

WHO's work in health emergencies

Update on the response to major ongoing health emergencies

Report by the Director-General

1. The present report, covering 1 January to 30 September 2024, provides information on all WHO-graded acute and protracted emergencies, including those where United Nations Inter-Agency Standing Committee System-Wide Scale-Up protocols were activated and public health emergencies of international concern that required a response by WHO. It also provides an overview of global trends and challenges relating to health emergencies, as well as the short- and medium-term outlook.

Active acute and protracted graded emergencies

2. WHO responded to 45 graded emergencies in 87 countries and territories,¹ comprising 18 Grade 3 emergencies, requiring the highest level of Organization-wide support, and 27 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 to enable WHO to fulfil its critical functions and rapidly scale up operational and technical support to national health authorities. The WHO Contingency Fund for Emergencies released US\$ 47 million to fund the initial response to acute events and scale up life-saving health operations in protracted crises, in response to escalating needs.

4. In line with its obligations under the International Health Regulations (2005) and other frameworks, WHO scans and triages thousands of signals daily to detect potential public health events of international concern. As at 30 September 2024, the Secretariat had posted 74 event updates on the secure Event Information Site for national IHR focal points, including 19 announcements relating to multicountry events, and published 34 disease outbreak news updates on 26 events in 23 countries and territories, and 6 events involving multiple countries and territories.

¹ The number of affected countries and territories excludes global emergencies such as dengue, coronavirus disease (COVID-19) and mpox.

Global trends

5. All WHO regions were affected by health emergencies, with four Grade 3 emergencies involving two or more regions. The African Region experienced seven acute and three protracted Grade 3 emergencies and the Eastern Mediterranean Region experienced five acute and four protracted Grade 3 emergencies.

6. The escalating climate crisis has had a profound impact on global health, particularly in humanitarian settings. The devastation caused by the El Niño phenomenon contributed to widespread malnutrition, disease outbreaks and displacement. Across the globe, severe droughts led to emergencies and millions were displaced by flooding. In the African Region, 56% of all public health emergencies between 2001 and 2021 were climate related. In parts of southern Africa affected by El Niño, 1.1 million children are suffering from severe acute malnutrition. Further challenges – including droughts, floods and disease outbreaks – are expected to accompany the arrival of El Niño’s counterpart, La Niña (October 2024–March 2025).

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

7. **Sudan** is currently experiencing the largest displacement crisis in the world. A total of 14.7 million people need urgent health assistance. Since the start of the hostilities in April 2023, more than 11.3 million people have been displaced, with 2.9 million fleeing to neighbouring countries.² A WHO health service availability assessment in September 2024 revealed that many health facilities in Sudan, including 88% of those in Khartoum, are no longer operational. The influx of refugees from Sudan has placed a strain on healthcare systems in neighbouring countries. Routine immunization activities have been restricted and immunization coverage drastically reduced throughout Sudan, particularly in hard-to-reach areas.

8. Acute food insecurity has reached unprecedented levels: UNHCR data indicate that between October 2024 and February 2025 more than 21 million people (45% of the population) are expected to face crisis level food insecurity, with an estimated 755 000 people reaching Integrated Food Security Phase Classification 5 (catastrophe) level.³ Moreover, according to UNFPA data, 6.7 million people are at risk of gender-based violence and 3.5 million women and girls of reproductive age need access to reproductive healthcare.⁴ At least 12 of Sudan’s 18 states are experiencing three or more concomitant disease outbreaks, including of cholera, measles, malaria and dengue. A new cholera outbreak was declared in July 2024, with nearly 20 000 cases reported from July to September 2024. Resources and local outbreak detection and response capacities are limited, particularly in hard-to-reach areas.

9. WHO, together with approximately 40 partners, provided life-saving interventions and support to hundreds of health facilities throughout Sudan, despite severe rain and flooding. Between June and August 2024, cross-border activities in the Darfur region enabled WHO and its partners to provide support to 459 health facilities.

² [Operational Data Portal](#) (accessed 14 October 2024).

³ See [SUDAN : Acute food insecurity snapshot, April 2024–February 2025, IPC Integrated Food Insecurity Phase Classification](#) (accessed 16 December 2024).

⁴ [Sudan humanitarian update \(29 July 2024\) by the United Nations Office for the Coordination of Humanitarian Affairs](#) (accessed 3 December 2024).

10. Since 2023, a new strain of **mpox virus** (clade Ib) has been spreading through the Democratic Republic of the Congo, particularly its eastern provinces, where lack of security and access challenges hamper surveillance and outbreak control. In July 2024, mpox due to clade Ib was detected for the first time in Burundi, Kenya, Rwanda and Uganda. Epidemiological and sequencing analysis linked the initial cases to travel or contact with people from the eastern part of the Democratic Republic of the Congo.
11. As of 14 August 2024, when WHO declared the mpox outbreak a public health emergency of international concern, response efforts have been jointly coordinated by global and continental incident management support teams.
12. The health emergency prevention, preparedness, response and resilience framework underpins WHO's Mpox global strategic preparedness and response plan, which requires US\$ 85 million to support countries.⁵
13. WHO and its partners have established an access and allocation mechanism for mpox medical countermeasures – including vaccines, treatments and diagnostic tests – to increase access to such countermeasures for high-risk groups and ensure effective and equitable use of limited resources. The mechanism forms part of the interim Medical Countermeasures Network, which operates as an interim coordination mechanism while negotiations continue towards a pandemic agreement.
14. During the reporting period, 429 700 suspected and confirmed **cholera** cases, as well as 2300 cholera-associated deaths, were reported from 25 countries. These figures underestimate the disease burden and case fatality rates, as many countries do not report deaths occurring outside healthcare facilities. In several countries, limited access to healthcare, medical supplies, water, sanitation and hygiene, along with surveillance and reporting challenges, have contributed to case fatality rates above the 1% threshold. All cholera deaths are preventable using existing tools; reducing the unacceptably high case fatality rate is a top priority, including by boosting access to oral rehydration salt in affected communities.
15. Critical shortages of oral cholera vaccines make outbreaks difficult to control. Pre-qualification of a simplified oral cholera vaccine formulation should facilitate the production of 45 million doses in 2024; 29 million doses have already been shipped to 13 countries. The unprecedented temporary suspension, announced by the International Coordinating Group on Vaccine Provision in October 2022, of the two-dose vaccine regimen in favour of a single-dose approach – to reach more recipients – will remain in effect in 2024; no preventive vaccination campaigns have been implemented owing to vaccine shortages.
16. The Global strategic preparedness, readiness and response plan for cholera, April 2023–April 2024, remains critically underfunded, having received US\$ 20 million of the required US\$ 163 million. WHO continues to steer the efforts of the Global Task Force on Cholera Control.
17. Global **dengue** incidence has increased markedly over the past two decades, posing a substantial and growing public health challenge.

⁵ [Mpox global strategic preparedness and response plan](#). Geneva: World Health Organization; 2024 (accessed 19 November 2024).

18. The Secretariat continues to work with Member States to strengthen preparedness and response activities, focusing on capacity-building and developing a global surveillance system. From September 2024 to September 2025, WHO needs US\$ 55.5 million to prevent, and mount a global response to, dengue and other Aedes-borne arboviral disease outbreaks.⁶

19. The fact that **human infections with zoonotic influenza viruses** continue to be detected and notified serves as a reminder of the persistent threat of an influenza pandemic. Since 2020, the clade 2.3.4.4b strain of the avian influenza A(H5N1) virus has exhibited extensive geographical spread, genetic diversification and increased cross-species transmission to various mammals. Since March 2024, one outbreak of avian influenza A(H5N1) virus has been reported – in dairy cattle in the United States of America – and 24 cases of human infection with A(H5N1) or A(H5) virus, mostly owing to occupational exposure to infected animals.

20. In the South-East Asia Region, the clade 2.3.2.1c strain of the avian influenza A(H5N1) virus has become endemic and evolved, causing 14 human infections since October 2023. Globally, 138 cases of human infection with avian influenza A(H5) have been reported since 2020.

21. Through the WHO Global Influenza Surveillance and Response System, and in cooperation with FAO and WOAHA, the Secretariat is closely monitoring the situation, conducting risk assessments, and helping countries respond to avian and other zoonotic influenza outbreaks and prepare for the next influenza pandemic.

Challenges

22. In 2024, nearly 300 million people have required humanitarian assistance. Of those, 181 million have been targeted for humanitarian assistance partly owing to significant global funding cuts, including for the global health cluster.⁷ As the United Nations Inter-Agency Standing Committee cluster lead agency for health, WHO works with 900 operational partners across 30 health clusters and sectors, to help 89.4 million people in need of humanitarian health assistance.

23. Growing humanitarian needs, largely driven by a complex mix of conflict- and violence-related displacements, food insecurity and socioeconomic fragility, have been exacerbated by the devastating impact of extreme weather events caused by climate change.

24. Limited surveillance and One Health 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 other health emergencies.

25. By 30 September 2024, 1080 attacks on healthcare workers and facilities had been reported, through the WHO surveillance system, in 13 countries/territories – resulting in 554 deaths and 923 injuries among staff and patients. The occupied Palestinian territory, including east Jerusalem, accounted for the highest number of incidents (505), followed by Ukraine (320).

⁶ [Global strategic preparedness, readiness and response plan for dengue and other Aedes-borne arboviruses](#). Geneva: World Health Organization; 2024 (accessed 19 November 2024).

⁷ [Global humanitarian overview 2024. United Nations Office for the Coordination of Humanitarian Affairs](#) (accessed 31 July 2024).

Financing

26. The WHO Health Emergencies Programme remains country-focused and committed to a strategic and holistic approach. Country-level emergency operations accounted for more than 90% of its 2024 budget and, as at 30 October 2024, more than 90% of allocated funding also went to countries. As at 30 October 2024, the emergency operations and appeals segment had a funding gap of US\$ 478 million, namely 32% of the total appeal amount of US\$ 1.5 billion.

27. The WHO Contingency Fund for Emergencies provides immediate financing for emergency operations across the world. This flexible resource enables WHO to rapidly investigate, verify and respond to health emergencies. As at 5 November 2024, donor contributions amounted to US\$ 20 million, and US\$ 47 million had been released by WHO to deliver life-saving assistance as part of the health response to 23 emergencies in 28 countries and territories.

28. The WHO's 2024 Global Health Emergency Appeal⁸ called for US\$ 1.5 billion to protect the health of the most vulnerable populations facing emergencies. It represents the estimated total amount needed to provide support to 41 ongoing health crises around the world. As at 22 October 2024, WHO had access to US\$ 1.02 billion in funding to respond to urgent and complex health emergencies, of which US\$ 415 million had been received in 2024. The remaining funding gap of US\$ 478 million limits the ability of the Secretariat and of Member States to meet the health needs of communities impacted by health crises.

29. In May 2024, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme highlighted the fragility of the Programme's operating environment, partly due to increasing demand and ongoing challenges in securing flexible and sustainable funding.⁹ The WHO investment round seeks to mobilize resources for the period 2025–2028 for WHO's base budget under the Fourteenth General Programme of Work, 2025–2028. The Global Health Emergency Appeal, including the WHO Contingency Fund for Emergencies, supplements the WHO investment round, seeking to mobilize resources for the emergency operations and appeals segment of the budget to enable WHO to respond at scale to humanitarian crises around the world, and to save lives.

Action by the Executive Board

30. The Board is invited to note the report and provide comments and guidance on the following questions.

- How can the Secretariat work with Member States and partners to secure more sustainable and predictable financing for health emergencies, ensuring that funds are used efficiently to provide life-saving health assistance, sustain essential services and address the growing needs of vulnerable populations affected by conflict, natural disasters and climate change?
- How can the Secretariat enhance its cooperation with Member States and partner organizations to improve coordination, streamline emergency response efforts and foster resilience in communities and health systems to better withstand future crises?

⁸ [WHO Health Emergency Appeal, 2024](#). Geneva: World Health Organization, 2024 (accessed on 19 November 2024).

⁹ See document A77/7, Annex.