
Strengthening and oversight of the WHO Health Emergencies Programme

Update on the response to major ongoing health emergencies in countries, territories and areas

Report by the Director-General

1. This report is submitted to the Standing Committee on Health Emergency Prevention, Preparedness and Response (the Standing Committee) and provides a summary of all WHO active Grade 3 acute and protracted 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.

SUMMARY OF ACTIVE ACUTE AND PROTRACTED GRADED EMERGENCIES

2. From 1 January to 31 December 2023, WHO responded to a total of 72 graded emergencies, which comprised 19 graded emergencies at the highest level (Grade 3), including both acute and protracted emergencies (see Table). This figure also includes emergencies in Afghanistan, the 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. Throughout the reporting period, some acute and protracted grades of emergencies were removed, downgraded or upgraded. As of 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 requiring the highest level of Organization-wide support. The remaining 18 graded emergencies were classified as “protracted”, seven of which were protracted Grade 3 emergencies.

4. Of the 72 acute and protracted graded emergencies that WHO responded to during the reporting period, 23 received an initial grading during the reporting period, including six 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 of humanitarian needs in Haiti; conflict in Sudan; the humanitarian crisis in the Democratic Republic of the Congo; escalation of hostilities in the occupied Palestinian territory, including east Jerusalem, (hereinafter referred to as “occupied Palestinian territory”) and Israel (upgraded to Grade 3 on 17 October 2023); and the multiregion outbreak of dengue. The resurgence of cholera in 31 countries

since January 2023 has also been graded at the highest level, with eight of such countries currently experiencing acute crises.

5. In line with the WHO Emergency Response Framework, all graded emergencies are managed through the Organization's Incident Management System. Where necessary, the WHO Contingency Fund for Emergencies, which can release funding within 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\$ 79 million, bringing the total for the biennium 2022–2023 to US\$ 168 million.

6. During the reporting period, WHO developed strategic response and operation plans in collaboration 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, as well as their systems for actionable health information; conduct vaccination campaigns; distribute medicines and supplies; and build capacities of health workers.

7. WHO provided detection, verification, risk assessment, situation analysis and information services for all important public health events, in line with its obligations under the International Health Regulations (2005) and other frameworks, such as the Public Health Information Services Standards. This included, inter alia, 35 weekly and four monthly COVID-19 epidemiological updates, 19 monkeypox/mpox situation reports and nine situation reports on multicountry cholera outbreaks; and over 20 public health situation analyses. In 2023, the Secretariat posted 87 event updates on the secure Event Information Site for national focal points to the International Health Regulations (2005), relating to 47 country-specific public health events and 44 announcements, mainly on additional health measures in response to multicountry events. The Secretariat also published on its website 67 updates on new and ongoing public health events as disease outbreak news in 2023, relating to 51 events that occurred in 39 countries, and seven events that involved multiple countries.

Table. Overview of Grade 3 acute and protracted emergencies in the reporting period from 1 January to 31 December 2023, in order of initial grading

Countries/areas affected and nature of emergency	WHO region	Date of initial grading	Status as of 31 December 2023
Acute emergencies (Grade 3)			
Ethiopia: complex emergency	Africa	18 November 2020	Ongoing Grade 3 (upgraded to Grade 3 on 21 December 2023)
Global: monkeypox/mpox	Global	2 February 2022	Downgraded to Protracted Grade 2 (Grade 3 downgraded to Protracted Grade 2 on 30 May 2023, public health emergency of international concern deactivated on 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 on 18 January 2023
Multiregional cholera outbreak	Global	25 January 2023	Ongoing (Grade 3)

Countries/areas affected and nature of emergency	WHO region	Date of initial grading	Status as of 31 December 2023
Multicountry earthquake (Syrian Arab Republic and Türkiye)	Europe/Eastern Mediterranean	7 February 2023	Grade downgraded to Protracted Grade 2 on 29 August 2023
Equatorial Guinea: Marburg	Africa	4 April 2023	Grade 3 removed on 12 June 2023
Haiti: humanitarian crisis	Americas	18 May 2023	Ongoing (Grade 3)
Sudan: conflict	Eastern Mediterranean	5 June 2023	Ongoing (Grade 3)
Democratic Republic of the Congo: complex emergency	Africa	21 June 2023	Ongoing (Grade 3) (upgraded from Protracted Grade 3 to Grade 3 on 21 June 2023)
Israel/occupied Palestinian territory	Europe/Eastern Mediterranean	10 October 2023	Ongoing (Grade 3)
Multiregional dengue outbreak	Global	1 December 2023	Ongoing (Grade 3)

Protracted emergencies (Protracted Grade 3)

Syrian Arab Republic: complex emergency	Eastern Mediterranean	3 January 2013	Ongoing Protracted Grade 3 (transferred to Protracted Grade 3 on 5 December 2022)
South Sudan: complex emergency	Africa	12 February 2014	Ongoing Protracted Grade 3 (Protracted Grade 3 since 1 May 2017)
Ukraine: complex emergency	Europe	20 February 2014	Ongoing Protracted Grade 3 (transferred to Protracted Grade 3 on 20 October 2023)
Yemen: complex emergency	Eastern Mediterranean	2 April 2015	Ongoing Protracted Grade 3 (Protracted Grade 3 since 6 May 2020)
Afghanistan: complex emergency	Eastern Mediterranean	28 October 2015	Ongoing Protracted Grade 3 (transferred to Protracted Grade on 29 August 2023)
Somalia: complex emergency	Eastern Mediterranean	16 February 2017	Ongoing Protracted Grade 3 (Protracted Grade 3 since 8 August 2019)
Global: COVID-19 pandemic	Global	14 January 2020	Ongoing Protracted Grade 3 (transferred to Protracted Grade 3 on 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 41 graded emergencies that WHO was responding to as at 31 December 2023, of which all but three of the 19 Grade 3 emergencies of acute and protracted nature were primarily complex humanitarian crises precipitated by conflict, climate change or natural disasters.

9. Following the regrading of both the COVID-19 pandemic and mpox outbreak from acute to protracted emergencies in May 2023, as at 31 December 2023, the multiregion cholera and multiregion dengue emergencies were the only Grade 3 acute emergencies primarily driven by infectious disease. However, 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 31 December 2023. The Eastern Mediterranean Region accounted for the highest number of Grade 3 health emergencies. Excluding multiregional emergencies, it accounted for two acute and four protracted Grade 3 emergencies. The African Region was also severely affected, with a total of two 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 2023, the United Nations estimated almost 300 million people would require humanitarian assistance in 2024, of which an estimated 166 million people would require health assistance. However, the figure of 300 million will likely 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 worsening humanitarian situation in Sudan; 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 demonstrated how complex protracted emergencies characterized by conflict- and violence-related displacement, severe climate impacts and food insecurity often give rise to new acute incidents.

13. Preliminary data from WHO Member States show a significant rise in cholera incidence worldwide, with over 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. The spread of cholera expanded to 30 countries in 2023 (up from 27 in 2022), with nine countries reporting over 10 000 cases each. This escalation points to a growing geographical reach and impact of cholera outbreaks.

14. Crucially, the number of deaths is a likely underestimate due to surveillance and reporting challenges, among other factors. Despite these limitations, the case fatality rate in several countries and territories has surpassed the 1% threshold, highlighting significant barriers to timely and effective care. The elevated case fatality rate is partly due to the occurrence of widespread outbreaks in areas that are often characterized by complex emergencies, with limited access to water, sanitation, and hygiene; health care; and medical supplies.

15. 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 doses if a simplified oral cholera vaccine formulation is prequalified, meeting vaccination demands remains a paramount concern in the face of a worsening global cholera crisis.

16. WHO is providing critical support in countries, territories and areas 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 care and services.

18. The number of countries, territories and areas reporting attacks on health care through the WHO Surveillance System for attacks on health care has increased steadily. In 2023, 1425 attacks were reported through the Surveillance System across 19 countries and territories leading to 741 deaths and 1210 injuries of health workers and patients. 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 access to health care (572 incidents) and the use of individual weapons (344 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 is also used to ensure 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 in 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% (which is 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 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 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

¹ See resolution WHA75.5 (2022).

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.

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, 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

24. The Standing Committee 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.

(a) 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?

(b) 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?

(c) How can the Secretariat work with Member States and partner organizations to further strengthen collaboration in order to accelerate and render more efficient the response to emergencies, while building more resilient communities and health systems in parallel?

(d) How can the Secretariat work with Member States to advocate for health workers and ensure their protection?

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