
WHO's work in health emergencies

Public health emergencies: preparedness and response

Report by the Director-General

1. The present report is submitted pursuant to the requests contained in resolution EBSS3.R1 (2015) and decision WHA68(10) (2015). It provides summary information on all active WHO Grade 3 acute and protracted emergencies, United Nations Inter-Agency Standing Committee Level 3 emergencies, and public health emergencies of international concern that required a response by WHO between 1 January and 30 September 2023. The present report further provides a summary of global trends and challenges in respect of health emergencies over the reporting period, as well as the short- and medium-term outlook. It also responds to the request contained in resolution WHA73.8 (2020) concerning the methodology and the implementation and findings of the Surveillance System for Attacks on Health Care in complex humanitarian emergencies.

SUMMARY OF ACTIVE ACUTE AND PROTRACTED GRADED EMERGENCIES

2. From 1 January to 30 September 2023, WHO responded to a total of 66 graded emergencies, including 17 graded emergencies at the highest level Grade 3 including both acute and protracted emergencies (see the table below for further details). This number includes emergencies in Afghanistan, Democratic Republic of the Congo, Ethiopia, Haiti, Somalia, Sudan, and Ukraine where United Nations Inter-Agency Standing Committee System-Wide Scale-Up protocols were activated. Given their scale, complexity and inherent operational challenges, these Grade 3 emergencies required the highest level of Organization-wide support.

3. As at 30 September 2023, WHO was responding to a total of 42 graded emergencies: over half (25) were acute graded emergencies, of which seven were Grade 3 emergencies (see Table) requiring the highest level of Organization-wide support. The remaining 17 graded emergencies were classed as protracted emergencies, of which six were protracted Grade 3 emergencies (see Table).

4. Of the 66 acute and protracted graded emergencies WHO responded to during the reporting period, 17 received an initial grading during the reporting period, including four new acute Grade 3 emergencies: the earthquake in the Syrian Arab Republic and Türkiye (reclassified from an acute Grade 3 emergency to a protracted Grade 2 emergency in September 2023); the escalation in humanitarian needs in Haiti; conflict in Sudan; and the humanitarian crisis in the Democratic Republic of the Congo.

5. In line with the WHO Emergency Response Framework, all graded emergencies are managed through the Organization's Incident Management System. Where required, the WHO Contingency Fund for Emergencies, which can release funding in 24 hours, was used to fund the initial response to acute

events and scale up life-saving health operations in protracted crises in response to escalating needs. Allocations from the Fund during the reporting period amounted to US\$ 59 million, bringing the total for the biennium 2022–2023 to US\$ 148 million.

6. During the reporting period, WHO developed strategic response and operational plans with national health authorities and partners for all acute and protracted graded emergencies. The Organization supported the efforts of national governments to: increase the quality and coverage of health services; strengthen primary, secondary and hospital care by deploying mobile teams and reinforcing health facilities; improve public health surveillance and early warning systems; conduct vaccination campaigns; distribute medicines and supplies; and train health workers.

7. Thanks to the partnership with over 900 national and international partners, more than 102 million people across 29 countries and two regions were targeted for support by the health cluster through Humanitarian Response Plans in the reporting period. WHO is actively strengthening context-specific coordination and multisectoral collaboration in order to achieve better health outcomes in collaboration with national authorities, the United Nations Inter-Agency Standing Committee, the United Nations Office for the Coordination of Humanitarian Affairs and other global partner networks.

Table: Grade 3 acute and protracted emergencies as of 30 September 2023

(in order of initial grading)

Country/countries affected and nature of emergency	WHO region	Date of initial grading	Status as of 30 September 2023
Acute emergencies (G3)			
Ukraine: complex emergency	Europe	20 February 2014	Ongoing (Grade 3)
Ethiopia: complex emergency	Africa	18 November 2020	Ongoing (Grade 3)
Global: monkeypox/mpox	Global	2 February 2022	Downgraded to P2 (Grade 3 downgraded to P2 30 May 2023, public health emergency of international concern deactivated 30 May 2023)
Horn of Africa: drought and food insecurity (8 countries)	Africa/Eastern Mediterranean	20 May 2022	Ongoing (Grade 3)
Uganda: Sudan Virus Disease	Africa	12 October 2022	Grade removed 18 January 2023
Multi-regional cholera outbreak	Global	25 January 2023	On-going (G3)
Multi-country earthquake (Syrian Arab Republic and Türkiye)	Europe/Eastern Mediterranean	7 February 2023	Grade downgraded to P2 29 August 2023
Equatorial Guinea: Marburg	Africa	4 April 2023	Grade removed 12 June 2023
Haiti: humanitarian crisis	Americas	18 May 2023	On-going (G3)
Sudan: conflict	Eastern Mediterranean	5 June 2023	On-going (G3)

Country/countries affected and nature of emergency	WHO region	Date of initial grading	Status as of 30 September 2023
Democratic Republic of the Congo: complex emergency	Africa	21 June 2023	On-going (Grade 3). Upgraded from P3 to G3 21 June 2023
Protracted emergencies (P3)			
Syrian Arab Republic: complex emergency	Eastern Mediterranean	3 January 2013	Transferred to P3 5 December 2022
South Sudan: complex emergency	Africa	12 February 2014	On-going P3 (Protracted Grade 3 since 1 May 2017)
Yemen: complex emergency	Eastern Mediterranean	2 April 2015	On-going P3 (Protracted Grade 3 since 6 May 2020)
Afghanistan: complex emergency	Eastern Mediterranean	28 October 2015	Transferred to P3 29 August 2023
Somalia: complex emergency	Eastern Mediterranean	16 February 2017	On-going P3 (Protracted Grade 3 since 8 August 2019)
Global: COVID-19 pandemic	Global	14 January 2020	Transferred to P3 30 May 2023, public health emergency of international concern deactivated

GLOBAL TRENDS

8. The overarching trend during the reporting period was a steep increase in humanitarian health needs on a global scale, driven by overlapping and interacting aggravating factors, including accelerating climate change, increased conflict and insecurity, increasing food insecurity, weakened health systems in the wake of the COVID-19 pandemic, and new infectious disease outbreaks. These trends are reflected in the nature of the 42 graded emergencies that WHO was responding to as at 30 September 2023, of which all but one of the 13 Grade 3 emergencies were primarily complex humanitarian crises precipitated by conflict, climate change or natural disaster.

9. Following the regrading of both the COVID-19 pandemic and mpox from acute to protracted emergencies in May 2023, as at 30 September 2023 the multi-regional cholera emergency was the only Grade 3 acute emergency primarily driven by infectious disease. However, as in Haiti, Somalia, Yemen and many other countries, outbreaks of cholera and other infectious diseases are often driven by, and subsequently exacerbate, broader humanitarian crises.

10. All WHO regions were affected by health emergencies as at 30 September 2023. The Eastern Mediterranean Region accounted for the highest number of Grade 3 health emergencies: excluding multi-regional emergencies, it accounted for two acute and four protracted Grade 3 emergencies. The African Region was also severely affected, with a total of three acute and one protracted Grade 3 emergencies.

CHALLENGES

11. Year on year, WHO is responding to more frequent, more complex and longer-lasting health emergencies than at any time in its history. At the end of 2022, the United Nations estimated that 339 million people – almost 5% of the world's population – would require humanitarian assistance

in 2023, with many facing urgent threats to their health. This represents about a 25% increase in the scale of humanitarian health needs compared with 2022, and a more than 100% increase compared with 2018. However, the figure of 339 million is likely to be an underestimate in the light of: the outbreak of new conflicts, including the situation in Israel and in the occupied Palestinian territory, which commenced in October 2023; the ongoing conflict in Ukraine; the devastating impact of natural disasters, such as the earthquakes in Morocco, the Syrian Arab Republic and Türkiye; and the continued manifestation of climate change in extreme weather events, including catastrophic flooding in Libya in September 2023.

12. Increasingly, health emergencies have multiple etiologies and complex manifestations, with risks and vulnerabilities evolving over time. Cholera outbreaks in the Democratic Republic of the Congo, Haiti and Somalia have shown how complex protracted emergencies characterized by conflict- and violence-related displacement, severe climate impacts and food insecurity often give rise to new acute crises.

13. In 2022, a total of 27 countries reported cases of cholera. In comparison, between 1 January and 19 September 2023, 28 countries reported cases of the disease, including countries that had not reported any cases for decades. As at 30 September 2023, 24 countries were managing active cholera outbreaks. The Democratic Republic of the Congo, for example, is responding to its worst outbreak in more than five years, with over 30 000 suspected cases of the disease reported in six of the country's eastern provinces.

14. The cholera case fatality rate in many countries is markedly in excess of the target rate of 1%. The surge in cases and poorer patient outcomes coincides with dwindling cholera control resources. There are insufficient supplies of oral cholera vaccines, which often leads to the administration of one dose rather than two and the suspension of preventive vaccination campaigns. Financial constraints limit other prevention and preparedness activities.

15. Measles outbreaks are also a major concern, especially among children under the age of five. Between 1 January and 30 September 2023, for example, about 123 000 cases of and 2079 deaths attributable to measles were reported in the aforementioned provinces of the Democratic Republic of the Congo.

16. WHO is providing critical support in countries that have been and are affected by outbreaks of cholera and measles, including through the provision of medical supplies, sample transportation, treatment centres and vaccination campaigns. Although the Organization is proactively engaging with partners through the health cluster, the response remains critically underfunded, with a funding gap of US\$ 26.9 million in respect of the total response requirement of US\$ 31.3 million.

17. WHO continues to work with governments and health cluster partners to meet the complex needs of communities affected by health emergencies in the most challenging contexts, often as the provider of last resort. However, an overall trend towards heightened insecurity and impaired access in response contexts can cause delays in the delivery of urgent and essential health services and care.

18. The number of countries reporting attacks on health care has increased steadily. Between 1 January and 25 September 2023, the Surveillance System for Attacks on Health Care received reports from 17 countries and territories concerning 586 attacks that had resulted in 69 deaths and 309 injuries. Over the same period, obstruction to accessing health care was the most common type of attack reported (190 incidents). The next most frequent types of attack were the use of heavy weapons (201 incidents) and the use of individual weapons (141 incidents). Most attacks concerning the use of heavy weapons

were reported from Ukraine (158 incidents). WHO uses the data from the Surveillance System to highlight issues and advocate for the prevention of attacks and the protection of health care. The data are also used so that measures for health care protection can be better incorporated into emergency operations.

OUTLOOK

19. Current trends are not sustainable. The steep increase in humanitarian needs during the first nine months of 2023 reflected a global landscape of intensifying and mutually reinforcing risk factors and threats, such as conflict and climate change. These risk factors are interacting against a background of broadening and deepening national and communal vulnerability driven by multiple global and regional shocks, including the COVID-19 pandemic. The anticipated exponential increase in vulnerability and people in need is paired with diminishing funding for humanitarian operations.

20. As a result of the explosion in global needs, risks and vulnerabilities over the past decade, the combined base segment and emergency operations and appeals segment of the WHO Health Emergencies Programme budget have more than quadrupled since the Programme was launched in 2016, eclipsing the modest increase in funding received over the same period. At present, the base segment of the WHO Health Emergencies Programme budget has a funding gap of 40% – double the WHO-wide funding gap of 20% for the biennium 2022–2023 – and the emergency operations and appeals segment has a funding gap of 25%.

21. In May 2022, the Seventy-fifth World Health Assembly, recognizing the imbalance between the needs and budget of the WHO Health Emergencies Programme, approved an exceptional mid-biennium increase in its budget,¹ which was intended to maintain and increase the core capacities built during the response to the COVID-19 pandemic. However, this increase in budget space is yet to translate into a material increase in funding: as at 30 September 2023 financing for the 2022–2023 base segment of the WHO Health Emergencies Programme budget is marginally lower than it was for the biennium 2021–2022.

22. There is a need for responses in humanitarian contexts that not only meet the urgent short-term health needs of affected communities but that also build their strategic resilience through coordinated and targeted measures to strengthen core capacities at the health security, primary health care and health promotion interface. A more strategic and holistic approach in responding to all health emergencies would help to break the cycle of panic and neglect that often leaves communities in positions of entrenched vulnerability and fragility. The WHO Health Emergencies Programme is country focused, with more than 50% of the base segment and more than 80% of the emergency operations and appeals segment of its budget allocated to country offices. The lack of sustainable funding therefore poses a significant challenge to the Programme's capacity to meet the needs of emergency-affected populations in fragile and vulnerable contexts and limits the strengthening of long-term community resilience.

23. In May 2023, in a report to WHO's governing bodies, the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme concluded that the Programme is currently over stretched, struggling to respond to emergencies that are increasing in number and intensity, and would encounter tremendous difficulties in the event of a new pandemic like COVID-19. It further stated that it is imperative and urgent that the Programme be empowered with enough authority and capacitated with all needed financial and human resources, to make it fit-for-purpose. On the basis of current trends,

¹ See resolution WHA75.5 (2022).

this situation is likely to grow more acute in the short and medium term without a material change in the financing of the Programme.

ACTION BY THE EXECUTIVE BOARD

24. The Executive Board is invited to note the report. In its discussions, it is further invited to provide comments and guidance in respect of the questions set out below.

- How can the Secretariat work with Member States and partners to ensure that emergencies driven by conflict and natural disasters are not neglected, that life-saving health assistance is provided and essential services are sustained, and that more sustainable and predictable financing is raised and used efficiently to support the increasing number of people and communities affected by humanitarian crises?
- How can the Secretariat work with Member States and partners to leverage capacities built during the COVID-19 pandemic and apply lessons learned to advance integrated surveillance and bolster capacities for risk assessment to ensure that emerging risks are rapidly detected and effectively analysed?
- How can the Secretariat work with Member States and partner organizations to further strengthen collaborations in order to accelerate and render more efficient the response to emergencies, while also building more resilient communities and health systems?
- How can the Secretariat work with Member States to advocate for health workers and ensure their protection?

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