

WHO's work in health emergencies

Report by the Director-General

1. The Executive Board at its 158th session and the Standing Committee on Health Emergency Prevention, Preparedness and Response at its eighth meeting considered earlier versions of this report.¹ The present report, covering the period from 1 January to 31 December 2025, provides information on all WHO-graded acute and protracted emergencies and on public health emergencies of international concern that required a response by WHO. It also outlines global health emergency trends, challenges and short- and medium-term outlooks.

Active acute and protracted graded emergencies

2. WHO responded to 50 emergencies in 82 countries and territories:² 20 (10 acute and 10 protracted) Grade 3 emergencies requiring the highest level of Organization-wide support, and 30 Grade 1 and Grade 2 emergencies.

3. Based on the global health emergency preparedness and response architecture and in line with the WHO Emergency Response Framework, all graded emergencies are managed through the Organization's Incident Management System, enabling rapid operational and technical support to national health authorities.

4. Under the International Health Regulations (2005), WHO scans and triages thousands of signals daily to detect potential public health events of international concern. Nearly half a million raw signals on potential public health events were assessed and triaged. Globally, 472 events were risk assessed with potential international public health implications, of which 396 were substantiated.

Global trends

5. All WHO regions were affected by health emergencies, including two Grade 3 emergencies involving two or more regions.

6. The escalating climate crisis has an impact on global health, particularly in humanitarian settings. Extreme weather events such as flooding, droughts and cyclones have contributed to

¹ Documents EB158/20 and EB/SCHPEPR/8/5.

² Excluding global emergencies such as dengue, coronavirus disease (COVID-19) and mpox.

widespread malnutrition, disease outbreaks and displacement. Climate-related events are an exacerbating factor for more than 75% of the acute and protracted Grade 3 emergencies.

7. In 2025, the WHO Global Influenza Surveillance and Response System laboratories tested approximately 12 million respiratory specimens worldwide, enabling early detection, monitoring and risk assessment of seasonal, zoonotic and emerging respiratory viruses. This sustained global surveillance capacity, with 165 institutions in 135 countries, underpins the annual implementation of the Pandemic Influenza Preparedness Framework, which will mark its fifteenth anniversary in 2026.

8. In 2025, WHO verified 1351 attacks on healthcare, resulting in 925 health facilities damaged or destroyed, 609 medical personnel injured, killed or impeded and 411 ambulances obstructed or attacked, severely limiting civilians' access to care and undermining already fragile health systems. The proportion of nonoperational facilities is more than six times higher in conflict-affected areas.

9. The Global Humanitarian Overview 2025 was revised, and "hyper-prioritized" 45 million of the 81.4 million people targeted for health assistance, resulting in reduced or no access to health services for 52.6 million people.

Response, readiness and coordination at the country, regional and global levels

10. In 2025, 98 countries reported 52 974 confirmed cases of mpox, including 215 deaths. The African Region continued to bear the highest burden, with 44 582 (84%) of all laboratory confirmed cases, including 197 (92%) of deaths in 29 countries, mostly in the Democratic Republic of the Congo, Sierra Leone and Uganda. Community transmission of clade 1b mpox virus was reported in 20 countries, with travel-related cases in 27 other countries. Distinct virus clades and subclades continue to affect diverse populations in different regions, exhibiting varied transmission dynamics and evolving epidemiology. Through the WHO-led multi-partner mpox access and allocation mechanism, over 5 million mpox vaccine doses were delivered to 16 countries in Africa, and 2 million people (including 400 000 children) were vaccinated. WHO also supported over 3 million additional doses via bilateral donations.

11. On 5 September 2025, the Director-General determined, based on the advice of the Emergency Committee, that the upsurge of mpox 2024 no longer constituted a public health emergency of international concern. The standing recommendations for mpox³ and WHO emergency use listing provisions for vaccines and diagnostics have been extended. Global multicountry mpox outbreaks have remained a Grade 3 acute emergency and WHO continues to work with Member States and partners, deploying over 600 experts to strengthen response measures, focusing on the most affected countries.

12. Throughout 2025, WHO provided support to countries facing outbreaks. This included six **outbreaks of viral haemorrhagic fever**: Sudan virus disease in Uganda (14 cases including four deaths), Marburg virus disease in the United Republic of Tanzania (10 cases including 10 deaths), **Ebola virus disease** in the Democratic Republic of the Congo (64 cases including 45 deaths), Rift Valley fever in Mauritania (53 confirmed human cases including 15 deaths) and Senegal (561 confirmed human cases including 31 deaths), and Marburg virus disease in Ethiopia (19 cases including 10 deaths). Led by the Ministry of Health, with support from WHO and partners, rapid

³ See document A79/INF./2.

and robust responses were mobilized immediately and graded as per the WHO Emergency Response Framework. Immediate funds were released from the WHO Contingency Fund for Emergencies to support operational scale-up on a no-regrets basis.

13. During 2025, 33 countries reported 614 828 suspected and confirmed cases of **cholera** and 7598 associated deaths, surpassing the 560 823 cases and 6028 deaths reported globally in 2024. This was most acute in Angola, the Democratic Republic of the Congo and Sudan, which all faced the dual burden of high case counts (over 30 000) and elevated case fatality rates of 2.5%, 2.9% and 2.5% respectively. Globally, the situation remained severe, with 17 countries reporting case fatality ratios exceeding WHO's 1% emergency threshold, likely underestimating the true burden due to underreporting of community deaths. Reducing mortality, in particular by expanding access to oral rehydration salts at the community level, remains the highest priority. Forty-two reactive vaccination campaigns were conducted across 15 countries in three WHO regions, targeting 50 million people. In parallel, after a three-year break, preventive cholera vaccination campaigns were re-established, with 50 million doses allocated to Bangladesh, the Democratic Republic of the Congo and Mozambique, thanks in part to a doubling of supply.

14. The WHO-hosted International Coordinating Group on Vaccine Provision received 69 requests for emergency vaccines from 19 countries in 2025, approving the release of over 58 million doses for the control of cholera, meningococcal meningitis, yellow fever and Ebola virus disease. This timely support enabled countries to implement reactive vaccination campaigns, curb transmission and prevent further loss of life in some of the most vulnerable settings.

15. Overall, 75% of Member States reported severe acute respiratory syndrome coronavirus (SARS-CoV-2) data to the WHO Global Influenza Surveillance and Response System in 2025, representing a stable trend in the number of countries reporting (75% in 2024).

16. In the **eastern Democratic Republic of the Congo**, WHO supported the treatment of 37 185 children with severe acute malnutrition. Fifty centres in North Kivu and South Kivu received WHO-funded operational support, including 44 severe acute malnutrition kits. WHO supported 70 health facilities to deliver sexual, reproductive, maternal, newborn, child and adolescent health services. Four hospitals and 28 health centres were supported to provide services to survivors of gender-based violence, enabling the clinical management of 6632 survivors and providing psychosocial support to 12 251 people. A total of 119 health cluster partners reached over 1 million people, out of the 2.9 million targeted, and 413 health facilities.

17. In **Haiti**, WHO/the Pan American Health Organization (PAHO) delivered 48 tonnes of medicines and medical supplies to 59 health facilities and partners, including Hôpital Universitaire La Paix – the only public hospital in the capital providing round-the-clock inpatient and advanced emergency care. Surveillance was strengthened for 132 172 internally displaced people across 144 sites and maternal health services were supported in three referral hospitals. WHO/PAHO provided support to 2265 survivors of gender-based violence. Twenty health cluster partners supported 1 447 849 people out of 1 993 967 people targeted (73%), through support to health facilities and mobile clinics.

18. WHO provided essential health services to over 2.8 million people across **Myanmar**, including 74 cubic metres of emergency medical kits for acute watery diarrhoea, cholera, malaria and pneumonia response and trauma rehabilitation kits for 500 people affected by conflict and the earthquake. The health cluster in Myanmar coordinated 124 partners supporting over 1200 health facilities and reached 1.7 million out of 2.4 million people targeted for humanitarian health assistance. Following the March 2025 earthquake in Sagaing, WHO delivered 155 tonnes of

emergency supplies, including emergency health, trauma and maternal kits, reaching 736 885 people, and provided mobility devices to 1500 people with disabilities. Thirty-six health partners delivered essential primary healthcare services in 22 earthquake-affected townships, reporting at least 7300 consultations through mobile clinics.

19. In **South Sudan**, with WHO support, the Ministry of Health responded to cholera, measles, mpox, poliomyelitis and hepatitis E outbreaks. Oral cholera vaccination campaigns were completed in 46 of 48 counties, vaccinating 8 688 484 people. WHO strengthened surveillance, case management, infection prevention and control, and laboratory testing, and supported integrated campaigns protecting 2.1 million children against poliomyelitis and 1.2 million people against schistosomiasis. WHO provided supplies and technical support to 143 stabilization centres, enabling inpatient treatment for over 29 000 children with severe acute malnutrition. WHO supported 60 primary healthcare facilities and 29 hospitals. A total of 732 tonnes of medical supplies valued at US\$ 7 million were distributed, including cross-border deliveries. The health cluster in South Sudan coordinated 72 health cluster partners and reached 1 million people (32% of the people targeted) with humanitarian health assistance.

20. WHO reached 1 million people across 18 states in Sudan. Sexual and reproductive health services reached 69 000 people. WHO supported 148 stabilization centres with supplies and technical support, 54 of which received operational support and staff incentives. Almost 44 000 children suffering from severe acute malnutrition with medical complications received inpatient treatment. WHO supported 60 primary healthcare facilities, 29 hospitals and 18 primary healthcare clinics. Valued at US\$ 7 million, 792 tonnes of supplies were delivered, including 93.33 tonnes through cross-border operations. WHO coordinated 50 health cluster partners supporting 1244 health facilities and reached 5.1 million of the 8.9 million people targeted for hyper-prioritized humanitarian health assistance.

21. In **Yemen**, WHO delivered more than 3210 tonnes of essential medical supplies, including emergency health, trauma and laboratory kits. WHO supported 12 surgical teams across eight governorates, operated 13 ambulances and trained 432 health workers in mass casualty management. Disease surveillance and outbreak response were strengthened through 1565 trained rapid response team members, 27 diarrhoea treatment centres managing 56 600 severe cholera cases, and oral cholera vaccination campaigns reaching over 3 million people. WHO ensured continuity of critical services by supplying 3.96 million litres of medical oxygen to 52 facilities and 4.33 million litres of fuel to 177 facilities, and by fully equipping 12 central public health laboratories. A significant number of health services has been stopped in northern Yemen. The health cluster in Yemen coordinated over 60 health partners supporting 2287 health facilities and reached 5 million out of the 7 million people targeted for humanitarian health assistance.

22. The global cost of **natural disasters** is estimated at over US\$ 200 billion annually or over US\$ 2.3 trillion, taking into account cascading and ecosystem costs. Earthquakes in Afghanistan and Myanmar resulted in more than 6020 deaths and 8785 injuries, while an exceptionally severe Pacific typhoon season caused over 1600 deaths and displaced millions across south and south-east Asia. In the Atlantic region, three category-5 hurricanes, including Hurricane Melissa, caused widespread damage, affecting over 626 000 people and generating losses estimated at US\$ 8–15 billion. Flooding events accounted for some of the largest displacement and mortality figures globally. WHO supported countries in response to 29 major events: six earthquakes, 11 cyclones and 12 floods.

23. WHO coordinates over 1500 **health cluster** partners across 24 settings where 165 million people need humanitarian health assistance. Local and national nongovernmental organizations account for 66% of those partners. As at 30 November 2025, health partners reached 32 million people (36% of the original 88 million target population) across 22 out of 24 settings through more than 8100 health facilities and 1423 mobile clinics, providing over 61 million outpatient medical consultations.

Challenges

24. Limited surveillance capacities and insufficient production of critical vaccines have affected the ability of WHO and its partners to rapidly detect, respond to and control disease outbreaks and health emergencies. Access constraints continue to affect the delivery of essential health services in multiple humanitarian settings.

Financing

25. The WHO Health Emergencies Programme remains country-focused and committed to a strategic and holistic approach, with 95% of allocated funding distributed to countries in 2025. The emergency operations and appeals segment of the Programme budget for 2024–2025 had a US\$ 553 million gap.

26. The WHO Contingency Fund for Emergencies provides immediate financing for emergency operations, with US\$ 29.4 million released during 2025, enabling WHO to deliver life-saving assistance as part of the health response to 24 emergencies. The available balance at the end of 2025 was US\$ 19.5 million, challenging the Organization's continued ability to rapidly and effectively respond to emergency events.

Action by the Health Assembly

27. The Health Assembly is invited to note the report and provide guidance in respect of the following question.

- How can WHO strategically prioritize its efforts and foster collaborative partnerships to address the immediate emergency response and diverse health security needs of countries, particularly in regions facing complex humanitarian crises, while navigating current geopolitical and resource constraints?
