
Strengthening and oversight of the WHO Health Emergencies Programme

Update on the response to major ongoing health emergencies

Report to the Standing Committee on Health Emergency Prevention, Preparedness and Response

1. This report is submitted to the Standing Committee on Health Emergency Prevention, Preparedness and Response (the Standing Committee) and provides information on WHO active acute and protracted graded emergencies from 1 January 2023 to 31 July 2023, a summary of global trends and challenges in health emergencies over the reporting period, and the short- and medium-term outlook.

SUMMARY OF ACTIVE ACUTE AND PROTRACTED GRADED EMERGENCIES

2. As at 31 July 2023, WHO was responding to a total of 40 graded emergencies. Over half (26) were acute graded emergencies, of which nine were Grade 3 emergencies (see Table) requiring the highest level of Organization-wide support. The remaining 14 graded emergencies were classed as protracted emergencies, of which five were protracted Grade 3 emergencies (see Table).

3. Of the 40 acute and protracted graded emergencies, 15 either received an initial grading or were regraded during the reporting period, including four new acute Grade 3 emergencies: the earthquake in the Syrian Arab Republic and Türkiye; the escalation in humanitarian needs in Haiti; conflict in Sudan; and the humanitarian crisis in the Democratic Republic of the Congo.

4. 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\$ 54 million. For protracted crises and acute emergencies of longer duration, WHO relies on funding for its Health Emergency Appeal for 2023 to sustain its life-saving operations.

Table. Active Grade 3 acute and protracted emergencies as at 31 July 2023

Country, countries or region affected and nature of emergency	WHO region	Date of most recent grading	Status as at 31 July 2023
Acute emergencies			
Afghanistan: complex emergency	Eastern Mediterranean	14 June 2022	Ongoing (Grade 3)
Democratic Republic of the Congo: humanitarian crisis	African	21 June 2023	Ongoing (Grade 3)
Ethiopia (northern): complex emergency	African	29 April 2021	Ongoing (Grade 3)
Haiti: humanitarian crisis	Americas	18 May 2023	Ongoing (Grade 3)
Horn of Africa: drought and food insecurity	African and Eastern Mediterranean	20 May 2022	Ongoing (Grade 3)
Multiregion: cholera	Multiregion	18 May 2023	Ongoing (Grade 3)
Sudan: conflict	Eastern Mediterranean	5 June 2023	Ongoing (Grade 3)
Syrian Arab Republic and Türkiye: earthquake	Eastern Mediterranean	7 February 2023	Ongoing (Grade 3)
Ukraine: conflict	European	19 May 2023	Ongoing (Grade 3)
Protracted emergencies			
Multiregion: coronavirus disease (COVID-19)	Multiregion	30 May 2023	Ongoing (Grade 3)
Somalia: complex emergency	Eastern Mediterranean	8 August 2019	Ongoing (Grade 3)
South Sudan: complex emergency	African	1 May 2017	Ongoing (Grade 3)
Syrian Arab Republic: complex emergency	Eastern Mediterranean	5 December 2022	Ongoing (Grade 3)
Yemen: complex emergency	Eastern Mediterranean	7 May 2020	Ongoing (Grade 3)

GLOBAL TRENDS

5. 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 40 graded emergencies that WHO was responding to as at 31 July 2023, of which all but one of the nine acute Grade 3 emergencies were primarily complex

humanitarian crises precipitated by conflict (six emergencies), climate (one emergency) or natural disaster (one emergency).

6. Owing to the regrading of both the COVID-19 pandemic and monkeypox/mpox from acute to protracted emergencies in May 2023, as at 31 July 2023 the multiregion 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.

7. All WHO regions were affected by health emergencies as at 31 July 2023. The WHO African Region accounted for the highest number of health emergencies: excluding multiregion emergencies, it accounted for 15 graded emergencies, including three acute and one protracted Grade 3 emergencies. The Eastern Mediterranean Region was also severely affected, with a total of 14 acute and protracted graded emergencies, including four acute and three protracted Grade 3 emergencies.

CHALLENGES

8. Year on year, WHO is responding to more frequent, 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 will likely be an underestimate in the light of the outbreak of new conflicts, the devastating impact of the earthquake in the Syrian Arab Republic and Türkiye and the continued manifestation of climate change in extreme weather events.

9. Increasingly, health emergencies have multiple etiologies, 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 are increasingly giving rise to acute incidents.

10. 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, recent success in reaching previously isolated populations, notably in northern Ethiopia and Somalia, belies an overall trend towards heightened insecurity and impaired access in response contexts. In 2022, 232 people died, 451 were injured and vital life-saving equipment was destroyed as a result of reported attacks on health workers and facilities. Based on current trends, it is likely that this total will be exceeded in 2023.

OUTLOOK

11. Current trends are not sustainable. The precipitous increase in humanitarian needs during the first half of 2023 reflected a global landscape of intensifying and reinforcing risk factors, such as conflict and climate change, interacting against a background of broadening national and communal vulnerability driven by multiple global and regional shocks, including the COVID-19 pandemic. This broadening and deepening of fragility and vulnerability is a tragedy for the communities affected, limits the world’s ability to get back on track to meet the health-related Sustainable Development Goals and poses a systemic threat to regional and global health security.

12. 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%.

13. 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, and financing for the 2022–2023 base segment of the WHO Health Emergencies Programme budget is marginally less than what it was for the biennium 2021–2022.

14. 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 interface of health security, primary health care and health promotion. 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 and help to re-establish progress towards the health-related Sustainable Development Goals. 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.

15. 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, 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 STANDING COMMITTEE

16. The Standing Committee is invited to note the report and provide the Secretariat with guidance on how to:

- (a) facilitate access to fragile and vulnerable communities in contexts of conflict and emergency;
- (b) mitigate the health effects of attacks on health workers and facilities;

¹ See decision WHA75(8) (2022).

- (c) ensure that donors sustainably finance WHO's core capacities for health emergency prevention, preparedness and response; and
- (d) enhance the visibility of and financing for acute and protracted graded emergencies.

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