
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 a summary of all WHO Grade 3 emergencies, as well as emergencies with activated United Nations Inter-Agency Standing Committee (IASC) Humanitarian System-Wide Scale-up Protocols, and public health emergencies of international concern that required a response by WHO between 1 January and 31 December 2023. The present report also provides a summary of global trends and challenges with respect to health emergencies over the reporting period, as well as the short- and medium-term outlooks. This report also responds to the request contained in resolution WHA73.8 (2020) concerning the methodology, implementation and findings of the Surveillance System for Attacks on Health Care in complex humanitarian emergencies. The 154th Executive Board session considered an earlier version of this report.¹

SUMMARY OF ACUTE AND PROTRACTED GRADED EMERGENCIES

2. From 1 January to 31 December 2023, WHO responded to a total of 72 acute and protracted graded emergencies, including 19 graded emergencies at the highest level, Grade 3 (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 IASC 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. Throughout the reporting period, some emergencies were either removed or downgraded/upgraded. By 31 December 2023, WHO was responding to a total of 41 graded emergencies; over half (23) were acute graded emergencies, of which eight were Grade 3 emergencies. The remaining 18 graded emergencies were protracted emergencies, of which seven were protracted Grade 3 emergencies.

4. Of the 72 graded emergencies, 23 received an initial grading during the reporting period, including six new acute Grade 3 emergencies, namely: the earthquake in the Syrian Arab Republic and Türkiye; the humanitarian crisis in Haiti; escalation of hostilities in Sudan; the humanitarian crisis in the Democratic Republic of the Congo; escalation of hostilities in the occupied Palestinian territory, including east Jerusalem, and Israel; and the multiregional dengue outbreak.

¹ Document EB154/14; see also the summary records of the Executive Board at its 154th session, eighth meeting, section 2 and ninth meeting, section 1.

5. In line with the WHO Emergency Response Framework, all graded emergencies are managed through the Organization's Incident Management System. The WHO Contingency Fund for Emergencies was used to fund the initial response to acute events and scale up life-saving health operations in protracted crises. Allocations from the Fund during the reporting period amounted to US\$ 79 million, bringing the total to US\$ 167 million for the biennium 2022–2023.

6. WHO developed strategic response and operational plans with national health authorities and partners for all graded emergencies. The Organization supported national authorities 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, and other health information systems; conduct vaccination campaigns; distribute medicines and supplies; and train health workers.

7. Thanks to over 900 partners, more than 107 million people across 29 countries and two regions were targeted for support by the health cluster in the reporting period. By year end, the health cluster reached 68 million people (63.5% of the target). Operational impediments included restricted humanitarian access, poor funding of humanitarian response plans and for local partners. WHO is actively strengthening context-specific coordination and multisectoral collaboration to achieve better health outcomes in collaboration with national authorities, IASC partners and other global networks.

Table: Grade 3 emergencies in 2023

(in order of initial grading)

Country/countries affected and nature of emergency	WHO region	Date of initial grading	Status as at 31 December 2023
Acute emergencies (Grade 3)			
Ethiopia: complex emergency	African Region	18 November 2020	Ongoing
Global: monkeypox/mpox	Global	2 February 2022	Downgraded to Protracted 2 on 30 May 2023, public health emergency of international concern de-activated on 30 May 2023
Horn of Africa: drought and food insecurity (8 countries)	African Region/Eastern Mediterranean Region	20 May 2022	Ongoing
Uganda: Sudan Virus Disease	African Region	12 October 2022	Grade removed on 18 January 2023
Multiregional cholera outbreak	Global	25 January 2023	Ongoing
Multicountry earthquake (Syrian Arab Republic and Türkiye)	European Region/Eastern Mediterranean Region	7 February 2023	Downgraded to Protracted 2 on 29 August 2023
Equatorial Guinea: Marburg	African Region	4 April 2023	Grade removed on 12 June 2023
Haiti: humanitarian crisis	Region of the Americas	18 May 2023	Ongoing

Country/countries affected and nature of emergency	WHO region	Date of initial grading	Status as at 31 December 2023
Sudan: conflict	Eastern Mediterranean Region	5 June 2023	Ongoing
Democratic Republic of the Congo: complex emergency	African Region	21 June 2023	Ongoing
Israel/occupied Palestinian territory	European Region/Eastern Mediterranean Region	10 October 2023	Ongoing
Multiregional dengue outbreak	Global	1 December 2023	Ongoing
Protracted emergencies (Protracted 3)			
Syrian Arab Republic: complex emergency	Eastern Mediterranean Region	3 January 2013	Ongoing
South Sudan: complex emergency	African Region	12 February 2014	Ongoing
Ukraine: complex emergency	European Region	20 February 2014	Ongoing
Yemen: complex emergency	Eastern Mediterranean Region	2 April 2015	Ongoing
Afghanistan: complex emergency	Eastern Mediterranean Region	28 October 2015	Ongoing
Somalia: complex emergency	Eastern Mediterranean Region	16 February 2017	Ongoing
Global: COVID-19 pandemic	Global	14 January 2020	Ongoing

GLOBAL TRENDS

8. During the reporting period, there was a steep global increase in humanitarian health needs, driven by overlapping and interacting aggravating factors, including accelerating climate change, increased conflict and insecurity, increasing food insecurity, weakened health systems following the COVID-19 pandemic, and new infectious disease outbreaks. These trends are reflected in the nature of the 15 Grade 3 emergencies that WHO was responding to as at 31 December 2023, of which all but three were primarily complex humanitarian crises precipitated by conflict, climate change or natural disaster.

9. Following the reclassification of the COVID-19 and mpox emergencies from acute to protracted emergencies, as at 31 December 2023, the multiregional cholera and dengue emergencies were the only Grade 3 acute emergencies primarily driven by infectious diseases.

10. All WHO regions were affected by health emergencies as at 31 December 2023. The Eastern Mediterranean Region accounted for the highest number of Grade 3 health emergencies. The African Region was also severely affected, with a total of two acute and one protracted Grade 3 emergencies.

CHALLENGES

11. 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 would require humanitarian assistance in 2023, with many facing urgent health threats. This represents a 25% increase compared to 2022, and over 100% increase compared to 2018.¹ The figure of 339 million is likely to be an underestimate given new and continued conflicts, natural disasters, and the manifestation of climate change in extreme weather events.

12. Increasingly, health emergencies have multiple etiologies and complex manifestations, with evolving risks and vulnerabilities. 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. Preliminary data from Member States show a significant rise in cholera incidence worldwide, with more than 708 200 suspected and confirmed cases reported in 2023. These figures mark a substantial increase from the 472 697 cases and 2349 deaths recorded in 2022. Cholera expanded to 30 countries in 2023, up from 27 in 2022, with nine countries reporting more than 10 000 cases each. This escalation points to the growing geographical reach and impact of cholera outbreaks.

14. The global response to cholera is severely hindered by a critical shortage of oral cholera vaccines. The gap between demand and supply led to the suspension of preventive campaigns and a shift to a one-dose vaccination strategy in October 2022. Despite requests for 76 million doses from 14 countries, only 38 million were available between January 2023 and January 2024. With an expected production of 37 million doses in 2024, which could rise to 52 million if a simplified oral cholera vaccine formulation is prequalified, meeting vaccination demands remains a paramount concern.

15. Measles outbreaks are also a major concern, especially among children under the age of five. Between 1 January and 30 September 2023, some 311 500 measles cases and 5800 deaths were reported in the Democratic Republic of the Congo.

16. WHO is providing critical support in countries affected by cholera and measles outbreaks, including through the provision of medical supplies, sample transportation, treatment centres and vaccination campaigns. However, the response remains critically underfunded, with a funding gap of US\$ 26.9 million to the total US \$31.3 million requirement.

17. WHO continues to work with national authorities and partners in the most challenging contexts, often as the provider of last resort. However, heightened insecurity and impaired access can cause delays in the delivery of urgent, essential health services.

¹ See Global Humanitarian Overview 2023 (<https://reliefweb.int/report/world/global-humanitarian-overview-2023-enaresfr>, accessed 5 April 2024).

18. The number of countries reporting attacks on health care through WHO's Surveillance System for Attacks on Health Care has increased steadily. In 2023, 1486 attacks across 19 countries/territories leading to 745 deaths and 1239 injuries of health workers and patients were reported through the system. Sudan reported its highest number of deaths (34) since 2018; and the occupied Palestinian territory reported its highest number of deaths (620) and injuries (964) since 2018 (as at 22 February 2024). Over the same period, the use of heavy weapons was the most common type of attack reported (574 incidents). The next most frequent types of attack were obstruction to accessing health care (572 incidents) and the use of individual weapons (344 incidents). WHO uses Surveillance System data to highlight issues and advocate for the prevention of attacks and the protection of health care, and to better incorporate measures for health care protection into emergency operations.

OUTLOOK

19. Current trends are not sustainable. The steep increase in humanitarian needs in 2023 reflected a global landscape of intensifying and mutually reinforcing risk factors and threats. These risk factors are interacting against a background of broadening and deepening vulnerability driven by multiple global and regional shocks. The 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 the close of the biennium 2022–2023, the base segment of the WHO Health Emergencies Programme budget had a funding gap of 33% – more than twice the WHO-wide base funding gap of 14% – and the emergency operations and appeals segment had 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 strengthen the core capacities built during the response to the COVID-19 pandemic. However, this increase in budget space was not accompanied by a corresponding mobilization of specified contributions or allocation of flexible funding. At the start of the biennium 2024–2025, the WHO Health Emergencies Programme faces a 70% gap in its US\$ 1.2 billion base budget segment as well as a US\$ 1.5 billion requirement in the emergency operations and appeals segment.

22. There is a need for responses in humanitarian contexts to not only meet the urgent short-term health needs but to also build 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.

¹ See resolution WHA75.5 (2022).

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 overstretched, struggling to respond to emergencies that are increasing in number and intensity and that the Programme 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, 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 HEALTH ASSEMBLY

24. The Health Assembly is invited to note the report and to provide guidance on the points raised therein.

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