

Update on the ongoing public health emergencies of international concern

Strengthening and oversight of the WHO Health Emergencies Programme

Update on the response to major ongoing health emergencies

1. The Executive Board at its 156th session noted an earlier version of this report.¹ The present report, covering 1 January to 31 December 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, irrespective of the time period mentioned above, 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. In 2024, WHO responded to a total of 51 graded emergencies in 89 countries and territories, comprising 21 Grade 3 emergencies, requiring the highest level of Organization-wide support, and 30 Grade 1 and Grade 2 emergencies.²

3. Based on the global health emergency preparedness and response architecture and aligned 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 operational and technical support to national health authorities. The WHO Contingency Fund for Emergencies released US\$ 51.5 million to fund the initial response to acute events and scale up life-saving health operations in protracted crises, in response to escalating needs.

¹ Document EB156/18.

² The number of affected countries and territories excludes global emergencies such as dengue, coronavirus disease (COVID-19) and mpox.

4. In line with its obligations under the International Health Regulations (2005) (IHR) and other frameworks, WHO scans and triages thousands of signals daily to detect potential public health events of international concern. In 2024, more than 1.2 million raw signals on potential public health events were assessed and triaged. Globally, 494 events were reported, all of which had an initial risk assessment performed.
5. As at 31 December 2024, the Secretariat had posted 96 event updates on the secure Event Information Site for National IHR Focal Points, including 6 announcements relating to multicountry events, and published 46 disease outbreak news updates on 29 events in 24 countries and territories, and 7 events involving multiple countries and territories.

Global trends

6. 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.
7. The escalating climate crisis has had a profound impact on global health, particularly in humanitarian settings. In 2024, extreme weather events such as flooding, droughts and cyclones have contributed to widespread malnutrition, disease outbreaks and displacement. Around 60% of new emergencies WHO declared in 2024 are climate-induced natural disasters. In the African Region, 56% of all public health emergencies between 2001 and 2021 were climate-related.

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

8. **Sudan** is currently experiencing the largest displacement crisis in the world. A total of 20.3 million people need urgent health assistance. Since the start of hostilities in April 2023, more than 12.8 million people have been displaced, with 3.7 million fleeing to neighbouring countries, placing a strain on healthcare systems. As at September 2024, many health facilities in Sudan, including 88% of those in Khartoum, are no longer operational. Routine immunization activities have been restricted and immunization coverage drastically reduced, particularly in hard-to-reach areas.
9. Acute food insecurity has reached unprecedented levels: between December 2024 and May 2025, 24.6 million people are facing high levels of acute food insecurity, with an estimated 638 000 people reaching Integrated Food Security Phase Classification Phase 5 (catastrophe) level. In addition, 6.9 million people are at risk of gender-based violence. A cholera outbreak was declared in July 2024, with nearly 57 000 cases reported from July 2024 to February 2025. Nearly two thirds of Sudan's 18 states are experiencing three or more concomitant disease outbreaks, including cholera, measles, malaria, dengue and diphtheria. Resources and local outbreak detection and response capacities are severely limited.
10. WHO and its partners provided life-saving interventions and support to hundreds of health facilities throughout Sudan, despite constraints in humanitarian access. In the Darfur region, a subnational health cluster was established, and coordination efforts have been strengthened, with 43 partners supporting over 800 health facilities as at December 2024.

11. In 2024, 85 countries reported 30 624 **mpox** cases and 89 deaths. The African Region reported 19 924 laboratory confirmed cases and 64 deaths in 20 countries, with most cases reported from Burundi, the Democratic Republic of the Congo and Uganda. Sustained community transmission of clade Ib mpox virus was reported in Burundi, the Democratic Republic of the Congo, Kenya, Rwanda, Uganda and Zambia, along with travel-related cases in South Sudan and Zimbabwe. Cases of travel-related clade Ib mpox were reported from 14 countries outside the African Region. Outside the African Region, cases continue to be reported among individuals infected with clade IIb mpox virus.
12. In November 2024, the upsurge of mpox continued to be a public health emergency of international concern and revised temporary recommendations were issued. WHO continues to work with Member States and partners to continue scaling up and strengthening response and control measures, with a particular focus on the most affected countries. Under WHO's global strategic preparedness and response plan for mpox, US\$ 65.5 million (of the required US\$ 87.4 million) was received by WHO.³ Since the declaration of a public health emergency of international concern on 14 August 2024, more than 500 individuals have been deployed to provide technical and operational support. Between August and December 2024, more than 97 000 tests and 1.2 million pieces of personal protective equipment were delivered to countries by WHO. Under the access and allocation mechanism established by WHO and partners for mpox medical countermeasures, nearly six million vaccine doses have been pledged and 899 000 doses of the Modified Vaccinia Ankara–Bavarian Nordic (MVA-BN) vaccine were allocated in the first round to nine countries, of which more than 456 000 were delivered by 31 December 2024.
13. In 2024, 34 countries reported 818 100 suspected and confirmed **cholera** cases and 6000 cholera-associated deaths. 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.
14. Critical shortages of oral cholera vaccines continue. A new oral cholera vaccine was prequalified by WHO in 2024; the simplified formulation and manufacturing process has increased yearly production to 49 million doses (shipped to 14 countries). Demand for the vaccine has increased, largely due to the epidemiological situation, resulting in a significant gap between vaccine supply and demand: the October 2022 decision of the International Coordinating Group on Vaccine Provision to temporarily suspend the standard 2-dose vaccination regimen in the cholera outbreak response campaign remains in force, and no preventive campaign has been implemented since 2022.
15. 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.

³ [Mpox global strategic preparedness and response plan](#). Geneva: World Health Organization; 2024 (accessed 19 November 2024).

16. Since 2021, global **dengue** cases have approximately doubled annually, reflecting an urgent need for intensified action. In 2024, 14 305 764 cases and 10 576 deaths were reported to WHO from 112 countries. Four billion people live in areas at risk for dengue and other arboviruses.

17. In 2024, the cocirculation of all four dengue serotypes posed significant challenges for disease management and prevention. These observed epidemiological trends are partly attributable to climate change and enhanced surveillance and laboratory detection capacity. The increased burden of dengue is further compounded by concurrent global chikungunya and Zika outbreaks and the emergence of Oropouche virus disease in the Americas.

18. WHO continues to support the strengthening of preparedness and response activities, focusing on capacity-building and developing a global surveillance system. WHO's global strategic preparedness, readiness and response plan for dengue and other *Aedes*-borne arboviruses October 2024–2025 remains fully underfunded.⁴

19. **Human infections with zoonotic influenza viruses** continue to be detected and notified, serving as a reminder of the persistent threat of an influenza pandemic. Since 2020, avian influenza A(H5N1) clade 2.3.4.4b viruses have exhibited extensive geographical spread, genetic diversification and increased cross-species transmission to various mammals. Between March and December 2024, one outbreak of avian influenza A(H5N1) virus was reported – in dairy cattle in the United States of America – and 59 cases of human infection with A(H5N1) or A(H5) virus, mostly owing to occupational exposure to infected animals, were detected in the USA.

20. In the South-East Asia Region, avian influenza A(H5N1) clade 2.3.2.1e (formally classified as clade 2.3.2.1c) virus caused 14 human infections between October 2023 and December 2024. Globally, 184 cases of human infection with avian influenza A(H5) viruses were reported from 2020 to December 2024. WHO, through its Global Influenza Surveillance and Response System, and in cooperation with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health, is closely monitoring the situation, conducting risk assessments, and helping countries that are responding to avian and other zoonotic influenza outbreaks and preparing for the next influenza pandemic.

Challenges

21. In 2025, over 300 million people require humanitarian assistance across 72 countries. Of those, 190 million are targeted for humanitarian assistance partly owing to significant global funding cuts, including for the global health cluster. As the United Nations Inter-Agency Standing Committee cluster lead agency for health, WHO works with 900 operational partners across 28 health clusters and sectors to help 72.1 million people in need of humanitarian health assistance.

22. 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.

⁴ [Global strategic preparedness, readiness and response plan for dengue and other Aedes-borne arboviruses](#). Geneva: World Health Organization; 2024 (accessed 19 November 2024).

23. 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 health emergencies.

24. In 2024, 1622 attacks on healthcare were reported in 16 countries/territories through the WHO Surveillance System for Attacks on Health Care, resulting in 937 deaths and 1774 injuries among staff and patients. The occupied Palestinian territory, including east Jerusalem, accounted for the highest number of incidents (715), followed by Ukraine (481).⁵

Financing

25. 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. As at 31 December 2024, more than 93% of allocated funding went to countries. As at 31 December 2024, the emergency operations and appeals segment of the budget was 78% funded, leaving a funding gap of US\$ 337 million against the total appeal amount of US\$ 1.5 billion.

26. 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 31 December 2024, donor contributions amounted to US\$ 22 million, and US\$ 51.5 million had been released by WHO to deliver life-saving assistance as part of the health response to 27 emergencies in countries and territories.

27. WHO's Health Emergency Appeal 2024 sought US\$ 1.5 billion to address the health needs of the most vulnerable populations affected by 41 ongoing health crises around the world.⁶ As at 31 December 2024, WHO had access to US\$ 1.16 billion in funding to respond to urgent and complex health emergencies, of which US\$ 558 million was received in 2024. The 22% funding gap of US\$ 337 million impacted the ability of the Organization to meet the health needs of affected communities.

28. In May 2024, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme expressed its concern over a chronic shortage of flexible and sustainable financing in the Programme and in WHO's work on health emergencies. The Committee highlighted the fragility of the Programme's operating environment, which faces mounting demand due to increasingly frequent disease outbreaks and conflicts, as well as ongoing challenges in securing flexible and sustainable funding.⁷

29. 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. WHO's Health Emergency Appeal and the WHO Contingency Fund for Emergencies supplement 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.

⁵ [Surveillance System for Attacks on Health Care](#) (accessed 11 March 2025).

⁶ [WHO Health Emergency Appeal, 2024](#). Geneva: World Health Organization, 2024 (accessed on 19 November 2024).

⁷ See document A77/7, Annex.

Action by the Standing Committee

30. The Standing Committee is invited to note the report and to provide guidance on the following questions.

- How can WHO strategically prioritize its efforts and foster collaborative partnerships to address the diverse health security needs of Member States, particularly in regions facing complex humanitarian crises, while navigating current geopolitical and financial constraints?
- What approaches can WHO adopt to ensure the most effective and equitable strengthening of global health security in response to emerging threats and to mitigate the long-term consequences of inaction?
- How can WHO balance immediate emergency response needs with sustained investment in health security systems to build resilience against future crises?
