indigenous community of Concordia, Colombia. In Colombia, vulnerable communities in the Amazon region are among the priority groups for COVID-19 vaccination. Colombian authorities are addressing the challenge of reaching out to remote indigenous communities, some of which are only accessible by air or by river. Health teams are going door-to-door and setting up "pop-up" vaccination sites in order to quickly vaccinate as many eligible community residents as possible. Health authorities are adapting their strategy in the area in order to take into account cultural specificities, and are working with indigenous health workers and field vaccinators to facilitate community engagement in the process. © WHO / Nadège Mazars



El Salvador



- People in need: 1.7 million
- People targeted: 900 000
- Requirements (US\$): 6.43 million

Already vulnerable to natural disasters and other risks related to structural poverty and chronic violence, El Salvador experienced several emergencies in 2020 that exacerbated humanitarian needs. The successive powerful storms that impacted the country – Tropical Storms Amanda and Cristobal in late May 2020, followed

by Hurricane Eta and Iota in November 2020 – caused catastrophic damage and loss of human life on a nationwide level, and critically reduced the capacity of local health services already stretched thin due to the ongoing COVID-19 pandemic. Growing violence, rising poverty, natural disasters, and COVID-19 in both El Salvador and its neighbouring countries have considerably affected the most vulnerable, leading to mass migration of entire families toward North America. Conditions faced by those migrants and refugees along migration routes are precarious, with very limited services available to meet their basic needs, while putting enormous pressure on local health systems and increasing health risks to host communities. An estimated 1.7 million people need humanitarian assistance. Health humanitarian assistance priorities aim to address the urgent and unmet needs of vulnerable populations, specifically women, children, indigenous people, LGBTIQ+ people, and people with disabilities and chronic diseases. Efforts to improve access to essential health services for vulnerable populations and to support local institutional capacity in increasing the emergency health response must be sustained and scaled up. Actions that increase communities' capacity for resilience through an integrated approach based on risk prevention and rights will also be prioritized.

Guatemala



- People in need: 3.8 million
- People targeted: 1.7 million
- Requirements (US\$): 11.12 million

Guatemala's vulnerability to natural and climate-related disasters; high poverty; and gaps in access to basic services pose a host of challenges that COVID-19 and Hurricanes Eta and Iota worsened. Health service networks in Guatemala have been seriously affected by the magnitude of infrastructural damage caused by these powerful storms in 2020 – reducing the capacity of national health systems already overstretched by the COVID-19 pandemic and limiting access to essential services for the most vulnerable. Growing social violence and mass migration are also taking on the capacity of local institutions to provide essential service delivery to the most vulnerable. The UN Humanitarian Needs Overview determined that an estimated 3.8 million people need humanitarian assistance. Many of them are

estimated to require urgent health assistance – primarily women of childbearing age, pregnant and lactating women, children, and persons with disabilities – and are primarily concentrated in the areas most impacted by the recent storms.

In this context, priorities focus on restoring and strengthening the capacity of health systems to meet existing humanitarian health needs and increase access to services. Rehabilitating and equipping first and second level health care centres that have lost capacity due to the impact of Hurricanes Eta and Iota is critical to ensure access for the most vulnerable individuals – coupled with scaling up the capacity of local facilities along migratory routes or in remote and rural areas. Key interventions will target the capacity-building of health personnel in prioritized health establishments, and the support needed to detect and notify public health risks. Strategic alliances and direct engagement with local nongovernmental organizations and community-based civil society organizations will be promoted to ensure community participation in addressing health humanitarian needs, and support sustainable interventions.

On 11 March 2021 Guatemala became the third country in the Region of the Americas (after Colombia and Peru) to receive COVID19 vaccine through COVAX. © WHO / PAHO



Haiti



- People in need: 4.9 million
- People targeted: 2.5 million
- Requirements (US\$): 19.99 million

Haiti is confronted with recurring sociopolitical, security and economic challenges deeply rooted in systemic and structural problems. The health sector estimates that 3.75 million people (approximately 34% of the Haitian population) will need health assistance in 2022. Successive sociopolitical

crises, increased civil unrest and violence, health sector underfinancing, COVID-19 pandemic dynamics, climatic hazards, and the impact of the earthquake that struck the Southern Peninsula in August 2021 – all this eroded the coping capacities of an already highly vulnerable population and caused a serious disruption of essential health services. Although it is estimated that more than 40% of the Haitian population is strongly affected by the prolonged and multifaceted crises that the country has been facing, the most affected groups remain pregnant and lactating women, and children under 5. The situation of marginalized people is also especially alarming. It is estimated that 15% of the Haitian population lives with a disability. In a context of chronic insecurity, precarious economics, and emerging/re-emerging infectious diseases (e.g. COVID-19, diphtheria and malaria), access restrictions and the interruption of essential health programmes – such as emergency obstetric and newborn care, family planning, and immunization – disproportionately affect the most vulnerable. Even when they manage to access health services, people often are faced with health facilities that lack adequate supplies or qualified medical personnel. The situation has further deteriorated with the ongoing response to the COVID-19 pandemic and the devastating earthquake in 2021.

Honduras



- People in need: 2.8 million
- People targeted: 1.8 million
- Requirements (US\$): 11.66 million

Honduras faces high levels of poverty and inequality, further compounded by the double impact of the COVID-19 pandemic and Hurricanes Eta and Iota, which have weakened communities' resilience and worsened food insecurity, acute malnutrition and overall health needs. The hurricanes affected nearly half of the

country's 9 million residents, with 368 000 displaced from their homes and more than 200 000 forced into improvised shelters, where COVID-19 and dengue posed major threats. Moreover, the complex humanitarian situations due to violence, climate shocks, food insecurity and increasing inequity – all worsened by the health and socioeconomic impacts of COVID-19 – have fuelled internal displacements and cross-border migration toward North America. The humanitarian needs of vulnerable migrants and returnees are also adding pressure on the often already scarce health services located along transit routes and in border areas. An estimated 2.3 million people need humanitarian assistance. Vulnerable populations – such as women; children; informal workers; indigenous and Afro-descendant communities; and persons with disabilities – are among the most affected by longstanding multidimensional crises. Health priorities focus on increasing access to, and coverage of, quality health care in vulnerable communities, especially in areas recently affected by emergencies and in rural and hard-to-reach locations. In this regard, the rehabilitation of the health centres impacted by Hurricanes Eta and Iota, and of those located along migrant transit routes, are paramount to ensure that local health services can meet the urgent health needs of the most vulnerable.

Venezuela



- People in need: 7 million
- People targeted: 4.5 million
- Requirements (US\$): 96.83 million

The Bolivarian Republic of Venezuela, a federal republic with more than 28 million inhabitants, has faced a prolonged sociopolitical and economic situation that has negatively, and profoundly, impacted social and health indicators. The humanitarian context in Venezuela has been compounded by the COVID-19 pandemic, which has further tested the limits of an already weakened national health system. Increasing violence and social conflict, the persistence of hyperinflation, continued political tensions, and the reintensification of migratory movements from Venezuela to neighbouring countries – all these factors have worsened the humanitarian crisis and exacerbated the vulnerabilities of already fragile communities, especially women, children and indigenous populations. The main priority of the health sector for 2022 is to protect the lives of the most vulnerable

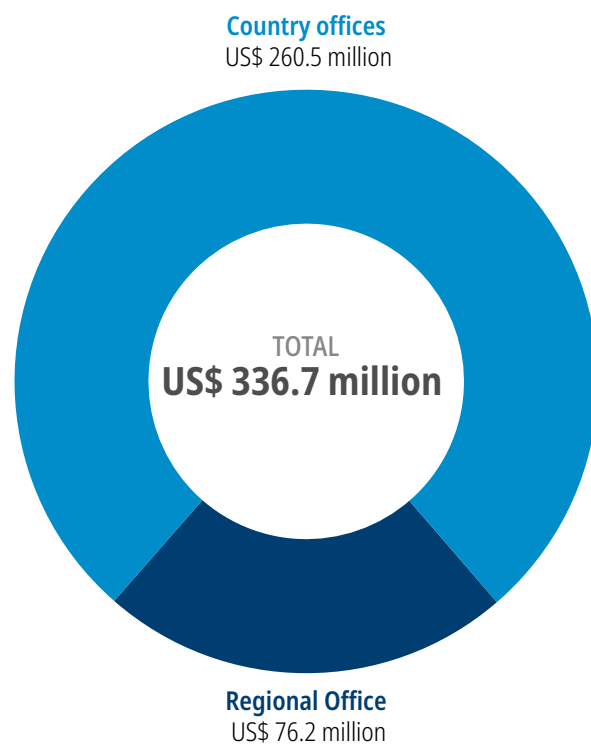
by keeping essential health services operational and accessible. It is therefore essential to ensure the continued availability of essential drugs, medical supplies and equipment to guarantee care for those in need. Interventions must also focus on strengthening the skills of the health personnel who stay and deliver, protecting their health and well-being to maintain quality care. Improving access to health services for highly vulnerable populations is also paramount. Special emphasis must be placed on strengthening the primary health care network with a focus on hard-to-reach areas. To expand equitable access to comprehensive, timely, quality health services for all people in a context of extreme deterioration of local health systems capacity, WHO Venezuela also aims to integrate a cross-sectoral approach to its interventions. This includes incorporating water, sanitation and hygiene, as well as protection, measures; and increasing the response capacity of health systems through improved synergies among humanitarian health actors.

Vaccination week in Caracas, Venezuela, in May 2021. Vaccination Week of the Americas 2021 was held from May 9 to 31 in Venezuela, with the purpose of contributing to the sustainability of the achievements of measles elimination, polio eradication, control of diphtheria and other vaccine-preventable diseases. In more than 5000 vaccination posts, 8 vaccines, which protect against 12 diseases, were provided to children and pregnant women. PAHO accompanied these immunization actions, which had the direct technical advice of more than 30 consultants deployed in the national territory. © WHO / PAHO

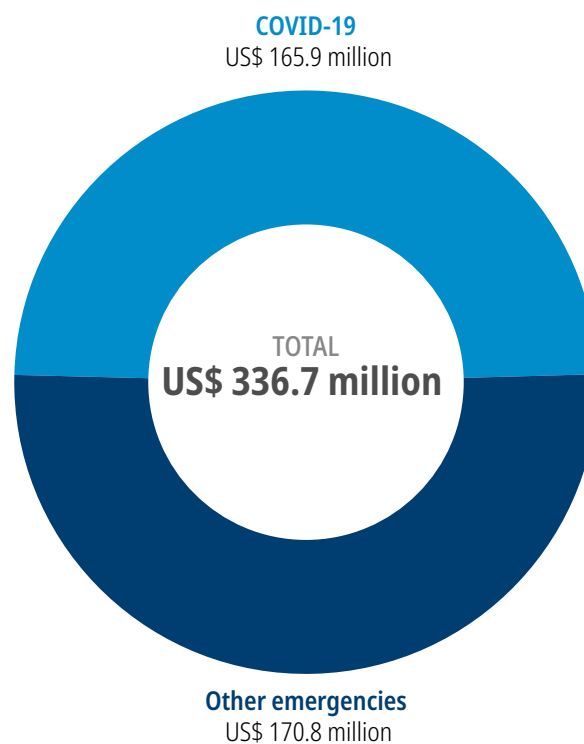


Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	34.0
P2. Risk communication and community engagement	16.0
P3. Surveillance case investigation and contact tracing	31.6
P4. Travel, trade, points of entry and mass gatherings	12.9
P5. Diagnostics and testing	31.5
P6. Infection prevention and control	31.3
P7. Case management and therapeutics	26.6
P8. Operational support and logistics	36.6
P9. Essential health systems and services	65.4
P10. Vaccination	49.2
P11. Research innovation and evidence	1.5
Total	336.7

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EASTERN MEDITERRANEAN REGION

Requirements
US\$ 977.1 million

Context

The Eastern Mediterranean Region is profoundly impacted by emergencies resulting from a wide range of hazards. Nine countries and territories are experiencing large-scale, protracted humanitarian crises almost entirely driven by conflict. Over 101 million people require humanitarian assistance, representing 37% of the global humanitarian burden and 15% of the Region's total population. Moreover, the Region is the source of 64% of the world's refugees while 18.7 million people living in the Region are internally displaced. Weak national health systems greatly diminish resilience and capacity to effectively detect and respond to emergencies.

In addition to COVID-19, serious outbreaks of other emerging infectious diseases are also common across the Region, including respiratory diseases, waterborne diseases, and arboviral and zoonotic diseases. Twenty-one significant outbreaks occurred across the region in 2021, often driven by the health system disruptions associated with conflict and state fragility. Recurrent outbreaks of cholera, dengue fever, chikungunya, Congo-Crimean haemorrhagic fever, and Rift Valley fever continue to take their toll on public health, communities and economies in many countries and territories across the Region. Repeated outbreaks of vaccine-preventable diseases (including measles and diphtheria) are considered as markers of weak health systems and continue to recur in several countries of the Region.

Endemic transmission of wild poliovirus

Afghanistan and Pakistan have endemic transmission of wild poliovirus. These are not graded but have standalone emergency standard operating procedures under which WHO operates and supports the countries.

Since 2012 the Region has accounted for 92% of all global cases of Middle East respiratory syndrome. The world's largest cholera epidemic for over a century commenced in Yemen since 2016, with 2.5 million cases and 3999 deaths having occurred as of 30 April 2021. The Region also has the only two countries in which wild poliovirus remains endemic (Afghanistan and Pakistan) while five countries are experiencing outbreaks of vaccine-derived polio. In recent years, significant outbreaks of malaria, HIV, hepatitis A, typhoid fever, leishmaniasis and other diseases have also occurred.

Natural and technological disasters also take a large and recurrent toll on the people living in countries and territories of the Region. In addition, the effects of climate change are becoming increasingly evident, including more frequent severe weather events such as droughts (for example, in Afghanistan), floods (Sudan) and tropical storms (Yemen). These events are often associated with outbreaks of waterborne diseases, malaria and arboviral diseases. Droughts can lead to the high levels of food insecurity, malnutrition, and increased vulnerability to infectious diseases, as is currently evident in Afghanistan and Somalia. Technological emergencies have included chemical attacks in the Syrian Arab Republic and the massive port explosion in Beirut, Lebanon in 2020.

COVID-19 has revealed the enormous disparities in the capacities of countries and territories across the Region to respond to a pandemic. In addition to the wide variations in vaccination coverage noted above, major discrepancies also exist in relation to all other aspects of the response, such as surveillance, testing, access to oxygen and good quality clinical care, etc.



On 20 November 2021, Kabul resident Najiba*, 22, comforts her baby son Roshan*, who is 43 days old and suffering from malnutrition, at the city's Ataturk Children's Hospital. With support from the European Civil Protection and Humanitarian Aid Operations (ECHO) and the European Union, WHO is covering three months of full operational costs to Ataturk National Children's Hospital in Kabul. This includes payment of salaries for all staff, food for patients, fuel for heating and ambulances, and essential medicines, medical supplies and laboratory diagnostics. Additional medicines and medical supplies were also provided to fill gaps at the hospital. © UNHCR / Andrew McConnell

Results achieved in 2021

- **COVID-19 response**
 - Enhanced laboratory detection and confirmation of COVID-19 by supporting expansion of PCR capacities to over 600 labs and sequencing capacity to 15 Member States.
 - Strengthened clinical and critical care capacities by training of over 10 000 health care workers.
 - Expanded oxygen supply in 10 countries.
 - Supported vaccine roll-out in most vulnerable and hard-to-reach communities within fragile and conflict-affected countries.
- **Advanced public health intelligence** at regional level, including capturing 10 856 signals with 26 new events detected and 15 risk assessments conducted.
- Supported eight countries in applying **the Early Warning, Alert, and Response Network**.
- **Managed 520 shipments of medical supplies and equipment** to 129 Member States across all six WHO regions from the Dubai Logistics Hub.
- **Supported timely responses to 21 outbreaks** across the Region.
- **Advanced trauma care in conflict settings** in five countries through the new Regional Trauma Initiative.
- Stepped in to sustain the **delivery of essential health services across Afghanistan** in over 2300 health facilities, in collaboration with UNICEF.
- **Achieved cure rate of >90% for severe acute malnutrition** in Yemen.
- **Documented >95% facility-based deliveries** in Palestine.
- **Investigated 89% of public health alerts within 72 hours** in Syria.

Response strategy

WHO's approach in humanitarian settings emphasizes:

- Delivery of an essential quality package of health services.
- Strengthening the resilience of the health system to withstand other shocks, e.g. outbreaks, displacement.
- Supporting and strengthening vital elements of the health system, e.g. health workforce, supply chain, surveillance, other elements of health information.
- Accelerating early recovery and laying foundation for longer-term health system development recovery.

This is based on a comprehensive approach to emergency management: prevention of, preparedness for, detection of, response to, and early recovery from emergencies due to all hazards. Advancing operational readiness of WHO and Member States to ensure a timely and effective response to acute emergencies is central to that strategy.

Regional priorities

WHO regional priorities in humanitarian settings include:

- Ending the acute phase of the COVID-19 pandemic – rolling out vaccinations, PHSM etc.
- Reinforcing prevention of and preparedness for other epidemic/pandemic-prone diseases.
- Operationalizing the humanitarian-development-peace nexus.
- Strengthening predictability of medical supply chain with support of Dubai Logistics Hub.
- Improving the monitoring of the effectiveness of humanitarian health response through our Regional Response Monitoring Framework (rolling out in 5 countries).
- Tackling the expanding burden of violent injury in conflict through expanding our Regional Trauma Initiative (currently implemented in 5 countries).
- Addressing public health dimensions of food insecurity crises.

- Expanding health for peace initiatives.
- Integrating prevention of sexual exploitation and abuse in all elements of work.

COVID-19 response

COVID-19 priorities at the regional level include:

- Maintaining the engagement and ownership of senior government leadership.
- Accelerating scale-up of COVID-19 vaccinations, especially in humanitarian settings.
- Promoting and refining evidence-based public health and social measures.
- Empowering communities and promoting behaviour change.
- Strengthening surveillance and other data-management measures.
- Improving the coverage and quality of clinical care, and expanding access to medical oxygen.
- Expanding testing and sequencing.
- Strengthening capacities at points of entry.
- Advancing research and innovation.
- Refining guidance on living with COVID-19.

Key activities envisaged include: playing a central role in the new COVID 19 Vaccine Country-Readiness and Delivery Partnership; refining the approach to community engagement through expanded social listening and community response measures; introducing sequencing capacities in the remaining seven countries without this resource; scaling up seroprevalence surveys; expanding regional vaccine production, following the recent commitment of technology transfers; enhancing capacity building in critical/ICU care and life-saving skills among health care workers; rolling-out fit-for-purpose oxygen supply solutions in humanitarian settings.

Focus countries

Afghanistan Grade 3 Emergency



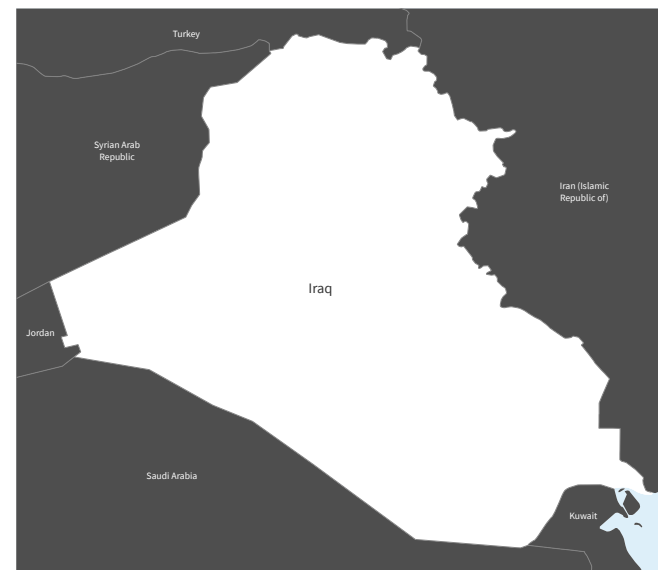
- People in need: 24.4 million
- People targeted: 22.1 million
- Requirements (US\$): 147.61 million

The fall of the Afghan Government and subsequent loss of humanitarian funding has placed more than 90% of health facilities at risk of closure, severely affecting the availability and accessibility of essential health care and nutrition services. Efforts to contain COVID-19 have been hampered as transmission

continues to rise. Other infectious disease outbreaks have increased due to population displacement, disruption of public health services and other factors. All these factors combined render the country one of the world's most complex humanitarian emergencies, and urgent action is needed to prevent collapse of the Afghan health system.



Iraq



- People in need: 2.5 million
- People targeted: 1 million
- Requirements (US\$): 37.82 million

Iraq's public health system has been severely impacted by years of conflict, loss of specialists and shortages of salaries. This has limited the ability to maintain regular programmes and services, such as immunization and maternal and child health, amid rising COVID-19 cases. According to the UN Humanitarian

Needs Overview for 2022, 1.7 million people are in acute need of health assistance. Across the country, millions of internally displaced persons, and secondary displaced persons, continue to face humanitarian needs for their physical and mental well-being, living standards and coping capacities. Social, ethnic and sectarian tensions persist on multiple fronts, causing a very high-risk humanitarian crisis. Therefore, the country needs support to ensure health coverage for its vulnerable populations and mitigate the impact of years of conflict on the public health system.

© WHO / Lindsay Mackenzie

Lebanon



- People in need: 1.9 million
- People targeted: 600 000
- Requirements (US\$): 48.14 million

Lebanon is grappling with the continued impact of the Syrian refugee crisis which has been intensified over the past 24 months by a financial and fiscal crisis, the COVID-19 pandemic and the explosions in the port of Beirut. These concurrent emergencies have culminated in the current political crisis. Poverty levels are rising

rapidly and health gains are increasingly being lost. The impact on the health sector is devastating. The political paralysis makes it difficult to effectively implement public health interventions. The economic deterioration is leading to decreases and delays in the importation of critical medical and health goods and acute shortages in medicines and medical supplies. Social instability results in the migration of health care workers.

Moreover, the infrastructure collapse has caused a decline in operational capacity, safe services, and the sustainability of health facilities (fuel and electricity, water and sanitation, and transportation). The financial crisis has also decreased the purchasing capacity for health services, increased out-of-pocket health expenses, reduced the financial viability of health service delivery outlets and delayed hospital reimbursement schemes.

18 March 2021. A COVID-19 patient is treated at the isolation centre in Misrata Medical Centre, Misrata, Libya. In response to COVID-19 in Libya, the Ministry of Health has established and equipped a new isolation centre in Misrata. WHO has supported the COVID-19 response in the country by providing technical guidance and delivering personal protective equipment (PPE) and other COVID-19 supplies. © WHO / Nada Harib

Libya



- People in need: 800 000
- People targeted: 200 000
- Requirements (US\$): 42.61 million

The fragile health system in Libya has struggled to cope with the demands brought by the COVID-19 pandemic. Many people in Libya – particularly non-Libyans, migrants and refugees – lack sustained access to primary and secondary health care, including for chronic and infectious diseases, obstetric complications, and mental health conditions. WHO's outbreak and crisis

response involve delivering and supporting health services and capacity-building; working with health partners; facilitating outreach activities; monitoring activities; as well as building health information systems.



occupied Palestinian territory



- People in need: 2.5 million
- People targeted: 1.6 million
- Requirements (US\$): 23.59 million

The COVID-19 outbreak in the occupied Palestinian territory has further strained the already challenged health system, with scarce resources being reallocated to respond to the outbreak. The situation remains particularly vulnerable in the Gaza Strip – where more than 15 years of blockade, coupled with the intra-

Palestinian political divide, continue to degrade the infrastructure and deteriorate the living conditions of the Gazan population. Recurrent bouts of conflict in both Gaza and the West Bank, including the recent escalation in May 2021, have required prioritization of trauma-related interventions at the expense of other vulnerable groups.

Somalia Grade 3 Emergency



- People in need: 7 714 943
- People targeted: 5 546 553
- Requirements (US\$): 53.76 million

Multiple hazards, including drought, floods, cyclones and conflict, have weakened Somalia's health system, and this decline has been exacerbated by the COVID-19 pandemic. The provision of essential health services has been severely affected. Child mortality has increased by 13%, while measles vaccination among

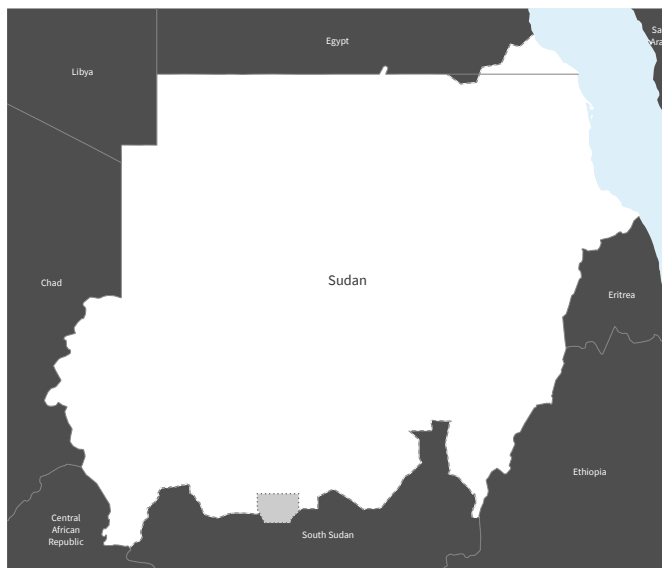
children under age 5 has decreased by 20%. Since June 2021, epidemic-prone diseases reported from districts affected by drought and floods have increased: cholera cases by 20%, acute diarrhoeal cases by 15%, and malaria cases by 38%. The cases are expected to increase as a result of further floods and drought expected in 2022. This will negatively impact access to safe water and sanitation services among displaced communities. Somalia

has a very limited capacity to manage trauma cases and, since September 2020, there has been a 33% increase in the number of these cases. Additionally, medical waste management is close to nonexistent and, as such, imposes significant biohazard risks.



On 22 March 2020, WHO Head of Office for the occupied Palestinian territory with Interim Head of WHO Gaza sub-office speak to a colleague as they deliver additional lab testing supplies and personal protective equipment to local health authorities in the Gaza Strip. © WHO / Ain Media

Sudan



- People in need: 9.1 million
- People targeted: 6.4 million
- Requirements (US\$): 48.74 million

The main drivers of Sudan's severe humanitarian health crisis are civil unrest and conflict; population displacement; disease outbreaks; and natural disasters. More than 1.1 million refugees and 3 million internally displaced persons live in Sudan, and displacements continue due to the internal conflict in

Ethiopia and intercommunal conflicts. The public health system has been severely affected by years of underfunding, resulting in a lack of qualified health staff and basic services. Disease surveillance capacities are limited in the entire country, and the fragile health system is inadequate to respond to the rapidly increasing number of COVID-19 cases. Every year, recurring disease outbreaks affect the most vulnerable. These could be prevented but are fueled by low water sanitation and hygiene capacity and limited vaccination coverage. Support is needed to secure access to essential health services for 6.4 million people.

Qatar Red Crescent Society supports the Syria humanitarian response. © WHO

Syrian Arab Republic Grade 3 Emergency



- People in need: 13.4 million
- People targeted: 12.2 million
- Requirements (US\$): 239.64 million

Syria's fragile health system is under severe strain due to multiple concurrent emergencies, a debilitating socioeconomic crisis, the COVID-19 pandemic and chronic challenges. All this continues to affect the availability and quality of health services across the country and the physical and mental well-being

of the entire population. Approximately 12.2 million people in Syria are in need of health services. Constraints in resource mobilization have hindered emergency response activities and threatened the continuity of established health care delivery. Early recovery and resilience interventions that bridge humanitarian action and development also remain constrained due to challenges in international procurement and conditional funding. This has resulted in chronic shortages within the health workforce, which in turn has translated into health facilities with limited services. These factors combined make the humanitarian crisis in Syria among the most complex in the world.



Yemen Grade 3 Emergency

- People in need: 20.7 million
- People targeted: 16 million
- Requirements (US\$): 132.23 million

Escalating violence since October 2021 has had a devastating effect on the people of Yemen. The number of people requiring life-saving assistance has increased, with the latest eruption of heavy bombings in Marib and other governorates witnessing increased military operations in the

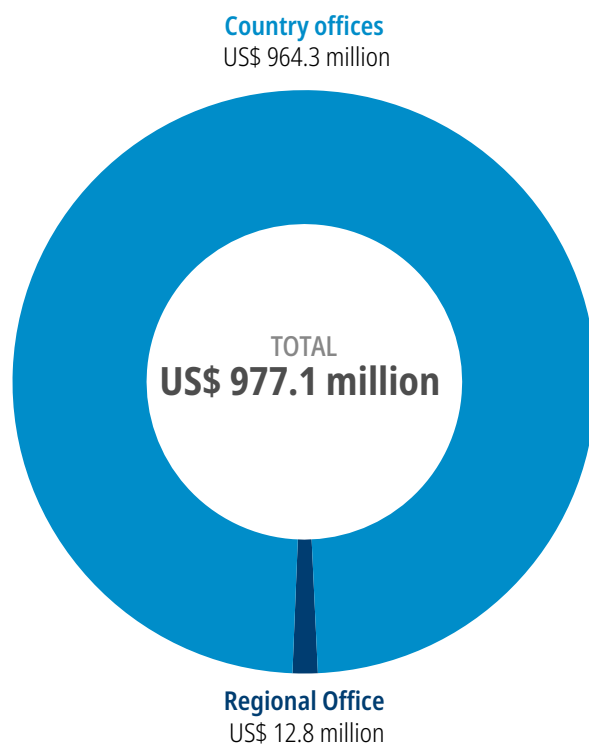
south of the country. Essential public services – including health care, water and sanitation – have sharply deteriorated in conflict-affected areas. At least one child dies every 10 minutes in Yemen. WHO's response seeks to broadly expand health services, enabling access to essential and critical assistance to reduce the prevalence of infectious diseases and ensure a protective environment for Yemen's most vulnerable populations. Support is urgently needed from the international community to ensure the continuity of life-saving activities.

WHO and partners work to expand health services, enabling access to essential and critical services. This will help reduce the prevalence of infectious diseases and ensure a protective environment for Yemen's most vulnerable populations. © WHO / Lorenzo Pezzoli

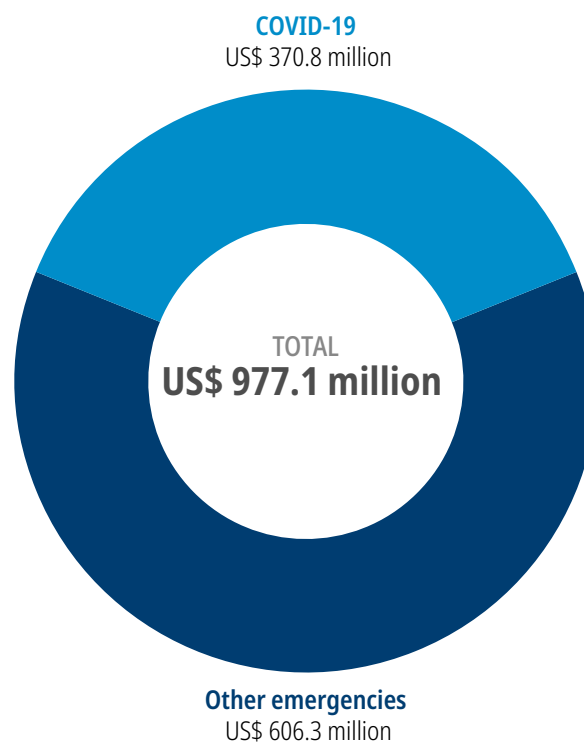


Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	18.6
P2. Risk communication and community engagement	16.0
P3. Surveillance case investigation and contact tracing	45.7
P4. Travel, trade, points of entry and mass gatherings	11.6
P5. Diagnostics and testing	124.5
P6. Infection prevention and control	52.7
P7. Case management and therapeutics	240.9
P8. Operational support and logistics	49.4
P9. Essential health systems and services	226.2
P10. Vaccination	182.8
P11. Research innovation and evidence	8.7
Total	977.1

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EUROPEAN REGION

Requirements
US\$ 286.3 million



Context

The WHO European Region comprises 53 countries covering a vast geographical area. Member States are diverse in terms of their geographical, population, economic size, health systems maturity, epidemiological and risk profiles, and other factors influencing their health emergency preparedness and response capacity. The European Region is highly interconnected through trade, transport and population movement. An emergency in one country often impacts several of its neighbours.

Member States' ability to prepare and respond to risks has been especially visible during the COVID-19 pandemic. The European Region's interconnectedness, demographics, and diversity in terms of response capabilities have contributed to severe pandemic outcomes. Europe remains the epicentre of the COVID-19 pandemic, with cumulative reported deaths from COVID-19 surpassing 1.5 million people.

The European Region continues to face many emergencies, including natural disasters and protracted emergencies associated with regional conflicts, climate change, disputed territories, and an ongoing refugee migration crisis. In 2021, the WHO Regional Office for Europe responded to multiple acute and protracted emergencies, including:

Grade 3

- COVID-19 in all Member States, requiring a sustained large-scale response since 2020.
- Whole of Syria response operations of the field office in Gaziantep covering North-West Syria, and refugee response operations in Turkey since 2012.
- Conflict in Ukraine.

Grade 2

- Circulating vaccine-derived polio virus outbreak in Tajikistan and Ukraine, with consequences in neighbouring countries since 2021.
- Belarus migrant humanitarian response since 2021.

Grade 2/Ungraded

- Armenia-Azerbaijan armed conflict in and around Nagorno-Karabakh since 2020.
- Measles epidemic in the entire European Region since 2019.

WHO conducted a rapid assessment of urgent needs at points of entry on 25 February 2022 in the Republic of Moldova as Ukrainians fled the conflict. WHO will continue to support the Ministry of Health and authorities in managing the COVID-19 pandemic and humanitarian crisis, providing technical support and supplies, together with United Nations partners and donors. © WHO

Results achieved in 2021

COVID-19 pandemic:

- The WHO Regional Office for Europe through its three subregional hubs and 33 country offices **delivered equitable support to all Member States in the region** throughout the COVID-19 response ([WHO/Europe Response Timeline](#)).
- **Built and maintained incident management teams at regional and subregional hubs**, and country office levels, working across all 10 pillars of the [Strategic Preparedness and Response Plan](#) to support Member States and operationalize the [Regional Response Plan](#).
- By the end of December 2021, the WHO Regional Office for Europe **deployed 342 missions across 25 countries** as part of the COVID-19 response ([Regional COVID-19 response dashboard](#)).
- Used **response teams to provide technical support to frontline workers, policymakers and support staff** through 814 webinars, trainings and workshops.
- **Delivered more than 1.4 million kg (US\$ 89.6 million) in emergency supplies to 31 Member States and territories**, including personal protective equipment, laboratory and biomedical supplies, and medicines.
- In response to the circulating vaccine-derived polio virus outbreak in Tajikistan, **supported three rounds of high-quality immunization campaigns with the novel oral polio vaccine type 2 during the COVID-19 pandemic**. All rounds exceeded 99% coverage administratively and high (92%–97%) coverage as confirmed by external assessments using the lot quality approach. Tajikistan was the first country outside African Region to be verified for novel oral polio vaccine type 2 use readiness, and the verification was completed in record time.
- **Addressed health needs related to the Nagorno-Karabakh conflict through the Central Emergency Response Fund** “Bridge 5 for Health” project implemented from April–July 2021. The project included the rollout of 28 mobile clinics in conflict-affected areas and support for rehabilitation and mental health. Deployed trauma supplies and non-communicable disease kits to Armenia and Azerbaijan and led the Health Sector groups in each country during the response. Launched a project to increase mental health service delivery in support of humanitarian needs in populations affected by the conflict.

Other emergencies:

- In Ukraine, **provided continuous support to the eastern conflict areas and coordinated all humanitarian health partners**. The support benefited more than 400 000 people. Coordinated the polio response in the western part of the country. Developed a practical humanitarian-development-peace nexus approach to the conflict area and beyond, and developed core International Health Regulations capacities to better prepare for and respond to emergencies.
- In response to a **growing number of migrants gathered close to the Belarus border with Poland, Lithuania, and Latvia, identified key areas of support to alleviate the health challenges** faced by the affected populations.

Response strategy

The WHO Regional Office for Europe will continue to support countries to prevent, prepare for, respond to, and recover from emergencies, including in humanitarian settings across the Region. The regional response strategy is aligned with [WHO's Thirteenth General Programme of Work 2019–2023](#) and goes hand-in-hand with efforts to help countries meet their obligations under International Health Regulations (2005).

The response strategy builds on lessons learned from recent and ongoing emergencies. The WHO Regional Office for Europe continues to work closely with national authorities and international partners to tailor action to local settings, so that responses are timely, effective and appropriate. This includes providing leadership and coordination, guidance and technical support, capacity strengthening activities, delivering supplies, and deploying surge staffing where needed.

The WHO Regional Office for Europe's strategy aims to support Member States to address the immediate health needs of populations affected by health emergencies while tackling the root causes of their vulnerabilities. This means helping countries respond while working to strengthen the resilience of their health systems.



During a recent visit to Belarus in November 2021, WHO's Regional Director for Europe met with migrants at the border with Poland and met with local and national authorities and nongovernmental organizations on the ground. WHO has worked to improve primary health care provision and sanitation facilities for migrants in the border region, and to provide medical supplies and advice on mental health services. © WHO

Regional priorities

Providing tailored support to countries and reinforcing regional preparedness and capacity to respond to emergencies are core priorities of WHO's [European Programme of Work](#) and of [WHO's Action Plan to Improve Public Health Preparedness and Response in the WHO European Region, 2018–2023](#).

WHO's Action Plan aims to strengthen national and regional capacities to effectively prevent, prepare for, detect, and respond to public health threats and emergencies – providing support to affected countries when necessary. The WHO Regional Office for Europe will revise and update its Action Plan in 2022. This will be based on the recommendations made by official reports on preparedness and the COVID-19 response commissioned by WHO and other recognized institutions, and informed by lessons learned from the COVID-19 pandemic by Member States.



Regional priorities for 2022 include:

- Maintain the current COVID-19 pandemic response, including the WHO incident management teams, activities, and technical support needed by Member States.
- Manage ongoing and new acute responses to major multi-country emergencies, involving emerging and re-emerging epidemic-prone diseases, influenza, foodborne diseases, and vaccine-preventable diseases (such as polio and measles) that continue to cause large-scale multicountry epidemics.
- Manage protracted responses to human-induced societal emergencies in the Region.
- Continue the response to emergencies in other parts of the world, such as the protracted crises in the Syrian Arab Republic and Afghanistan, which created long-term humanitarian emergencies in Europe.
- Improve readiness to respond immediately to sudden-onset events, including hydro-meteorological and geological hazards (such as major earthquakes, floods, volcanic eruptions and landslides) and human-induced technological hazards (e.g. industrial accidents and chemical or radio-nuclear contamination).

The WHO-supported mobile mental health team vehicle is parked on the street during a home visit with a former patient in Bylbasivka, Ukraine, in 2021. The team travels to remote areas in the Donetsk region to deliver specialized mental health care to patients who do not have access. The COVID-19 pandemic and protracted conflict along the Ukraine-Russian border have had a devastating impact on Ukrainians with severe mental health conditions. These coinciding events have further limited their access to specialized care. Introduced by WHO in 2015, the community mental health teams project originally aimed to provide comprehensive community-based mental health care to people who faced consequences of the conflict. WHO reinforced its support to Ukraine in the area of mental health as a part of WHO Special Initiative for Mental Health, and seven community mental health teams are working across Ukraine during the COVID-19 pandemic. Community-based care is a new approach for mental health care in Ukraine but with the support from WHO, Ukraine aims to scale up the teams for people with severe mental health conditions throughout the country. © WHO / Brendan Hoffman

COVID-19 response

The WHO Regional Office for Europe's COVID-19 response plan for 2022 aims to end the acute phase of the response for all countries in the WHO European Region. The regional strategic objectives include:

- Mobilize and engage all sectors and communities.
- Identify and control sporadic cases and clusters.
- Prevent and suppress community transmission.
- Build resilient health systems.
- Save lives by ensuring essential health and social services provision.
- Innovate and learn from the European experience.
- Leverage effective partnerships to mitigate socioeconomic impacts.

Priorities to control COVID-19 in 2022 include:

- Continue to respond to the immediate lifesaving needs of the pandemic through all 10 response pillars.
- Support countries to integrate COVID-19 systems in national disease prevention and control and health programmes.
- Institutionalize innovations made.
- Build for the future with an emphasis on emergency capacities developed through the COVID-19 response.

Using the incident management system, as outlined in WHO's Emergency Response Framework, the response priorities will continue to be operationalized through the established Strategic Preparedness and Response Plan pillar approach. The WHO Regional Office for Europe will continue to provide on-the-ground support through WHO country offices, supported by the Regional Incident Management Support Team and response hubs. WHO will deploy technical experts, provide funding and essential supplies, and facilitate capacity-building activities, as needed, to end the acute phase of the pandemic. WHO response teams will remain agile, adapting their operations and activities to best support countries in the European Region.

Focus countries

Belarus



Thousands of undocumented migrants from the Middle East and African countries have been arriving in Latvia, Lithuania and Poland via Belarus in recent months and health is an urgent need. In increasingly difficult winter conditions, and with a recent surge in COVID-19 transmission reported across Belarus throughout October 2021, WHO conducted an urgent assessment of the health situation to determine areas of critical need. Migrants need treatment, medication, psychosocial support, and information in their native languages. WHO is working with the Ministry of Health to expand the provision of health care services for migrants in temporary shelters beyond acute emergency care, by providing primary health care services; ensuring continuity of care for pre-existing conditions; and addressing increasing mental health and psychosocial support needs. The need for systematic (entry) health screenings was presented to Ministry of Health and WHO stands ready to facilitate its operationalization. WHO Belarus, together with UNICEF, is working with the Ministry of Health and local health authorities, including the Republican Centre for Hygiene, Epidemiology and Public Health, to advocate for

routine immunization for migrants. WHO delivered one health and two non-communicable disease kits to the Belarus authorities. Emergency hygiene kits were distributed to migrants on site.

There is a sharp increase in reported COVID-19 cases, around 5000 cases a day in Belarus. The country does not have a clear strategy for public prevention measures and most public health and social measures have been abandoned. The epidemiological situation among migrants is not known but the virus clearly circulates among detained migrants at the temporary shelter in the logistics centre.

WHO is working with the Ministry of Health and local health authorities to define a testing, treatment and vaccination strategy for migrants and refugees. WHO continues to advocate for the importance of vaccination and implementation of public health measures, while providing support on infection prevention and control and health supplies.

In November 2021, more than one tonne of medical supplies was delivered to Belarus by WHO to support migrant health in the border region. © WHO



Nagorno-Karabakh: disputed territory between Armenia and Azerbaijan



Following an escalation of the conflict in Nagorno-Karabakh in September 2020, Armenia and Azerbaijan saw significant numbers of displaced inhabitants, and the death and injury of civilians and military personnel. The conflict over the long-disputed territory of

Nagorno-Karabakh has displaced more than 130 000 people across both Armenia and Azerbaijan. Based on a September 2021 report, the refugee population in Armenia exceeds 28 900, and more than 40 400 people

returned to their former places of residence in Nagorno-Karabakh. Coupled with a spike in COVID-19 infections and deaths, this has resulted in high levels of distress and trauma among the refugee and host populations.

Challenges in providing support include limited information on health needs and COVID-19 surveillance data, and lack of access to the conflict-affected areas. Anecdotal evidence indicates unmet need for the rehabilitation of health infrastructure, lack of health services, a significant unmet need for mental health and psychosocial support, weak surveillance capacities, and lack of COVID-19 testing. Primary health care services are the weakest in rural areas due to a shortage of health care workers, limited competencies, and limited resources. COVID-19-related strains on health care resources and pandemic-related fatigue have exacerbated existing challenges, making providing essential health services and emergency medical services, including mental health and psychosocial support at primary and secondary care levels, a priority in these areas.

Since the outbreak of the conflict, WHO recognized the importance of addressing the health, mental health and psychosocial needs of conflict-affected populations. WHO's targeted response was mainly directed at maintaining access to essential health services, including essential medicines and medical consumables. Health care workers at the primary level have been trained on aspects of mental health and psychosocial support, and support services have been provided to affected populations based on the principles and guidelines of the WHO Mental Health Gap Action Programme Intervention Guide for non-specialized health settings.

Additionally, WHO focused on developing the capacity of Emergency Medical Teams and strengthening Public Health Emergency Operations Centres at the national level – as essential elements for the country to provide and manage timely and effective emergency care.

WHO priorities include:

- Ensure that individuals affected by the conflict have equal opportunities to reach their mental well-being as the general population, especially for vulnerable groups (e.g. children, youth, women, and the unemployed).
- Provide access to essential health services, including in the conflict-affected geographical areas within reach of WHO's operations – for example with mobile medical teams, essential medicines, biomedical and personal protective equipment.
- Strengthen Public Health Emergency Operations Centres in both countries based on local needs and priorities.
- Support the capacity-development of Emergency Medical Teams for better quality of emergency care to populations living in the geographical locations affected by the conflict.

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WHO will work to:

- Identify priority mental disorders, including violence and suicide rates, in the post-conflict context, especially among subgroups related to age, sex, and other individual factors; and institute means for measuring well-being and the determinants of well-being (in addition to measures of mental disorder) throughout the life-course in the affected groups and geographical areas.
- Develop and introduce local and community-based mental health services organized around the needs of the targeted population, including information and means to help oneself or support family members; primary health care services for the treatment of common mental health problems; and community mental health services for prevention, treatment, and psychosocial rehabilitation of people with severe and/or complex mental health problems.
- Develop and deliver an integrated package of mental health promotion, prevention of mental diseases, and interventions to support vulnerable groups' mental well-being, including children and older people.
- Train a competent workforce at the primary health care level, including nurses from village medical points without doctors, based on the principles and guidelines of the WHO Mental Health Gap Action Programme Intervention Guide for non-specialized health settings, and integrate social workers in the health system.
- Continue to support the operations of the mobile medical teams to provide access to essential and emergency health services in the conflict-affected areas within reach of WHO's operations.
- Continue to supply essential medicines, biomedical and personal protective equipment to the conflict-affected areas within reach of WHO's operations.
- Continue to maintain the emergency care hotline system in the conflict-affected areas to enable access to essential health services of the population.
- Continue to work on the development of the public health operations centres at the national level in both countries, based on previous and ongoing work and individual needs.
- Continue to work on the development and strengthening of Emergency Medical Teams to provide emergency care in the conflict-affected areas in line with WHO principles and standards.

On 23 May 2021, 4.6 million doses of novel oral polio vaccine type 2 arrived in Dushanbe, Tajikistan. These vaccines were used for a nationwide polio immunization campaign. During the campaign, almost 1.3 million children under the age of 6 were targeted to receive the vaccine.
© WHO / Mukhsindzhon Abidzhanov



Kyrgyzstan



Despite high national vaccination coverage, the reported outbreaks of measles in the recent past indicate the presence of subnational pockets of vulnerable populations. Moreover, the occurrence of circulating vaccine-derived polio virus type 2 in Tajikistan warrants closing the immunity gap for any infectious disease, including and primarily for polio and measles. Infectious diseases remain a critical challenge in Kyrgyzstan, including measles outbreaks. In addition, lack of implementation of

case management protocols and poor infection control procedures often lead to hospital-acquired infections. The COVID-19 pandemic further disrupted the effective delivery of immunization services in the country, especially because immunization staff were diverted to the pandemic response. This caused interruptions in immunization activities, including the population not accessing routine immunization services due to public health and social measures to contain the COVID-19 pandemic. WHO supports routine immunization as well as surveillance activities on vaccine-preventable diseases to ensure that suspected measles cases are rapidly detected and reported. Ongoing technical assistance on measles and rubella surveillance, and on improving population immunity, aims at preventing outbreaks in an already delicate environment.

WHO's response strategy is to build capacity of national and subnational immunization programme managers, including health care workers at primary health care centres, to detect under- and unvaccinated target populations and manage the vaccination response (catch-up vaccination in lieu of the ongoing COVID-19 response). This is to close any immunity gaps for both polio and measles in Kyrgyzstan. WHO will also work to further strengthen acute flaccid paralysis surveillance, including monitoring data and strengthening the information system, within the wider domain of vaccine-preventable disease surveillance. This technical assistance will support defining population susceptibility to measles infection, with a preventive measles-rubella immunization campaign planned in early 2023.

As a lower middle-income economy in the WHO European Region, Kyrgyzstan is a beneficiary of advance marketing commitment of Gavi for receipt of the COVID-19 vaccines. Kyrgyzstan has also received COVID-19 vaccines as part of bilateral donations and deals, including procurement of vaccines using the national budget. To date, Kyrgyzstan has used seven types of COVID-19 vaccines, with 60% utilization of the available vaccine doses. The national COVID-19 vaccine deployment plan indicates prioritization of population groups aligned with the target groups suggested by WHO. This includes health care and social care workers, elderly populations (above 60 years), and people with co-morbidities, including identified sociodemographic groups. As of data reported to WHO by the Ministry of Health, only 16.5% of the total population received its complete dose series, whereas only 19.5% of the total population received one dose of a COVID-19 vaccine.

The priorities in Kyrgyzstan include: ensuring rapid uptake of the available COVID-19 vaccine doses, with a specific focus on the elderly and vulnerable population groups, and closing the population immunity gaps to polio and measles to prevent any outbreaks. Moving forward – and given likely COVID-19 related disruptions in 2021 in the delivery of routine immunization services at the subnational level – catch-up vaccination should be planned for children missed in 2020 and 2021 for vaccines in the national immunization schedule.

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Tajikistan



In 2021, Tajikistan experienced an outbreak of circulating vaccine-derived polio virus type 2. Based on recommendations of WHO and the Global Polio Eradication Partners, Tajikistan conducted three rounds of vaccination campaigns using novel oral polio vaccine type 2. The final round was completed on 11 September 2021. Reported coverage was 99% for each round. Post supplemental immunization activity monitoring for quality assurance of the three rounds of novel oral polio vaccine type 2 indicated

a coverage rate of 92%–99%. No additional type 2 vaccine-derived polio virus has been isolated from human or environmental samples since 27 August 2021. The final outbreak response assessment is planned for the end of March 2022, after which the outbreak is expected to be formally “closed”, with six months without detected transmission.

The multi-partner outbreak response assessment recommended that Tajikistan:

- Strengthen polio virus surveillance.
- Identify zero-dose and migrant populations and close immunity gaps in these groups.
- Identify and address the reasons for low-performing surveillance at the subnational level and provide additional polio surveillance training for health care workers throughout the country.
- Review and address the quality of vaccine management during vaccine campaigns and routine immunization.
- Strengthen communication to address vaccine hesitancy and increase uptake among populations who are unregistered in the health care system.

In the absence of a national polio virus lab, all samples must be shipped to labs in the Russian Federation and the Netherlands, making surveillance expansion the costliest component of the recommendations. Tajikistan exhausted the Global Polio Eradication Initiative surge support for responding to the outbreak with three rounds of immunization campaigns. The country requires additional financial support to close the outbreak and surge capacity gap and to strengthen surveillance to detect any cases and mount an early response.

WHO's response strategy includes building capacity of national and subnational immunization programmes and vaccine-preventable disease surveillance managers, including health care workers at the primary health care centres. Acute flaccid paralysis surveillance will be strengthened, including monitoring data and improving information systems, as part of the overall response to enhance fever and rash surveillance for measles and rubella. Detection of under- and unvaccinated target populations and mounting a vaccination response (catch-up vaccination in lieu of the ongoing COVID-19 response) will be beneficial to close any immunity gaps for both polio and measles in Tajikistan.

As a lower middle-income economy in the WHO European Region, Tajikistan is a beneficiary of advance marketing commitment of GAVI for the receipt of the COVID-19 vaccines. Tajikistan also received COVID-19 vaccines as part of bilateral donations and deals, including procurement of vaccines using the national budget. To date, Tajikistan used six types of COVID-19 vaccines, with 68% utilization of the available vaccine doses. The national COVID-19 vaccine deployment plan indicates the prioritization of population groups aligned with target groups suggested by WHO. It includes health care and social care workers, elderly populations (above 60 years), and people with co-morbidities, including identified socio-demographic groups. As of data reported to the WHO by the Ministry of Health, 40.6% of the total population had received the complete dose series, whereas 49% of the total population received one COVID-19 vaccine dose. Tajikistan has mounted three rounds of novel oral polio vaccine type 2 campaigns in response to the detection of circulating vaccine-derived polio virus. The country has also rolled out COVID-19 vaccines to priority populations. Moving forward, a focus will also be placed on catch-up vaccinations for vaccines in the national immunization schedule that children missed in 2020 and 2021.

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Turkey

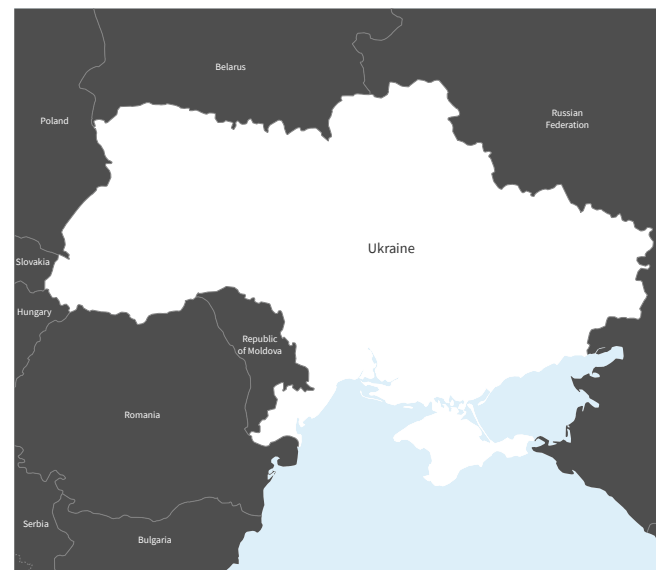


- Requirements (US\$): 54.71 million

Turkey hosts the largest refugee population in the world, with at least 3.7 million refugees and migrants and 330 000 asylum seekers (as of October 2021) – predominantly from the Syrian Arab Republic, and also Iraq, Iran, and Afghanistan. The unmet health needs of these vulnerable groups have been exacerbated by the COVID-19 pandemic, resulting in decreased access to health services –

especially to maternal and newborn health (including vaccination), noncommunicable diseases, mental health, disability, rehabilitation, and health information. Support is needed to strengthen the coordination of health services provided by the Ministry of Health and other health actors. Support is also needed to provide health information in several languages for community sensitization and engagement. WHO Turkey continues to assist the Ministry of Health to provide these essential health services to the refugee and host populations. Work is focused on community health, primary health care, noncommunicable diseases, mental health, communicable diseases (including COVID-19), as well as strengthening health systems.

Ukraine and neighbouring countries Grade 3 Emergency



- People in need: 18 million
- People targeted in Ukraine: 6 million
- Requirements (US\$): 57.5 million

Casualties due to the conflict have been reported across the country and are expected to rise. Emergency medical services, surgical departments and intensive care units are likely to become overwhelmed with trauma patients. Essential health services have been disrupted and are collapsing and jeopardize the treatment

of chronic/non-communicable diseases. Equally, there is disruption and lack of access to mental health and psychosocial support services, sexual, reproductive and maternal health care, antenatal care, child health and assistance to people with disabilities.

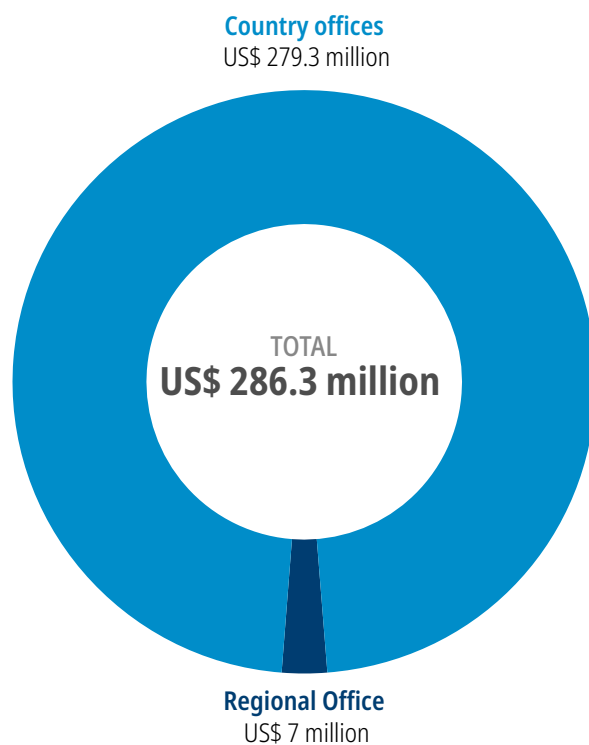
There is poor or no access to primary health care institutions due to restricted mobility and security concerns. Damage to health care infrastructure, curtailed access to referral hospitals and pharmacies, and personnel fleeing from conflict-affected areas are compounding to paralyze the health system.

Health care services disruptions, coupled with conflict conditions, increase the affected population's vulnerability to communicable diseases, such as COVID-19, polio and measles. Poor vaccination coverage increases the risk of outbreaks, particularly among children. The COVID-19 pandemic and the recent reported cases of polio in the western part of the country compound this risk.

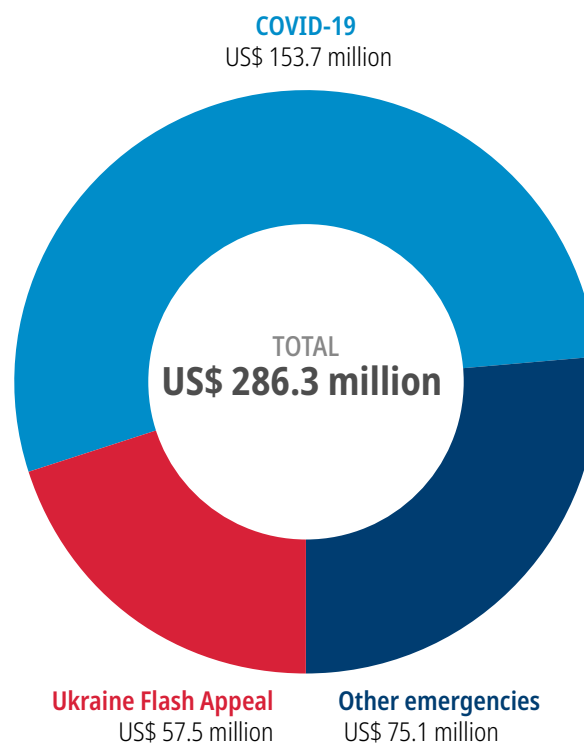
The pre-existing mental health and psychosocial support needs of the population have also intensified. Health care workers face overloading, understaffing and are at increased risk of psychological distress and mental health disorders because of witnessing traumatic events.

Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	8.8
P2. Risk communication and community engagement	12.0
P3. Surveillance case investigation and contact tracing	10.1
P4. Travel, trade, points of entry and mass gatherings	3.9
P5. Diagnostics and testing	55.0
P6. Infection prevention and control	31.1
P7. Case management and therapeutics	32.4
P8. Operational support and logistics	13.6
P9. Essential health systems and services	40.6
P10. Vaccination	21.3
P11. Research innovation and evidence	0.1
Ukraine Flash Appeal*	57.5
Total	286.3

* Flash Appeal for Ukraine and neighbouring countries covers WHO's funding requirements for 3 months March 2022 – June 2022.

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SOUTH-EAST ASIA REGION

Requirements US\$ 144.7 million



Rohingya camp in Cox's Bazar, Bangladesh. WHO mobilized partners in Cox's Bazar, Bangladesh to establish over 1000 beds in and around the camps for treatment of severe cases of COVID-19. WHO also enhanced the disease surveillance system, strengthened contact tracing, trained health workers on infection prevention and control, and delivered essential health supplies.
© WHO / Fabeha Monir

Context

Several of the 11 Member States that comprise the WHO South-East Asia Region are low- and middle-income countries, where the government is the leading health service provider and investment in the health sector remains a challenge.

The Region is vulnerable to health emergencies caused by natural hazards (e.g. earthquakes, cyclones, and floods), as well as emerging and re-emerging infections and zoonotic diseases (e.g. Zika, Nipah virus and Japanese encephalitis). Moreover, rapid urbanization, aging populations, unplanned development and armed conflict exacerbate this vulnerability. Despite the need to prepare for health emergencies in the Region, investment in health sector preparedness and response continues to be a challenge.

Since January 2020, over 55 million cases of COVID-19 and more than 750 000 COVID-19-related deaths were reported. The Region experienced several COVID-19 surges, overwhelming the health systems in some countries, especially during the deadly Delta variant wave. As in other regions, the health effects of the pandemic were followed by severe socioeconomic consequences and human suffering.

In this context, financing the already fragile health systems in the Region is an increasing challenge. This affects negatively the provision of essential health services, adding to the morbidity and mortality caused by COVID-19. The repeated waves of COVID-19, its associated “lockdowns” and health measures, the repercussions of misinformation, and constraints on travel, movement and trade – all this is undermining the Region's ability to bounce back better and stronger.

WHO has been contributing to the pandemic response by providing high-level technical and operational support. Through global and regional partnerships and platforms, the WHO Regional Office for South-East Asia works with partners and stakeholders, building on their comparative advantages to provide support across 11 strategic areas.

Member States continued to face protracted and acute emergencies at the same time as the COVID-19 pandemic. The Rohingya crisis entered its fifth year, with almost 1 million refugees housed in Cox's Bazar, Bangladesh. WHO continues to support strengthening the provision of essential health services for the refugees.

The ongoing conflict in Myanmar has increased the country's fragility; the political situation that erupted in February 2021 has posed additional challenges to the pandemic response.

Increased funding is critical to address the deteriorating humanitarian situation and minimize further human suffering in 2022.

Results achieved in 2021

- **Established the Regional Incident Management Support Team**, which coordinated all technical and operational support to the Member States through WHO country teams in all 11 Member States.
- **Developed and implemented the Strategic Preparedness and Response Plan for 2020 and 2021** and closely monitored through the Global Monitoring and Evaluation Framework. This mechanism facilitated the COVID-19 response for a population of almost 1.75 billion, including roll-out of COVID-19 vaccination. Approximately 53.7% of the total population in the Region is now fully vaccinated, with 66.5% of the population having received at least one dose.
- **Continued response to the Rohingya crisis**, addressing the health needs of almost 1 million refugees housed in Cox's Bazar, Bangladesh. Established a strong Early Warning Response and Alert System to help prevent catastrophic outbreaks of COVID-19 in the refugee camps.
- **Strengthened genomic sequencing capacity across the Region**, which remains critical in the COVID-19 response. Ongoing work with the WHO Collaborating Centres and partnerships established through the ACT-A and Health Systems Connector played a pivotal role in this area.

Response strategy

The WHO Regional Office for South-East Asia continues to work with Member States and partners to address the urgent and lifesaving health needs of the Region's vulnerable populations, coordinating a response in line with global standards and guidance. The broad strategies adopted include:

- Support context-specific emergency operations to ensure an effective response to the COVID-19 pandemic in the Region's Member States.
- Ensure the provision of essential health services to the most vulnerable populations, especially those in humanitarian settings (e.g. Rohingya refugees).
- Facilitate building back better by focusing on resilient health systems.

As a cross-cutting approach, the strategy will encompass gender, equity and human rights to ensure no one is left behind and communities are at the centre of all actions.



Regional priorities

Coordination

- As the Health Cluster Coordinator, build capacity and partnerships, which will be key to a stronger response in 2022.
- Maintain existing platforms at regional and country level through UN Teams and Humanitarian Teams to ensure a coordinated response, building on the comparative advantages of all stakeholders.
- Integrate cross-border collaboration as part of coordination efforts.

Technical support

- Provide technical support in disease surveillance, risk communication and community engagement, infection prevention and control, laboratory support, and clinical management.
- Sustain ongoing technical work for mass gatherings and for public health and social measures.

Supply chain management

- Continue supporting regional stockpiling, developing regional hubs, and building the capacity of human resources.

Essential health services

- Support health systems to ensure the continuity of essential and basic health services, especially in fragile, vulnerable and conflict-affected settings.
- Address health care needs of migrants, refugees and other vulnerable groups.

WHO supported COVID-19 preparedness and response for vulnerable Rohingya refugees and host communities in Cox's Bazar, Bangladesh. WHO Infection Prevention and Control Specialist speaks with a doctor at a Severe Acute Respiratory Infection Isolation and Treatment Centre in a Rohingya camp. © WHO / Fabeha Monir

Vaccines

- Continue COVID-19 vaccination activities.
- Maintain routine immunization programmes.

Research and evidence generation

- Conduct accurate data collection and analysis to inform evidence-based policies and interventions for the pandemic response.

COVID-19 response

The South-East Asia Region continues to work to maintain essential health services during the COVID-19 pandemic, with a renewed focus on vaccination and research. The response is aligned with the Strategic Preparedness and Response Plan for 2022. A large component of this work includes coordination with partners through regional platforms and mechanisms established in 2020–2021. Risk communication, community engagement, and infodemic management activities – including the development and dissemination of critical information and addressing misinformation and rumours – will continue throughout 2022. A focus will also be placed on strengthening surveillance, epidemiological investigation and contact tracing, as well as on adjusting public health and social measures, as needed. To ensure a holistic COVID-19 response, the Regional Office is also strengthening activities for: points of entry, international travel and transport, and mass gatherings; laboratories and diagnostics; infection prevention and control, and protection of the health workforce; case management, clinical operations, and therapeutics; operational support; as well as logistics and supply chains.

Focus country

Myanmar



- People in need: 14.4 million
- People targeted: 6.2 million
- Requirements (US\$): 10.54 million

Since the military takeover in Myanmar on 1 February 2021, the public health workforce has been severely impacted by the Civil Disobedience Movement, which has drastically reduced the range of essential health services available in the public sector. Simultaneously, the country is experiencing decreased

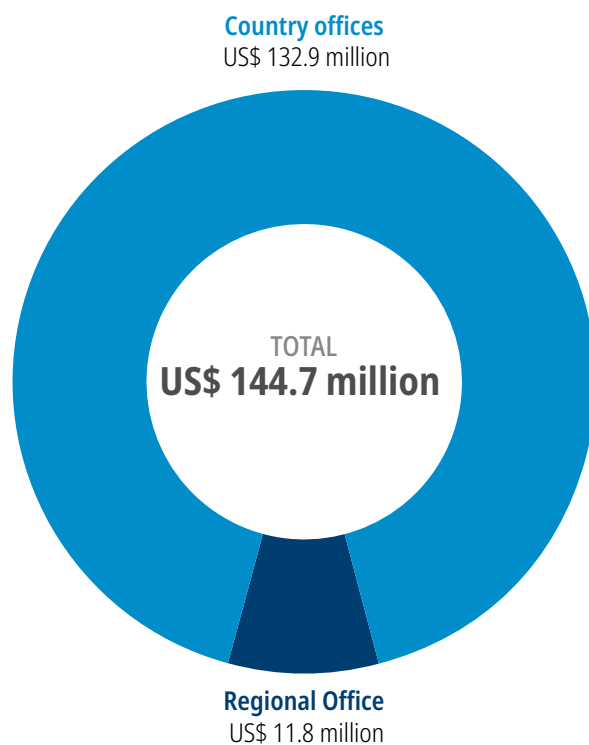
public confidence in the services provided by the de facto authorities; weakened livelihoods due to long COVID-19 restrictions; and a wave of COVID-19 infections that overloaded the public health system, resulting in a 4.78% case fatality rate. Routine immunizations have been disrupted. This has resulted in declining numbers of children protected against preventable diseases, combined with higher risks of explosive outbreaks and poor health outcomes. Surveillance, diagnosis, and treatment for tuberculosis and malaria are also extremely limited. Training, equipping and protecting frontline care providers, together with equitable vaccination, are priority actions in the COVID-19 response.

Airport Staff unload a cargo of COVID-19 vaccines and test kits at Yangon International Airport on 1 June 2020.
© UNICEF / Nyan Zay Htet

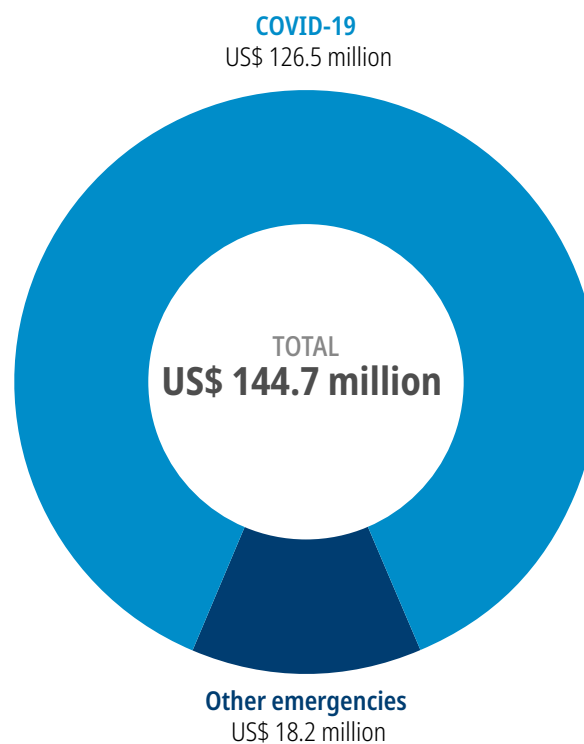


Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	10.4
P2. Risk communication and community engagement	7.4
P3. Surveillance case investigation and contact tracing	18.1
P4. Travel, trade, points of entry and mass gatherings	2.8
P5. Diagnostics and testing	25.1
P6. Infection prevention and control	6.8
P7. Case management and therapeutics	9.8
P8. Operational support and logistics	23.0
P9. Essential health systems and services	12.3
P10. Vaccination	23.6
P11. Research innovation and evidence	5.3
Total	144.7

For more information

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WESTERN PACIFIC REGION

Requirements
US\$ 81.3 million

Context

Home to almost 1.9 billion people across 37 countries and areas in the Asia Pacific, over time the WHO Western Pacific Region has experienced improvements in health and life expectancy, which have driven economic and social development in many countries.

Throughout 2021, the COVID-19 pandemic continued to have a devastating impact in the Region, but it was far from the only health challenge. Too many people, especially vulnerable and marginalized groups, continue to be afflicted by infectious diseases that we know how to prevent and control. Environmental and climate changes are affecting fundamentals like the air we breathe, the water we drink and the ground under our feet which, for some communities in the Pacific, is disappearing as sea levels rise. More frequent natural disasters associated with climate change are adding to the Region's trauma burden. All of these challenges pose extreme risks to the Region's health.

Natural disasters – such as floods, landslides, typhoons and volcanic eruptions, to name but a few – regardless of size or scale, place those in vulnerable settings at increased risk of adverse health outcomes. Avian influenza, antimicrobial resistance and food safety are also major health threats.

WHO responded to multiple acute events in 2021, including the COVID-19 pandemic, which was a Grade 3 event (the highest on a three-grade scale).

Health security is a long-standing priority for WHO and Member States in the Western Pacific Region. Health security threats continue to occur and require advanced preparedness. Regional preparedness and response strategies are informed by relevant regional frameworks, such as the [Asia Pacific strategy for emerging diseases and public health emergencies \(APSED III\)](#), Disaster Risk Management for Health Framework, the [Framework for accelerating action to fight antimicrobial resistance in the Western Pacific Region](#) and the [Regional framework for action on food safety in the Western Pacific](#).



COVID-19 vaccination outreach took place in the Ha'apai Island group of Tonga in 2021. Through COVAX – led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI), and WHO, alongside key delivery partner UNICEF – over 1 million vaccine doses were delivered across the Pacific in 2021. WHO, UNICEF, and COVAX partners have led the regional coordination of COVID-19 vaccine rollout in the Pacific, supported regulatory authorization, helped in the development of national vaccination plans, provided training to health workers, and shared technical guidance and tools. © WHO / Yutaro Setoya

Results achieved in 2021

In the Western Pacific, WHO worked with countries and key partners to protect lives and prevent deaths during the COVID-19 pandemic. To do this, WHO worked across all 10 pillars of the Strategic Preparedness and Response Plan and delivered support to all Member States in the Region. WHO also responded to sporadic cases of human avian influenza, and natural disasters such as floods, typhoons, and volcanic eruptions.

Throughout the pandemic, WHO's leadership in the Region implemented processes to improve accountability. A risk management approach has enabled WHO support while ensuring ongoing learning and improvement in tackling pandemic challenges and implementing *For the future*, WHO in the Western Pacific's vision for working with Member States and partners. Results achieved in 2021 include:

- Repurposed staff and reprioritized work across the Region to **bolster preparedness and response efforts** for Member States.
- **Identified priority activities to support COVID-19 response efforts while continuing essential services**, continuing "last-mile" disease elimination efforts, strengthening core health system components and making progress on implementation of *For the future*.
- **Continuously updated guidance** for governments and populations to anticipate risks and take actions to minimize the impact of the pandemic.
- **Supported in-country response** to control the pandemic and minimize health and social impacts.
- **Leveraged whole health systems** and WHO for the response.
- **Implemented thematic priorities** and new ways of working outlined in *For the future*.
- **Forged new partnerships and strengthened existing partnerships**, which were particularly important in getting vaccines and life-saving supplies to remote parts of the Region.
- **Improved capacities** and responses.

Local government units led response activities for Typhoon Odette. Assessments provided by United Nations agencies, including WHO, in affected areas were crucial to understand where the urgent humanitarian needs existed. © WHO

Regional priorities

Providing tailored support to countries and reinforcing regional preparedness and capacity to respond to emergencies are core priorities of *For the future* and *APSED III*. By December 2021, WHO and Member States in the Western Pacific had been responding to COVID-19 for 24 months. Recognizing that COVID-19 would continue to significantly impact, even dominate the work of WHO, Member States, and partners across the Region and beyond, efforts and workplans were refocused on combatting the pandemic in the Region to minimize the health toll and social and economic disruptions. At the same time, the regional corporate framework was maintained for responding to COVID-19 as the guide for:

- Responding in countries and areas to control the epidemic and minimize health and social impacts.
- Leveraging the whole of the health system and WHO for the response.
- Driving implementation of *For the Future* and new ways of working.
- Forging new and strengthening existing partnerships.
- Learning so that WHO and Members States improve their capacities and responses.



COVID-19 activities

WHO supports countries with preparedness and response efforts aimed at protecting the most vulnerable and marginalized and preventing health care systems from becoming overwhelmed. The following areas were identified as priorities to strengthen and support Member States' preparedness and response at national, subnational, and local levels:

- Vaccines – ensure effective use of vaccines, including equitable access and acceleration of vaccine uptake.
- Public health and social measures – use individual-based and targeted measures with a population approach, to be calibrated as needed.
- Health system capacity – monitor health care utilization and improve capacity and efficiency using intermediate care facilities and home-based monitoring as appropriate so that patients receive the right care, in the right place, at the right time.
- Early detection and targeted response measures – detect infections early utilizing genomic sequencing in order to control and suppress transmission.
- International border measures – strengthen surveillance capacity at points of entry.

The key priorities are supported by three strengthened pillars:

- Surveillance – use multi-source surveillance systems, including all-cause mortality, for informed decision-making and establish or strengthen whole genome sequencing surveillance systems for timely decision-making and information sharing.
- Contact tracing and monitoring – implement efficient contact tracing processes, including digital technology, to identify high-risk areas/settings and vulnerable groups.
- Communication – build health literacy and influence individuals and communities to adapt, adjust, and sustain behaviours that protect health and combat misinformation and disinformation.

The virus is expected to remain for years and continued vigilance will be required. Over the coming months, COVID-19 policy decisions should take a risk-based approach to inform not only short-term priorities but also preparedness and readiness for the long-term. Member States will be encouraged to leverage the current situation to improve health systems applying APSED III and public health principles to realize the vision set out in [For the future](#) using universal health coverage as the foundation. This will not only facilitate response to COVID-19 but also improve pandemic preparedness and response to build resilient health systems and societies.

Focus countries

Pacific Island countries and areas frequently face outbreaks and natural disasters. Public health threats are inevitable, and the complexity and scale of these events may increase in the future as a result of the interaction of a number of compounding factors, including demographic shifts and the impact of climate change on small island nations. The Pacific is home to some of the most remote, most disaster-prone and most climate-vulnerable countries and areas on earth. With remote islands spread over vast distances and small populations with limited human resources, Pacific Island countries and areas have historically relied on external support to prepare for and respond to the wide range of hazards that they face. However, Pacific Island countries and areas continue to strengthen their national preparedness and response capacities and invest in resilient infrastructure and systems to face growing threats related to a wide range of hazards.

A patient and his son leave the Tulagi Clinic outpatient area in Tulagi, Solomon Islands.
© WHO / Neil Nuia



Philippines

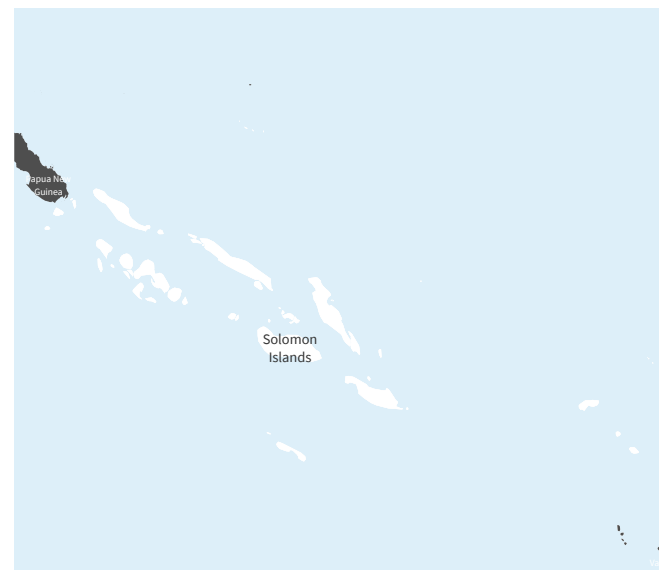


- Requirements (US\$): 5.02 million

Typhoon Rai (Odette) has disrupted access to health services with 490 health facilities affected in 10 of 17 subnational areas of the country after its nine landfalls from 14–18 December 2021. The most affected areas are in Southern Leyte, Cebu, and Bohol provinces and the CARAGA region. The damage to health facilities placed the population at risk for morbidity and mortality, and the continuing threat of COVID-19 hampers authorities' ability to

respond at a time when these services are needed the most. Lifelines are either absent or partially functional, rendering risks to indigenous peoples, especially women and girls. There is continued interruption in disease surveillance and early warning systems, cold chain, laboratory and immunization. As health care workers were also victims, there is limited deployment of mental health and psychosocial support teams, surveillance officers and supervisors in the field. Thus, there is continued temporary support to the operations of medical and public health offices by unaffected subnational teams. In addition, the situation aggravates the limited capacity for waste management, including medical waste.

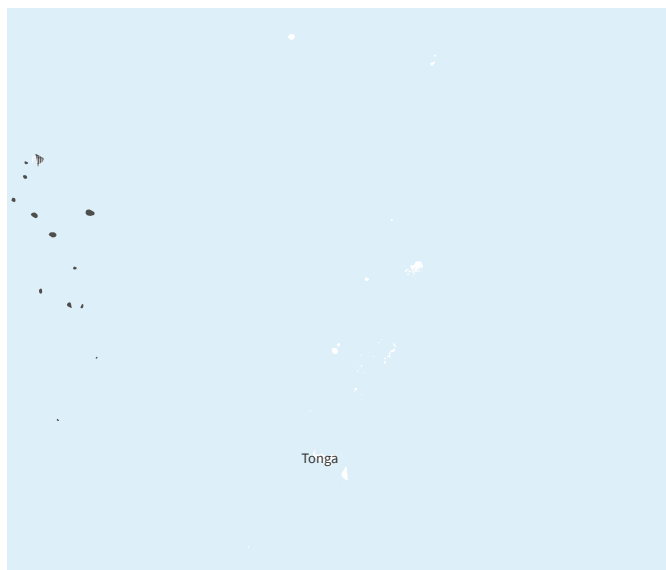
Solomon Islands



Solomon Islands is comprised of over 900 islands and atolls, with a population of approximately 700 000 dispersed over nine provinces. The population is spread over 347 inhabited islands which poses significant difficulties for emergency response. While 80% of the population live in rural areas, the urban population is growing at 5% per annum – more than twice the overall rate of population growth. The country faces a range of hazards with communicable diseases, noncommunicable

diseases, and the effects of climate change affecting large portions of the population. Among communicable diseases, malaria, dengue, and leptospirosis continue to be a challenge. The health system is constantly stretched by having to grapple with frequent natural disasters and the effects of climate change. After keeping COVID-19 infections to minimal levels throughout 2020 and 2021, Solomon Islands is currently experiencing a surge in cases, compounded by a dearth of health care workers and one of the lowest COVID-19 vaccination rates in the Region.

Tonga



The Kingdom of Tonga comprises 36 inhabited islands across 740 square kilometres in the South Pacific Ocean, with a population of just over 100 000 people. Tonga remains highly vulnerable to epidemic-prone disease outbreaks and the health consequences of natural disasters. Tonga faces disaster risk from extreme weather, coastal erosion and inundation, earthquakes and tsunamis. The majority of Tonga's population live in low-lying coastal areas making them increasingly vulnerable to sudden onset

disasters. Adding to this, the population is spread over small, isolated islands which makes the logistical challenges in response more difficult and costly. The massive volcanic eruption and tsunami in early 2022 affected over 84 000 people, with potential long-term impacts on marine life, agriculture, coastal infrastructure, and livelihoods across the country.

Vanuatu

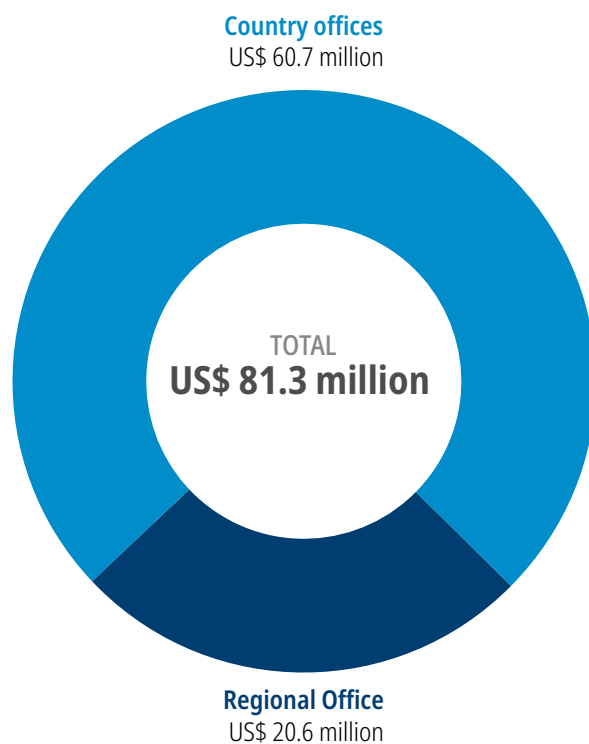


Vanuatu is often at the top of global disaster risk rankings, with frequent tropical cyclones, volcanic eruptions, earthquakes, and infectious disease outbreaks. Stretching over 1300 kilometres from north to south, Vanuatu comprises 83 islands, 65 of which are inhabited, with a land area of approximately 12 300 square kilometres. In recent years, Vanuatu has repeatedly been affected by natural and infectious hazards, keeping the country in a near-constant response posture. Common natural hazards include

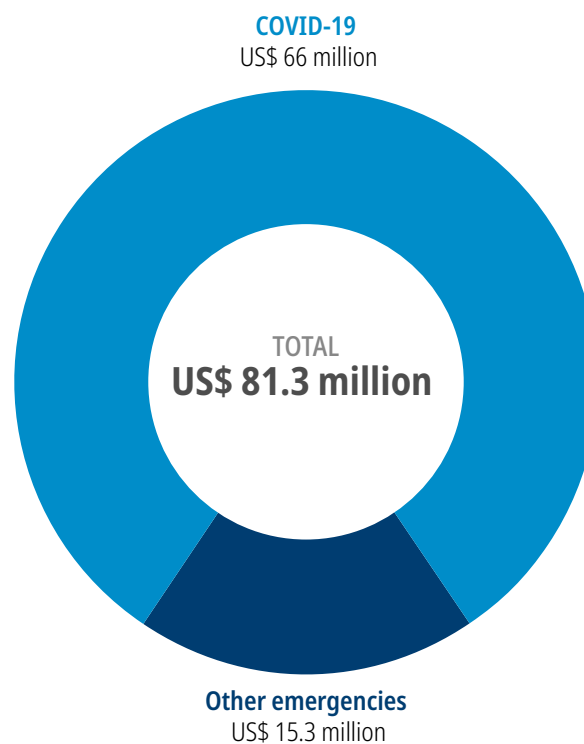
cyclones, volcanic eruptions, floods, earthquakes, and tsunamis. Vanuatu sits on the Pacific 'Ring of Fire' at the meeting of two tectonic plates, exposing the island nation to frequent earthquakes with over 2000 seismic events reported each year. Most of the population live along the coast of the eight largest islands and are particularly vulnerable to tropical cyclones. Vanuatu frequently faces outbreaks of dengue and leptospirosis, often in parallel to natural disasters, and has one of the lowest ratios of health care workers to population in the Region.

Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	5.4
P2. Risk communication and community engagement	6.3
P3. Surveillance case investigation and contact tracing	4.6
P4. Travel, trade, points of entry and mass gatherings	1.1
P5. Diagnostics and testing	10.4
P6. Infection prevention and control	4.6
P7. Case management and therapeutics	10.5
P8. Operational support and logistics	16.4
P9. Essential health systems and services	8.0
P10. Vaccination	13.3
P11. Research innovation and evidence	0.8
Total	81.3

For more information

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III. COUNTRY APPEALS

AFGHANISTAN

People in need
24.4 million

People targeted
22.1 million

Requirements
US\$ 147.61 million

Context

Afghanistan is experiencing an extensive and complex humanitarian crisis characterized by political and economic instability, a severely weakened health system, food insecurity and malnutrition, ongoing outbreaks, a COVID-19 pandemic that continues to spread, severe drought, and several natural disasters. Of the 24.4 million people in need of humanitarian assistance in Afghanistan, 22.1 million people will require health assistance in 2022, an increase of 25% from the previous year with the numbers rising.

Universal access to emergency primary health care does not exist in Afghanistan. At least 1000 health facilities located across the country are not currently supported by any institution. In these underserved areas, 70% of the population must travel more than 10 kilometres, often on foot, to reach the nearest health centre. The escalation of humanitarian needs was fuelled by the political events of August 2021. This resulted in a long-term pause for development funds by international donors to the “Sehatmandi” project, the backbone of the Afghan health system, which delivers basic and essential packages of health services at more than 2300 health facilities around the country. The need for lifesaving medical supplies and equipment increased drastically since August 2021. The pharmaceutical market has become highly unstable. Quality medicines and general medical supplies are lacking. Seventy-five per cent of health facilities and hospitals

report stockouts of essential and lifesaving medications and equipment. Physical trauma has affected people in Afghanistan for the past 40 years. Although the number of conflict-related casualties declined in recent months, the occurrence of terrorist attacks against civilians, resulting in mass casualties, significantly increased. Because the provision of emergency and trauma care is excluded from the general delivery of health services, referral systems, and pre- and post-hospital care, especially at tertiary care facilities, are especially weak in Afghanistan. More than 48% of the Afghan population is living under high psychological distress, with many suffering from stress- and/or anxiety-related disorders. Access to mental health programmes and psychosocial support is not sufficient. Disrupted health services and poor living conditions have exposed the Afghan population to dangerous disease outbreaks including acute watery diarrhoea, COVID-19, measles, and dengue fever. The lack of a sufficiently supported communicable disease surveillance system has further increased the burden on the already fragile health system. All these factors combined render the country one of the world's most complex and devastating humanitarian emergencies, with women and girls disproportionately affected due to discrimination and gender-based violence.

To help speed up the rollout of COVID-19 vaccines in Afghanistan, in March 2021 a health worker attends a WHO-supported COVID-19 vaccinators' training session in Herat.
© WHO / Andrew Quilty



Response strategy

WHO's objective is to deliver essential health services to 22.1 million people in 34 provinces under the strategic priorities of the 2022 Humanitarian Response Plan to reduce avoidable morbidities and mortalities in the Afghan people. WHO will pursue two strategic directions to address the country's health needs. The first priority is to support the ongoing delivery of essential health services through facilities offering the Basic Package of Health Services and the Essential Package of Hospital Services, while extending coverage and service delivery to chronically underserved areas. WHO will also expand and scale up emergency health service delivery to address the rapidly expanding humanitarian health needs throughout the country.

WHO has increased its presence at national and subnational levels to sustain the delivery of health services and ensure a coordinated response to the ongoing health emergency. By increasing the number of mobile and static health teams, WHO will improve access to emergency primary health care services, including the provision of reproductive health services, maternal, neonatal, child health, and medical care for children with severe acute malnutrition with complications. This will also support the treatment of non-communicable diseases and routine immunizations, especially in remote and underserved areas. Increased access to secondary and tertiary care will be achieved by operationally supporting key hospitals throughout the country. WHO will strengthen COVID-19 prevention and response strategies by increasing diagnostic capacity and expanded access to testing, treatment, and vaccination. WHO will upgrade and enhance the National Disease Surveillance and Response system at national and subnational levels for timely case detection, reporting, and response. Support will be given to emergency and trauma care facilities, including physical rehabilitation and referral services, provision of medical supplies and equipment, training for health professionals in trauma care

and blood bank services, and rehabilitation for conflict-affected individuals. WHO intends to scale up its logistics operations, improve supply chain tracking tools, increase storage capacity across Afghanistan, and establish a land-based supply chain as soon as cross-border transportation from Pakistan becomes available.

Country priorities

- Support national and subnational coordination structures and increase WHO's leadership role.
- Support provision of emergency and trauma care services, including physical rehabilitation at trauma care facilities in high-risk areas.
- Improve access to emergency primary health care services, especially in remote and underserved areas, including the provision of mental health and psychosocial support services.
- Increase access to secondary and tertiary care by operationally supporting key hospitals, with a special focus on non-communicable diseases.
- Strengthen COVID-19 prevention and response strategies, including increasing diagnostic capacity, and expanding access to testing, treatment, and vaccination.
- Strengthen response to public health emergencies by increasing the capacity of the current surveillance and outbreak response system.
- Increase access to reproductive health services, including maternal, neonatal, child health, and medical care for children with severe acute malnutrition with complications.
- Improve access to comprehensive, inclusive, and specialized services for survivors of gender-based violence in emergency settings, and integration of prevention of sexual exploitation and abuse policies in health programmes.

COVID-19 response

Afghanistan faces an urgent need for greater capacity to limit the spread of COVID-19, and to mitigate its short- and long-term effects. The country aims to implement the most effective and cost-efficient measures to fight the pandemic and address gaps in the health system related to health emergencies. Afghanistan has experienced a steep decline in COVID-19 response activities, including closures of many COVID-19 treatment centres, since the pause in health system development funding in August 2021. WHO will prioritize building capacity for early detection (e.g. COVID-19 labs, surveillance, and case investigation), case management, infection prevention, and support for the continuation of essential health services during the pandemic. WHO is committed to aligning with the Afghanistan National COVID-19 Response Plan and the United Nations COVID-19 Response Plan. In 2022, WHO will focus on closing existing gaps in the country's COVID-19 response at national and subnational levels by increasing diagnostic and case detection capacity, improving surveillance systems, supporting infection prevention and control through capacity development of health workers, and improving case management in priority provinces.



Healthworkers walk in snowy terrain to bring medical supplies on donkeys to remote areas. Took a day to travel from Nusai to Shoryan HF: home to 8000 people affected by disasters and outbreaks. Every step is dedicated to saving lives in hard-to-reach areas of Afghanistan. © WHO

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.52	0.16	1.68
P2. Risk communication and community engagement	0.64	0.64	1.28
P3. Surveillance, case investigation, and contact tracing	12.37	0.64	13.01
P5. Diagnostics and testing	1.95	7.94	9.88
P6. Infection prevention and control	11.85	2.14	13.99
P7. Case management and therapeutics	7.15	0.82	7.96
P8. Operational support and logistics	7.69	0.21	7.91
P9. Essential health systems and services	33.73	1.07	34.80
P10. Vaccination	55.93	-	55.93
P11. Research, innovation, and evidence	1.17	-	1.17
Total	133.99	13.62	147.61

For more information

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Midwives who work in rural Herat province sit together after receiving COVID-19 vaccine at Herat Regional Hospital. © WHO / Andrew Quilty

CAMEROON

People in need
4 million

People targeted
2.89 million

Requirements
US\$ 12.31 million



Context

Cameroon continues to suffer from and manage humanitarian and health consequences resulting from ongoing security crises. These crises have lasted for more than seven years and affect seven of the country's ten regions. As of October 2021, it was estimated that there were more than 466 000 Central African and Nigerian refugees, 1 050 000 internally displaced persons, and 467 000 returnees or former internally displaced persons who returned to the main regions affected by armed conflicts and terrorist attacks.

- Far North Region: Attacks by Boko Haram and Islamic State groups are causing injuries and the displacement of populations. This region hosts more than 114 600 Nigerian refugees, 314 500 internally displaced persons, and 124 300 returnees (former internally displaced persons).
- North-West and South-West regions: Frequent confrontations take place between non-state armed groups and the regular arm. These two regions host more than 409 000 internally displaced persons. Approximately 244 700 internally displaced persons from the North-West and South-West regions are in the Littoral and West regions.
- The Eastern region hosts more than 207 000 Central African refugees.
- Adamaoua shelters refugees from the Central African Republic (71 000 people), from Nigeria (1260 people), and internally displaced Cameroonians (5300 people).

Cameroon also faces many epidemics, such as COVID-19, cholera, yellow fever, and measles.

© UNICEF / Frank Dejongh

Response strategy

Equitable access to quality health services is a major element of the response strategy. Mobile clinics will continue to be deployed to provide essential health care, including reproductive health care, to populations with limited access. Post-rape kits are also available in response to the high numbers of rapes. WHO will support dignified and safe deliveries by an estimated 322 500 vulnerable women. There are an estimated 235 838 women in the North-West and South-West regions and 86 665 women in the Far North region. WHO will work to ensure the referral of gender-based violence cases to the protection sector and equitable access to essential health care for 1 308 858 affected people. WHO will continue to support the establishment of an early warning and rapid response mechanism to epidemics in regions in crisis and strengthen preparation and response to epidemics. The Organization will work to improve the management of physical and psychological trauma for people affected by crises in the Far North, North West, and South West regions, and will prepare populations for resilience through community education and awareness raising aimed at empowerment. It will likewise pursue the innovative search for effective solutions to problems related to health and/or access to essential health services. Improving the quality of care in emergency situations to further preserve the dignity of beneficiary populations are critical.

Country priorities

- Improve accessibility to essential health care for populations affected by crises, primarily for mothers, newborns, and children, including access to sexual and reproductive health services.
- Guarantee dignified and safe childbirth and the prevention of unintended pregnancies, sexually transmitted infections, and HIV for all vulnerable women of childbearing age.
- Provide holistic care for survivors of gender-based violence; provide mental health care and psychosocial support.
- Support epidemics preparation and response in all areas affected by the humanitarian crisis.
- Ensure accurate COVID-19 information shared in social networks.
- Address vaccine resistance and hesitancy.
- Strengthen case management, especially severe cases in the intensive care unit.
- Strengthen the application of infection prevention and control measures at health facilities at all levels.
- Support the supply of necessary medicines against COVID-19, polymerase chain reaction tests, and antigen rapid diagnostic tests.
- Clearly communicate public health interventions.
- Support logistic operations.
- Strengthen epidemiological surveillance and laboratory surveillance.

COVID-19 response

COVID-19 continues to cause devastation. WHO is working to coordinate partners, investigate cases, conduct contact tracing and follow-up, provide treatment, ensure infection prevention and control, strengthen risk communication and community engagement, facilitate vaccination, and strengthen data management.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.09	0.58	0.67
P2. Risk communication and community engagement	0.13	0.07	0.19
P3. Surveillance, case investigation, and contact tracing	1.19	1.21	2.40
P4. Travel, trade, points of entry and mass gatherings	0.03	0.14	0.16
P5. Diagnostics and testing	0.14	2.16	2.30
P6. Infection prevention and control	0.23	0.42	0.66
P7. Case management and therapeutics	0.67	1.60	2.27
P8. Operational support and logistics	0.53	0.23	0.77
P9. Essential health systems and services	1.25	0.76	2.01
P10. Vaccination	0.36	0.51	0.88
Total	4.63	7.68	12.31

Health inequities remain a serious challenge in Cameroon. WHO works to improve accessibility to essential health care, address vaccine resistance and hesitancy, as well as many more interventions. © WHO / Anna Kari



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CENTRAL AFRICAN REPUBLIC

People in need
3.1 million

People targeted
2 million

Requirements
US\$ 11.50 million

Context

The 5.5 million inhabitants of the Central African Republic have confronted a sociopolitical and military crisis for eight years. This has generated a chronic humanitarian crisis, with acute episodes linked to armed conflicts and floods. Many health consequences have resulted linked to the displacement of people, a reduction in the resilience capacity of the health system, and an increase in health risks with numerous epidemic outbreaks of diseases.

As of 30 September 2021, 722 101 Central Africans were displaced in the country, including 179 767 in sites and 542 334 in host families. In 2022, the Health Cluster estimates that 2 million people will need emergency health assistance.

The country also remains under the threat of several disease epidemics, including measles, monkeypox, rabies, malaria, acute bloody or watery diarrhea, bacterial meningitis, Ebola virus disease, and COVID-19. Several risk factors explain this situation such as low vaccination coverage poor living conditions, hygiene, sanitation, and poor access to potable drinking water.

Response strategy

WHO will align its objectives and strategies with those of the Health Cluster while respecting the Organization's emergency response framework. Interventions will support humanitarian partners and/or the Ministry of Health in the priority areas defined by the Health Cluster for the provision of emergency health services to populations. These interventions will focus on the following pillars of the response to crises and epidemics:

Central African Republic remains under the threat of several disease epidemics, including measles, monkeypox, rabies, malaria, acute bloody or watery diarrhea, bacterial meningitis, Ebola virus disease, and COVID-19. Several risk factors explain this situation such as low vaccination coverage poor living conditions, hygiene, sanitation, and poor access to potable drinking water. © WHO / Christopher Black

- Leadership and coordination of the Health Cluster.
- Risk communication, community engagement and infodemic management.
- Surveillance, epidemiological investigation, contact tracing, and adjustment of public health and social measures.
- Points of entry, international travel and transport, and mass gatherings.
- Laboratories and diagnostics.
- Infection prevention and control, and protection of the health workforce.
- Case management, clinical operations, and therapeutics.
- Operational support and logistics, and supply chains.
- Maintaining essential health services and systems.
- Vaccination.

Country priorities

- Strengthen the supply of emergency health care to populations affected by a humanitarian shock.
- Improve access to primary and secondary health care for populations affected by a chronic humanitarian crisis.
- Strengthen the response to disease outbreaks.

COVID-19 response

The COVID-19 response priorities will include coordination and planning with the conduct of an intra-action review and strengthening surveillance and laboratory capacities. In addition, it will include prevention and control of infections in care settings, immunization, and risk communication and community engagement. It will also include strengthening severe or critical case management, operational and logistical support, strengthening essential services and the health system, and research.



Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.27	0.44	1.71
P2. Risk communication and community engagement	0.24	0.19	0.43
P3. Surveillance, case investigation, and contact tracing	0.50	0.78	1.28
P4. Travel, trade, points of entry and mass gatherings	0.16	0.02	0.18
P5. Diagnostics and testing	0.16	1.07	1.23
P6. Infection prevention and control	0.11	2.17	2.28
P7. Case management and therapeutics	0.45	1.41	1.86
P8. Operational support and logistics	0.45	-	0.45
P9. Essential health systems and services	1.14	-	1.14
P10. Vaccination	0.23	0.71	0.94
Total	4.70	6.80	11.50

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CHAD

People in need
5.5 million

People targeted
3.5 million

Requirements
US\$ 6.40 million

Context

Multiple factors contribute to the humanitarian crisis in Chad, including ongoing conflicts between non-state armed groups and the Chadian army. The situation is compounded by economic fragility a precarious health context, the impacts of climate change, floods, acute food insecurity, and associated infectious disease epidemics.

Chad is currently experiencing a protracted crisis with more than 500 000 refugees. Health emergencies in the country are marked by the occurrence of epidemics (measles, COVID-19, cholera, leishmaniasis, chikungunya, meningitis, poliomyelitis, influenza) and other diseases and health issues (e.g. malaria, Guinea worm). Factors affecting the delivery of health services include long geographical distances from health facilities, lack of human resources, and inadequate essential drugs for basic health care and maintenance. Health services are supported by national and international nongovernmental organizations, faith-based organizations, and United Nations agencies.

Response strategy

WHO's response will align with the Chad Humanitarian Response Plan and the Health Cluster's objectives to save and preserve life and dignity through integrated and coordinated multisectoral emergency aid. Focus will be placed on reducing vulnerability by building resilience and resistance to recurrent shocks, the protection of the most vulnerable populations, especially children, girls, and women and strengthening accountability to affected populations.

The priority response approach will promote an integrated multisectoral approach through defined strategies, including for refugees, and will strengthen the complementarity between humanitarian action and development and peace action to achieve collective results. Focus will be placed on protecting and fighting against gender-based violence, strengthening government leadership, and providing assistance to those in displacement situations.

These objectives will be achieved through the coordinated actions of partners and the Ministry of Public Health and National Solidarity to intensify disease surveillance under epidemiological surveillance, and provide drugs and other inputs, reagents, and laboratory equipment. WHO will train health workers to respond to possible epidemics. As Health Cluster Lead, WHO will coordinate the health response at national and provincial levels to help ensure that populations have access to basic health services. The plan will include the following:

- Intensify the response in collaboration with existing health structures and Health Cluster partners.
- Introduce mobile clinics in places without functional health facilities that are difficult to access.
- Improve the early warning system.
- Establish community-based surveillance for the rapid detection of diseases and potential epidemics.

WHO works to prevent and control epidemics and other public health emergencies in Chad. In addition, WHO ensures effective coordination for access to essential health services for the people in the most vulnerable settings. © WHO





Country priorities

Prevent and control epidemics and other public health emergencies, and strengthen surveillance and health information

- Ninety per cent of health structures implement the 3rd edition of the Integrated Disease Surveillance and Response guide.
- One hundred per cent of alerts are investigated and communicated within 48 hours.

Ensure effective coordination for access to essential health services for the most vulnerable populations

- More than 70% of the affected population has access to basic health services, including immunization.
- Sixty per cent of health personnel are trained in epidemic preparedness and response.
- Implement the Health Cluster Response Plan.
- Conduct a monthly Health Cluster meeting.

Increase the resilience and capacity of the health system

- Prepare health kits in 100% of health facilities in the most affected and difficult to access localities.

COVID-19 response

The main objective of Chad's National COVID-19 Response Plan is to reduce mortality and morbidity by suppressing transmission. WHO Chad will:

- Support community-based COVID-19 surveillance, active case management, and contact tracing with a focus on specific locations and points of entry.
- Maintain the diagnostic and testing capacity for COVID-19 and other potentially epidemic diseases, including GeneXpert and polymerase chain reaction capacity, while putting infection prevention and control measures in place.
- Conduct simulation exercises to strengthen preparedness and response capacities.
- Support the key functions of the Public Health Emergency Operations Centre, case identification, contact tracing, rapid deployment of emergency teams, and rapid intervention.

Aerial view of the Kafia site for internally displaced people in Baga Sola in Lake Chad Province. The Chadian province of Lake Chad is bordered by three countries: Niger, Cameroon and Nigeria. Since 2013, this area has been attacked by Boko Haram Islamists. Baga Sola hosts a large number of people from neighbouring countries and from the islands of Lake Chad, who have fled violence inside Chad. By the end of September 2020, there were more than 400 000 displaced people, approximately 30 000 Chadian returnees and more than 16 000 refugees. © UNHCR / Sylvain Cherkaoui

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.05	0.27	0.33
P2. Risk communication and community engagement	0.37	0.07	0.45
P3. Surveillance, case investigation, and contact tracing	0.43	1.83	2.26
P4. Travel, trade, points of entry and mass gatherings	-	0.09	0.09
P5. Diagnostics and testing	-	0.55	0.55
P6. Infection prevention and control	0.16	0.48	0.64
P7. Case management and therapeutics	0.48	0.68	1.16
P8. Operational support and logistics	-	0.30	0.30
P9. Essential health systems and services	0.64	-	0.64
Total	2.13	4.27	6.40

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WHO works to increase the resilience and capacity of the health systems in Chad.
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DEMOCRATIC REPUBLIC OF THE CONGO

People in need
27 million

People targeted
8.8 million

Requirements
US\$ 42.79 million

Grade 3 Emergency



Context

The epidemiological situation in the Democratic Republic of the Congo is marked by the emergence and re-emergence of several communicable diseases with epidemic potential. The country has experienced several epidemic outbreaks in 2021, including monkeypox (3091 case; 83 deaths), plague (137 cases; 14 deaths), yellow fever (2 cases; 0 deaths), circulating poliomyelitis derived from vaccine-derived poliovirus (26 cases; 0 deaths), measles (5519 cases; 8 deaths), meningitis (2662 cases 205 deaths), and cholera (12 059 cases; 201 deaths). During the vaccine responses, 2 635 401 people were vaccinated with oral cholera vaccine; 162 518 people ages 1 to 49 years were vaccinated with the tetravalent Menactra vaccine against meningitis; and 1 180 268 children ages 6 months to 14 years were vaccinated against measles.

The country also faced its 13th epidemic of Ebola virus disease during which 11 cases (8 confirmed and 3 probable) and 9 deaths (lethality 81.8%) were recorded in Beni and 885 people were vaccinated.

In Democratic Republic of the Congo, from 3 January 2020 to 17 February 2022, there were 85 834 confirmed cases of COVID-19 with 1316 deaths. As of 9 February 2022, a total of 528 485 vaccine doses were administered. The cases were distributed in all 26 provinces, over four waves. They threatened people in the most vulnerable settings, especially those affected by population movements and with poor access to basic services, as well as those suffering from acute malnutrition, including people living with chronic diseases, such as HIV or tuberculosis.

Added to this epidemic context is the fragility of the health system due to multiple humanitarian crises and insecurity from attacks on health structures, workers, transportation, and patients. Natural disasters such as floods and volcanic eruptions cause further disruptions, resulting in the serious loss of infrastructure and resources, further reducing the capacity of health personnel to respond to health issues, such as sexual violence and mental health.

Response strategy

WHO's response strategy will focus on three components: COVID-19, the humanitarian response, and disease outbreaks. WHO will support the continued provision of essential health services, including gender-based violence, mental health, and psychosocial support; and will strengthen the health system while rapidly responding to acute health emergencies through the development of local capacities.

The multisectoral and coordinated response makes it possible to cover the vital needs of 9.6 million people to preserve their physical and mental integrity, considering the various vulnerable groups such as displaced populations, people with disabilities, pregnant and breastfeeding women, and children under five.

The intervention strategies focus on the essential pillars of the COVID-19 response that are applicable to other health emergencies marked by the five epidemic-prone diseases under surveillance in the country (COVID-19, Ebola virus disease, measles, cholera, and meningitis), and generally focus on preparedness, early detection, and response.

The Democratic Republic of the Congo is home to one of the largest populations of displaced persons in the world and the largest on the African continent. It has 5.2 million internally displaced people, mostly concentrated in the east of the country and 1.4 million returnees.

The priority is the establishment of multisectoral and multidisciplinary coordination structures at all levels to strengthen collaboration, consultation, and the exchange of information among the different sectors. This will be reinforced by a multi-risk preparedness and response plan for health emergencies, followed by periodic simulation exercises.

Personnel manage vaccination items at WHO Country Office in Kinshasa.
© WHO / Eduardo Soteras Jalil

Other priorities are the establishment of a health management information system to generate reliable real-time data – from the capacity for early detection of suspected cases and clusters of confirmed cases of diseases with epidemic potential through active case finding – and the use of rapid diagnostic tests at community and health facility levels. These interventions are supported by staff training and the establishment of Rapid Response Teams, and well-trained health personnel equipped with operational equipment at different levels of the health system.

The response strategy also includes strengthening epidemiological surveillance at points of entry (airports, ports, and other land border crossings) coupled with monitoring travellers in a regulatory framework for the prevention of chemical and radiological events, and the definition of standard operating procedures for the prevention, detection, and management of these events. The response likewise includes strengthening biological diagnostic and sequencing capacities in laboratories for the analysis of samples from COVID-19 cases.

Access to care services for 2.8 million people affected by protection incidents linked to the humanitarian crisis (victims/survivors of violence, including people with disabilities, displaced persons, and returnees) is ensured. Similarly, access to prevention services and holistic medical care for 7.3 million people affected by an epidemic (cholera, measles, malaria, Ebola, COVID-19) is ensured through the regular supply of medicines, oxygen, beds, and resuscitation kits; biosecure transfer of patients; the provision of home monitoring kits to reduce mortality; and post-exposure prophylaxis kits for the management of gender-based violence cases and also survivors' psychosocial support.

Another priority is improving hygiene and infection prevention and control measures in all COVID-19 treatment centres, Ebola treatment centres, health facilities, and at the community level to fight nosocomial infections.

The intensification of risk communication and community engagement will be strengthened for more effective infodemic management. The increase in vaccination coverage of the population at risk and the adoption of favourable behaviour toward vaccination (among frontline workers, people living with comorbidities, the elderly) will be a priority.

Country priorities

Capacities for prevention and preparation for health events and emergencies are strengthened in a coordinated manner.

- Coordination mechanisms for response activities to COVID-19, Ebola, meningitis, cholera, and other health emergencies are strengthened with the establishment of a functional emergency operations centre, the establishment of trained Rapid Response Teams, and the development of the multi-risk contingency plan.

Capacities for early detection and warning and the confirmation of all epidemic outbreaks and other health emergencies are strengthened.

- Capacities for the early electronic detection of suspected cases and clusters of confirmed cases of COVID-19 and other health emergencies through active case finding with the use of antigen rapid diagnostic tests at the community and health facility levels are strengthened.
- The biological diagnostic and sequencing capacities of laboratories for the analysis of samples of COVID-19 cases are improved.

Coordinated rapid response capacities for epidemic outbreaks and other health emergencies are strengthened.

- Capacities for the management of moderate, severe, and critical cases of COVID-19, Ebola, and meningitis are reinforced. Infection prevention and control measures are observed in all COVID-19 treatment centres, in Ebola treatment centres, in health facilities, and in the communities.
- Risk communication and community engagement and infodemic management are strengthened to increase vaccination coverage.

COVID-19 response

Considering the epidemiological context of the Democratic Republic of the Congo, which is marked by various emergencies (cholera, Ebola, measles, plague, meningitis, and monkeypox) and the fragility of the health system due to health crises and insecurity, the intensification of advocacy with authorities/opinion leaders and the sensitization of communities to encourage positive behaviour in the face of COVID-19 are indicated. In terms of epidemiological surveillance, strengthening of early detection by the intensification of digitized active research at the community level coupled with the use of antigenic rapid diagnostic tests to reduce the time taken to report results and the implementation of public health interventions are prioritized.

In addition, to reduce lethality, improvements in the monitoring of patients at home by making home monitoring kits available and increasing the supply of oxygen essential for the management of severe cases are important.

Infection prevention and control priorities can be summarized by supply of kits and inputs, strengthening the water storage capacity and the local production of chlorine. Technical assistance is also essential to support Ministry of Health officials in the coordination and implementation of response activities.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.58	1.99	3.57
P2. Risk communication and community engagement	0.71	0.34	1.05
P3. Surveillance, case investigation, and contact tracing	2.38	3.86	6.24
P4. Travel, trade, points of entry and mass gatherings	1.42	0.54	1.96
P5. Diagnostics and testing	1.71	1.40	3.10
P6. Infection prevention and control	1.74	1.89	3.63
P7. Case management and therapeutics	2.39	2.70	5.09
P8. Operational support and logistics	3.47	1.94	5.41
P9. Essential health systems and services	3.12	1.67	4.78
P10. Vaccination	4.93	1.76	6.69
P11. Research, innovation, and evidence	0.71	0.55	1.27
Total	24.16	18.63	42.79

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A nursing school in Butembo. © WHO / Hugh Kinsella Cunningham

ETHIOPIA

People in need
25.9 million

People targeted
22.3 million

Requirements
US\$ 61.93 million

Grade 3 Emergency



Context

The humanitarian situation in northern Ethiopia remains complex. The effects of the conflict in Tigray which extend to the Amhara and Afar regions are compounded by access constraints and chronic food insecurity experienced in the southern regions, hampering the health and well-being of millions of civilians. This is causing internal displacement and health consequences such as the heightened risk of disease transmission and the breakdown of health facilities and social services.

Disrupted health delivery systems and overstretched health services in towns and cities hosting internally displaced persons have put the most vulnerable people at increased risk of disease and death from common causes of illness such as pneumonia and diarrhoea.

Hard-earned gains in epidemiological surveillance and response including immunization, might be lost and the risk of outbreaks is high due to overcrowded camps for internally displaced persons and the disruption of routine immunization. Such conditions have put millions at risk of epidemic prone diseases, such as yellow fever, measles, cholera, meningitis, malaria, and the ongoing COVID-19 pandemic.

Acute malnutrition is a significant public health concern. Poor nutrition, coupled with food insecurity, disease outbreaks, and weakened immunity and vulnerability after more than one year of displacement in overcrowded and substandard living conditions have increased the risk of morbidity and mortality.

In June 2021, WHO and UNICEF staff prepared for a cholera vaccination campaign in the Tigray region of Ethiopia. The vaccination drive targeted 2 million people in 13 priority districts in Tigray and was carried out alongside measures to improve water, sanitation, and hygiene.
© WHO / Mulugeta

Response strategy

WHO's response strategy focuses on three key components:

- Contributing to maximum achievable reduction in morbidity and mortality of the Northern Ethiopia population affected by the ongoing conflict.
- Strengthening the country's response to COVID-19, including epidemiological surveillance.
- Expanding the implementation of prevention and management measures for disease outbreaks.

Activities focus on the conflict-affected regions of Tigray, Afar and Amhara and are harmonized with ongoing interventions by other United Nations agencies, national, and local partners.

WHO will provide material and operational support to priority health facilities to resume the delivery of essential health services. These interventions will include support for services such as emergency and trauma, maternal and child health, and integrated management of newborn and childhood illnesses (e.g. acute respiratory infections and diarrhoea). Support will also be provided for emergency and essential surgical care, management of severe acute malnutrition with medical complications, reproductive health services, and clinical management of rape/intimate partner violence for survivors of gender-based violence. In addition, WHO will support the detection and management of priority communicable diseases, management of chronic diseases, and mental health and psychosocial services (e.g. procurement of psychotropic drugs).

WHO will also support broader implementation of public health measures to prevent and manage disease outbreaks with a focus on malaria, cholera, measles, yellow fever, meningitis, and COVID-19. This will include investments in capacity-building of national and local partners; resumption of diagnostic testing, vaccination campaigns, mass drug administration, and vector control; establishment and operation of dedicated treatment centres; and intersectoral collaboration for physical improvements to shelters, nutrition, and water, sanitation, and hygiene. Public health measures for disease control will be integrated in essential health service delivery, epidemiological surveillance and early warning mechanisms.

Activities will benefit the whole country, with a particular focus on the conflict-affected regions (Tigray, Afar, and Amhara) and will be harmonized with ongoing interventions by UN agencies, national partners, local partners and be aligned with the Health Cluster's strategy. WHO will leverage its role as Health Cluster lead to strengthen inter-sectoral coordination and health information systems, with an emphasis on enhancing protection and access to essential health services.

Country priorities

Northern Ethiopia

- Reactivate the delivery of integrated essential health services in priority facilities in Northern Ethiopia.
- Reactivate epidemiological surveillance and the early warning system.
- Resume and expand the implementation of prevention and management of disease outbreaks.
- Reinforce the capacities of rapid response teams operating in Tigray.

COVID-19

- Support national and regional coordination mechanisms for an effective multisectoral COVID-19 preparedness and response.
- Strengthen surveillance, rapid response teams, and case investigation for early detection, investigation, and timely response to COVID-19.
- Support readiness and response measures at points of entry, including screening of travellers.
- Strengthen laboratory capacity for rapid confirmation of COVID-19 infections.
- Enhance infection and control practices at health facilities and in communities.
- Minimize the impact of the COVID-19 pandemic on health systems, social services, and economic activity.
- Reduce mortality and severe disease through support of the capacity for equitable allocation, delivery, and implementation of COVID-19 vaccines.

Readiness and preparedness

- Build capacities at national and regional levels for an effective multisectoral health emergency preparedness and response.
- Strengthen surveillance, rapid response teams, and case investigation for early detection, investigation, and timely response to outbreaks.
- Enhance information management of outbreaks.
- Strengthen risk communication and community engagement.
- Support operations, logistics, and medical supply chain mechanisms.
- Support readiness and response measures.

COVID-19 response

There is an urgent need to revitalize the COVID-19 response and services, including capacity for isolation, treatment in health facilities, including oxygen therapy and mechanical ventilation, home-based care for mild to moderate cases, and testing. The Early Warning, Alert, and Response System also requires further strengthening.

In conflict-affected zones, reporting of COVID-19 cases ceased due to a lack of testing and testing materials. There is limited awareness, adherence to preventive measures, and capacity for treatment is weak due to looting of equipment from hospital intensive care units and previously designated COVID-19 treatment centres.

Infection prevention and control support will be critical to reduce transmission of health care-associated infections and thereby enhance the safety of all who are present in a healthcare facility, including patients, staff, and visitors. Critical early interventions include establishing screening, triage, and isolation capacity (both structural and process). WHO will support local infection prevention and control capacity building through the deployment of infection prevention and control professionals. This is critical for establishing and evaluating infection prevention and control programmes and capacity at health facilities. WHO will also prioritize training and establishment of supportive supervisor and mentor networks at designated health facilities to strengthen infection prevention and control where gaps are identified.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	3.15	0.94	4.10
P2. Risk communication and community engagement	0.92	0.35	1.27
P3. Surveillance, case investigation, and contact tracing	3.36	1.24	4.60
P4. Travel, trade, points of entry and mass gatherings	0.08	0.08	0.17
P5. Diagnostics and testing	0.11	0.77	0.88
P6. Infection prevention and control	1.56	0.98	2.54
P7. Case management and therapeutics	1.13	0.92	2.05
P8. Operational support and logistics	25.72	3.39	29.11
P9. Essential health systems and services	10.26	3.93	14.19
P10. Vaccination	2.51	0.35	2.87
P11. Research, innovation, and evidence	-	0.16	0.16
Total	48.80	13.13	61.93

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In February 2022, WHO supplies were prepared to transport to Tigray from Addis Ababa, Ethiopia. In total, 33.5 metric tonnes of critically needed health supplies and equipment were dispatched over the course of the week. © WHO



IRAQ

People in need
2.5 million

People targeted
1 million

Requirements
US\$ 37.82 million

Context

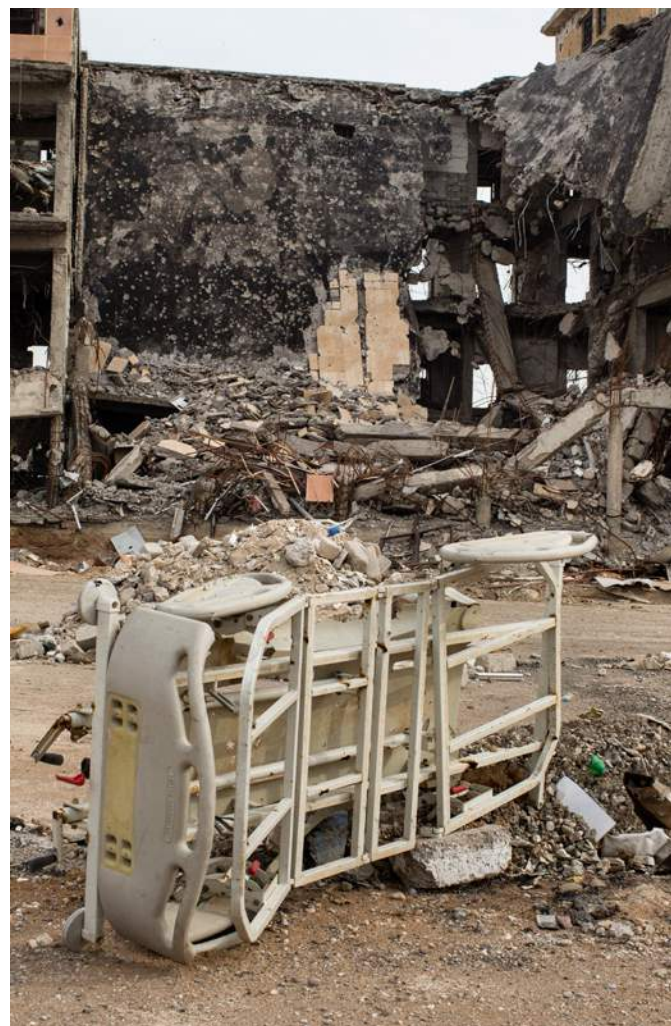
Iraq's public health system remains severely impacted by years of conflict, the loss of specialists, and the shortage of salaries for civil servants. These conditions have limited the health system's ability to maintain regular programmes and services, such as immunization and maternal and child health, and amid the rising number of COVID-19 cases. These conditions and along with the rising number of COVID-19 cases have limited the health system's ability to maintain regular programmes and services such as immunization and maternal and child health. According to the United Nations Office for the Coordination of Humanitarian Affairs' Humanitarian Needs Overview for 2022, 1.7 million people are in acute need of health assistance. Across the country, millions of internally displaced persons and secondary displaced persons continue to face humanitarian needs related to their physical and mental well-being, living standards and coping capacities. Social, ethnic and sectarian tensions persist on multiple fronts causing a very high-risk humanitarian crisis. The country needs support to ensure health coverage for its vulnerable populations and to mitigate the impact that years of conflict have had on the public health system.

In 2018, the medical centre in West Mosul was home to nine separate hospitals which were all destroyed in the liberation of the city. WHO relocated two emergency field hospitals in Athba and Haj Ali to West Mosul, which lost all but one of its hospitals during a military campaign.
© WHO / Sebastian Meyer

Response strategy

Political and economic instability in the country continues to create the need for external support to stabilize the lives of people who have been suffering from a complex emergency for the past 15 years. Together with other humanitarian actors, WHO has been working closely with the Government of Iraq and the Kurdistan Regional Government to provide a coordinated response for the provision of health services to internally displaced persons and refugees in Iraq. Along with its health partners, WHO aims to:

- Continue the delivery of quality essential health services and support the provision of uninterrupted primary health care services to internally displaced persons in camps, along with maintenance and – where required – the enhancement of basic minimum standards for quality health services.
- Increase the provision of support for mental health and psychosocial support services, physical and mental rehabilitation, and gender-based violence interventions in health programming.
- Assist in prevention, control, and rapid response activities for communicable and vaccine-preventable disease outbreaks in previously conflict-affected areas.
- Work towards the handover/integration of emergency health services in the routine health care services of the Directorates of Health.
- Provide mental health and psychosocial support services, physical rehabilitation, and management of gender-based violence survivors, targeting internally displaced persons and highly vulnerable persons.
- Strengthen national capacity in crisis-affected areas and continue to advocate for the handover of humanitarian health service delivery.
- Monitor, mitigate, and manage common communicable diseases by ensuring the continuity of an effective early warning and response mechanism and health awareness.



Country priorities

In 2022, WHO Iraq will continue to provide quality essential health care services to people in need of humanitarian assistance (internally displaced persons, people in secondary displacement locations, and highly vulnerable host communities) to reduce avoidable morbidity and mortality.

Provide uninterrupted primary health care services to internally displaced persons, people in secondary displacement locations, and to host communities.

- Expand the availability of comprehensive primary health care services by operationalizing primary health care centres and mobile medical clinics, and selected referral health facilities.
- Support five governorates with standard medical waste treatment activities.
- Continue to fill gaps in medicines, medical supplies, kits, and medical equipment to ensure the provision of essential health services in the target governorates.

Detect and respond in a timely manner to common communicable disease outbreaks.

- Provide refresher training to 200 staff on Early Warning Alert and Response Network reporting, use of the Early Warning Alert and Response Network, and outbreak preparedness and response to the common communicable diseases in Iraq, including vaccine-preventable and waterborne diseases, such as cholera.
- Support three governorates with water quality monitoring by addressing resource gaps.

Strengthen quality of care and the health information management system.

- Target eight conflict-affected governorates for a health resource availability mapping study to enable the timely identification of needs and gaps, support evidence-based decision-making and coordination, aid efficient planning and implementation, and offer detailed response monitoring advocacy and resource mobilization.

Improve the COVID-19 pandemic response by supporting the health authorities' plans and capacities to stop the transmission of COVID-19 among internally displaced persons and vulnerable people.

- Support case management and ensure continuity of essential health services.
- Support public health laboratories with capacity-building activities for specimen collection, management, transportation, and confirmation of COVID-19.
- Provide training in infection prevention and control practices and strategies to selected health professionals from all governorates.
- Conduct awareness-raising activities to inform local communities about how to protect their health and that of others.
- Support the mental health and well-being of communities affected by the pandemic, including support for gender-based violence activities.
- Conduct regular monitoring visits and document lessons learned to inform future preparedness and response activities.

Each month, a WHO-supported mobile health clinic visited Sienna village, close to the Shariya collective town in the Duhok region of northern Iraq. About 1500 Yazidi lived in the village, many in unfinished buildings. The medical staff typically saw between 100-150 patients each visit. WHO supported six mobile clinics in the region and served about 40000 people who did not live in camps. © WHO / Sebastian Meyer

COVID-19 response

WHO's COVID-19 response priorities aim to stop the transmission of COVID-19 in Iraq and halt its spread to other countries. Specific strategic objectives are to:

- Limit human-to-human transmission, including reducing secondary infections among close contacts and health care workers; preventing transmission amplification events; and preventing further spread from Iraq.
- Detect, verify, isolate, and care for patients early, including providing optimized care for infected patients.
- Communicate critical risk and event information to all communities and to counter misinformation.

The response supports various interventions to strengthen the health authorities' plans and capacities to stop the transmission of COVID-19 among internally displaced persons and vulnerable people.



Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.43	0.15	0.58
P2. Risk communication and community engagement	0.27	0.91	1.19
P3. Surveillance, case investigation, and contact tracing	0.84	0.21	1.05
P6. Infection prevention and control	0.13	0.04	0.18
P8. Operational support and logistics	3.56	3.15	6.71
P9. Essential health systems and services	10.67	11.02	21.68
P10. Vaccination	-	6.42	6.42
Total	15.91	21.91	37.82

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LEBANON

People in need
1.9 million

People targeted
600 000

Requirements
US\$ 48.14 million

Context

Lebanon is grappling with the continued impact of the Syrian refugee crisis which has been intensified over the past 24 months by a financial and fiscal crisis, the COVID-19 pandemic and the explosions in the port of Beirut. These concurrent emergencies have culminated in the current political crisis. Poverty levels are rising rapidly and health gains are increasingly being lost. The impact on the health sector is devastating. The political paralysis makes it difficult to effectively implement public health interventions. The economic deterioration is leading to decreases and delays in the importation of critical medical and health goods and acute shortages in medicines and medical supplies. Social instability results in the migration of health care workers. Moreover, the infrastructure collapse has caused a decline in operational capacity, safe services, and the sustainability of health facilities (fuel and electricity, water and sanitation, and transportation). The financial crisis has also decreased the purchasing capacity for health services, increased out-of-pocket health expenses, reduced the financial viability of health service delivery outlets, and delayed hospital reimbursement schemes.

Response strategy

With more than 70% of the Lebanese people and more than 90% of the refugees living below the poverty line, access to health care is progressively decreasing due to the crisis. Hospitals are operating at 50% capacity, and medicine shortages have been repeatedly observed. Health indicators are deteriorating, with increases in maternal mortality and overall morbidity and mortality from non-communicable diseases.

WHO will focus on supporting populations in the most vulnerable settings and addressing critical health system shortfalls, particularly supporting primary health care (acute, chronic, and psychotropic) and ensuring availability of life-saving medications for catastrophic illnesses. WHO will also prioritize support for selected human resources for health, such as at the Ministry of Public Health for critical programmes, primary health care facilities, and public hospitals alongside reimbursement for hospitalization to the most vulnerable. In addition, WHO will support the expansion and quality improvement of public hospitals, including the provision of equipment for emergency rooms and training on infection prevention and control and patient care. WHO will also lead health sector resilience and reform, including pharmaceutical governance (barcode system, health technology assessment and traceability, pricing); research for policy development; human resources for health retention policy; private-public partnership regulation; upgrade of the health management information system; emergency preparedness and response plan; surveillance capacity; and quality improvement. WHO will continue coordinating multiple health response plans, including the Lebanon Crisis Response Plan, the Relief Recovery and Reconstruction Plan put in place after the Beirut port explosions, and the new Emergency Response Plan for the financial and economic crisis.



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Country priorities

Ensure continuity and timely access to quality health care within the overall umbrella of universal health coverage.

- Ensure access to medicines for chronic non-communicable diseases, and acute and catastrophic illnesses at the primary health care level for at least 750 000 vulnerable patients.
- Ensure that at least 2000 most vulnerable patients with COVID-19 and non-COVID-19 conditions are covered for hospitalization.
- Support at least 12 public hospitals with equipment, staffing, fuel, and personal protective equipment to provide COVID-19 and non-COVID-19 care.
- Train at least 600 health care workers on infection prevention and control, advanced life support, and quality of care for COVID-19.

Support the resilience and capacity building of the health system within an overall health sector strategy, which focuses on recovery and reform of the health system.

- Ensure a fully operational barcode system that is linked to the Logistic Management System, Health Technology Assessment, and pricing programmes at the Ministry of Public Health.
- Ensure finalization and implementation of the National Health Sector Five-Year Strategy.
- Improve capacity of at least 12 public hospitals for COVID-19 and non-COVID-19 quality care.

Build and foster partnerships in health through coordination and mainstreaming of resources for health as an overall health sector lead.

- Merge and harmonize the health sector coordination mechanism among the various response frameworks.

COVID-19 response

WHO's response priorities align with the health sector 2021–2022 Emergency Response Plan. WHO will work to increase access to life-saving in-hospital care for COVID-19 by covering patient costs based on pre-defined social vulnerability and medical criteria via third party administrators. Continuous support for nursing staff in COVID-19 units in 12 public hospitals will be provided, and the addition of oxygen generators and paediatric intensive care unit beds will likewise be a focus area. WHO will support COVID-19 testing and surveillance capacity by providing staff to the Ministry of Public Health epidemiology and surveillance unit on a temporary basis, procurement of polymerase chain reaction kits, antigen testing kits, and provision of personal protective equipment. WHO will also support public laboratories with testing supplies and materials, and an external quality assurance system. In addition, WHO will support risk communication and community engagement, with a focus on behaviour change, and the promotion of timely care-seeking and preventive public health measures. Lastly, WHO will continue to lead coordination of the emergency COVID-19 health response via the health sector.

WHO provided essential supplies, including PCR test kits, to strengthen COVID-19 testing capacity in Beirut. © WHO / Hala Habib



Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.17	0.05	0.22
P2. Risk communication and community engagement	0.12	0.14	0.26
P3. Surveillance, case investigation, and contact tracing	3.00	-	3.00
P5. Diagnostics and testing	0.27	-	0.27
P6. Infection prevention and control	1.34	-	1.34
P7. Case management and therapeutics	7.88	1.07	8.95
P8. Operational support and logistics	0.32	0.37	0.70
P9. Essential health systems and services	0.72	27.23	27.95
P10. Vaccination	5.42	-	5.42
P11. Research, innovation, and evidence	0.04	-	0.04
Total	19.27	28.87	48.14

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LIBYA

People in need
800 000

People targeted
200 000

Requirements
US\$ 42.61 million

Context

Years of under-investment, and management challenges compounded by additional demands brought by COVID-19 have put an immense strain on the health system in Libya. Health care services remain the most significant need, with many people – especially non-Libyans, migrants, and refugees – lacking sustained access to primary and secondary health care, including for chronic and infectious diseases, obstetric complications, and mental health conditions and disorders.

Libya's health system is fragile and fragmented. The health workforce lacks adequate capacity and is unevenly distributed across the country. There are chronic shortages of medicines, equipment, and supplies. Few public health facilities offer a standard package of essential health services. The COVID-19 pandemic has further disrupted access to health services affecting the continuity of care.

In 2021, reports indicated that up to 90% of primary health care centres were closed in some areas. One-third of all health facilities in the south and east of Libya were not functioning, and 73% in the south and 47% in the east were functioning only partially, mainly due to shortages of staff and medical supplies. Of the total number of health facilities assessed in 2021, 37% were reported to be either fully or partially damaged. The situation is even more critical in remote and hard-to-reach areas.

During 2021, many routine and elective services, including COVID-19 isolation centres, were suspended or, in some municipalities, restarted and then resuspended. The known number of COVID-19 facilities which includes 43 isolation centres, 31 hospitals, and five triage centres, are insufficient. Public health and social measures based on risk classification are lacking. There is no strategy to adapt pandemic and routine post-pandemic health care services based on lessons learned from the pandemic. This impedes longer-term health system resilience and progress toward universal health coverage.

Response strategy

WHO works daily with the national health authorities to support strategic planning, provide technical advice, strengthen disease surveillance, train health care staff, assess health needs, and provide medicines, equipment, and laboratory supplies to keep essential health services running. WHO also acts as the COVID-19 focal point/technical adviser for the United Nations in Libya and briefs the international diplomatic corps on the status of COVID-19 and the immediate needs, obstacles, and gaps. WHO works on Libya's behalf with other international mechanisms set up by WHO and partners to tackle the pandemic at the global level.

WHO's outbreak and crisis response involves advocating for and providing health service delivery and technical support, capacity building, training, and rehabilitation services. Response also involves working with health partners, facilitating outreach activities, conducting monitoring and supervision activities, and building health information systems. Areas of focus include:

- disease surveillance
- communicable and noncommunicable diseases
- mental health and psychosocial support, and gender-based violence
- primary health care and essential health services
- surgery, emergency medical teams, and referrals
- coordination and health information systems
- operational support and logistics
- provision of medicines, equipment, and emergency medical kits.



16 March 2021. A health care worker at Misrata Medical Centre in Misrata, Libya takes a nasal swab to test a patient for COVID-19. © WHO / Nada Harib

Country priorities

- Increase access to lifesaving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable (including internally displaced persons, migrants, refugees, and returnees) and on improving the early detection of and response to disease outbreaks.
- Strengthen health system capacity to provide the essential package of health services and manage the health information system.
- Strengthen health and community resilience (including among internally displaced persons, migrants, and refugees) to absorb and respond to shocks, emphasizing protection to ensure equitable access to quality health services.

COVID-19 response

Libya's COVID-19 response is organized around the 10 pillars of its national preparedness and response plan. WHO's response to COVID-19 in Libya aims to:

- Promote more robust intra and inter-sectoral planning and coordination, and joint prioritization of critical gaps and needs with the Ministry of Health, National Centre for Disease Control, and health sector partners.
- Scale up demand generation and risk communication and community engagement activities through media engagement, capacity-building, and improved community awareness.
- Expand the Early Warning Alert and Response Network and enhance the capacity of Rapid Response Teams.
- Improve points of entry screening measures by building capacity and improving information dissemination.
- Enhance laboratory capacity with up-to-date guidance and the provision of supplies and equipment.

- Strengthen infection prevention and control and protection of the health workforce by updating and rolling out national infection prevention and control guidelines, provision of personal protective equipment and supplies, and dissemination of infection prevention and control best practices at the community level.
- Improve case management through the dissemination and rollout of updated national guidelines at isolation centres and fill gaps in medicines, medical equipment, and consumables.
- Strengthen the supply chain, especially for the distribution of COVID-19-related medicines and supplies.
- Sustain and scale up essential health services across the country, in addition to strengthening outreach services, especially in hard-to-reach areas.
- Support national efforts to increase COVID-19 vaccination coverage.

In March 2021, a patient was treated for leishmaniasis at the National Centre for Disease Control in Tawergha, Libya, while her brother and father look on. Cutaneous leishmaniasis is a major public health problem in Libya. The disease causes skin lesions, mainly ulcers, on exposed parts of the body. Without proper treatment, it can leave life-long scars and lead to serious disability or stigma. WHO is the sole provider of antileishmanial treatments in Libya. In addition to providing medicines, WHO has helped to train health workers in Tawergha on treating patients with leishmaniasis. © WHO / Nada Harib



Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.80	2.17	2.97
P2. Risk communication and community engagement	0.22	1.90	2.11
P3. Surveillance, case investigation, and contact tracing	1.15	1.97	3.12
P5. Diagnostics and testing	0.63	0.61	1.24
P6. Infection prevention and control	0.27	3.27	3.54
P7. Case management and therapeutics	0.92	1.69	2.61
P8. Operational support and logistics	0.05	4.07	4.12
P9. Essential health systems and services	1.78	5.28	7.06
P10. Vaccination	10.29	2.08	12.37
P11. Research, innovation, and evidence	1.18	2.29	3.46
Total	17.29	25.32	42.61

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A laboratory technician processes COVID-19 tests in the Molecular Diagnostics Centre in Misrata Medical Centre, Misrata, Libya. In response to COVID-19 in Libya, the Ministry of Health established and equipped a new isolation centre in Misrata. WHO supported the COVID-19 response in the country by providing technical guidance and delivering personal protective equipment and other COVID-19 supplies. © WHO / Nada Harib

MALI

People in need
6.3 million

People targeted
4.8 million

Requirements
US\$ 11.02 million

Context

The health situation in Mali continues to deteriorate. COVID-19 and the persistent conflict-related insecurity in a context already marked by droughts and seasonal floods are making the humanitarian situation more complex and increasing the number of people who are vulnerable. Many health needs of the most vulnerable populations remain unmet due to poor access to and poor use of quality basic health services. A comparative analysis of the number of consultations between 2020 and 2021 showed a difference of more than 2 million fewer consultations. Fewer than 50 000 assisted deliveries were reported in 2021. There was a considerable drop in monthly coverage of vaccinations in 2021, attributable to the COVID-19 pandemic. More than 5% of health structures are not functional, and there is a limited presence of partners working in the management of primary health care. Gender-based violence cases have increased over the years. The situation in northern and central regions of the country remains unstable, marked by an increase in direct or indirect attacks against national and international armed forces and the civilian population. Since the beginning of 2021, eight attacks on the health system have been reported by the northern and central regions and cases of gender-based violence have increased.

The health situation in Mali continues to deteriorate. COVID-19 and the persistent conflict-related insecurity in a context already marked by droughts and seasonal floods make the humanitarian situation more complex and increasing the number of people who are vulnerable. WHO and partners work to provide rapid multisectoral assistance to those in need.
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Response strategy

Partners in the Health Cluster will continue to respond to humanitarian needs in 2022. WHO and its partners will continue to strengthen the health information system, including the technical capacities of health workers at all levels to collect, analyse, and interpret health information from the operational level. WHO will also reinforce access to and the supply of quality health care for populations. WHO will continue monitoring access to the Minimum Package of services and Complementary Package of services, and ensuring quality of care is maintained for Basic Emergency Obstetric and Neonatal Care and Comprehensive Emergency Obstetric and Neonatal Care. WHO will also support strengthening mobile health services and community health centres in hard to reach areas with poor coverage. The referral system to ensure continuity of patient care will be improved. Vaccination sessions for children targeted under the Expanded Vaccination Programme will also be organized. Training, technical assistance, and supervision will be provided for health care providers. WHO's response strategy will also strengthen preparedness and response, with a focus on COVID-19, measles, and other potential epidemics. The technical capacities of health workers in epidemiological surveillance (detection, sampling, notification, and response) will be enhanced. Integrated surveillance and early warning systems will be improved. WHO will also work to ensure that populations, especially those impacted by gender-based violence, have access to psychosocial support services.



Country priorities

Humanitarian priorities

- Provide rapid multisectoral assistance (assistance and protection) in cash to at least 80% of internally displaced persons in emergency situations and living in sites for internally displaced persons in priority areas of the North, Centre, South, and West regions by the end of 2022.
- Ensure a reduction in mortality and global acute malnutrition rates of at least 80% of internally displaced persons and at least 80% of other people affected by conflict and insecurity, disasters, and epidemics in the targeted areas through adequate access to food, water, hygiene, sanitation, essential healthcare, and nutrition services by the end of 2022.
- Ensure 100% operationality of rapid response mechanisms in kind and in cash to meet the vital needs of people in emergency situations during forced displacement by the end of 2022.

COVID-19 priorities

Strengthen coordination and partnership for the response to COVID-19

- Mobilize 60 WHO staff to provide technical and logistical support to national, regional, and district response teams.
- Conduct high-level advocacy to mobilize resources for the regions.
- Mobilize technical, logistical, and financial resources and made available to health regions.
- Regular monitoring missions by WHO teams at national and regional levels.
- Ensure WHO recommendations and guidance are shared with all response actors.

- Develop and update response plans at national, regional, and district levels.
- Strengthen technical coordination at national, regional, and district levels.

Strengthen epidemiological surveillance, including community-based surveillance, and adequate contact tracing

- Strengthen epidemiological surveillance at national, regional, and district levels and entry points.
- Train and assign 100 personnel for surveillance at points of entry.
- Strengthen community-based surveillance at subnational level.

Support for strengthening and extension of diagnostic capacity

- Strengthen polymerase chain reaction diagnostic capacity in all regions.
- Train 50 health workers in regional laboratories on the use of COVID-19 rapid diagnostic tests.
- Ensure availability of rapid diagnostics tests and antigen tests across the country and at points of entry.

Support adequate management of confirmed cases of COVID-19 infection

- Reinforce care and follow-up of those sick at home at regional, health district, and community levels.
- Revise and implement national care guidelines revised in accordance with the latest recommendations.
- Strengthen intensive care unit capacities.

Support community engagement/participation and vaccination campaigns

- Strengthen risk communication and community engagement at the national, regional, and community levels.
- Strengthen National Controlled Recognized Environmental Condition capacities throughout the country.
- Strengthen national capacities for vaccination throughout the country.
- Ensure availability of vaccination centres in at least 80% of health facilities.

COVID-19 response

WHO Mali continues to respond to the COVID-19 pandemic through many interventions. WHO will continue to strengthen coordination and partnership for the response to COVID-19 and to improve epidemiological surveillance, including community-based surveillance and adequate contact tracing. WHO will also support the strengthening and extension of diagnostic capacity, and management of confirmed cases of COVID-19-related infection. WHO will likewise continue to support community engagement and vaccination campaigns.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.32	0.71	1.03
P2. Risk communication and community engagement	0.11	0.28	0.39
P3. Surveillance, case investigation, and contact tracing	0.21	1.88	2.09
P4. Travel, trade, points of entry and mass gatherings	0.11	0.18	0.29
P5. Diagnostics and testing	0.43	0.88	1.31
P6. Infection prevention and control	0.21	0.12	0.34
P7. Case management and therapeutics	0.16	1.78	1.94
P8. Operational support and logistics	0.16	0.60	0.76
P9. Essential health systems and services	0.75	1.82	2.57
P10. Vaccination	0.16	-	0.16
P11. Research, innovation, and evidence	0.13	-	0.13
Total	2.75	8.27	11.02

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MOZAMBIQUE

People in need
1.5 million

People targeted
1.2 million

Requirements
US\$ 13.41 million

Context

Mozambique is prone to emergencies resulting from natural disasters: flooding, droughts, and tropical cyclones. It is ranked as the third country in Africa which is most exposed to extreme climatic events, with a yearly tropical storm cycle that does not give affected communities time to recover before the next emergency.

Over the past four years, the frequency of cyclones has increased. These repeated devastating storms have affected the population with different health consequences. They include the disruption of health service delivery due to damaged health facilities, disease outbreaks in an already weak health system, and exhaustion of personnel from responding to multiple health emergencies..

Mozambique has also been challenged by two major humanitarian emergencies: the unprecedented effects of the COVID-19 pandemic and the complex humanitarian situation due to the ongoing conflict in Cabo Delgado province. Despite efforts made to mitigate the devastating consequences of emergencies, there are gaps and challenges in coordination and leadership, including monitoring response actions. In addition, the exhausted and weak health system is a major concern at all levels. Some of the most pressing needs include operational costs to support surveillance, contact tracing, case management, ensuring the continuity of services, and vaccination. In addition to the inadequate capacity to manage severe COVID-19 cases at the subnational level, there is low testing capacity, slow vaccination roll-out, COVID-19 fatigue, and non-compliance with public health and social measures. The conflict in Cabo Delgado has widened the pre-existing health disparities in the province. This is placing considerable pressure on a weak system already overstretched by natural disasters, recurrent cholera outbreaks, and the COVID-19

In Mozambique, WHO works to strengthen the capacity of Mozambique to prevent, detect, and respond to disease outbreaks/epidemics, and ensure the provision of basic health services to internally displaced persons and host communities. © WHO / Dalia Lourenco

pandemic. One-third of health facilities were damaged and/or vandalized and are non-functional. The provision of primary health care services in accommodation centres and in host communities remains strained. There are limited partners and a shortage of drugs and supplies (cholera kit and Interagency Emergency Health Kits) to respond to disease outbreaks (acute watery diarrhoea, cholera, measles, and COVID-19).

Response strategy

WHO will employ different strategies to address the health problems of internally displaced persons and the strain placed on host communities as part of its response in Cabo Delgado. Support will be provided for the delivery of primary health care services, emphasizing vaccination, and distributing medicines and supplies for the timely treatment of the most common causes of morbidity and mortality. WHO Mozambique will also provide medicines, supplies, and manpower to temporary clinics to ensure the continuity of essential health services in the accommodation and resettlement centres. Health facilities will be strengthened, and the team will provide community-based surveillance to detect diseases and timely response to outbreaks.

WHO will continue to support the 10 pillars of the COVID-19 response building on the existing capacity at community level and enhancing coordination mechanism at provincial levels. Strategic actions will be implemented to enhance surveillance, contact tracing, and community engagement-related activities. Early case identification with increased testing and community-based COVID-19 testing using antigen rapid diagnostic tests, strengthening the referral of symptomatic patients, proper COVID-19 case management, and support for vaccination rollout will continue in the targeted population.



Country priorities

- Strengthen the capacity of Mozambique to prevent, detect, and respond to disease outbreaks/epidemics.
- Ensure the provision of basic health services to internally displaced persons and host communities.
- Strengthen the COVID-19 response through support across the 10 COVID-19 response pillars.
- Ensure continuity of basic health services through the provision of medicines and supplies for common endemic diseases, malaria, acute respiratory infections, measles, and diarrheal diseases for people affected by the health consequences of cyclones.
- Collaborate with other clusters, especially with water, sanitation, and hygiene, in flood-affected health facilities.
- Strengthen coordination and operational support at the subnational level to respond to emerging needs of affected people.

COVID-19 response

WHO is responding to COVID-19 across the pillars. Work includes coordinating partners, investigating cases, conducting contact tracing and follow-up, providing treatment, ensuring infection prevention and control, strengthening risk communication and community engagement, facilitating vaccination, and strengthening data management.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.35	0.21	0.57
P2. Risk communication and community engagement	0.09	1.10	1.19
P3. Surveillance, case investigation, and contact tracing	0.85	1.54	2.39
P4. Travel, trade, points of entry and mass gatherings	-	0.28	0.28
P5. Diagnostics and testing	-	1.30	1.30
P6. Infection prevention and control	0.05	1.09	1.14
P7. Case management and therapeutics	0.70	1.13	1.83
P8. Operational support and logistics	0.12	0.34	0.46
P9. Essential health systems and services	1.05	0.71	1.75
P10. Vaccination	0.67	1.71	2.39
P11. Research, innovation, and evidence	-	0.11	0.11
Total	3.89	9.51	13.41

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MYANMAR

People in need
14.4 million

People targeted
6.2 million

Requirements
US\$ 10.54 million



Context

Since the military takeover on 1 February 2021, the public health workforce has been severely impacted by the Civil Disobedience movement, which has drastically reduced the range of essential health services available in the public sector. The reduction in services is occurring simultaneously with a reduction in public confidence in the services provided by the de facto authorities, reduced livelihoods due to long periods of COVID-19 restrictions, and a wave of COVID-19 infections that overwhelmed public health systems. Routine immunization has been disrupted, decreasing the number of children protected against preventable diseases and risking explosive outbreaks and poor health outcomes. Surveillance, diagnosis and treatment for tuberculosis and malaria is also extremely limited. Armed resistance against the military government has increased since September 2021 in many parts of the country, increasing displacement and the need for emergency care for conflict-related injuries, including land mines and other explosive remnants of war. Access to the most vulnerable populations remains limited by the de facto authorities.

Response strategy

WHO continues to work with partners to establish alternative channels for access to emergency and essential health services while advocating for the safe provision of health care through the revitalization of the public sector. The following priorities will be integrated into the response strategy:

- Build capacity of partner organizations already on the ground to expand and improve health services offered to those who are excluded from other access to care.
- Work with UNICEF to secure vaccines through the COVAX facility, and the humanitarian buffer while working with partners to ensure increased access to safe COVID-19 care for mild, moderate, and severe cases.
- Facilitate coordination among development and humanitarian health partners to promote essential health services.

Country priorities

- Communicable diseases are prevented, detected, and rapidly responded to among internally displaced persons in conflict- and disaster-affected areas.
- Displaced and crisis-affected people receive essential health services, including lifesaving maternal, newborn, child, and sexual and reproductive health services, as well as treatments for non-communicable diseases, mental health, and psychosocial support.
- Communicable diseases are prevented, detected, and rapidly responded to among non-displaced vulnerable people in conflict- and disaster-affected areas.
- Vulnerable people receive essential health services, including lifesaving maternal, newborn, child, sexual and reproductive health services, as well as treatments for non-communicable diseases, mental health, and psychosocial support.

Planned activities to help meet these priorities include:

- Provide primary health care services aligned with the essential package of health services, including sexual and reproductive, maternal, newborn, adolescent, and child health.
- Provide emergency health care for victims of conflict, landmine, and explosive remnants of war injuries.
- Provide referrals for specific emergency services, such as trauma care, emergency obstetric and newborn care, care in life-threatening emergencies, and gender-based violence clinical care and specialized services.
- Provide mental health and psychosocial support services.
- Fill routine and supplemental vaccination gaps for children and women.
- Prevent, detect, and rapidly respond (care and treatment) to communicable disease outbreaks for at-risk and affected people.

Staff from the Myanmar Humanitarian Fund monitor primary and reproductive health services at a rural health centre in Sittwe. © OCHA / Hnin Thiri Naing

- Support the delivery of rehabilitation services and the provision of assistive devices, technology, and products for people with physical injuries and different forms of impairments (including chronic diseases).
- Provide training to frontline workers, contingency medical supplies, and health logistics services to ensure support for routine and emergency services, COVID-19 prevention and treatment, and continuity of treatment for HIV/AIDS, tuberculosis, and non-communicable diseases, such as diabetes and hypertension.

COVID-19 response

Training, equipping, and protecting frontline care providers and ensuring equitable vaccination are the top COVID-19 response priorities. WHO Myanmar will:

- Work with partners to coordinate oxygen supply, provide evidence-based home care guidance, support stockpiling of medicines and personal protective equipment, and train frontline staff.
- Together with UNICEF, work with the COVAX facility, the humanitarian buffer, and the public and private sectors to ensure all vaccination campaign staff have the training and protective materials needed to safely deliver vaccines to the people of Myanmar.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.17	-	1.17
P2. Risk communication and community engagement	-	0.64	0.64
P3. Surveillance, case investigation, and contact tracing	-	0.64	0.64
P5. Diagnostics and testing	-	1.28	1.28
P6. Infection prevention and control	1.28	-	1.28
P7. Case management and therapeutics	-	0.64	0.64
P8. Operational support and logistics	1.34	3.21	4.55
P9. Essential health systems and services	0.32	-	0.32
Total	4.12	6.42	10.54

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A family in an informal settlement in Hlaingtharyar Township, Yangon in May 2021. © WFP/ Htet Oo Linn

NIGER

People in need
3 million

People targeted
2.1 million

Requirements
US\$ 16.91 million

Context

Niger is experiencing complex and protracted emergencies. The security situation remains precarious and volatile in the border areas of Burkina Faso, Mali, and Nigeria, marked by an upsurge in attacks by non-state armed groups. The country also experiences natural disasters in a cyclical fashion due to its geographical environment.

In 2021, Niger experienced four epidemic-related health crises in the context of the COVID-19 pandemic, in addition to a flood-related disaster and the risk of emerging and re-emerging diseases. The critical needs identified by Rapid Response Teams include shortages of essential medicines; poor access to basic health care and services; and lack of quality care provision. Referral and triaging of emergency cases to adequate facilities has been extremely challenging. The lack of functional health facilities with 24/7 availability, and the absence of an early warning system for the rapid detection of epidemics and other health events have also been identified as major gaps.

Response strategy

The humanitarian response strategy is based on the provision of health care and services through the support of existing health structures and the organization of mobile clinics and temporary structures in camps for displaced persons and refugees. The following will be integrated in the response strategy:

- Strengthen surveillance of priority diseases (diseases with epidemic potential, including COVID-19).
- Provide quality emergency health care.

- Expand access to basic and referral health services for displaced persons and host populations through the provision of medicines, medical supplies, and equipment.
- Strengthen the skills of health providers for the management of common pathologies and referral, including mental health care (training, supervision, responses to various emergency situations).
- Strengthen the capacities of health facilities in reproductive health in the context of the movement of populations using basic medical equipment.
- Support community engagement at multiple levels (regions, districts, and local levels, especially health committees).
- Strengthen coordination mechanisms at the national level and synergy with other sectors, including nutrition, water, sanitation, and hygiene, and protection and food security.

Country priorities

- Ensure people in vulnerable settings, including people with disabilities, benefit from an appropriate response to emergency health situations, especially epidemics and disaster management.
- Ensure people in vulnerable settings, including people with disabilities, have access to quality health care.
- Strengthen coordination capacities, adaptation, and resistance to shocks in relevant ministries, amongst health workers, and in communities.

WHO works in Niger to help ensure that 1.2 million people in vulnerable settings, including people with disabilities, benefit from an appropriate response to emergency health situations, especially epidemics and disaster management in departments with acute needs. © WHO



COVID-19 response

COVID-19 response activities include strengthening coordination and logistics through the implementation of the preparedness and response plan. Protocols will be revised for the control of stocks of personal protective equipment and other consumables and community surveillance activities will be scaled up from 7 to 44 health districts. COVID-19 response activities will be decentralized in the country (project pilot in Niamey).

Strengthen case detection

- Expand COVID-19 screening in integrated health centres.
- Enhance systematic detection among land travellers at bus stations.
- Establish community screening sites for COVID-19.
- Supply reagents and consumables to laboratories.
- Conduct genomic surveillance by sending samples to the Institut Pasteur of Dakar.
- Build local capacities for detection of new variants and sequencing.
- Monitor vaccination status of all COVID-19 positive cases for analysis and action.

Support decentralization and training of health workers in case management; operation of case management sites; performance of death audits; improvement of the quality of data management at different levels; and equipping sites with emergency beds, resuscitation kits, and oxygen production

- Focus on personal protective equipment and other equipment to comply with public health and social protection measures.
- Strengthen awareness and guidance for establishing triage systems at hospitals.
- Ensure provision of medicines and equipment for health structures in emergency situations.
- Support training of personnel in primary health care.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	2.41	1.61	4.02
P2. Risk communication and community engagement	-	0.32	0.32
P3. Surveillance, case investigation, and contact tracing	0.40	1.46	1.86
P5. Diagnostics and testing	0.78	0.94	1.72
P6. Infection prevention and control	0.02	0.53	0.55
P7. Case management and therapeutics	1.93	0.61	2.53
P8. Operational support and logistics	1.84	0.15	1.99
P9. Essential health systems and services	1.03	0.37	1.40
P10. Vaccination	-	2.01	2.01
P11. Research, innovation, and evidence	0.37	0.15	0.51
Total	8.76	8.15	16.91

For more information

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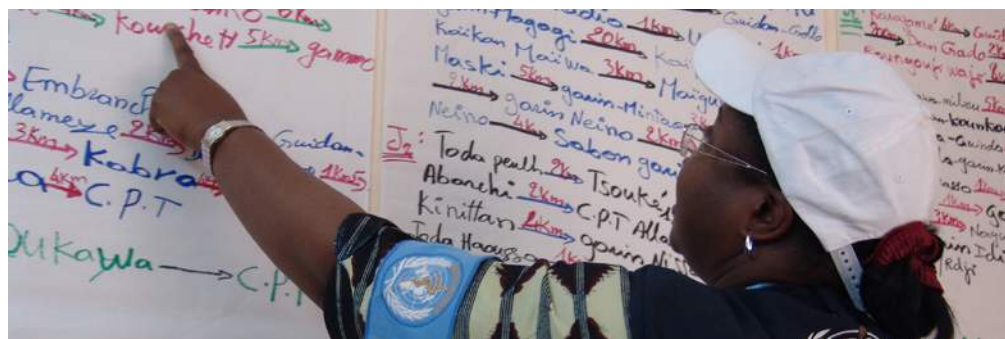
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WHO works in Niger to strengthen coordination mechanisms at the national level and synergy with other sectors, including nutrition, water, sanitation, and hygiene, and protection and food security.
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NIGERIA

People in need
3.8 million

People targeted
5.4 million

Requirements
US\$ 63.5 million

Grade 3 Emergency



Context

Nigeria is a multi-ethnic and culturally diverse federation of 36 autonomous states and the Federal Capital Territory. A lower middle-income country and Africa's largest economy and most populous country, Nigeria faces daunting development challenges. In 2019, the National Bureau of Statistics reported 40% of Nigerians (83 million people) lived below the poverty line of 137 430 naira (US\$ 381.75) per year. Another 25% (53 million) were vulnerable. The report predicted the poverty situation worsening further by 2023.

The country's geographic and developmental situation make it highly prone to human-made, environmental, and other public health events resulting in high levels of mortality, ill-health, destruction of property and infrastructure, environmental degradation, and displacement. For more than 11 years, non-state armed groups staged numerous attacks in the North East region, leading to displacement of populations and disruption of health services. This compounds existing challenges. The North West region of the country is affected by armed criminality-related challenges, which have also led to significant displacement of populations and disruption of health services.

The country's humanitarian health emergency (a WHO grade 2 emergency) is under additional pressure due to the ongoing COVID-19 pandemic (a WHO grade 3 emergency), circulating vaccine-derived poliovirus type 2 (a WHO grade 2 emergency), cholera outbreak (a WHO grade 2 emergency), yellow fever outbreak (a WHO grade 2 emergency), and Lassa fever outbreak (a WHO grade 1 emergency).

A nurse writes down a patient's details before her screening for cervical cancer at the Jummai Babangida Aliyu Maternal and Neonatal Hospital (JBAMN) in Niger State on 23 February 2021.
© WHO / Etinosa Yvonne

Response strategy

WHO's health emergency response strategy in 2022 addresses the six concurrent graded emergencies described above plus control of disease outbreaks that have not yet reached their emergency thresholds (e.g. measles and cerebral-spinal meningitis).

In addition to responses and in accordance with WHO's impact framework in the Thirteenth General Programme of Work, and specific outputs and indicators on health emergencies, WHO will support the country to build capacities for prevention, rapid detection, risk assessment, and adequate timely responses to health emergencies. This will involve risk mapping/profiling of states, preparation and implementation of preparedness/mitigation interventions, and strengthening early warning and surveillance systems.

WHO will also support putting in place systems for rapid response to acute health emergencies through continued support to partner coordination, humanitarian assessments, deployment of rapid response teams, and health information generation and dissemination. WHO plans to complement the government, humanitarian partners, and other stakeholders by supporting the implementation of interventions that facilitate access to lifesaving health services for all affected Nigerians, especially vulnerable conflict-affected communities.

Country priorities

Humanitarian crisis response in north east region

- WHO's response to the crisis in the North East will follow the thirteenth General Programme of Work. WHO will promote Sustainable Development Goal 3, Good Health and Well-Being, with cross-cutting links to other Sustainable Health Goals such as Sustainable Health Goal 6, Clean Water and Sanitation. WHO will support the continued provision of essential health services including gender-based violence, mental health and psychosocial support, and strengthening the health system while rapidly responding to acute health emergencies through local capacities. WHO's response to the crisis in the North East will complement the overall humanitarian response addressing health needs detailed in the Humanitarian Response Plan and the yearly rolling WHO response plan.

Circulating vaccine-derived poliovirus type 2 outbreaks

- Nigeria experienced the worst circulating vaccine-derived polio virus type 2 outbreak in 2021 with 1023 cases in 31 of the 36 states and Federal Capital Territory of Abuja in the country. WHO continues to support Nigeria's response to this outbreak through a response support plan extended into 2022. The plan prioritizes strengthening acute flaccid paralysis surveillance including strengthening laboratory diagnostic capacities, implementing outbreak response vaccinations against vaccine-derived polio virus type 2 using novel oral polio vaccine type 2, and types 1 and 3 circulating vaccine-derived polio virus using bivalent oral polio vaccine and inactivated polio vaccine; conducting routine immunization intensification and other maternal/child health services in high-risk states; and improving partnership coordination at the Emergency Operation Centres.

Cholera outbreak

- Nigeria experienced one of the worst cholera outbreaks in 2021 with 111 062 cumulative cases in 33 states and the Federal Capital Territory (across 435 local government areas) and 3604 deaths (case fatality rate of 3.2%) recorded by week 5 of 2022. WHO has a six-month rolling cholera outbreak response support plan. The plan prioritizes the deployment of Rapid Response Teams at the local government area level for case investigation, water, sanitation, and hygiene interventions, risk communication, and surveillance. The plan also prioritizes expanding/strengthening diagnostic testing capacity; the establishment and operation of oral rehydration points and cholera treatment centres/cholera treatment units that suspected/confirmed cases can easily access; strengthening infection prevention and control protocols at treatment facilities; oral cholera vaccination interventions; and improving response coordination.

Lassa fever outbreak

- Nigeria is experiencing a Lassa fever outbreak, with 322 suspected cases in 18 states in 2022 (week 5 of 2022), nearly three times the number of cases registered during the same period in 2021. The cumulative number of cases in 2021 was 1301 suspected cases from 28 states, including the Federal Capital Territory and 46 deaths (case fatality rate of 17%). WHO developed a six-month rolling Lassa fever outbreak response support plan. The plan prioritizes the deployment of Rapid Response Teams at the local government area level for case investigation, risk communication, surveillance, and rodent control interventions. The plan also prioritizes strengthening diagnostic capacity, patient management capacity, infection prevention and control, and response coordination.

Yellow fever

- Nigeria is one of a number of countries experiencing an increasing number of yellow fever cases. The WHO Regional Office established a Grade 2 subregional emergency, with Nigeria as one of the response countries. Cumulatively, the country has had 2164 suspected yellow fever cases and five deaths (case fatality rate of 0.2%) in 36 states and the Federal Capital Territory in 2021. A total of 47 cases were confirmed through the plaque reduction neutralization test and 79 cases were classified as presumptive (immunoglobulin M positive but plaque reduction neutralization test negative). As part of its subregional response, WHO Nigeria developed a six-month support plan focusing on surveillance (routine surveillance, case investigation, entomological surveillance), risk mapping plus supplemental immunization planning/implementation, diagnostic capacity strengthening, risk communication and community engagement, immunity serosurveys, and strengthening response coordination.

COVID-19 response

Cumulatively, 253 721 COVID-19 cases (154 840 in 2021), 230 045 recoveries and 3139 deaths (case fatality ratio of 1.2%) were recorded since the beginning of the outbreak in 2020 to week 5 of 2022. WHO has a one-year rolling COVID-19 response support plan in Nigeria, with priority support interventions across all 11 interconnected response pillars. Through this plan, WHO is supporting the implementation of context-appropriate public health and social measures at national and subnational levels, as summarized below.

- Support continued functionality of government leadership structures (i.e. Presidential Steering Committee and State Task Forces) plus the Public Health Emergency Operation Centres at the national level and in each of the 36 states and Abuja to maintain a strong coordination of the government-led response. High-level advocacy visits to strengthen state leadership will also continue to be conducted. WHO will aid with the conduct of intra-action reviews; updates of incident action plans in high COVID-19 burden states where previously developed incident action plans are now out of date; track their implementation and track the pandemic, including the production of information products, such as situation reports. The deployment of Rapid Response Teams to states that experience a surge in COVID-19 cases will continue to be implemented.
- WHO will continue to help the country update all service delivery guidelines, job aids, and materials in line with those developed by WHO at regional or global levels. WHO will also support the introduction of new WHO-recommended technologies, service delivery strategies, and tools; and on-the-job training of health service providers and strengthening of professional development initiatives, such as the community of practice for COVID-19 treating practitioners plus supportive supervision. Other areas of assistance are systems strengthening initiatives, including further development of the Surveillance Outbreak Response Management and Analysis System (including the addition of a COVID-19 treatment module) and its rollout to all health facilities for improved surveillance data capture.
- Other areas of WHO support in 2022 include maintaining the quality of COVID-19 testing using reverse transcription polymerase chain reaction and antigen rapid diagnostic tests and implementation of external quality assessments for reverse transcription polymerase chain reaction labs. WHO will also strengthen genomic sequencing and work to integrate COVID-19 surveillance in routine surveillance

systems (e.g. influenza-like illness/severe acute respiratory infection sentinel surveillance system). Continued engagement with journalists in risk communication will take place, and the effectiveness of risk communication interventions will be monitored. In addition, capacity-building of federal and state risk communication focal points will take place with a focus on infodemic management. WHO will also assist in the implementation of a follow-up rapid assessment on the continuity of essential health services. In the North East region, WHO will continue to support mobile health teams in hard-to-reach areas and other service delivery strategies that facilitate the maintenance of access to and use of essential health services in the humanitarian emergency settings.

- WHO will continue to support the country in scaling up COVID-19 vaccine deployment. There is a 70% coverage target set for the year. WHO will continue to aid in the ongoing implementation of community interventions to address vaccine hesitancy, independent monitoring, and a miniCPIE of vaccination campaigns. WHO is funding an ongoing vaccine effectiveness study. WHO will continue to support the country to further strengthen COVID-19 infection surveillance among health workers and the periodic updating of protocols for points of entry and public health measures used to mitigate the changing COVID-19 infection surveillance among health workers. WHO will continue to donate equipment, supplies and provide implementation support for the delivery of COVID-19 response interventions.

In November 2020, a WHO volunteer prepares yellow fever samples for shipment to a testing laboratory. © WHO / Noor Images / Benedicte Kurzen



Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	3.37	1.28	4.65
P2. Risk communication and community engagement	0.96	4.58	5.54
P3. Surveillance, case investigation, and contact tracing	2.50	6.30	8.80
P4. Travel, trade, points of entry and mass gatherings	-	1.11	1.11
P5. Diagnostics and testing	0.57	1.26	1.83
P6. Infection prevention and control	0.91	-	0.91
P7. Case management and therapeutics	1.35	9.47	10.82
P8. Operational support and logistics	2.37	2.03	4.40
P9. Essential health systems and services	17.06	0.75	17.81
P10. Vaccination	5.41	1.63	7.04
P11. Research, innovation, and evidence	0.24	0.34	0.59
Total	34.75	28.75	63.50

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A scientist works in the pathology lab of the Department of Medical Laboratory Services at the general hospital in February 2021. © WHO / Etinosa Yvonne



OCCUPIED PALESTINIAN TERRITORY

People in need
2.1 million

People targeted
1.6 million

Requirements
US\$ 23.59 million

Context

More than 1.5 million Palestinians will need health-related humanitarian assistance in 2022, according to estimates from the Health Cluster. Two-thirds of these people live in the Gaza Strip and one-third in the West Bank. The situation remains especially vulnerable in the Gaza Strip, where more than 15 years of blockade, coupled with the intra-Palestinian political divide continue to degrade the infrastructure and deteriorate the living conditions of the Gazan population. Chronic shortages of medicines and supplies continue to hinder access to critical health care. Recurrent bouts of conflict in both Gaza and the West Bank including the recent escalation in May 2021 required prioritization of trauma-related interventions at the expense of other vulnerable groups.

Since the onset of the COVID-19 outbreak in the occupied Palestinian territory, the Ministry of Health reported more than 600 000 confirmed COVID-19 cases and more than 5200 deaths. COVID-19 further strained the already challenged health system with scarce resources being reallocated to respond to the outbreak.

Response strategy

WHO aims to support the rights of all Palestinians to accessible, quality health services through three objectives:

- Support the Palestinian Ministry of Health in responding to the COVID-19 outbreak.
- Strengthen the International Health Regulations' core capacities.
- Support for maintaining the availability, accessibility, acceptability, and quality of essential lifesaving health services, including services for noncommunicable diseases, maternal and child health, mental health, and trauma for vulnerable communities across the occupied Palestinian territory. The planned response is fully aligned with the United Nations Office for the Coordination of Humanitarian Affairs' Humanitarian Response Plan for 2022.

In order to support the ongoing response to the COVID-19 outbreak and enhance the response to potential future outbreaks, WHO will strengthen the International Health Regulations' core capacities in the occupied Palestinian territory and continue its interventions focused on the ten COVID-19 response pillars. This includes strengthening coordination, laboratory capacity and epidemiological surveillance, including introducing event-based surveillance and supporting surveillance at points of entry in addition to improving infection prevention and control measures. Strengthening the health information system is also vital for accurate and reliable reporting on communicable diseases, allowing for a timelier response.

WHO also plans to strengthen emergency preparedness and response to provide emergency health services (including all levels of the trauma pathway [pre-hospital level, hospital level, and postoperative and rehabilitative care]) by developing a national triage system and national emergency medicine protocols. Upgrading will take place in emergency rooms and departments in key public hospitals and emergency primary health care centres in Gaza and the West Bank. Support will continue to the Limb Reconstruction Centre in Gaza and capacity building of health care workers to enhance the quality of services. WHO will likewise ensure access to primary health services for vulnerable groups, including reproductive, maternal, and neonatal health, mental health and psychosocial support, and gender-based violence.

Cross-cutting issues will be addressed and mainstreamed as part of WHO's work. Gender equity, accountability to affected people, protection of civilians, and prevention of sexual exploitation and abuse will be integrated in all work.

Occupied Palestinian territory received its first delivery of COVID-19 vaccines on 22 March 2021 via COVAX. © WHO / Noor Images / Tanya Habjouqa



Country priorities

Support the Palestinian Ministry of Health in responding to the COVID-19 outbreak.

- 500 000 suspected and confirmed cases will have access to COVID-19 testing through the provision of COVID-19 laboratory testing kits, supplies, and equipment.
- 10 000 people will benefit from essential COVID-19 medical supplies, including medicines and medical equipment.
- 500 health care workers will be trained on laboratory testing and case management.
- 800 000 people will have access to COVID-19 vaccines across the occupied Palestinian territory.
- 1 million people will benefit from risk communication and community engagement activities, including printed materials, social media posts, and other media outlets.

Strengthen the International Health Regulations' core capacities in the occupied Palestinian territory.

- Two medical points will be established at Gaza points of entry (Erez and Rafah).
- Two public health emergency operation centres will be operationalized in Ramallah and Gaza.
- Two satellite public health emergency operation centres will be operationalized in the North and South Districts of the Gaza Strip.
- Event-based surveillance will continue and be strengthened.
- At least 200 health care workers will be trained on emergency preparedness, surveillance, infection prevention and control, early detection of communicable diseases, and laboratory biosafety and biosecurity.

Maintain access to essential health services.

- A national triage system will be developed and disseminated.
- National emergency medicine protocols will be established and disseminated.
- Two Emergency Medical Services operation cells will be supported and functioning.
- Emergency departments, surgical wards, and operating theatres at seven public hospitals across the Gaza Strip will be upgraded through the procurement of critical equipment and supplies.
- Emergency departments at two hospitals in the West Bank and one hospital in East Jerusalem will be upgraded through the procurement of critical equipment and supplies.
- 250 health workers will be trained on emergency and trauma-related care.
- 100 000 patients will benefit from procured medical supplies and equipment at the different levels of the trauma pathway.
- 150 000 people living in Area C will receive emergency health services through mobile health teams.
- 200 000 people will benefit from prepositioned essential medical supplies.
- 30 000 noncommunicable disease patients will benefit from access to essential drugs and supplies.
- 100 health care workers will be trained on noncommunicable disease management.
- 12 agencies will contribute to the documentation of attacks on health care, using WHO's Surveillance System for Attacks on Health Care.
- 100 partners will benefit from the implementation of the Health Resources and Services Availability Monitoring System.

COVID-19 response

WHO estimates that more than 1 million Palestinians, including 50 000 persons with disabilities and 490 000 females, will benefit from the following planned interventions:

- Provision of COVID-19 testing kits and supplies, including antigen detection rapid diagnostic tests, real-time polymerase chain reaction tests, swabs, and testing equipment.
- Provision of essential medical supplies, lab reagents, and medical equipment for COVID-19 case management and vaccination.
- Provision of critical medical equipment, including regular hospital beds, to Ministry of Health hospitals that deal with emergency cases, including trauma and COVID-19.
- Improved e-health information systems in hospitals and primary health centres through the provision of hardware, software, and capacity-building.
- Strengthened surveillance for communicable diseases, including for COVID-19, and introduce event-based surveillance.
- Capacity building of health workers in communicable disease management, infection prevention and control, surveillance, and laboratory biosafety and biosecurity.
- Support for risk communication and community engagement activities to promote vaccine uptake and raise awareness about COVID-19 prevention and management of suspected cases.
- Scaled up vaccine uptake through provision of needed equipment and supplies, training personnel, and generating vaccine demand.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.48	0.97	2.45
P2. Risk communication and community engagement	0.12	0.33	0.45
P3. Surveillance, case investigation, and contact tracing	0.25	0.46	0.71
P4. Travel, trade, points of entry and mass gatherings	0.05	0.18	0.24
P5. Diagnostics and testing	0.86	6.32	7.18
P6. Infection prevention and control	0.59	2.46	3.05
P7. Case management and therapeutics	0.57	1.77	2.34
P8. Operational support and logistics	0.56	0.32	0.88
P9. Essential health systems and services	3.33	1.18	4.50
P10. Vaccination	-	1.79	1.79
Total	7.80	15.78	23.59

For more information

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WHO staff delivered lab testing supplies
and personal protective equipment to
local health authorities in the Gaza Strip.
© WHO / Ain Media



SOMALIA

People in need
7 714 943

People targeted
5 546 553

Requirements
US\$ 53.76 million

Grade 3 Emergency



Context

Devastated by decades of conflict, recurrent climatic shocks, disease outbreaks, and widespread poverty, an estimated 7.7 million people in Somalia require humanitarian assistance and protection – up from 5.9 million people in 2022. The multitude of climatic shocks over the past three decades, such as recurrent droughts and floods, coupled with protracted conflict have collectively weakened the country's health system. The provision of essential health services was severely affected during the COVID-19 pandemic. This put additional strain on the health system and overstretched available resources for supporting even basic health services.

Somalia faces one of the most severe droughts in its history. With the next rainy season not expected until April 2022, Somalia confronts a potential catastrophe of famine and severe loss of life from hunger, malnutrition, food shortages and disease. The number of people impacted is steadily rising and displaced families are approaching life-threatening levels of need. About 4.3 million people are affected with 271 000 people forced to abandon their homes in search of water, food and pasture. More than 3.6 million people are estimated to lack access to sufficient water; many are increasingly using untreated water from shallow wells and dwindling rivers increasing public health risks. Cases of acute watery diarrhoea, cholera, and measles are spiking in drought-affected locations due to contaminated water sources.

WHO staff Fuad Abdisalam (left) and Nimcaan Aden move an oxygen concentrator from the WHO warehouse to a van for delivery to the general hospital in Hargeisa on 19 January 2021.

WHO has worked in solidarity with the government, partners, and the private sector to scale up sustainable oxygen supplies. The WHO oxygen project aims to provide end-to-end solutions and innovation to provide access to medical oxygen to more people at an affordable cost.
© WHO / Mustafa Saeed

In drought afflicted districts, reports of epidemic-prone diseases continue to increase compared to the previous year. Endemic cholera cases increased by 20%, acute diarrhoeal disease cases by 15%, malaria cases by 38% and measles cases by 15%. Cases are expected to increase further due to the worsening drought and inadequate access to sanitation and hygiene, especially in displacement camps and areas affected by conflict.

The food security situation is at risk of further deterioration. Although interventions by the humanitarian community are mitigating the severity of food insecurity, the number of people facing Crisis (Integrated Food Insecurity Phase Classification Phase 3) or worse outcomes without humanitarian assistance is forecast to increase from 3.5 million to 4.6 million by May 2022. The prevalence of acute malnutrition remains high in most drought-stricken areas, with Global Acute Malnutrition at 10% to 14.9% or Serious and rising to Critical levels (15.0% or more) in some of the worst affected areas.

Conflict and insecurity in parts of Somalia continue to aggravate vulnerabilities and displacement, forcing 544 000 people to flee their homes last year. Conflict and insecurity create protection challenges, including physical attacks and threats to life, arbitrary arrest and detention, kidnapping, early marriages, sexual assault, and child recruitment. Humanitarian access is hampered by ongoing hostilities and movement and security restrictions.

Response strategy

WHO supports the Federal Ministry of Health and Human Services in several critical areas. WHO established public health laboratories for decentralized testing of COVID-19, strengthened the early warning system for disease detection and response, and deployed community health workers in hard-to-reach areas to improve access to community-based health care interventions for displaced and vulnerable communities. WHO will provide support to mitigate and offset the disruption of essential health care during COVID-19 and to safeguard against gender-based violence. WHO will work with the Federal Ministry of Health and Human Services and partners to initiate the establishment of an integrated disease surveillance and response strategy to strengthen the timely detection and response to health events. WHO established public health emergency operations centres at national and subnational levels to strengthen the coordination of emergency response operations. WHO has trained, equipped, and deployed district-based rapid response teams to investigate and verify disease alerts reported from respective communities. WHO continues to build strong strategic partnerships at the country level with civil society, government, and United Nations agencies, including under the umbrella of Sustainable Development Goal 3 Global Action Plan.

Country priorities

Of the 7.7 million people in need of humanitarian assistance, WHO will provide emergency medical services to an estimated 5.5 million, of which 2.2 million live in internally displaced person camps. WHO will focus on the integration of disease surveillance and response activities, strengthening intersectoral coordination and leadership, and building on initial investments made for the COVID-19 response to establish a more resilient health system. Community-led interventions will be prioritized, whereby WHO and other partners will work to ensure that essential public health services are available for everyone everywhere. In view of the worsening drought in the country, WHO's focus will be limited to improving access to health services among the drought-affected and other vulnerable populations in the country. Other activities will include:

- Improve access to health services using both community-based interventions and primary level care with a view to increasing access, coverage, and use of health care services.
- Strengthen essential health services at the district level for improved care and addressing health inequality.
- Enhance preparedness and readiness for preventing disease outbreaks (undertake targeted pre-emptive vaccination for cholera, measles, and other vaccine preventable diseases; improve laboratory testing capacity for epidemic-prone diseases; strengthen the integrated disease surveillance and response system; support front-line training and operations of rapid response teams, etc.).
- Improve routine immunization for vaccine-preventable diseases, especially in hard-to-reach areas, with the main target of reaching “zero-dose children.”
- Support intergovernmental coordination, planning, and operational readiness for response to any public health emergency.
- Improve information and data sharing, including innovation and research.



In Somalia, WHO supports the Federal Ministry of Health and Human Services in several critical areas. WHO established public health laboratories for decentralized testing of COVID-19, strengthened the early warning system for disease detection and response, and deployed community health workers in hard-to-reach areas to improve access to community-based health care interventions for displaced and vulnerable communities. © WHO / Ismail Taxta

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.88	0.14	1.02
P3. Surveillance, case investigation, and contact tracing	0.07	4.20	4.27
P5. Diagnostics and testing	0.26	3.21	3.47
P6. Infection prevention and control	1.04	-	1.04
P7. Case management and therapeutics	-	5.93	5.93
P8. Operational support and logistics	-	1.39	1.39
P9. Essential health systems and services	1.28	-	1.28
P10. Vaccination	-	33.49	33.49
P11. Research, innovation, and evidence	1.11	0.75	1.86
Total	4.64	49.11	53.76

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On 18 February 2021, solar powered oxygen concentrator systems were delivered by WHO to Hanaano Hospital in Galmudug state, Somalia. The COVID-19 pandemic accelerated the global demand for oxygen and made the delivery of oxygen supplies more urgent than ever. WHO helped scale up oxygen supplies in the most vulnerable countries by procuring and distributing oxygen concentrators and pulse oximeters. © WHO / Ismail Taxta



SOUTH SUDAN

People in need
8.4 million

People targeted
6.7 million

Requirements
US\$ 20.64 million

Grade 3 Emergency



Context

South Sudan is experiencing a protracted humanitarian crisis as a result of prolonged political conflict that started in 2013, recurrent subnational violence, flooding, acute food insecurity, and associated infectious disease outbreaks. This leaves an estimate 8.4 million people in need of urgent humanitarian assistance, 6.7 million of whom need health services. South Sudan's health system is overburdened due to continual shocks and limited health financing by the government, which renders the Ministry of Health incapable of adequately responding to health emergencies. More than 90% of health services are supported by national and international nongovernmental organizations, faith-based organizations, and United Nations agencies. The Health Pooled Fund and the World Bank are the major actors providing funding to support the provision of health services. Factors negatively affecting delivery of health services include long geographical distances, lack of human resources, and inadequate essential medicines for basic and emergency health care.

Response strategy

WHO will focus on urgent emergency response needs while ensuring current investments will ultimately build a resilient health system. The following will be integrated in the response strategy:

- Coordinate with existing health facilities and Health Cluster partners to scale up the health response.
- Conduct mobile health outreach in hard-to-reach locations without functional health facilities.
- Leverage Integrated Disease Surveillance and Response, the Early Warning, Alert and Response System, and community surveillance to detect disease upsurge, suspected outbreaks, and mortalities.
- Strengthen leadership, coordination, and partnerships.

Country priorities

Prevent and control outbreaks and other public health emergencies, and strengthen surveillance and health information.

- 90% timeliness of reporting from Early Warning Alert and Response Network sites.
- 90% completeness of reporting from Early Warning Alert and Response Network sites.
- 90% of health facilities reporting Integrated Disease Surveillance and Response/Early Warning Alert and Response Network System.
- 80% of alerts verified and investigated within 48 hours.
- Case fatality rate from cholera <1%.

Ensure effective coordination to increase access to essential health services for the most vulnerable populations.

- More than 60% of the affected population has access to basic health services and people are reached through vaccination for measles, yellow fever, COVID-19, and/or cholera.
- 10% increase in the proportion of trained health care workers.
- Conduct joint assessments quarterly.
- Develop and implement the Health Cluster Response Plan.
- Conduct biweekly planned Health Cluster meetings.

Increase resilience and capacity of the health system.

- Provide 70% of health facilities with emergency health kits in the affected locations.
- Align emergency preparedness and response plans and recovery plans with national development policies and strategies.

Cholera prevention measures among displaced people in South Sudan. © WHO / Ali Ngethi

COVID-19 response

South Sudan's COVID-19 National Response Plan aims to reduce mortality and morbidity by suppressing transmission, reducing exposure to new infections, countering misinformation, and protecting the most vulnerable population as the country accelerates equitable access to new COVID-19 tools, including vaccines, diagnostics, and therapeutics. WHO South Sudan will:

- Invest in capacity for COVID-19 community and facility-based surveillance, case investigation, and contact tracing with a focus on national and subnational high-risk locations and points of entry.
- Maintain capacity for diagnostics and testing for COVID-19 and other infectious health hazards at all levels through the establishment of a molecular laboratory, including GeneXpert and polymerase chain reaction test capacity, while ensuring infection prevention and control measures.
- Conduct simulation exercises to reinforce readiness and response capacities.
- Support the key functions of public health emergency operations centres.
- Conduct an annual seroprevalence survey.
- Provide training on specimen collection, case identification, and contact tracing.
- Deploy rapid response teams appropriately.
- Ensure that guidelines and protocols are in place by supporting South Sudan to update and distribute existing documents to facilitate COVID-19 response efforts.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.69	0.88	2.56
P2. Risk communication and community engagement	0.21	0.66	0.87
P3. Surveillance, case investigation, and contact tracing	1.21	1.37	2.58
P4. Travel, trade, points of entry and mass gatherings	0.01	0.40	0.41
P5. Diagnostics and testing	0.35	0.59	0.94
P6. Infection prevention and control	0.18	0.39	0.57
P7. Case management and therapeutics	0.43	0.55	0.97
P8. Operational support and logistics	5.22	2.34	7.55
P9. Essential health systems and services	0.88	0.94	1.82
P10. Vaccination	0.14	1.08	1.22
P11. Research, innovation, and evidence	1.16	-	1.16
Total	11.46	9.18	20.64



Families wade through floodwaters in Bunj, Maban County in Upper Nile State, South Sudan.
© UNHCR / Mary Sanyu Osire

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SUDAN

People in need
14 257 653

People targeted
10 933 315

Requirements
US\$ 48.74 million

Context

Civil unrest and conflict, population displacement, disease outbreaks and natural disasters are driving a severe health crisis in Sudan. More than 1.1 million refugees and 3 million internally displaced persons live in Sudan. Displacements continue due to the internal conflict in Ethiopia and intercommunal conflicts. The public health system is severely affected by years of underfunding, resulting in a lack of qualified health staff and insufficient access to basic and essential services. Disease surveillance capacities are limited in the entire country and the fragile health system is overwhelmed by the burden of COVID-19 cases. Water-borne, vector-borne and vaccine-preventable disease outbreaks continue each year, due to limited capacities for WASH, vector control and low vaccine coverage among populations in vulnerable settings. Support is needed to secure access to essential health.

Response strategy

WHO's strategic objectives align with the Health Cluster Strategy that prioritize:

- Support for essential public health functions with a focus on primary health care.
- Strengthen emergency preparedness, response, and all-hazards risk management.
- Address needs of vulnerable groups disproportionately affected by health emergencies (refugees, internally displaced persons, and returnees).

WHO will prioritize the localities targeted by the 2022 Humanitarian Response Plan but may intervene in other areas across Sudan if new health threats appear. The following will be integrated into the response strategy:

- Rapid detection and risk assessment of potential health emergencies.

- Rapid response to acute health emergencies and strengthening essential health services for those in vulnerable settings.
- Enhance multi-hazard preparedness and early response capacities.

Country priorities

- Reinforce integrated disease surveillance, including Early Warning, Alert and Response System and related health information systems and IT platforms, through capacity building initiatives, technical support, and equipment.
- Increase capacities for the health emergency response through support to the emergency operations centres and intersectoral coordination mechanisms and support capacity building in subjects relevant to emergencies, technical expertise, and operational support.
- Strengthen the supply line of essential medicines and preposition supplies to further reinforce the emergency response, including procurement and distribution of essential medicines and supplies to cover the basic health needs in primary health care for 1.5 million vulnerable people for one year.
- Support vector control and water quality monitoring efforts to control outbreaks, ensure 1.5 million vulnerable people will benefit from integrated vector control in areas of high transmission of vector-borne diseases.
- Strengthen the COVID-19 response by supporting the COVAX campaign with operational costs and technical expertise with the aim to reach 70% coverage.

In 2017 more than 885 000 people at higher risk of cholera were immunized in the first round and nearly 500 000 people also received a second round of the vaccine. Due to security challenges, not everyone was able to receive the recommended two doses, which would significantly decrease their risk of being affected by cholera. © WHO



- Improve capacities in case management – including oxygen therapy, infection prevention and control and laboratory diagnostics – and expand provision of essential medicines, oxygen, equipment, supplies, and different types of COVID-19 tests.
- Rapidly detect potential health emergencies and assess risks including training of 3000 health staff and community volunteers to scale up basic integrated disease surveillance capacities across the country, and procure and deliver at least 100 000 polymerase chain reaction tests and rapid antigen diagnostic tests for COVID-19 to enhance detection and surveillance of SARS-Cov-2.
- Rapidly respond to acute health emergencies and strengthen essential health services for vulnerable populations, including training of 2500 health staff in primary and secondary health care facilities in appropriate COVID-19 infection prevention and control measures.
- Enhance multi-hazard preparedness and early response capacities, including developing a multi-hazard preparedness plan based on the capacity assessments in 18 states in Sudan and share with partners from health-related sectors.

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COVID-19 response

Sudan's health system is overwhelmed with the response to the COVID-19 outbreak, which is taking place in the context of multiple parallel health emergencies. The caseload is largely underestimated due to low access to testing and inadequate surveillance. COVID-19 vaccination coverage was less than 3% as of November 2021. WHO supports all pillars of the COVID-19 response in collaboration with health partners and United Nations agencies. Priority COVID-19 interventions include:

- Plan and coordinate support through emergency operations centre, Health Cluster mechanisms, and implementation of the national and subnational response plans.
- Strengthen surveillance and contact tracing through capacity building, support to health information systems and operational support to rapid response teams and surveillance teams.

- Increase access to testing through laboratory support and provision of laboratory supplies and equipment, including different types of COVID-19 tests.
- Strengthen infection prevention and control through supply of personal protective equipment, training of health personnel, and dissemination of information.
- Improve quality of care through capacity building on updated guidelines and protocols and provision of essential medicines and supplies, including oxygen and medical equipment.
- Strengthen health services delivery for those in vulnerable settings in collaboration with health partners.
- Scale up COVAX campaign across Sudan in collaboration with health partners to increase vaccination coverage.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.26	0.32	0.58
P2. Risk communication and community engagement	0.55	0.32	0.87
P3. Surveillance, case investigation, and contact tracing	2.46	1.38	3.85
P4. Travel, trade, points of entry and mass gatherings	0.79	0.54	1.33
P5. Diagnostics and testing	0.51	1.21	1.72
P6. Infection prevention and control	0.49	0.87	1.36
P7. Case management and therapeutics	8.61	4.70	13.32
P8. Operational support and logistics	3.51	1.74	5.24
P9. Essential health systems and services	5.37	1.17	6.54
P10. Vaccination	-	13.93	13.93
Total	22.56	26.18	48.74

SYRIAN ARAB REPUBLIC

People in need
14 million

People targeted
12 million

Requirements
US\$ 239.64 million

Grade 3 Emergency



Context

Syria is the beneficiary of one of the world's most complex humanitarian operations. Its fragile health system remains strained as a result of multiple concurrent emergencies. These chronic challenges, which include ongoing insecurity, the COVID-19 pandemic and a debilitating socioeconomic crisis, continue to affect the availability and quality of health services across the country as well as the physical and mental well-being of the entire population. According to the 2022 health sector severity scale, areas of highest severity are and will continue to be located in five governorates in the North West and North East of Syria.

In 2022, 12 million people will need health services. Of these 4.4 million are displaced, 1.33 million are children under five (including approximately 503 000 newborns), and 3.38 million are women of reproductive age (15-49 years). Half a million elderly people will require inclusive health services, as will people with early onset non-communicable diseases, which are estimated to account for 45% of all deaths in Syria. Disability impacts an estimated 1.3 million people, placing them at greater risk of exclusion from health services.

The pandemic continues to disrupt the already fragile health services and systems in Syria. More than 176 000 confirmed cases of COVID-19 and nearly 6500 associated deaths (case fatality rate of 3.6%) were recorded. Emerging variants, low levels of COVID-19 vaccination, and a lack of adherence to preventive public health measures strain attempts to stabilize and restart services affected by the pandemic, including routine childhood immunization programmes, which are reporting reduced coverage rates.

Security incidents in North East Syria persist alongside renewed hostilities in Dar'a that resulted in the displacement of more than 140 000 people in need of inclusive emergency health services.

A boy plays with a kite in a camp for people displaced by conflict in Raqqqa, Syria in 2018.
© WHO / Lindsay Mackenzie

The ongoing socioeconomic and political crises further impacted by the COVID-19 pandemic continue to strain the health system. Health needs have increased. Those who cannot afford treatment are negatively impacted. Basic supply chains of lifesaving medicines and medical supplies remain disrupted.

Fuel supplies and the availability of essential medicines, including crossline and cross-border efforts, will continue to be affected while poverty increases nationwide. Economically-driven displacement is likely to increase further worsening determinants of health. The economic crisis has a direct impact on the strength of the health system, which is dependent on the availability and accessibility of electricity, water, and road networks. Safe and inclusive quality health services also require water, sanitation, and hygiene interventions at health facilities, including medical waste management.

For patients to receive quality care, health workers must be trained and equipped to provide a multitude of services. They include early identification; survivor-centred care; referral for gender-based violence survivors; malnutrition screening; holistic prevention; treatment interventions for pregnant and lactating women and children under five; and accessible and safe services for persons with disabilities. This requires communication barriers and the needs of vulnerable groups such as adolescent girls be addressed. Close coordination is needed with water, sanitation, and hygiene, nutrition, protection, and gender-based violence sectors, and the expansion of education and shelter-related services.

Constraints to resource mobilization hinder ongoing emergency health response activities and threaten the continuity of established interventions, such as primary care networks, referrals, and supply chains, all of which vulnerable people increasingly rely on. Early recovery and resilience interventions that bridge humanitarian action and development – such as the revitalization of supply chains, support for more pre- and in-service training of human resources for health, and improved access to medicines – remain constrained due to challenges in international procurement and funding conditionalities. This resulted in persistent and chronic shortages in the health workforce throughout the country, which partly accounts for the low level of fully functional health facilities in many parts of the Syrian Arab Republic.

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Country priorities

WHO will continue to maximize its efforts through its main office in Damascus and five suboffices across the country, staffed by 103 professionals (95 national and 8 international), and by the Gaziantep Emergency Field Programme and its more than 20 staff members. WHO will continue to maximize its work with nongovernmental organizations for service delivery based on the Nongovernmental Organization Strategic Plan for 2020–2024. WHO will:

- Coordinate and support the COVID-19 pandemic response across 10 pillars: coordination, surveillance, laboratory, vaccination, risk communication and community engagement, points of entry, case management, infection prevention and control, logistics support, and maintaining essential services.
- Provide lifesaving and life-sustaining service delivery in the following areas: immunization, child health, reproductive health, maternal and newborn health, communicable diseases, non-communicable diseases and mental health, water and sanitation, nutrition surveillance and management of malnutrition, specialized services (e.g. physical rehabilitation, rehabilitation services for persons with disabilities, dialysis, burns, and cancer treatment), and emergency referral services.
- Build a resilient and responsive health system while providing timely emergency support for: coordination of emergency humanitarian health assistance; strengthening emergency preparedness, including for disease outbreaks; improving health information systems; providing needed medical supplies, equipment, and medicines; improving laboratory services; and strengthening and training the health workforce.

WHO Syria follows a dual approach:

- A flexible, needs- and evidence-based humanitarian and lifesaving response in hot spots and high severity areas, and in response to outbreaks, including COVID-19.
- Enhanced WHO involvement in health system resilience and expansion of access, including kick-starting primary and secondary-level services, where access is possible.

[Access the full appeal online](#)



Syrian Association of Red Crescent volunteers bringing WHO's surgical and medical assistance into the opposition-controlled part of Aleppo City. © WHO

TURKEY

Requirements
US\$ 54.71 million

Context

Turkey hosts the largest refugee population in the world, making up at least 3.7 million refugees and migrants as well as 330 000 asylum seekers (as of October 2021), predominantly from the Syrian Arab Republic, and also Iraq, Iran, and Afghanistan. The unmet health needs of the refugees and migrants are exacerbated by the COVID-19 pandemic, resulting in a decrease in access to health services, especially maternal and newborn health (including vaccination), noncommunicable diseases, mental health, disability and rehabilitation services, and health information. Support is needed to strengthen the coordinated provision of these services provided by the Ministry of Health and other health actors. Support is also needed for the provision of health information in several languages and community outreach to engage this vulnerable population. WHO Turkey is already supporting the Turkish Ministry of Health to provide these essential health services to both refugee and host populations through support for community health, primary health care, noncommunicable diseases, mental health, communicable diseases (including COVID-19), and health system strengthening.

The increasing unmet physical, mental health, and psychosocial needs of the refugees and migrants exceed existing support and treatment capacities and have been exacerbated by the COVID-19 pandemic. In response, the Ministry of Health established migrant health centres in 29 provinces, which operate as part of the national health system. At these migrant health centres, Syrian doctors and nurses provide services to refugees and migrants with support from Turkish health personnel. The network of migrant health centres provides primary health care services that alleviate the pressures placed on public hospitals. The migrant health centres also increase access to health care by reducing language barriers and increasing human resource capacity.

The COVID-19 pandemic has placed an additional significant burden on health services and health service users. The necessary focus on COVID-19 measures resulted in lower use of basic health services for other health problems, and has caused an increase in unmet health needs for the most vulnerable groups, including women, children, elderly people, and people with disabilities.

Response strategy

WHO supports the Ministry of Health to ensure equitable access to essential health services for the most vulnerable populations, including refugees and migrants. The strategy includes supporting the Ministry of Health to build health system resilience through skills development, information, and standards-sharing while supporting and augmenting primary and referral health care capacities. The entry point for these interventions is the migrant health centres system and targeted specialized services. WHO is also helping design health services that will assure continuity of care so that vulnerable populations can access appropriate curative services. Health education, health promotion, and health literacy in several languages are likewise core components of the response strategy. WHO will continue to support the Ministry of Health to increase immunization coverage for all vulnerable children. Another key element of WHO's response strategy is the implementation of programming to increase knowledge of prevention strategies, along with improved curative and rehabilitative services to reduce the acuteness of disease and lessen the burden on referral care services. WHO will continue to support mental health and psychosocial health services, expanding them to meet the needs at all levels of the health care system, including health literacy, substance abuse, mental health, patient satisfaction, and monitoring and evaluation of service provision.



Family waiting to be treated at a polyclinic for refugees and migrants in Eskişehir, Turkey. © WHO

Country priorities

Country targets are based on a recent assessment of needs and feasibility. Planned outcomes and priorities align with WHO and Ministry of Health priorities to support the country needs.

- Provide 350 000 primary care consultations to refugees and migrants in seven provinces with the highest number of refugees/migrants.
- Provide 83 000 non-communicable disease consultations in migrant health centres and host community clinics.
- Reach 80 000 refugees and impacted host community residents by health promotion activities on mental health and psychosocial support through psychoeducation provided in partnership between primary health care and refugee communities.
- Provide 25 000 refugees and members of impacted communities with sexual and reproductive services.
- Provide 22 000 mental health and psychosocial support consultations in migrant health centres and host community clinics.
- Reach 17 000 refugees and host community members through COVID-19-related services.
- Disseminate 11 000 information, education, and communication products on migrant health centres.
- Educate 760 000 refugees and host communities about COVID-19 risks and prevention measures.
- Provide 1000 people with disabilities with self-care training along with appropriate assistive devices.
- Train 1000 Syrian and Turkish health providers on a range of topics.
- Train 215 translators from secondary and tertiary levels of care on basic mental health and psychosocial support and patient interaction skills.
- Support seven migrant health training centres that provide services to refugees and migrants.

COVID-19 response

Special attention will be needed in 2022 for COVID-19 prevention, mitigation, and response measures. The [Regional Refugee and Resilience Plan](#) health partners will continue to support the Ministry of Health's efforts to curb the pandemic and will advocate for more resources and information on cases and contacts among vulnerable groups. WHO Turkey will:

- Focus on health service providers and users with targeted support for the most vulnerable groups under temporary and international protection along with their host communities.
- Conduct capacity building through online training and services.
- Procurement of personal protective equipment and other medical equipment and supplies, as needed.

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Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	2.10	0.88	2.98
P2. Risk communication and community engagement	2.14	1.42	3.56
P3. Surveillance, case investigation, and contact tracing	0.58	0.09	0.67
P4. Travel, trade, points of entry and mass gatherings	2.14	0.04	2.18
P5. Diagnostics and testing	3.00	6.26	9.25
P6. Infection prevention and control	0.73	0.07	0.81
P7. Case management and therapeutics	0.28	0.15	0.43
P8. Operational support and logistics	1.92	0.45	2.37
P9. Essential health systems and services	30.27	0.46	30.73
P10. Vaccination	1.46	0.26	1.72
Total	44.63	10.08	54.71

UKRAINE AND NEIGHBORING COUNTRIES

FLASH APPEAL

Grade 3 Emergency



At a glance

18 million people affected by the conflict in Ukraine

6 million people targeted in Ukraine (3 months)

536 conflict related deaths

1684 injured

70 health partners in Ukraine

874 026 refugees in neighbouring countries and up to **4 million** anticipated in coming weeks

2.4 million refugees targeted in neighbouring countries (6 months)

Requirements

US\$ 45 million to secure medical supplies and cover essential health interventions in Ukraine

US\$ 12.5 million to secure medical supplies and cover essential health interventions in neighbouring countries

Current situation and impact on health

Ukraine

- Casualties have been reported across the country and are expected to rise. Emergency Medical Services (EMS), surgical departments and intensive care units are likely to become overwhelmed with trauma patients. Essential health services have been disrupted and are collapsing and jeopardize the treatment of chronic/non-communicable diseases (NCDs) including diabetes, cancer, cardiovascular diseases. Equally, there is disruption and lack of access to mental health and psychosocial support services, sexual, reproductive and maternal health care, ante-natal care, child health and assistance to people with disabilities.
- There is poor or no access to primary health care institutions due to restricted mobility and security concerns, especially in areas of intense fighting, this disrupts the referral system; thereby making not only primary, but also secondary and tertiary care (hospitals and specialist centres) inaccessible to the population. Access to state programmes, such as “affordable drugs” and free insulin for diabetic patients has also been limited. Damage to health care infrastructure, curtailed access to referral hospitals and pharmacies, and personnel fleeing from conflict-affected areas are compounding to paralyze the health system.
- Health care services disruptions coupled with conflict conditions increase the affected population's vulnerability to communicable diseases, such as COVID-19, polio and measles. Poor vaccination coverage increases the risk of outbreaks of preventable communicable diseases, particularly among children; the COVID-19 pandemic and the recent reported cases of polio in the western part of the country compound this risk. Confinement conditions in shelters, population displacement, and infrastructure damage, make hygiene difficult to maintain, increasing the risk of respiratory and diarrheal diseases, which could rapidly have a large impact on the health of the population.
- The pre-existing mental health and psychosocial support needs of the population have intensified. Health-care workers face overloading, understaffing and are at increased risk of psychological distress and mental health disorders because of witnessing traumatic events.

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Neighbouring countries

- As of 1 March 2022, 874 026 people may have already fled the violence in Ukraine. Poland alone has already welcomed over 453 982 refugees, Republic of Moldova 79 315, Hungary 116 348, Slovakia 67 000, Romania 44 540 and other European countries 69 600. UNHCR estimates that over 4 million people could flee from Ukraine and seek protection and support across the region. Partners involved in the implementation of the Regional Refugee Response Plan (RRRP), including WHO, aim at assisting 2.4 million refugees and asylum-seekers in neighbouring countries.
- The immediate health priorities include providing the fleeing population with access to EMS and to surgical services to treat trauma caused by violence and military operations. Additional priorities include provision of access to essential healthcare services and medication including for mothers and children, HIV and Tuberculosis patients as well as patients suffering from NCDs, access to mental health and psychosocial support.
- Addressing the increased transmission of COVID-19 and other seasonal respiratory infections as well as of vaccine-preventable diseases such as measles or the vaccine-derived poliovirus (VDPV) in refugee populations is a matter of priority.

WHO priorities

- Immediate emergency care for injured patients.
- Provision of essential medical supplies to fill urgent gaps.
- Ongoing assessments of health impact and humanitarian health needs.
- Coordination of the international response, including Emergency Medical Teams.
- Continuity of COVID-19 care.
- Infrastructural support for hospitals and health facilities.
- Strengthening health information management.

WHO's response in focus

Ukraine

WHO's overall response will continue to focus on saving lives, ensuring access to basic health services for those affected by armed conflict, COVID-19, polio and other health threats including technological, industrial and chemical, biological, radiological and nuclear hazards.

While WHO and other humanitarian partners are severely constrained due to the security situation, WHO is working closely with the Ministry of Health to collect data and requirements in terms of trauma care and oxygen capabilities, and to map health care facility needs. WHO, as the Health Cluster Lead, is also coordinating the response with health partners. The collection and analysis of health data from – including critical conflict-related indicators such as numbers of deaths and injured and attacks on health care – is a central focus of WHO.

WHO is establishing a logistics emergency centre in Poland to deploy critical essential medical supplies, including trauma kits, life-saving medicines, laboratory supplies and other critical items through ground transportation into Ukraine, and to neighbouring countries.

Trauma care and continuity of care for all categories of patients, including those with chronic conditions in need of life-saving medication and care, as well as mental health and psychosocial support are key elements of the overall health response. WHO is working with local health authorities to address related needs on the ground in Ukraine. Ensuring that healthcare facilities are operational again will also be a central element of the response.

Continuity of COVID-19 and polio outbreak response activities is also vital, and it will be critical to sustain COVID-19 response efforts, ensuring that all pillars of the response remain active and that there is a reliable supply of personal protective equipment (PPE), testing supplies, vaccines, therapeutics and other supplies to replace the lost and damaged materials in Ukraine.

Neighbouring countries

WHO country offices in Poland, Republic of Moldova, Hungary, Romania, Slovakia, and in other European countries are working closely with Ministries of Health to address the immediate health needs of Refugee arrivals. All offices are scaling up capacity through staff deployments. In neighbouring countries, WHO is operating under the interagency response as part of the RRRP coordinated by UNHCR.

The WHO emergency centre in Poland will be used to deploy emergency medical supplies to support the immediate needs of affected population both inside and outside Ukraine. This centre will also act as a base for WHO's technical assistance, where WHO will house expertise covering health sector/ cluster coordination, emergency medical team coordination, emergency medical care, COVID-19 and other communicable diseases control, primary health care and health service delivery and mental health. WHO headquarters and the WHO Regional Office for Europe are working jointly with the WHO offices in Ukraine (more than 130 staff before the escalation), Poland, Romania, Slovakia, Hungary and Moldova.

WHO will be focusing on trauma care and continuity of care for all categories of patients – including those with chronic conditions in need of life-saving medication and care. Mental health and psychosocial support will also be central elements of the response.

Given the high risk of transmission of COVID-19, other respiratory diseases and vaccine-preventable diseases including polio, particular attention will be granted to ensure robust disease surveillance systems are in place and care for patients suffering from those conditions is accessible while implementing relevant infection prevention and control measures.

WHO in coordination with United Nations partners will take comprehensive measures to prevent sexual exploitation and abuse in Ukraine and neighbouring countries during the operations.

WHO funding needs for March 2022 – June 2022

Activities	Geographic distribution of funding (US\$)	
	Ukraine	Neighbouring countries
Coordinating the humanitarian health response for those affected by the conflict in Ukraine including IDPs and in neighbouring countries. Including activating an operational centre in Poland.	100 000	3 500 000
Meeting urgent trauma care needs and emergency health care via deployment and coordination of Emergency Medical Teams.	2 000 000	1 000 000
Provision of trauma kits essential medical supplies and logistics support to fill urgent gaps.	25 000 000	2 000 000
Generators and other infrastructural support items for hospitals and health facilities.	10 000 000	500 000
Medical equipment including personal protective equipment (PPE).	2 000 000	500 000
Ensuring the continuity of COVID-19 services in Ukraine and extending access to COVID-19 services to refugee populations including vaccination, public health measures, testing and medical care.	2 000 000	2 000 000
Preventing and responding to vaccine-preventable diseases, measles and polio.	1 500 000	1 000 000
Strengthening health information management and surveillance in Ukraine and surrounding countries and establishing public health information system (PHIS) in Ukraine.	400 000	800 000
Preventing, detecting and responding to potential outbreaks of diarrheal diseases.	300 000	200 000
Provision of mental and psychological support to populations (including IDPs and refugees) and building capacity of frontline health care workers in managing stress related conditions.	1 500 000	600 000
Prevention of sexual exploitation and abuse (PSEA).	200 000	400 000
Total	45 000 000	12 500 000

WHO Regional Director for Europe, Dr Hans Kluge, meets with Ukrainian refugees at the Rzeszow train station in southeastern Poland in March 2022. The train station has been converted into a reception centre for refugees from Ukraine. The overwhelming majority of Ukrainian refugees are women and children. The arriving refugees require specific healthcare, such as treatment for chronic conditions, psychological support and maternal and child health.

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YEMEN

People in need
20.7 million

People targeted
16 million

Requirements
US\$ 132.23 million

Grade 3 Emergency



Context

The Yemen crisis is recognised as the world's largest humanitarian crisis, now entering its seventh year of unrelenting conflict. Approximately 20 million Yemenis (66% of the total population) depend on humanitarian assistance. This includes 4 million internally displaced persons and 141 308 refugees and asylum seekers as reported in the 2021 Yemen Humanitarian Needs Overview. Forty-seven thousand people are estimated to live in famine conditions (Integrated Food Security Phase Classification (IPC) Phase 5). The country currently has the fourth largest population of internally displaced persons in the world. There are more than 50 active frontlines across the country, which have forced more than 67 000 people to be displaced this year, especially in Marib governorate, where the conflict escalated significantly since the start of 2021. More than 1 million internally displaced persons are estimated to live in 1800 sites across Yemen, with 50% supported by humanitarian actors.

The national health care system is collapsing due to the continuing conflict, disease outbreaks, and staff movement, resulting in the lack of specialized staff and services. Information from the Health Resources Availability Monitoring System Report updated in 2021 notes that only 51% of health facilities in the country remain fully functional, and 49% of health facilities are partially functional or non-functional, either due to severe shortages of health care providers, lack of medicines, equipment, medical supplies, and operational cost or limited access due to insecurity or long distances. Injury and trauma from the conflict are a major concern in Yemen as more than 81 269 deaths and injuries were recorded so far. Injuries are responsible for 60% of deaths in children between the ages of 5 and 14, and 36% in adults between the ages of 15 and 64. Active ongoing conflict, remnants of war, and increasing incidences of road traffic accidents and domestic violence are all causes of trauma. Trauma therefore places an enormous burden on an already overstretched and under-resourced public health system.

Children and women are especially affected. Malnutrition rates are high and at least one child dies every 10 minutes in Yemen due to preventable diseases. Health worker density is 10 per 10 000 population (the WHO benchmark is more than 22 per 10 000). Specialist density is 0.88 per 10 000 population. There are no doctors in 67 of Yemen's 333 districts, according to the [2021 UNFPA Humanitarian Response Plan in Yemen](#). Women of childbearing age, especially pregnant and lactating women, have limited or no access to reproductive health services including antenatal care, safe delivery, postnatal care, family planning, and emergency obstetric and newborn care. The country has the highest maternal mortality rate in the Arab region and was placed among the "high alert" countries for maternal mortality in the Fragile Countries Index.

Response strategy

WHO will continue to expand health services, enabling access to essential and critical services to reduce the prevalence of infectious diseases and ensure a protective environment for the most vulnerable populations, including the poorest families, female-headed households, children under five, older persons, pregnant and lactating women, persons with disabilities, people with chronic or critical illnesses, and gender-based violence survivors. WHO will work to strengthen the health system and provide operational support to health facilities, including through the provision of fuel, water, oxygen, and other essential equipment and supplies.

Dr Mohammed Salim is a neonatal physician at the Al Sadakah hospital in Aden, Yemen – where the WHO Yemen Country Office has trained nearly 100 neonatal care specialists to deliver and life-saving care for newborns, especially in the most critical first hours after birth.

"I want to transfer the knowledge that I have gained to health workers especially in rural areas to save babies' lives, including with cardiopulmonary resuscitation if critically needed," said Dr Salim. © WHO

The response aims to sustain the public health system and improve its capacity – not create a parallel system. Focus will be placed on supporting and expanding essential, quality health services at the community, primary, secondary, and tertiary care levels, and ensuring the availability and accessibility of emergency, routine, and specialized health services required to meet the needs of the most vulnerable groups in the country.

WHO uses evidence-based planning and results-based monitoring to implement its emergency response. Accurate, up-to-date health information enables WHO to adapt its operations as necessary, with a view to meeting the targets and objectives set out in its overall emergency programme and in individual funding proposals. The Health Resources Availability Monitoring System Report enables WHO to assess the status of health care services, and to collect information on the size and geographical location of health sector partners and the types of services they provide. The disease early warning and response system allows for accurate and timely detection of epidemic-prone communicable diseases, allowing WHO to investigate and respond quickly, mitigate spread, and ultimately reduce morbidity and mortality. WHO monitors the provision of training courses, distribution of health kits, medical supplies, and equipment to health care facilities. WHO also assists with the distribution of fuel, oxygen refilling, water and other consumables to its implementing partners and to health care facilities.



WHO and partners provide life-saving health supplies to people in Yemen as part of the humanitarian response.
© WHO / M. Oltarzewski

Country priorities

More than 20 million people in Yemen are in need of health assistance, including 11.6 million people who are in acute need. WHO prioritizes the following interventions:

- Improve access to essential health care, including reproductive and maternal health, through the Minimum Service Package.
- Strengthen the health system, with a focus on building national capacity and improving the quality of primary health care.
- Strengthen the national health management information system to improve timely reporting, surveillance, and monitoring and evaluation of activities.
- Strengthen preparedness and surveillance, including early detection and response to communicable diseases, outbreaks, and epidemics, including COVID-19.
- Increase access of vulnerable populations, including internally displaced persons, to the health system.
- Prioritize reproductive health, mental health and psychosocial support, severe malnutrition response, and management of noncommunicable diseases.
- Strengthen operational support to health facilities.

COVID-19 response

COVID-19 continues to have a major impact on the people of Yemen. WHO will work to increase surveillance through prevention and early detection, promote behaviour change through risk communication and community engagement and expand testing capacity. Focus will also be placed on sustaining and protecting essential health services and supporting COVID-19 case management, including advanced critical care in isolation units. WHO continues to promote and fund COVID-19 vaccination, drawing on the global COVAX facility to vaccinate priority groups such as frontline health care workers, older people, those with chronic underlying conditions, internally displaced persons, migrants, and refugees.

As of 2 January 2022, Yemen's health authorities reported 10 134 confirmed cases of COVID-19, with 1985 associated deaths and 7030 reported recoveries. Actual numbers of cases and deaths are probably far higher, given the lack of testing capacity across the country and countless unreported cases in governorates controlled by the de facto authorities in Sana'a.

COVID-19 vaccination coverage in Yemen is currently below 2%. Vaccine deployment is happening only in areas controlled by the Internationally Recognized Government in the south of the country, which covers 30% of the total population. The other 70% of Yemen's population is in the northern part controlled by the de-facto authorities, where vaccination rollout is limited.



WHO delivered 70 tonnes of life-saving medicines and supplies to Sana'a, and WHO offloads the shipment of trauma kits (sufficient to meet the needs of 2000 patients requiring surgical care), as well as rapid diagnostic tests and laboratory reagents to cover the urgent needs of central laboratories and blood banks.
© WHO / Sadeq Hasan

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.72	0.37	1.09
P2. Risk communication and community engagement	0.13	0.25	0.38
P3. Surveillance, case investigation, and contact tracing	0.32	1.10	1.42
P5. Diagnostics and testing	5.06	0.25	5.31
P6. Infection prevention and control	1.44	-	1.44
P7. Case management and therapeutics	16.83	1.96	18.79
P8. Operational support and logistics	1.40	1.80	3.20
P9. Essential health systems and services	81.73	-	81.73
P10. Vaccination	1.33	17.54	18.87
Total	108.96	23.27	132.23

For more information

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Yemen is currently a Grade 3 emergency in dire need of health interventions. The new Yemen Humanitarian Response Plan (expected to be released in April 2022) includes only bare minimum support. The funding requirements in this appeal only reflect the funding required to implement basic lifesaving interventions over the next 12 months, targeting only the most vulnerable people of Yemen.

A health worker in a hard-to-reach area in Aldhalee governorate during an oral cholera vaccination campaign supported by The World Bank's Emergency Health and Nutrition Project.
© WHO



ZIMBABWE

Requirements
US\$ 13.79 million



Context

Zimbabwe urgently needs COVID-19 commodities, including oxygen concentrators, lab diagnostics (antigen rapid diagnostic test kits), and personal protective and other medical equipment to further enhance the management of COVID-19 cases and adherence to infection prevention and control, and to quell the spread of COVID-19.

As of 4 February 2022, the cumulative number of COVID-19 cases was 230 335, with 220 823 recoveries and 5360 deaths since the onset of the outbreak in the country. Five provinces contributed 65.2% of the cumulative cases, namely: Harare (20.1%), Mashonaland East (12.6%), Mashonaland West (12.4%), Manicaland (11.2%), and Bulawayo (8.9%). The cumulative case fatality rate is 2.3%. The main challenges stem from inadequate genome sequencing, low access to and availability of case management equipment and supplies and insufficient surveillance and contact tracing.

After the first confirmed case of COVID-19 in March 2020, the Government of Zimbabwe, through the Ministry of Health and Child Care, put policies and mechanisms in place for a holistic, nationwide COVID-19 response. The response framework was guided by the National COVID-19 Preparedness and Response Plan, developed in February 2020, the COVID-19 Response Operational Plan (May – July 2020) and the COVID-19 Intersectoral Operational Plans (August – October 2020; March – August 2021). The Humanitarian Country Team in Zimbabwe also developed a COVID-19 addendum to the Humanitarian Response Plan 2020, which prioritized the most urgent and life-saving interventions to be carried out between April and September 2020 in support of the government-led COVID-19 response.

July 2021 – Millions of children in Zimbabwe have received a lifesaving new Typhoid Conjugate Vaccine. At the end of May 2021, Zimbabwe's Ministry of Health and Child Care embarked on a 10-day multi-antigen vaccination drive aimed at children aged between 9 months and 15 years. The campaign, which has since been expanded in a bid to reach a final target of almost 6 million children, is also an opportunity for children older than 6 months to access the Inactivated Polio Vaccine and a Vitamin A supplement. Girls aged between 10 and 15 years have also received the first and second doses of the Human Papillomavirus Vaccine. © WHO

Response strategy

WHO will support public health responses to contain the spread of the COVID-19 pandemic by decreasing morbidity, mortality and providing lifesaving humanitarian assistance and access to essential health services, prioritizing the most vulnerable. The response strategy includes case management support, risk communication and community engagement, and COVID-19 vaccination.

- **Case management support:** The response strategy for COVID-19 seeks to enable comprehensive COVID-19 response measures, especially in districts/communities currently experiencing increased transmission, mainly Bulawayo, Harare, Manicaland, Mashonaland East, and Mashonaland West provinces. The response aims to ensure continued support for ongoing epi surveillance activities as part of the COVID-19 response, in collaboration with the Ministry of Health and Child Care and health partners, by strengthening surveillance, laboratory testing, genome sequencing, case management, infection prevention and control, contact tracing, and the capacity of Rapid Response Teams. The main role of Rapid Response Teams is to examine the situation on the ground, and to propose appropriate strategies and control measures for COVID-19. This entails identifying risk communication activities, preparing detailed investigation reports, and contributing to the final evaluation of the COVID-19 response. The implemented case management activities are directly in line with the priorities set forth by the Government of Zimbabwe, demonstrated in the Zimbabwe COVID-19 Operational Plan and the COVID-19 Preparedness and Response Plan.

- **Risk communication and community engagement:** The response will continue to scale up effective risk communication and community engagement to comply with public health and social measures set forth by the Ministry of Health and Child Care. The main objective of risk communication and community engagement is to raise awareness about the use of face masks and other critical prevention and response measures in line with Zimbabwe's COVID-19 Emergency Response and Preparedness Strategy. This will be accomplished through mobile phone text messages, megaphones, social network services (Ministry of Health and Child Care and WHO Zimbabwe Country Office Twitter and Facebook accounts), and radio broadcasts. At the time of writing, the Ministry of Health and Child Care, in partnership with the Ministry of Primary and Secondary Education, started risk communication and community engagement initiatives to reduce transmission at academic institutions and increase compliance with COVID-19 prevention and response measures. Preliminary evidence indicates the campaign had a positive impact on behaviour change of the public, which led to a reduction in cases after the first wave in March 2020.
- **COVID-19 vaccination:** The Government of Zimbabwe successfully rolled out the national COVID-19 vaccination campaign. The response aims to further strengthen collaboration with health partners to achieve a vaccination rate of 60% by March 2022. WHO will continue to work with the Ministry of Health and Child Care to ensure the continued delivery of essential health services through collaborative efforts with health partners in the provision of medical supplies and equipment.

Country priorities

- Strengthen coordination, planning, and monitoring, as informed by the Intra-Action Review conducted in November 2021.
- Strengthen surveillance, genomic testing, and sequencing capacity.
- Strengthen case management, clinical operations, and therapeutics, including the national rollout of vaccination.
- Strengthen operational support, logistics and supply chains for all pillars of the response.
- Develop and deploy innovative approaches for risk communication and community engagement and infodemic management.
- Reduce morbidity and mortality due to COVID-19.
- Improve access to testing services for COVID-19 patients (at least 10 per 1000 population).
- Strengthen early detection and response to COVID-19 cases.
- Improve access to essential health services especially for vulnerable populations.

Overall country funding requirements for COVID-19 by pillar (US\$ million)

Pillars	COVID-19/ACT-A
P1. Leadership, coordination, planning, and monitoring	0.73
P2. Risk communication and community engagement	0.54
P3. Surveillance, case investigation, and contact tracing	1.16
P4. Travel, trade, points of entry and mass gatherings	0.11
P5. Diagnostics and testing	0.61
P6. Infection prevention and control	2.61
P7. Case management and therapeutics	3.87
P8. Operational support and logistics	2.23
P9. Essential health systems and services	0.14
P10. Vaccination	1.68
P11. Research, innovation, and evidence	0.11
Total	13.79

For more information

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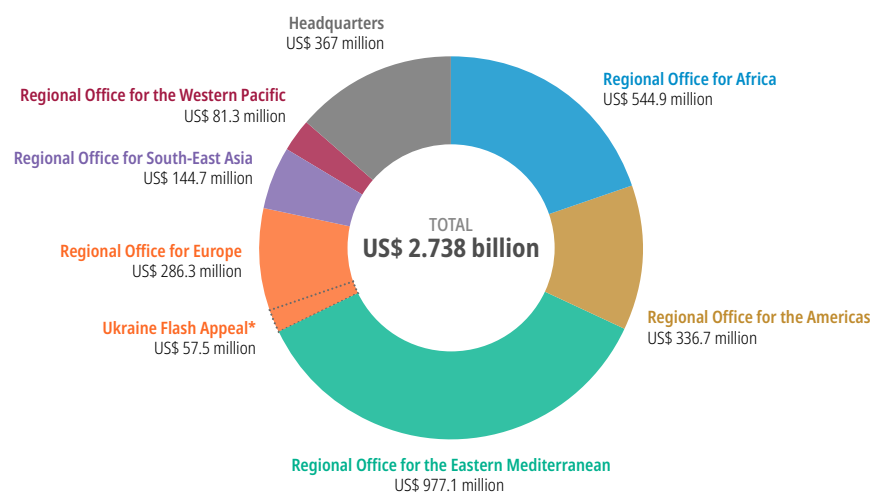
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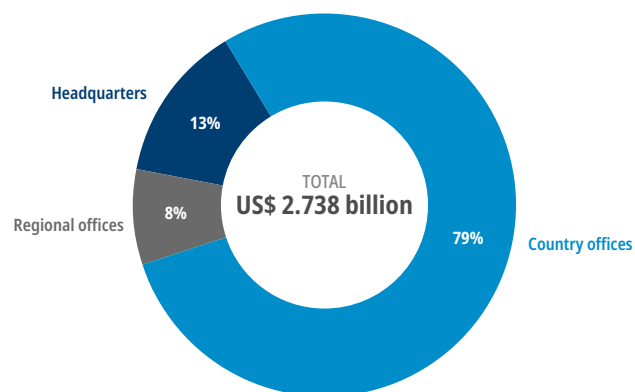
IV. ANNEX

Financial requirements in 2022

Overall funding requirements broken down by major office



Overall funding requirements broken down by level



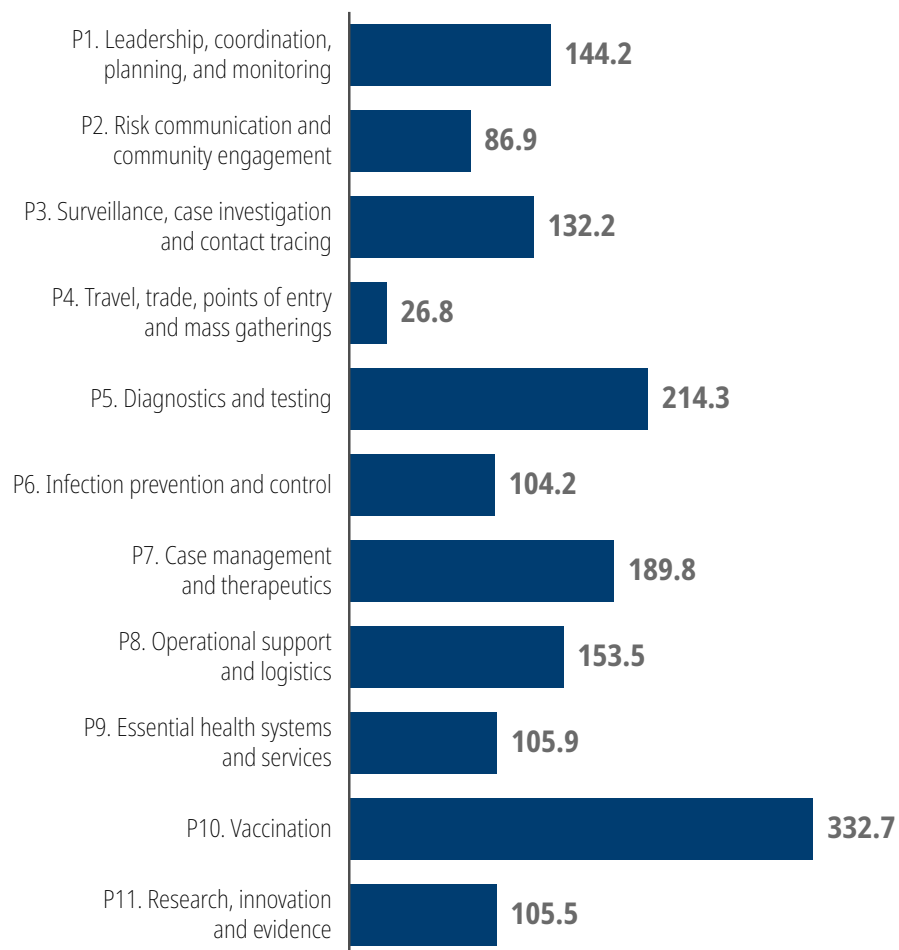
Overall funding requirements for all Grade 3 emergencies (US\$ million)

Emergency	Total
Ukraine Flash Appeal*	57.5
Global COVID-19	1596.1
Afghanistan Complex Emergencies	134.0
Northern Tigray Humanitarian Response	36.8
Syrian Arab Republic Complex Emergencies	181.8
Nigeria Humanitarian Crisis	20.4
Somalia Complex Emergencies	4.6
South Sudan Humanitarian Crisis	11.5
Yemen Complex Emergencies	109.0
Other graded emergencies and ongoing operations	524.4
Contingency, readiness, and prevention of future emergencies	61.9
Total	2738.0

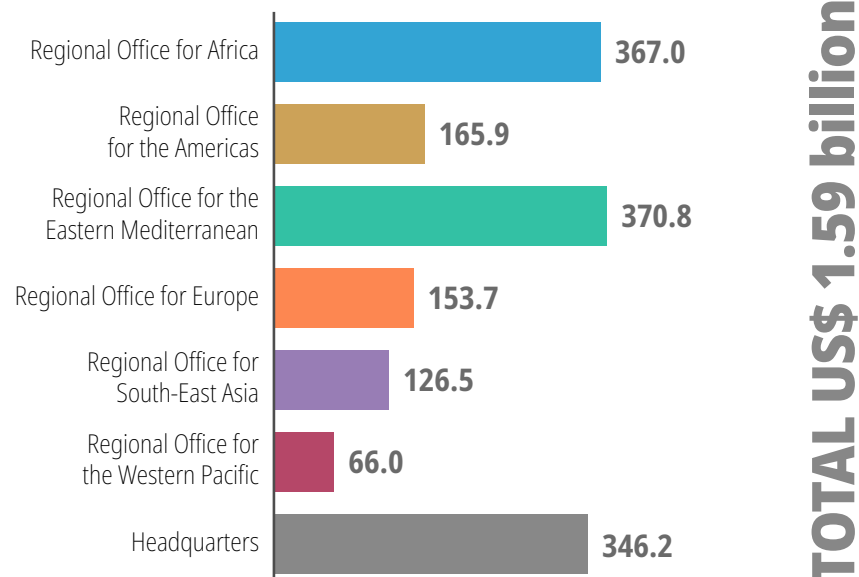
* Flash Appeal for Ukraine and neighbouring countries covers WHO's funding requirements for 3 months March 2022 – June 2022.

WHO COVID-19 financial requirements in 2022

WHO COVID-19 budget by Strategic Preparedness and Response Plan pillar (US\$ million)



WHO COVID-19 budget by major office (US\$ million)

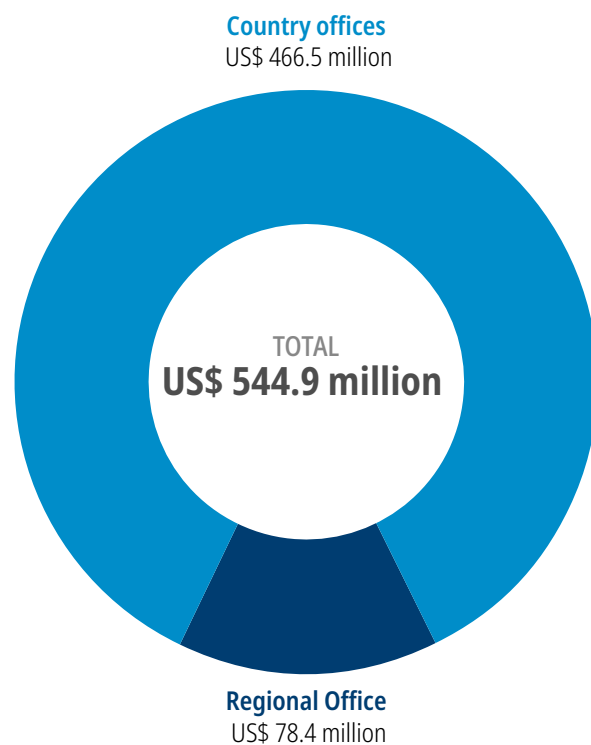


WHO's COVID-19 budget broken down by Access to COVID-19 Tools Accelerator (ACT-A) pillar (US\$ million)

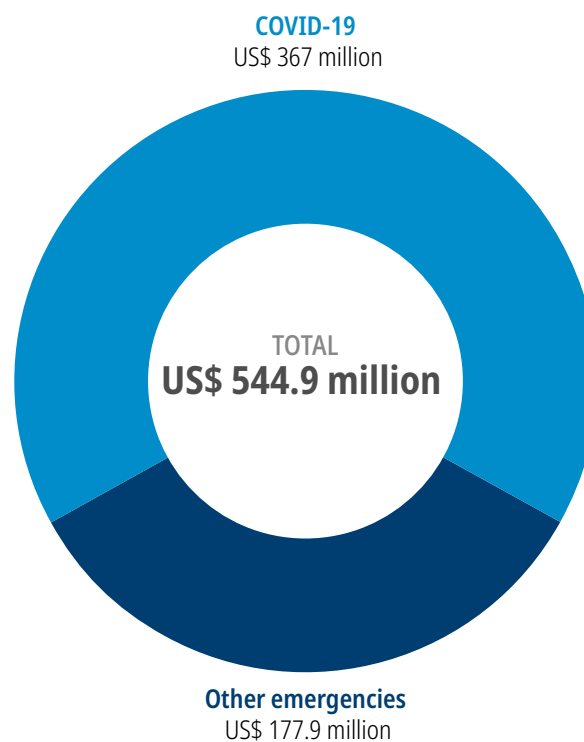
ACT-A pillars	Total
Diagnostics	214.3
Therapeutics	189.8
Vaccines	332.7
Health systems and response connector	753.7
Research and development	105.5
Total	1596.1

Financial requirements for the Regional Office for Africa

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies

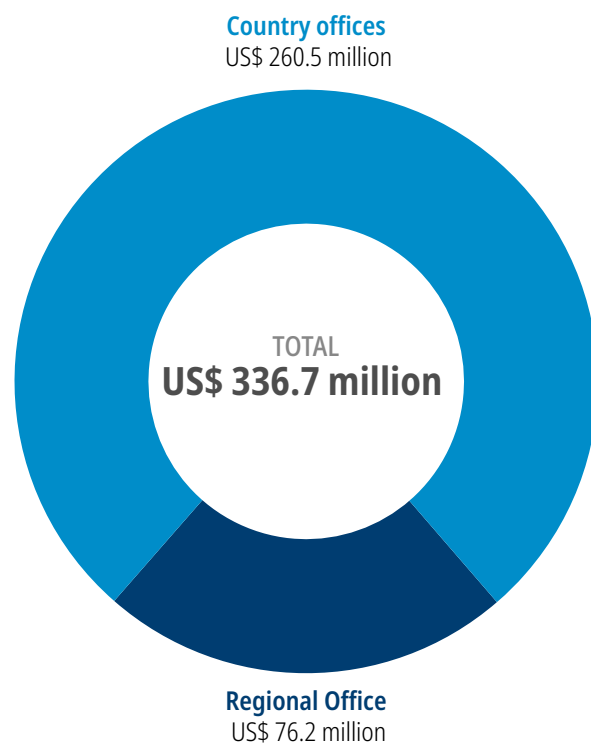


Overall regional funding requirements by pillar (US\$ million)

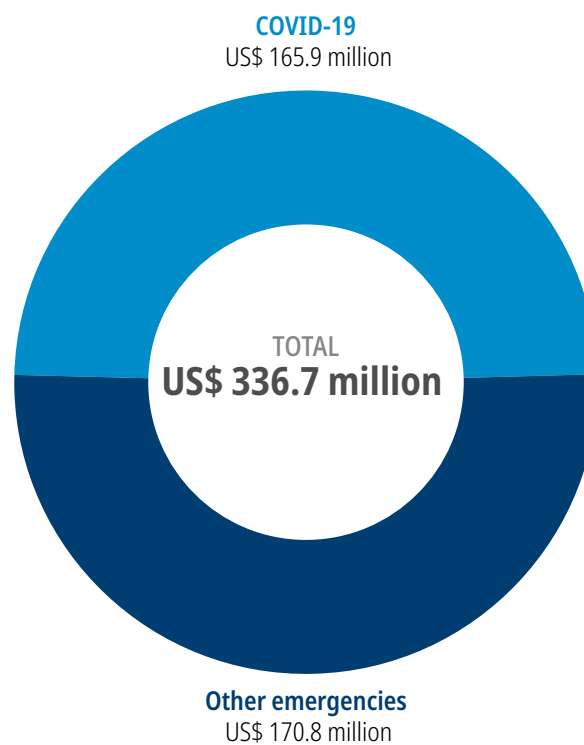
Pillar	Total
P1. Leadership coordination planning and monitoring	62.3
P2. Risk communication and community engagement	29.7
P3. Surveillance case investigation and contact tracing	72.2
P4. Travel, trade, points of entry and mass gatherings	16.3
P5. Diagnostics and testing	38.9
P6. Infection prevention and control	34.9
P7. Case management and therapeutics	57.4
P8. Operational support and logistics	97.7
P9. Essential health systems and services	64.2
P10. Vaccination	56.1
P11. Research innovation and evidence	15.3
Total	544.9

Financial requirements for the Regional Office for the Americas

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies

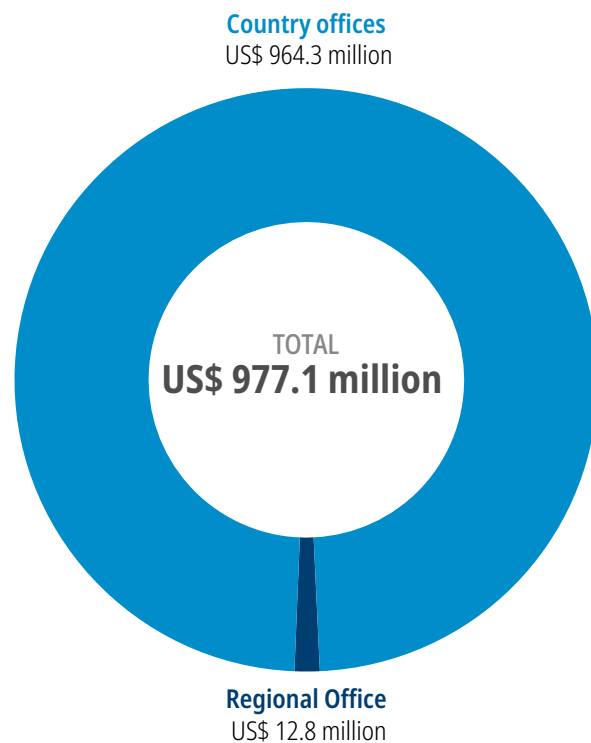


Overall regional funding requirements by pillar (US\$ million)

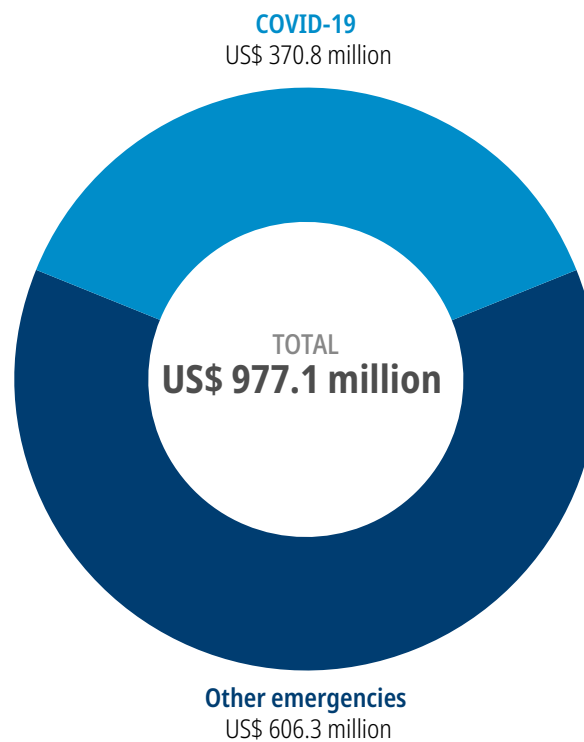
Pillar	Total
P1. Leadership coordination planning and monitoring	34.0
P2. Risk communication and community engagement	16.0
P3. Surveillance case investigation and contact tracing	31.6
P4. Travel, trade, points of entry and mass gatherings	12.9
P5. Diagnostics and testing	31.5
P6. Infection prevention and control	31.3
P7. Case management and therapeutics	26.6
P8. Operational support and logistics	36.6
P9. Essential health systems and services	65.4
P10. Vaccination	49.2
P11. Research innovation and evidence	1.5
Total	336.7

Financial requirements for the Regional Office for the Eastern Mediterranean

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies

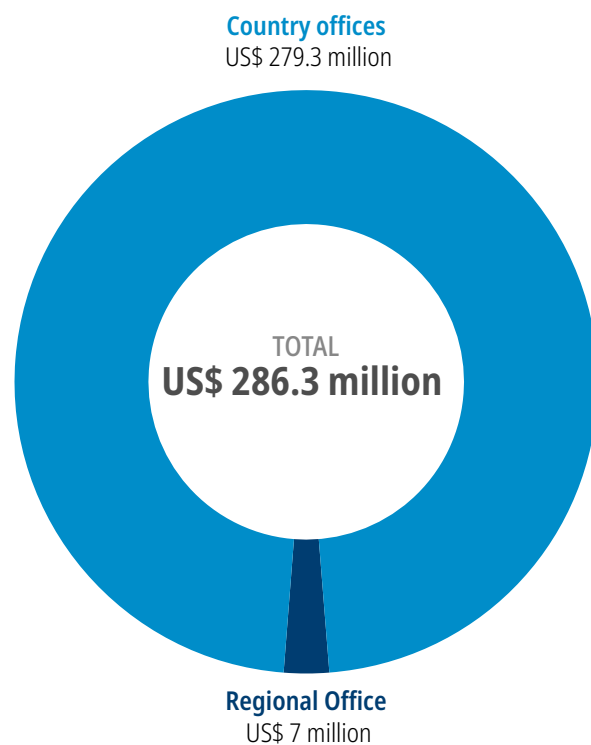


Overall regional funding requirements by pillar (US\$ million)

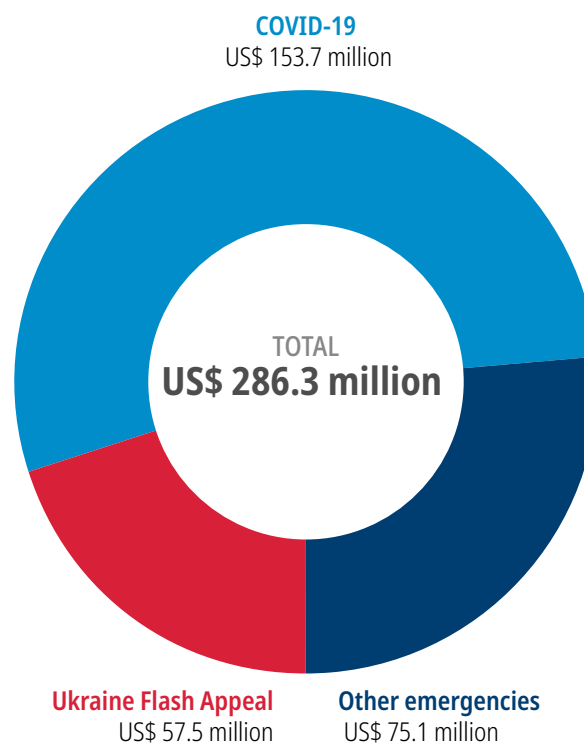
Pillar	Total
P1. Leadership coordination planning and monitoring	18.6
P2. Risk communication and community engagement	16.0
P3. Surveillance case investigation and contact tracing	45.7
P4. Travel, trade, points of entry and mass gatherings	11.6
P5. Diagnostics and testing	124.5
P6. Infection prevention and control	52.7
P7. Case management and therapeutics	240.9
P8. Operational support and logistics	49.4
P9. Essential health systems and services	226.2
P10. Vaccination	182.8
P11. Research innovation and evidence	8.7
Total	977.1

Financial requirements for the Regional Office for Europe

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



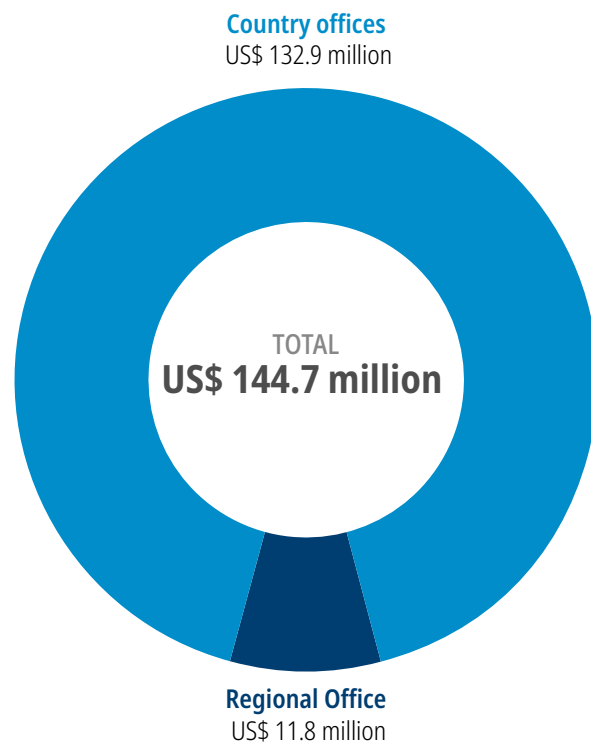
Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	8.8
P2. Risk communication and community engagement	12.0
P3. Surveillance case investigation and contact tracing	10.1
P4. Travel, trade, points of entry and mass gatherings	3.9
P5. Diagnostics and testing	55.0
P6. Infection prevention and control	31.1
P7. Case management and therapeutics	32.4
P8. Operational support and logistics	13.6
P9. Essential health systems and services	40.6
P10. Vaccination	21.3
P11. Research innovation and evidence	0.1
Ukraine Flash Appeal*	57.5
Total	286.3

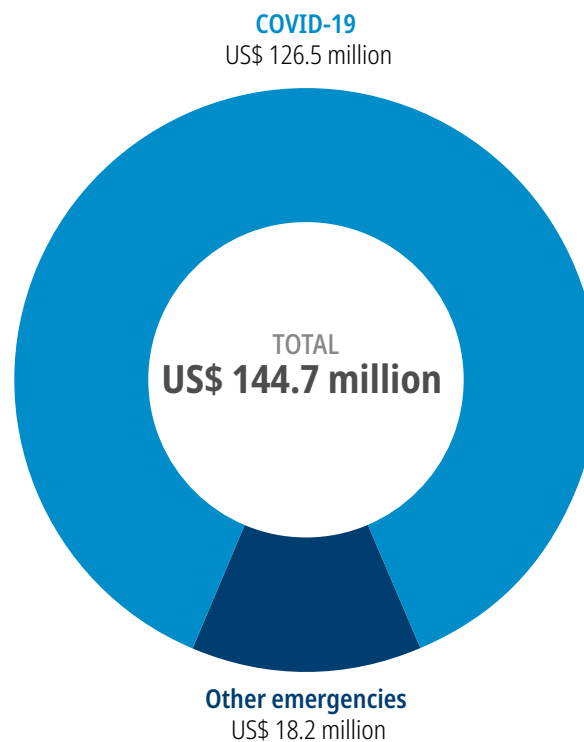
* Flash Appeal for Ukraine and neighbouring countries covers WHO's funding requirements for 3 months March 2022 – June 2022.

Financial requirements for the Regional Office for South-East Asia

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies

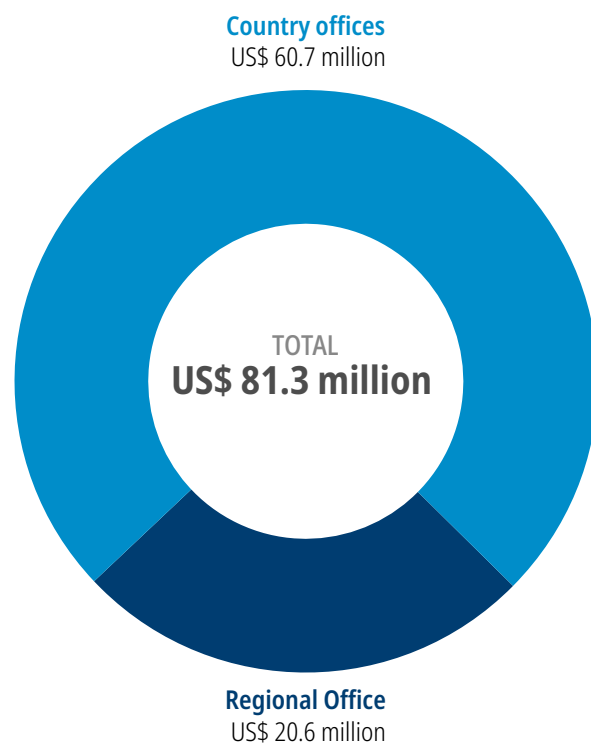


Overall regional funding requirements by pillar (US\$ million)

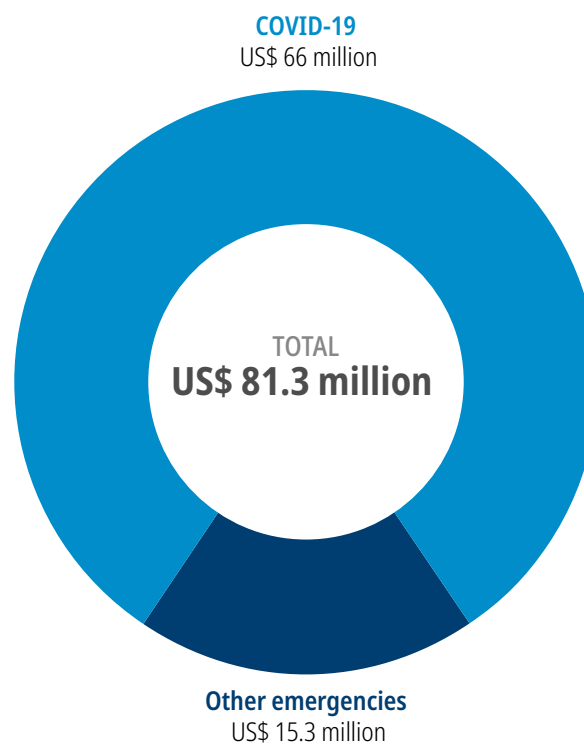
Pillar	Total
P1. Leadership coordination planning and monitoring	10.4
P2. Risk communication and community engagement	7.4
P3. Surveillance case investigation and contact tracing	18.1
P4. Travel, trade, points of entry and mass gatherings	2.8
P5. Diagnostics and testing	25.1
P6. Infection prevention and control	6.8
P7. Case management and therapeutics	9.8
P8. Operational support and logistics	23.0
P9. Essential health systems and services	12.3
P10. Vaccination	23.6
P11. Research innovation and evidence	5.3
Total	144.7

Financial requirements for the Regional Office for the Western Pacific

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	5.4
P2. Risk communication and community engagement	6.3
P3. Surveillance case investigation and contact tracing	4.6
P4. Travel, trade, points of entry and mass gatherings	1.1
P5. Diagnostics and testing	10.4
P6. Infection prevention and control	4.6
P7. Case management and therapeutics	10.5
P8. Operational support and logistics	16.4
P9. Essential health systems and services	8.0
P10. Vaccination	13.3
P11. Research innovation and evidence	0.8
Total	81.3

Financial requirements for Afghanistan

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.52	0.16	1.68
P2. Risk communication and community engagement	0.64	0.64	1.28
P3. Surveillance, case investigation, and contact tracing	12.37	0.64	13.01
P5. Diagnostics and testing	1.95	7.94	9.88
P6. Infection prevention and control	11.85	2.14	13.99
P7. Case management and therapeutics	7.15	0.82	7.96
P8. Operational support and logistics	7.69	0.21	7.91
P9. Essential health systems and services	33.73	1.07	34.80
P10. Vaccination	55.93	-	55.93
P11. Research, innovation, and evidence	1.17	-	1.17
Total	133.99	13.62	147.61

Financial requirements for Cameroon

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.09	0.58	0.67
P2. Risk communication and community engagement	0.13	0.07	0.19
P3. Surveillance, case investigation, and contact tracing	1.19	1.21	2.40
P4. Travel, trade, points of entry and mass gatherings	0.03	0.14	0.16
P5. Diagnostics and testing	0.14	2.16	2.30
P6. Infection prevention and control	0.23	0.42	0.66
P7. Case management and therapeutics	0.67	1.60	2.27
P8. Operational support and logistics	0.53	0.23	0.77
P9. Essential health systems and services	1.25	0.76	2.01
P10. Vaccination	0.36	0.51	0.88
Total	4.63	7.68	12.31

Financial requirements for Central African Republic

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.27	0.44	1.71
P2. Risk communication and community engagement	0.24	0.19	0.43
P3. Surveillance, case investigation, and contact tracing	0.50	0.78	1.28
P4. Travel, trade, points of entry and mass gatherings	0.16	0.02	0.18
P5. Diagnostics and testing	0.16	1.07	1.23
P6. Infection prevention and control	0.11	2.17	2.28
P7. Case management and therapeutics	0.45	1.41	1.86
P8. Operational support and logistics	0.45	-	0.45
P9. Essential health systems and services	1.14	-	1.14
P10. Vaccination	0.23	0.71	0.94
Total	4.70	6.80	11.50

Financial requirements for Chad

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.05	0.27	0.33
P2. Risk communication and community engagement	0.37	0.07	0.45
P3. Surveillance, case investigation, and contact tracing	0.43	1.83	2.26
P4. Travel, trade, points of entry and mass gatherings	-	0.09	0.09
P5. Diagnostics and testing	-	0.55	0.55
P6. Infection prevention and control	0.16	0.48	0.64
P7. Case management and therapeutics	0.48	0.68	1.16
P8. Operational support and logistics	-	0.30	0.30
P9. Essential health systems and services	0.64	-	0.64
Total	2.13	4.27	6.40

Financial requirements for Democratic Republic of the Congo

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.58	1.99	3.57
P2. Risk communication and community engagement	0.71	0.34	1.05
P3. Surveillance, case investigation, and contact tracing	2.38	3.86	6.24
P4. Travel, trade, points of entry and mass gatherings	1.42	0.54	1.96
P5. Diagnostics and testing	1.71	1.40	3.10
P6. Infection prevention and control	1.74	1.89	3.63
P7. Case management and therapeutics	2.39	2.70	5.09
P8. Operational support and logistics	3.47	1.94	5.41
P9. Essential health systems and services	3.12	1.67	4.78
P10. Vaccination	4.93	1.76	6.69
P11. Research, innovation, and evidence	0.71	0.55	1.27
Total	24.16	18.63	42.79

Financial requirements for Ethiopia

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	3.15	0.94	4.10
P2. Risk communication and community engagement	0.92	0.35	1.27
P3. Surveillance, case investigation, and contact tracing	3.36	1.24	4.60
P4. Travel, trade, points of entry and mass gatherings	0.08	0.08	0.17
P5. Diagnostics and testing	0.11	0.77	0.88
P6. Infection prevention and control	1.56	0.98	2.54
P7. Case management and therapeutics	1.13	0.92	2.05
P8. Operational support and logistics	25.72	3.39	29.11
P9. Essential health systems and services	10.26	3.93	14.19
P10. Vaccination	2.51	0.35	2.87
P11. Research, innovation, and evidence	-	0.16	0.16
Total	48.80	13.13	61.93

Financial requirements for Iraq

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.43	0.15	0.58
P2. Risk communication and community engagement	0.27	0.91	1.19
P3. Surveillance, case investigation, and contact tracing	0.84	0.21	1.05
P6. Infection prevention and control	0.13	0.04	0.18
P8. Operational support and logistics	3.56	3.15	6.71
P9. Essential health systems and services	10.67	11.02	21.68
P10. Vaccination	-	6.42	6.42
Total	15.91	21.91	37.82

Financial requirements for Lebanon

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.17	0.05	0.22
P2. Risk communication and community engagement	0.12	0.14	0.26
P3. Surveillance, case investigation, and contact tracing	3.00	-	3.00
P5. Diagnostics and testing	0.27	-	0.27
P6. Infection prevention and control	1.34	-	1.34
P7. Case management and therapeutics	7.88	1.07	8.95
P8. Operational support and logistics	0.32	0.37	0.70
P9. Essential health systems and services	0.72	27.23	27.95
P10. Vaccination	5.42	-	5.42
P11. Research, innovation, and evidence	0.04	-	0.04
Total	19.27	28.87	48.14

Financial requirements for Libya

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.80	2.17	2.97
P2. Risk communication and community engagement	0.22	1.90	2.11
P3. Surveillance, case investigation, and contact tracing	1.15	1.97	3.12
P5. Diagnostics and testing	0.63	0.61	1.24
P6. Infection prevention and control	0.27	3.27	3.54
P7. Case management and therapeutics	0.92	1.69	2.61
P8. Operational support and logistics	0.05	4.07	4.12
P9. Essential health systems and services	1.78	5.28	7.06
P10. Vaccination	10.29	2.08	12.37
P11. Research, innovation, and evidence	1.18	2.29	3.46
Total	17.29	25.32	42.61

Financial requirements for Mali

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.32	0.71	1.03
P2. Risk communication and community engagement	0.11	0.28	0.39
P3. Surveillance, case investigation, and contact tracing	0.21	1.88	2.09
P4. Travel, trade, points of entry and mass gatherings	0.11	0.18	0.29
P5. Diagnostics and testing	0.43	0.88	1.31
P6. Infection prevention and control	0.21	0.12	0.34
P7. Case management and therapeutics	0.16	1.78	1.94
P8. Operational support and logistics	0.16	0.60	0.76
P9. Essential health systems and services	0.75	1.82	2.57
P10. Vaccination	0.16	-	0.16
P11. Research, innovation, and evidence	0.13	-	0.13
Total	2.75	8.27	11.02

Financial requirements for Mozambique

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.35	0.21	0.57
P2. Risk communication and community engagement	0.09	1.10	1.19
P3. Surveillance, case investigation, and contact tracing	0.85	1.54	2.39
P4. Travel, trade, points of entry and mass gatherings	-	0.28	0.28
P5. Diagnostics and testing	-	1.30	1.30
P6. Infection prevention and control	0.05	1.09	1.14
P7. Case management and therapeutics	0.70	1.13	1.83
P8. Operational support and logistics	0.12	0.34	0.46
P9. Essential health systems and services	1.05	0.71	1.75
P10. Vaccination	0.67	1.71	2.39
P11. Research, innovation, and evidence	-	0.11	0.11
Total	3.89	9.51	13.41

Financial requirements for Niger

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	2.41	1.61	4.02
P2. Risk communication and community engagement	-	0.32	0.32
P3. Surveillance, case investigation, and contact tracing	0.40	1.46	1.86
P5. Diagnostics and testing	0.78	0.94	1.72
P6. Infection prevention and control	0.02	0.53	0.55
P7. Case management and therapeutics	1.93	0.61	2.53
P8. Operational support and logistics	1.84	0.15	1.99
P9. Essential health systems and services	1.03	0.37	1.40
P10. Vaccination	-	2.01	2.01
P11. Research, innovation, and evidence	0.37	0.15	0.51
Total	8.76	8.15	16.91

Financial requirements for Myanmar

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.17	-	1.17
P2. Risk communication and community engagement	-	0.64	0.64
P3. Surveillance, case investigation, and contact tracing	-	0.64	0.64
P5. Diagnostics and testing	-	1.28	1.28
P6. Infection prevention and control	1.28	-	1.28
P7. Case management and therapeutics	-	0.64	0.64
P8. Operational support and logistics	1.34	3.21	4.55
P9. Essential health systems and services	0.32	-	0.32
Total	4.12	6.42	10.54

Financial requirements for Nigeria

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	3.37	1.28	4.65
P2. Risk communication and community engagement	0.96	4.58	5.54
P3. Surveillance, case investigation, and contact tracing	2.50	6.30	8.80
P4. Travel, trade, points of entry and mass gatherings	-	1.11	1.11
P5. Diagnostics and testing	0.57	1.26	1.83
P6. Infection prevention and control	0.91	-	0.91
P7. Case management and therapeutics	1.35	9.47	10.82
P8. Operational support and logistics	2.37	2.03	4.40
P9. Essential health systems and services	17.06	0.75	17.81
P10. Vaccination	5.41	1.63	7.04
P11. Research, innovation, and evidence	0.24	0.34	0.59
Total	34.75	28.75	63.50

Financial requirements for occupied Palestinian territory

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.48	0.97	2.45
P2. Risk communication and community engagement	0.12	0.33	0.45
P3. Surveillance, case investigation, and contact tracing	0.25	0.46	0.71
P4. Travel, trade, points of entry and mass gatherings	0.05	0.18	0.24
P5. Diagnostics and testing	0.86	6.32	7.18
P6. Infection prevention and control	0.59	2.46	3.05
P7. Case management and therapeutics	0.57	1.77	2.34
P8. Operational support and logistics	0.56	0.32	0.88
P9. Essential health systems and services	3.33	1.18	4.50
P10. Vaccination	-	1.79	1.79
Total	7.80	15.78	23.59

Financial requirements for Somalia

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.88	0.14	1.02
P3. Surveillance, case investigation, and contact tracing	0.07	4.20	4.27
P5. Diagnostics and testing	0.26	3.21	3.47
P6. Infection prevention and control	1.04	-	1.04
P7. Case management and therapeutics	-	5.93	5.93
P8. Operational support and logistics	-	1.39	1.39
P9. Essential health systems and services	1.28	-	1.28
P10. Vaccination	-	33.49	33.49
P11. Research, innovation, and evidence	1.11	0.75	1.86
Total	4.64	49.11	53.76

Financial requirements for South Sudan

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.69	0.88	2.56
P2. Risk communication and community engagement	0.21	0.66	0.87
P3. Surveillance, case investigation, and contact tracing	1.21	1.37	2.58
P4. Travel, trade, points of entry and mass gatherings	0.01	0.40	0.41
P5. Diagnostics and testing	0.35	0.59	0.94
P6. Infection prevention and control	0.18	0.39	0.57
P7. Case management and therapeutics	0.43	0.55	0.97
P8. Operational support and logistics	5.22	2.34	7.55
P9. Essential health systems and services	0.88	0.94	1.82
P10. Vaccination	0.14	1.08	1.22
P11. Research, innovation, and evidence	1.16	-	1.16
Total	11.46	9.18	20.64

Financial requirements for Sudan

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.26	0.32	0.58
P2. Risk communication and community engagement	0.55	0.32	0.87
P3. Surveillance, case investigation, and contact tracing	2.46	1.38	3.85
P4. Travel, trade, points of entry and mass gatherings	0.79	0.54	1.33
P5. Diagnostics and testing	0.51	1.21	1.72
P6. Infection prevention and control	0.49	0.87	1.36
P7. Case management and therapeutics	8.61	4.70	13.32
P8. Operational support and logistics	3.51	1.74	5.24
P9. Essential health systems and services	5.37	1.17	6.54
P10. Vaccination	-	13.93	13.93
Total	22.56	26.18	48.74

Financial requirements for Turkey

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	2.10	0.88	2.98
P2. Risk communication and community engagement	2.14	1.42	3.56
P3. Surveillance, case investigation, and contact tracing	0.58	0.09	0.67
P4. Travel, trade, points of entry and mass gatherings	2.14	0.04	2.18
P5. Diagnostics and testing	3.00	6.26	9.25
P6. Infection prevention and control	0.73	0.07	0.81
P7. Case management and therapeutics	0.28	0.15	0.43
P8. Operational support and logistics	1.92	0.45	2.37
P9. Essential health systems and services	30.27	0.46	30.73
P10. Vaccination	1.46	0.26	1.72
Total	44.63	10.08	54.71

Financial requirements for Ukraine

WHO funding needs for March 2022 – June 2022

Activities	Geographic distribution of funding (US\$)	
	Ukraine	Neighbouring countries
Coordinating the humanitarian health response for those affected by the conflict in Ukraine including IDPs and in neighbouring countries. Including activating an operational centre in Poland.	100 000	3 500 000
Meeting urgent trauma care needs and emergency health care via deployment and coordination of Emergency Medical Teams.	2 000 000	1 000 000
Provision of trauma kits essential medical supplies and logistics support to fill urgent gaps.	25 000 000	2 000 000
Generators and other infrastructural support items for hospitals and health facilities.	10 000 000	500 000
Medical equipment including personal protective equipment (PPE).	2 000 000	500 000
Ensuring the continuity of COVID-19 services in Ukraine and extending access to COVID-19 services to refugee populations including vaccination, public health measures, testing and medical care.	2 000 000	2 000 000
Preventing and responding to vaccine-preventable diseases, measles and polio.	1 500 000	1 000 000
Strengthening health information management and surveillance in Ukraine and surrounding countries and establishing public health information system (PHIS) in Ukraine.	400 000	800 000
Preventing, detecting and responding to potential outbreaks of diarrheal diseases.	300 000	200 000
Provision of mental and psychological support to populations (including IDPs and refugees) and building capacity of frontline health care workers in managing stress related conditions.	1 500 000	600 000
Prevention of sexual exploitation and abuse (PSEA).	200 000	400 000
Total	45 000 000	12 500 000

Financial requirements for Yemen

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.72	0.37	1.09
P2. Risk communication and community engagement	0.13	0.25	0.38
P3. Surveillance, case investigation, and contact tracing	0.32	1.10	1.42
P5. Diagnostics and testing	5.06	0.25	5.31
P6. Infection prevention and control	1.44	-	1.44
P7. Case management and therapeutics	16.83	1.96	18.79
P8. Operational support and logistics	1.40	1.80	3.20
P9. Essential health systems and services	81.73	-	81.73
P10. Vaccination	1.33	17.54	18.87
Total	108.96	23.27	132.23

Financial requirements for Zimbabwe

Overall country funding requirements for COVID-19 by pillar (US\$ million)

Pillars	COVID-19/ACT-A
P1. Leadership, coordination, planning, and monitoring	0.73
P2. Risk communication and community engagement	0.54
P3. Surveillance, case investigation, and contact tracing	1.16
P4. Travel, trade, points of entry and mass gatherings	0.11
P5. Diagnostics and testing	0.61
P6. Infection prevention and control	2.61
P7. Case management and therapeutics	3.87
P8. Operational support and logistics	2.23
P9. Essential health systems and services	0.14
P10. Vaccination	1.68
P11. Research, innovation, and evidence	0.11
Total	13.79



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