

Strengthening and oversight of the WHO Health Emergencies Programme

Update on the response to major ongoing health emergencies

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 graded 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 July 2024. 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 July 2024, WHO responded to a total of 44 graded emergencies in more than 49 countries and territories. This included 16 WHO Grade 3 emergencies, which represent the highest level of severity and require significant and sustained levels of Organization-wide support, and 28 Grade 1 and Grade 2 acute and protracted emergencies. Among Grade 3 emergencies, nine were acute and seven were protracted, including one with an activated IASC humanitarian system-wide scale-up protocol (see Table).

3. In line with the WHO Emergency Response Framework, all graded emergencies are managed through the WHO Incident Management System so as to enable the Organization to fulfil its critical functions and rapidly scale up operational and technical support to national health authorities. 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 to date amounts to US\$ 40 million.

4. WHO continues to provide detection, verification, risk assessment, situation analysis and information services for all key 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. As at 31 July 2024, this included, inter alia, seven monthly updates on the multicountry cholera outbreak, seven monthly coronavirus disease (COVID-19) epidemiological updates, three extended situation updates on the mpox outbreak, three multicountry external situation reports on the Sudan conflict and refugee crisis; and over 12 public health situation analyses. As at 31 July 2024, the Secretariat had posted 51 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 10 announcements on multicountry events. The Secretariat also published on its website 26 updates on new and ongoing public health events as disease outbreak news, relating to 22 events that occurred in 19 countries, and four events that involved multiple countries.

Table. Overview of Grade 3 acute and protracted emergencies from 1 January to 31 July 2024, in order of initial grading

Countries/areas affected and nature of emergency	WHO region	Date of initial grading	Status as of 31 July 2024
Grade 3 acute emergencies			
Ethiopia: complex emergency	African	18 November 2020	Ongoing
Greater Horn of Africa: food insecurity and health	African/Eastern Mediterranean	20 May 2022	Ongoing
Multi-regional cholera outbreak	Global	25 January 2023	Ongoing
Haiti: humanitarian crisis	Americas	18 May 2023	Ongoing
Sudan: conflict	Eastern Mediterranean	5 June 2023	Ongoing until 31 December 2024 (in line with IASC humanitarian system-wide scale-up protocols)
Sudan refugee crisis	African	8 May 2024	Ongoing (initially classified as a Grade 3 acute emergency on 8 May 2024)
Democratic Republic of the Congo: complex emergency	African	21 June 2023	Ongoing
Israel/occupied Palestinian territory	European/Eastern Mediterranean	10 October 2023	Ongoing
Multi-regional dengue outbreak	Global	1 December 2023	Ongoing
Grade 3 protracted emergencies			
Syrian Arab Republic: complex emergency	Eastern Mediterranean	3 January 2013	Ongoing
South Sudan: complex emergency	African	12 February 2014	Ongoing
Ukraine: complex emergency	European	20 February 2014	Ongoing
Yemen: complex emergency	Eastern Mediterranean	2 April 2015	Ongoing
Afghanistan: complex emergency	Eastern Mediterranean	28 October 2015	Ongoing
Somalia: complex emergency	Eastern Mediterranean	16 February 2017	Ongoing
Global: COVID-19 pandemic	Global	14 January 2020	Ongoing

GLOBAL TRENDS

5. Global humanitarian health needs have continued to increase, driven by the impact of climate change, increased conflict and insecurity, worsening food insecurity, epidemics, and weakened health systems in the wake of the COVID-19 pandemic.

6. All WHO regions had been affected by health emergencies as at 31 July 2024. The reporting period also saw an increase in health emergencies affecting multiple regions with five Grade 3 acute and protracted events, each affecting two or more regions. Excluding multi-regional emergencies, the Eastern Mediterranean Region accounted for the highest number of Grade 3 health emergencies with one acute and four protracted Grade 3 emergencies. The African Region accounted for two acute and one protracted Grade 3 emergencies.

RESPONSE, READINESS AND COORDINATION AT THE COUNTRY, REGIONAL AND GLOBAL LEVELS

7. In **Sudan**, 14.7 million people required urgent health assistance as at 31 July 2024. The health system is devastated by the effects of war, displacement, epidemics, several shortages of medical supplies and a lack of funds to cover operational costs. Sudan is experiencing the largest displacement crisis in the world with over 10.1 million people displaced, including over two million people that have fled to neighbouring countries since the start of the war in April 2023.¹ Large numbers of health facilities across the country are no longer functioning and the health care systems in neighbouring are strained by the influx of refugees from Sudan. This is compounded by poor water, sanitation and hygiene conditions and a high burden of infectious diseases and other health conditions.

8. Acute food insecurity in Sudan is at the highest level the country has ever seen, with 25.6 million people (more than half the population) expected to face crisis or worse levels of food insecurity. This includes a projected 755 000 people (2% of the population) reaching Integrated Food Security Phase Classification 5 (catastrophe) in 10 states by September 2024.² According to the United Nations Population Fund, 6.7 million people are at risk of gender-based violence and 3.5 million women and girls of reproductive age need reproductive health care services.³ At least two thirds of the 18 states in Sudan are experiencing three or more concomitant outbreaks, including cholera, measles, malaria and dengue. However, resources and local capacities to detect and respond to outbreaks are limited, particularly in hard-to-reach areas such as the Darfur and Kordofan states. The arrival of the rainy season is negatively impacting early warning, alert and response to disease outbreaks and access to health care for affected populations, as well as the ability of WHO and its partners to deliver humanitarian assistance.

9. WHO and its partners are however providing life-saving interventions despite such access challenges. Some 73 health partners are supporting almost 500 health facilities across the country. Since 1 January 2024, WHO has supported Sudan with US\$ 12.6 million worth of emergency medical supplies, including US\$ 1.8 million for cross-border deliveries from Chad to cover 700 emergency surgeries and to support the health needs of 1.1 million people. An additional US\$ 236 134 worth of

¹ <https://data.unhcr.org/en/situations/sudansituation> (accessed 31 July 2024).

² https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Sudan_Acute_Food_Insecurity_Snapshot_Jun2024_Feb2025.pdf (accessed 31 July 2024).

³ <https://reliefweb.int/report/sudan/sudan-humanitarian-update-29-july-2024-enar> (accessed 31 July 2024).

emergency medical supplies have been provided to partners in Chad for imminent cross-border delivery, with 47 metric tonnes of supplies having also been delivered through South Sudan.

10. Since 2023, a new strain of **mpox virus** (clade Ib) has been identified and is spreading in the Democratic Republic of the Congo, particularly in the eastern provinces, where insecurity and access challenges hamper surveillance and outbreak control. In July 2024, mpox was also detected for the first time in Burundi, Kenya, Rwanda and Uganda in very quick succession. While sequencing results were pending at the end of the reporting period, links between these confirmed cases with eastern Democratic Republic of the Congo suggest that the strain in the newly affected countries is likely to be clade Ib. Clade Ib has also been detected in travellers to Sweden and Thailand. On 14 August 2024, the Director-General, on the advice of the International Health Regulations Emergency Committee regarding the upsurge of mpox 2024, determined that the upsurge of cases in the Democratic Republic of the Congo and a growing number of countries in Africa constitutes a public health emergency of international concern under the International Health Regulations (2005). Reflecting the advice of the Emergency Committee, temporary recommendations have been issued by the Director-General in relation to the ongoing public health emergency of international concern. Furthermore, the Director-General extended by 12 months the standing recommendations for mpox issued in August 2023.

- In response to the upsurge of mpox cases, WHO is working to strengthen emergency coordination capacities at all levels of the Organization and with critical partners. WHO continues to provide technical support to all regions and is actively supporting response activities in the African Region where resources for response activities are limited and vaccines are not available. Key highlights of WHO's response include expanding access to diagnostics, facilitating the availability of an antiviral agent to requesting countries, and working with regulatory authorities to approve mpox vaccines for emergency use in the Democratic Republic of the Congo and Nigeria. WHO is also proposing a peer review process for other countries, and consideration is being given to an emergency use listing for mpox vaccines for low-income settings.

11. **Cholera** outbreaks in the Democratic Republic of the Congo, Ethiopia, Haiti, Somalia, Sudan and Yemen 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. Based on preliminary data from Member States, 282 100 suspected and confirmed cases and 2300 cholera-associated deaths have been reported from 25 countries during the reporting period. Many countries experiencing cholera outbreaks are also dealing with multiple other health emergencies, including humanitarian crises and extreme weather events. These factors, including limited access to health care, medical supplies, water, sanitation and hygiene, have also contributed to surveillance and reporting challenges and led to the case fatality rate surpassing the 1% threshold in several countries and territories.

12. Critical shortages of oral cholera vaccines remain a critical challenge for control. While the prequalification of a simplified oral cholera vaccine formulation is expected to enable the production of 50 million doses in 2024, only 22 million of the 42 million doses requested by 11 countries during the reporting period have been produced. In line with the guidance of the Global Task Force on Cholera Control, investments in water, sanitation and hygiene remain the most viable long-term solution for controlling cholera. WHO and its partners continue to face implementation challenges, particularly in the context of ongoing emergencies where there is limited operational capacity to systematically implement and monitor water, sanitation and hygiene and infection prevention and control standards in health facilities serving affected communities.

13. WHO is providing support in affected countries, territories and areas through the provision of medical supplies, sample transportation, treatment centres and vaccination campaigns. The Global strategic preparedness, readiness and response plan for cholera, April 2023–April 2024, remains critically underfunded, having received US\$ 19 million of the required US\$ 163 million, of which WHO has received US\$ 4.2 million of the required US\$ 31.3 million.

14. The global incidence of **dengue** has markedly increased over the past two decades, posing a substantial and growing public health challenge. The disease is now considered endemic in more than 100 countries, and outbreaks have been observed in countries previously free of dengue owing to the combined effects of population movement, urbanization and climate change.

15. Between 1 January 2024 and 30 June 2024, over 10.9 million cases, including 6508 deaths in 169 countries have been reported to WHO across its six regions with incidence levels higher in many countries than previous seasons. The Region of the Americas remains the most heavily affected, accounting for the vast majority of the global burden with over 10.5 million cases reported in 2024 alone. However, comparisons should not be made with the other regions given the robust and real-time surveillance system established in the Americas.

16. Several factors continue to impact the global dengue response, including a lack of appropriate diagnostic tools, weak routine surveillance and underreporting, multiple circulating serotypes due to travel patterns, unprecedented climate events and concurrent arboviral outbreaks (of Zika, chikungunya and Oropouche virus diseases, respectively) that strain response capacities. Work is ongoing with regions and countries to strengthen preparedness and response activities, with a particular focus on surveillance capacities and the development of a global surveillance system. WHO requires a budget of US\$ 55.5 million to prevent and respond to dengue and other arboviral diseases outbreaks at the global level for the period from May 2024 to May 2025.

17. The continued detection and notification of **human infections with zoonotic influenza viruses** from countries around the world is a symbol of the persistent threat of an influenza pandemic. Notably, since 2020, the clade 2.3.4.4b strain of the avian influenza A(H5N1) virus has exhibited widespread geographic spread, genetic diversification and increased cross-species transmission to various mammals. The detection of avian influenza A(H5N1) virus in dairy cattle in the United States of America in March 2024 and the subsequent ongoing outbreak have been associated with four human infections of A(H5N1) in dairy farm workers. Since 2022, there have been 33 reported human infections with the clade 2.3.4.4b strain of the avian influenza A(H5) virus among the known A(H5) human cases. Additionally, 15 human cases involving other clades of A(H5), or different subtypes of avian influenza, have been reported across four countries since 2022.

18. WHO, in collaboration with the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health, continues to diligently monitor those developments through the WHO Global Influenza Surveillance and Response System. Such joint efforts are crucial for assessing risk levels, updating guidance documents and providing reference materials, such as candidate vaccine viruses, to support outbreak response and enhance pandemic preparedness at the national, regional and global levels.

CHALLENGES

19. Within the first six months of 2024, the estimated number of people requiring humanitarian assistance increased from just under 300 million to nearly 310 million since the start of the year, along with an increase in the number targeted for humanitarian assistance from 180.5 million to 187.8 million.¹ Not only is the number of people requiring humanitarian assistance likely an underestimate of the actual level of needs, but significant cuts in global funding have led to reductions in the number of people targeted for assistance.

20. Increases in humanitarian needs, driven in large part by the complex mix of conflict- and violence-related displacements, food insecurity and socioeconomic fragility, have been further exacerbated by the devastating impact and continued manifestation of extreme weather events due to climate change. Challenges with limited surveillance capacity, including for the One Health approach, in many contexts as well as the insufficient production capacity of critical vaccines such as oral cholera vaccines, also have a direct impact on the abilities of WHO and its partners to rapidly detect, respond to and control infectious disease outbreaks and other health emergencies.

21. As the IASC cluster lead agency for health, WHO is proactively engaging with over 900 operational partners across 30 activated health clusters/sectors targeting 89.4 million people in need of humanitarian health assistance. Of the US\$ 3.53 billion funding requested to meet those needs, only US\$ 0.83 billion (23%) has been funded to date.²

22. WHO continues to work with 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.

23. Attacks on health care services are continuing. As at 31 July 2024, 663 attacks were reported through the WHO Surveillance System of Attacks on Health Care across 13 countries and territories leading to 251 deaths and 577 injuries of health workers and patients. Sudan reported its highest number of deaths (34) since 2018; and the occupied Palestinian territory, including east Jerusalem, reported its highest number of deaths (620) and injuries (964) since 2018 (as at 22 February 2024). WHO uses the data from the Surveillance System to highlight issues and advocate for the prevention of attacks and the protection of health care services. The data are also used to ensure that measures for health care protection can be better incorporated into emergency operations.

OUTLOOK

24. There is recognition under the WHO Health Emergencies Programme of the need for responses in humanitarian contexts to not only meet the urgent short-term health needs of affected communities but also build those communities' strategic resilience through coordinated and targeted measures to strengthen core capacities at the interface of health security, primary health care and health promotion. The WHO Health Emergencies Programme remains country focused and committed to delivering a more strategic and holistic approach to all health emergencies. More than 50% of the base segment and 80% of the emergency operations and appeals segment of the WHO Health Emergencies Programme budget have been allocated to country offices. The continued lack of sustainable funding poses a

¹ OCHA Global Humanitarian Overview 2024 (<https://www.unocha.org/publications/report/world/global-humanitarian-overview-2024-enarfrs> (accessed 31 July 2024)).

² <https://healthcluster.who.int/publications/m/item/health-cluster-dashboard-q2-june-2024> (accessed 31 July 2024).

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.

25. 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 end of June 2024, the base segment of the WHO Health Emergencies Programme budget has a funding gap of US\$ 647 million or 53% of the approved Programme budget 2024–2025, and the emergency operations and appeals segment has a funding gap of US\$ 498 million (i.e. 34% against an appeal amount of US\$ 1451 million).

26. The exceptional mid-biennium increase in budget space for the WHO Health Emergencies Programme during the Seventy-fifth World Health Assembly was in recognition of the imbalance between the needs and budget of the Programme.¹ The increase in budget space has yet to translate into a material increase in core funding and the current gaps represent significant risks to the continuation of staff contracts across all major offices. In May 2024, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme highlighted the fragility of the environment in which the Programme operates owing, inter alia, to the increasing demands on and chronic challenges with the availability of flexible and sustainable funding for the Programme.²

ACTION BY THE STANDING COMMITTEE

27. 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.

- How can the Secretariat work with Member States and partners to ensure that health emergencies driven by conflict, natural disasters and climate change are not neglected, that life-saving health assistance is provided and essential services are sustained, particularly to the most vulnerable populations, 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 other regional and global health emergencies, and apply the lessons learned to advance integrated surveillance and bolster capacities for risk assessment so as to ensure that emerging risks are rapidly detected and effectively analysed and such health information is used to inform health priorities and actions?
- How can the Secretariat work with Member States and partner organizations to further strengthen coordination and collaboration in order to accelerate and render more efficient the response to emergencies, while building more resilient communities and health systems in parallel?
- How can the Secretariat work with Member States to advocate for health workers and ensure their protection, particularly during health emergencies?

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¹ See resolution WHA75.5 (2022).

² See document A77/7, Annex.