
A Call to Action:

Preparing for and responding to the growing threat of El Niño

Member States Briefing

19.10.2026

Agenda

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Current Situation : Update on Global Seasonal Climate Forecasts

Update from WMO-WHO Office on El Niño forecasts, what they mean, and the linkage with public health.

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Public Health Situation Analysis and WHO Global Response

Key health risks and health impacts

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El Niño in the Western Pacific Region

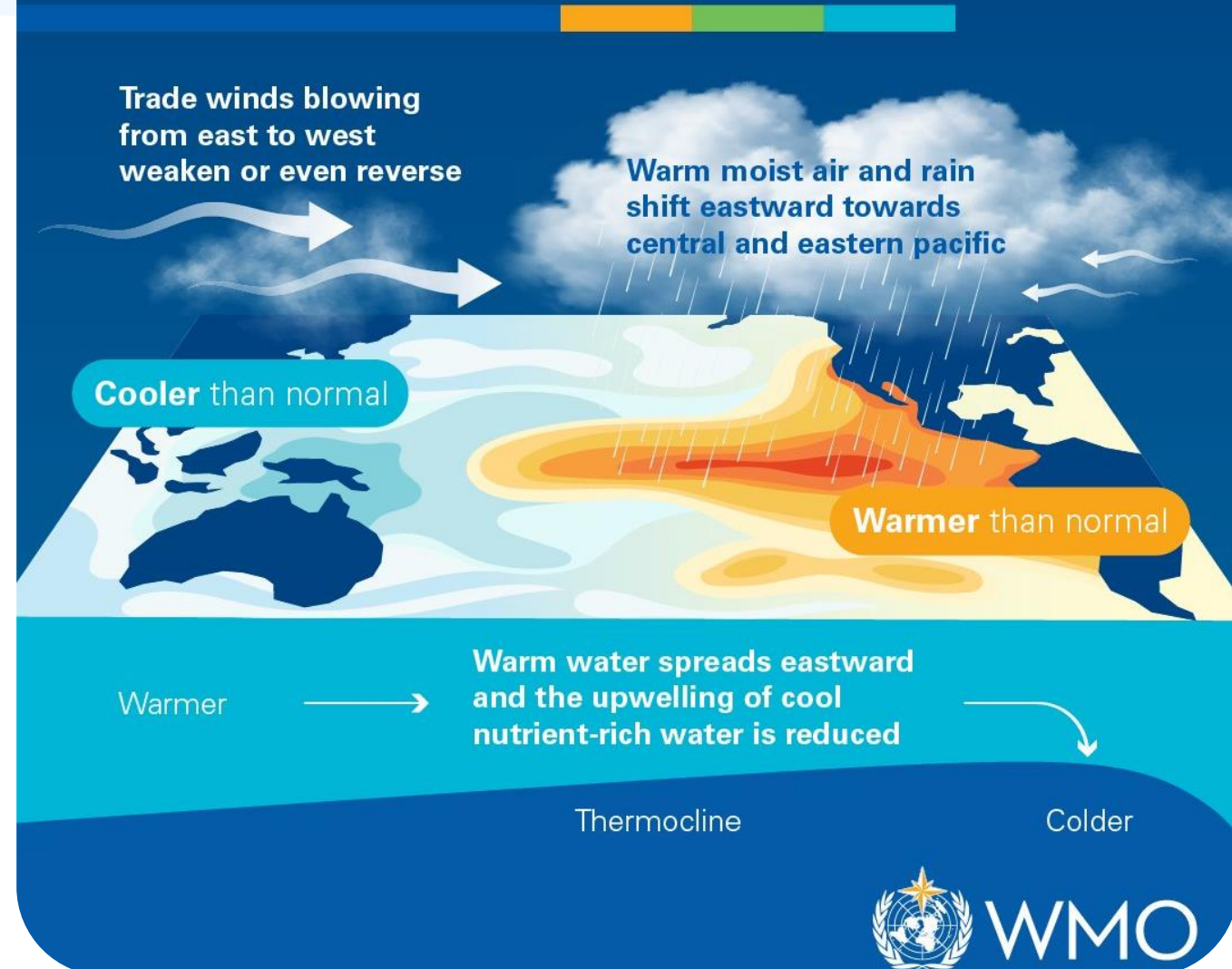
Current Situation : Update on Global Seasonal Climate Forecasts

Understanding El Niño

WHAT IT IS AND WHY IT MATTERS

- **A natural climate cycle:** the central and eastern tropical Pacific warms well above average, typically every 2–7 years, for about 9–12 months (sometimes longer).
- **It shifts weather worldwide:** changed winds and rainfall make drought, heavy rain and flooding, extreme heat, wildfires and altered cyclone patterns more likely in some regions.
- **Natural, but on a hotter planet:** it is happening on top of unprecedented ocean and atmospheric heat, increasing the likelihood of extreme weather.
- **Every event is different:** impacts vary by region and season.

How does El Niño form?



Latest WMO outlook: a very strong El Niño

≈ +3.7 °C

Forecast ocean warming (Niño 3.4), Oct–Dec average

This is a record: the previous high was +2.6 °C (Nov 2015–Jan 2016). Measured against the 1993–2009 average.

December

Expected peak

Niño 3.4 rose from +1.6 °C in June to +2.5 °C in August. **Potentially one of the strongest events since at least 1950.**

~100%

Estimated probability that El Niño persists through February 2027

WMO El Niño/La Niña Update, reaffirmed on 8 October.

Niño 3.4: the standard El Niño thermometer, sea-surface temperature in a box of the central-east tropical Pacific (5°N–5°S, 170°W–120°W).

WHAT THIS MEANS

- A very strong event raises the odds of **large shifts in rainfall and temperature in many regions**, and can contribute to extreme weather and humanitarian impacts.
- **Strength alone does not decide local impact:** effects can arrive with a lag, last beyond the peak, and depend on other factors.
- **It is unfolding on exceptionally warm oceans** (August 2026 was the hottest August on record, with record sea-surface temperature), which may amplify impacts.

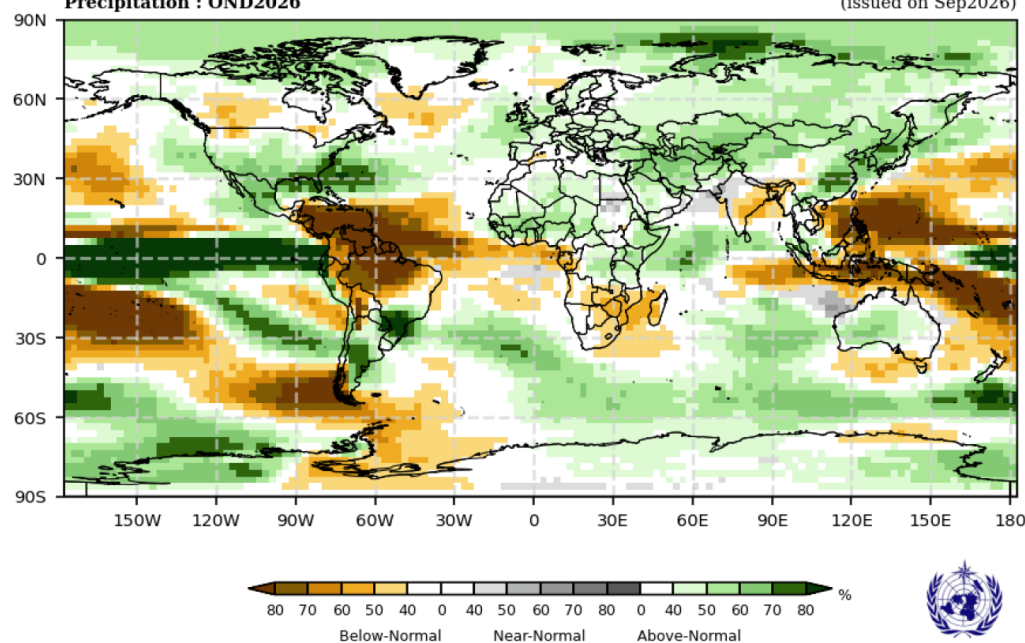
Rainfall outlook, Oct–Dec 2026

Probabilistic Multi-Model Ensemble Forecast

CMCC, CPTEC, ECMWF, Exeter, Melbourne, Montreal, Offenbach, Seoul, Tokyo, Toulouse, Washington

Precipitation : OND2026

(issued on Sep2026)



Probabilistic forecasts of precipitation for Oct–Dec 2026. Colours indicate the tercile category with the highest forecast probability. White areas indicate equal chances for all categories. The baseline period is 1993–2009.

Source: Third-party map. This map was taken from [WMO LC-SPMME](#) on 27-Sep-2026 and may not fully align with United Nations and WMO map guidance.

MORE LIKELY WETTER

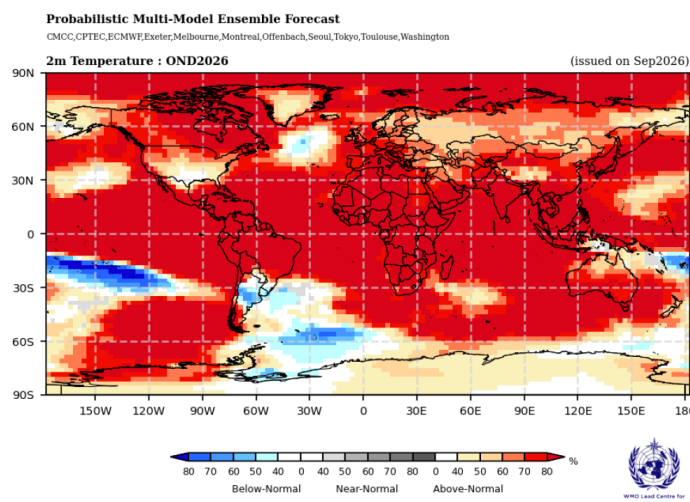
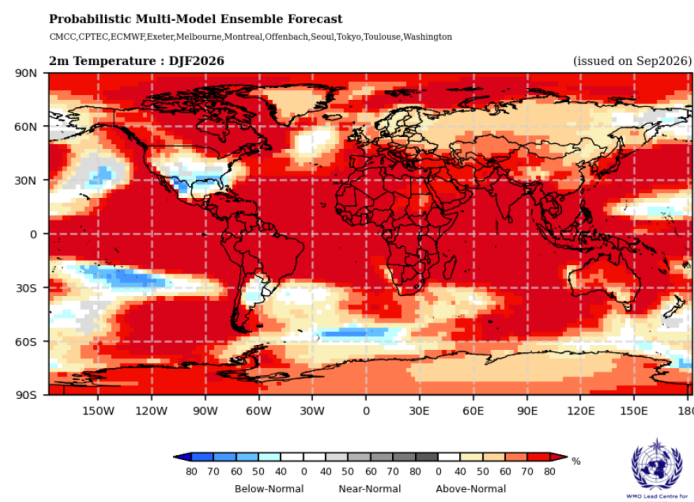
- Central and eastern equatorial Pacific (the strongest signal)
- Greater Horn of Africa
- Parts of Central Asia, coastal East Asia and the northern Arabian Peninsula
- Parts of North America (south of 45°N) and southeastern South America

MORE LIKELY DRIER

- Western Pacific and equatorial Atlantic, stretching across the South Pacific to the southern tip of South America
- Indian subcontinent; southern Central America and parts of the Caribbean; northwestern South America

How to read it: probabilities, not guarantees. The opposite can still happen (e.g. Bangkok flooding, Sept/Oct 2026), and rainfall outlooks are less skilful than temperature outlooks. For local detail, use national meteorological services, [WMO Regional Climate Centres](#) and Regional Climate Outlook Forums.

Temperature outlook: above average across large areas



Probabilistic forecasts of temperature for Oct–Dec 2026 and Dec 2026–Feb 2027. Colours indicate the tercile category with the highest forecast probability. White areas indicate equal chances for all categories. The baseline period is 1993–2009.

Source: Third-party map. This map was taken from [WMO LC-SPMME](#) on 27-Sep-2026 and may not fully align with United Nations and WMO map guidance.

HEAT SEASONS AHEAD

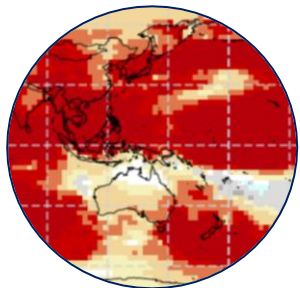
The Southern Hemisphere (southern Africa, South America, Australia) enters its hottest season in early 2027, on top of El Niño, and WMO expects global temperature effects to continue well into 2027.

KEY POINTS - WMO

- **Overwhelming likelihood** of above-average temperatures across large areas in Oct–Dec.
- **Not every place will be warmer every day**, but the likelihood of heat extremes and heat-related impacts rises.
- **Measured against 1993–2009**, so part of the warmth reflects long-term warming, not El Niño alone.
- **Widespread warmth may compound** other hazards: heat, heavy rainfall and drought.

How does El Niño Influence Health?

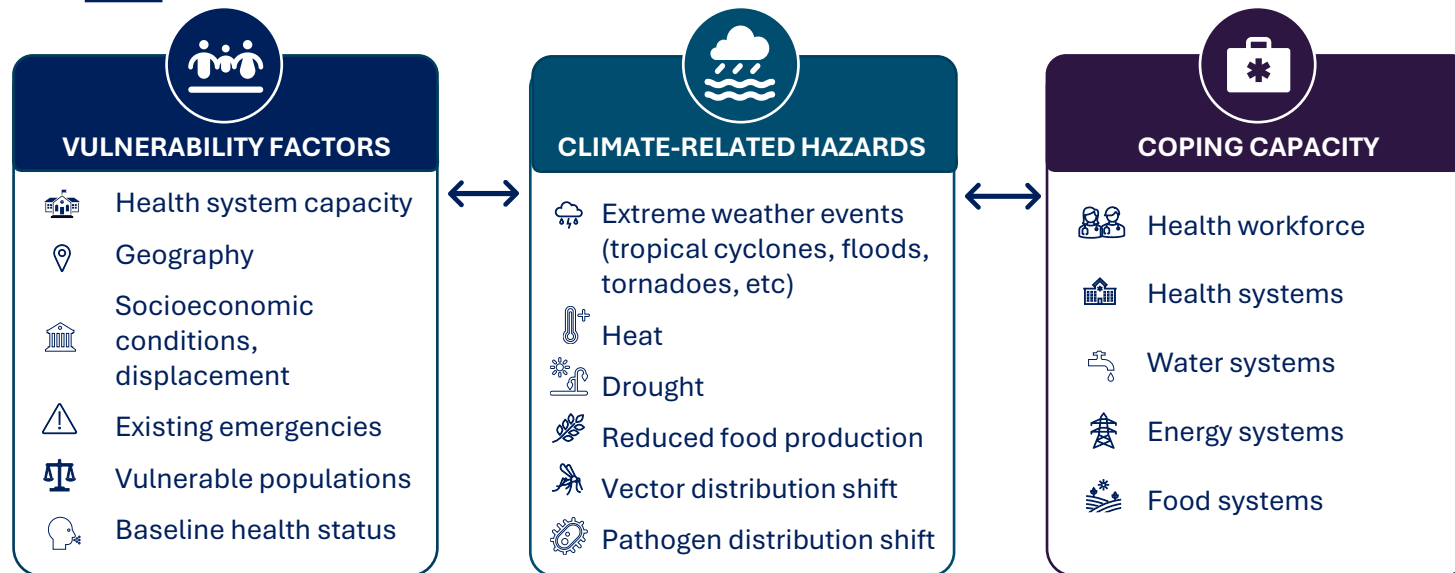
1. CLIMATE DRIVER



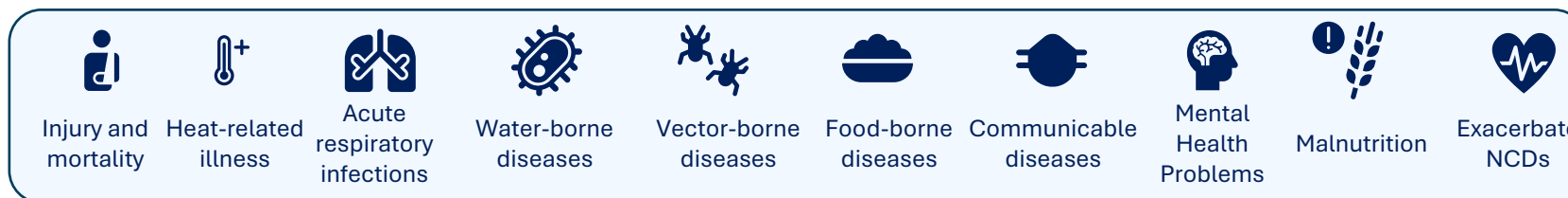
El Niño

Warming of sea surface temperatures in the central and eastern Pacific alters weather patterns globally.

2. RISK PATHWAYS



3. ELEVATED PUBLIC HEALTH RISKS



4. IMPACTS ON HEALTH SYSTEM & FACILITIES



- Damage to health facilities
- Reduced access to health care.
- Increased demand for health services.
- Disruption of health services.
- Increased risks to patients and healthcare workers



RISKS ARE UNEVENLY DISTRIBUTED: Health risks are greatest for vulnerable populations and settings with low adaptive capacity.

Slide adapted from: Quality criteria for integrating health into Nationally Determined Contributions (NDCs). Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.

The source figure is also available online, [here](#).

Public Health Situation Analysis and Global Response Actions

Why is this El Niño a Concern?

AT RISK FROM EL NIÑO



347 Million+ children

In nearly 100 countries live in areas exposed to the 2026/27 El Niño.¹



49 Million more people

could be pushed into acute food insecurity by end of 2027.²

2026



Cholera/AWD

221 365 cases

2153 deaths³

in 28 countries, 1 Jan – 26 Jul 2026. Africa and the Eastern Mediterranean account for almost all reported burden.



Dengue

1.6 million cases

> 700 deaths⁴

in 89 countries/territories, Jan-Jun 2026. 81% reported cases are in the Americas.



Other outbreaks

Ongoing outbreaks include chikungunya, yellow fever, Ebola, mpox and polio.

2024

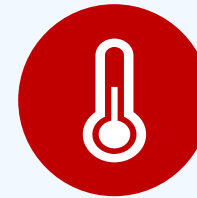
>560 000 cases

> 6000 deaths⁶

14.2 million cases

> 10 000 deaths⁷

COMPOUNDING GLOBAL RISKS⁵



Higher global temperatures



Reduced global cooperation



Rising oil prices & disrupted supply chains



Humanitarian funding constraints



Multiple conflicts & displacement



Pressure on health systems

¹ UNICEF (September 2026). Over 347 million children in nearly 100 countries will be exposed to one of the strongest El Niño events on record. [Link](#).

² WFP (August 2026). World Food Programme ramps up preparedness and response plans as El Niño threatens to push tens of millions into acute hunger. [Link](#).

³ WHO (August 2026). Weekly Epidemiological Record: Epidemiological Week 35 (24 August – 30 August 2026). [Link](#).

⁴ WHO (July 2026). Weekly Epidemiological Record: Epidemiological Week 29 (13 July – 19 July 2026). [Link](#).

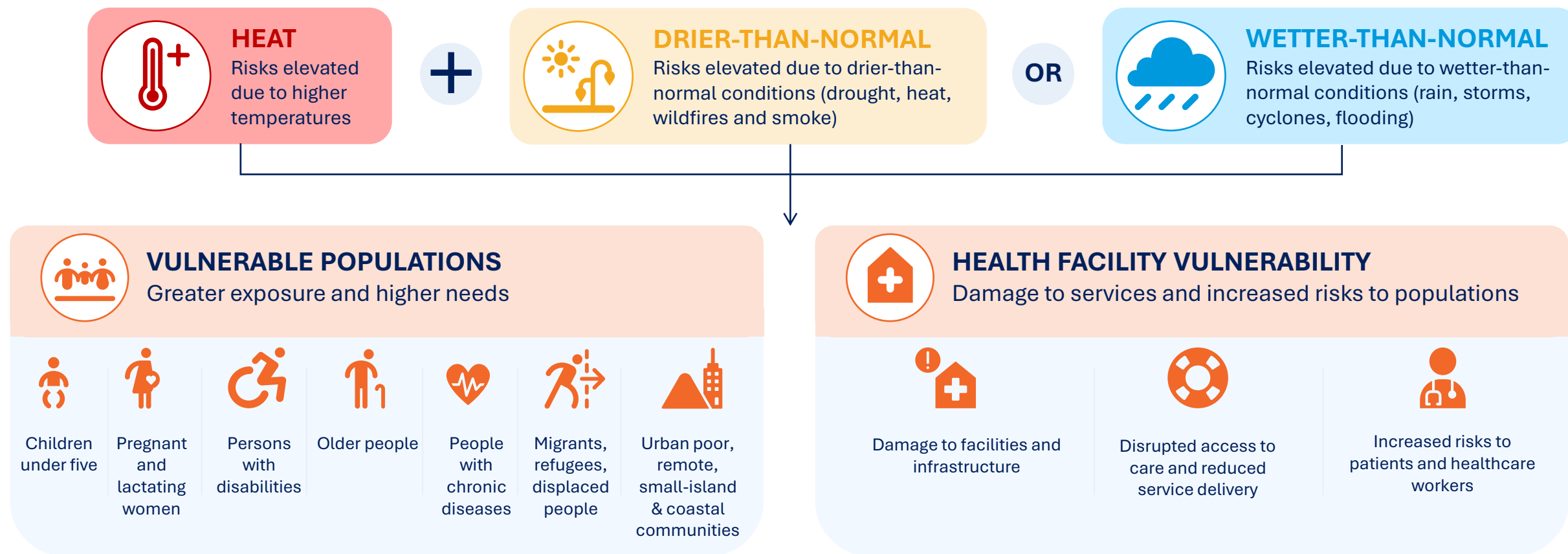
⁵ Adapted From: Inter-Agency Report of the Global ENSO Analysis Cell: El Niño Status and Humanitarian Outlook. [Link](#).

⁶ WHO (September 2025). Global situation report for cholera, 2024. [Link](#).

⁷ WHO (December 2025). Dengue: global situation, surveillance and progress – 2024 update. [Link](#).

Global health risks associated with El Niño

Higher global temperatures and abnormal rainfall drive health risks, with the greatest impacts on vulnerable populations and health systems.



Emergency risk management should prioritise vulnerable populations and the continuity of essential health services

Global health risks associated with El Niño

Warmer- and drier-than-normal conditions

Public health risk	Level of overall risk*	Rationale
Malnutrition	Very high risk	Increased food insecurity and diarrhoea likely to negatively affect the nutritional status of vulnerable population, especially in drought-affected regions. This may further contribute to population displacement, compromise access to essential services and health diets and increase the risk of acute malnutrition, particularly among children under five and pregnant and breastfeeding women. Drought-stressed crops may also become more vulnerable to some insect pests and disease.
Waterborne Diseases (including cholera)	Very high risk	Water contamination and worsening hygiene often occur due to water scarcity in event of droughts.
Heat Related Illnesses	Very high risk	Heat stress is a leading cause of weather-related death and can exacerbate underlying illnesses. Heat stress, heat exhaustion and heatstroke are all at heightened risk, with risk further increased among vulnerable populations and outdoor workers.
Cardiovascular and Respiratory Illness	High risk	Air pollution and its impacts on respiratory function results from multiple mechanisms, including smoke from wildfires, haze events and dust from droughts. These can contribute to increased respiratory and cardiovascular morbidity in affected populations. Heat can further exacerbate respiratory and cardiac illnesses.
Mental Health Conditions	High risk	Reduced livelihoods, food insecurity, and displacement may increase psychological distress and exacerbate existing mental health conditions.
Protection Risks (including Gender-based violence (GBV))	High risk	Reduced livelihoods, food insecurity, and displacement, may increase protection risks in some contexts, including gender-based violence, sexual exploitation and abuse. Increased distances travelled to access water, food and other essential resources, economic stress and disruption of community and protection systems may further increase exposure to violence.
Arboviral diseases (including Chikungunya, Dengue, Yellow Fever, and Zika)	High risk	Drought and water shortages can lead to storage of water in containers favorable for the breeding of mosquitoes that transmit arboviral diseases. In some settings, drying rivers and water bodies can also leave isolated pools suitable for mosquito breeding. High temperatures associated with El Niño can further increase transmission potential where temperatures remain within ranges favourable to the vector and virus.
Trauma and Injuries	High risk	Direct injuries attributable to fires, injuries associated with displacement, and occupational injuries experienced by outdoor workers.
Noncommunicable Diseases (NCD)	High risk	Disasters affect people with NCDs, including loss of medicines, interruption of regular medical treatment and damage to hospitals. Strain on cardiovascular and respiratory related diseases and increased risks of kidney complications in pre-existing conditions due to higher temperatures and likelihood of heat waves. Malnutrition can further exacerbate resilience to NCDs.
Vector Borne Diseases (including malaria)	High risk	El Niño-associated changes in rainfall and temperature may increase malaria transmission risk, particularly in epidemic-prone areas, high-altitude/transmission-fringe settings, and humanitarian contexts. Displacement and health-system disruption may further increase risk by impacting surveillance, vector control, diagnosis and treatment.
Zoonotic Diseases	High risk	Increased vector breeding sites, exposure to vectors and movement of animals.
Vaccine-preventable Diseases	High risk	Decreased access to health services due to displacement, or disruption of routine immunization services from they hazardous event. Overcrowding in displacement settings may further increase the risk of transmission of vaccine-preventable diseases, particularly those spread through the air, including meningococcal infections, diphtheria and measles.
Maternal and Child Health Risks	High risk	Decreased access to health services, displacement, others.
Biotoxins (fish and shellfish poisoning)	Moderate risk	Increased sea surface temperatures resulting in algal proliferation. Some associations between biotoxins and El Niño have been observed in both marine and freshwater settings.

*Level of risk:

- Very high risk: Could result in high levels of excess mortality/morbidity.
- High risk: Could result in considerable levels of excess mortality/morbidity.
- Moderate risk: Could make a minor contribution to excess mortality/morbidity.
- Low risk: Unlikely to make a significant contribution to excess mortality/morbidity.

Levels of risk will differ by and within countries. The current globally high ocean and atmospheric temperatures due to climate change heightens the risk

Global health risks associated with El Niño

Warmer- and wetter-than-normal conditions

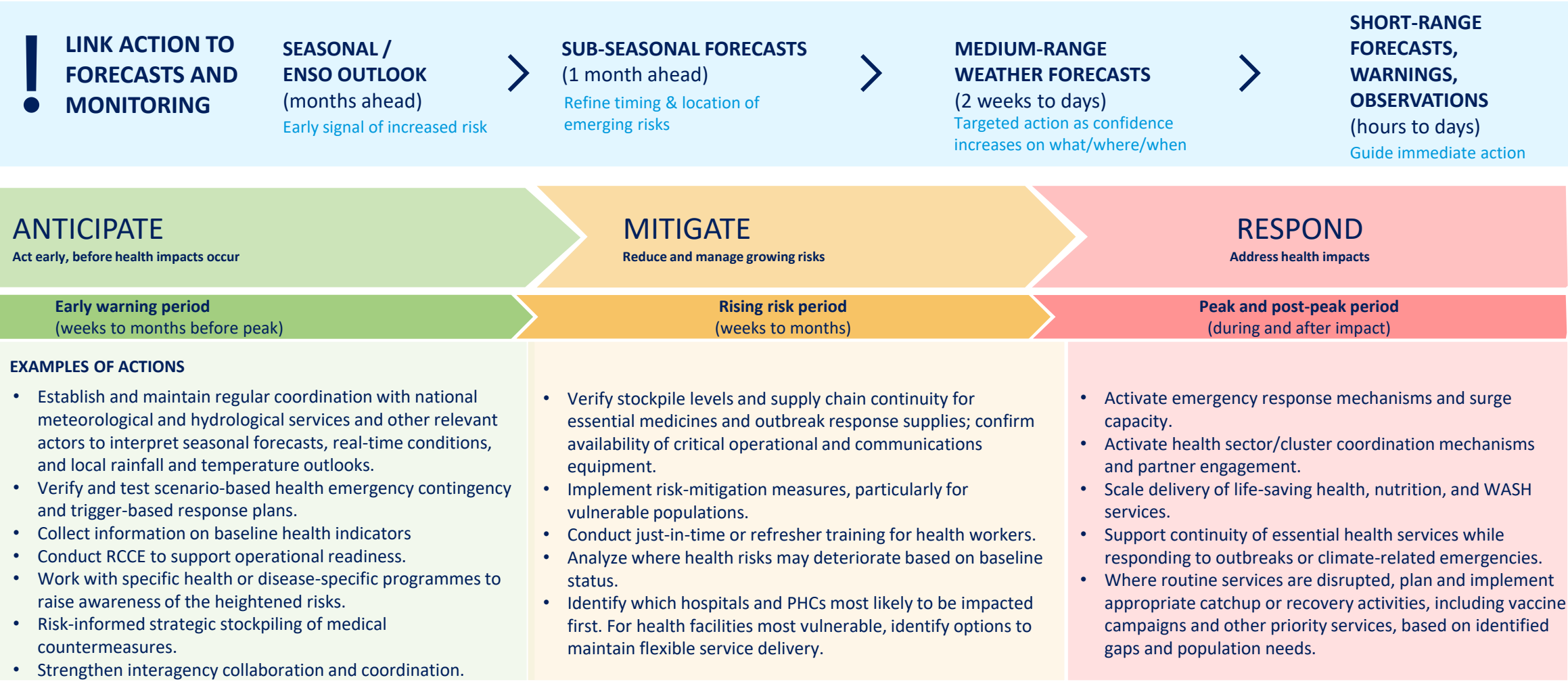
Public health risk	Level of overall risk*	Rationale
Waterborne Diseases (including cholera)	Very high risk	Water contamination due to flooding; deteriorations in hygiene and sanitation conditions.
Malnutrition	Very high risk	Increased food insecurity due to crop inundation, livestock losses and diarrhoea may result in malnutrition. This may further contribute to population displacement, resulting in lower access to nutrition services and healthy diets. Wetter conditions may also produce favorable conditions for certain crop pests and fungal diseases, which may compromise food availability and heighten the risk of malnutrition. Floods impact undernutrition through multiple pathways, including food security, inadequate child-care practices, and water and sanitation. Stunting is the most frequently reported form of undernutrition in the long-term period following floods.
Arboviral diseases (including Chikungunya, Dengue, Yellow Fever, and Zika)	High risk	Increased rainfall may create or expand vector breeding through the accumulation of standing water, potentially increasing vector abundance and the risk of arboviral disease transmission.
Heat Related Illnesses	High risk	High temperatures combined with increase humidity may increase the risk of heat stress, heat exhaustion and heatstroke, with risk further increased among vulnerable populations and outdoor workers. Heat stress is a leading cause of weather-related deaths and can exacerbate underlying illness.
Mental Health Conditions	High risk	Up to 75% of people affected by flooding suffer from mental health problems: trauma, mental distress in the short term potentially leading to longer-term posttraumatic stress disorder, anxiety, insomnia, psychosis and depression (WHO, 2025).
Trauma and Injuries	High risk	Direct injuries mostly attributable to flooding and storms, including drowning, physical trauma, heart attacks, electrocution, carbon monoxide poisoning or fire associated with flooding.
Protection Risks (including Gender-based violence (GBV))	High risk	Reduced livelihoods, food insecurity, displacement, others.
Vector Borne Diseases (including malaria)	High risk	Increased rainfall may create or expand mosquito breeding sites and increase malaria transmission, particularly in epidemic-prone and transmission-fringe settings. Flooding, displacement and disruption to surveillance, vector control, diagnosis and treatment may further increase risk. Impacts may emerge in the weeks to months following increased rainfall.
Noncommunicable Diseases (NCDs)	High risk	Disasters affect people with NCDs, including loss of medicines, interruption of regular medical treatment and damage to hospitals. Malnutrition can further exacerbate resilience to NCDs.
Zoonotic Diseases	High risk	Increased vector breeding, exposure to vectors and movement of animals. Wild or stray animals can also be carried along by floodwater and may bite if alive or present disease risk if dead
Vaccine-preventable Diseases	High risk	Reduced access to health services due to displacement, or disruption of routine immunization services following hazardous events, may increase the risk of vaccine-preventable disease outbreaks. Overcrowding, poorly ventilated living conditions and inadequate access to safe water and sanitation in displacement settings may further increase transmission risk, particularly for highly transmissible diseases such as measles.
Maternal and Child Health Risks	High risk	Floods pose a recognised barrier to women's access to maternal services, resulting in increased morbidity and mortality
Neglected Tropical Diseases (NTDs): Schistosomiasis and snakebite envenoming	Moderate risk	Increased rainfall and flooding may alter freshwater ecosystems and increase human contact with infested water, potentially increasing the risk of schistosomiasis transmission in endemic areas. Flooding Potential increase in human-snake encounters, while disruption of access to health services and antivenom may increase the risk of severe outcomes from snakebite envenoming.
Biotoxins: fish and shellfish poisoning	Moderate risk	Increased sea surface temperatures resulting in algal proliferation. Some associations between biotoxins and El Niño have been observed in both marine and freshwater settings.

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Levels of risk will differ by and within countries. The current globally high ocean and atmospheric temperatures due to climate change heightens the risk

From Forecasts to Early Action



More examples of actions can be found in WHO's [2026 El Niño PHSA](#)

Areas where WHO can Support Member States and Partners

1 Planning and Readiness

- Support review/updating of hazard-specific health contingency plans, health-facility readiness plans, referral arrangements and continuity of essential service plans.
- Support integration of El Niño considerations and anticipated health impacts into HNRP and contingency planning.
- Support assessing severity of health needs (JIAF)

2 Heat-Health Plans

- Support development and implementation of heat-health action plans.
- Including heat alerts, public communication, cooling arrangements in health facilities, community health worker outreach, hospital surge planning and heat-health surveillance.

3 Nutrition

- Support wasting protocol validation and strengthen workforce capacity on treatment of acute malnutrition at facility level.
- Improve health worker capacity on promotion, protection and support of breastfeeding and introduction of complementary feeding.
- Provide technical support on monitoring and analysis of acute malnutrition.

4 Health Facility Infrastructure Readiness

- Support facility-level assessments and monitoring for the risk mitigation of power, cold chain, oxygen, and safe evacuation.

5 Maintain Essential Health Services

- Strengthen alternative service delivery platforms, including emergency referral plans, mobile medical teams, EMT deployment, planning for task shifting, health-worker safety and rapid post-disaster health assessments.

6 WASH and IPC

- Support water-quality surveillance, preparedness for AWD and cholera, public health messaging on safe water, readiness of oral rehydration solution and intravenous fluid supplies, and coordination with WASH partners.
- Support IPC preparedness (e.g. personal protective equipment)

7 Surveillance and Early Warning

- Strengthen rapid risk assessment, event-based surveillance, and early warning, alert and response systems.

8 Community Protection / RCCE

- Understanding community needs and perceptions, and tools for tailoring risk communication, referral and outreach plans, and advocacy plans in all relevant health programmes to the needs of vulnerable populations at increased risk.

9 Acute Care Strengthening

- Strengthen readiness for early recognition, triage, resuscitation, stabilization and timely referral of acutely ill and injured patients.

Grade 3 Decision On 9 Sep 2026

Requirements under ERF

Scale

HIGH

Urgency

VERY HIGH

Complexity

HIGH TO VERY HIGH

Capacity

MODERATE TO VERY LOW

Risk of Inaction

HIGH

1

Activate the Incident Management System (IMS)

Grading triggers WHO's IMS. Within 24 hours of grading, WHO is expected to appoint IM leadership.

2

Mobilize people and technical capacity

There is still a window for anticipatory action for a no-regrets approach to reinforcing and raising awareness to vulnerable countries.

3

Mobilize financing, supplies and operational support

Support early operational action.

4

Establish common health intelligence and planning function

Climate forecasts need translating into country/subnational health risks, readiness requirements and operational priorities.

5

Coordinate wider health response as needed

Align partners around priority risks.

6

Protect essential health services while addressing acute threats.

WHO's Key Priorities and Activities



Examples of Actions Taken

- **Engagement with regional stakeholders** (both climate, environment, health, humanitarian, disaster management teams, UN agencies) and coordinated cross-organizational efforts across preparedness, response.
- **Technical guidance packages** and trainings to enhance preparedness and response.
- **Information products:** Global PHSA, region PHSA (PAHO and WPRO published), PAHO Sitreps.
- Supporting **Contingency Planning and Risk Analyses**.
- **Strengthening Surveillance and Early Warning** to improve early detection, risk monitoring, and the timely activation of preparedness and response measures.

Key Needs

Essential services and equity

Increase health facilities resilience and readiness to sustain health services delivery and public health functions, particularly those who are vulnerable.

Early warning and outbreak readiness

Link climate and health surveillance to early action.

Multi-sector coordination

Strengthen national coordination across sectors and with national authorities, meteorological services, disaster management and humanitarian partners.

Financing and response capacity

Mobilize sustained financing and surge expertise, backed by reliable access to critical supplies. Dedicated investment in readiness measures.

El Niño in the Western Pacific Region

El Niño priority health risks in the Western Pacific

Very high	Waterborne diseases	Heat stress
	Arboviral diseases (dengue, chikungunya)	Malnutrition
High	Protection risks incl. GBV	Malaria
	Trauma and injuries	Measles
	Vaccine-preventable diseases	Respiratory diseases
	Maternal and child health	Noncommunicable diseases
	Mental health conditions	HIV and TB
Moderate	Biotoxins (e.g. ciguatera)	

8.2 million

additional people at risk of acute hunger in Asia and the Pacific

Countries of concern, Sep–Nov 2026

- Very high:** Fiji, Indonesia, Papua New Guinea, Philippines, Solomon Islands, Vanuatu,
High: Cook Islands, Palau, Samoa, Tonga
Elevated: Cambodia, Federated States of Micronesia, Kiribati, Lao People’s Democratic Republic, Naoero, Republic of Marshall Islands, Tuvalu, Viet Nam



[Regional Public Health Situational Analysis: Impact of El Niño](#)

WHO's support for El Niño in the Western Pacific



Coordinating

- **WPRO activated response coordination**, taking an Org-wide approach
- **IASC Regional Coordination** for El Niño including technical task force
- **Pacific Joint Incident Management Team** sharing information with leaders; coordinating partner support
- **Pacific Humanitarian Team** El Niño Task Force
- **WHO Country Offices** actively briefing and engaged in UNCT response



Analysing and alerting

- **Daily surveillance for outbreaks** and other hazards
- **Daily community insight monitoring** for evidence-based risk communication
- **Weekly 2-level WHO coordination** calls for anticipatory actions
- **Rapid response team** refresher trainings
- **Country ENSO outlooks** tracking signals and declarations for Pacific island countries and areas



Preparing and equipping

- **Enumerating supply needs:** emergency health kits, diagnostics and WASH for health facilities to inform fundraising
- **Pre-positioning supplies** based on WHO's currently available resources
- **Emergency operations readiness** including cross-sectoral mobilization and articulation of health priorities
- **Surge** Emergency Medical Teams and Global Outbreak and Alert Response Network (GOARN) ready to deploy

Papua New Guinea

El Niño Rapid Health Facility Assessment

200+ health facilities assessed nationwide (convenience sampling)



 **79%**

Water sources drying

 **59%**

Report reduced health
workforce capacity

 **59%**

Maternity services disrupted

 **92%**

Water purification supplies
stocked-out

Top requested support: Shallow and deep borewells, emergency water trucking, pump repairs, water purification, nutrition and health supplies